

**HOKIANGA HEALTH
&
HAUORA HOKIANGA**

ANNUAL HEALTH & BUSINESS PLAN

FOR THE YEAR ENDING

30 JUNE 2020



HOKIANGA HEALTH ENTERPRISE TRUST

Te Whakatauki

E tere e nga waka
i nga tai o Tangaroa
i roto i te awa tapu o Hokianga,
ki a Niwa raua ko Arai-te-Uru,
nga taniwha tiaki i te wahapu.
Huri whakaripo ki a Pouahi raua ko Mapuna,
nga toka whakaora o Hokianga Whakapau Karakia.

Whakarongo ki nga hau o te hauauru
ki nga wai maturuturu o nga maunga whakahi
ki a Papatuanuku, te herenga o te mana, te ihi, me te tapu o te tangata,
te whakaritenga o nga wawata
o te Hauora o Hokianga.

Tihe Mauri Ora !

The tides of Tangaroa carry the canoes
swiftly on the sacred river of Hokianga,
towards Niwa and Arai-te-Uru,
the guardians of the river mouth.
They turn to Pouahi and Mapuna,
at the heart of Hokianga.

Listen to the wind from the West
and to the trickling waters of the beloved mountains
flowing through Papatuanuku, binding together the people
for whom the aspirations of Hauora Hokianga are fulfilled.

Behold the sneeze of life !

Na Joe Topia

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Introduction

Tena Koutou Katoa.

Ko te take o tenei tikanga hauora, hei whakaatu te rautaki a te Hauora o Hokianga mo te tau 2019-20. Ki te whakaae te Poari o te Hauora o Hokianga ki tenei kaupapa, ka whai mana te kapa whakahaere matua ki te whakatakoto i te huarahi e tika ai te kawa i nga ratonga hauora mo te tau 2019-20. Me te whakamana hoki i te tumuaki ki te tohatoha i nga putea e tika ana ki ta tatou kaupapa.

The purpose of this Annual Health and Business Plan is to describe the strategic and operational focus of Hokianga Health Enterprise Trust for the 2019-20 year. Through this plan, the Trust provides the executive and staff with direction for the provision of health services for the year and delegates to the Chief Executive Officer the authority to expend funds, the responsibility to deliver the services described, and to focus on the outcomes sought by the plan.

The Trust's Strategic Plan 2015-2020 sets the direction for each of the Trust's annual plans during this five-year period. While new risks and opportunities come and go, the vision articulated by Dr GM Smith in the early decades of the previous century - of equity, quality, access, and self-determination - remain the paramount focus for the Trust today.

Hokianga Health's business plan integrates with the vision and outcomes set in the broader context of health in Northland and focuses its objectives to align with the strategic direction of Northland District Health Board as the primary funder and agency responsible for the provision of publicly funded health care across the whole of Northland.

As a Māori health provider and community-based primary health care provider, the Trust will continue to support the development of the new Primary Health Entity, Te Mahitahi Hauora – Te Papa o Te Raki, which will be taking over the functions of the two former PHOs (Te Tai Tokerau and Manaia from July 2019).

At the time of writing this, the Trust is interested to hear what opportunities the Government's new budgetary focus on wellness will bring. It is anticipated that it will be in alignment with the Trust's key objectives of improving equity and health outcomes for Hokianga people.

During the first half of the year, the Trust's clinical leaders and managers will continue to develop the New Pathways Project – Te Ara Hou. This project will review the current service delivery model and design options and make recommendations for change. While it is widely recognised both within the service and outside that there is considerable value in Hokianga Health's model of care that we want to preserve, there is also opportunity to make changes that will improve the service and assist the community in improving health outcomes.

As we commence the 2019/20 business year, the Trust has very nearly completed the significant upgrade of its Hokianga Hospital facility, completing a design plan process that began 25 years ago to address the hospital facilities shortcomings and to meet acceptable modern standards of service provision.

Three new beds in the facility will provide an opportunity to modestly increase revenue for our Aged Related Residential Care service.

In the year ahead the Trust, in partnership with the Panguru community, will be investing in an upgrade of the Panguru Clinic service at the adjacent Panguru Development Trust building. This will relieve some of the space pressure at the clinic and allow the Trust to bring the facility up to standard.

There will also be investment in replacing older computers at our outlying clinics and replacing the older vehicles in the fleet.

This year the financial / operational business plan is based on a range of assumptions as there are a great number of unknown factors as we begin the year. A review of our largest contract is currently underway with Northland DHB, and although it will be rolled over for the further six months, it is likely to change the funding model. This along with a potential impact on our service with the recommendations from the New Pathway project, it may require the Trust to review its plans and direction around the mid-year.

The bottom line of the budget is an operational deficit of \$241,000

The capital programme is relatively light in 2019/20 and has a budget of \$280,000

With the depreciation forecast to be \$684,000 in 2019/20, the cash position is forecast to increase by \$163,000 by year end.

This plan was approved by resolution of the Hokianga Health Enterprise Trust at its meeting on 30th July 2019.

John Wigglesworth, Chief Executive Officer

For further information, please visit:

our website <http://www.hokiangahealth.org.nz>

our Facebook page <https://www.facebook.com/hokiangahealth/>

our YouTube channel:
https://www.youtube.com/channel/UCZx5B1yvSg2q6PsXUSX292Q?view_as=subscriber

Vision

To be a centre of excellence for rural health care that is responsive to the needs and aspirations of the people of Hokianga.

Mission

Ma to tatou mahi tahi i runga i te maia, te tika me te pono, ka whiwhi tatou ki te taumatatanga o te ora mo te iwi o Hokianga.

By working as one, with courage and mana, integrity and respect, we pursue excellence in the realm of health for all the people of Hokianga.

Philosophy

Hokianga Health Enterprise Trust:

- acknowledges Te Tiriti o Waitangi as a founding document of Aotearoa, and seeks to work within its principles
- provides services with a Māori kaupapa focus
- emphasises the promotion of good health
- acknowledges the importance of integrated health services in Hokianga
- recognises one people but provides for the aspirations of Māori and other cultures
- seeks to offer a service with no payment at the point of need
- seeks equity of funding
- seeks autonomy and control of health services within and by the community

Tino Rangatiratanga and the Principle of Subsidiarity

Hokianga Health Enterprise Trust is guided by concepts of Kāwanatanga and Tino Rangatiratanga in accordance with the articles of the Māori version of Te Tiriti o Waitangi. Hokianga, a predominantly Māori community, practices self-determination to improve its own health and well-being. The Trust is one expression of this community action.

“the aims of self-determination are practical and intimately bound to the aspirations and hopes within which contemporary Māori live.”¹

Tino Rangatiratanga is central to understanding the significance of the Te Tiriti o Waitangi to both Māori and Pakeha New Zealanders. There is a strong relationship between this and the European social Principle of Subsidiarity. Subsidiarity was borrowed from classical political theory by the Roman Catholic Church, which turned it into a moral principle. It was restated in a papal encyclical, *Quadragesimo Anno*, in 1941;

“It is an injustice, a grave evil and a disturbance of right order for a larger and higher organisation to arrogate [take or claim without justification] to itself functions which can be performed more efficiently by smaller and lower bodies”

This is saying quite simply in the words of popular writer and business columnist Charles Handy: *“that stealing people’s responsibility is wrong”*.

Handy contrasts subsidiarity with empowerment - he says empowerment implies that someone in a superior position is giving away power to someone in an inferior position, while subsidiarity means that power does not have to be given away – it properly belong where it is.²

¹ “Te Mana, Te Kāwanatanga, The Politics of Māori Self-determination”, Mason Durie (1998)

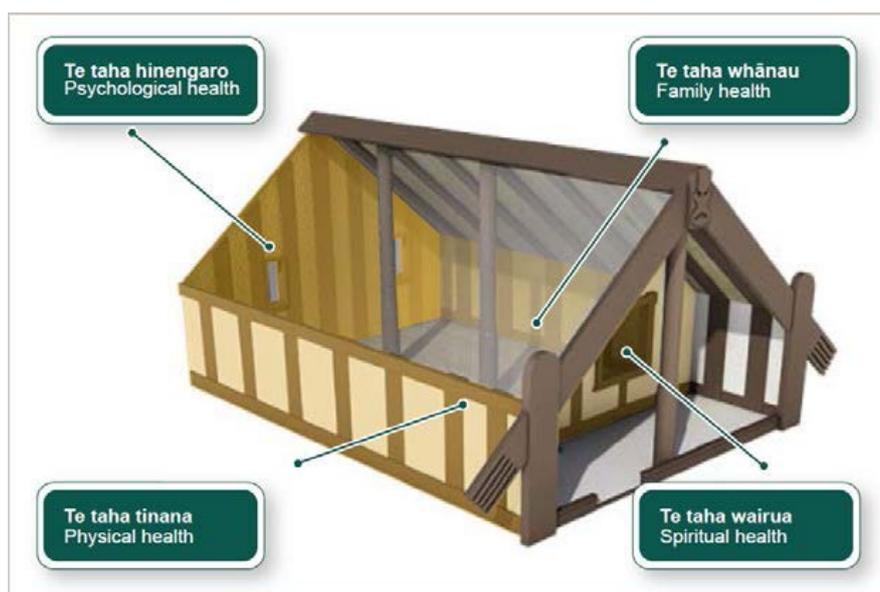
² “Cooperative Government, Devolution of Powers and Subsidiarity”, Gretchen Carpenter

Philosophy of Hauora Hokianga

Hauora Hokianga (or Hokianga Health) represents the health services provided by Hokianga Health Enterprise Trust. An evidence-based model of medicine and primary health care is provided by Hauora Hokianga within a holistic framework, informed by a Māori worldview related to the interconnectedness of organic life. A model that articulates this philosophy is Mason Durie's, Te Whare Tapa Wha³. Thus;

- Hauora Hokianga recognises health as a four-sided concept (tapa wha); the spiritual (taha wairua), the psychological (taha hinengaro), the physical (taha tinana), and the social (taha whānau). These components connect to form an integrated conscious living system which adapts purposefully to changing environments in order to maintain and enhance health and well-being.

These four dimensions are represented by the four walls of a house. Each wall is necessary to the strength and symmetry of the whole building.



- Hauora Hokianga recognises that all individuals are part of a whānau and our care will be whānau centred and whānau endorsed. Our outcomes will be whānau satisfaction, inspired workforce and relationships and enhanced mana.
- Hauora Hokianga recognises the place of marae in Hokianga society, and celebrates the successful development of marae knowledge and resources.
- Hauora Hokianga recognises that the people of the Hokianga are responsible for their own health and lifestyle.
- Hauora Hokianga recognises that health care provision should be readily accessible, affordable and sensitive to the needs of the people.
- Hauora Hokianga recognises that the people of Hokianga have the right to a high quality health service to assist them to achieve and maintain good health and to promote healthy living.
- Hauora Hokianga recognises that the people of Hokianga are aware of their own health care needs and are encouraged to be involved in the planning and provision of their own care. Hauora Hokianga is aware of its role in assisting whānau to seek ways to improve their own health and well-being.

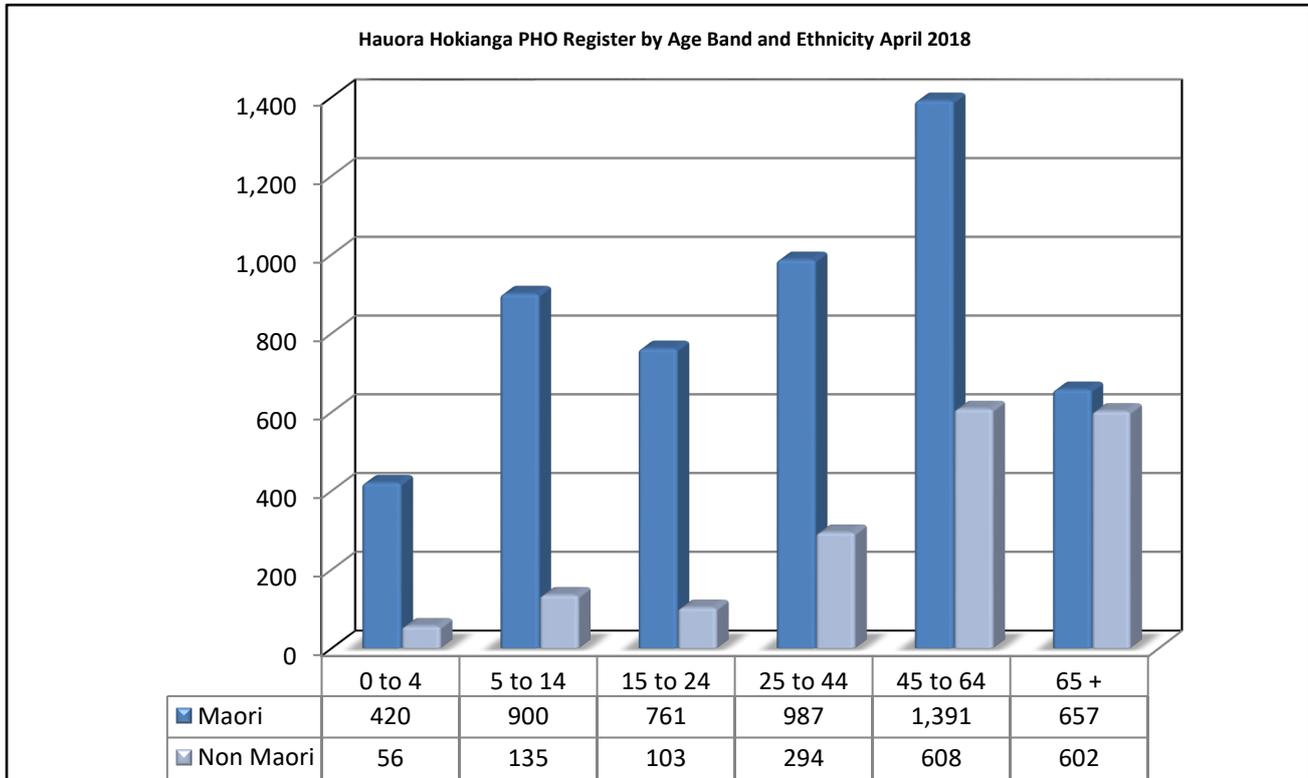
³ “Whaiora: Māori Health Development”, Oxford University Press. Mason Durie (1998)

- Hauora Hokianga recognises that Hokianga Hospital is an important component of health care provision for the people of Hokianga and operates as an extension of the primary health services.

The Hokianga People

Hokianga is a community of approximately 6,900 people. The Hauora Hokianga practice register at April 2018 was 6,914 (6,485 at April 2018 and 6,460 at April 2017). There has been a significant 6.6% register growth in the last year.

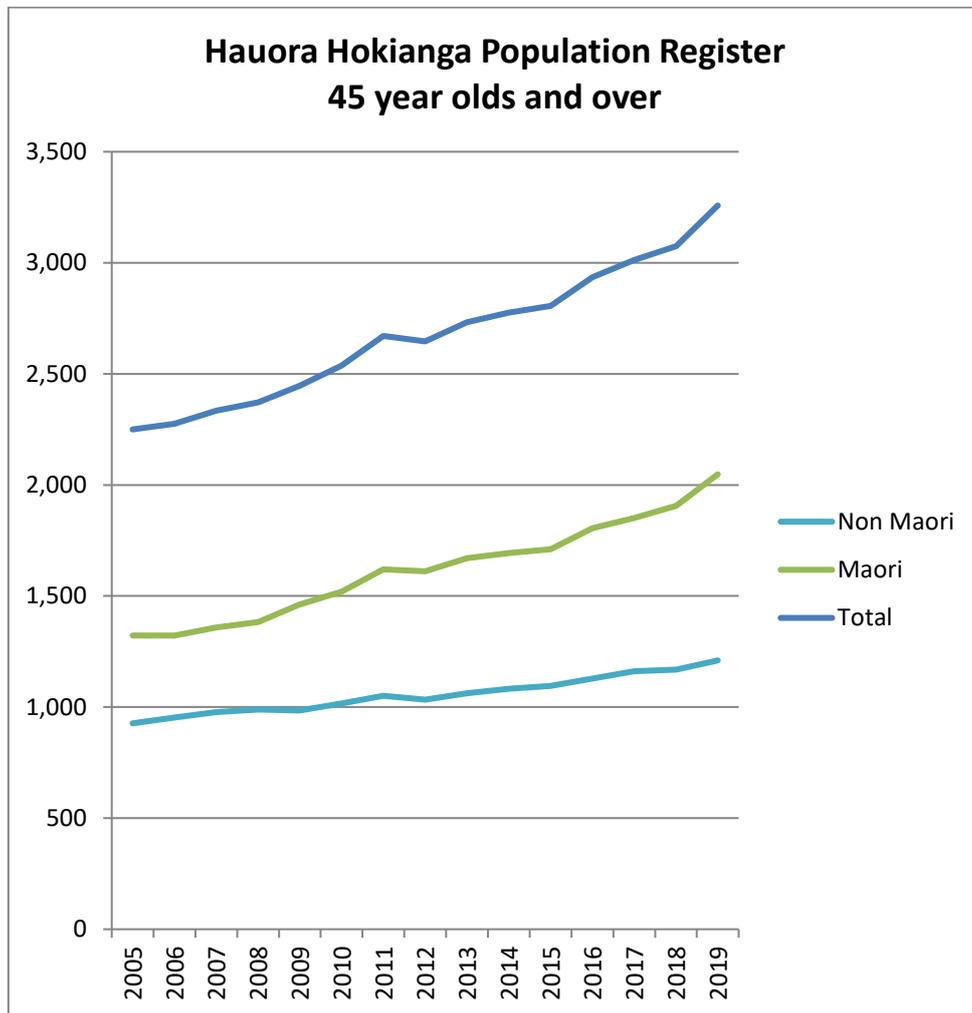
Since 2005, the overall register has grown 5%, the Māori population growing by 7% and the non-Māori population by just 0.5%.



The graph above represents the population variations in ethnicity across the age bands. Māori represent 74% of the population of the practice register (an increase from 67% at April 2005). The population has a significantly higher ratio of Māori in the younger age bands (for the age group younger than 25, 88% of the population is Māori, compared to 63% for over-45-year-olds).

A significant 45% growth in the over 45 population and a 91% growth in the over 65 group (63% for Māori and 135% for non-Māori) has occurred over the last 14 years.

Correspondingly over this same period there has been reducing populations in some of the younger age bands, for example, a 24% reduction in the total 5-14 population, and a 48% reduction in the non-Maori 15-24 population. Whereas the under 5 population has grown by a modest 5% over this period.



The publication “Degrees of Deprivation in New Zealand” (Crampton, Salmond, Kirkpatrick, Scarborough and Skelly) describes the Hokianga area as a “*landscape of deprivation*”. Most census area units in the Hokianga are within NZ Deprivation Indices 9 and 10, which represent the community as one of the most socio economically-deprived communities in Northland and New Zealand.

Hokianga Health Enterprise Trust

Hokianga Health Enterprise Trust is a registered charitable trust formed in May 1992. The governing committee of the Trust comprises the following membership:

- 20 members elected by the community (two members from each of the ten clinic areas). These members are elected for a two-year term at the annual community meetings held in each clinic community.
- Four iwi representatives. Two each representing Te Runanga a Iwi o Ngapuhi and Te Runanga o Te Rarawa and nominated by each iwi.
- Two staff representatives elected by the staff on a three-yearly basis.
- Up to four additional members can be co-opted by the Trust to address ethnic, geographic or skill imbalance of the Trust Board. Co-option will also ensure Māori majority on the governance board.

The Chairman of the Trust is Frank Herbert (QSM) of Pawarenga. Frank’s work experience ranges from boilermaker to share-milker, and he has had many sporting and community interests. He is involved with local marae, the Hata Maria Convent School and the Sir James Henare Research Unit.

The Deputy Chairman of the Trust is Tony Birch. Tony was previously Medical Superintendent, and then Medical Director at Hokianga Hospital Rawene, working for the Trust for 37 years before his retirement in 2005. Tony was co-opted to the Trust Board in 2013.

17 of the Trust's current 24 members are of Māori descent. This represents a 71% Māori governorship.

The Trust meets monthly and the Finance, Audit & Risk (FAR) Committee (comprising up to five members) also meets monthly.

In addition, the policy committee (comprising five members) meets quarterly to review and develop policies and the CEO performance review committee (comprising four members) meets annually and as required.

At its monthly meeting, the Trust receives reports from the CEO, Chair, Medical Director, clinical managers, and the Trust committees which have met during the month.

The Trust also receives regular reports on its performance against the objectives set in the Strategic and Annual Health and Business Plans.

The Trustees as at 30 June 2019 are as follows with years of service in brackets:

Broadwood	Betty Waipouri (16) Patricia Irvine (12)
Horeke	Victoria Brown (2) (one vacant seat)
Kohukohu	Kelly Wallace (3) Celia Henry (2)
Mangamuka	Ngawai Tuson (2) Betty Harris (1)
Omapere	Gilda Hessell (2) Francis Hau (first year)
Panguru	Tania Paikea (7) David Mules (first year)
Pawarenga	Frank Herbert QSM (17) <i>Chair; and Te Runanga o Te Rarawa Rep</i> Elizabeth Warr (1)
Rawene	Moriana Wynyard (2) Lis Bowker (1)
Taheke	Shanan Prasad (1) Ada Brown (2)
Waimamaku	Tony Birch (5) <i>Deputy Chair</i> Marara Rogers (first year)
Te Runanga a Iwi o Ngapuhi	Helene Leaf QSM (10) Linda Pikari (6)
Staff Representatives	Mary Korewha (first year)

Cheryl Turner (4)

Appointed

Gwen Freese QSM (5)

The Trust maintains an effective and wide-ranging consultation, feedback and communication framework (next page). There are also a range of external influences on the Trust's decision-making processes, these include external audits, funders, alliances, partners, and local, regional and national health strategic planning.

The large representation on the Trust Board is designed to provide a platform for fully engaged community action to improve the health and wellbeing of the people of Hokianga. This commitment and intent reflect the Ottawa Charter:

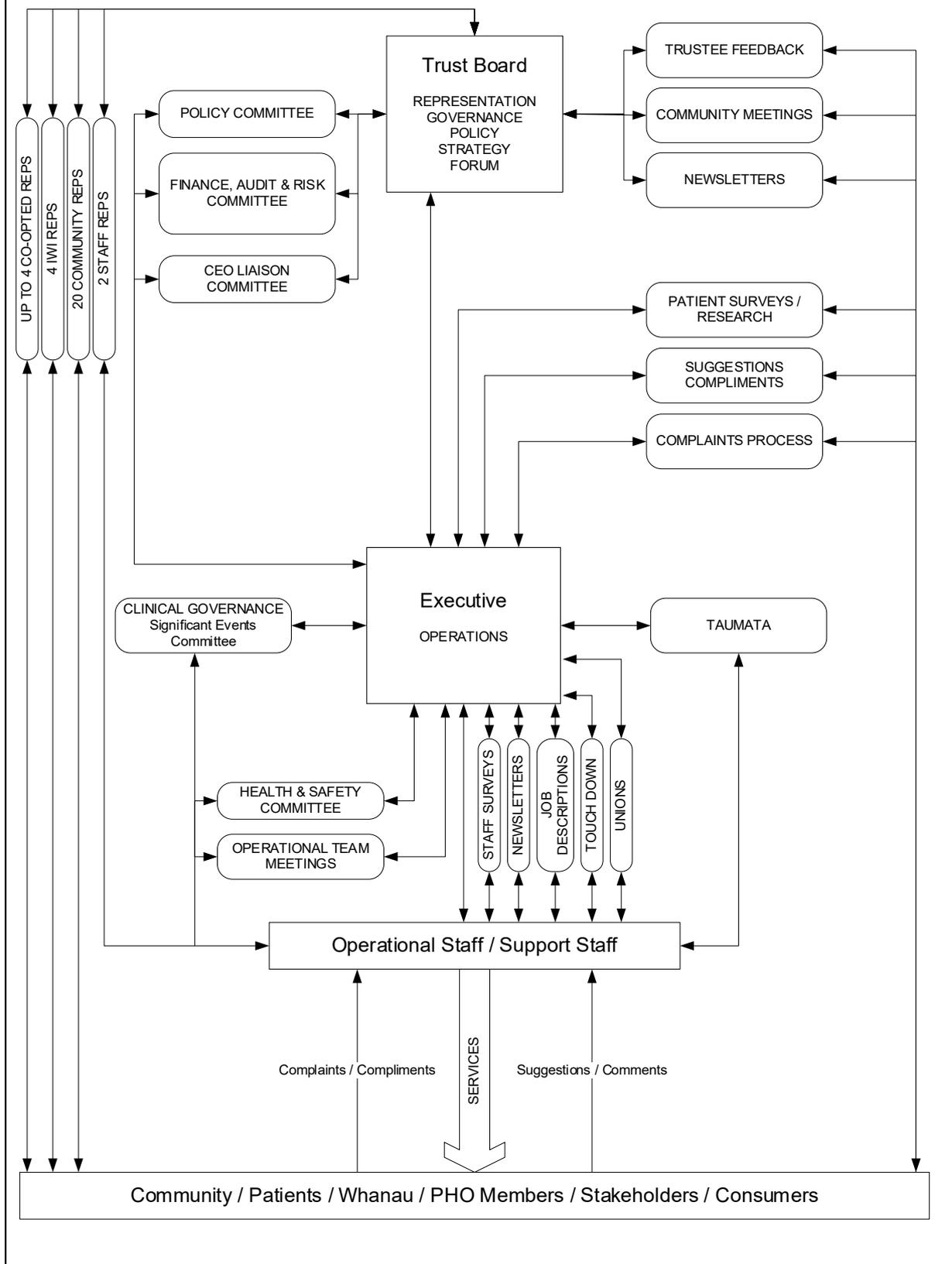
Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is empowerment of communities, their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.⁴

⁴ Ottawa Charter 1986, World Health Organisation, Action 3: Strengthen Community Action



Hokianga Health Enterprise Trust Quality Communication Framework 2019



Strategic Plan 2015-2020

In March 2015, the Trust approved its strategic plan for the 2015-2020 period. This annual health and business plan is the fourth year of implementation of the strategic direction of the Trust as defined by this plan.

The following were identified as priority areas to be addressed:

- **Strengthen tikanga and cultural practice** - using the Rarangahia Mai te Takapau Taonga (RMTTT) framework and strengthening Maori workforce development
- **Facilities upgrades** – plan and complete the facilities workshop, mental health, Rawene Health Clinic and Hospital upgrade projects
- **Hospital** – research into bed occupancy and use, with projections for future use in response to the needs of an ageing population
- **Social services** – seek opportunities to increase access to social services
- **Research and Teaching** – strengthen the contribution of Hauora Hokianga to the development of the rural workforce and increase the capacity of its own clinical staff
- **Information Technology systems** – continue development of IT infrastructure
- **Increased effort into achieving the national health targets**
- **Further develop environmental and energy saving measures**

	<ul style="list-style-type: none"> • pensioner housing • water, waste water and environment issues • socio-economic, infrastructure and employment issues <p>Trust to support initiatives that seek to reduce the harm from alcohol, tobacco and other health damaging substances, for example sugar.</p> <p>Increase advocacy for more social work services</p> <p>Increase use of available radio and social media to ensure dissemination of information into the community</p> <p>Be involved in the conversation on pensioner and social housing</p> <p>Advocate for opportunities to grow the local workforce</p>	<p>participation in Annual planning and District planning processes.</p> <p>Partnership established with FNDC and communities to develop drinking water systems</p> <p>Support and advocacy implemented for the developed of the FNDC Local Alcohol Plan.</p> <p>Developed plan for a future smoking cessation programme for Te Tai Tokerau in partnership with Maori Health providers, PHOs and NDHB</p> <p>Worked in partnership with Te Pu o Te Wheke colleagues to maintain whanau ora services. Advocated for social work services with MSD and NDHB</p> <p>Use of Facebook, Radio and website media developed</p> <p>No progress - little opportunity to date – new bill in parliament, but social housing currently unaffordable</p> <p>Relationships with educational institutions enhanced and student placements increased</p> <p>MOU developed with University of Otago.</p> <p>Proposal completed to Health</p>	<p>Continue to participate in Hokianga Ferry Liaison Committee</p> <p>Continue progress</p> <p>CAYAD programme to continue to advocate for positive policy changes at Marae and sporting clubs</p> <p>Although Stop Smoking contract has ceased, seek resources to support people to quit smoking</p> <p>Seek social service contracts with MSD. Continue to work with Te Pu o Te Wheke, MSD and NDHB</p> <p>Maintain ‘mobile phone responsive’ website, and utilisation of Facebook</p> <p>Monitor FNDC policy on pensioner housing and participate as appropriate</p> <p>Continue to build relationship with Otago and Auckland Universities and other training institutions to develop rural health education hub</p> <p>Continue and promote scholarship programme</p>
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		Workforce NZ to extend scope and quality of rural health education	If Health Workforce proposal be approved, implement the programme Seek opportunities for registrar placements, new graduate positions, further develop the cultural competency framework, and continue Careerforce education
Bicultural relationships	From within the Maori world view, promote and enhance bi-cultural relationships within Hokianga Strengthen staff understanding and knowledge in te reo / tikanga and its broad application using the Rarangahia Mai Te Takapau Taonga framework.	Support and advocacy for the development of Marae based programmes including Te Reo me Tikanga Maori. Rarangahia Mai Te Takapau Taonga framework designed and commenced. Implement Rongoa promotion project	Continue progress on the implementation of these programmes Fully implement Rarangahia Mai framework Continue to develop rongoa project and to seek resources for increased service capacity
Promote and raise the profile	Participate in collaborative projects Participate in Northland wide planning and advisory committees Increase networking with other providers and intersectoral agencies	A full range of collaborative projects implemented when opportunities have developed through the Alliance, Te Pu o te Wheke, Mahitahi Hauora and TTTPHO Participation in a range of planning and advisory committees Range and level of networking increased through Alliance, Collaboration Kaupapa, Rural Hospital network, Mahitahi Hauora and Healthcare Aoteroa	Continue to seek opportunities to collaborate with health providers Support the NDHB Maori Health Provider pathway review 2019 Continue to seek and develop opportunities to participate Maintain current level of networking

	Strengthen connections with Iwi at governance level	<p>Te Pu o Te Wheke governance</p> <p>Iwi Representatives trustees maintained</p> <p>Takiwa relationships maintained</p> <p>Partnership with Te Kahu o Taonui developing under Mahitahi Hauora</p>	Maintain and continue develop connections
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2) To ensure Hauora Hokianga continues to thrive by securing sufficient funding for:

- high quality **workforce** now and in the future
- effective **quality** systems and processes
- appropriate **facilities**

Key	Strategy / action	Progress To Date	Business Plan 2019/20 Actions
Workforce development, and educational partnerships	<p>Scope the establishment of the roles in Maori development, workforce development and clinical education officers</p> <p>Support recruitment of more local Maori to nursing programmes</p> <p>Continue to seek funding for new graduate programmes</p>	<p>Scoping work for Māori Development completed</p> <p>Rarangahia Mai Te Takapau Taonga Workforce Development framework developed</p> <p>Progress towards support for post graduate training programme</p> <p>Post graduate nursing roles implemented but programme slowed since 2018</p> <p>Funding opportunities limited for new graduate positions</p>	<p>Implement extended Māori development roles when resources allow. Work with NDHB Māori Health Directorate to design Māori health provider pathways and secure funds</p> <p>Continue to implement Rarangahia Mai Te Takapau Taonga framework as resources allow</p> <p>Assign roles to support for clinical education when resources allow</p> <p>Seek support, resources, and opportunities to continue new graduate</p>

	<p>Continue development of Hokianga Hospital as a training facility with close liaison with DHB and Mahitahi Hauora and educational institutions - colleges of general practice, nursing, and allied health institutions.</p>	<p>Progress towards this goal – development of partnerships with Otago and Auckland Universities.</p> <p>Health Workforce NZ funding proposal to extend and support educational roles submitted May 2019</p>	<p>nursing positions</p> <p>Continue progress – develop Hospital Medicine Registrar programme with NDHB and post graduate training programme with Otago University</p> <p>Continue to build relationships with Otago and Auckland Universities, Northtec, Northland DHB and other partners in support of the development of a joint proposal for Rural Health School Hub / Node in Hokianga and Northland</p>
Quality	<p>Information Technology systems enhanced to give stability and capacity</p> <p>Further develop systems to keep current with complex information and compliance requirements</p> <p>Increased effort into addressing the identified national health targets</p>	<p>Installation of fibre-optic internet service completed. Improved internet services at all clinics. Installation of fibre-optic network installed.</p> <p>Updated Medical Server, Active Directory and File Servers. Update all workstations and operating systems</p> <p>Range of new systems implemented and / or scoped including Patient Portal,</p> <p>Developed the framework for the intranet - clinical and general internal information system, SharePoint</p> <p>Progress made, national targets have changed to new set of Service Level Measures</p>	<p>Replacement upgrades for 48 clinic workstations.</p> <p>Patient Portal implementation</p> <p>Continue to develop the skills and capacity to fully implement Sharepoint intranet services</p> <p>Maintain focus on aiming to achieve Service Level Targets through Clinical Governance</p>

<p>Capital works</p>	<p>Development of maintenance workshop in new location</p> <p>Te Whare Awhina relocated</p> <p>Complete renovation of Rawene Health Hub incorporating Rawene Clinic & Outpatient to A&E functions</p> <p>Research current bed occupancy and use, with projections for future use, and complete hospital ward renewal project</p> <p>Scope future upgrade of Panguru clinic</p> <p>Increase staff / student accommodation capacity</p>	<p>Maintenance Workshop project completed</p> <p>Te Whare Awhina project completed</p> <p>Concept planning for Rawene Clinic completed</p> <p>Preliminary split of A&E and Rawene Clinic functions completed</p> <p>Bed occupancy analysis completed, and Hospital concept plans completed. Concept plans completed. Working drawings commenced.</p> <p>Hospital Ward Upgrade Completed</p> <p>Panguru Clinic upgrade plan developed</p> <p>Construction of two accommodation units</p>	<p>Review Rawene Clinic concept plans</p> <p>Complete analysis and review of the Rawene drop-in / urgent care service to inform future planning of Rawene Clinic</p> <p>Complete Panguru Clinic upgrade</p> <p>Delayed until further assessment complete</p>
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3) To **develop** and **evaluate services** to improve health and wellbeing in Hokianga by:

- investigating and implementing **preventative and educational** programmes
- developing **new service proposals**
- investigating and evaluating **more effective ways of delivering services**

Key	Strategy / action	Progress To Date	Business Plan 2019/20 Actions
Preventative and education programmes	Promote programmes to raise awareness in relation to : <ul style="list-style-type: none"> • Smoking / smoking cessation • Cardio vascular disease • Diabetes • Nutrition and exercise • Parenting • Immunisation • Alcohol abuse • Family violence and vulnerable children • Self esteem • Screening programmes • Health literacy • Oral Health 	Continuing work in these areas across the whole clinical / support team workforce. New smoking cessation established in partnership with Alliance: Maori Health Providers, PHOs and NDHB. Nutrition and obesity health promotion for children established in partnership with Alliance. Oral Health awareness contract maintained Kia Ora Vision Project introduced Multidisciplinary support meetings for vulnerable families and children maintained monthly Awareness of and family support programmes provided to address the problems of methamphetamine ('P') abuse	Continue to seek opportunities to enhance these programmes New Pathway – Te Ara Hou proposal to be completed with recommendations for implementation by December 2019. Continue provision of Oral health promotion service. Continue provision of Kia Ora Vision programme. Seek resources to continue provision of Stop Smoking Programme
New service proposals	Investigate and develop proposals as appropriate for: <ul style="list-style-type: none"> • expansion of oral health contracts for primary and preschool 	No opportunities to expand Oral Health Service – service discontinued by change in NDHB service contracting.	Continue to seek opportunities to expand and improve access to oral health services in Hokianga.

	<ul style="list-style-type: none"> • extension of adult oral health services • extension of traditional health practices into general health area • extension of primary health care services <p>Implement and/or support programmes for</p> <ul style="list-style-type: none"> • social services to provide relief of stress and support for families • inter-agency collaboration in response to domestic violence / high needs issues 	<p>Limited opportunities to extend traditional health practices and primary health care due to funding restrictions</p> <p>Relationships developed, and actions taken to increase opportunity for social services</p> <p>Maintained multi agency support group for vulnerable children and families led by Hokianga Health</p>	<p>Continue to implement rongoa awareness project and seek opportunities for extending funding</p> <p>Continue to seek opportunities to extend social service provision</p> <p>Maintain</p> <p>Complete development of New Pathways project – Te Ara Hou and seek resource for development and implementation of recommendations</p>
Service delivery	<p>Investigate and evaluate more cost-effective ways of delivering services, including the utilisation of new and emerging technologies such as telemedicine</p> <p>Seek secure funding for ongoing community health focused programmes</p> <ul style="list-style-type: none"> • extending smoking cessation, nutrition and health promotion • continuing rheumatic fever prevention programmes • <p>Investigate possibilities to enhance diagnostic capabilities</p> <p>Develop, in partnership with Northland DHB, a closer working relationship to enhance clinical practice and quality processes</p> <p>Provide support to medical staff who wish to enhance their skills in the rural hospital medicine capacity,</p>	<p>Ongoing evaluation of service effectiveness and opportunities for telemedicine</p> <p>Vivid, Te Hono, and Mobile Bus videoconferencing services utilised for staff education and meetings</p> <p>smoking cessation and rheumatic fever funding and programmes secured</p> <p>Research on use of Haematology Analyser point of care testing diagnostic completed. Analyser purchased and implemented.</p> <p>Development of shared clinical guidelines continuing</p> <p>Support provided for development of medical staff skills in a range of areas</p>	<p>Seek opportunities to expand develop telemedicine</p> <p>Continue progress</p> <p>Continue progress</p> <p>Continue progress</p>

	<p>including stress ECG, clinician performed ultrasound and other capabilities</p> <p>Investigate the impact of future energy needs and risks and formulate an energy plan from an environmental perspective.</p>	<p>including minor surgery and rural hospital</p> <p>Investigation and plans developing and implemented in some areas</p>	<p>Continue to build partnership with NDHB in relation to District / Hospital networks and a combined strategic plan</p>
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Māori Health Plan

The Trust recognises the fundamental and unique relationship between the Crown and Māori. Hokianga Health is fully owned and governed by the Hokianga community which is 73% Māori. The Trust is now widely recognised and well established as a Māori health provider in Te Tai Tokerau. The Trust receives Government funds to provide health services to the community of Hokianga, and thus acts in its relationship to the community as an agent of the Crown. The Trust's Treaty of Waitangi (Partnership) policy developed in 2001 outlines the Trust's commitment to its responsibilities under the Treaty, in its policies and activities both as tangata whenua and as an agent of the Crown. The policy is reviewed every two years. The Trust has partnerships with Te Runanga o Te Rarawa and Te Runanga a Iwi o Ngāpuhi which provide four iwi positions on the Trust's governing body. Although these positions have not always been taken up by Te Rarawa, the door always remains open.

The Trust will continue its close partnership with the members of Te Pu o Te Wheke Whanau Ora Alliance, formed in 2010 and will continue to participate alongside Te Tai Tokerau Māori Health providers on a range of boards and advisory groups. A collective vision is shared by these providers, the reduction in inequities in health outcome for Māori throughout Te Tai Tokerau.

The services provided by Hauora Hokianga are designed to meet the needs of the population and therefore have a specific focus on meeting the needs and achieving health equity for the Māori community of Hokianga. The Trust's Māori Health Plan is fundamentally integrated into the services described by the whole of this document. The Trust recognises that Māori suffer specific health inequalities in New Zealand, Te Tai Tokerau and Hokianga, from socio-economic determinants in conjunction with the complex impacts of ethnicity, colonisation, and rural isolation on health status.

Māori have higher rates of mortality and higher age-standardised rates of avoidable hospitalisation than non-Māori in Northland - life expectancy for Māori in Northland is 73 years (75 nationally) compared with 82 yrs (82.5 nationally) for non-Māori in Northland.⁵

Māori cultural tradition is reflected throughout Hokianga Health Enterprise Trust and Hokianga Health is led by kaumatua and kuia of the Trust's governing body and the senior Māori staff group, Taumata. These groups ensure that tikanga Māori is a normal everyday part of the organisation. Taumata meets regularly with the Chief Executive Officer to discuss, review policies, and procedures that are specifically related to aspects of tikanga Māori.

Tikanga Māori is formally experienced through powhiri, whakatau and poroporoaki. Manuhiri (visitors) are welcomed with powhiri. All staff can seek advice and support from the Taumata. Hauora Hokianga encourages the use of Te Reo Māori throughout the organisation and offers regular learning opportunities for staff. The monthly community newsletter, widely distributed throughout Hokianga, is written in both English and Te Reo Māori.

Staff training within the Rarangahia mai te Takapau Taonga programme will continue during the year with specific focus on te reo, tikanga, rongoa, and waiata in 2019/20.

Hauora Hokianga has always accepted patient-initiated rongoa practice and will continue to extend a pro-active approach to encouraging the use of healing resources in the natural environment. Rongoa is recognised as an important component in holistic care and can sit comfortably alongside western clinical practices and standards when we share knowledge to safely enhance care.

During 2019/20 Hokianga Health will continue to work with the Māori Health directorate of Northland DHB, with the expectation that knowledge will be shared and that the Hokianga

⁵ Northland Health Services Plan 2010, Northland District Health Board

community will receive specific NDHB investment in Māori health in 2019/20 that will assist the Trust in responding to local aspirations of a more Māori kaupapa focussed, whanau ora based service provision.

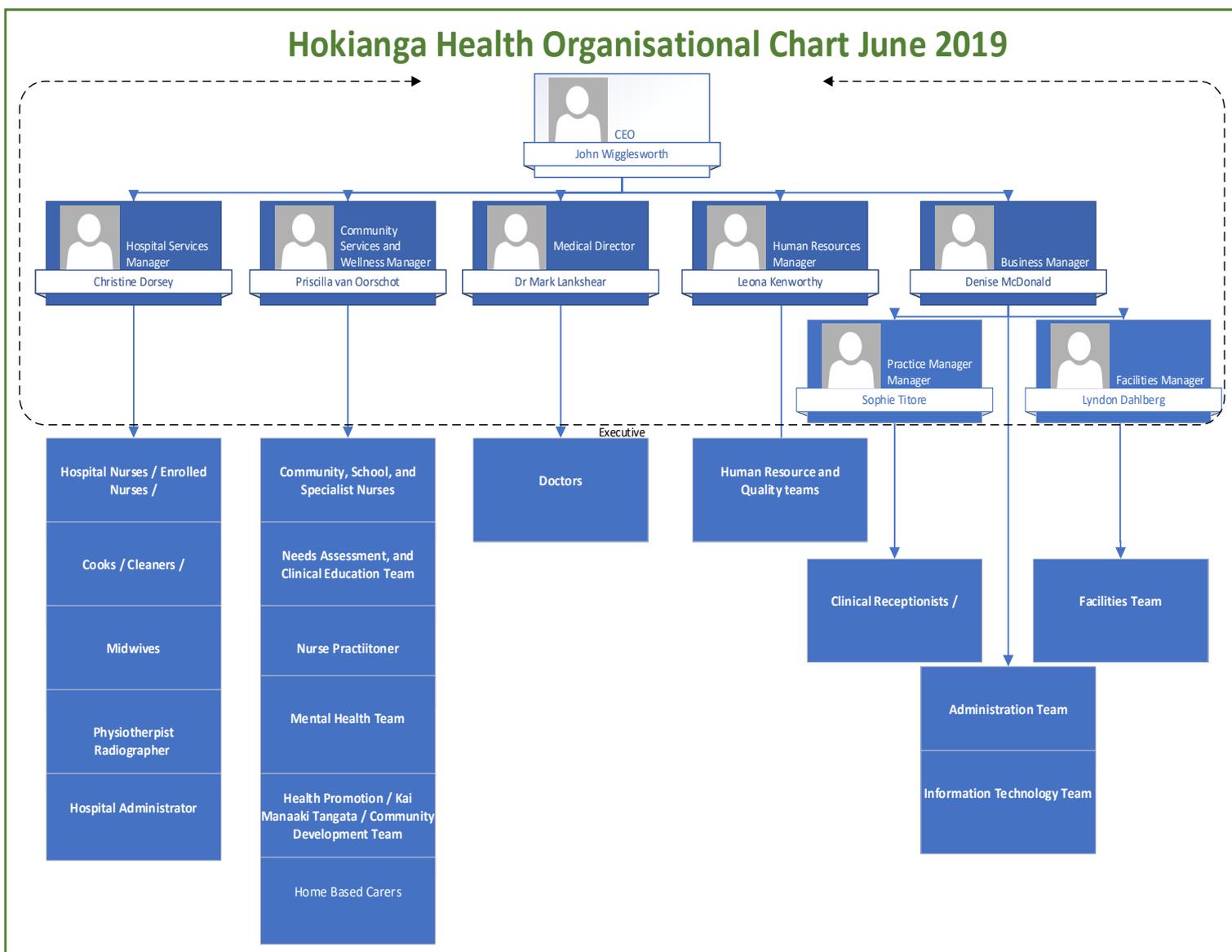
Hauora Hokianga

Hauora Hokianga is the service delivery arm of Hokianga Health Enterprise Trust and its primary aim and function is to fulfil the aspirations of the Trust’s vision statement; *“to be a centre of excellence for rural health care that is responsive to the needs and aspirations of the people of Hokianga”*.

Hauora Hokianga is a fully integrated, comprehensive primary health and disability support service. The service is made accessible to the community by being free at the point of need, offered at outlying clinics and supported by clinical and ancillary staff who also work in the community and visit homes.

Hauora Hokianga takes a population health approach through effective service provision, health education, public health, and community development.

Hokianga Health Organisational Chart June 2019



The Chief Executive Officer of Hauora Hokianga is John Wigglesworth.

John was first appointed as the Finance & Property Manager of Hauora Hokianga in 1994 after ten years of community development work with Hokianga. He was appointed as the CEO in 2001.

The executive managers are an experienced and multi-skilled team:

The Medical Director position is held by Dr Mark Lankshear. Mark was appointed in the role in 2016 and is responsible for the medical team and clinical governance.

Denise McDonald, Business Manager. Denise joined Hokianga Health in December 2018 and is responsible for the management of the financial, governance support, legal, payroll, facilities and practice management oversight, and IT systems.

Sophie Titore, Practice Manager. Sophie has worked in the clerical and IT teams at Hauora Hokianga for the past 28 years, and in May 2016 moved into a management role. Sophie has responsibility for the clerical / reception teams, clinical support, and contract reporting and monitoring.

Priscilla van Oorschot, Community Health and Wellbeing Manager. Priscilla was appointed in the role in January 2019 and is responsible from the community health teams and services.

Leona Kenworthy, Human Resources Manager. Leona joined Hokianga Health in May 2018 and is responsible for human resources and quality.

Christine Dorsey, Hospital Services Manager: Christine was appointed to the Hospital Services Manager position in February 2008 and is responsible for the hospital-based services including maternity and urgent care.

Lyndon Dahlberg, Facilities Manager. Lyndon joined Hauora Hokianga in February 2018 and is responsible for facilities maintenance management including vehicle fleet and building projects.

The general practitioners working with the Medical Director at 1 July 2018 are:

Dr Mark Lankshear Medical Director (12 years with Hokianga Health)

Dr Clare Ward (28 years)

Dr Kati Blattner (16)

Dr Stephen Main (12)

Dr Barry Moloney (5)

Dr Nadia Terzaghi (3)

Dr Alistair Tulett (2)

Dr Valerie August (7 years – with breaks)

Dr Graeme Bain (first year)

Catherine Beazley is the Nurse Practitioner (5 years)

Hauora Hokianga employs approximately 150 staff members comprising a total of 103 full time equivalent positions.

57 staff members are full time and 96 are part time.

98 staff members are Māori, and 52 are non-Māori.

Hokianga Health Comprehensive Model of Care

Hauora Hokianga practices a fully integrated and comprehensive model of health care.

In 1941, Hokianga was designated a Special Medical Area (SMA) by an Act of Parliament, which recognised the community as an isolated rural area with low socio-economic status and a proportionally large Māori population. SMAs provided free general practice, community nursing, midwifery and public hospital services within a limited number of special areas throughout New Zealand. The SMA concept was part of an international movement that developed momentum after World War II to provide universal access to comprehensive models of health care. This movement was the forerunner of the National Health Service which was eventually introduced in the United Kingdom.

SMAs were repealed in 1993 in the year that Hokianga Health Enterprise Trust became responsible for the provision of the health services within Hokianga. The Trust on behalf of the Hokianga community re-inherited from the Crown, the SMA services of the integrated health care model and has continued to refine and develop the services from these earlier foundations.

In their 2014 comprehensive review of the Hokianga model of care, Health Partners Ltd noted that *“HHET’s model of care has a number of strengths and is in line with national and international trends for governance and delivery of integrated rural health services”*. The review, which included a literature review of best practice in rural primary care, endorsed the Hokianga model as effective, responsive, and cost-effective.

The influence of community and Māori ownership of the service has seen its full integration within a holistic health care framework i.e. Te Whare Tapa Wha (refer page 6). This has been enhanced in recent years by the deeper adoption of whanau ora concepts.

The services are acknowledged by Northland DHB as being aligned with the Neighbourhood Healthcare Home, a concept that is being developed to improve primary care service models and encourage integration of services in Northland.

Hokianga Health’s services are provided at a range of locations; Hokianga Hospital, Rawene A&E, Rawene Clinic, nine peripheral clinics, Hokianga schools, in the community, and in the home.

The elements of the service consist of the following inter-connected parts:

The Hokianga Hospital situated in a beautiful location on the hill above Rawene has ten beds for patients needing acute inpatient care. The hospital also provides urgent and emergency treatment, maternity care, palliative care, hospital level age-related residential care, respite care, and assessment and rehabilitation. These hospital-based services are under the management of the Hospital Services Manager, in collaboration with the medical supervision of rural hospital medicine doctors and senior registered nursing staff. Physiotherapy, point-of-care testing of blood samples, minor surgery and diagnostic radiography are also provided from the hospital facility.

The Aged Related Residential Care part of the hospital has capacity for ten residents (increasing to twelve in 2019/20), most of whom require a hospital level of support. In addition, respite care is provided to allow time-out for people caring for the frail and infirmed at home.

The Rawene Clinic along with the nine outlying health clinics are the locations for the provision of a comprehensive range of primary health care services, including general practice in coordination with community nursing, district nursing, tamariki ora, public health and elderly support services. All services are provided free at the point of need for patients registered with Hokianga Health.

The urgent care facility at Hokianga Hospital provides emergency services in conjunction with the local St. John ambulance services and the Northland Emergency Services Trust. This includes emergency inter-hospital transfer services, mostly to Whangarei Hospital via air or road.

The medical services of Hauora Hokianga are currently provided by nine GPs filling 7.6 FTE positions. The GP team provides continuous medical cover 24/7 for urgent care and after-hours services. Five of the team are vocationally registered rural hospital medicine doctors. One doctor works part time for Hauora Hokianga, and part-time for University of Otago as a senior clinical lecturer convening the Rural Hospital Medicine Postgraduate Diploma. Medical time is allocated for teaching students on site for medical study placements.

Hauora Hokianga supports the regular visiting medical specialists from Northland DHB at Rawene Clinic and at the outlying clinics. These visits are coordinated and integrated with the primary health care services. The services are further complemented by visits from an independent podiatrist and a dermatologist.

A generalist nursing team, comprising ten community health nurses, provide a wide range of services, including chronic care management, wound management, health education, public health, well-child, tamariki ora services, immunisation, cervical screening, "Before School" checks, disability support assessment & co-ordination, and school health services. These generalist nurses provide district nursing services and practice nursing during general practitioner clinics. They also run nurse-led clinics. For a large part of their duties the community nurses are practising in isolation in their local communities. They work under standing orders and with the support of medical staff off site. The nurses provide a vital primary link between their communities and the health service in general, effectively acting as the point of entry into the service for many in the community as well as supporting the rehabilitation after treatment. The service also comprises two specialist nurses focusing on diabetes education, and a specialist school nurse working with schools and early childhood facilities.

A nurse practitioner complements the medical and nursing teams and focuses on management of long-term continuing conditions, primary and secondary prevention and treatment of, and rehabilitation from, cardio vascular illness.

A team of two midwives and three GP obstetricians provide a shared Lead Maternity Carer (LMC) service. The midwifery service provides ante-natal education to expectant mothers in conjunction with birthing and post-natal care at Hokianga Hospital.

The five members of the kaimanaaki tangata team provide close support to the community health nurses, and work with the community development team to provide health education programmes. They also support a range of health promotion activities and primary prevention projects with a focus on reducing rheumatic fever, reducing smoking, improving nutrition, promoting exercise and reducing risk taking behaviours.

Currently the stop smoking team provides direct smoking cessation support and promote healthy lifestyles and smoke free environments.

The community development team provide a range of programmes that encourage and support community action to improve drinking water, designate smoke free marae, promote safe foods, promote road safety, and address alcohol and drug misuse by young people through healthy lifestyles, public and community policies, and empowerment projects.

Three community support workers provide support to clients with long term mental health conditions, in conjunction with the NDHB mid north mental health nursing team. Hauora Hokianga also provides 'packages of care' to mental health clients that may include level two residential services. The hospital service provides some respite care. Northland District Health Board provides alcohol and drug counselling, and duly authorised officers.

The primary mental health service provides support for people with mild to moderate mental health conditions such as depression / anxiety. The service includes social support, counselling and complementary therapies. The mental health services together work with the general practitioners and nurses providing an integrated mental health service that is clinically led by a GP with a special interest.

As part of the Te Pu o Te Wheke collective, Hauora Hokianga holds a Whanau Ora contract which places a trained social work navigator to work with at risk whanau to enable them to make a whanau plan and access the required services and resources to make a difference

for their future. The whanau navigation work is shared with the community nursing team and the navigator provides staff training to integrate the whanau ora model within all levels of the organisation.

Other community-based services include home support services, which cover home help and personal care for clients living with disabilities, illness or injury needing support at home. These services are supported by domiciliary services and equipment loans. Regular day care services are also provided in Rawene, Opononi, Taheke, Horeke and Panguru.

An oral health promotion service is provided by Hauora Hokianga, while oral health services are now provided by Northland DHB for children and relief of pain for adults. Hokianga Health supports the NDHB oral health service by providing a room at the Taheke Clinic.

Hauora Hokianga Population Health Outcomes and Data Recording

For 2019/20, Hokianga Health has changed its system for setting targets, managing and reporting on key health outcome indicator. This relates to the work of Hokianga Health's Clinical Governance group which focuses on the national service level measures reported by Te Tai Tokerau PHO and Mahitahi Hauora in 2019/20.

Therefore, this plan aligns with those measures and the expected outcomes are adopted by Hokianga Health as the outcome targets for 2019/20.

Clinical Governance recognises that Hokianga Health has worked hard to improve population health outcomes and reach targets but has struggled to meet them due to a range of social, economic and demographic factors. It is anticipated that the introduction of the New Pathways – Te Ara Hou recommendations project will assist in achieving the population health targets in Hokianga.

In 2019/20 Hokianga Health plans to improve the recording of 'Read Codes' which provides critical information in relation to prevailing patient conditions and assists in deciding on how to deploy services to meet those needs.

The Service Level Measures, targets and our April 2019 levels are as follows:

• CVD Risk Assessment	Target 90%	April 2019 66%
• Cervical Screening	Target 80%	April 2019 59%
• Smoking Brief Advice	Target 90%	April 2019 75%
• Patient Portal	Target Offered	April 2019 Not Offered
• Immunisation 8 mths	Target 95%	April 2019 73%
• Immunisation 2 years	Target 95%	April 2019 75%

To improve CVD Risk Assessment and Cervical Screening, the New Pathways Project will be assessing and recommending changes to the current recall system and processes. The non-consent rate for cervical screening is high and recognised as an ongoing challenge to improve.

Clinical Governance Group has made good progress in concentrating on improving performance under the Smoking Brief Advice target and further progress can be achieved during the year.

The Patient Portal will be introduced in 2019/20 following technical difficulties with the MyPractice version – Health 365, which have largely been ironed out.

The Immunisation rates do not meet the target performance is very good considering the relatively high number of Hokianga families who choose to not immunise their children.

Risk Management

Risk Management relates to the management of the future external and internal circumstances that may prevent the Trust from achieving its strategic and annual objectives.

The three main categories of risk are financial, staffing, and quality.

Financial

The risk of financial unsustainability was high during the 2018/19 year as a result of four significant factors, the risks associated with the scale of the hospital building project, underfunded services contracts, national workforce shortages, and the DHB national nursing MECA.

These risks for 2019/20 have all been reduced, the most notable being the successful completion of the hospital upgrade project finishing close to budget and schedule. While rural workforce recruitment remains a high risk throughout the country, contract negotiations

with NDHB have been positive in late 2018/19 and although the related risk remains high, it is reduced a little in accordance with good prospects for resolution of some of the longer standing financial underfunding issues.

The most significant of the underfunded services remains the inpatient hospital service which continues to operate with a large internal financial deficit. Historically, the cost of providing the hospital service is significantly greater than the funding received and in order to sustain this important component of the service, the Trust subsidises the service from cash reserves that would otherwise be used in the future to replace assets at the end of the useful life. Despite the funding shortfall, the hospital service remains very cost effective in comparison to Northland hospitals (*Table 27, Hokianga Model of Care Review, Health Partners, March 2014*).

Current negotiations for a new five-year contract (2020-2025) with Northland DHB gives some assurance that future contributions to cost pressures (CCP) and demographic increases will continue and the Trust's largest contract, the Rural Health Centre – Integrated Family Health Centre contract will be revised to ensure that it is fairly funded and will be integrated so that compliance and reporting can be reduced.

In 2019/20, the Trust in partnership with the national Rural Hospital Network will continue to seek support from the Ministry of Health to require DHBs to pass on to rural hospitals the Ministry of Health rural subsidies that recognise the diseconomy of scale of rural hospitals. The Ministry of Health *Sapere* report on rural subsidies 2015 revealed that DHBs, including Northland DHB, receive significant funding adjusters aimed at addressing the additional costs they incur in providing and funding rural hospitals. The Rural Hospital Network discovered in 2019/20 through information obtained by the Official Information Act that the rural adjuster is not being utilised by DHBs to support rural hospitals anywhere in New Zealand.

The Trust is in a relatively strong position to manage this risk in the short term due to the healthy cash reserves that it currently holds. The budgeted operational deficit of \$241,000 for 2019/2020 can be safely managed within the Trust's projected cash flow for the year.

Staffing

Due to the size of the organisation and rural isolation from support services, Hauora Hokianga will always rely on a comparatively small pool of skilled staff. Rural isolation also creates challenges for recruitment and retention of skilled and professional staff.

The Trust has maintained a relatively stable nursing workforce over recent few years, but on occasion in 2018/19 struggled to fill vacancies in medical and nursing roles. There are currently national workforce shortages throughout all rural health services.

The three-year Hokianga Health collective agreement (covering nursing, ancillary and clerical staff) will be renewed in July 2019. The Medical Officers Collective Agreement is currently overdue for renewal and this will also be concluded early in the financial year.

Maintaining a level of wage parity with the DHBs and acknowledging Hauora Hokianga as a good place to work is always a feature of agreement negotiations, but this year may be more challenging with the increase agreed to at the national level for DHB employed nurses. Hokianga Health is working with NDHB to ensure that enough funding be available to maintain a level of parity which is seen as key to recruiting and retaining quality staff and maintaining a safe and appropriate skill mix in the nursing team.

The core medical team has remained acceptably stable; however, it continues to be a challenge to fill all the permanent roles and secure short-term locums with sufficient experience to work in Hokianga's rural environment. The medical team enjoys a strong collegial aspect and commitment to the Hokianga model of care. Recruitment of new staff with the necessary skills and interest in rural hospital medicine is a priority in future replacement. Hauora Hokianga's involvement in the rural experience component of medical training is also seen as a very important contribution to building an appropriately skilled

future rural workforce in Northland. Hauora Hokianga is able to provide this experience both for GP registrars and for Rural Hospital Medicine registrars. The organisation is recognised for its very supportive stance to staff training, and this is appreciated by staff who take the opportunity to keep abreast of current practice. Hauora Hokianga strives to be a good employer.

Hauora Hokianga will continue to advocate for changes in Government policy designed to support the development of rural medical, nursing and allied health workforce in New Zealand. Since 2008 the organisation, in conjunction with the University of Auckland and Northland DHB, has participated in Pūkawakawa. This is a collaborative teaching programme for fifth year medical students, with the aim of strengthening the future rural medical workforce. The programme depends on the skills, commitment and energy of the resident doctors. Their contribution has been integral to the success of this valuable project, with students gaining a wealth of clinical, social and cultural experience in Hokianga. Hauora Hokianga collaborates with Northtec to assist with training student nurses and providing elective experience. The 2019/20 year will again involve teaching support to medical and nursing students at all levels.

Health and Safety

Hauora Hokianga is committed to the principles of maintaining a safe and healthy workplace, supported by the development of new systems and processes as change occurs and the continues maintenance of current safety related systems.

A key component of effective health and safety leadership is engagement with workers. Feedback from internal audits and staff surveys identify areas for improvement and will help inform our goals for the coming year. Good communication and close liaison with the building project manager and contractors will be required throughout the duration of the hospital building project.

Specific Health and Safety Objectives 2019/20

The following were agreed with the Health and Safety committee at their Annual General meeting in May 2019

1. Review the Health and Safety processes associated with the hospital ward upgrade
2. Continue to develop the knowledge, experience and usage of the Health and Safety SharePoint site
3. Review the safety processes for staff working in isolation with emphasis on systems and new technologies.

Quality

Hokianga Health recognises the importance of quality systems to meet the needs of patients and expectations of care with minimal adverse clinical events. Consequently, quality systems are embedded in all aspects of the organisation including regular internal and external audits. To ensure a thorough process of prioritising and focusing on clinical matters two groups are operational.

The Clinical Governance committee provides a focus on monitoring performance and implementing relevant actions including evaluation of clinical safety, patient experiences and ensuring risks are managed in a timely manner. The monthly meetings include regular review of the regional PHO targets including diabetes, cardio vascular, immunisations, cervical smears, and smoking. Opportunity to prioritise clinical issues, review progress towards targets and initiatives including clinical audit reports.

The Clinical Governance Group also incorporates 'significant events' reporting and assessment which provide a formal forum to review incidents/ potential incidents that can impact on patient care and/ or outcomes. The assessment considers what went well or what

could be improved.

Clinical Governance consists of clinical and management leaders.

Opportunities to expand and improve access to services and facilities are often taken up by Hauora Hokianga - the Trust philosophy of meeting the needs of the people always provides the impetus for innovation. Commencing in 2018/19, Hokianga Health's New Pathways – Te Ara Hou Project will review all aspects of the delivery model and quality systems to make recommendations by December 2019 on how the service can be improved in its responsiveness to community needs.

Hokianga Health's quality processes are regularly reviewed and assessed internally audit processes as well as external certifications. In 2018/19 a larger number than usual of accreditations were achieved by the service. The current certifications/accreditations held by Hauora Hokianga are:

- Four-year Certification for hospital-based Health and Disability Services Standards – next due 2023
- Three-year Accreditation for General Practice services under the Royal NZ College of General Practitioners' Cornerstone Accreditation programme, and currently participating in the cornerstone annual quality assurance and continuous quality improvement programme – next due July 2020
- Three-year Certification for community-based Home and Community Sector Standards – next due to 2022
- Baby Friendly Hospital Initiative to 2018 (*next audit deferred by NDHB until late 2019*)
- Division of Rural Hospital Medicine NZ (DRHMNZ) Accredited Rural Hospital Registrar Training Facility

Information Systems

Information Technology systems (IT) are an important enabler in modern health service provision for communicating, recording and reporting of clinical data and information. These systems have become increasingly complex as the technologies advance and expectations increase. Because of the wide range of services provided by Hokianga Health, the service faces some unique IT challenges. These are made particularly difficult by the generally undeveloped communications infrastructure in the Hokianga area, and the relative physical isolation of the population. However, the Trust's commitment to be a centre of excellence for rural health depends on these challenges being met.

Hokianga Health's patient management system is MyPractice which provides SQL replication capability that Hokianga Health relies on to facilitate server replications or data copies at each of its clinic sites. This method ensures that the wide area network within Hokianga with its very slow internet services at remote locations can provide reliable and timely access to patient data at all clinics.

Implementation of the patient portal Health365 was delayed due to technical issues and will be implemented in 2019/20. As well as providing direct access for people to their personal clinical history and providing a means for patients to directly communicate with clinicians, it also enables mobile clinical staff to access the patient management system when in cell phone coverage while out in the district.

Hokianga Health's data network currently comprises a number of servers and approximately 100 desktop and laptop computers throughout the organisation serving clinical, financial, human resource and administrative functions.

During 2019/20, Hokianga Health will replace up to 40 outdated workstations located at the outlying clinics.

Physical Resources – Buildings & Vehicles

Since purchasing buildings from Northland Area Health Board in 1993, Hauora Hokianga has worked through a long upgrade programme which is continuing to improve the standards of all the facilities.

With the completion of the final stage of the Hokianga Hospital upgrade in July 2019, the focus will be quite modest in 2019/20.

The focus will be on the upgrade of the Panguru Clinic and the utilisation and improvements to the adjacent Panguru Development Centre.

A new concept plan will be developed during the year for the future Rawene Health Centre Hub (consisting of Rawene Health Clinic and urgent care facility) and an assessment of the work required to move the X-Ray facilities to the old theatre will also be undertaken.

The vehicle fleet comprises some 40 vehicles: 37 cars, two multi seating vehicles for transportation of clients and patients, and a utility vehicle for the facilities team. The average age of the vehicles is 8 years. The Trust's Vehicle replacement policy is flexible to allow the most cost effective and appropriate replacement of vehicles to maintain a reliable and safe fleet of vehicles. In line with this policy the plan will include replacement costs for three vehicles in the 2019/20 year.

Annual Plan for the Financial Year 2019/20 by Cost Centre

All Figures are GST Exclusive

	2018/19 Forecast End of Year \$	2019/20 Budget \$	2020/21 Projection \$	2021/22 Projection \$
Income				
NDHB Contract Revenue	9,603,200	9,977,589	10,102,697	10,254,237
MOH Contracts	256,408	232,754	236,245	239,789
Other Service Contracts	717,581	610,349	623,968	595,978
Other Income	429,304	445,200	364,928	369,727
Total Income	11,006,493	11,265,892	11,327,838	11,459,732
Expenditure				
Hospital	3,173,607	3,218,529	3,243,620	3,292,972
Maternity	245,010	212,904	219,348	222,698
Health Centre / A&E	1,471,811	1,784,591	1,804,916	1,829,200
Clinics	1,059,667	1,067,357	1,077,585	1,085,724
Community Health Services	1,038,311	1,047,414	1,066,667	1,086,298
Mental Health	312,602	274,772	277,334	287,451
Community Development	393,784	442,716	451,215	459,879
Support Services	1,901,945	1,914,117	1,924,447	1,959,060
Home Care	765,850	730,596	732,679	787,792
Day Care	91,293	66,404	67,694	69,008
Trust	60,269	63,500	64,453	65,419
Depreciation	584,210	684,000	694,260	704,674
Total Expenditure	11,098,359	11,506,900	11,624,217	11,850,176
Surplus / (Deficit)	(91,867)	(241,009)	(296,378)	(390,444)