

Statement of Objectives and Service Performance

The Statement of Objectives and Service Performance sets out Counties Manukau DHB's achievement of the performance measures and objectives as described in the Statement of Intent for the period 1 July 2006 to 30 June 2007.

The 2006/07-2008/09 Statement of Intent was based on the revised District Strategic Plan which provided an increased focus on long term health outcomes. The structure of this section is based on the District Strategic Plan's six long term outcomes to achieve the DHB's strategic vision. However only those performance measures from the District Strategic Plan which are measured annually, or where there is an expectation that the measure will change within a year were included in the Statement of Intent.

The measures reflect the three output classes: ▲ Governance ▲ Planning and funding ▲ Provision of services.

Note due to data availability some measures are only able to be reported based on the calendar year rather than for the relevant financial year ie to 31 December 2006 rather than to 30 June 2007. Where calendar year data has been reported this is noted below the table or graph; also calendar year data is reported using just the year (eg 2006) whereas financial year data is reported using reference to both years (eg 2006/07 or 06/07).

The cost of the outputs

The Statement of Service Objectives is comprised three main output classes, reflecting the DHB's three main functions: governance and funding administration, funding of health services, and provision of health and disability services. The cost of these outputs for 2006/07 is as follows (source Note 16 of the financial statements):

	Actual 2005/06 (\$m)	Budget 2006/07 (\$m)	Actual 2006/07 (\$m)
Governance & Funding Administration	9.0	7.7	12.1
Funder*	398.3	423.0	437.6
Provider Arm (Hospital)	454.0	493.2	498.4
TOTAL	861.3	923.9	948.1

* Priority initiatives included in the funder budget.

Outcome 1 – Improve Community Wellbeing

Health outcomes for the Counties Manukau population can be significantly improved only by a 'whole society' approach. CMDHB works with our communities (in particular the Maaori and Pacific communities) and other agencies (in particular Manukau City Council through Tomorrow's Manukau, and Franklin and Papakura district councils; the Ministry of Social Development; and Housing New Zealand) to encourage healthy behaviours, and to improve the environments in which people live, work and play. CMDHB also works closely with the Ministry of Health, a major funder of services in this area, through the regional Public Health Service Alignment Group to ensure alignment of CMDHB and Ministry of Health priorities and outcomes.

Increase levels of physical activity

Objective	Performance Measure
Increase the proportion of adults who do at least 2.5 hours physical activity per week. (SPARC survey)	<p><i>Numerator</i> The number of adults who do at least 2.5 hours of physical activity per week</p> <p><i>Denominator</i> The number of adults surveyed in CMDHB</p>

	Baseline data (SPARC Survey)	LBD survey	Target 2006/07	Reached target
Total	65%	67%	67%	✓
Maaori	62%	73%	65%	✓
Pacific	63%	70%	65%	✓
Asian	NA	60%	NA	NA
Other	43%	69%	48%	✓

Source: NZHS 2002/2003 / LBD Survey 2007

Comment

The 2006 Let's Beat Diabetes (LBD) Baseline Survey was used to report on this measure as it provides a more recent representation of CMDHB activity as the SPARC data was unavailable at the time of preparing the annual report. Note the European category was not used in the LBD survey and was included in Other. This study shows Asian people as less active than the rest of the population. However, no targets were set for this ethnic group in the SOI. All other targets were achieved. It is expected that the Let's Beat Diabetes programme and interventions will help further progress over the next 3 -10 years.



Working in the lab.

Increase healthy school environments

Objective	Performance Measure
Increase the proportion of schools that are health promoting schools	<i>Numerator</i> The number of health promoting schools <i>Denominator</i> The total number of schools within the DHB

2003	2004	2005	2006	Target
24/232	29/232	55/232	80/232	70/232 ✓

Source: Health Promoting Schools (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Comment

The number of health promoting schools in CMDHB has steadily increased over the period and is well over the target. We expect this trend to continue through Lets Beat Diabetes and Healthy Eating Healthy Action programmes.

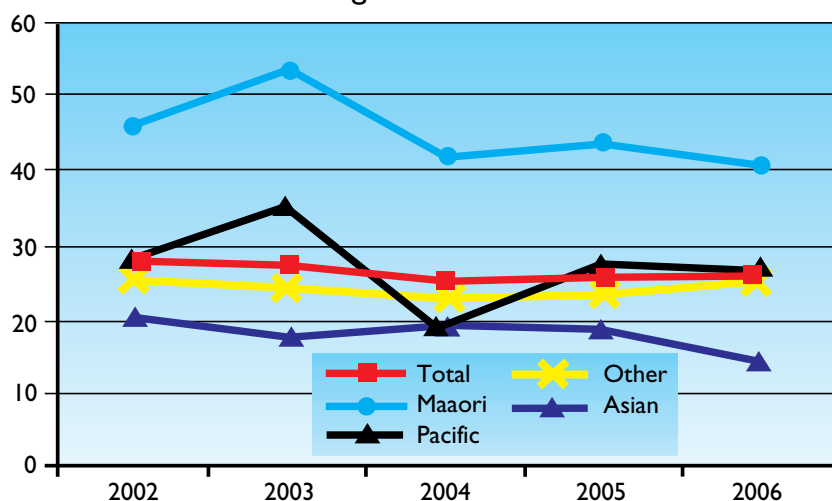
Increase smoke free environments

Objective	Performance Measure
Reduce the proportion of year 10 students where smoking is allowed in the in the house	<i>Numerator</i> Number of students where smoking is allowed within the house <i>Denominator</i> Number of year 10 students surveyed in CMDHB schools

Ethnicity	2002	2003	2004	2005	2006	Target
Maaori	46	54	42	43	41	40 ✗
Pacific	28	35	19	27	26	19 ✗
Asian	20	18	20	19	15	19 ✓
Other	25	24	24	23	25	23 ✗
Total	28	27	25	26	26	24 ✗

Source: ASH Year 10 Survey (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Proportion of year 10 students in CMDH schools where smoking is allowed in the home



Source: ASH Year 10 Survey

Comment

There has been a gradual decline in the number of homes where smoking is allowed. Smoking is more likely to be allowed in the homes of Maaori children. Further progress will be made in this indicator as smokefree homes is the priority of the CMDHB smokefree campaign over the next few years.



Rheumatology medical staff.

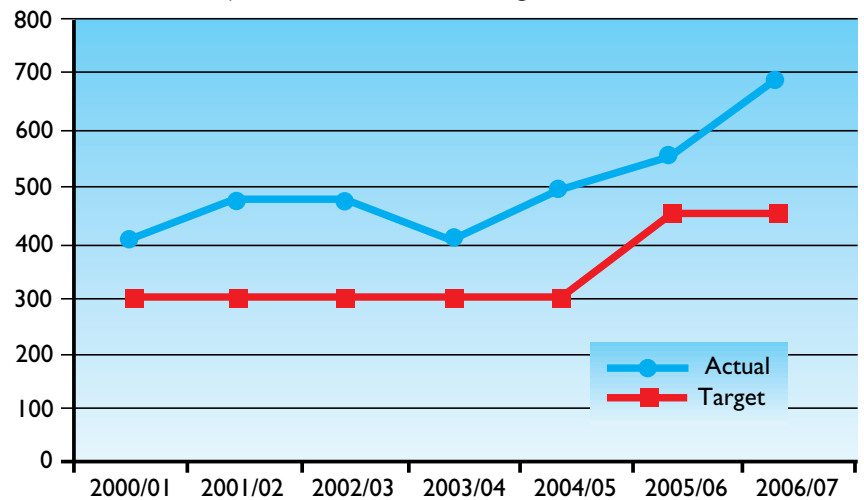
Develop healthy communities

Objective	Performance Measure
Complete the target number of joint health and housing assessments done in the Healthy Housing Programme	<i>Numerator</i> Number of health and housing assessments done in calendar year <i>Denominator</i> Target number of assessments for the year

Comment

The number of assessments done has increased over the period and has always been well over target. The staff involved in the assessment process have a history of over-delivering due to their passion for the Health Housing project. Evaluation of this project has shown that it has led to a 37% reduction in acute admissions for conditions that are related to poor housing.

Number of joint health and housing assessment CMDHB



Source: Healthy Housing Project

Improve community access to information

Objective	Performance Measure	Baseline Data &/ or Previous Target	Target 2006/07	Actual 2006/07	Community liaison role contributes to distribution of DHB information including:
Increase the community's awareness of DHB activities and services available	<ul style="list-style-type: none"> Connect newsletter published at least bi-monthly GP newsletter published at least bi-monthly Community panel meets a minimum of ten times per year 	6 publications 6 publications 10 meetings	6 publications 6 publications 10 meetings	6 publications 6 publications 11 meetings + 4 special workshops	<ul style="list-style-type: none"> Regular attendance at public fora Communication on specific plans
The dissemination and distribution of DHB information is a key role for the Community Liaison Manager. Attendance at public fora for purposes of community planning, presentations and community engagement is a fundamental reason why this DHB enjoys a strengths base partnership relationship with its community and stakeholders. Our relationship with community is one that is not taken for granted and is managed with great pride and care.					Other communication activities include the DHB-generated column that runs twice a month in all of the Courier newspapers in Counties Manukau. The DHB prepares the content which can cover areas as diverse as skin and chest infections through to DHB elections. This activity has been happening for several years. Further, we have a pro-active media strategy, with daily contact with our local reporters to further understanding of what is going on with the DHB.
Communication on specific plans include:		In addition, DHB communication through representation on community fora such as:			
<ul style="list-style-type: none"> Breast Screening Promotion Plan Oral Health Plan Primary Care Plan Child Epilepsy Model of Care Planning Maternity Services Review Maaori Gout Responsiveness Planning Renal Services Planning Let's Beat Diabetes Planning Whare Oranga Plan Whaanau Ora – Maaori Ora plan Ear Health Review Asian Health & Wellbeing Inequalities Planning Rural Health Planning 		<ul style="list-style-type: none"> Older Peoples Health Alcohol Harm Reduction Mangere Integration Community Health Transportation Planning Disability Plan Consultation Policy review Maaori Cancer Review Papakura Physical Activity Strategy Franklin Physical Activity Strategy Progress Papakura – Health Outcomes Whaitiaki Maaori Health Outcomes in Papakura Webhealth Electronic Directory Healthpoint Electronic Directory Positive Ageing in Franklin Health & Wellbeing Outcome Group Tomorrows Manukau – Manukau Apopo 			

Outcome 2 – Improve Child and Youth Health

The population of Counties Manukau has a high proportion of children and young people, a significant number of whom live in areas of high deprivation. CMDHB will meet the health needs of children and young people through improving their access to health care services and by developing and implementing policies, programmes and initiatives which improve their health status.

Improve maternal wellbeing

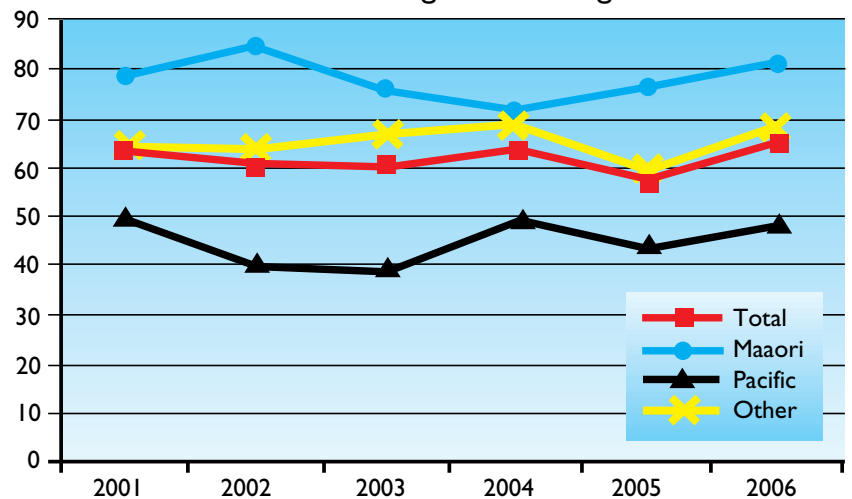
Objective	Performance Measure
Decrease the percentage of babies born who have a low birth weight (<2500g).	<i>Numerator</i> Number of babies with birth weight less than 2500g <i>Denominator</i> Total number of births to CMDHB residents

Comment

The baseline data provided by NZHIS for this measure has been updated as it was discovered that the source data was invalid. The targets included in the SOI have therefore become invalid as a result and will need to be revised for future years. The targets in the SOI were Maaori 50, Pacific 20, Other 35 and Total 35 which are considerably different to the more recent data provided.

The graph shows that proportion of babies born with low birth weight in CMDHB is essentially unchanged in all ethnic groups over the last 5 years, with a slight increase between 2005 and 2006. Pacific people are less likely to have a low birth weight baby.

Proportion of CMDHB babies born with birthweight of <2500g



Source: NMDS

Improve health outcomes for infants and preschool children

Decrease the proportion of CMDHB children admitted in the first year of life (excluding birth)

Objective	Performance Measure
Decrease the admission and readmission rate for infants	<i>Numerator</i> Number of babies who are admitted to hospital in their first year of life (other than at delivery) <i>Denominator</i> Total number of babies born at CMDHB born in one year

	2001	2002	2003	2004	2005	Target
Maaori	27.1	26.1	26.1	24.5	23.2	24.0
Pacific	32.6	30.1	28.7	27.8	25.8	28.0
Other	12.8	13.1	14.3	11.6	11.9	15.0
Total	22.2	21.3	21.3	19.2	18.7	22.0

Source: NMDS (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Comment

Note the data from 2006 is unavailable from the national systems at the time of preparing the report and so we cannot report against the target included in the SOI. However, for the data that is available, the readmission rates for infants have decreased and a downward trend is seen for all ethnic groups. The rates for Maaori and Pacific children remain high. The data calculation for has been changed for this indicator resulting in a discrepancy with the baseline data included in the Statement of Intent, however this has not impacted the target this year but will need to be considered for future years.

Many interventions are expected to positively impact on this indicator and the full impact of these activities should be apparent in future years.

Decrease the mean number of dmft (decayed, missing, or filled teeth) in 5 year olds

Objective	Performance Measure
Decrease the mean number of Decay, Missing or Filled (DMF) teeth in 5 year olds	<i>Numerator</i> Total number of DMF teeth <i>Denominator</i> Total number of children enrolled with the Dental Service in CMDHB

Average dmft in 5 year olds, CMDHB

Ethnicity	2002	2003	2004	2005	2006	Target
Asian	1.39	1.47	1.8	2.05	1.89	1.8 ✗
European	0.8	0.7	0.69	1.02	0.95	0.7 ✗
Maaori	2.23	1.94	2.32	2.99	3.4	2.2 ✗
Pacific	2.23	1.94	2.32	2.99	3.4	2.3 ✗
Total	1.51	1.42	1.56	2.1	2.27	1.55 ✗

Source: Auckland Regional Dental Service (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Comment

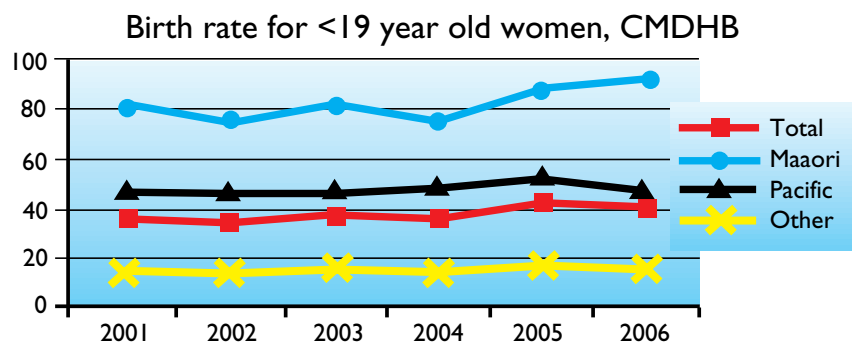
There has been significant worsening of oral health status for 5 year olds over the last few years. This is nationally and not limited to CMDHB. Most of this deterioration has been seen in Maaori and Pacific children. There is clear inequality in the oral health of children in CMDHB and their oral health status is worse when compared to other DHB's in the Auckland region.

The CMDHB Oral Health Plan identified pre-schoolers, Maaori and Pacific people as priority areas. A number of strategies have been developed to address the worsening children's oral health. A new model of care, a prevention model, has been developed for pre-school children to increase access. The model integrates oral health promotion and oral disease prevention with well child, primary care and treatment services. Improving nutrition (LBD), oral hygiene promotion, particularly in Maaori and Pacific families and new oral health facilities development are in progress. These strategies are to be implemented over the next two years.

The improvements in oral health would be expected 2-3 years after the implementation of these programmes. Hence, the dmft targets for 5 year old children need revision as we no longer expect to see improvement in a short time.

Decrease the incidence and impact of risk taking by young people

Objective	Performance Measure
Reduce the number of births to teenage mothers (15-19 years)	<i>Numerator</i> Total number of babies born to women 15-19 years old who reside in CMDHB <i>Denominator</i> Total number of women 15-19 in CMDHB



	2001	2002	2003	2004	2005	2006	Target
Maaori	80.5	75.4	81.2	76.4	87.9	91.8	90.0 ✗
Pacific	45.4	44.3	45.4	47.4	51.1	45.6	56 ✓
Other	14.5	14.1	15.4	14.8	16.2	15.9	17 ✓
Total	35.9	34.5	37	36.3	40.6	40.5	42 ✓

Source: NMDS (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Comment

The teenage birth rate has been steadily increasing in CMDHB with rates being particularly high for Maaori. The rates for 2006 appear to be decreasing in all ethnic groups except the Maaori. It is difficult to comment if this is a trend. While the targets have been met overall and in the Pacific, the Maaori rates continue to increase and have not met the target. This is of concern. There have been improvements to primary care and contraception, which should have impact on this indicator. This may become more apparent in the coming years.



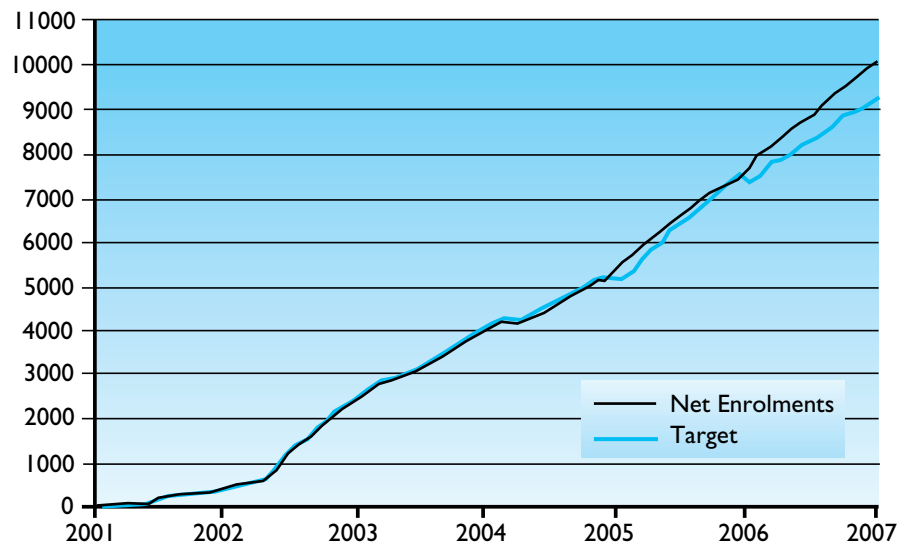
Theatre Staff.

Outcome 3 – Reduce the Incidence and Impact of Priority Conditions

Increase access to structured programmes to reduce the impact

Objective	Performance Measure
Increase the numbers of Chronic Care Management (CCM) programme enrolments for all five modules	Total enrolments in CCM programme (All enrolments minus disenrolments)

Chronic Care Management Net Enrolments



Source: CMDHB Chronic Care Management Programme

Comment

Net Chronic Care Management enrolments continue to grow and are ahead of targets. Good quality structured care is known to reduce hospitalisations and improve health outcomes.

Reduce the incidence and impact of diabetes

Objective	Performance Measure
Increase the proportion of estimated number of people with diabetes who had an annual Get Checked free check	<p><i>Numerator</i> The number of individuals with diabetes who have an annual free annual check</p> <p><i>Denominator</i> The estimated number of individuals with diabetes</p>

Proportion of estimated number of people in CMDHB with diagnosed diabetes who have an Annual Get Checked free check

	2002	2003	2004	2005	2006	Target
Total	41	56.2	62.5	69.8	81.4	72 ✓
Maaori	28.8	62.5	49.4	52.9	53.1	63 ✗
Pacific	75.1	92.7	115.6	110.1	124.9	100 ✓
Other	33.7	40.8	49.4	56.8	73.3	62 ✓

Source: Get checked annual reports (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Comment

There has been a steady increase in CMDHB in the proportion of people with diabetes who receive a free annual Get Checked consultation. However this is less marked for Maaori, though it should be noted that the denominator for this indicator is based upon Ministry of Health estimations of the number of people with diabetes since actual numbers are unknown and it is likely that the revised denominator will show that there is less difference in coverage between ethnic groups than is now apparent.



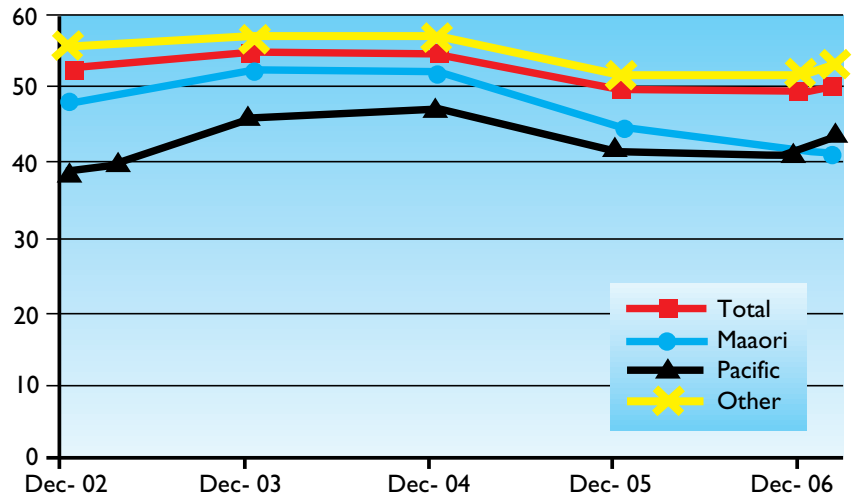
Two midwives setting up equipment when the new delivery suite opened in 1961.

Reduce the incidence and impact of cancer

Objective	Performance Measure
Increase the 2 year breast screening coverage for women aged 50-64	<p><i>Numerator</i> Number of women aged 50-64 who have had a breast screen in the last 24 months</p> <p><i>Denominator</i> Number of women aged 50-64 living in Counties-Manukau</p>

Increase the 2 year breast screening coverage for women aged 50-64 years

Breast coverage amongst 50-64 year olds CMDHB



Source: National Screening Unit

Ethnicity	Dec-02	Dec-03	Dec-04	Dec-05	Dec-06	Feb-07	Target
Maaori	48	53	53	45	41	42	56 X
Pacific	39	46	47	42	41	43	50 X
Other	56	57	57	52	52	53	61 X
Total	53	55	56	50	50	51	60 X

Source: National Screening Unit

Comment

There was an increase in breast screening coverage between 2001 and 2003 but this trend has not been sustained since. Of particular concern is the decrease in Maaori breast screening rates since 2004.

In September 2006, CMDHB took over as the Breast Screen lead provider in the DHB region. Since taking over the service, coverage in the region dropped initially due to the lack of both facilities and staff in the first year of operation. The service inherited a back log of women waiting to be screened (over 5,000 at one stage). The inherited backlog has been significantly reduced and will allow for more promotion of the service. This backlog also compromised the DHB's ability to meet targets.

The graph shows only women aged 50-69 years and we are now screening women 45-69 years. Although, there is an increase in total screening coverage, this is yet not apparent in woman aged 50-69 years. The BreastScreen Counties Manukau now has a full complement of staff and the arrival of the mobile unit in October 2006 has increased screening capacity. With the increase of media campaigns and the development of a strategic health promotion plan, the DHB expects good improvements in breast screening coverage over the next few years.

Improve outcomes for people severely affected by mental illness

Objective	Performance Measure	Revised Measure
Increase the proportion of the Counties-Manukau population with severe mental illness accessing mental health services	<p><i>Numerator</i> The average number of people seen each month for the three months</p> <p><i>Denominator</i> Number of CMDHB residents aged 20-64</p>	<p><i>Numerator</i> The number of CMDHB domiciled unique clients seen in the past 12 months by age group and ethnicity</p> <p><i>Denominator</i> CMDHB Population by age group and ethnicity</p>

Comment

The performance measure, a national measure, was changed to the definition shown to the left with effect from 1 July 2006, therefore we are unable to report against the definition included in the SOI. There has been a substantial increase in access (actual number of clients seen) over the past four years as shown to the left, which suggests the targets set under the new definition may have been too high.

	Maaori	Other	Total	Target	Target reached
0-19	2.0	1.4	1.6	1.4	✓
20-64	4.1	2.0	2.3	2.6	✗
65+	1.8	2.0	2.0	2.3	✗
Total	3.0	1.8	2.0	2.2	✗

Source: MHINC

No. of Unique Clients seen over 12 months	Year ended 30th June 2003	Year ended 30th June 2006	Percent increase over year ended 30th June 2003	Year ended 31st March 2007 (latest available data)	Percent increase over year ended 30th June 2006
0-19	1,032	2,288	121.7%	2,590	13.2%
20-64	4,315	5,906	36.9%	6,211	5.1%
65+	689	812	17.9%	874	7.6%
Total	6,036	9,006	49.2%	9,675	7.4%

Comment (for graph below)

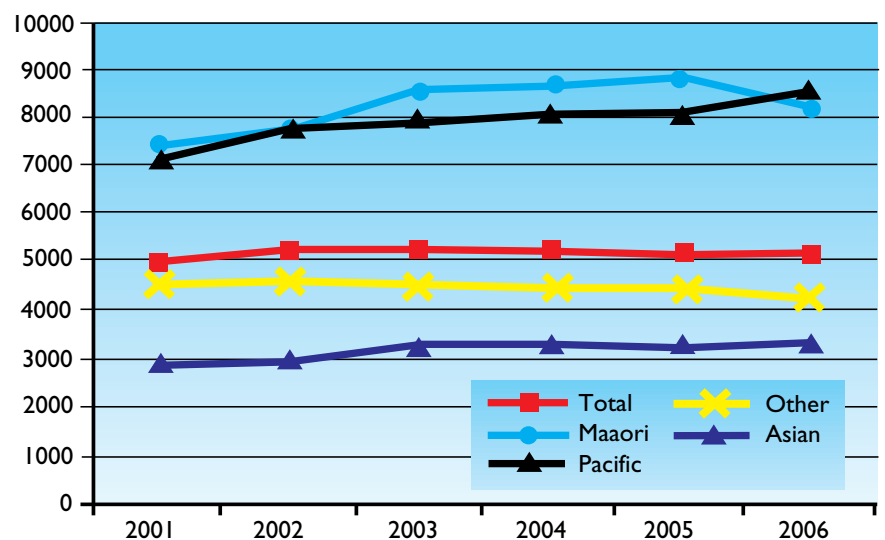
Potentially avoidable hospitalisation (PAH) is very sensitive measure of health inequalities. This measure is an indication of access to, and the effectiveness of, primary care. The Maaori and Pacific rates are high, however there has been a decline in rates for Maaori adults results in the targets being attained in 2006/07. The rate for Pacific adults however did not show any decline. Many interventions have been introduced in CMDHB to reduce potentially preventable admissions. These initiatives will take time to impact. This is particularly true for cardiovascular disease which makes up a significant proportion of PAH.

Outcome 4 – Reduce Health Inequalities

Address the systematic origins of inequalities

Objective	Performance Measure
Reduce the rate of potentially avoidable hospitalisations for adults	<p><i>Numerator</i> The total number of hospital discharges considered potentially avoidable</p> <p><i>Denominator</i> Total number of adult residents in CMDHB</p>

Potentially avoidable hospitalisations in adults CMDHB residrecordered ents



	2001	2002	2003	2004	2005	2006	Target
Maaori	7376	7789	8570	8727	8806	8253	8500 ✓
Pacific	7143	7828	7974	7998	8014	8456	7750 ✗
Asian	2967	3032	3276	3303	3251	3323	3250 ✓
Other	4581	4663	4578	4575	4534	4362	4500 ✓
Total	5068	5250	5297	5311	5280	5159	5200 ✗

Note this is reported as a rate per 100,000 people (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Reduce the mortality rates for Maaori and Pacific men aged 45-64

Objective	Performance Measure
Reduce the mortality rate for Maaori and Pacific men aged 45-64 years	<p><i>Numerator</i> Total number of deaths of male CMDHB residents aged 45-64</p> <p><i>Denominator</i> Total number of men in CMDHB aged 45-64</p>

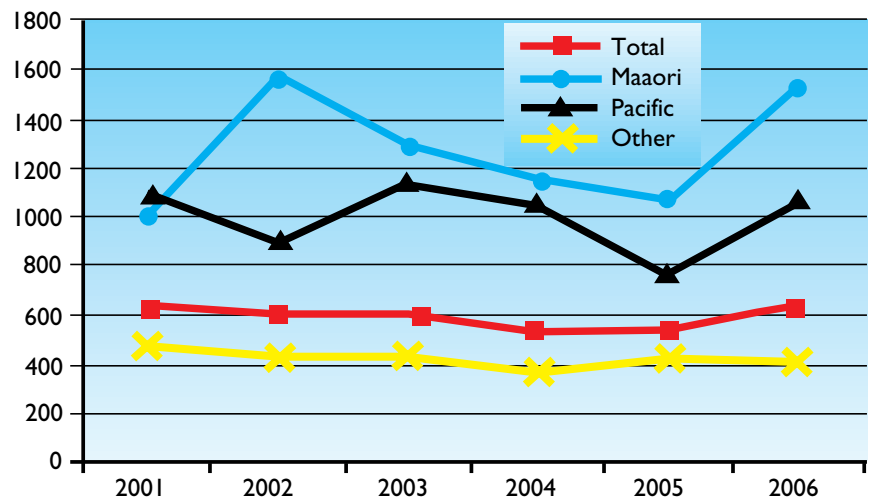
Comment

The mortality rates appear to have increased for Maaori and Pacific men aged 45-64 years. However the rates from 2001 do not show any consistency for these groups, while the total mortality rates remain unchanged, which raises suggestions of discrepancy in the data. It is not possible to comment on the trend.

We expect to see a reduction over the next 5 years due to a number of the programmes that have been implemented or are being implemented in these areas particularly relating to cardiovascular disease and diabetes.

	Actual (2006)	Target (2006/07)
Maaori	1532	1200
Pacific	1052	1100
Other	403	350
Total	613	520

Male mortality for 45-64 year olds, CMDHB residents



Source: NMDS

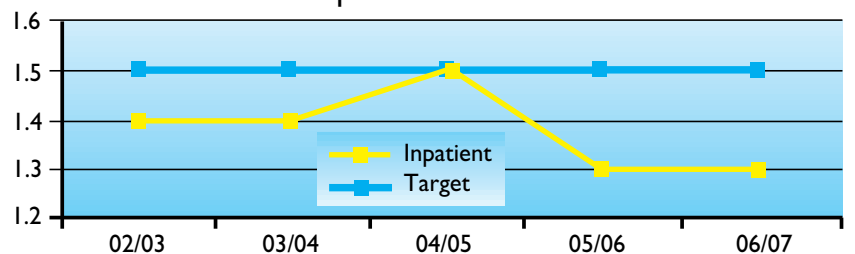
Improve ethnicity data collection

Objective	Performance Measure
Ethnicity data is collected accurately and completely in secondary care	<p><i>Numerator</i> Number of patients who have ethnicity recorded as Not stated or Not defined</p> <p><i>Denominator</i> Number of patients seen as an inpatient</p>

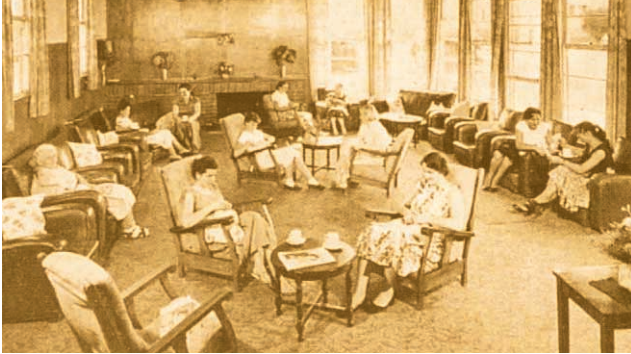
Comment

Inpatient recording of ethnicity is good, has remained stable and has met the required performance target 1.5% due to a concerted effort by staff to correctly record ethnicity information in the patient record.

Proportion of CMDHB provider arm patients where ethnicity is recorded as 'Not specific' and 'Not stated'



Source: Health Alliance



Nurses Lounge.

Outcome 5 – Improve Health Sector Responsiveness to Individual and Family/Whaanau Need

Increase access to services so they align with national levels

Objective	Performance Measure
Increase the proportion of services which are at or above national access levels	<p><i>Numerator</i> The number of service groups (e.g. orthopaedics) where CMDHB is below the NZ average</p> <p><i>Denominator</i> The number of service groups analysed</p>

Comment

The standardised discharge ratio is the ratio between the number of operations completed and the number that would be expected to be completed if the DHB is providing the service at the national average rate. A rate higher than 1 indicates that the DHB is providing more than the average rate in New Zealand, and a rate lower than 1 indicates that the DHB is providing less than the average rate in New Zealand. Note, the target denominator included in the Statement of Intent was incorrectly documented as 14 service groups, when it should have been recorded as 13.

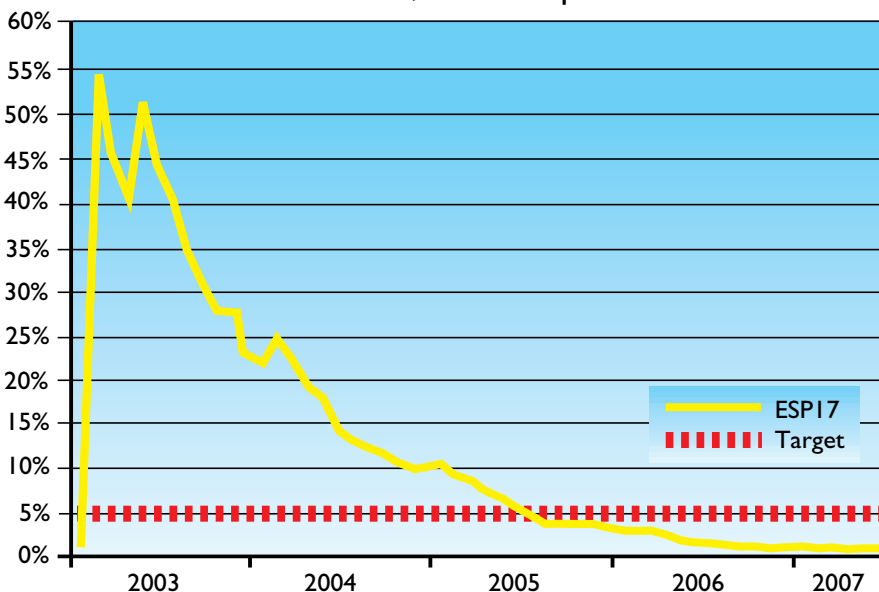
	Services	Standardised Discharge Ratio (SDR) Total (Child + Adult)	Target (total)
1	Cardiothoracic	1.22	✓
2	Cardiac	.12	✓
3	Dental	.08	✓
4	Endoscopy	1.28	✓
5	ENT	0.96*	✓
6	Eye	1.24	✓
7	General Surgery	1.12	✓
8	Gynaecology	1.10	✓
9	Neurosurgery	1.18	✓
10	Orthopaedics	1.00	✓
11	Plastics	1.30	✓
12	Urology	1.13	✓
13	Vascular surgery	1.32	✓

The SOI included a target of 3/13(14) services below the national average which has been well exceeded in 2006/07. The SDR for all the thirteen services are above the national average with the exception of ENT which is within the 5% tolerance.

Source: Decision Support Services. *Note there is a 5% tolerance for the SDR

Improve access to and management of elective services

Patients who have not been managed according to their assigned status and who should have received treatment, CMDHB provider arm



Source: Elective Services, Ministry of Health

Objective	Performance Measure
Decrease the number of patients who have not been managed according to their assigned status and who should have received treatment	<p><i>Numerator</i> Those patients have not received treatment within 6 months, and for those place on active review have not received a clinical assessment within the last 6 months</p> <p><i>Denominator</i> Patients, irrespective of their assigned status, who have a priority score above the treatment threshold</p>

Comment

There has been good progress on this target with only very small numbers of people who have not been managed according to their assigned status and should have received treatment within the six month timeframe. An average result of 1% against a national target of 5%. The national average is 3%.

There has been marked improvement in management of elective services patients with the actual being well below targets for over 2 years.



Nursing staff.

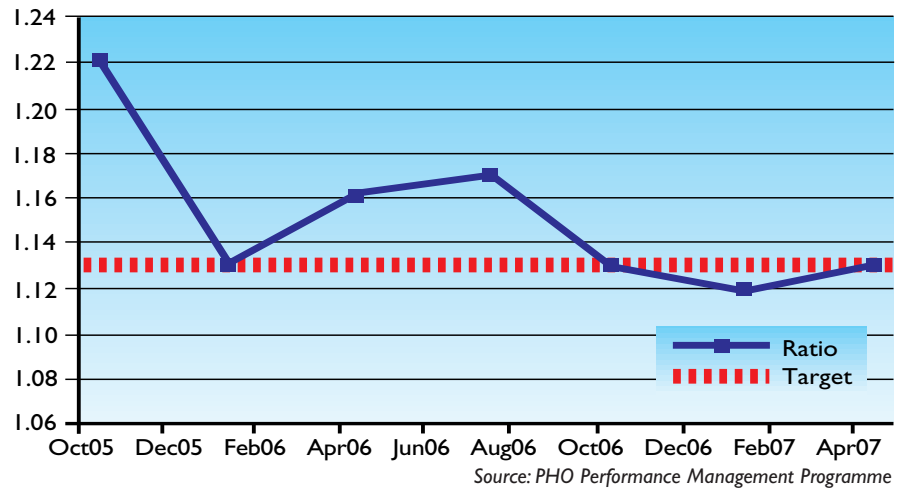
Increase primary care utilisation

Objective	Performance Measure
Increase rate of GP consultations for high needs (Maaori, Pacific, or living in decile 9 or 10 area) compared with non-high needs populations	<p><i>Numerator</i> The rate of GP consultations per high needs person</p> <p><i>Denominator</i> The rate of GP consultations per non-high needs person</p>

Comment

High needs patients (Maaori, Pacific, or living in decile 9 or 10 area) in CMDHB PHOs use general practitioners at higher rates than non-high needs patients reflecting their poorer health. CMDHB is meeting its targets in reducing barriers to primary care access.

Access for high needs enrollees to GP consultations in CMDHB PHOs



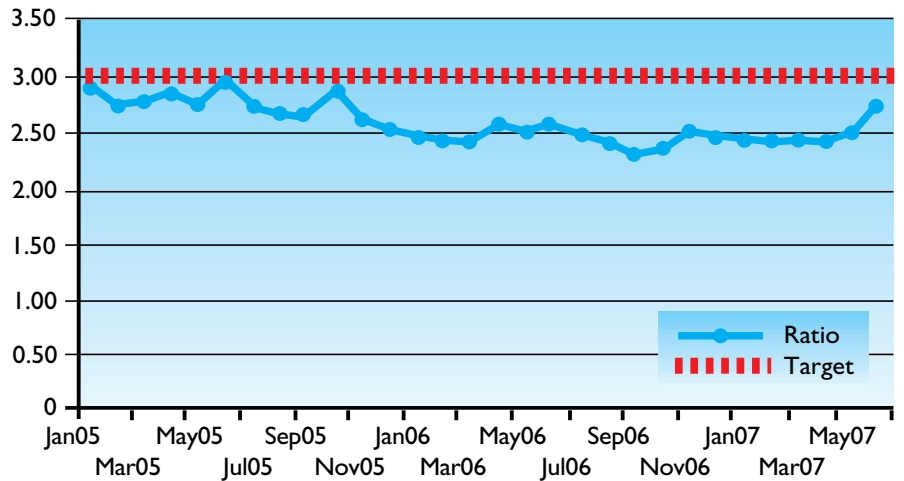
Improve the continuum of care for services provided to older people

Objective
Increase the ratio of expenditure on home based care to expenditure on residential care

Comment

This Health of Older People (HOP) indicator was intended to measure the success of the HOP initiatives to support older people to remain in their own homes and to maintain the highest health and fitness status. The target compared the expenditure on each type of services. However, during 2006/07 the nationally agreed percentage increase in funding for residential care was significantly larger than the percentage increase in funding for Home Based Support Services (HBSS). In response to this and to better reflect the intentions of the indicator it has been changed for the 2007/8 year to: A ratio of the number of persons receiving Home Based Support Services (HBSS) as compared with the number of persons receiving Aged Residential Care (ARC). The analysis of the updated indicator is provided opposite.

Ratio of HBSS to ARC



Ratio Home Based Support Services clients to Aged Residential care clients

The results to date show a flattening of growth in the number of subsidised older people in residential care, and the number of clients accessing HBSS shows a small increase. The graph shows the ratio of HBSS clients to ARC clients, which has remained steady but is now showing a small movement towards the target (3.00). The selection of the target of 3:1 was ambitious, but indicates the desire for the continued focus on the provision of services to support the national policy direction of ageing in place.

It may be that this HOP performance indicator should be broadened in the future to include other community support services (such as respite care, carer support, Alzheimer's, meals on wheels and day care services) to give a better picture of the number of people who are being supported in the community, but not all these services use the NHI so avoidance of overlap in counting individual users would be problematic.

Outcome 6 – Improve the Capacity of health Sector to Deliver Quality Services

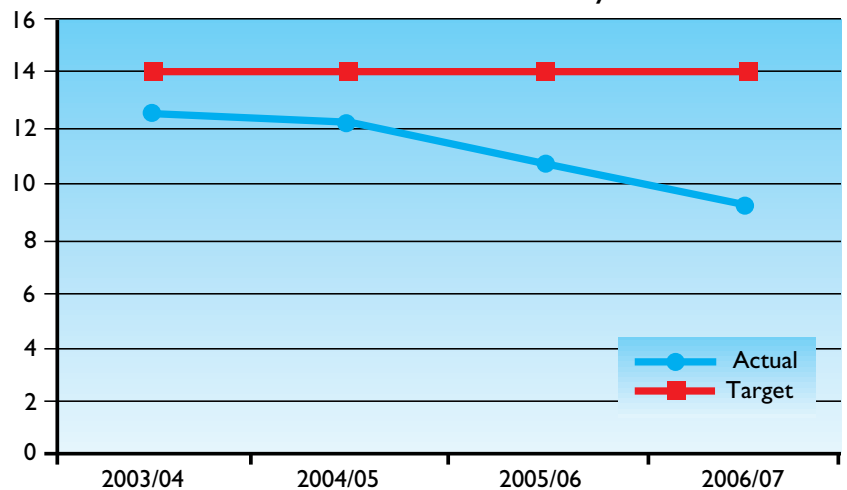
Ensure the health workforce meets the community’s need for services

Objective	Performance Measure
Reduce the percentage of employees who voluntarily resign (Staff turnover – FTE)	<i>Numerator</i> The number of employees who resign <i>Denominator</i> The total number of employees in the organisation

Comment

The staff turn over rates has gradually declined since 2004 and CMDHB is meeting its target in ensuring that their health workforce meets the community’s need for services. Note the target included in the Statement of Intent was the quarterly target (3.5%) rather than the annual target (14%).

Staff turnover rate annually



Source: Organisation Balance Scorecard

2003-04	2004-05	2005-06	2006-07	Target
12.5	12.1	10.6	9.33	14 (3.5*4) ✓

Improve health professional’s communication skills in their dealings with patients and their families/wahaanau

Objective	Performance Measure
Reduce the ratio of communication patient complaints to the number of admissions	<i>Numerator</i> Number of communication complaints received <i>Denominator</i> Total number of admission

Year	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	Target
Complaints	0.25%	0.23%	0.24%	0.26%	0.21%	0.36%	0.32% ✗

Source: CIMS

Comment

The number of complaints has been low and stable throughout the period. The increase in complaints in 2006 is due to a new system of data collection and does not correspond to an actual increase in communication related complaints. In December 2006 the new complaints system Feedback Monitor Programme went live and some new categories were introduced. It allowed several categories to be picked for one complaint, whereas in the old system you could choose only one category. The target mentioned in the SOI has not been achieved due to this apparent increase in the complaint numbers as a result of change in the methodology.

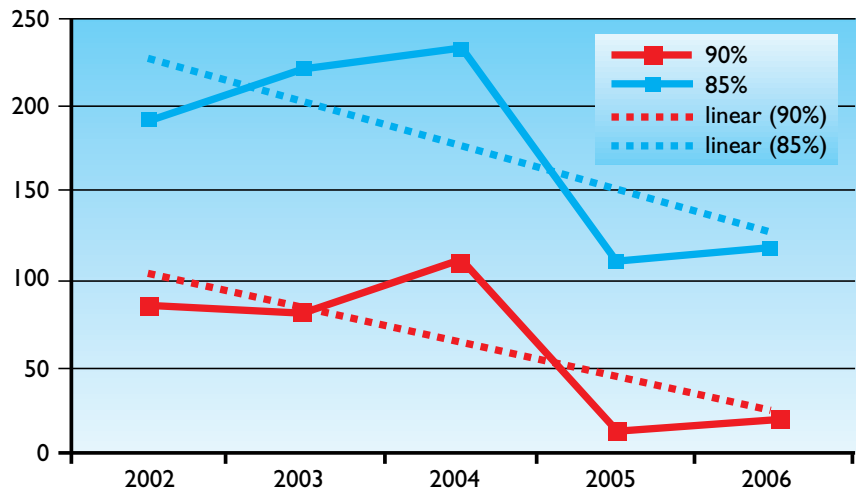
Ensure that services and facilities are planned to meet the future needs of the community

Objective	Performance Measure
Reduce the number of days where occupancy is greater than 90% (85%) in CMDHB facilities	The number of days in a financial year when the number of beds is more than 90% (85%) of the total physical occupancy

Comment

The number of days per year of high occupancy has increased over the last year, however the overall trend shows a decrease over the last five years reflecting facilities that better match peak demands. Although CMDHB is in the midst of a building programme, the targets were achieved.

Number of days where occupancy was above 85% and 90% of physical capacity in CMDHB facilities



Source: Decision Support

	2002	2003	2004	2005	2006	Target
90%	85	81	112	13	19	30 ✓
85%	194	222	233	111	120	135 ✓

Source: Decision Support (The reported results are for the 12 month period up to 31 December rather than to 30 June)

Ensure the delivery of safe and effective services

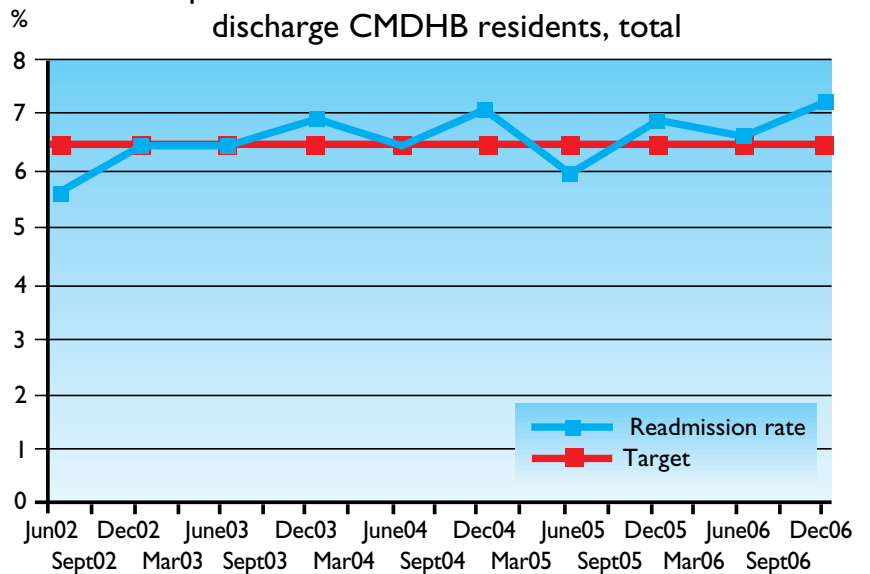
Objective
Reduce unplanned readmissions within 1 month of discharge (the definition of this indicator is likely to be changed soon at a national level)

Performance Measure
Numerator The number of patients admitted acutely whose admission occurred within 30 days after a discharge from the same specialty
Denominator The number of patients discharged

Comment

The number of unplanned readmissions is increasing. Maori and Pacific have high readmission rates when compared to other ethnic groups. The target rate of 6.5% has not been attained. There may be a number of reasons for this including increasingly complex patients due to an aging population, an increasing tertiary load and the increase in less sick admissions being diverted to Primary Options for Acute Care (POAC) programme and other programmes.

Unplanned readmissions within 1 month of discharge CMDHB residents, total



Source: NMDS

Ensure that services and facilities are planned to meet the future needs of the community

Objective	Performance Measure
The percentage of laboratory test and pharmaceutical transactions with a valid NHI	<p><i>Numerator</i></p> <p>Pharmaceuticals: the number of government subsidised community pharmaceutical items dispensed by pharmacies in the DHB district with a valid NHI submitted.</p> <p>Laboratory tests: The number of tests carried out by community laboratories in the DHB district with a valid NHI submitted.</p> <p><i>Denominator</i></p> <p>Pharmaceuticals: the total number of government subsidised community pharmaceutical items dispensed by pharmacies in the DHB district.</p> <p>Laboratory: The total number of tests carried out by community laboratories in the DHB district.</p>

The proportion of laboratory test and pharmaceutical transactions with a valid NHI

Measure	July-Sept 2006/07	Oct-Dec 2006/07	Jan-Mar 2006/07	Target	National Goal
Pharmaceuticals	91.9%	93%	93.7%	90% ✓	90%
Laboratory	98.9%	98.6%	99%	92% ✓	95%

Source: Northern DHB Support Agency

Comment

The percentage of pharmaceutical and laboratory test transactions with valid NHIs has been stable, much above the national goals and required target. The last quarter for 2006/07 was unavailable at the time of printing as this data only becomes available after the next quarter.

