NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora A Rohe O Te Tai Tokerau

ANNUAL PLAN 2017/18

incorporating

STATEMENT OF PERFORMANCE EXPECTATIONS 2017/18

and

STATEMENT OF INTENT

Hon Dr David Clark

MP for Dunedin North
Minister of Health

Associate Minister of Finance

50/18
PLA1

Mrs Sally Macauley QSM
Chair
Northland District Health Board
Private Bag 9742
Whangarei 0148

Dear Mrs Macauley

Northland District Health Board 2017/18 Annual Plan

To formalise ongoing accountability and to provide surety, I have approved and signed your DHB's 2017/18 Annual Plan for one year.

I would like to thank you, your board, and the DHB's staff for their efforts in developing your Annual Plan for 2017/18. I also appreciate your DHB's significant efforts to provide valuable health services to the public in a challenging environment, and I am confident that we can work together to improve outcomes for the population.

I understand your DHB has planned deficits for 2017/18 and the out years, which represent a significant deterioration in its financial results from previous years. The planned increase in deficit in the second half of this financial year is of particular concern. Therefore, I am signing your plan in the expectation that you will provide the Ministry of Health with the DHB's plans for improving your financial result and an updated production plan for 2017/18. I trust that you are working to deliver an improved financial result for this year and coming years.

As you deliver services for your population, keep in mind that I will shortly be providing a Letter of Expectations to DHBs for the 2018/19 financial year that will provide further clarity on my priorities for DHB planning, such as public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

Please note that approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

Please ensure that a copy of this letter is attached to any copies of your signed Annual Plan that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Dr Nick Chamberlain, Chief Executive, Northland District Health Board

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1 Overview of strategic priorities

1.1 Strategic intentions and priorities

Vision and mission

Northland DHB's vision: "A Healthier Northland / *He Hauora Mo Te Tai Tokerau*"

Northland DHB's mission: Achieved by working together in partnership under the Treaty of Waitangi to:

- improve population health and reduce inequities
- improve the patient experience
- live within our means.

Mahi tahi te kaupapa o Te Tiriti o Waitangi he whakarapopoto nga whakaaro o te Whare Tapa Wha me te whakatuturutahi i te tino rangatiratanga te iwi whanui o Te Tai Tokerau.

Strategic direction and Northland DHB's key priorities

Over recent years Northland DHB's main strategic document has been the **Northland Health Services Plan** (NHSP), whose five-year timeframe is due to end in June 2017. The NHSP will then undergo a formal review which will be completed by the end of 2017. Of the five original projects, four have become part of business as usual, while **Neighbourhood Healthcare Homes** (NHH) has developed into a strategic programme of its own that has now reached the implementation stage. The two PHOs, general practices and Northland DHB are together establishing a team-based and locality-networked healthcare delivery model, led by primary care clinicians, that aims to provide comprehensive and continuous health and social services. The overarching goal is to support individuals to achieve better outcomes. NHH aims to change the way patients and clinicians interact, and improve the journey through the health system.

Innovation, Improvement and Excellence. A plan to change the way Northland DHB operates by introducing new, contemporary models of care. Over the years numerous quality and 'lean' approaches have been tried, but financial sustainability has come under increasing pressure as acute demand continues to grow. A Director of Operational Excellence role is being established, along with a steering group comprising primary and secondary services, and five key workstreams:

- allocative efficiency (radiology exams, blood product utilisation, drugs prescribed)
- organisation sustainability (paper, waste, storage, power)
- productivity (theatre, endoscopy utilisation, outpatient clinics, district hospital utilisation)
- hospital services closer to home (cardiac catheterisation, IDF review)
- releasing time to care (an existing programme that draws on lean improvement techniques to improve patient safety and efficiency of care).

Health Intelligence. Northland DHB is establishing a new position of Director of Health Intelligence and Translational Medicine. The position will improve our understanding of health intelligence, develop new research projects and mentor existing ones, and enhance our ability to prioritise and plan. The role will translate health intelligence findings into action and improvements, and communicate the findings of research, analysis and interventions within Northland DHB, the health sector and the public.

Rapid Response and Stabilisation Service. A complete rethink of the resources currently devoted to Primary Options. An admission avoidance and supported discharge programme will be established in primary care, with scope and opportunity to be expanded as further opportunities to develop integrated care models. It is still in the early stages at the moment, but the intention is to cover a wide range of conditions, extend service hours, cut response time to four hours at the most, and develop a coordination point for multiple clinical and allied health services. It is driven by the need to reduce demand for hospital services, better meet patients' needs, and develop flexible packages of care.

Mobility. The Northern Region is currently reviewing our Information Services Strategic Plan (ISSP). This replan recognises the need to position ourselves for a digital transformation, and work is already underway to build some key foundations. However by definition this strategy will take some time to fully

unfold, and Northland meanwhile has an urgent need to get on with increasing the use of mobile technologies so staff can do more on the move.

Within the IS/IT portfolio, we have established the Telehealth and Mobility programme which promotes and manages expansion of the clinical use of communications technology (telehealth) and its integration into clinical care. This includes the rapid expansion of the use of mobile applications for clinical and business use with key goals of improving productivity and patient care. The three workstreams of this programme are:

Work with the regional Digital Foundations Programme to put in place the enterprise mobility management (EMM) platform and establish a foundation base of enrolled users.

Establish Northland DHB's clinical mobile capability, including developing business cases for early opportunities and building Northland's application development framework and application platform. Key to speed will be leveraging what others in our region have done.

Delivery of technology enablers. Current key priorities include Paging replacement, WIFI network, Regional VC.

Primary Health Care Collaboration Kaupapa. In 2016, Northland DHB began working with its partners Te Kahu O Taonui/ Te Tai Tokerau Iwi Chairs Forum, Maori health providers and Manaia and Te Tai Tokerau Primary Health Organisations to explore the emergence of the Indigenous Health System and how services, performance and outcomes could be improved for Maori living in Northland. Two workshops with Sir Mason Durie came to an agreed preferred option of forming an Iwi/ Maori provider alliance and commissioning for outcomes.

Alongside this development, Manaia PHO, Te Tai Tokerau PHO, Northland iwi and Northland DHB have been pursuing a collaborative process (kaupapa) facilitated by Navigator Connect. Maori health providers sit on both PHOs. The project has been in the making for 18 months and is the vehicle to achieve a single primary health care entity with planning and commissioning roles, a greater focus on health needs and access at a locality level, and accountability for reducing inequalities. The project has strong support from the Boards of the PHOs and Northland DHB.

Given the synergies between the two projects, there was wide support to align and integrate both projects into the Primary Health Care Collaboration. This position is also strongly supported by Te Kahu O Taonui/ Te Taitokerau Iwi Chairs. Some of the agreed principles of the indigenous Health System will continue but as a project stream within the collaboration.

Maori Health Gains Council/ Hei Mangai Hauora Mo Te Waka A Taonui. Hei Mangai Hauora Mo Te Waka A Taonui (the Council) is the governance relationship between Northland DHB Board (the Board) and appointed representatives from Te Waka A Taonui (Iwi/ Hapu). The function of the Council is to provide advice on health and disability needs, any factors the Council believes may adversely affect the health status of Northland DHB's resident Maori population, and how the Board can effectively implement the Northland Maori Health Plan (and other plans) to improve the health status of Northland's resident Maori population. In a joint process agreed by Te Kahu O Taonui/ Te Taitokerau Iwi Chairs forum and the Board, the Council will be reviewed against the Crown Maori Instrument (2007) to revise the Terms of Reference covering the existing partnership and a structure considered that is supportive of meeting the aspirations of regional Iwi and the Board. This review will be completed by August 2017.

Northland DHB supports the proposed **Health (Fluoridation of Drinking Water) Amendment Bill** to transfer from local councils to DHBs the power to make decisions and give directions about the fluoridation of local government drinking water supplies in their areas. Northland has consistently had one of the country's highest tooth decay rates, especially among children and adolescents, with significant ethnic inequities – yet much of it is preventable. We recognise that some communities will be opposed, but community water fluoridation is considered worldwide as one of the cornerstones of prevention and one of the top ten most effective population-based public health measures in reducing the occurrence of tooth decay. The legislation makes councils responsible for paying for fluoridation, and Northland DHB supports a national fund to assist in its implementation.

Kainga Ora. Social Investment is about the social sector applying rigorous, evidence-based investment practices to social services to achieve better outcomes for at-risk New Zealanders and their families. The Government's Social Investment Unit, launched in 2016, uses a Place Based Initiative (PBI) approach to address issues at the community or local level.

In 2017 Northland was one of the pilot regions selected and three localities – Otangarei, Kaikohe and Kaitaia – were identified for PBI focus. Otangarei was chosen for initial focus under the Kainga Ora

initiative. Northland DHB's CEO was the previous co-Chair of Northland's Social Wellbeing Governance Group that oversees Northland's PBI initiatives until an independent Chair was appointed late last year. He continues to be an active member of the Governance Group.

In partnership with social agencies, Kainga Ora supports local communities in a collaborative process to address issues that are experienced by high need families and children and youth under 25 within each geographic locality. Responses to those issues are then tailored to meet the local community's specific needs and address underlying causes and influences. Decisions are made by those who best understand the individual, family and local circumstances.

Northland DHB is embarking on implementing **Results Based Accountability™**, an outcomes and management framework utilised by the Government (via the Ministry of Business, Innovation and Employment Streamlined Contracting process and as used by the Ministry of Health), and many NGOs. A project team has been set up to assist implementation. Our initial focus is on Mental Health and Addiction Services (NGOs only) and Oral Health Services (NDHB and NGOs).

In 2018 Northland DHB will begin the development of a new **strategic plan**.

Commitments

DHBs have a statutory responsibility under the **Treaty of Waitangi** to put into practice its principles of partnership, protection and participation. NDHB is acutely conscious that Maori, who comprise about a third of our population, suffer most from health and other inequities and we are committed to upholding the three Treaty principles.

Northland DHB is committed to the **New Zealand Health Strategy** and its five themes of people powered, closer to home, value and high performance, one team, and smart system.

Of all DHBs, Northland has one of the highest percentages of older people in its population (in 2017, 18.7% compared with 14.8% nationally) and it is also ageing faster that most other DHBs (by 2028, 26.6% compared with 20.2% nationally). Northland DHB is committed to the **Healthy Ageing Strategy** and its vision that older people live well, age well and have a respectful end of life in age-friendly communities.

Northland DHB is committed to the **UN Convention on the Rights of Persons with Disabilities**, whose purpose is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

The **New Zealand Disability Strategy 2016-2026** (refer 2.1.21 Disability Support Services) also forms part of Northland DHB's disability strategic framework, with service improvements for 2017/18 focussing on:

- accessibility
- attitudes
- health and wellbeing
- leadership.

Northland DHB is committed to the principles of ***Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018***, namely:

- respecting Pacific culture
- valuing family and communities
- quality health care
- working together – integration.

1.2 Message from Chair and Chief Executive

Northland District Health Board will continue to improve the delivery of services during 2017/18 while living within our means.

The Board has maintained a balanced financial position since 2003 and will continue to operate within a viable and financially sustainable cost structure. Northland DHB is committed to the Government's aim of delivering better public services within tight financial constraints, and to the goals of the Northland Health Services Plan and the NZ Health Strategy.

This year's Annual Plan projects a deficit budget. This is a first for Northland DHB but is a direct result of three years of capped funding which equates to a $29.5 million shortfall against our agreed Population Based Funding Share. Northland DHB has a continuing commitment to improving efficiency and investing upstream to reduce demand for and the cost of expensive hospital care. Significant savings are factored into the plan from our own initiatives, procurement and supply chain savings. We are also committed to strengthening our organisation's 'Collective Leadership' and continuous improvement capability to assist in managing the significant and sustained demand growth, while improving employee wellbeing. Our Innovation, Improvement and Excellence programme will support this commitment.

We will continue to strive to improve performance on Health Targets. We meet or exceed targets for elective services, advice to smokers for maternity services and Raising Healthy Kids, and we aim to have our faster cancer treatment close to target by year end. ED waiting times remain slightly below target but ongoing service improvements have enabled performance to remain consistent in the face of significantly increasing demand. Advice to smokers in primary care is still below target and this is now receiving close attention from our PHOs. Immunisations remain stubbornly below target. This is as a result of the extraordinarily high decline rate in Northland rather than large numbers of missed children.

We continue to be challenged by health inequities for Maori, an ageing population, the rising tide of long term conditions, our rurality and the relative poverty of our citizens. We have also seen significant population growth and immigration from Auckland. This perfect storm of demographic change is driving unprecedented growth in demand (6% in 2016/17) across all services. Strategic guidance has been provided by the Northland Health Services Plan, whose five year span ended in June 2017. Most of its original projects have been incorporated into business as usual. Our developmental focus remains on Neighbourhood Healthcare Homes, which is introducing new models of care that better integrate services across the health sector, and in which multidisciplinary teams support networks of general practices. We are currently supporting six practices to implement the new models, and another four will be supported in the second tranche of implementation during 2017/18. Our Primary Health Care Collaboration Project is an exciting new initiative with Northland DHB, our PHOs, Maori health providers and Iwi forming a single primary health care entity that will share planning, commissioning and accountability for performance and reducing inequities.

The Annual Plan is closely aligned with the Northern Region Health Plan, whose Triple Aim of population health, patient experience and value/sustainability underpinned the Northland Health Services Plan. We are also aligning planning and projects with the NZ Health Strategy. Relevant regional performance measures have been integrated into the Annual Plan. Regional planning processes, in which Northland DHB staff have been intimately involved, continue to develop models, pathways and protocols to guide future improvement across all four northern DHBs.

Improving Maori health and reducing inequities continue to be driving forces. We are working with our Maori partner organisations to establish the principles of an Indigenous Health System that will work within a new Northland Primary Health Care collaboration. This has a greater emphasis on whanau, community and locality planning and services, and a single entity for commissioning, monitoring, reporting and accountability.

Northland DHB continues to work with primary and community services to deliver integrated services for older people to support them living independently in the community, manage long term conditions well and prevent admission to hospital. We are also continuing to improve the quality of residential care services (including dementia care), and stroke services.

Northland DHB works very closely with our intersectoral partners to help improve socioeconomic outcomes for Northlanders. We will continue our membership of the Northland Intersectoral Forum. Northland DHB is a key partner in Kainga Ora, Northland's Place Based Social Investment Programme which is working with children and youth in our most vulnerable kainga (homes) in Kaitaia, Kaikohe and Otangarei. The aim is to achieve better social outcomes for children and youth and reduce their lifetime costs to society. The issues are proving to be complex, involving a range of networks (MSD / Oranga Tamariki, Police, NDHB, Corrections, housing, education among others) which necessitates a focus on

kainga rather than individuals. The children and youth have to be triaged across multiple domains of risk and their families have often been subject to several generations of harm, so it is taking time to address needs. The original timeframe of achieving 570 children and youth identified, assessed and assigned integrated service plans has been revised from September 2017 to a more realistic June 2018. The early months have proven to be a valuable learning experience as they have prompted the establishment of a revised operating model that more effectively and thoroughly deals with the complexities.

We are actively participating in the Northern Region Long term Investment Plan and will also be completing a number of interim projects which include building two new operating theatres, an endoscopy suite, a cardiac catheterisation laboratory, and a community mental health facility as well as the Bay of Islands Hospital redevelopment. We have an urgent need for a major redevelopment of Whangarei Hospital and will continue to progress our Programme Business Case through the Capital Investment Committee as rapidly as possible.

1.3 Signatories

Her Majesty the Queen
In right of her Government of New Zealand
Acting by and through the Minister of Health

Sally Macauley
Chair, NDHB

June McCabe
Chair, Audit, Finance and Risk Management Committee

Dr Nick Chamberlain
Chief Executive, NDHB

Donovan Clarke
Chief Executive
Manaia Health PHO

Jensen Webber
Chief Executive
Te Tai Tokerau PHO

2 Delivering on priorities

2.1 Government planning priorities

Purple colours are mandated by the Ministry of Health; green represents Northland DHB's plans.

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.1 HT Shorter Stays in Emergency Departments	Provide a prioritised list of the service improvement activities you will implement in 2017/18 to improve acute patient flow within your hospital(s).	Value and high performance	1 Complete the model of care for the proposed Acute Assessment Unit at Whangarei Hospital.	Q3	ED Health Target
			2 Review the "ED admissions Unit" as part of the MAU development.	Q4	
			3 Implement the ED at a Glance IT system to improve the visibility of patient flow throughout the ED.	Q1	
			4 Review procedural sedation process.	Q1	
			5 Establish an improved bed management system for patient flow.	Q2	
			6 Establish an electronic admission and discharge planning document for inpatient services.	Q3	
2.1.2 HT Improved Access to Elective Surgery	Deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and improves equity of access to services.	Value and high performance	1 NDHB has implemented Ministry of Health scoring tools for elective surgical treatment and continues to monitor for consistency of application and anomalies across departments. Threshold setting will be reviewed on a biannual basis.	Ongoing	Electives Health Target of 8,845 SI4: Standardised Intervention Rates OS3: Inpatient Length of Stay (Electives) Electives and Ambulatory Initiative
			2 Plans to improve theatre capacity are in train and will support elective activity through reduced displacement of elective activity by acute workload.	Q4	
			3 Commissioning of additional operating hours continues to meet the Health Target and additional orthopaedic and general surgery volumes.	Ongoing	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			4 Continue bariatric surgery delivery by visiting surgeon. The four-times-a-year visiting service from Waitemata DHB includes carrying out operating lists, reviewing referrals, and management of the patient pathway between visiting clinicians and NDHB clinicians, at which time any issues are identified and escalated. Between on-site visits, teleconferences will be held three times a year to expand the time designated for this process.	Ongoing	Bariatric Initiative Additional Orthopaedic and General Surgery Initiative Elective Services Patient Flow Indicators
			5 Establish an improved preassessment system to improve patient flow and experience.	Q4	
			6 Expand surgical clinics and surgical procedures undertaken in Kaitaia Hospital to improve access for the Far North population, including the establishment of Medical Officer (MOSS) skins clinics and minor procedures in Kaitaia.	Ongoing	
			7 The implementation of electronic scoring tools within specialties enables the review of departmental and individual trends through the assessment and scoring of each patient in relation to other clinicians within the department and nationally. Discussion led at the discretion of department Clinical Directors provides for a forum to discuss inequities identified and enables greater consistency in the application of the scoring tool between clinicians in each specialty. Urology is the exception with an electronic scoring tool not yet developed for use nationally.	Ongoing	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.3 HT Faster Cancer Treatment	Identify the sustainable service improvement activities you will implement to improve access, timeliness and quality of cancer services.	One team	1 Work with the gynaecology cancer team to reduce the time from referral to diagnosis. Plan is to introduce a one-stop-shop approach for post-menopausal bleeding (PMB) that will include FSA, pipelle, ultrasound if required and a follow-up later the same day whereby the patient will be booked for hysteroscopy if required. As the rate of cancer diagnosis for women with PMB is low, this will enable faster diagnosis and referral to MDM and treatment, and for those women with negative results it gives peace of mind earlier. This approach has commenced but as numbers are low we will continue to monitor and plan to present results data for Q1 of 2017/18.	Oct 2017	Cancer Health Target PP30: Faster Cancer Treatment (31 day indicator) PP29: Improving waiting times for diagnostic services - CT & MRI
			2 Increase involvement of cancer coordinators in MDM meetings and work with regional colleague to standardise processes.	2017/18 Q1	
			3 Establishment of a robust data system by the Maori and Pacific Islander Navigator for Cancer Services identifying ethnicity in FCT reporting, to improve early intervention for Maori and Pacific Islander patients with a high suspicion of, or confirmed, cancer. [EOA]	2017/18 Q1	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.4 HT Increased Immunisation	Take action to increase immunisation rates at age 5 to target levels, including partnering with early childhood centres, Well Child, B4 School Checks and other relevant agencies and child services.	Closer to home	1 2017 Imms Action Plan.	Deliver on the Plan	Immunisation Health Target PP21: Immunisation Services
			2 Build on current strategies and model to improve immunisation coverage with primary care and tamariki ora providers. Monitor vaccination status of children eligible for B4 School Check to identify those not fully vaccinated by 4 years 6 months. Identify, track and trace unvaccinated 5-year-old population utilising the monitoring tool to facilitate vaccination. Share information with B4SC programme to identify, track and trace 5-year population. Engage with primary care and immunisation providers for timely referrals of 5-year-olds to Outreach Services. Outreach services accepting and acting on referrals for all milestone age groups inclusive of 8 month and 5 year. [EOA]	Steering group meetings x3. Timely referrals to Outreach Services, monitoring tracking and tracing processes established and implemented June 2017.	
			3 Develop opportunistic drop-in clinics after hours to improve access and equity, inclusive of 5 year. [EOA]	Clinics implemented in key areas in Northland by August 2017.	
			4 Review the outreach immunisation model as part of a child health integrated model with B4SC, Well Child and Immunisation under NCHIP.	June 2018	
			5 Build on current strategies to address inequity for timeliness of 6-month vaccination for Maori where there is an identified inequity. [EOA]	July 2017	
			6 Explore and implement strategies to support Maori whanau who decline immunisation. Implement 0.6FTE to focus on Maori decline population. [EOA]	July 2017	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.5 HT Better Help for Smokers to Quit	Support use of IT tools in patient data management.	Smart system	1 Review the Electronic Discharge Summary (EDS) completion for the ABC of smoking cessation to improve information for GPs and to increase referrals to the Maori NGO Stop Smoking Services. [EOA]	Review completed by Oct 2017.	Smoking Health Target PP31: Better Help for Smokers to Quit in Public Hospitals
			2 Implement actions based on review including possible refinement of the ABC sections of the EDS and subsequent clinician training on its use.	Implement identified recommendations from the review by Mar 2018.	
			3 To enhance cessation services in primary care, provide Care Select form to GPs to support the referral process where patients have been appropriately triaged for referral to the Tobacco Control Hub and processed to the Maori NGO Stop Smoking Services. [EOA]	Dec 2017	
			4 Refine our reporting/recording systems with Maori NGO Stop Smoking Services to ensure quality data capture and analysis of performance in meeting quarterly/annual targets. [EOA]	Dec 2017	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.6 HT Raising Healthy Kids	Identify activities to sustain efforts and progress towards achieving the Raising Healthy Kids target by December 2017.	Closer to home	1 Review the model of care for B4 School Checks to ensure system improvement to meet target. Components of review will include allocation, tasking and active follow up of children who have not received a check by 4 years and 5 months. Funding of checks will also be reviewed.	MoC review completed and presented to General Manager by Sep 2017. If accepted, presented to PHO and providers by end of Sep 2017. Phased implementation of new MoC beginning Jan 2018.	Raising Healthy Kids Health Target
			2 Pilot a service to focus on tamariki in Kaipara, Mid North and Far North with particular focus on Maori. Provide a programme that encourages whanau discussion and support around Food, Activity and Behaviour (FAB). (This is a DHB initiative.) 3 Build on learnings from the healthy conversations training arranged for Northland providers in March and May 2017 to further develop this initiative during 2017/18. 4 Weekly monitoring of children who have had a growth referral to the GP. Follow up with the provider at 2 weeks and 3.5 weeks to ensure the referral is acknowledged within 30 days.	Service to deliver FAB for tamariki and whanau is purchased. Late July 2017: set up referral pathways and train Kaiawhina staff. Aug 2017: begin referrals and initial client contacts. Sep 2017: hold introductory wananga for clients and whanau. Service is implemented for 6/12 beginning 7 Aug 2017.	
			5 B4SC coordinator monitors progress towards target daily and addresses any referrals not made with appropriate provider staff so clinical competence is being closely monitored and addressed. Components of review will include allocation, tasking and active follow-up of children who have not received a check by 4 years and 5 months. Funding of checks will also be reviewed.	MoC review completed and presented to General Manager by Sep 2017 for decision to procure new model of care. Procurement exercise to be undertaken during Q2/Q3 2017/18. New model of care to commence 2018/19.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			6 Ensure utilisation of the MoH's BMI calculator across GPs, WCTO providers and paediatric services. 7 Ongoing regular communication between B4SC Coordinator and PHO practice facilitators to update them on progress towards target and discuss educational opportunities with General practice staff. 8 Referral declines – currently these are counted toward the target and are being monitored regularly and a summary sent to Northland Working Group meeting for discussion to see if improvements can be made. [All actions collectively are EOA]	BMI calculator is approved by MOH and implemented by B4SC providers.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.7 Primary Care Integration	Describe activity to demonstrate how DHBs are working with their district alliances to move care closer to home for people through improved integration with the broad health and disability sector (eg primary care, disability services, ambulance services).	Closer to home	1 Use the existing Primary Options Northland (POPNs) service to trial models of care and payment mechanisms in selected general practices which will inform the implementation of the Rapid Response and Stabilisation Service. This model of care will: Remove fixed pathways for specified disease states and replace them with freedom for clinicians to agree funded patient-centred management plans focussed on avoiding hospital management of the condition. Prioritise funding for high-needs patient groups that meet one or more of the following criteria: patient resident in decile 5 area; Maori/Pacifica; or WINZ beneficiary; child/ youth; CSC/ HUHC holder. [EOA] Monitor the efficacy of the trial by reviewing the general practice involved in the pilot's ASH data, ED presentation rates and unplanned admission rates. [EOA]	By Q1 establish baseline of ethnicity data of general POPNs use, ASH data, ED presentation data and unplanned hospitalisations for the selected practices. By Q2, agree milestones for improved outcomes. By Q4, improved coverage of POPNs funding to high needs populations in the selected general practices.	PP22: Delivery of actions to improve system integration including SLMs
			2 Subject to funding, NDHB will invest into and implement a new Rapid Response and Stabilisation Service by transitioning from the existing Primary Options service. The new service will: • provide an integrated, coordinated response to patients in the community • bring care closer to home for patients and whanau • be responsive to primary care's needs by preventing hospital admission of acute patients • provide a coordination service to discharge patients safely and early into the community • employ a dedicated 'coordinate and task' function to support clinicians to wrap integrated individual packages of care around patients to meet their acute demand needs to safely treat them in the community • as part of implementation, a mechanism to incentivise reducing health inequities is being explored. [EOA]	By Q4, Rapid Response and Stabilisation service will be agreed with committed funded, fully scoped and service specification confirmed.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			3 Establish an enhanced model for primary care in Northland by creating a Primary Health Intermediary that sits over the current two PHOs and: • is the preferred channel for all funding coming into primary health • manages primary health planning and resourcing, and distribute resources in line with agreed principles and process • supports coordination and alignment of service providers to a single vision • manages, monitors and evaluates services for quality and outcomes under a single outcomes framework • directs funding to priority areas for the community in line with agreed Northland primary health plan and corresponding 'distribution principles' • manages health planning for Northland in partnership with the DHB by representing demand in demand-and-supply negotiations • undertakes contract management. Northland DHB's role will be to: • represent legislation, regulation and resourcing • join with the primary health group to influence policy, legislation and regional resourcing • lead Northland regional health planning in partnership with the primary health entity • deliver curative, acute services.	18-month implementation plan developed by Dec 2017. Model established by June 2018. New single intermediary established in July 2019.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
	Reference Appendix B , System Level Measure Improvement Plan, jointly developed and agreed with all appropriate stakeholders.		4 Deliver the milestones as described in our System Level Measures Implementation Plan. [EOA] 5 Develop new contributory measures for the two new SLMs: youth appropriate services and 'smokefree babies'. 6 Northland DHB along with our partners in primary care will continue to identify opportunities which will contribute to our System Level Measures Improvement Plan. We will implement the planned activity to reach our milestones, and focus upon our Contributory Measures. 7 New Contributory Measures will be designed for the two new SLMs using our established Alliance process. All plans will be committed to by NDHB and our PHO partners.	Achievement of the milestones of the four System Level Measures Improvement Plan. Agreement of contributory measuresand achievement milestones for the two new System Level Measures for youth appropriate services and 'smokefree babies' by quarter two.	
2.1.8 Living Well with Diabetes	Continue to implement the actions in Living Well with Diabetes – a plan for people at high risk of or living with diabetes 2015-2020 in line with the Quality Standards for Diabetes Care.	Closer to home	1 Collaborate with primary care to risk stratify patient registers to ensure that patients with long term conditions (such as diabetes, CVD, acute heart health and stroke) are proactively supported and appropriate interventions are administered. [EOA]	All practices have been paid 100% of their Kia Ora Vision funding. Milestones established in Q1.	PP20: Improved management for long term conditions (CVD, acute heart health, diabetes and stroke) - focus area 2: Diabetes services
			2 Support Diabetes Quality Standard Four (subject to funding) continue to deliver the services entitled 'Improving Access to Mental Health Support for Individuals with Poorly Controlled Diabetes', 'Improving Access to Professional Support for Rangatahi; and Whanau with Tamariki newly diagnosed with Type One Diabetes or Whanau with Tamariki with poorly controlled Type One Diabetes', and 'Improving Access to Professional Support for Rangatahi with poorly controlled Diabetes'. [EOA]	Q1 – continue to deliver pilots. Q2. Pilot projects evaluated Q4. Subject to evaluation and funding commission further services	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			3 Expand the initiative to all general practices so that patients with diabetes are routinely screened for low to moderate mental health needs.	Q1: PHOs to continue to work with already-engaged practices to identify best practice to implement. Q2: informed by pilot practices and evaluation report, establish communications plan to roll out approach to other general practices. 15% of practices engaged. Q3: PHOs to provide messaging to general practice to encourage mental health screening at DAR. 30% of practices screening. Q4: 50% of practices screening for MH at DAR.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			4 Increase access to the Green Prescription service by increasing the focus on Maori pre-diabetic patient referral numbers. [EOA]	Q1: baseline established from 2016/17. Q2: Sport Northland attending Northland Diabetes Operational Workgroup as key partner in delivering interventions to pre-diabetic population. Q3: increased Maori pre-diabetic referrals of 2.5% on same period in 2015/16. Q4: Maori prediabetic referrals increased by 5% on 2015/16. 5% increase over final 2015/16 numbers.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.9 Pharmacy Action Plan	Commit to implement national pharmacy contract arrangements and develop local services once agreed	One team	1 Northland DHB will implement national pharmacy contract arrangements. 2 Develop local services that: • are flexible enough to meet local DHB population and consumer need • enhance the healthcare and medicines management expertise delivered by pharmacists • support pharmacists to work as one team with other primary care services to benefit the wider health care system and population health.	National pharmacy contract arrangements are implemented	PP38: Delivery of response actions agreed in annual plan
2.1.10 Child Health	Undertake planning and diagnostic work to identify barriers for accessing timely care for young people and their families who are served by Oranga Tamariki. Commit to support national work under way to improve the health outcomes for children, young people and their families serviced by Oranga Tamariki, particularly young people in care.	Value and high performance	1 In preparation for NCHIP:		PP38: Delivery of response actions agreed in annual plan
			Reorient current models for tasking of B4SC and Outreach Immunisation Services toward creation of a centralised and coordinated approach to identification and tracking of universal child health services checks and milestones. As tamariki Maori and/or children living in quintile 5 communities experience poorer health outcomes over a range of child health indicators, addressing barriers to service access for these children is the focus of all service improvement and development work.	Q1: new MoC is developed and completed. Q3: new MoC is implemented with service providers and commences.	
			With participating service providers, commence a process of monthly notification/ reconciliation of Northland birth data information with Well Child Tamariki Ora enrolments, toward timely identification of infants not enrolled and facilitating whanau engagement with Well Child/ Tamariki Ora providers. We are particularly focussed on ensuring infants living in quintile 5 and tamariki Maori are identified early (by 8 weeks) and the 'best-fit' service provider is tasked and supported to make contact and engage family/ whanau with the service, enrol and complete core contact visits.	Process of reconciliation established by June 2017. Benchmarking occurs. PDSA cycles of learning toward improving enrolment and timeliness of core visit 1. Sustained improvement evidenced at Dec 2017 and June 2018.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			2 Refine the suite of outcome measures for the recently commenced Maternal and Infant Care Coordination forum (Te Whare Ora Tangata). Refresh and resubmit the business case for enhancement and expansion of the forum to Kaitaia, Kaikohe and Kawakawa.	By Q4: Suite of measures agreed. Reporting of outcomes and over time. Business case refreshed and submitted for funding consideration.	
			3 Increase utilisation of the Paediatric Injury Assessment form in Whangarei ED. A project working group has been established representative of VIP, Child Protection, Service Quality Facilitator and ED clinical staff, including senior clinician and nursing staff. Process mapping is complete and an action plan to address areas for improvement has been developed and is being progressed.	20% improvement in completion of tool by June 2018 (audit).	
			4 Investigate the expansion of Gateway clinics to the Mid and Far North to improve access for whanau and Oranga Tamariki social workers to attend appointments with children.	By Q4: Investigation completed. If resource available, develop expanded service.	
			5 With key stakeholders, review current MoC for MDT process for children who are patients of Child Health Centre to enable continuity of health care once an uplift has occurred.	By Q4: Process of information sharing formalised between Oranga Tamariki and NDHB provider services.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.11 Reducing rheumatic fever	Sustain reduction in rheumatic fever through the delivery of the rheumatic fever prevention plan.	Value and high performance	1 Continue the Provider Coalition model for school based throat swabbing services. 2 Refresh the Rheumatic Fever Plan to ensure effectiveness and equity of service delivery. [EOA] 3 Align the communication strategy with the national strategy. 4 Ensure robust pathways for Rapid Response referral in primary care.	Investment plan approved by MoH. Refreshed plan completed with key actions – approved by MoH.	PP28: Reducing Rheumatic Fever
2.1.12 Supporting Vulnerable Children	DHBs must commit to continue activity to contribute to the reduction in assaults on children.	One team	1 NDHB VIP and Child Protection team will continue with staff training and support in recognising and reporting suspected child abuse cases. This contributes to prevention of any possible further assaults by way of the child protection alert system, referral to the "It's OK to ask for Help" programmes, Men Alive and Woman's Refuge. [EOA] 2 Shaken Baby Prevention programme will be maintained in the Maternity and Special Care Baby Unit wards. [EOA] 3 NDHB will support the Whangarei Children's Team with a Health Broker, a Psychologist and a 0.2 FTE Paediatrician. These staff will work alongside families to implement positive parenting strategies, access to preschool and school, alcohol and drug programmes for caregivers, and liaise with mental health and primary health services. [EOA] 4 All children referred to Gateway Assessment Services will be seen and plans developed within agreed timeframes. This includes comprehensive assessment of the child and recommending parenting programmes for caregivers/ parents as appropriate. [EOA]	As per Ministry and MSD contracted targets and milestones.	PP27: Supporting Vulnerable Children
2.1.13 Childhood Obesity Plan	Commit to progress DHB-led initiatives from the Childhood Obesity Plan.	Closer to home	1 Increase delivery of Project Energise for over 5-year-olds in decile 1-4 primary schools from 82 to102 schools.	Q4	PP38: Delivery of response actions agreed in annual plan
			2 Continue implementation of the DHB's Childhood Obesity Plan by focusing on Maori mothers and babies, preschool-aged tamariki, and school-aged tamariki up to 10 years. [EOA]	Ongoing	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			2a 100% schools have adopted a Water-Only Policy.	Q2	
			2b Waitangi National Trust has adopted and implemented a Healthy Kai Policy for celebration events.	Q3	
			2c Northland Intersectoral Forum organisations have begun adoption and implementation of Healthy Kai policies.	Q2	
			2d Community/ communities identified to champion food and beverage advocacy and planning in progress.	Q2	
			3 Recruit Early Childhood Education Centres (ECECs) to U5E and undertake a needs assessment to form an action plan. ECECs to confirm their commitment to improve health outcomes of tamariki by signing an MoU.	Q1	
			4 Provide workshops and training in each service area in nutrition and physical activity. Each service commits to an action plan as a tool to improve health literacy for the organisation.	Q2	
			5 Provide workshops and resources to support nutrition and physical activity to whanau to incorporate key messages in their homes and daily lives. Whanau will have increased understanding of the benefits of nutrition and physical activity for their children's growth, development and long term health status.	Q3	
			6 Engage with lead maternity carers and Well Child Tamariki Ora workforce to engage with U5E. Aim is to increase workforce's awareness of nutrition and physical activity during and after pregnancy to assist with long term health and maintenance of healthy weight for both mother and babies.	Q4	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.14 Reducing Unintended Teenage Pregnancy	Continue to build on the substantive activities identified in your 2016/17 Annual Plan to reduce unintended teenage pregnancy.	People powered	1 Reorient youth health school-based services to enable improved access to sexual health and contraception services.	Ministry of Health sustainability funding for Decile 1-3 programme approved by Q4 2016/17. Business case for reoriented services agreed and signed off by ELT by end of Q1 2017/18.	PP38: Delivery of response actions agreed in annual plan
			2 Develop a single sexual and reproductive health promotion plan with all relevant providers in Northland.	Dec 2017	
			3 Increase access to LARC such as Jadelle within NDHB maternal and neonatal health services for women who are assessed as experiencing difficulty engaging with primary care. Explore options for increasing provision of the service through increasing the number of staff with skills and knowledge to provide contraception education and insertion of LARC. Facilitate training for identified maternity staff in LARC and insertion of Jadelle.	July 2017	
			4 Develop a five-year strategic plan for Northland sexual and reproductive health services.	Sep 2017	
2.15 Keeping kids healthy Better Public Services target	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target:	One Team	1 Implement a kaupapa Maori antenatal programme that incorporates hapu mama who are registered with an LMC.	Dec 2017	By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups.
			2 Develop a communications strategy for pregnant women that emphasises the need to be engaged with an LMC.	Sep 2017	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.16 Healthy mums and babies Better Public Services target	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target:	One Team	1 Reduce readmissions for respiratory ASH for children aged 0-4 through better access to primary care, implementation of health pathways and effective care coordination. 2 Improve knowledge of providers regarding accessing Healthy Housing referrals for vulnerable children aged 0-4. 3 Ensure school-based services incorporate management of skin infections within school and home settings to reduce admissions to hospital.	Development of health pathways for five paediatric respiratory conditions to reduce admissions for respiratory illness within the targeted group: • acute asthma • non-acute asthma • chronic cough • psychogenic cough • persistent wet cough.	By 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019.
2.1.17 Mental Health and Addictions	Improve the quality of mental health services, including improving the rate of child and youth with transition plans.	One team	1 Develop a transition plan template and include completion of transition plans as part of staff KPIs.	Completed	PP7: Improving mental health services using transition (discharge) planning
			2 Set a target for the NDHB CAMHs teams.	Mar 2017 95%	
			3 Monitoring and review: Ensure that CAMHS staff complete child and youth transition plans and meet service-based targets. Whanau participation reflected in the care planning process and document: • review clinician dashboards • monthly/ quarterly reporting • quarterly file audit through random sample.	Ongoing	
			4 Develop a plan for child and youth mental health services as part of the development of MHA Model of Care.	Dec 2017	
	Improve population mental health, especially for priority populations including vulnerable children, youth, Maori and Pacifica, by increasing uptake of treatment and support earlier in the course of mental illness, further integrating mental and physical health care, and coordinating	Value and high performance	4a Improve the rate of discharge summaries being completed across mental health and addiction services. Focus areas include: External referrals to: • Primary Health Organisations • MHA non-government organisations. Internal referrals: • acute inpatient settings to community services (and vice versa) • across NDHB services.	June 2018	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
	mental health care with wider social services.		4b Set a target for the NDHB MHA teams.	October 2017	
			6 Monitoring and review Establish a reporting mechanism. Ensure that MHA staff complete discharge plans and meet service based targets. Whanau participation reflected in the discharge planning process and document: • review clinician dashboards quarterly. • quarterly file audit – random sample	Mar 2017 Review progress at 1st and 3rd quarter thereafter.	
			7a Develop pathway to support mental health and addictions service users to be responsible for their own healthcare by obtaining disability allowance funding for ongoing medical care (GP appointments, travel and medication costs).	Oct 2017 Review progress at 2nd and 4th quarter.	
			7b Set a target for the NDHB MHA teams.	90% of non-Mental Health Act clients will be funding their own medication with WINZ support (if applicable).	
			7c Develop measures for ongoing monitoring and review.	Dec 2017	
			8 Establish systems to collect KPI data relating to seclusion rates for Maori.	Dec 2017	
			9 Develop pathways with specialist Mental Health and Addiction services for Maori and Pacific.	Mar 2018	
			Complete a stocktake of providers.	Dec 2017	
			10 Strengthen relationships with local Iwi Providers and NGO by sharing in-service training and service presentation days.	Establish quarterly forum across the region by October 2017. Review progress at 1st and 3rd quarter thereafter.	
			11 Develop the Mental Health and Addictions Model of Care.	Dec 2017	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			12 Ensure that programmes such as Te Whare Ora Tangata (Maternal Infant Care Coordination Forum), hapu wananga, and Children's Team have explicit links with the new mental health programmes, through collaborative developments between the services such as:		
			• referral pathways between Te Whare Ora Tangata, the Whangarei Children's team and the new Mental Health service • care coordination model finalised between Te Whare Ora Tangata and new MN service	31 July 2017	
2.1.18 Prime Minister's youth mental health project	Commit to continue activity to deliver on the Prime Minister's Youth Mental Health Project.	Value and high performance	1 Perinatal Infant Mental Health Service (He Kakano). In addressing Northland's higher rate of teenage pregnancies, implement the following actions:		PP25: Prime Minister's Youth Mental Health Project
			PIMH evaluation	Completed	
			Increase Maori access to the PIMH service by 15% over the next 12 months	June 2018	
			Review access rates quarterly.	Ongoing	
			Review NGO maternal infant mental health contracts	June 2017	
			2 Pregnancy Parenting Service (Hei Tupua Waiora)	Project launch completed Mar 2017	
			Programme to be operational from May 2017	May 2017	
			Appoint FTEs connected to the role	30 Apr 2017	
			Staff training/ orientation programme	Ongoing	
			Receive 100 referrals into the service within 12 months	July 2018	
			Process Evaluation to be completed	July 2019	
			Review NGO maternal infant mental health contracts	July 2017	
			3 Youth Primary Mental Health Coordination roles		

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			Youth PMH Coordinator Role based in Manaia PHO	Completed	
			Youth PMH Coordinator Role to be established in Te Tai Tokerau PHO	July 2017	
			Review Youth PMH role	July 2018	
2.1.19 Healthy Ageing	Deliver on priority actions identified in the Healthy Ageing Strategy 2016, where DHBs are in lead and supporting roles, including: working with ACC, HQSC and the Ministry of Health to further develop and measure the progress of your integrated falls and fracture prevention services as reflected in the associated Outcome Framework and Healthy Ageing Strategy working with the Ministry and sector to develop future models of care.	Closer to home	1 Consumer codesign and a whole-of-sector approach underpin the Health of Older People service improvement activity for Northland DHB's Health of Older People Services.	Ongoing	PP23: Improving wrap around services – health of older people
			2 Northland DHB will enter into a formal engagement process with Northland's contracted Home and Community Support Service providers around the outcomes for In-Between Travel Settlement Agreement, pay parity and regularised workforce including Kaiawhina, and sustainable person-centred service delivery and funding models.	Q1	
			3 Implement Northland's Local Falls Pathway and phased 2017/18 actions including single point-of-entry falls assessment and triage and in-home strength and balance programmes for older people with complex needs who are unable to attend community-based programmes.	Q1-Q2	
			4 Complete a Dementia Model of Care, integrating the components of dementia care pathways, Northland's Care Coordination Pathway, consumer codesign activity with Maori whanau (2016/17) and an equitable funding allocation model. [Links with NRHP] [EOA]	Q1	
			5 Increase the number of NASC/GP referrals to Alzheimers Society education and carer support programmes for Maori whanau carers. [Links with NRHP] [EOA]	Q2, Q4	
			6 Implement relevant actions for improving the lives of those experiencing dementia to deliver on the DHB's Northern Regional Service Plan.	Q2, Q4	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			7 Utilise the comparative NZ and Northern Regional InterRAI HC data, particularly focusing on improving the indicator for informal carers expressing feelings of distress, anger and depression (NDHB 2016 baseline 21-25 %). [Links with NRHP]	Q1-Q4	
			8 Contribute to the Northern Regional Service Plan InterRAI quality indicators and relevant service development.	Q2, Q4	
			9 Actively work with the Ministry and relevant sectors to develop future models of care relevant to Northland's over-65 population.	Q1-Q4	
2.1.20 Bowel Screening	Contribute to development activities for the national bowel screening programme, including: engagement with the Ministry on operational readiness and IT integration implementation of actions in line with agreed timeframes, incorporating quality, equity and timeliness expectations and IT integration activity ensuring appropriate access across all endoscopy services.	Value and high performance	NDHB is scheduled to commence bowel screening 2018/19.		PP29: Improving waiting times for diagnostic services – colonoscopy National Bowel Screening quality, equity and performance indicators
			1 Develop a plan for the delivery of additional colonoscopy in 2018-19 to ensure waiting time targets are being achieved prior to the introduction of bowel screening in 2019. To improve capacity to meet waiting time targets, NDHB has approved the recruitment of a second gastroenterologist to increase colonoscopy procedures capacity and the position has been advertised.	Ongoing	
			2 Introduce Endoscopy Information System. The Endoscopy Information system "Provation" has been approved and NDHB is working with healthAlliance on implementation. It is expected that this will occur by the end of 2017 calendar year.	Dec 2017	
			3 To support the National Bowel Screening Programme, IT integration requirements have been flagged with the NDHB Information Services Governance Group, who will include this on their work plan prior to bowel screening being implemented.	Ongoing	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.1.21 Disability Support Services	Identify the mechanisms and processes you currently have in place to support people with a disability when they interact with hospital based services (such as inpatient, outpatient and emergency department attendances). These could include: communication tools (particularly for those with an intellectual disability or sensory impairment) training for ward staff in individual specific personal care clarification of the role of the persons support workers/caregivers during a hospital appointment or inpatient stay (both formal and informal) other issues you have addressed (informed consent, supported decision making etc).	One team	1 A whole-of-sector/ consumer Disability Services Oversight Group will support the direction, opportunities for improvement and monitoring achievement of the agreed key actions for 2017/18, reporting to Northland DHB's Disability Support Advisory Committee (DiSAC).	Q1	PP38: Delivery of response actions agreed in annual plan
			Accessibility 2 Include consumer council engagement in site master planning activity and support their capability, including the functionality of the built environment with regards to accessibility, customisation based on patient needs and cultural safety, and accessible human resources that support non-disabling patient and whanau experiences.	Q1	
			3 Ensure access for people with disabilities is addressed within the strategic planning process Northland DHB has planned for 2017/18.	In line with strategic planning timeframes	
			Attitudes 4 Review Northland DHB's mandatory staff/ volunteer Disability Awareness Moodle training module yo ensure continued alignment with the UN Convention on the Rights of Persons with Disabilities and person-centred care aligned to the New Zealand Disability Strategy 2016-2026 and Equity of Health Care For Maori Framework (MoH 2014).	Q2	
			5 Increase the annual percentage of successful completions for all new staff (2016 baseline 58.3%) and set a revision timeframe for existing staff.	Q4	
			Health and wellbeing 6 Develop supported decision-making resources for clinical procedures, initially in breast screening for those with intellectual and sensory impairment.	Q2-4	
			7 Develop a mechanism to support access to New Zealand Sign Language (NZSL).	Q3	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
			8 Increase uptake of the Health Passport for Maori and vulnerable groups of patients. [EOA]	Q4	
			Leadership 9 Continue to progress Northland DHB's Partners in Care policy/ programme for family, whanau, carers, and visitors. 10 Continue local weekly bedside patient experience surveys identifying opportunities for service improvement.	Ongoing	
2.1.22 Improving Quality and Safety	Demonstrate, including planned actions, how you will improve patient experience as measured by the Health Quality & Safety Commission's national patient experience surveys. You can do this by selecting one of the four categories of the adult inpatient survey to focus on and providing actions to improve patient experience in this area. Commit to either establish (including a date for establishment) or maintain a consumer council (or similar) to advise the DHB.	Value and high performance	1 Improve patient experience with a focus on communication: • participate in a HQSC quality improvement pilot project related to medication information and discharge	HQSC pilot project initiated by 31 Mar 2017.	PP38: Delivery of response actions agreed in annual plan
			• incorporate patient experience component in House Officer training programme	Patient experience session delivered by 31 Aug 2017.	
			• ongoing development and routine monitoring of in-house patient experience surveys and feedback mechanisms with results review by ethnicity [EOA]	Quarterly renewal of patient experience poster reports.	
			• implement a codesign project with Maori and non-Maori to develop a model for engaging for patients and whanau following a serious adverse event in hospital. [EOA]	Serious adverse event engagement model developed by 30 Sep 2017.	
			2 Consumer council: • maintain the Northland Health Consumer Council as a patient and whanau advisory group for Northland DHB.	Ongoing	

Government Planning Priority	Focus Expected for Northland DHB		Link to NZHS	NDHB responses to deliver improved performance		Measures
				Actions	Milestones	
2.1.23 Living Within our Means	Commit to manage your finances prudently, and in line with the Minister's expectations, and to ensure all planned financials align with previously agreed results.		Value and high performance	1 The DHB employs a number of strategies to achieve year-on-year productivity gains and cost savings including: National initiatives: engaging actively on NZ Health Partnership initiatives, AOG opportunities, PHARMAC, etc. Regional initiatives: together with the three Auckland DHBs, run a shared service agency (healthAlliance) for information technology, finance, procurement and supply chain activities. Local initiatives: various productivity and cost-saving initiatives such as the Innovation, Iprovement and Excellence programme [see 1.1 Strategic intentions and priorities], focusing on five major streams of activity: allocative efficiency; productivity; long-term sustainability; hospital services closer to home;: releasing time to care (the productive ward). 2 Financial challenges include: The capped funding in the face of year-on-year acute growth at 9.00%. Increasing demand in the face of real, greater than NZ average, population growth. The ageing population and the increase demand on services. MECA costs and the ageing workforce. The geographic make up of Northland DHB – a long corridor (340 km long and 136 km wide at its widest) – which requires four district hospitals. This results an inefficiency in scale issue. The aging infrastructure at Whangarei Hospital is expensive to maintain and are rapidly becoming no longer fit for purpose.	Ongoing	Agreed financial templates.
2.1.24 Delivery of Northern Regional Health Plan within	Identify any significant DHB actions	Cardiac services	n/a	1 70% of patients presenting with an acute coronary syndrome who are referred for angiography receive it within 3 days of admission (day of admission being day 0).	Q1	n/a

Government Planning Priority	Focus Expected for Northland DHB		Link to NZHS	NDHB responses to deliver improved performance		Measures
				Actions	Milestones	
NDHB	the DHB is undertaking to deliver on the Regional Service Plan priorities of:			2 80% of patients presenting with ST elevation MI and referred for PCI will be treated within 120 minutes.	Q1	
				3 Review of capacity and demand for cardiac catheter lab services to improve access for Maori and inform future planning in the regional context. [EOA]	Q4	
		Stroke		1 Improve access to the thrombolysis service for potentially eligible stroke patients.	Ongoing	
				2 Provide equitable access to community stroke rehabilitation. [EOA]	Ongoing	
		Major trauma		1 Continue to support the capture of major trauma data and submission to the regional database via the appointed trauma data collector.	Ongoing	
		Hepatitis C		1 Continue to deliver community-based treatment for suitably identified patients who would benefit from treatment with harvoni or vikera pak via our Primary Options pathway.	Ongoing	

2.2 Local and Regional Enablers

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.2.1 Information Technology	Demonstrate how the DHB is regionally aligned and where it is leveraging digital hospital investments. Leverage implementation of Order Entry & Nursing Documentation via healthAlliance.	Smart system	1 Work collaboratively with regional colleagues to develop a Northern Region IS Strategic Plan to achieve the Northern Regions objective to increase the value provided by the healthcare system.	RISSP approval June 2017, implementation commences Q1.	
			2 Telehealth and Mobility programme is leveraging both the regional enterprise mobility management (EMM) platform and specific investments in clinical mobility applications (such as eVitals) made by our colleagues in the region.	EMM platform in place, with foundation users enrolled by end April 2017.	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
	Start work on eOrders for Radiology and ePA rollout.		3 Leveraging Epiphany (ECG storage), endoscopy and Winscribe regional platforms to upgrade Northland capabilities.	Indicative business cases developed for eVitals and other potential early wins during Q1.	
			4 Implement eOrders in radiology.	Business case and rollout plan developed by Q2. Implementation begun Q3.	
			5 ePA rollout plan approved.	Business case and rollout plan developed by Q2.	

Northern Region Long Term Investment Plan

The Northern Region DHBs are working together to develop a Long Term Investment Plan (LTIP). The LTIP will deliver a high-level integrated strategic plan to guide medium- to long-term regional investment decisions related to physical infrastructure, clinical equipment and information and communication technology [ICT]. The NRLTIP workplan focuses the most effort on physical infrastructure investment requirements facing our region. The clinical equipment' and ICT portfolio investment plans will draw from relevant work currently taking pace in parallel investment planning work streams (for example the ISSP) and other investment planning work which has already been completed in the Northern Region.

The plan will outline the region's strategic directions, investigate a number of investment scenarios and provide an approach to assess and prioritise future investments, supporting the region to deliver the optimal health gain for the northern region's population within the available resources. The plan will build on the work done by each DHB in developing their own individual long term investment plans.

The outputs from all three phases will be reported to the Regional Governance Group. The project is being undertaken using a three phase approach:

- Phase 1, preliminary analysis – understanding the baseline and drivers for change
- Phase 2, understanding and agreeing the counterfactuals
- Phase 3, agreeing and informing Long Term Investment Plans.

The project has completed Phase 1. Phase 2, now underway, will provide a draft LTIP for regional review and agreement during July 2017.

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	

Government Planning Priority	Focus Expected for Northland DHB	Link to NZHS	NDHB responses to deliver improved performance		Measures
			Actions	Milestones	
2.2.2 Workforce	Identify any particular workforce issues that need to be addressed at a local level around capability and capacity (numbers) and include key actions and milestones.		1 Strengthen workforce planning practices to address the ageing workforce and underrepresentation by Maori in frontline clinical roles: [EOA]		
			• develop a consolidated workforce development plan	Annual Workforce Development Plan to be revised in June 2017.	
			• introduce a standardised approach to assessing workforce capacity, capability and vulnerability • improve workforce data quality and intelligence • workforce development objectives cascaded into operational service plans.	System to manage workforce development to be documented by Aug 2017.	
			2 Grow Maori participation in the workforce [EOA] • strengthen recruitment practices to grow the pool of Maori candidates • support hiring managers to align recruitment criteria and recognise value of increasing Maori participation.	Manager follow up with all staff to capture ethnicity.	
			• develop new performance review process • capture the identification of key talent • monitor their development.	Launch Apr 2017. Commence Apr 2018. Commence Apr 2018.	
	Identify actions to regularise and improve the training of the kaiawhina workforce in home and community support services as per Action 9a of the Healthy Ageing Strategy.		*Covered under 2.1.19 Healthy Ageing action 2.*		

2.3 Financial performance summary

Statement of Comprehensive Income $000s	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
DHB Provider Revenue	314,678	331,442	360,232	376,802	393,382	409,904
DHB Funder Revenue	248,713	259,197	260,546	272,531	284,523	296,473
DHB Governance & Administration	3,933	4,822	368	385	402	419
Inter District Flow Revenue	9,139	9,431	10,703	11,195	11,688	12,178
Total Revenue	576,462	604,891	631,849	660,914	689,994	718,974
DHB Provider Operating Expenditure	300,201	315,345	345,263	361,209	377,163	393,063
DHB Non Provider Funded Services	176,346	189,739	193,607	202,513	211,424	220,304
DHB Governance & Administration	3,242	3,873	368	385	402	419
Inter District Flow Expense	73,159	76,682	78,077	81,669	85,262	88,843
Total Operating Expenditure	552,947	585,639	617,315	645,776	674,251	702,628
Earnings before Interest, Depreciation, Abnormals & Capital Charge	23,514	19,252	14,533	15,138	15,743	16,345
Less						
Interest on Term Debt	963	643	71	74	77	80
Depreciation	12,199	12,767	13,472	14,092	14,712	15,329
Revaluation	-	-	-	-	-	-
Earnings before Abnormals & Capital Charge	10,353	5,842	991	972	954	935
Profit/(Loss) on Sale of Assets	-	-	-	-	-	-
Net Operating Surplus (Deficit)	10,353	5,842	991	972	954	935
Capital Charge	9,848	8,067	9,394	9,394	9,394	9,394
Surplus (Deficit)	**504**	**(2,225)**	**(8,403)**	**(8,422)**	(8,440)	(8,459)
Revaluation of Fixed Assets	-	-	-	-	-	-
(Gains)/Losses in Asset for Sale Financial Assets Reserve	83	-	-	-	-	-
Comprehensive Income	**421**	**(2,225)**	**(8,403)**	**(8,422)**	**(8,440)**	**(8,459)**

Statement of Movements in Equity $000s	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
Equity at the beginning of the period	126,896	127,311	149,762	141,359	162,937	163,896
Surplus/Deficit for the period	504	(2,225)	(8,403)	(8,422)	(8,440)	(8,459)
Total Recognised Revenues and Expenses	127,401	125,087	141,359	132,937	154,496	155,438
Other Movements						
Revaluation of Fixed Assets	-	-	-	-	-	-
Other	(90)	26	-	-	-	-
Equity introduced (Repaid)	-	24,650	-	30,000	9,400	10,000
Equity at end of Period	**127,311**	**149,763**	**141,359**	**162,937**	**163,896**	**165,438**

Statement of Financial Position

$000s

	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
Equity						
Crown Equity	40,355	40,355	65,005	65,005	95,005	104,405
Retained Earnings	4,615	2,390	(6,013)	(14,435)	(22,875)	(31,334)
Subsidiaries & unrestricted trusts	211	237	237	237	237	237
Revaluation Reserve	82,130	82,130	82,130	82,130	82,130	82,130
Capital Injections	-	24,650	-	30,000	9,400	10,000
Total Equity	127,311	149,762	141,359	162,937	163,896	165,437
Represented by:						
Assets						
Current Assets	37,748	41,388	22,724	22,390	22,244	26,593
Non-Current Assets	197,302	198,486	207,759	229,187	229,994	227,186
Total Assets	235,050	239,874	230,483	251,577	252,238	253,779
Liabilities						
Current Liabilities	66,367	74,765	74,765	74,636	74,337	74,337
Non-Current Liabilities	41,372	15,347	14,359	14,004	14,004	14,004
Total Liabilities	107,739	90,112	89,124	88,641	88,342	88,342
Net Assets	**127,311**	**149,762**	**141,359**	**162,937**	**163,896**	**165,437**

Statement of Cash Flows

$000s

	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
Cash Flows from Operating Activities						
Operating Income	574,933	600,256	638,530	660,387	689,445	718,403
Operating Expenditure	567,871	592,811	626,709	655,170	683,645	712,026
Net Cash from Operating Activities	7,062	7,446	11,821	5,217	5,800	6,377
Cash Flows from Investing Activities						
Interest receipts 3rd Party	1,224	2,126	503	527	550	573
Sale of Fixed Assets	20	3	-	-	-	-
Purchase of Fixed Assets	(16,135)	(11,173)	(20,864)	(30,520)	(10,520)	(7,520)
Decrease in Investments and Restricted & Trust Funds Assets	2,214	12,226	(1,880)	(5,000)	(5,000)	(5,000)
Net Cash from Investing Activities	(12,677)	3,182	(22,241)	(34,993)	(14,970)	(11,947)
Cash Flows from Financing Activities						
Equity injections (repayments)	-	-	-	30,000	9,400	10,000
Borrowings	324	181	(988)	(483)	(299)	-
Interest Paid	(966)	(734)	(71)	(74)	(77)	(80)
Repaid debts	-	-	-	-	-	-
Other Non-Current Liability Movement	(6)	25	-	-	-	-
Net Cash from Financing Activities	(648)	(527)	(1,058)	29,443	9,024	9,920
Net Increase/(Decrease) in Cash held	(6,263)	10,101	(11,478)	(334)	(147)	4,350
Add opening cash balance	8,870	2,607	12,707	1,229	896	749
Closing Cash Balance	2,607	12,707	1,229	896	749	5,099

Note: *Cash balance includes short term investments which are considered cash or cash equivalents*

Key Financial Analysis and Banking Covenants

	2015-16 Actual	2016-17 Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget
Financial Analysis					
Term Liabilities and Current Liabilities	107,739	90,112	89,124	88,641	88,342
Debt	26,956	2,487	1,499	1,016	717
Owners Funds	127,311	149,762	141,359	162,937	163,896
Total Assets	235,050	239,874	230,483	251,577	252,238
Owners Funds to Total Assets	54.2%	62.4%	61.3%	64.8%	65.0%
Interest Expense	963	643	71	74	77
Depreciation Expense	12,199	12,767	13,472	14,092	14,712
Surplus/(Deficit)	395	(2,225)	(8,403)	(8,422)	(8,440)
Interest Cover	14.07	17.39	72.76	77.74	82.30
Debt/Debt + Equity Ratio	17%	2%	1%	1%	0%
Banking Covenants					
Debt/Debt + Equity Ratio	17.5%	1.6%	1.0%	0.6%	0.4%
Interest Cover	14.1	17.4	72.8	77.7	82.3
Interest Cover Minimum	3.0	3.0	3.0	3.0	3.0

Consolidated Statement of Financial Performance ($000s)	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
MOH Devolved Funding	538,996	568,257	595,430	622,819	650,224	677,533
MOH Non-Devolved Contracts (provider arm side contracts)	15,301	14,716	14,522	15,190	15,858	16,524
Other Government (not MoH or other DHBs)	5,242	5,840	5,813	6,081	6,348	6,615
Patient / Consumer sourced	636	453	282	295	308	321
Total Other Income	5,864	4,945	3,909	4,089	4,268	4,448
InterProvider Revenue (Other DHBs)	1,284	1,251	1,190	1,245	1,300	1,354
IDFs - All Other (excluding Mental Health)	9,139	9,431	10,703	11,195	11,688	12,178
Total Consolidated Revenue	576,462	604,891	631,849	660,914	689,994	718,974
Personnel Costs	208,184	216,990	237,294	247,841	258,394	268,911
Outsourced Services	25,082	27,857	28,201	29,498	30,796	32,089
Clinical Supplies	46,426	50,318	55,049	57,581	60,114	62,639
Infrastructure & Non-Clinical Supplies	23,751	24,053	25,088	26,674	28,261	29,842
Finance Costs	10,811	8,710	9,465	9,468	9,471	9,475
Depreciation	12,199	12,767	13,472	14,092	14,712	15,329
Personal Health	170,702	180,573	183,489	191,929	200,374	208,790
Mental Health	13,777	14,246	15,327	16,032	16,737	17,440
Disability Support Services	58,684	64,471	65,392	68,400	71,410	74,409
Public Health	697	1,434	1,707	1,785	1,864	1,942
Maori Health	5,645	5,698	5,770	6,036	6,301	6,566
Total Operating Expenditure	575,958	607,117	640,252	669,335	698,434	727,432
Surplus (Deficit)	**504**	**(2,225)**	**(8,403)**	**(8,422)**	**(8,440)**	**(8,459)**

Provider Statement of Financial Performance ($000s)	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
MOH Non-Devolved Contracts (provider arm side contracts)	15,301	14,716	14,522	15,190	15,858	16,524
Other Government (not MoH or other DHBs)	5,242	5,840	5,813	6,081	6,348	6,615
Non-Government & Crown Agency Sourced	6,500	5,398	4,191	4,384	4,577	4,769
InterProvider Revenue (Other DHBs)	1,284	1,251	1,190	1,245	1,300	1,354
Internal Revenue (DHB Fund to DHB Provider)	286,351	304,238	334,515	349,903	365,299	380,641
Total Provider Revenue	314,678	331,442	360,232	376,802	393,382	409,904
Personnel Costs	206,789	215,492	237,294	247,841	258,394	268,911
Outsourced Services	24,331	27,021	28,201	29,498	30,796	32,089
Clinical Supplies	46,430	50,309	55,049	57,581	60,114	62,639
Infrastructure & Non-Clinical Supplies	22,651	22,524	24,720	26,289	27,859	29,424
Finance Costs	10,811	8,710	9,465	9,468	9,471	9,475
Depreciation	12,198	12,767	13,472	14,092	14,712	15,329
Total Operating Expenditure	323,211	336,822	368,199	384,769	401,346	417,867
Surplus (Deficit)	**(8,534)**	**(5,380)**	**(7,968)**	**(7,966)**	**(7,965)**	**(7,963)**

Governance Statement of Financial Performance ($000s)	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
Government & Crown Agency Sourced	3,933	4,822	368	385	402	419
Total Governance Revenue	3,933	4,822	368	385	402	419
Personnel Costs	1,395	1,498	-	-	-	-
Outsourced Services	751	836	-	-	-	-
Infrastructure & Non-Clinical Supplies	1,100	1,529	368	384	401	418
Depreciation	0	-	-	-	-	-
Total Operating Expenditure	3,242	3,873	368	384	401	418
Surplus (Deficit)	**691**	**949**	**0**	**0**	**0**	**0**

Funder Statement of Financial Performance ($000s)	2015-16 Audited Actual	2016-17 Audited Actual	2017-18 Budget	2018-19 Budget	2019-20 Budget	2020-21 Budget
MOH Devolved Funding	538,996	568,257	595,430	622,819	650,224	677,533
Inter District Flows	9,139	9,431	10,703	11,195	11,688	12,178
Total Funder Arm Revenue	548,135	577,687	606,132	634,015	661,911	689,711
Personal Health	408,762	437,845	467,428	488,929	510,442	531,881
Mental Health	53,457	54,766	58,633	61,330	64,028	66,718
Disability Support Services	64,567	69,995	71,667	74,963	78,262	81,549
Public Health	2,372	2,203	2,477	2,591	2,705	2,819
Maori Health	6,696	5,852	5,995	6,271	6,547	6,822
Other	3,932	4,822	368	385	402	419
Total Operating Expenditure	539,787	575,482	606,568	634,470	662,387	690,207
Surplus (Deficit)	**8,347**	**2,205**	**(436)**	**(456)**	**(476)**	**(496)**

3 Service configuration

3.1 Service coverage

The Ministry of Health's Service Coverage Schedule specifies the services a DHB must ensure are provided. This section deals with any significant exceptions that might be sought. Northland DHB seeks no such exceptions.

3.2 Service change

Northland's two Primary Health Organisations, Manaia Health PHO and Te Tai Tokerau PHO, have been considering the formation of one single primary care entity through a process funded by the Better Public Services seed fund. Both PHOs could still remain independent, but the new arrangement would provide one entity for Northland DHB to contract with. The PHOs have reached the stage of developing an operating model and designing a structure. A detailed establishment plan will then be produced for implementation in 2017/18. Northland DHB fully supports this process and anticipates that a new primary care model has the potential for performance gains as well as operational efficiencies.

Two service changes are planned involving to bring services closer to home in Northland. These are the development of a cardiac catheter laboratory and the development of an Endoscopic Retrograde Cholangio-Pancreatography service. Both of these changes are proposed to be within the regional planning context, working with the Auckland DHBs.

Northland DHB will implement national community pharmacy arrangements and develop local services once agreed.

If any service changes do arise, we will follow the Service Change Protocols in the Operational Policy Framework. We will notify the National Health Board of any service changes resulting from planned service reviews or that may arise during 2014/15.

3.3 Ability to enter into service agreements

In accordance with section 25 of the New Zealand Public Health and Disability Act, Northland DHB is permitted by this Annual Plan to:

- negotiate and enter into service agreements containing any terms and conditions that may be agreed
- negotiate and enter into agreements to amend service agreements.

4 Stewardship

4.1 Managing our organisation

Reporting Entity:

The Northland District Health Board (Northland DHB) is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled in New Zealand. The DHB's ultimate parent is the New Zealand Crown. Northland DHB has designated itself and the group as a public benefit entity (PBE) for financial reporting purposes. Northland DHB's activities range from delivering health and disability services through its public provider arm to shared services for both clinical and non-clinical functions such as laboratories and facilities management, as well as planning health service development, funding and purchasing both public and non-government health services for the district.

The forecast consolidated financial statements of Northland DHB comprise Northland DHB and its subsidiary (together referred to as 'Group') and Auckland DHB's interest in associates and jointly controlled entities. The Northland DHB group consists of the parent, Northland DHB and Kaipara Joint Venture Trust (51% ownership by Northland DHB). Northland DHB has a joint venture with the other Northern Region DHBs in healthAlliance NZ Limited (25%). The DHB's subsidiary, associates and joint venture are incorporated and domiciled in New Zealand.

Northland DHB's **finances** are thoroughly monitored both internally and by external agencies.

Internally:

- our financial management systems enable us to set targets and monitor performance on finance, workforce and service delivery
- monthly Internal Planning, Performance Monitoring and Reporting meetings monitor finance and other performance based on the targets set above
- financial reports and reviews are also conducted at the Board's Audit and Risk Committee, and at Board meetings
- Delegated authorities are reviewed annually and approved by the Board.

Externally:

- MoH monitors our financial performance through the reports we send them monthly
- once a year Audit NZ audits our financial statements and our Annual Report
- the regional internal audit service audits and monitors our financial systems and performance, as well as those of the Northern Region's shared service agency healthAlliance
- Northland DHB participates in regional and national processes aimed at achieving value-for-money; healthAlliance provides regional oversight of information systems and technology and NZ Health Partnerships was established nationally to save money by reducing administrative, support and procurement costs.

Our infrastructure, clinical equipment and information systems investment portfolios are each governed by a steering group comprising clinical staff, consumer representatives and management. NDHB is currently in the process of embedding the P3M3 framework to support our programme management.

NDHB's **clinicians** form an integral part of our management structures and processes, and are intimately involved in regional and national planning processes and innovation, including:

- membership of the Clinical Governance Board which supports the development of strategy aimed at improving quality of care and patient safety
- the Capital Planning Committee which allows senior clinicians to prioritise bids for capital equipment
- a 12-month intensive leadership course to provide training for clinicians and managers aspiring to senior positions
- a clinical governance group spanning primary and secondary care which aims to improve systems and quality of care at the interface between hospital and community services
- the creation of an Associate CMO position during 2016 which has allowed an increased focus on management of Reportable Events, as well as strengthening the voice of clinicians within the Executive Leadership Team.

NDHB clinicians acknowledge as a priority their responsibility to provide excellent educational opportunities for trainees at all levels of their careers. DHB management also recognises the importance of training and supports clinicians in their efforts to do this.

Our commitment to **quality and safety** aligns with the national vision and includes:

- the Quality and Safety Plan which explains the programme, its principles, processes, structures, roles and relationships
- six-weekly quality reports produced for the Board's Hospital Advisory Committee, the Patient Safety Committee and the Clinical Governance Board
- monitoring clinical risk, adverse events and errors, complaints, benchmarking with other DHBs, improvements to clinical systems
- a dedicated clinical audit position that is supported by the Clinical Audit Committee
- an electronic risk register so all parts of the organisation can record and manage risk
- a Patient Safety and Quality Improvement framework, a commitment to our patients/ clients, staff and community to improve quality through focused targets and actions.

Quality and safety includes monitoring clinical risk, adverse events and errors, complaints, benchmarking with other DHBs, improvements to clinical systems and undertaking clinical audit. Managing risk across the organisation is multifaceted and interconnected:

- the Datix software was introduced to Northland DHB to support the robust management of incidents and risks
- all incidents are recorded in this system with the most significant reviewed by a fortnightly Reportable Events Committee, whose membership is clinician-strong and led by the Associate CMO
- these incidents are investigated, lessons learned are disseminated and where appropriate transferred to the Risk Register for ongoing monitoring
- the electronic risk register allows all parts of the organisation to record and manage risk; the most serious risks are reviewed monthly with senior clinical staff to ensure they are mitigated to acceptable levels
- Northland DHB has recently appointed an Emergency and Corporate Risk Manager to review how risk is managed across the organisation with a view to making improvements where required.

Northland DHB has developed a ten-year Long Term Investment Plan (LTIP) setting out a proposed programme to develop our **fixed assets** and Integrated Family Health Centres across the district. Northland DHB is a Tier 2 Intensive Investment Agency under Treasury's Investment Management and Asset Performance (IMAP) and has a Cabinet-approved Investor Confidence Rating of "C". This reflects our ability to manage our asset portfolio and to successfully deliver promised benefits. Steps are underway to improve our portfolio management capability across a range of projects including assets.

Northland DHB received approval on 30 May 2017 from the Capital Investment Committee to develop a programme business case for a major redevelopment of Whangarei Hospital. The aim of the redevelopment will be to transform health services in Northland with a focus on service and campus redesign. To enable ongoing safe clinical service delivery to be maintained during the planning and construction phases, a number of interim works will be necessary to create additional capacity in theatres, endoscopy, acute assessment unit and outpatient facilities as well as relocating community mental health services. The fit-out of the shell on the maternity building will be held over until there is more certainty on the overall direction of the long term redevelopment. The next steps are to identify a long list of options together with indicative costs and timeframes.

4.2 Building capability

Building capability within Northland DHB to enable us to run the organisation more effectively will be achieved through programmes, projects and actions described throughout the Annual Plan.

1.1 Strategic intentions and priorities describes four key priorities:

Neighbourhood Healthcare Homes. Far-reaching changes to the way primary care is organised and run to improve patient outcomes, change the way patients and clinicians interact, and improve the journey through the health system.

Innovation, Improvement and Excellence. Five workstreams that will change the way Northland DHB operates by introducing new, contemporary models of care.

Rapid Response and Stabilisation Service. A complete rethink of the resources currently devoted to Primary Options that will reduce demand for hospital services, better meet patients' needs, and develop flexible packages of care. *[See also 2.1.7 Primary Care Integration]*

Mobility. The Telehealth & Mobility programme will promote and manage the expansion of clinical use of communications technology (telehealth) and its integration into clinical care. *[See also 2.2.1 Information Technology]*

2.1.1 HT Shorter Stays in Emergency Departments

Implementation of ED at a Glance IT system

Improved bed management system

Electronic admission and discharge planning

2.1.2 HT Improved Access to Elective Surgery

Improving theatre capacity

Additional operating hours

An improved preassessment system

2.1.5 HT Better Help for Smokers to Quit

Review Electronic Discharge Summary to improve information to GPs

2.1.6 HT Raising Healthy Kids

Review and improve B4school Check model of care to meet target

2.1.8 Living Well with Diabetes

Risk stratify patient registers to better support patients

Increase focus on Maori within Green Prescription

Screening of patients for low to moderate mental health needs

2.1.9 Pharmacy Action Plan

Implement the national pharmacy contract Integrated Pharmacist Services in the Community to better meet patient need and enhance services offered by pharmacists

2.1.12 Supporting Vulnerable Children

Extra staff (Health Broker, Psychologist, Paediatrician) to improve parenting, reach into schools, provide alcohol and drug programmes for caregivers

2.1.14 Reducing Unintended Teenage Pregnancy

Reorient youth health school based services to enable improved access to sexual health and contraception services

2.1.19 Healthy Ageing

Implement Northland Local Falls Pathway including single point of entry falls assessment and triage and in-home strength and balance programmes

Complete Dementia Model of Care; improving the indicator for informal carers expressing feelings of distress, anger and depression

2.1.21 Disability Support Services

Include consumer council engagement in site master planning.

Supported decision-making resources for those with intellectual and sensory impairment

2.1.22 Improving Quality and Safety

Incorporate patient experience component in House Officer training programme

Ongoing development and routine monitoring of in-house patient experience surveys and feedback mechanisms

Codesign project to develop a model for engaging for patients and whanau following a serious adverse event in hospital

Workforce Capability

Implement the Northern Region Health Plan workforce development strategies.

Development of a Northland DHB employee engagement strategy and leadership model.

Development of a Northland region workforce development action plan focusing on Maori participation and succession planning.

5 Performance measures

Key:	Targets are set nationally by the Ministry of Health.	Targets are negotiated between the Ministry and the DHB.

Performance measure		Performance expectation	
HS: Supporting delivery of the New Zealand Health Strategy		Quarterly highlight report against the Strategy themes.	
PP6: Improving the health status of people with severe mental illness through improved access		Age 0-19	To be agreed as part of reporting for Q1 2017/18.
		Age 20-64	
		Age 65+	
PP7: 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.
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds			80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
PP10: Oral health mean DMFT score at Year 8		Year 1	0.98
		Year 2	0.98
PP11: Children caries-free at five years of age		Year 1	50%
		Year 2	50%
PP12: Utilisation of DHB-funded dental services by adolescents (school year 9 up to and including age 17 years)		Year 1	85%
		Year 2	85%
PP13: Improving the number of children enrolled in DHB funded dental services	Children enrolled ages 0-4	Year 1	95%
		Year 2	95%
	Children not examined ages 0-12	Year 1	<10%
		Year 2	<10%
PP20: Improved management for long term conditions (CVD, acute heart health, diabetes, and stroke)			
Focus Area 1: Long term conditions	Commentary on how DHB is using the LTC outcomes framework.		
Focus Area 2: Diabetes services	Implement actions from *Living Well with Diabetes*.		
	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1C indicator).		
Focus Area 3: Cardiovascular health	90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.		
	Percentage of 'eligible Maori men in the PHO aged 35-44 years' who have had their cardiovascular risk assessed in the past 5 years.	90%	
Focus Area 4: Acute heart service	70% of high-risk patients receive an angiogram within 3 days of admission.		
	Over 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.		
	Over 95% of patients undergoing cardiac surgery at the regional cardiac centres will have completion of cardiac surgery registry data collection within 30 days of discharge.		
Focus Area 5: Stroke	8% or more of potentially eligible stroke patients thrombolysed 24/7.		

Performance measure	Performance expectation	
services	80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.	
	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission.	
PP21: Immunisation coverage	95% of two-year-olds fully immunised.	
	95% of four-year-olds fully immunised.	
	75% of girls fully immunised – HPV vaccine.	
	75% of 65+ year olds immunised – flu vaccine	
PP22: Delivery of actions to improve system integration including SLMs		Report on activities in the Annual Plan.
PP23: Implementing the Healthy Ageing Strategy		Report on actions and milestones to deliver on the commitment in NDHB's 2017/18 Annual Plan to implement the Healthy Ageing Strategy (including workforce regularisation).
Percentage of older people receiving long-term home and community support who have a comprehensive clinical assessment and an individual care plan		95%
PP25: Prime Minister's youth mental health project	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.	
	Initiative 3: Youth primary mental health. As reported through PP26 (see below).	
	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.	
PP26: 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 Improving employment and physical health needs of people with low prevalence conditions.	
PP27: Supporting vulnerable children	Report on activities in the Annual Plan.	
PP28: Reducing rheumatic fever	Focus Area 1: Reducing the Incidence of first episode rheumatic fever	Report progress against BPS target.
		Provide progress report against rheumatic fever prevention plan.
		Provide report on lessons learned and actions taken following reviews.
	Focus Area 2: report progress in following-up known risk factors and system failure points in cases of first episode and recurrent acute rheumatic fever.	
PP29: Improving waiting times for diagnostic services	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days).	
	95% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days).	
	90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within	

Performance measure	Performance expectation
	30 days.
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90 days.
	70% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date, 100% within 120 days.
PP30: Faster cancer treatment	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.
PP31: Better help for smokers to quit in public hospitals	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
PP32:Improving the quality of ethnicity data collection in PHO and NHI registers	Report on progress with implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT).
PP33: Improving Maori enrolment in PHOs	Meet and/or maintain the national average enrolment rate of 90%.
PP34: Improving the percentage of households who are smokefree at six weeks postnatal	Increase the % of babies living in smokefree households at six weeks to 55%. *[This matches the milestone in the SLM plan.]* (no performance expectation)
PP36: Reduce the rate of Maori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Maori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.
PP37: Improving breastfeeding rates	60% of infants are exclusively or fully breastfed at three months.
PP38:Delivery of response actions agreed in annual plan	Report on activities in the Annual Plan.
SI1: Ambulatory sensitive hospitalisations *[Unstandardised rates]*	By 30 June 2018 halve the difference between the Northland Maori rate (7,891/100,000) and the national total population rate (3,712/100,000) – that is to 5,802 /100,000 – while ensuring there is no increase in Northland DHB's total population rate (baseline 4,543/100,000). This measure applies to ages 45-64. The SLM plan in Appendix B System Level Measures Improvement Plans contains the ASH target for ages 0-4.
SI2: Delivery of Regional Plans	Provision of a progress report on behalf of the region agreed by all DHBs within that region.
SI3: Ensuring delivery of Service Coverage	Report progress towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage (as identified by the DHB or by the Ministry).
SI4: Standardised intervention rates (SIRs)	Major joint replacement procedures - a target intervention rate of 21 per 10,000 of population.
	Cataract procedures – a target intervention rate of 27 per 10,000 of population.
	Cardiac surgery - a target intervention rate of 6.5 per 10,000 of population.
	Percutaneous revascularization - a target rate of at least 12.5 per 10,000 of population.
	Coronary angiography services - a target rate of at least 34.7 per 10,000 of population.
SI5: Delivery of Whanau Ora	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of mental health, asthma, oral health, obesity, and tobacco.

Performance measure		Performance expectation
SI7: SLM total acute hospital bed days per capita		As specified in the jointly agreed (by district alliances) SLM Improvement Plan.
SI8: SLM patient experience of care		As specified in the jointly agreed (by district alliances) SLM Improvement Plan.
SI9: SLM amenable mortality		As specified in the jointly agreed (by district alliances) SLM Improvement Plan.
SI10: Improving cervical screening coverage		80% coverage for all ethnic groups and overall.
SI11: Improving breast screening rates		70% coverage for all ethnic groups and overall.
OS3: Inpatient average length of stay (LOS)	Elective LOS suggested *[national]* target is 1.47 days, which represents the 75th centile of national performance.	1.52
	Acute LOS suggested *[national]* target is 2.3 days, which represents the 75th centile of national performance.	2.4
OS8: Reducing acute readmissions to hospital		TBA – indicator definition currently under review.
OS10: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections		
Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	Group A >2% and <= 4% Group B >1% and <=3% Group C >1.5% and <= 6%
	Recording of non-specific ethnicity in new NHI registrations	>0.5% and <= 2%
	Update of specific ethnicity value in existing NHI record with non-specific value	>0.5% and <= 2%
	Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and <= 85%
	Invalid NHI data updates	TBA
Focus Area 2: Improving the quality of data submitted to National Collections	NBRS collection has accurate dates and links to National Non-admitted Patient Collection (NNPAC) and the National Minimum Data Set (NMDS)	>= 97% and <99.5%
	National Collections File load Success	>= 98% and <99.5%
	Assessment of data reported to NMDS	>= 75%
	Timeliness of NNPAC data	>= 95% and <98%
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.
Output 1: 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.	
DV4: Improving patient experience		No performance expectation
DV6: SLM youth access to and utilisation of youth appropriate health services		No performance expectation
DV7: SLM number of babies who live in a smoke-free household at six weeks postnatal		No performance expectation

Appendix A Statement of Performance Expectations

The section fulfils Northland DHB's obligation under the Crown Entities Act 2004 to supply measures by which our future performance can be measured by the Office of the Auditor General. Together with modules 1, 2,3 and 4, it comprises our Statement of Intent.

The Statement of Performance Expectations (SPE) tells our 'performance story' – what we are producing (outputs) and what this is trying to achieve (impacts and outcomes). The structure of the SPE is described in the diagram on the next page.

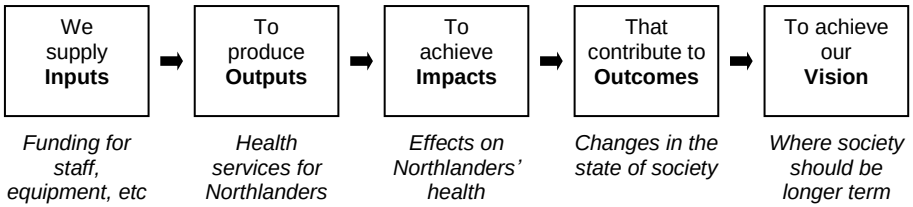
The SPE concentrates on cornerstone measures that represent the wide range of services for which Northland DHB is responsible. There is considerable overlap between the SPE's outputs and measures and those in section 2 of the Annual Plan; the latter is prepared in response to a specific list of national priorities, while the SPE takes a higher level, more strategic view.

Output classes and intervention logic

Services are grouped into four output classes:

Prevention	Publicly funded services that protect and promote health across the whole population or particular sub-groups of the population. These services improve the health status of the population, as distinct from curative services (the other three output classes) which repair or support illness or injury.
Early detection and management	Commonly referred to as 'primary' or 'community' services, those that people can access directly in the community. They are delivered by a range of agencies including general practice, Maori health providers, pharmacies, and oral health services. The services are generalist (non-specialist) in nature, and similar types of services are usually delivered in numerous locations across the community.
Intensive assessment and treatment	Complex, specialist services delivered by a range of health workers, commonly referred to as 'secondary' or 'hospital' services. They include emergency department, inpatient, outpatient, daypatient, and diagnostic services. They are accessible only by referral from a primary health practitioner and available in few locations.
Rehabilitation and support	Services for older people (home based support services, residential care and services for dementia) and palliative care services.

The Statement of Service Performance is structured according to the following intervention logic.



Impacts contribute to the High-level Measures, and together Impacts and Outcomes contribute to the High-level Outcomes. For example, higher rates of cessation among smokers and immunisation among children create a healthier population. Screening for cancers, cardiovascular disease and diabetes prevent illness and disease or identify conditions at early stages so they can be monitored and treated more effectively. Ongoing monitoring and support of people with long term mental health conditions help maintain their stability. Home and community support services help older people remain independent in the community, and residential care services offer the best quality of life for those no longer able to manage on their own. Quality services that are clinically and culturally safe, and provided in a timely manner encourage people to attend and be involved in their care, and that means better health status. To cope with ever-rising demands on services and to free up resources for new models of care and other innovations, we must continue to improve productivity and prioritise resources to their most cost-effective uses.

Through the measures described above and in the diagram on the next page, the SPE addresses the Triple Aims of population health, patient experience and value and sustainability.

Wherever possible, Impacts are measured by Maori and non-Maori so, consistent with the Population Health aim, we can monitor inequities and reduce these over time.

Summary of Northland DHB's Statement of Performance Expectations 2017/18

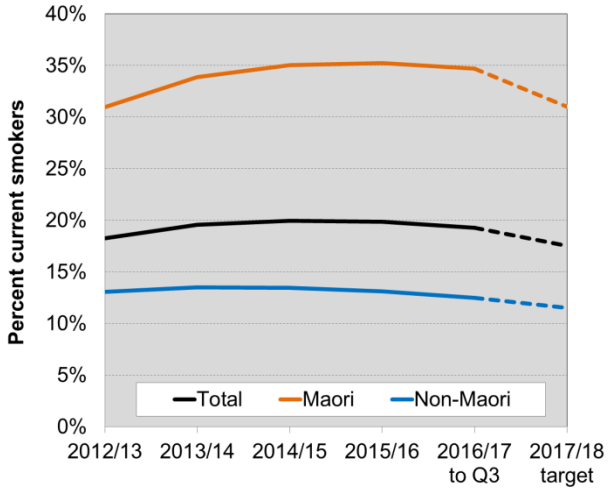
Vision	A healthier Northland									
High-level Outcomes	Population health: improved health of Northlanders and reduced health inequities	Patient experience: patients and whanau experience clinically and culturally safe, good quality, effective, efficient and timely care				Value and sustainability: the Northland health system lives within available funding by improving productivity and prioritising resources to their most cost-effective uses				
High-level Measures	Life expectancy gap between Maori and non-Maori ↓ by 2 years	↓ gaps between: (a) Maori and non-Maori (b) Northland and NZ		↓ mortality rate (age-standardised)	↓ infant mortality	Unplanned hospital admissions for Northlanders are reduced by 2,000 annually by 2017			>95% of patients report they would recommend the service provided	
Outcomes	Healthy population	Prevention of illness and disease		Reversal of acute conditions		Optimum quality of life for those with long term conditions			Independence for those with impairments or disability support needs	
Impacts	**Smoking cessation** Lower prevalence of smoking-related conditions	**Healthy children** Children are healthy from birth and have a healthy foundation for adulthood	**Effective primary care** People manage in the community through effective primary care services	**Long term conditions** Amelioration of disease symptoms and/or delay in their onset	**Cancer** If curable, increased likelihood of survival; if incurable, reduced severity of symptoms	**Mental disorders** Improved quality of life for both clients and their families Acute episodes are minimised, clients achieve greater stability in their condition	**Elective surgery** Fewer debilitating conditions and delayed onset of long term conditions	**ED waiting times** More timely assessment, referral and treatment	**Quality and safety** More satisfied patients Fewer adverse clinical events Lower rates of acute readmission to hospital	**Support for older people** Older people requiring support or care receive services appropriate to their needs.
Impact Measures	Year 10 students who have never smoked Adults who are current smokers	Full and exclusive breastfeeding at 6 weeks 8-month-olds who are fully immunised Average number of decayed, missing or filled teeth in Y8 students	Ambulatory sensitive hospitalisations, rate/100,000 ages 0-4	Good blood sugar management in diabetics Eligible people receiving CVD risk assessment in the last 5 years	Breast cancer screening in eligible populations Cervical cancer screening in eligible populations Urgently referred patients with a high suspicion of cancer who receive their first cancer treatment within 62 days	% of people with enduring mental illness aged 20-64 who are seen over a year	Increase in elective surgical discharges	ED patients with length of stay less than 6 hours	Falls causing harm in NDHB facilities Pressure injuries in NDHB facilities Surgical checklist compliance Hand hygiene compliance Medicines reconciled % of acute patients readmitted to NDHB hospitals within 28 days	HCSS clients assessed using interRAI tool HCSS providers certified ARRC providers with at least 3 years certification
Output Classes	**Prevention**		**Early detection and management**		**Intensive assessment and treatment**				**Rehabilitation and support**	
Outputs	Health promotion programmes in schools through Smokefree/ Auahi Kore Advice and help offered to smokers in primary care Quit Card Providers Advice and help offered to smokers in hospital	Midwifery services Support by lactation consultants Oral health assessment and treatment Assessment, diagnosis, treatment and immunisations in primary care	Acute hospital services	Assessment, diagnosis and treatment in primary care Assessment, diagnosis and treatment in hospital	Screening for breast cancer Screening for cervical cancer Cancer risk assessments in primary care Provision of cancer therapies	Specialised clinical support by NDHB community mental health services Admission to hospital for those whose condition is acutely unwell	Elective surgical procedures	Assessments, treatments and referrals performed in EDs	Leadership, advice and monitoring by the Chief Medical Advisor and Quality Resource Unit Effective clinical services, especially for long term conditions Patient pathways, hospital discharge processes Integration between secondary and primary services	Home based support services Residential care Work with providers on corrective action plans resulting from audit
Output Measures	Health promotion in schools Advice to students re stopping smoking % of smokers given advice and help to quit in primary care and in hospital	Support provided to mothers to breastfeed Lactation consultant contacts Immunisations by 8 months Oral health treatments for Y8 students Visits by children and youth to primary care	Acute hospital admissions	Risk assessments performed on people with diabetes and/or CVD Lab tests on people with diabetes Admissions and readmissions to hospital	Screening for breast and cervical cancer in eligible populations Radiation treatments Chemotherapy treatments	Contacts by community mental health workers with people who have enduring mental illness	Additional elective procedures	Emergency department attendances	Measures of the quality and safety of services	Assessments by NASC service Certification audits

Key: Underlines = main measures. Yellow highlights = Health Targets. All measures to be by Maori and non-Maori where data is available.

Output Class 1: Prevention

Impact: Lower prevalence of smoking-related conditions.

Measure: % of Northland adult population who are current smokers



Measure type:
Coverage

Rationale

Smoking and obesity are the two most significant lifestyle factors behind long term conditions.

Smoking during pregnancy accounts for an estimated 20% of all pre-term births and 35% of low birthweight babies.

It disproportionately affects Maori and other deprived populations. The 2011-14 NZ Health Survey showed that in Northland 41% of Maori and 18% of non-Maori smoke.

Lower smoking rates at young ages should translate into lower smoking rates in the population in the future.

Smoking rates are the focus of one of the six national Health Targets. New Zealand has committed to a goal of reducing smoking rates to 5% by 2025.

The adult data was formerly taken from the NZ Health Survey, but this is of minimal use for tracking progress towards the national target because it emerges only every few years and for Northland covers several years at once (the latest is 2011-2014). The data now used comes from PHO reports to MoH. It is preferred because it is produced quarterly and it has excellent coverage (it includes all Northlanders enrolled with PHOs, which is always slightly more than the projected population at the same date). The two sets of data can't be compared directly because the measurement criteria are different.

Outputs

108,660 people who have ever smoked recorded in primary care, of whom 24,288 are current smokers (as at 2016/17 Q3).

Number of schools that health promotion programmes are offered to, 2016 CY: 146.

Total students advised about stopping smoking, 2016 CY 820.

Notes about the data

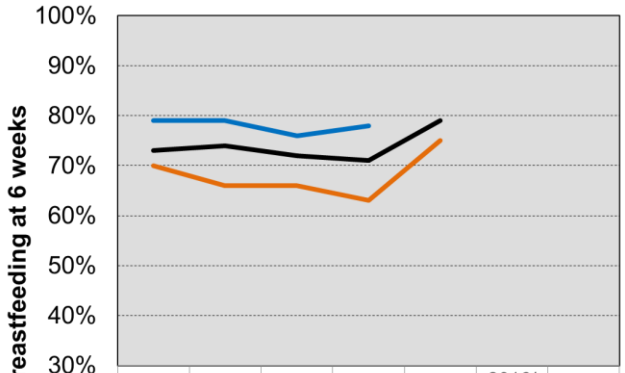
Current adult smokers. NZ's target is to reduce smoking rates to 5% by 2025. Targets have been set on this basis, assuming straight-line progress until 2025.

We can gain an indication of progress from primary care Health Target data, which suggests that numbers are gradually dropping, from 24.5% in 2013/14 to 23.7% in 2014/15 and 23.0% 2015/16 to quarter three. No ethnic breakdown is available from this data.

Impact: Children are healthy from birth and have a healthy foundation for adulthood

Measure: Full and exclusive breastfeeding at 6 weeks

Measure type: Coverage



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17 Jul-Dec	2017 CY target
Total	73%	74%	72%	71%	79%		75%
Maori	70%	66%	66%	63%	75%		75%
Other	79%	79%	76%	78%			75%

Rationale

Higher rates of breastfeeding in infancy correlate with a lower chance later in life of developing health problems, including long term conditions.

Breastfeeding rates are lower among Maori.

A higher percentage of the child population is Maori, so improving child health will have a significant effect on improving the health of Maori.

The target used is the national one, though Northland has been out-performing that for non-Maori and the total population.

Outputs

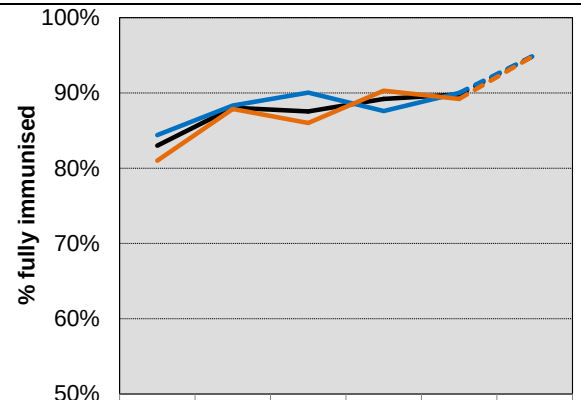
Mothers are provided with education and support to encourage them to breastfeed, whether they are supported by an NDHB midwife (hospital births) or an independent midwife (home and hospital births).

Total NDHB hospital births: 1,824 for the twelve months ending March 2016.

2,953 lactation consultant patient contacts for the twelve months ending March 2016.

Measure: % of 8-month-olds who are fully immunised

Measure type: Coverage



	2012/13	2013/14	2014/15	2015/16	2016/17 to Q3	2017/18 target
Total	83.0%	88.0%	87.5%	89.2%	89.8%	95.0%
Non-Maori	84.4%	88.3%	90.0%	87.6%	90.0%	95.0%
Maori	81.0%	87.9%	86.0%	90.3%	89.2%	95.0%

Rationale

Improved immunisation coverage leads directly to reduced rates of vaccine-preventable (communicable) disease, and that means better health and independence for children and longer and healthier lives.

Immunisations are one of the most cost-effective ways of improving health.

One of the six national Health Targets.

Encouraging higher attendance rates and early enrolment in primary care will raise immunisation coverage. The High Five Project as part of the First 2000 Days Project aims to have all newborns enrolled in five key services: general practice, National Immunisation Register, Well Child/ Tamariki Ora provider, oral health, Newborn Hearing Screening.

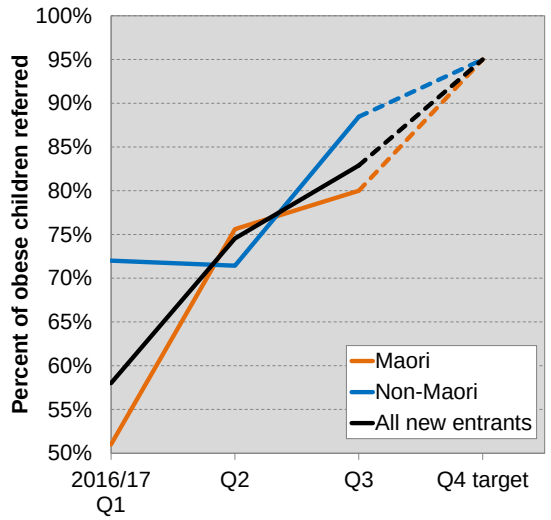
Outputs

NDHB works with primary care providers to continue to improve the rate and timeliness of immunisation.

2,032 children were fully immunised before 8 months of age during the twelve months ending March 2017.

Measure: % of 4-year-olds who received a B4SC and were over the 98th centile

Measure type: Coverage



Rationale

Smoking and obesity are the two most significant lifestyle factors behind long term conditions.

It disproportionately affects Maori and other deprived populations. The 2011-14 NZ Health Survey showed that in Northland obesity affects 50% of Maori and 28% of non-Maori.

This measure is part of the national plan to reduce obesity, which has three prongs:

- targeted interventions for those who are obese
- increased support for those at risk of becoming obese
- broad approaches to make healthier choices easier for all New Zealanders.

This is one of the six national Health Targets; it has been in place only this year.

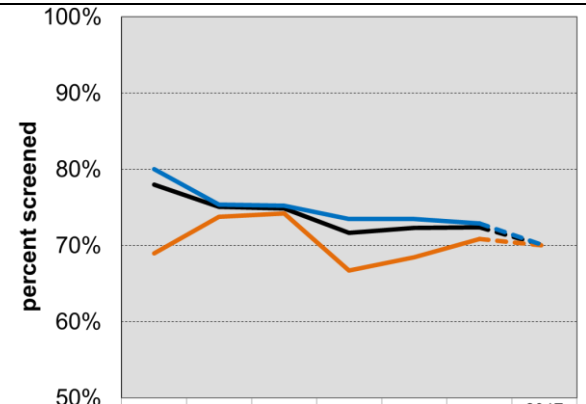
Outputs

2,275 4-year-olds checked in eleven months 08 July 2016 – 06 July 2017, of whom 1,213 were Maori and 1,062 non-Maori.

Impact: If curable, increased likelihood of survival; if incurable, reduced severity of symptoms

Measure: Breast cancer screening in eligible (aged 45-69) populations

Measure type: Coverage



	2011	2012	2013	2014	2015	2016	2017 target
Total	78.0%	75.1%	74.9%	71.7%	72.3%	72.4%	70.0%
Maori	69.0%	73.8%	74.2%	66.7%	68.5%	70.9%	70.0%
Non-Maori	80.0%	75.4%	75.2%	73.5%	73.5%	72.9%	70.0%

Rationale

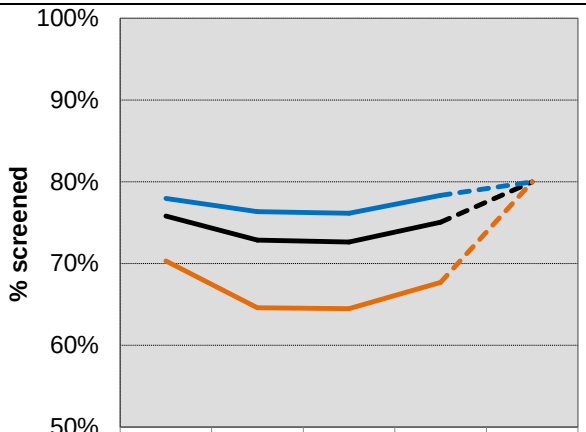
Screening in the community to identify cancers as early as possible improves the chances of prevention or, if the condition already exists, recovery. The only two formal screening programmes that exist in New Zealand are for breast and cervical cancer.

Outputs

11,166 Northland women were screened in CY 2016, including 2,717 Maori and 8,449 non-Maori.

Measure: Cervical cancer screening in eligible (aged 25-69) populations

Measure type: Coverage



	2013/14	2014/15	2015/16	2016/17 to Q3	2017/18 target
Total	75.8%	72.9%	72.6%	75.1%	80.0%
Maori	70.3%	64.6%	64.5%	67.7%	80.0%
Non-Maori	78.0%	76.4%	76.2%	78.3%	80.0%

Outputs

42,082 eligible women screened in the three years up to March 2017, of whom 13,083 were Maori and 28,999 non-Maori.

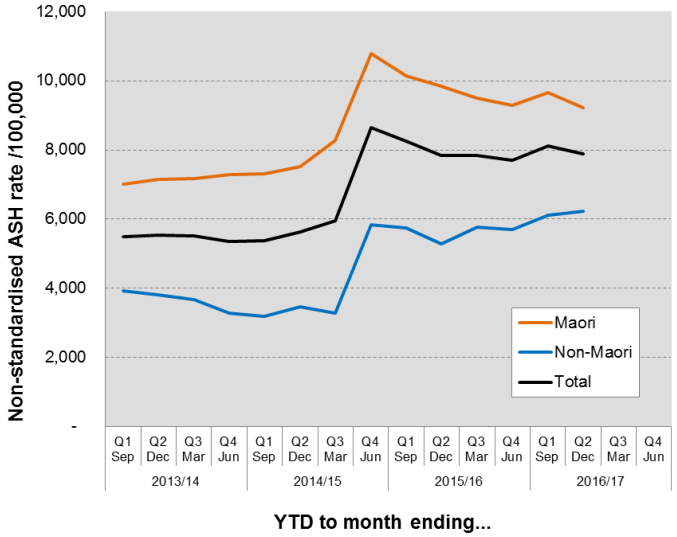
Output Class 2: Early Detection and Management

Impact: People manage in the community through effective primary care services

Measure:

Ambulatory sensitive hospitalisation rate, ages 0-4

Measure type:
Quality



Rationale

Ambulatory sensitive hospitalisations (ASH) are those which are potentially avoidable if patients had accessed primary care services and their conditions either cured or managed effectively.

A substantial proportion of hospitalisations are ambulatory sensitive. Lower rates of ASH free up specialist hospital resources for more acute and urgent cases, thus achieving better value for money from the health dollar.

ASH rates affect Maori inequitably. In the last three years the Maori rate has been at least two-thirds higher than non-Maori.

Managing the interface between primary and hospital services is key to reducing ASH rates. For example NDHB's e-Referral initiative has created more prompt and effective communication between hospital specialists and GPs, enabling the latter to be better informed so they can manage more patients in the community.

NDHB is trialling an enhanced Primary Options service to enable GPs to flexibly develop management plans for their patients and thus avoid hospital admissions. Information gleaned from the trial will inform the creation of a new Rapid Response and Stabilisation Service.

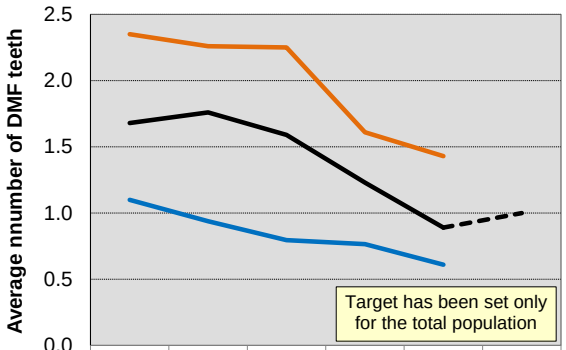
Outputs

Total acute discharges of Northland residents from any hospital (NDHB and other DHBs) 2015/16: total 23,552, Maori 8,031, non-Maori 15,521

Impact: Children are healthy from birth and have a healthy foundation for adulthood

Measure: Average number of decayed, missing or filled teeth in Y8 students

Measure type:



	2012	2013	2014	2015	2016	2017 target
Total	1.68	1.76	1.59	1.23	0.89	1.00
Maori	2.35	2.26	2.25	1.61	1.43	
Non-Maori	1.10	0.94	0.80	0.76	0.61	

Rationale

Oral health directly affects the state of health of the mouth, and the effects of tooth and gum disease can be lifelong. Significant rates of disease also limit what children can eat, affect self-image and confidence, and create pain and discomfort.

For many years Northland had among the worst oral health statistics for children, though significant improvements have been made in the last four years especially.

Northland remains unfluoridated after a brief foray into reticulated fluoridation in two Far North communities was abandoned in 2009. Northland will always struggle to reach the oral health status of DHBs that have fluoridated water supplies.

Outputs

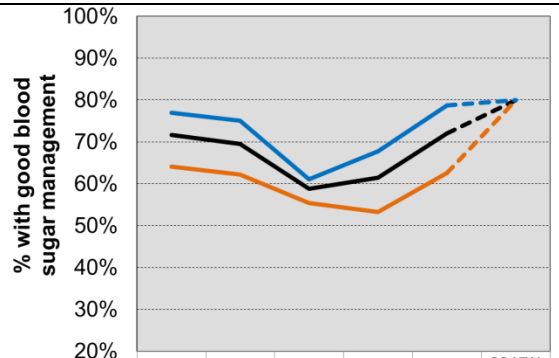
Procedures in NDHB-funded oral health services :

- 10,605 preschool (2016 CY)
- 41,540 primary school children (2016 CY)
- 1,300 adolescents treated by NDHB's services in the 2016 CY.

Impact: Amelioration of long term condition disease symptoms and/or delay in their onset

Measure: Good blood sugar management in diabetics

Measure type: Coverage



	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18 target
Total	71.7%	69.5%	58.8%	61.5%	72.08%	80.0%
Maori	64.1%	62.2%	55.4%	53.3%	62.64%	80.0%
Non-Maori	77.0%	75.1%	61.1%	67.8%	78.72%	80.0%

Rationale

Diabetes is an increasingly common long term condition.

It is strongly associated with excess weight, which affects a disproportionate number of Northlanders. Prevalence also increases with age, so prompt action is imperative in the face of the ageing population.

It is a major cause of illness and a significant contributor to cardiovascular disease *(see below)*.

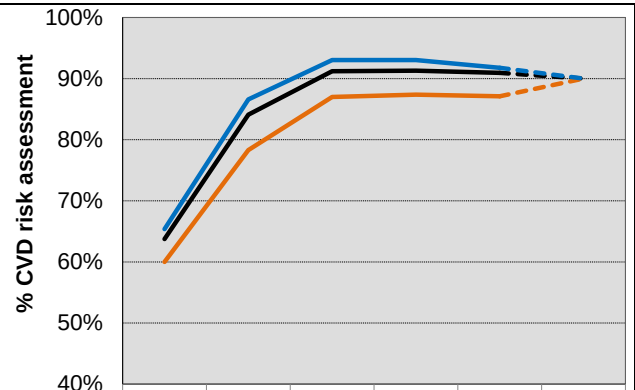
Although incurable, the effect of diabetes on daily life can be minimised through early detection, regular (annual) checks, good clinical management and a healthy lifestyle.

Outputs

4,799 diabetes annual reviews were performed in primary care in the twelve months ending Mar 2016.

Measure:
Eligible people receiving cardio-vascular (CVD) risk assessment in the last 5 years

Measure type:
Coverage



	2012/13	2013/14	2014/15	2015/16	2016/17 to Q3	2017/18 target
Total	63.7%	84.1%	91.2%	91.3%	90.9%	90.0%
Maori	60.0%	78.3%	87.0%	87.4%	87.1%	90.0%
Non-Maori	65.4%	86.6%	93.0%	93.0%	91.8%	90.0%

Rationale

Along with cancer, cardiovascular (heart and circulatory) disease is the most common long term condition.

Prevalence of CVD increases with age, so in the face of the ageing population we need to carefully monitor and control the incidence and severity of these conditions.

Regular screening identifies those at risk of developing cardiovascular disease, for whom lifestyle and clinical interventions can prevent or delay its onset. Regular screening also helps earlier identification of those who already have the condition, and this promotes more healthy outcomes for them.

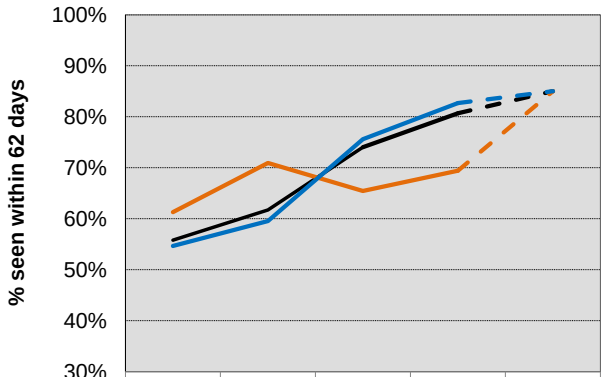
Outputs

52,312 CVD risk assessments performed in primary care over the five years to Mar 2017, of whom 15,636 were Maori and 36,676 non-Maori. The total number screened over five years is a more sensible indicator of coverage than the most recent annual figure, because different numbers of people have been screened during each of the five years.

Output Class 3: Intensive Assessment and Treatment

Impact: If curable, increased likelihood of survival; if incurable, reduced severity of symptoms

Measure: % of patients who receive their first cancer treatment (or other management) within 62 days referred urgently with a high suspicion of cancer and a need to be seen within two weeks



	2013/14	2014/15	2015/16	2016/17	2017/18 target
Total	55.78%	61.7%	74.0%	80.7%	85.0%
Maori	61.28%	70.9%	65.4%	69.4%	85.0%
Non-Maori	54.65%	59.5%	75.6%	82.7%	85.0%

Measure type:
Coverage

Rationale

Along with cardiovascular disease, cancer is the most common long term condition.

For cancer, some of the biggest gains are to be made by ensuring early access to treatment to improve the chances of recovery or to alleviate symptoms.

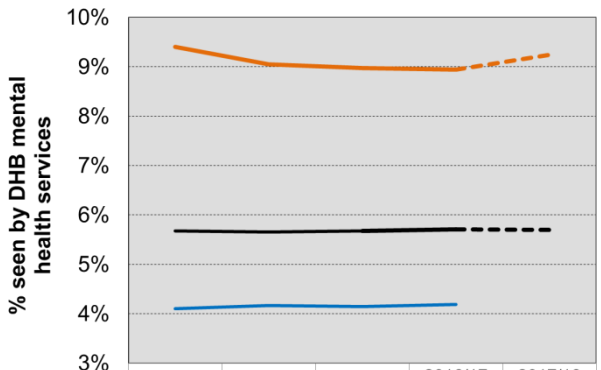
Outputs

244 patients referred urgently with high suspicion of cancer for the twelve months ending March 2017 who commenced first treatment.

Impact: Improved quality of life for both clients and their families; acute episodes are minimised, clients achieve greater stability in their condition

Measure: % of people with enduring mental illness aged 20-64 who are seen over a year

Measure type: Coverage



	2013/14	2014/15	2015/16	2016/17 Q2	2017/18 target
Total	5.68%	5.66%	5.68%	5.71%	5.70%
Maori	9.40%	9.06%	8.98%	8.94%	9.24%
Non-Maori	4.11%	4.17%	4.15%	4.19%	

Rationale

Mental health has been a priority for the health sector since the Mental Health Blueprint was published in 1998; it has since been overtaken by *Rising to the Challenge*, the national mental health and addictions strategy 2012-2017.

Severe disorders permanently affect 3% of the population.

Mild to moderate disorders affect 20% of the population at any one time and 90% over a lifetime.

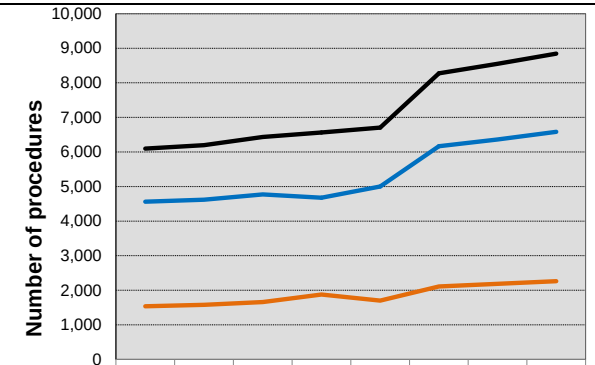
Outputs

Number of contacts by community mental health services with people who have enduring mental illness (2014/15 extrapolated from 9 months data):

Direct (with client and/or whanau)	95,000
Care coordination (on behalf of client, with another agency)	18,000

Impact: Fewer debilitating conditions and delayed onset of long term conditions

Measure:
Increase in elective service discharges



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17 to Q3	2017/18 target
Total	6,098	6,198	6,434	6,564	6,704	8,275	8,550	8,845
Maori	1,537	1,580	1,660	1,877	1,702	2,110	2,188	2,264
Non-Maori	4,561	4,618	4,774	4,677	5,002	6,165	6,362	6,581

Measure type:
Coverage

Rationale

Elective surgery is an effective way of increasing people's functioning because it remedies or improves disabling conditions.

Increasing delivery will improve access and reducing waiting times as well as increase public confidence that the health system will meet their needs.

Timely access to elective services is considered by the Ministry of Health to be a measure of the effectiveness of the health system.

One of the six national Health Targets.

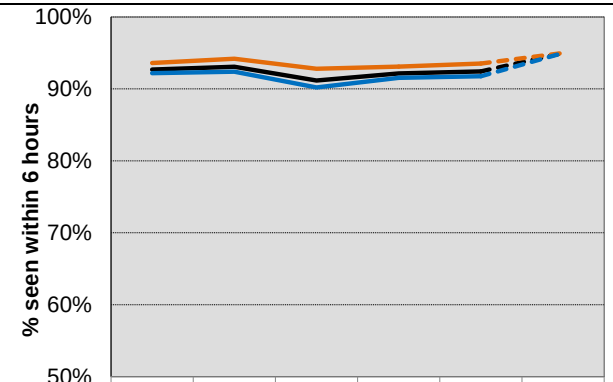
Outputs

8,845 elective surgical discharges target for 2017/18.

The data used here represents the targets set in each year's Annual Plan. These numbers do not represent total extra elective surgical discharges because every year MoH provides more funding for more procedures, and the amounts cannot be predicted. The most rational way of assessing NDHB's performance is against the targets agreed before the year starts.

Impact: More timely assessment, referral and treatment

Measure:
Patients with an emergency department length of stay of less than 6 hours



	2012/13	2013/14	2014/15	2015/16	2016/17 to Q3	2017/18 target
Total	92.7%	93.1%	91.2%	92.2%	92.4%	95.0%
Maori	93.6%	94.2%	92.8%	93.1%	93.5%	95.0%
Non-Maori	92.2%	92.4%	90.2%	91.6%	91.8%	95.0%

Measure type:
Timeliness

Rationale

ED length of stay is an important measure of the quality of acute (emergency and urgent) care in our public hospitals, because:

- EDs are designed to provide urgent (acute) health care; the timeliness of treatment delivery. and any time spent waiting, is by definition important for patients
- long stays in ED are linked to overcrowding in the department
- the medical and nursing literature has linked both long stays and overcrowding in EDs to negative clinical outcomes for patients such as increased mortality and longer inpatient lengths of stay
- overcrowding can also lead to compromised standards of privacy and dignity for patients (such as through the use of corridor trolleys to accommodate patients).

One of the six national Health Targets.

Outputs

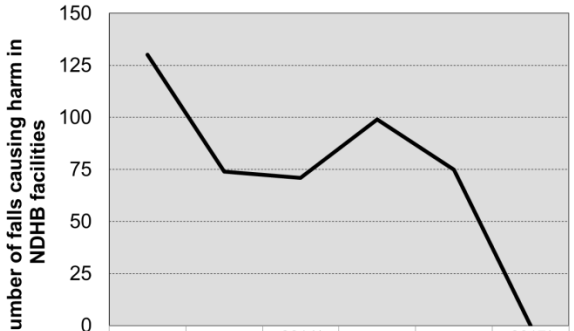
Emergency services provided by EDs at Whangarei Hospital, NDHB's most specialised ED, as well as satellite services at the other three hospitals in Kaitaia, Kawakawa and Dargaville.

Emergency department attendances for 2015/16: 47,007.

Impact: Fewer adverse clinical events.

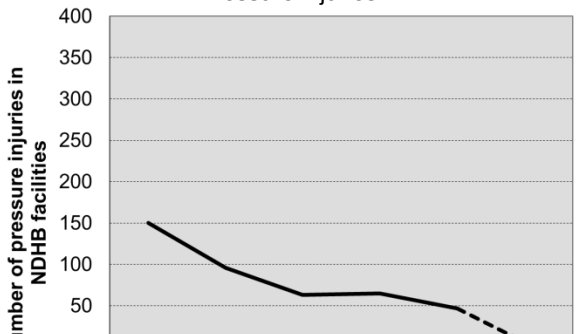
Measures type: Quality

Falls



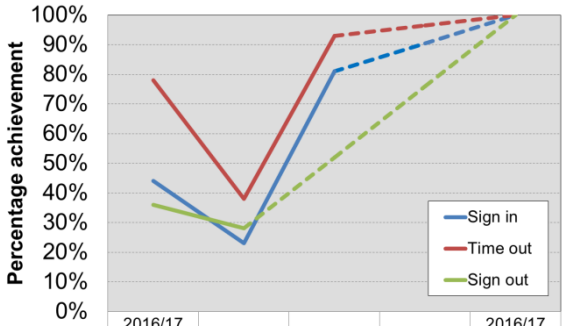
	2012/13	2013/14	2014/15 to Apr	2015/16	2016/17 to Q3	2017/18 target
Harm from falls while in hospital	130	74	71	99	75	0

Pressure injuries



	2012/13	2013/14	2014/15 to Apr	2015/16	2016/17 to Q3	2017/18 target
Pressure injuries	150	96	63	65	47	0

Surgical safety



	2016/17 Q1	Q2	Q3	Q4	2016/17 target
Sign in	44%	23%	81%	91%	100%
Time out	78%	38%	93%	97%	100%
Sign out	36%	28%	52.00%	76.00%	100%

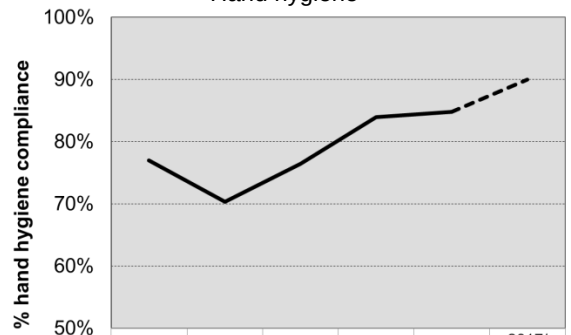
Legend components:

Sign in: checks before surgery begins (patient id, site of op, allergies, anaesthetic checklist etc).

Time out: confirmation of op details, possible concerns or unexpected steps, etc).

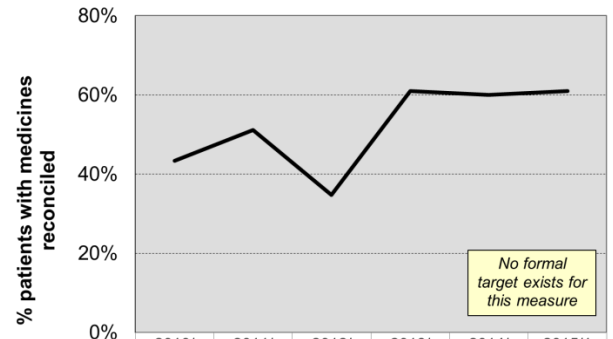
Sign out: instrument checks, specimens labelled, future plans etc).

Hand hygiene



	2012/13	2013/14	2014/15	2015/16	2016/17 to Q3	2017/18 target
Hand hygiene compliance	77.0%	70.3%	76.4%	83.9%	84.8%	90.0%

Medicine reconciliations



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Reconciliations completed	43.4%	51.1%	34.8%	61%	60%	61.0%

Rationale

In the last decade considerable efforts have been made to improve the safety of healthcare. We know that if we cannot measure safety outcomes we cannot manage them, hence NDHB is actively working toward measuring outcomes as indicators of success.

These measures comprise key areas of known patient harm. Along with many more measures they are reported to the Board and Clinical Governance on a monthly basis.

Outputs

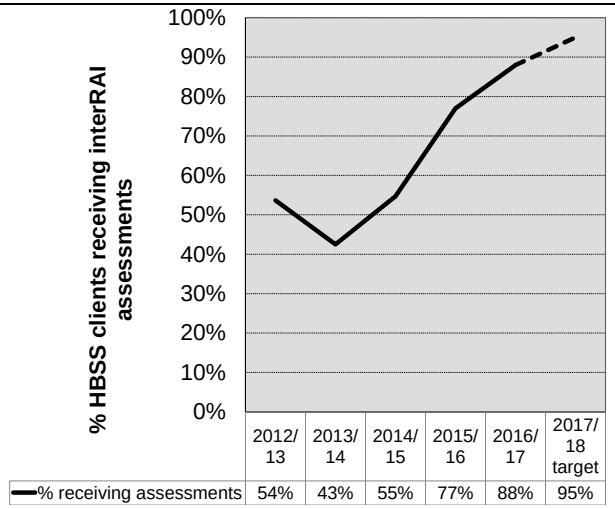
Advice and monitoring provided by the Quality and Improvement Directorate, which is overseen by the Chief Medical Advisor.

Output Class 4: Rehabilitation and Support

Impact: Older people requiring support or care receive services appropriate to their needs.

Measure: % Home and Community Support Services (HCSS) clients assessed using interRAI tool

Measure type: Coverage



Rationale

Older people who remain in the community with the assistance of home and community support services are more able to 'age in place' (that is, their lifestyle and supports are more appropriate to their needs). The more older people living safely and independently in the community, the less pressure there is on hospital and aged residential care resources. Good quality clinical assessment for older people who live at home contributes to achieving these aims.

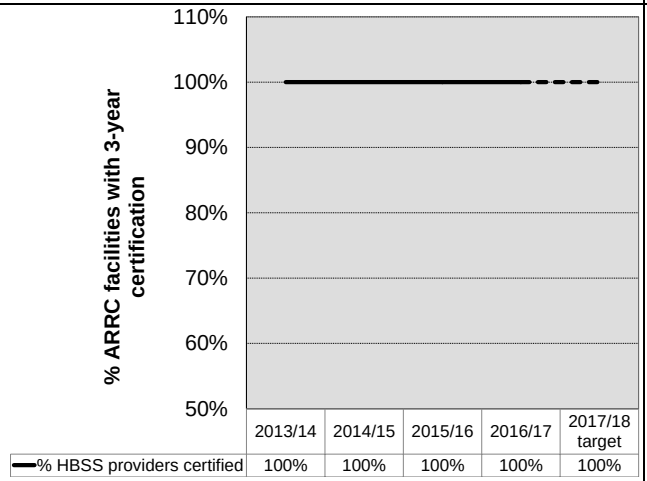
interRAI is collaborative network of researchers in over 30 countries who promote evidence-based clinical practice and policy to improve health care for persons who are elderly, frail, or disabled. InterRAI has developed assessment instruments for a range of populations in various areas of health care, including but not limited to home care and long term care facilities.

Outputs

1,896 clients who receive long term home based support services have ever been assessed using the interRAI Home Care or Contact Assessment tool as at Dec 2016.

Measure: % of HCSS providers certified

Measure type: Quality



Rationale

Certification against the Home and Community Support Sector Standard (NZS 8158:2012) is aimed at ensuring people receive good quality support in their homes. The Standard sets out what people receiving home and community support services can expect and the minimum requirements to be attained by organisations.

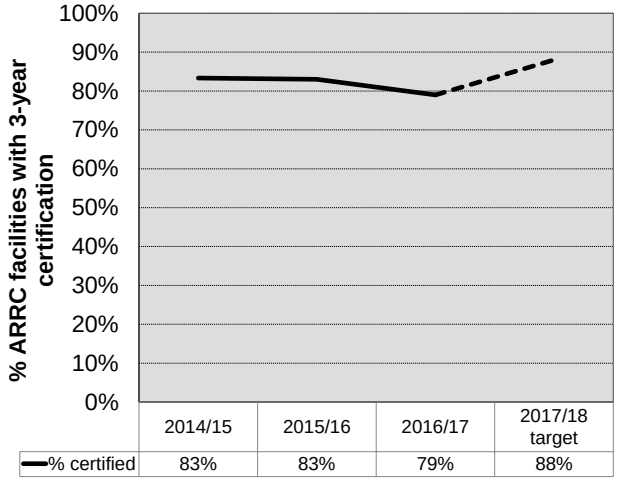
All NDHB home and community support services are certified, and Northland DHB ensures providers maintain their certification status.

Outputs

9 providers of home based support services, providing support to 2,384 people in the community up to Dec 2016.

Measure: % of ARRC providers with at least 3-year certification

Measure type: Quality



Rationale

Certification reduces potential risks to residents by ensuring providers comply with the Health and Disability Services Standards.

The period of certification for aged residential care providers reflects their risk level – the fewer the number and the lower the level of risks identified during audits, the longer the period of certification.

Outputs

DHB aged care contract and MoH certification audit processes have been conducted through a single audit since August 2010. DHBs concentrate on working with providers on corrective action plans to address any matters identified though the audits, monitoring progress against the agreed corrective action plans, and managing risks that may arise. The measure does not include certification for any new providers because that automatically reverts to a single year and is therefore not necessarily related to quality of service.

In 2016/17 there are 24 facilities, of which four have new owners and automatically receive a one-year certification but aren't yet counted in the performance data. Of the remaining 20, 17 have 3-year certification and 2 have 4-year; 19/20 = 95%.

Statement of Financial Performance - By Output Class

$000s

	Intensive Assessment & Treatment	Early Detection & Management	Prevention	Rehabilitation & Support Services	Total
DHB Provider Revenue	295,137	33,868	1,855	12,084	342,944
Other Provider Revenue	6,983	6,224	9,579	2,931	25,717
Less Revenue Offsets - Note 1	(2,289)	(2,040)	(3,140)	(961)	(8,429)
DHB Funder Revenue	80,770	114,557	10,018	65,904	271,249
DHB Governance & Administration	368	-	-	-	368
Total SOI Revenue	380,969	152,608	18,314	79,958	631,849
Personnel Costs					
Medical Labour	63,547	2,963	1,454	106	68,070
Nursing Labour	78,944	8,316	625	4,830	92,715
Allied Health Labour	24,483	9,607	2,778	3,005	39,873
Non Clinical Support Labour	4,822	200	63	75	5,161
Management and Admin Labour	25,032	3,223	1,696	1,523	31,474
Non-Personnel Operating Costs					
Outsourced Clinical Services	7,720	3,213	36	166	11,135
Oth Clinical Supp	37,122	2,417	773	2,270	42,582
Implants	5,614	-	-	-	5,614
Pharmaceuticals	12,780	96	7	442	13,326
Infrastructure and Non Clinical	40,106	4,180	1,769	1,969	48,024
Allocated Pharmaceuticals	-	-	-	-	-
Cost of Capital	7,922	813	273	386	9,394
CTA Recoveries	- 3,582	- 157	- 107	- 62	(3,908)
Patient Support	4,801	12	10	9	4,831
Sterile Supplies	268	4	1	2	276
Provider Payments - to providers					
Personal Health	66,813	110,894	4,736	1,047	183,489
Mental Health	12,704	2,623	-	-	15,327
Disability Support Services	118	-	-	65,275	65,393
Public Health	-	1,320	386	-	1,706
Maori Health	-	531	5,172	66	5,770
	-	-	-	-	
Total SOI Operating Expenditure	389,215	150,256	19,672	81,109	640,252
Surplus (Deficit)	(8,246)	2,352	(1,358)	(1,152)	(8,403)

Note One. Revenue Offsets for Costing Standards

Appendix B System Level Measures Improvement Plans

Ambulatory Sensitive Hospitalisations ages 0-4

Where we want to be

Northland DHB and Northland PHOs believe that all tamariki, particularly tamariki Maori living in Northland, should have access to quality primary care. Broad approaches are being planned to impact across the district, with the goal of reducing inequity and improving access for tamariki that live in highly deprived communities. This plan sets out our specific actions, all with a focus on increasing access for tamariki, reducing inequities and ensuring quality primary care.

Where are we now?

The top 10 ASH conditions in Northland are dental, asthma, upper and ENT respiratory infections, pneumonia, gastroenteritis/ dehydration, cellulitis, lower respiratory infections, dermatitis and eczema, constipation, GORD.

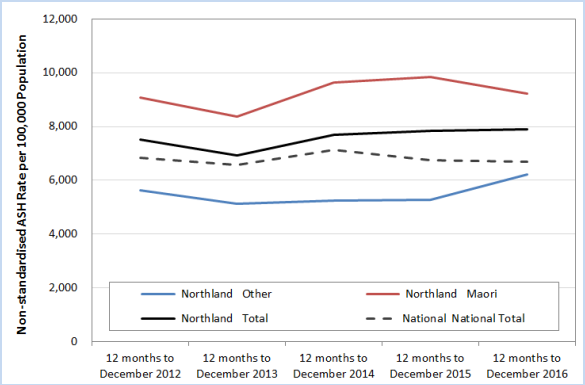
ASH rates for tamariki in Northland are higher than the national average.

High levels of inequity for ASH events for tamariki Maori compared to non-Maori.

There are significant inequities experienced by condition between tamariki Maori and non-Maori in dental related conditions, asthma, pneumonia, dermatitis and eczema events.

Data used for reporting and monitoring ASH events is not standardised.

Non-standardised ASH rate, ages 0-4, all conditions, 5 years to December 2016



How will we get there?

Milestones

Reduce the equity gap between Maori and non-Maori by 5% from 57.7% to 52.7% (non-standardised rate per 100,000, year to end of Dec 2016)

Contributory Measures

Caries-free at five years

Preschool children enrolled in publically funded child oral health service

Hospital admissions for children aged five with dental caries as primary diagnosis

Hospital admissions for children aged five with a primary diagnosis of asthma

Activity

Explore opportunity to provide a heavily subsidised or free oral health check for all hapu mama that live in decile 9/10 areas.

Review and co-design model of care for pre-school enrolment and access to publically funded oral health service targeting high needs tamariki aged 0 to 2.

Explore expansion of supervised tooth brushing in targeted high deprivation ECC schools.

Subject to funding, expand fluoride varnishing to targeted high needs tamariki through the implementation of a new acute demand model.

Increase the number of referrals into Manawa Ora.

Continue to progress town water fluoridation plan.

Implement paediatric focussed respiratory clinical pathway.

Design and implement respiratory A to D planner and discharge checklist.

Continue to implement the Respiratory Readmissions Strategy.

Continue to promote and develop health literacy services that resonate with high needs populations.

Amenable Mortality ages 0-74 and Acute Bed Days

Where we want to be

Northland DHB and Northland's PHOs are working to provide new innovative models of integrated care that will reduce amenable mortality and acute bed days. Our approach continues to pursue a flexible, quality health system delivering the most appropriate care in the most appropriate setting. We continue to believe that our planned approaches to addressing amenable mortality and acute bed days are intrinsically linked and continue to provide a plan that will address both System Level Measures.

Where are we now?

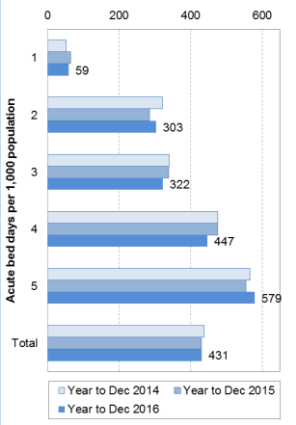
Tobacco consumption and diabetes are leading causes of amenable mortality and acute bed day occupation in Northland that can largely be avoided.

We have reduced the acute bed day rates for those living in quintile 4, but there has been an increase for those living in quintile.

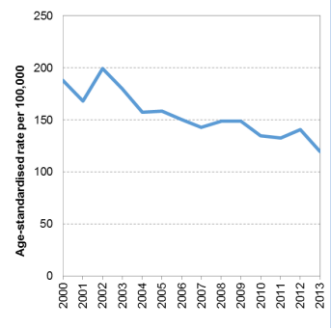
Our Primary Options Northland programme is oversubscribed and opportunity exists to implement a new model of care focussed on acute demand management.

We are supporting new models of primary care to focus resources on those most at risk and in need.

Acute bed days by quintile 2014-2016



Amenable mortality ages 0-74, 2000-2013



How will we get there?

Milestones

Reduce acute bed days for those in deprivation quintiles 4 and 5 by 3%

Reduce the amenable mortality rate for Maori by 20% by 2021

Contributory Measures

Cardiovascular Disease Risk Assessment

PHO enrolled population within the eligible population with a record of a Diabetes Annual Review whose HbA1c of 64mmol/mol

Improved management of long term conditions (Diabetes)

Better help for smokers to quit (PHO)

Activity

Develop a measure and report of the number of patients living in Quintile 4 and 5 with HbA1c rates of <80mmols/mol.

Subject to funding launch an integrated acute demand service to provide resources to community providers to reduce hospitalisation and acute demand on secondary services.

Subject to funding, scope and develop integrated packages of care for targeted patients with poorly controlled HbA1c - to include dietician support, GRx referral, mental health support and self-management support.

92% of our high needs population to have a CVD Risk Assessment in the last 5 years.

Increase the number of referrals into Manaaki Manawa programme.

Support general practice to risk stratify their population and implement Kia Ora Vision.

Continue to invest in and expand the roll out of Neighbourhood Healthcare Homes.

Improve support to smoking cessation services through dedicated community pharmacy services.

Improve number of patients that receive brief advice on identification of smoking status.

Patient Experience

Where we want to be

Northland DHB and Northland's PHOs are working together to ensure we are gaining insight into the patient experience across the system. Growing evidence tells us that patient experience is a good indicator of the quality of health services. Better experience, stronger partnerships with consumers, and patient and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes.

Where are we now?

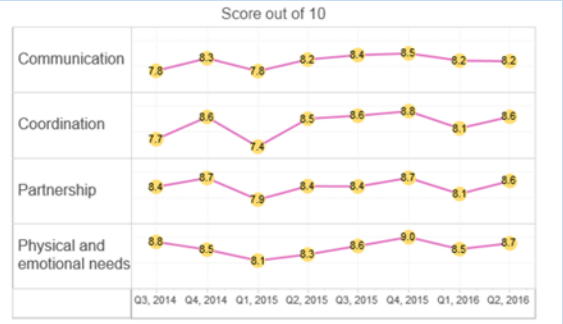
Primary Care Survey not currently active in Northland.

Patient portal is available in some practices in Northland and uptake, at this stage, is optional for use within general practice. It is however strongly supported and encouraged by the PHOs.

National Enrolment Service has been commenced and available across Northland primary health care practices but has experienced a delay with implementation due to PMS technical fault.

Inpatient survey within DHB in use as per MoH guidelines.

Northland DHB inpatient survey, 2016/17 Q2 report



How will we get there?

Milestones

Northland patients will rate their overall inpatient experience at 8.5 or greater.

The Primary Care survey will be introduced across Northland general practices in 2017.

Contributory Measures

Hospitals using the adult inpatient survey

Hospitalised patients completing an adult inpatient survey

Patients registered to use general practice

General practices using the primary care patient experience survey

Patients completing the primary care patient experience survey

General practices using the National Enrolment Service

GP practices offering an e-portal portals

Activity

NDHB using Adult inpatient survey according to MoH guidelines.

"What matters to you?" approach.

PIC and visitors policy / patient and carer engagement in personal care.

Patients and whanau are given a voice and are listened to.

Promote use of e-portal within PHC.

Enable access to internet within general practice settings.

Human resources are needed to enable patients to access and utilise on an ongoing basis.

Communications framework to be developed to promote use of tool both within general practice and the community.

National enrolment system to be implemented into PHC, and survey to be rolled out after NES.

Communication plan, training and support for general practice in both use of NES and Patient Survey.

Promote use of e-portal within PHC .

Enable access to internet within general practice settings.

Survey those not using e-portals to identify barriers.

Provide a change management process with support.

Babies in Smokefree Households at age 6 weeks

Where we want to be

All pepe and tamariki live in a smoke free environment.

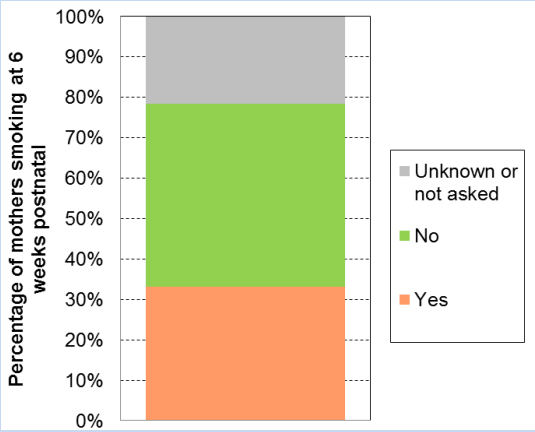
Where are we now?

At least one-third of mothers in Northland smoke when their babies are six weeks old.

The smoking status of 22% of mothers is currently not recorded.

Large gaps in data due to poor data definition and collection by practitioners.

Heading



How will we get there?

Milestones

Increase the % of babies living in smokefree households at six weeks to 55%.

Contributory Measures

Pregnant women who identify as smokers upon registration with a DHB-employed midwife or LMC who are offered brief advice and support to stop smoking

Babies whose family/ whanau are referred from a LMC to a Well Child Tamariki Ora provider

Four-year-old children living in a smokefree home (B4SC)

PHO-enrolled patients who smoke have been offered help to quit smoking by a health care professional in the past 15 months

Hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking

Activity

Implement collection of smoking status information at first core contact visit by Well Child and Tamariki Ora providers, ensuring that all providers are working from the same definition when recording.

Include smokefree and safe sleeping in Manawa Ora comprehensive housing assessment and referral pathways for smoking cessation and safe sleep.

Continue the project with TokiRau incentivising smoking cessation for hapu mamas (subject to funding).

Continue the Inhalators project for pregnant women and explore additional funding options past 2018.

Continue to promote and develop health literacy services that resonate with high needs populations.

Implement and socialise the Safe Sleep Calculator into general practice and midwifery practice.

Implement the Northland PHOs quality improvement plan to improve performance on the Better Help for Smokers to Quit target.

Expand and enhance the hapu wananga programme across the region (key partners include smoking cessation providers).

Implement improvements to Northland PHOs smoking cessation service.

Implement Toki Rau stop smoking service

		across Northland. Implement improvements in the collection of information at core contact one for well child and tamariki ora providers. Ensuring that all providers are working from the same definition when recording.

Youth Health

Where we want to be

Youth are healthy, safe and supported and health equity for Maori around the use of alcohol and drugs in Northland

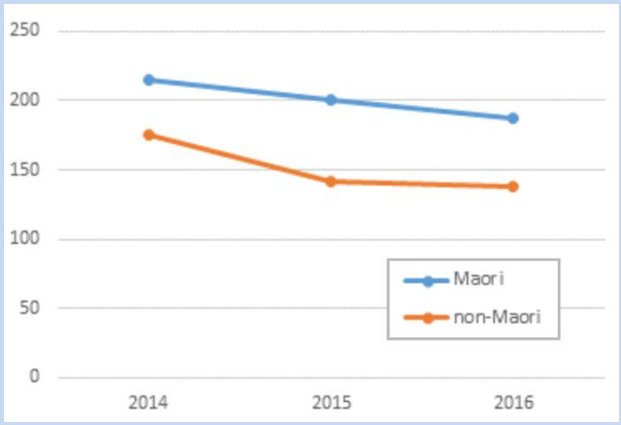
Where are we now?

In the 2012 Youth Health Survey, young people in Northland reported high rates of current cannabis use (17%), binge alcohol use (27%) and current smoking (11%) (Clark et al, 2013). Youth mental health disorders attributed to substance use were high (43.91 per 100, 000) compared to other DHBs and the Northland youth suicide rates (aged 15-24 years) were significantly higher than the national rate (Simpson et al, 2016).

These issues are catalysts and significant indicators for change. We are working towards redesigning the model of care to take a preventive, whole-of-system approach.

We currently have few data sources to draw on in this area. Key to monitoring progress will be developing datasets, especially through the AUDDIT tool and potentially also through ACC.

ED presentations for alcohol related harm for 10-24 year olds in Northland



How will we get there?

Milestones

Reduce presentation to ED for drug and alcohol related harm by 5%

Contributory Measures

Alcohol-related Emergency Department (ED) presentations for 10-24 year olds

Activity

Explore access to ACC data for alcohol related injuries 10-24 year olds.

Explore health promotion activity around the rugby injury prevention programme including referee programme.

Initiate and complete a stocktake of services to gauge the level of capacity to manage referrals.

Implement a feedback loop to primary care referrers on referrals made to youth-specific alcohol and drug services.

Re-focus brief intervention screening tool in youth health settings such as schools, One Stop Shop, alternative education.

Implement the AUDDIT tool on Medtech and dashboard systems to capture substance use.

Deliver two CME sessions for workforce development and training purposes on the use of AUDDIT and brief intervention.

Localise the HealthPathway in Northland for brief intervention and referral for alcohol and drug services.

Follow up with Rubicon on service provision and coverage across Northland.