

**Ministry of Health**

**2020/21 DHB Annual Plan and Planning Priorities Guidance**

**Incorporating the Statement of Performance Expectations**

**Document last updated May 2020**

This document is for District Health Board (DHB) staff to use when developing their 2020/21 Annual Plan including Statement of Performance Expectations.

The Annual Plan and the Statement of Performance Expectations Guidance is a reference document to enable DHBs to meet their minimum legislative and Ministerial obligations.

Amendments to the Annual Plan and Planning Priorities Guidance (note that minor editorial amendments have not been recorded in the following table)

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| **Date / Page** | **Description** |
| May 2020 / p7 | Reference removed to the Strategic Discussion |
| May 2020 / p7 | Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018 updated with Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan. |
| May 2020 / p21 | Improving Sustainability – under Savings plans – in-year gains – change as a result of COVID-19 |
| May 2020 / p28 | Immunisation – change as a result of equity and COVID-19 |
| May 2020 / p30 | School-based health services – change as a result of COVID-19 |
| May 2020 / p44 | Antimicrobrial Resistance – change as a result of COVID-19 |
| May 2020 / p48 | Smokefree 2025 – change as result of COVID-19 |
| May 2020 / p60 | Pacific Health Action Pan changed to Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan |
| May 2020 / p69 | Healthy Ageing – General update |
| May 2020 / p71 | Improving Quality – reporting timeframe changed to Annually (Q3) |
| May 2020 / p73 | Change to wording to reflect the establishment of the Cancer Control Agency |
| May 2020 / p74 | Change to requirement for a Three Year Plan to improve Cancer services |
| May 2020 / p75 | Bowel Screening – change as a result of COVID-19 |
| May 2020 / p77 | Workforce - change as a result of COVID-19 |
| May 2020 / p82 | Delivery of Regional Service Plan (RSP) priorities and relevant national service plans – Hepatitis C – General update |
| May 2020 / p85 | Primary Health Care Integration – COVID-19/Budget20 |
| May 2020 / p86 | Air Ambulance Centralised Tasking- New |
| May 2020 / p87 | Pharmacy – change as result of COVID-19 |
| May 2020 / p96 | Service change – Service changes as a result of the COVID-19 response |
| May 2020 / p95 | Performance Measures – updated for 2020/21 |

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## Overview of the Annual Plan Guidance

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# SECTION ONE: Overview of Strategic Priorities

This section should include an explanation of the DHB’s strategic intentions/priorities with a clear focus on equitable health outcomes and financial and clinical sustainability. Key messages from the Chair, Chief Executive and the Chair of the iwi/Māori partnership board and the signature page are also included in this section.

## 1.1 Strategic Intentions/Priorities/Outcomes

It is important to consider New Zealanders’ health outcomes as well as their levels of access or engagement with services. It is important that planning supports more people to be better engaged with services that work for them.

This section must include a brief outline of the key strategic outcomes or objectives for the DHB to enable it to deliver on local, regional and national health needs along with the DHB’s high level planning intentions.

The strategic intentions, priorities and outcomes section should also reflect your local approach to delivering on your obligations under Te Tiriti o Waitangi (the Treaty of Waitangi), achieving equity in health outcomes. Population health approaches are essential components of strategies to address determinants of health and achieve better health equity and wellbeing. Population health approaches should also focus on benefits for the environment and climate for the wellbeing of all. You are also to include an acknowledgement and commitment to:

* the Treaty of Waitangi
* the New Zealand Health Strategy
* He Korowai Oranga
* the Healthy Ageing Strategy
* the UN convention on the Rights of Persons with Disabilities
* Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan.

This section should outline:

* how you have partnered with your iwi/Māori partnership board to develop the DHB annual plan and the actions and outcomes you have agreed
* how you will effectively work with iwi, hapû, whânau and Mâori communities in your district, to exercise their authority to improve their health and wellbeing
* the specific strategic outcomes or objectives for the DHB with a clear focus on equitable health outcomes and sustainability
* how clinical leadership is supporting the DHBs plan to meet the local, regional and national health needs
* how you have considered the optimum arrangement for the most effective and efficient delivery of health services
* how the DHB is ensuring its out-year planning is robust and supports system sustainability.

## 1.2 Message from the Chair

## 1.3 Message from the Chief Executive

## 1.4 Message from the Chair, iwi/Māori partnership board

## 1.5 Signature Page

The signature page should include two board members’ signatures, and the chief executive’s signature and be dated upon signing. The page should also include a signature block for the Minister of Health and, if advised by the Ministry, one for the Minister of Finance.

# SECTION TWO: Delivering on Priorities

This section should focus on your commitments to the Minister’s Letter of Expectations. There are enhanced priorities focused on Māori health and focused on sustainability, therefore two new sections are included in the guidance.

## 2.1 Minister of Health’s Planning Priorities

The Minister’s Letter of Expectations sets out the planning priorities for 2020/21. The rest of this guidance has been structured to reflect these priorities, which are:

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

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

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

## 2.2 Health and disability system outcomes framework

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

Figure 1 the health and disability system outcomes framework elements



## 2.3 Māori health improvement in DHB Annual Plans

Your obligations as a Treaty partner are specified in legislation. DHBs will specify in their annual plans processes they use to meet these obligations. This includes, but is not limited to, information on:

* meeting the DHBs obligation to establish and maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement
* how the DHB will continue to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori
* How the DHB is giving effect to He Korowai Oranga.

## 2.4 Achieving Health Equity in DHB Annual Plans

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

The Ministry expects that achieving equity in health and wellness is a focus for all DHBs. DHBs are expected to apply an evidenced based equity lens as the plans are developed and to actively prioritise resources to achieving equity across their population groups. This will include an explicit focus on addressing racism and discrimination, in all its forms, across all aspects of the DHBs operations.

DHBs are expected to include evidenced-based equity actions focused on their Māori populations within each identified planning priority. In addition, Auckland, Canterbury, Capital & Coast, Counties Manukau, Hutt Valley, Hawke’s Bay, Waikato, and Waitemata DHBs must include evidence-based equity actions focused on their Pacific populations within each identified planning priority.

Equity actions need to be clearly identified within the annual plan. Therefore, please include the code “EOA” for “equitable outcomes action” immediately following any action that is specifically designed to help reduce health outcome equity gaps. Please ensure that the actions:

* specify the equity gap that the action is targeting
* identify the population group for whom the action will improve equity
* specify how success will be measured and monitored.

Making measurable progress to achieve equity in health and wellness will require innovation and different approaches to how services are delivered. The Ministry understands that not all innovation will be successful. We expect DHBs to share what they learn from both successes and failures as they work to reduce differences to achieve equity in health outcomes.

## 2.5 Responding to the Guidance

The 2020/21 DHB annual plans will continue to focus on the key activities that reflect the specific planning priorities the Minister has identified for DHB delivery in the 2020/21 year. DHBs can also include in their annual plan activities that span a longer time period. However, the milestones and measures for the first year should be clearly identified.

The Public Health Unit (PHU) work is carried out under a direct core public health services contract which is an agreement between the Ministry of Health (the Ministry), and the DHBs for a wide range of public health[[1]](#footnote-1) services to reduce the risk of poor health and premature death, and to promote and protect good health/hauora and equity for all New Zealanders. Five PHUs provide these services for more than one DHB.

As part of the contract’s obligations, PHUs are expected to develop an annual plan and submit the plan to the Ministry for approval. For the 2020/21 year the PHU annual plan is expected to be integrated into the DHB annual plan.

When developing your plan, the DHB/s and PHU must work together to determine their contribution to the activities outlined in the plan, in the context of:

* a strong emphasis on improving Māori health and achieving equity in health and wellness
* the resource available
* the local needs and priorities
* clarifying the roles and responsibilities of the DHB, PHU and other public health providers such as Māori/Iwi organisations, PHOs, and NGOs.

This requires that DHBs and their PHUs need to engage with relevant stakeholders when developing their 2020/21 annual plan to strengthen the integration of your wider DHB efforts with the efforts of primary care, community, other sectors and with iwi. You are asked to demonstrate this collaboration and integration in your annual plan.

Increased collaboration and integration with other sectors will help:

* ensure more organised and co-ordinated service delivery
* reduce any gaps, overlap or duplication
* strengthen efforts to more effectively address determinants of health and Government priorities to improve Māori health and achieve health equity and wellbeing.

Your annual plan should include the five public health core functions[[2]](#footnote-2) (Health Promotion, Health Protection, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions) activities that the DHB and the PHU have agreed to undertake, which are expected to be included in the plan.

The core functions approach was developed by the PHU sector. You may refer to the core functions report, *Core public health functions for New Zealand: a report of the NZ Public Health Clinical Network, September 2011*. The published article in the New Zealand Medical Journal can be accessed from the link below[[3]](#footnote-3).

The information and reporting for the Health Promotion, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions core functions can be set at a level where less detail than previous years is required for both planning and reporting.

In relation to the Health Protection core function (regulatory functions/services), the Ministry is expecting a similar level of planning and reporting detail as in previous years. This is because the Ministry has leadership and requires oversight over how public health regulatory functions/services are delivered and achieved, as the statutory accountability for these functions/services rests with the Ministry. Many regulatory functions, duties and powers are held by the Director-General of Health, the Director of Public Health or the Ministry.

PHUs that service more than one DHB should report only through their host (contract holder) DHB although some tailoring of the report may be needed in cases where reporting is broken down by DHB, such as in the Healthy Food and Drink section.

It is intended that the next three-year contract, which will commence on 1 July 2020, will recognise the changes that are anticipated in the wider health and disability system and beyond in the next few years. The next contract will therefore provide the flexibility for all relevant parties (Ministry, DHBs and their PHUs) to collaboratively create the future for Public Health and to be active participants in maximising the opportunities as public sector, central and local government carve out new ways of operating and addressing the environments that shape health and wellbeing. The flexibility includes the opportunity to review the contract service specification, as and when required, and will ensure that core and essential components of public health services (‘business as usual’) will be delivered.

The DHBs, their PHUs and the Ministry will be undertaking some strategic pieces of work[[4]](#footnote-4) as part of a Public Health Collaboration work programme. This follows commitment, among parties concerned, to increasing public health collaboration and integration to achieve health, wellbeing and equity.

Section 2.8.5 ‘Improving wellbeing through prevention’ contains further information.

## 2.6 Expectations on developing the activities in your plans

In responding to the guidance:

* equitable outcomes activities are to be evidence based
* identify activities that improve equity in the priority area: activities that address/ improve / reduce differences in health outcomes
* refer to the Supporting Information and FAQs to support the development of your annual plan
* all activities in your annual plan are to reflect the following expectations: (the examples included in the table below relate to Antimicrobial Resistance).

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| **Expectations for activities** | **Tips** |
| Activities are ‘SMART’: specific, measurable, achievable, realistic and time-bound | * Use strong action statements that are measurable, for example including the words “undertake”, “facilitate” or “provide”. Words such as “support” and “encourage” are not measurable. * Activities include a clear time frame for delivery of different components (milestones) and what completion of the activity looks like (measures). |
| Activities go beyond maintaining existing mechanisms programmes and practices | * Avoid activities that start with “continue to”, as these are usually business as usual activities. If wanting to build on work already underway, suggest a specific new sub-activity that can be undertaken and measured in the 2020/21 year. * For example, if you already have an Infection Prevention and Control (IPC) Committee - including regular meetings of this committee as your milestone and measure is not sufficient. Examples of new activities include: having the IPC Committee or antimicrobial stewardship team focus on a specific new issue over the financial year, or broadening membership to include primary care and age-related residential care representatives. |
| Activities and their measurement clearly demonstrate an equity focus | * Include specific evidence-based activities that focus on improving equity of health outcomes, particularly for Māori and Pacific populations. * Consider the impact of each activity on different population groups, particularly Māori and Pacific populations, to ensure it will improve equity of health outcomes, reduce differences, and avoid increasing inequities. * When activities are reported, report on the reduction in differences that the activity has addressed ie access, outcomes, approaches. |
| The following elements make up the core of a good equity action | * The activity is directly aligned to a Māori health or Pae Ora priority area and the improvement is demonstrably connected to better Māori health or Pae Ora outcomes in the relevant priority area. * The activity has been endorsed by Iwi and the DHBs Māori health leadership. * The activity has a designated owner. * Improvement can be measured. * There is a commitment to apply continuous quality improvement methodology to performance improvement in the selected equity indicator. * Systematic performance reporting of progress is clearly articulated and planned for. * Performance data reporting and collection is rigorous and can lead to the establishment of a new data source if warranted. * Commitment to share best practice and/or learnings associated with the indicator being measured is given. |

## 2.7 Regional Service Planning

*See the Regional Service Plan Guidance for 2020/21*

In the Annual Plans, DHBs should identify any significant individual DHB actions to deliver on the Ministry’s Regional Service Plan (RSP) priorities. These should be identified within the delivery of Regional Service Plan (RSP) priorities and relevant national service plans section of the priority area ‘Better population health outcomes supported by strong and equitable public health and disability system’.

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



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

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

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

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

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

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| Engagement and obligations as a Treaty partner The NZPHD Act specifies the DHBs Te Tiriti o Waitangi obligations; please specify in the annual plan how the DHB will meet these obligations. This includes, but is not limited to, information on:   * The DHBs obligation to maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement. Note: these processes already be established but a description of how they operate, and any improvements planned, should be included. * Specific plans and strategies for Māori health improvement. Including how the DHB will be working in partnership with Māori to develop and implement these. * This includes the training of Board members (as per the NZPHD Act 2000) in Te Tiriti o Waitangi and Māori health and disability outcomes. | | | **This is an equitable outcomes action (EOA) focus area**  (All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Māori Health Action Plan – Accelerate the spread and delivery of Kaupapa Māori services [The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]   * Accelerating the spread and delivery of Kaupapa Māori services is an important element in enabling Māori to exercise their authority under Article Two. It enables Māori to have options when choosing care providers and pathways. DHBs will have plans to ensure that Māori capability and capacity is supported, enabling Māori to participate in the health and disability sector and provide for the needs of Māori. | | | **This is an equitable outcomes action (EOA) focus area**  (All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Māori Health Action Plan – Shifting cultural and social norms [The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]  Shifting cultural norms within the health and disability system is critical to ensuring that Māori can live and thrive as Māori and that we address racism and discrimination in all its forms. DHBs will have plans to further these aims through actions like:   * Building the knowledge of all DHB staff in Te Tiriti o Waitangi. * Addressing bias in decision making (e.g. build on <https://www.hqsc.govt.nz/our-programmes/patient-safety-week/publications-and-resources/publication/3866/>) * Enabling staff to participate in cultural competence and cultural safety training and development (e.g. support the implementation of: <https://www.mcnz.org.nz/assets/standards/8a24a64029/Statement-on-cultural-safety.pdf>) | | | **This is an equitable outcomes action (EOA) focus area**  (All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Māori Health Action Plan – Reducing health inequities‐ the burden of disease for Māori [The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]  Achieving equity in health and wellness for Māori is an overall goal of the health and disability system. It is mandated by article three of Te Tiriti o Waitangi and is an enduring principle of Te Tiriti. Achieving equity for Māori will be a key element of many of the DHB’s plans throughout the rest of the document. DHBs should use this section to:   * Outline any equity focused initiatives that don’t fit elsewhere. * Provide a summary and cross refence for those major initiatives elsewhere in their plan. | | | **This is an equitable outcomes action (EOA) focus area**  (All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Māori Health Action Plan – Strengthening system settings [The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]   * DHBs have a role to play in ensuring that the system settings across their parts of the health and disability system support the overall goal of pae ora (healthy futures). Included in this area are matters to do with how services are commissioned and provided and joint ventures with other local agencies. Please document the plans you have in this area. | | | **This is an equitable outcomes action (EOA) focus area**  (All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

## 2.8.2 Improving sustainability

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

DHBs are expected to clearly demonstrate how strategic and service planning, both immediate and medium term supports improvements in system sustainability including significant consideration of models of care and the scope of practice of the workforce.

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

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| Improved out year planning processes Financial   * Identify the three or four most significant actions the DHB will take to improve its outyear planning processes.   At least two of the actions should identify milestones for delivery to be completed by December 2020 to support 2021/22 planning.  Workforce   * Identify the three or four most significant actions the DHB will take to improve its outyear planning processes.   At least two of the actions should identify milestones for delivery to be completed by December 2020 to support 2021/22 planning. | | |  | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| **Savings plans – in-year gains**  DHBs are expected to undertake appropriate cost analysis and develop realistic savings plans that do not risk compromising the quality and safety of services or improved equity for their populations.   * The DHB’s annual plan should highlight a subset of five initiatives from its saving plan that are expected to have most significant impact in the 2020/21 year and include a brief rationale explaining why the action was selected. * Please identify key actions and milestones that support delivery of the initiative each quarter and include quantification of the expected in-year impact. * Please also indicate where any of the actions identified form part of the DHB’s COVID-19 recovery programme. | | | **Initiatives identified must not compromise quality and safety or equity of services for the DHB’s population** | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Savings plans – out year gains DHBs are expected to undertake appropriate cost analysis and develop realistic savings plans that do not risk compromising the quality and safety of services or improved equity for their populations.   * The DHB’s annual plan should highlight a subset of five initiatives from its saving plan that are expected to have most significant impact in the next two out years and include a brief rationale explaining why the action was selected. Please also include quantification of the expected impact in each of the out years.   *(Where in-year initiatives continue into out years as the most significant activity the DHB is undertaking, please cross refer to the in-year gains section)* Consideration of innovative models of care and the scope of practice of the workforce to support system sustainability Ensuring workforce planning supports innovative models of care is a key factor supporting improved system sustainability in the medium term.   * Please specify five key workforce development actions and initiatives the DHB will undertake during 2020/21 to support innovative models of care to be delivered in out years. At least one action should be focused on strengthening Māori workforce. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Working with sector partners to support sustainable system improvements  * Identify the three or four most significant actions the DHB will undertake during 2021 collaboratively with sector partners to support sustainable system improvements that also support improved Māori health outcomes and Pacific health outcomes. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

## 2.8.3 Improving Child Wellbeing - improving maternal, child and youth wellbeing



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

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

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

There is an expectation that DHBs will actively work to improve the health and wellbeing of infants, children, young people and their whānau and carers with a particular focus on improving equity of outcomes.

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

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| **Maternity and Midwifery workforce**   * Ensure population needs for pregnant women, babies, children and their whānau are well understood; and identify key actions that demonstrate how the DHB will meet these needs, including realising a measurable improvement in equity for your DHB. Actions should include a comprehensive approach to prevention and early intervention across maternity, Well Child Tamariki Ora and primary care services. * All DHBs will continue to implement and evaluate a midwifery workforce plan to support:   + undergraduate midwifery training, including clinical placements   + recruitment and retention of midwives, including looking at the full range of the midwifery workforce within the DHB region especially rural areas   + service delivery mechanisms including strategies to address predicted seasonal changes in service demand and showing initiatives that make best use of other health work forces to support both midwives in their roles and pregnant people. * Please refer to the Care Capacity Demand Management (CCDM) section regarding reporting requirements for implementing CCDM for the midwifery workforce.   Examples of equity actions that could be included in your plan are found in the in the Supporting Information and FAQ page, see section 2.6 for the link. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Maternity and early years  * Identify actions that contribute to the Strategy’s Plan of Action to redesign maternity and early years interventions that support the needs of pregnant women, infants, babies, children and their whānau. Demonstrate how the DHB will meet these needs, including commitments to health equity for Māori, Pacific and other vulnerable groups and how outcomes will be addressed. * Actions should include comprehensive approaches to prevention and early intervention across pregnancy, parenting and Well Child Tamariki Ora services including integrated approaches with primary care and mental health and addiction services, as well as SUDI prevention initiatives. * Identify the health promotion and health protection activities the DHB can undertake to advance progress on your SUDI work. Activities that DHBs could carry out can be found in the Supporting Information and FAQ page, see section 2.6 for the link. * Outline the specific actions the DHB is taking intended to reduce inequity of access to community-based midwifery services, ultrasound scanning, pregnancy and parenting education and Well Child Tamariki Ora services. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |
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| Immunisation  * All DHBs are to contribute to healthier populations by establishing innovative solutions to improve and maintain high immunisation rates at all childhood milestones from infancy to age 5 years. Ensuring the Childhood Immunisation Schedule is maintained during New Zealand’s COVID-19 response is essential. * Specify actions to improve delivery and uptake of immunisation from infancy to age 5 years that will meet the needs of your overall population: * outline how each action will improve Māori (and Pacific where appropriate) equity and what outcomes will be achieved and please be conscious of the groups within your population that may find accessing childhood immunisations harder as a result of COVID-19 and outline any actions your DHB is / will be taking to continue to immunise children on time in light of COVID-19. * It is important that Māori General Managers (Tumu Whakarae) and Pacific General Managers have oversight of all Māori and Pacific focused work, respectively, in their DHBs. It is therefore the Ministry's expectation that DHB Immunisation Leads develop and maintain strong working relationships with their DHBs’ Māori and Pacific General Managers to ensure they have a clear line of sight into immunisation work. This work includes:   - strategies on closing the equity gap  - prioritisation of Māori immunisation  - quarterly and annual reporting. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| School-Based Health Services  * Commit to providing quantitative reports in quarter two and four on the implementation of school-based health services (SBHS) in decile 1 to 4 secondary schools, and decile 5 as applicable to the DHB[[5]](#footnote-5); teen parent units and alternative education facilities. * Outline how the DHB will catch up on psychosocial/wellbeing assessments that have been delayed due to COVID-19 restrictions. * Outline the current activity the DHB will undertake to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS. * Outline the current activity the DHB is taking to improve the responsiveness of primary care to youth. * Commit to providing quarterly narrative reports on the actions of the SLAT to improve health of the DHB’s youth population. * Outline the actions the DHB is taking to ensure high performance of the youth service level alliance team (SLAT) (or equivalent). | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Family violence and sexual violence Reducing family violence and sexual violence is an important priority for the Government, and something we want all DHBs to be working on, in partnership with other agencies and contributions   * Please provide the actions for the upcoming year that your DHB considers is the most important contribution to this, including: the reasons why the action(s) are important and the expected impact. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

## 2.8.4 Improving mental wellbeing

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

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

There is an expectation that annual plans reflect how DHBs will embed a focus on wellbeing and equity at all points of the system, while continuing to increase focus on mental health promotion, prevention, identification and early intervention.

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

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

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| Mental Health and Addiction System Transformation The Government’s response to *He Ara Oranga* (the report of the Mental Health and Addiction Inquiry) confirmed a transformational direction for New Zealand’s approach to mental health and addiction (https://www.health.govt.nz/our-work/mental-health-and-addictions/government-inquiry-mental-health-and-addiction). This approach is grounded in wellbeing and recovery. It is underpinned by a deliberate focus on achieving equity of outcomes, in particular for Māori, as well as for other population groups who experience disproportionately poorer outcomes including Pacific peoples and youth.  DHBs must demonstrate collaborative engagement with Māori, Pacific peoples, people with lived experience, NGOs, primary and community organisations, Rainbow communities and other stakeholders to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options for New Zealanders across the full continuum of need.  The mental health and addiction system must be responsive to people at different life stages, and at different levels of need. In particular all mental health and addiction services must be responsive to people with coexisting needs. We must continue to work together to embed a focus on mental health promotion, prevention, identification and early intervention at the primary and community level. At the specialist end of the continuum, we must ensure sustainable, quality services for those with most need.  Collective action across multiple years will be required to achieve transformation of our approach. It is expected that DHBs will work along with the Ministry of Health and other leadership bodies to implement the Government’s agreed actions following the Mental Health and Addiction Inquiry and implement relevant Budget 2020/21 initiatives.  This transformation will lead to increased access and choice of supports for people, whatever their needs and wherever they are, and improved and equitable health and wellbeing outcomes for all.  **DHB Activity**  DHBs should identify opportunities to build on existing foundations and include actions in the annual plan in relation to improving and / or addressing **all** these focus areas and subpoints:  **Placing people at the centre of all service planning, implementation and monitoring programmes**   * Demonstrate a commitment to lived experience and whānau roles being supported and employed across policy, strategy and quality programmes. * Improve mechanisms that will enable real time feedback from service users and their families into quality programmes. * Demonstrate how consideration will be given to addressing equity for Māori, Pacific, young people and other population groups who experience disproportionately poorer outcomes, into recruitment and feedback mechanisms. * Demonstrate leadership in promoting respect for and observance of the Code of Health and Disability Services Consumers’ Rights. * Demonstrate measures to minimise compulsory or coercive treatment.   **Embedding a wellbeing and equity focus**   * Demonstrate a focus on wellbeing and equity at all points of the system including working with your partners on, for example, implementing Healthy Active Learning and promoting sleep and physical activity. * Improve the physical health outcomes for people with mental health and addiction conditions. * Improve responses to co-existing problems via stronger integration and collaboration between other health and social services. * Improve employment, education and training options for people with low prevalence conditions including, for example, Individual Placement Support. * Improve engagement strategies with Māori, people with lived experience, and population groups who experience disproportionately poorer outcomes including Pacific peoples, youth and Rainbow communities. * Continue to implement Supporting Parents, Healthy Children (COPMIA) to support early intervention in the life course.   Collaborate and work with the Ministry, the Mental Health and Wellbeing Commission, the Suicide Prevention Office and other leadership bodies and key partners in your region to help drive transformation in line with *He Ara Oranga.*  **Increasing access and choice of sustainable, quality, integrated services across the continuum**   * Outline how you will support the sustainability of acute services. * Improve options for acute responses, including improving crisis team responses, respite options, and community support and work with the Ministry to plan future responses that will contribute to decreasing acute demand. * Commit to expand access to services for people with mild to moderate and moderate to severe mental health and addiction needs. * Commit to increased choice by broadening the types of mental health and addiction services across the full continuum of care and available in a range of settings. * Work in partnership with the Ministry and in collaboration with Māori, Pacific peoples, young people, people with lived experience, NGOs, primary and community organisations, and other stakeholders to plan an integrated approach to mental health, addiction and wellbeing and roll out new primary-level responses from Budget investment. * Strengthen and increase the focus on mental health promotion, prevention, identification and early intervention. * Continue existing initiatives and services that contribute to primary mental health and addiction outcomes and align with the future direction set by *He Ara Oranga,* including strengthening delivery of psychological therapies. * Identify how you will use cost pressure funding to ensure NGOs in your district are sustainable.   **Suicide prevention**   * Undertake to reduce suicide by implementing and monitoring key DHB-led actions from *Every Life Matters* - He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024. * Work with the Ministry in developing DHB suicide prevention and postvention plans to enable and monitor the outcomes of *Every Life Matters –* to promote wellbeing, respond to suicide distress, respond to suicidal behaviour and support people after a suicide. * Continue existing suicide prevention and postvention efforts to provide a range of activities such as mental health literacy and suicide prevention training, community-led prevention and postvention initiatives and integration of suicide prevention within mental health and addiction services. * Continue to gather data, information and evaluative reports around the monitoring and evaluation of mental health literacy and suicide prevention training, community-led prevention and postvention initiatives and integration of suicide prevention within mental health and addiction services. * Support the implementation of *Every Life Matters* and the national suicide prevention research plan, through the contribution of agreed data capture.   **Workforce**  Central to achieving better outcomes for New Zealanders is a sustainable, skilled workforce.This requires investment to diversify, upskill and expand existing and new workforces, and to ensure worker wellbeing.   * Work in partnership with workforce centres to strengthen current workforces, including a focus on retention, recruitment and training, and wellbeing. * Support workforce development of the appropriate knowledge and skills to support people with mental health and addiction needs, including those with co-existing needs, for example through use of the Let’s Get Real framework. * Demonstrate how lived experience, peer and whānau roles can be strengthened, supported and employed across all services.   **Forensics**   * Work with the Ministry to improve and expand the capacity of forensic responses from Budget investment. * Contribute, where appropriate, to the Ministry’s Forensic Framework project to improve the consistency and quality of services and to guide development of future services.   **Commitment to demonstrating quality services and positive outcomes**  Demonstrating quality, safe services, and positive health outcomes, requires a commitment to collecting meaningful information and data, and continuous monitoring and evaluation. This includes performance, quality, and outcome measures.  As such, you will commit to the development of any new measures alongside providing reporting on priority measures, including:   * Access (MH01) and reducing waiting times (MH03), completion of transition/discharge plans and care plans for people using mental health and addiction services (MH02), mental health and addiction service development (MH04) * Reducing inequities including reducing the rate of Māori under community treatment orders (MH05). * Ongoing commitment on reporting to PRIMHD. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |
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| Mental health and addictions improvement activities  * In order to support an independent/high quality of life please outline your commitment to mental health and addictions improvement activities with a continued focus on minimising restrictive care and improving transitions.   *Please note the percentage and quality of transition plans forms part of the MH02 (formally PP7) performance measure.* | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
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| Addiction  * For those DHBs that are not currently meeting the *MH03 (formally PP8)* addiction related waiting times targets (for total population or all population groups), please identify actions to improve performance to support an independent/high quality of life for people with addiction issues. * Please provide information on how your DHB is reconfiguring or expanding services in line with the AOD national model of care * Demonstrate local level, cross-agency coordination for alcohol and other drug issues, including with local AOD service providers. * Noting that mental health and addictions services are a priority for Government please describe how your DHB is giving appropriate priority to meeting service demands within baseline funding.   *Note: DHBs should take into account both DHB provided services and those that are DHB funded but provided by NGOs.* | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Maternal mental health servicesPlease advise the actions you plan to take in 2020/2021 to ensure a continuum of care is evident for maternal mental health to increase responsiveness to women and their whānau during and post pregnancy. This includes services in primary, secondary and tertiary level. Please document the links to infant mental health services and early parenting support. Your plans should indicate how equity of access and outcomes for Māori and Pacific women are addressed and measured. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Mental health support in earthquake affected schools (Canterbury DHB only)  * To assist with making New Zealand the best place in the world to be a child please commit to continue to lead work with the Ministries of Health and Education, and other social sector organisations and stakeholders in Canterbury, on the roll out of the Mana Ake programme in Kahui Akō (Clusters of Schools) across the Canterbury DHB District.  *Please note quarterly reporting on the initiative will include resources, number of children engaged in the service, and other outcome measures and metrics as they are developed.* | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

## 2.8.5 Improving wellbeing through prevention

Preventing and reducing risk of ill health and promoting wellness is vital to improving the wellbeing of New Zealanders. As the population grows and ages, it is important to orient the health and disability system towards a public health and prevention focus. This focus, includes working with other agencies to address key determinants of health, creating supportive health enhancing environments, identifying and treating health concerns early and ensuring all people have the opportunity and support to live active and healthy lives.

PHUs have an important role to play to address key determinants of health, improve Māori health and achieve health equity and wellbeing by supporting greater integration of public health action and effort. DHBs and their PHU both have a role in contributing to improving the health and wellbeing of the population through prevention.

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



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| Environmental sustainability  * Undertake actions that mitigate and adapt to the impacts of climate change, and that enhance the co-benefits to health from these actions. Where possible, actions should have a pro-equity focus. See the Supporting Information and FAQ page for further information, see section 2.6 for the link. * As appropriate, develop and implement a sustainability action plan. * As appropriate, identify actions that improve the use of environmental sustainability criteria in procurement processes, in line with the updated Government Procurement Rules, 4th Edition.[[6]](#footnote-6) * If already measuring emissions (or other measures of environmental sustainability, such as energy, water or waste data), please work with the Ministry of Health to report baseline measurements of emissions (or other data) to support potential future emissions targets. | | | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | | |
| **Activity** | | **Milestone**  (DHB selected milestone) | | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government themes:**  **Improving the well-being of New Zealanders and their families**  **Build a productive, sustainable and inclusive economy** (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand) | | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |
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| Antimicrobial Resistance (AMR)  * Identify activities that advance progress towards managing the threat of antimicrobial resistance, including alignment with the New Zealand Antimicrobial Resistance (AMR) Action Plan (2017 – 2022).   These activities should align with the NZ AMR Action Plan’s five objectives of: Awareness and understanding, Surveillance and research, Infection prevention and control, Antimicrobial stewardship, Governance, collaboration and investment.  DHBs should work to undertake and advance AMR management across primary care, community (in particular age-related residential care services) and hospital services.  Activities that could be carried out to support AMR work can be found in the Supporting Information and FAQ page, see section 2.6 for the link.  *Please note many of the actions undertaken this year in support of the COVID-19 response will also have relevance for AMR.* | | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | | | | |
| **Activity** | **Milestone**  (DHB selected milestone) | | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government theme:**  **Improving the well-being of New Zealanders and their families** | | | | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering | | |

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| Drinking water Core function – Health Protection.   * The DHB must work to ensure high quality drinking water as outlined in the drinking water section of the environmental and border health exemplar. Commit to delivering and reporting on the drinking water activities and measures in the exemplar (in Q2 and Q4). * Please note that the drinking water section of the current Environmental and Border Health exemplar will be reviewed prior to 31 March 2020 and is likely to be changed.   A reporting template for this is available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry.  Other activities that could be carried out to support drinking water work can be found in the Supporting Information and FAQ page, see section 2.6 for the link. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Environmental and Border Health (note that the drinking water section is separate) Core function – Health Protection.  Commit to undertake compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation by delivering on the activities and reporting on the performance measures contained in the Environmental and Border Health exemplar.  Please note that the current Environmental and Border Health exemplar will be reviewed prior to 31 March 2020 and is likely to be changed.  Report in Q1, Q2, Q3 and Q4.  Reporting templates are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry. | | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | | | |
| **Activity** | **Milestone**  (DHB selected milestone) | | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government theme:**  **Improving the well-being of New Zealanders and their families** | | | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering | |
| Healthy food and drink  1. Create supportive environments for healthy eating and health weight by undertaking the following activities:  * Continue to implement your DHB Healthy Food and Drink Policy, and ensure that it aligns with the National Healthy Food and Drink Policy * Continue to include a clause in your contracts with health provider organisations stipulating an expectation that they develop a Healthy Food and Drink Policy covering all food and drinks sold on site/s and provided by their organisation to clients/service users/patients[[7]](#footnote-7), staff and visitors under their jurisdiction. Any policy must align with the Healthy Food and Drink Policy for Organisations (<https://www.health.govt.nz/publication/healthy-food-and-drink-policy-organisations>) * Commit to reporting in Q2 and Q4 on the number of contracts with a Healthy Food and Drink Policy, and as a proportion of total contracts.  1. In line with the implementation of the Healthy Active Learning initiative, continue to report in Q2 and Q4 on the number of Early Learning Services, primary, intermediate and secondary schools that have current:  * water-only (including plain milk) policies * healthy food policies. Healthy food policies should be consistent with the Ministry of Health's Eating and Activity Guidelines.   Activities that can be carried out to support healthy food and drink can be found in the Supporting Information and FAQ page, see section 2.6 for the link. | | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | | | |
| **Activity** | **Milestone**  (DHB selected milestone) | | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government theme:**  **Improving the well-being of New Zealanders and their families** | | | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering | |
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| Smokefree 2025 Core functions – Health Promotion, Health Protection, Health Assessment & Surveillance and Public Health Capacity Development.   * Commit to undertake compliance and enforcement activities relating to the Smoke-free Environments Act 1990. This must include delivering on the activities and reporting on the five regulatory performance measures contained in the previous Vital Few Report. However, the Ministry acknowledges that this work may be impacted by the national response to COVID-19. Reporting templates for this are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry. * In addition to the above, outline the activities the DHB will undertake to advance progress towards the Smokefree 2025 goal, including supporting Ministry funded wrap-around stop smoking services for people who want to stop smoking, and which address the needs of hāpu wāhine and Māori.   Report in Q2 and Q4.   * Activities that could be carried out to support Smokefree 2025 can be found in the Supporting Information and FAQ page, see section 2.6 for the link. | | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | | | |
| **Activity** | **Milestone**  (DHB selected milestone) | | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government theme:**  **Improving the well-being of New Zealanders and their families** | | | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering | |
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| Breast Screening The Ministry of Health, DHBs and Breast Screening Lead Providers all have an important role in ensuring that participation targets are achieved and in eliminating equity gaps between Māori and non-Māori, Pacific and non-Pacific/non-Māori.  DHBs will describe and implement initiatives that contribute to the achievement of national targets for BreastScreen Aotearoa (BSA). All initiatives will demonstrate clear strategies for increasing health gains for priority groups and improving equitable participation and timely access to breast screening services.  ALL DHBs will describe actions to:   * Eliminate equity gaps in participation between Māori and non-Māori/Non-Pacific women and between Pacific and non-Māori/Non-Pacific women. * Achieve a participation rate of at least 70% for Māori and Pacific women aged 50-69 years in the most recent 24 month period.   Improvement activities must be supported by visible leadership, effective community engagement and engagement with BSA Lead Providers, and clear accountability for equity. Please refer to the Supporting Information and FAQ page for further guidance, see section 2.6 for the link. | | | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | | | |
| **Activity** | | **Milestone**  (DHB selected milestone) | | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government themes:**  **Improving the well-being of New Zealanders and their families** | | | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering | |
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| Cervical Screening ALL DHBs will set measurable participation and equity targets from baseline data and describe actions to:   * Eliminate equity gaps in participation between Māori and non-Māori/non-Pacific/non-Asian women and between Pacific and non-Māori/non-Pacific/non-Asian women and between Asian and non-Māori/non-Pacific/non-Asian women. * Achieve a participation rate of at least 80% for Māori, Pacific and Asian woman aged 25-69 years in the most recent 36 month period.   Improvement activities must be supported by visible leadership, effective community engagement, resources and clear accountability for equity. Please refer to the Supporting Information and FAQ page for further guidance, see section 2.6 for the link. | | | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | | | |
| **Activity** | | **Milestone**  (DHB selected milestone) | | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government themes:**  **Improving the well-being of New Zealanders and their families** | | | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering | |

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| Reducing alcohol related harm Core function – Health Promotion, Health Protection, Health Assessment & Surveillance and Public Health Capacity Development.   * Commit to undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012. This must include delivering and reporting on the activities relating to the nine public health regulatory performance measures contained in the previous Vital Few report.   Reporting templates for this are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry;   * In addition to the above, outline the activities the DHB will undertake to advance activities relating to reducing alcohol related harm.   Report in Q2 and Q4.  Activities that DHBs could carry out to reduce alcohol related harm can be found in the Supporting Information and FAQ page, see section 2.6 for the link. | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government themes:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |
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| Sexual health Core function – Health Promotion.   * Outline the activities the DHB will undertake to advance sexual health services and sexual health promotion work.   Report in Q2 and Q4.  Activities that could be carried out to support sexual health services and health promotion can be found in the Supporting Information and FAQ page, see section 2.6 for the link. | | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government themes:**  **Improving the well-being of New Zealanders and their families**  **Build a productive, sustainable and inclusive economy** (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand) | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |
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| Communicable Diseases Core function – Health Promotion, Health Protection, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions.   * Outline the activities the DHB will undertake to advance communicable diseases control work.   Report in Q2 and Q4.   * Activities that could be carried out to deliver communicable diseases work can be found in the Supporting Information and FAQ page, see section 2.6 for the link.   DHBs x | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Cross Sectoral Collaboration including Health in All Policies Core function – Health Promotion.  The wider determinants of health[[8]](#footnote-8) play a major role in the health and wellbeing of the community. Many of the opportunities to control or influence the determinants of health sit beyond individuals and outside the health system.  Inequitable health outcomes are evident amongst populations with different levels of underlying social advantage/ disadvantage. This may be on the basis of socioeconomic status, ethnicity, gender, stage of the life course (children/older people), locality, or due to discrimination or marginalisation (including on the basis of disability, religious affiliation, and sexual orientation or refugee status). These inequities result in cumulative effects throughout life and across generations.  DHBs have an important role in supporting cross sectoral approaches to address the wider determinants of health and a critical role in ensuring health services themselves do not exacerbate inequities in health outcomes between population groups. Services must ensure they are accessible and relevant to all people and groups.  Health in All Policies (HiAP) is an approach to working on public policies across sectors (both health and non-health) and with communities. It systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and achieve health equity. HiAP is an evolving and ongoing process that works at both strategic and operational levels to ensure health, wellbeing, sustainability and equity issues are explicitly addressed in all policy, planning and decision-making processes.   * Outline the activities the DHB will undertake to advance work relating to implementing a cross sectoral collaboration approach, including using the HiAP model, to influence healthy public policy and thereby achieve equity.   Report in Q2 and Q4.  Information relating to cross sectoral collaboration, HiAP can be found in the Supporting Information and FAQ page, see section 2.6 for the link. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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

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New Zealanders are living longer, but also spending more time in poor health and living with more disability.

This means we can expect strong demand for health services in the community, our hospitals, and other care settings.

Responding to this challenge will require effective and co-ordinated care in the community supported by strategic capital investment, workforce development and joined-up service planning to maximise system resources; to improve system sustainability, to improve health and to reduce differences in health outcomes.

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| Delivery of Whānau Ora DHBs are placed to action system-level changes by delivering whanau-centred approaches to contribute to Māori health advancement and to achieve health equity.  Please identify the significant actions that the DHB will undertake in this planning year to:   * contribute to the strategic change for whānau-centred approaches within the DHB systems and services, across the district, and to demonstrate meaningful activity moving towards improved service delivery * support and to collaborate, including through investment, with the Whānau Ora Initiative and its Commissioning Agencies and partners, and to identify opportunities for alignment. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan  * Commit to supporting delivery of the Pacific Health Action plan once it is agreed. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Care Capacity Demand Management (CCDM)  * Detail the actions that you will take towards to ensure fully implementing Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards by June 2021 in your annual plans. * Outline the most significant actions the DHB will undertake in 2020/21 to progress implementation of CCDM in each component of the programme; governance, patient acuity data, core data set, variance response management and FTE calculations.   Ensure the equitable outcomes actions (EOA) are clearly identified. | | | **This is an equitable outcome action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
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| Disability Action Plan Commit to working with the Ministry of Health to develop your own or a regional Disability Action Plan to be published by July 2021. The purpose of the Plan is to improve access to quality health services and improve the health outcomes of disabled people. The Plan will focus on data, access and workforce. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
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| Disability Statistics NZ surveys consistently show that disabled people experience poorer outcomes across multiple domains, including income, employment and health compared with non-disabled people.  Disabled people are generally at higher risk of illness than non-disabled people. People with intellectual disabilities and Māori with disability have some of the poorest health outcomes of any group in the country, and are at higher risk of illness, disease, disability and early death. This is an important ongoing challenge for the health and disability system.  Inequity of access to health care and health outcomes for disabled people both within the health and disability support system and nationally is not comprehensively assessed or measured.  In New Zealand, health data collection on disabled people is limited. Health data on the general disability population is needed to assess disabled peoples’ health and wellbeing and examine inequalities in health and wellbeing outcomes within the group and with non-disabled people.   * Commit to ongoing training for front line staff and clinicians that provides advice and information on what needs to be considered when interacting with a person with a disability. Report on what percentage of staff have completed the training by the end of quarter 4 2020/21. * Outline in your plan how the DHB knows if a patient has a disability and communicates this to staff. (This is to ensure that staff can respond to the person’s disability needs, especially communication). * Outline in your plan how the DHB will work with the Ministry of Health ensure that key health information for the public and public health alerts and warnings are accessible by people with a disability. * Report on the number of key public health information messages, public health alerts and warnings your DHB issues each year and the number of these translated into New Zealand Sign Language by the end of quarter 4 2020/21. (See the Supporting Information and FAQ page for further information, see section 2.6 for the link. | | | **This is an equitable outcome action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
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| Planned CarePlanned Care Vision: ‘New Zealanders receive equitable and timely access to Planned Care Services in the most appropriate setting, which supports improved health outcomes’. Planned Care is patient centred and includes a range of treatments funded by DHBs, which can be delivered in inpatient, outpatient, primary or community settings. It includes selected early intervention programmes that can prevent or delay the need for more complex healthcare interventions. Planned Care includes, but is a wider concept than, the medical and surgical services traditionally known as Electives or Arranged services.  Planned Care is centred around five key principles, (Equity, Access, Quality, Timeliness and Experience) which build on the Electives policy principles of clarity, timeliness and fairness. (Planned Care Engagement support pack and FAQs is available on QUICKR)  In 2020/21 DHBs will be in the first year of implementing their Three-Year Plans to improve Planned Care delivery. The Three-Year Plans will be addressing the five Planned Care Strategic Priorities of:   * *Improve understanding of local health needs, with a specific focus on addressing unmet need, consumer’s health preferences, and inequities that can be changed.* * *Balance national consistency and the local context* * *Support consumers to navigate their health journeys* * *Optimise sector capacity and capability and* * *Ensure the Planned Care Systems and supports are sustainable and designed to be fit for the future.*   DHB Annual Plans will identify five key actions (one for each Strategic Priority) that will be undertaken in 2020/21 as part of the Three-Year Plan.  DHBs are expected to engage with DHB Consumer Councils and other key stakeholders in the ongoing implementation of their plan.  DHB plans need to be explicit about **HOW** their planned actions will address the Strategic Priorities for Planned Care and the five underling principles, and will:   * enable delivery of the agreed level of Planned Care interventions * prioritise patients using nationally recognised prioritisation tools * ensure patients wait no longer than the clinically appropriate time for a specialist assessment or treatment * identify and address inequities in access to Planned Care services.   Delivery and improvements will be measured against the agreed Planned Care Measures, and quarterly qualitative reports. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information.  DHBs should identify who in their population is experiencing inequities and include actions or strategies to address these inequities. | | |
| **Activity** | **Milestone**  DHB selected milestone  Note that if an action is a complex programme of work (eg to establish a new model of care) milestones should be provided for each quarter. | **Measure**  For each action, state how the expected improvements will be measured.  When measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Acute Demand Following on from your 2019/20 activities please provide:  Acute Data Capturing:  · a plan on how the DHB will implement SNOMED coding in Emergency Departments to submit to NNPAC by 2021. For example, this should include a description of the information technology actions and ED clinical staff training actions, milestones and timeframes.  Acute Demand:  · a plan on how the DHB will address the growth in acute inpatient admissions. This should include detail on: how patients will be better managed in the community, emergency department and hospital, and; the organisations that you will work with to plan and achieve improvements. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  DHBs should identify who in their population is experiencing inequities and include actions or strategies to address these inequities.  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
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| Rural health Please describe a minimum of two actions that improve access [eg outreach clinics, use of technology, financially, convenience (extended hours)] to services in rural communities. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
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| Healthy Ageing Implement actions identified in the Healthy Ageing Strategy 2016 and contribute to the Government’s priority of ‘Improving the wellbeing of New Zealanders and their families’, as follows:   * working with ACC, HQSC and the Ministry of Health to promote innovative delivery of Strength & Balance programs and improvements in data driven osteoporosis management especially in alliance with Primary Care as reflected in the associated “Live Stronger for Longer” Outcome Framework (This expectation aligns most closely to the Government’s ‘Prevention and Early Detection’ priority outcome; and the Ageing Well and Acute and Restorative Care goals of the Healthy Ageing Strategy) * working with ACC on the non-acute rehabilitation pathway service objectives to help older people regain or maintain their ability to manage their day-to-day needs after an acute episode (This expectation aligns most closely to the Government’s ‘Health Maintenance and Independence’ priority outcome; and the Acute and Restorative Care goals of the Healthy Ageing Strategy) * aligning local DHB service specifications for home and community support services (HCSS) to the vision, principles, core components, measures and outcomes of the national framework for HCSS (This expectation aligns most closely to the Government’s ‘Health Maintenance and Independence’ priority outcome; and the Living Well with Long-Term Conditions goal of the Healthy Ageing Strategy) * Implementing your local DHB priorities for dementia services identified on the basis of your 2019/20 regional stocktake and consistent with priorities identified by the sector (This expectation aligns most closely to the Government’s ‘Health Maintenance and Independence’ priority outcome; and the Living Well with Long-Term Conditions goal of the Healthy Ageing Strategy).s   In addition, please outline current activity in the community and primary care settings in particular to identify frail and vulnerable older people, with a focus on Māori and Pacific peoples, and put interventions in place to prevent the need for acute care and restore function (This expectation aligns most closely to the Government’s ‘Prevention and Early Detection’ priority outcome; and the Acute and Restorative Care goal of the Healthy Ageing Strategy. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
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| Improving Quality  1. **Improving equity**   Using the [Health Service Access Atlas](https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/health-service-access/) (Atlas of Healthcare Variation) which reports seven questions from the national primary care patient experience survey, consider which of your patient groups are experiencing the most barriers.  ***Specify improvement activity to address these barriers*** and drive equity of outcomes in one of the three identified topics of:   * Diabetes * Gout * Asthma.   Please ***specify the measure including baseline and anticipated improvement***.  The Health Service Access Atlas has a tab (long-term conditions - LTCs) that allows you to filter responses by one of six LTCs.   1. **Improving Consumer engagement**   DHBs are expected to participate in the quality and safety marker for consumer engagement by:   * Setting up a governance group (or an oversight group) of staff and consumers to guide implementation of the marker * Upload data onto the consumer engagement QSM dashboard using the SURE framework as a guide * Report against the framework at least annually by Q3.  1. **Spreading hand hygiene practice *for Canterbury, Hawke’s Bay, Hutt Valley, Northland, Taranaki, Tairāwhiti, Waikato and Whanganui DHBs only***   Identify actions to increase compliance with best practice hand hygiene (as defined by the Hand Hygiene NZ programme) across hospital clinical areas and across categories of healthcare workers. Please specify actions and measures.   1. **Zero Seclusion, National Mental Health & Addiction Programme *for Bay of Plenty, Canterbury, Nelson Marlborough, Northland and Waikato DHBs only***   Specify actions that will contribute towards zero seclusion in your DHB. Please include how you will use the family of measures, including outcome, process and balancing measures, for Zero Seclusion (e.g. demonstration of where project teams regularly use data to inform improvement work). System Level Measures Implementation of the System Level Measures (SLMs) continues in 20120/21. The *Guide to Using the System Level Measures Framework for Quality Improvement* (SLM guide), which has been updated and should be used for the development of the Improvement Plans and should be used in conjunction with *The System Level Measures – Annual Plan guidance 20/21* | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
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| New Zealand Cancer Action Plan 2019 – 2029 Please review the information found in the Supporting Information and FAQ page to support you with this section, see section 2.6 for the link.  On 1 September 2019 the Prime Minister and Minister of Health launched the New Zealand Cancer Action Plan 2019-2029 (the Plan). The Plan outlines four key outcomes;  *Outcome 1: New Zealanders have a system that delivers consistent and modern cancer care.*  *Outcome 2: New Zealanders experience equitable cancer outcomes***.**  *Outcome 3: New Zealanders have fewer cancers*  *Outcome 4: New Zealanders have better cancer survival.*  District Health Boards will have key responsibility for the successful achievement of these outcomes.  The plan is guided by three overarching principles:   * equity-led * knowledge-driven * outcomes-focused.   The Plan enables the Cancer Control Agency, the sector and all those affected by cancer to work collaboratively to prevent cancer and improve detection, diagnosis, treatment and care after treatment. The Plan includes primary care, tobacco control, screening and palliative care.  Effective planning, skilled management and informed governance is required to deliver the outcomes in this plan. The Plan sets out the actions required over the next 10 years and beyond. Work on the priority actions has commenced. The Plan is a living document and it will be reviewed and updated in five years, to ensure our efforts stay relevant to the needs and aspirations of all New Zealanders. The actions will be supported by the Cancer Control Agency Advisory Council and adjusted as required to ensure the plan is on track.  The Ministry has established a National Cancer Control Agency and appointed a Chief Executive. DHBs are required to work with and take direction from the Cancer Control Agency. The Agency has a leadership and monitoring function and will be required to report progress against performance of the Plan to the Minister. The Plan requires that services are delivered against nationally agreed standards of care and that quality improvements will be made for agreed quality performance indicators as they are further developed across all tumour streams. Quality Performance Indicators have been developed for Bowel Cancer and it is expected that both lung and prostate indicators will be published in early 2020.  **DHBs need to outline the actions they will take in order to support the following:**  Current Performance Actions  DHBs are required to outline what actions they will take to sustain or improve cancer care and implement the Cancer Plan. Actions need to include how DHBs will ensure that the 31-day and 62-day cancer waiting time measures are met. (See definitions and business rules in the DHB non-financial monitoring framework and performance measures - reporting section). Quarterly qualitative reports will be required.  DHBs are expected to engage with DHB Consumer Councils and other key stakeholders in the development of their Plan.  *Improving quality contributes to Outcome 1: (New Zealanders have a system that delivers consistent and modern cancer care) and Outcome 4 (New Zealanders have better cancer survival) of the New Zealand Cancer Action Plan 2019-2029*  *Healthy food and drink, smokefree 2025, breast screening, cervical screening and bowel screening priorities also contributes to Outcome 3: (New Zealanders have fewer cancers) of the New Zealand Cancer Action Plan 2019-2029* | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information.  DHBs should identify in both part one and two who in their population is experiencing inequities and include actions or strategies to be implemented to address the identified inequities. | |
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| Bowel Screening and colonoscopy wait times To ensure all patients requiring diagnostic procedures are treated fairly and seen within maximum clinical wait times, the Ministry of Health has developed a dedicated framework for monitoring symptomatic colonoscopy and bowel screening performance. New reporting requirements sit alongside a new escalation process that ensures both the recommended colonoscopy wait times and the numbers of people waiting longer than maximum wait times receive equal focus.  As a DHB prepares to implement bowel screening, it must be consistently meeting all diagnostic colonoscopy wait times and have no patients waiting longer than maximum wait times in the months prior to the readiness assessment. If a DHB does not meet these two requirements, it will not meet the National Bowel Screening Programme readiness criteria, and its go-live date may be delayed.  All DHBs will describe actions to ensure:   * recommended urgent, non-urgent and surveillance diagnostic colonoscopy wait times are consistently met * there are no people waiting longer than the maximum wait times for any indicator.   Note: DHBs should report quantitative data under the SS15 Improving waiting times for colonoscopies framework. DHBs should provide qualitative narrative to support SS15 performance reporting here.  In addition to above, DHBs providing the National Bowel Screening Programme will describe actions to ensure:   * they have demonstrated clear strategies for improving equitable participation and timely access to bowel screening services * the bowel screening indicator 306 target requiring 95% of participants who returned a positive FIT to have a first offered diagnostic date that is within 45 working days of their FIT result being recorded in to the NBSP IT system is consistently met * they achieve participation of at least 60% of people aged 60-74 years in the most recent 24-month period * participation equity gaps are eliminated for priority groups.   COVID-19 Reporting Adjustments for SS15: Improving waiting times for colonoscopies  Patient safety remains paramount and DHBs should continue to ensure all procedures are completed within maximum wait times. In Quarters 1 and 2, DHBs must prioritise colonoscopies to be completed within maximum wait times. Ministry expectations are that DHBs will be meeting all recommended and maximum wait time targets in Quarters 3 and 4.  COVID-19 Reporting Adjustments for Bowel Screening  Due to the suspension of all screening programmes and dependent on when bowel screening recommences, key performance indicator 306 (see above) expectations will be adjusted for Quarter 1.  Escalation Process Adjustments for CWTIs and Bowel Screening  An amber rating is a time-limited opportunity to recover performance. The Ministry may choose to lengthen the time a DHB can remain in amber, according to specific DHB circumstances for Quarters 1 and 2.  Improvement activities must be supported by visible leadership, effective community engagement, and clear accountability for equity. Please refer to the Supporting Information and FAQ page for further information, see section 2.6 for the link. | | | **This is an equitable outcome action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
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| Workforce **In responding to this priority area please cross-reference to Section four: Stewardship - Workforce section**  DHB workforce priorities   * Set out any workforce actions, specific to your DHB that you intend to work on in the 2020/21 planning year. Outline how these actions relate to both a strong public health system and EOA focus area actions. Ensure that you have considered workforce actions for the priority areas in your plan.   Any workforce actions should be mindful of:   * + ongoing responsibilities for the upskilling, education and training of health work forces   + the population health need that initiatives are designed to address. In addition, we expect workforce actions to lead to improved equity in health outcomes and independence for Māori and Pacific peoples   + the desired health outcomes the initiatives will help to address, including equitable outcomes for populations   + an assessment of how the initiatives align with the priority areas of strong fiscal management, strong public health system, and primary care   + evidence that consideration has been given to making best use of the service delivery mechanisms that make best use of transdisciplinary teams to support health workforces in their roles across primary, secondary and tertiary settings. * It is also expected that DHBs will develop actions that support equitable funding for professional development for nurse practitioners.   Workforce Diversity  This action area builds upon actions set out in the previous planning year to better understand the workforce intelligence gathered at local, regional and national levels and how this intelligence assists DHBs in workforce planning.  DHBs will work in collaboration with DHB Shared Services and, where appropriate, with the Ministry of Health to:   * collect workforce data and intelligence to support workforce planning at a local, regional and national level * develop actions to meet the six targets agreed by DHB Chief Executives in support of Te Tumu Whakarae’s position statement on increasing Māori participation in health and disability work forces * support your responsibility to upskill, provide education and train health and disability work forces * provide training placements and support transition to practice for eligible health work force graduates and employees. Planning must include PGY1, PGY2 and CBA placements, and how requirements for nursing, allied health, scientific and technical health work forces in training and employment will be met * continue to build alliances with training bodies such as educational institutes (including secondary and tertiary), professional colleges, responsible authorities, and other professional societies to ensure that we have a workforce with the right skills, in the right place, at the right time.     Health Literacy  The purpose of the actions set out in this advice is to build upon the health literacy action plan that your DHB completed in the 2019/20 planning year towards developing a health literate organisation.   * If you do not have one already in place, continue to develop a Health Literacy Action Plan that describes the service improvements you plan to make in the short, medium and long term. * Building on your Health Literacy Action Plan, and if not already included in the action plan, please consider any actions that your DHB can do to support to build health literacy in the wider health and disability system.   For example, you may wish to consider developing actions that support:   * + improving the health literacy of non-clinical staff   + working with Primary Care to identify and support health literacy education and training needs   + building on the health literacy of patients, carers and volunteers through providing health literacy education, and information and training specially tailored for volunteers.   Where health literacy actions are set out in other sections of the annual plan ensure that these are considered within the Health Literacy Action Plan, as well as briefly cross-referencing these actions in this section.  Cultural safety  The Health and Disability System Review Interim Report / Pūrongo mō tēnei wā recently released notes the need to both build cultural competence of the entire health and disability workforce and to reduce institutional racism. The Health Services and Outcomes Kaupapa Inquiry (Wai 2575) raises institutional racism as a significant issue for Māori health – both for staff and for people accessing services. In order to meet the needs of and improve outcomes for groups such as Māori, Pacific, migrants and refugees then our work places must be healthy and culturally reinforcing working environments that support health equity.   * In the 2020-21 planning year we want DHBs to consider how they ‘do’ cultural safety and to identify actions to support cultural safety within their DHB. This may include reference to related actions that are already underway within your DHB.   Leadership   * Please identify actions, initiatives and programmes that your DHB has in place to support staff who are in, and staff who are progressing into leadership, management and governance roles. * Please identify which actions/initiatives/programmes facilitate healthy and culturally reinforcing working environments that support health equity.   Leadership pathways may include actions, plans and programmes for:   * + growing leaders   + supporting new managers into management roles   + supporting workforces into governance roles   + supporting clinical leadership and clinical governance   + succession planning for executive leadership roles   + supporting Māori and Pacific peoples into leadership, management and governance roles.   COVID-19   * Please identify actions that your DHB will take to work with the Ministry and wider community providers to plan a cross sector approach in responding to a public health need, such as COVID-19, that impacts on service delivery and on health and disability workforce availability to meet that need. These actions may include an agreed plan between your DHB and community providers. * Community providers include, and are not limited to, Mâori and Pacific providers, aged residential care, home care and support services, disability support services, and mental health and addiction services. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information.  Examples of equity actions that could be included in your plan:   * increase Māori participation and retention in health workforces and ensure that Māori have equitable access to training opportunities as others * increase participation of Pacific people in health workforces * build cultural competence across the whole health workforce * actions that facilitate healthy and culturally reinforcing working environments that support health equity. * actions that support Māori and Pacific peoples into leadership and management roles. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |
| Data and Digital **In responding to this priority area please cross-reference to Section four: Stewardship - IT section**  **All DHBs:**   * List all major digital initiatives, and associated milestones, and indicate multi-year initiatives. * Explain how your IT Plan is aligned with the Regional ISSP. * Note the digital systems/investments that will improve equity of access to services. * Note the initiatives that demonstrate collaboration across community, primary and secondary care. * Describe plans/initiatives that will enable the delivery of health services via digital technology for example telehealth, integrated care and working remotely. * Indicate plans for providing consumers with access to their health information. * Indicate plans for taking part in the digital maturity assessment programme and/ or implementing an action plan following the assessment. * Indicate plans for implementing/maintaining Application Portfolio Management to improve asset management. * Indicate plans to leverage approved standards and architecture in all digital system initiatives and investments. * Indicate how IT security maturity will be improved across all digital systems. * Indicate plans for improving alignment with national digital services, national data collections and data governance and stewardship. * Submit quarterly reports on the DHB ICT Investment Portfolio to Data and Digital. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Implementing the New Zealand Health Research Strategy Research and innovation, analytics and technology are all crucial for achieving an equitable, sustainable health system and better patient outcomes.   * Commit to working with the Ministry of Health to co-design and co-invest in a programme of work to support the implementation of the New Zealand Health Research Strategy through building the capacity and capability across DHBs to enhance research and innovation. * Identify how you are working regionally to create research and analytics networks to support staff engaged with research and innovation and build capacity and capability. * Identify how research policies and procedures will be developed for your DHB to ensure that clinical staff have a supportive framework to engage in research and innovation activities. * Commit to provide a one-page summary update on progress in Q4 to the Ministry and your DHB Board. | | | **This is an equitable outcome action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |
|  | | |  | |
| Delivery of Regional Service Plan (RSP) priorities and relevant national service plans  * Identify any significant actions the DHB is undertaking to deliver on the Regional Service Plan.   In addition to the above:  Hepatitis C   * DHBs are asked to identify their role in supporting the delivery of the regional hepatitis C work and objectives. Action include for example how DHBs will:   + work in collaboration with other DHBs in the region to implement the hepatitis C clinical pathway   + work in an integrated way to increase access to care and promote primary care prescribing of the new pangenotypic hepatitis C treatments   + support implementation of key priorities in the National Hepatitis C Action Plan (once the plan is published). | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

## 2.8.7 Better population health outcomes supported by primary health care

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

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

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

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| Primary health care integration Integration and strong local partnerships remain important to the delivery of high-quality health services.  The Health and Disability System Review and actions developed from the Wai 2575 Hauora Report are likely to inform further support of integration.  In the meantime, DHBs are expected to continue to strengthen integration and their relationship with their primary care partners. As detail becomes available from the Review, and Wai 2575 this guidance may be updated.   * DHBs are expected to describe at least two actions which strengthen integration and improve access to a range of services for patients. At least one of these actions will specifically improve access for Māori, holistic and culturally responsive services. Further DHBs must demonstrate how they are working with Māori Health providers and NGOs to develop these services, eg: * Changes in service models such as implementing different consultation modalities (eg electronic, telephone) * Broadened use of the workforce (eg use of Nurse Practitioners, practice nurse consultation lists, use of physiotherapists, pharmacists and pharmacist vaccinators) * Development and implementation of new services based on robust analytics (eg outreach services on Marae). * DHBs are required to implement any new programmes announced in Budget 20. * DHBs are also required to submit recovery plans for PHO Newborn Enrolment, PHO2 Quality of ethnicity data and PHO3 Māori enrolment in PHOs if their performance dropped during COVID-19.   **Note:** *Some, or all of the actions in this section may form part of your System Level Measures (SLM) Improvement Plan. If this is the case it is not necessary to provide that information here but rather indicate that the assessor should refer to the SLM Improvement Plan.* | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Air Ambulance Centralised Tasking  * DHBs are required to include a commitment statement in their Annual Plan to actively participate with National Ambulance Sector Office (NASO) in the design and planning phases to centralise the tasking of aeromedical assets in New Zealand. It is not proposed that the clinical co-ordination function currently undertaken by DHB staff will change through this process. | | | **This is an equitable outcomes action (EOA) focus area**  (All DHBs are to include equity focus and clear actions to improve Māori health outcomes, it is expected that the equity actions are evidence based. Pacific health outcomes are expected from the Pacific DHBs)  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Pharmacy Medicines related morbidity and mortality and inappropriate polypharmacy are a significant cost to the health system and contribute to poor health outcomes for New Zealanders   * Describe any significant initiatives the DHB is undertaking to implement integrated models of care that ensure older people living in the community have equitable access to the medicines optimisation expertise of pharmacists. * Describe any significant initiatives the DHB is undertaking to implement integrated models of care that ensure people living in aged residential care facilities have equitable access to the medicines optimisation expertise of pharmacists. * Describe any significant initiatives the DHB has commissioned locally (or intends to commission locally) this year, under the Integrated Community Pharmacy Services Agreement (ICPSA), to reduce the difference in local access and outcomes for your population. Examples might include new community pharmacy services such as gout management, or enabling pharmacists to deliver a broader range of vaccinations. * Describe the local strategies the DHB has initiated from 1 April 2020 that support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age.   COVID-19   * Specifically include actions related to responding to COVID-19 in your plan, and that you consider the impact this will have on the DHB and the sectors capacity to undertake other activity in 2020/21. | | | **This is an equitable outcomes action (EOA) focus area**  (All DHBs are to include equity focus and clear actions to improve Māori health outcomes, it is expected that the equity actions are evidence based. Pacific health outcomes are expected from the Pacific DHBs)  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

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| Long-term conditions including diabetesIdentify how the DHB will:  * improve primary and community care activity to prevent, identify and support management of long-term conditions targeting those with the poorest outcomes * offer evidenced based nutritional and physical activity advice * monitor and use PHO/practice level data to improve equitable service provision and inform quality improvement * improve early risk assessment and risk factor management efforts for people with high and moderate cardiovascular disease risk by supporting the spread of best practice from those producing the best and most equitable health outcomes.  Identify how the DHB is working in collaboration with their high needs population groups to identify the health promotion / protection activities that are most effective and efficient activities for that population group. **Diabetes specific actions** Identify how the DHB will ensure that all people with diabetes will:  * be effectively managed through diabetes annual reviews, retinal screening, access to specialist advice * improve modifiable risk factors by targeting those at high-risk (including people with existing complications: foot, eye, kidney, and cardiovascular disease, see SS13 for further details) * provide culturally appropriate diabetes self-management education (DSME) and support services and evaluate the effectiveness of the DSME * identify health promotion and health protection activities the DHB has agreed to undertake to prevent diabetes and other long-term conditions. | | | **This is an equitable outcomes action (EOA) focus area**  (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).  See section 2.6 *Expectations on developing the activities in your plan* for additional information. | |
| **Activity** | **Milestone**  (DHB selected milestone) | **Measure**  (DHBs select the most appropriate measure/s note: when measures are reported, data should be disaggregated by ethnicity and other demographic information where data allows) | **Government theme:**  **Improving the well-being of New Zealanders and their families** | |
| **System outcome**  (please select **ONE** system outcome for this priority)  We have health equity for Māori and other groups  **OR**  We live longer in good health  **OR**  We have improved quality of life | **Government priority outcome**  (please select **ONE** Government priority outcome for this priority)  Support healthier, safer and more connected communities  **OR**  Make New Zealand the best place in the world to be a child  **OR**  Ensure everyone who is able to, is earning, learning, caring or volunteering |

## 2.9 Financial performance summary

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

# SECTION THREE: Service Configuration

Inclusion of the below service change template is mandatory within this section, if there are service changes to include.

## 3.1 Service Coverage

In this section DHBs need to:

* describe all service coverage exceptions that have been approved for the 2020/21 year
* provide a high-level explanation setting out why the exceptions have been required and the process followed for approval.

*\*It is also suggested that DHBs include an express empowering provision for service agreements in the Annual Plan to avoid any doubt in relation to* [*section 25(2) of the New Zealand Public Health and Disability Act 2000*](http://www.legislation.govt.nz/act/public/2000/0091/latest/DLM80814.html)*. DHBs are encouraged to seek independent legal advice on appropriate wording for this.*

## 3.2 Service Change

DHBs are to describe all service changes that have been approved for implementation in the 2020/21 year.

DHBs are expected to manage any service change as significant service change if the proposed change will have a material or significant impact on the recipients of services, their caregivers or service providers such as:

a. service eligibility criteria

b. access to services by the DHB’s population including access to services provided in other DHBs or the way that services are provided

c. meaningful shifts or additions in workforce/FTE including in individual services

d. the financial position of DHB(s) proposing the change or for the other DHBs

For each change, DHBs must explain how the changes will deliver benefits (see the below example). The template below (minus the example) must be included within the service change section in the annual plan, if there are service changes to include.

Service coverage exceptions and service changes must be formally approved before they are included in the annual plan. As in previous years DHBs are expected to provide early signals of proposed service changes to the Ministry.

**Summary of Service Changes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Change** | **Description of Change** | **Benefits of Change** | **Change for local, regional or national reasons** |
| **Example: Renal Services** | We will explore how the DHB might better meet the renal needs of its community with a specific focus on the southern part of the population. | Improved access, reduced cost, earlier intervention, improvement of long-term outcomes. | Local |
|  |  |  |  |

**Service changes as a result of the COVID-19 response**

Please include and identify any service changes as a result of your response to COVID-19 that will continue into 2020/21.

Please include and identify any locally initiated reviews of the DHB’s COVID-19 response.

# SECTION FOUR: Stewardship

This section will outline the DHB’s stewardship of its assets, workforce, IT/IS and other infrastructure needed to deliver planned services.

As part of their stewardship role DHBs have statutory responsibilities to improve, promote and protect the health of people and communities.

## 4.1 Managing our Business

Reflect the scale and scope of the DHB’s services and show the extent of resources required to provide these services. Consider briefly commenting on:

* organisational performance management
* funding and financial management (key high-level figures/assumptions)
* investment and asset management
* shared service arrangements and ownership interests
* risk management
* quality assurance and improvement.

## 4.2 Building Capability

Briefly outline the capabilities the DHB will need over the next three to five years and reference any sub-plans the DHB uses to support improvements in capability. Link to national or regional plans (including comment on the New Zealand Health Strategy) where relevant, and include high-level comments on:

* capital and infrastructure development
* information technology (IT) and communications systems
* workforce (including organisational culture, leadership, workforce development and Māori workforce development)
* co-operative developments (working with other organisations eg, education and training providers).

## 4.3 Workforce

* Cross reference to workforce in Section 2.

## 4.4 Information technology

* Cross reference to data and digital in Section 2.

**SECTION FIVE: Performance Measures**

## 5.1 2020/21 Performance Measures

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

* Improving child wellbeing
* Improving mental wellbeing
* Improving wellbeing through prevention.
* Better population health outcomes supported by strong and equitable public health and disability system
* Better population health outcomes supported by primary health care.

The DHB monitoring framework and accountability measures have been updated for 2020/21 to provide a line of sight between DHB activity and the health system priorities that will support delivery of the Government’s priority goals for New Zealand and the health system vision and outcomes, within a system that has a foundation of financial, clinical and service sustainability and strong governance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Performance measure | | Expectation | | | |
| **CW01** | Children caries free at 5 years of age | Year 1 | |  | |
| Year 2 | |  | |
| **CW02** | Oral health: Mean DMFT score at school year 8 | Year 1 | |  | |
| Year 2 | |  | |
| **CW03** | Improving the number of children enrolled and accessing the Community Oral health service | Children (0-4) enrolled  (≥ 95 percent of pre-school children (aged 0-4 years of age) will be enrolled in the COHS) | | Year 1 |  |
| Year 2 |  |
| Children (0-12) not examined according to planned recall  (≤ 10 percent of pre-school and primary school children enrolled with the COHS will be overdue for their scheduled examinations with the COHS.) | | Year 1 |  |
| Year 2 |  |
| **CW04** | Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years | Year 1 | |  | |
| Year 2 | |  | |
| **CW05** | Immunisation coverage at eight months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over | 95% of eight-month-olds olds fully immunised. | | | |
| 95% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age. | | | |
| 75% of girls and boys fully immunised – HPV vaccine. | | | |
| 75% of 65+ year olds immunised – flu vaccine. | | | |
| **CW06** | Child Health (Breastfeeding) | 70% of infants are exclusively or fully breastfed at three months. | | | |
| **CW07** | Newborn enrolment with General Practice | The DHB has reached the “Total population” target for children enrolled with a general practice by 6 weeks of age (55%) and by 3 months of age (85%) and has delivered all the actions and milestones identified for the period in its annual plan and has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets. | | | |
| **CW08** | Increased immunisation at two years | 95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years, | | | |
| **CW09** | Better help for smokers to quit (maternity) | 90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking. | | | |
| **CW10** | Raising healthy kids | 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions. | | | |
| **CW12** | Youth mental health initiatives | Initiative 1: Report on implementation of school-based health services (SBHS) in decile one to four (and decile five after January 2020) secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS. | | | |
| Initiative 3: Youth Primary Mental Health. | | | |
| Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB’s youth population. | | | |
|  | | | | | |
| **MH01** | Improving the health status of people with severe mental illness through improved access | Age (0-19) Maori, other & total | |  | |
| Age (20-64) Maori, other & total | |  | |
| Age (65+) Maori, other &total | |  | |
| **MH02** | Improving mental health services using wellness and transition (discharge) planning | 95% of clients discharged will have a quality transition or wellness plan. | | | |
| 95% of audited files meet accepted good practice. | | | |
| **MH03** | Shorter waits for non-urgent mental health and addiction services | Mental health provider arm | | 80% of people seen within 3 weeks. | |
| 95% of people seen within 8 weeks. | |
| Addictions (Provider Arm and NGO) | | 80% of people seen within 3 weeks. | |
| 95% of people seen within 8 weeks. | |
| **MH04** | Rising to the Challenge: The Mental Health and Addiction Service Development Plan | Provide reports as specified | | | |
| **MH05** | Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders | Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year. | | | |
| **MH06** | Output delivery against plan | Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan. | | | |
| **MH07**  **(tbc)** | Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care | (expectation to be confirmed) | | | |
|  | | | | | |
| **PV01** | Improving breast screening coverage and rescreening | 70% coverage for all ethnic groups and overall. | | | |
| **PV02** | Improving cervical Screening coverage | 80% coverage for all ethnic groups and overall. | | | |
|  | | | | | |
| **SS01** | Faster cancer treatment  – 31 day indicator | 85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat. | | | |
| **SS02** | Ensuring delivery of Regional Service Plans | Provide reports as specified | | | |
| **SS03** | Ensuring delivery of Service Coverage | Provide reports as specified | | | |
| **SS04** | Delivery of actions to improve Wrap Around Services for Older People | Provide reports as specified | | | |
| **SS05** | Ambulatory sensitive hospitalisations (ASH adult) |  | | | |
| **SS06** | Better help for smokers to quit in public hospitals (previous health target) | 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking. | | Only applies to specified DHBs | |
| **SS07** | Planned Care Measures | Planned Care Measure 1:  *Planned Care Interventions* | |  | |
| Planned Care Measure 2:  *Elective Service Patient Flow Indicators* | ESPI 1 | 100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less) | |
| ESPI 2 | 0% – no patients are waiting over four months for FSA | |
| ESPI 3 | 0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT) | |
| ESPI 5 | 0% - zero patients are waiting over 120 days for treatment | |
| ESPI 8 | 100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool | |
| Planned Care Measure 3:  *Diagnostics waiting times* | Coronary Angiography | 95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days) | |
| Computed Tomography (CT) | 95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days). | |
| Magnetic Resonance Imaging (MRI) | 90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days). | |
| Planned Care Measure 4:  *Ophthalmology Follow-up Waiting Times* | No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service. | | |
| Planned Care Measure 5:  *Cardiac Urgency Waiting Times*  (Only the Five Cardiac units are required to report for this measure) | All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency. | | |
| Planned Care Measure 6:  *Acute Readmissions* | The proportion of patients who were acutely re-admitted post discharge improves from base levels. | Base level: | |
| Planned Care Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental) | Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year. | | |
| **SS08** | Planned care three year plan | Provide reports as specified | | | |
| **SS09** | Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections | Focus Area 1: Improving the quality of data within the NHI | New NHI registration in error (causing duplication) |  | |
| Recording of non-specific ethnicity in new NHI registration | >0.5% and < or equal to 2% | |
| Update of specific ethnicity value in existing NHI record with a non-specific value | >0.5% and < or equal to 2% | |
| Validated addresses excluding overseas, unknown and dot (.) in line 1 | >76% and < or equal to 85% | |
| Invalid NHI data updates | Still to be confirmed | |
| Focus Area 2: Improving the quality of data submitted to National Collections | NPF collection has accurate dates and links to NNPAC and NMDS for FSA and planned inpatient procedures. | Greater than or equal to 90% and less than95 % | |
| National Collections completeness | Greater than or equal to 94.5% and less than 97.5 % | |
| Assessment of data reported to the NMDS | Greater than or equal to 75% | |
| Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD) | | Provide reports as specified | |
| **SS10** | Shorter stays in Emergency Departments | 95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours. | | | |
| **SS11** | Faster Cancer Treatment (62 days) | 90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks. | | | |
| **SS12** | Engagement and obligations as a Treaty partner | Reports provided and obligations met as specified | | | |
| **SS13** | Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke) | Focus Area 1: Long term conditions | Report on actions, milestones and measures to:  Support people with LTC to self-manage and build health literacy. | | |
| Focus Area 2: Diabetes services | Report on the progress made in self-assessing diabetes services against the *Quality Standards for Diabetes Care.* | | |
| Count of enrolled people aged 15-74 in the PHO who have completed a DAR in the previous 12 months. | | |
| Ascertainment: target 95-105% and no inequity  HbA1c<64mmols: target 60% and no inequity  No HbA1c result: target 7-8% and no inequity | | |
| Focus Area 3: Cardiovascular health | Provide reports as specified | | |
| Focus Area 4: Acute heart service | **Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram**.** | | |
| **Indicator 2a: Registry completion-** >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and  **Indicator 2b:** ≥ 99% within 3 months. | | |
| **Indicator 3: ACS LVEF assessment-** ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram). | | |
| **Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator** in the absence of a documented contraindication/intolerance ≥85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge  - Aspirin\*, a 2nd anti-platelet agent\*, and an statin (3 classes)  - ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes),  - Beta-blocker if LVEF<40% (5-classes).  \* An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents. | | |
| **Indicator 5:** Device registry completion  ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure. | | |
| **Indicator 6:** Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) forms within 2 months of the procedure. | | |
| Focus Area 5: Stroke services  Provide confirmation report according to the template provided | * **Indicator 1** ASU:   80% of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital | | |
| * **Indicator 2** Reperfusion Thrombolysis /Stroke Clot Retrieval   12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 24/7) | | |
| * **Indicator 3**: In-patient rehabilitation:   80% patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission | | |
| * **Indicator 4:** Community rehabilitation: * 60% of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge. | | |
| **SS15** | Improving waiting times for Colonoscopy | 90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less. | | | |
| 70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less. | | | |
| 70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less. | | | |
| 95% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system. | | | |
| **SS17** | Delivery of Whānau ora | Appropriate progress identified in all areas of the measure deliverable. | | | |
| **SS18** | Financial outyear planning & savings plan | Provide reports as specified | | | |
| **SS19** | Workforce outyear planning | Provide reports as specified | | | |
|  | | | | | |
| **PH01** | Delivery of actions to improve SLMs | Provide reports as specified | | | |
| **PH02** | Improving the quality of ethnicity data collection in PHO and NHI registers | All PHOs in the region have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period and the current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent. | | | |
| **PH03** | Access to Care (PHO Enrolments) | The DHB has an enrolled Māori population of 95 percent or above | | | |
| **PH04** | Primary health care: Better help for smokers to quit (primary care) | 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months | | | |
|  | | | | | |
| **Annual plan actions – status update reports** | | Provide reports as specified | | | |

# 

# Appendix 1: Statement of Performance Expectations including Financial Performance (for tabling as SPE)

This section must be tabled in Parliament. All components of this section are mandatory ([section 149C of the Crown Entities Act 2004](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176675.html)[[9]](#footnote-9)) (CE Act)

#### Statement of Performance Expectations (SPE)

([section 149B-G of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM329631.html))

To ensure that the SPE meaningfully supports the key strategic outcomes and priorities of the DHB’s planned activities (as outlined in the previous Sections) and performance, clear intervention logic is expected to explain the link between the selected outputs and how they will contribute to impacts, and outcomes. *\*Refer to definitions provided in the glossary under Additional Information to ensure consistency of terms.*

The SPE is to provide specific measures for the coming year, with comparative prior year and current year forecast (at a minimum). The Ministry encourages DHBs to provide both historic and future trends in their SPEs so far as it is meaningful and practical to do so.

#### Output classes

([section 149E of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176677.html))

Four Output Classes are to be used by all DHBs to reflect the nature of services provided. There is a close correlation between these descriptions and the logic applied when mapping Purchase Unit Codes (PUCs) to each output class. \*Refer to the output class definitions included under Additional Information. The Output Class categories are:

* Prevention
* Early Detection and Management
* Intensive Assessment and Treatment
* Rehabilitation and Support.

DHBs must describe services they plan, fund, provide, and promote within each Output Class. Include at least total expected revenue and proposed expenses for each Output Class that in total agree to your financial statements ([section 149E of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176677.html)).

#### Financial Performance

([section 149B-G of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM329631.html))

Please note that financial templates submitted to the Ministry in support of financial statements must be completed in accordance with the ‘Requirement and Guidelines for using Financial Templates’, which are issued to DHBs in conjunction with the blank templates. *\*Refer to the checklist for financial templates included under Additional Information.* Each SPE must, in relation to a Crown entity and a financial year, contain forecast financial statements that comply with [section 149G of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176679.html), be prepared in accordance with generally accepted accounting practice, and for each reportable class of outputs identify the expected revenue and proposed expenses [(section 149(E)(2)(B) of the CE Act).](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176677.html) The forecast financial statements must include:

* a statement of all significant assumptions underlying the forecast financial statements [(section 149(G)(2)(A)of the CE Act)](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176679.html)
* any additional information and explanations to fairly reflect the forecast financial operations and financial position of the DHB [(section 149(G)(2)(B) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176679.html)).

# APPENDIX 2: System Level Measures Improvement Plan

Please see the System Level Measures Annual Plan Guidance for 2020/21 available on the NSFL website.

# Supplementary Information for preparing DHB Annual Plans and SPEs

*(NOT to be included in final plans – for reference in developing documents only)*

## Glossary of Terms

|  |  |
| --- | --- |
| **Term** | **Meaning** |
| **Activity** | What an agency does to convert inputs to Outputs. |
| **Capability** | What an organisation needs (in terms of access to people, resources, systems, structures, culture and relationships), to efficiently deliver the outputs required to achieve the Government's goals. |
| **Crown agent** | A Crown entity that must give effect to government policy when directed by the responsible Minister. One of the three types of statutory entities (the other two are autonomous Crown entities and independent Crown entities). |
| **Crown entity** | A generic term for a diverse range of entities within one of the five categories referred to in [section 7 of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM329641.html), namely: statutory entities, Crown entity companies, Crown entity subsidiaries, school boards of trustees, and tertiary education institutions. |
| **Crown entity subsidiary** | Companies incorporated under the [Companies Act 1993](http://www.legislation.govt.nz/act/public/1993/0105/latest/DLM319570.html) that are controlled by Crown entities, and that are: (a) a subsidiary of another Crown entity under [sections 5–8 of the Companies Act](http://www.legislation.govt.nz/act/public/1993/0105/latest/DLM319570.html); or (b) a multi-parent subsidiary of two or more Crown entities ([section 7(1)(c) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM329641.html)). |
| **Cost containment** | Reducing costs or cost growth in general, whether through improved efficiency, or other means, such as contract negotiation/consolidation, changes to budget management, changes in structure etc. |
| **Efficiency** | Reducing the cost of inputs relative to the value of outputs. |
| **Effectiveness** | The extent to which objectives are being achieved. Effectiveness is determined by the relationship between an organisation and its external environment. Effectiveness indicators relate outputs to impacts and to outcomes. They can measure the steps along the way to achieving an overall objective or an outcome, and test whether outputs have the characteristics required for achieving a desired objective or government outcome. |
| **Financial Statements** | Annual plan financial statements are forecast financial statements required to cover five years: prior year audited actual, current year forecast and three years’ plan. |
| **Impact** | Means the contribution made to an outcome by a specified set of goods and services (outputs), or actions, or both. It normally describes results that are directly attributable to the activity of an agency. For example, the change in the life expectancy of infants at birth and age one as a direct result of the increased uptake of immunisations. |
| **Impact measures** | Impact measures are attributed to agency (DHB) outputs in a credible way. Impact measures represent near-term results expected from the goods and services you deliver; can often be measured soon after delivery, promoting timely decisions; and may reveal specific ways in which managers can remedy performance shortfalls (refer to State Services Commission [*Performance Measurement – Advice and examples on how to develop effective frameworks*](https://ssc.govt.nz/resources/performance-measurement/) page 13). |
| **Input** | The resources such as labour, materials, money, people, and information technology used by departments to produce outputs, that will achieve the Government's stated outcomes. |
| **Intervention** | An action or activity intended to enhance outcomes or otherwise benefit an agency or group. |
| **Intervention logic model** | A framework for describing the relationships between resources, activities and results. It provides a common approach for integrating planning, implementation, evaluation and reporting. Intervention logic also focuses on being accountable for what matters – impacts and outcomes (refer to State Services Commission [*Performance Measurement – Advice and examples on how to develop effective frameworks*).](https://ssc.govt.nz/resources/performance-measurement/) |
| **Intermediate outcome** | See Outcome |
| **Long Term Investment Plan (LTIP)** | An LTIP shows what will be invested in and how investment will occur in order to support the delivery of an agency’s or sector’s strategy over a minimum period of ten years. Every investment-intensive agency is required to produce a LTIPs, which must be formally refreshed every two years. The LTIP is a requirement from the Treasury. |
| **‘Living within our means’** | Providing the expected level of outputs within a break-even budget or Ministry agreed deficit step toward break even by a specific time. |
| **Management systems** | The supporting systems and policies used by the DHB in conducting its business. |
| **Multi-parent subsidiary** | A company (incorporated under the Act) is a **multi-parent** **subsidiary** if, under [sections 5 to 8 of the Companies Act](http://www.legislation.govt.nz/act/public/1993/0105/latest/DLM319570.html),—   * (a) the company is not a subsidiary of any one Crown entity; but * (b) if two or more Crown entities were treated as one entity (a **combined entity**), with their rights, entitlements, and interests in relation to the company taken together, the company would be a subsidiary of the combined entity ([section 7(1 & 2) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM329641.html)). |
| **Measure** | A measure identifies the focus for measurement: it specifies what is to be measured. |
| **Objectives** | The use of this term recognises that not all outputs and activities are intended to achieve ‘outputs’. For example, increasing the take-up of programmes, improving the retention of key staff, improving performance, improving Governance, etc. are ‘internal to the organisation and enable the achievement of outputs’. |
| **Outcome** | Outcomes are the impacts on or the consequences for, the community of the outputs or activities of government. In common usage, however, the term 'outcomes' is often used more generally to mean results, regardless of whether they are produced by government action or other means. An intermediate outcome is expected to lead to an end outcome, but, in itself, is not the desired result. An end outcome is the final result desired from delivering outputs. An output may have more than one end outcome, or several outputs may contribute to a single end outcome. |
| **Output agreement** | [Output agreement/output plan](http://www.learningstate.govt.nz/display/glossaryitem.asp?id=127) - See Purchase Agreement.  An output agreement is to assist a Minister and a Crown entity (DHB) to clarify, align, and manage their respective expectations and responsibilities in relation to the funding and production of certain outputs, including the particular standards, terms, and conditions under which the Crown entity will deliver and be paid for the specified outputs. A responsible Minister may set standards, terms, and conditions in respect of certain classes of outputs ([section 170 of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM330577.html)). |
| **Output classes** | An aggregation of outputs, or groups of similar outputs. Outputs can be grouped if they are of a similar nature. The output classes selected in your non-financial measures must also be reflected in your financial measures. |
| **Outputs** | Final goods and services, that is, they are supplied to someone outside a Crown entity. They should not be confused with goods and services produced entirely for consumption within the DHB group ([section 136(1)(a–c) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM330506.html)). |
| **Ownership** | The Crown's core interests as 'owner' can be thought of as:  **Strategy** – the Crown's interest is that each state sector organisation contributes to the public policy objectives recognised by the Crown.  **Capability** – the Crown's interest is that each state sector organisation has, or is able to access, the appropriate combination of resources, systems and structures necessary to deliver the organisation's outputs to customer specified levels of performance on an ongoing basis into the future.  **Performance** – the Crown's interest is that each organisation is delivering products and services (outputs) that achieve the intended results (outcomes), and that in doing so, each organisation complies with its legislative mandate and obligations, including those arising from the Crown's obligations under the Treaty of Waitangi, and operates fairly, ethically and responsively. |
| **Performance measures** | Selected measures must align with the DHB’s RSP and AP. Four or five key outcomes with associated outputs for non-financial forecast service performance are considered adequate. Appropriate measures should be selected and should consider quality, quantity, effectiveness and timeliness. These measures should cover three years beginning with performance expectations for the first financial year (2020/21) and show intended results for the three subsequent financial years. |
| **Performance expectations** | Performance expectations are the agreed levels of performance to be achieved within a specified period of time. Performance expectations are usually specified in terms of the actual quantitative results to be achieved or in terms of productivity, service volume, service-quality levels or cost-effectiveness gains. Agencies are expected to assess progress and manage performance against these expectations. A performance expectation can also be in the form of a standard or a benchmark. |
| **Priorities** | Statements of medium-term policy priorities. |
| **Productivity** | Increasing outputs relative to inputs (eg, either more outputs produced with the same inputs, or the same output produced using fewer inputs). |
| **Purchase agreement** | A purchase agreement is a documented arrangement between a Minister and a department, or other organisation, for the supply of outputs. |
| **Regional integration** | Regional integration refers to DHBs across geographical ‘regions’ for the purposes of planning and delivering services (clinical and non-clinical) together. Four regions exist.   * Northern: Northland, Auckland, Waitemata and Counties Manukau DHBs * Midland: Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato DHBs * Central: Capital & Coast, Hawke’s Bay, Hutt Valley, MidCentral, Wairarapa and Whanganui DHBs * Southern: Canterbury, Nelson Marlborough, South Canterbury, Southern and West Coast DHBs.   A region for some clinical networks may vary slightly to the four regional groupings described above. For example, Central Cancer Network contains seven DHBs, with Taranaki DHB in addition to the Central Region DHBs. |
| **Results** | Sometimes used as a synonym for 'Outcomes', sometimes to denote the degree to which an organisation successfully delivers its outputs, and sometimes with both meanings at once. |
| **Standards of Service Measures** | Measures of the quality of service to clients that focus on aspects such as client satisfaction with the way they are treated, comparison of current standards of service with past standards, and appropriateness of the standard of service to client needs. |
| [**Statement**](http://www.learningstate.govt.nz/display/glossaryitem.asp?id=113) **of Performance Expectations (SPE)** | Government departments and Crown entities are required to include audited statements of objectives and statements of performance expectations with their financial statements. These statements report whether the organisation has met its service objectives for the year. |
| [**Strategy**](http://www.learningstate.govt.nz/display/glossaryitem.asp?id=135) | See Ownership. |
| **Sub-regional collaboration** | Sub-regional collaboration refers to DHBs working together in a smaller grouping to the regional grouping, typically in groupings of two or three DHBs and may be formalised with an agreement (eg, a Memorandum of Understanding). Examples of sub-regional collaboration include DHBs in the Auckland Metropolitan area, MidCentral and Whanganui DHBs (CentralAlliance), Capital & Coast, Hutt Valley and Wairarapa DHBs (3 DHBs) and Canterbury and West Coast DHBs. |
| **Values** | The collectively shared principles that guide judgment about what is good and proper. The standards of integrity and conduct expected of public sector officials in concrete situations are often derived from a nation's core values, which, in turn, tend to be drawn from social norms, democratic principles and professional ethos. |
| **Value for money** | The assessment of benefits relative to cost, in determining whether specific current or future investments/expenditures are the best use of available resource. |

## 

## Financial Checklist for 2020/21 Financial Statements (and supporting templates)

|  |  |  |
| --- | --- | --- |
| **1. Financial Statements** | | |
| **Requirements** | | **Interpretation** |
| 1 | Does the annual plan contain a complete set of consolidated financial statements that comply with applicable legislation, generally accepted accounting principles (GAAP) and Crown accounting policies? | Annual plan financial statements prepared under GAAP are forecast financial statements required to cover five years: prior year audited actual, current year forecast and three years’ plan.  As a minimum, annual plan financial statements must include:   * a full set of consolidated financial statements including: * financial performance showing:  1. revenue as Ministry of Health Sourced, Other Government sourced, and other, and Inter-DHB and Internal Revenue 2. expenses as the major services of Personal, Mental, Disability Support, Public and Māori plus Personnel costs, Outsourced services costs, Clinical supplies costs, and Infrastructure, Non Clinical supplies and Other costs  * financial position showing Current and Non-current Assets, Current and Non-current Liabilities and Equity * cash flows detailing Cash in and Cash out for Operating, Investing and Financing Activities * movements in equity showing Opening Balance, Net results, Revaluation of Fixed Assets, Equity Injections/ Repayments, and Other ([section 149G(1) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176679.html)) * summary **statements of financial performance for each arm** (Provider, Funder and Governance) showing:  1. revenue from Ministry of Health, other Government, Non-Government and Other, and Inter-DHB and Internal Revenue 2. Provider arm expenses – split by Personnel, Outsourced services, Clinical supplies, and Infrastructure and Non Clinical supplies and Other 3. Funder arm expenses – split by major service areas, eg, Personal, Mental, Disability support, Māori, Public and Other 4. Governance arm expenses split by Personnel, Outsourced services, Clinical Supplies, Infrastructure and Non Clinical supplies and Other. |
| 2 | Does the annual plan explain the nature, reasons for, and effects on the annual plan financial statements of any significant change in accounting policies? | Statement of accounting policies ([section 149G(1) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176679.html)). Accounting policies applied in the annual plan financial statements should be consistent with prior years unless a change of policy has been noted. |
| 3 | Does the annual plan contain a statement of all significant assumptions underlying the financial statements? | The annual plan must include a statement of all significant assumptions underlying the financial statements ([section 149G(2) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6176679.html)). |
| 4 | Do the financial statements align with the text of the document? | The financial statements and any related narrative information should be consistent with any general or narrative information presented with them. |
| 5 | Has the DHB supplied complete annual plan financial templates that agree to the annual plan financial statements? | Annual plan templates for 2020/21 are:   1. Annual plan Financial Template 2. Mental Health Financial Plan Template 3. Revenue Reconciliation 4. Production Plan   Financial information in the first three templates above must agree to the annual plan Financial Template. |
| 6 | Does the DHB include mention of any subsidiaries in which it has an interest? | If a DHB subsidiary is a single-parent subsidiary, then it is not required to produce a separate SOI/SPE if it is covered in the parent DHB’s SOI/SPE ([section 156A(1) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6178683.html)). If a DHB’s subsidiary is a multi-parent subsidiary, then it is not required to prepare a SOI/SPE ([section 157A(2) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6178906.html)). A multi-parent subsidiary may, however, be directed to prepare an SOI/SPE by the Minister of Finance ([section 157A(3) of the CE Act](http://www.legislation.govt.nz/act/public/2004/0115/latest/DLM6178906.html)). These may include the condition that the SOI of one of the parents must cover the multi-parent subsidiary. |
| **2. Planned Net Results** | | |
| **Requirements** | | **Assumptions** |
| 1 | Are the DHB’s planned net results acceptable? | The Ministry will assess this section against the following criteria.   * Do the planned net results meet the Minister of Health’s expectations for the four plan years of the annual plan?[[10]](#footnote-10) * If there is a planned deficit caused by Mental Health deficits, is there a genuine DHB surplus available to carry forward to cover the deficit? * If there is a planned deficit (other than for Mental Health), is there a genuine DHB surplus available to carry forward to cover the deficit? * If the DHB plans consolidated deficit(s), is there appropriate approval to submit an annual plan including deficit(s)? * Does the annual plan include realistic and quantifiable action plans or efficiency projects to address planned deficits or ensure breakeven is achieved?[[11]](#footnote-11) * Significant savings anticipated from action plans of efficiency projects should be explained and justified in the annual plan, or in a confidential document sent separately to the Ministry. |
| 2 | Are the DHB’s planned productivity improvement initiatives appropriate and achievable? |
| **3. Revenue Assumptions** | | |
| **Requirements** | | **Assumptions** |
| 1 | Does total devolved revenue (including Inter-District Flows) agree with the latest Funding Envelope? If not, are variances appropriate and explained? | All devolved revenue received from the Ministry that is disclosed in the annual plan will be confirmed against what has been advised in the latest Funding Envelope. Variances from the latest Funding Envelope should be explained in the Revenue Reconciliation[[12]](#footnote-12). |
| 2 | Does revenue for non-devolved service contracts materially agree with advice from the Ministry? | All non-devolved revenue sourced from the Ministry will be confirmed directly with the responsible Ministry directorates. |
| 3 | Out-year revenue assumptions consistent with Ministry advice? | Indicative out-year revenue increases are advised in the latest Funding Envelope. |
| **4. Cost and Volume Assumptions** | | |
| **Requirements** | | **Interpretation** |
| 1 | Are the assumptions for personnel costs, outsourced services costs and Full Time Equivalent (FTE) movements appropriate and adequately explained? | Assessment of whether cost assumptions are ‘appropriate’ and ‘adequately explained’ will be based on whether cost changes are consistent with:   1. financial information disclosed in the annual plan and annual plan financial templates 2. estimated revenue growth advised in the latest Funding Envelope 3. the percentage ranges estimated in CPI and salary indices 4. changes in volumes, practices, service delivery, etc 5. Production Plan aligned with FTEs, Expenditure and Productivity, and supported by historical trends and performance.   Significant variation from the latest Funding Envelope or indices should be explained and justified in the annual plan, or in a confidential document sent separately to the Ministry. Expenditure planned for out years should reflect a realistic assessment of requirements to support the projected revenue stream in those years. It should not be derived simply by applying the same preliminary increase as for revenues to each expenditure line. |
| 2 | Are planned interest, depreciation, capital charge costs and assumptions appropriate and adequately explained? |
| 3 | Are all other cost assumptions (eg, clinical supplies costs) appropriate and adequately explained? |
| 4 | Is the productivity gain and associated risk inherent in the plan clearly explained? |
| **5. Fixed Assets** | | |
| **Requirements** | | **Interpretation** |
| 1 | Does the annual plan include a statement about:  a) when assets were last revalued  b) in what year the next revaluation will take place as required by relevant accounting standards. | No interpretation required. |
| 2 | Does the annual plan include (if known) the asset impacts and additional costs resulting from re-evaluation? | No interpretation required. |
| 3 | Does the DHB note its strategy for actively disposing of assets that are surplus to requirements? | No interpretation required. |
| 4 | Does the annual plan include a statement about procedure for disposing of land transferred to, or vested in the DHB under the [Health Sector (Transfers) Act 1993](http://www.legislation.govt.nz/act/public/1993/0023/latest/DLM294915.html)? | [Section 42(2) of the New Zealand Public Health and Disability Act](http://www.legislation.govt.nz/act/public/2000/0091/latest/DLM80854.html) requires the inclusion of a statement about a DHB’s procedure for disposing of land transferred to or vested to it under the [Health Sector (Transfers) Act](http://www.legislation.govt.nz/act/public/1993/0023/latest/DLM294915.html), irrespective of whether land disposals are planned. |
| **6. Capital Expenditure** | | |
| **Requirements** | | **Interpretation** |
| 1 | Is the capital expenditure section of the annual plan consistent with the DHB’s Long Term Investment Plan, Capital Intentions and the relevant RSP? | No interpretation required. |
| 2 | Does the capital expenditure section of the annual plan narrative reflect major capital projects, clearly distinguishing between approved and unapproved projects and whether they are baseline or strategic? | An ‘approved’ capital project means that the DHB has a letter from the Minister of Health approving that capital project. |
| 3 | Are sources of planned capital financing for both baseline and strategic capital expenditure clearly identified? | Sources of planned financing may include:   1. DHB contribution 2. New Crown debt (approved/unapproved) 3. Crown equity (approved/unapproved) 4. Finance leases 5. Community donations/funding. |
| 4 | Is capital expenditure and financing correctly reflected in all sections of the annual financial template including the cash flow statement? | The annual plan financial template should reflect only approved capital expenditure (even if included in baseline capital expenditure) and financing. The only exception is for the capital plan worksheet, which should also include unapproved capital projects and anticipated sources of funding. |
| **7. Debt and Equity** | | |
| **Requirement** | | **Interpretation** |
| 1 | Does the annual plan include a schedule of key lenders, borrowing arrangements (including rates and limits) that distinguish between new and existing borrowing facilities? | The schedule of key lenders should cover working capital, short-term and long-term borrowing and finance leases. |
| 2 | Does the annual plan show the related banking covenants, and is the DHB planning to meet them? | No interpretation required. |

## Output Class Recommendations

## Output Class Definitions

It is expected that all DHBs will use the following output class definitions:

#### Prevention

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

#### Early Detection and Management

* Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
* These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.
* On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.

#### Intensive Assessment and Treatment Services

* Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialized equipment such as a ‘hospital’. These services are generally complex and provided by health care professionals that work closely together.
* They include:
* Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services
* Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services
* Emergency Department services including triage, diagnostic, therapeutic and disposition services
* On a continuum of care these services are at the complex end of treatment services and focussed on individuals.

#### Rehabilitation and Support

* Rehabilitation and support services are delivered following a ‘needs assessment’ process and co-ordination input by NASC Services for a range of services including palliative care, home-based support and residential care services.
* On a continuum of care these services will provide support for individuals

Recommended outputs that may be useful for describing bundles of services within each output class are included in the following table.

|  |
| --- |
| **PREVENTION** |
| Health Promotion and Education  Statutory Regulation  Population Based Screening  Immunisation  Well Child Services |
| **EARLY DETECTION & MANAGEMENT** |
| Primary Health Care  Oral Health  Primary Community Care Programmes  Pharmacist  Community Referred Testing & Diagnostics  Mental Health |
| **INTENSIVE ASSESSMENT & TREATMENT** |
| Mental Health  Elective (Inpatient/Outpatient)  Acute (Emergency Department/Inpatient/Outpatient)  Maternity  Assessment Treatment & Rehabilitation |
| **REHABILITATION & SUPPORT** |
| Needs Assessment & Service Co-ordination  Palliative Care  Rehabilitation  Age Related Residential Care Beds  Home Based Support  Life Long Disability  Respite Care  Day Services |

1. *Public Health is defined as “the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society” (Acheson, 1988; World Health Organization).* [↑](#footnote-ref-1)
2. [*https://nsfl.health.govt.nz/service-specifications/current-service-specifications/public-health-service-specifications*](%20https:/nsfl.health.govt.nz/service-specifications/current-service-specifications/public-health-service-specifications) [↑](#footnote-ref-2)
3. [*http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015*](http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015)*).*  [↑](#footnote-ref-3)
4. *Strategic pieces of work may include:*

   *What are the roles/services of PHUs (including regulatory services) at the national/regional/local level?*

   *What systemic changes are required to achieve provider/service sustainability?*

   *How should core public health services be commissioned?*  [↑](#footnote-ref-4)
5. *The applicable DHBs will receive further information separately* [↑](#footnote-ref-5)
6. (<https://www.procurement.govt.nz/procurement/principles-and-rules/government-procurement-rules/>) [↑](#footnote-ref-6)
7. Excluding inpatient meals and meals on wheels [↑](#footnote-ref-7)
8. The causes of inequities in health outcomes are complex and largely arise from the inequitable distribution of and access to, the wider determinants of health such as income, education, employment, housing and quality health care amongst populations [↑](#footnote-ref-8)
9. Henceforth, ‘CE Act’ will be used when referring to the Crown Entities Act 2004. [↑](#footnote-ref-9)
10. The Minister’s expectations for net results will either be expressly stated in correspondence to the DHB or be the approved net results in the previous year’s annual plan for the second and third plan years. [↑](#footnote-ref-10)
11. Sound action plans and efficiency projects means plans and projects that have quantifiable savings or cost reductions, are time-bound and can be realistically achieved*.* [↑](#footnote-ref-11)
12. Funding Envelope’ refers to the most recent Funding Envelope advice letter for 2019/20. [↑](#footnote-ref-12)