

**HOKIANGA HEALTH
&
HAUORA HOKIANGA**

ANNUAL HEALTH & BUSINESS PLAN

FOR THE YEAR ENDING

30 JUNE 2018



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

[copyright Hokianga Health Enterprise Trust]

Table of Contents

Introduction	...	...	...	...	4
Vision, Mission and Philosophy	...	...	...	...	5
Tino Rangatiratanga and the Principle of Subsidiarity	...	...	...	...	5
Philosophy of Hauora Hokianga	...	...	...	...	6
The Hokianga People	...	...	...	...	7
Hokianga Health Enterprise Trust	...	...	...	...	7
Hauora Hokianga Consultation Framework	...	...	...	...	10
Strategic Plan 2015-2020	...	...	...	...	11
Māori Health Plan	...	...	...	...	18
Hauora Hokianga	...	...	...	...	19
Model of Care	...	...	...	...	21
Hauora Hokianga Population Health Outcomes Framework	...	...	...	...	24
Risk Management	...	...	...	...	29
Research	...	...	...	...	33
Primary Health Organisation	...	...	...	...	33
Human Resources	...	...	...	...	35
Information Systems	...	...	...	...	35
Physical Resources - Buildings & Vehicles	...	...	...	...	36

Appendices

Forecast of Financial Performance by Cost Centre
Forecast of Financial Performance by Cost Type
Capital Development and Replacement Programmes

Introduction

Tena Koutou Katoa.

Ko te take o tenei tikanga hauora, hei whakaatu te rautaki a te Hauora o Hokianga mo te tau 2017-18. 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 2017-18. 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 2017-18 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, and the responsibility for the delivery of the services described, and to focus on the outcomes sought by the plan.

The strategic plan for 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 Te Tai Tokerau Primary Health Organisation (TTTPO), of which Hauora Hokianga is a member primary health care service provider.

As a member of Te Pu o Te Wheke Whanau Ora alliance (TPOTW), the Trust additionally aligns its model of care and services to contribute towards TPOTW's whanau ora outcomes.

As a Māori Health Provider, Hauora Hokianga is a member of the Northland Alliance Leadership Team – Te Roopu Kai Hapai Oranga o Te Tai Tokerau. This alliance aims to align the work of its members; Northland DHB, PHOs and Maori Health Providers to accelerate smoking cessation in Northland as well as to promote healthy nutrition aimed at reducing childhood obesity.

In 2017/18 the Trust will focus on maintaining and developing its integrated model of practice and at the same time managing the financial risks created by increasing costs in the light of the ongoing static Government investment in health services and still not being fully funded to meet the actual costs of the provision of the acute medical hospital service based in Rawene. This requires the Trust to maintain tight control of expenditure in order to minimise the projected operational deficit. This year the projected deficit is **\$144,000** which along with the proposed capital programme, will result in a reduced cash position of approximately \$500,000 by year end. This is well within the cash reserves of the Trust.

The capital programme will include the initial stage of our hospital upgrade program, an upgrade to Panguru Clinic, the construction of two accommodation units, the replacement of two fleet vehicles, new X-Ray equipment, and continuing investment in Information Technology systems. Smaller capital projects include the renewal programmes for clinical equipment and office equipment. The total budget of the capital programme is \$1,098,000.

This plan was approved by resolution of the Hokianga Health Enterprise Trust at its meeting on 27th June 2017.

For further information, please visit our website; www.hokiangahealth.org.nz

Frank Herbert, Chairman
John Wigglesworth, Chief Executive Officer

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)

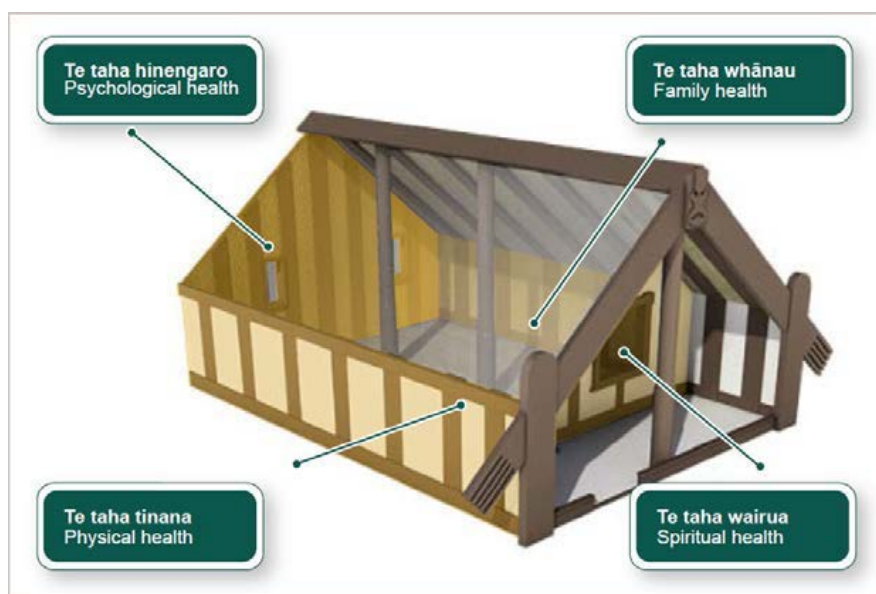
² “Cooperative Government, Devolution of Powers and Subsidiarity”, Gretchen Carpenter

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.



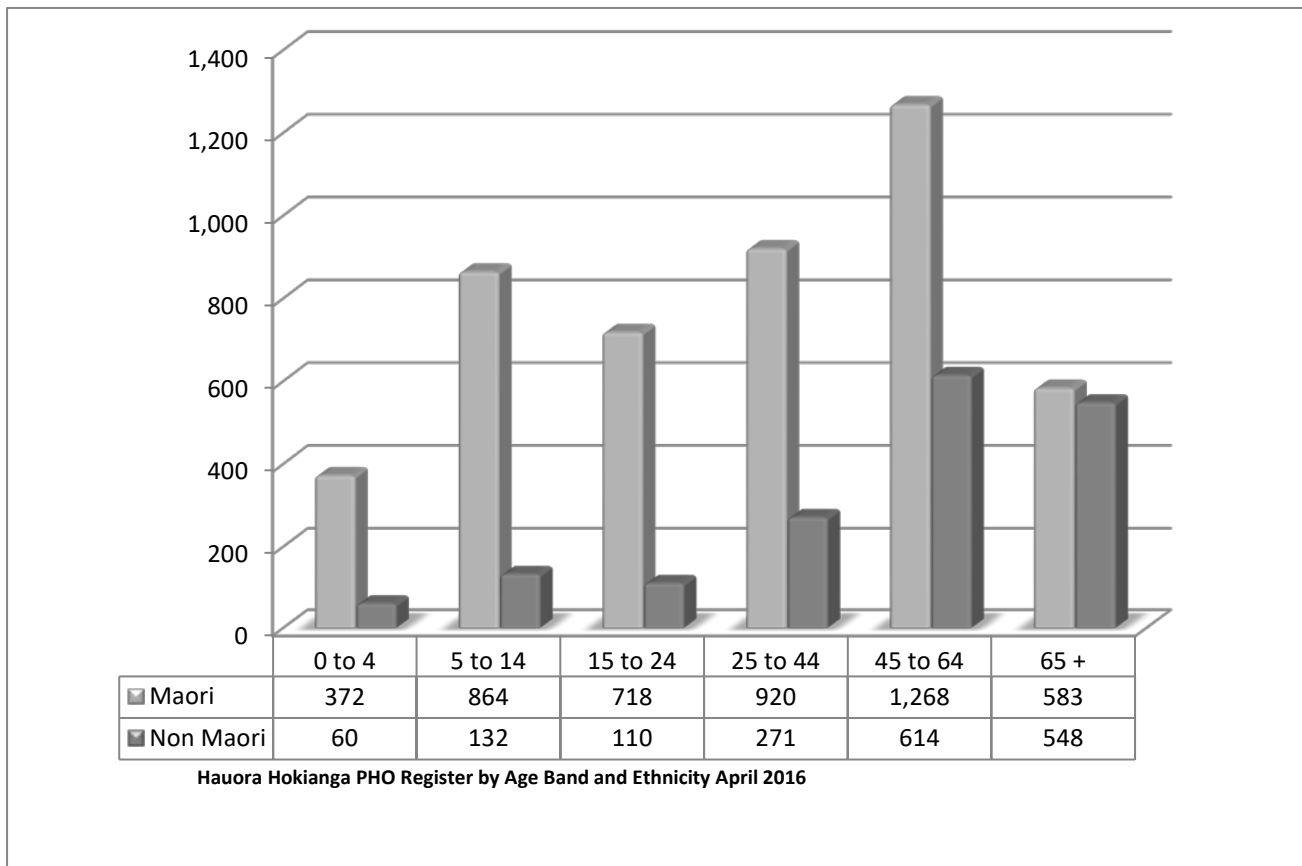
- Hauora Hokianga recognises that all individuals are part of a whānau and our care will be whānau centred and whānau endorsed. Our outcomes will be whānau satisfaction, inspired workforce and relationships and enhanced mana.
- Hauora Hokianga recognises the place of marae in Hokianga society, and celebrates 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 6,450 people. The Hauora Hokianga practice register at April 2017 was 6,460 (6,381 at April 2016 and 6,350 at April 2015)



The graph above represents the populations and variations in ethnicity across the age bands. Māori represent 73% 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, 87% of the population is Māori, compared to 61% for over 45 year olds). A significant 48% growth in the over 45 population has occurred over the last 10 years, including a 32% growth in Māori over 65 and a 78% growth in non Māori over 65. Correspondingly over this same period there has been a 25% reduction in the total 5-14 population.

The publication “Degrees of Deprivation in New Zealand” (Crampton, Salmond, Kirkpatrick, Scarborough and Skelly) describes the Hokianga area as a “*landscape of deprivation*”. The large majority of 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.

19 of the Trust's current 24 members are of Māori descent. This represents a 79% Māori governorship.

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

In addition, two further committees meet quarterly, and as required:

- CEO Performance Review Committee (comprising four members)
- Policy Committee (comprising six members)

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 2017 are as follows with years of service in brackets:

Broadwood	Bett Waipouri (14) Patricia Irvine (10)
Horeke	Francis Howard (1) Victoria Brown (first year)
Kohukohu	Kelly Wallace (1) Celia Henry (first year)
Mangamuka	Ngawai Tuson (first year)
Omapere	Gilda Hessell (first year) Carla Robinson (4)
Panguru	Tom Green (8) Tania Paikea (5)
Pawarenga	Frank Herbert QSM (15) <i>Chair; and Te Runanga o Te Rarawa Rep</i> Denise Proctor (10)
Rawene	Moriana Wynyard (first year) Charles Nathan (2)
Taheke	Ron Dixon (5) Ada Brown (first year)
Waimamaku	Darlene Rogers (2)

	<i>One vacant seat</i>
Te Runanga a Iwi o Ngapuhi	Helene Leaf QSM (8) Linda Pikari (4)
Staff Representatives	Gina Albert (first year) Cheryl Turner (2)
Appointed	Gwen Freese QSM (3) Tony Birch (3) <i>Deputy Chair</i>

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 in order to improve the health and wellbeing of the people of Hokianga. This commitment and intent is reflective of 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.

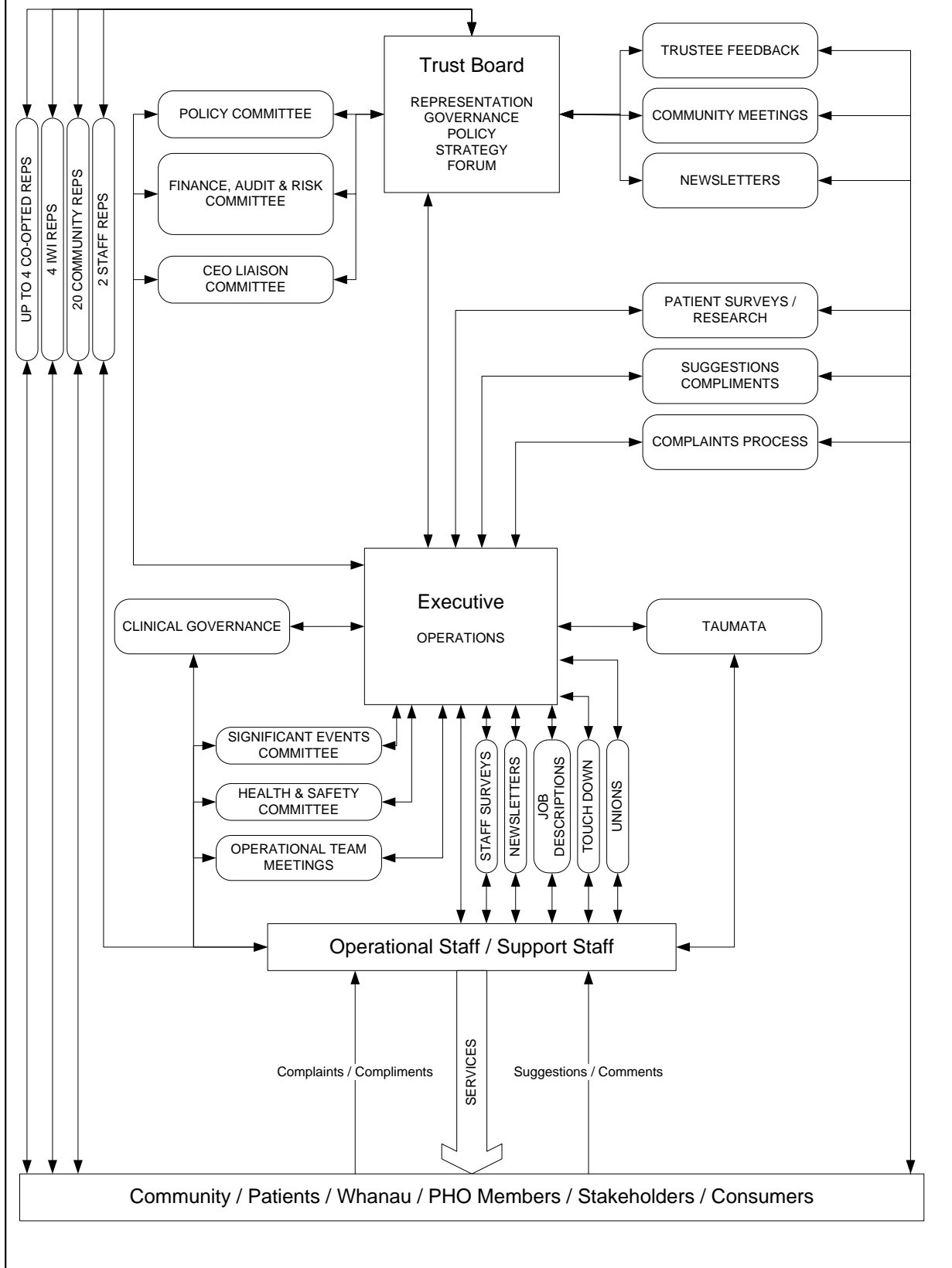
Community development draws on existing human and material resources in the community to enhance self help and social support, and to develop flexible systems for strengthening public participation and direction of health matters. This requires full and continuous access to information, learning opportunities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

During the 2016-17 year, the Trust will maintain its focus on the responsibilities of the Trust under the Health and Safety at Work Act 2015.

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



Hokianga Health Enterprise Trust Quality Communication Framework 2017



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 second 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**

Strategies for 2015-2020

1) To maintain and enhance the **autonomy** and **effectiveness** of the Trust so that it can:

- provide **effective governance** for Hauora Hokianga
- undertake **advocacy** on behalf of Hokianga
- promote and strengthen **biculturalism** in the organisation
- **promote and raise the profile** of the successes of Hauora Hokianga

Key	Strategy / action	Progress To Date	Business Plan 2017/18 Actions
Governance	<p>Build our place as Maori Health Provider</p> <p>Support and express the need to secure more appropriate contracting and reporting</p> <p>Strengthen partnerships with stakeholders</p> <p>Enhance Trustee skills with governance and financial training</p>	<p>Active participation in Alliance Leadership as Maori Health Provider</p> <p>Continuing advocacy for changing the nature of the contracts (integration and reduced compliance)</p> <p>Partnerships being strengthened through a range of advocacy and joint planning groups</p> <p>Participation in Te Tai Tokerau Indigenous health hui and the development of a Maori Health Commissioning (2017)</p> <p>Trustee training programs implemented</p>	<p>Continue participation - CEO as co-chair of Alliance</p> <p>Continue progress</p> <p>Continue progress – CEO as Chair of Healthcare Aotearoa, member of Te Tai Tokerau PHO board, and member of NZ Rural Hospital Network board. Build partnerships with Te Runanga o Te Rarawa, Te Runanga A Iwi o Ngapuhi, and Maori Health providers</p> <p>Undertake Governance training</p>
Advocacy	<p>Trust to undertake advocacy role in</p> <ul style="list-style-type: none"> • transportation issues • pensioner housing • water, waste water and environment issues • socio-economic, infrastructure and employment issues 	<p>Relationships maintained with Far North District Council through participation in Annual planning and District planning processes.</p> <p>Partnership established with FNDC and communities to develop drinking water systems</p>	<p>Participation in submissions to the FNDC District Plan.</p> <p>Participation in Hokianga Ferry Liaison Committee</p> <p>Continue progress</p>

	<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>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>CAYAD programme to continue to advocate for positive policy changes at Marae and sporting clubs</p> <p>Continue to develop Stop Smoking service in conjunction with Te Pu o Te Wheke and accelerate stop smoking rates</p> <p>Achieve social service provider accreditation status with MSD. Continue to work with Te Pu o Te Wheke, MSD and NDHB</p> <p>Maintain and develop mobile friendly website, and utilisation of Facebook</p> <p>Keep watch for opportunities to improve access to social and secure housing</p> <p>Continue to build relationship with Otago and Auckland University in support of the joint proposal for Rural Education project</p> <p>Continue and promote scholarship programme</p> <p>Provide new graduate positions, develop the cultural competency framework and continue Careerforce education</p>
--	---	---	--

Bicultural relationships	<p>Promote and enhance bi-cultural relationships within Hokianga, from within the Maori world view</p> <p>Strengthen staff understanding and knowledge in Te Reo, tikanga and its application to all spheres of the services using the Rarangahia Mai Te Takapau Taonga framework.</p>	<p>Support and advocacy for the development of Marae based programs including Te Reo me Tikanga Maori.</p> <p>Rarangahia Mai Te Takapau Taonga framework designed and commenced.</p>	<p>Continue progress on the implementation of these programs</p> <p>Complete planning and fully implement Rarangahia Mai framework</p>
Promote and raise the profile	<p>Participate in collaborative projects</p> <p>Participate in Northland wide planning and advisory committees</p> <p>Increase networking with other providers and intersectoral agencies</p> <p>Strengthen connections with iwi runanga at governance level</p>	<p>A full range of collaborative projects implemented when opportunities have developed through the Alliance, Te Pu o te Wheke and TTTPHO</p> <p>Participation in a range of planning and advisory committees</p> <p>Range and level of networking increased through Alliance, Rural Hospital network, and Healthcare Aotearoa</p> <p>Participation in Te Pu o Te Wheke governance. Regular issues reports to Ngapuhi runanga</p>	<p>Continue seeking opportunities and developing projects</p> <p>Maintain progress</p> <p>Maintain</p> <p>Maintain</p>

2) To ensure Hauora Hokianga continues to thrive by making sure there is sufficient funding for:

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

Key	Strategy / action	Progress To Date	Business Plan 2016/17 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>Continue development of Hokianga Hospital as a training facility with close liaison with DHB and TTPHO and the educational institutions - colleges of general practice, nursing, and allied health institutions.</p>	<p>Scoping work for Maori Development completed</p> <p>Rarangahia Mai Te Takapau Taonga Workforce Development framework developed</p> <p>Progress towards support for post graduate training program</p> <p>Post graduate nursing roles at hospital maintained</p> <p>Funding opportunities limited for new graduate positions</p> <p>Significant progress towards this goal – development of partnership with Otago University. Development of Midwifery placements to complement medical and nursing student placements. Scoping of social worker student placements</p>	<p>Implement Maori Development position</p> <p>Fully implement Rarangahia Mai Te Takapau Taonga framework</p> <p>Assign part time roles for clinical education</p> <p>Continue new graduate nurse position</p> <p>Continue to seek funding opportunities</p> <p>Continue progress – develop Hospital Medicine Registrar program MOU with NDHB – MOU for post graduate training programme with Otago University</p> <p>Continue to build relationship with Otago and Auckland University in support of the joint proposal for Rural Education project</p>
Quality	Information Technology systems enhanced to give stability and capacity	<p>Installation of Fibre Optic Internet service completed. Improved internet services at 9/10 clinics. Installation of Fibre optic network ring at hospital in progress.</p> <p>Updated Medical Server, Active Directory and File Servers. Update all workstations and operating systems</p>	<p>Completion of fibre optic network ring</p> <p>Continue development and implementation of new systems</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>Range of new systems implemented and / or scoped including Patient Portal, Intranet clinical information system, and interRAI</p> <p>Progress made, national targets have changed to New set of Service Level Measures</p>	<p>Patient Portal commenced</p> <p>Update to Sharepoint Intranet service</p> <p>Complete training for interRAI in community</p> <p>Maintain focus on achieving targets where possible</p>
Capital works	<p>Development of maintenance workshop in new location</p> <p>Development of Te Whare Awhina in new location</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>Maintenance Workshop project completed</p> <p>Te Whare Awhina project completed</p> <p>Concept planning for Rawene Health Centre 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>Panguru Clinic upgrade plan developed</p>	<p>Continue to develop Rawene Health Centre concept plans</p> <p>Undertake and complete first stage of Hospital Ward renewal project</p> <p>Complete Panguru Clinic upgrade</p> <p>Complete construction of two accommodation units</p>

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 2016/17 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	Continue to seek opportunities to enhance these programmes Continue development of Kia Ora Vision programme New Stop Smoking Programme and Toki Rau promotion developed Seek opportunities to improve awareness of and support families to address the problems of methamphetamine ('P') abuse
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 • extension of adult oral health services • extension of traditional health practices into general health area • extension of primary health care services Implement and/or support programmes for <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 	No opportunities to expand Oral Health Service – contract discontinued by NDHB Limited opportunities to extend traditional health practices and primary health care due to funding restrictions Relationships developed and actions taken to increase opportunity for social services Maintained multi agency support group for vulnerable children and families led by Hokianga Health	Continue to seek opportunities Continue to seek opportunities Maintain

<p>Service delivery</p>	<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, 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>Ongoing evaluation of service effectiveness and opportunities for telemedicine</p> <p>Vivid, Te Hono, and Mobile Bus videoconferencing services utilised for 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</p> <p>Development of shared clinical guidelines continuing</p> <p>Support provided for development of medical staff skills in a range of areas including minor surgery and rural hospital</p> <p>Investigation and plans developing and implemented in some areas</p>	<p>Continue progress</p> <p>Continue progress</p> <p>Purchase Haematology Analyser POCT and utilise</p> <p>Continue progress</p> <p>Plan for implementation of energy plan in Health Centre hub project</p>
-------------------------	---	---	---

In addition to the Trust's own strategic plan, the Trust contributes through this business plan towards achieving some of the objectives of the Trust's strategic partners in Te Tai Tokerau, in particular Te Pu o Te Wheke, Northland DHB and Te Tai Tokerau PHO.

Māori Health Plan

The Trust recognises the fundamental and unique relationship between the Crown and Māori. It is fully owned and governed by the Hokianga community which is 73% Māori; hence the Trust is recognised as a Māori health provider. 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, 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.

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's Maori Health providers on a number of boards and advisory groups.

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 of its majority Māori community. Thus, the Trust's Māori Health Plan is fundamentally integrated into the services described by this document, the Trust's Annual Health and Business Plan. The Trust recognises that Māori suffer specific health inequalities in New Zealand, from the effects of socio-economic determinants and the impacts of ethnicity and colonisation 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 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 processes are followed within the organisation. Taumata meets regularly with the Chief Executive Officer to discuss, review, and plan the application of tikanga Māori. This process includes implementation and review of standards, policy, procedures and staff orientation programmes.

Hauora Hokianga's commitment to tikanga Māori is demonstrated through staff powhiri, whakatau and poroporoaki. Manuhiri (visitors) are always welcomed with a powhiri. All staff are able to seek advice and support from Taumata. Hauora Hokianga encourages the use of and education in Te Reo Māori throughout the organisation. The Hauora Hokianga community newsletter is produced each month in both English and Te Reo Māori and is widely distributed throughout Hokianga.

Staff training within the Rarangahia mai te Takapau Taonga programme will be developed further during the year and made available for all staff; new and experienced. This programme will raise knowledge of the whanau ora models of care and develops and supports culturally safe practice. It includes knowledge of Te Tiriti, Dynamics of Whanaungatanga, and Te Whare Tapa Wha, as well as encouraging the learning and use of Te Reo and Tikanga in everyday practice throughout the organisation.

Hauora Hokianga

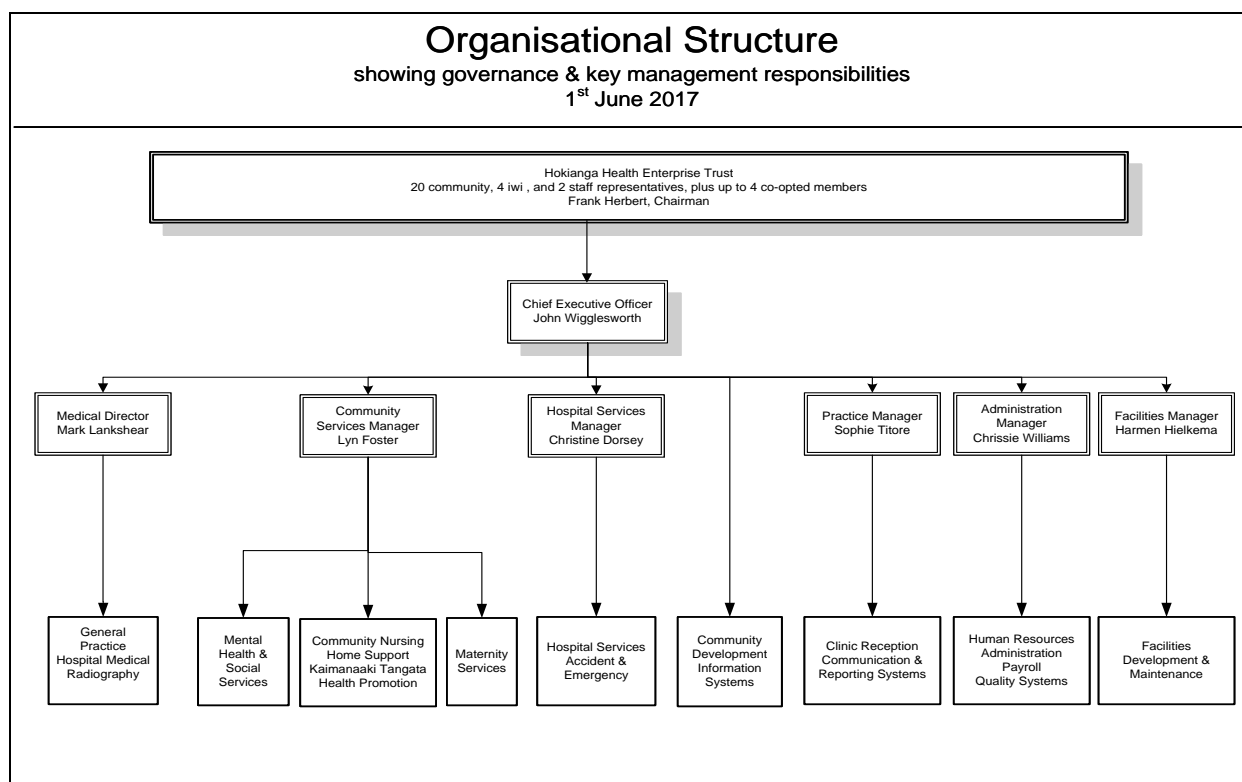
Hauora Hokianga is the service delivery arm of Hokianga Health Enterprise Trust and its primary aim and function is to fulfil the aspirations of the Trust's vision statement; *"to be a centre of excellence for rural health care that is responsive to the needs and aspirations of*

⁵ Northland Health Services Plan 2010, Northland District Health Board

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 and offered at outlying clinics and supported by outreach staff who 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.



The Chief Executive Officer of Hauora Hokianga is John Wigglesworth.

John was appointed as the Finance & Property Manager of Hauora Hokianga in 1994 after ten years of community development work around Hokianga. He was appointed as the CEO in 2001 and is currently directly responsible for the Finance and Health and Safety portfolios as well as the community development and information systems teams.

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

The Medical Director position is held by Dr Mark Lankshear. Mark has been with Hauora Hokianga since 2007, and is seconded 2 days a week to the Mid North Mental Health Team as MOSS.

Christine Williams, Administration Manager. Christine has had more than twenty years experience in senior administration with Hauora Hokianga. Christine specialises in the administration and management of the financial, governance support, legal, payroll and human resource systems. Christine is responsible for many of Hauora Hokianga and the Trust’s audit systems including finance, quality, policy development and review, and staff support.

Sophie Titore, Practice Manager. Sophie has worked in the clerical and IT teams at Hauora Hokianga for the past 25 years, and in May 2016 moved into a management role. Sophie has responsibility for the clerical / reception teams in the Health Centre and community clinics as well as the majority of contract reporting and monitoring.

Lyn Foster, Community Services Manager. Lyn has a part clinical and part management role as manager of the community nursing, dental, mental health, midwifery, home support and kaimanaaki tangata teams. Lyn has had over thirty years experience as a registered nurse

and has worked in remote communities on the East Coast, and Chatham Island before coming to Hokianga in 2000.

Christine Dorsey, Hospital Services Manager: Christine was appointed to the Hospital Services Manager position in February 2008, with responsibility for the hospital ward nursing, health centre and domestic teams. Christine came to Hauora Hokianga in 2006, after more than 26 years of practical experience in general and maternity hospital, health and primary care environments in Australia.

Harmen Hielkema, Facilities Manager. Harmen joined Hauora Hokianga in February 2009 with qualifications in spatial and graphic design, and extensive experience in a number of fields relating to property and property management.

The general practitioners working with the Medical Director at 1 July 2016 are:

Dr Clare Ward (26 years with Hauora Hokianga)

Dr Kati Blattner (14)

Dr Stephen Main (10)

Dr Barry Moloney (3)

Dr Nadia Terzaghi (1)

Dr Sean Rodriguez (1 yr locum)

Dr Chris Todd (first year)

Dr Chris Hopkins (first year)

Hauora Hokianga employs 142 staff members comprising a total of 88 full time equivalent positions.

Hauora Hokianga Comprehensive Model of Care

Hauora Hokianga practices an integrated and comprehensive model of health care.

Hokianga was designated as a Special Medical Area (SMA) in 1941, 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 to provide more universally accessible and comprehensive models of health care.

SMAs were repealed in 1993, the same year that Hokianga Health Enterprise Trust became responsible for the Hokianga health services. The Trust inherited all of the services of the integrated health care model of the SMA and has continued to refine and develop the service 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 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 an 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 an advanced form of the Neighbourhood Healthcare Home, a concept that is being developed to facilitate and encourage integration of primary health services in Northland. Hokianga Health services are provided at a range of locations; Hokianga Hospital, Rawene A&E and Clinic, nine peripheral clinics, Hokianga schools, marae, in the community, and in the home.

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

The Hokianga public hospital service is situated in Rawene and provides services for patients needing acute inpatient care, accident & emergency treatment, maternity care, palliative care, hospital level elderly care, respite care, and assessment & rehabilitation. The 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 campus.

The hospital provides Aged Residential Care for ten residents, most of whom require a hospital level of support. In addition, respite care is provided for recipients of home based care.

The Rawene Clinic and 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, tamariki ora, public health and elderly support services. All of the services are provided free at the point of need for patients registered with the practice.

The Rawene Hospital Accident & Emergency 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 via air and road.

The medical services of Hauora Hokianga are currently provided by eight GPs filling 7.4 FTE positions. The GP team provides continuous medical cover 24/7 for accident and emergency and after-hours services. Four of the team are dual vocationally registered as general practitioners and rural hospital medicine doctors and four currently practise as GP obstetricians. One GP works with Hauora Hokianga part time, and part-time with University of Otago as a senior clinical lecturer convening the Rural Hospital Medicine Diploma.

Another is seconded part-time to Northland DHB to provide psychiatric services to the Mid-north Mental Health team. Medical time is also allocated for teaching the students on site for medical study placements.

Hauora Hokianga supports 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. These services are further complemented by visits from an independent podiatrist and a dermatologist.

A generalist nursing team comprising nine 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 comprises a specialist nurse focusing on diabetes education and women's health, and an education specialist 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 disease.

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

Hauora Hokianga currently employs six part time kaimanaaki tangata (community health care workers) who provide support to the community health nurses and also work closely with the community development team to identify the need for health education programmes for the various communities within Hokianga. They also support a range of health promotion activities and primary prevention projects with a particular focus on reducing rheumatic fever, reducing smoking, improving nutrition, promoting exercise and reducing risk taking behaviours.

The Stop Smoking team provides direct smoking cessation support and promote smokefree environments. The Community Development team runs a range of programmes that encourage community action projects such as improving drinking water, smokefree marae, safe foods, road safety, and addressing alcohol and drug misuse by young people.

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 at the Rawene Health Centre, mental health nursing, 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 or anxiety. The service includes social support, counselling and complementary therapies. The mental health services 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 navigator to work with at risk whanau to enable them to make a whanau plan and access the services and resources that they require to make a difference for their whanau's future. The whanau navigation work is shared with 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.

The community development team works on addressing issues with the determinants of health, with emphasis on building capacity for self-management in marae. An integral part of this work is collaborative research and development projects for educational resources with direct marae and community involvement. The team facilitates, encourages and supports community action and policies aimed at reducing the use and harm to youth from abuse of drugs and alcohol.

Hauora Hokianga Population Health Outcomes Framework

Hauora Hokianga has identified the following eleven population health priorities. These reflect our aspirations for community wellbeing, and they generally align to the Northland Health Services Plan objectives, and those of Te Tai Tokerau PHO. We are continuing to use the Results Based Accountability (RBA) framework to base our objectives for the current year.

Our RBA approach firstly takes a wide high level view – our desired outcome is a healthy community (whanau ora). Within this broad view, we identify priority areas where we can make a positive difference contributing to this aim, and within each priority area we ask ourselves “*what is the outcome we are seeking?*” These may not be directly measurable or attributable to our actions, and we acknowledge that the efforts of health providers are not the only determinants of a population outcome. Our efforts can at best contribute to the health outcomes we seek. We use evidence and the accepted current best practice in determining our practice, in the same way that other providers do, towards achieving these objectives as well as seeking innovative solutions that will be effective for the Hokianga population.

1. Reduction in Morbidity associated with Type 2 Diabetes

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> • Number of diabetes patients receiving annual checks and advice • Number of diabetes patients with glycaemic control, ie HbA1C < 65 mmol/mol • Number of unscreened people in the community in the over 35 age group • Number of events and initiatives promoting healthy lifestyles (nutrition and exercise) 	<p><i>% of diabetes patients receiving annual checks</i></p> <p><i>% of diabetes patients with good glycaemic control, ie HbA1C < 65 mmol/mol</i></p>
EFFECT	<ul style="list-style-type: none"> ➤ More patients have regular (annual) lipid / ACR / Creatinine/ HbA1c blood tests ➤ Number of people who have been identified at risk of diabetes who are making positive lifestyle changes to avoid onset of diabetes ➤ Number of diabetes patients with improved management of condition 	<p><i>Decreased incidence of Type 2 Diabetes in enrolled population</i></p> <p><i>Our aspirational goal is Improved quality of life for diabetes patients and fewer diabetes related morbidities</i></p>

Healthy lifestyles education aimed at prevention of onset of Type 2 Diabetes is prominent in the health promotion programme. For those identified with the condition, lifestyle changes are promoted to better manage the condition. All patients with diabetes are on a care plan involving regular checks and monitoring, education and medication where appropriate.

Topical at the moment is the link between obesity and diabetes and a proposed nation wide campaign against sugary drinks, and talking about our focus in health promotion for the year which is nutrition in the schools, hoping to get the message through to the kids.

We will continue to look at what is the measure of success in managing diabetes – if someone has a high level and that drops and maintains at the drop level this itself is a good measure.

2. Reduction in Cardio Vascular Disease

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> No of eligible patients receiving review of risk factors No of patients identified with a CVD risk of > 15% with care plan formulated for management of cardiovascular risk No of patients with identified CVD risk attending regular review No of patients receiving post event follow up (MI / TIA / CVA) No of events and initiatives promoting healthy lifestyles (nutrition and exercise) 	<p><i>% of patients in target group receiving review of risk factors</i></p> <p><i>% of patients receiving post event follow up</i></p>
EFFECT	<ul style="list-style-type: none"> <i>Reduced incidence and prevalence of cardio vascular disease</i> 	<p><i>Reduced % of incidence and prevalence of heart disease in enrolled population</i></p>

Hauora Hokianga has a comprehensive CVD strategy integrating primary and secondary prevention, management of acute cardiac problems, in hospital management and the secondary and tertiary interfaces. The primary focus is on identifying those in the target group with increased risk factors and implementing effective intervention.

The Nurse Practitioner takes a holistic approach to health management, focusing on, but not limited to, CVD prevention and management, providing best practice health education, health promotion, and nursing services.

Collection of data will continue, and measures in place reviewed.

3. Improvement in the health of children

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> No of Hokianga mothers supported to fully breastfeed No of infants screened for neonatal hearing within three months of birth Number of 15 month immunisations completed at 2 yrs Number of 2yo with parents declining their immunisation Number of 6 week, 3 month and five month vaccinations completed by 8 months Number of promotion and education events and opportunities provided Number of Well child checks completed for five year olds Number of Before School checks completed on four year olds Number of checks completed for Year 9 students, and other referrals of 'at risk' children 	<p><i>% of infants exclusively breast fed at six weeks</i></p> <p><i>% of infants screened for neonatal hearing within three months of birth</i></p> <p><i>% of 8 month old infants who are fully immunised</i></p> <p><i>% of two year olds who are fully immunised</i></p> <p><i>% of children completing the Well Child check</i></p> <p><i>% of four year olds receiving the Before School check</i></p> <p><i>% of Year 9 students receiving the HEADSS assessment check</i></p>

EFFECT	<ul style="list-style-type: none"> • <i>Reduction in number of incidences of immunisation-sensitive communicable diseases</i> • <i>Reduction in the number of parents declining immunisation to a minimum</i> • <i>Reduction in unidentified and unassessed disabilities which may affect learning and development</i> • <i>Higher number of babies in Hokianga exclusively breastfed at six weeks</i> • <i>Higher number of infants screened for neonatal hearing within three months of birth</i> • <i>Reduction in harm relating to damaged sexuality and social behaviour</i> 	<p><i>Reduction in % of parents declining immunisation in enrolled population</i></p> <p><i>Higher % of infants screened for neonatal hearing within three months of birth</i></p> <p><i>Our aspirational goals are to reduce the incidence of communicable diseases in our community, increase the number of babies fully breastfed at six weeks, and for our teenagers we aim for Improved health, self esteem, achievements and aspiration.</i></p>
--------	---	--

A focus of the immunisation programme is to raise awareness of the effects of the serious diseases that the vaccinations are addressing and to reduce the number of parents who withhold consent for their children’s vaccinations. Community health nurses work to vaccinate to ensure all children with consent have their immunisation schedules completed by two years old.

The health promotion focus of the kaimanaaki tangata team is nutrition in schools, promoting water as the best drink, oral health and prevention of rheumatic fever, alongside the Healthy Homes initiative.

4. Reduced incidence of smoking related conditions

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> • No of smokers in population • No of smokers trying to quit and provided with support • No of pregnant smokers provided with support to quit • No of Hokianga marae that are smoke free 	<p><i>% of smokers trying to quit and provided with support</i></p> <p><i>% of pregnant smokers provided with support to quit</i></p> <p><i>% of smokers trying to quit who are verified smoke free at four weeks</i></p>
EFFECT	<ul style="list-style-type: none"> • <i>Lower number of smokers in the population</i> • <i>Lower prevalence of smoking related conditions</i> 	<p><i>Our aspirational goal is to reduced the incidence of smoking related conditions in the enrolled population</i></p>

The service aims to reduce tobacco related morbidity and mortality and the serious impacts of smoking during pregnancy, prioritising Maori service users where appropriate.

The Hauora Hokianga Smoking Cessation team work effectively on an individual basis to support those wishing to quit, and also do extensive health promotion and awareness both at organised events and opportunistically. Hauora Hokianga as part of the Alliance – Te Kai Hapai Oranga o Te Tai Tokerau will be collectively exploring how to achieve more ambitious smoking cessation targets in the coming years.

Supporting and encouraging local businesses to not sell tobacco products is an important part of the programme.

5. Improved Oral Health

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> Number of health promotion activities in conjunction with Northland DHB oral health team Number of pregnant women receiving oral health promotional information 	<i>% of pregnant women receiving oral health promotion information</i>
EFFECT	<ul style="list-style-type: none"> <i>Lower prevalence of caries in five year olds</i> <i>Lower number of decayed, missing or filled (DMF) teeth in adolescents</i> <i>Lower number of health conditions in adults resulting from poor oral health</i> <i>Reduction in OCT in hospital admissions for oral health</i> 	<i>Our aspirational goals are to lower the number of adults with health conditions stemming from poor oral health, and to reduce the number of hospital admissions of children related to oral health.</i>

Hauora Hokianga holds a 0.4FTE position for oral health promotion, a position filled by a kaimanaaki tangata. The kaimanaaki tangata team promote oral health in collaborative expositions and school health promotion work, guided by the objectives of the Northland oral health team. Hauora Hokianga will also continue its participation in the planning and delivery forum which aims to improve outcomes in the Northland region.

6. Lower incidence of heart disease resulting from Rheumatic fever

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> No of primary school children screened for Pharyngeal Streptococcus A 	<i>% of primary school children screened for Strep A</i> <i>% of Strep A infections treated appropriately with antibiotics</i>
EFFECT	<ul style="list-style-type: none"> <i>Lower incidence of rheumatic fever resulting from Strep A infection</i> 	<i>Maintain the zero incidence of heart disease resulting from rheumatic fever infection.</i>

Detection and treatment of Pharyngeal Streptococcus A in school children is critical in reducing the incidence of rheumatic fever which can lead to rheumatic heart disease.

The rheumatic fever throat swabbing programme aims to provide throat swabbing and referral services in school and home settings for children 5 – 14 years who present with sore throat, along with their whanau members. Antibiotics are given if a positive Strep A swab is returned. The programme also aims to increase awareness of rheumatic fever risk factors in the community.

While there is currently a wider debate about the effectiveness of screening as a tool in reducing incidences of heart disease, recent statistics show a sharp fall in the number of new cases of rheumatic fever both nationally and in Northland, giving rise to some confidence that the programme is effective. It will continue in the 2016/17 year.

7. Lower incidence of Family Violence

Hauora Hokianga encourages staff to recognise and support people experiencing domestic violence. Specific questions are asked in the midwifery service and at the Year 9 school checks. For some time we have been facilitating and hosting the “Hokianga Child Welfare Network” meetings – multidisciplinary meetings with representatives from the health, social, education, child protection and criminal justice sectors, aimed at increasing the safety and support for vulnerable children. These innovative meetings are often focused on families in which domestic violence is a major issue affecting child safety.

In 2017/18, in line with increased awareness at a national level of domestic violence, we have training planned to enhance the awareness and readiness of staff to assist and support.

8. Improved Women’s Health

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> No of women being screened for breast cancer No of women being screened for cervical cancer 	<ul style="list-style-type: none"> % of women being screened for breast cancer % of women being screened for cervical cancer
EFFECT	<ul style="list-style-type: none"> Increased early detection of breast tumours and conditions Increased early detection of pre cancerous cervical conditions 	<p><i>Our aspirational goal is to increase the survival rate of women who have breast cancer, i.e. past five years, and to reduce the number of women dying of cervical cancer.</i></p>

While the recorded objectives for women’s health, cervical screening and breast screening, will continue to be the main focus of the Women’s Health practitioner, we recognise that the presence of the CHNs in schools, and the wider health issues involving young women are an important aspect of women’s health. An encouragement for lifelong health goals and relevant decisions, including contraception advice and assistance, for young women are the focus of many of our services. Support and advice for menopause and maternity are also included.

9. Lower incidence of Colo Rectal Cancer

Nationally screening is changing, but locally we do not have the resources to implement a programme at this stage. In 2017-18 we will again monitor national progress, and we may look towards implementing a programme in ensuing years.

10. Lower incidence of Liver Cancer

	QUANTITY	QUALITY
EFFORT	<ul style="list-style-type: none"> No of Hokianga patients born pre 1990 who have been screened for Hep B No. of people known to have Hep B who have been screened this year 	<p><i>% of Hokianga patients born pre 1990 who have been screened for Hep B</i></p>
EFFECT	<ul style="list-style-type: none"> Lower number of Hokianga people with liver cancer 	<p><i>Our aspirational goal is to have fewer Hokianga people with liver cancer</i></p>

There is a well-known correlation between Hepatitis B and liver cancer. Therefore if patients are identified to be Hep B carriers, intervention can be made, with early surveillance, eg via the Hepatitis Foundation, with the aim of reducing incidence of liver cancer.

11. Lower incidence of Gout

Currently gout stop packs are under trial within Northland. In 2017-18 Hauora Hokianga will observe progress with this initiative and will consider an objective for the following years based on demonstrated positive impact of this initiative.

The Arthritis Foundation caravan with information and advice has been in attendance at our peripheral clinics for gout and arthritis

Hauora Hokianga also records:

- Acute Hospital bed days
- Hokianga Emergency Department outputs
- Home Support and Attendant Care outputs
- Primary Care consultations Maori / non-Maori
- Births
- Hospital level residential care – number and bed days
- HEADSS and Before School checks
- School children receiving STD education
- Youth participating in targeted youth activities.
- Mental health contacts, and those receiving primary mental health packages of care
- Number of acute mental health admissions at Whangarei DHB
- Number of cervical smears in eligible population
- Number of women in target group screened for breast cancer
- Number of patients with respiratory disease receiving regular GP checks
- Number of patients on Care Plus programme

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

Financial sustainability is a moderate risk for the Trust. In an environment of constricted Government investment and ever increasing expectation of performance, costs and compliance, the financial situation remains very challenging. The Trust has forecast a moderate operational deficit in the 2017/18 year.

While the Trust's primary care services are generally in a self-sustaining position, the public hospital services continue to create a large internal operational funding 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 Hokianga health services, it has required subsidy from the Trust's reserves and cross subsidy from the other services that the Trust provides. Despite this, the Hokianga public hospital service remains very cost effective in comparison to Northland hospitals (*Table 27, Hokianga Model of Care Review March 2014*).

Negotiation of a five year contract (2014-2019) with Northland DHB gives assurance of future contributions to cost pressures (CCP) and demographic increases received by the DHB will be passed on for the Trust's main contract; the Rural Health Centre – Integrated Family Health Centre contract. This agreement has gone some way to managing some of the Trust's fiscal pressures. It will only partially address however the identified baseline deficit in acute hospital funding which continues to place pressure on the whole service.

While 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, this position will change as the hospital upgrade commences and is completed over the next few years. The Trust continues to focus on strategies to contain costs and increase efficiencies.

Staffing

Hauora Hokianga always has a reliance on a relatively small pool of skilled staff. Due to the isolation of the Hokianga community, recruitment and retention of skilled and professional staff have the potential to create significant risk for Hauora Hokianga.

We anticipate a turnover of a proportion of the nursing staff, particularly in the ward, as nurses take opportunities to vary their career experience, or for family reasons. We are generally able to quickly recruit replacements to maintain a full complement, although the small size of the nursing contingent makes it inevitably vulnerable. The three year Hokianga Health collective agreement (covering nursing, ancillary and clerical staff) is in place effective until June 2019. The Medical Officers Collective Agreement is due to be negotiated in 2017. Maintaining a level of parity with the DHBs and acknowledging Hauora Hokianga as a good place to work is always a feature of agreement negotiations. This 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 relatively stable and enjoys a strong collegial aspect and commitment to the Hokianga model of care. Succession planning is a strong feature for future recruitment, and recruitment of new staff with the skills an interest in rural hospital medicine is a priority in replacement. Hauora Hokianga's involvement in the rural experience component of medical training is also seen as a very important contribution to building a strong 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, a collaborative teaching programme for fifth year students, with the aim of strengthening the future rural GP workforce. This programme depends on the commitment and energy of the resident doctors, and 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 2017/18 year will again involve teaching support to medical and nursing students at all levels.

Quality

With the objective of providing a service with more satisfied patients and fewer adverse clinical events, Hauora Hokianga maintains a comprehensive quality and safety system. Quality systems are embedded within the organisation and are measured by both internal and external audits. Improvements which enhance clinical safety are a constant focus.

A Clinical Governance committee provides high level clinical strategic focus which is augmented by peer group meetings held every two months. Significant event reviews are

held during the alternate months and strategies for follow-up actioned. These two clinical, quality, leadership meetings will continue on a monthly basis during the coming year. These meetings are a valuable tool for the clinicians involved to lead the clinical strategic direction to implement improvements in the management of patients living with ischaemic heart disease and diabetes. The committee also monitors progress against clinical targets in the business plan and the national PHO targets (eg CVD, immunisation, diabetes, and smoking cessation).

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; seeking adequate resources to support the innovation follows.

Current accreditations held by Hauora Hokianga are:

- Three year certification July 2015 – September 2018, against the Health and Disability Services Standards.
- 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 April 2017 – July 2021
- Home and community support services audit against the Health and Disability Services Standards July 2015 – September 2018
- ACC's Workplace Safety Management Practices Programme (WSMP) Tertiary level, Dec 2016 – Dec 2018
- Baby Friendly Hospital Initiative November 2015 – Nov 2018

Hauora Hokianga has supported the establishment of the rural hospital medicine pathway as a sub faculty of the Royal NZ College of General Practice in a number of ways. Our doctors support trainee doctors and medical students at all levels on the rural hospital medicine pathway, and are closely involved with the University of Otago in this. Students from the programme are hosted by Hauora Hokianga and the Hokianga community as part of a biennial study retreat. Rural hospital medicine is improving the quality of rural hospital services, through an education pathway, focusing on the competencies of medical practitioners within rural hospital settings.

In the second half of the 2016/17 year we were able to support the placement of a second Cook Island doctor, Dr Ni Ni Wynn while undertaking her Cook Island Fellowship qualification. A GP registrar position will be filled in the first half of the 2017/18 year by Dr Sam Ah Mu.

Involvement in collaborative quality initiatives include:

- Recognised excellence in rural hospital medicine from raising the profile and performance of rural hospital medicine as a separate discipline, as well as improving on our own hospital's provision of rural hospital medicine via improved diagnostics.
- Involvement in an exchange programme with Cook Islands as part of a collaborative project with NDHB, Rotary Club (Whangarei) and Hokianga, funded by Rotary. Hokianga has hosted visits in the past two year visits from a Cook Islands doctor and nurse and it is planned to continue this as an annual event with two Cook Islands staff to Northland, having ten days at Whangarei Emergency Department and two days at Hokianga Hospital.
- Hokianga will continue to be a part of a larger background national initiative between the Cook Islands Ministry of Health, the Division of Rural Hospital Medicine and University of Otago for reciprocal training of doctors.
- Involvement in the University of Auckland Pūkawakawa programme with placement of fifth year rural immersion medical students
- Support for an in house teaching programme assisting a number of care staff to gain

the National Certificate in Care of the Elderly. The course is continuing in 2017/18. As our focus is on training all caregivers to Level 3, we will easily meet the requirement that 80% of caregivers are trained to Level 2 for home support in future contracts.

- Participation in a benchmarking forum alongside other providers of aged residential care in Northland
- Collaboration with Northland DHB on the purchase of standardised items such as dressings and other surgical supplies.
- Credentialing to ensure recognition of the same quality standards for our clinicians as other hospitals and services

Provision of Point of Care testing, clinician performed ultrasound and digital radiography are examples of excellent quality improvement to improve patient care. A study was completed in 2016/17 to determine the value and impact of POC haematology testing in patient disposition and outcome.

Hauora Hokianga is confident that there will be increased recognition of its contribution and place within the Northland hospitals network and that this will lead to better collaboration, and also access to the online staff development resources of the DHB. Closer links between the four DHB funded Northland hospitals (Kaitaia, Hokianga, Dargaville and Bay of Islands) are being forged by senior clinicians.

Workplace safety is maintained with a committee of five trained health and safety representatives from various workplaces. All attended training related to the Health and Safety at Work Act 2015 resulting in their increased awareness and involvement in the safety management practices of the organisation. Annual mandatory training is undertaken as relevant for CPR, infection prevention and control and manual handling, and staff will continue to be encouraged to undertake other safety-focused training as available, for example fire training, de-escalation techniques and first aid.

The quality programme is facilitated by the Quality Officer who also administers the health and safety programme and provides support to the human resources function. A workplace quality committee functions as a network of elected employee representatives who liaise between management and work teams to focus on quality initiatives, and participate in the policy review and development process.

Sterilisation processes and monitoring continue at the recommended New Zealand standard including tracking of instruments.

Specific Health and Safety Objectives 2017/18

The following were agreed with the Health and Safety committee at their Annual General meeting in June 2017

1. To continue effective communication on building upgrade projects, specifically
 - in the design and implementation of the planned ward isolation suite
 - in the logistics of the staged implementation of the final stage ward upgrade
2. Monitoring the design and implementation of a new reporting system for Accidents and Incidents and Hazards.

Research

Hauora Hokianga recognises the value of ongoing research and will continue to seek appropriate research to inform practice, diagnostics, treatment and care.

Clinical research projects in recent years have been undertaken in conjunction with Dunstan Hospital, Auckland, and Otago Universities. They have included the use of point of care diagnostic testing in rural communities, integrated obstetric care, streptokinase resistance in Maori populations, and Maori perspectives of death and dying.

A range of research has previously been undertaken by the community development team, often in conjunction with Environmental Science Research (ESR). This has covered water supplies and waste water systems, as well as development capacity in Maori communities.

Primary Health Organisation Services

Hauora Hokianga operates as a comprehensive primary health care service or practice within Te Tai Tokerau PHO. The practice register at 1 April 2017 was 6,460.

Hauora Hokianga integrates the provision of a range of comprehensive primary health and disability support services. Hauora Hokianga strongly supports the Primary Health Strategy 2001 which focuses on effective coordination of primary services, ensuring access to services for high needs communities, improving the health of populations, and facilitating community engagement in governance and planning.

Te Tai Tokerau PHO provides a comprehensive range of supports to Hauora Hokianga's primary care services through the provision of information services, project funding, register management, staff training, quality and advisory services.

Hauora Hokianga holds a range of specific primary care services defined and funded by contractual service specifications with Te Tai Tokerau PHO in the following areas:

First Level Services

This specification covers the provision of the General Practice services. Hauora Hokianga does not charge a fee for this service for people who are registered with the Hauora Hokianga Integrated Primary Health Organisation. The service is provided by general practitioners, community nurses, practice nurses and support staff based at the Rawene Health Centre and nine outlying clinics.

Services to Improve Access

This specification covers some of the cost of providing clinic services to each of the nine outlying clinic areas. The utilisation of outreach clinics to improve access to general practice services for remote communities has been part of the model of Hauora Hokianga services since the Special Medical Area was introduced in the 1940s. It ensures very good local access to primary care services for the widely dispersed rural communities of Hokianga, who would otherwise need to travel long distances over poor roads, and without public transport, to access such services. The clinics are centres for the work of the community nurse and kaimanaaki tangata services and are visited by a GP either once or twice a week. Nurse led clinics are key to maintaining a continuum of access to services in these communities.

Very Low Cost Access (VLCA)

This specification provides support to practices in order to maintain low fees for high needs populations. For Hauora Hokianga, the VLCA fund supports the provision of services at no cost at the point of need. The funding for VLCA is currently under review by the Ministry of Health which has causing concern because the current proposals for changing the funding formula for VLCA may see a reduction in revenue for services such as Hauora Hokianga that provide services to the highest needs populations.

Health Promotion

This specification covers the provision of a small part of the overall health promotion activities of Hauora Hokianga. The small resource provided supports the provision of a

health promotion programme, often utilising the opportunity provided at external community events.

Kia Ora Vision (formerly Careplus)

This specification covers the provision of some chronic care management services. Hauora Hokianga has a higher proportion of chronically ill patients than the New Zealand average due to its high Māori proportion and low socio economic status of its population. This funding provides part of the resources for care planning and management of these long term conditions.

PHO Performance Framework

This framework provides financial incentives for the attainment of some specific national performance objectives. To date Hauora Hokianga has achieved very high performance levels against the key performance indicators of this framework. Some of these objectives are contained within the specific objectives of this health plan, for example immunisation, cardio vascular and diabetes screening. Specific high needs indicators were discontinued in recent years, and a new set of general population indicators will be introduced in 2016/17.

Rural Funding

Rural funding streams through Te Tai Tokerau PHO enable the continuation of the vital rural services by supporting rural workforce retention and after hours services, which Hauora Hokianga must cover as isolation precludes involvement in the wider Northland GP after hours rosters. The Rural Service Level Alliance Team in Te Tai Tokerau is currently reviewing the rural funding streams. There will be some changes in funding when the review is complete which may impact on Hauora Hokianga's overall funding.

Diabetes, Immunisation, Cervical Screening and Smoking Brief Advice Improvement Packages

Improving the management of people living with diabetes, cervical screening rates, and the population rates of childhood immunisation, and rates of brief advice given to smokers, are incentivised by TTPHO through the provision of closely monitored performance improvement packages along with assistance and support.

Primary Mental Health

This specification provides resources for the provision of Hauora Hokianga's primary mental health coordination service and some packages of care for people with mild to moderate mental health conditions. In practice, Hauora Hokianga is often required to provide support to people with higher mental health needs due to the unavailability of alternative local support. The funding for this service also significantly reduced in the 2015/16 financial year following on from funding reductions in earlier years of this programme. Primary Mental Health services in Hokianga are provided in an integrated way within *Te Whare Awhina* which joins together so-called secondary mental health services and Whanau Ora.

Human Resources

Staffing is recognised by the Trust as the most critical resource in meeting the mission, goals and objectives of the organisation. The human resources plan focuses on organisational development to respond to the changing needs of the health services environment and the community.

Hauora Hokianga applies as much resource as possible to staff development training, and acknowledges the support of the Te Tai Tokerau PHO for some training. Provision is maintained for sabbatical leave for medical officers. Hauora Hokianga will continue to host the rural hospital medicine and GP registrar programmes as registrars are available, and continues to host and support the Trainee Intern programme.

The medical team support Hauora Hokianga's involvement in the Pūkawakawa study programme for fifth year medical students, and one GP is continuing with a part time teaching post with University of Otago. Four of our GPs have gained dual vocational registration in the scope of General Practice and Rural Hospital Medicine (NZ Medical Council).

The Trust has a focus on developing its workforce (to "grow our own") from Hokianga and this is reflected in its employment practices and the three scholarships offered by the Trust.

- All three scholarships (medical, nursing and allied health) scholarships will again be offered in the 2017/18 year.
- The Careerforce training for home support staff and hospital caregivers is mandatory for all caregivers and support will be given for staff to complete this training in the 2017/18 year.

We are committed to continued training in the Tamariki Ora Programme. Three of our community nurses are trained in Tamariki Ora.

Taumata, a group comprising senior Māori staff members, provides valuable insight and guidance for the CEO in matters of tikanga and policy. Staff participate in a powhiri process for new employees.

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 general undeveloped communications infrastructure in the Hokianga area, and the relative physical isolation of the population. However, the Trust's commitment to being a centre of excellence for rural health depends on these challenges being met.

Hokianga Health's main patient management system is MyPractice which provides SQL replication capability that Hokianga Health relies on to facilitate the server replications 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.

Hokianga Health will continue to participate in NPIAG – the Northland PHO Information Advisory Group which continues to explore IT development, efficiencies and integration, across primary health care services in Northland.

In order to enhance the local internet infrastructure, Hokianga Health has invested over recent years in partnership with Whangarei based Ubergroup in the construction of three internet wireless towers which extend the range of faster wireless services, connecting the fibre optic cable at the hospital site, and utilising new VDSL options at some of our clinics.

These initiatives have considerably improved the infrastructure and have enabled the potential of new technologies such as video conferencing, tele-medicine, digital radiography, and digital telephony. They have also contributed towards economic development in general for the isolated Hokianga community.

Implementation of the patient portal Health365 has been slow and will be ready for roll-out in 2017/18. As well as providing direct access for people to their personal clinical history and providing a means for patients to directly communication with clinicians, it also enables mobile clinical staff to access the patient management system when in cell phone coverage 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.

The data servers at each of the Trust's ten clinic locations were all upgraded in 2016/17 along with the main server at Rawene. In addition, all workstations have been upgraded with new operating systems. This upgrade along with the complete of the network fibre backbone project at the hospital will improve performance issues that have been experienced in recent years.

Despite these upgrades to systems, the services have suffered a range of frustrating performance problems related to third party services, and in particular, e-referrals. Further work will be undertaken in 2017/18 to improve e-referrals and other issues that systems experiences.

Physical Resources – Buildings & Vehicles

The maintenance and development of the facilities, buildings and plant, are the responsibility of the maintenance team headed by the Facilities Manager. Since purchasing the buildings from Northland Area Health Board in 1993, Hauora Hokianga has worked through a large upgrade programme which has developed the facilities to a very good standard.

Upgrade work is funded partially from operational funds and partially from the reserves which have been accumulated by the Trust over successive years for this purpose, as the Trust has recognised the need to maintain suitable facilities which meet accepted standards and allow the provision of high quality health services.

The development of plans will continue for the outstanding capital projects including the staged works on the hospital ward upgrade and the reconfiguration of the Rawene Clinic / A&E to address space and functional issues. The separation of the Rawene A&E function from the GP clinic has already provided some relief to the functional issues of the former Rawene Health Centre, and operational learnings will inform the future upgrade of the Rawene Clinic and A&E. The first stage of the ward upgrade project was scheduled to start in the 2016/17 year but we were unable to proceed while waiting on engineering reports, plan submission and consent processes. This meant our capital purchases had a significant underspend in 2016/17 which has rolled over to proceed in the 2017/18 year.

Refurbishment of the Panguru clinic for fitness of purpose is planned.

A focus on the need to provide suitable accommodation for staff, and the growing number of students and trainee doctors, exacerbated by a lack of rental accommodation in Rawene, has led us to plan building projects to address an acute accommodation shortage. Affordable purpose built units on land already owned by the Trust are being investigated.

The vehicle fleet comprises 40 vehicles: 38 cars and two multi seating vehicles for transportation of clients and patients. 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 2017/18 year.

Exploration of ways of reduction in the consumption of energy and fossils fuels will continue and will be incorporated as much as practical in the future building projects. Consideration of

the installation of solar water pre-heating and photovoltaic roof systems will be included in this investigated along with smart building systems and lower powered lighting.

Two of the older vehicles from the 50 vehicle fleet will be replaced with 4WD vehicles for community nursing staff suitable for the rugged terrain. Future consideration will be given to replacing the fleet with electric vehicles when affordable.

Specific Objectives – Physical Resources 2017/18

- Complete part one of the staged hospital ward upgrade project
- Replace two fleet vehicles
- Complete the upgrade of Panguru clinic to increase consultation, office and waiting space
- Investigate of the installation of photo-voltaic solar panels as part of the Health Centre upgrade
- Construct two affordable staff accommodation units

Annual Plan for the Financial Year 2017/18 by Cost Centre

All Figures are GST Exclusive

	2016/17 Forecast End of Year \$	2017/18 Budget \$	2018/19 Projection \$	2019/20 Projection \$
Income				
NDHB Contract Revenue	8,796,565	9,157,763	9,261,121	9,364,827
MOH Contracts	175,410	184,146	184,450	184,758
Other Service Contracts	692,876	670,241	675,998	681,831
Other Income	434,030	427,100	403,003	378,078
Total Income	10,098,880	10,439,250	10,524,572	10,609,495
Expenditure				
Hospital	3,026,526	3,110,015	3,143,102	3,189,410
Maternity	224,588	226,763	230,245	233,024
Health Centre	1,193,241	1,485,334	1,508,011	1,525,958
Clinics	1,037,776	877,421	893,023	905,793
Community Health Services	896,903	929,037	944,722	958,553
Mental Health	305,603	307,623	312,754	316,796
Community Development	419,126	394,012	401,219	406,594
Dental Services	14,076	17,645	17,984	18,250
Support Services	1,677,375	1,739,239	1,764,529	1,783,366
Home Care	447,308	604,634	615,539	627,175
Day Care	104,598	112,231	113,559	115,219
Trust	55,876	63,000	63,825	64,661
Depreciation	715,915	716,438	725,823	735,332
Total Expenditure	10,118,908	10,583,392	10,734,336	10,880,131
Surplus / (Deficit)	(20,028)	(144,142)	(209,764)	(270,637)

Annual Plan for the Financial Year 2017/18 by Cost Type

All Figures are GST Exclusive

	2016/17	2017/18	2018/19	2019/20
	Forecast Current Year	Budget	Projection	Projection
	\$	\$	\$	\$
Income				
NDHB / MOH Revenue	9,114,492	9,469,909	9,573,571	9,677,585
Other Revenue	984,388	969,341	951,001	931,909
Total Income	10,098,880	10,439,250	10,524,572	10,609,495
Expenditure				
Clinical Salaries	4,977,960	5,399,156	5,491,431	5,575,181
Support Salaries	1,825,395	1,894,809	1,930,795	1,954,932
Staff Related Costs	271,578	285,000	288,714	292,476
Clinical Expenses	744,222	694,820	703,411	712,115
General Housekeeping	135,310	129,000	130,690	132,402
General Kitchen	112,256	104,900	106,274	107,666
General Property	428,572	383,350	370,937	373,288
General Transport	259,431	291,170	294,952	298,783
General Telephones	104,521	102,250	103,589	104,946
General	492,664	519,500	523,895	528,348
Depreciation	715,915	716,438	725,823	735,332
Interest	0	0	0	0
Trust	55,876	63,000	63,825	64,661
Assets Disposals	(4,791)	0	0	0
Total Expenditure	10,118,908	10,583,392	10,734,336	10,880,131
Surplus / (Deficit)	(20,028)	(144,142)	(209,764)	(270,637)

Hauora Hokianga Capital Plan for 2017/18

Buildings

First part Final Stage Hospital Upgrade	\$440,000.00
Accommodation units for staff	\$320,000.00
Upgrade to Panguru clinic	\$150,000.00

Total Capital Programme for Buildings	\$910,000.00
--	---------------------

Computers

Computer replacement	\$30,000.00
----------------------	-------------

Total Capital Programme for Computers	\$30,000.00
--	--------------------

Motor Vehicle

Motor Vehicle replacement x 2	\$50,000.00
-------------------------------	-------------

Total Capital Programme for Motor Vehicles	\$50,000.00
---	--------------------

Office Equipment

Office Equipment replacement	\$10,000.00
------------------------------	-------------

Total Capital Programme for Office Equipment	\$10,000.00
---	--------------------

Plant and Equipment

Gas hob for kitchen	\$5,000.00
X-Ray Digital DR Capture Plate	\$68,000.00
Plant and Equipment replacement	\$25,000.00

Total Capital Programme for Plant and Equipment	\$98,000.00
--	--------------------

Total Capital Programme	\$1,098,000.00
--------------------------------	-----------------------
