

**TO: Members  
Community and Public Health & Disability Support Advisory Committee**

**SOURCE: Planning and Funding**

**DATE: 18 March 2010**

---

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

---

## **1. ORIGIN OF THE REPORT**

The purpose of this report is to present the Committee with a six month progress report against the DHB's key accountability documents – the District Strategic Plan 2006-2010, the Statement of Intent 2009-2012 and the District Annual Plan 2009/2010.

This report covers activity for the first six months of the 2009/10 year (July to December 2009) and presents the most recent results available against the Canterbury DHB's key performance indicators and national health targets.

## **2. RECOMMENDATION**

That the Committee:

- i. notes the content of the Strategic Activity Report.

## **3. SUMMARY**

Presented in the attached Strategic Activity Report are updates against all the key actions and milestones set in the 2009/10 District Annual Plan. Under each strategic priority area, the Canterbury DHB's key performance indicators are also presented, demonstrating (in simplistic terms) the resulting output and outcome improvements. The national health targets are also included throughout the relevant sections of the report.

Overall, of results available to 31 December 2009, the Canterbury DHB is achieving four of the national health targets and has improved performance against all eight of the health targets compared to the previous year.

## **3. DISCUSSION**

### **Performance Summary – Focused on Programme Areas**

#### **Organisational Fitness (page 6)**

The 'Our Health System Showcase 2009' ran for five weeks in December, communicating Vision 2020 messages and inviting participants to sign up for 'Particip8'. Over 1,800 people attended in December, and a further 200 people have attended Showcase so far this year. Production planning processes, the Supply Chain Enhancement Initiative and the Improving the Patient Journey projects continue to progress, and considerable work has been done to improve clinical coding and reduce the backlog of uncoded cases.

### **Older Persons' Health Services (pg 10)**

The Older Persons' Health Transformation is progressing with the continuation of the District Nursing pilot, Community Dementia pilot, InterRAI pilot, four restorative home support pilots and reassessments of older persons' home support services.

### **Mental Health Services (pg 13)**

The Alcohol and Drug Implementation Plan is being finalised, and the Rehabilitation Service Framework will soon be presented for endorsement. 95% of long-term mental health clients have current relapse prevention or recovery plans – 6% above last year and 5% above target. Access rates to Brief Intervention Counselling Services in primary care and to community-based mental health and rehabilitation services are increasing and on track for meeting targets.

### **Access and Delivery of Urgent Care (pg 15)**

Quarter Two was a period of unseasonably high activity, with 20,783 ED attendances at Christchurch Hospital, 6.9% up on this time last year. This higher load of patients has resulted in a decrease in the percentage of people presenting to ED who are discharged or transferred to an inpatient bed within six hours, so that although the Canterbury DHB is still above the national average, we are 6.5% short of the Health Target. Two new services to reduce the number of unnecessary referrals to ED begin their roll-out in February, and various initiatives are underway within Christchurch Hospital to improve ED efficiency and reduce hospital gridlock.

### **Pharmaceuticals, Diagnostics and Laboratory Services (pg 18)**

Work is progressing with the Demand Side Management contracting framework, due to be implemented 1 April. The new polypharmacy initiative continues to be an area of focus.

### **Respiratory Disease (pg 20)**

Progress in this area, primarily driven through the Canterbury Initiative, continues. Community-delivered spirometry tests and sleep assessments have both increased significantly from last year. Three Community Pulmonary Rehabilitation Programmes were successfully delivered in Rangiora, with more planned in several other areas. The Integrated Respiratory Service Māori Health Plan is now being implemented to improve respiratory outcomes for Māori.

### **Diabetes (pg 23)**

Performance continues to be low. Progress in conducting diabetes annual checks remains below national averages and 4% below target, with four of the five PHOs promoting the checks. However, of those receiving the checks, 78% have satisfactory or better diabetes management – 1% over target. The development of new diabetes pathways by the Canterbury Initiative continues.

### **Improving Quality and Patient Safety (pg 25)**

The Business Case for establishing a Health Innovation Hub was approved by the Board in December and is now with the Ministry of Economic Development for presentation to the Ministers and Cabinet. Work continues on priority areas including falls prevention, hand hygiene, incident management and patient identification. The 7th annual Canterbury DHB Quality Improvement and Innovation Awards ceremony took place in November, and the winning projects are now being publicised.

### **Child and Youth Health (pg 28)**

Progress on the implementation of the HEHA Breastfeeding Action Plan continues. Immunisation coverage of two year olds in Canterbury reached 86% in the quarter, exceeding the current Health Target by 1%. Rates of B4 School Checks are on track for meeting the target, and the Canterbury DHB has assisted General Practices that have been under-delivering to develop a workplan to improve performance. A number of streams of activity are underway around the implementation of the national oral health reforms, and three Level 1 mobile units were commissioned this quarter,

bringing the total to five. The Canterbury DHB, through a Partnership Health-led consortium, is now providing nursing, medical and counselling care to children and young people resident in the two CYFS facilities in Canterbury.

### **Māori Health (pg 32)**

Progress in this area has been mixed. Immunisation of Māori two year olds came just three children short of meeting the target. Māori attendance of free annual diabetes checks is on target and improved from last year, but Māori diabetes management is below target and down from last year.

### **Primary Health Services (pg 35)**

The Canterbury Clinical Network's EOI for Better, Sooner, More Convenient Primary Care was successful and has been developed into a Business Case. Excellent progress of the Canterbury Initiative continues, with the volume of procedures now being conducted in primary care continuing to increase. There are now 160 different jointly developed clinical pathways available on the HealthPathways website and another 28 currently under development.

### **Disease Prevention and Management of Long-Term Conditions (pg 38)**

The Canterbury DHB continues to work collaboratively with the Christchurch City Council (CCC) to develop the City Health Profile, and with the CCC and Police to reduce alcohol-related harm through the Community Violence Reduction Project. The Healthy Housing Programme has dramatically exceeded expectations, undertaking 942 insulation retrofits in 2009/10 so far. In the second quarter, 414 staff received face to face training on the ABC Strategy for Smoking Cessation and 215 staff accessed the E-learning tool. Though short of the new Health Target, the percentage of hospitalised smokers provided with cessation advice is showing a steady monthly increase, from 14% in July to 34% in December. A number of HEHA initiatives have progressed this quarter, including the Change4Life Campaign, various Māori and Pacific Community Action projects, Energise 09 and Health Promoting Schools.

### **Cancer (pg 42)**

Although the Canterbury DHB has not met the Health Target for radiation treatment within six weeks of the decision to treat, results have improved on last year. The new bunker is complete, and the new linear accelerator is scheduled to treat its first patient in mid April 2010. Additional staff have been employed to operate an extra four machine hours per day until the opening of St George's Cancer Care Centre at the end of March. HPV vaccinations continue to increase significantly, with active Whānau Engagement to promote the vaccine. A number of workstreams are underway in collaboration with other South Island DHBs through the Southern Cancer Network, and work on the new Liverpool Care Pathway continues.

### **Cardiovascular Disease (pg 45)**

Though Canterbury performance is still below the national average, the four participating PHOs have substantially improved CVD risk assessment rates amongst both their total and high need enrolled population. Coverage of the high need population now exceeds that of the total population. The Canterbury DHB has increased the proportion of the population having had fasting lipid/glucose tests within the last five years to 70% - 2% above target. Attendances to organised stroke services and cardiac rehabilitation services have both increased considerably from last year.

### **Elective Services (pg 47)**

Year-to-date December 2009, 7,915 elective discharges (excluding elective cardiology and dental procedures) have been delivered in Canterbury towards our 2009/10 Health Target of 14,369. Canterbury is 144 cases and 759 CWD above the year-to-date Electives Initiative target (including elective cardiology and dental procedures). While the Canterbury DHB is 32 cases below target in

Cardiac Surgery primarily due to the H1N1 Pandemic, approval and funding for a third cardiac surgeon and additional ICU/HDU beds will help to establish long-term sustainability of the service. Rates of day surgery and day of surgery admissions are up, and patient wait times have improved from last year.

**Information Technology Infrastructure (pg 50)**

Clinical application up-time is at 99.9%, and 86.8% of laboratory tests were signed-off electronically this quarter. The pilot for Canterbury Initiative E-Referrals went live in the second quarter, with the first referrals registered into the system in early December. Rollout of CIS/Concerto has been completed for Ashburton, Burwood and Christchurch sites, and implementation for other divisions is underway. The Health Management System Consortium project is on hold until the national direction is made clear to DHBs; meanwhile, the Canterbury DHB is focused on extending the life of its current systems.

**Workforce (pg 52)**

Retention rates for clinical and non-clinical staff are up from last year, and all HR initiatives are currently on target.

**Maternity Services (pg 54)**

Kaikoura maternity services are fully re-established, and an agreement with the Kaikoura Medical Centre is providing Kaikoura based lead maternity care services. Work continues to ensure the provision of the Minister's extended postnatal stay priority, as well as the capture of post natal stay data.

**5. APPENDICES**

Appendix 1: Strategic Activity Report – six month report to 31 December 2009.

Report prepared by:           Melissa Macfarlane, Accountability Specialist, Planning and Funding  
  Katia De Lu, Accountability Coordinator, Planning and Funding

Report Approved by:        Carolyn Gullery, General Manager, Planning and Funding  
  David Meates, Chief Executive