



WAIRARAPA DISTRICT HEALTH BOARD

Strategic Plan

WAIRARAPA DISTRICT HEALTH BOARD – STRATEGIC PLAN

	Page Number
CONTENTS	01
FOREWORD	02
EXECUTIVE SUMMARY	03
VISION	05
MISSION, TREATY STATEMENT, VALUES, AND STRATEGIC PRIORITIES	05
DISABILITY ISSUES	08
WORKING WITH MAORI	09
INTRODUCTION	10
1. CRITICAL SUCCESS FACTORS, PARTNERSHIP AND RELATIONSHIPS	15
2. THE ENVIRONMENT	16
3. STRATEGIC PRIORITIES	24
4. STRATEGIES TO ADDRESS EACH STRATEGIC PRIORITY	28
4.1 Improving Child, Family and Youth Health.....	28
Child, Family and Youth Health: Action Plans to Achieve Outcomes.....	30
4.2 Improving Mental Health.....	35
Mental Health: Action Plans to Achieve Outcomes.....	37
4.3 Reducing the Incidence and Impact of Diabetes.....	44
Diabetes: Action Plans to Achieve Outcomes.....	45
4.4 Reducing the Incidence and Impact of Respiratory Disease.....	47
Respiratory Disease: Action Plans to Achieve Outcomes.....	48
5. KEY STRATEGIES ESSENTIAL TO ACHIEVING GOALS	50
6. OTHER CONSIDERATIONS	53
7. BUILDING DISTRICT HEALTH BOARD CAPABILITY	57
8. MONITORING AND REPORTING	60
9. RISK MANAGEMENT	64
10. FINANCIAL INFORMATION AND ASSUMPTIONS	66
APPENDICES	
Appendix 1 – Wairarapa District Health Board Disability Strategy Action Plan 2002.....	77
Appendix 2 – Submissions.....	79

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Wahanga tuatahi

Foreword

E te iwi whanui o te Wairarapa, tena koutou, tena koutou katoa. Kua tuhia nga moemoea me nga mahere mo te whakapai to tatou hauora. Na reira ma tatou katoa, ka puawai nga tumanako, mo te whakanui oranga, i nga tau kei te heke mai.

Kua tau te waka o te hauora, engari ma te ngatahi o te hoe ka tae ki uta.

Hoea ra te waka e
Hoea ki te rohe nei
Te waka o te hauora
Kia ora te Wairarapa

To the wider community of the Wairarapa greetings, to you all.

The vision and plans to improve the health for all, has been written. It requires the combined effort of us all to attain the goals outlined, for improved health over the coming years.

The canoe of health has been launched however it will require all hands on the paddles to bring it to shore.

Row forth the canoe
Sail on through the region
Bearing a cargo of health
To create a well Wairarapa

EXECUTIVE SUMMARY

The Wairarapa District Health Board is charged with improving health status and reducing disparities for its resident population. The Board's vision is

“Wairarapa Ora – Hauora pai mo te katoa”
“Well Wairarapa – better health for all”

This strategic plan recognises that it is not possible to address all issues at once. There are resource constraints that prevent this, also to do so would risk efforts being dispersed too widely to be effective. Therefore, the first task in developing the plan was to identify the most important priorities for the Wairarapa, where concentrated effort is most likely to achieve health gains.

Four strategic priorities have been identified from consideration of:

- Wairarapa health needs and health status information.
- The New Zealand Health Strategy.
- The views of our community.
- Future funding and other resource issues.

Our four priorities are:

- Improving Child, Family and Youth Health.
- Improving Mental Health.
- Reducing the incidence and impact of diabetes.
- Reducing the incidence and impact of respiratory disease.

The strategies and actions we propose to implement to achieve these four priorities include many of the New Zealand Health Strategy priorities, with four core strategies relating to:

- more healthy lifestyles,
 - improved community knowledge,
 - more collaborative approaches, and
 - intersectoral action,
- spanning all four of our priorities.

These strategies require a stronger public health focus and more population based approaches. In addition to continued development of services to respond to individual cases of ill-health, we must widen their scope to include more prevention and early intervention, with a special focus on reducing disparities.

This will require much wider, holistic approaches, supported by intersectoral and community action. The necessary information systems, service structures, and frameworks must be put in place to support development of the much more collaborative, integrated and holistic approaches required.

There are three major changes proposed for the way health services operate:

- Primary health organisation establishment.
- Redevelopment of Masterton Hospital.
- Intersectoral action and partnerships with a wide range of agencies.

As well as these major changes in operational practice and facilities there must be supporting developments in workforce, information technology and information system capability, quality and safety. Improving capability is required within both the Wairarapa District Health Board and the services it funds.

This plan sets out our strategy for the next five to ten years, and provides the framework for annual plans over this period. The annual plans will give more operational detail.

This strategic plan includes health indicator measures and targets against which annual progress will be assessed. Progress achieved will be reported publicly in annual reports.

Achieving this strategy will not be easy. There are many challenges and risks to be overcome. The main risks relate to maintenance of sufficient critical mass and ongoing clinical and financial viability. Formation of closer alliances with other District Health Boards is proposed to help address these risks.

Joel George
Chief Executive

VISION

The Wairarapa District Health Board's Vision is:

“Wairarapa ora – Hauora pai te katoa”
“Well Wairarapa – Better Health for All”

MISSION, TREATY STATEMENT, VALUES, OBJECTIVES AND STRATEGIC PRIORITIES

The Wairarapa District Health Board's Mission is:

“To improve, promote, and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choices”

Treaty Statement

The Wairarapa District Health Board recognises and respects Te Tiriti O Waitangi, and the principles of partnership, participation and protection. The District Health Board will ensure Maori participation at all levels of service planning, service delivery and the protection and improvement of the health status of Maori, within the framework of the New Zealand Public Health and Disability Act 2000.

The Wairarapa District Health Board is committed to:

- Ongoing development of its partnership with the Mana Whenua caucus and other meaningful relationships with Iwi / Maori community.
- The improvement of health outcomes for Maori and the reduction of disparities between Maori and non-Maori.
- Advancing strategies that will positively contribute to Maori development.

Specific partnership with local iwi, Rangitane o Wairarapa and Ngati Kahungunu Ki Wairarapa, is developed through the Man Whenua caucus.

The Wairarapa District Health Board's Values are:

Nga Tikanga Ki Mua Hei Whakawateatia A Muri – Well-being flows from our values. These values underpin all of our work.

Valuing people : Whakamana Tangata

Demonstrating mutual respect courtesy, and support for each other, and for the rights of individuals.

Integrity : Mana Tu

Acting honestly, openly, and in accordance with ethical principles.

Co-operation : Whakawhanaungatanga

Working collaboratively and positively in partnership with the community, other service providers, and other organisations.

Holism : Kotahitanga

Taking into account all aspects of a person and their environment.

Taking Responsibility : Tino Rangatiratanga

Encouraging all to determine and achieve their own aims and aspirations, and to be accountable for their actions.

Achievement : Whakatutuki

Setting realistic goals, for the organisation, and for individuals and ensuring they are achieved.

Excellence : Taumatatanga

Striving for the highest standards and best practice in all that we do.

Innovation and learning: Matauranga

Valuing learning, and encouraging exploration of new opportunities.

The Wairarapa District Health Board's Statutory Objectives are:

- To improve, promote, and protect the health of people and communities in the Wairarapa;
- To promote the integration of health services, especially primary and secondary health services;
- To promote effective care or support for those in need of personal health services or disability support services;
- To promote the inclusion and participation in society and independence of people with disabilities;
- To reduce health disparities by improving health outcomes for Maori and other population groups;
- To reduce, with a view to eliminating, health outcome disparities between various population groups by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders;
- To exhibit a sense of social responsibility by having regard to the interests of the people to whom we provide, or for whom we arrange the provision of, services;
- To foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services;
- To uphold the ethical and quality standards commonly expected of providers of services and of public sector organisations;
- To exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations;
- To be a good employer; and
- To pursue our objectives in accordance with our district strategic plan, our annual plan, our statement of intent, and any directions or requirements given to us by the Minister.

The Wairarapa District Health Board's Strategic Priorities

Our aim is to improve the overall health status of the people of the Wairarapa as much as possible, within the resources available, while giving immediate priority to reducing disparities. In the Wairarapa there are significant disparities in health status between Maori and non-Maori and between those on low incomes, and those who are more advantaged economically.

Government requires District Health Boards, in their strategic plans, to consider the full range of priorities set out in the New Zealand Health Strategy and to identify those of greatest priority to their own district for the immediate planning period.

Initial consultation prior to developing this plan has identified that Wairarapa people support action towards all of the goals of the New Zealand Health Strategy. The first seven goals encapsulate the population focused, Maori development, comprehensive, collaborative, holistic, and community development approaches our strategic planning workshops have identified as critical to progress in improving our health status and health outcomes.

Within these broad themes, which we believe must underpin all that we do, we have identified four areas for specific focus in this planning period.

We propose that the four leading health priorities for the Wairarapa be:

- Improving child, youth and family health.
- Improving mental health.
- Reducing the incidence and impact of diabetes.
- Reducing the incidence and impact of respiratory disease.

The first two of these each include several target areas:

<p>Improving Child, Family and Youth Health</p>	<p>Key Target Areas:</p> <ul style="list-style-type: none"> ○ Immunisation ○ Well Child services ○ Youth health ○ Sexual and reproductive health ○ Interpersonal violence
<p>Improving Mental Health</p>	<p>Key Target Areas:</p> <ul style="list-style-type: none"> ○ Alcohol and drug problems ○ Severe mental illness ○ Suicides and suicide attempts ○ Anxiety and depressive disorders ○ Stigma and discrimination associated with mental illness

We believe these four health priorities areas are those where there is the most potential to make gains in health and well-being for the people of the Wairarapa, over the next five to ten years. Placing particular focus on these areas will ensure our resources and efforts are directed to where the most gains can be made. The rationale for the choice of these priorities is explained in Chapter 3.

This does not mean that efforts will be lessened in other areas, such as oral health, elective services, cancer and cardiovascular diseases. The strategies we have outlined to address our four priorities will also help to improve health generally and reduce other diseases including cancer and heart disease.



DISABILITY ISSUES

The Wairarapa District Health Board's objectives include:

- To promote effective care and support for those in need of personal health services or disability support services.
- To promote the inclusion and participation in society and independence of people with disabilities.

These objectives relate to all of the Board's activities. As yet the Wairarapa District Health Board does not have any funding responsibility for disability services. The Ministry of Health is retaining responsibility for disability services for an interim period. This strategic plan therefore is limited, in its funding focus, to the health needs and outcomes that the Wairarapa District Health Board has current responsibility for. However the Wairarapa District Health Board is committed to implementation of the New Zealand Disability Strategy and achievement of the vision of a fully inclusive society that is expressed in that strategy. The Wairarapa District Health Board aims to ensure that all of its activities, including planning and prioritisation, are inclusive of the disability perspectives, and are consistent with the vision and objectives of the New Zealand Disability Strategy.

We are aware of the steadily increasing pressure for service provision in the disability sector and that at present this pressure is falling almost entirely on the voluntary support services. There is an increase in the dependency of people in the moderate to severe groups and this is putting pressure on existing services and the budgets. Further there is increasing evidence of a lack of, and uptake of, disability support services to the Maori community. In both these areas the Wairarapa District Health Board is aware of the needs to review the funding and delivery of services.

The Wairarapa District Health Board's action plan for implementation of the New Zealand Disability Strategy is set out in Appendix 1.

During 2002 the Wairarapa District Health Board will complete an assessment of disability needs in the Wairarapa, and compile a directory of disability support services.



WORKING WITH MAORI

The Wairarapa District Health Board recognises and respects Te Tiriti O Waitangi, and the principles of partnership, participation and protection. The District Health Board is committed to ensuring that Maori participate at all levels of service planning, delivery, development and evaluation and to improving the health status of Maori.

The Wairarapa District Health Board is committed to:

- Ongoing development of its partnership with the Mana Whenua Caucus and other meaningful relationships with Iwi / Maori community.
- The improvement of health outcomes for Maori and the reduction of disparities between Maori and non-Maori.
- Advancing strategies that will positively contribute to Maori development.

Specific partnership with local iwi, Rangitane o Wairarapa and Ngati Kahungunu Ki Wairarapa, is developed through the Man Whenua caucus.

This strategic plan attempts to give meaning to the above commitments by encouraging and facilitating:

- Recognition of the provision of Tino Rangatiratanga as an essential component of service provision.
- A holistic approach for all services and service developments.
- The acceptance of cultural values and beliefs and the integration of these into service provision.
- Participation by Maori (tangata whaiora, whanau, hapu and iwi) in service planning, delivery, development and evaluation.
- The recognition of the need for culturally effective, safe and appropriate practices in service delivery to Maori.
- Access to tohunga, kaumatua and traditional Maori practitioners.
- Collaboration between service providers, tangata whaiora, whanau, hapu and iwi.

Our health needs assessment indicates that Maori have poorer health status than most others in our community and that service access and effectiveness for Maori must be improved if we are to make positive changes to Maori health outcomes and reduce current disparities.

This strategic plan proposes four strategic priorities that are of great importance for Maori health and articulates how we propose to improve factors negatively affecting Maori health outcomes, for example, service access and effectiveness. Increasing Maori participation in service planning, delivery, development and evaluation and improving the cultural effectiveness and responsiveness of all services to Maori are over-arching goals that are recognised as a demonstrated requirement if services are to be effective, and these should underpin and be incorporated into all aspects of health service delivery.

It is our intention to develop another strategic document with associated actions for Maori and Maori health matters that will be incorporated as part of our overall strategic approach to addressing health issues in our district. This document will build on and better describe our commitment to Maori and Maori health matters within our district.



INTRODUCTION

Purpose of the District Strategic Plan

This plan, Wairarapa District Health Board's first Strategic Plan, outlines the strategic directions and priorities that will guide the Wairarapa District Health Board over the next few years.

The purpose of the Strategic Plan is to show how the Wairarapa District Health Board intends to work towards achieving key government priorities within the funding available, over a five to ten year time span.

This Strategic Plan describes the context and environment within which the Wairarapa District Health Board operates, how these may change during the next decade, and the strategic priorities that the Wairarapa District Health Board considers are of greatest importance to the Wairarapa.

It outlines the strategies and timelines for achievement of these priorities and how the Wairarapa District Health Board will develop its capabilities to perform its functions as owner, funder and provider.

The Wairarapa District Health Board's Strategic Plan sets the broad direction and intentions of the Wairarapa District Health Board, and provides a brief overview of how these are likely to be achieved. The Strategic Plan provides the guide to Annual Plans that must set out the detail of how the plan will be realised and progress made, year-by-year.

While this Strategic Plan sets the direction and goals for the next five to ten years, it is also a living document. It will be reviewed annually, and be fully revised and updated within three years.

The Process Used for Its Development

Following the period of public consultation, the Board is required to submit its plan to the Minister of Health for approval.

The process used to develop this Strategic Plan has comprised:

- Consideration of the findings of the Wairarapa Health Needs Assessment, published November 2001.
- Consideration of The New Zealand Health Strategy, The New Zealand Disability Strategy, He Korowai Oranga, The Primary Health Care Strategy, The Mental Health Strategy and other Government strategies and policies with which District Health Board plans must be aligned.
- Consideration of funding and other resource issues and constraints.
- Discussions with a limited number of key local stakeholders to identify the key strategic health priorities for the Wairarapa.
- Development of a draft plan that was disseminated widely.
- Public consultation on the draft plan, through public meetings, hui, and calls for submissions.
- Consideration of the feedback from public consultation.
- Development of the final plan.

Our initial Health Needs Assessment Report has been disseminated widely and discussed with key groups. The findings were summarised in a newspaper insert, delivered to all households in the Wairarapa, in early December 2001.

The draft Strategic Plan was developed during December and January, in consultation with a limited number of key stakeholders, including representatives from primary health services, well child services, Maori, social service agencies, and the District Health Board. The Board was involved in this process.

Public consultation took place during February and March. In April, all submissions and feedback from meetings were considered and changes made to the draft. In May the revised Strategic Plan was considered by the Board and forwarded to the Ministry of Health for formal approval and sign-off by the Minister.

The 2001 census data was received late in the consultation process. The population figures were slightly less than forecast in the 1996 census and were not considered to have a large impact on the completion



of the Strategic Plan. The 2001 census will be used for reviews of this plan, future needs analyses and the annual plans.

District Health Board Purpose and Business

The Wairarapa District Health Board's purpose is to plan for, fund, and provide services, so as to achieve the best possible health outcomes for the people of the Wairarapa, within the funding available.

The District Health Board is expected to work towards its purpose in ways that:

- improve, promote and protect health and social inclusion;
- reduce health disparities, particularly between Maori and non-Maori; and
- ensure a community voice in matters relating to health and disability support services.

The Wairarapa District Health Board came into being on 1 January 2001 following enactment of the New Zealand Public Health and Disability Act 2000.

The functions of the Wairarapa District Health Board include:

- Ensuring the provision of services for its resident population and for other people as specified in its Crown Funding Agreement.
- Developing cooperative and collaborative arrangements with persons in the health and disability sector, or other sectors, to improve, promote and protect the health of people and the independence of people with disabilities.
- Investigating, assessing and monitoring the health status of its resident population.
- Issuing relevant information to the resident population, the health and disability sector and other relevant persons, subject to the provisions of the Privacy Act and the Official Information Act.
- Providing information to the Minister for the purposes of policy development, planning and monitoring performance.
- Fostering the development of Maori capacity to participate in the health and disability sector and contribute to strategies for Maori health improvement.
- Promoting the reduction of adverse social and environmental effects on the health of people and communities.
- Participating, where appropriate, in the training of health professionals and other workers in the health and disability sector.
- Monitoring the delivery and performance of health and disability services that it funds.

From 1 July 2001 the Wairarapa District Health Board has been progressively taking over responsibility for funding for Maori health, personal health and mental health services. Responsibility for funding for public health and disability support services will remain with the Ministry of Health until at least 1 July 2003.

The Wairarapa District Health Board's funding work to date has focused on needs analysis, health planning and prioritisation processes to inform the funding decisions for which it has responsibility. This work will continue over future years. In addition, we are building our capacity for contracting and monitoring service provision.

To carry out these responsibilities the Wairarapa District Health Board is organised conceptually into three major groups.

Provider Services. The provider services provide a wide range of hospital and community services at Masterton Hospital, Choice Health in Masterton, and in the community.

Planning and Advisory Staff. The purpose of the planning and funding staff is to assist the Board to allocate the funding provided to the Board by Government to improve the health and independence of the people of the Wairarapa. This includes needs assessment, planning, prioritising, contracting with service providers, and monitoring performance against contracts.

Corporate Services. The corporate services provide a range of corporate support functions, including financial services, to both the planning and funding staff and provider services.

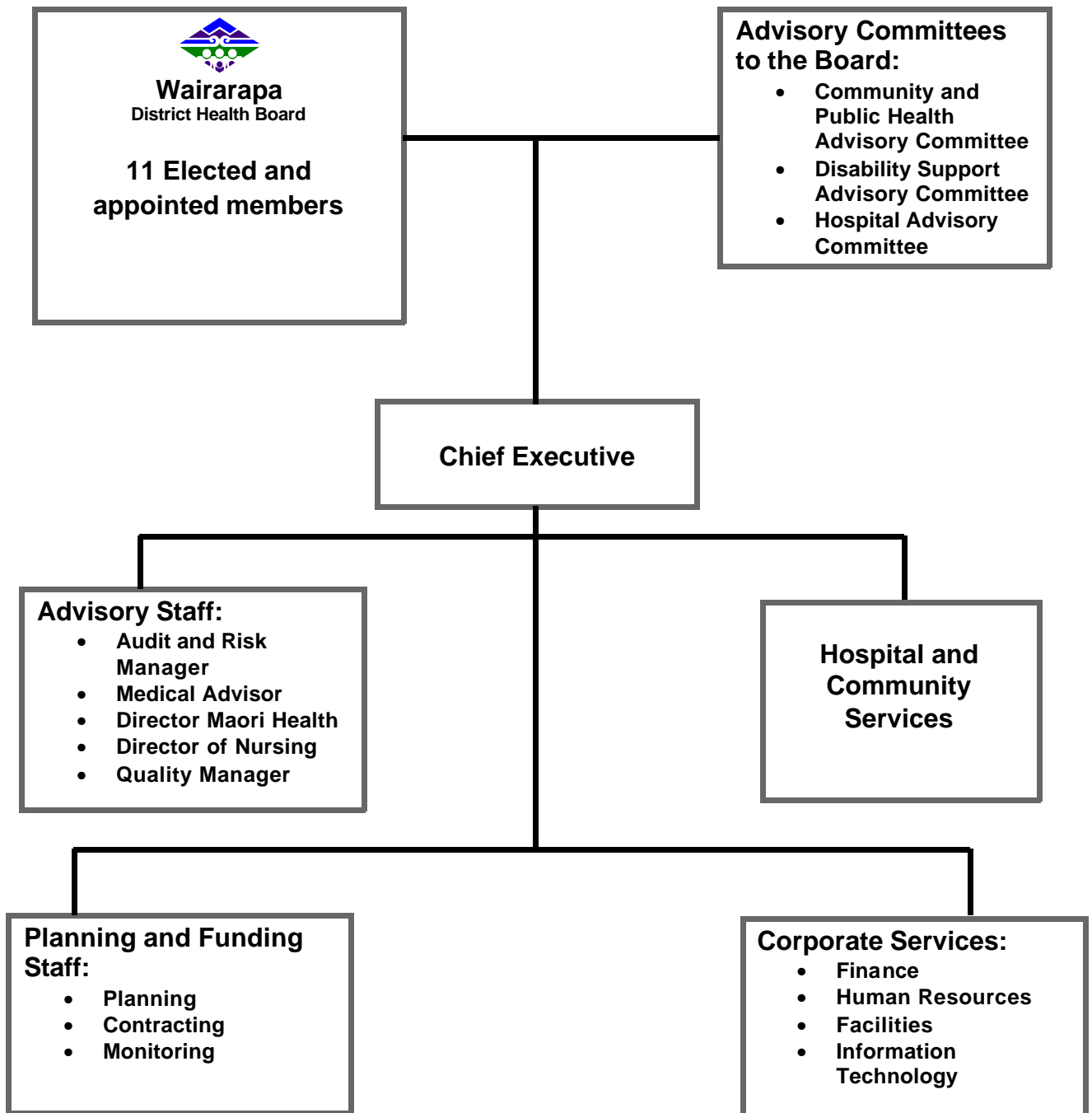


Operationally, individual staff may work across more than one staff or service activity. This allows the Wairarapa District Health Board to draw on the best expertise available from across the whole organisation.

Governance. Accountability for the overall performance of the Wairarapa District Health Board, for both funder and provider functions, is the sole responsibility of the Board. The Board is accountable for the delivery of the strategic direction set out in this plan following approval from the Minister of Health. This accountability is then extended through step-by-step implementation of the strategic direction on an annual basis through achieving the targets and milestones set out in successive annual plans. Each annual plan must be approved by the Minister of Health.

Three statutory advisory committees support the Board. The Community and Public Health Advisory Committee provides advice to the Board on the needs of the Wairarapa population and the priorities for use of funding. The Disability Support Advisory Committee provides advice to the Board on the disability support needs of the Wairarapa population and the priorities for use of available disability funding. The Hospital Advisory Committee monitors and advises the Board on the financial and operational performance of health and disability services provided by the Wairarapa District Health Board and assesses strategic issues relating to the provision of hospital services by or through the District Health Board.

The Chief Executive is solely accountable to the Board for implementation of the annual plan.





Services Funded

The services funded by the Wairarapa District Health Board are:

- Primary health services for example, general practitioner, dental services, and pharmacy services
- Community health services.
- Mental health services, including alcohol and drug services.
- Maori health services.
- Medical and surgical services.
- Maternity services.

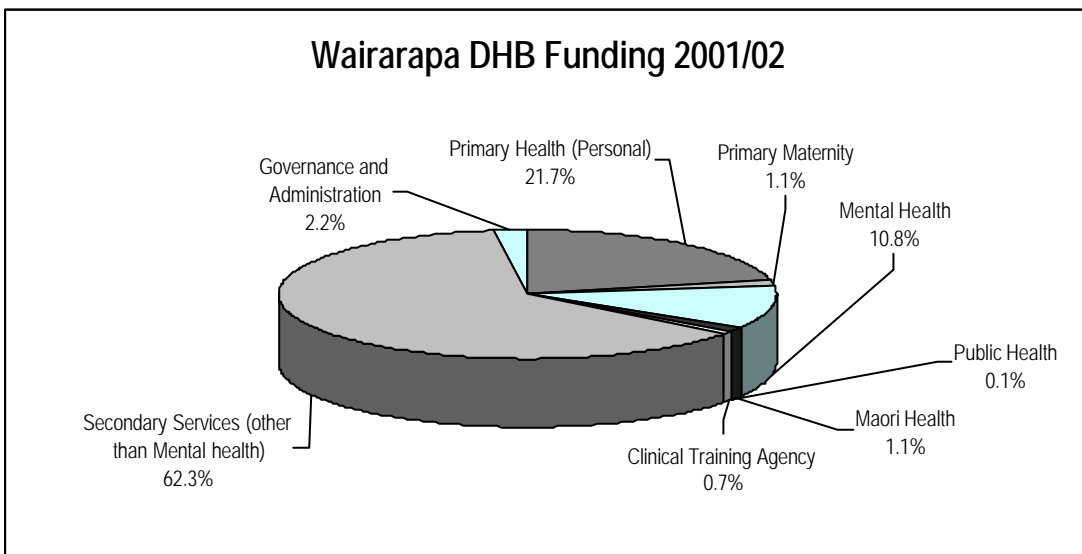
Services Provided

The services provided by the Wairarapa District Health Board are:

- Public health services.
- Community health services, for example district nursing, meals on wheels.
- Disability support services.
- Mental health services, including alcohol and drug services.
- Maori health services.
- Medical and surgical services.
- Maternity services.
- School dental services.

District Health Board Revenue

The Wairarapa District Health Board receives about \$42 million revenue per annum. The diagram below indicates how this funding is allocated in 2001/02.





1. CRITICAL SUCCESS FACTORS, PARTNERSHIPS AND RELATIONSHIPS

The key critical success factors for achievement of this plan are:

- Developing and maintaining good relationships across sectors and agencies.
- Open and frequent communications with all stakeholders.
- Shared community ownership of our goals and objectives.
- Strong Maori participation and Maori provider development.
- Ongoing dialogue with service users, and with those who choose not to access the services we fund, so that we are well informed about what really makes a difference for them.
- A locally available health workforce of sufficient size, with appropriate knowledge, skills and attitudes
- Sufficient funding to seed change and implement new initiatives.
- Regular monitoring and reporting of progress.

Collaboration and Partnerships

Health is affected by a multitude of factors. The Wairarapa District Health Board alone cannot achieve the best possible health and independence, for the residents of the Wairarapa, nor can it be achieved by the health sector working alone. This can only be achieved by concerted intersectoral action by all agencies working cooperatively.

Health status is influenced by genetics, age, ethnicity, income, education, employment, housing, a sense of control over life circumstances, and access to health care services.

Addressing health needs, particularly reducing inequalities and disparities in health status, requires multi-sectoral approaches that address all of the determinants of health.

If we are to realise real progress towards improved health of Maori and the most at risk groups in the Wairarapa we have to work collaboratively across agencies and sectors towards mutually agreed objectives, ensuring that our actions and initiatives are well co-ordinated and complementary.

The key linkages and partnerships we need to help us to achieve this plan are those with:

- Maori, including the Wairarapa Maori Health Committee.
- Territorial Local Authorities.
- Schools and other education providers.
- Employers.
- Social Welfare and Income support services.
- Housing providers.
- Community and voluntary agencies.
- Health and disability service providers.
- Disabled Persons Assembly.
- Police and Justice sectors.
- The people of our communities.
- The Ministry of Health.
- Other district health boards.

The Wairarapa District Health Board will work to develop open, collaborative and supportive relationships with all of these groups.

District health boards need to work together, and with the Ministry of Health to plan and fund effective public health services and approaches. The Wairarapa District Health Board is committed to active participation in national and regional planning and the development of joint strategies, particularly for services provide regionally or nationally. An example of a strong partnership is this kind may be seen already in the Central Region Mental Health and Addiction Network.

Co-ordination of Service Delivery

Co-ordination and collaboration among the many service providers and services is an important factor in improving health service delivery in the Wairarapa. The Wairarapa District Health Board will initiate actions to identify the best ways to co-ordinate and collaborate services including mental health, primary care, health promotion and disability services. In many areas the integration of service delivery will be pursued with the objective of making it the way they work.



2. THE ENVIRONMENT

2.1 Description of Local Geography, Population and Demographic Issues

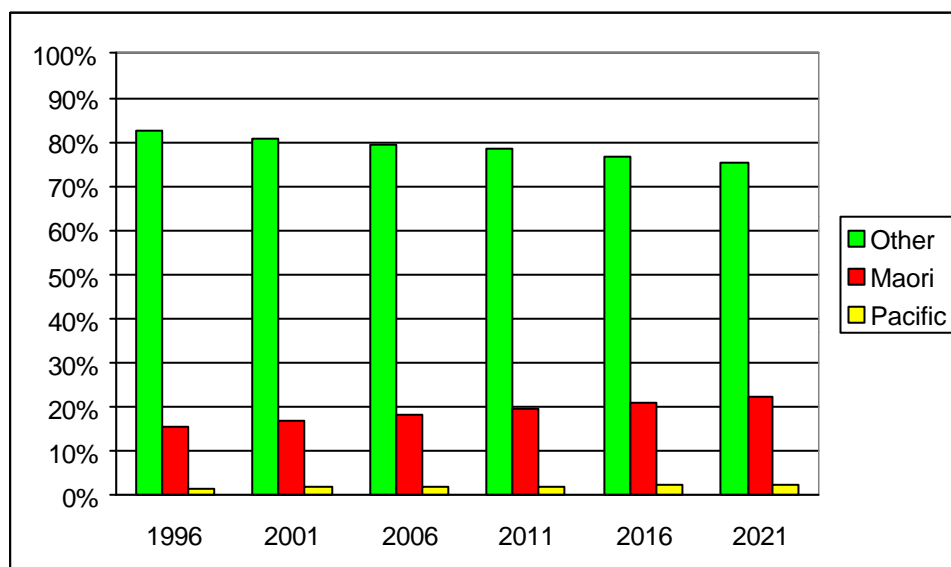
The Wairarapa district is situated in the south-east corner of the North island, between the Rimutaka hill and Mount Bruce. On the Western side it is bounded by the Tararua range, and on the east by the Pacific Ocean. The district covers 601,000 hectares. The main town, Masterton is an hour and half by road from Wellington and Palmerston North.

The district has 38,200 residents, about half of whom live within the Masterton urban area. 22,600 people live in the Masterton district, 6,850 in the Carterton district and 8,740 in the South Wairarapa district (including the towns of Greytown, Featherston and Martinborough). About one fifth of the population (around 7,600) live outside the five towns. Some of this group are resident in quite remote rural areas with very limited services such as Ngawi, Riversdale and Castlepoint. Transport is an issue. There is limited public transport available and no public transport to Masterton Hospital. Around 11.5 percent of households are without cars.

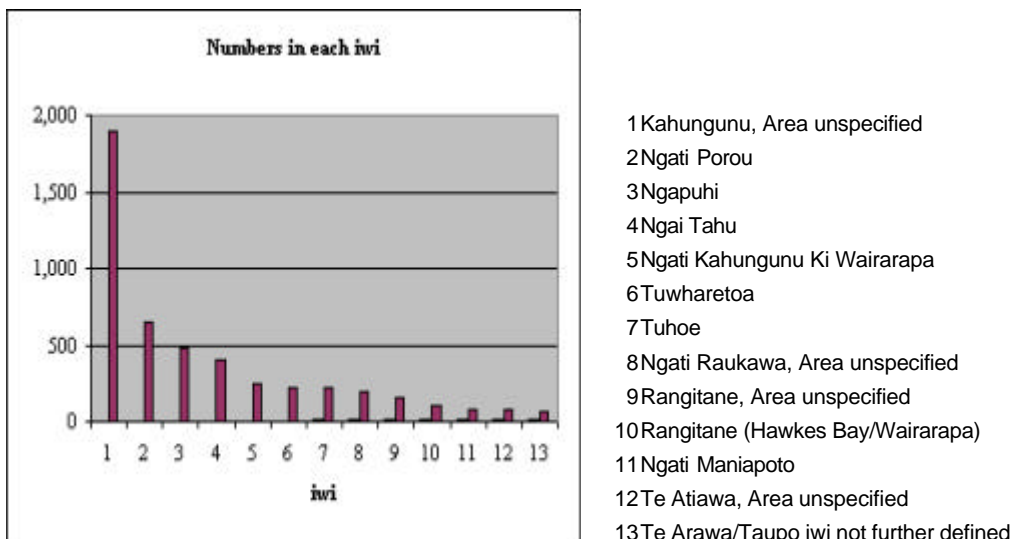
Sixteen percent of the Wairarapa population are Maori, slightly above the New Zealand average of 15 percent.

The Wairarapa population overall is declining, and expected to reduce by 1.9 percent over the next decade. However the numbers of Maori and Pacific people (around 2 percent) at present are growing and will form an increasing proportion of the total. The numbers of Maori are projected to increase by around 11 percent over the next decade.

Projected Wairarapa District Health Board Population by Ethnic Share 1996 – 2021

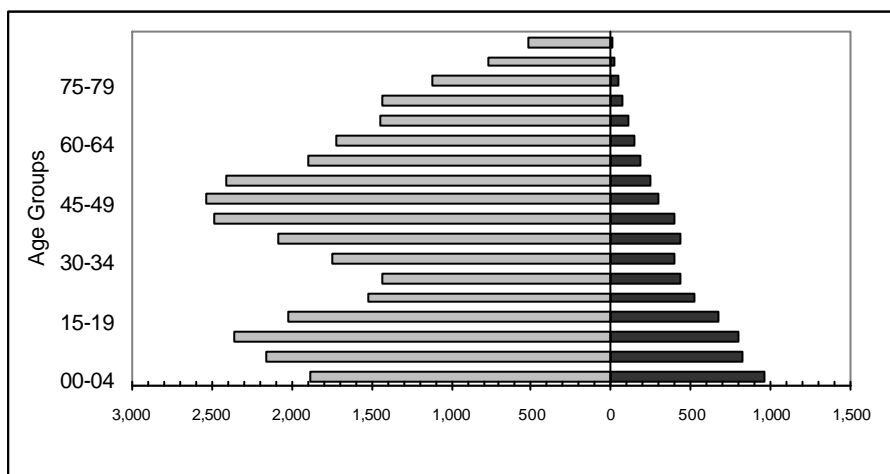


The age structure of the Maori population is similar to that for Maori in New Zealand as a whole, but for non-Maori the Wairarapa shows an older age distribution than the New Zealand average, with more people over the age of 65 years.

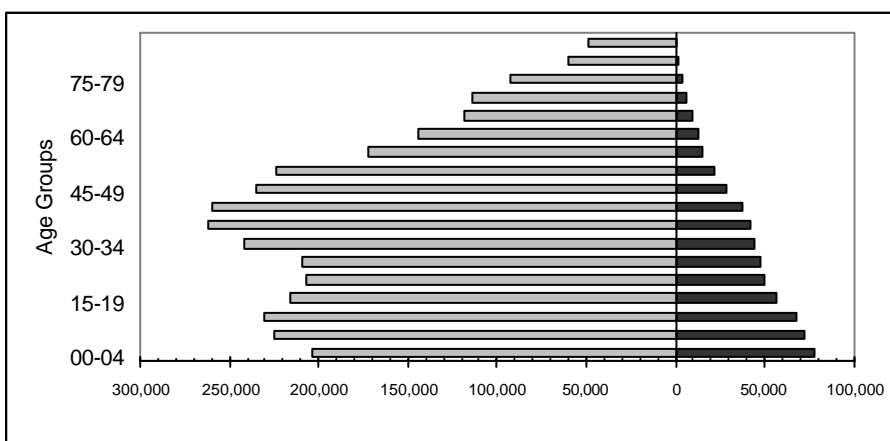


Total number of Maori in the Wairarapa = 5,835, 74.4 % are affiliated with an iwi.

**Age Structure by Ethnicity, Wairarapa District Health Board 2001
New Zealand Maori and Non Maori Population Profile**



**Age Structure by Ethnicity, for New Zealand 2001
New Zealand Maori and Non Maori Population Profile**





The Wairarapa has a very small population of Pacific people. Around 760 people, two percent, are of Pacific ethnicity with the majority being Samoan. The Wairarapa Pacific population has a youthful age profile similar to that of Wairarapa Maori, and is projected to increase at a similar rate. The Pacific population is diverse, being comprised of several Pacific nationalities with different languages, and differing religious affiliations. There is further diversity in that some are Pacific born, and others are New Zealand born Pacific people.

2.2 Key Findings from Our Health Needs Assessment¹

The all cause death rate is higher than the New Zealand average for Wairarapa residents in all groups.

Life expectancy of Wairarapa residents is one year less than the New Zealand average for all groups. Wairarapa people overall suffer more deprivation than New Zealand as a whole. Wairarapa people, on average, have lower levels of education, are more likely to be in lower socio-economic groups, have lower average incomes, and higher benefit usage. Wairarapa Maori have an unemployment rate three to four times higher than that of non-Maori.

Incomes are lower and there is greater income inequality between Maori and non-Maori in the Wairarapa than for New Zealand as a whole. The Wairarapa also has more social and economic deprivation than New Zealand as a whole. The most concentrated areas of high deprivation are in and around Masterton.

Socio-economic Parameters for the Wairarapa District – 1996

	1996 Population	Percentage Maori	Equivalised household income (\$)	Percentage unemployed	Percentage without a car	Percentage without a telephone
Masterton	22,758	16.7	27,370	8.1	12.7	6.5
Carterton	6,813	10.7	26,828	6.3	10.1	5.0
South Wairarapa	8,937	15.0	26,706	7.8	9.45	6.5
Wairarapa DHB	38,505	16.0	27,122	7.7	11.5	6.2
New Zealand		14.0	33,325	7.7	11.5	4.9

Wairarapa figures are poor compared with New Zealand averages for most health indicators. These include: high rates of hospitalisation for injuries; high rates of motor vehicle accidents and deaths; high rates of hospitalisation for falls in the over 65 age group, for burns and poisonings, for children suffering unintentional injuries, and for pregnancy complications in women aged 15-24 years. There is a high rate of teenage pregnancy; a high post-natal mortality rate for Maori babies, and a low cervical screening rate. Immunisation rates appear to be low although data quality is poor for this indicator. There are high rates of food borne disease such as salmonella.

With respect to environmental issues there are concerns about some substandard water supplies, and waste-water treatment.

Maori have the highest health needs of all ethnic groups in the Wairarapa. The growing and aging Maori population indicates that Maori health needs will grow in the future and resources will need to be redistributed and re-oriented to provide more for Maori. For tamariki and rangatahi the available data indicates high needs in relation to infant mortality, smoking, alcohol and drug problems, and sexual and reproductive health issues.

For older Maori the leading causes of illness and death are diabetes, cancer and cardiovascular diseases.

¹ The full Wairarapa Health Needs Assessment report may be accessed on the Wairarapa District Health Board's website at www.wairarapa.dhb.org.nz



Our health needs assessment work to date includes very little information about mental health. This is a deficit that will be addressed in future needs assessment work. While there are no measures available for mental health status per se, there are indications of problems and serious health needs in a number of mental health related areas. Hospital data shows a high rate of admissions for self-harm, indicating suicidal intentions. Numbers of completed suicides are also of concern. There is anecdotal evidence of high levels of alcohol and drug abuse, with binge drinking being a serious issue, particularly among young people. There are relatively high numbers of people accessing methadone treatment services indicating high levels of opioid addiction.

There are strong community concerns about high levels of interpersonal violence, and the violent crime data indicates this is a serious issue for the Wairarapa.

2.3 Align With Key Government Strategies

The New Zealand Health Strategy and the New Zealand Disability Strategy together provide the over-arching direction for health and disability service developments in New Zealand. Both of these strategies highlight the multi-factoral nature of healthy and disability issues and the need for intersectoral and communication partnerships and action, as well as for specific improvements in health and disability services.

In addition to the two over-arching national strategies, there are many other more narrowly focused strategies that indicate directions to be taken when considering the needs of particular population groups, services or diseases. The Wairarapa District Health Board actions must be aligned with all of these lower level Government strategies (some of which are still in development) as we put our Strategic Plan into effect.

Development of this Strategic Plan has taken particular account of He Korowai Oranga – Maori Health Strategy, The Primary Health Care Strategy, The Mental Health Strategy, the Health of Older People Strategy and the Child Health Strategy.

In addition the Wairarapa District Health Board has taken account of, and aligned its intentions with Government strategies and proposals to develop infrastructure aspects of the health and disability sector. These include the WAVE report on information developments required, the Health and Disability Services Safety Act, 2001, healthcare standards, sentinel event reporting systems; and workforce developments and proposals such as those for credentialing, nurse practitioners and nurse prescribing. This plan is congruent with all these national developments.

The New Zealand Health Strategy identifies 13 priority population health objectives:

- Reducing smoking.
- Improving nutrition.
- Reducing obesity.
- Increasing the level of physical activity.
- Reducing the rates of suicides and suicide attempts.
- Minimising harm caused by alcohol and illicit and other drug use.
- Reducing the incidence and impact of cancer.
- Reducing the incidence and impact of cardiovascular disease.
- Reducing the incidence and impact of diabetes.
- Improving oral health.
- Reducing violence in interpersonal relationships, families, schools and communities.
- Improving the health status of people with severe mental illness.
- Ensuring access to appropriate child health care services including well child and family health care and immunisation.

The New Zealand Disability Strategy and the Maori Health Strategy provide additional guidance.



The Maori Health Strategy endorses the New Zealand strategy priorities and proposes four pathways to achieve improved whanau health:

- Development of whanau, hapu, iwi and Maori communities.
- Maori participation in the health and disability sector.
- Effective health and disability services.
- Working across sectors.

The New Zealand Disability Strategy has 15 objectives:

- Encourage and educate for a non-disabling society.
- Ensure rights for disabled people.
- Provide the best education for disabled people.
- Provide opportunities in employment and economic development for disabled people.
- Foster leadership by disabled people.
- Foster an aware and responsive public service.
- Create long-term support systems centred on the individual.
- Support quality living in the community for disabled people.
- Support lifestyle choices, recreation and culture for disabled people.
- Collect and use relevant information about disabled people and disability issues.
- Promote participation of disabled Maori.
- Promote participation of disabled Pacific peoples.
- Enable disabled children and youth to lead full and active lives.
- Promote participation of disabled women in order to improve their quality of life.
- Value families, whanau and people providing ongoing support.

2.4 Other Government Imperatives

In addition to the priorities, pathways, and objectives of key strategies Government has also specified the following requirements for District Health Boards:

- a) Access to services is to be timely and equitable.** We must work towards people being able to receive the services they need, when they need them, and with all populations groups receiving equal access for equal needs, irrespective of their age, gender, ethnicity, socio-economic status, or location. District Health Boards must ensure that people with similar conditions are able to achieve similar outcomes. For the Wairarapa this means giving particular attention to access issues for Maori, those on low incomes, and rural people.
- b) District Health Boards must operate within the fixed level of funding provided to them by Government.** District Health Boards are allocated a fixed amount of funding each year with which they are expected to fund timely and equitable access to an acceptable and appropriate range of services and specific initiatives to reduce disparities. To continue to fund existing services and to ensure that we provide for reductions in disparities within the fixed funding levels forecast for future years poses a huge challenge for the Wairarapa District Health Board. Difficult choices will have to be made. There is no way, under any funding scenario that it will be possible to fund all that we would like, or consider we need. There are many core baseline services that are required by Government to be provided irrespective of funding levels. We expect to continue to fund these services in all circumstances, although they may be re-configured to ensure their ongoing sustainability within the levels of funding available. However there are other areas where the Wairarapa District Health Board has discretion over whether to fund the service. When considering investments in these discretionary areas District Health Boards are required to use explicit decision criteria. Our proposed prioritisation criteria for deciding what discretionary services we will fund in the future are set out in section 6.0.
- c) District Health Boards must exhibit a population health focus.** District Health Boards must take into account all of the determinants of health and work co-operatively with local government, regional councils, and social services, as well as a range of community and voluntary organisations to ensure the basic determinants of health such as clean air, clean water, safe housing, and good nutrition are addressed.



- d) **District Health Boards are required to show progress towards implementation of the National Mental Health Strategy and Blueprint for Mental Health Services in New Zealand.** District Health Boards are expected to continue to develop their mental health services so as to provide adequate access for the 3 percent of the population affected most severely by mental illness. Funding for mental health is ring-fenced and must not be diverted to other uses. District Health Boards are expected to demonstrate measurable annual improvements in mental health services access and service quality.
- e) **District Health Boards are required to make long-term investments in public health services.** Over time District Health Boards are expected to allocate an increasing proportion of their funding to health promotion, and health protection/disease prevention. This is long-term investment that should lead to healthier lifestyles and reductions in the overall burden of disease and disability. As the gains in terms of significantly reduced demands for treatment services, will not be realised for some years, funding such investment while continuing to maintain access to treatment services, will be a challenge.

2.5 Service Issues

a) Service Access

Wairarapa people have high levels of access to hospital services and high levels of admission to hospital. In common with Maori elsewhere, Wairarapa Maori have higher rates of admission to hospital than non-Maori. Rates of avoidable hospital admissions are above New Zealand averages for most conditions. Respondents to the health needs assessment survey repeatedly mentioned that health services are unaffordable for some groups which may result in more hospital admissions.

There is very little information available about access to and utilisation of primary health services. Prescribing rates for the Wairarapa population appear to match those elsewhere, but we do not know how this is distributed between ethnic groups. There is anecdotal information that Maori and people on low incomes have inadequate access to primary care services. This is likely to be due to cultural and cost barriers.

Rural people face specific access barriers. Most services are provided within Masterton only. General practitioner services are available in each of the five towns, but there is a paucity of outreach clinics. Isolation, distance, and low socio-economic status have been suggested as the main obstacles to access faced by rural people.

There are specific concerns about access to regional and tertiary services. The full range of specialist services are not able to be provided at Masterton hospital and people needing some kinds of services must travel to Wellington, Hutt or Palmerston North. This creates hardship for some patients and their families. Key examples of specialist services not provided locally at present but much needed are ear nose and throat, ophthalmology and renal dialysis.

b) Service Capacity and Provider Configuration

The Wairarapa has slightly below average numbers of general practitioners, practice nurses, dentists and pharmacists compared with New Zealand as a whole. Given the rurality of the district and above average health needs this is likely to indicate that some groups are significantly underserved. Similarly there are few Maori providers and very few clinical services provided by Maori.

There are numerous different primary health and well child service providers, with most being independent practitioners. Service provision is highly fragmented.

Hospital service provision per head of population is above the New Zealand average, but does not cover the full range of specialties needed, as outlined.

There are four Maori service providers, offering well child, mental health and personal health services. As relatively new organisations these are very much in development at present.

**c) Regional Arrangements and Linkages**

As well as being reliant on neighbouring District Health Boards for access to some specialist personal health and mental services, the Wairarapa District Health Board also participates in multi-district collaborations where these will assist the effective delivery of services. The main example is public health. The regional public health service located with Hutt Valley District Health Board provides medical officer of health functions for the Wairarapa and planning and oversight for delivery of public health services in the Wairarapa.

Another example is the Central Region Mental Health and Addiction Network. This is a multi-District Health Board network to facilitate joint planning, workforce development and quality improvement in mental health services. The advantage of regional initiatives such as this is that they enable expertise to be shared between District Health Boards and for learning to occur as experiences are shared.

d) Funding Responsibilities Retained by the Ministry of Health

The Ministry has not yet devolved responsibility and funding for public health and disability support services to District Health Boards. At present funding and contracting for these services is managed directly by the Ministry of Health, the district health boards and the Ministry of Health work jointly on planning the services. This situation will continue until at least 1 July 2003.

2.6 Infrastructure Issues, including Workforce, Quality and Safety

Key infrastructure issues are the small scale of Wairarapa services, commensurate with a small population, and consequent ongoing viability issues. Further issues are the fragmentation of services between many separate providers, and until recently, relative lack of co-operation and collaboration between them.

Most providers face ongoing recruitment and retention difficulties in employment of health professional staff. These concerns are particularly acute in the hospital services, where maintenance of sufficient nursing and medical staff numbers is a constant challenge. There is a nation-wide shortage of health professionals, but Wairarapa faces additional recruitment challenges related to relative isolation, the small scale of services, and consequent reduced options for peer support, and on-call rostering. Another possible reason for difficulties is the lack of a local health professional training school.

Very few Maori are employed in health services in the Wairarapa. 16 percent of the population are Maori. The Wairarapa District Health Board is the largest single employer of health workforce in the Wairarapa, but has only 4.7 percent Maori employees. Out of 143 full time equivalent nurses, only 2.6 are Maori.

District Health Board Employees as at November 2001

	Maori	Other	European	Total
FTE = Full Time Equivalent	FTE	FTE	FTE	FTE
Medical	0.0	9.6	22.2	31.8
Nursing	2.6	19.6	121.2	143.4
Allied Health	7.7	12.9	75.7	96.2
Support	2.0	3.5	33.5	39.0
Administration/Management	6.9	10.7	76.8	94.3
Total	19.1	56.3	329.3	404.7
Percentage of Total	4.7%	13.9%	81.4%	

In addition to staff employed by the Wairarapa District Health Board there are around 25 general practitioners, a number of whom are part-time, seven dentists, and eleven community pharmacies. The ratio of full time equivalent general practitioners to population is slightly below the national average.

As well as being a relatively small service provider, the Wairarapa has a number of small non government organisations. Small size creates difficulties in providing for staff development, implementing quality improvement, and developing the processes and systems required for effective business organisation. Small organisations have very little funding for overheads and often cannot afford to pay staff to attend



training and to cover their absence from the organisation. Nor can they always afford to put in the resources necessary for development and upgrading of quality systems.

2.7 Quality and Safety

The Wairarapa District Health Board provider services and several other organisations funded by the District Health Board are working towards accreditation as service providers. This is a challenge for small organisations. Some independent practitioners, such as general practitioners and dentists, who lack the infrastructure of a larger organisation, are likely to have difficulty in meeting new contractual requirements for quality improvement plans, Maori responsiveness plans, and emergency preparedness plans.

For some providers these new quality and safety requirements will require them to develop completely new systems and approaches. There are large education and resource issues.

Small size of service, and low service volumes may also create some clinical risks in regards to ability to maintain specialist competencies. Clinical staff may have caseloads covering a very broad range of case types, with insufficient volumes of a particular type of investigation or intervention to meet increasingly stringent national requirements for professional skill maintenance.



3. STRATEGIC PRIORITIES

The New Zealand Health Strategy identifies 13 population health priorities for immediate attention by District Health Boards. District Health Boards cannot address a large number of priorities at once. To do so would mean resources and enthusiasm become too thinly spread to have any significant impact. The Wairarapa strategic planning workshops were strongly of the view that the Wairarapa District Health Board should chose a small number of priorities and work to address them really well rather than having several priorities.

The Wairarapa District Health Board has considered its health needs assessment findings in relation to each of these population health priorities. It has also considered the population health priorities in relation to Maori needs, and taken into account community and expert opinions as to where it should be possible to make the greatest gains. This analysis led to identification of three key priority areas for action:

- *Improving Child, Family and Youth Health.*
- *Improving Mental Health.*
- *Reducing the incidence and impact of diabetes.*

Public consultation and submissions indicated strongly that reducing the impact and incidence of asthma should also be a priority. Information from the Wairarapa health needs analysis supports this. The Wairarapa has high numbers of people affected by asthma and high numbers of asthma related hospital admissions. Reduction in incidence of asthma is also a Maori health gain priority. Further discussions with key service providers suggested that it may be better to look at respiratory diseases as a group, including asthma. Therefore, following public consultation, a fourth priority was added:

- *Reducing the incidence and impact of respiratory disease.*

Many of the population health priorities overlap. That is to say action to improve outcomes in one area will also lead to improved outcomes in another priority area. For example improving child health will reduce risk factors for disease that may be experienced in adulthood such as diabetes and cardiovascular disease. Improving nutrition and physical activity should also lead to reductions in the incidence and impact of diabetes and respiratory disease.

The table below shows the Wairarapa's four strategic priorities and the priorities set out in the New Zealand Health Strategy, that we expect the actions we are proposing for our four strategic priorities will contribute to.

NZHS Priorities	Child, Family and Youth Health	Mental Health	Diabetes	Respiratory Disease
Smoking	✓	✓	✓	✓
Nutrition	✓	✓	✓	✓
Obesity	✓	✓	✓	✓
Physical Activity	✓	✓	✓	✓
Suicide	✓	✓		
Alcohol and Drugs	✓	✓	✓	
Cancer	✓			✓
Cardiovascular Disease	✓		✓	✓
Diabetes	✓		✓	
Oral health	✓			
Violence	✓	✓	✓	
Mental Illness	✓	✓		
Child Health	✓	✓	✓	✓

The table following summarises key findings from our health needs assessment work against each New Zealand Health Strategy population health priority, and the additional Maori health gain priorities.



New Zealand Health Strategy Population Health Priorities	Service Delivery Area Priorities					Wairarapa Health Needs Assessment Findings
	Public Health	Primary Health	Mental Health	Access to Rural Services	Elective Waiting Times	
<ul style="list-style-type: none"> *Reduce smoking 	✓	✓		✓		Higher smoking rates for all groups.
<ul style="list-style-type: none"> Improve nutrition Reduce obesity Increase physical activity 	✓	✓				No local data. Higher numbers of Maori, older people, and lower incomes indicate higher risks of poor nutrition, obesity and reduced physical activity.
<ul style="list-style-type: none"> Reduce suicide rates *Improve health of those with severe mental illness Reduce harm caused by alcohol and drug use 	✓	✓	✓	✓	✓	High rates of hospitalisation for self harm. High rates of hospitalisation and high mortality for alcohol related conditions.
<ul style="list-style-type: none"> Reduce impact and incidence of cancer Reduce impact and incidence of cardiovascular disease *Reduce impact and incidence of diabetes 	✓	✓		✓	✓	Higher death rates from lung and cervical cancer. Very poor cervical screening rates. Higher rates of hospitalisation for cardiovascular disease and stroke. Very high incidence of diabetes. Hospitalisation for diabetes 50% above NZ average.
<ul style="list-style-type: none"> *Improve oral health *Hearing 	✓	✓		✓		Fluoridated water supply in urban Masterton only. Very good uptake of school dental services. Oral health of school children above NZ average. Hearing indicators above NZ average.
<ul style="list-style-type: none"> Ensure access to child and family health services *Improve Immunisation rates *Injury Prevention 	✓	✓	✓	✓	✓	High infant and child deaths ² High hospitalisations rates for burns in young children. Much higher prevalence of asthma than NZ average High hospitalisation rate for immunisation preventable conditions. Good Plunket coverage and

² Although the numbers of deaths indicates rates considerably above the New Zealand average, the numbers are too small to be statistically significant.



New Zealand Health Strategy Population Health Priorities	Service Delivery Area Priorities					Wairarapa Health Needs Assessment Findings
	Public Health	Primary Health	Mental Health	Access to Rural Services	Elective Waiting Times	
Prevention • *Reduce incidence of asthma						contact rates, but lower than average breast-feeding. High teen pregnancy rate and high rate of pregnancy complications in those aged 15-24 years. High rates of motor vehicle injury, and very high death rates per Km travelled. High incidence of asthma. High hospital admissions for respiratory infections and asthma.
• Reduce violence in relationships	✓	✓	✓	✓		High rates of crimes of violence.

*Maori Health Gain Priority

Common Themes Across all of Our Strategic Priorities

Discussions in strategic planning workshops identified similar issues for all the priority areas, and these are thought to apply very generally across all of the Wairarapa District Health Board’s areas of activity. These themes or issues are:

- **Services are highly fragmented and poorly co-ordinated.** There is little co-ordination or collaboration between providers. Some providers are quite isolationist.
- **Service delivery is inconsistent.** Services have widely varying approaches, and differing levels of quality. Service users may receive conflicting advice from different providers.
- **Lack of public trust and confidence in health services.** Some people are not accessing the services they need because they do not trust the service to be safe for them – culturally or clinically.
- **Poor community understanding and attitudes.** There is insufficient knowledge and understanding of illness, risk factors, and healthy behaviours; coupled with lack of support towards those experiencing problems.
- **Insufficient access to services by key groups.** We need increased access to services for Maori, children and their families, youth, rural people, and those with high levels of deprivation.
- **Treaty frameworks need to underpin all service developments.** There needs to be increased focus on cultural responsiveness and reducing inequalities
- **More prevention, promotion and early intervention services are needed.**
- **Lack of comprehensive information systems and information sharing.**
- **All services need to be holistic in focus.**
- **Strong need for intersectoral and community action.**



Our Pathways Forward

From consideration of the common themes we have identified eight core pathways forward. Developments along each of these pathways, while initiated primarily as essential for progress in our four strategic priorities, will also ensure improvements in services and progress towards other health goals across all of our activities.

Our eight pathways forward are:

- Invest in health promotion, prevention and early intervention services.
- Encourage and support community development and participation.
- Support increased participation in service planning and delivery by Maori, and improvements in service effectiveness for Maori.
- Ensure services are well integrated, seamless and holistic.
- Ensure the local health workforce is competent, well trained and collaborative.
- Ensure services are of high quality and delivered to common standards.
- Develop comprehensive and integrated information systems.
- Work intersectorally.

These pathways are the necessary conditions for success in achieving the outcomes we seek. These pathways must be taken into consideration as the District Health Board plans the development of its capability to fulfil its planning, and funding functions. See Chapter 7 for discussion of capability development.

These eight pathways are congruent with and reflective of the principles and service priorities of the New Zealand Health Strategy, He Korowai Oranga, and the New Zealand Disability Strategy.



4. STRATEGIES TO ADDRESS EACH STRATEGIC PRIORITY

4.1 Improving Child, Family and Youth Health

Achieving good health in childhood is essential for later adult health. Both risk and protective factors for many diseases are established in childhood. Childhood is a time when action can be taken and healthy lifestyle patterns established so that disease in later life may be avoided as far as possible. Child health and development also affect broader social outcomes, including educational attainment, employment, sexual and reproductive health, mental health, violence, and crime.

Well Child services are intended to provide screening and surveillance of all children, to protect children from disease by ensuring they are immunised, promote child safety and development through health information and promotion and to ensure family well-being by supporting parents. Unfortunately some children and families, including many of those most at risk, miss out on well child services. In addition well child services are fragmented and delivered inconsistently.

Key Child, Family and Youth Health Issues for the Wairarapa

- Below national average child health outcomes for a range of indicators.
- Major problems of drug and alcohol misuse, suicide and teen pregnancy.
- No grommet operations available within the district and long waiting times for access to out of district services.
- Fragmented, inconsistent, and poorly co-ordinated services, with particular fragmentation of well child services for Maori – 29 percent of Wairarapa children under 15 years of age are Maori.
- Quality discrepancies between providers – standards of care, cultural appropriateness and effectiveness, competencies, systems and processes.
- No comprehensive child/family health information system; no ability to identify those who are missing out on services.
- Inadequate communications between providers regarding individual families.
- Very limited engagement with primary services by some groups, including those most at risk.
- Little collaboration between providers.
- Lack of services for those who do not meet specialist service access criteria, for example mental health services, Child Youth and Family, Strengthening Families, and Care and Protection Resource Panel.
- Insufficiently developed Maori child health workforce.
- Some services under-utilised.
- Lack of programmes to promote and support family functioning.
- High levels of school truancy and suspensions.
- High numbers of children in care.
- Inter-generational unemployment and normalising of violent behaviour are features of families most at risk.
- No systems to identify and assist those not in formal education programmes.
- Many areas with no access to fluoridated water.
- No paediatric outreach service.

Where We Want To Be – The Outcomes We Seek

1. Strong cohesive families with the self-esteem, confidence and skills to respond to their children's developmental needs.
2. Healthy lifestyles.
3. Comprehensive well child services utilised by all families.
4. Holistic, accessible and acceptable services for youth.
5. Comprehensive, holistic services delivered seamlessly across agencies and sectors, accessed by and culturally appropriate for all groups.

In working towards each of these outcomes, or goals, we seek to increase Maori participation in service planning, development and delivery and improve the cultural safety and responsiveness to Maori of all services.



Indicators of Progress

All health indicator information, including that related to indicators listed below, must be collected, reported and analysed by ethnicity so that we can identify disparities between Maori and non-Maori and assess our progress in reducing these.

- Teen pregnancy rate.
- Sexually transmitted disease rates.
- Numbers of low birth weight babies.
- Breast-feeding rates.
- Child hearing and vision screening coverage rates and test results.
- Enrolment in school dental services.
- Enrolment and retention in dental care for adolescents.
- Immunisation rates.
- Percentage all children with an identified well child lead provider.
- Hospital admission rates – by age and ethnicity, of children with:
 - immunisation preventable diseases;
 - asthma;
 - injuries;
 - food-borne diseases; and
 - poisonings.
- Hospital admission rates for self-harm.
- Percentage child and youth populations accessing child and youth mental health services.
- General practitioner notification of suspected self-harm and abuse.



Child, Family and Youth Health: Action Plans to Achieve Outcomes

Outcome	Objectives	Actions	Key Responsibility and Partnerships
<p>1. Strong cohesive families with the self-esteem, confidence and skills to meet their children’s developmental need.</p>	<p>1.1 Supportive community environments. 1.2 Improvements in parenting. 1.3 Reductions in disparities.</p>	<ul style="list-style-type: none"> • Intersectoral community action to: support families, strengthen interdependence between families, and promote community-wide responsibility for child health and well-being. • Increase resources for public education and prevention programmes to improve family functioning and parenting for: Maori, Pacific people, mainstream. • Ensure programmes are located in areas of high deprivation. • Increase access to and utilisation of holistic family support programmes for those most at risk, such as Family Start. • Work with Child Youth and Family to assist in implementation of New Directions – a strengths based strategy to promote well-being. • Facilitate local community engagement in and ownership of programmes to promote community-wide responsibility for the health and welfare of children and their families, particularly for Maori and Pacific communities and areas of high socio-economic deprivation. • Review existing contracts and services specifications to enable more holistic approaches to be provided. (Many current contracts exclude consideration of social issues) 	<p>District Health Board Public Health Services Department of Child Youth and Family District Councils Social service agencies Department of Work and Income Education providers Plunket Primary providers Maternity services Maori organisations Maori Women’s Welfare League Women’s Refuge Safer Community Councils Churches Salvation Army Trust House Youth organisations</p>



Outcome	Objectives	Actions	Key Responsibility and Partnerships
<p>2. Healthy lifestyles.</p>	<p>Improved community knowledge of determinants of good health and well-being.</p> <p>Reductions in risk behaviours.</p> <p>Increased food safety.</p> <p>2.1 Reduction in smoking.</p> <p>2.2 Improved nutrition.</p> <p>2.3 Increased physical activity.</p> <p>2.4 Reduced misuse of alcohol and drugs.</p> <p>2.5 Reduced incidence and impact of depression and anxiety disorder.</p> <p>2.6 Improved child and maternal mental health.</p> <p>2.7 Reduction in violence.</p> <p>2.8 Fewer injuries and road traffic accidents.</p> <p>2.9 Better sexual health.</p> <p>2.10 Better oral health.</p> <p>2.11 Reductions in incidence of food borne diseases.</p> <p>2.12 Increased water safety and quality.</p> <p>2.13 More water supplies fluoridated.</p>	<ul style="list-style-type: none"> • Strengthen public health programmes and increase funding for specifically targeted health promotion and education programmes for the most at risk groups. • Work collaboratively with a wide range of agencies across sectors to ensure promotion, education, screening and early intervention strategies are well co-ordinated. • Ensure all health workers are able to deliver appropriate and effective health promotion messages in ways that are culturally relevant to their client groups. • Ensure new primary health organisations include population-based approaches and mental health outcome measures. • Work with all health and disability service providers to implement family violence guidelines for identification, assessment and referral of all victims of child abuse, partner abuse, and elder abuse. • Increase access to culturally appropriate sexual health services for Maori, Pacific people, and youth. • Work with schools to reduce truancy and suspensions. • Work with schools to support implementation of the Healthy Schools curriculum. • Do more joint planning for health initiatives with schools. • Increase provision of well-child nurse services to schools. • Continue provision of emergency dental care for adults on low incomes. • Promote safer water supplies. • Promote fluoridation of more water supplies. • Increase access to family planning services. 	<p>Key Responsibility and Partnerships</p> <p>Public Health Services Schools and other education providers Primary health services Social welfare agencies Maori organisations Well Child Services Secondary health services Mental health services Land Transport Safety Agency Sports clubs and facilities Police Community and voluntary groups Safer Community Councils Food outlets – takeaways, cafes, restaurants and supermarkets Wellington Regional Council District Councils Violence Free Wairarapa Anger Management Programmes Wairarapa Youth Choices Trust</p>



Outcome	Objectives	Actions	Key Responsibility and Partnerships
<p>3. Comprehensive well child services used by all families.</p>	<p>3.1 High rates of immunisation. 3.2 Increased access to well child care for Maori and families suffering high levels of deprivation.</p>	<ul style="list-style-type: none"> • Work with all primary providers to establish Wairarapa District Health Board wide immunisation register. • Ensure immunisation information is collated and communicated between all immunisation providers. • Ensure immunisation is promoted to meet local needs and that there is effective co-ordination of providers of immunisation promotion. • Support the development of a national immunisation register. • Ensure all babies are enrolled with a primary care provider within four to six weeks of birth. • Ensure all primary care providers use immunisation enrolment and recall systems. • Give priority to removing disparities in immunisation uptake between different ethnic and socio-economic groups. • Ensure Maori are involved in plans to increase immunisation of Maori. • Implement national well child service framework. • Complete stock-take of well child providers to identify any workforce development and quality improvement needs. • Ensure all immunisation providers access vaccinator training and continuing education. • Look to other areas for examples of effective initiatives to increase immunisation among “hard to reach” families, for example Porirua programme, and the Auckland pilot of a nurse clinic in school that provides a one stop shop for family health problems. • Establish systems to enable children who are missing out on services to be identified and followed up, particularly those not enrolled with primary providers or with Kohanga reo. • Increase home visiting for high need families. • Participate in the development of the national Child Health Information system. 	<p>District Health Board General practitioners and primary care organisations Hospital service providers Well child providers Maori providers Kohanga Reo Maternity service providers Training providers Ministry of Health Family Start</p>



Outcome	Objectives	Actions	Key Responsibility and Partnerships
<p>4. Improved youth health and well-being.</p>	<p>4.1 Ensure youth have easy access to a range of services that are appropriate to their needs including specific services and programmes for Maori-Youth.</p> <p>4.2 Reductions in: youth suicide, self-harm, alcohol and drug problems, sexual health problems, and violent behaviours.</p>	<ul style="list-style-type: none"> • Follow up on recent research into well-being and Wairarapa youth and develop plans to address the needs identified. • Establish an Alcohol and Drug Treatment Programme for youth. • Develop general primary health services to meet the needs of youth. • Encourage community actions to address youth's perceptions of lack of employment and recreational opportunities. • Work with schools to increase understanding of the health risks faced by those who are truant or suspended. • Encourage more schools to take up opportunities to employ social workers. • Research models of effective interventions for youth • Ensure new funding arrangements for adolescent dental care lead to improved retention and follow-up of youth in dental care programmes. • Work with general practitioners to ensure use to guidelines to identify and manage risk of suicide, anxiety and depressive disorders. • Work with schools and community agencies to establish/increase bullying and violence prevention programmes for youth, including specific programmes for Maori youth, for example, Standing Strong. 	<p>District Health Board Public Health Services Department of Child Youth and Family District Councils Social service agencies Strengthening Families Department of Work and Income Dentists Education providers Primary providers Maori organisations Maori Women's Welfare League Women's Refuge Central Region Technical Advisory Service Police Justice Youth Council Safer Community Councils Community and voluntary groups Sport Wairarapa and other sports organisations Youth clubs</p>



Outcome	Objectives	Actions	Key Responsibility and Partnerships
<p>5. Comprehensive seamless, range of services.</p>	<p>5.1 Develop early intervention and prevention services so that problems can be addressed before they need specialist attention.</p> <p>5.2 Primary health organisation establishment.</p> <p>5.3 Comprehensive information networks with effective register and recall systems.</p>	<ul style="list-style-type: none"> • Intersectoral community actions to support families, strengthen interdependence between families, and promote community-wide responsibility for child health and well-being. • Participate in the Strengthening Families process. • Facilitate primary health organisation establishment with strong focus on co-ordination and reduction of disparities. • Increase resources for public education and prevention programmes to improve family functioning and parenting for: Maori, Pacific people, mainstream. • Ensure programmes are located in areas of high deprivation. • Increase access to and utilisation of holistic family support programmes for those most at risk, such as Family Start. • Work with the Department of Child Youth and Family to assist in implementation of New Directions – a strengths based strategy to promote well-being. • Facilitate local community engagement in and ownership of programmes to promote community-wide responsibility for the health and welfare of children and their families, particularly for Maori and Pacific communities and areas of high socio-economic deprivation. • Establish and maintain provider enrolment and recall systems to enable children who are missing out on services to be identified and followed up. • Participation in the development of a National Child Health Information System, with local implementation 	<p>District Health Board Public Health Services Primary Health Services Strengthening Families Department of Child Youth and Family District Councils Social service agencies Department of Work and Income Education providers Strengthening Families Plunket Maternity services Maori organisations Maori Women's Welfare League Women's Refuge</p>



4.2 Improving Mental Health

It is estimated that at any one time around 3 percent of the population will suffer from a major mental illness that should receive specialist intervention. A further 8-12 percent will suffer from more moderate mental disorders that should receive treatment from primary health services. At present service resources do not allow for these numbers of people to be treated and many go without help. Mental health services are being built up over time as funding and workforce capacity permits. This trend must continue.

As well as increasing service resources District Health Boards must work to improve service responsiveness and effectiveness. There are still serious quality concerns about mental health service, practice and responsiveness across the country. There are national requirements to improve service responsiveness for Maori, for consumers, and for their family members.

Internationally the incidence and burden of mental illness is increasing.

Mental illness is a particular concern for Maori. Maori hospital admission rates for mental illness are 40 percent higher than for non-Maori, Maori also have higher rates of presentation to crisis, acute and forensic services, and are more likely to suffer from drug and alcohol disorders.

Suicide rates in New Zealand are above international averages and particularly high for young people aged 15-24 years. In New Zealand deaths by suicide are now greater than the number of deaths caused by motor vehicle accidents.

Mental illness (most commonly depression) is the major risk factor for suicide. The rate of suicide of Maori is about twice that of non-Maori. The risk of suicide is increased when the person also has alcohol and/or drug problems.

Alcohol and drug misuse causes significant harm. There is evidence of disproportionate harm from alcohol and cannabis use among Maori compared with non-Maori.

Where Are We Now? Key Mental Health Issues in the Wairarapa

- Wide range of services available locally although still some gaps.
- Strong and active local Mental Health Forum with inter-sectoral membership.
- Poor community knowledge of mental health services – what is available, and how to access services.
- Low levels of confidence and lack of trust in local mental health services.
- Particularly inadequate utilisation of services by Maori, youth, men, and older people.
- Many services are new and still in initial establishment phase, particularly those for Maori.
- Mental health issues frequently overlooked by other primary, secondary and social services – lack of holistic approaches.
- Many who are referred to, and treated in, secondary services should be treated in primary care
- Insufficient inter-agency, and inter-service collaboration and partnership.
- Widespread fear and ignorance of mental illness – lack of basic understanding and basic information about mental illness.
- Underdeveloped mental health workforce – widespread skill deficits, and insufficient workforce numbers.
- Workforce training programmes inaccessible to staff working in small services.
- Some training programmes of poor quality, not based on strengths models and recovery.
- Some training programmes for Maori not accredited with New Zealand Qualifications Authority.
- Lack of training and employment opportunities for service users.
- Lack of Treaty structures and processes for mental health service development and delivery for Maori.
- Inadequate geographical spread – poor access for those in outlying rural areas, no services provided in outlying areas.
- Key service gaps – maternal mental health services, drug and alcohol services for youth, services for older people, services for those with severe and complex needs.
- Poor access to and insufficient support from regional specialist services.
- Very limited information available regarding service utilisation, access and outcomes.



- New national mental health information collection (MHINC) now being implemented across all providers.
- Implementation and reporting of mental health outcome measures to be a national requirement of all providers from 1 July 2002.

Where We Want To Be - The Outcomes We Seek

1. All people affected by mental illness have easy access to safe, effective, recovery-oriented services, appropriate to their needs.
2. A strong Treaty framework underpins all interactions, policy and service developments.
3. All sectors of the community have good understanding of mental illness and mental health issues.
4. Mental health is part of everyone's agenda and seen as the responsibility of all agencies and sectors.
5. All agencies and sectors work collaboratively together to ensure they deliver comprehensive, holistic and well co-ordinated services.

In working towards each of these outcomes, or goals, we seek to increase Maori participation in service planning, development and delivery and to improve the cultural safety and responsiveness to Maori of all services.

Indicators / Performance Measures

- MHINC mental health service data on service utilisation and access by:
 - age group;
 - ethnic group; and
 - geographical area.
- Primary health service provision for mental health problems – by age, ethnicity and geographical area.
- National outcome measures of service effectiveness (HONOS and HONOSCA).
- Additional outcome measures of service effectiveness for Maori.
- Measures of consumer/service user and family member satisfaction.
- Surveys of public knowledge of mental health issues and opinions of mental health services.
- Report on progress in implementation of the National Mental Health Standard.
- Reports of specific audits of all services against specific high priority Standards.
- Primary health sector use of screening tools and guidelines for identification and management of:
 - risk of suicide;
 - depression;
 - anxiety;
 - drug and alcohol misuse, and dependence.



Mental Health: Action Plans to Achieve Outcomes

Outcome	Objectives	Actions	Key Responsibility and Partnerships
<p>1. Easy access for all to safe, effective recovery oriented, appropriate services.</p>	<p>1.1 Access to a fully comprehensive range of specialist services, and closure of service gaps relating to:</p> <ul style="list-style-type: none"> a) Youth services. b) Alcohol and Drug services. c) Services for Older People. d) Services for people with severe and complex needs. e) Maternal mental health services. 	<ul style="list-style-type: none"> • Establish and fund specific local alcohol and drug clinical treatment programme for youth, using new Blueprint funding. • Participate in regional review of Alcohol and Drug councils and regional initiatives to ensure Alcohol and Drug services meet service coverage requirements. • Review service specifications to ensure service coverage for people over 65 years is enabled, and make adjustments as required. • Develop and implement plan for mental health services for older people. • Establish service development and liaison group for people with severe and complex needs to identify ongoing service and workforce development needs, particularly with respect to co-existing disorders. • Establish a primary care support service for new mothers with mental health problems. 	<p>District Health Board Alcohol and Drug Treatment Services Youth Council</p> <p>Regional Mental Health Network</p> <p>District Health Board Ministry of Health</p> <p>District Health Board Older People's Groups Social Service Agencies</p> <p>District Health Board Regional Mental Health Network Consumer groups, health services and social service agencies</p> <p>District Health Board Consumer groups Plunket Primary providers Maternity Services</p>



	Objectives	Actions	Key Responsibility and Partnerships
	1.2 Regional specialist services are easily accessed and provide strong support to local services.	<ul style="list-style-type: none"> • Review and strengthen Memorandums of Understanding with regional services. • Ensure that the Regional Mental Health Plan enables/funds regional specialist services to provide comprehensive region-wide liaison and advice to local services. 	District Health Board Regional Mental Health Network
	1.3 The local mental health workforce has the numbers, skills, knowledge and competencies required to deliver effective recovery-oriented services. This means the following are addressed: a) workforce training status and b) competency development c) recruitment and retention issues d) access to training programmes e) quality of training programmes.	<ul style="list-style-type: none"> • A stocktake is completed of the local mental health workforce numbers, qualifications, strengths and weaknesses. • Each contracted Mental Health Service provider is required to complete a workforce development plan for the next 5-7 years. • A comprehensive, district-wide mental health workforce development plan is completed and implemented. • Locally identified workforce issues are brought to the attention of national workforce development projects, and addressed in the regional Mental Health workforce plan. 	District Health Board/Local Advisory Group Regional mental health network All local mental health service providers All mental health service providers District Health Board Professional bodies Training Agencies Cultural groups Consumer groups District Health Board Local Advisory Group



	Objectives	Actions	Key Responsibility and Partnerships
	<p>1.4 Services are clinically and culturally safe:</p> <ul style="list-style-type: none"> a) for Maori b) for Pacific people c) for other groups 	<ul style="list-style-type: none"> • All services are required to have demonstrated systems and processes for clinical supervision for all health professional staff. • A formal review is undertaken of clinical accountability and supervision arrangements in the services of the Wairarapa District Health Board and in all non government organisations that employ health professionals. • Ensure all mental health services have cultural assessment processes and cultural effectiveness protocols for Maori. 	<p>District Health Board All providers Audit teams</p> <p>District Health Board Audit team District Health Board All providers Consumer groups Families</p> <p>District Health Board All providers Pacific Peoples Mana Whenua Caucus</p>
		<ul style="list-style-type: none"> • All services are required to use and report on mental health outcome measures, including specific measures for Maori Mental Health Outcomes. • Close liaison links are developed with regional Pacific services and all services access these for their Pacific clients. • Cultural supervision and support is put in place for all Maori Mental Health Services staff. • Maori Mental Health Services provide cultural support and liaison for mainstream services. • Cultural support, including translation services where necessary, is accessible from regional and national services for local services treating clients of other minorities including refugees, and people who are deaf. 	<p>District Health Board Audit teams All Mental Health Services employing Maori staff</p>



Outcome	Objectives	Actions	Key Responsibility and Partnerships
	<p>1.5 Primary health services provide excellent primary mental health care that ensures:</p> <ul style="list-style-type: none"> • Identification, treatment and referral of people affected by mental illness. • Shared care arrangements with secondary services for some people with ongoing serious mental illness. • Effective treatment and care for people affected by stress and/or depression. • Inclusion of mental health in wellness programmes and population services of primary health organisations. • Detection and management of people at risk of suicide. 	<ul style="list-style-type: none"> • Ensure primary health sector developments enable improved access to primary mental health care. • Develop closer co-ordination and linkages between primary practitioners and dedicated mental health services. • Require all primary health organisations to have specific plans to address/improve the mental health status of their enrolled populations 	<p>District Health Board Primary providers</p>
	<ul style="list-style-type: none"> • Screening for alcohol and drug misuse disorders. • Provision of advice and brief interventions for alcohol and drug misuse. 	<ul style="list-style-type: none"> • Work with all general practices to ensure use of guidelines for primary care detection and management of: <ul style="list-style-type: none"> ➢ Suicide in young people, ➢ Depression, ➢ Anxiety disorders. • Encourage primary practice use of: <ul style="list-style-type: none"> ➢ Alcohol Use Disorders Identification Test (AUDIT), ➢ Drug Abuse Screening Test (DAST), ➢ Severity of Drug dependence Scale (SDS). • Establish specific community psychiatric nurse position to provide specialist mental health liaison and support to general practitioners. 	



Outcome	Objectives	Actions	Key Responsibility and Partnerships
	1.6 Services demonstrate evidence based best practice and are shown to be accessible, effective, and acceptable for all: <ul style="list-style-type: none"> • Rural people • Older people • Youth • Maori • Pacific people • Carers/whanau/family 	<ul style="list-style-type: none"> • Personnel from each Mental Health provider agency are trained in, and use mental health outcome measures. • Mental health outcomes are reported and analysed regularly. • Maori Mental Health providers implement measures of Maori health outcomes. • All providers monitor and report levels of: <ul style="list-style-type: none"> ➢ Service user satisfaction, ➢ Family member satisfaction. • All mental health service providers report service utilisation data to MHINC. • The Wairarapa's MHINC data, from all providers, is analysed and reported on at least annually. 	



Outcome	Objectives	Actions	Key Responsibility and Partnerships
<p>2. A strong Treaty framework underpins all mental health service development.</p>	<ul style="list-style-type: none"> All providers have a Treaty partnership in place. There is Maori input to all agencies at both governance and service delivery levels. Maori have the choice of access to Kaupapa Maori and/or mainstream services. 	<ul style="list-style-type: none"> All providers develop partnership relationships with local Iwi. All providers are contractually required to develop a plan to meet the needs of Maori. The Mana Whenua Caucus and the Maori Health Committee are consulted on funding priorities and plans. 	
<p>3. All sectors of the community have good understanding of mental illness, and mental health issues.</p>	<ul style="list-style-type: none"> De-stigmatisation and de-mystification of mental illness. Broad understanding of the concepts and determinants of mental illness. Social inclusion of all people affected by mental illness. Strong local mental health consumer network/groups. Strong consumer input to service development and delivery. 	<ul style="list-style-type: none"> Continue to implement Like Minds like Mine programme in liaison with Ministry of Health. Work inter-sectorally with a wide range of agencies and groups to develop community strengths and resilience. Encourage all local agencies and inter-sectoral groups to use the Mental Health Foundation's Service Quality and Organisational Policy Guidelines for Countering Stigma and Discrimination. Ensure that this District Health Board fulfils its contractual obligation to employ a consumer adviser. Foster and support development of local consumer network. 	<p>Public Health Services</p> <p>District Health Board Local Advisory Group Consumer Groups</p> <p>Mental Health Advocacy Groups Consumers National bodies All local agencies</p> <p>District Health Board</p> <p>Central Potential Wellington Mental Health Consumers' Union Te Whare Atawhai All other providers District Health Board Funder</p>



Outcome	Objectives	Actions	Key Responsibility and Partnerships
4. Mental health is on everyone's agenda and seen as the responsibility of all.	<ul style="list-style-type: none"> • Strong and active Mental Health Forum and Local Advisory Group. • Strong local consumer group with advocacy skills. 	<ul style="list-style-type: none"> • Keep a watching brief on community developments and their potential impacts on mental health. • Like Minds Like Mine programme works closely with local district councils and other agencies. • Analyse and comment on local authority plans from a mental health perspective. 	
5. All agencies and sectors work collaboratively to deliver holistic, comprehensive, well co-ordinated services.		<ul style="list-style-type: none"> • A service directory is compiled. • Inter-agency memorandums of understanding and partnerships are developed. • The Mental Health Forum continues to promote knowledge and understanding of each agency's role and potential. 	



4.3 Reducing the Incidence and Impact of Diabetes

The incidence of diabetes is reaching epidemic proportions across New Zealand. Both Type 1 and Type 2 Diabetes are increasing but it is the huge increase in Type 2, or adult onset diabetes, that is of greatest concern, particularly for Maori and Pacific people among whom it is about three times more likely to occur than in European people. Over the next 20 years, Maori are facing at least a 90 percent increase in prevalence of diabetes, while for Europeans the projected increase is 39 percent. Diabetes affects virtually every organ in the body and is the leading cause of blindness in adults. It is also the single biggest cause of renal disease. Maori appear to have specific susceptibility to renal failure and are 15 times more likely to need dialysis for diabetic renal failure than are non-Maori. People with diabetes who smoke are at significantly higher risk of development cardiovascular complications. 45 percent of Maori with diabetes smoke.

Type 2 diabetes is a substantially preventable condition. The main factors contributing to the increasing incidence of diabetes are the rising levels of obesity and physical inactivity. 50 percent of New Zealanders are overweight or obese, increasing their susceptibility to diabetes.

Where We Are Now: Key Issues

- Very high incidence of diabetes in Wairarapa, with high rate of hospital admissions.
- Reasonable range of community services, including outreach clinics at Papawai Marae.
- Services fragmented and poorly co-ordinated – inadequate referrals between services, some people lost to follow-up when they move or change doctors.
- Inconsistent patterns of care and advice – conflicting messages and variable quality of care for individual patients.
- Insufficient use of Free Annual Checks for people diagnosed with diabetes.
- No comprehensive Wairarapa wide diabetes register, limited data.
- Local Diabetes Team – only recently established, still to become fully functioning.
- No Wairarapa District Health Board wide monitoring of diabetes services access, use and performance.
- Lack of community awareness and understanding of diabetes and risk factors.
- Insufficient use of early intervention services by those who have diabetes but are symptom free – poor compliance.
- User part charges seen as a barrier to primary care, particularly for some at risk groups.
- Very long waiting times for access to podiatry services.

Where We Want To Be – The Outcomes We Seek

1. Healthy lifestyles with reduced prevalence and impact of diabetes.
2. Early identification of people with diabetes and their participation in primary care programmes.
3. Diabetes treatment and monitoring programmes that are accessible, acceptable effective and well co-ordinated.

In working towards each of these outcomes, or goals, we seek to increase Maori participation in service planning, development and delivery and improve the cultural safety and responsiveness to Maori of all services.

Indicators of Progress

All health indicator information, including that related to indicators listed below, must be collected, reported and analysed by ethnicity so that we can identify disparities between Maori and non-Maori and assess our progress in reducing these.

- Weight/waist measurements/body mass index data from general practitioner registers and whanau ora services.
- Number of general practitioners using green prescriptions.
- Usage of community exercise facilities – parks, sports complexes, pools, gyms.
- Smoking rates, enrolments in smoking cessation programmes.
- Percentages of population enrolled with primary health practitioners.
- Diabetes case detection rate.
- Numbers of Free Annual Checks completed.
- Hospital admission rates for diabetes related conditions.



Diabetes: Action Plans to Achieve Outcomes

Outcome	Objectives	Actions	Key Responsibility and Partnerships
1. Healthier lifestyles.	<p>1.1 Good community-wide knowledge of the risks and implications of diabetes, risk factors, and how to reduce them.</p> <p>1.2 Reductions in smoking and obesity, improvements in nutrition and physical activity.</p>	<ul style="list-style-type: none"> Public education and health promotion programmes (including specific programmes for Maori) focusing on: <ul style="list-style-type: none"> Smoking cessation, Exercise, Healthy eating, Risk factors for diabetes. 	<p>Public Health Services Maori providers Schools Occupational health employers Community groups Primary Health Services Maternity Services Well Child Services Sport Wairarapa Other sports organisations</p>
2. Early identification of people with diabetes and their participation in primary care programmes.	<p>2.1 Improved diabetes case detection rates.</p> <p>2.2 All those identified as having diabetes are referred to diabetes nurse educators, receive free annual checks, retinal screening and podiatry services as required.</p> <p>2.3 Improved health and self-management for people with diabetes.</p> <p>2.4 Reductions in diabetes related eye disease and blindness, foot complications, amputations, cardio-vascular disease.</p>	<ul style="list-style-type: none"> Full District Health Board-wide implementation of the national service framework for diabetes. Targeted opportunistic screening for diabetes and cardio-vascular disease in specific high risk groups. Effective monitoring and treatment of all people with diabetes. Increased resources for diabetes education and management, podiatry, dietetics and retinal screening. Regular monitoring and reporting by Local Diabetes Team. 	<p>District Health Board Primary and Secondary Health Services Maori providers Local Diabetes Team Diabetes Wairarapa Wellington Regional Diabetes Trust</p>



Outcome	Objectives	Actions	Key Responsibility and Partnerships
3. Diabetes treatment and monitoring services are accessible, effective, well co-ordinated and of high quality.	3.1 Diabetes management and support services are accessible and acceptable to all groups and include specific programmes by Maori, for Maori.	<ul style="list-style-type: none"> • Increase number of marae at which outreach clinics are provided. • Review access/service uptake by ethnicity, age and gender and conduct research to identify barriers to service use. • Implement programme to reduce/remove barriers as resources permit. 	District Health Board Local Diabetes Team Wellington Regional Diabetes Trust Primary services Hospital services Primary health organisations Professional bodies Ministry of Health
	3.2 Services are provided seamlessly across the range of providers	<ul style="list-style-type: none"> • Good inter-agency service protocols are established and adhered to. • Local Diabetes Team monitors and reports on co-ordination issues. • Integrated patient registers and re-call systems are developed to ensure people are not lost to care. 	
	3.3 All services are of consistent quality and provide consistent advice to service users and whanau.	<ul style="list-style-type: none"> • Develop and implement District Health Board-wide care pathways for use by all providers. • Ensure all primary providers use New Zealand Guidelines. • Review knowledge/skill levels and training needs • Ensure primary workforce has up-to-date. • training in diabetes. 	



4.4 Reducing the Incidence and Impact of Respiratory Disease

Respiratory infections, asthma, and chronic obstructive pulmonary disease (COPD) are responsible for over 30 percent of avoidable hospitalisations of Wairarapa residents. Wairarapa hospital admission rates for respiratory infections and asthma are considerably higher than national averages. Admission rates for Maori are much higher than for non-Maori. Wairarapa death rates from COPD and asthma are also above New Zealand averages.

Asthma is the most common chronic condition affecting young people. Rates of asthma are particularly high among Maori and Pacific people. The prevalence of asthma in the Wairarapa (18 percent) is higher than the New Zealand average (15 percent). Chronic asthma can lead to COPD and heart failure.

The impact of asthma and other respiratory diseases can be reduced considerably through appropriate medical treatment and monitoring, healthy life-styles, and self-management. The incidence of respiratory disease, including asthma, is also strongly linked with low socio-economic status and poorly insulated and/or damp housing, inadequate home heating and dust.

Where Are We Now? Key Issues

- High levels of hospital admissions and deaths due to respiratory diseases.
- Low levels of influenza vaccination.
- Reasonable range of community health services including asthma nurse educator services with outreach to marae, and pulmonary rehabilitation clinic.
- Wide range of local community groups and societies that run exercise programmes.
- No local respiratory physician or hospital respiratory department.
- Some inappropriate prescribing and lack of follow-up.
- Services fragmented and poorly co-ordinated.
- Lack of comprehensive and integrated disease registers.
- Economic barriers to primary care.
- Insufficient patient education and training in use of medication.
- Insufficient early intervention.

Where We Want To Be – The Outcomes We Seek

1. Healthy lifestyles with reduced prevalence and impact of asthma and other respiratory diseases.
2. Early identification of people with respiratory problems and their participation in primary care monitoring and management programmes.
3. Respiratory disease treatment and monitoring programmes that are accessible, acceptable, effective and well co-ordinated.

In working towards each of these outcomes, or goals, we seek to increase Maori participation in service planning, development and delivery and improve the cultural safety and responsiveness to Maori of all services.

Indicators of Progress

All health indicator information, including that related to indicators listed below, must be collected, reported and analysed by ethnicity so that we can identify disparities between Maori and non-Maori and assess our progress in reducing these.

- Smoking rates/enrolments in smoking cessation programmes.
- Numbers of Green Prescriptions issued.
- Weight/waist measurements/body mass index data from general practice registers and whanau ora services.
- Percent population enrolled with general practitioners/primary health organisations.
- Hospital admission rates for respiratory infections, asthma and COPD.
- Emergency department attendances for respiratory infections, asthma and COPD.
- Influenza vaccination rates.



Respiratory Disease: Action Plans To Achieve Outcomes

Outcome	Objectives	Actions	Key responsibilities and Partnerships
1. Healthy lifestyles.	1.1 Reductions in smoking. 1.2 Increased physical exercise/activity. 1.3 Reductions in obesity. 1.4 Improvements in nutrition. 1.5 Healthy homes.	<ul style="list-style-type: none"> • Public education and health promotion programmes (including specific programmes for Maori) focusing on: <ul style="list-style-type: none"> ➢ Smoking cessation. ➢ Exercise. ➢ Healthy eating. • Work with housing providers, communities and power companies to increase awareness of requirements for healthy, warm housing. 	Primary health services Maori providers Public health services Well child services Sport Wairarapa Community groups Housing providers Landlords Tenancy associations Power companies Local authorities
2. Early identification of people with respiratory problems and their participation in primary care programmes.	2.1 All patients screened for respiratory disease. 2.2 Annual checks of all those with respiratory disease. 2.3 Increased uptake of annual influenza vaccinations.	<ul style="list-style-type: none"> • Ensure all people are enrolled with a general practitioner/primary health organisation. • Develop Local Respiratory Disease Team, similar to Local Diabetes Team to provide co-ordination and oversight. • Develop system of annual checks for people with asthma. • Refer all people with mild/moderate asthma to asthma nurse educator as soon as they have a diagnosis. • Implement assertive re-call systems for patients eligible for annual flu vaccinations. 	District Health Board Primary health services Maori providers Public health services Secondary services Wairarapa Asthma Society



Outcome	Objectives	Actions	Key responsibilities and Partnerships
<p>3. Respiratory disease treatment and monitoring programmes that are accessible, acceptable, effective and well co-ordinated.</p>	<p>3.1 All patients receive appropriate medication, education and training in its administration.</p> <p>3.2 All patients have and use self management plans.</p> <p>3.3 Asthma education, monitoring and support is accessible and acceptable to all groups, and includes specific programmes by Maori for Maori.</p> <p>3.4 Local services are supported by a local respiratory disease team, and regional advisory group.</p>	<ul style="list-style-type: none"> • Increase asthma education services, including additional marae clinics. • Ensure each primary health organisation has a trained asthma nurse and provides multi-disciplinary asthma clinic. • Ensure new patients have appropriate education material • Ensure all general practitioners and secondary services use New Zealand Asthma guidelines. • Develop District Health Board wide respiratory disease team. • Develop District Health Board wide respiratory disease management protocols for use by all providers. • Work with neighbouring District Health Boards to establish a regional respiratory advisory group to provide specialist advice to local services. • Investigate increasing access to pneumovaccine, for at risk groups, particularly those receiving long term oxygen therapy. 	<p>Regional specialist respiratory services Primary health services Public health services Education and training providers Pharmacists/pharmacies Other Central Region District Health Boards Wairarapa Asthma Society Asthma and Respiratory Foundation of New Zealand</p>



5. KEY STRATEGIES ESSENTIAL TO ACHIEVING OUR GOALS

The previous section sets out our goals and objectives for health gain and reduction in disparities. Achievement of these requires three key developments.

5.1 Primary Health Organisation Development

Primary Health Organisation (PHO) establishment in the Wairarapa is central to this Strategic Plan. Progress towards each strategic priority is dependent on accessible, high quality, well co-ordinated and collaborative primary and community services. These services need to be holistic and include a population focus.

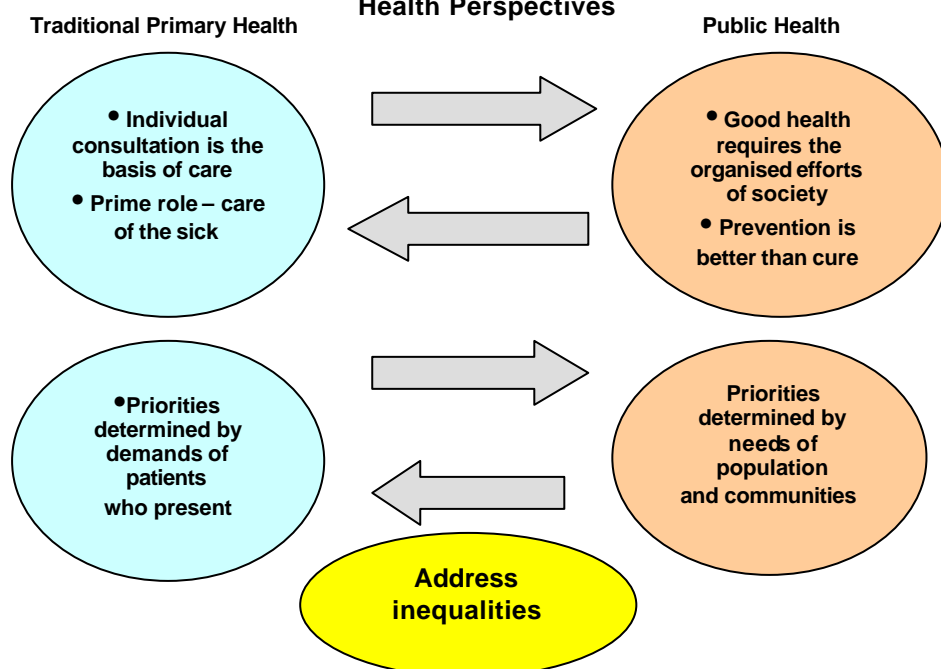
At present primary health services in the Wairarapa are fragmented and not integrated well with public health and other community services. PHO establishment provides the structure and opportunity to ensure these issues are addressed.

PHO development adds important new dimensions to traditional primary health perspectives. Most importantly, a PHO is required to include a population focus and deliver health promotion as well as treatment services. It must work closely with public health and other services to offer integrated programmes including co-ordinated disease management. It must employ specific strategies to reduce inequalities and increase access for hard to reach groups.

What's Different about a Primary Health Organisation?

Traditional primary care service	New Primary Health Organisation
Individual Patient Focus	Population Focus As Well
Treatment Emphasis	Education and Prevention Too
Doctors are Principal Providers	Teamwork – Nursing and Community Outreach Crucial
Fee for Service	Needs Based Funding for Population Care
Mono-cultural	Cultural Competence is Important
Providers mostly work alone	Connected to other health and non-health agencies

Primary Health Organisations require integration of Primary and Public Health Perspectives





PHOs are required to involve communities and iwi in their governance processes and to be multi-disciplinary in design.

The Wairarapa District Health Board will work with existing providers and communities to identify the best PHO structure and establishment path.

It is expected that one or more PHOs will be established in the Wairarapa during 2003, but that it may be some time after that before the full potential of a PHO development is realised, given the extent of the changes required.

The Wairarapa District Health Board will be actively involved in PHO development to ensure that any PHO that is established will provide:

- A broad population focus and include public health approach.
- Reduction in inequalities.
- Improved co-ordination and collaboration across services and sectors.
- Administrative efficiency.
- Budget management.

5.2 Redevelopment of Masterton Hospital

Many of the actions identified under our strategic priorities have a strong focus on community, public health, and primary health services. However public and primary health services must be supported by and integrated with good secondary services. The hospital will continue to be needed to provide diagnostic services and interventions that cannot be provided in primary care facilities throughout the Wairarapa. Services and facilities at Masterton Hospital must continue to develop to meet the changing needs of our population and changes in national requirements and best practice.

As this plan is implemented all services will become more closely integrated and collaborative. Primary and secondary services will work more closely together, and there are likely to be some shared staffing arrangements, for example in staffing of emergency department services. There are great opportunities for integration of primary, secondary and community services in the areas of district nursing, practice nursing, secondary community health services, primary and secondary out-reach services, public health nursing, aged care/rest homes with hospital medical services, child and maternity services and diagnostic services.

As primary health services grow and develop so will their relationships with, and demands on, secondary hospital services. Exploiting the potential opportunities to work collaboratively in the provision of secondary services is another important consideration. This could include regional alliances and arranging services to be provided by neighbouring District Health Boards.

There will be a continuing need for emergency services at Masterton at delineation level four, with immediate access to the High Dependency Unit, theatre and radiology. The facilities from which these services are provided must be developed to the standards required.

Over the next few years Masterton Hospital will undergo significant redevelopment as the Wairarapa District Health Board undertakes major upgrading and reconstruction of the Emergency Department, outpatient areas and associated services facilities. The Masterton Hospital Development Project, scheduled to commence in 2002/03 follows on from previous studies undertaken in regard to future service needs and trends in service organisation and delivery.

Redevelopment of the Hospital is required as the existing facilities are outdated and do not meet current statutory requirements. Their continuing use compromises patient safety, good practice and efficiency.

The redevelopment plan is intended to align the facilities with:

- The projected needs of our changing population.
- New technologies.
- Future developments in service delivery.
- Best clinical practice.
- Collaborative working arrangements with general practitioners.



Along with upgrading of physical facilities there will continue to be reviews of specialist service delivery, to ensure the services provided are as efficient, effective and of as high a quality as possible. There are likely to be more region-wide approaches to service planning and development, with strategies and some resources being shared across Central Region District Health Boards. Our aim is to ensure continuing provision of high quality acute care, available 24-hours a day, at Masterton Hospital, and as wide a range of specialist services as may be required to meet the needs of our population. Increasing partnership arrangements and joint planning with other District Health Boards will be key to this.

5.3 Working Intersectorally

Intersectoral collaboration is essential for preventing injury and disease, and improving the health of our communities. Many of the actions outlined in the previous chapter require programmes that involve schools, housing and employment agencies, and local councils, as well as health providers. Increasing physical activity, reducing obesity, improving nutrition and reducing smoking will improve health across all the priority areas. Community-wide strategies involving co-ordinated action by a range of community agencies are likely to be most effective for these objectives.

Transport and housing are also key issues. People need transport to access services when they need them, both within the Wairarapa and at other larger hospitals in Wellington, Hutt and Palmerston North. The need to travel and access transport are key concerns of our communities, particularly among older people. The Wairarapa District Health Board will work with councils and other agencies to find a combination of ways to address this. Establishing more outreach services throughout the district can reduce some transport problems, but there will always be a need for some people to travel. Ways must be found to reduce the difficulties and costs this poses for many people.



6. OTHER CONSIDERATIONS

So far this Strategic Plan has focused on health outcomes. In addition to priority population health outcomes the Minister of Health, in the New Zealand Health Strategy has also identified five service areas to which District Health Boards must give priority for allocation of any additional funding. These five areas are:

- Public health.
- Primary health care.
- Reducing waiting times for public hospital services.
- Improving responsiveness of mental health services.
- Accessible and appropriate services for people living in rural areas.

Increased investment in public health (health protection, promotion and disease prevention) is included as an action point under each of our three strategic priorities, as is improving access for rural people. Improving responsiveness of mental health services is included under the Improving Mental Health priority.

The need to integrate public health more closely with primary health care, and to progress primary health organisation establishment within the Wairarapa is explained in the previous chapter. As primary health organisation development is progressed, Government will make available further funding (additional to that shown in the financial section of this plan). Additional funding for primary health organisations will be to provide:

- Health promotion.
- Increased access for high needs groups.
- Special projects to reduce disparities and for management of referred services budgets (for pharmaceuticals and laboratory tests).

6.1 Reducing Waiting Times for Public Hospital Services

The Wairarapa District Health Board is working to reduce waiting times for access to elective medical and surgical services. Although the booking system has been fully implemented in the Wairarapa for all the surgical specialties and reviews of the people waiting for surgery are carried out regularly, achieving and maintaining reductions in waiting times it is a constant challenge. Sometimes delays occur due to shortages or unexpected absences of specialist staff, but the main barrier to reducing waiting times is the increasing numbers of referrals for first specialist assessments.

The number of assessments has already been increased to cope with rising demand and address the backlog and this is proving to be successful. However, the number of referrals from general practitioners is now increasing faster. Firstly, research into why this is happening needs to be conducted and secondly, strategies put in place to either reduce the referral rate or increase the number of specialist assessments accordingly. This is likely to need additional resources. The ongoing management of the service to enable referred patients to be seen within six months of their referral will require close liaison and collaboration between the general practitioners and the specialists.

The Hospital surgical services and primary services work closely together. Integration is achieved through regular meetings between hospital doctors, general practitioners and Surgical Services management. The high level of trust and co-operation that currently exists between primary and secondary services within the Wairarapa is valued and a foundation to carry across into the primary health organisation. This will remain one of the key strategies in reducing waiting times.

6.2 Accessible and Appropriate Services for People Living in Rural Areas

About half the Wairarapa population live in areas defined as rural. Mostly these are on the fringes of minor urban areas and not far in terms of distance from primary health care services, and secondary services too for those living around Masterton. However about one fifth live in more remote rural areas where primary care access is patchy at best. Transport is an issue throughout the Wairarapa. There is minimal public transport infrastructure, 11.5 percent of households are without cars, and we have an aging population. In all service developments there needs to be an emphasis on improving access for rural people, through the provision of more outreach clinics and visiting services. The Salvation Army bus is a recent initiative to improve rural access to primary care. This, and other options, should be developed further.



6.3 Maintenance of Clinical Viability

Specialist services in rural hospitals can be vulnerable due to recruitment difficulties and the necessity to ensure that practitioners maintain the high level skills needed. Lone, or small numbers of, practitioners, are also at risk of becoming isolated from their peers. To overcome this we encourage and support clinical alignments with neighbouring hospitals. Existing services with strong links have proved to be beneficial to recruitment retention of specialists and have benefited patients, both here and at other hospitals. In this way the services provided are current, safe, and audited by qualified specialists. These linkages are also used to ensure the maintenance of skills for nurses and support workers as well.

6.4 Meeting the Needs of Older People

The Wairarapa has growing numbers of older people. Older people generally have greater health needs and may face greater barriers, particularly transport, to accessing health services than younger people. Both primary and secondary services need to ensure they provide effectively for their older patients. Primary health organisations will be expected to use population health approaches for older people as a group, as well as meeting their individual needs. In the Wairarapa the main health issues affecting older people are diabetes, respiratory infections, chronic obstructive pulmonary disease, asthma, cardiovascular disease, fractures, arthritis and cataracts. Effective initiatives to reduce smoking, increase exercise, reduce obesity, improve nutrition and mental health, as outlined in this plan will all help to improve the health of older people. Older people will also benefit from better co-ordinated and seamless service delivery. Provision of an integrated continuum of care is the cornerstone of the national Health of Older People Strategy and will be developed in the Wairarapa as part of the overall development of primary and secondary services.

Older people are also those most likely to suffer from disabilities. We plan to include disability support services for older people within the integrated continuums of care.

Another important linkage is with palliative care services. At present palliative care in the Wairarapa is fragmented. This will be addressed as part of overall improvement in service linkages and co-ordination.

6.5 Working within the Fixed Funding Allocated to us by Government

Government has indicated that the Wairarapa District Health Board can expect to receive limited additional funding over the next few years. Additional funding is likely to be provided either to allow for changes in population and in the costs of service provision (so that present levels of access and service volumes may be maintained) or tagged for specific Government initiatives. Hence the Wairarapa District Health Board cannot expect to have much discretionary funding available for new and/or additional services. The Wairarapa District Health Board will need to consider reallocations of funding between existing services, and reconfigurations of services so as to be able to fund the new initiatives and developments proposed in this plan, and increase our investment in public health and primary health services.

Very largely the Wairarapa District Health Board expects to be working within the resources it has now, to ensure these resources are allocated so as to achieve the best possible outcomes and to reduce disparities. To assist in making the difficult allocation decisions that lie ahead the Wairarapa District Health Board has developed a set of prioritisation criteria.

Our Prioritisation Criteria

In making decisions about which services to fund and how much of them to fund the District Health Board proposes to use the following criteria:

a) Effectiveness

The Wairarapa District Health Board will consider the extent to which health and disability services produce desired outcomes, such as reductions in pain, the maintenance of current activities, the promotion of independence and the prevention of premature death. Services are given higher priority if they produce more of the desired outcomes (where the level of benefit takes into account both the benefit per person and also the number of people benefiting).

For many health and disability services there are significant difficulties in measuring effectiveness as it is impossible to measure many of the true benefits. The extent to which a service conforms with generally accepted "best practice" may be used as a guide to effectiveness.



District Health Boards have a statutory objective to promote effective care or support.³

b) Cost

The Wairarapa District Health Board will consider the total economic costs of services, including flow-on effects to health and other sectors, together with the effectiveness/benefit of those services, to ensure available funding is used to achieve the maximum possible gain in health and independence status.

Application of this principle means that there is consideration of cost-benefit and/or cost-effectiveness so far as these are able to be determined. Some services of high cost to the health sector (such as transplants) may be funded if they are likely to lead to increased social participation, and/or reduced total costs of cheaper health interventions (such as peritoneal dialysis) over the longer term.

As with effectiveness, there are difficulties in estimating the true costs of services. Many costs and benefits will occur over long time periods.

c) Equity

The Wairarapa District Health Board will seek equity of outcome to reduce remediable disparities in health status, for groups with lower levels of health.

The implication of this principle is that the Wairarapa District Health Board will give priority to services to groups of lower than average health status over services for the whole population in order to achieve equity of outcome.

In applying this principle the Wairarapa District Health Board will be mindful of the need to also observe 'horizontal' equity. The Wairarapa District Health Board is required to work within the national frameworks for consistency in service provision and access, which are designed to ensure a degree of horizontal equity. (Horizontal equity means equal access and equal treatment for equal needs).

This principle is in conformity with the Wairarapa District Health Board's statutory objective to reduce health outcome disparities between various population groups.⁴

d) Maori Health

In making funding decisions, the Wairarapa District Health Board acknowledges:

- the Treaty of Waitangi and the partnership relationship between the Board and Maori;
- the need to address disparities in health between Maori and non-Maori;
- the requirement to enable Maori to participate in and contribute to strategies for Maori health improvement; and
- acknowledges the need to foster the development of Maori capacity to develop services to meet their needs.

The implication of this principle is that consideration of all funding/service proposals will need to estimate and take into account their impact on Maori.

This principle is in conformity with the Wairarapa District Health Board's statutory objective and functions to reduce health disparities by improving health outcomes for Maori and to foster the development of Maori capacity.⁵

e) Acceptability

The Wairarapa District Health Board will exercise social responsibility in regard to the expectations and values of its residents in the three districts of the Wairarapa.

³ New Zealand Public Health and Disability Act 2000, Part 3 s 22 (1) c)

⁴ New Zealand Public Health and Disability Act 2000, Part 3 s 22 (1) f)

⁵ New Zealand Public Health and Disability Act 2000, Part 3 s 22 (1) e) and s23 (1) d), e)



The implication of this principle is that some services for which evidence of effectiveness is weak, but are very highly valued by the community, may continue to be funded.

This principle is in conformity with the Wairarapa District Health Board's statutory objective to exhibit a sense of social responsibility by having regard to the interests of people for whom it provides or arranges the provision of services.⁶

- f) **Consistency with the New Zealand Health Strategy and New Zealand Disability Strategy**
The Wairarapa District Health Board will ensure its decisions are consistent with the priorities, objectives and principles of the New Zealand Health and Disability Strategies.

The implication of this principle is that the Wairarapa District Health Board will prioritise in favour of services that are expected to contribute towards achievement of one or more of the 13 priority health objectives, and/or the 15 objectives of the disability strategy, and/or which fall within the five service priorities of the New Zealand Health Strategy; and are to be delivered in ways that align with the principles of the New Zealand Health Strategy.

⁶ New Zealand Public Health and Disability Act 2000, Part 3 s 22 (1) g)



7. BUILDING DISTRICT HEALTH BOARD CAPABILITY

Over the next few years the Wairarapa District Health Board will continue to build capacity to perform its planning and funding functions. These are new responsibilities, in a new structure. Our capacity to undertake the funding functions have only begun to be established in the last year, and will continue to grow in both resources and experience over the next three years. Core funding functions include planning, contracting, monitoring, payment and information systems and analysis. Additional District Health Board functions that must be further developed if this strategic plan is to become a reality include: providing leadership and guidance to individual provider organisations, and support. Guidance and support to smaller providers should be offered in a number of areas: workforce development, information systems and information management, quality improvement, safety and compliance with national standards, audit and risk management.

Our Treaty Partnership

The Wairarapa District Health Board is committed to ongoing development of its Treaty partnership with the Mana Whenua caucus and looks forward to this strengthening and deepening over the next few years.

Pacific Participation

The Wairarapa District Health Board must ensure that the needs and issues of the growing numbers of Pacific people are considered and responded to effectively and appropriately. The Wairarapa's Pacific population is small and diverse. There are no Pacific service providers, and Pacific people, like Maori, are very under-represented among the staff of mainstream providers. The Wairarapa District Health Board will work to develop its links with Pacific communities, to ensure they have opportunities to participate in planning. Proposals for ensuring improvements in service responsiveness to Pacific people are being discussed with other District Health Boards. It is unlikely the Wairarapa will have local dedicated Pacific services within the foreseeable future. A possible option is to arrange for Pacific services in Hutt, Wellington, and Porirua to provide liaison, advice and support on cultural matters to Wairarapa mainstream services that have Pacific clients.

Quality and Safety Issues

Ensuring services are of high quality is a key pathway for this strategic plan. The Wairarapa District Health Board has a responsibility to ensure that the services it funds are of good quality, and to assist providers to understand and attain the quality standards required. The Wairarapa District Health Board already employs a Quality Manager and a Risk Manager, whose responsibilities include promotion of quality and risk management, and provision of advice to all funded providers.

All contracts include quality and safety requirements. These requirements will need to be reviewed and updated as new national requirements are implemented. The Health and Disability Services Safety Act, 2001, requires all providers to meet the health and Disability Sector Standards by 2004. This will be a significant challenge for some. It is a Wairarapa District Health Board objective to ensure all funded providers are able to achieve this. The Wairarapa District Health Board is able to provide other providers with examples of systems and processes required.

The Wairarapa District Health Board capacity to develop and monitor quality and safety across all funded providers will be developed both in-house, and through regional initiatives, in conjunction with the Central Region Technical Advisory Service. We are developing some region-wide provider training initiatives with other Central region District Health Boards and a region-wide programme of provider audits, led by the Technical Advisory Service. Some programmes are also being developed jointly by District Health Boards nationwide, such as a programme of pharmacy audits. In other areas such links will be established with national bodies, for example the New Zealand College of General Practitioners, and the New Zealand Dental Council.

Services must be clinically and culturally safe. Much needs to be done to ensure cultural safety and responsiveness across all services for both Maori and Pacific people. Some mainstream services are looking at how they could work in partnership with Maori providers to develop their responsiveness to Maori.

Workforce Issues

Realisation of the outcomes and objectives set out in this plan depends on having the workforce necessary to achieve them. At present there are workforce deficits in a number of areas in terms of: numbers,



qualifications and experience, competencies and attitudes. Ongoing development is essential to build the health workforce our community needs.

Workforce issues faced to some degree by all Wairarapa providers include:

- Serious staff shortages in a number of areas.
- Insufficient numbers of staff who are Maori.
- Ineffective responsiveness to Maori.
- Some staff with inadequate and/or outdated clinical knowledge and skills (may include whole groups of staff in some services).
- The need for more career development and career pathways.
- Lack of locally available training options.
- Health professional competency assurance legislation due to be enacted in 2002.

Many private providers lack the size to be able to meet their own workforce development needs. The District Health Board aims to assist by offering mentoring support, professional supervision, and access to its own training programmes, through its provider arm. The Wairarapa District Health Board's professional medical and nursing advisers also provide advice on professional training and development issues.

Currently providers, and their employees are quite fragmented. A key to the Wairarapa District Health Board-wide workforce development will be to encourage more collaboration and joint initiatives across providers. A first step will be to collect information about workforce numbers, competencies, and training needs across all providers with a view to developing a collaborative workforce development plan for the district.

Improving Information Systems

Development of comprehensive and integrated information systems is another key pathway of this plan. Effective use of information and information management is a key requirement for all of the actions proposed.

The Wairarapa District Health Board needs to lead development of systems that enable appropriate and accurate information to be available to people who need it, when they need it. This is needed for both individual patient care, and for monitoring of interventions and outcomes overall. Improvements are needed in systems for collecting patient information electronically, making information available to others who need to see it, and in use of telemedicine (video-conferencing) to overcome problems of distance and isolation and allow for more professional supervision and peer support of specialist staff.

Leading priorities in information collection and communication are:

- Improvements in ethnicity reporting, and in the quality of ethnicity data.
- Establishment of age-sex registers and recall systems in all primary practices.
- Secure sharing of data between providers.
- Using the National Health Index as a key field in all data capture.

A Wairarapa District Health Board information management and communications plan is in development. Significant additional information management capability may be required. We will seek to minimise the costs of this by collaborating with other District Health Boards, and the Central Region Technical Advisory Service.

Needs Assessment

The first health needs assessment report has been published. This is "work in progress" and has gaps. Work is underway now to prioritise the health outcome areas where more information is needed, or the report needs updating, and to develop a work plan to address these areas.

The Wairarapa District Health Board's resources for needs assessment and analysis are being increased during 2002, and further capability developed. During 2002 a disability needs assessment is being undertaken, with a particular focus on the disability needs of older people. This will provide the information base for planning and funding of disability services for older people, that is expected to be devolved in 2003.

Building Partnerships and Relationships

Discussions during the development of this draft strategic plan have all indicated strongly that significant improvements in health outcomes can be achieved if services work more closely and collaboratively together. The Wairarapa District Health Board needs to develop and build on its relationships with other providers and agencies to achieve health gains from integration.



The Wairarapa District Health Board sees participation in intersectoral initiatives such as Strengthening Families as essential. It will also to engage with Regional Public Health and local councils on environmental matters, and other issues affecting community well-being; and with ACC and other health funders.

Regional relationships with other Central Region District Health Boards, and with the Central Technical Advisory Service will continue to be developed.



8. MONITORING AND REPORTING

How progress against the strategic priorities will be monitored and reported by the District Health Board

The “indicators of progress” that are included in each of the four strategic priorities will be monitored and progress regularly reported by management and the Board.

The Wairarapa District Health Board proposes to complete annual reports on progress made in implementing this plan, and to make these reports available publicly.

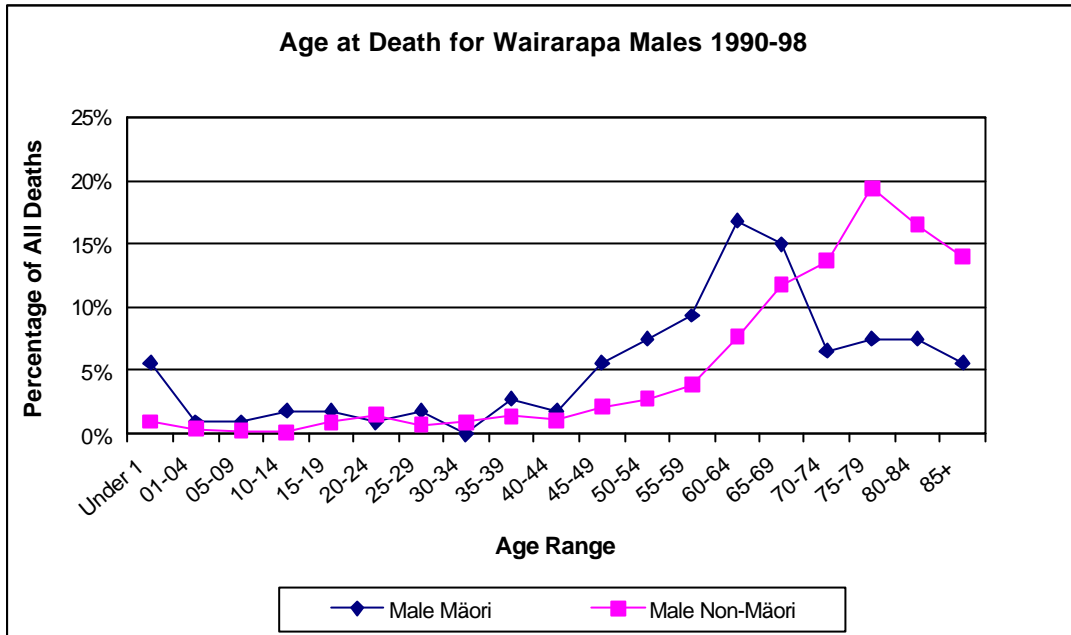
The future District Annual Plans will detail progress being made against each target and detail developments designed to further the strategies contained within this District Strategic Plan.

The following tables represent key targets against which can be measured the degree of success of the strategies upon the overall health of the Wairarapa population. These target indicators have been deliberately kept brief for the purposes of this plan but in practice there will often be several indicators supporting the main indicator and each of the indicators can often be broken down into ethnicity, gender and age groups. For convenience the indicators have been grouped against the four priority areas but in practice an improvement in one area can also cause improvements in other areas. For example, a reduction in smoking will have a positive impact in child health, the impact of diabetes and the impact of respiratory diseases.

The targets for 2007 and 2012 are based upon the latest available national rate. Where we are worse than the national rate the target is for an improvement towards the national rate. Where we are performing better than the national rate the target is for maintenance of our current performance with small improvements. It is expected, and allowed for, that the national average will also improve over time.

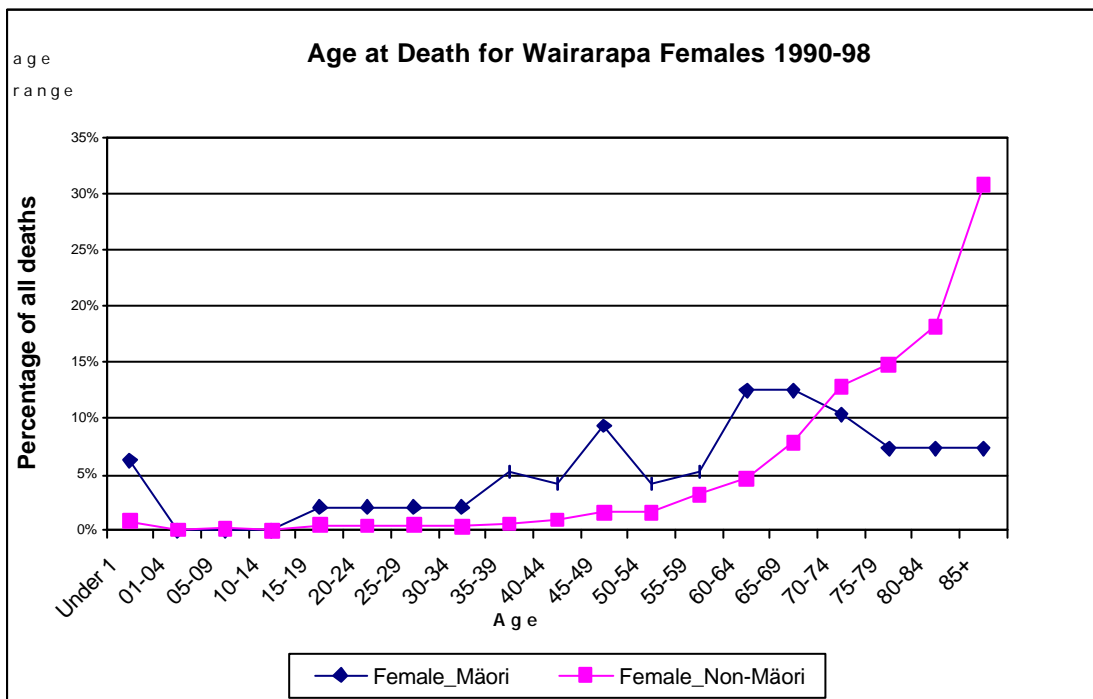
One of our first longer term goals is to reduce the disparities in health outcomes between Maori and non-Maori. The current disparity is illustrated clearly by the life expectancy and death rates in the graphs on the following page. Through the reduction of health disparities and improving health outcomes our aim is reduce the peaks in deaths at the younger ages and move the lines of the graphs to the right. The marked disparities in ages at death between the ethnicities should also reduce. It should be noted that the statistics are affected by, and not adjusted for, the net migration rates of people by age.

The main causes of death, presented below the graphs, are the national causes of death, local causes will be supplemented as soon as they are available.



National major causes of death within age groups

0-1	1-14	15-24	25-44	45-64	65+
SIDS	RTI	RTI	Suicide	Heart disease	Heart disease
LBW	Leukaemia	Suicide	RTI	Lung cancer	Lung cancer
	Lymphomas	Assault	Heart disease	Diabetes	COPD



National Major Causes of Death Within Age Groups

0-1	1-14	15-24	25-44	45-64	65+
SIDS	RTI	RTI	Cancer – breast cervix	Cancer – breast, lung	Heart disease
Lbw	Leukaemia	Suicide	RTI	Heart disease	Lung cancer
	Lymphomas	Assault	Suicide	Diabetes	COPD

SIDS = Sudden infant death syndrome
 LBW = Low birth weight
 RTI = Road traffic incident
 COPD = Chronic obstructive pulmonary disease



**Key Indicators of Progress:
Improving Child, Family and Youth Health**

Key Indicator Description	Current Wairarapa Rate	Target June 2007	Target June 2012
Full breast feeding rates at 6 weeks	55.9%	65.0%	67.0%
Low birth weight babies	8.3%	7.0%	6.5%
Fully vaccinated by their second birthday	Approximately 65%	92%	95%
Caries free at age 8	49.0%	50.0%	51.0%
Mean Missing/Filled score at age 8	1.2	1.1	1.0
Teenage pregnancy rates	13.5%	12.0%	10.0%
Sexually transmitted infections per 1000 population	1.75	1.60	1.40
Avoidable hospital admission rates	10.0%	8.0%	7.0%

Improving Mental Health

Key Indicator Description	Current Wairarapa Rate	Target June 2007	Target June 2012
Hospital admission rates for self harm	4%	3%	2%
Access to services as a percentage of population:			
Ages 0-9	0.4%	0.7%	1.0%
Ages 10-14	1.2%	2.6%	3.9%
Ages 15-19	0.9%	3.4%	5.5%
Ages 20-64	0.8%	1.9%	3.0%
Ages 65+	0.3%	1.7%	3.0%
Overall	2.33%	2.7%	3.0%

Reducing the Incidence and Impact of Diabetes

Key Indicator Description	Current Wairarapa Rate	Target June 2007	Target June 2012
Diabetes case detection rate	32.1%	60%	80%
Diabetes case management	28.6%	25%	20%
Retinal screening of people with diabetes	66%	80%	95%
Hospital admission rates for diabetes	5.0%	3.8%	2.5%
Hospital re-admission rates for diabetes	0.6%	0.5%	0.3%



Reducing the Incidence and Impact of Respiratory Disease

Key Indicator Description	Current Wairarapa Rate	Target June 2007	Target June 2012
Hospital admissions for asthma, respiratory infections and COPD	8.0%	6.0%	4.0%
Hospital re-admissions for asthma, respiratory infections and COPD	0.7%	0.5%	0.3%
Smoking rates	29.4%	26%	24%
Average proportion of deaths attributable to smoking	17.3%	17.0%	16.5%

These measures will be used by the Wairarapa District Health Board to review progress against the plan, to check that implementation is having the effects intended, and to inform any changes to the plan that may be made over time.

Other indicators to be developed include:

- Total number of people completing smoking cessation courses each year.
- Total number smoke-free 12 months after completing smoking cessation.
- Number of Marae at which smoking cessation and exercise programmes are provided.
- Numbers of Green Prescriptions issued.
- Numbers of people who are overweight or obese.
- Percentage of all children enrolled with a well child provider.
- Percentage of the Wairarapa population enrolled with a primary health organisation.
- Numbers enrolled in parenting classes.
- Hospital admissions due to drug and alcohol related causes.

Milestones

Action	Target Date
At least one primary health organisation established	30 Jun 2003
Maori Health Strategy and Action Plan	31 Dec 2002
Disability Services Directory completed	30 Sep 2002
Child Health Information System implemented across the Wairarapa	31 Dec 2004
Clinical pathways for diabetes, asthma and COPD developed and implemented Wairarapa-wide	30 Jun 2003

Further milestones will be developed in subsequent revisions of this plan.



9. RISK MANAGEMENT

The key issues and risks that may threaten achievement of the strategic priorities in this plan are:

Critical Mass. Wairarapa is a small District Health Board with respect to funding and population. Most of the agencies it works with are also small. To meet all of the national requirements for planning, service provision and coverage, quality systems, monitoring, reporting and compliance with only the limited resources available to a small District Health Board is a challenge. Other agencies also struggle to release staff to contribute to joint actions. We will manage this risk by working with Boards and agencies, and by prioritising our activity.

Financial Viability. The Wairarapa District Health Board faces financial risks in relation to operation and funding of both primary and secondary services.

In primary care the risks arise from the present uncapped fee-for-service arrangements for funding payments for primary referred services (pharmaceuticals, laboratory and radiology) and consequent lack of financial management control. Achieving financial control is dependent on early and effective implementation of strategies to manage and contain expenditure growth in these services within agreed affordable budget levels.

For the Wairarapa the most pressing concern and major risk in primary care is community pharmacy expenditure. The Wairarapa's expenditure on pharmaceuticals has grown faster in recent times than that of New Zealand as a whole and is continuing to increase while trending downwards nationally. This problem may become even more acute when population based funding is introduced. To address this the Wairarapa District Health Board will work with general practitioners and pharmacists to develop strategies to manage expenditure on pharmaceuticals. This will require an increase in the amount of information the Wairarapa District Health Board currently obtains and dissemination of the information to all parties. The development of one or more primary health organisations will greatly assist in this area. Primary health organisations will be charged with referred services budget management.

In secondary care there are considerable financial risks in relation to the difficulty in realising efficiencies and savings given the size and cost structure of the hospital services; and national and regional movements in hospital sector costs, including salaries and wages. Services at Masterton Hospital are funded to meet the service coverage requirements for the local population. For many services the volumes funded are considerably less than the levels needed to achieve minimum unit costs in use of facilities and corporate overheads, but are generally sufficient to fully utilise the clinical staff employed. The numbers of clinical specialists employed are the minimums required to meet professional standards and clinical safety. If hospital service volumes are reduced unit costs increase as clinical staffing and facilities cannot be reduced further without removing whole specialties and compromising service coverage.

Further, as a small hospital, Masterton usually has to be a price taker in the national market for staffing and other resources, and is at the mercy of national and regional movements in wage and salary agreements and other resource costs. Thus ability to control cost growth is severely limited and needs to be closely managed.

Management is committed to the maintenance of strong cost control and achieving continuing efficiency gains in order that the objectives outlined in this plan are achieved. There are risks that will need to be closely managed. Wage settlements and other price increases, whether agreed nationally, regionally or locally, must be kept within the Ministry of Health's cost growth assumptions.

Introduction of population based funding may also reduce financial viability if the formula does not include an appropriate factor for diseconomies of small scale.

Workforce Development. Recruitment and retention of an appropriately skilled workforce is a critical issue and key risk. Ongoing maintenance of service provision is an issue for the funder arm and for service providers. On the funder side there are risks of failure of possible provider failure that must be managed so as to ensure continuity of quality care for consumers; and on the provider side there are risks arising from recruitment and retention difficulties and unforeseen and uncontrollable absences of key staff will need to be closely managed.



There are further risks associated with implementation increasing national requirements for workforce qualifications, competency assurance, and credentialing, which may pose difficulties for some local services in the future.

Service Safety. Closely related to workforce risks are other service safety issues such as the need to reach national minimum standards, and in some places, sub standard facilities. There are risks that some providers may not be able to achieve the Health and Disability sector safety standards by 2004 (as required by statute). The emergency department facility at Masterton Hospital is a key risk to safety. Upgrading needs to be implemented as soon as possible if these safety risks are to be addressed.

Information Systems and Information Management. Achievement of much of this plan depends on developments in information gathering and communication. Should these developments not occur, or occur in uncoordinated and incompatible ways then much of the potential benefits will be lost. Strategies to meet current information and communication needs are being developed and refined, and include co-ordinating future developments with other District Health Boards and major providers.

Relationships and Working with Others. Achievement of this plan depends on working with others, including Maori, and Pacific people. The Wairarapa District Health Board is developing and maintaining partnerships with Maori to ensure that relationships in the plan will be realised.

Community Expectations. The creation of District Health Boards and the promise of increased community input to health and disability service planning and funding, together with the strongly consultative approach required for development of the Strategic Plan, and the various new national strategies to be implemented, may create expectations of service growth and improvement above that which can be funded. In particular there are strong expectations of increased funding for primary care through the establishment of primary health organisations.

Key Risks and Mitigation Strategies

Risk Description	Risk Mitigation Strategy
Gap between funding and costs of delivering hospital services.	Review all aspects of surgical and clinical support services provision, including benchmarking against other providers and pursue all opportunities for increasing alignments and shared service arrangements with other District Health Board providers.
Expenditure on fee-for-service primary care items likely to exceed revenue.	Give priority to primary health organisation establishment and referred services management within the Wairarapa. Work with Ministry of Health and other District Health Boards to develop and implement expenditure control strategies.
Nationally expenditure growth on laboratory testing is growing at 10 percent per annum.	Give priority to primary health organisation establishment and referred services management within the Wairarapa. Identify key local drivers of laboratory test expenditure; and in collaboration with other District Health Boards, investigate and put in place supply and demand management strategies.
Pharmaceutical costs are predicted to grow at 4.86 percent per annum in the Wairarapa compared to a 1 percent national growth rate.	Give priority to primary health organisation establishment and referred services management within the Wairarapa. In collaboration with other District Health Boards and PHARMAC, investigate and put in place supply and demand management strategies.
Performance of any contracted provider does not meet service quality requirements.	Work with the provider to ensure quality standards are met and maintained.
Information systems and information management.	Develop and implement Wairarapa District Health Board wide information strategy, in line with recommendations of WAVE report
A provider goes out of business with disruption of services to consumers.	Alternative sources of service provision are found and accessed as soon as possible.
Public expectations exceed the Wairarapa District Health Board's ability to fund and provide services.	Information regarding planning parameters and constraints is made available widely. Consultation processes are well managed, and focused on areas where the Wairarapa District Health Board has discretion.
There are inadequate resources to meet all planning and funding responsibilities – development of capability does not meet expectations.	Shortfalls are identified early and alternative arrangements/cover is sought from Central Region's Technical Advisory Services and neighbouring District Health Boards, for example, for help with monitoring.



10. FINANCIAL INFORMATION AND ASSUMPTIONS

This section shows the Wairarapa District Health Board's expected revenue and expenditure for service funding over the next ten years. These estimates have been developed in accordance with the guidelines received from the Ministry of Health. The projected statement of financial performance shown on Section 10.5 shows the allocation of funds between the major expenditure categories – personal health, mental health, Maori health, public health, disability support, and governance and administration. The Wairarapa District Health Board funds services provided by its own organisation, contracts with various organisations for the delivery of health care, and funds primary health care via the claiming mechanisms administered by the former Health Benefits.

10.1 Assumptions

The following assumptions have been used:

Years 2002/03 to 2004/05

- Revenue for these three years is as advised by the Ministry of Health on 5 March 2002.
- The revenue identified for the Board's Provider Services by the Ministry of Health has all been allocated to the Provider Services.
- Forecast expenditure on pharmaceuticals is net of an expected rebate of \$300,000 per annum.
- Planned and budgeted expenditure is equal to the forecast expenditure for 2001-2002 plus cost growth as per the Ministry of Health's guide of 3.04 percent for 2002-2003, 2.9 percent for 2003-2004, 3.87 percent for 2004-2005.
- Growth in salaries, wages and all other provider arm costs, is no greater than the Ministry of Health's cost growth predictions as shown above.
- Growth in expenditure on pharmaceuticals, community referred laboratory tests, and general medical services subsidies will be contained within the Ministry's cost growth guidelines of 3.04 percent in 2002/03, reducing to 2.9 percent in 2003/04.
- No allowance has been made for any additional funding that may be provided to support primary health organisation development.
- Additional funding of \$824,000 per annum, a sum equivalent to the Wairarapa District Health Board's drawing from the risk sharing pool in 2001/02, is built into baseline funding from 2002/03 onwards.
- \$55,000 per annum additional mental health revenue and expense from additional Blueprint funding, as indicated in the Regional Mental Health Plan.
- A correction of \$36,248 to the first Order-in-Council funding
- There is a transfer of mental health funding (and expense) of \$100,000 from the Canterbury District Health Board in recognition of a change in contract responsibilities.
- The introduction of population based funding creates no changes to revenue or expenditure.
- There is no additional governance and administration funding for devolvement of any extra funding responsibilities in 2002-2003. There is devolvement of extra funding and governance responsibilities at 75 percent of full funding (as indicated in Ministry of Health advice in November 2000) in 2003-2004, and 88 percent in 2004-2005.
- The Ministry of Health directly funds Disability Support Services and Primary Maternity Services to the Provider Services of the Wairarapa District Health Board. These are not included in the financial table and no assumptions have been made with regard to their devolution.



Years 2005/06 to 2011/12

- No assumptions are made for inflation, changes in revenue and expenditure are in real dollar terms at the 2004/05 level.
- No additional funding for the implementation of the Primary Health Care Strategy is assumed although it is expected that additional money from the Ministry of Health will be allocated for this.
- Additional funding allocations for Mental Health services are also expected through further “Blueprint” funding. No assumptions on these allocations have been included.
- No changes to revenue or expenditure bases are assumed in relation to the introduction of population based funding.
- No additional funding for governance is assumed over and above the 88 percent level assumed for 2004/05
- The following movements in allocations of funding between output classes are assumed to occur from 2005/06, as the strategies outlined within this strategic plan are implemented:
 - 0.5 percent growth in funding allocated to primary health care per annum.
 - 1 percent growth in funding allocated to Mental Health Services per annum.
 - 3 percent growth in funding allocated to Maori for Maori health services per annum.
 - Reduction in proportion of total funding allocated to secondary health care to match the increases above.
- These figures are indicative only. Details will be set out in successive annual plans.
- It is assumed that any growth in expenditure on pharmaceuticals, laboratory tests, or general medical subsidy, will be contained within the overall budget allocation to the primary health services.
- It is assumed that there will be further funding increases for demographic movements. The demographic projections are for increases in the numbers of elderly and the very young within an overall static total population. It is predicted that the number of Maori and Pacific islanders will also increase. These groups of the population place the most demands on the health services. A 0.75 percent per annum total funding adjustment (\$337,000 to \$350,000 per annum) over the seven years is assumed as a demographic adjuster. This is allocated to Personal Health and Maori Health. It is expected that after devolution of the disability support services that these would also attract high demographic growth rates due to the increases in elderly population. A summary of the population change assumptions is included in section 9.4.

A main point to note is that inflation assumptions are built into the first three years of the table but not for the remaining seven years.

10.2 Financial Strategies

In order to progress the strategies contained in this Strategic Plan a financial strategy is required that releases resources for the new developments required and addresses the financial shortfalls that may arise.

a) Ring Fences

Government provides funding to the Wairarapa District Health Board in six output classes: personal health, mental health, public health, Maori health, disability support, governance and administration. The Wairarapa District Health Board has very limited ability to move funds between these categories. In particular there are strict guidelines to maintain boundaries, or ring fences, around funds for mental health services, disability support services and public health services.

For example, the Wairarapa District Health Board is required to demonstrate that all funding provided by Government for mental health services is expended wholly on mental health services. The main funding strategies to support implementation of this strategic plan relate to changes in funding allocations within the six output classes.



In summary the financial strategies will be as follows:

b) Child, Family and Youth Health Developments

Many of the developments and directions identified for Child, Family and Youth Health require new ways of working rather than vast changes in resources and costs. This plan proposes inter-sectoral action and stronger and better integrated primary and public health approaches as the key strategies to improving health of children, families and youth. Additional funding will be needed to: seed change and support the increased levels of co-ordination, collaboration, health promotion and information systems development required. In addition, specific initiatives will need to be funded to increase access and improve outcomes for youth, Maori, and the most economically deprived groups. It is expected that funding for these new initiatives will be provided through a mixture of small (0.5 percent) annual increases in allocations of baseline funding to primary services and to services for Maori, and through further additional funding provided by Government to support primary health organisation development.

c) Mental Health Developments

Similarly, many of the developments and directions identified for Mental Health do not require large additional resources and costs but can be accommodated from within existing allocations, new Blueprint funding as this becomes available, and through implementation of the primary health care strategy. Some funding may need to be reallocated between different mental health services and provider agencies. Such developments will be carefully planned and costed with each successive annual plan. The importance of ensuring that Mental Health Services funding is not diverted for other purposes is well recognised. The financial accounting and reporting structure is designed to demonstrate at all times the allocation of funds and the expenditure in Mental Health Services. Any changes will be transparent.

d) Diabetes and Respiratory Service Developments

Some additional funding for increases in services for diabetes has been identified from 2002/03. Further funding will be identified in successive years in line with other community and primary health care developments. Funding for implementation of diabetes and respiratory disease management strategies will be mainly through re-prioritisation within the personal health services budgets for primary and secondary services.

e) Provider Services

District Health Boards are required to find new efficiencies each year in the delivery of hospital services and to use the savings so generated to fund new initiatives. Any savings generated by efficiencies in delivery of hospital services that are realised by the Wairarapa District Health Board will be used to fund new primary and public health services developments that are indicated by this Strategic Plan. Over the long term it is hoped that improved access to better primary care will lead to reduced hospital admissions and fewer specialist referrals and perhaps fewer resource requirements within the hospital. However, a large proportion of the hospital's costs are fixed and do not vary with minor changes in volumes.

f) Funding and Planning Staff Critical Success Factors

Critical success factors for the Funding and Planning staff are:

- Gaining control of primary care expenditure and keeping it within funding parameters.
- Implementation of the Primary Health Care Strategy, and access to adequate establishment funding for primary healthcare organisation development.
- Maintaining price growth for contracted services in line with the Ministry's cost growth assumptions.
- Increasing capacity and capability in planning and funding.
- Working with the community to build shared understanding of the Wairarapa District Health Board's constraints and priorities.

10.3 Capital Expenditure and Long Term Management of Assets

The Wairarapa District Health Board's fixed assets comprise Masterton hospital land and buildings, surplus land and buildings at Greytown, ambulances, plant and equipment. The book value of assets owned is \$15 million and the replacement cost \$52 million. In addition to the assets owned the provider division has in place operational leases for Information Technology assets, high value diagnostic equipment such as the



Computerised Tomography scanner, radiology screening room equipment, laboratory biochemistry analyser, ultrasound machine and the motor vehicle fleet.

Although this Strategic Plan has its main focus on primary health care developments, the provision of an effective hospital service to back up the primary sector is an essential part of the health services to the Wairarapa. Meeting the Government's requirements for service coverage and access requires the provision of a hospital with 24-hour acute services in the Wairarapa with a range of specialties. The physical state of the current facility requires upgrading. Masterton Hospital is an old building and some of the facilities no longer comply with statutory requirements. In particular the emergency department and associated services are not of an acceptable standard. Essential to the success of the provision of health services within the Wairarapa are capital projects to upgrade and replace the aging facilities of Masterton Hospital.

The Wairarapa District Health Board plans its investment programmes in a strategic manner using business cases in the decision making process. All capital investment must contribute to the achievement of the Wairarapa District Health Board's goals and objectives with an emphasis on efficiency gains ensuring that value for money in the delivery of health services is maximised.

The Focus for Future Investments will be on Ensuring

Masterton Hospital is progressively redeveloped to maintain its role in the provision of a 24-hour acute medical and surgical services to the community thus meeting the government's objective of timely and equitable access.

- Future redevelopments of Masterton Hospital will maximise the amenity value of the park like setting and to enhance its existing infrastructure ensuring that the facilities keep up with changes in service delivery and technology changes and have maximum flexibility of usage for both the current and future.
- The physical environment contributes to the well being of clients and staff by good design and layout and appropriate timely maintenance.
- Enhanced emergency services, increasing day surgery, outpatient clinics and locating all ambulatory services together at the front of the Hospital. This investment of approximately \$7 million to \$8 million provides a flexible front of hospital facility with appropriate "future proofing" against inevitable future changes in service delivery, and eliminates all the risks associated with the current, obsolete facility, including clinical, regulatory non compliance and inefficiency. It also provides the opportunity to achieve efficiencies in staffing and operating and maintaining the facility.

The services proposed for the redevelopment are Emergency, Outpatients, Day Case, Physiotherapy, Patient In Services, Radiology, Pharmacy and Ambulance. These are all core provider services. The investment is necessary for the sustainability of these services and the future clinical viability of the provider. The investment objective is to provide the best possible, safe, flexible and appropriate facility to meet the identified needs of staff and health consumers within the financial parameters.

- An increased range of health services focusing on the four priority areas of improving child family and youth health, improving mental health, reducing the incidence and impact of diabetes, and reducing the impact and incidence of respiratory disease, is provided in community settings using new methods of prevention and treatment and new technologies.
- That changing technologies are embraced and wherever practicable we will link with other District Health Boards to maximise the investment.
- Services are more readily accessed and valued by Maori for example by providing whanau accommodation close to critical care areas, having signs directing staff and visitors in both English and Te Reo Maori.
- Continue to identify and dispose of surplus assets consistent with Government requirements. This includes the disposal of Greytown land and buildings and rationalising the Masterton site through the disposal of portions of land on its outer boundary.



- Equipment, supplies and medical devices are used safely, efficiently and effectively by planning for upgrades and replacement and performing routine and preventative maintenance.
- We are informed of developments in medical technology and adapting these to match our resources, operational environment and financial ability. This will be done in conjunction with other District Health Boards.
- Information technology and systems are exploited where possible as a means to enhance communications and links with our partners and consumers.
- Systems are developed for the effective acquisition, storage and access to information.



10.4 Population / Demographic projections and assumptions

	1996 Usual Resident Population Estimates				2001 Census Usual Resident Population:				2006 Usual Resident Projections:				2011 Usual Resident Projections:			
	Maori	Pacific Peoples	Other Ethnicity	Total	Maori	Pacific Peoples	Other Ethnicity	Total	Maori	Pacific Peoples	Other Ethnicity	Total	Maori	Pacific Peoples	Other Ethnicity	Total
Age																
00-04	860	85	2,120	3,065	750	66	1,863	2,682	920	65	1,530	2,515	910	65	1,310	2,285
05-09	840	80	2,370	3,290	738	63	2,154	2,955	910	70	1,860	2,840	870	70	1,580	2,520
10-14	720	80	2,440	3,240	705	75	2,394	3,174	780	90	2,080	2,950	870	70	1,870	2,810
15-19	680	75	2,080	2,835	492	60	1,932	2,484	740	70	1,880	2,690	720	80	1,680	2,480
20-24	460	60	1,550	2,070	375	42	1,236	1,650	510	70	1,400	1,980	590	70	1,340	2,000
25-29	410	55	1,790	2,255	318	45	1,530	1,887	490	70	1,360	1,920	480	70	1,330	1,880
30-34	450	50	2,130	2,630	342	45	1,959	2,340	400	60	1,380	1,840	470	75	1,380	1,925
35-39	410	45	2,520	2,975	387	39	2,283	2,712	370	60	1,690	2,120	390	60	1,380	1,830
40-44	320	50	2,580	2,950	330	36	2,583	2,946	420	55	2,050	2,525	360	65	1,720	2,145
45-49	250	40	2,440	2,730	261	39	2,493	2,790	380	50	2,430	2,860	400	60	2,040	2,500
50-54	190	20	1,920	2,130	207	33	2,469	2,709	290	50	2,480	2,820	360	50	2,440	2,850
55-59	160	10	1,760	1,930	162	15	2,007	2,184	220	35	2,370	2,625	270	45	2,480	2,795
60-64	140	10	1,550	1,700	120	9	1,794	1,923	160	15	1,860	2,035	200	30	2,350	2,580
65-69	90	20	1,620	1,730	108	6	1,515	1,632	120	10	1,630	1,760	140	15	1,790	1,945
70-74	60	10	1,380	1,450	60	15	1,524	1,599	90	10	1,300	1,400	100	10	1,500	1,610
75-79	20	5	1,080	1,105	39	6	1,146	1,194	50	10	1,200	1,260	70	5	1,120	1,195
80-84	20	-	660	680	9	-	765	777	30	5	850	885	30	10	940	980
85+	10	-	440	450	6	3	561	570	10	-	690	700	10	5	870	885
Grand Total	6,090	695	32,430	39,215	5,403	603	32,199	38,208	6,890	795	30,040	37,725	7,240	855	29,120	37,215

1996 census figures include the undercount of approximately 2 percent



10.5 Statements of Financial Performance – 3 years 2002/2003 to 2004/2005 – Consolidated from Annual Plan

	Budget 2002/03 (\$000s)					Plan 2003/04 (\$000s)					Plan 2004/05 (\$000s)				
	Funder	Governance	Provider	Eliminations	Consolidated	Funder	Governance	Provider	Eliminations	Consolidated	Funder	Governance	Provider	Eliminations	Consolidated
Revenue															
Personal Health	35,350		24,769	(24,769)	35,350	36,572		25,780	(25,779)	36,573	37,630		26,636	(26,636)	37,630
Mental Health	5,231		3,708	(3,708)	5,231	5,383		3,859	(3,861)	5,381	5,511		3,986	(3,987)	5,510
Public Health	26		26	(26)	26	26		27	(26)	27	26		27	(26)	27
Maori Health	478				478	478				478	478				478
Governance	954	954		(954)	954	1,185	1,185		(1,185)	1,185	1,344	1,344		(1,344)	1,344
Clinical Training Agency			300		300			301		301			301		301
Disability Support			2,750		2,750			2,791		2,791			2,833		2,833
Primary Maternity			410		410			414		414			415		415
Primary pharmaceuticals			100		100			100		100			100		100
Other Government			1,734		1,734			1,755		1,755			1,777		1,777
Other Revenue			1,478		1,478			1,508		1,508			1,538		1,538
Total Revenue	42,039	954	35,275	(29,457)	48,811	43,644	1,185	36,535	(30,851)	50,513	44,989	1,344	37,613	(31,993)	51,953
Expenses															
Personal Health	35,350		27,576	(24,755)	38,171	36,572		28,355	(25,779)	39,148	37,630		29,193	(26,636)	40,187
Mental Health	5,231		4,021	(3,722)	5,530	5,383		4,135	(3,861)	5,657	5,511		4,257	(3,987)	5,781
Public Health	26		865	(26)	865	26		889	(26)	889	26		915	(26)	915
Maori Health	478				478	478		0		478	478		0		478
Governance	954	1,165		(954)	1,165	1,185	1,185	0	(1,185)	1,185	1,344	1,344	0	(1,344)	1,344
Disability support			3,064		3,064			3,151		3,151			3,244		3,244
Total Expenses	42,039	1,165	35,526	(29,457)	49,273	43,644	1,185	36,530	(30,851)	50,508	44,989	1,344	37,609	(31,993)	51,949
Net Surplus / Deficit	0	(211)	(251)	0	(462)	0	0	5	0	5	0	0	4	0	4



Wairarapa District Health Board Strategic Plan

	Budget 2002/03 (\$000s)					Plan 2003/04 (\$000s)					Plan 2004/05 (\$000s)				
	Funder	Governance	Provider	Eliminations	Consolidated	Funder	Governance	Provider	Eliminations	Consolidated	Funder	Governance	Provider	Eliminations	Consolidated
Statement of Financial Position															
Non Current Assets			17,153	0	17,153			21,558		21,558			22,329		22,329
Current Assets	3,940		3,963	(2,762)	5,141	4,091		4,187	(2,892)	5,386	4,217		4,188	(2,999)	5,406
Current Liabilities	3,940		8,312	(2,762)	9,490	4,091		8,970	(2,892)	10,169	4,217		8,758	(2,999)	9,976
Net Funds Employed	0	0	12,804	0	12,804	0	0	16,775	0	16,775	0	0	17,759	0	17,759
Non Current Liabilities	0		7,592		7,592			9,558		9,558			10,038		10,038
Shareholder Funds - General	0		7,375		7,375			9,375		9,375			9,875		9,875
Retained Earnings			(1,701)		(1,701)			(2,163)		(2,163)			(2,158)		(2,158)
Net Surpluses / (deficit) from Operating Statements			(462)		(462)			5		5			4		4
Total Retained Earnings			(2,163)		(2,163)			(2,158)		(2,158)			(2,154)		(2,154)
Total Shareholders Funds			5,212	0	5,212			7,217		7,217			7,721		7,721
NET FUNDS EMPLOYED	0	0	12,804	0	12,804	0	0	16,775	0	16,775	0	0	17,759	0	17,759



	Budget 2002/03 (\$000s)					Plan 2003/04 (\$000s)					Plan 2004/05 (\$000s)				
	Funder	Governance	Provider	Eliminations	Consolidated	Funder	Governance	Provider	Eliminations	Consolidated	Funder	Governance	Provider	Eliminations	Consolidated
Statement of Cashflows															
Receipts	41,451		35,962	(29,212)	48,201	43,489		37,521	(30,735)	50,275	44,856		38,741	(31,898)	51,699
Payments	41,612		34,577	(29,212)	46,977	43,551		35,169	(30,735)	47,985	44,870		36,863	(31,898)	49,835
Net Cashflow from Operating	(161)	0	1,385	0	1,224	(62)	0	2,352	0	2,290	(14)	0	1,878	0	1,864
Sale of Fixed Assets			750		750			85		85			40		40
Capital Expenditure			3,500		3,500			6,400		6,400			2,900		2,900
Net Cashflow from Investing	0	0	2,750	0	2,750	0	0	6,315	0	6,315	0	0	2,860	0	2,860
Equity Injections					0			2,000		2,000			500		500
New Debt			1,000		1,000			2,000		2,000			500		500
Repaid Debt			93		93			32		32					0
Net Cashflow from Financing	0	0	907	0	907	0	0	3,968	0	3,968	0	0	1,000	0	1,000
Net Cashflow	(161)		(458)		(619)	(62)	0	5	0	(57)	(14)	0	18	0	4
Plus Cash (Opening)	104	0	(452)	0	(348)	(57)	0	(910)	0	(967)	(119)	0	(905)	0	(1,024)
Cash (Closing)	(57)	0	(910)	0	(967)	(119)	0	(905)	0	(1,024)	(133)	0	(887)	0	(1,020)

The Maori Health allocation is the amount originally transferred to the Wairarapa District Health Board from the Ministry of Health Maori Directorate. Other Maori providers also provide services under the Mental Health and Personal Health areas. The current funding allocation to all Maori providers is \$1,331,000.

Future reviews and revisions will extend and update the financial table on a rolling basis.


Statements of Financial Performance – Consolidated Positions – 10 years 2002/2003 to 2011/2012

	Budget 2002/03 (\$000s)	Plan 2003/04 (\$000s)	Plan 2004/05 (\$000s)	Plan 2005/06 (\$000s)	Plan 2006/07 (\$000s)	Plan 2007/08 (\$000s)	Plan 2008/09 (\$000s)	Plan 2009/10 (\$000s)	Plan 2010/11 (\$000s)	Plan 2011/12 (\$000s)
Revenue										
Personal Health Primary	9,630	9,832	10,028	10,167	10,306	10,446	10,587	10,729	10,872	11,016
Personal Health Secondary	25,720	26,741	27,602	27,727	27,850	27,975	28,099	28,225	28,350	28,477
Mental Health	5,231	5,381	5,510	5,566	5,622	5,678	5,735	5,792	5,850	5,909
Public Health	26	27	27	27	27	27	27	27	27	27
Maori Health	478	478	478	497	516	535	555	575	596	618
Governance	954	1,185	1,344	1,344	1,344	1,344	1,344	1,344	1,344	1,344
Clinical Training Agency	300	301	301	301	301	301	301	301	301	301
Disability Support Revenue	2,750	2,791	2,833	2,833	2,833	2,833	2,833	2,833	2,833	2,833
Primary Maternity	410	414	415	415	415	415	415	415	415	415
Primary Pharmaceuticals	100	100	100	100	100	100	100	100	100	100
Other Government	1,734	1,755	1,777	1,777	1,777	1,777	1,777	1,777	1,777	1,777
Other Revenue	1,478	1,508	1,538	1,538	1,538	1,538	1,538	1,538	1,538	1,538
Total Revenue	48,811	50,513	51,953	52,292	52,629	52,969	53,311	53,656	54,003	54,355
Expenses										
Personal Health Primary	9,630	9,832	10,028	10,167	10,306	10,446	10,587	10,729	10,872	11,016
Personal Health Secondary	28,541	29,316	30,159	30,284	30,407	30,532	30,656	30,782	30,907	31,034
Mental Health	5,530	5,657	5,781	5,837	5,893	5,949	6,006	6,063	6,121	6,180
Public Health	865	889	915	915	915	915	915	915	915	915
Maori Health	478	478	478	497	516	535	555	575	596	618
Governance	1,165	1,185	1,344	1,344	1,344	1,344	1,344	1,344	1,344	1,344
Disability Support	3,065	3,151	3,244	3,244	3,244	3,244	3,244	3,244	3,244	3,244
Total Expenses	49,274	50,508	51,949	52,288	52,625	52,965	53,307	53,652	53,999	54,351
Net Surplus / Deficit	(463)	5	4	4	4	4	4	4	4	4



	Budget 2002/03 (\$000s)	Plan 2003/04 (\$000s)	Plan 2004/05 (\$000s)	Plan 2005/06 (\$000s)	Plan 2006/07 (\$000s)	Plan 2007/08 (\$000s)	Plan 2008/09 (\$000s)	Plan 2009/10 (\$000s)	Plan 2010/11 (\$000s)	Plan 2011/12 (\$000s)
Statement of Financial Position										
Non Current Assets	17,152	21,557	22,327	23,212	24,357	24,109	23,773	24,648	25,296	25,879
Current Assets	5,141	5,386	5,406	5,640	5,424	5,306	5,331	5,395	5,145	5,360
Current Liabilities	9,490	10,169	9,975	10,090	10,015	10,145	10,130	10,065	10,459	10,853
Net Funds Employed	12,803	16,774	17,758	18,762	19,766	19,270	18,974	19,978	19,982	20,386
Non Current Liabilities	7,592	9,558	10,038	10,038	10,538	10,038	9,738	10,738	10,738	11,138
Shareholder Funds - General	7,375	9,375	9,875	10,875	11,375	11,375	11,375	11,375	11,375	11,375
Retained Earnings	(1,701)	(2,164)	(2,159)	(2,155)	(2,151)	(2,147)	(2,143)	(2,139)	(2,135)	(2,131)
Net Surpluses / (Deficit) from Operating Statements	(463)	5	4	4	4	4	4	4	4	4
Total Retained Earnings	(2,164)	(2,159)	(2,155)	(2,151)	(2,147)	(2,143)	(2,139)	(2,135)	(2,131)	(2,127)
Total Shareholders Funds	5,211	7,216	7,720	8,724	9,228	9,232	9,236	9,240	9,244	9,248
NET FUNDS EMPLOYED	12,803	16,774	17,758	18,762	19,766	19,270	18,974	19,978	19,982	20,386
Statement of Cashflows										
Receipts	48,201	50,275	51,699	52,407	52,554	53,099	53,296	53,591	54,247	54,599
Payments	46,977	47,985	49,835	49,788	50,025	50,365	50,707	51,152	51,349	51,701
Net Cashflow From Operating	1,224	2,290	1,864	2,619	2,529	2,734	2,589	2,439	2,898	2,898
Sale of Fixed Assets	750	85	40	115	55	148	36	25	52	117
Capital Expenditure	3,500	6,400	2,900	3,500	3,800	2,500	2,300	3,400	3,200	3,200
Net Cashflow From Investing	2,750	6,315	2,860	3,385	3,745	2,352	2,264	3,375	3,148	3,083
Equity Injections	0	2,000	500	1,000	500	0	0	0	0	0
New Debt	1,000	2,000	500	0	500	0	0	1,000	0	400
Repaid Debt	93	32	0	0	0	500	300	0	0	0
Net Cashflow From Financing	907	3,968	1,000	1,000	1,000	(500)	(300)	1,000	0	400
Net Cashflow	(619)	(57)	4	234	(216)	(118)	25	64	(250)	215
Plus Cash (Opening)	(348)	(967)	(1,024)	(1,020)	(786)	(1,002)	(1,120)	(1,095)	(1,031)	(1,281)
Cash (Closing)	(967)	(1,024)	(1,020)	(786)	(1,002)	(1,120)	(1,095)	(1,031)	(1,281)	(1,066)



APPENDICES

1. WAIRARAPA DISTRICT HEALTH BOARD DISABILITY STRATEGY ACTION PLAN 2002

The aim of the New Zealand Disability Strategy: Making a World of Difference – Whakanui Oranga is to eliminate barriers wherever they exist.

New Zealand Disability Strategy, Ministry of Health April 2001

The Government's aim with the disability strategy over the longer term is to change New Zealand from a disabling society to an inclusive one by breaking down the barriers that cause disability through the implementation of 15 stated objectives.

The Wairarapa District Health Board proposes actions for each of these objectives as follow:

Objective 1: Encourage and educate for a non-disabling society

Action: The Wairarapa District Health Board will consult with disabled people and interested groups in the community as well as Ministry of Health and other government agencies

Objective 2: Ensure rights for disabled people

Action: The Wairarapa District Health Board will incorporate information on the New Zealand Disability Strategy into training and orientation programmes for staff, Board and, where appropriate, external providers
The Wairarapa District Health Board will ensure information about rights of the disabled is accessible to the public

Objective 3: Provide the best education for disabled people

Action: The Wairarapa District Health Board will endeavour to provide staff, within its areas of responsibility, with disabilities access to appropriate training and education including access to training venues

Objective 4: Provide opportunities in employment and economic development for disabled people

Action: The Wairarapa District Health Board will determine its role as an Equal Opportunities Employer in relation to legislative requirements

Objective 5: Foster leadership by disabled people

Action: The Wairarapa District Health Board will encourage disabled people to take part in decision-making

Objective 6: Foster an aware and responsive public service

Action: The Wairarapa District Health Board will ensure that future property development will occur in consultation with disability advocates to ensure accessibility to facilities for all

Objective 7: Create long-term support systems centred on the individual

Action: The Wairarapa District Health Board will further develop an appropriately skilled workforce to support disabled people
The Wairarapa District Health Board will enhance links with other agencies to ensure a seamless service

Objective 8: Support quality living in the community for disabled people

Action: The Wairarapa District Health Board will provide and enhance Outreach and Domiciliary services to people living in the community



- Objective 9: Support lifestyle choices, recreation and culture for disabled people**
Action: Health carers will encourage disabled people's participation in physical and creative activities
- Objective 10: Collect and use relevant information about disabled people and disability issues**
Action: The Wairarapa District Health Board will improve and enhance the data collection processes
The Wairarapa District Health Board will carry out a Disability Needs Assessment in 2002
- Objective 11: Promote participation of disabled Maori**
Action: The Wairarapa District Health Board will consult with Iwi, Maori service providers and disabled Maori
The Wairarapa District Health Board will ensure its recruitment procedures encourage Maori to seek employment as healthcare providers
- Objective 12: Promote participation of disabled Pacific peoples**
Action: The Wairarapa District Health Board will consult with members of the Pacific Island community
The Wairarapa District Health Board will ensure its recruitment procedures encourage Pacific Island people to seek employment as healthcare providers
- Objective 13: Enable disabled children and youth to lead full and active lives**
Action: Wairarapa District Health Board will further develop an appropriately skilled workforce to support disabled children
The Wairarapa District Health Board will enhance links with other agencies to ensure a seamless service
Health carers will encourage disabled people's participation in physical and creative activities
- Objective 14: Promote participation of disabled women in order to improve their quality of life**
Action: The Wairarapa District Health Board will consult with interested women's community groups on issues pertaining to disabled women
- Objective 15: Value families, whānau and people providing ongoing support**
Action: The Wairarapa District Health Board will ensure policies and procedures take into account needs of family/whanau in treatment and support of disabled people
The Wairarapa District Health Board will develop / co-ordinate support and education systems for families and whanau



2. SUBMISSIONS

Submissions on the Wairarapa District Health Board Draft Strategic Plan closed on 2 April 2002. Submissions have been received from the following organisations and individuals:

1. Michael Lynch Cobden Rd, RD 1, Carterton
2. Jim Weston Wairarapa Federated Farmers, RD 2, Masterton
3. N H Jordan 2 Pah Rd, Greytown
4. Paula Daye Royal New Zealand Foundation for the Blind
Private Bag 99941, Newmarket, Auckland
5. Biddy Harford Te Omanga Hospice
P O Box 30814, Lower Hutt
6. Jean Styles and Halina Kania, National Council of Women (Wairarapa Branch)
70 Oxford St, Masterton
131 Pownall St, Masterton
7. Claire Bleakley Pigeon Bush, RD3, Featherston
8. Maori Health Committee
9. Dr Stephen Palmer Regional Public Health
Hutt Valley District Health Board
Private Bag 31 907, Lower Hutt
10. Judy and Campbell Smith Eringa Rd, Longbush, RD4, Masterton
11. Esther Read Royal New Zealand Plunket Society
4 Market Grove, Lower Hutt
12. Murray Hemi Whaiora Whanui Trust
P O Box 497, Masterton
13. Allen Hair 68 Cornwall St, Masterton
14. Karen Brewster Wellington Regional Council, Wairarapa Division
P O Box 41, Masterton
15. Stephanie Wong Pharmacy Retail Limited
P O Box 9978, Newmarket, Auckland
16. Dayle Clarkson Sport Wairarapa
P O Box 699, Masterton
17. Anne Carson New Zealand Aids Foundation
P O Box 6663, Wellesley Street, Auckland
18. Nick Baker Paediatric Society of New Zealand
P O Box 10601, Wellington