



Te Poari Hauora-ā-Rohe o Taranaki

ANNUAL PLAN 2020/21

Incorporating the 2020/21 Statement of Performance Expectation

Taranaki Together, a Healthy Community
Taranaki Whānui He Rohe Oranga

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



Mihi

Iriiri kau ana ngā whetū ki te rangi, he tohu nō te tau.
Iriiri ake rā ki rau kawakawa, he tohu i te mate.
He iringa mahara, he iringa kōrero.
Kei riro i te mumu, i te āwhā, i te hau angiangi
karapoti te mouna, me ōna kāhui.
Herea mai te tangata, hohoua mai te rongo.
He kupu ka ara i a Puanga, ki runga i a Taranaki e tū nei.

Kei ngā hua o te tau, hua i eke ki taumata tiketike, tēnā koutou
Ko te wā tēnei e mihia te mate, e manakohia te tau hou
Whāia kia tiketike, akiaki ana kia tau ki taumata o te ora
Mōkau ki Taipake, tuawhenua ki tuamoana
Paripari mai ra e te tai, te taiahoaho, te taiohihi,
Tātarakihi mai, taipakeke mai i runga i te karanga o te ora
Nau mai ki tēnei pūrongo me ōna wānanga e hora nei
E rarau ki ngā rauwharangi me ōna kowae e hora nei
E ruku nei te puna o te aroha, me ōna mahara e hora nei
E te iti, e te rahi, tēnā katoa mai Taranaki.

*Stars spread across the sky, carry certainty in the year.
Wreaths spread over the land, carry uncertainty and hope for a new year
Both are retained in our thoughts and statements.
They are not lost in the eddies, the storms and the breezes.
Circulating around the mountain and its people
They instead have bound us, and made us stronger.
These words rise in this time of Puanga, as it rises above us.*

*The cusp of the new year, we think of our achievements, we give acknowledgement.
A time to consider the many we have lost, and aspirations unfulfilled
A time for founding new thresholds that will drive new expectations for well-being.
To the furthest extent of our region, north, south, inland to the sea
All tides rising on the shoreline, ebbs and flows of all generations, elderly and youth
Each unique voice calling with this goal for wellbeing
Welcome to the analysis presented in this document, its words and statements
Its depth filled with the underlying value of compassion and concern
For all who reside in this region.*

Mihi authored by Dr Ruakere Hond

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Minister's Letter of Approval to Taranaki DHB

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

Cassandra Crowley
Chair
Taranaki District Health Board
info@cassandracrowley.com

Dear Cassandra

Taranaki District Health Board 2020/21 Annual Plan

This letter is to advise you that I have approved and signed Taranaki 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.

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

A handwritten signature in blue ink, appearing to be 'CH', is positioned above the printed name of the Minister of Health.

Hon Chris Hipkins
Minister of Health

cc Rosemary Clements
Chief Executive
Taranaki District Health Board

SECTION 1: OVERVIEW OF STRATEGIC PRIORITIES

1.1 Strategic Intentions/Priorities

1.1.1 National

The Treaty of Waitangi

The Treaty of Waitangi (*Te Tiriti o Waitangi*) is New Zealand's founding constitutional document and is often referred to in overarching strategies and plans throughout all sectors. Taranaki DHB values the importance of the Treaty. Central to the Treaty relationship and implementation of Treaty principles is a shared understanding that health is a 'taonga' (treasure).

The Taranaki DHB Annual Plan is underpinned by the Treaty of Waitangi principles of partnership, participation and protection. We acknowledge the special relationship between the Crown and *Tāngata Whenua* and will actively work with Māori to affirm Treaty of Waitangi principles.

New Zealand Health Strategy

The New Zealand Health Strategy outlines the high level direction of the New Zealand health system over the next 10 years along with a Roadmap of Actions. The Strategy identifies five strategic themes for the changes that will take us toward this future:

- People-powered
- Closer to home
- Value and high performance
- One team
- Smart system

The strategy has a 10-year horizon, so impacts on not just immediate planning and service provision but enables and requires DHBs and the sector to have a clear roadmap for future.



He Korowai Oranga

As New Zealand's Māori Health Strategy, He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori. Pae Ora (Healthy Futures for Whānau) is the Government's vision and aim for the refreshed strategy. It builds on the initial foundation of Whānau Ora (Healthy Families) to include Mauri Ora (Healthy Individuals) and Wai Ora (Healthy Environments). DHBs in particular should implement He Korowai Oranga in their planning, and in meeting their statutory objectives and functions for Māori health.

Healthy Ageing Strategy

The Healthy Ageing Strategy presents the strategic direction for change and a set of actions to improve the health of older people, into and throughout their later years. The Healthy Ageing Strategy vision is that "older people live well, age well, and have a respectful end of life in age-friendly communities". It takes a life-course approach that seeks to maximise health and wellbeing for all older people. This Strategy is designed to ensure our health system provides the care, support and treatment that older New Zealanders need and that level of care is sustainable. It has a strong focus

on prevention, wellness and support for independence, recognising the importance of Whānau and community in older people's lives.

The UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities is the first United Nations human rights treaty of the 21st century. The Convention makes it explicit that member countries must ensure the full realisation of all human rights and fundamental freedoms for all disabled people, on an equal basis with others, and without discrimination of any kind on the basis of disability. It will also help to ensure that mainstream services are inclusive of disabled people and delivered in non-discriminatory ways.

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

To facilitate the delivery of high-quality health services that meet the needs of Pacific peoples, 'Ola Manuia 2020-2025' has been developed. This builds on the successes of the former plan, 'Ala Mo'ui 2014–2018. It sets out the strategic direction to address health needs of Pacific peoples and stipulates new actions, to be delivered from 2014 to 2018.

National Inquiry into Mental Health & Addictions

The 2018 Inquiry into Mental Health and Addictions aimed to provide an accurate picture of how well New Zealand's current mental health and addiction services are working and to create a baseline from which a proposed pathway for improvements can be outlined. The Inquiry provides an opportunity to build consensus on the specific changes needed to enable improved and equitable outcomes for those with mental health and addiction needs. It also aims to set out a clear direction for the next five to ten years that Government, the mental health and addiction sector and the whole community can pick up and make happen.

The Inquiry sought to hear the voices of the community, particularly those impacted by mental health and addiction challenges, and to report on how New Zealand is preventing mental health and addiction problems and responding to the needs of people experiencing those problems. The Inquiry also aimed to recommend specific changes to improve New Zealand's approach to mental health, with a particular focus on achieving equitable outcomes. The Inquiry Report has been used to inform the Government's decisions on future arrangements for mental health and addiction and future investment priorities, which in turn is reflected in the actions outlined in our Annual Plan.

1.1.2 Regional

Te Manawa Taki DHBs collaborate regionally to develop a Regional Services Plan (RSP). The RSP is a companion plan to DHB Annual Plans. HealthShare Ltd, Te Manawa Taki DHBs' shared services agency, is tasked with developing the RSP on their behalf.

In June 2019, Te Manawa Taki DHBs Region Governance Group and Te Manawa Taki Iwi Relationship Board signed a Memorandum of Understanding at Te Papaiohuru Marae, Rotorua, to advance both groups working together. Te Manawa Taki's vision is *He kapa kī tahi* - a singular pursuit of Māori health equity. It reflects that, as a region, we will work in unison in a Tiriti o Waitangi based partnership to achieve equity of Māori health outcomes and wellbeing.

This partnership has led to the creation of the first Regional Equity Plan for this region. The equity priorities of previous Regional Services Plans and the 2019 Memorandum of Understanding between Te Manawa Taki DHBs Region Governance Group and Te Manawa Taki Iwi Relationship Board are the foundations of this Plan. This is a significant milestone that is the direct result of an enhanced, Te Tiriti o Waitangi based partnership between Iwi and five DHBs. It epitomises the value of DHBs and Iwi engaging in respectful ways, not only to embed Te Tiriti in our health and disability system but also to do what is tika/right with regard to tackling one of New Zealand's most persistent problems: Māori

health inequity. Improving equity for Māori is an imperative of Article III and the Equity Principle of Te Tiriti o Waitangi

We will prioritise our collective effort towards enabling people who need our support the most, to flourish, to meet their self-determined aspirations and to achieve equitable health status (as a minimum). We are clear that Māori are our priority population for this plan as they are affected by inequities the most in our region. However, we also know that we have other populations or cohorts with high needs, such as people with low socio-economic status, Pacific peoples, some rural populations, people with disabilities, and others. We will continue to support all people with high needs however, we are determined to ‘shift the dial’ for our valued Māori population and believe that if we can make traction for Māori, we will learn valuable lessons along the way that will support equity for all populations.

1.1.3 Local

The strategic direction for Taranaki DHB, and our response to the challenges highlighted above, is outlined in the Taranaki Health Action Plan. The Plan describes the transformational journey the Taranaki health system will take to redesign how care is delivered in the district to ensure the sustainable achievement of improving health outcomes.

The Health Action Plan provides an overarching framework for the Taranaki health system, with a 10-year vision. It identifies six focus areas that will deliver on Taranaki’s vision for the future, “Taranaki Together, A Health Community”. These are aligned to the NZHS, and the desired strategic outcomes of Te Kawau Mārō, Taranaki’s Māori Health Strategy.

Our six strategic focus areas are:

1. Helping our people to live well, stay well and get well through health literacy and ‘health in all policies’ approaches
2. Integrating our care models through a one team, one system approach, starting with adults with physical health needs and health of older people, and then extending to mental health and addiction services
3. Using our community resources to support hospital capacity to enable a sustainable hospital infrastructure matched to population needs and models of care
4. Using analytics to drive improvement in value through improved performance, efficiency and quality of care
5. Developing a capable, sustainable workforce matched with health need and models of care
6. Improving access, efficiency, and quality of care through managed uptake of new technologies – supporting changes in models of care

The Health Action Plan has a medium to long-term view for transforming the Taranaki health system that reflects the fact that effective transformational change may take several years.

In addition to the above, and in response to discussions with the Ministry of Health about the strategic direction for 2020/21, it has been agreed that the following specific areas of work are considered high level priority areas for Taranaki DHB in the 2020/21 year:

- Improving equitable health outcomes for Māori
- Improving outcomes for people with Diabetes
- Increasing immunisation rates across all age groups
- Improving child oral health

These priority areas will be supported by principles of equity, enhanced patient experience, value for money and strengthened resilience.

Our work will continue to be supported by our Clinical Governance Framework which was developed in response to the Taranaki Health Action Plan 2017-2020 and the Health Quality and Safety Commission New Zealand Statement of Intent 2017-2021.

The Clinical Governance Framework outlines the programmes, the structures and defines the roles and responsibilities that pave the way for the improvement of the quality and safety of the clinical services provided by Taranaki DHB. The framework is based on the following four clinical governance programmes identified by the HQSC:

- Patient safety and quality improvement
- Consumer engagement and participation
- Clinical effectiveness
- Engaged, effective workforce

The programmes are underpinned by:

- Leadership and accountability for safety and quality
- Support for front line clinicians to improve consumer outcomes
- Policies for safety and quality
- Learning and development for safety and quality, and
- An organisational reporting and committee structure for safety and quality

Finally, the DHB has taken steps to ensure that our out-year planning is robust and supports system sustainability. A number of initiatives have been identified as part of our Savings Plan for 20/21 including the South Taranaki project (changing models of care to improve access to primary care services), the Radiology project (a review of community radiology services) and other internal reviews of services and functions. We will continue to identify areas where we are able to maximise efficiency gains. Through this approach we aim to ensure that we are able to work within our allocated resources while continuing to deliver excellent quality health care services that improve, promote and protect the health of the Taranaki population.

1.2 Message from the Chair

On behalf of the Board, I am pleased to present the Taranaki DHB Annual Plan for 20-21. Our focus for the coming year is improving health outcomes for our most vulnerable and to improve the equity of health outcomes amongst our population regardless of location, ethnicity or economic situation.



The health outcomes for our Māori population demand attention in addressing the disparity across groups, alongside other high needs populations, including some of our rural community, people living with disabilities and those with lower incomes. Evidence demonstrates that achieving equitable health outcomes for Māori delivers equity across the wider population. The 2020/21 Plan progresses against our goal *Kia tū rangatira ai ngāi Māori ki te ara kākārīki* – ‘Our Journey to Green’. This reflects our commitment to improve our Māori health indicators from many red and poorly performing to green and in good health.

As part of Te Manawa Taki region (alongside Lakes, Tairāwhiti, Bay of Plenty and Waikato DHBs) our regional vision is *He kapa kī tahi* - ‘A Singular Pursuit of Māori Health Equity’ reflecting combined efforts across the group to achieve equity in Māori health outcomes and wellbeing, lifting our populations as a whole at the same time. Having different health outcomes for different groups simply does not represent who we are as a Taranaki community. Achieving this equality will take hard work and like many things in health, tough choices, adopting new ways of working to address long standing issues and partnering across government and with other providers – but we are up for the challenge!

Te Manawa Taki - ‘the heartbeat’ represents that we are always ready to go and willing to lead change that works, so that others may follow a proven path. To be effective regional change catalysts, we need a strong heartbeat. The Regional Equity Plan represents our next three-year journey. This annual plan demonstrates our commitment to supporting the first steps of this journey here in Taranaki.

The Board has chosen to focus on key priority areas to achieve traction and demonstrate progress on equitable health outcomes. While equity is our overriding priority, we have committed to achieving measurable improvements in health indicators relating to diabetes, immunisation and child oral health. We will closely monitor progress in these areas and challenge ourselves to continually review our performance and service delivery methods to improve health outcomes. Alongside this we will be addressing service provision in South Taranaki through a new rural model of care that recognises so many of us live outside of New Plymouth and the way we access healthcare needs to reflect our rural circumstances.

COVID-19 significantly impacted the first six months of 2020 and will continue to challenge us to adapting to new ways of living and working. As always, our team will demonstrate flexibility and fiscal prudence whilst still delivering high standards of care. We also have the second phase of Project Maunga underway - providing new state of the art facilities for our staff and patients and safer, more resilient facilities for our community.

I would like to take this opportunity to thank the Minister of Health for his recent investment in Taranaki. The increases in our baseline funding enables us to work back towards a break even budget and \$336M for Project Maunga provides not only new facilities for the DHB but a significant infrastructure and employment project for the region during an economically challenging period. Likewise the support of the Ministry of Health and its commitment to supporting innovation in the areas that are right for our community enables us to deliver the best health outcomes for Taranaki.

CASSANDRA CROWLEY
Chair

1.3 Message from the Chief Executive

It is my pleasure to introduce Taranaki District Health Board's Annual Plan 20-21 that outlines our key strategic outcomes and objectives for meeting the health needs of the Taranaki population. This Annual Plan reflects our local approach to delivering on our obligations under Te Tiriti o Waitangi (the Treaty of Waitangi) to address determinants of health and achieve better health equity and wellbeing for our entire population.



This year marks the development of the new Te Manawa Taki Regional Health Equity Plan, signalling the vision of Te Manawa Taki – our Midlands Region – to work in unison to achieve equity of Māori health outcomes and wellbeing through multiple means. The Equity Plan reflects a Te Tiriti o Waitangi partnership between Iwi and five DHBs to embed Te Tiriti in our health and disability system to proactively address inequity. Our Annual Plan demonstrates our commitment to implement equitable outcome actions (EOA) that aim to reduce disparities between Māori and non-Māori health outcomes and to improve equity.

Improving patient access and population health outcomes continue to be a priority for our DHB. The Taranaki DHB acknowledges that Māori are the main population group that are affected by health inequity in Taranaki and we therefore continue our strong focus on improving equity for Māori. At a local level we continue to work in partnership with our Iwi governance group, Te Whare Punanga Korero, and our local Māori Health providers towards "*Kia tū rangatira ai ngāi Māori ki te ara kākāriki*" (our journey to the greens). This symbolises our commitment to transforming our dashboard of Māori health priority indicators from red to green.

With the election of new Board in November 2019, our strategic efforts have been further focused with the identification of four specific priority areas for action for the 2020/21 year:

- Improving equitable health outcomes for Māori
- Improving outcomes for people with Diabetes
- Increasing immunisation rates across all age groups
- Improving child oral health

We recognise that improvement in these particular areas is needed if we are to achieve the best long-term health outcomes for our most vulnerable population groups, especially Māori. We are committed to closely monitoring the performance indicators for each of these priority areas over the coming year with a view to 'turning the reds to greens'.

Taranaki DHB is moving ahead with both Project Maunga Stage Two and the Seismic Risk Management Plan (SRMP). Project Maunga and the SRMP will see the construction of a new East Wing Building housing many of Taranaki Base Hospital's acute clinical services and a roof-top helipad along with significant upgrades to critical site wide infrastructure. In addition to this, the recently announced capital investment support for the refurbishment of the Mental Health facilities in Taranaki will ensure that our clinical services are not only safe for our patients and staff, but support us in delivery of new models of care that provides optimum health outcomes for our community.

With the support of strong governance, clinical and executive leadership and capability across the health sector, Taranaki DHB remains committed to meet the significant challenges the New Zealand public health system as a whole continues to face.

ROSEMARY CLEMENTS
Chief Executive

1.4 Message from the Chair - Te Whare Punanga Korero

Kei ngā kawekawenga o rua tupua, kei ngā torotoronga o rua tawhito, tēnā koutou katoa. Tēnei hoki rā te au mihinga ki ngā māeroero o Taranaki hauhunga e hāpai nui ake i te mana o ngā uri, nō te pari marutuna o Parininihi, ki Taranaki tuawhenua, ki te awa ngūnguru o Waitōtara, tēnā koutou, tātou tahi.

Achieving equity of access and outcomes for Māori is a priority for the Taranaki DHB, a journey and commitment which Te Whare Punanga Korero Trust on behalf of the iwi of Taranaki, fully endorses and indeed expects.



As we enter an era informed by significant reports and inquiries that highlight a system that has failed for Māori, including the Waitangi Tribunal's Interim Report on WAI 2575, the Health and Disability System Review, He Ara Oranga Mental Health and Addiction Inquiry and experiences of COVID-19 response, the sector is experiencing unprecedented pressure to lift its game towards equity for Māori.

Of note is the work evolving from Māori leadership across the sector, in particular development led by the Ministry of Health's Māori Unit of a Māori Health Action Plan and supported by expert kaupapa Māori clinical, cultural and operational expertise including our own local Māori leadership. We see that planning reflected in the expectations set out in "Give practical effect to He Korowai Oranga – the Māori Health Strategy" section of this Plan and applaud the approach to building capability within the sector particularly of Māori in this next stage as only then will the sector be able to respond appropriately.

In the course of 2020/21 Te Whare Punanga Korero will be unrelenting champions of the expectations of C3 – Co-design, Co-decide and Co-implement. When this philosophy is visible it will reflect active implementation of Te Tiriti o Waitangi-based relationships, objectives and principles. It will require the mainstream to be patient and kind – the Māori health sector represents a small proportion of the Taranaki health and disability sector (around 10%) and responding to overwhelming demands of the mainstream all-too-often presents challenges that can be difficult to navigate. We look ahead with cautious optimism as we map the next leg of this complex journey.

The following whakawai given prominence by Te Whiti o Rongomai, aptly captures the perspective of the iwi:

He puāwai au nō runga i te tikanga
I am a descendant from righteous endeavour
He rau rengarenga nō roto i te Raukura
A healing herb from within the sacred emblem
Ko taku Raukura, he manawa nui ki te ao,
My sacred emblem is a symbol of my unwavering dedication,
He manawa nui ki te ao, he manawa nui ki te ao.
of prosperity, good health and well-being.

TE PAHUNGA (MARTY) DAVIS
Chair - Te Whare Punanga Korero Trust

1.5 Signatories

Agreement for the Taranaki DHB 2020/21 Annual Plan

between



Hon Mr Chris Hipkins
Minister of Health

Dated: 23/9/2020



Cassandra Crowley
Chair
Taranaki DHB
Dated: 10 August 2020



Rosemary Clements
Chief Executive
Taranaki DHB
Dated: 10 August 2020



Te Pahunga (Marty) Davis
Chair
Te Whare Punanga Korero
Dated: 10 August 2020

SECTION 2: DELIVERING ON PRIORITIES

2.1 Minister of Health's Planning Priorities

The Minister's Letter of Expectations sets out the planning priorities for 2020/21. The 2020/21 Annual Plan has been structured to reflect these priorities, which are:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by a strong and equitable public health and disability system
- Achieving health equity and wellbeing for Māori through the Māori Health Action Plan
- Better population health outcomes supported by primary health care
- Strong fiscal management.

These priorities support the Government's overall priority of *Improving the well-being of New Zealanders and their families through:*

- *Support healthier, safer and more connected communities*
- *Make New Zealand the best place in the world to be a child*
- *Ensure everyone who is able to, is earning, learning, caring or volunteering.*

2.2 Health and Disability System Outcomes Framework

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.

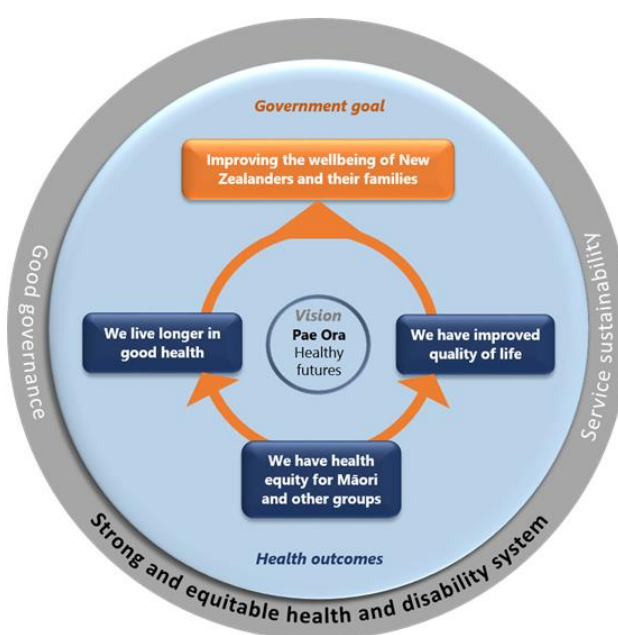


Figure 1: the health and disability system outcomes framework elements

2.3 Māori Health Improvement

Te Whare Punanga Korero Trust (TWPK) is the Taranaki regional Māori Health governance body with representation from the eight iwi of Taranaki. Their role is to work strategically with Taranaki DHB to improve outcomes for Māori. The relationship between Te Whare Punanga Korero and Taranaki DHB is evidenced by a Memorandum of Understanding which was renewed in January 2018 and is scheduled for further review in 2020. The parties agree to facilitate and promote a collaborative and strategic relationship that gives effect to the goals, objectives, pathways and aspirations of He Korowai Oranga 2014 Refresh Te Kawau Mārō Taranaki Māori Health Strategy and the Position Statements encapsulated in the Pae Ora Framework adopted in 2015.

Taranaki DHB's obligation to establish and maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement is outlined in He Korowai Oranga, National Māori Health Strategy refresh 2014, in particular the four pathways, as well as in Te Kawau Mārō, Taranaki Māori Health Strategy.

The DHB has a number of mechanisms in place to facilitate the governance arrangements with Te Whare Punanga Korero, including:

- TWPK participates in strategic discussions through its Chair who functions as an ex-officio member of the Taranaki DHB Board. The Chair has full access to Board papers and participates fully in open and closed Board meetings
- Taranaki DHB directly funds TWPK to enable it to fulfil its role including engagement with other relevant stakeholders such as Te Manawa Taki Māori Relationship Board, Te Manawa Taki Governance Group and the Te Kawau Mārō Māori provider alliance
- The full Boards of TWPK and Taranaki DHB meet six-monthly or more frequently if required to discuss Māori health equity reports and discuss strategic issues
- TWPK members participate in the DHB's local and regional governance training and planning programmes
- TWPK is asked to endorse all decisions of a strategic nature affecting Māori health equity
- TWPK Chair is on the Taranaki DHB's Infrastructure and Facilities Committee which oversees Project Maunga Stage Two and also chairs the Tikanga Oversight Group set up to ensure there is Māori input into all planning and design phases of the build
- In terms of Annual Planning, TWPK is involved early to confirm Māori health priorities and is a joint signatory to the Plan

At an operational level, the following processes are in place:

- The Chief Advisor Māori Health has input into the DHB's strategic discussions and/or provides advice on the inclusion of Māori representation/input into strategic and operational planning discussions
- Funding and support of the Te Kawau Mārō Provider Alliance enables their participation and leadership in service design discussions and implementation of kaupapa Māori and mainstream services such as System Level Measures groups and Service Level Alliance Teams
- WhyOra is an independent Trust, a programme that fills the health career pipeline with potential Māori workforce recruits to increase the local Māori health workforce. WhyOra participates in strategic discussions regarding workforce and also participates in the DHB's recruitment processes
- Te Pa Harakeke Māori Health Unit also participates in recruitment processes across the DHB to influence staff selection

The DHB's Pae Ora framework was formally adopted by Taranaki DHB in 2015. It, together with Te Kawau Mārō Strategy is currently under review to reflect updated national and regional policy including the revised Treaty principles outlined in the WAI 2575 Waitangi Tribunal interim report, the Ministry of Health's draft Māori Health Action Plan and Te Manawa Taki Regional Equity Plan. In strengthening alignment to regional and national policy the DHB expects to be better positioned to fulfil its responsibilities to improve equity of access and outcomes for Māori and to accelerate towards that end.

2.4 Achieving Health Equity

The Ministry of Health (MoH) publication 'Achieving Equity in Health Outcomes: Summary of a discovery process' released in 2019 states:

Responding to Māori health aspirations is a Te Tiriti o Waitangi obligation and includes achieving equity for Māori. Within Te Tiriti o Waitangi framework, delivering on the rights and needs of Māori people is essential, given that Māori have the poorest overall health status and are significantly disadvantaged in terms of health inequities.

The DHB acknowledges the special obligations it has under Te Tiriti o Waitangi to achieve health equity for Māori. For this reason the DHB commits to prioritisation of Māori health equity in its equity strategies, whilst acknowledging that interventions that work for Māori are likely to also work for other disadvantaged population groups such as those living in rural areas, those with disabilities, the LGBTQI and Pacifica communities as well as other disadvantaged groups.

Taranaki DHB has included a number of Equitable Outcome Actions (EOA) in this Annual Plan that will help support the achievement of greater health equity for Māori. Activities in Section 2 of this Plan that demonstrate Taranaki DHB's commitment to achieving Māori health equity are clearly identified with the acronym (EOA) immediately following the activity.

This year the Taranaki DHB's equity approach is underpinned by consolidation of national, regional and local policy (referred to earlier as the review of the Pae Ora Framework and Te Kawau Mārō strategy). The review amplifies line of sight between national, regional and local policy focusing on strengthening system settings to underpin the pursuit of equity. It necessitates fundamental shifts in the way we do things with a particular focus on visibility and implementation of Treaty principles and all that entails, in working to improve outcomes as measured by national Māori health priorities and indicators. The DHB will focus on the following subset of indicators as a realistic 12-month undertaking:

- ASH rates with a focus on diabetes and seasonal influenza vaccination
- Children's health with a focus on immunisation, pre-school dental enrolment and dental engagement aged 0–4 years in South Taranaki
- Mental health, ensuring the new environment enables Māori leadership, design and delivery of services that are responsive to the needs of Māori
- Communications with a health literacy lens will remain a focus as the DHB attempts to build a system that is easy for patients and whanau to understand and navigate.

The Taranaki DHB's Public Health Unit (PHU) will continue to work with Te Pa Harakeke, Māori Health Unit (TPH) to support the DHB to integrate the use of health equity assessment into service planning, policy and programme development. The PHU and TPH are engaged in discussion to ensure our respective programmes of work are complementary and targeted and organised so as to:

- Ensure more organised and co-ordinated service delivery support
- Reduce any gaps, overlap or duplication
- Strengthen efforts to more effectively address determinants of health and Government priorities to improve Māori health and achieve health equity and wellbeing

Increased collaboration and integration with other Te Kāwau Māro providers as well as other sectors is required to achieve the same results.

2.5 Regional Service Planning

Those actions that the DHB are undertaking to support delivery of the Ministry's Regional Service Plan (RSP) priorities are identified in the delivery of Regional Service Plan (RSP) priorities and relevant national service plans section of the priority area 'Better population health outcomes supported by strong and equitable public health and disability system'.

2.6.1 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 your 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.



Engagement and obligations as a Treaty partner			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Working with sector partners to support sustainable system improvements)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Support Te Whare Punanga Korero Trust to lead the review of Te Kawau Māō Māori Health Strategy and to develop an action plan of implementation that enables Māori to participate in, and contribute to, strategies for Māori health improvement. The revised strategy will be formally adopted by the Taranaki DHB (EOA)	Q2-Strategy reviewed and Action plan complete	SS12: Engagement and Obligations as a Treaty Partner	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Implement contractual arrangements with Te Kawau Māō provider alliance to enable them to participate in planning and the design and delivery of services for Māori (EOA)	Q1-Pae Ora Collective agreement in place with TKM providers			
Develop and deliver a training programme targeted to the TDHB Board and Executive Management team that increases awareness and understanding of Te Tiriti o Waitangi and the implementation of its principles in the health and disability sector	Q3-Training attended by 90% of Board and EMT			

Māori Health Action Plan – Accelerate the spread and delivery of Kaupapa Māori services			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Work with Te Whare Punanga Korero Trust, Planning and Funding, Te Pa Harakeke and Te Kawau Māō provider alliance to develop a Māori provider development plan that aims to increase delivery of Kaupapa Māori services across the province for formal approval by Te Whare Punanga Korero and Taranaki DHB Boards (EOA)	Q2-Plan approved by TWPK and TDHB	SS12: Engagement and Obligations as a Treaty Partner	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Māori Health Action Plan – Shifting cultural and social norms			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Workforce - Cultural Safety)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Work with HR to set a management KPI for all Taranaki DHB staff to attend 'Treaty, DHB and Me' cultural awareness training programme (EOA)	Q1–KPI's agreed by EMT	SS12: Engagement and Obligations as a Treaty Partner	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Establish a system that monitors attendance by Taranaki DHB staff at 'Treaty, DHB and Me' (EOA)	Q3–Monitoring system set up			
Review the existing cultural safety training programme to strengthen content, delivery and timetabling to ensure maximum participation by DHB staff at all levels (EOA)	Q4–Approved programme in place			

Māori Health Action Plan – Strengthening system settings			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Review Te Kāwau Māro Māori Health Strategy and develop an action plan of implementation that enables Māori to participate in, and contribute to, strategies for Māori health improvement. The revised strategy, to be formally adopted by Taranaki DHB and Te Whare Punanga Korero Trust (Taranaki DHB's Iwi relationship partner) is expected to set a clear pathway for strengthening system settings for Taranaki (EOA)	Q2–Strategy reviewed and Action plan complete	SS12: Engagement and Obligations as a Treaty Partner	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Establish a monitoring framework for monitoring health status of the population and of the Māori Population on at least an annual basis with the aim of providing an update to the population health inequalities measures reported in the Whānau Ora Health Needs Assessment 2011 to support assessment of progress/change (EOA)	Q4-Monitoring framework initiated			

Māori Health Action Plan – Reducing health inequities- the burden of disease for Māori			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<p>Taranaki DHB will make best use of its resources by prioritising Equitable Outcome Actions (EOA) that address the following Māori Health Priorities and indicators:</p> <p>Child Health</p> <ul style="list-style-type: none"> • Full or exclusive breastfeeding at 3 months • Ambulatory Sensitive Hospitalisations (ASH) 0-4 years • Immunisation at 8 months • Dental treatment for South Taranaki pre-schoolers <p>Acute Demand</p> <ul style="list-style-type: none"> • Ambulatory Sensitive Hospitalisations (ASH) 45-64 years • Influenza vaccinations 65+ years • Cardiovascular Risk Assessments – Māori men 45-64 years <p>Mental Health</p> <ul style="list-style-type: none"> • Reduce the rate of Māori under Section 29 community treatment orders <p>Workforce Development</p> <ul style="list-style-type: none"> • Number and proportion of Māori employed in the DHB <p>Data will be used to monitor progress of equitable outcome activities and to inform service improvement priorities</p>	Ongoing	SS12: Engagement and Obligations as a Treaty Partner	<p>System outcome</p> <p>We have health equity for Māori and other groups</p>	<p>Government priority outcome</p> <p>Support healthier, safer and more connected communities</p>
Taranaki PHU and Te Pa Harakeke will work in partnership to undertake a minimum of two Health Equity Assessments that will inform new service developments arising from the post COVID-19 planning process. These assessments will ensure that new service developments will achieve equitable outcomes that improve the health of Māori and other high need population groups (EOA)	Q4–Two Health Equity Assessments completed			

2.6.2 Improving sustainability

As New Zealand's population has continued to grow and age, with more complex health needs, the system has worked hard to keep up with demand, however the financial performance of DHBs is variable and has deteriorated in recent years. An enhanced focus on improving sustainability is required.

DHBs are expected to clearly demonstrate how 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 should include how your DHB will work collectively with your 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				
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<p>The Savings Plan for 2020/21 has identified a number of initiatives that will support improved access and outcomes while delivering efficiencies. Savings of up to \$5.0M will be realised through a combination of the following initiatives:</p> <ol style="list-style-type: none"> 1. Implementation of the South Taranaki rural model of care – this project aims to achieve efficiency savings while delivering significant improvements to access and quality of primary care services across South Taranaki including expanded options for out of hours care 2. Undertake a review of Community Radiology services and processes – this review aims to achieve efficiency savings while delivering improvements in access to diagnostic radiology services as well as optimising referral pathways including primary care referral 3. Implementation of other efficiency initiatives – Taranaki DHB is currently prioritising a range of efficiency initiatives including review of FTE and models of care, contracting arrangements and other miscellaneous operating costs. Once agreed by our Board, these initiatives aim to achieve additional efficiency savings <p><u>Out years: 2021-24</u></p> <ol style="list-style-type: none"> 4. South Taranaki – embedding of new service model and continuation of changes to delivery of community services and access to ED. 5. Implementation of other initiatives identified and planned with a focus on internal, contracts + miscellaneous operating costs) 6. Models of care within TDHB hospital services 7. Review of Significant contracts to ensure all options for delivery and subsequent contracting are considered 	<p>Jan – Jun 2021</p> <p>Oct – Dec 2020</p> <p>Jul – Dec 2020</p>	Financial targets against each specific action	<p>System outcome We have health equity for Māori and other groups</p>	<p>Government priority outcome Support healthier, safer and more connected communities</p>

Savings plans – in-year gains			Initiatives identified must not compromise quality and safety or equity of services for the DHB's population	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<p>As part of our planning process for 20/21, Taranaki DHB has undertaken appropriate cost analysis and has developed realistic savings plans that aim to deliver efficiencies while improving quality and safety of services and improving equity for our populations.</p> <p>The following initiatives are planned for 2020/21 and, when combined, aim to achieve savings of up to \$5.0M:</p> <ol style="list-style-type: none"> 1. Implementation of the South Taranaki rural model of care – this project aims to achieve efficiency savings while delivering significant improvements to access and quality of primary care services across South Taranaki including expanded options for out of hours care 2. Undertake a review of Community Radiology services and processes – this review aims to achieve efficiency savings while delivering improvements in access to diagnostic radiology services as well as optimising referral pathways including primary care referral 3. Implementation of other efficiency initiatives – Taranaki DHB is currently prioritising a range of efficiency initiatives including review of FTE and models of care, contracting arrangements and other miscellaneous operating costs. Once agreed by our Board, these initiatives aim to achieve additional efficiency savings 	<p>Jan – Jun 2021</p> <p>Oct – Dec 2020</p> <p>Jul – Dec 2020</p>	Financial targets against each specific action	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Savings plans – out year gains			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<p>Taranaki DHB will continue 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 as part of our out year planning process.</p> <p>A number of initiatives are proposed for the 2021-24 period. When combined these initiatives are expected to release savings of up to \$10.0M over this period:</p> <ol style="list-style-type: none"> 1. South Taranaki – continuation of embedding changes to delivery of community services and access to ED. Continue to move to the integrated hub model for hospital, community and primary care services. Progression toward a rural generalist workforce is achieved. (Total \$3.0M) 2. Models of care within hospital services are reviewed for productivity and efficiency gains including an equity review/assessment before significant change is progressed. (Total \$4.0M)) <ol style="list-style-type: none"> a. Perioperative delivery of acute and elective demand in 24/7 model b. Further progress of allied health 7 day a week service c. Nursing, medical and allied health work force plans finalised and implementation to ensure most appropriate use of capacity and capability across the sector this includes areas such as specialist nurses (eg nurse endoscopists) d. Continue to support and grow Why Ora programme, growing our Maori health workforce (EOA) 3. Review of contracts and pricing in the hospital operations and community contracts. (total \$3.0M) 	<p>July 2021- June 2022</p> <p>Initial assessment completed Dec 2021</p> <p>Jul 2021– Dec 2022</p>	Financial targets against each specific action	<p>System outcome</p> <p>We have health equity for Māori and other groups</p>	<p>Government priority outcome</p> <p>Support healthier, safer and more connected communities</p>

Working with sector partners to support sustainable system improvements			This is an equitable outcomes action (EOA) focus area	
Activity <i>(Links to activities in other sections – See Engagement and Obligations as a Treaty Partner)</i>	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Taranaki DHB will work with Te Kawau Mārō Māori provider alliance, iwi (Te Whare Punanga Korero) and other key stakeholders to develop a Hauora Māori Outcomes Framework to inform how the DHB funds and contracts with Taranaki health service providers to improve outcomes for Māori (EOA)	Q4-High level outcomes framework developed	To be developed as through the Monitoring Framework	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Establish a monitoring framework for monitoring health status of the population and of the Maori Population on at least an annual basis with the aim of providing an update to the population health inequalities measures reported in the Whānau Ora Health Needs Assessment 2011 to support assessment of progress/change (EOA)	Q4-Monitoring framework initiated			

2.6.3 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.

There is an expectation that DHBs 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.

DHB annual plans will consider the above principles in all their activities, as part of their contribution to delivering the Strategy, and preparing the health and disability sector for system transformation over time.



Maternity and Midwifery workforce			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Care Capacity Demand Management - CCDM)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Develop architectural plans for Phase Two Taranaki hospital build programme that ensures new building designs meet the needs of birthing women in the Taranaki region and supports reduced birth intervention by facilitating the provision of accessible primary birthing services in the region. The new design will facilitate integrated movement between services, depending on the needs of mothers and their babies, and will support multidisciplinary team input across all services	Ongoing	CW11: Supporting Child Well-Being CW06: Child Health (breastfeeding)	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 volunteering
Continue to implement the Taranaki DHB Midwifery Workforce Plan, including engagement with local training institutions and regional College of Midwives, to support undergraduate midwifery training; recruitment and retention of midwives and service delivery mechanisms including strategies to address predicted seasonal changes in service demand and better use of other health workforces to support midwives in their roles.	Q3-Midwifery Workforce Plan implemented	CW09: Better help for smokers to quit (maternity) SPE: Percentage of infants who are fully, exclusively or partially breastfed at 3 months		
During times of high acuity the employed midwifery workforce is supported by utilising midwives with casual contracts and the provision of an LMC contract - employing LMC midwives to work within the maternity service. During low acuity or predicted low demand for service, planned annual leave availability is increased	Ongoing Ongoing			
Reinstate the Maternity & Quality Safety Programme (MQSP) to promote quality improvement in maternity services across the region. The programme will be based on the NZ MQP and will build on national and local quality improvement initiatives to ensure best possible outcomes for mothers, babies and Whānau in the region. The programme will be led by the Clinical Governance Support Unit and will demonstrate alignment with the NZ Maternity Clinical Indicators, National Maternity Monitoring Group (NMMG) and Perinatal & Maternal Mortality Review Committee (PMMRC) – Links to Quality	Q1–MQSP group established Q2–Quarterly reporting on progress in place	SPE: Ward 15 (Maternity) IPV RQ (Routine Questioning) Rates		

Implement the recommendations of the 2019 Lead Maternity Carer (LMC) 1 st Trimester registrations Health Equity Assessment. This will be achieved through the development of a work plan that includes a Workforce Strategy for Māori Midwifery and professional development opportunities/scholarships targeting Māori midwives (EOA)	Q2-Workplan developed Q4-Workplan implementation in progress			
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Maternity and early years			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Maternity and Midwifery workforce - Lead Maternity Carer (LMC) Health Equity Assessment)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Deliver a minimum of 12 Hapū Wānanga (a kaupapa Māori antenatal education programme) to address a range of determinants of health and wellbeing (e.g. nutrition, breast feeding, oral health, immunisations, safe sleeping, PHO enrolment and smoking) with a specific focus on Māori and high needs populations. The cultural integrity of the Hapu Wananga programme will be retained through oversight by Te Pa Harakeke (EOA) – Links to: <i>Smokefree 2025; Immunisation; Maternal Mental Health</i>	Q4-12 Wananga delivered	CW05: Immunisation coverage at 8 months CW07: Newborn enrolment with General Practice	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
Implement the Taranaki DHB Safe Sleep programme through the employment of a Safe Sleep Coordinator to provide advice, guidance and training to the midwifery workforce on SUDI prevention as well as facilitating distribution of a minimum of 261 safe sleep devices (wahakura and pepi pods) to new mothers and their Whānau with a specific focus on Māori and other high needs populations (EOA)	Quarterly progress reports Q4-261 safe sleep devices distributed	PHO1: SLM number of babies who live in a smoke-free household		
Complete a review of Well Child Tamariki Ora (WCTO) Services in Taranaki with a focus on core contacts from a child's birth to 1 year of age by January 2021. The information from this review will be used to inform the development and implementation of at least one WCTO service quality improvement initiative by Q4.	Q1-WCTO review completed Q4-Service improvement project implemented	CW11: Supporting Child Well-Being		
Engage with local LMC forums (Maternity Open Forum and NZCOM/ LMC Leaders) to improve communication and promote collaborative problem solving and timely raising of issues relating to community based midwifery services, including access to services and ultrasound scanning	Quarterly engagement, as required			
Implement the Taranaki Child Health Action Plan to support Taranaki DHB's commitment to Children's Health as a key priority area, and demonstrating how investment will achieve integrated services that address the wider determinants to	Q1-Child Health Action Plan formally			

children's health with a focus on the first 1000 days. The Action Plan will be underpinned with a strong kaupapa Māori Health Equity approach. The Action Plan will align to, and support implementation of, the National Child & Youth Strategy (EOA)	endorsed Q4-100% of year one activities achieved			
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Immunisation			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Establish a working group, with appropriate Terms of Reference, to support implementation of the Outreach Immunisation Service (OIS) service re-design project. Working group will include Māori representation to ensure that the service design and implementation meets the needs of Māori Whānau and successfully increases immunisation rates for Māori tamariki. This will be achieved through engagement with Te Pa Harakeke and the Te Kawanui Māori network of Māori health providers in the service re-design process (EOA)	Q1-Working Group Established Q1-Terms of Reference agreed	CW05: Immunisation coverage at 8 months and 5 years of age, immunisation coverage for human papilloma virus (HPV)	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
Implementation of the Outreach Immunisation Service (OIS) service re-design project, including establishment of new service contracts as required, to improve immunisation coverage and reduce equity gaps for babies and children up to 5 years with a focus on improving access for priority population groups (EOA)	Q2-New services implemented	CW08: Increased immunisation (at 2 years)		

School-Based Health Services			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Provide quantitative reports in quarter two and four on school based health services (SBHS) in decile one to four secondary schools, teen parent units and alternative education facilities (EOA)	Q2/Q4-Reports submitted	CW12: Youth mental health <i>Initiative 1:</i> Report on implementation of school based health services (SBHS) in decile one to four secondary schools, teen parent units and alternative education facilities <i>Initiative 5:</i> Improve the responsiveness of primary care to youth	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
Provide quantitative reports in quarter 2 and quarter 4 on the implementation of the additional school based health services (ASBHS) in decile five Taranaki secondary schools (EOA)	Q2/4-Reports submitted			
Deliver the Taiohi Ora Youth Wellness programme to empower taiohi (young people) and help them develop emotional and behavioural resilience through a range of short term interventions that use a Whānau-centric approach focusing on four intermediate and secondary schools with highest need populations. The service is aimed at young people aged 12-18 years who are experiencing mild to moderate mental health issues with a priority focus on Māori and Pasifika youth and those at high risk of entering the mental health system. The DHB will work with Te Kāwau Māro provider alliance to support expansion of the Taiohi Ora Youth Wellness programme to provide additional 4.0FTE non-clinical <i>kaiarahi</i> support to Taranaki intermediate and secondary schools in response to the <i>Expansion and/or Replication of Existing Māori Mental Health and Addiction Services RFP</i> (EOA)	Q4-Service expansion completed			

Family violence and sexual violence			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Review and implement improvements to improve child protection assessments for children under two years of age presenting to the emergency department. This initiative aims to improve the number and quality of Child Protection checklists completed	Q1-Audit of CP checklist completed Q2-Service improvements implemented	SPE: # VIP training sessions delivered SPE: Ward 2B (Paeds) IPV RQ (Routine Questioning) Rates	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
Implement the Acute Post-Strangulation Documentation Form (<i>Family Violence Assessment and Intervention Guideline: Child Abuse & Intimate Partner Violence</i> ; 2016) in Emergency Services to improve the quality of abusive head injury assessments	Q4-Audit of Strangulation documentation completed	SPE: Ward 15 (Maternity) IPV RQ (Routine Questioning) Rates SPE: Oranga Tamariki reports of concern are tracked and reviewed		

2.6.4 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.

There is an expectation that annual plans reflect how DHBs 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, annual plans should demonstrate 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.

DHBs will 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			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<p>Taranaki DHB has a significant programme of work planned for the next three years that aims to achieve transformational change in the mental health system that is grounded in wellbeing and recovery. This system change will be 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 outcome.</p> <p>As part of this work we will continue to commit to the following requirements:</p> <ul style="list-style-type: none"> • Show leadership in promoting respect for and observance of the Code of Health and Disability Services Consumers' Rights • Implement measures to minimise compulsory or coercive treatment • Ensure 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 • Improve responses to co-existing problems via stronger integration and collaboration between other health and social services • Strengthen and increase the focus on mental health promotion, prevention, identification and early intervention • Pass through cost pressure funding to DHB contracted providers to ensure NGOs providing mental health and addiction services in Taranaki are sustainable 		<p>MH01: Improving the health status of people with severe mental illness through improved access</p> <p>MH02: Improving Mental Health Services Using Wellness and Transition (Discharge) Planning</p> <p>MH03: Shorter Waits For Non-Urgent Mental Health and Addiction Services</p>	<p>System outcome We have health equity for Māori and other groups</p>	<p>Government priority outcome Support healthier, safer and more connected communities</p>
Placing people at the centre of all service planning, implementation and monitoring programmes				
Demonstrate our commitment to lived experience and whānau roles being supported and employed across policy, strategy and quality programmes through the engagement of consumers and Family/Whānau advisors in the newly established Cross Sector Governance Group that will lead mental health planning to support He Ara Oranga in Taranaki (EOA)	Q1-Cross Sector group terms of reference agreed	MH04: The Mental Health & Addiction Service Development Plan		

Develop a consumer engagement and payment policy to inform the DHB's engagement process and ensure consumers receive meaningful koha and expenses payment to reflect the contribution they make to planning processes (EOA)	Q1-Consumer engagement policy agreed	MH05: Reduce the rate of Māori under the Mental Health Act: Section 29 Community Treatment Orders		
<u>Embedding a wellbeing and equity focus</u>				
Implement an evidence-based model of vocational support services (Individual Placement and Support or IPS) to ensure that vocational support services are efficient, effective, equitable and responsive to the needs of Māori (EOA)	Q1-new IPS service established			
Continue to implement Supporting Parents, Healthy Children (COPMIA) to support early intervention in the life course by ensuring all contracted mental health providers have received a peer assessment and practical support to develop and implement internal SPHC policies from a provider with expertise in the SPHC guidelines	Q1-A minimum of 5 providers receive peer assessment and support			
Support Te Kawau Mārō with the expansion of the kaupapa Māori <i>Taiohi Ora</i> service to deliver additional kaiawhina and health promotion roles that will support schools with strengthening mental and physical wellbeing of students in high need schools, with a focus on supporting Māori students (EOA)	Q2-New roles established as per RFP outcome			
<u>Increasing access and choice of sustainable, quality, integrated services across the continuum</u>				
Build on the 2019 Review of Residential and Respite Care needs to incorporate both community residential and acute, inpatient services and develop recommendations to inform future service planning aimed at supporting sustainability of acute services (EOA)	Q1-Review report completed			
Work with Pinnacle Midlands Health Network, Te Kawau Mārō network and local NGO providers to implement the Te Tumu Waiora model of care in general practice to give people easy, equitable and prompt access to local mental health and wellbeing support providing rapid, targeted brief intervention to people experiencing mental distress or who need behavioural advice and support (EOA)	Q1-Te Tumu Waiora service initiated Q4-Service fully implemented			
Implement a PDSA (Plan Do Study Act) service improvement project in partnership with Link People and local GPs to support service consumers receiving clozapine medication therapy to transition from specialist mental health services and to maintain wellness in a primary care setting	Q1-PDSA project plan in place Q3-Project completed and			

	recommendation developed			
<u>Suicide prevention</u>				
Take action to reduce suicide by implementing and monitoring key DHB-led actions from <i>Every Life Matters</i> - He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024. This includes a review of the Taranaki Suicide Prevention Plan and implementation of additional Suicide Postvention Coordinator capacity to coordinate and support postvention responses where required.	Q2-Taranaki DHB Plan reviewed and approved Q4-100% of activities in Plan implemented			
<u>Workforce</u>				
Strengthen and support lived experience, peer and whānau roles through the implementation of a Community AOD Peer Support Service - <i>Links to Addiction</i>	Q1-Peer Support service implemented			
Implement an NGO community support worker role attached to the DHB Mental Health & Addictions community mental health team in South Taranaki to support people with complex mental health needs	Q1-New service established			
Develop a Capability Plan to strengthen and improve mental health and addiction crisis support services. This will include developing a plan for implementation of professional development and training aimed at building capability and confidence of clinical and non-clinical/administrative staff in ED and other locations where people present with mental health needs of in distress	Q1-Capability plan developed Q2-Training programme initiated			
<u>Forensics</u>				
Work with the Ministry and Waikato DHB to improve and expand the capacity of forensic responses from Budget investment as required (note – Taranaki DHB currently purchases forensic services from Waikato DHB)	As required			
<u>Commitment to demonstrating quality services and positive outcomes</u>				
Provide reporting on 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)	Quarterly Reporting			

Provide reporting on reducing inequities including reducing the rate of Māori under community treatment orders (MH05)	Quarterly Reporting			
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Mental health and addictions improvement activities			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Development of specialist, outreach team approach to discharge planning from mental health inpatient ward to coordinate access to appropriate services, inclusive of Kaupapa Māori approach to support community reintegration (EOA)	Q1-Reconfigure resources to develop model of care Q2-Co-design process including Māori engagement Q3-Implementation of new roles and model of care	MH02 Completion of appropriate transition and discharge plans	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Addiction			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Cross Sectoral Collaboration))	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Implement initiatives to improve the sustainability of local and regional residential NGO AOD programmes through the application of a regionally agreed price increase that aims to achieve consistent regional residential bed day pricing and support providers in meeting additional cost pressures	Q1-Price increase applied in 20/21 contracts	MH01: Improving the health status of people with severe mental illness through improved access MH03: Shorter Waits For Non-Urgent Mental Health and Addiction Services	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Implement a regionally developed equity-based residential AOD service initiative through the establishment of a local Step Up-Step Down service. The service will provide transitional support from the Salvation Army Taranaki facility using a Peer Recovery Coach model that aims to support people with addiction and their Whānau to prepare for rehabilitation placement and provide transition support, including community outreach support, on completion of a rehabilitation programme (EOA)	Q1-Co-design process to develop service Q3-Service implemented			
Provide sustainability funding to the Families Overcoming Addiction Peer Support Service to ensure the service is able to operate sustainably and can provide training and professional support to a minimum of 2 new Peer Supporters to enable the programme to expand and support families/Whānau beyond New Plymouth	Q1-Funding applied Q4-2 Peer Supporters trained			
Establish a new co-designed Community AOD Peer Support programme that will deliver 3 FTE Peer Support Specialists to work alongside AOD clinicians including a kaupapa Māori AOD service. The service will ensure peer support specialists have an understanding of Māori models of health and the application of the Treaty of Waitangi in practice, as well as being able to apply Tikanga Māori to the work that they do, to ensure the cultural needs of Māori with AOD issues are met (EOA)	Q1-Co-design process to develop service Q2-Service implemented			
Implement a short-term (one year) community based AOD support service in Waitara as an acute response to identified increasing synthetic drug harm. This initiative will be developed using co-design principles with the Waitara community and will provide locally-based and responsive AOD counselling and kaiawhina support as well as establishing a longer-term multi-agency response to synthetic drug harm (EOA)	Q1-Co-design completed Q2-Service initiated Q4-Evaluation completed			

Maternal mental health services			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Undertake an intensive review of the current model of care inclusive of triage, assessment and service delivery to increase appropriate responsiveness to women and their Whānau during and post pregnancy within Taranaki DHB dedicated resource with a focus on improving outcomes for Māori. The scope of the review will include service linkages to infant mental health and early parenting support, including kaupapa Māori service provision. Consultation will include engagement with Māori Whānau during the review stage and in the development of recommendations for service improvements (EOA)	Q1- Review existing services with gap analysis focus Q2- Facilitate a multi agency consultation process Q3- Review and evaluation report to be developed and implemented	MH01: Improving the health status of people with severe mental illness through improved access SPE: Percentage of people referred for non-urgent mental health are seen within 3 weeks (Māori and non-Māori)	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

2.6.5 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.

PHUs 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. DHBs and their PHU both have a role in contributing to improving the health and wellbeing of the population through prevention.

Please also refer to section 2.5 – responding to the Guidance.



Environmental sustainability			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government themes: Improving the well-being of New Zealanders and their families Build a productive, sustainable and inclusive economy (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)	
Review and amend the draft Sustainability Policy, and develop the strategic framework. The Policy will reflect the principles of the Treaty of Waitangi and will focus on achieving equitable outcomes (EOA)	Q1-Policy review complete Q1-Strategic framework complete	PE: Public Health and the Environment	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Measure carbon emissions arising from energy usage, transportation/travel, waste, etc from the Base and Hawera Hospitals and develop an emission reduction and management plan. Baseline emission measurements will be reported to the Ministry of Health as required to support potential future emissions targets	Quarterly reports			
Review and amend the Taranaki DHB Procurement and Contracts Framework including the product evaluation processes to support the procurement of low-emissions and low-waste goods, services and works	Q2-Framework reviewed			
Develop and implement a Waste Minimisation Action Plan and an effective, efficient and consistent waste stream	Q1-Plan in place Q4-Plan is fully implemented			

Antimicrobial Resistance (AMR)			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Employ a Medication Safety Advisor (0.5FTE) to coordinate and support the establishment of an antimicrobial stewardship programme that supports local implementation of the NZ Antimicrobial Resistance (AMR) Action Plan (2017-22). The programme will include initiatives that address the disproportionate impact on Māori and Pacific peoples due to antibiotic resistance (EOA)	Q1-Advisor appointed Q2-Antimicrobial programme plan developed Q4-100% of 20/21 plan implemented	SS: Strong and equitable public health and disability system	System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
<i>Awareness and Understanding:</i> Facilitate educational activities across primary care, acute hospitals and age-related residential care sector during WHO World Antibiotic Awareness Week November 2020 to educate staff about Antimicrobial Resistance (AMR)	Q2-World antibiotic awareness week			
<i>Awareness and Understanding:</i> Work with age-related residential care (ARRC) Infection Prevention and Control (IPC) team members to ensure that national and/or local guidelines including those titled “Infection Prevention and Control and Management of Carbapenemase-producing Enterobacteriaceae” (Ministry of Health, 2018) can be implemented in their setting	Q4-ARRC facilities guideline review			
<i>Awareness and Understanding:</i> Celebrate World Hand Hygiene Day (5th May) in the aged residential care sector	Q4-Hand hygiene day celebrated			
<i>Surveillance and Research:</i> Ensure that active surveillance for multiple antimicrobial resistant organisms is performed in keeping with national and/or local guidelines including those titled “Infection Prevention and Control and Management of Carbapenemase-producing Enterobacteriaceae” (Ministry of Health, 2018)	Ongoing through ICNet			
<i>Surveillance and Research:</i> Report DHB rates of AMR at a governance level	Q3-AMR Report complete			

<i>Surveillance and Research:</i> Provide annual cumulative susceptibility data to support empiric treatment options				
<i>Infection Prevention and Control:</i> Ensure that local IPC policy for multiple antimicrobial resistant organisms is consistent with national guidance	Q2-Multiple Drug Resistant Organisms protocol reviewed			
<i>Antimicrobial Stewardship:</i> Audit antimicrobial use against local guidelines	Q2-Audit completed in time for WHO antibiotic awareness week			
<i>Antimicrobial Stewardship:</i> Where available, use antimicrobial prescribing data to improve practice Governance	Q4-Programme developed			
<i>Collaboration and Investment:</i> Ensure AMR is a priority for DHB senior executive management and Board meetings (noting AMR has been identified as a priority in the 2020/21 Minister of Health's Letter of Expectation to DHBs)	Q4-AMS committee and reporting structure in place			
<i>Collaboration and Investment:</i> Establishing and maintaining an AMR Stewardship Committee (that reports to DHB executive and Board).	Q4-AMS committee and reporting structure in place			

Drinking water Core function – Health Protection.			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Taranaki PHU will ensure the supply of high quality drinking water by undertaking drinking water duties as required by the Health Act 1956. Activities and associated reporting will be delivered in line with the Drinking Water section of the Environmental and Border Health exemplar	Q2 & Q4- Narrative report on delivery against exemplar measures	PE: Public Health and the Environment	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Taranaki PHU will undertake functions assessing compliance with the Drinking Water Standards New Zealand (DWSNZ) as required	Q2 & Q4- Narrative report			
Taranaki PHU will ensure water suppliers notify the PHU of transgressions and appropriate follow up action is undertaken as required	Q2 & Q4- Narrative report			
Taranaki PHU commits to the reporting requirements set out in the Vital Few Report	Q2 & Q4- Narrative report			

Environmental and Border Health (note that the drinking water section is separate) Core function – Health Protection.			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Taranaki PHU will 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 using the vital few report on the performance measures contained in the Environmental and Border Health exemplar	Quarterly report on delivery against exemplar measures	PE: Public Health and the Environment	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected
Taranaki PHU will undertake the following environmental and border health activities: <ul style="list-style-type: none"> Respond in a timely manner on adverse effects of: Air quality, Disposal of the dead, Environmental noise, Ionizing and non ionizing radiation, Recreational waters, Gaseous, liquid and solid waste, other environmental health issues. Monitor territorial authorities' actions on environmental health issues. Undertake health assessments for ECE/Kohanga Reo for the licencing of ECE by the Ministry of Education. Undertake activities associated with the Resource Management Act 1991. Undertake to assess and process Vertebrate Toxic Agents (VTA) applications. Carry out emergency management planning, and responses according to the Ministry of Health Guidelines, plans and advice. Undertake activities associated with the Hazardous Substances and New Organisms Act 1996. Respond to serious harm events related to the use of Psychoactive substances Ensure Port Taranaki maintain core capacities as required by the International Health Regulations 200 	Quarterly report			
Taranaki PHU commits to the reporting requirements six monthly/Q2 and Q4 using both the Environmental and Border Health reporting template and the Vital Few Reporting template	Q2 & Q4 Reporting			

Healthy food and drink			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Ensure all new, qualifying Planning & Funding contracts with health service providers include a clause that stipulates an expectation that they develop a Healthy Food and Drink Policy covering all food and drinks sold on site and provided by their organisation to clients/service users/patients, staff and visitors under their jurisdiction. Policies will be required to align with the Ministry of Health's <i>Healthy Food and Drink Policy for Organisations</i> . Reporting on number and % of contracts containing the clause will be provided in Q2 and Q4 as required	Q1-100% of qualifying contracts contain clause Q2/Q4-Report % contracts containing clause	SPE: % contracts with a Healthy Food and Drink Policy reported as a proportion of total contracts	System outcome We live longer in good health	Government priority outcome Make New Zealand the best place in the world to be a child
Taranaki PHU will 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) and healthy food policies that are consistent with Ministry of Health's Eating and Activity Guidelines, in line with the implementation of the Healthy Active Learning initiative	Q2/Q4-Six monthly reports			

Smokefree 2025			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Maternity and Early Years, SLM Smokefree Homes)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Implement and report on progress of the Taranaki DHB Tobacco Control Plan (2020/21) through appropriate distribution of Tobacco Control resources to support a reduction in tobacco-related morbidity and mortality and a decrease disparity amongst priority population groups. Activities will focus on reducing smoking rates for hāpu wāhine as part of the Government's Smokefree 2025 goal (EOA)	Q2/Q4-Narrative reports Q4-20/21 Plan fully implemented	SPE: Percentage of Primary Health Organisations enrolled smokers offered advice to quit SPE: Percentage 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	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
Work in partnership with the Taranaki Stop Smoking Support Service to deliver brief advice and support to hāpu wāhine who smoke through the delivery of the Hapu Wananga programme to increase referrals of hāpu mama to local quit services (EOA)	Q4-12 Hapu Wananga sessions delivered			
Taranaki PHU will undertake compliance and enforcement activities relating to the Smoke-free Environments Act 1990 to ensure that all premises or retailers are meeting their requirement to ensure no person smokes in an internal area of the premise. This will include delivering on the activities and reporting on the five regulatory performance measures contained in the previous Vital Few Report	Q2/Q4-Six monthly reports			
Taranaki PHU will carry out the following in relation to Controlled Purchase Operations (CPO): <ul style="list-style-type: none"> Conduct education visits prior to CPOs Ensure all retailers are aware of their responsibilities under the Smoke –free Environments Act 1990 Conduct CPOs in the region to monitor and enforce the provisions of the Smoke-free Environments Act 1990 relating to the sale of tobacco products to minors (EOA) 	Q2/Q4-Six monthly reports			

Breast Screening			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government themes: Improving the well-being of New Zealanders and their families	
Pinnacle Midlands Health Network will undertake data matching with Taranaki GP practices to ensure accurate information is provided to women on the breast screening programme to improve access (EOA)	Ongoing	PV01: Improving breast screening coverage and rescreening	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Te Pa Harakeke will convene a hui with the stakeholders involved in and/or interested in provision of Breastscreening services to understand the issues and develop a coordinated approach to improving outcomes for Māori (EOA)	Q4-Hui held and agreements in place			

Cervical Screening			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government themes: Improving the well-being of New Zealanders and their families	
Work in partnership with local health providers to improve access to cervical screening services to ensure participation for at least 80% of women aged 25-69 years in the most recent 36 month period with a priority focus on Māori women. Activities will include a funded health promotion programme targeting Māori and delivered by kaupapa Māori health provider(s) that aims to increase uptake of cervical screening rates and improve equity for Māori through promotion at community events, targeted media advertising, networking with iwi providers and engagement in professional development activities (EOA)	Q2/Q4-Review six monthly reports and review progress to inform service spec development for 21/22	PV02: Improving Cervical Screening coverage	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Work with stakeholders, including primary care and Māori health providers, to engage in the national cervical screening campaign targeting all women aged 25-29 years of age in order to raise awareness of the importance of cervical screening and to empower them to participate in regular screening. Campaign materials will be developed with key messages for the target audience and a health education campaign will be delivered	Q1-Campaign communication plan in place Q3-Education campaign delivered			

Reducing alcohol related harm Core function – Health Promotion, Health Protection, Health Assessment & Surveillance and Public Health Capacity Development.			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government themes: Improving the well-being of New Zealanders and their families	
Taranaki PHU will undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012. This will include delivering and reporting on the activities relating to the nine public health regulatory performance measures contained in the previous Vital Few report	Q2/Q4 Six monthly reports	PE: Public Health and the Environment	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Taranaki PHU will undertake, and report on, the following additional activities relating to reducing alcohol harm: <ul style="list-style-type: none"> • Review and assess all on, off, club and special licence applications; and report to the District Licensing Committee (DLC) as required • Work proactively with event organizers to adopt and implement appropriate plans to reduce alcohol related harm • Participate in police-led Controlled Purchase Operations (CPO) to reduce the sale of alcohol to minors • Work with other agencies to undertake monitoring visits of high risk premises 	Q2/Q4-Six monthly reports			
Taranaki PHU will lead and undertake an evaluation of the Delay Onset of Drinking in Intermediate-aged Children project with a specific focus on achieving equitable outcomes for Māori. This project is delivered by the Taranaki Alcohol Harm Reduction Group and will use a co-design approach to identifying and trialling support strategies for parents/caregivers of intermediate-aged students with the goal of increasing their knowledge of the benefits of delaying the onset of drinking alcohol by under 18's (EOA)	Quarterly progress reports			

Sexual health Core function – Health Promotion.			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government themes: Improving the well-being of New Zealanders and their families	
Review the outcomes of the 2019/20 Sexual Health Service Mapping Report and develop an Action Plan for future action that will align to, and support implementation of, the NZ Sexual and Reproduction Health Strategy once finalised. The Plan will take an equity based approach to addressing the increasing number of sexually transmitted infections (STI), particularly chlamydia, gonorrhoea and HIV; and the high level of unintended/unwanted pregnancies (EOA)	Q2-Action Plan completed	PE: Public Health and the Environment	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Taranaki PHU will provide public health advice and expertise in the management of outbreaks of STIs to inform sexual health service delivery responses and service development	As required			

Communicable Diseases Core function – Health Promotion, Health Protection, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions.			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Taranaki PHU will undertake disease surveillance by collecting, analysing and interpreting communicable disease data for the purpose of preventing, identifying and responding to existing and emerging communicable disease risks. The PHU will report on communicable disease activity in Q2 and Q4 as required	Q2/Q4-Six monthly reports	PE: Public Health and the Environment	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Taranaki PHU will carry out, and report on, the following activities aimed at reducing the risks and impact of communicable disease: <ul style="list-style-type: none"> Investigate all notified diseases in line with the 2012 Ministry of Health communicable disease control guidelines Produce disease reports for diseases of concern causing outbreaks Maintain a system for receiving and responding to notifications of infectious diseases, management of cases and their contacts Manage queries about diseases of a public health concern Collect local data and enter onto EpiSurv Take prompt and appropriate action to protect the public from communicable disease Actively support local immunisation programmes 	Q2/Q4-Six monthly reports			
Taranaki PHU commits to undertaking an assessment of it's Covid-19 response with vulnerable communities that upholds Te Tiriti o Waitangi and supports the achievement of Māori health equity (EOA)	Q2-Covid response assessment completed			

Cross Sectoral Collaboration including Health in All Policies Core function – Health Promotion.			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Addiction; Engagement and Obligations as a Treaty Partner)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Taranaki PHU will utilise a HiAP approach to enhance and improve equity and health outcomes in planning processes with Taranaki’s district councils, Regional council and other agencies (e.g. Police, MSD, iwi) including active transport, urban planning. Examples of influence may include council long-term plans, New Plymouth District Council’s CBD 5050 Plan, district road speed reviews and the Local Alcohol Policy (EOA)	Q2/Q4-Six monthly report on outcomes	SS: Strong and equitable public health system PE: Public Health and the environment	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Implement a cross-sectoral initiative aimed at reducing the impact of acute synthetic drug related harm in Waitara in response to evidence of increased harm. The community response initiative will be developed by key stakeholders including Taranaki DHB Drug & Alcohol Services, New Plymouth Police, New Plymouth District Council community board, other agencies/groups and local iwi. The initiative is dependent on the outcomes of a funding proposal to the Ministry of Health Acute Drug Harm Response Discretionary Fund and will be informed by a subsequent co-design process with the community and people with lived experience of addiction	Q1-Project plan and co-design process completed Q4-Project fully implemented	# health impacts/health equity issues or opportunities identified and implemented as a result of public health engagement		

2.6.6 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.



Delivery of Whānau Ora			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Develop a three-year Whānau Ora Action Plan that enables the application of service improvement methodology to DHB service design and development to improve the responsiveness of health services for Whānau and to improve Māori health outcomes (EOA)	Q2-Plan developed	SS12: Engagement and Obligations as a Treaty Partner	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Engage with Te Pou Matakana and other local agencies to investigate opportunities for co-funding with the Taranaki DHB for a common set of outcomes linked to the Whānau Ora Outcomes Framework and the national Living Standards in partnership with Te Kāwau Māro Māori providers (EOA)	Q2-Engagement process complete Q4-Outcomes and decisions agreed			

Pacific Health Action Plan			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Work with Ministry of Health to support delivery of Ola Manuia: Pacific Health and Wellbeing action plan 2020 - 2024 once agreed (EOA)	As required	SS: Strong and equitable public health system	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Care Capacity Demand Management (CCDM)			This is an equitable outcome action (EOA) focus area	
Activity (Links to activities in other sections – See Maternity & Midwifery Workforce)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<p>Taranaki DHB are committed to the implementation of the Care Capacity Demand Management (CCDM) programme to ensure that the DHB gets the balance right between patient demand and staff capacity to improve the quality of care for patients, the staff working environment, and to use health resources in the best possible way. This is a two year programme that aims to be fully implemented by June 2021 and a CCDM council has been established to lead this work. The following activities are planned for the following year (2020-21):</p> <p>Continue the working party subgroup established in 2020 ensuring effective governance and monitoring of the CCDM programme. The CCDM council and designated subgroups, which are:</p> <ul style="list-style-type: none"> • The core data set; set of measures and data used to support and guide CCDM programme • Local data groups to all areas (13 wards); monitoring and actioning results • Variance response management group using and monitoring a variety of indicators across the wards <p>These groups will meet regularly to monitor CCDM implementation and safe staffing in partnership with the health unions. The CCDM Council includes clinical representation from Te Pa Harakeke to ensure Māori participation at governance level (EOA)</p>	Q1-core data sets inform CCDM outcomes Q1-Patient acuity tool developed/data analysis completed	SS: Strong and equitable public health system	<p>System outcome (please select ONE system outcome for this priority) We have health equity for Māori and other groups OR We live longer in good health OR We have improved quality of life</p>	<p>Government priority outcome (please select ONE Government priority outcome for this priority) Support healthier, safer and more connected communities OR Make New Zealand the best place in the world to be a child OR Ensure everyone who is able to, is earning, learning, caring or volunteering</p>
Invest in change management plans to ensure Taranaki DHB meets the CCDM requirement by June 2021; involving our staff with the change to embed a new culture ensuring sustainability is achieved	Q4-CCDM programme fully implemented			

Disability Action Plan			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Work with Ministry of Health, the Taranaki Disability Strategy Coalition Group and the Taranaki DHB Disability Action Group to update the DHB Disability Action Plan. The Plan will be developed in partnership with consumers with disability and local disability sector providers and will improve access to quality health services and improve the health outcomes of people with disabilities by focusing on areas such as data, access and workforce (EOA)	Q3-Draft Disability Plan completed Q4-Disability Action Plan approved and published	SS: Strong and equitable public health system	System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering

Disability			This is an equitable outcome action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Provide regular disability responsiveness training to Hospital and Specialist Service staff at new staff induction sessions in line with the Taranaki DHB Disability Responsiveness Training plan developed in 2019/20 (EOA)	Q2-Report on % new starters trained	SS: Strong and equitable public health system	System outcome We have improved quality of life	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering
Provide front line staff and clinicians within Hospital and Specialist Services with mandatory disability responsiveness training using the revised on-line training module (EOA)	Q2-Report on % patient contact staff trained	SPE: % of staff that have completed on-line Disability Responsiveness Training by the end of Q4, 2019/20		
Develop an effective system within Hospital and Specialist Services to collect and utilise information about inpatients with disabilities in order to improve health outcomes and patient experience (EOA)	Q4-New system implemented			

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'.			This is an equitable outcomes action (EOA) focus area	
Activity <i>(Links to activities in other sections – See Bowel Screening)</i>	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Part One: Current performance actions Taranaki DHB will continue to improve Planned Care delivery to meet the increasing population health need and ensure timely access to Planned Care including Radiology Diagnostics, Medical and Surgical Services. We will ensure delivery of the agreed level of Planned Care interventions; and ensure that patients wait no longer than four months for a First Specialist Assessment (FSA) and treatment. Delivery and improvements will be measured against the agreed Planned Care Measures, and quarterly qualitative reports	Ongoing	SS07: Planned Care measure 1: Planned Care Interventions SS07: Planned Care measure 2: ESPIs SS07: Planned Care measure 3: Diagnostic Wait Times	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Actions will include the following:		SS15: Improving waiting times for Colonoscopy		
Planned Care Planning - A productivity and capability review will be completed in the first quarter. A Pre-Anaesthetic Care and Theatre Capacity Projects will be started to ensure capacity is optimised; including diagnostics. A focus on production planning continues and stage two (delivery of FSA and treatment) of a real time reporting system will be completed to ensure monitoring and to enable a proactive approach to be taken	Q1–Stage Two Production Review Completed Q2–Pre-Anaesthetic Care and Theatre Project DRAFT Plan completed Q3–Pre-Anaesthetic Care Service Design Q4–Pre-Anaesthetic Care Service Delivery	SS08: Planned care three year plan		
Planned Care Delivery - Continue using the national prioritisation tool and the impact on life questionnaire consistently across all specialities. The Māori Health Team will continue to provide support in regards to the use of the tool as well as supporting patients to attend appointments [EOA]. We will work with specialities	Ongoing			

to achieve ESPI compliance. The DHB will continue to work with other providers within the district, regional and nationally to meet patient needs and ensure ESPI compliance is achieved				
Endoscopy – As part of the delivery of the National Bowel Screening Programme for the Taranaki District, a review of Endoscopy services to will be undertaken in order to identify service quality improvements that are required to ensure that the DHB will be able to meet the demand	Q1–Endoscopy Service Review Q2–Endoscopy Service Design Complete Q3–Delivery of improved Endoscopy Service			
<u>Part Two: Taranaki DHB Planned Care Three Year Plan</u> Taranaki DHB will deliver the first year of the Taranaki DHB Planned Care 3-Year Plan. The plan includes actions that address the five Planned Care Priorities. Taranaki DHB will engage with DHB Consumers and other key stakeholders in the delivery of this plan				
<u>The three key initiatives for 2020/21 are:</u>				
1. Early Intervention of Osteoarthritis	Q1–Evaluation of Pilot, Hospital and community options Q2–Delivery of Service			
2. Early Intervention of lower back pain	Q1–Determine population need and identify resources required Q2–Cost benefit analysis and business case development. Q3–Service			

	Delivery			
3. Skin Lesions to Community	Q1–Determine population need Q2–Identify resources required Q3–Cost benefit analysis and business case development Q4–Service Delivery			

Acute Demand			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Review the feasibility of a Short-Stay Unit as part of a broader Acute Patient Flow project, commencing in 2020-21. This project has been initiated to optimise acute patient flow to ensure that patients get the right care at the right time by the right people in the right place. The aim is to improve acute care, resolve ED overcrowding and address bottlenecks in patient flow using a whole of system approach	Q3-Medical Short Stay project completed	SS10: shorter stays in Emergency Departments	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Develop an Implementation Plan for submission to NNPAAC by 2021 to support the implementation of SNOMED coding in ED. The plan will include a description of the information technology actions and ED clinical staff training actions, milestones and timeframes	Q3-Implementation Plan submitted			
Implement the Chronic Obstructive Pulmonary Disorder (COPD) Action Plan to improve quality of care and health outcomes for patients with COPD	Q4-Action Plan implemented			

Rural health			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Primary Health Care Integration)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Implement the new South Taranaki Rural Health Model of Care which includes: <ul style="list-style-type: none"> • Delivery of Homecare Medical After Hours Service • Delivery of a St John 'See & Treat' Paramedic service • Addition of a Social Worker to the extended care team in South Taranaki to support patients with long-term chronic health conditions in primary care • Implementation of Primary Care Services within the South Taranaki Rural Health Centre 	Q1 Q1 Q2 Q2	SS: Strong and equitable public health system SS10: shorter stays in Emergency Departments	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities

Healthy Ageing			This is an equitable outcomes action (EOA) focus area	
Activity (<i>Links to activities in other sections – See Pharmacy</i>)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Align 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	In line with national work programme	PH01: SLM Total Acute Hospital Bed Days Per Capita	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Work with ACC on the non-acute rehabilitation pathway service objectives to identify early supported discharge options to decrease the time that older people spend in hospital and to enable them to return home sooner with community focussed rehabilitation support. This will enhance older people's ability to regain or maintain their independence after an acute episode	Q4-Early supported discharge options in place	CW05: Immunisation Coverage (influenza immunisation at age 65 Years and over, reported by ethnicity)		
Expansion of Allied Response Team (ART) / Allied Response Home Team (ARTHA) to include evening and weekend services. The service is aimed at patients identified as "Short Stays" to reduce unnecessary extended length of stay and facilitate discharge. The model uses a "Home first" approach, undertaking assessment at home for medically stable patients to prevent ED & hospital admissions and to facilitate weekend discharges - Links to Acute Demand, SLM Acute Bed Days	Q1-Extended hours staff recruited Q2-Service embedded and operational	SPE: Acute Re-Admission Rate 75+ Years		
Implement a local specialist dementia support service to provide education and training for aged residential care and community services to improve the quality of local dementia care and client/whānau experience	Q1-Dementia Nurse specialist appointed			
Engage with Community Pharmacies and other immunisation providers to identify opportunities to increase influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age through a minimum of four community based outreach and drop-in clinics (EOA)	Q2-Engagement undertaken Q4-4 Community clinics delivered			

Improving Quality			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Long Term Conditions - Diabetes)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<u>Improving Equity</u> Continue to use the Health Service Access Atlas (Atlas of Healthcare Variation), specifically the measure of <i>lower limb amputations</i> (%), to undertake improvement activity to address barriers and drive equity of outcomes in Diabetes services (EOA)	Ongoing	SS: Strong and equitable public health and disability system	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
<u>Improving Consumer Engagement</u> Establish a Consumer Engagement Governance Committee including senior clinical staff, consumers, Māori representation and Clinical Governance Support Unit (CGSU) representation to provide support to the new governance committee structure. This committee will report to the new Taranaki DHB Hospital & Specialist Service Patient Safety and Quality Group and will have oversight of the new quality and safety marker for consumer engagement for Hospital & Specialist Services	Q1-Consumer Engagement committee established			
<u>Spreading Hand Hygiene Practice</u> Utilise a change management approach to facilitate engagement of staff at a local unit level in improvement activities to improve hand hygiene practice. The activities will provide the opportunity for local ownership and accountability in the DHB's hand hygiene programme, which will lead to meaningful and sustained improvement to our hand hygiene compliance rate <u>Activities planned for 20/21 include the following:</u> <ul style="list-style-type: none"> • Deliver an organisation-wide health promotion event aligned to World Hand Hygiene Day (5 May 2021) to raise awareness of the importance of hand hygiene among staff and patients • Implement a consumer engagement co-design project aimed at educating and empowering patients to promote hand hygiene and to enable them to play a role in influencing hand hygiene compliance from health staff when they receive care from hospital services • Deliver a staff and patient education programme through the use of the <i>5 moments for Hand Hygiene</i> signage in ward and clinic areas as well as 	Q1-Ward/unit champions in place Q2-Hand hygiene plan endorsed Q4-Patient and			

patient beds to improve awareness and hand hygiene compliance	staff education programme in place			
<u>System Level Measures</u> Reference the TDHB System Level Measures Plan (2020-21)				

New Zealand Cancer Action Plan 2019 – 2029			This is an equitable outcomes action (EOA) focus area	
Activity <i>(Links to activities in other sections - see Healthy Food and Drink; Smokefree 2025; Breast screening; Cervical screening and Bowel screening)</i>	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Part One: Current Performance Actions Commence relationship with National Cancer Network (NCN) as from July 2020. <ol style="list-style-type: none"> 1. Take direction from NCN around national consistency and equity 2. Provide regional representation for NCN 	Quarterly narrative reporting	SS01: Faster Cancer Treatment (31 days)	System outcome We have improved quality of life	Government priority outcome Support healthier, safer and more connected communities
Part Two: Align with the four main goals within the New Zealand Cancer Action Plan 2019-2029 and the four main goals. These being that New Zealanders will: Have a System that delivers consistent and modern cancer care <ol style="list-style-type: none"> 1. Improve the surveillance of cancer patients by scoping the option of an electronic database (i.e. hepatoma surveillance) 2. Implement a single point of care for breast clinics which will improve access to multi disciplinary services 3. Review the internal referral process for cancer coordination services and provide recommendations. 	Q2	SS01: Faster Cancer Treatment (62 days)		
Experience Equitable cancer outcomes Improve engagement of local communities around cancer treatment and services by: <ol style="list-style-type: none"> 1. Facilitate community cancer day with a focus on Māori 2. To continue to strengthen partnerships with community and NGO cancer providers (i.e. Tui Ora and Hospice Taranaki) 	Q2	SS15: Improving waiting times for Colonoscopy		
Have Fewer Cancers <ol style="list-style-type: none"> 1. Continue to support cancer screening and public health functions 	Q1	SPE: Percentage of accepted referrals for CT scans will receive their scan within 6 weeks (42 days)		
Have better cancer survival supportive care and end of life <ol style="list-style-type: none"> 1. Continue to support the cancer society 'living well with cancer survivorship initiative' 	Q1			

Bowel Screening and colonoscopy wait times			This is an equitable outcome action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Development of a production plan to reduce colonoscopy wait time indicators (CWTI) through efficient utilisation of workforce and resources to ensure that services are delivered in accordance with MoH timeframes. The production plan forms part of a broader recovery plan that includes a number of actions the DHB is undertaking to address and prioritise the significant number of patients waiting over maximum for colonoscopies	Q1-Production Plan completed Q4-CWTI compliance met	SS15: Improving waiting times for Colonoscopy	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
To successfully implement all components of the Taranaki DHB bowel screening programme, and to ensure all services including colonoscopy/endoscopy and colorectal cancer pathway have the capacity and capability to commence delivery by Go Live June 2021 (indicative date). The plan will be delivered in 3 phases:				
Phase One: <ul style="list-style-type: none">Governance Group EstablishmentSteering Group Establishment	Q1-Allocation of Resources, establishment of Governance			
Phase Two: <ul style="list-style-type: none">Programme managementProject Plan documentsCommunication and engagement planWorkforce PlanEquity Plan (EOA)Colonoscopy Wait Time Indicators (CWTI) confirmedPost Go-Live and Transition PlanPrimary care role, training, engagement approach, arrangements and payment in placeDiagnostic ServicesHistopathology ServicesQuality servicesReadiness Assessment and IT	Q3-Delivery Plans developed and submitted to MoH for approval Q3-Readiness assessment completed and criteria met			

<ul style="list-style-type: none"> Stakeholder engagement 				
Phase Three: <ul style="list-style-type: none"> All resources and services are in place Final report developed and then signed off by NBSP Steering Group 	Q4–Commence delivery of Bowel Screening Programme			

Workforce In responding to this priority area please cross-reference to Section four: Stewardship - Workforce section			This is an equitable outcomes action (EOA) focus area	
Activity <i>(Links to activities in other sections – See Māori Health Action Plan - Shifting cultural and social norms)</i>	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
DHB Workforce Priorities: Collaboration and Teamwork Effective patient care is correlated with effective teamwork. A Collaboration, Teamwork and Team Development leadership skills programme is provided for Clinical Leaders and SMO's. A minimum of 15 Team Development Workshops will be delivered to support this programme	Q4-15 workshops delivered	SS: Strong and equitable public health and disability system	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
DHB Workforce Priorities: Anti-Bullying Programme and Policy Remedial workshops with high-risk local teams identified via survey and interviews. New policy and process, including anonymity	Q1	Staff Engagement Survey scores for designated teams (survey includes teamwork data)		
Workforce Diversity Provide training placements and support transition to practice for eligible health work force graduates and employees by increasing Community Based Attachments (CBA) for PGY2 students from 2 to 4 to facilitate appropriate clinical placement. This includes the development of a public health placement and a kaupapa Māori placement within a local Māori health provider (EOA) Continue to develop and utilise the Why Ora programme for the education, mentoring and recruitment of Taranaki-based Māori into the Taranaki health sector workforce (EOA) Collect workforce data and intelligence to support workforce planning at a local, regional and national level Refresh the Workforce Planning process, including utilising Ministry of Health workforce data Develop a Medical Management Workforce Planning Strategy	Q4-4 CBA placements achieved Ongoing Ongoing – as required Ongoing Q4	# new recruits from WhyOra		

<p><u>Leadership</u></p> <p>The following leadership development programmes will be delivered:</p> <ul style="list-style-type: none"> • Advanced Leadership Programme (ALP) – senior managers • Achieving through Leadership – middle management through some front-line managers • NZ Certificate in Business – Frontline Management (Level 4) – first level supervisors and aspiring first level supervisors 	<p>Q3 Q1 Q4</p>			
<p><u>Health Literacy</u></p> <p>The following actions in the Health Literacy Action Plan are designed to monitor for the purpose of maximising completion of Health Literacy training modules that have been developed to raise awareness of and build capability across the DHB workforce in good health literacy practice:</p> <ul style="list-style-type: none"> • Monitor individual completion of Modules 1, 2,3 tracked and provided to managers (individualised monitoring) • Monitor new staff completion of Module 1 emailed to Managers of new staff after first three months (individualised monitoring) • Monitor clinician completion of Module numbers/rates provided to appropriate Governance Committee (group monitoring) • Monitor module completion numbers/rates provided to Health Literacy Operational Oversight Group annually (group monitoring) 	<p>Q4</p>			
<p><u>Pandemic Response</u></p> <p>Establish a Pandemic Response Recovery Lead role to develop and implement a Pandemic Response Work Plan with a particular focus on the COVID-19 work programme. This role will focus on the readiness and response activities for the Taranaki region with a strong emphasis on reducing inequity for those with poorest health outcomes and improving Māori health. The Work Plan will harness, integrate and build upon the strengths, skills, knowledge and capacity of our communities to improve service delivery and population health outcomes.</p>	<p>Q1-Lead role recruited and work plan in place</p>			
<p><u>Cultural Safety</u></p> <p><i>Refer to - Māori Health Action Plan (Shifting cultural and social norms) section</i></p>				

Data and Digital In responding to this priority area please cross-reference to Section four: Stewardship - IT section			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
<p>Taranaki DHB is improving equity in current and future digital systems/investments through the following actions:</p> <ul style="list-style-type: none"> Explore opportunities to work with Te Pa Harakeke to prioritise business intelligence support of service improvement projects aimed at reducing inequity between Māori and non-Māori [EOA] 	<p>Q1-Project prioritised</p> <p>Q2-Work commences and</p>	<p>SS: Strong and equitable public health and disability system</p>	<p>System outcome We live longer in good health</p>	<p>Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering</p>
<p>Taranaki DHB plans to achieve alignment of the Taranaki DHB IT Plan with the Regional ISSP including risk mitigation through the following actions:</p> <ul style="list-style-type: none"> Close collaboration with HealthShare to ensure that Taranaki DHB has visibility of key initiatives that ICT Services need to be involved in to align with the delivery of the Regional ISSP. The most significant risk for Taranaki DHB is that the volume of work across local, regional and national initiatives far exceeds capacity. Mitigation includes ICT Services Applications & Portfolio Report which is circulated to key internal stakeholders within Taranaki DHB but also to HealthShare and to all other Te Manawa Taki DHB CIO's allowing early prioritisation and risk management 	<p>Q1-RISSP signed off</p>			
<p>Taranaki DHB plans to implement Application Portfolio Management including the lifecycle for IT systems through the following actions:</p> <ul style="list-style-type: none"> Refine and update initiative prioritisation process Finalise the lifecycle plan (2-5 years) for key Taranaki DHB applications (top 15-20 applications) including regionally / nationally supported applications 	<p>Q1-Prioritisation process endorsed</p> <p>Q2-Plan finalised</p>			
<p>Taranaki DHB will incorporate IT security maturity improvement across all digital systems through the following actions:</p> <ul style="list-style-type: none"> Taranaki DHB continues to undertake monthly Microsoft patching and the process continues to mature to ensure all of our systems remain secure. Security notifications as released by the GCIO are actively reviewed and acted on as appropriate. Projects that further strengthen Taranaki DHB's 	<p>Ongoing</p>			

commitment to the Health Information Security Framework (HISF) are ongoing <ul style="list-style-type: none"> Review of education material used for staff cyber safety training with aim to align with other DHB's 	Q3-Review completed and recommendations implemented			
<ul style="list-style-type: none"> Replacement of Clinical and Corporate Messaging including completion of and sign-off of Business Case moving into implementation during the 20/21 financial year 	Q1-Business case completed and signed off Q2-Project commences			
<ul style="list-style-type: none"> Be actively engaged in Project Maunga stage 2 to provide a digital foundation that sets Taranaki DHB up for the future use of technology 	Ongoing			
<ul style="list-style-type: none"> Review and replace our 10 year old Medical records scanning solution with a modern option and move to a full scan model 	Q1-Procurement process Q2-Business case signed off Q3-Project commences			
<ul style="list-style-type: none"> Upgrade Provation for Taranaki DHB, LDHB and BoPDHB to the version to best support the national bowel screening rollout 	Q2-Upgrade complete			
<ul style="list-style-type: none"> Support telehealth initiatives as agreed by organisation 	As required			
<ul style="list-style-type: none"> Providing remote access to Taranaki DHB systems via Citrix for community care providers including General Practice 	Ongoing			
Taranaki DHB will also submit quarterly reports on the DHB ICT Investment Portfolio to Data & Digital to support decision making and to maximise the value of sector ICT investment	Q1-4 reports submitted			

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 outcome 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 (Links to activities in other sections – See Maternity and Early Years)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Taranaki DHB commits to working 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. As an example of how we are already achieving this, the DHB has supported the creation of a role for one of our Paediatricians with the University of Auckland as a Senior Lecturer, Population Child Health and Paediatrics, with the Faculty of Medical and Health Sciences. The role aims to develop a hub for research and innovation into child health and wellbeing, in conjunction with Tamariki Pakari Child Health and Wellbeing Trust and the University of Auckland. This is building key relationships with community organisations and stakeholders to support the hub and associated research programme. The team are involved in health research workforce development, with a specific commitment to Māori workforce development and achieving health equity. Their ultimate vision is to undertake research by communities, for communities, building on our genuine partnership relationships with Māori health researchers across Aotearoa. (EOA)	As required	SS: Strong and equitable public health and disability system	System outcome We live longer in good health	Government priority outcome Ensure everyone who is able to, is earning, learning, caring or volunteering

Undertake an internal audit of Clinical Research Governance programmes carried out by the Taranaki DHB, including those in collaboration with Trusts, other agencies and Māori/Pacific communities with a view to develop a comprehensive research framework and guidelines in compliance with governance standards for health research, clinical trials or other studies.	Q4-Audit completed and draft framework developed			
Taranaki PHU will work with the DHB Ethics Committee to develop a DHB policy to guide staff engaging consumers in consultation and co-design processes to ensure that consumers are fully informed and supported before, during and after the engagement process and the process is also safe for those staff conducting the consultation and co-design process. The policy will be based National Ethical Standards for Health and Disability Research and Quality Improvement, December 2019.	Q1-Policy developed Q2-Policy approved and implemented			
Provide a one-page summary on progress in Q4 to the Ministry of Health and the DHB Board.	Q4-Summary paper submitted			

Delivery of Regional Service Plan (RSP) priorities and relevant national service plans			This is an equitable outcomes action (EOA) focus area			
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families			
<i>Taranaki DHB have identified the following priority initiatives for 20/21 as part of the Te Manawa Taki Hepatitis C work plan:</i> <ul style="list-style-type: none">• <i>Continue to support the Te Manawa Taki Hepatitis C Community Service across the region</i>• <i>Support DHB regions with eradication campaigns using awareness and education resources and proof of concepts</i>• <i>Provide integrated, accessible and sustainable identification testing, assessment and treatment services using a co-design model</i>			Q4-100% of work plan activities delivered	SS: Strong and equitable public health and disability system	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
To work in partnership with Te Manawa Taki DHBs to support the delivery of the following outcomes identified in the Te Manawa Taki Hepatitis C Work Plan: <i>Improved community awareness and workforce competency in managing Hepatitis C:</i> <ul style="list-style-type: none">• Deliver Hepatitis C education to people with Hepatitis C and the community• Deliver Hepatitis C education and awareness services to health care providers <i>Increased identification, diagnosis and treatment of people with Hepatitis C</i> <ul style="list-style-type: none">• Targeted testing based on engagement with priority groups and alignment with regional Hepatitis C work plan.• Finding people with Hepatitis C who are lost to follow-up <i>Engagement and collaboration across the region of hepatitis C stakeholders</i> <ul style="list-style-type: none">• Continuous improvement of activities to support the successful implementation of an integrated Hepatitis C assessment and treatment service in Te Manawa Taki <i>Support the implementation of the National Hepatitis C Action Plan</i> <ul style="list-style-type: none">• People will experience more standardised resources and care						

<p>In addition to the above, Taranaki DHB will focus on delivery of the following identified local activities (including equitable outcome actions):</p> <p>Deliver integrated services across community, primary and secondary care to meet the needs of the Te Manawa Taki population through the following actions:</p> <ol style="list-style-type: none"> 1. Local work plan has at least one community event targeted for Māori and Pacific populations (EOA) 2. Provide more Hepatitis C services in the New Plymouth Needle Exchange Service to target the high priority populations (EOA) 3. Work with probation services to support pathway of care implementation and target high priority populations (EOA) 	<p>Q1-Local work plan is approved</p> <p>Q4-100% of activities in Work Plan delivered</p>			
<p>Implement a national and/or regional approach to using laboratory data to identify people who have been previously diagnosed with possible and active Hepatitis C infection but may have been lost to follow up. This will include engaging with Pinnacle Midlands Health Network to ensure 'known' patients are treated with their registered GP by supporting pathways of care that are free from barriers including funding</p>	<p>Q2/Q4-Lab reports received and followed up</p>			
<p>Expand the membership of the current Hepatitis C Network Group to ensure high priority groups are well represented (e.g. Māori, Needle Exchange and Probation Services) (EOA)</p>	<p>Q1-Expanded membership in place</p>			

2.6.7 Better population health outcomes supported by primary health care

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

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

Primary health care is earlier, safer, cheaper, and better connected to people's daily routines. However, the primary health care system does not serve all people equitably. Some people are avoiding or delaying engaging with primary care services because of cost. There is also the potential for a different primary care model to better suit people's lives and better integrate across health disciplines and facilities, thereby improving health outcomes.



Primary health care integration			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Rural Health)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Support the implementation of the TALT work programme, including the development and reconfiguration of services based on robust analytics that identify equity gaps and inform opportunities to deliver services that are responsive to Māori and other high needs groups (EOA)	Q2-Evidence of data being used to inform service improvement	PH01: Delivery of Actions To Improve System Integration Including SLMs	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Increase the proportion of the population who are enrolled in practices who are undertaking a change management process as part of moving to the Health Care Home (HCH) model of care. HCH incorporates best practice approaches for timely, unplanned and proactive care	Q3-9 practices have adopted HCH model of care			
Implement the South Taranaki Rural Health Model of Care (as described in the Rural Health section) while mitigating identified primary care risks as appropriate. <u>Key risks (and mitigations) have been identified as follows:</u> <ul style="list-style-type: none"> Risk of impact on sustainability of other providers (Mitigation: Small capitated volume of unenrolled/high needs patients; collaboration and regular communication with other provider; and re-direction of patients from new DHB 'walk-in' service to their primary provider if they have capacity) Reduced initial knowledge base for new DHB primary service (Mitigation: new DHB service will be fully engaged with PHO for support and with other primary care practitioners for advice and mentoring; membership of national practice manager association) Increase in equity gap as a result of service change (Mitigation: re-direction of high need patients to VLCA practice; consider options for all South Taranaki practices to become VLCA; ongoing engagement with Iwi and other primary care/Maori Health providers) 	Q4-Model fully implemented			

Pharmacy			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – See Healthy Ageing)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Continue to support the vision of the Pharmacy Action Plan by working with Pharmacists, consumers and the wider health sector to develop integrated local services that make best use of the pharmacist workforce as opportunities arise	Q2-Pharmacy commissioning strategy in place	SS03: Ensuring delivery of service coverage	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities
Engage with Community Pharmacies and other immunisation providers to identify opportunities to increase influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age through a minimum of 4 community based outreach and drop-in clinics (EOA)	Q2-Engagement undertaken Q4-4 Community clinics delivered	CW05: Immunisation Coverage (influenza immunisation at age 65 Years and over, reported by ethnicity)		

Long-term conditions including diabetes			This is an equitable outcomes action (EOA) focus area	
Activity (Links to activities in other sections – see <i>Healthy Food and Drink; Workforce (Health Literacy); Quality</i>)	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Develop a co-designed, integrated model of care for Diabetes services in Taranaki. The model will be informed by the findings of the 2019/20 Self Assessment against the 20 Quality Standards for Diabetes Care and identified priority actions arising from this assessment. The co-design process will include Māori engagement to ensure that the service design is culturally responsive and delivers equitable outcomes for Māori (EOA)	Q2-Model developed and formally approved	SS13: Improved Management for Long Term Conditions (CVD, Acute heart health, Diabetes, and Stroke) SPE: Percentage of the eligible population will have had their cardiovascular risk assessed in the last five years PH01: SLM Amenable Mortality	System outcome We have health equity for Māori and other groups	Government priority outcome Support healthier, safer and more connected communities
Use the newly developed Diabetes Data Dashboard to inform performance and drive service improvement aimed at increasing engagement in Diabetes Annual Reviews (DARs) and Retinal Screening. In the context of increased demand related to COVID-19, the DHB will take an equity-based approach and work with Pinnacle Midlands Health Network to ensure that high risk population groups, specifically Māori, are targeted. The Diabetes Data Dashboard will be reviewed quarterly to assess progress against the action plan and inform ongoing delivery (EOA)	Q1-Action Plan agreed Q4-Action Plan fully implemented			
Develop a detailed Implementation Plan to support the delivery of the new integrated Diabetes service including clear deliverables and timeframes with a focus implementing evidence-based actions aimed at reducing the numbers and % of Māori with poorly controlled and/or uncontrolled diabetes (as monitored through the Diabetes Data Dashboard) (EOA)	Q3-Implementation Plan signed off			

Air Ambulance Centralised Tasking			This is an equitable outcomes action (EOA) focus area	
Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Taranaki DHB commits to actively participating with the National Ambulance Sector Office (NASO) in the design and planning phases to centralise the tasking and coordination of aeromedical assets in New Zealand	As required	SS03: Ensuring delivery of service coverage	System outcome We live longer in good health	Government priority outcome Support healthier, safer and more connected communities

2.7 Financial Performance Summary

This section will include the consolidated statement of comprehensive income (previous year's actual, current year's forecast and four years plan), and the prospective summary of revenue and expenses by output class for the next three years.

(For further detail refer to Appendix A 2020-2024 - Financial Performance Plan)

Prospective Statement of Financial Performance (Comprehensive Income) for the four years ended 30 June 2021, 2022, 2023 and 2024

(\$'000)	Audited 2018/19	Actual 2019/20		Planned			
				2020/21	2021/22	2022/23	2023/24
Revenue							
Devolved Funding	375,687	396,967		422,016	451,584	481,152	510,720
Non-Devolved Contracts	6,574	6,839		6,540	6,540	6,540	6,540
Inter-DHB & Interprovider Revenue	5,250	5,481		6,022	6,395	6,789	7,219
Other Revenue	12,747	10,637		11,330	11,522	11,714	11,906
Total Revenue	400,258	419,924		445,908	476,041	506,195	536,385
DHB Provided Expenditure							
Personnel	158,574	170,049		175,882	179,427	186,627	194,111
Outsourced Personnel & Support	2,416	2,718		2,233	2,365	2,317	2,383
Outsourced Clinical Services	12,249	11,377		7,159	7,159	7,483	7,711
Clinical Supplies	34,377	34,931		38,665	39,253	40,428	41,652
Infrastructure & Non-Clinical Supplies	44,902	48,845		42,114	48,548	49,820	51,257
Total DHB Provided Expenditure	252,518	267,920		266,053	276,752	286,675	297,114
Other Providers							
Personal Health	68,636	72,882		76,223	77,722	80,027	82,440
Mental Health	11,476	12,274		13,412	13,796	14,192	14,588
Public Health	542	2,708		1,028	1,055	1,091	1,127
DSS	47,570	50,166		52,844	54,416	56,036	57,692
Maori Health	2,752	2,707		3,199	3,307	3,415	3,523
IDFs	40,134	40,302		45,155	48,770	52,657	56,835
Total Other Providers	171,110	181,039		191,861	199,066	207,418	216,205
Total Expenditure	423,628	448,959		457,914	475,818	494,093	513,319
Total Consolidated Result	(23,370)	(29,035)		(12,006)	223	12,102	23,066
By Arm							
Provider	(36,094)	(43,175)		(26,446)	(21,549)	(15,872)	(10,719)
Governance	(29)	0		0	109	214	327
Funder	12,753	14,140		14,440	21,663	27,760	33,458
TDHB Consolidated	(23,370)	(29,035)		(12,006)	223	12,102	23,066

SECTION 3: SERVICE CONFIGURATION

3.1 Service Coverage

All DHBs are required to deliver a minimum of services, as defined in The Service Coverage Schedule, which is incorporated as part of the Crown Funding Agreement under Section 10 of the New Zealand Public Health and Disability Act 2000, and is updated annually.

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

Taranaki DHB is not seeking any formal exemptions to the Service Coverage Schedule in 2020/21.

3.2 Service Change

Taranaki DHB has developed a Health Action Plan which is leading change from a health system perspective. The following table identifies emerging service issues other than what is already covered in this plan or described within the context of the Te Manawa Taki Regional Service Plan. Taranaki DHB wishes to signal its intention to review and/or evaluate these services in the coming year.

Change	Description of Change	Benefits of Change	Change for Local, Regional or National Reasons
Te Manawa Taki Regional Services Plan	As part of the Regional Services planning process action groups or networks are in place for a number of identified areas	<ul style="list-style-type: none">• Reduce duplication of effort enabling DHBs to collectively develop sustainable solutions• Develop integrated approach to recruitment and retention within the global marketplace• Standardised planning, evaluation and procurement of new technology solutions within a clinical environment	This work is consistent with the continuing national expectation of an increased focus on regional approaches, and with the strong focus on regionalisation agreed across Te Manawa Taki DHBs
Taranaki Integrated Health System	Implementation of new models of care aimed at managing high and complex clients including Allied Health response services and intermediate care services	<ul style="list-style-type: none">• Implementing new service models for adult physical health and health of older people• Developing locality based services to be delivered within available resources• Efficient and effective use of staff resource and building workforce skills to improve recruitment and retention	Local
Managing Acute	Implementing a new integrated model of primary	<ul style="list-style-type: none">• Support achievement of ED wait time targets	Local

Change	Description of Change	Benefits of Change	Change for Local, Regional or National Reasons
Demand	and urgent care in South Taranaki to improve availability and access to primary care services out of hours, reducing demand on ED services	<ul style="list-style-type: none"> • Increase options available in primary care after hours • Increased enrolment of patients with PHOs • Increase access to services through more timely, accessible care 	
Mental Health & Addictions	Initiation of whole system services redesign and more targeted changes associated with defined services in line with the expectations of He Ara Oranga	<ul style="list-style-type: none"> • Whole system services redesign • Review of existing services and models of care • Care Closer to Home • Improved performance 	Local
Addictions – Transition support services for residential rehabilitation	Implement a new transition service within Salvation Army Taranaki to provide peer-led support services for clients leaving residential rehab programmes. Employment of a new 1FTE non-clinical Peer Support Worker (within NGO)	<ul style="list-style-type: none"> • Increased support to access community services to facilitate successful community integration • Care closer to home • Increased specialist support for people with addictions 	Local
Addictions – Acute Synthetic Drug Harm Project	Implement a pilot community AOD support service in Waitara to provide primary AOD clinical services. Employment of 1FTE AOD clinician (within TDHB provider arm service) and 1FTE Kaiawhina (within NGO)	<ul style="list-style-type: none"> • Care closer to home • Increased primary support for people with addictions • Increased access to early intervention 	Local
Addictions – Community and Primary peer support services	Implement a peer support service as part of an integrated approach to delivery of AOD primary services. Employment of 3FTE Peer Support Specialists and 0.5FTE Family Peer Support Coordinator (within NGO)	<ul style="list-style-type: none"> • Care closer to home • Increased choice of options for primary support for people with addictions • Support for family/whanau of those with addiction 	Local
Community Pharmacy	Implement priority actions from the Community Pharmacy Strategy and new commissioning arrangements	<ul style="list-style-type: none"> • Improved access to Pharmacy services by consumers • More use of Pharmacists as the first point of contact within primary care • More integration across the primary care team • Safe supply of medicines to consumers 	Local

Change	Description of Change	Benefits of Change	Change for Local, Regional or National Reasons
		<ul style="list-style-type: none"> Care closer to home 	
Child Health	<p>Implementation of responsive and appropriate models of care for Antenatal Education and other child health determinants.</p> <p>Aligns with Taranaki Child Health Action Plan.</p>	<ul style="list-style-type: none"> Increase access to services Great emphasis on equity of access and appropriate service provision Culturally responsive services 	Local
Child Health	<p>Implementation of re-designed Outreach immunisation service aimed at improving access to immunisation services for priority/high need population groups.</p> <p>Aligns with Taranaki Child Health Action Plan.</p> <p>This will lead to an increase in DHB immunisation co-ordination capacity (<3FTE)</p>	<ul style="list-style-type: none"> Increase access to services Great emphasis on equity of access and appropriate service provision Culturally responsive services 	Local
Child Health	<p>Implementation of re-designed community based Lactation Consultant/Breastfeeding support services aimed at improving breastfeeding rates of priority populations.</p> <p>Aligns with Taranaki Child Health Action Plan.</p>	<ul style="list-style-type: none"> Increase access to services Great emphasis on equity of access and appropriate service provision Culturally responsive services 	Local
Mental Health Vocational Support Services	<p>To implement the findings of the service review, including implementing an evidence based model of service delivery which strengthens working relationships with MSD to support good employment outcomes for people with mental health conditions.</p>	<ul style="list-style-type: none"> Reduce duplication between current DHB funded vocational services and MDS employment support services Increased access to services in rural areas Delivery of evidence-based services that focus on achieving equity-based outcomes 	Local
Mental Health – Adult Community Support Services	<p>To implement the findings of the review of Adult Community Support Services to ensure appropriate out of hours service coverage in rural areas including an out of hours medication support service. This will include the employment of an additional 1FTE non-clinical Support</p>	<ul style="list-style-type: none"> Responding to an identified service gap Improved support for people with mental health conditions living in the community 	Local

Change	Description of Change	Benefits of Change	Change for Local, Regional or National Reasons
	Worker within an NGO provider in South Taranaki		
Primary Mental Health (Increasing Access & Choice)	Implementation of Te Tumu Waiora (Increasing access and choice in primary care) initiative. This will lead to the implementation of brief psychological interventions in primary care through the employment of an additional 4.2FTE Health Improvement Practitioners (within primary care) and 6.3FTE Health Coaches / Support workers (within the NGO sector)	<ul style="list-style-type: none"> • Responding to identified service coverage and sustainability concerns • Responding to an identified service gap • Increased access to services in rural areas • Increased timely access and choice for people with a focus on targeting high need populations including Māori • Improved support for people with mental health conditions living in the community 	Local
Mental Health - Crisis and Planned Respite - Youth	Re-orientation of crisis and planned respite services for youth to respond to staffing and sustainability issues and ensure continued service coverage	<ul style="list-style-type: none"> • Responding to service coverage and sustainability concerns • Ensuring continued access to respite services for youth • Consideration of alternative and more sustainable service models that are responsive to the needs of youth 	Local
Mental Health – Residential Bed Review	Review of mental health residential bed provision in Taranaki which may lead to potential changes to the provision of residential services including intensive rehabilitation services, long term supportive accommodation, short-term recovery services and respite care.	<ul style="list-style-type: none"> • Responding to service coverage and sustainability concerns • Ensuring continued access to long term residential and short –term respite services 	
Mental Health - Taiohi (youth) wellness service	Expansion of the Taiohi wellness service to incorporate non clinical support roles and extend service coverage. This will lead to the employment of an additional 4FTE non-clinical Kaiarahi roles in the NGO (Māori Health) sector	<ul style="list-style-type: none"> • Identify and respond to potential service gaps • Service delivery is expanded to cover more schools and students 	Local

Change	Description of Change	Benefits of Change	Change for Local, Regional or National Reasons
Covid-19 Public Health Unit Capacity Uplift Plan and service resilience	Implementation of Public Health Unit Capacity Uplift Plan. This will lead to an increase in PHU workforce capacity (<5FTE)	<ul style="list-style-type: none"> • Identify and respond to potential service gaps • Implement service and quality improvements where required 	Local
Covid-19 Health Equity Assessments	A minimum of two Health Equity Assessments that will inform new service developments arising from the post COVID-19 planning process to ensure any new service developments will achieve equitable outcomes that improve Māori health	<ul style="list-style-type: none"> • Identify and respond to potential service gaps • Implement service and quality improvements where required 	Local
Other COVID related service change	Service changes in response to COVID-19 will continue to be embedded where appropriate, including ongoing response to COVID-19 testing capacity and moving towards greater use of virtual medicine for primary and secondary care. These changes will be reviewed during 2020/21 and the findings used to inform future service delivery. FTE impacts of these changes are not known at this early stage.	<ul style="list-style-type: none"> • Identify and respond to potential service gaps • Implement service and quality improvements where required • Efficient use of clinical resources • Responding to service coverage and sustainability concerns • Increased access to services in rural areas 	Local
Hospital Services	Review of perioperative acute and planned care delivery. FTE impacts expected to be <5FTE for nursing, medical and support staff as move from an on call to a rostered model	<ul style="list-style-type: none"> • Increase surgical capacity within hospital suite to meet planned care volumes and improve timeliness of acute delivery 	Local

Table 1: Service Issues 2020/21

Service coverage exceptions and service changes must be formally approved before they are included in Annual Plans. It has yet to be determined that there is a proven need for all changes to take place. Should the DHB consider in due course that a change is warranted, a formal service change process as outlined under the Operating Policy Framework (OPF) will be followed to ensure service coverage and the Minister's and the Ministry's requirements are met.

It should also be noted that the proposed FTE changes indicated in the table above are subject to change as the DHB responds to changing needs of the Taranaki population.

SECTION 4: STEWARDSHIP

As part of their stewardship role DHBs have statutory responsibilities to improve, promote and protect the health of people and communities. Taranaki DHB is committed to working in partnership with the Public Health Unit in their work on health promotion; delivering services that enhance the effectiveness of prevention activities in other parts of the health system; working within a Health in All Policies framework; and undertaking regulatory functions.

This section provides an outline of the arrangements and systems that Taranaki DHB has in place to manage our core functions and to deliver planned services. This Annual Plan also incorporates Taranaki DHB's three-yearly Statement of Intent.

4.1 Managing our Business

Organisational Performance Management

Taranaki DHB's performance is assessed on both financial and non-financial measures, which are measured and reported at various level(s) of the organisation. These may be reported daily, weekly, fortnightly or monthly as appropriate.

The Ministry of Health monitors our performance on behalf of the Minister. The mechanisms currently in place to achieve this are outlined in the following table.

Table: External Reporting Framework

Reporting	Frequency
Information requests	Ad hoc
Financial reporting	Monthly
National data collections	Monthly
Risk reporting	Quarterly
Health target reporting	Quarterly
Crown funding agreement non-financial reporting	Quarterly
DHB Non-financial monitoring framework	Quarterly
Annual Report and audited accounts	Annual

Funding and Financial Management

Taranaki DHB's key financial indicators are outlined in the table below:

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	\$M	\$M	\$M	\$M	\$M	\$M
	AUDITED	FORECAST	PLANNED	PLANNED	PLANNED	PLANNED
Revenue	400.26	419.92	445.91	476.04	506.20	536.39
Net Surplus/(Deficit)	(23.37)	(29.03)	(12.00)	0.22	12.10	23.07
Total Fixed Assets	216.52	221.29	223.98	220.67	217.29	213.93
Crown Equity	106.93	123.97	141.01	140.05	139.10	138.14
Term Borrowings and Provisions	35.66	42.54	44.01	46.33	47.21	48.81

Taranaki DHB's key financial indicators are a consolidated operating deficit of \$ 12.00M for 2020/21 which comprises a deficit of \$ 26.44M in the hospital provider, a financial breakeven for the DHB Governance & Funding Administration and a surplus of \$ 14.44M in the DHB Funder operations.

These are assessed against and reported through Taranaki DHB's performance management process to the Board and Finance, Audit and Compliance Committee on a monthly basis.

Further information about Taranaki DHB's planned financial position for 2020/21 and out years is contained in Appendix A (Financial Performance Plan).

We report monthly to the Ministry of Health against the financial templates. We report on our financial performance monthly to our Board. This report includes commentary and financials as well as actions planned to improve financial performance.

As part of our financial reporting we include full time equivalent (FTE) reporting. This covers areas such as:

- Contracted/Accrued FTE
- FTE categories ie. Medical, Nursing, Allied Health, Support and Management & Administration FTEs
- Out Sourced Services FTE

The information on our financial performance is one of the tools used by the organisation to identify issues and inform decision-making to improve our performance.

These are assessed against and reported through Taranaki DHB's performance management process to our senior management, Board and Ministry of Health on a regular basis.

Investment and Asset Management

All DHBs are required to complete a stand-alone Long Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across Government, the Investment Management and Asset Management Performance (IMAP) system.

Shared Service Arrangements and Ownership Interests

HealthShare Limited (HSL), established in 2001, is a regional Shared Services Agency jointly owned by Waikato, Bay of Plenty, Lakes, Taranaki, and Tairāwhiti District Health Boards. HSL has continued to take on an expanded role as a regional provider of non-clinical service and now provides operational support in a number of areas identified as benefiting from a regional solution.

The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk Management

Taranaki DHB has a formal risk management and reporting system, which utilises an electronic integrated quality and risk system called Datix, implemented in 2017. Reporting to the Taranaki DHB Board, Executive Management Team and other key committees occurs on a regular basis. The Taranaki 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

Taranaki DHB's approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care, improved health and equity for all

populations, and, best value for public health system resources. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

4.2 Building Capability

As part of their stewardship role DHBs have statutory responsibilities to improve, promote and protect the health of people and communities. Taranaki DHB is committed to working in partnership with the Public Health Unit in their work on health promotion; delivering services that enhance the effectiveness of prevention activities in other parts of the health system; working within a Health in All Policies framework; and undertaking regulatory functions.

This section provides an outline of the arrangements and systems that Taranaki DHB has in place to manage our core functions and to deliver planned services, which also forms part of our Statement of Intent for the next three years.

Capital and Infrastructure Development

Baseline capital expenditure during 2020/21 is forecast at \$ 15.65M. This includes \$ 7.00M investment in Information and Communication Technology (ICT) besides \$ 5.50M in clinical and theatre. Outlay for minor site redevelopment expenditure is \$ 3.0M.

Scoping and planning for Stage 2 of Project Maunga is well advanced, with preliminary works in progress. The Detailed Business Case (DBC) was supported by the Capital Investment Committee (CIC) for a capital outlay of \$ 336M, and approved by the Ministers of Health and Finance. The capital outlay of \$ 336M also includes circa \$ 28M to address the critical seismic issues identified with Earthquake Prone Buildings (EPB) - including demolition of an EPB building and relocation of services. The seismic works are expected to be undertaken and completed during 2020/21.

In May 2020, the Government announced capital investment support of \$8M for refurbishment of the Mental Health facilities in TDHB. A single stage business case has been completed and submitted for formal approval by Ministers of Health and Finance. The capital works is expected to be completed in phases during 2020/21 and 2021/22.

Information Technology and Communications Systems

Taranaki DHB's information technology and communication systems goals align with the national and regional strategic direction for IT. Further details about Taranaki DHB's current IT initiatives are contained in the Te Manawa Taki Information Services Plan 2017–2021 which aligns with the 2020/21 Te Manawa Taki Regional Service Plan, and the Data & Digital table in Section 2 of this Plan.

Workforce

Below is a short summary of Taranaki DHB's organisational culture, leadership and workforce development initiatives. Further detail about the Te Manawa Taki approach to workforce is contained in the 2020/21 Te Manawa Taki Service Plan.

Below is a short summary of Taranaki DHB's organisational culture, leadership and workforce development initiatives. Further detail about the regional approach to workforce is contained in the 2020/21 Te Manawa Taki Service Plan.

Key focus areas for Taranaki DHB will be:

- Continuing to develop a values-based organisational culture
- Strengthening collaboration and teamwork through a formal leadership skills programme that aims to support effective patient care

- Delivery of an Anti-Bullying Programme and Policy targeting high-risk local teams identified via surveys and interviews
- Enhancing capacity through increasing the use and span of workforce data to inform workforce planning and modelling and committing to implementing the pre-vocational medical training programme
- Enhancing diversity through identifying ways to increase representation of Māori in the health workforce
- Enhancing succession planning, including a programme focused on frontline leadership and supporting national DHB initiatives in leadership and talent management
- Employee wellbeing initiatives, including supporting national DHB programmes

Care Capacity Demand Management

Taranaki DHB is committed to continuing the implementation of Care Capacity Demand Management (CCDM) through a phased delivery approach to accommodate appropriate recruitment and establishment processes.

The programme aims to ensure that the DHB gets the balance right between patient demand and staff capacity to improve the quality of care for patients, the staff working environment, and to use health resources in the best possible way. This is a two year programme that aims to be fully implemented by June 2021 and a CCDM council has been established to lead this work.

For the 2020/21 year, the following actions are planned:

- Continue the working party subgroup established in 2020 ensuring effective governance and monitoring of the CCDM programme
- Monitor CCDM implementation and safe staffing in partnership with the health unions and clinical representation Te Pa Harakeke
- Invest in change management plans to ensure Taranaki DHB meets the CCDM requirement by June 2021; involving our staff with the change to embed a new culture ensuring sustainability is achieved
- Develop a systematic process that will validate patient acuity tool and work with each unit/department to complete the calculation of nursing full time equivalent (FTE), recommended skill mix, forecasting, planning and funding

Co-operative Developments

Taranaki DHB collaborates with a number of external organisations and entities to work towards supporting and building the capacity and capability of the wider health system. Many of the initiatives are being progressed through collaboration and co-operative developments between the DHB and its community including other agencies. We believe these other agencies and sectors can help address complex problems involving the social determinants of health, and improving the capability of family/Whānau, through health literacy, to self-manage their health and well-being.

Taranaki DHB works through its established formal alliances, including the Pinnacle Midlands Health Network Alliance and the Taranaki Alliance Leadership Team, in addition to other work programmes.

The Whakatipuranga Rima Rau Trust (WRR) is an independent charitable trust established by Taranaki District Health Board, Ministry of Social Development and Te Whare Punanga Korero Trust. WRR was created to build an integrated approach focusing on increasing the Māori health and disability workforce to equal the proportion of Māori in the Taranaki population. Its role is to fill the Māori workforce development pipeline with Māori pursuing health workforce careers. This is an innovative multi-agency and multi funder model which introduces a range of initiatives to address Māori workforce development through collaboration.

SECTION 5: PERFORMANCE MEASURES

5.1 2020/21 Performance Measures

The DHB monitoring framework aims to provide a rounded view of performance using a range of performance markers. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

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

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

Code Dimension

CW Child wellbeing

MH Mental health and addiction care

PV Prevention

SS Strong and equitable public health and disability system

PH Primary health care

PE Public health and the environment

Inclusion of 'SLM' in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2020/21.

Child Wellbeing

Performance measure	Performance expectation	
CW01: Children caries-free at 5 years of age	Year 1	60%
	Year 2	60%
CW02: Oral Health - Mean DMFT score at Year 8	Year 1	0.61 (TBC when model available)
	Year 2	0.61 (TBC when model available)
CW03: Improving the number of children enrolled and accessing the Community Oral health service	Year 1	95% of children (0-4) enrolled
		≤10% (0-12) not examined according to planned recall
	Year 2	95% of children (0-4) enrolled
		≤10% (0-12) not examined according to planned recall
CW04: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1	≥85%
	Year 2	≥85%
CW05: Immunisation coverage		
Focus Area 1: Immunisation coverage at 8-months of age	95% of 8-month-olds fully immunised	
Focus Area 2: Immunisation coverage at 5-years of age	95% of 5-year-olds fully immunised	
Focus Area 3: HPV coverage	75% of eligible girls and boys fully immunised – HPV vaccine	
	Report on activities in the Annual Plan	

Focus Area 4: Influenza immunisation at age 65 years and over	75% of 65+ year olds immunised – flu vaccine
CW06: Child Health (breastfeeding)	70% of infants are exclusively or fully breastfed at three months.
CW07: Improving the timeliness of newborn enrolment in 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.
CW08: Increase Immunisation (2-year-old coverage)	95% of 2-year-olds fully immunised
CW09: Better help for smokers to quit (maternity)	90% of pregnant women who identify as a smoker upon registration with DHB-employed midwife or Lead Maternity Carer offer brief advice and support to quit
CW10: Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme are 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 five, 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. As reported through MH04.
	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.

Mental health and addiction care

Performance measure	Performance expectation	
MH01: Improving the health status of people with severe mental illness through improved access	Age 0-19	3.78%
	Age 20-64	4.02%
	Age 65+	3.50%
MH02: Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan. 95% of audited files meet accepted good practice.	
MH03: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	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: The Mental Health & Addiction Service Development Plan	Provide reports as specified for the focus areas of Primary Mental Health, District Suicide Prevention and Postvention, Improving Crisis Response services, improving outcomes for children, and improving employment and physical health needs of people with low prevalence conditions.	
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: Mental health 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: Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	TBC – measure under development
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Prevention

Performance measure	Performance expectation
PV01: Improving breast screening coverage and rescreening	70% coverage and 0% equity difference
PV02: Improving cervical screening coverage	80% coverage and 0% equity difference

Strong and equitable public health and disability system

Performance measure		Performance expectation	
SS01: Faster cancer treatment (31 days)		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		Provision of a progress report on behalf of the region agreed by all DHBs within that region.	
SS03: Ensuring delivery of Service Coverage		Provide reports as specified	
SS04: Delivery of actions to improve Wrap Around Services for Older People		Provide reports as specified	
SS05: Ambulatory sensitive hospitalisations	0-4	See System Level Measure Improvement Plan	
	45-64	Total: 4990/100,000	
SS07: Planned Care			
Measure 1: Planned Care Interventions		TBC	
Measure 2: Elective Service Patient Flow Indicators (ESPI)	ESPI 1	100% of services report yes (that >90% of referrals within the services are processed in ≤15 calendar days)	
	ESPI 2	0% of patients waiting >4 months for FSA	
	ESPI 3	0% of patients in Active Review with a priority score above the actual Treatment Threshold (aTT)	
	ESPI 5	0% of patients are waiting >120 days for treatment	
	ESPI 8	100% of patients prioritised using an approved national or nationally recognised prioritisation tool	
Measure 3: Diagnostic waiting times	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)	
	Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan and results within 6 weeks	
	Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan and results within 6 weeks	
Measure 4: Ophthalmology Follow-up Waiting time		No patient will wait more than or equal to 50% longer than the intended time for their appointment.	
Measure 6: Acute readmissions		9.1%	
Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA)		No target – baselines to be developed during 2020/21	
SS08: Planned care three year plan		Provide reports as specified	
SS09: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections			
Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (duplication)		>1% and ≤3%
	Recording of non-specific ethnicity in new NHI registrations		>0.5% and ≤2%
	Update of specific ethnicity value in existing		>0.5% and 2%

	NHI record with non-specific value	
	Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and ≤85%
	Invalid NHI data updates	TBC
Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC, NBRS and NMDS for FSA and planned inpatient procedures.	≥90% and <95%
	National Collections completeness	≥94.5% and <97.5%
	Assessment of data reported to NMDS	≥75%
Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified about data quality audits.
SS10: Shorter stays in Emergency Departments		95% of patients admitted, discharged, or transferred within six hours
SS11: Faster cancer treatment (62 days)		90% of patients with a high suspicion of cancer receive their first cancer treatment (or other management) within 62 days
SS12: Engagement and obligations as a Treaty partner		Reports provided and obligations met as specified
SS13: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)		
Focus Area 1: Long term conditions	Report on actions to: Support people with LTC to self-manage and build health literacy.	
Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the Quality Standards for Diabetes Care.	
	Ascertainment of people enrolled in the PHO aged 15-74	95-105% and no inequity
	The percentage of people enrolled in the PHO, aged 15-74, with HbA1c <64mmols	60% and no inequity
	The percentage of people enrolled in the PHO, aged 15-74, with no HbA1c result	7-8% and no inequity
	Count of enrolled people aged 15-74 in the PHO who have completed a diabetes annual review (DAR) in the previous 12 months.	
Focus Area 3: Cardiovascular health	Report on detailed CVD measures, as published on the Ministry website	Provide reports as specified
Focus Area 4: Acute heart service	>70% of high-risk patients receive an angiogram within 3 days of admission.	
	>95% of patients presenting with ACS who undergo coronary angiography who have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days and 99% within 3 months.	
	≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF	
	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.	
	≥ 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.	
	≥ 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	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	
	12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 24/7)	
	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission.	

	60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team ie RN/PT/OT/SLT/SW/Dr/Psychologist within 7 calendar days of hospital discharge.
SS15: Improving waiting times for colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less
	70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less
	95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system
SS17: Delivery of Whānau Ora	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of mental health, asthma, oral health, obesity, and tobacco
SS18: Financial outyear planning & savings plan	Provide reports as specified
SS19: Workforce outyear planning	Provide reports as specified

Primary Health Care

Performance measure	Performance expectation
PH01: Delivery of actions to improve system integration and SLMs	Provide reports as specified
PH02: Improving the quality of ethnicity data collection in PHO and NHI registers	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: Improving Māori enrolment in PHOs	The DHB has an enrolled Māori population of ≥95%
PH04: Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke are offered help to quit in the past 15 months

Annual Plan Actions – Status Update Reports

Performance measure	Performance expectation
Annual plan actions – status update reports	Provide reports as specified

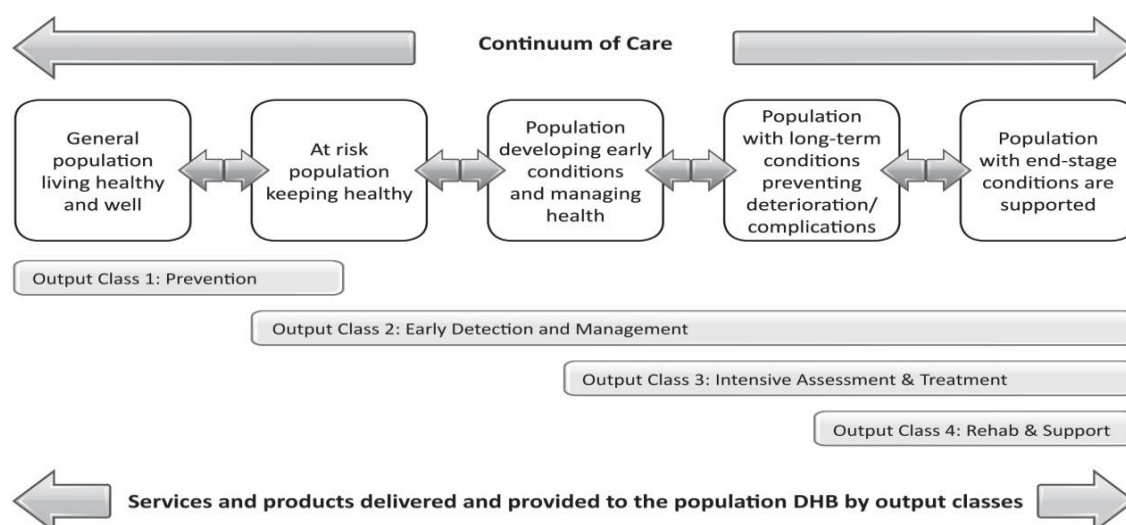
2020/21 Statement of Performance Expectations

We have worked with other DHBs in Te Manawa Taki, our primary care partners as well as other key stakeholders to develop this Statement of Performance Expectations (SPE) in which we provide measures and forecast standards of our output delivery performance. The actual results against these measures and standards will be presented in our Annual Report 2020/21. The performance measures chosen are not an exhaustive list of all of our activity, but they do reflect a good representation of the full range of outputs that we fund and/or provide. They also have been chosen to show the outputs which contribute to the achievement of national, regional and local outcomes. Where possible, we have included with each measure past performance as baseline data.

Activity not mentioned in this module will continue to be planned, funded and/or provided to a high standard. We do report quarterly to the Ministry of Health and/or our Board on our performance related to this activity.

Output Classes

DHBs must provide measures and standards of output delivery performance under aggregated output classes. Outputs are goods and services that are supplied to someone outside our DHB. Output classes are an aggregation of outputs, or groups of similar outputs of a similar nature. There are four output classes that have been agreed nationally. They represent a continuum of care, as follows:



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

Output Class	Definition
Early Detection and Management	Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services. These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB. On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.
Intensive Assessment and Treatment Services	Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialized equipment such as a 'hospital'. These services are generally complex and provided by health care professionals that work closely together. They include: Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services, Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services, Emergency Department services including triage, diagnostic, therapeutic and disposition services. On a continuum of care these services are at the complex end of treatment services and focussed on individuals.
Rehabilitation and Support	Rehabilitation and support services are delivered following a 'needs assessment' process and coordination input by NASC Services for a range of services including palliative care services, home-based support services and residential care services. On a continuum on care these services provide support for individuals.

Prospective financial performance by output class for 3 years ending 30 June 2021, 2022 and 2023

Prospective Summary of Revenues and Expenses by Output Class	2020-21 Plan \$000	2021-22 Plan \$000	2022-23 Plan \$000
Early Detection and Management			
Total Revenue	102,482	109,408	116,338
Total Expenditure	105,241	109,356	113,556
Net Surplus/(Deficit)	(2,759)	52	2,782
Rehabilitation and Support			
Total Revenue	59,984	64,038	68,094
Total Expenditure	61,600	64,008	66,467
Net Surplus/(Deficit)	(1,616)	29	1,627
Prevention			
Total Revenue	9,425	10,062	10,699
Total Expenditure	9,679	10,057	10,443
Net Surplus/(Deficit)	(253)	5	256
Intensive Assessment and Treatment Services			
Total Revenue	274,017	292,534	311,064
Total Expenditure	281,394	292,397	303,627
Net Surplus/(Deficit)	(7,378)	137	7,437

Consolidated Surplus / (Deficit)	(12,006)	223	12,102
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Guide to Reading the Statement of Performance Expectations

The following points provided should be kept in mind when reading the Statement of Performance Expectations:

- Baseline figures for the output performance measures are for the 2014/15 financial year unless otherwise stated
- National/Regional Result figures show the 2016/17 national or regional average for the output performance measure (where available)
- Most measures have been adopted regionally
- Some measures fall across more than one impact. Where this is the case they have only been included once
- Measurement type key:
 - qn = Quantity
 - t = Timeliness
 - ql = Quality
- There are some services we provide that support the rest of the health system so we have included these in a “Support Services” section of our performance story

People are Supported to Take Greater Responsibility for their Health

Long Term Impact	People are supported to take greater responsibility for their health		
Intermediate Impacts	<ul style="list-style-type: none"> • Fewer people smoke 	<ul style="list-style-type: none"> • Reduction in vaccine preventable diseases 	<ul style="list-style-type: none"> • Improving health behaviours

Fewer People Smoke

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Percentage of Primary Health Organisations enrolled smokers offered advice to quit	Māori	1	qn/t	93%		86%	90%
	Total	1	qn/t	88%		90%	90%
Percentage of pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with Lead Maternity Carer are offered advice and support to quit	Māori	1	qn/t	89%		89%	90%
	Total	1	qn/t	90%		92%	90%
Percentage of PHO enrolled patients identified as smokers	Māori	1	qn/t	20%	2017/18	New measure	5%
	Non-Māori	1	qn/t	10%	2017/18	New measure	5%
	Total	1	qn/t	12%	2017/18	New measure	5%

Reduction in Vaccine Preventable Diseases

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Percentage of eight month olds fully immunised	Māori	1	qn/t	89%		85%	95%
	Total	1	qn/t	91%		89%	95%

Improving Health Behaviours

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Percentage of infants who are fully, exclusively or partially breastfed at 3 months	Māori	1	qn/t	47%		42%	70%
	Total	1	qn/t	55%		54%	70%
Reduce the rate of teenage terminations of pregnancy per 10,000	Māori	1	qn/t	179		58	<70
	Total	1	qn/t	125		55	<70
Reduce the teen birth rate per 10,000	Māori	1	qn/t	276		308	<84
	Total	1	qn/t	159		170	<84
The number of referrals to the GRx (Green Prescription) programmes – Adult	Māori	1	qn/t	361	2016/17	353	343
	Total	1	qn/t	1281		1448	1714
The number of referrals to the GRx (Green Prescription) programmes – Children	Māori	1	qn/t	60	2016/17	38	12
	Total	1	qn/t	80		78	60
% contracts with a Healthy Food and Drink Policy reported as a proportion of total contracts	Total	1	qn/t	0%	2018/19	New measure	100%

People Stay Well in their Home and Communities

Long Term Impact	People Stay Well in Their Homes and Communities			
Intermediate Impacts	<ul style="list-style-type: none"> An improvement in childhood oral health 	<ul style="list-style-type: none"> Long-term conditions are detected early and managed well 	<ul style="list-style-type: none"> Fewer people are admitted to hospital for avoidable conditions 	<ul style="list-style-type: none"> More people maintain their functional independence

An Improvement in Childhood Oral Health

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Percentage of adolescent utilisation of DHB funded dental services	Total	2	qn	54%		69%	85%
Percentage of children (0-4) enrolled in DHB funded dental services	Māori	2	qn	59%		78%	95%
	Total	2	qn	74%		104%	95%
Percentage of enrolled pre-school and primary school children (0-12) overdue for their scheduled dental examination	Māori	2	qn	4%		Not Available	10%
	Total	2	qn	2%		Not Available	10%

Long Term Conditions are Detected Early and Managed Well

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Percentage of eligible women (25-69) have a cervical cancer screen every 3 years	Māori	1	qn/t	64%		76%	80%
	Total	1	qn/t	79%		82%	80%
Percentage of eligible women (50-69) have a breast screen in the last 2 years	Māori	1	qn/t	61%		61%	70%
	Total	1	qn/t	74%		74%	70%
Percentage of population enrolled with a PHO	Māori	2	qn	84%		86%	90%
	Total	2	qn	95%		95%	90%
Percentage of the eligible population will have had their cardiovascular risk assessed in the last five years	Total	2	qn	91%		90%	90%
Percentage of people enrolled in the PHO, aged 15-74 with HbA1c <64mmols	Māori	2	qn	68%	2017/18	New measure	60%
	Total	2	qn	78%	2017/18	New measure	60%

Fewer People are Admitted to Hospital for Avoidable Conditions

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Percentage of eligible population who have had their B4 school checks completed	High Needs	1	qn/t	87%	2016/17	92%	90%
	Māori	1	qn/t	119.5%		90%	90%
	Total	1	qn/t	91%		95%	90%
Percentage of Emergency Department presentations who are triaged at levels 4 & 5 – Taranaki Base Hospital	Māori	2&3	qn	52%		New Measure	Reduction
	Total	2&3	qn	49%		New Measure	Reduction
Percentage of Emergency Department presentations who are triaged at levels 4 & 5 – Hawera Hospital	Māori	2&3	qn	70%		New Measure	Reduction
	Total	2&3	qn	69%		New Measure	Reduction
Percentage of Emergency Department presentations who are triaged at levels 4 & 5 – Total	Māori	2&3	qn	60%		New Measure	Reduction
	Total	2&3	qn	55%		New Measure	Reduction
Number of Emergency Department presentations – Taranaki Base Hospital	Māori	2&3	qn	6,819		New Measure	Reduction
	Total	2&3	qn	32,693		New Measure	Reduction
Number of Emergency Department presentations – Hawera Hospital	Māori	2&3	qn	4,988		New Measure	Reduction
	Total	2&3	qn	15,641		New Measure	Reduction
Number of Emergency Department presentations – Total	Māori	2&3	qn	11,943		New Measure	Reduction
	Total	2&3	qn	48,742		New Measure	Reduction
Number of Violence Intervention Programme (VIP) training sessions delivered	Total	1	qn	TBC		New Measure	Maintain
Ward 2B (Paediatric) VIP Routine Questioning Rates	Total	2	qn	80%	2018/19 H1	New Measure	85%
Ward 15 (Maternity) VIP Routine Questioning Rates	Total	2	qn	64%	2018/19 H1	New Measure	85%
Number of Oranga Tamariki reports of concern	Total	2	qn	TBC		New Measure	Maintain

More People Maintain their Functional Independence

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
% of staff that have completed on-line Disability Responsiveness Training by the end of Q4, 2020/21	Total	2	qn	2.2%	2017/18	New Measure	7.6%

People Receive Timely and Appropriate Care

Long Term Impact	People receive timely and appropriate care			
Intermediate Impacts	<ul style="list-style-type: none"> People receive prompt and appropriate acute and arranged care 	<ul style="list-style-type: none"> People have appropriate access to elective services 	<ul style="list-style-type: none"> Improved health status for people with a severe mental health illness and/or addiction 	<ul style="list-style-type: none"> More people with end-stage conditions are appropriately supported

People Receive Prompt and Appropriate Acute and Arranged Care

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Acute Re-admission rate	Total	3	ql/t	7.2%		12.1%	≤6.9%
Acute Re-admission rate 75+ years	Total	3	ql/t	10.5%		12.1%	≤10.9%
Arranged Caesarean deliveries without catastrophic or severe complication as a % of total primary and secondary deliveries	Māori	3	ql	14%	2015/16	18%	<18%
	Total	3	ql	20%		22%	<18%
Faster cancer treatment (62 day indicator)	Māori	3	ql/t	100%		80%	90%
	Total	3	ql/t	77%		71%	90%
Percentage of patients with a confirmed diagnosis of cancer who receive their first cancer treatment with 31 days of diagnosis	Total	3	ql/t	82%		93%	85%

People Have Appropriate Access to Elective Services

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Did-not-attend percentage for outpatient services	Māori	3	qn/t	19%		18%	5%
	Total	3	qn/t	9%		8%	5%
Number of elective surgical discharges under the Planned Care Initiative	Total	3	qn	5293		New Measure	5511
ESPI 1 Percentage of referrals appropriately acknowledged and processed within 15 days	Total	3	qn/t	100%		New Measure	100%
ESPI 2 Percentage of patients waiting longer than four months for their First Specialist Assessment	Total	3	qn/t	0%		16%	0%
ESPI 3 Percentage of patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold	Total	3	qn/t	0%		New Measure	0%
ESPI 5 Percentage of patients given a commitment to treatment but not treated within four months	Total	3	qn/t	0%		New Measure	0%
ESPI 8 Proportion of patients who were prioritised using approved nationally recognised processes or tools	Total	3	qn/t	100%		New Measure	100%

*ESPI = Elective Services Performance Indicator

Improved Health Status for those with Severe Mental Illness and/or Addictions

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Percentage of Child and Youth clients discharged with a transition (discharge) plan.	Total	3	qn/t /ql	12%		32%	95%
Percentage of people referred for non-urgent addiction services are seen within 3 weeks	0-19 yrs	3	qn/t	71%		74%	80%
	20-64 yrs	3	qn/t	77%		67%	80%
	65+ yrs	3	qn/t	100%		92%	80%

Percentage of people referred for non-urgent mental health are seen within 3 weeks	0-19 yrs	3	qn/t	71%		54%	80%
	20-64 yrs	3	qn/t	69%		74%	80%
	65+ yrs	3	qn/t	87.3%		83%	80%

More People with End Stage Conditions are Supported Appropriately

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
A reduction in the percentage of palliative care clients who have had an inappropriate Emergency Department presentation	Māori					New Measure	
	Total	3	qn/t	0.6%	2017/18	New Measure	0%

Support Services

Outputs	Group	Output Class	Measure Type	Baseline 14/15	Alternative Baseline date	Audited Result 2018/19	Target 2020/21
Improved wait times for diagnostic services - accepted referrals receive their CT scan within 42 days	CT	2	qn/t	86%		81%	95%
Improved wait times for diagnostic services - accepted referrals receive their MRI scan within 42 days	MRI	2	qn/t	45%		45%	90%
Non-urgent community laboratory tests are completed and communicated to practitioners within the relevant category timeframes	Cat 1 within 24 hours	2	qn/t	100%		100%	90%
	Cat 2 within 96 hours	2	qn/t	100%		100%	90%
	Cat 3 within 72 hours	2	qn/t	90%		77%	90%
Percentage of Māori employed in the Health and disability workforce at the Taranaki DHB	Māori	4	qn	8.42%		9.3%	18%

Appendix A: Financial Performance Plan 2020-24

The consolidated financial summary below includes the Hospital Provider (Personal Health, Mental Health, Public Health and DSS), DHB Governance & Funding Administration, and the DHB Funder operations.

(\$'000)	2018/19 audited	Year 0 2019/20 audited	Year 1 2020/21 plan	Year 2 2021/22 plan	Year 3 2022/23 plan	Year 4 2023/24 plan
TOTAL REVENUE	400,258	419,924	445,908	476,041	506,195	536,385
TOTAL OPERATING EXPENSES	423,628	448,959	457,914	475,818	494,093	513,319
Hospital Provider + Governance Operating Deficit	-35,123	-41,175	-26,446	-21,440	-15,658	-10,392
Extraordinary expenditure provision (Holiday pay remediation)	1,000	2,000	-	-	-	-
FINANCIAL DEFICT after extraordinary expenditure provision	- 36,123	- 43,175	- 26,446	- 21,440	- 15,658	- 10,392
TDHB Funder surplus	12,753	14,140	14,440	21,663	27,760	33,458
CONSOLIDATED FINANCIAL RESULT	-23,370	-29,035	-12,006	223	12,102	23,066

The net consolidated financial projections for the planning period 2020-24 are:

- 2020/21: Deficit \$12.00M
- 2021/22: Surplus \$00.22M
- 2022/23: Surplus \$12.10M
- 2023/24: Surplus \$23.06M

These financial projections are to be read with the accompanying notes and assumptions.

1. Key points from the Budgeted Financials: 2020-24

The 2020/21 funding package added \$990M nationally to DHB devolved funding, consisting of \$710M for demographic, wage and cost pressures; \$270M to support underlying DHB provider arm cost; \$10M to support an increase in the Combined Pharmaceutical Budget (CPB).

Taranaki population grew at a rate of 2.40% compared to 0.25% nationally, indicating that the Taranaki population is growing faster than the NZ Population as a whole. The Population Based Funding (PBF) share for 2020/21 is 2.65%, and Taranaki received a 7.68% increase on 2019/20 baseline translating to \$29.57M from the national funding package.

The proposed increase for the Hospital and specialist services is \$19.97M increase on 2019/20 funding.

Against this backdrop, the Board has planned for a consolidated operating financial deficit for Yr.1 (2020/21) of \$12.00M. A financial breakeven in Yr.2 (2021/22) leads to a surplus in Yr.3 (2022/23) of 12.10M and Yr.4 (2023/24) of \$23.06M.

The financial plan will require the Board to actively work to restrain costs growth and also requires potential service changes to achieve a sustainable financial result in the out years.

- To ensure consistency across all DHBs, Taranaki DHB has prepared the Annual Plan using the planning guidance provided that funding increases in out-years will be of the same nominal value as 2020/21.
- The Hospital Provider Arm will carry a cost to funding gap resulting in operating deficits in each year covered by this plan, albeit reducing. These financial projections indicate that expenditure in the hospital provider operations is growing year on year and is significantly in excess of its funding, leaving residual deficits in its wake. The continuing operating deficits have impacted the DHB's cashflow, such that it has had to seek deficit funding support from the Ministry in June 2019 and February 2020, and has planned for additional funding support in fiscal 2020/21.
- The hospital provider budget for Year 1 is *after* targeted cost reductions and budget rationalisation (Please refer Sec: 8 - Sensitivity Analysis for details). The cost reductions have to be bridged through savings and initiatives. (Please refer Section 6: Savings Plan).
- The surplus generated in the DHB Funder operations is not sustainable due to demand for increased investment for strategic health services and community based services.
- The DHB Funder operations is planning to reprioritise funding and drive strategic initiatives to enable the DHB Funder operations to manage its costs down and deliver the operating result planned for 2020/21 and years following. Like the hospital provider, the DHB funder is carrying risks in its budget which will present challenges for it to deliver to plan (Please refer Sec: 8 - Sensitivity Analysis for details).
- Collectively, the total cost budgeted in 2020/21 for Taranaki DHB to provide operational support to national and regional agencies (NZHPL, Health Share and TAS) is circa \$2.30M – and increasing year on year. This is in addition to capital investment required to support regional and national projects. The operating budget is very limited in its ability to absorb these new (and increasing) costs arising across different fronts – noting that any benefits are likely to accrue only in future periods.

In the final analysis;

The Board is faced with:

1. *Increasing demand for services and resources.*
2. *A continuing core deficit in its Hospital Provider operations in each of the plan years.*
3. *An aggressive and challenging Savings Plan for its hospital operations.*
4. *An improving consolidated financial position, with a financial breakeven forecast for Yr. 2 (2021/22) and surpluses in future periods.*
5. *Additional financial exposure in its expense budgets + the inability to absorb unplanned costs in a fiscal period.*
6. *The financial recovery for its Hospital Provider operations being largely dependent on cost reductions incidental to services rationalisation, capacity and work force management.*
7. *Its limitation to make structural changes (to the extent practical and permissible) and re-align service configurations in its hospital service operations to restrict its current deficit.*
8. *Its Funder operations having to reduce investment in community services during the period the hospital operation is going through this transition.*

The Board notes:

- a) *That the DHB is faced with increasing demand for health services and operating costs, therefore targeted changes within its operating framework (including the non-hospital sector) are necessary.*
- b) *The need to focus and inject equity across the whole spectrum of its services - both within the hospital operations and community services.*
- c) *The operating cost to funding gap in the Hospital Provider operations cannot be bridged by marginal changes and short term measures.*
- d) *That structural and service change will have to be pursued if the Hospital Services arm is to remain financially viable and sustainable when faced with increased costs on several fronts.*
- e) *That these changes will take time, will need to transcend political sensitivities and communal expectations in a collaborative (and time challenged) manner.*
- f) *Consequently, a 12 month annual plan time line is impracticable for capturing the financial impacts of structural reforms - and will require sustained investment over a longer period to undertake targeted transformational change.*

In summary, the financial risk assessment of the current Annual Plan is rated “medium” risk under the assumptions and risks stated.

2. The DHB operations

2.1 Taranaki DHB's Funder Operations

2.1.1 Population Based Funding

DHB funding is based on a Population Based Funding Formula (PBFF) which allocates the total Vote Health funding to DHBs on the basis of the total resident population, with adjustments applied for ethnicity, rurality, age profile, socio-economic deprivation and the number of overseas visitors. Whilst other factors impact on the PBFF share weighting the total population number is the most significant factor.

DHB population estimates are shown below. The 2020/21 allocation is based on a population estimate of 124,380 people resident in Taranaki (Table 1).

Taranaki population grew at a rate of 2.40% compared to 0.25% nationally, indicating that the Taranaki population is growing faster than the NZ Population as a whole. Changes to Statistics New Zealand's methodology for estimating migration and the incorporation of data from the 2018 Census have contributed to significant change for many DHBs between the 2018 and 2019 DHB population projections.

Table 1: DHB Population Variance

	Year	2019/20	2020/21	Increase
Population Series	2018 Population Series	121,460	122,180	720
	2019 Population Series	123,425	124,380	955
	Change	1.965	2.200	2,920

2.1.2 Population Based Funding Share

The Taranaki DHB PBFF share in 2020/21 is 2.65%. The longer term forecast is that Taranaki DHB PBFF share will reduce over time.

Table 2: PBFF Share

Year	2014/ 15	2015/ 16	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21
Taranaki	2.71%	2.68%	2.66%	2.64%	2.62%	2.61%	2.65%

2.1.3 Key Pressure

The range of pressures that the Taranaki Health System is experiencing is interdependent as noted below:

- ✓ Cost Pressures in Hospital and Specialist Services
- ✓ Cost Pressures in NGO Sector
- ✓ Strategic Investment to progress the Health Action Plan

Whilst the level of funding for Taranaki DHB under the PBFF regime is equitable when compared to the proposed increases for other DHBs, the level and quantum of increase is significantly lower than

the cost and service pressures faced by the DHB Funder and Provider Arm. The quantum of funding for 2020/21 and future periods require the Board to actively work to restrain costs growth and also requires potential service changes, for which appropriate service change processes will need to be adopted. Importantly, the need to carry funds for investment in services and improvements is equally necessary – requiring a sustainable and positive financial position.

2.1.4 Resource Allocation

The allocation of resources is a pragmatic approach to investment given the information available at this time and reflects prioritisation in line with DHB funding responsibilities and the Minister's Letter of Expectation. In order to partially offset planned deficits in the Provider Arm, the Funder is required to achieve surpluses. For 2020/21 the planned Funder surplus is \$14.44M. This presents a significant challenge for the Funder.

2.2 Taranaki DHB's Hospital Provider Operations

1. The DHB's Hospital Provider operations continue to face a cost to funding gap. This is despite a funding increase of \$19.97M on the 2019/20 funding. The gap between funding and real cost growth has resulted in a budgetary deficit of \$26.45M for 2020/21 (2019/20 deficit: \$43.17M) after considering all current efficiencies and a savings plan of \$5M, and carries other financial risks as noted earlier.

The hospital services will continue to carry deficits for the entire plan period, albeit reducing each year.

2. Cost pressures are particularly evident in the following areas:

- a) Wages – MECA settlement impacts
- b) Safe staffing (CCDM) cost
- c) Outsourced clinical staff
- d) Diagnostics and Pharmaceuticals
- e) Acute services including mental health inpatient services and emergency department
- f) Increasing cost impacts of statutory compliances, quality and accreditation deficits and numerous legislative requirements
- g) Information and communication technology (ICT) - capital investment and increased annual operating costs for projects, network infrastructure and software licences. By far, this is one area of operations that has witnessed quantum increases YoY - and continuing
- h) Cost contributions to national and regional agencies + capital investment and participation in national and regional initiatives and business cases have added to existing cashflow pressures.

Overall, the Hospital Provider's financial plan for the planning period is tight and has little flexibility to accommodate unplanned cost movements. Its operating budget carries financial risks and it is highly dependent on the realisation of targeted savings within planned timelines to meet its 2020/21 and out year financial targets.

3. Indicative savings through reduced pricing from collective procurement projects, All of Government (AOG) initiatives and other collaborative efforts have been factored into clinical supply and consumable costs over the plan period. Likewise, operating expenditure outflow to support these national initiatives have been provided to the extent known.
4. Taranaki DHB's share in supporting the approved Te Manawa Taki projects and contribution to HealthShare (the regional shared services entity) has been provided. Investment in the Te

Manawa Taki MCP (Midland Clinical Portal) programme will be prioritised along with other national and local IT projects.

5. In applying the budgetary assumptions we have recognised ongoing quality improvements and those compliance costs of which Taranaki DHB has been aware. The financial budget is vulnerable to small movements in costs over stated assumptions or costs resulting from clinical compliance expectations and legislative changes.
6. With over 95% of its revenue derived from health funding (via DHB Funder and the Ministry of Health), the Hospital Provider has few alternative income streams for revenue growth. In 2020/21 there is a marginal increase in ACC revenues. Miscellaneous income assumes \$1.40M to be raised through community donations.
7. During the plan period 2020-24, baseline capital expenditure will be contained within depreciation provisions, so that any additional equity injection to support cashflow levels is minimised.
8. In the final analysis, the gap between funding and the realistic cost model for services has resulted in a very sensitive financial budget for 2020/21 and out years.

3. Key Financial Assumptions

The following key assumptions have been employed in the preparation of the financial statements for the four year planning period 2020-24.

3.1 Application of Public Benefit Entity Accounting Standards

The DAP financial template for the plan period 2020-24 and comparative years has been prepared in accordance with NZ GAAP. They comply with Public Benefit Entity Standards which include the Public Benefit Entity International Public Sector Accounting Standards (PBE IPSAS).

3.2 Equity and Borrowing

- a) The District Annual Plan 2020-24 has assumed the need for deficit funding support and Crown equity to support its investment in capital projects. However, this is subject to the timing of Ministerial approval of the capital investment of \$336M in Stage 2 of Project Maunga (supported by CIC) and \$8M for the Mental Health Upgrade project (pending approval).
- b) Taranaki DHB will be submitting the Implementation Business Case (IBC) to the Capital Investment Committee (CIC) in September 2020 in relation to approval of capital funding for its Stage 2 hospital redevelopment programme. The IBC also includes elements of work in relation to seismic management of its Earthquake Prone Buildings (EPB). The total capital investment sought is \$336M. Subject to approvals received in time, the indicative time line for delivery of Stage 2 is October 2023 or sooner (FY 2023-24).
- c) Taranaki DHB is currently on “performance watch - remedial” status on the performance monitoring scale.

3.3 Operating Expenditure assumptions:

- a) Wage costs: In general;
- Wage budgets for employee groups covered by national MECA settlements are essentially in accordance with current agreement(s) and in line with collective planning assumptions
 - MECA's which are yet to be settled have a budgetary provision of 1.90% for wage increases - which presents a risk should final settlement exceed the provision
 - IEA increases have been restricted to 0% to 1% and 0% for employees earning in excess of \$100K pa.

The budget has only partially provided for recruitment to new positions and critical front line vacancies carried in the 2020/21 FY, besides provision for overtime, one on one care etc.

- b) Clinical supplies: increases have been assumed in 2020/21 based on estimated activity levels, reduced for local efficiencies and procurement gains. There is a potential risk in this line due to demand growth exceeding planned assumptions.
- c) General operating expenditure: increase noted primarily in ICT costs, this service has seen YoY increases above the average and will continue to put pressure on costs and cashflow as more ICT projects come on stream. Local efficiencies and cost controls have been built in to balance inflationary impacts.
- d) Value for Money (VFM) impacts: Cost reductions and gains likely to ensue from the collective procurement contracts undertaken by MBIE/NZHPL programmes, AOG contracts and regional arrangements have been recognised. Gains from local initiatives and projects have been built into the relevant expense budgets.
- e) Other expenditure reductions: the 2020/21 expense budget assumes efficiencies and cost reductions arising from the following - and present a risk from a timing perspective:
- FTES
 - Models of Care and other programmes
 - Length of stay and patient throughput
 - Contract tracking + renegotiation + monitoring
 - Acute demand and capacity management.

4. Budgetary Outlay and Assumptions

4.1 Mental Health Services

In keeping with the guidelines on treatment of “Mental Health Ring fence surplus” the amount of any under-expenditure carried forward from previous accounting periods has been reported as a surplus in Taranaki DHB’s Statement of Financial Performance in the year the surplus is generated. Based on expenditure to date and forecasts, no surplus is likely to remain on 30 June 2020. No surpluses from Mental Health services are envisaged during the 2020-24 plan period and, if any surpluses do eventuate, these will be ring fenced and expended in the year(s) following.

4.2 Interest Income and Payment

Interest on overdraft (usually at month end) is netted off against interest income on overnight deposits under the sweep arrangement of the collective banking and treasury programme, resulting in net interest income for 2020/21 and out years.

4.3 Asset Revaluation and its Impact

Under the provisions of PBE IPSAS 17, Taranaki DHB is required to undertake an asset revaluation exercise as at 30 June each year, and recognise any material increase in land and building values, and also its impact on depreciation and capital charge. Taranaki DHB is required to undertake a full asset revaluation once every five years.

Taranaki DHB conducted a full asset revaluation as at 30 June 2018 in accordance with the stipulated cycle and the impacts were incorporated in the accounts as appropriate. Taranaki DHB has undertaken a desktop assessment as at 30 June 2020. The increase in asset values was not material, and no provision has been made in the 2020/21 financials and future periods for the impacts of asset valuation noted above.

4.4 Depreciation

Depreciation has been calculated on a straight line method for all existing assets, less disposals and recognising additions.

4.5 Capital Charge

Capital charge has been calculated in line with existing methodology, adjusted for donations and closing balance of shareholders funds. Capital charge on equity investment for strategic capital projects follows the guidelines issued by Treasury.

4.6 Leasing

The Annual Plan assumes certain items of plant and equipment will be leased after evaluation on a case-by-case basis. The Plan also assumes that operating leases will be explored for capital plant and equipment which have a short economic life or are prone to rapid changes in technology. Operating leases will adhere to current guidelines and tests to clearly differentiate these from finance leases.

4.7 Changes in Accounting Policies

There have been no changes from the accounting policies adopted in the last audited financial statements other than any changes brought about by the adoption of Public Benefit Entity Standards, including Public Benefit Entity International Public Sector Accounting Standards (PBE IPSAS).

4.8 Capital Investment

The capital investment planned during the Business Plan period and the proposed funding lines to finance the investment are as follows:

Capital Outlay (\$'000)	Year 1 (2020-21)	Year 2 (2021-22)	Year 3 (2022-23)	Year 4 (2023-24)	Total (2020-24)
Operating					
Clinical Equipment	5,000	4,000	3,000	3,000	15,000
Other Equipment	500	500	500	500	2,000
Motor Vehicles	150	150	100	100	500
Minor Site					
Redevelopment (including MH refurb - \$8M)	11,000	3,000	3,000	3,000	20,000
Information Technology	7,000	7,000	8,000	8,000	30,000
TOTAL - Operating	23,650	14,650	14,600	14,600	\$ 67,500
Strategic					
A: Base Hospital redevelopment. Project Maunga – Stage 2 Seismic Risk mitigation and strengthening works.	Implementation BC	Detailed design + procurement	Construction	Construction + commissioning	Est. \$ 336M - subject to Ministerial approval. Includes circa \$ 28M seismic works
TOTAL - Strategic	-	-	-	-	\$336M
Sources of Funding					(\$ M)
Crown Equity	92,000	84,000	84,000	84,000	344M
Bank Borrowing	0	0	0	0	0
DMO/MOH Term Loans	0	0	0	0	0
Internal Cash Accruals	15,650	14,650	14,600	14,600	59.50M

Note: A: The strategic capital expenditure is in reference to the approval of the Detailed Business Case (DBC) for Stage 2 of Project Maunga. The DBC has been submitted to the Capital Investment Committee (CIC) and has been supported. Ministerial approval is awaited. The capital investment of the preferred option for Stage 2 is estimated at \$336M – subject to final approval. Work on the Implementation BC is in progress. Funding to support the build is in the form of Crown Equity.

B: In May 2020, the Government announced capital investment support of \$8M for upgrade and refurbishment of the Mental Health facilities in Taranaki DHB. Formal approval has been received, and a single stage business case is under preparation. The capital works is expected to be completed during FY 2020/21. Funding is by way of Crown Equity.

C: The Seismic Risk Management Plan is a separate piece of work included in the DBC for Stage 2 of Project Maunga, and is also included in the \$336M being sought from the CIC for the preferred option. It seeks to address the critical seismic issues identified with Earthquake Prone Buildings (EPB) - including demolition of an EPB building and relocation of services.

4.9 Capital Divestment

The disposal of surplus assets proposed during the period 2020-24 is as follows:

Asset	Book value (\$)	Realisable Value (\$)	Gain/(loss) On sale (\$)	Timing
* Miscellaneous equipment (discarded/obsolete)	0	Not material	0	2020-24
* Surplus land	0	0	0	n/a
* Vehicles	0	Not Material	0	2020-24
Total	0	0	0	

Taranaki DHB will ensure that disposal of any land transferred to, or vested in it pursuant to the Health Sector (Transfers) Act 1993 will be subject to approval by the Minister of Health. Taranaki DHB will work closely with the Office of Treaty Settlements to ensure the relevant protection mechanisms that address the Crown's obligations under the Treaty of Waitangi and any processes relating to the Crown's good governance obligations to Māori sites of significance are addressed.

4.10 Personnel

a) Paid/Contracted/Core FTEs

The movement of "contracted/worked FTE" numbers across the Annual Plan period is assumed along the following lines.

	Average 2019/20		Yr 1 - 2020/21		Yr 2 - 2021/22		Yr 3 - 2022/23		Yr 4 - 2023/24	
	Contract	Accrued	Contract	Accrued	Contract	Accrued	Contract	Accrued	Contract	Accrued
* Medical	198	202	209	213	210	214	212	216	215	219
* Nursing	699	730	705	736	710	741	712	743	715	746
* Allied Health	269	269	275	275	270	270	268	268	270	270
* Support	105	107	100	102	100	102	102	104	105	107
* Mgt & Admin	287	292	302	307	305	310	305	310	305	310
* Gov & Funding	17	17	18	18	18	18	19	19	20	20
TOTAL	1575	1617	1609	1652	1613	1656	1618	1661	1630	1674

- Medical FTE count has seen an increase during 2020/21 to meet MECA conditions, partly in relation to rosters, besides filling vacancies and conversion of outsourced clinicians to employees.
- In general, nursing staff will show significant increases YOY in response to activity. Of particular note is the impact of the MECA settlement on safe staffing levels and CCDM commitments, which will see increases in core numbers and costs. However, there is also a restructure in progress as a result of service reorganization and consolidation of positions as part of an efficiency/productivity initiative to rationalise FTE growth and the operating financial deficit. Future periods show a gradual increase linked to increase in activity, tempered by more efficient management of staffing and efficiencies from services reconfigurations and changing models of care within the hospital and mental health services.
- Movements in Allied Health and Support staff are likely to be contained and are constantly reviewed for efficiencies and optimum service delivery - any increase reflected in 2020/21 are related to vacant positions.
- Management and Administration staffs are expected to remain at current levels, with any increases solely driven by new funded projects + to support sustainability and health and safety initiatives. New positions have been provided to meet legislative and Ministry expectations in H&S, promoting sustainability and green initiatives, and risk management

besides strengthening some back office functions to meet growing operational demands. Capping FTE growth with improved productivity and more efficient and smarter workflows has been a key goal for Taranaki DHB to manage the cost growth vis-a-vis operational demands.

- In principle, the personnel budget has not planned for core FTE increases – other than FTEs required to deliver acute demand, locums converted to FTEs, safe staffing, vacancies filled, new projects and MECA driven requirements. The overall strategy is to contain FTE growth, albeit reduce the growth curve through changes to models of care and consolidation of positions as and when opportunities arise. There will be demand for clinical resources due to increase in activity levels – primarily acute demand as was witnessed during the recent fiscal periods. Additionally, as recent trends indicate, there has been an increase in specialising patients (one-on-one care) in ICU and Mental Health inpatient admissions. With introduction of staffing management tools and applications, Taranaki DHB will continue to aggressively pursue measures and initiatives to increase productivity of existing staff and reduce the demand for locums and casual staff within the hospital and specialist services.

5. Capital Expenditure: Strategic

5.1 Base Hospital Inpatient Facilities Development Programme

The Base Hospital Master Plan envisages a 3 Stage redevelopment of the Base Hospital core inpatient facilities and support systems, such that it is both financially and operationally feasible over a defined timeline. Stage 1 of Project Maunga - the redevelopment of the Base Hospital inpatient facilities with theatres and inpatient wards was delivered within budget and on time in June 2014 at a cost of \$80M.

The other components of the programme are as follows:

Stages	Comprising	Estimated Cost	Timeline	Status
STAGE 1	Theatres, Ambulatory, Inpatient wards	\$80M	Start: Aug 2011 Finish: June 2014	Completed.
STAGE 2	Maternity, Neonatal, ED, Radiology, Pathology, ICU/CCU/HDU.	\$336M (estimate)	Tentative: 2019-2024	Preliminary works commenced. Includes seismic management. Awaiting approval from Ministers.
STAGE 3	Ambulatory, OPD Administration.	\$125M (estimate)	Tentative : 2026-2027	Supplementary business case to be progressed.
TOTAL		\$541M (estimate) <i>See notes</i>	2011 – 2027	

Notes:

Scoping and planning for Stage 2 of Project Maunga is well advanced, with preliminary works in progress. The Detailed Business Case (DBC) was supported by the Capital Investment Committee (CIC) for a capital outlay of \$336M. Ministerial approval is awaited. The capital outlay of \$336M also includes circa \$28M towards addressing seismic risks prevalent in Earthquake Prone Buildings within its campus.

Each of the stages in the programme can be visualised as standalone projects, yet forming part of one coherent facilities redevelopment programme for the Base Hospital in New Plymouth, thus enabling affordability to both Taranaki DHB and the National Health capital budget.

An updated Schedule of Capital Intentions has been submitted.

6. Savings Plan

Taranaki DHB is faced with the challenge of managing its service delivery within a defined fiscal envelope, which falls short of annual operating expenditure. There is a financial gap. Under this capped environment, with increasing operating costs and demand for services, the Hospital Provider arm will have to strive hard to achieve sustainability – both clinical and financial.

The following key initiatives are being considered within the Hospital Provider operations to generate efficiency gains, and bridge its cost to funding gap and manage the risks arising from the budget setting and rationalisation process.

Initiatives	Proposal	Potential Est. (\$)	Impact
South Taranaki	Changed models of care.	\$2.00M	Reduce operating costs and increase efficiency
Radiology project	Review of community radiology services.	\$1.50M	Reduce operating costs.
Other initiatives	Review of models of care + internal controls + contracts + miscellaneous operating costs	\$1.50M	Reduce operating costs
TOTAL		\$5.00M	

The services initiatives commenced in prior years will also progressively generate cost savings and have been recognised in current and out years.

Miscellaneous gains from local initiatives and cost reduction measures have been built into the relevant expense budgets.

The financial management plan is an ongoing process, will involve partnering with primary sector providers and is expected to span more than one fiscal year in view of their strategic components and broader implications. This is part of a broader primary secondary integration initiative currently under consideration.

7. Banking and Cash Flow

The primary assumptions carried in the financial plan 2020/21 are:

- a) Overdraft facilities (as per OPF guidelines) are assumed to be available under the DHB collective treasury and banking arrangement (currently with BNZ). Taranaki DHB has been in overdraft during most periods of 2019 and 2020 primarily on the back of a sharp increase in its consolidated financial deficit.
- b) It is expected that base line capital expenditure will be contained within the level of depreciation for 2020/21 and out years. Cash outflow will be closely managed by capital prioritisation and working capital management, the intention being to limit the overdraft.
- c) The continuing deficit and low levels of funding increases in recent years is proving to be corrosive. The closing monthly cash balance over the recent months since December 2018 has been very close to the OD limit allowed for Taranaki DHB (\$19M). Additionally, Taranaki DHB has been funding the preliminary works and consultants (project management, QS, architects, health designer, structural engineers etc) required for development of the business cases for submission to the CIC for its Stage 2 building redevelopment and seismic management.
- d) Under the above scenario, Taranaki DHB had sought equity injection to manage its cash shortfall and remain within its designated OD limit. Accordingly, Taranaki DHB received \$13.60M in June 2019 and a further \$18M in February 2020 as deficit support. In the later part of 2020, Taranaki DHB expects to have its Implementation Business case to be approved, which would enable it to draw down and be reimbursed its investment of circa \$10M to support the preliminary works and development of business cases. This receipt would support the cashflow, but not entirely.. Operational realities and delays in business case approvals could dictate otherwise, in which event requests for cash advances will be triggered. The AP assumes a deficit support of \$ 10M in 2020-21.

8. Sensitivity Analysis: Budgetary Risks carried in Annual Plan 2020/21

The Annual Plan carries a number of financial risks. While it is difficult to quantify all these risks with accuracy, the likely impacts on the bottom line if these were to materialise is factored below:

DHB Hospital Provider Operations – Key Risks in 2020/21

Unbudgeted financial risk	Est. risk (\$M)	75% risk (\$M)	50% risk (\$M)	25% risk (\$M)	Probability factor (% risk)
Wage budget (MECA + CCDM + activity)	2.00	1.50	1.00	0.50	75%
Timing of gains from savings initiatives	1.00	0.75	0.50	0.25	50%
Clinical supplies	0.40	0.30	0.20	0.10	75%
General overheads	0.40	0.30	0.20	0.10	50%
Likely impact on 2020/21 planned financial result	\$3.80M	\$2.85M	\$1.90M	\$0.95M	\$2.50M

The overall risk is expected to be **\$3.80M** for 2020/21, while the probability factor is estimated to be around 65% leaving a residual risk equating to about **\$2.50M**. The risk is expected to be managed through a mix of:

- Internal cost controls
- Management of FTEs
- Operational savings in discretionary expense lines through capped budgets
- Gains from National procurement programmes and initiatives
- Fast tracking efficiency projects and service reviews

DHB Funder Operations – Key Risks in 2020/21

Unbudgeted financial risk	Est. risk (\$'M)	75% risk (\$'M)	50% risk (\$'M)	25% risk (\$'M)	Probability factor (% risk)
Hospital provider deficit increase	2.00	1.50	1.00	0.50	75%
IDF Above Plan	1.00	0.75	0.50	0.25	50%
Pharmaceuticals	0.50	0.38	0.25	0.13	25%
Health of Older People	0.50	0.38	0.25	0.13	25%
Potential impact on 2019/20 planned financial result	4.00M	3.00M	2.00M	1.00M	2.25M

The overall exposure is estimated at around **\$4.00M** for 2020/21, while the probability factor is estimated to be around 55% leaving a residual risk equating to about **\$2.25M**.

These risks are expected to be managed through demand management and monitoring of service contracts against delivery.

9. Statement of Comprehensive Income

(\$'000)	Audited	Actual		Planned			
	2018/19	2019/20		2020/21	2021/22	2022/23	2023/24
Revenue							
Devolved Funding	375,687	396,967		422,016	451,584	481,152	510,720
Non-Devolved Contracts	6,574	6,839		6,540	6,540	6,540	6,540
Inter-DHB & Interprovider Revenue	5,250	5,481		6,022	6,395	6,789	7,219
Other Revenue	12,747	10,637		11,330	11,522	11,714	11,906
Total Revenue	400,258	419,924		445,908	476,041	506,195	536,385
DHB Provided Expenditure							
Personnel	158,574	170,049		175,882	179,427	186,627	194,111
Outsourced Personnel & Support	2,416	2,718		2,233	2,365	2,317	2,383
Outsourced Clinical Services	12,249	11,377		7,159	7,159	7,483	7,711
Clinical Supplies	34,377	34,931		38,665	39,253	40,428	41,652
Infrastructure & Non-Clinical Supplies	44,902	48,845		42,114	48,548	49,820	51,257
Total DHB Provided Expenditure	252,518	267,920		266,053	276,752	286,675	297,114
Other Providers							
Personal Health	68,636	72,882		76,223	77,722	80,027	82,440
Mental Health	11,476	12,274		13,412	13,796	14,192	14,588
Public Health	542	2,708		1,028	1,055	1,091	1,127
DSS	47,570	50,166		52,844	54,416	56,036	57,692
Maori Health	2,752	2,707		3,199	3,307	3,415	3,523
IDFs	40,134	40,302		45,155	48,770	52,657	56,835
Total Other Providers	171,110	181,039		191,861	199,066	207,418	216,205
Total Expenditure	423,628	448,959		457,914	475,818	494,093	513,319
Total Consolidated Result	(23,370)	(29,035)		(12,006)	223	12,102	23,066
By Arm							
Provider	(36,094)	(43,175)		(26,446)	(21,549)	(15,872)	(10,719)
Governance	(29)	0		0	109	214	327
Funder	12,753	14,140		14,440	21,663	27,760	33,458
TDHB Consolidated	(23,370)	(29,035)		(12,006)	223	12,102	23,066

10. Consolidated Statement of Financial Position

(\$'000)									
			2018/19 audited	2019/20 actual		2020/21 plan	2021/22 plan	2022/23 plan	2023/24 plan
CURRENT ASSETS									
* Bank Account			391	390		390	390	13633	40729
* ST investments			0	0		0	0	0	0
* Prepayments			2144	1528		1548	1568	1588	1608
* Debtors (net of provision)			12786	13899		14699	14999	15299	15599
* Inventory			3477	3991		4006	4021	4036	4051
			18798	19808		20643	20978	34556	61987
CURRENT LIABILITIES									
* Bank Account			2036	12670		7502	3146	0	0
* Creditors & other payables			23011	23787		26108	25869	27174	27502
* Term Loans (current portion)			0	0		0	0	0	0
* Provisions			35656	42535		44010	46330	47210	48810
			60703	78992		77620	75345	74384	76312
WORKING CAPITAL									
			-41905	-59184		-56977	-54367	-39828	-14325
NON CURRENT ASSETS									
* Net Fixed Assets			216523	221292		223976	220660	217294	213928
* Investments			2501	3115		3289	3289	3289	3289
* Trust funds			719	797		797	797	797	797
			219743	225204		228062	224746	221380	218014
NET FUNDS EMPLOYED									
			177838	166020		171085	170379	181552	203689
NON CURRENT LIABILITIES									
* Provisions - non current			1099	1275		1305	1335	1365	1395
* Term Loans			0	0		0	0	0	0
			1099	1275		1305	1335	1365	1395
CROWN EQUITY									
* Crown Equity			106931	123972		141013	140054	139095	138136
* Reserves			117259	117337		117337	117337	117337	117337
* Retained earnings			-47451	-76564		-88570	-88347	-76245	-53179
			176739	164745		169780	169044	180187	202294
NET FUNDS EMPLOYED									
			177838	166020		171085	170379	181552	203689

11. Consolidated Statement of Cashflow

(\$'000)									
			2018/19 audited	2019/20 actual		2020/21 plan	2021/22 plan	2022/23 plan	2023/24 plan
OPERATING ACTIVITIES									
* MOH funding			383730	404430		430826	457348	487475	517010
* Other revenue			17860	16020		17342	17907	18493	19115
total receipts			401590	420450		448168	475255	505968	536125
* Payment of salaries & operating exp.			231246	246728		244416	256534	266912	277325
* Payment to providers & DHB's			170151	179193		191811	198766	207118	216155
total payments			401397	425921		436227	455300	474030	493480
NET CASHFLOW FROM OPERATIONS			193	-5471		11941	19955	31938	42645
INVESTING ACTIVITIES									
* Interest & Dividends Received			112	45		10	10	10	10
* Sale of fixed assets etc			48	30		0	0	0	0
* (Increase) / decrease in investments			3428	-702		-174	0	0	0
* Capital expenditure			-13806	-21578		-23650	-14650	-14600	-14600
NET CASHFLOW FROM INVESTING			-10218	-22205		-23814	-14640	-14590	-14590
FINANCING ACTIVITIES									
* Equity injections			13600	18000		18000	0	0	0
* Equity repayments			-959	-959		-959	-959	-959	-959
* Borrowings			0	0		0	0	0	0
* Payment of debts			0	0		0	0	0	0
NET CASHFLOW FROM FINANCING			12641	17041		17041	-959	-959	-959
Total cash in			414231	437491		465209	474296	505009	535166
Total cashout			-411615	-448126		-460041	-469940	-488620	-508070
NET CASHFLOW			2616	-10635		5168	4356	16389	27096
Add: Cash (opening)			-4261	-1645		-12280	-7112	-2756	13633
CASH (CLOSING)			-1645	-12280		-7112	-2756	13633	40729

12. Consolidated Statement of Movement in Equity

(\$'000)										
					2019/20 actual		2020/21 plan	2021/22 plan	2022/23 plan	2023/24 plan
EQUITY AT THE BEGINNING OF PERIOD					176739		164745	169780	169044	180187
* Net results for the period					-29035		-12006	223	12102	23066
* Revaluation of Fixed assets					0		0	0	0	0
* Equity Injections / (repayments)					18000		18000	0	0	0
* Other					-959		-959	-959	-959	-959
EQUITY AT THE END OF THE PERIOD					164745		169780	169044	180187	202294

Appendix B: Taranaki System Level Measures Improvement Plan 2020/21

TARANAKI

System Level Measures Improvement Plan 2020/21

Taranaki Together, a Healthy Community
Taranaki Whānui He Rohe Oranga



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Introduction & Background

System Level Measures (SLMs) are high level aspirational goals for the health system that align with the five strategic themes in the New Zealand Health Strategy and other national strategic priorities. They are focussed on improving health outcomes for vulnerable populations including children and youth.

The System Level Measures Framework supports the objective of improving health outcomes by encouraging District Health Boards (DHBs), Primary Health Organisations (PHOs) and Community Services to work collaboratively on quality improvement activities that will improve the well-being of their local population.

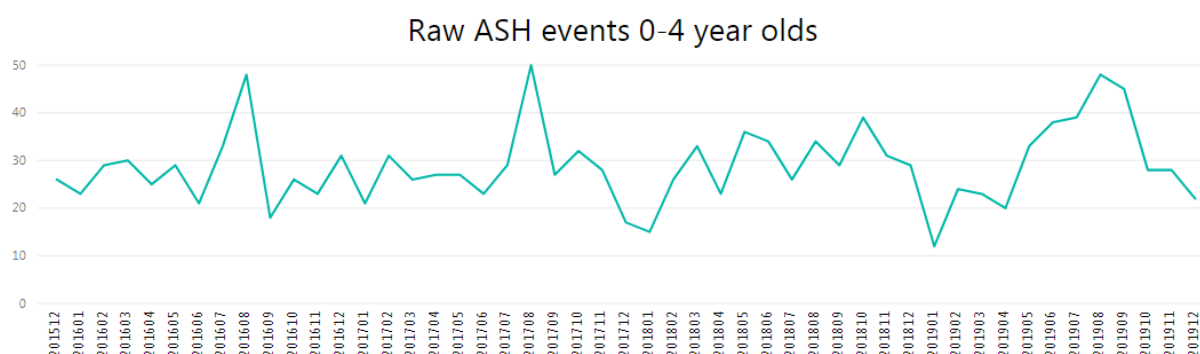
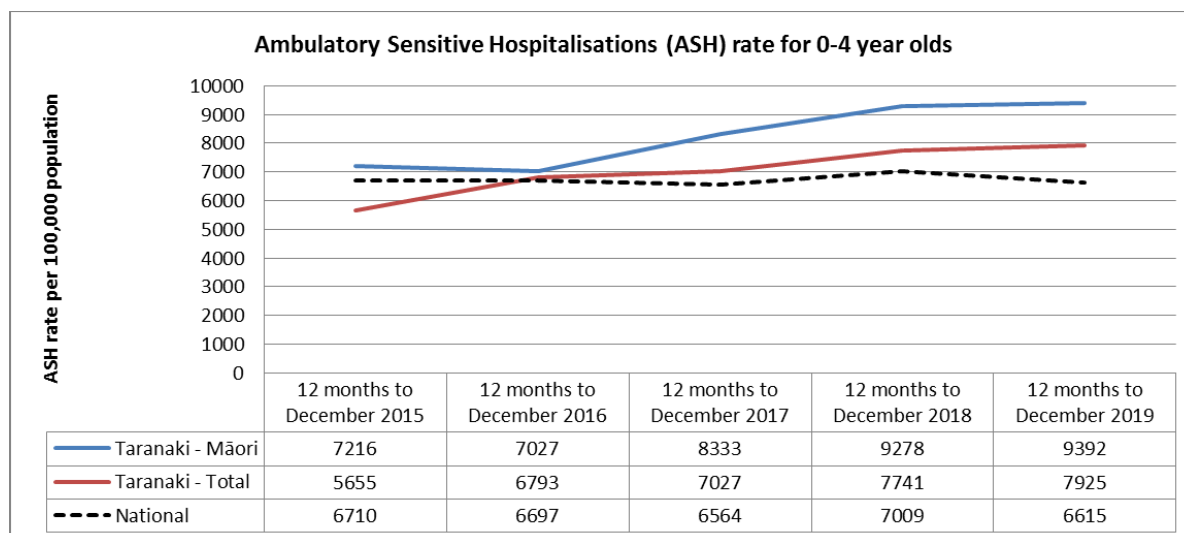
The System Level Measure Plan 2020/21 has been developed in Partnership with the Taranaki Alliance Leadership team (TALT).

The planning process captures key actions that will impact health outcomes, and align actions in the Taranaki Health Action Plan, Annual Plan and Public Health Plan. The plan outlines areas of focus, the rationale for that focus and the outcomes being sought for the Taranaki population. The plan summarises how quality improvement activities will be measured and what activities will be undertaken to achieve an improvement.

The principle organisations involved in the development of this improvement plan are the Taranaki District Health Board, Pinnacle Midlands Health Network and the Te Kawanui Maro Alliance (kaupapa Māori health and social services providers; Tui Ora, Ngati Ruanui & Ngaruahine).

ASH 0-4 Years

Where do we need to act?



Top 10 ASH conditions for 12 months to December 2019	ASH rate per 100,000			
	Māori	Other	Total	National
Asthma	2814	1705	2069	1388
Upper and ENT respiratory infection	2167	1761	1894	1497
Gastroenteritis/dehydration	913	1390	1234	1070
Dental conditions	798	686	723	832
Lower respiratory infections	951	556	685	453
Pneumonia	722	500	573	495
Constipation	342	259	287	135
Cellulitis	456	74	199	451
Dermatitis and eczema	152	167	162	166
GORD	76	56	62	65

Why do we need to act?

0-4 year olds are vulnerable to higher risk of poor health outcomes and are reliant on caregivers to access services (e.g. because of cost, health, literacy, transport). Adverse health events during childhood can be related to poor health and social outcomes later in life. Timely interventions can reduce risk of lasting harm and premature mortality.

Our data tells us that:

- Māori have a 31% higher ASH rate in Taranaki than non-Māori, with higher disparity seen principally in respiratory and cellulitis conditions
- Respiratory conditions collectively make up the largest cohort affecting ASH rates, with consistent spikes in demand during winter months

What are we trying to accomplish?

We want to eliminate the equity gap and reduce overall ASH rates (0-4 years) to fewer than 5,200 people per 100,000 population by 30 June 2023. We want to accomplish this by enrolling hapu mama into antenatal education care and ensuring that vulnerable children grow up in an environment and receive preventative interventions that reduce the likelihood of them needing hospital services.

What changes/actions can we make that will result in an improvement?

- Identify the cohort of children 0-4 years old who meet the Pharmac eligibility criteria for a funded flu vaccine using primary care data, and use this information to develop an options paper for Taranaki ALT (by January 2021) that describes how to increase flu vaccination rates in this cohort, with an emphasis on Māori 0-4 year olds. Options to be implemented through 2021/22 **(PHO & Maori Health)**
- Revise the newborn enrolment form to improve the communication between WCTO providers in the first 3 months of life so that more core contacts can be completed contributing to increased protective factors for child health by Q4 2021 **(P&F)**
- Deliver a minimum of 12 Hapū Wānanga (a kaupapa Māori antenatal education programme) to address a range of determinants of health and wellbeing (e.g. nutrition, breast feeding, oral health, immunisations, safe sleeping, PHO enrolment and smoking) with a specific focus on Māori and high needs populations by June 2021 **(Maori Health)**
- Implementation of the Outreach Immunisation Service (OIS) service re-design project, including establishment of new service contracts as required, to improve immunisation coverage and reduce equity gaps for babies and children up to 5 years with a focus on improving access for priority population groups by June 2021 **(P&F)**

What will we measure to understand if an action has resulted in an improvement?

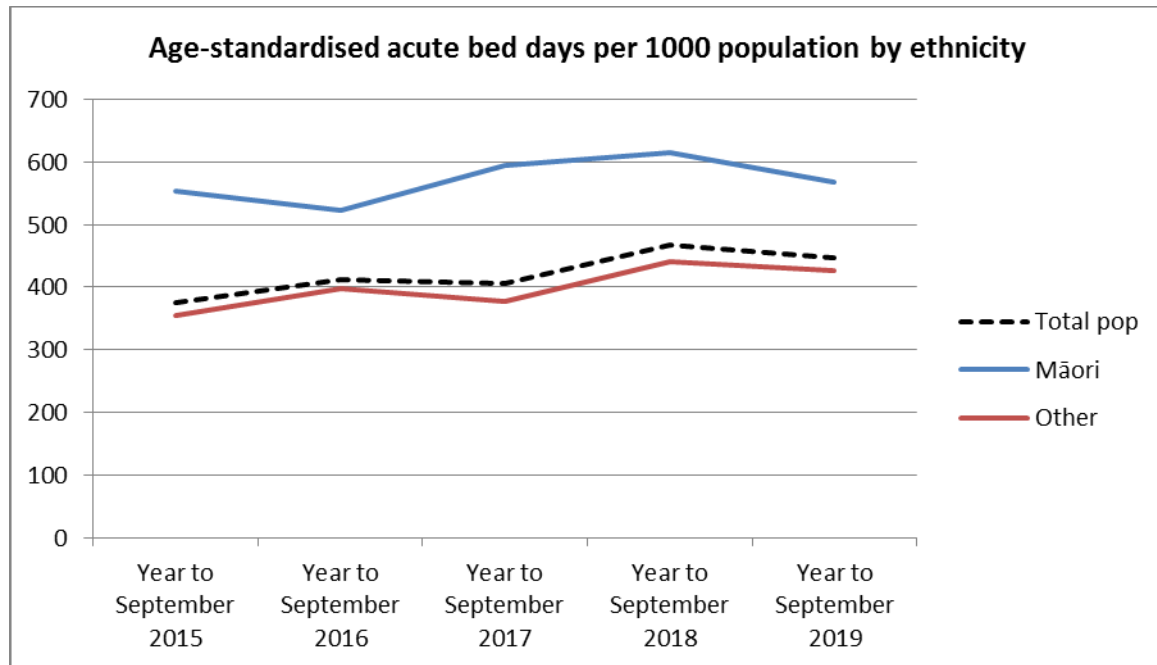
- 20% reduction in respiratory ASH rate for Māori
 - Number of eligible Māori children 0-4 years old who receive flu vaccine
- Improve the enrolment of newborns with a general practice by three months to 90% for Maori to achieve equity
- Average waiting time for Māori children from referral to immunisation for Outreach Immunisation Services
- 95% of eligible Māori children receive their immunisations at 5 months, 2 years and 5

SLM Milestone

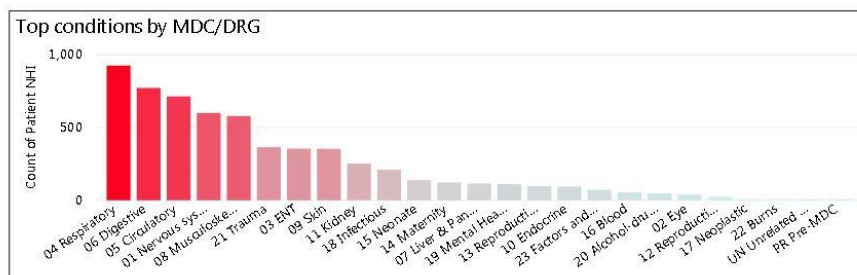
We will reduce ASH rates for 0-4 year olds for Māori to 8,500 per 100,000 for Māori by 30th June 2021.

Acute Hospital Bed Days

Where do we need to act?



Māori Conditions and Acute Bed Day Utilisation



Number of Admissions

6066

Number of Unique Patie...

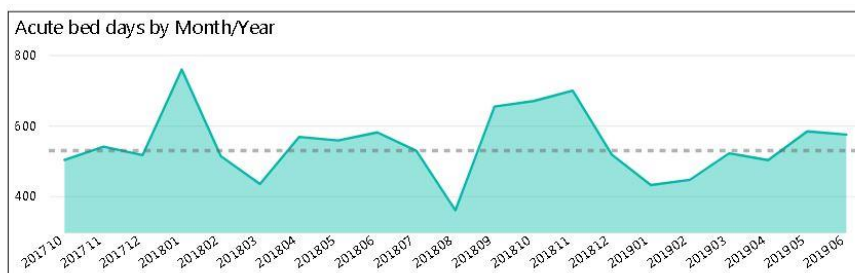
3700

Mean Acute Bed Days

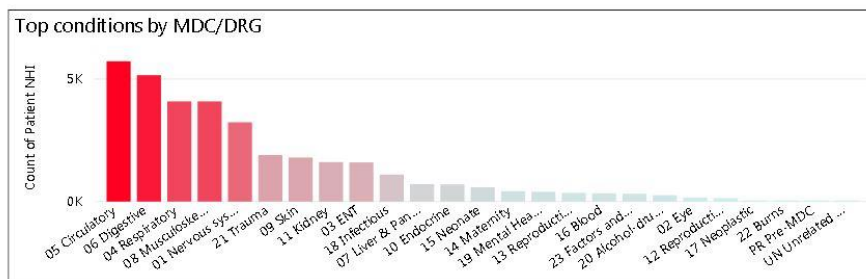
1.89

Mean Length of Stay

2.55



Non-Māori Conditions and Acute Bed Day Utilisation



Number of Admissions

34.86K

Number of Unique Patie...

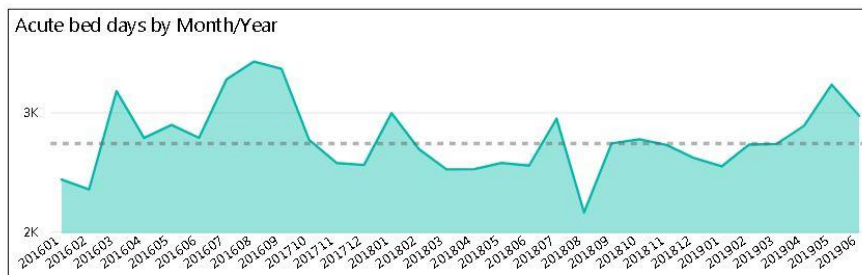
20.77K

Mean Acute Bed Days

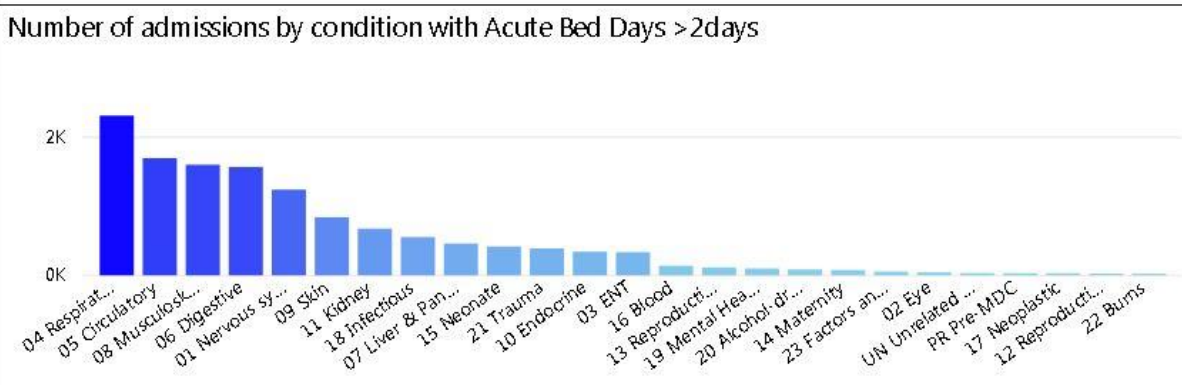
2.39

Mean Length of Stay

3.19



Length of Stay Profile & Frequent Users – Total Population



Number of admissions by condition with Acute Bed Days <24 hours



Patients with multiple acute stay admissions



Why do we need to act?

Acute hospital bed days per capita measure 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

Our data tells us that:

- Māori have an approximately 35% higher rate of acute bed days per capita than non-Māori
- Māori have particularly high bed day utilisation rates for respiratory related disease, both relative to non-Māori and national rates
- Māori have lower mean length of stays than non-Māori (likely due to the high volume of respiratory related presentations)
- The condition profile for length of stays <24 hours is different to that > 2days, giving an indication where to focus our primary care and length of stay efforts respectively

What are we trying to accomplish?

We want to eliminate the equity gap and reduce overall acute hospital bed day rates to fewer than 350 days per 1,000 population by 30th June 2023. We believe a number of large strategic actions underway will help reduce our acute hospital bed day rates (e.g. increased uptake of HealthCare Home, the ART/ARTHUR team and a new Medical Short Stay Unit). We also want to focus strongly on improving Māori respiratory bed day utilisation.

What changes/actions can we make that will result in an improvement?

- Support general practices to stratify patients who would benefit from planned proactive care, to increase the number of people with care plans in place **(PHO)**
- Identify the cohort of 45 – 64 years old who meet the eligibility criteria for a funded flu vaccine using primary care data, and use this information to develop a plan for Taranaki ALT (by January 2021) that describes how to increase flu vaccination rates in this cohort, with an emphasis on Māori 45-64 year olds. Options to be implemented through 2021/22 **(PHO & Maori Health)**
- Implementation of the three year Planned Care initiative to ensure timely access to planned care services closer to home (e.g. skin lesions, musculoskeletal management, rapid access to diagnostics). Delivery and improvements will be measured against the agreed Planned Care Measures, and quarterly qualitative reports by June 2021 **(PHO & DHB)**
- Review the feasibility of a Medical Short-Stay Unit. This initiative aims to improve patient flow out of ED (decreasing bed blocks) and decrease patient time spent in ED, by June 2021 **(DHB)**
- Expansion of Allied Response Team (ART) / Allied Response Home Team (ARTHA) to include evening and weekend services. The service is aimed at patients identified as “Short Stays” to reduce unnecessary extended length of stay and facilitate discharge. The model uses a “Home first” approach, undertaking assessment at home for medically stable patients to prevent ED & hospital admissions and to facilitate weekend discharges, by June 2021 **(DHB)**
- Implement the Chronic Obstructive Pulmonary Disorder (COPD) Action Plan to improve quality of care and health outcomes for patients with COPD, by June 2021 **(DHB)**

What will we measure to understand if an action has resulted in an improvement?

- Number of care plans in place (in Indici) by ethnicity
- Number of eligible Māori 45-64 years old who receive flu vaccine
- Volume of Māori patients with acute presentations successfully managed in primary care
- Average length of stay in Medical Short Stay unit by ethnicity
- Acute hospital admissions <24 hours by ethnicity

- Re-admission rates by ethnicity
- Respiratory Acute Hospital Bed Days Rate for Māori

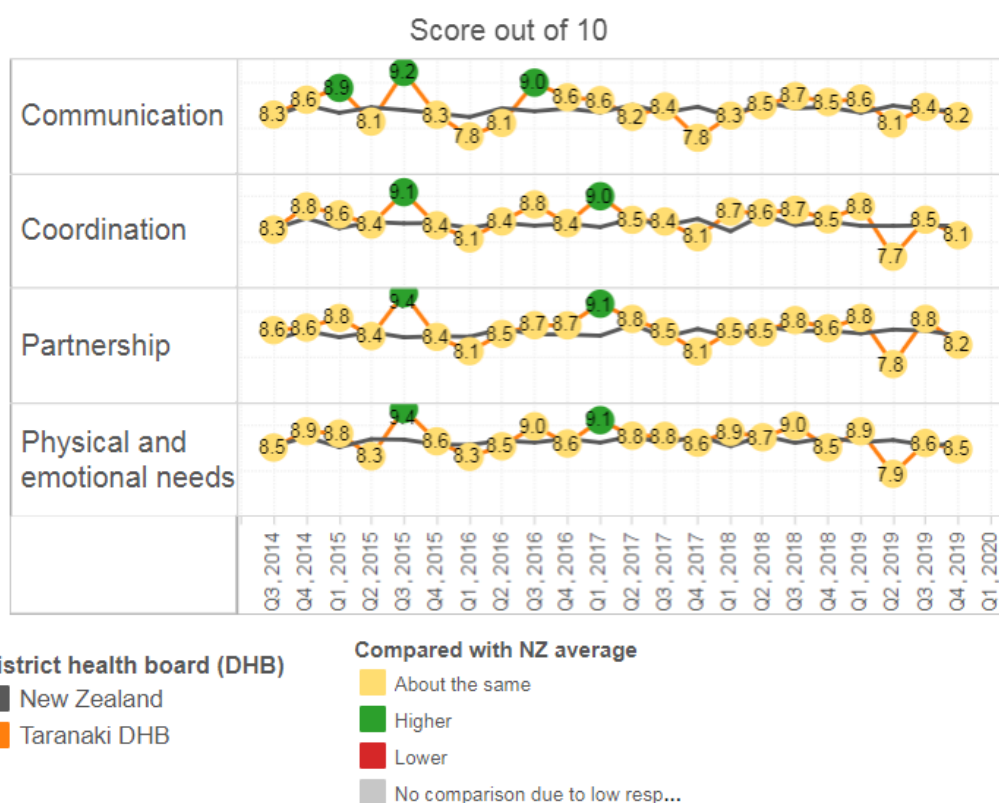
SLM Milestone

We will reduce our Māori acute hospital bed day rate by 5% by 30 June 2021.

Patient Experience of Care

Where do we need to act?

Adult Inpatient Experience Survey



Lowest Rated Questions in 19/20 (where data available)

Survey Question	Māori	Non-Māori
Did a member of staff tell you about medication side effects to watch for when you went home?	68%	66%
Did the hospital staff include your family/whānau or someone close to you in discussions about your care?	69%	69%
Do you feel you received enough information from the hospital on how to manage your condition after your discharge?	68%	74%

Primary Care Patient Experience Survey

Lowest Rated Questions in 19/20 (where data available)

Survey Question	Māori	Non-Māori
When you ring to make an appointment how quickly do you usually get to see your current GP?	3.9	4.5
In general, how long did you wait from the time you were first told you needed an appointment to the time you went to the specialist doctor?	4.7	4.9
After a treatment or care plan was made were you contacted to see how things were going?	5.3	5.0
How long do you usually have to wait for your consultation to begin with any other GP at the clinic you usually go to?	5.8	5.9

Why do we need to act?

Engaging patients in their care and health care delivery is an important opportunity to address areas of care that need improvement, and understand what is being done well. Patient experience surveys are one way to elicit information; it is important that information collected is reflective of the population and is used to inform service improvement.

Evidence suggests that patients who have a better experience of care generally have better health outcomes. Conversely, when patients receive poor experiences this has been shown to have a negative impact on staff experience. Studies have also found a link between patient experience and cost of care and organisational reputation.

Our data tells us that:

- Taranaki DHB's inpatient and primary scores are in line or better than the national average across all domains
- Māori scored the coordination domain in the primary patient experience survey lower than non-Māori, with the other three domains being relatively similar
- The lowest scoring questions for the inpatient survey relate to understanding medication side effects, understanding how to manage conditions, and involving whānau in care planning
- The lowest scoring questions for the primary care survey relate to timely access and follow-up from treatment or a care plan

What are we trying to accomplish?

We want to consistently score 9/10 for each domain across the adult inpatient and primary patient experience survey by 30 June 2023 for both Māori and non-Māori, with a focus on improving the lowest rated questions. In order to help us achieve this we want to ensure that the patient voice is heard at the right levels of our organisations, that the health system engages effectively with the messages within the surveys and we want increase Māori engagement with the surveys.

What changes/actions can we make that will result in an improvement?

- Successful roll out of new patient survey, including delivering education sessions for practice staff when the new survey is launched **(PHO & DHB)**
- Establish a Consumer Engagement Governance Committee including senior clinical staff, consumers, Māori representation and Clinical Governance Support Unit (CGSU) representation to provide support to the new governance committee structure. This committee will report to the new Taranaki DHB Hospital & Specialist Service Patient Safety and Quality Group and will have oversight of the new quality and safety marker for consumer engagement for Hospital & Specialist Services **(DHB)**
- Implement a Patient Safety & Quality Reporting structure to support embedding of the Clinical Governance Framework for Hospital & Specialist Services **(DHB)**
- Provide front line staff and clinicians within Hospital and Specialist Services with mandatory disability responsiveness training using the revised on-line training module **(DHB)**
- The focus for primary care in the 2020/21 period is reducing wait times for planned and urgent care. This will be achieved through;
 - Increasing uptake of patient portals by 10%. This will be achieved through developing individual improvement plans for General Practices with low uptake and sharing best practice examples amongst General Practices **(PHO)**
 - By June 2021 50% of practices offer and are maintaining virtual GP triage. This will be achieved by leveraging the learning and gains that have occurred through covid and engaging practices in model of care and business planning.
 - All practices access and review PES data.

What will we measure to understand if an action has resulted in an improvement?

- Number of practices implementing virtual triage as part of their model of care and business development
- Percentage of patients registered to use general practice portals
- Percentage of general practices who access their PES results quarterly

SLM Milestone

We will seek a 5% improvement in scores for the following two questions in the Patient Experience Surveys:

Primary Care Patient Experience Survey

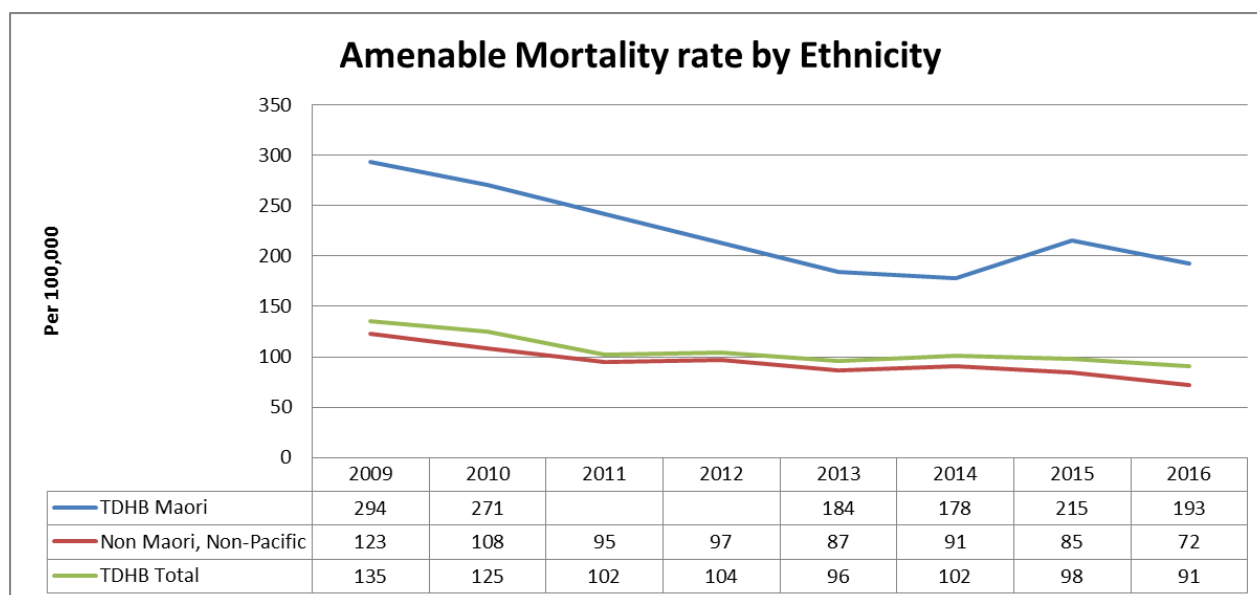
- When you ring to make an appointment how quickly do you usually get to see your current GP?

Adult Inpatient Experience Survey

- Did the hospital staff include your family/whānau or someone close to you in discussions about your care?

Amenable Mortality

Where do we need to act?



Condition	Taranaki 2016	Taranaki Maori 2016
Coronary disease	37	7
Female breast cancer	15	1
Land transport accidents excluding trains	14	5
Stomach cancer	12	3
Diabetes	12	5
COPD	12	5
Suicide	12	4
Cerebrovascular diseases	8	2
Valvular heart disease	5	2
Hypertensive diseases	5	1
Rectal cancer	4	0
Uterine cancer	3	0
Prostate cancer	3	0
Complications of perinatal period	2	1
Asthma	2	1
Thyroid cancer	1	0
Atrial fibrillation and flutter	1	0

Why do we need to act?

Amenable mortality is defined as deaths from a collection of diseases, such as diabetes or cardiovascular diseases that are potentially preventable given effective and timely health care. Amenable mortality is a widely used indicator of quality of care in health systems internationally.

Our data tells us that:

- Amenable mortality rates for Māori are more than double those for non-Māori in Taranaki, with diabetes, COPD, cerebrovascular diseases, diabetes and suicide being major contributors to this trend.

What are we trying to accomplish?

We want to eliminate the equity gap and reduce overall amenable mortality rates to a rate of 95 per 100,000 or below by 30th June 2023. We want to accomplish this by increasing uptake of CVDRA, changing our Diabetes model of care and increasing engagement of screening services.

What changes/actions can we make that will result in an improvement?

- Roll out data visualisation tools to all general practices including clinical dashboards for CVDRA and Diabetes, and upskill general practices to use these tools to undertake quality improvement activity by June 2021 **(PHO)**
- Develop an action plan, working with the Maori Health team, to understand how to improve engagement of eligible Maori who have not had a risk assessment by Jan 2021 **(PHO & Maori Health)**
- Identify and implement two key changes to the model of care for Diabetes services in Taranaki. These will be co-designed with Māori engagement to ensure that the service design is culturally responsive and delivers equitable outcomes for Māori by June 2021 **(Diabetes SLAT)**
- Implement the Chronic Obstructive Pulmonary Disorder (COPD) Action Plan to improve quality of care and health outcomes for patients with COPD by June 2021 **(DHB)**
- Implement the BreastScreen Coast to Coast (BSCC) Regional Coordination Plan. The focus of this plan is on increasing participation of Māori and Pacific women and reducing the equity gap between them and NZ European women. Implementation of the Plan will take into account the recommendations of the Health Equity Assessment report done by the Taranaki PHU and published in 2019 of Breast Screening services; by June 2021 **(P&F)**

What will we measure to understand if an action has resulted in an improvement?

- Number of practices using data visualization tools to develop quality improvement plans
- 90% of Māori males 30-44 years old have a CVD risk recorded within the last five years
- Percentage of enrolled patients with known cardiovascular disease who are on triple therapy (Statin + BP lowering agent + Antiplatelet/Anticoagulant) by ethnicity
- Percentage of enrolled patients with a cardiovascular risk >15%, (as determined by the CVDRA & Management Guidelines) who are on dual therapy (statin + BP lowering agent) by ethnicity
- Implementation of two key diabetes programs of work
- Māori COPD mortality rates
- Participation in breast screening services by ethnicity

SLM Milestone

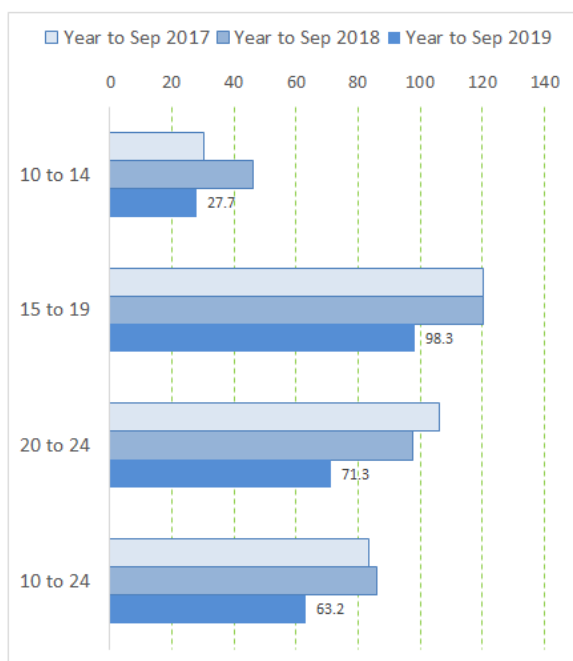
We will reduce our Māori amenable mortality rate by 10% by 30 June 2025.

Youth Mental Health

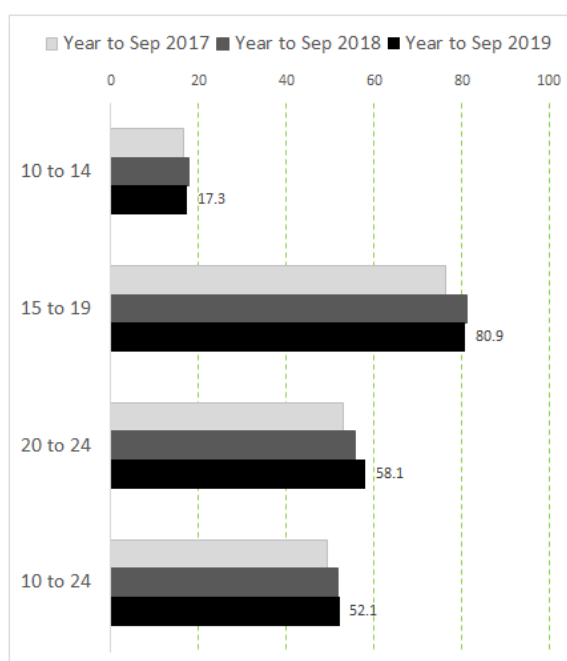
Where do we need to act?

Age standardised youth self-harm hospitalisation rates per 10,000 populations, by age band.

Taranaki DHB of Domicile



National



Although stats for Taranaki for the year to Sep 2019 show a decrease across all age-bands we still remain significantly higher than the national average.

Why do we need to act?

Anyone can be at risk of self-harming behaviours, but self-harm is more common in young people. Women are more likely than men to be hospitalised for self-harm. Self-harm can be linked with different kinds of difficult emotions, or overwhelming situations and life events. There is no clear reason why some people self-harm and others do not and it's not necessarily linked to a suicidal intent. It can be connected with difficult experiences that include but are not limited to:

- pressures at school or work
- physical, sexual or emotional abuse
- bereavement or grief
- friends, family or whānau members who don't support their sexuality or identity
- relationship breakups or losing friends
- childhood trauma, abuse or neglect
- intense or difficult feelings, such as depression, anxiety, anger or numbness
- being part of a group that self-harm
- problems in connection with family, whānau, friends or community

Given Taranaki statistics remain significantly higher than the national average, we will continue to focus on activity that helps us understand local needs and ways to better support the community with the aim to reduce self-harm incidents.

Our data tells us that:

- Māori have higher rates of self harm admissions than non-Māori, particularly for Māori males
- Total self harm admissions are higher for females and people aged between 15 and 19 years old
- 77% of all self harm admissions are coded as Poisonings / Toxic effects of drugs and other substances
- Self harm admissions for Maori reduced by 5.5% this year (compared to 66% for Māori)

What are we trying to accomplish?

We want to eliminate the equity gap and reduce self harm hospitalisation rates to be below the national average rate by 30 June 2023. We hope to achieve this by improving engagement and support for our youth and their whanau.

What changes/actions can we make that will result in an improvement?

- Implement the expansion of the kaupapa Māori Taiohi Ora service to deliver an additional 4FTE kaiawhina and health promotion roles that will support high need schools across Taranaki to strengthen the mental and physical wellbeing of students, with a particular emphasis on supporting Māori students; by June 2021 **(TKM)**
- Implement the Te Tumu Waiora model of care in general practice, focusing on practices serving high need populations, to deliver equitable and prompt access to rapid brief psychological interventions for people experiencing mental distress or who need behavioural advice and support; by June 2021 **(Alliance)**

What will we measure to understand if an action has resulted in an improvement?

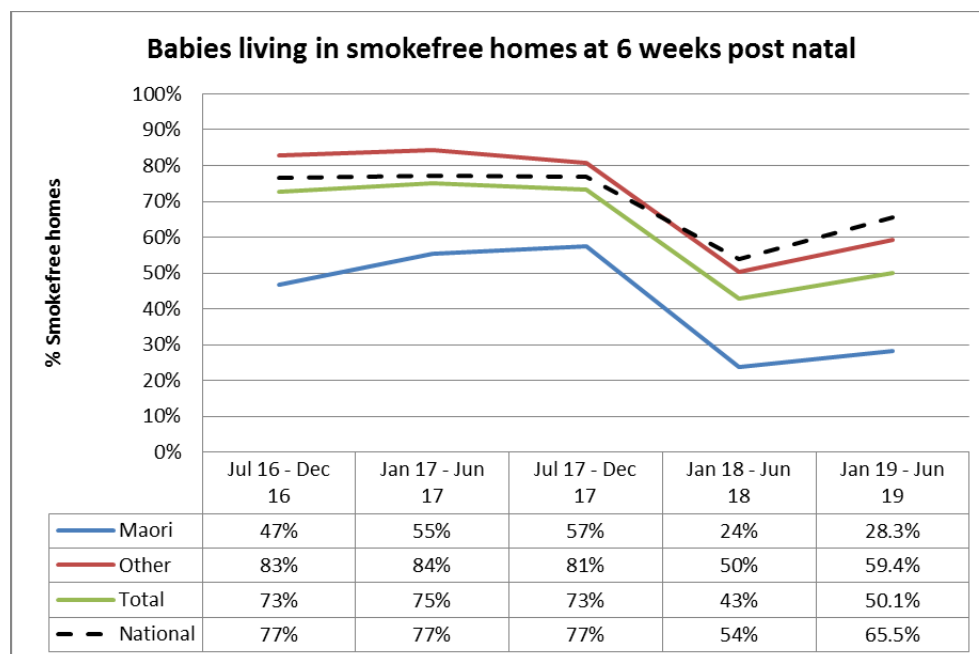
- Number of youth (Māori / Other) utilising the Taiohi Ora service
- Number of patients utilising the Te Tumu Waiora model of care in general practice

SLM Milestone

We want to achieve a further 10% reduction in the number of self harm hospitalisations for Māori by 30 June 2021.

Babies living in Smokefree Homes

Where do we need to act?



Why do we need to act?

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. The measure at six weeks aligns with the first core contact which is when the handover from maternity to Well Child Tamariki Ora 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.

Our data tells us that:

- A change in data definitions during 2018 means that we only have two data points for this measure which is insufficient to form views around statistically significant trends.
- General smoking prevalence in Taranaki is approximately 17% in Taranaki
- 28.3% of Māori babies live in a smokefree home, compared to 59.4% of other ethnic groups
- The Taranaki Stop Smoking Services currently receives very few referrals from LMCs

What are we trying to accomplish?

We want to eliminate the equity gap and increase the number of babies living in a smokefree home. We hope to achieve this by increasing referrals to the Taranaki Stop Smoking Service

What changes/actions can we make that will result in an improvement?

- Expansion of the SUDI Coordinator role to provide advice, guidance and training to the WCTO workforce in collaboration with the Midwifery educator, PHO and WCTO Provider to reduce the equity gap in the brief advice and support to stop smoking target **(DHB)**

- Work in partnership with the Taranaki Stop Smoking Support Service to deliver brief advice and support to hāpu wāhine who smoke through the delivery of the Hapu Wananga programme to increase referrals of hāpu mama to local quit services **(Maori Health)**
- Hapu Wahine are prioritised for entry to the Taranaki Stop Smoking Service following referral **(Maori Health)**
- Implement the Taranaki DHB Safe Sleep programme through the employment of a Safe Sleep Coordinator to provide advice, guidance and training to the midwifery workforce on SUDI prevention as well as facilitating distribution of a minimum of 261 safe sleep devices (wahakura and pepi pods) to new mothers and their Whānau with a specific focus on Māori and other high needs populations **(P&F)**

What will we measure to understand if an action has resulted in an improvement?

- Achieve equity in the brief advice and support to stop smoking target (currently 4.1% difference for Taranaki)
- Number of referrals from Hapu Wananga to the TSSS by ethnicity
- Reporting on the five regulatory performance measures by ethnicity
- Number of patients seen by the Taranaki DHB Safe Sleep programme by ethnicity

SLM Milestone

We will ensure that 35% or more of Māori Taranaki babies live in a smokefree home by 30 June 2021.