Wairarapa District Health Board
System Level Measures Improvement Plan
2019/2020

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Table of Contents

Introduction 4
Wairarapa DHB SLM Plan Development 2019/20 5
2019/20 System Level Measures 5
The context of our 2019/20 Plan 6
Our 2019/20 Priority Projects 7

Introduction

Background

In 2016, the Ministry of Health introduced the System Level Measures Framework, which was developed with a system-wide view of performance and built on the previous Integrated Performance Incentives Framework. Leading up to its introduction, the Ministry of Health worked with health sector stakeholders to co-develop a suite of system level measures to support this whole-of-system view of performance.

In response to this, Tihei Wairarapa, an Alliance between Wairarapa DHB and Tū Ora Compass Health, submitted a System Level Improvement Plan which was approved by the Ministry of Health in November 2016. Tihei Wairarapa's plan was recognised by the Ministry as being an action-focused plan that made good use of data.

In 2018/19 the Tihei Wairarapa Alliance was refreshed and the membership widened to reflect the importance of working with a wider range of partners. The new Alliance Leadership Team (ALT) committed to work in partnership to refresh and further develop the plan, and progress was made during the year. The 2019/20 Improvement Plan continues to embed the priorities developed during 2018/19. This updated plan includes the following:

- Improvement Milestones for six System Level Measures (SLMs),
- Activities to meet the SLM milestones,
- A set of contributory measures aligned to the activities and milestones, and
- District ALT agreement to the planned activities, milestones and measures.

In addition, the DHB has a local reporting and accountability framework.

There are activities underway in Wairarapa that will lead to improvements in a number of SLM areas. Not all of these have been replicated across each SLM in this plan. The plan is focused on priority areas, to ensure on-going manageability. Where contributory measures are available in the Health Quality Measures New Zealand, they have been prioritised for use. Non-availability of contributory measures in this library has not precluded the use of other local contributory measures, as per Ministry guidance. Tihei Wairarapa is committed to including such measures in the library in future.

Māori health

Māori health is a key strategic priority for the Wairarapa DHB and its alliance partners. Along with Te Oranga O Te Iwi Kainga, the Wairarapa DHB is committed to making practical and effective changes to the system to achieve positive outcomes for Māori. It is important that this document be read in conjunction with the DHB's Annual Plan and Tū Ora Compass Health's Māori Health Plan, where more specific activities that focus on positive outcomes for Māori are recorded.

All contributory measures will be monitored by Māori, Pacific and Total populations. Where this data is not currently collected, the Wairarapa DHB will ensure that steps are put in place to start collecting this data by ethnicity.

Wairarapa DHB SLM Plan Development 2019/20

Collaborative Development

Wairarapa DHB hosted a workshop attended by a range of relevant community agencies (including DHB clinical and senior management staff and Board members, Tū Ora Compass Health, Aged Residential Care providers, Hospice, Regional Public Health, Wellington Free Ambulance, Iwi Kainga, and Pharmacists) to inform the development of the 2019/20 Annual Plan, and SLM Improvement Plan.

The development of the SLM Improvement Plan specifically has been led by a collaborative SLM Development Group comprising Executives and Clinical Leads in the PHO and DHB.
Other Groups that have been engaged with and/or provided with progress updates:

- Te Iwi Kainga
- Tū Ora Compass Health Clinical Quality Management Committee
- Tū Ora Compass Health Board
- Wairarapa DHB Executive Leadership Team
- Executive Leader Māori Health, WrDHB
- Director of Pacific Health, WrDHB

Links with Strategic Priorities

The SLM development team agreed that the milestones for the SLMs should consider and align with strategic priorities across the sector, should focus on reducing inequity, and should be attainable while supporting the current performance of Wairarapa DHB. These principles remain appropriate and relevant for the 2019/20 Plan. The milestones are also aligned with the National Health Strategy, and DHB performance measures as reflected in the DHBs 2019/20 Annual Plan.

2019/20 System Level Measures

From 1 July 2019 the System Level Measures remain:

- Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds
- Acute hospital bed days per capita
- Patient experience of care
- Amenable mortality rates under 75 years
- Youth access to and utilisation of youth-appropriate health services
- Proportion of babies who live in a smoke-free household at six weeks postnatal

In 2019/20, 25% of PHO incentive pool funding will be paid on Quarter 4 achievement of the following three SLM improvement milestones and two primary care targets (to be confirmed):

- Acute hospital bed days per capita
- ASH rates for 0-4 year olds
- Patient experience of care
- Primary Care Target: Better help for smokers to quit
- Primary Care Target: Increased immunisation for eight month olds.

The 25% incentive funding is equally weighted across all five incentivised measures.

The context of our 2019/20 Plan

Wairarapa DHB recognises that we remain in a rebuilding phase following the dissolution of the 3DHB planning and funding unit and the 2DHB management structure. During the 2017/18 year the emphasis was on the recruitment of key managers and clinicians, reestablishment of systems and processes (including human resources and IT), and building relationships with the local community and health providers again (including establishing a consumer council and intersectoral group). At the same time Tū Ora Compass Health restructured local management to better support the seven practices, each of which was facing capacity challenges. Collectively we acknowledged that during this time the Alliance had not been operating as effectively as we would like.

Our 2018/19 plan outlined several key actions that we believed were required to lay the foundation for future service development. Collectively we committed to renewing the Alliance Leadership Team and establishing local Service Level Alliances to replace previous sub regional arrangements. This was intended to provide us with an operational framework to effectively monitor and evaluate our performance, and agree priorities and service improvement actions.

We also recognised the need to modernise and free-up capacity in primary care to improve the management of patients in the community. The implementation of the Health Care Home Model (HCH) across all seven Wairarapa practices was the major commitment for the PHO and practices over the next three years, and the DHB acknowledged that this would limit the extent to which other service developments might be possible.

The challenges we recognised a year ago have intensified. The rapid population growth we experienced in 2017/18 as people relocated from the major cities has accelerated, with the Wairarapa now the fastest growing DHB. Many of these immigrants to the Wairarapa are retirees, adding to our already relatively old population. This has also increased the disparity between population sub-groups, with significant proportions of our population, particularly in Masterton, living in relative deprivation. In both the hospital and primary care there has been significant growth in acute demand. The workforce shortages we reported twelve months ago have become acute, particularly in the GP workforce.

In this context it has been crucial that we focus on those activities which will provide the quickest wins in meeting immediate demand. We have made significant progress in some areas, including:

- The ALT has been revitalised, with membership widened
- Six of the seven Wairarapa practices are fully engaged with the implementation of the Health Care Home model
- We have developed a strategic plan for a more sustainable service model for the medium term
- We have established a Child and Youth Service Level Alliance and are progressing a number of child and youth priority projects
- We have implemented regular reviews of our combined patient survey results and are using these to inform our improvement activities
- We have developed an implementation plan for an integrated palliative care service
- We have implemented a falls prevention programme
- We are progressing the development of a district wide health promotion plan
- We are participating in the ongoing development of HealthPathways and a new smart e-referral system

There are some priorities that we have been less able to progress due to pressure on our health system and clinicians. This includes the development of better models of long term condition management, revised urgent/acute care arrangements and the development of an integrated maternity model. These remain priorities for 2019/20. The implementation of Health Care Homes provides a platform for both planned LTC and urgent care developments.

Table 1 below summarises the headline actions that have been agreed as priorities for the 2019/20 year, and the intervention logic behind them.

Our 2019/20 Priority Projects

Table 1: Our priority projects and the milestones they will impact on

	ASH 0-4	Acute bed days	Patient Experience	Amenable mortality	Youth access to service	Babies in smoke free households
The Alliance Leadership Team (ALT) will continue to be responsible for the development and implementation of the system level measures and will be accountable to the Board and to Te Iwi Kainga for the SLM Programme of work.	✓	✓	✓	✓	✓	✓
The Health Care Home (HCH) model will be implemented in six of the seven Wairarapa practices by the end of the 18/19 year. In 2019/20 the HCH model will focus on embedding the new model to achieve: • Improvements in patient experience of healthcare • Improved satisfaction and sustainability of the workforce • Improved quality of care through improved access and a focus on prevention and early intervention • A reduction in the downstream impacts on the broader health system such as hospitalisation, emergency presentations and amenable mortality.	✓	✓	✓	✓		
The ALT will monitor LTC quality indicators, and identify opportunities to work collaboratively to improve outcomes. This activity will include reviewing: • the SLM contributory measures, • the Atlas of Healthcare Variation, • Health Roundtable data and • the Tū Ora Compass Health quality indicator data, System improvements to improve population health outcomes will be prioritised by equity. The ALT will use palliative care as a model for improvement for long term conditions services. MDT activity in this space will focus on diabetes and cardiac conditions. The ALT will have primary responsibility for the implementation of the acute bed days and amenable mortality measure improvement plans.	✓	✓	✓	✓		✓

	ASH 0-4	Acute bed days	Patient Experience	Amenable mortality	Youth access to service	Babies in smoke free households
A Service Level Alliance will identify and monitor system improvement in child and youth health services. The SLA will monitor quality indicators including: • the WCTO quality framework • the SLM contributory measures, and • the Tū Ora Compass youth health quality indicator data and will make recommendations to the ALT on system improvements to improve child and youth health outcomes including increasing equity. The SLA will continue to focus on implementing a targeted fluvax and respiratory health campaign, developing culturally appropriate antenatal options for Māori, reconfiguring services to provide more support for high needs families and improving access to youth health services (in particular mental health support). The SLA will have primary responsibility for the implementation of the ASH 0-4, babies in smoke-free households and youth measure improvement plans. The SLA will also focus specifically on the development of youth services including the Youth clinic, services in South Wairarapa and school-based services.	✓		✓	✓	✓	✓
The Alliance believes there are opportunities to improve the patient experience of the health system as a whole by sharing PES results and NZ health survey results and combining quality improvement initiatives. We will continue to conduct quarterly combined reviews of survey results and commit to an integrated quality improvement approach.			✓			

The Wairarapa DHB/Tihei Wairarapa agreed Improvement Milestones for 2019/20 are:

System Level Measure	Key Improvement Milestones	Date	2018/19 Target and latest results	2019/20 Improvement Milestone
ASH rates for 0-4 year olds	Wairarapa Māori 0-4 years non-standardised ASH rate per 100,000	End of Q4	Target - Māori 0-4yrs ≤ 8,060 Dec 2018 baseline: Māori 0-4yrs = 9,318 Other 0-4yrs = 5,014	Reduce non-standardised Māori 0-4 years ASH rate from 9,318 to <9,000 per 100,000 population
Acute bed days per capita	Wairarapa acute bed day rate per 1,000 (Note:18/19 target rebased to be consistent with 19/20)	End of Q4	Reduce standardised Māori acute bed days for DHB of domicile by 10% from 662 to 596 per 1,000 population December 2018 baseline = 553	Reduce standardised Māori acute bed days for DHB of domicile by 10% from 553 to 500 per 1,000 population
Patient Experience Survey	Wairarapa primary care and inpatients composite score (note national definition currently unavailable in library)	End of Q4	Target - ≥ current baseline in all four domains – minimum of 8.0 for inpatient survey 75% of practices participating in the primary care PES April 2019 – all 7 practices participating. Average score PCPES Wairarapa DHB practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?" Baseline:Q1 2019 =2.7	**Primary Care:** 10% improvement in average score of practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?" **Inpatient:** Increase participation rates in the inpatient PES to the national average (currently 24%) Increase inpatient PES communications domain score to the national average (currently 8.3)
Amenable mortality rates	Wairarapa total 0-74 standardised AM rate per 100,000	End of Q4	Reduce standardised rate to 120 per 100,000 by 2020/21 Baseline 2015 =89.8 5 year average = 110.7	Reduce AM rate to at or below 105 per 100,000 (5 year average)
Youth access to and utilisation of youth-appropriate health services	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage **Intentional self-harm hospitalisations** (including short-stay hospital admissions through ED) for 15 - 19 year olds	End of Q4	**Access to preventative services – Adolescent oral health utilisation for school year 9 – 17 years of age:** Increase Māori and Pacific adolescent dental coverage from 48% /40% to 55% by 30 June 2019 2018 baseline: coverage = 67% total, Māori 45%, Pacific 40% **Intentional self-harm hospitalisations:** 2018 Wairarapa rate of admissions for 15 – 19 year olds ≤ the national rate December 2018 = 106.9 (national rate = 76.9)	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage from 45% /40% to 55% by 30 June 2020 **Mental Health and Wellbeing**: Decrease rate of self- harm hospitalisations for 10-24 year olds to 50 per 10,000 population (standardised)
Babies in smoke-free households	Percentage of babies that are six weeks old, who live in a household with no smoker present	End of Q4	Accurate data is available for 95% of babies Increase the % of babies living in smoke free homes to 70% and Māori babies to 40% by 30 June 2020 June 2018: 18.5% Māori babies and 37.5% all babies in smoke-free homes	Increase the total % of babies living in smoke free homes to 40% and Māori babies to 25% by 30 June 2020

Ambulatory Sensitive Hospitalisations 0-4yo

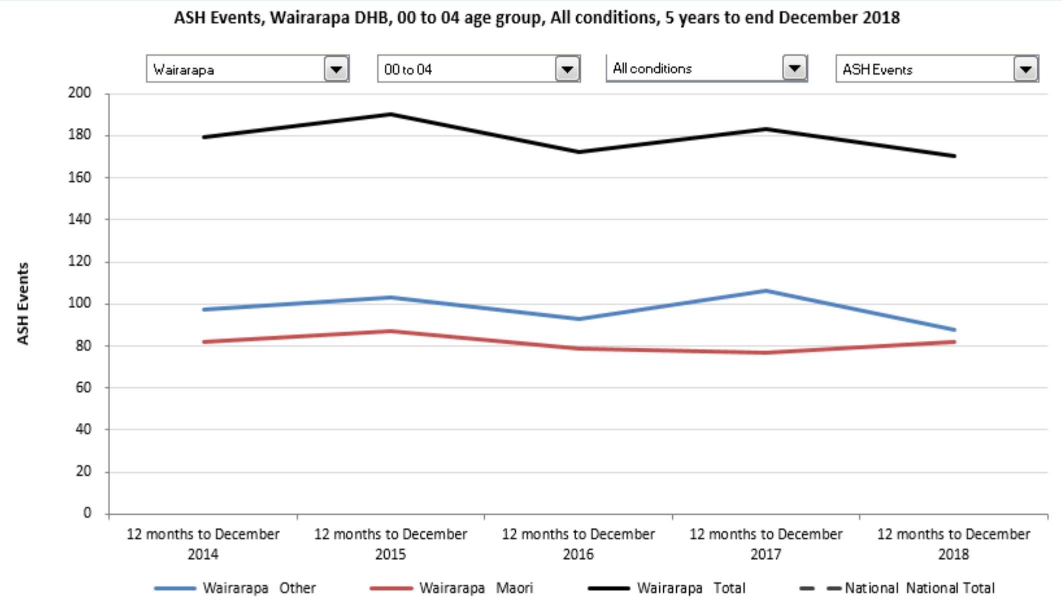
As a Wairarapa DHB system we want all our children to have a healthy start in life. One of the DHBs strategic goals is to improve child health and child health services in the Wairarapa Region. Our system will support all families to maximise their child's health and potential. In 2019/20 WrDHB our goal is to reduce the Māori ASH rates (non-standardised) for 0 – 4 year olds to under 9,000 per 100,000 of population, a reduction from the December 2018 rate of 9,318.

ASH Top 10 Conditions over last 5 years to 31 December 2018 (split by Maori and Other) - Actual admissions

Condition	12 months to December 2014		12 months to December 2015		12 months to December 2016		12 months to December 2017		12 months to December 2018	
	Maori	Other	Maori	Other	Maori	Other	Maori	Other	Maori	Other
Upper and ENT respiratory infections	16	19	18	40	21	31	15	36	25	25
Gastroenteritis/dehydration	16	22	3	16	10	14	7	26	15	14
Asthma	17	16	24	20	17	15	16	9	12	16
Dental conditions	11	19	16	13	13	12	13	10	8	8
Lower respiratory infections	3	2	3	2	3	6	3	6	8	5
Pneumonia	5	6	6	4	3	6	12	9	4	6
Cellulitis	7	5	12	5	2	4	6	5	4	3
GORD	1	1	0	0	0	2	1	0	1	6
Dermatitis and eczema	6	4	4	1	7	1	1	2	4	1
Constipation	0	3	1	2	3	2	3	3	1	2
TOTAL	82	97	87	103	79	93	77	106	82	86
TOTAL POPULATION 0-4 Year Olds	810	1930	840	1860	840	1830	860	1775	880	1755
% of Total Population 0-4 Year Olds	10%	5%	10%	6%	9%	5%	9%	6%	9%	5%

Inequities are evident particularly with Māori children. Comparative data is not available for Pacific children due to the small population, but we intend to monitor hospitalisations for Pacific children at an individual level.

Upper and ENT respiratory infections, gastroenteritis/dehydration and asthma are the three largest drivers of admissions, especially for Māori children.



DHB	Ethnic Group	12 months to December 2014	12 months to December 2015	12 months to December 2016	12 months to December 2017	12 months to December 2018
Wairarapa	Other	97	103	93	106	88
Wairarapa	Maori	82	87	79	77	82
Wairarapa	Pacific	0	0	0	0	0
Wairarapa	Total	179	190	172	183	170

The number of ASH events is reasonably consistent over time (per graph above). The small number of actual ASH events in the Wairarapa can cause significant swings in the ASH rate (non- standardised) figures (see table below).

Non-standardised ASH Rate, Wairarapa DHB 0-4 age group, all conditions, 5 years to Dec 2018

DHB	Ethnic Group	12 months to December 2014	12 months to December 2015	12 months to December 2016	12 months to December 2017	12 months to December 2018
Wairarapa	Other	5,026	5,538	5,082	5,972	5,014
Wairarapa	Maori	10,123	10,357	9,405	8,953	9,318
Wairarapa	Pacific					
Wairarapa	Total	6,533	7,037	6,442	6,945	6,452
National	Total	7,096	6,729	6,712	6,562	6,948

At the end of 2018, Wairarapa's Total ASH rate of 6,452 was 7.1% lower than the national average of 6,948. For Wairarapa Māori children, the ASH rate is 34% higher than the national average.

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Reduce Māori ASH rate for 0-4year olds from 9,318 to <9,000 per 100,000 population	Embed enhanced whānau ora services for families of children identified through LMC/WCTO needs assessments, those booked for dental treatment on the surgical bus and those with repeat respiratory admissions	• % preschool children enrolled with oral health service • Hospital admissions for children under 5 years with dental as primary diagnosis • 50% of Māori and PI children on surgical bus waiting list enrolled in whanau ora services

	Scope opportunity for implementing a comprehensive child health coordination services for 0-4 year olds including resource requirements	• Increased performance in WCTO QI framework indicators (including Māori specific targets) - % babies enrolled with WCTO • Increased performance in WCTO QI framework indicators (including Māori specific targets) - % babies enrolled with primary care
	Implement a targeted fluvax and respiratory health campaign (including outreach) for children (0-4 years) admitted for respiratory conditions with a focus on Māori children	• Hospital admissions for children under five years with a primary diagnosis of respiratory disease (Māori and other) • Fluvax 6 months to 4 years (Māori and other)
	Develop a risk stratification process to identify 0-4 Māori children at greater risk of hospital admission for respiratory conditions who could benefit from year of care planning (this may also tie in with the RPH healthy homes assessment)	• 0-4 ASH Rate with a primary diagnosis of respiratory disease (Māori and other) • % of children hospitalised for respiratory conditions who have a year of care plan (Māori and other
	Improve access for acute primary health care needs through rollout of GP triage	• Number of practices offering GP triage

Patient Experience of Care

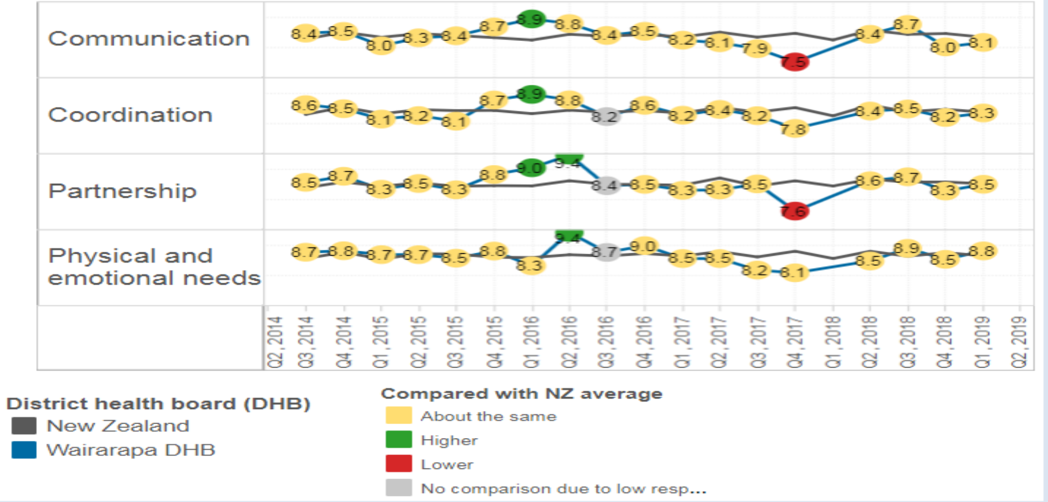
The Wairarapa health system encourages patients to provide feedback about their experience of care through our complaints and compliments process and by participating in the Adult Inpatient and Primary Care Patient Experience Surveys (PES). One of our priorities is to monitor results and feedback and use them to inform initiatives that will lead to improved patient experience and outcomes.

The Primary Care PES will provide improvement opportunities for practices implementing the Health Care Home model. We aim to have 100% of practices participating in the PES and will maintain or improve on current domain composite scores.

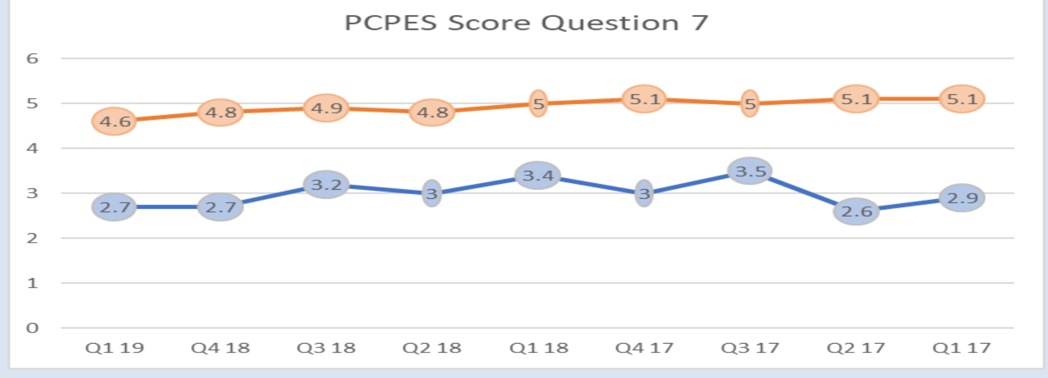
All seven Wairarapa general practices are now participating in the PES. However, as the final practices have only just joined the programme we do not have reliable baseline data for participation or experience. Māori participation in the primary care survey in May 2018 was 8%.

The WrDHB inpatient survey is around the NZ average for all domains. As at q1 2019, the participation rate in the WrDHB inpatient survey was 28%, which is above the national average of 24%.

Māori consumers' experience of hospital health services appears to be more satisfactory than for non- Māori. Scores from Māori respondents are higher than non-Māori in all domains.



Primary Care Patient Experience Survey average score out of 10 of practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?" Wairarapa DHB (2017-2019) (Blue = Wairarapa, Orange = NZ Average)



Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Primary Care Milestone: 10% improvement in average score of practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?"	Embed the Health Care Home model across Wairarapa practices with expectations for year of care planning and appointment availability	• Number of people activated in the healthcare portal • The time to third next available appointment (TNAA)
	Improve % of potential primary care survey respondents with email addresses by confirming patient email addresses at each contact	• % patients with email addresses recorded in the Patient Management System
	Continue quarterly review of combined inpatient and primary care survey results to identify focus for continuous quality improvement	• Four quarterly reviews completed

Adult Inpatient Milestone: Increase participation rates in the inpatient PES to the national average (currently 24%) to ensure validity of results.	Identify interventions that best impact participation and completion rates eg pre-survey reminders, increased collection of email addresses on admission	• PES Participation rates • Correlated data that indicates clear themes for improvement
	Concurrently consider other methods to collect good patient experience data from inpatients as well as other service areas such as outpatients and community services	
Increase inpatient PES communications domain score to the national average (currently 8.3), which also reflects the category for which we receive the most complaints.	Increase sharing of results across the organisation to ensure visibility of results to patient-facing staff	• Communication domain score
	Continue “Voice, Vision, Values” project which focuses on impact of communication on patient experience	
	Investigate the use of “relationship centred care” learning modules to form part of mandatory training programme for DHB staff	

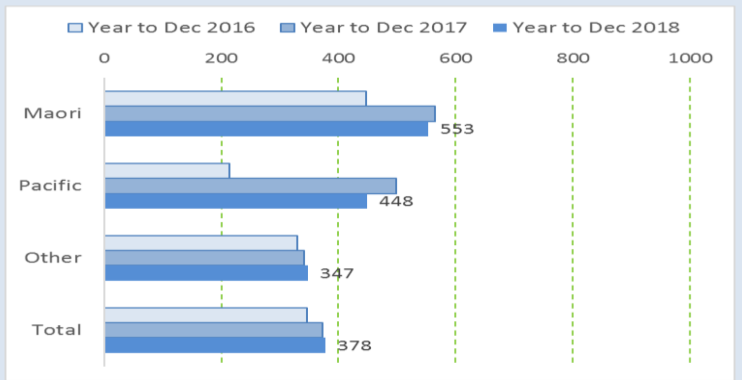
Acute Bed Days

Better health for all is the WrDHB vision. We want our population to be well in the community and to receive appropriate care when they are not well. Our aim is to reduce acute bed days (standardised by DHB of Domicile) to 370 per 1,000, in 2019/20. A short-term goal for 19/20 is to better manage respiratory conditions in primary care, and for general practices to use stratification tools to identify populations at risk of admission.

The historically low standardised rate of acute bed days in WrDHB increased in 2017 (from 347 to 372 per 1,000 population), and again marginally in 2018 (from 372 to 378). Our rate has consistently been below the national average for the past three years.

Respiratory conditions, especially in the very young, elderly and Māori, cerebrovascular disorders and fractures especially in the elderly are the largest drivers of acute bed day usage.

Maori continue to have much higher rates when age standardised (553 per 1,000 cf 347 for "other" ethnicities) as shown in the graph below.



Acute Standardised Bed Days per 1,000 population by DHB of Domicile by age group for the year to December 2016 to 2018

	Estimated Popn	Acute Stays	Acute Bed Days	Standardised Acute Bed Days per 1,000 Popn		
DHB of Domicile	Year to Dec 2018	Year to Dec 2018	Year to Dec 2018	Year to Dec 2016	Year to Dec 2017	Year to Dec 2018
Auckland	524,740	60,178	186,769	449.6	406.7	395.6
Bay of Plenty	229,800	32,932	109,580	427.7	397.3	390.1
Canterbury	555,880	58,436	210,281	412.1	383.7	347.2
Capital and Coast	311,340	33,987	98,639	372.0	326.5	318.9
Counties Manukau	556,280	65,598	226,712	466.6	484.5	450.7
Hawke's Bay	162,900	24,576	76,637	398.4	400.1	409.9
Hutt	146,290	17,985	47,985	391.5	367.1	312.1
Lakes	105,330	15,200	47,169	440.3	432.6	419.1
Midcentral	175,860	23,530	75,514	443.6	427.8	373.1
Nelson Marlborough	148,880	15,671	43,276	254.6	263.9	231.9
Northland	172,080	25,118	82,923	403.9	418.0	415.0
South Canterbury	59,775	7,875	30,588	448.9	390.9	400.2
Southern	322,010	35,563	120,312	399.3	349.5	332.6
Tairawhiti	47,840	6,162	24,309	468.0	471.2	497.3
Taranaki	119,600	18,605	58,319	422.9	402.6	431.8
Waikato	406,760	59,694	210,623	477.3	471.1	478.3
Wairarapa	44,335	6,239	20,420	347.0	372.2	378.3
Waitemata	614,250	78,338	251,269	455.4	416.0	400.8
West Coast	33,615	4,069	16,706	404.8	396.2	428.1
Whanganui	62,235	11,395	28,897	468.5	427.5	387.6
National	4,799,800	601,151	1,966,929	422.9	401.6	385.0

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Reduce standardised Māori acute bed days for DHB of Domicile from 553 to 500 per 1,000 population	Continue the falls programme and specifically embed the Fragility Fracture Protocol for targeted management of bone health	• Number of people 55+ years with low impact fragility fractures who have been referred to their GP service for bone health and falls risk assessment
	Re-establish and widen hospital high user focus group to improve services for people with frequent admissions/ED presentations	• High user focus group re-established • Reduce the acute bed days of those patients studied in the high user focus group by 20% in the second 6 months of 2019/20 compared with 2017/18
	Continue implementation of Health Care Home model focused on providing proactive, preventative and acute care to keep people well and minimise the requirement for them to attend hospital	• % of Māori in very high risk stratification with a Year of Care Plan
	Extend multidisciplinary meetings in primary care for patients identified through risk stratification as being at risk of hospital admission	• Number of practices providing MDT meetings

Amenable Mortality

We want to have an effective WrDHB health system, for individuals and the population as a whole. Wairarapa DHB aims to maintain its 5 year average amenable mortality rate at less than 105 per 100,000. Our focus in 2019/20 and beyond continues to be on reducing the Māori amenable mortality rate. Suicide continues to have a large relative impact on the rate at WrDHB. We are continuing to develop an improved understanding (including by age and ethnicity), so effective solutions can be developed and implemented in future years.

Wairarapa DHB's amenable mortality rate dropped significantly between 2013 and 2015. However, large fluctuations over the last few years reflect the small population size.

Inequities remain with the Māori population continuing to have the highest AM rates.

Coronary disease, cerebrovascular disease, COPD, suicide and female breast cancer are the most prevalent conditions for Wairarapa DHB.

AM deaths & age standardised rates per 1,000 popn, 0-74 year olds, 2015

Calculated using estimated resident population as at June 30

	2015		2011-2015
	Number of deaths (actual)	Age standardised rate (ASR)	Avg (ASR) of 4 highest years
Northland	277	106.7	127.1
Waitemata	472	62.9	71.7
Auckland	415	74.0	79.9
Counties Manukau	617	101.2	106.4
Waikato	528	102.5	108.1
Lakes	181	130.4	127.2
Bay of Plenty	322	103.6	107.7
Tairawhiti	88	138.4	142.7
Hawkes Bay	243	104.9	108.0
Taranaki	161	97.9	101.5
Midcentral	242	104.0	109.7
Whanganui	126	133.2	130.9
Capital & Coast	261	70.0	76.1
Hutt Valley	183	98.0	95.2
Wairarapa	**61**	**89.8**	**110.7**
Nelson Marlborough	166	68.9	77.2
West Coast	61	127.0	128.6
Canterbury	602	85.3	87.5
South Canterbury	68	78.2	111.1
Southern	412	96.9	95.5
Overseas and undefined	63	…	…
Total New Zealand	**5549**	**90.8**	**95.2**

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Reduce 0-74 years age standardised AM rate to at or below 105 per 100,000 (5 year average)	Continue to influence policy to improve healthy lifestyles through submissions to local councils and relevant national bodies eg supporting RPH submissions by co-signing or co-presenting	• Numbers of submissions
	Review current processes and develop a plan for increasing CVRA and CVD management plans for Māori	• CVRA within guidelines, specifically 30-44 Māori men • Percentage of patients with diabetes meeting the diabetes clinical guidelines • Percentage of HbA1c within target bands • Percentage of people with diabetes having annual HbA1c
	Work with GP practices and other health providers to identify if debt is a barrier to accessing health services for high needs consumers	• Number of GP practices with a debt management programme • Primary Care PES survey respondents reporting cost as a barrier
	Increase Māori participation in the Stanford health management programme	• Numbers of Māori completing the Stanford health management programme
	Facilitate smoking referrals from dentists to Stop Smoking Services; in particular emergency dental providers	• Referrals from dentists to Stop Smoking Services
	Evening and weekend sessions for breast screening with a focus on improving access to Māori and Pacific women Invite and encourage Māori and Pacific women who are underscreened or unscreened to combined breast and cervical screening sessions	• Māori and PI breast screening rates (SS07) • Māori and PI cervical screening rates (SS08)

Youth access to and utilisation of youth appropriate health services

As a Wairarapa DHB system we want all our youth to have access to, and to utilise, appropriate services that meet their age-specific health needs. One of the DHBs priorities is to engage young people with health services where they are comfortable and receive youth friendly health care. We will focus on engaging youth in the development of youth health services, and on improving youth engagement with health services in the 2019/20 year. This will inform priority areas for future years' activities.

Self-Harm
In the past three years there has been considerable variation in the rate of hospitalisation for intentional self harm among 15 – 19 year olds, however the numbers were small (25, 17 and 28 admissions over the last three years). In the year to December 2018, the rate was 106.9 per 10,000 compared to the national rate of 76.9 per 10,000.

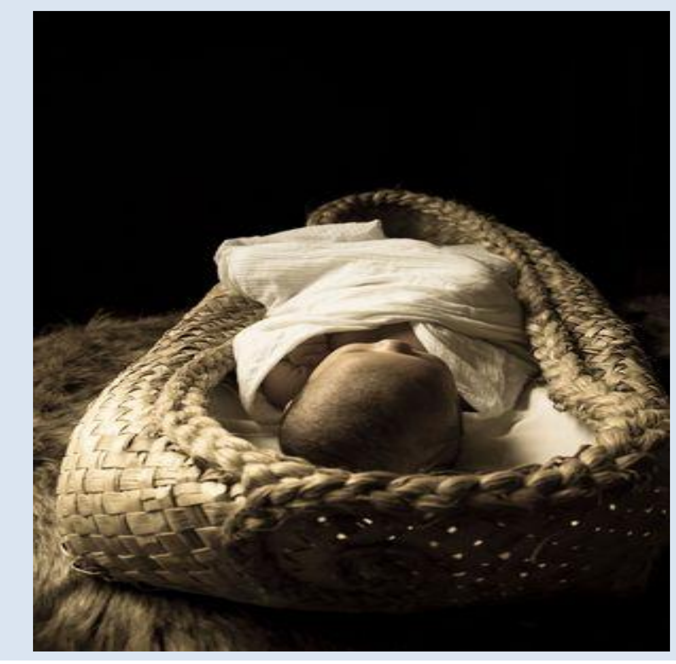
Youth Oral Health
Between 2010 and 2017 adolescent oral health utilisation dropped from 82% to 64%. While there was a slight increase overall in 2018, to 67%, the equity gap has grown larger. In 2018, coverage was 45% for Māori, 40% for Pacific and 77% for other ethnic groups.

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Decrease intentional self-harm ED presentations / hospitalisations of 10-24 year olds to a rate of 50 per 10,000 population (standardised)	Trial HEADDSS assessments in Masterton Intermediate School	• Number of HEADDSS assessments in Masterton Intermediate School and numbers of resulting referrals
	Implement Piki programme for 18-25 year olds	• Intentional self-harm presentations 20-24 years (Māori /Other)
	Review the primary mental health provision for 10 – 17 year olds and identify options for aligning to the Piki service delivery model	• Intentional self-harm presentations 10-14 and 15-19 years (Māori /Other) • Practice utilisation of PMHI extended consultation and packages of care for young people 10–17 yrs
Increase Māori and Pacific oral health utilisation to 55% by 30 June 2020	Development of systems for oral health co-ordinator to monitor services at an NHI level and increase youth utilisation of oral health services	• Year 9 enrolments with dentists (Māori /Pacific /Other)
	Work with intersectoral partners to develop options for increasing access to youth specific health and social services	• Consult rates at youth clinics
	Widen membership of youth SLA to include youth representation	• Youth representation on SLA

Babies in smoke-free households

As a Wairarapa DHB system we want all our children to have a healthy start in life. Babies and children who have a smoke-free home have better outcomes. One of our priorities is to reduce the rate of infant exposure to cigarette smoke. Maternal smoking is associated with a range of poor child health outcomes such as sudden unexpected death in infancy (SUDI) and low birth weight. This measure seeks to go beyond maternal smoking, focusing on the home and family/whānau environment. In addition to the benefits to babies of no smoke exposure, other members of the population would benefit from a change in the households' smoking behavior. There is also potential for positive impact at a broader system level, due to the integrated approach required between maternity, community and primary care services.

As at June 2018, 18.5% of Māori babies and 37.5% of all babies were recorded as living in smoke-free homes in the Wairarapa.



Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Increase the proportion of babies living in smoke free homes to 40% (total) and 25% (Māori).	First 1,000 Days Professional education day for clinicians with contact with Māori whānau with focus on motivational interviewing.	• Number of clinicians attending First 1,000 Days Professional education day
	Complete survey of Māori female smokers who have given birth in Wairarapa to identify opportunities to improve uptake and effectiveness of the Hapu Māmā programme.	• Hapu Māmā programme referrals, enrolments, and quit rates
	Implement the DHB's 2019/20 tobacco control plan, including implementing processes for increasing referrals to cessation support services from LMCs and WCTO providers.	• Pregnant women who identify as smokers upon registration with an LMC • Number of mothers smoke free at first core contact • PHO rate of babies in households with smokers
	Increase quit rates by using primary care data set to identify babies who have smokers in the household. Smokers to be given brief advice and cessation support, which may include referral to Stop Smoking Services.	• Primary care quit rates of people living in households with babies • Referrals from primary care to SSS