**2021/22**

**DHB non-financial monitoring framework and**

**performance measures**

**Update as at 6 October 2021**

* *SS06: Better help for smokers to quit in public – SS06 only applies to selected DHBs. Whanganui DHB is no longer included in the DHBs required to report this measure.*

**Update as at 28 August 2021**

* *MH03:* *Shorter waits for mental health services for under 25-year olds. Update to reflect adjusted measure definition* *to expand age group covered***.**
* *MH04: Mental Health and Addiction Service Development – update to Focus Area 2 District Suicide Prevention and Postvention*
* *SS04: Implementing the Healthy Ageing Strategy 95Update to deliverables to be reported (note further modified 10/9/21 to include reference people with dementia and their carers in item 1.a)*
* *SS15: Improving waiting times for colonoscopies – update to months reported each quarter*

**Update as at 28 May 2021**

* *SS07 Planned care measures. Reporting of planned care measures 1-5 is being managed via monthly meetings – only planned care measures 6 and 7 are required to be reported through DHB quarterly reporting processes in 2021/22.*

• *CW04 Utilisation of DHB-funded dental services by adolescents from School Year 9*

* + Update to confirm that when reporting the number of adolescents treated by non-Combined Dental Agreement providers (eg, Maori oral health providers or the Community Oral Health Service), DHBs will need to be able to provide this information broken down by ethnicity (Māori, Pacific, Other). Ethnicity data is a key variable for understanding the health experiences and priorities of different population groups, leading to the development of more effective policies and programmes.

*• CW03 Improving the number of children enrolled in and accessing the Community Oral Health Service.*

* The COVID-19 pandemic has had on the number of children overdue for their scheduled examinations in many DHBs is acknowledged and it will take some time for those DHBs to address this and for COHS service delivery and the level of overdue examinations to return to pre-pandemic levels. However, given the level of overdue examinations has been increasing nationally, even before the COVID-19 pandemic, the Director-General of Health has requested that performance against CW03 part b is monitored more closely. Performance will now be monitored quarterly.
* *SS13 Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)* Items have now been removed from the section on ‘commentary to be provided’ to ensure alignment with diabetes deliverables removed in the April update

**Update as at 21 April 2021**

*Update to the folowing measure to confirm deliverables have been removed for 2021/22:*

* *SS13* *Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)*

*Please note requirements re diabetes annual are also removed*

* *The MH KPI project has clarified the MH07 numerator and denominator, updated definitions now included*

**Update as at 6 April 2021**

*Update to the folowing measure to confirm deliverables have been removed for 2021/22:*

* *SS13 Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)*

*New deliverables signalled for the diabetes services - focus area 2 including addition of an eGFR indicator and foot screening indicators are removed*

*Please note requirements re diabetes annual also removed*

**Update as at February 2021**

*Update confirming the following measures have been removed for 2021/22:*

* *SS02 Ensuring delivery of Regional Service Plans*
* *SS08 Planned care three year plan*

**2021/22 DHB non-financial monitoring framework**

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|  |  |  |
| --- | --- | --- |
| **Change key - changes to DHB performance measures compared to 2020/21** | |  |
|  | No significant change |  |
|  | Changes made to deliverables/expectations |  |
|  | measure signalled for removal in 21/22 |  |
|  | New measure included for 21/22 |  |

**Overview – DHB performance measures**

|  |  |  |
| --- | --- | --- |
| Measure | | changes to DHB performance measures compared to 2020/21 |
| CW01 | Children caries free at 5 years of age |  |
| CW02 | Oral health: Mean DMFT score at school year 8 |  |
| CW03 | Improving the number of children enrolled and accessing the Community Oral health service | Update to frequency of reporting |
| CW04 | Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years | Updates to clarify reporting by ethnicity is required |
| CW05 | Now includes Immunisation coverage at 8 months and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over |  |
| CW06 | Child Health (Breastfeeding) |  |
| CW07 | Newborn enrolment with General Practice |  |
| CW08 | Increased immunisation |  |
| CW09 (included as subcomponent of PH04) | Better help for smokers to quit (maternity) |  |
| CW10 | Raising healthy kids |  |
| CW12 | Youth health initiatives | Measure refocused as more general youth health measure – now includes youth SLAT requirements |
|  |  |  |
| MH01 | Improving the health status of people with severe mental illness through improved access |  |
| MH02 | Improving mental health services using wellness and transition (discharge) planning |  |
| MH03 | Shorter waits for non-urgent mental health and addiction services |  |
| MH04 | Rising to the Challenge: The Mental Health and Addiction Service Development Plan |  |
| MH05 | Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders | Data to be reported adjusted to be 12 month data rather than quarterly |
| MH06 | Output delivery against plan |  |
| MH07 | Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care | Data to be reported adjusted to be 12 month data rather than quarterly |
|  |  |  |
| PV01 | Improving breast screening coverage and rescreening | Outcome area link adjusted to ‘We have health equity for Māori and other groups’  Age range in numerator adjusted to 45-69  Update to expectations table |
| PV02 | Improving cervical Screening coverage |  |
|  |  |  |
| SS01 | Faster cancer treatment  – 31 day indicator |  |
| SS02 | Ensuring delivery of Regional Service Plans | Regional plans are paused for 2021/22 |
| SS03 | Ensuring delivery of Service Coverage |  |
| SS04 | Delivery of actions to improve Wrap Around Services for Older People |  |
| SS05 | Ambulatory sensitive hospitalisations (ASH adult) |  |
| SS06 | Better help for smokers to quit in public hospitals (previous health target) |  |
| SS07 | Planned Care Measures | Updates to the way deliverables are reported |
| SS08 | Planned care three year plan | Measure removed |
| SS09 | Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections | Updates to the numerator and denominator definitions and assessment criteria for focus area 2 indicator 3 |
| SS10 | Shorter stays in Emergency Departments |  |
| SS11 | Faster Cancer Treatment (62 days) |  |
| SS12 | Engagement and obligations as a Treaty partner |  |
| SS13 | Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke) | New deliverables signalled for the diabetes services - focus area 2 including addition of an eGFR indicator and foot screening indicators removed in April 21 update |
| SS15 | Improving waiting times for Colonoscopy |  |
| SS17 | Delivery of Whānau ora |  |
|  |  |  |
| PH01 | Delivery of actions to improve SLMs |  |
| PH02 | Improving the quality of ethnicity data collection in PHO and NHI registers |  |
| PH03 | Access to Care (PHO Enrolments) |  |
| PH04 | Better help for smokers to quit (primary care) |  |
|  |  |  |
|  |  |  |

***Government outcomes and priorities***

On 16 September 2018, the Prime Minister announced a long term plan to build a modern and fairer New Zealand. One that New Zealanders can be proud of, underpinned by three outcome areas, and twelve key priorities. As part of the plan, the Government commits to improving the wellbeing of all New Zealanders and their families, and ensuring that the economy is growing and working for all.

The health system has an important role in supporting all of these goals. Three of our government’s priorities are of particular importance for the health and disability sector. If we want support all that are able to earning, learning, caring and volunteering, and to drive the Government’s priorities to support healthier, safer, more connected communities and make New Zealand the best place in the world to be a child, we need to be sure that our public health system is strong, equitable, is performing well, and is focussed on the right things to make all New Zealanders’ lives better.

To best give effect to the Government’s vision, based on advice and evidence, the health and disability system has been asked to focus on the following priorities:

* Improving child wellbeing
* Improving mental wellbeing
* Improving wellbeing through prevention.
* Better population health outcomes supported by strong and equitable public health services
* Better population health outcomes supported by primary health care.

These priorities contribute to the Government’s commitment to improve the wellbeing of New Zealanders and their families and are underpinned by a system outcomes and performance framework for the health and disability system to help establish a strong enduring foundation for system improvement.

**Health system outcomes**

A clear vision for the System is important if we are to align efforts to deliver improved health outcomes for all New Zealanders and deliver on the Government’s wellbeing goals. Our system vision is to attain “Pae Ora – Healthy Futures”. This is a holistic concept and includes three interconnected elements: mauri ora – healthy individuals; whānau ora – healthy families; and wai ora – healthy environments (see figure 1)

The vision is supported by high level outcomes that represent a complete view of population health at a high level, and respond to New Zealand’s important population health challenges. The three key high level outcomes are:

“We live longer in good health”

“We have improved quality of life”

“We have health equity for Māori and other groups”.

**The health system performance story**

The DHB monitoring framework and accountability measures are linked to the health system priorities that support delivery of the Government’s priority goals for New Zealand and the health system vision and outcomes, within a system that has a foundation of financial, clinical and service sustainability and strong governance.

**Figure 1. Health system vision and outcomes**



# *The DHB monitoring framework*

***Context***

The district health board (DHB) monitoring framework was developed recognising a DHB funding and operating environment where:

• DHBs have responsibility for making decisions on the mix, level and quality of health and disability services, within the parameters of the NZ Health and Disability Strategies and nationwide minimum service coverage and safety standards.

• The Ministry of Health, as agent of the Minister of Health, defines nationwide service coverage, safety standards and the operating environment. The Minister enters into funding agreements with DHBs, containing DHB specific agreed performance targets, and may exercise reserve powers in the case of repeated performance failures.

DHB non-financial monitoring arrangements operate within wider DHB accountability arrangements including legislative requirements, obligations formalised via Crown Funding Agreements and other contractual requirements, along with formal planning documents agreed with the Minister of Health/Minister of Finance.

The measures included within the DHB non-financial monitoring framework are those where formal performance expectations are agreed with DHBs in their annual plans. The measures are intended to cover a specific set of markers of DHB performance in key areas, rather than all health services or DHB activity. Views and perspectives about what is most important to monitor, measure, and report for accountability purposes change over time with changing priorities. As a result the monitoring framework is updated periodically, and the measures that populate the framework are updated annually.

Within the Ministry of Health clinical and subject area experts are involved in all aspects of the monitoring work programme including: indicator design and definition; establishment of baselines; agreement of performance expectations; data supply and performance feedback; performance management and escalation of non-performance; reporting to Ministers and publication of results.

The Ministry of Health reviews the measures within the monitoring framework as part of the development of annual DHB planning advice. Working drafts are shared with DHBs for comment and feedback. If new measures are included in the framework, these measures must:

* incorporate intervention logic and a performance story linking the measure to sector outcomes
* provide clear and transparent deliverables including clearly defined numerators and denominators for quantitative measures, with data sources clearly identified
* identify the actions DHB funders can take to influence performance, and activities DHBs can put in place that have a proven impact on the measure
* identify the required detail and frequency of reporting
* Identify clear performance expectations, including what constitutes achievement, partial achievement and non-achievement of the measure.

The burden of reporting is also an important consideration and new measures need to be strongly justified before they are included in the framework.

DHBs formally agree to deliver on the performance expectations associated with the measures in the DHB monitoring framework through DHB Annual Plans. Each individual measure owner within the Ministry of Health reviews and approves performance expectation for their measures.

DHBs provide quarterly reports to the Ministry via a web based reporting tool. DHB performance against each target or measure is assessed by the Ministry measure owner/subject expert, and performance assessment and feedback is provided directly to DHBs via the web based reporting tool.

Where DHBs do not meet performance expectations, Ministry measure owner/subject expert determines whether the DHB has:

* Partially achieved i.e. some or all expected performance expectations/deliverables associated with the measure not met, however there is a an appropriate resolution plan
* Not achieved i.e. the deliverable is not met and the DHB does not have an adequate resolution plan.

Where a ‘not achieved’ assessment is made, performance escalation is coordinated by DHB Relationship Managers and through formal monitoring and intervention processes where required. A monitoring and Intervention Framework is used by the Ministry to monitor and manage DHB performance, and provides for increasingly intensive levels of monitoring and, where necessary, intervention to ensure that issues relating to poor performance are addressed.

A summary report is produced each quarter based on the performance assessments undertaken by the Ministry measure owner/subject. These reports are summarised on a one-page heat map of each DHB’s performance for the quarter and also contribute to the DHB balanced scorecard. Together the DHB heat map and score card form a key part of the regular DHB performance information provided to the Minister of Health.

***Overview of the 2021/22 DHB monitoring framework***

Four key measure types are included in the DHB monitoring framework:

* Priority health measures - measures contributing to whole of Government or Ministerial health system priorities
* System Level Measures (SLMs) – the SLM framework aims to improve health outcomes for people by supporting DHBs to work in collaboration with health system partners (primary, community and hospital) using specific quality improvement measures.. DHBs are responsible for submitting the SLM improvement plan and quarterly reports on behalf of their alliance, these quarterly reports are captured through a DHB accountability measure (PH01).
* DHB accountability measures:
  + key markers that include a mix of measures covering a funder a provider and a population view of performance. Therefore measures cover some services not directly funded or provided by the DHB and some services delivered by the DHB for other populations. Includes reporting by ethnicity for all quantitative measures where data allows)
  + measures tracking and confirming delivery of actions (including equity actions) across the priority areas agreed in DHB annual plans
* measures included in Crown Funding Agreement Variations (these measures are not included in this document).

A summary table below provides a view of the clustering of measures to health system outcomes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Summary overview of the DHB accountability measures for 2021/22 | | | | |
| Government priority | Improving the wellbeing of New Zealanders and their families | | | |
| Government priority outcomes | Ensure everyone who is able to, is earning, learning, caring or volunteering | | Support healthier, safer and more connected communities | Make New Zealand the best place in the world to be a child |
|  |  |  | |  |
| Vision | Pae Ora Healthy Futures | | | |
| Outcomes |
| We live longer in good health | | We have improved quality of life | We have health equity for Maori and other groups |
|  |  | |  |  |
| 2021/22DHB accountability measures *Note: some measures such as those under review as part of the planned care work and whanau ora are not currently included in this table.* | Strong and equitable public health and disability system SS03: Ensuring delivery of service coverage | | Strong and equitable public health and disability system SS01: Faster cancer treatment (31 days) | Child Wellbeing CW02: Oral Health- Mean DMFT score at school Year 8 |
| Strong and equitable public health and disability system SS05: Ambulatory sensitive hospitalisations (ASH adult) | | Mental wellbeing MH01: Improving the health status of people with severe mental illness through improved access | Child-wellbeing CW01: Children caries-free at five years of age |
| Mental health MH04: Mental Health and Addiction Service Development (to be reviewed following decisions that are made in regard to the MH&A Inquiry). | | Mental wellbeing MH02: Improving mental health services using wellness and transition (discharge) planning | Child wellbeing CW04: Utilisation of DHB-funded dental services by adolescents from School Year 9 up to and including age 17 years |
| Strong and equitable public health and disability system SS04: Delivery of actions to improve Wrap Around Services for Older People | | Mental wellbeing MH03: Shorter waits for non-urgent mental health and addiction services for under 25 year olds | Child wellbeing CW03: Improving the number of children enrolled in and accessing the Community Oral Health Service. |
| Strong and equitable public health and disability system SS05: Better help for smokers to quit in public hospitals | | Primary care and prevention PH01: Improving system integration and SLMs | Child wellbeing CW05: Immunisation coverage |
| Child Wellbeing CW06: Improving breast- feeding rates | |  | Primary care and prevention PH02: Improving the quality of data collection in PHO and NHI registers |
| Child wellbeing CW07: Improving newborn enrolment in General Practice | | Strong and equitable public health and disability system SS10: Shorter stays in Emergency Departments | Primary care and prevention PH03: Improving Maori enrolment in PHOs to meet the national average of 90% |
| Strong and equitable public health and disability system PV02: Improving Cervical Screening coverage | | Strong and equitable public health and disability system SS11: Faster cancer treatment (62 days) | Mental health MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders |
| Strong and equitable public health and disability system SS09: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections | | Strong and equitable public health and disability system SS13: Improved management for long term conditions | Child wellbeing CW10: Raising healthy kids |
| Mental wellbeing MH06: Output delivery against plan | | Strong public health and disability system SS07: Planned Care Measures | Child wellbeing CW12: Youth health |
| Child wellbeing CW08: Increased Immunisation | |  | Strong and equitable public health and disability system PV01: improving breast screening coverage and rescreening |
| Primary health care PH04 :Better help for smokers to quit (primary care) | | Improving mental wellbeing MH07: Improving mental health services by improving inpatient post discharge follow-up rates | Strong and equitable public health and disability system SS12: Engagement and obligations as a Treaty partner |
| Child wellbeing CW09 :Better help for smokers to quit (maternity) | |  | Strong and equitable public health and disability system SS15: improving waiting times for colonoscopies |
|  | |  | Strong and equitable public health and disability system SS17: Delivery of Whānau Ora |

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**Progress updates for actions included in Annual Plans**

Actions are agreed with each DHB in its Annual Plan to reflect how the DHB will deliver on the planning priorities. Progress updates for these actions are captured through quarterly reporting processes. Once Annual plans actions are confirmed, DHBs are expected to provide quarterly status reports via the template provided. Refer appendix one.

**System level measures – for measure definitions please refer to https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/health-quality-measures-nz**

There are six System Level Measures:

* Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4 year olds (keeping children out of hospital)
* acute hospital bed days per capita (using health resources effectively)
* Patient experience of care (person-centred care) – this is made up of adult inpatient and primary care patient experience surveys. Further information about the survey, its development and administration, privacy assessment, results of inpatient experience surveys and information for patients, PHOs and practices can be found on the [Health Quality & Safety Commission website](https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/primary-care-patient-experience/). The first national report on results from the first year of pilots for the Primary care patient experience survey is also available from the [Health Quality and Safety Commission website](https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3161/).
* amenable mortality rates (prevention and early detection)
* babies living in smoke-free homes (a healthy start)
* Youth access to and utilisation of youth appropriate health services (youth are healthy, safe and supported). This SLM is made up of five domains with corresponding outcomes and national health indicators. Further information about this SLM, including the youth engagement story board can be found on the [Ministry website](http://www.health.govt.nz/new-zealand-health-system/system-level-measures-framework/system-level-measure-youth-access-and-utilisation-youth-appropriate-health-services)[.](http://www.health.govt.nz/)

System Level Measures recognise that good health outcomes require health system partners to work together. Therefore the district alliances are responsible for implementing SLMs in their districts.

* harnessing perspectives from all relevant parts of health system to identify shared vision and key objectives
* applying alliancing principles (way of working)
* using SLMs to drive system integration in their districts
* allocating resources required for the development, implementation, monitoring and reporting of the SLMs
* leading the development of the SLM improvement plan.

DHBs are responsible for submitting the SLM improvement plan and the quarterly reports on behalf of their alliance. These reports are captured through measure PH01: Delivery of actions to improve system integration and SLMs.

## Assessment Criteria/Ratings

Reporting by ethnicity is expected for all measures where data can be reliably disaggregated.

Unless otherwise stated in the definition of the performance measure, the following performance assessment criteria will apply for an overall measure (please note that where data is able to disaggregated by ethnicity individual assessment by population group against the measure goal will be displayed on DHB performance dashboards):

|  |  |  |  |
| --- | --- | --- | --- |
| **Rating** | **Abbrev** | 0**Criteria** | |
| **Outstanding performer/sector leader** | **O** | | 1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.   Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an ‘O’ rating, irrespective of when the reporting is due. |
| **Achieved** | **A** | | 1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. **Important note** For those measures where reporting by ethnicity is expected, individual assessments by population group against the measure goal will be displayed on DHB performance dashboards for Total, Maori, Pacific and Other population groups – in all cases where reporting by ethnicity is expected a resolution plan must be provided if the measure goal is not met for Maori and Pacific populations (Pacific DHBs). 4. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm. |
| **Partial achievement** | **P** | | 1. Target/expectation not fully met, (including not meeting expectations for Maori and Pacific population groups or other specified equity gaps) and the resolution plan satisfies the assessor that the DHB is on track to compliance in the year the assessment applies to. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved, and a resolution plan satisfies the assessor that the DHB is on track to compliance for the requirements not met. |
| **Not achieved**  **– escalation required** | **N** | | 1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process. |

## Outcome priority: We have health equity for Maori and other groups

## Improving child wellbeing CW01: Children caries-free at five years of age

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Annually in quarter 3 |
| ***Source information for reporting provided by:*** | Data to be supplied by DHBs template is on the nsfl website |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |
| ***Linkage*** | This measure links to SI5: Delivery of Whānau Ora |

**Link to outcomes and priority areas**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving children’s oral health DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we have health equity for Maori and other groups.

Delivery of this measure most strongly supports the following sector outcomes and government priorities: Increasing the proportion of 5-year olds who have never experienced tooth decay will show that the DHB has made an impact on the outcome of protecting and promoting good health and independence through providing effective publicly-funded child oral health programmes (health promotion, prevention and treatment) that reduce the prevalence of oral disease in children of pre-school age. Delivery of this measure also influences long-term oral health outcomes for adolescents and adults. Evidence indicates that oral health at age five predicts oral health status at age 26.

The measure also provides information that allows DHBs and the Ministry to evaluate how health promotion programmes, and services such as the Community Oral Health Service (COHS) and Well Child/Tamariki Ora (WCTO) services, are influencing the oral health status of children. The data itemised by ethnicity and fluoridation status enable DHBs to identify and target the populations in their district where children’s oral health status is poorest.

Through the intermediate outcome, the measure contributes to the high level outcome of New Zealanders living longer, healthier and more independent lives.

**Actions and activities that have a proven impact on this measure:**

The following actions and activities are examples of initiatives that have a proven impact on this measure:

* increasing enrolment of pre-school children in publicly funded child oral health programmes enables early engagement and provides opportunities for oral health promotion and interventions aimed at prevention of oral disease, and reduces the prevalence of dental decayreducing the number of children overdue for their scheduled examinations with the COHS
* improving accessibility of regular care through “hub” and mobile clinics that will be open throughout the year and operate longer hours, and as well as maximising service productivity to increase service coverage for a greater number of children during the year.

**Context**

This measure indicates the prevalence of oral disease experienced in children of pre-school age, measured at five years of age.

Publicly funded oral health services are available to children and adolescents from birth to 17 years of age, through the Community Oral Health Service (COHS) provided by DHBs throughout New Zealand, DHB-funded contracts with Maori oral health providers to provide child oral health services, and DHB-funded contracts with private dentists and Maori oral health providers to provide adolescent oral health services.

Improvements in this measure will show the effectiveness of publicly funded child oral health services, in particular the COHS, and of oral health promotion activities.

**Deliverables definitions**

***Numerator:***

(Data source: DHB via COHS and other oral health providers)

At the first examination after the child has turned five years, but before their sixth birthday, the total number of children who are caries-free (decay-free);

***Denominator:***

(Data source: DHB via COHS and other oral health providers)

The total number of children who have been examined in the 5-year old age group, in the year to which the reporting relates.

***Other components of this indicator:***

1. The data reported in the ***Numerator*** and ***Denominator*** must also be broken down by:

Ethnicity, using “prioritised ethnicity” approach[[1]](#footnote-2) into the following (in order of assignment):

* + Māori;
  + Pacific
  + Other, and

1. water fluoridation status of the school area the child attends, defined as:
   * fluoridated; and
   * non-fluoridated.
2. The data for this indicator will be generated by DHBs. There is a number of technical interpretation issues associated with oral health, which are centred largely around variances in:

* processes for data collection amongst DHBs
* technologies for management of data amongst DHBs.

1. DHBs are encouraged to record data at the unit (individual child) level, using the National Health Index, but data are reported in an aggregated format and should be provided using the Ministry of Health Excel template, available on the quarterly reporting database or from the Ministry’s Oral Health Team.
2. DHBs are required to separately report the number of decayed, missing (due to caries), or filled teeth (dmft).

**Reporting Period**

***Reporting required****:* Annual, in the third quarter.

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 3 | 1 January 2019 – 31 December 2019 |

**Expectations**

DHBs are expected to report complete, comprehensive and timely information. It is expected that all DHBs will meet the specific individually agreed targets, for this indicator, as agreed in their Annual Plans. Where the target has not been met, the DHB must provide commentary or a resolution plan that describes the DHB will do to address the performance failure.

DHBs are expected to set targets for this indicator for each of the two calendar years straddled by the fiscal year that the Annual Plan pertains to.

The *“year 2 targets”* from the outgoing fiscal year’s Annual Plan are regarded as indicative and may be revised as the *“year 1 targets”* for the incoming fiscal year’s Annual Plan.

Each DHB’s performance is assessed against *the “year 1 target”*. However, Annual Plans should focus on the activities that the DHB will put in place to achieve the *“year 2 target”* – this generally allows DHBs a six-month planning window followed by a 12-month implementation window for DHBs to achieve their “*year 2 targets”*.

The following achievement scale will be applied:

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding | The DHB has met the targets agreed in the Annual Plan, and are more than 5% over specified targets, and has also has also reached the same level of performance for the Other population group, and the Maori population group, and the Pacific population group (where applicable). |
| Achieved | All targets agreed in the Annual Plan are met, within 95% - 105% of specified targets  **and**  a resolution plan with appropriate actions is provided if the total population target is not met for the Māori population group, and the Pacific population group |
| Partially Achieved | Some or all targets agreed in the Annual Plan are not met, but delivered results are same as, or better than, the results delivered in the prior year  **and/or**  the DHB has not met the target/performance expectation agreed in its Annual Plan, and a resolution plan with appropriate actions is provided, including actions to deliver improved performance for the Māori population group, and the Pacific population group |
| Not Achieved | Some or all expectations are not met, and actual results are worse than the results delivered in the prior year |

**Reporting Template**

The Ministry of Health Excel reporting template is also located on the nationwide service framework library web site: http://www.nsfl.health.govt.nz/.

## Outcome priority: We have health equity for Maori and other groups

## Improving child wellbeing CW02: Oral Health- Mean DMFT score at school Year 8

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Annually - quarter 3 reports |
| ***Source information for reporting provided by:*** | Data to be supplied by DHBs, template is on NSFL |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Link to outcomes and priority areas**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving children’s oral health DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we have health equity for Maori and other groups.

By providing effective publicly funded child oral health programmes (health promotion, prevention and treatment) that reduce the prevalence of oral disease in children of primary school age, the DHB will contribute to the outcome of protecting and promoting good health and independence through decreasing the prevalence and severity of dental decay experienced by children in school Year 8 (12/13-year olds)..

This measure also provides information that allows DHBs, and the Ministry, to evaluate how health promotion programmes, and services such as the DHB Community Oral Health Service (COHS) and other child oral health providers, are influencing the oral health status of children. The data breakdowns by ethnicity and fluoridation status enable DHBs to identify and target the populations in their district where children’s oral health status is poorest.

Through the intermediate outcome, the measure contributes to the high level outcome of New Zealanders living longer, healthier and more independent lives.

**Actions and activities are that have a proven impact on this measure:**

The following actions and activities are examples of initiatives that have a proven impact on this measure:

* increasing enrolment of pre-school children in publicly funded child oral health programmes enables early engagement and provides opportunities for oral health promotion and interventions aimed at prevention of oral disease, and reduces the prevalence of dental decay
* reducing the number of children overdue for their scheduled examinations with the COHS
* improving accessibility of regular care through “hub” and mobile clinics that will be open throughout the year and operate longer hours, and as well as maximising service productivity to increase service coverage for a greater number of children during the year.

**Context**

This measure indicates the prevalence of oral disease and severity of dental decay experienced in children at the end of their primary schooling (Year 8, 12/13-year olds).

Publicly funded oral health services are available to children and adolescents from birth to 17 years of age (i.e. until the 18th birthday), through the Community Oral Health Service (COHS) provided by DHBs throughout New Zealand, DHB-funded contracts with Maori oral health providers to provide child oral health services, and DHB-funded contracts with private dentists and Maori oral health providers to provide adolescent oral health services.

After school Year 8, the majority of children transfer to publicly funded oral health services provided for adolescents by private dentists contracted by DHBs, through the nationally standardised Combined Dental Agreement, although some DHBs continue to provide some adolescent oral health services in their COHS and hospital dental departments.

Improvements in this measure will show the effectiveness of publicly funded child oral health services, in particular the COHS, and of oral health promotion activities.

The OECD also regularly collates this measure for inclusion in its health outcomes database for cross-country comparisons.

**Deliverables definitions**

***Numerator:***

(Data source: DHB via COHS and other oral health providers)

Upon the commencement of dental care, at the last dental examination before the child leaves the DHB’s Community Oral Health Service, the total number of:

1. permanent teeth of children in school Year 8 (12/13-year olds) that are –
   * Decayed (D),
   * Missing (due to caries, M), and
   * Filled (F); and
2. children who are caries-free (decay-free).

***Denominator:***

(Data source: DHB via COHS and other oral health providers)

The total number of children who have been examined in the Year 8 (12/13-year olds) group, in the year to which the reporting relates.

***Other components of this indicator:***

1. The data reported in the ***Numerator*** and ***Denominator*** must also be broken down by:
2. Ethnicity, using “prioritised ethnicity” approach[[2]](#footnote-3) into the following (in order of assignment):
   * Māori;
   * Pacific
   * Other, and
3. water fluoridation status of the school area the child attends, defined as:
   * fluoridated; and
   * non-fluoridated.
4. The data for this indicator will be generated by DHBs. There is a number of technical interpretation issues associated with oral health, which are centred largely around variances in:

* processes for data collection amongst DHBs
* technologies for management of data amongst DHBs.

1. DHBs are encouraged to record data at the unit (individual child) level, using the National Health Index, but data are reported in an aggregated format and should be provided using the Ministry of Health Excel template, available on the quarterly reporting database or from the Ministry of Health’s Oral Health Team.
2. DHBs are required to separately report the number of Decayed, Missing (due to caries), or Filled teeth (as well as total DMFT).

**Reporting Period**

***Reporting required****:* Annual, in the third quarter.

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 3 | 1 January 2019 – 31 December 2019 |

**Expectations**

DHBs are expected to report complete, comprehensive and timely information. It is expected that all DHBs will meet the specific individually agreed targets, for this indicator, as agreed in their Annual Plans. Where the target has not been met, the DHB must provide commentary or a resolution plan that describes what the DHB will do to address the performance failure.

DHBs are expected to set targets for this indicator for each of the two calendar years straddled by the fiscal year that the Annual Plan pertains to.

The *“year 2 targets”* from the outgoing fiscal year’s Annual Plan are regarded as indicative and may be revised as the *“year 1 targets”* for the incoming fiscal year’s Annual Plan.

Each DHB’s performance is assessed against *the “year 1 target”*. However, Annual Plans should focus on the activities that the DHB will put in place to achieve the *“year 2 target”* – this generally allows DHBs a six-month planning window followed by a 12-month implementation window for DHBs to achieve their “*year 2 targets”*.

The following achievement scale will be applied:

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding | The DHB has met the targets agreed in the Annual Plan, and is more than 5% over specified targets, and has also has also reached the same level of performance for the Other population group, and the Maori population group, and the Pacific population group (where applicable). |
| Achieved | All targets agreed in the Annual Plan are met, within 95% - 105% of specified targets  **and**  a resolution plan with appropriate actions is provided if the total population target is not met for the Māori population group, and the Pacific population group |
| Partially Achieved | Some or all targets agreed in the Annual Plan are not met, but delivered results are same as, or better than, the results delivered in the prior year  **and/or**  the DHB has not met the target/performance expectation agreed in its Annual Plan, and a resolution plan with appropriate actions is provided, including actions to deliver improved performance for the Māori population group, and the Pacific population group |
| Not Achieved | Some or all targets agreed in the Annual Plan are not met, and actual results are worse than the results delivered in the prior year |

**Reporting Template**

The Ministry of Health Excel reporting template is also located on the nationwide service framework library web site: http://www.nsfl.health.govt.nz/.

The following achievement scale will be applied:

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding | The DHB has met the targets agreed in the Annual Plan, and are more than 5% over specified targets, and has also has also reached the same level of performance for the Other population group, and the Maori population group, and the Pacific population group (where applicable). |
| Achieved | All targets agreed in the Annual Plan are met, within 95% - 105% of specified targets  **and**  a resolution plan with appropriate actions is provided if the total population target is not met for the Māori population group, and the Pacific population group |
| Partially Achieved | Some or all targets agreed in the Annual Plan are not met, but delivered results are same as, or better than, the results delivered in the prior year  **and/or**  the DHB has not met the target/performance expectation agreed in its Annual Plan, and a resolution plan with appropriate actions is provided, including actions to deliver improved performance for the Māori population group, and the Pacific population group |
| Not Achieved | Some or all expectations are not met, and actual results are worse than the results delivered in the prior year |

**Reporting Template**

The Ministry of Health Excel reporting template is also located on the nationwide service framework library web site: http://www.nsfl.health.govt.nz/.

## Outcome priority: We have health equity for Maori and other groups

***Improving child wellbeing CW03: Improving the number of children enrolled in and accessing the Community Oral Health Service.***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *Data to be supplied by DHBs, template is on the* quarterly reporting website |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |
| ***Linkage*** | This measure also links to SI5: Delivery of Whanau Ora |

**Link to outcomes and priority areas**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving children’s oral health DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we have health equity for Maori and other groups.

**Actions and activities that have a proven impact on this measure:**

The following actions and activities are examples of initiatives that have a proven impact on this measure:

* increasing enrolment of pre-school children in publicly funded child oral health programmes enables early engagement and provides opportunities for oral health promotion and interventions aimed at prevention of oral disease, and reduces the prevalence of dental decay
* reducing the number of children overdue for their scheduled examinations with the COHS
* improving accessibility of regular care through “hub” and mobile clinics that will be open throughout the year and operate longer hours, and as well as maximising service productivity to increase service coverage for a greater number of children during the year.

**Context**

These measures indicate the coverage and timeliness of publicly funded child oral health services delivered by the COHS.

Publicly funded oral health services are available to children and adolescents from birth to 17 years of age, through the COHS, provided by DHBs throughout New Zealand, DHB-funded contracts with Maori oral health providers to provide child oral health services, and DHB-funded contracts with private dentists and Maori oral health providers to provide adolescent oral health services.

Improvements in these measures show the coverage and timeliness of publicly-funded child oral health services. Ethnicity data in these measures also enable DHBs to identify and target the populations in their district where enrolment, service access, and children’s oral health status are poorest.

Improvements in this measure will show the effectiveness of publicly funded child oral health services and the COHS in particular.

**Deliverables definitions**

**Measure 1: Number of Pre-School Children Enrolled in DHB-funded Oral Health Services**

***Numerator:***

(Data source: DHBs, via the Community Oral Health Service and other oral health providers.)

In the year to which the reporting relates, the total number of children under five years of age, i.e. aged 0 to 4 years of age inclusive, who are enrolled with DHB-funded oral health services (DHB’s Community Oral Health Service and other DHB-contracted oral health providers such as Māori oral health providers).

***Denominator:***

(Data source: NZ Census sourced estimates of DHB population by age)

DHBs do not need to report a denominator. The Ministry will source denominator data, and advise the denominator prior to the due date for DHB reporting.

In the year to which the reporting relates, the denominator is the estimated total number of children under five years of age, i.e. ages 0 to 4 domiciled in each DHB, based on population projections sourced from Statistics New Zealand.

***Other components of this measure:***

1. The data reported in the ***Numerator*** and ***Denominator*** must also be broken down by ethnicity, using the “prioritised ethnicity” approach[[3]](#footnote-4) into the following (in order of assignment):
   * Māori;
   * Pacific
   * Other.
2. The data for this indicator will be generated by DHBs. There is a number of technical interpretation issues associated with oral health. This centres largely around variances in:

* processes for data collection amongst DHBs
* technologies for management of data amongst DHBs.

1. DHBs are encouraged to record data at the unit (individual child) level, using the National Health Index, but data are reported in an aggregated format and should be provided using the Ministry of Health Excel template, available on the quarterly reporting database or from the Oral Health Team.

**Measure 2: Number of Enrolled Pre-School and Primary School Children Overdue for their Scheduled Examinations**

***Numerator:***

(Data source: DHBs, via the COHS and other oral health providers.)

In the year to which the reporting relates:

(i) the total number of pre-school children, and the total number of primary school children ((shown separately) who have not been examined according to their planned recall period (i.e. by the planned recall date set at their previous examination) in DHB-funded dental services (each DHB’s COHS and other DHB-contracted oral health providers such as Māori oral health providers); and

(ii) the greatest length of time children have been waiting for their scheduled examinations, and the number of children that have been waiting for that period.

Please note that the planned recall date is the appointment date scheduled at the previous examination for each child. Where the recall date is later extended for children who do not attend their appointment, or for other reasons, arrears are still to be calculated based on the original planned recall date.

***Denominator:***

(Data source: DHBs, via the COHS and other oral health providers.)

In the year to which the reporting relates, the total number of children enrolled in DHB-funded dental services (each DHB’s COHS and other DHB-contracted oral health providers such as Māori oral health providers), showing separately the number of –

* pre-school children, and
* primary school children.

***Data Definitions***

* 1. Pre-school and primary school children are the children from age 0 (less than 1 year old) to the end of school Year 8 inclusive.

***Other components of this measure:***

* + - 1. The data reported in the ***Numerator*** and ***Denominator*** must also be broken down by ethnicity using the “prioritised ethnicity” approach[[4]](#footnote-5) into the following (in order of assignment):
  + Māori;
  + Pacific
  + Other

1. The data for this indicator will be generated by DHBs. There is a number of technical interpretation issues associated with oral health. This centres largely around variances in:

* processes for data collection amongst DHBs
* technologies for management of data amongst DHBs.

1. DHBs are encouraged to record data at the unit (individual child) level, using the National Health Index, but data are reported in an aggregated format and should be provided using the Ministry of Health Excel template, available on the quarterly reporting database or from the Ministry’s Oral Health Team.

**Reporting Period**

***Reporting required****:* Annual, in the third quarter.

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 3 | 1 January 2020 – 31 December 2020 |

**Expectations**

DHBs are expected to report complete, comprehensive and timely information. It is expected that all DHBs will meet the specific individually agreed targets, for this indicator, as agreed in their Annual Plans. Where the target has not been met, the DHB must provide commentary or a resolution plan that describes what specific actions the DHB will take to address the performance failure.

There are single national targets for each of these measures applicable to all DHBs and all child population groups by ethnicity, i.e. that:

≥ 95 percent of pre-school children (aged 0-4 years of age) will be enrolled in the COHS

≤ 10 percent of pre-school and primary school children enrolled with the COHS will be overdue for their scheduled examinations with the COHS.

On a quarterly basis, DHBs are expected to monitor their progress towards achieving the agreed targets in their Annual Plans, and put in place appropriate measures to ensure targets are achieved by the end of the year to which the reporting relates.

The following achievement scale will be applied:

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding | The DHB has met the targets agreed in the Annual Plan, and are more than 5% over specified targets, and has also reached the same level of performance for the Other population group, and the Maori population group, and the Pacific population group (where applicable). |
| Achieved | All targets agreed in the Annual Plan are met, within 95% - 105% of specified targets  **and**  a resolution plan with appropriate actions is provided if the total population target is not met for the Māori population group, and the Pacific population group |
| Partially Achieved | Some or all targets agreed in the Annual Plan are not met, but delivered results are same as, or better than, the results delivered in the prior year  **and/or**  the DHB has not met the target/performance expectation agreed in its Annual Plan, and a resolution plan with appropriate actions is provided, including actions to deliver improved performance for the Māori population group, and the Pacific population group |
| Not Achieved | Some or all expectations are not met, and actual results are worse than the results delivered in the prior year |

**Reporting Template**

The Ministry of Health Excel reporting template is available through the quarterly reporting website or on request from the Ministry’s oral health team.

## Outcome priority: We have health equity for Māori and other groups

***Improving child wellbeing CW04: Utilisation of DHB-funded dental services by adolescents from School Year 9 up to and including age 17 years***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Annual quarter 4 |
| ***Source information for reporting provided by:*** | *Data to be supplied by DHBs template is on the* quarterly reporting website |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Link to outcomes and priority areas**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving adolescents’ oral health DHBs will support Government's priority to ensure everyone who is able to, is earning, learning, caring or volunteering, and our health system outcome that we have health equity for Māori and other groups.

Delivery of this measure most strongly supports the following sector outcomes and government priorities: Increasing the proportion of adolescents (from School Year 9 (13/14-year olds) up to and including 17 years of age) who have accessed DHB-funded oral health services and will show that each DHB has made an impact on the outcome of protecting and promoting good health and independence by providing accessible and available publicly funded adolescent oral health programmes. The programmes will help reduce the prevalence and severity of oral disease in adolescents.

Through the intermediate outcome, the measure contributes to the high-level outcome of New Zealanders living longer, healthier and more independent lives.

**Actions and activities are that have a proven impact on this measure:**

The following actions and activities are examples of initiatives that have a proven impact on this measure:

* increasing the number of dentists contracted under the Combined Dental Agreement to provide DHB-funded adolescent oral health services
* more effective transfers of children at the end of school Year 8 by the DHB’s COHS to dentists contracted under the Combined Dental Agreement to provide adolescent oral health services
* increased promotion and follow-through of enrolments in and service utilisation of DHB-funded adolescent oral health services.

**Context**

This measure indicates the coverage of publicly funded adolescent oral health services.

Publicly-funded oral health services are available to children and adolescents from birth to 17 years of age (i.e. until the 18th birthday), through DHBs’ COHS, DHB-funded contracts with Maori oral health providers to provide child oral health services, and DHB-funded contracts with private dentists and Māori oral health providers to provide adolescent oral health services.

**Deliverables definitions**

***Numerator:***

(Data source: DHBs, via reporting from Sector Operations and other DHB-contracted oral health providers.)

In the year to which the reporting relates, the total number of adolescents accessing DHB-funded adolescent oral health services, defined as:

(i) the unique count of adolescent patients’ completions and non-completions under the Combined Dental Agreement; and

(ii) the unique count of additional adolescent examinations with other DHB-funded dental services (e.g. DHB Community Oral Health Services, Māori Oral Health providers and other contracted oral health providers).

To reduce duplication of effort, at the end of six months in the year to which the reporting relates, the Ministry will organise a data extract from Sector Operations for all DHBs for claims made by dentists contracted under the Combined Dental Agreement, and provide this data for DHBs’ use in determining part (i) of the numerator.

***Denominator:***

(Data source: Estimates of DHB population by age, sourced from NZ Census and Statistics New Zealand’s population projections between Census)

DHBs do not need to report a denominator. The Ministry will source denominator data, and advise denominator data prior to the due date for DHBs’ reporting.

The denominator will be calculated as follows:

* Half of the cohort aged 13 years
* All of the cohorts aged 14 – 17 years inclusive.

***Other components of this indicator:***

1. Part of the data for this indicator will be provided by the Ministry (CDA data from the Proclaim payments system) and the balance will be generated by DHBs (non-CDA data on adolescents utilising DHB provider arm dental services and DHB-contracted dental services not paid through Proclaim). There is a number of technical interpretation issues associated with oral health, which are centred largely around variances in:

* processes for data collection amongst DHBs
* technologies for management of data amongst DHBs.

1. DHBs are encouraged to record data at the unit (individual child) level, using the National Health Index, but data are reported in an aggregated format and should be provided using the Ministry of Health Excel template, available on the quarterly reporting website or from the Ministry of Health’s oral health team.
2. DHBs need to ensure that non-CDA adolescent utilisation data that is collected from the COHS and any contracted providers can be broken down by ethnicity (Māori, Pacific and Other) and reported to the Ministry in the required template.

**Reporting Period**

***Reporting required****:* Annual, in the fourth quarter.

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 4 | 1 January 2020 – 31 December 2020 |

**Expectations**

DHBs are expected to report complete, comprehensive and timely information. It is expected that all DHBs will meet the national target for this indicator, as agreed in their Annual Plans. Where the target has not been met, the DHB must provide commentary or a resolution plan that describes what specific actions the DHB will take to address the performance failure.

There is a single national target for this measure applicable to all DHBs and all adolescent population groups by ethnicity, i.e. that ≥85 percent of adolescents receive DHB-funded oral health services in each reporting year.

On a quarterly basis, DHBs are expected to monitor their progress towards achieving the agreed targets in their Annual Plans, and put in place appropriate measures to ensure targets are achieved by the end of the year to which the reporting relates.

The following achievement scale will be applied:

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding | The DHB has met the targets agreed in the Annual Plan, and are more than 5% over specified targets, and has also reached the same level of performance for the Other population group, and the Maori population group, and the Pacific population group (where applicable). |
| Achieved | All targets agreed in the Annual Plan are met, within 95% - 105% of specified targets  **and**  a resolution plan with appropriate actions is provided if the total population target is not met for the Māori population group, and the Pacific population group. |
| Partially Achieved | Some or all targets agreed in the Annual Plan are not met, but delivered results are same as, or better than, the results delivered in the prior year  **and/or**  the DHB has not met the target/performance expectation agreed in its Annual Plan, and a resolution plan with appropriate actions is provided, including actions to deliver improved performance for the Māori population group, and the Pacific population group |
| Not Achieved | Some or all expectations are not met, and actual results are worse than the results delivered in the prior year |

**Reporting Template**

The Ministry of Health Excel reporting template is available through the quarterly reporting website or on request from the Ministry’s oral health team.

***Outcome priority: We have health equity for Maori and other groups***

***Improving child wellbeing CW05: Immunisation coverage***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | |  |  | | --- | --- | | **Reporting frequency:**  8-month immunisation | Quarterly | | 5-year immunisation | Quarterly | | HPV immunisation (boys and girls) | Annual (quarter 4) | | Influenza immunisation | Annual (quarter 1) | |
| ***Source information for reporting provided by:*** | Data is supplied by the Ministry from the National Immunisation Register Data Mart and through the DHB quarterly reporting website (technical details including extract dates provided with data) |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |
| ***Linkage*** | These performance measures are also System Level Measures Framework contributory measures |

**Link to outcomes and priority areas**

Improving childhood immunisation coverage is part of our system's early investment to lay foundations for life-long wellbeing and will support the Government priority *Make New Zealand the best place in the world to be a child*. Immunisation supports the health system outcome that New Zealanders live longer in good health and is one of the most cost-effective public health interventions. Improving adult immunisation coverage is part our system focus on improved health through the best use of resources.

Immunisation contributes to our health system outcome of developing a healthy population and achieving health equity for Māori and other groups by reducing rates of vaccine-preventable disease. When equitable immunisation coverage is achieved, the health gains are greatest for the most vulnerable groups who would have been at a higher risk of serious complications if they had contracted the vaccine-preventable disease.

The changes that are required to reach the target immunisation coverage levels for childhood measures will lead to better health services for children, because more children will be enrolled with and visiting their primary care provider on a regular basis. It will also require an integrated approach across all child health services, including working closely with maternity providers, to address the needs of children and families and deliver services that meet local population needs.

Increasing influenza immunisation reduces influenza-related morbidity and mortality while HPV immunisation protects against HPV-related cancers later in life. These indicators contribute toequitable health outcomes and support us in ensuring everyone who is able to is earning, learning, caring or volunteering. School/institution based mass immunisation programme for HPV such as those in place in New Zealand have resulted in reduced health inequities (CBG Health Research 2006, Ministry of Health 2004).The indicator of influenza at age 65 years was selected because those aged 65 years and over have the highest rates of hospital admissions for influenza-related severe acute respiratory infections (other than those aged under 5 years). Furthermore, people of Māori or Pacific ethnicities are two to five times more likely to be admitted to hospital for influenza-related severe acute respiratory infections than other ethnicities (ESR. Influenza Surveillance in New Zealand 2015).

**Focus area 1: 8-month-old immunisation coverage**

**Deliverable definition**

**Percentage of eligible children fully immunised at eight months of age for Māori, Pacific (where relevant), and total populations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and total populations measured at eight months of age, aiming at coverage of 95 percent for each group. Equitable coverage will be defined as an equity gap of no more than two percent between Māori and non-Māori populations; this margin allows for data variability when DHB’s have a small Māori cohort. Additionally for Pacific-priority DHBs, the expectation is that coverage for the Pacific population will be the same or higher than that of the total population.

Immunisation coverage for eight-month-olds will be measured quarterly and reported by ethnicity and deprivation level. Coverage is calculated as the percentage of children who turned eight months of age during the quarter who are recorded as fully immunised for age on the National Immunisation Register (NIR).

**Assessment of coverage**

Immunisation coverage for eight-month-olds will be measured using the following the National Immunisation Register (NIR) DataMart report:

|  |  |
| --- | --- |
| **Reporting parameters for immunisation measure at age eight months** | |
| Reporting platform | Qlik Sense |
| Report name | Child immunisation coverage by milestone |
| Report end date | Last day of the relevant quarter |
| Reporting period | Last three months |
| Milestone age | 8 months |

*Numerator:*

The numerator is the number of eligible children enrolled on the NIR who have turned eight months of age during the quarter and who are recorded as fully immunised on the end of the day that they turn the milestone age.

Fully immunised at age eight months is defined as having received all measured immunisations scheduled between birth and age eight months. This includes the immunisation events due at six weeks, three months, five months, or an appropriate catch-up schedule. To be measured as fully immunised, the child must have received all age-appropriate doses of diphtheria, tetanus, pertussis, polio, hepatitis B, *Haemophilus influenzae* type B, pneumococcal vaccines.

Although rotavirus vaccine is included in the National Immunisation Schedule, it is not currently included in performance measures for immunisation coverage because of the later addition to the schedule. It is anticipated that rotavirus vaccine will be included in performance measures in the future.

*Denominator*:

The denominator is the number of eligible children enrolled on the NIR who have turned eight months of age during the quarter. Those who decline vaccines or who have opted off their information being recorded on the NIR are included in the denominator.

The quarterly coverage report will be run after the weekly data update (“refresh”) of the NIR Data Mart after the end of the quarter; reports are generally run on the Monday closest to the 10th of the month after the end of the quarter to ensure timeliness while also allowing the complete quarter's data to have been loaded on to the NIR Data Mart.

Current performance reports can be accessed directly from the NIR DataMart reports on Qlik Sense. At the end of each quarter, the reports at both National and DHB level will also be available to DHBs in Excel and PDF format in the toolkit section of the Quarterly Reporting Database. DHBs are expected to use these reports to provide exception qualitative reports and/or use this mechanism to raise issues with the Ministry.

Immunisation coverage reports will be provided quarterly as follows:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 | Data covering 1 July to 30 September |
| Quarter 2 | Data covering 1 October to 31 December |
| Quarter 3 | Data covering 1 January to 31 March |
| Quarter 4 | Data covering 1 April to 30 June |

**Expectations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and total populations. DHBs are expected to aim at 95 percent immunisation coverage at eight months of age in each of these groups, with children having completed all age-appropriate scheduled immunisations due between birth and age eight months. DHBs are expected to set local targets with the aim of eliminating inequities.

If DHBs do not reach the target level of coverage for any of Māori, Pacific (where relevant), or total populations in any quarter they are expected to provide an exception qualitative report at the end of each quarter advising how they will track towards higher coverage. If the target level of coverage has been reached across all priority ethnicities, only a confirmation statement is required.

The assessment requirements for each quarter are set out below:

**Table 1: Quarters 1, 2 & 3 assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Achieved | The DHB has:   * achieved immunisation coverage of at least 95 percent for children at eight months of age for each of the Māori, Pacific (where relevant), and total populations * the equity gap, if any, between Māori and non-Maori populations is no more than two percent.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Partially Achieved | The DHB does not meet any criteria for “Not Achieved” and has:   * immunisation coverage that is between 90 and 94 percent for children at eight months of age for each of the Māori, Pacific (where relevant), and total populations, and * any equity gap between Māori and non-Māori populations is less than five percent   The DHB must provide evidence that they are working towards improvement of immunisation coverage and elimination of equity gaps.  Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Not Achieved | The DHB has:   * immunisation coverage that is less than 90 percent for children at age eight months for any of the Māori, Pacific (where relevant), or total populations, and/or * an equity gap of five percent or more between Māori and non-Māori populations, and/or * not provided an adequate resolution plan to improve coverage and/or eliminate equity gaps. |

**Table 2: Quarter 4 assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Outstanding Performer | The DHB has:   * achieved immunisation coverage of 95 percent for children at eight months of age for each of the Māori, Pacific (where relevant), and total populations consistently through the year * no equity gap between Māori and non-Māori populations.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results |
| Achieved | The DHB has:   * achieved immunisation coverage of at least 95 percent for children at eight months of age for each of the Māori, Pacific (where relevant), and total populations * the equity gap, if any, between Māori and non-Maori populations is no more than two percent.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Partially Achieved | The DHB does not meet any criteria for “Not Achieved” and has:   * immunisation coverage that is between 90 and 94 percent for children at eight months of age for each of the Māori, Pacific (where relevant), and total populations, and * any equity gap between Māori and non-Māori populations is less than five percent   The DHB must provide evidence that they are working towards improvement of immunisation coverage and elimination of equity gaps.  Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Not Achieved | The DHB has:   * immunisation coverage that is less than 90 percent for children at age eight months for any of the Māori, Pacific (where relevant), or total populations, and/or * an equity gap of five percent or more between Māori and non-Māori populations, and/or * not provided an adequate resolution plan to improve coverage and/or eliminate equity gaps. |

**Focus area 2: 5-year-old immunisation coverage**

**Deliverable definition**

**Percentage of eligible children fully immunised at five years of age for Māori, Pacific (where relevant), and Total populations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and total populations measured at five years of age, aiming at coverage of 95 percent for each group. Equitable coverage will be defined as an equity gap of no more than two percent between Māori and non-Māori populations; this margin allows for data variability when DHB’s have a small Māori cohort. Additionally for Pacific-priority DHBs, the expectation is that coverage for the Pacific population will be the same or higher than that of the total population.

Immunisation coverage for five-year-olds will be measured quarterly and reported by ethnicity and deprivation level. Coverage is calculated as the percentage of children who turned five years of age during the quarter who are recorded as fully immunised for age on the National Immunisation Register (NIR), including all scheduled vaccines due between birth and age five years.

**Assessment of coverage**

Immunisation coverage for five-year-olds will be measured using the following the National Immunisation Register (NIR) DataMart report:

|  |  |
| --- | --- |
| **Reporting parameters for immunisation measure at age five years** | |
| Reporting platform | Qlik Sense |
| Report name | Child immunisation coverage by milestone |
| Report end date | Last day of the relevant quarter |
| Reporting period | Last three months |
| Milestone age | Five years |

*Numerator:*

The numerator is the number of eligible children enrolled on the NIR who have turned five years of age during the quarter and who are recorded as fully immunised on the end of the day that they turn the milestone age.

Fully immunised at age five years is defined as having received all measured immunisations scheduled between birth and age five years. This includes the immunisation events due at six weeks, three months, five months, 15 months and 4 years of age, or an appropriate catch-up schedule. To be measured as fully immunised, the child must have received all age-appropriate doses of diphtheria, tetanus, pertussis, polio, hepatitis B, *Haemophilus influenzae* type B, pneumococcal, measles, mumps and rubella vaccines.

Although rotavirus and varicella vaccines are included in the National Immunisation Schedule, these vaccines are not currently included in performance measures for immunisation coverage because of their later addition to the schedule. It is anticipated that these vaccines will be included in performance measures in the future.

*Denominator*:

The denominator is the number of eligible children enrolled on the NIR who have turned five years of age during the quarter. Those who decline vaccines or who have opted off their information being recorded on the NIR are included in the denominator.

The quarterly coverage report will be run after the weekly data update (“refresh”) of the NIR Data Mart after the end of the quarter; reports are generally run on the Monday closest to the 10th of the month after the end of the quarter to ensure timeliness while also allowing the complete quarter's data to have been loaded on to the NIR Data Mart.

Current performance reports can be accessed directly from the NIR DataMart reports on Qlik Sense. At the end of each quarter, the reports at both National and DHB level will also be available to DHBs in Excel and PDF format in the toolkit section of the Quarterly Reporting Database. DHBs are expected to use these reports to provide exception qualitative reports and/or use this mechanism to raise issues with the Ministry.

Immunisation coverage reports will be provided quarterly as follows:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 | Data covering 1 July to 30 September |
| Quarter 2 | Data covering 1 October to 31 December |
| Quarter 3 | Data covering 1 January to 31 March |
| Quarter 4 | Data covering 1 April to 30 June |

**Expectations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and total populations. DHBs are expected to aim at 95 percent immunisation coverage at five years of age in each of these groups, with children having completed all age-appropriate scheduled immunisations due between birth and age five years. DHBs are expected to set local targets with the aim of eliminating inequities.

If DHBs do not reach the target level of coverage for any of Māori, Pacific (where relevant), or total populations in any quarter they are expected to provide an exception qualitative report at the end of each quarter advising how they will track towards higher coverage. If the target level of coverage has been reached across all priority ethnicities, only a confirmation statement is required.

The assessment requirements for each quarter are set out below:

**Table 1: Quarters 1, 2 & 3 assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Achieved | The DHB has:   * achieved immunisation coverage of at least 95 percent for children at five years of age for each of the Māori, Pacific (where relevant), and total populations * the equity gap, if any, between Māori and non-Maori populations is no more than two percent.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Partially Achieved | The DHB does not meet any criteria for “Not Achieved” and has:   * immunisation coverage that is between 90 and 94 percent for children at five years of age for each of the Māori, Pacific (where relevant), and total populations, and * any equity gap between Māori and non-Māori populations is less than five percent   The DHB must provide evidence that they are working towards improvement of immunisation coverage and elimination of equity gaps.  Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Not Achieved | The DHB has:   * immunisation coverage that is less than 90 percent for children at age five years for any of the Māori, Pacific (where relevant), or total populations, and/or * an equity gap of five percent or more between Māori and non-Māori populations, and/or * not provided an adequate resolution plan to improve coverage and/or eliminate equity gaps. |

**Table 2: Quarter 4 assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Outstanding Performer | The DHB has:   * achieved immunisation coverage of 95 percent for children at five years of age for each of the Māori, Pacific (where relevant), and total populations consistently through the year * no equity gap between Māori and non-Māori populations.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results |
| Achieved | The DHB has:   * achieved immunisation coverage of at least 95 percent for children at five years of age for each of the Māori, Pacific (where relevant), and total populations * the equity gap, if any, between Māori and non-Maori populations is no more than two percent.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Partially Achieved | The DHB does not meet any criteria for “Not Achieved” and has:   * immunisation coverage that is between 90 and 94 percent for children at five years of age for each of the Māori, Pacific (where relevant), and total populations, and * any equity gap between Māori and non-Māori populations is less than five percent   The DHB must provide evidence that they are working towards improvement of immunisation coverage and elimination of equity gaps.  Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Not Achieved | The DHB has:   * immunisation coverage that is less than 90 percent for children at age five years for any of the Māori, Pacific (where relevant), or Total populations, and/or * an equity gap of five percent or more between Māori and non-Māori populations, and/or * not provided an adequate resolution plan to improve coverage and/or eliminate equity gaps. |

**Focus area 3: HPV coverage**

**Deliverable definition**

**Percentage of eligible girls and boys fully immunised with HPV vaccine for Māori, Pacific (where relevant), and total populations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and total populations, aiming at coverage of 75 percent for each group for those in the relevant birth cohort.

Note that from 2019/20, the indicator includes HPV immunisation coverage for both girls and boys.

Immunisation coverage for eligible children will be measured annually in quarter four using the applicable NIR DataMart-derived report. The coverage will be reported for total, Māori, and (where relevant) Pacific, Asian, and Other (including New Zealand European). The report includes all HPV vaccines given at any time up until 30 June of the reporting year.

***Numerator***

The number of girls and boys born in the relevant birth cohort who have completed their HPV immunisation course as per Schedule and recorded on the NIR. The report includes all HPV vaccines given at any time up until 30 June of the reporting year.

***Denominator***

For those born from 2006 onwards, the denominator will be the eligible population enrolled on NIR. For those born in 2005 or earlier, the denominator is the estimated from the census population projection denominator for the relevant birth cohort.

Note that in 2019 it is anticipated the Ministry of Health will change the reporting platform from a Business Objects platform to a Qlik application-based reporting system. The Ministry will continue to provide authorised users with direct access to the relevant reports for quarterly reporting requirements. The Ministry will also provide DHBs with excel and pdf versions of the NIR DataMart-derived coverage reports in the toolkit section of the DHB Quarterly Database each quarter. DHBs are expected to use these reports to provide exception qualitative reports and/or use this mechanism to raise issues with the Ministry.

**Reporting period**

For HPV immunisation, coverage is to be reported at the end of quarter four (30 June) for the birth cohort defined by the measure.

**Expectations**

For 2021/22 the national target is 75 percent of girls and boys born in the birth cohort 2007 are fully immunised for HPV.

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and Total populations. DHBs are expected to aim at 75 percent HPV immunisation coverage in each of these groups, and to set local targets with the aim of eliminating inequities. Ratings are dependent on performance across both the total and Māori populations, and additionally the Pacific population for Pacific-priority DHBs.

If DHBs do not reach the target level of coverage for any of Māori, Pacific (where relevant), or Total populations, they are expected to provide an exception qualitative report at the end of quarter four advising how they will track towards higher coverage. If the target level of coverage has been reached across all priority ethnicities, only a confirmation statement is required.

The assessment requirements are set out below.

**Table 3: Annual (quarter four) assessment for HPV immunisation**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Outstanding Performer | The DHB has   * substantially exceeded the HPV immunisation coverage target of 75% for each of the Māori, Pacific (where relevant), and total populations for both eligible boys and girls. |
| Achieved | The DHB has   * reached the HPV immunisation coverage target of 75% for each of the Māori, Pacific (where relevant), and total populations for both eligible boys and girls. |
| Partially Achieved | The DHB has   * reached HPV immunisation coverage of at least 70% for each of the Māori, Pacific (where relevant), and total populations for both eligible boys and girls, *and* * provided evidence that they are working towards improvement of immunisation coverage. |
| Not Achieved | The DHB has   * achieved HPV immunisation coverage of less than 70% for any of the Māori, Pacific (where relevant), and total populations, for either boys or girls, *and/or* * the DHB has not provided an adequate resolution plan. |

**Focus area 4: Influenza immunisation at age 65 years and over**

**Percentage of eligible population aged 65 years and over immunised against influenza (annual immunisation) for Māori, Pacific (where relevant), and Total populations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and total populations, aiming at coverage of 75 percent for each group.

***Numerator:***

The numerator is the number of eligible people aged 65 years and over enrolled on the NIR who have completed at least one influenza vaccination for the given vaccination year.

***Denominator:***

The denominator for coverage by ethnicity is sourced from Statistics New Zealand Population projections derived from the estimated resident population, by prioritised ethnicity, sex and DHB, for those aged 65 years and over.

Age bands are determined by the age at the time of the vaccination event and based on census estimated population for the given vaccination year.

Note that in 2019 it is anticipated the Ministry of Health will change the reporting platform from a DataMart Business Objects platform to a Qlik application-based reporting system. The Ministry will continue to provide authorised users with direct access to the relevant reports for reporting requirements. The Ministry will also provide DHBs with excel and pdf versions of the NIR DataMart-derived coverage reports in the toolkit section of the DHB Quarterly database at the end of quarter one. DHBs are expected to use these reports to provide exception qualitative reports and/or use this mechanism to raise issues with the Ministry.

**Reporting Period**

The influenza immunisation indicator will be measured at the end of quarter 1 of the reporting year for the period 1 March to 30 September in the current calendar year (1 March 2019 to 30 September 2019 in the current reporting year).

This period is intended to capture the time from when the seasonal influenza vaccine for that year becomes available until the anticipated end of the influenza season; vaccines should be administered before the peak of the winter illness season and thus 30 September represents a time when the majority of vaccines should have been delivered to ensure effective protection.

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 (ending 30 September) | Data to cover the period 1 March to 30 September |
| Quarter 2 (ending 31 December) | n/a |
| Quarter 3 (ending 31 March) | n/a |
| Quarter 4 (ending 30 June) | n/a |

**Expectations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and total populations. DHBs are expected to aim at 75 percent immunisation coverage for influenza in each of these groups, and to set local targets with the aim of eliminating inequities.

If DHBs do not reach the target level of coverage for any of Māori, Pacific (where relevant), or Total populations they are expected to provide an exception qualitative report at the end of quarter one advising how they will track towards higher coverage. If the target level of coverage has been reached across all priority ethnicities, only a confirmation statement is required.

The assessment requirements are set out below.

**Table 4: Annual (quarter one) assessment for influenza immunisation**

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding performer | The DHB has   * substantially exceeded the influenza immunisation coverage target of 75% for each of the Māori, Pacific (where relevant), and total populations. |
| Achieved | The DHB has   * reached the influenza immunisation coverage target of 75% for each of the Māori, Pacific (where relevant), and Total populations. |
| Partially Achieved | The DHB has   * reached influenza immunisation coverage of at least 70% for each of the Māori, Pacific (where relevant), and total populations, *and* * provided evidence that they are working towards improvement of immunisation coverage. |
| Not Achieved | The DHB has   * achieved influenza immunisation coverage of less than 70% for any of the Māori, Pacific (where relevant), and total populations, *and/or* * the DHB has not provided an adequate resolution plan. |

***Outcome priority: We live longer in good health***

# *Improving child wellbeing CW06: Improving breastfeeding rates*

|  |  |  |
| --- | --- | --- |
| **Summary information** | | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan  Exclusive or fully breastfed at 3 months. | |
| ***Reporting frequency*** | Six monthly ( quarters 1 and 3) | |
| ***Source information for reporting provided by:*** | Data is sourced from the Well Child / Tamariki Ora (WCTO) dataset. Reporting on breastfeeding rates is via the six monthly publication of Well Child / Tamariki Ora (WCTO) Quality Improvement Framework Report. Baseline data and information can be found on the Ministry of Health website. | |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | | |
| ***Linkages:*** This performance measure is also included in the Well Child / Tamariki Ora Quality Improvement Framework. | |  |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving breastfeeding rates DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we live longer in good health.

The protection, promotion and support of breastfeeding have been identified as fundamental to achieving optimum health in New Zealand[[5]](#footnote-6). Breastfeeding is important for the physical health of mothers and infants[[6]](#footnote-7), and there is strong evidence to show that breastfeeding and appropriate infant feeding contribute to the social and emotional wellbeing of infants, mothers and families[[7]](#footnote-8). The Ministry of Health recommends that infants be breastfed exclusively for around the first six months of life and continue to be breastfed, along with the introduction of appropriate complementary foods, up to one year of age or beyond[[8]](#footnote-9).

New Zealand has a relatively high rate of exclusive breastfeeding initiation. 82.2% of New Zealand babies are exclusively breastfed on discharge from a Baby-Friendly Hospital Initiative (BFHI) accredited maternity facility[[9]](#footnote-10). There has, however, been little change in community breastfeeding rates over the last ten years and there remains a significant drop off in breastfeeding over early infancy. There are also significant ethnic and socio-economic differences in breastfeeding rates contributing to health inequalities, particularly for Māori and Pacific populations[[10]](#footnote-11).

Research shows that children who are exclusively breastfed for around six months are less likely to suffer from childhood illnesses such as respiratory tract infections, gastroenteritis and otitis media. Breastfeeding benefits the health of mother and baby, as well as reducing the risk of SUDI, asthma and childhood obesity. Nationally, breastfeeding rates for Māori infants start at a similar (although slightly lower) rate as the total population, but drop off more quickly than the total population at the three and six month time points. Breastfeeding is an important area of focus because there is significant room for improvement, and breastfeeding has wide-reaching benefits and potentially results in reduced cost for families.

* Improving breastfeeding rates at three months of age addresses multiple themes in the refreshed New Zealand Health Strategy including **one team** (allowing a multi-disciplinary team to work together on a national strategy and implementation plan), **people-powered** (by understanding the needs and preferences of that consumers i.e. breastfeeding women, or those that have recently ceased breastfeeding and partnering with them to design the strategy and recommendations) and **closer to home** (investing in health and wellbeing early in life and focussing on children, young people, families and whanau).
* Improving breastfeeding rates at three months of age supports the achievement of the following government priority: the Childhood Obesity Plan which has three focus areas—food, the environment and being active at each life stage, starting during pregnancy and early childhood.
* Improving breastfeeding rates at three months of age further supports the achievement of the following Ministry objectives: the Ministry Statement of Intent 2015-19 objective to embed and expand the Maternity Quality Initiative *Priority 1— Strengthening Primary Maternity Services: better coordination of national support for breastfeeding promotion and protection.*

**Actions and activities are that have a proven impact on this measure:**

* Establish a mother-to-mother peer support programme, targeting Māori, Pacific and families in low socioeconomic areas.
* Deliver professional development updates to GP teams, WCTO providers and LMCs around current best practice for breastfeeding.
* Work with partners to develop a breastfeeding action plan that will identify enablers to improve breastfeeding rates.
* Develop a communication plan to ensure that whanau with a newborn are aware of pathways to support them with breastfeeding on their return home from hospital.
* Reorient current lactation support services to provision of clinics in areas of high deprivation.

**Deliverables definitions:**

Data is sourced from the Well Child / Tamariki Ora (WCTO) dataset. Reporting on breastfeeding rates is via the six monthly publication of Well Child / Tamariki Ora (WCTO) Quality Improvement Framework Report. Baseline data and information can be found on the Ministry of Health website (http://www.health.govt.nz/publication/well-child-tamariki-ora-quality-improvement-framework).

**Qualitative deliverables:**

The qualitative report covers the following deliverables (template attached):

* The DHB identifies its total population baseline performance (whether a primary care activity or PHO) and outlines progress towards achieving the target of 60% for the total population. The DHB also identifies its baseline performance for Māori, Pacific and high deprivation populations, outlining the equity gaps and progress towards closing these.
* Activities described are specific, time-bound and evidence based, and are most likely to increase the baseline rate towards the target for the total population and for Māori. If the target has not been achieved (for the total population and for Māori), the DHB is expected to outline activities designed to address this. If the target has been achieved, the DHB is invited to share their successful activities.
* The activities are a mixture of universal and tailored interventions. The tailored interventions are designed to promote, protect and support breastfeeding for Māori whanāu in particular. The primary aim of these tailored activities is to address equity gaps.
* There is a clear intervention logic outlining how the activities listed will improve Maori and Pacific health outcomes and reduce health inequalities.
* The DHB outlines how they are monitoring or evaluating against the activities identified.

**Numerator:**

Breastfeeding at three months = exclusive or fully

Source: WCTO NHI dataset (http://www.health.govt.nz/publication/indicators-well-child-tamariki-ora-quality-improvement-framework)

**Denominator:**

Breastfeeding at three months = not null

Source: WCTO NHI dataset (http://www.health.govt.nz/publication/indicators-well-child-tamariki-ora-quality-improvement-framework)

Reporting Period

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 | Data to cover the period 1 January to 30 June |
| Quarter 3 | Data to cover the period 1 July to 31 December |

Expectations

|  |  |
| --- | --- |
| **Standard** | DHBs use evidence-based interventions and education to promote child, family and whānau health and wellbeing. |
| **Indicator** | Infants are exclusively or fully breastfed at three months. |
| **Target** | 70 percent |

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding performer | Consistent achievement over a consecutive 24 month period of 70% of infants (total population and Māori) are exclusively or fully breastfed at three months. Significant progress has been made towards closing equity gaps. |
| Achieved | 70% of infants (total population and Māori) are exclusively or fully breastfed at three months within the current reporting period. Progress has been made towards closing equity gaps. |
| Partially Achieved | The target has not been reached for either the total population or Māori. The DHB has supplied a resolution plan outlining activities to meet the target for the total population and to address equity gaps. |
| Not Achieved | The target has not been reached for either the total population or Māori. |

***Outcome priority: we live longer in good health***

## 

## Improving child wellbeing CW07: Improving the timeliness of newborn enrolment in General Practice

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *The National Enrolment Service (NES)* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

Pae ora is holistic and includes three interconnected elements: mauri ora, whānau ora and wai ora, which provide the foundations for three health and disability outcomes that the Government want the system to achieve.

* We live longer in good health.
* We have improved quality of life.
* We have health equity for Māori and all other people.

Improving child wellbeing is one of the Government’s top five health priorities. Early newborn enrolment with general practice supports this. Enrolment of all children at birth with a primary care provider is recommended by the Children’ Commissioner and is supported by the Paediatric Society of New Zealand to support timely engagement with health services. The objective is for newborns to be enrolled with a general practice before 6 weeks of age so that the first immunisation event will be completed on time and the general practice has the necessary time to engage with the family prior to this event. Early enrolment also enables the detection of any health or social issues.

Since the introduction of the preliminary newborn enrolment policy in October 2012 there has been improvementin timely newborn enrolment. However more work is needed to continue these improvements, particularly for Maori newborns. Several parts of the health system are accountable for ensuring timely enrolment is achieved. The DHB, PHO, general practice nor Lead Maternity Carer (LMC) alone can address all the issues associated with failure to enrol.

**Actions and activities that have a proven impact on this measure:**

* The LMC having a conversation with the pregnant woman about the importance of enrolling her newborn(s) in 0-5 universal services eg general practice, the National Immunisation Register (NIR), Well Child Tamariki Ora, the Oral Health Community service, the Universal Newborn Hearing Screening Intervention Programme
* The LMC liaising with the woman’s general practice during pregnancy and post-partum
* Hospital staff ensuring details are entered accurately into electronic systems and ensuring the notification is promptly sent through to the nominated provider.
* General practice actioning the NIR provider nomination promptly by accepting or declining the nomination.
* PHOs working closely with their practices to ensure the practical suggestions provided in the “Enrolling Babies at Birth” resource (published May 2014) are implemented in practice processes. <https://www.health.govt.nz/publication/enrolling-babies-birth>

DHBs and PHOs ensuring there is a process for finding alternative general practices for babies declined by the nominated provider and for enrolling babies who do not have a nominated provider.

**Deliverables definitions**

**Quantitative deliverables**

Data is allocated to DHB on the basis of newborn domicile. Data presented as rolling three months (one month in arreas of reporting period as outlined below)

**Measure 1**

55 percent of newborns enrolled with a general practice by 6 weeks of age

**Numerator:**

The total number of babies on the National Immunisation Register (NIR) aged 6 weeks

Data source: NIR

**Denominator:**

The total number of babies pre-enrolled or enrolled on the National Enrolment Service (NES)

Data source: NES

**Measure 2**

85 percent of newborns enrolled with a general practice by 3 months of age

**Numerator:**

The total number of babies on the National Immunisation Register (NIR) aged 3 months

Data source: NIR

**Denominator:**

The total number of babies pre-enrolled or enrolled on the National Enrolment Service (NES)

Data source: NES

Reporting Period

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 (July – September) | Data to cover the three month period 16 June to 15 September |
| Quarter 2 (October -December) | Data to cover the period 16 September to 15 December |
| Quarter 3 (January – March) | Data to cover the period 16 December to 15 March |
| Quarter 4 (April to June) | Data to cover the period 16 March to 15 June |

Expectations

|  |  |
| --- | --- |
| Outstanding Performer | The DHB has met the “Total population” target for children enrolled with a general practice by 6 weeks of age and by 3 months of age **and**   * the DHB has substantially exceeded the target for one or both targets *and/or* * the DHB has met the target for one or both measures for:   + the total population, **and**   + the Māori population group, **and (**where applicable)   + the Pacific population. |
| Achieved | The DHB has reached the “Total population” target for children enrolled with a general practice by 6 weeks of age and by 3 months of age and has delivered all the actions and milestones identified for the period in its annual plan ***and*** has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets. |
| Partially Achieved | The DHB has reached the “Total population” target for children enrolled with a general practice by 6 weeks of age **or** by 3 months of age **and/or** an adequate resolution plan has been provided if it has not delivered all the actions and milestones identified for the period in its annual plan |
| Not Achieved | The DHB’s level of new born enrolment in general practice has failed to substantially progress towards the targets identified **and/or** an adequate resolution plan has not been provided for any actions and milestones identified in the annual plan that have not been delivered. |

***Outcome priority: we live longer in good health***

***Improving child wellbeing CW08: Increased Immunisation (at 2 years)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary information** | | | |
| **Indicator:**  95 percent of two-year-olds have completed all age-appropriate immunisations due between birth and age two years, with no equity gap between Māori and non-Māori populations | | | |
| ***Measures*** | | ***Reporting*** | |
| Type: | ***Outcome*** | Type: | Mandatory |
| Target: | Targets set in APs | Reporting frequency: | Quarterly |
| ***Source data/template for reporting provided by:*** | | *Data is supplied by the Ministry from the National Immunisation Register Data Mart and through the DHB quarterly reporting website* | |
| ***Quarterly reporting - standard timeline applies*** | | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | Five working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | | |

**Link to outcomes**

Delivery of this measure supports the government *priority Improving the wellbeing of New Zealanders and their families*.

By ensuring increased immunisation coverage DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we live longer in good health.

Immunisation is one the most effective and cost-effective public health intervention to prevent disease and save lives. Improved immunisation coverage leads directly to reduced rates of vaccine-preventable disease, and consequently better health and independence for children, particularly for the most vulnerable groups. This equates to longer and healthier lives. Increasing immunisation coverage is a pro-equity strategy because Māori and Pacific children are more likely to experience serious complications if they contract vaccine-preventable diseases.

Childhood immunisation provides a touch-point into the health system, promoting a healthy habit of engagement with the health system for young families, supporting early enrolment of infants in general practice and with well child services. Provision of effective immunisation services enhances integration across general practice, maternity, secondary care, well child and other child service providers. Training in immunisation provision, health education for parents, knowledge about vaccine-preventable diseases and how to identify and provide services to high-needs populations will generalise to a range of other child and family service areas.

**Deliverable**

**Percentage of eligible children fully immunised at two years of age for Māori, Pacific (where relevant), and Total populations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and Total populations measured at two years of age, aiming at coverage of 95 percent for each group. Equitable coverage will be defined as an equity gap of no more than two percent between Māori and non-Māori populations; this margin allows for data variability when DHB’s have a small Māori cohort. Additionally for Pacific-priority DHBs, the expectation is that coverage for the Pacific population will be the same or higher than that of the Total population.

Immunisation coverage for two-year-olds will be measured quarterly and reported by ethnicity and deprivation level. Coverage is calculated as the percentage of children who turned two years of age during the quarter who are recorded as fully immunised for age on the National Immunisation Register (NIR), including all scheduled vaccines due between birth and age two years.

**Assessment of coverage**

Immunisation coverage for two-year-olds will be measured using the following the National Immunisation Register (NIR) DataMart report:

|  |  |
| --- | --- |
| **Reporting parameters for immunisation measure at age two years** | |
| Reporting platform | Qlik Sense |
| Report name | Child immunisation coverage by milestone |
| Report end date | Last day of the relevant quarter |
| Reporting period | Last three months |
| Milestone age | Two years |

*Numerator:*

The numerator is the number of eligible children enrolled on the NIR who have turned two years of age during the quarter and who are recorded as fully immunised on the end of the day that they turn the milestone age.

Fully immunised at age two years is defined as having received all measured immunisations scheduled between birth and age two years. This includes the immunisation events due at six weeks, three months, five months, and 15 months of age, or an appropriate catch-up schedule. To be measured as fully immunised, the child must have received all age-appropriate doses of diphtheria, tetanus, pertussis, polio, hepatitis B, *Haemophilus influenzae* type B, pneumococcal vaccines and the first dose of measles, mumps and rubella vaccine.

Although rotavirus and varicella vaccines are included in the National Immunisation Schedule, these vaccines are not currently included in performance measures for immunisation coverage because of their later addition to the schedule. It is anticipated that these vaccines will be included in performance measures in the future.

*Denominator*:

The denominator is the number of eligible children enrolled on the NIR who have turned two years of age during the quarter. Those who decline vaccines or who have opted off their information being recorded on the NIR are included in the denominator.

The quarterly coverage report will be run after the weekly data update (“refresh”) of the NIR Data Mart after the end of the quarter; reports are generally run on the Monday closest to the 10th of the month after the end of the quarter to ensure timeliness while also allowing the complete quarter's data to have been loaded on to the NIR Data Mart.

Current performance reports can be accessed directly from the NIR DataMart reports on Qlik Sense. At the end of each quarter, the reports at both National and DHB level will also be available to DHBs in Excel and PDF format in the toolkit section of the Quarterly Reporting Database. DHBs are expected to use these reports to provide exception qualitative reports and/or use this mechanism to raise issues with the Ministry.

Immunisation coverage reports will be provided quarterly as follows:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 | Data covering 1 July to 30 September |
| Quarter 2 | Data covering 1 October to 31 December |
| Quarter 3 | Data covering 1 January to 31 March |
| Quarter 4 | Data covering 1 April to 30 June |

**Expectations**

The expectation of this measure is that DHBs will provide equitable immunisation coverage across their Māori, Pacific (where relevant) and Total populations. DHBs are expected to aim at 95 percent immunisation coverage at two years of age in each of these groups, with children having completed all age-appropriate scheduled immunisations due between birth and age two years. DHBs are expected to set local targets with the aim of eliminating inequities.

If DHBs do not reach the target level of coverage for any of Māori, Pacific (where relevant), or Total populations in any quarter they are expected to provide an exception qualitative report at the end of each quarter advising how they will track towards higher coverage. If the target level of coverage has been reached across all priority ethnicities, only a confirmation statement is required.

The assessment requirements for each quarter are set out below:

**Table 1: Quarters 1, 2 & 3 assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Achieved | The DHB has:   * achieved immunisation coverage of at least 95 percent for children at two years of age for each of the Māori, Pacific (where relevant), and Total populations * the equity gap, if any, between Māori and non-Maori populations is no more than two percent.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Partially Achieved | The DHB does not meet any criteria for “Not Achieved” and has:   * immunisation coverage that is between 90 and 94 percent for children at two years of age for each of the Māori, Pacific (where relevant), and Total populations, and * any equity gap between Māori and non-Māori populations is less than five percent   The DHB must provide evidence that they are working towards improvement of immunisation coverage and elimination of equity gaps.  Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Not Achieved | The DHB has:   * immunisation coverage that is less than 90 percent for children at age two years for any of the Māori, Pacific (where relevant), or Total populations, and/or * an equity gap of five percent or more between Māori and non-Māori populations, and/or * not provided an adequate resolution plan to improve coverage and/or eliminate equity gaps. |

**Table 2: Quarter 4 assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Outstanding Performer | The DHB has:   * achieved immunisation coverage of 95 percent for children at two years of age for each of the Māori, Pacific (where relevant), and Total populations consistently through the year * no equity gap between Māori and non-Māori populations.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results |
| Achieved | The DHB has:   * achieved immunisation coverage of at least 95 percent for children at two years of age for each of the Māori, Pacific (where relevant), and Total populations * the equity gap, if any, between Māori and non-Maori populations is no more than two percent.   Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Partially Achieved | The DHB does not meet any criteria for “Not Achieved” and has:   * immunisation coverage that is between 90 and 94 percent for children at two years of age for each of the Māori, Pacific (where relevant), and Total populations, and * any equity gap between Māori and non-Māori populations is less than five percent   The DHB must provide evidence that they are working towards improvement of immunisation coverage and elimination of equity gaps.  Note: Immunisation coverage of less than 90 percent for any one of the priority groups or an equity gap between Māori and non-Māori populations of five percent or more will be rated as Not Achieved regardless of any other results. |
| Not Achieved | The DHB has:   * immunisation coverage that is less than 90 percent for children at age two years for any of the Māori, Pacific (where relevant), or Total populations, and/or * an equity gap of five percent or more between Māori and non-Māori populations, and/or * not provided an adequate resolution plan to improve coverage and/or eliminate equity gaps. |

***Improving child wellbeing CW09: Better help for smokers to quit (maternity)***

**This measure definition is included as a sub component within measure PH04.**

***Outcome priority:*** ***We have health equity for Māori and other groups***

***Improving child wellbeing CW10: Raising healthy kids***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary information** | | | | |
| **Indicator:**  95 percent of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. | | | | |
| ***Measures*** | | | ***Reporting*** | |
| Type: | Output | | Type: | Provide update |
| Target: | 95 per cent | | Reporting frequency: | Quarterly |
| ***Source data/template for reporting provided by:*** | | *Data provided by Ministry of Health from B4SC database* | | |
| **Linkages:** The performance of this indicator is also reported in System Integration SI5: Delivery of Whānau Ora. It requires a heightened focus to achieve accelerated progress towards Whānau Ora and health equity, as agreed by the Whānau Ora Partnership Group. | | | | |

**Link to outcomes**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By supporting children identified as obese at their Before School Check(B4SC) DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we have health equity for Māori and other groups.

**Target Definition**

The target is: By December 2017, 95 per cent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.

The target was selected as the B4SC focuses on intervening in the early stages to ensure positive, sustained effects on health. Children receive a comprehensive check before they start school and are referred to the services they need to support healthy eating and activity.

**Deliverables definition**

Each DHB will be required to review the following data provided by the Ministry on a quarterly basis:

1. *Denominator: the number of children identified as obese (BMI>98th percentile) from all completed checks processed in a six month period*
2. *Numerator: a subset of the group of children identified in the denominator. The numerator is the number of children where their referral was acknowledged within 60 days (30 days applies from 1 July 2016) or who are already under care or the referral was declined by the parent/caregiver*

**Information will be provided for total DHB population, Māori and Pacific (for 8 DHBs with high Pacific populations), and deprivation (Dep Index 5).**

DHBs must provide a progress update on:

* Target performance to date and rate of progress based on data provided.
* Your activity to support the achievement of the target and initiatives to realise a reduction in childhood obesity, as reflected in your commitments in your Annual Plan, including:
  + progress with getting referrals acknowledged from the B4SC
  + progress with the development of referrals pathways from the B4SC for assessment and family based nutrition, activity and lifestyle interventions
  + activity to ensure DHBs, PHOs and other primary care and community partners work together to ensure families experience seamless transition and support post referral from the B4SC
  + activity to support primary care and community partners having the conversation with families.
* Barriers to achieving the target and mitigation strategies over the next quarter by DHB and the PHOs.
* Collective action and link to broader approach to reducing childhood obesity across government agencies, the private sector, communities, schools, families and whānau.
* What the DHB is doing to build in evaluation, measure effectiveness, and monitor outcomes over time.

***Explanation of terms:***

1. Obese children are children with a BMI > 98th percentile.
2. Only *completed B4SC* checks are included as part of the denominator where all the components of the B4SC have been completed and all necessary referrals made and entered into the B4SC system
3. *Referred* is based on available data from the B4SC database and uses the ‘Date referral acknowledged’ field in the database. Where there is more than one referral the first referral is reported on.
4. *Referral acknowledged* is where the referral to a registered health professional[[11]](#footnote-12) is accepted or declined within 30 consecutive days of the referral sent. The 30 (or 60 days) includes weekends and holidays.
5. *Undercare* is already under care of a service so not referred.
6. *Parent/caregiver declined* is the parent/caregiver declined the referral.

The Ministry accepts the following registered health professionals as valid referrals for the purposes of the health target

* general practitioner
* practice nurse
* community dietician
* public health nurse
* multi-disciplinary team that includes a registered primary health care professional in attendance

These practitioners need to have the requisite skills to conduct a clinical assessment and be able to ensure the child’s growth is routinely monitored.

A child may simultaneously be referred to a family based nutrition, activity and lifestyle intervention. However this alone would not count as referred for the purposes of the health target.

***Exclusions***

The following data has been excluded to account for errors:

Checks which were declined

Checks with probable data quality issues:

* BMI less than 5, or over 60

Children aged outside the target range (aged less than 48 months, or more than 60 months)

Referrals which were not acknowledged by the service provider within 30 consecutive days

Referrals to Community Development Service, Mental Health Services, Paediatrician, Other

**Reporting period**

DHB achievement of the Childhood obesity health target will be calculated based on six months rolling data as outlined in the table below:

|  |  |
| --- | --- |
| **Reporting quarter** | **Achievement based on** obese children identified in the Before School Check offered a referral and referral acknowledged between**:** |
| Quarter 1 | 1 March to 31August |
| Quarter 2 | 1 June to 30 November |
| Quarter 3 | 1 September to 28 February |
| Quarter 4 | 1 December to 31 May |

**Expectations**

The following achievement scale will be applied to the health target indicator:

**Table 1: Quarters 1, 2 & 3 assessment**

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Outstanding Performer | DHB shares their broader intent and activity around childhood obesity and has met the target percentage. |
| Achieved | The DHB has met the target percentage. |
| Partially Achieved | The DHB has not met the target percentage but the narrative comments provided satisfy the assessor that the DHB is on track to compliance. |
| Not Achieved | The DHB has not met the target percentage and the narrative comments provided do not satisfy the assessor that the DHB is on track to compliance. |

**Table 2: Quarter 4 assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Outstanding Performer | * + - * The DHB has substantially exceeded the target; **and/or**       * The DHB has reached the target for: * the total population, **and** * the Māori population group, **and** where applicable * the Pacific population. |
| Achieved | The DHB has reached the target and made progress towards closing the equity gap. |
| Partially Achieved | The DHB’s progress towards target has improved from the start of the year and has made significant progress towards the target. |
| Not Achieved | The DHB’s progress towards target has not improved from the start of the year and has not significantly progressed towards the target. |

***Outcome priority: We have equity with Maori and other groups***

***Improving child wellbeing CW12: Youth health initiatives***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly (some components six monthly) |
| ***Source information for reporting provided by:*** | *DHBs to provide progress update reports on Youth Service Level Alliances Teams (SLATs), School Based Health Services and Youth Primary Mental Health services* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Link to outcomes and priority areas**

By delivering youth health initiatives DHBs will support Government's priority to make New Zealand the best place in the world to be a child and our health system outcome that we have equity for Māori and other groups.

This measure reports on three Youth Health focus areas:

1. Youth Service Level Alliance Team (Youth SLAT) to improve the responsiveness of primary care to youth
2. School Based Health Services (SBHS) in secondary schools, teen parent units and alternative education facilities
3. Youth Primary Mental Health services (reported under MH04)

Young people are often unable or reluctant to access primary care and mental health services. Often the services in their local area are geared towards treating adults or people with more acute needs. Young people may require a unique mix of social, developmental and health services, and their family GP may not have sufficient expertise to provide the full range of care needed. Young people can also feel uncomfortable discussing their issues with their usual family GP. To improve youth access to appropriate primary care services, young people need a range of sustainable youth-friendly health and social services, including:

* youth specific services as appropriate for the locality, which may include youth wellness hubs/networks, School Based Health Services or Youth One Stop Shops (YOSS); and
* General practice that is responsive to youth

Responsive primary care, YOSS, Youth Wellness Hubs, and other youth-friendly organisations provide young people with a wide range of services, including mental health services, in a non-judgemental and community-based environment. Youth-friendly services help young people to overcome their reluctance and enable them to open up about their issues. This can lead to significant improvements in their mental health and wellbeing, while assisting with other problems they may be facing.

Changes we would expect to see:

* Primary care services that are more responsive to the specific needs of young people
* Improved youth access to appropriate services
* Improved integration of services for youth
* Improved sustainability of youth-specific services, such as YOSS.

**Actions and activities that have a proven impact on this measure:**

DHBs are expected to use the Alliance Leadership Team and Youth SLATs or equivalent to jointly develop DHB Annual Plans for Youth Services. This work should align with and inform the development of the SLM plan.

Every District Alliance should now have established a group dedicated to young people to implement an integrated approach to improving the health and wellbeing of our youth. The group shall have a mandate to make recommendations to the Alliance Leadership Team on local youth health needs and agreed changes to service provision, while providing oversight on the implementation of actions to improve youth health across the system. These groups are commonly called Youth Service Level Alliance Teams (Youth SLATs) and that term is used in CW12 for brevity. Alliances and DHB s may use other arrangements as long as they fulfil the purpose and function.

Youth SLATs should include membership from both primary and secondary services, youth specific health services (such as YOSS or SBHS) and other relevant stakeholders (including the education and social sectors) as appropriate. Youth SLATs should identify and include actions for specific groups that may have higher needs or are less likely to access health and other social services (such as Rainbow youth, Māori, Pacific, young people in care, those living in high deprivation communities and NEET[[12]](#footnote-13) young people), as well as youth in general.

The Youth Primary Mental Health Service Evaluation Report describes that in 2015/16 over 9000 HEEADSSS assessments were administered to Year 9 students and students made approximately 110,000 visits to SBHS. The evaluation found that this initiative contributes to improved short and long term outcomes for youth. The most notable results were in the mental health domain: there was less depression and suicide risk among the students in schools that had higher levels of health services.

Looking more closely at thespecific qualities of the school health services that were particularly associated with improved mental health outcomes among the students, there was significantly less depression and suicide risk where:

* the school health services had health professionals on site
* the hours of health professional time per week per 100 students was higher (ratio of nurse full time equivalent (FTE) was funded for increase in Budget 19 from 1FTE:750 students to 1FTE:700 students)
* health professionals were trained in youth health and well supported through professional peer review, and
* the health professionals were well integrated with the school and with the local community.

There was some evidence of effectiveness of school health services in the domain of sexual and reproductive health: there was better contraceptive use by female students in schools that provided sexual health services and where the health professionals had received training in youth health.

There were associations between school health services and both reduced use of hospital A & E, and increased levels of private and confidential health care reported by the students.

https://www.health.govt.nz/system/files/documents/publications/evaluation-report-youthprimary-mental-health-service-dec16.pdf

The Ministry is undertaking a School Based Health Services (SBHS) Enhancement Programme.The work includes developing a clear accountability framework for SBHS with a better reflection of te Tiriti principles and long-term system outcomes and performance measures for SBHS. This will support quality improvement and outcomes evaluation, to build the contribution of SBHS to rangatahi wellbeing and achieving equity. It will also build the evidence base for investment, implementation and research of SBHS.

**Reporting Requirements**

1. Youth SLAT to Improve the responsiveness of primary care to youth.
   1. Describe the actions the Youth SLAT or equivalent has undertaken in the quarter to improve the health of the DHB’s youth population (for the 12-19 year age group at a minimum) by addressing identified gaps in responsiveness, access, service provision, clinical and financial sustainability for primary and community services for the young people, as per your Youth SLAT(s) work programme, in a quarterly narrative report as per the template provided.
   2. Describe the actions undertaken in the quarter to ensure the high performance of the Youth SLAT or equivalent in your local alliancing arrangements, in a quarterly narrative report as per the template provided.
2. School Based Health Services (SBHS) in decile one to five secondary schools, teen parent units and alternative education facilities.
   1. Report on SBHS service delivery in a six monthly quantitative report in quarters two and four, as per the template provided.
3. *Youth Primary Mental Health services*

The reporting for this focus area is in MH04.

**Reporting period**

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| 1 | 1 July – 30 September |
| 2 | 1 October – 31 December |
| 3 | 1 January – 31 March |
| 4 | 1 April 13 – 30 June |

**Expectations**

**Table 1: Quarter 1 and 3 expectations**

**Your rating is based on the combined performance for Focus Areas 1 and 3 (Youth SLAT and mental health)**

|  |  |  |
| --- | --- | --- |
| **Rating** | 0**Criteria** | |
| **Achieved** – given if criteria for both focus area have been met | **Focus area 1**: All actions, milestones and measures are on track, or if some actions, milestones and measures are not on track, adequate mitigation strategies are presented.  **Focus area 3**: as per MH04 measure. |
| **Partial achievement** – given if:   * Achieved in focus area 1 or 3 **and** a Partial Achieved in focus area 1 or 3. * Partial Achieved in focus areas 1 and 3. | **Focus area 1**:   * Reporting template been only partially completed/used resulting in unclear actions, milestones or measures. * Report template has been completed, but some clarification is required.   **Focus area 3**: as per MH04 measure. |
| **Not achieved** - given if stated criteria for either focus areas has been met  – escalation required | **Focus area 1:** Some actions, milestones and measures are not on track and adequate mitigation strategies are not presented or it cannot be confirmed that data or a report has been provided.  **Focus area 3:** as per MH04 measure. |

**Table 2: Quarter 2 and 4 expectations**

**Your rating is based on the combined performance for Focus Areas 1, 2 and 3 (Youth SLAT, SBHS and mental health)**

|  |  |  |
| --- | --- | --- |
| **Rating** | 0**Criteria** | |
| **Achieved-** given if criteria for the three focus areas have been met | **Focus area 1**: All actions, milestones and measures are on track, or if some actions, milestones and measures are not on track, adequate mitigation strategies are presented.  **Focus area 2:** SBHS reporting template has been submitted with no significant SBHS delivery gaps and no need for further clarification or detail.  **Focus area 3**: as per MH04 measure. |
| **Partial achievement -** given if:   * Achieved in focus area 1, 2 and/or 3 **and** a Partial Achieved in focus area 1, 2 and/or 3. * Partial achieved in focus areas 1, 2 and 3. | **Focus area 1**:   * Reporting template been only partially completed/used resulting in unclear actions, milestones or measures. * Report template has been completed, but some clarification is required.   **Focus area 2:**   * Report template has been completed, but some clarification is required.   **Focus area 3**: as per MH04 measure. |
| **Not achieved -** given if stated criteria for either focus areas has been met  – escalation required | **Focus area 1:** Some actions, milestones and measures are not on track and adequate mitigation strategies are not presented or it cannot be confirmed that data or a report has been provided.  **Focus area 2:** Report shows significant gaps in SBHS delivery or it cannot be confirmed that data or a report has been provided.  **Focus area 3:** as per MH04 measure. |

## Outcome priority: We have improved quality of life

## Improving mental wellbeing MH01: Improving the health status of people with severe mental illness through improved access

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Six monthly |
| ***Source information for reporting provided by:*** | *Ministry to provide data via NSFL web site* [*http://nsfl.health.govt.nz/accountability/performance-and-monitoring*](http://nsfl.health.govt.nz/accountability/performance-and-monitoring)  *and the DHB quarterly reporting website* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving access to mental health services DHB swill support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we have improved quality of life and maintain our health and independence.

The health system will work to ensure and independent/ high quality of life for New Zealanders with mental health and addiction concerns. Accessible services ensure people can obtain health care at the right place and right time taking account of different population needs

DHBs will improve the health status of people with severe mental illness through access to a broad range of services.

DHBs will contribute to the independent/ high quality of life for New Zealanders with mental health and addiction concerns by ensuring their mental health services are cost effective, results focused and have regard to the service impacts on people who are severely affected by mental illness. The DHB will provide people with better health and disability services by ensuring that the range of services closes existing service gaps, and makes them easier to access. The range of services will be of high quality, safe, evidence based and provided in the least restrictive environment. This focus is designed to provide better outcomes for people with mental illness and increase people’s confidence and trust in the health and disability system and services.

Better access to a broad range of services improves people’s mental health and wellbeing,

**Actions and activities are that have a proven impact on this measure:**

Examples of key activities undertaken to support improved access rates are: development of CAMHS services across all regions, packages of care for individuals with high and complex needs, mental health specialists at emergency departments, Kaupapa Maori services, and eating disorder services.

Integration of primary and secondary services will result in improving access to a wider range of services and impact on the referrals to specialist mental health services.

Increasing consult liaison activity is also likely to impact on access rates and is required to be reported here.

**Deliverables definitions for Access and Consult Liaison**

***Access***

***Numerator:***

(Data Source: Ministry of Health)

The average number of people domiciled in the DHB region, seen per year rolling every three months being reported (the period is lagged by three months) for:

* child and youth aged 0-19, specified for each of the three categories Māori, Other, and in total
* adults aged 20-64, specified for each of the three categories Māori, Other, and in total
* older people aged 65+, specified for each of the three categories Māori, Other, and in total.

***Denominator:***

(Data Source: Ministry of Health)

Projected population of the DHB region by age and ethnicity.

**Interpreting Access Rates**

There are at least four factors that can impact on making informed decisions regarding access rates both by DHB and nationally. These factors must be taken into consideration by all parties when negotiating targets. They are:

* the more recovery-focused a service, the lower the likely demand will be for services. A point will be reached where access will stabilise at a particular rate that is likely to be unique to each DHB
* the number and quality of primary ancillary mental health services (e.g. GPs, Private Counsellors, and Relationship Services) will have an impact on access rates to secondary mental health services
* that there is a difference between determining serious mental illness epidemiologically, and a clinical assessment of what constitutes a serious mental illness
* that only half of older peoples services are funded directly by mental health

***Reporting required****:* Six monthly, annual rolling as per the table below:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 2 | Annual a quarter in arrears |
| Quarter 4 | Annual a quarter in arrears |

**Consultation & Liaison Activity**

For those DHBs who can collect consultation activity they should report it here.

*The criteria below have been drawn from the KPI consult liaison working group proposal that reported its work to the Ministry of Health:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Consult Function** | **Consult Activity** | **Activity definition** | ***Total number of activities*** |
| **Direct consult** | Consultation: Consumer participation | No active referral – please refer to the KPI Consult Liaison document |  |
| **Indirect consult** | Consultation: No consumer participation | No active referral – please refer to the KPI Consult Liaison document |  |
| ***Total Consultation Activity*** |  |  |  |

***Reporting required****:* Six monthly, for the six month periods as per the table below:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 2 | Six monthly a quarter in arrears |
| Quarter 4 | Six monthly a quarter in arrears |

**Expectations**

Where the target has not been met (or in quarter two, is not on track to be met) the DHB is expected to provide commentary on reasons for the target not being met

***Outcome priority: We have improved quality of life***

***Improving mental wellbeing MH02: Improving mental health services using wellness and transition (discharge) planning***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *DHBs to provide data to the Ministry* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Link to outcomes**

Delivery against this measure supports the Health Strategy strategic theme of people-powered. The health system plays an important role in providing people with the information they need to fully understand issues to do with health and wellness, including how to be healthy, access health services and manage their own health care. Delivery against this measure also supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

The significance of wellness (relapse prevention plans) transition/discharge planning contributing to improved outcomes for people is evidenced in the literature and is a requirement of the Health and Disability Services Standards (NZS 8135:2008). Most significantly the 2016 OAG mental health audit showed that 4 out 5 of people using mental health services did not have a collaborative plan <https://www.oag.govt.nz/2017/mental-health>

The Health Quality and Safety Commission’s MHA quality improvement programme was established in July 2017, to work with consumers, their families and whānau, and service providers to improve mental health and addiction services. For more information about the programme visit [https://www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/](https://scanmail.trustwave.com/?c=5305&d=k-C22qGV2oNiSU7U2keXCEjsjLzP78eEb9VncFpahw&u=https%3a%2f%2fwww%2ehqsc%2egovt%2enz%2four-programmes%2fmental-health-and-addiction-quality-improvement%2f)

The second initiative agreed with DHBs and being undertaken by the HQSC is, *Improving Service Transitions, and* began in June 2018 to address the current variation of service transitions across the country.

Service transitions in the MHA sector are multiple and they are recognised as a potential risk to consumers, and families and whānau.

DHBs are now also required to report on an annual target of 95 percent of people having a transition plan at discharge from adult inpatient services, and 95 percent of audited plans meeting the quality standard – this forms a subset of the PP7 (discharges from community MH&A services) reporting.

**Actions and activities are that have a proven impact on this measure:**

* Refer to the Ministry of Health website for information on transition (discharge) plans (<http://www.health.govt.nz/publication/transition-planning-guidelines-infant-child-and-adolescent-mental-health-alcohol-and-other-drugs>).
* Note that guidance for quality transition (discharge) plans includes: collaborative planning; partnership with service users; family/whanau involvement; clear effective and timely communication and the inclusion of wellness strategies.

**Community Services Transition (Discharge) Plan Measures:**

Quantity At least 95% of clients discharged from community MH&A services have a transition (discharge) plan.

Quality At least 95% of audited files have a transition (discharge) plan of acceptable standard.  
DHBs will undertake routine audits of client files against accepted good practice criteria for transition (discharge) plans

Reporting template

|  |  |  |
| --- | --- | --- |
| **Percentage of MH&A clients discharged from MH&A community services with a transition (discharge) plan** | | |
| Numerator | Denominator | Percentage |
| Number of MH&A clients discharged from the community with a transition (discharge) plan  (Data Source: DHB) | Number of MH&A clients discharged from the community MH&A services  (DHB data source DHB) | Percentage of MH&A clients discharged from the community with a transition (discharge) plan |
| Number of files audited with a transition (discharge) plan of acceptable standard  (Data Source: DHB) | Number of files audited  (Data Source: DHB) | Percentage with a transition plan of acceptable standard |

Inclusions / exclusions

* Exclude referrals that were not ‘accepted’ (e.g. rejected and cancelled referrals).
* Exclude referrals that have no face-to-face contacts (actual attendances).
* PRIMHD referral end codes DD, DG, DM, ID, RI, RO (or their equivalent) can be excluded from the count.
* Include only those referrals with 3 or more face-to-face attendances (i.e. only those referrals where the client was seen 3 or more times).

• Include in quality audit only those files with a transition (discharge) plan

**Wellness Plan Measures:**

Quantity At least 95% of clients with an open referral to MH&A services of greater than 12 months have a wellness plan.

Quality At least 95% of audited files have a wellness plan of acceptable standard. DHBs will undertake routine audits of client files against accepted good practice criteria for wellness plans.

**Reporting template**

|  |  |  |
| --- | --- | --- |
| **Percentage of MH&A clients open to services for greater than 12 months with a wellness plan** | | |
| Numerator | Denominator | Percentage |
| Number of MH&A clients open to services for greater than 12 months with a wellness plan  (Data Source: DHB) | Number of MH&A clients open to services for greater than 12 months  (DHB data source DHB) | Percentage of MH&A clients open to services for greater than 12 months with a wellness plan |
| Number of files audited with a wellness plan of acceptable standard  (Data Source: DHB) | Number of files audited  (Data Source: DHB) | Percentage with a wellness plan of acceptable standard |

Inclusions / exclusions

* Include all clients open to a DHB or NGO provider whether open to inpatient, community or multiple services
* Include in quality audit only those files with a wellness plan

**Inpatient Services Transition (Discharge) Plan Measures:**

Quantity At least 95% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan.

Quality At least 95% of audited files have a transition (discharge) plan of acceptable standard.  
 DHBs will undertake routine audits of client files against accepted good practice criteria for transition (discharge) plans that have a focus on the inclusion of wellness strategies

Reporting template

|  |  |  |
| --- | --- | --- |
| **Percentage of MH&A clients discharged from MH&A adult inpatient services with a transition(discharge) plan** | | |
| Numerator | Denominator | Percentage |
| Number of clients discharged from MH&A inpatient services with a transition (discharge) plan  (Data Source: DHB) | Number of clients discharged from MH&A inpatient services  (DHB data source DHB) | Percentage of clients discharged from MH&A inpatient services with a transition (discharge) plan |
| Number of files audited with a transition (discharge) plan of acceptable standard  (Data Source: DHB) | Number of files audited  (Data Source: DHB) | Percentage with a transition (discharge) plan of acceptable standard |

Inclusions / exclusions

* Include all clients discharged from an in-patient service whose inpatient stay is at least overnight.
* Exclude clients that are discharged from an in-patient service temporarily to be admitted to a medical ward or A&E for medical treatment that then return direct to Mental Health inpatient services
* Exclude discharges as a result of death.
* Include in quality audit only those files with a discharge (transition) plan

*Note: the Ministry will compare data sourced from PRIMHD data (Mental Health and Addiction administrative data collection from 20 DHBs and 220 NGOs) with the data provided by the DHB – where this is a discrepancy of more than 10% the DHB will be required to explain this. (Not all DHBs and NGOs are reporting this data to PRIMHD currently as the capability to collect this information was introduced in July 2016).*

**Exception Reports if targets are not met**

* The DHB are required to report what actions are being taken if the target of 95% of people with plans is not met.
* The DHB will be required to report what actions are being undertaken if the target of 95% of audited files do not meet accepted good practice.

**Reporting Period**

(Data is produced one quarter in arrears)

***Reporting required***

Quantitative Measures: Quarterly, as per the table below:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 (reported 20 October) | Data to cover the 12 month period to June |
| Quarter 2 (reported 20 January) | Data to cover the 12 month period to Sept |
| Quarter 3 (reported 20 April) | Data to cover the 12 month period to Dec |
| Quarter 4 (reported 20 July) | Data to cover the 12 month period to March |

Qualitative (Audit) Measures: Quarterly, as per table below

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 (reported 20 October) | Data to cover the 3 month period to June |
| Quarter 2 (reported 20 January) | Data to cover the 3 month period to Sept |
| Quarter 3 (reported 20 April) | Data to cover the 3 month period to Dec |
| Quarter 4 (reported 20 July) | Data to cover the 3 month period to March |

**Expectations**

DHBs are expected to have in place a process that ensures all people have a quality transition or wellness plan.

* It is expected the DHB accurately report the number of people
* It is expected that DHBs can demonstrate a method that ensures all clients have up-to-date quality transition and wellness plans
* Where the 95% target has not been met, the DHB is expected to provide commentary/resolution plan on what it is doing to address the performance failure.

.

***Outcome priority: We have improved quality of life***

## Improving mental wellbeing MH03: Shorter waits for mental health services for under 25-year olds.

|  |  |
| --- | --- |
| **Summary information** | |
| ***Reporting frequency*** | quarterly |
| ***Source information for reporting provided by:*** | *Ministry to provide data via NSFL web site* [*http://nsfl.health.govt.nz/accountability/performance-and-monitoring*](http://nsfl.health.govt.nz/accountability/performance-and-monitoring)  *and the DHB quarterly reporting website* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By ensuring shorter waits for services DHBs will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering.

This indicator supports the health system outcome that those with mental health and addiction concerns have an independent/high quality of life. It helps to drive continuity of care through providing uninterrupted care or service across programs, practitioners and levels over time.

Access and shorter waits are very important to patients regardless of the condition. Child & youth and adult services will need to focus on meeting the needs of young people with their first episode of serious mental health problems as serious mental illness tends to occur before the age of 25.

The waiting time concept is easily understood by the public. Earlier treatment in the progression of illness links to better outcomes as evidenced in international literature. Timeliness is also a key quality indicator in calls for improvement to the health care system.

This measure replaces the 0-19-year-olds waiting time measure and target of 80% seen in 3 weeks and 95% seen in 8 weeks. The measure now covers the 0-24-year age group and DHBs are asked to report on their actions as set out below.

**Actions and activities are that have a proven impact on this measure:**

This measure will require DHBs to work across the usual age bands services are provided.

Provider arm services may need to modify their triage processes to improve performance on this measure and possibly look to adopting a single point of entry process. The CAPA model used in children and youth services has been shown to reduce waiting times. For people who do not attend (DNA) scheduled appointments services generally have in place processes for declining the referral after 3 DNA’s. However, services could put in place processes, if they haven’t already, that improve the likelihood of a person attending their appointment e.g. reminder texts.

**Deliverables definitions**

|  |  |
| --- | --- |
| **Numerator** | Number of new clients aged under 25 seen within three weeks |
| **Denominator** | Total new clients aged under 25 |

The wait time will be counted from the time the referral is received for a person who has not been seen for at least a year (or not at all) to the time of the first face to face contact with a mental health professional. Where there are two referrals open for the same client the earliest referral will be counted.

Please refer to <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/mental-health-and-addiction-services-data-calculating-waiting-times> for the specifics on how the wait time is calculated.

Provide a narrative on key actions the DHB is implementing to reduce waiting times for under 25 year olds including:

* What actions are being undertaken to reduce waiting times for young people
* How is the DHB working across service boundaries (Adult and Child and Youth) to improve waiting times.
* How will the DHB adult services prioritise the needs of 18-24-year olds?
* Use a balancing measure to help ensure improving waiting times are not causing unintended consequences (this could be the Mental Health KPI 3rd face to face waiting time for 0-19-year olds)

***Reporting required****:* Quarterly rolling annual reporting, as per the table below:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 | Rolling annual waiting time data will be provided from PRIMHD (3 months in arrears) |
| Quarter 2 |
| Quarter 3 |
| Quarter 4 |

**Reporting Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age/ethnicity** | **Number of new clients aged under 25 seen within three weeks this quarter reporting.** | **Total new clients aged under 25 this quarter reporting** | **Percentage seen within 3 weeks for this quarter reporting period.** |
| Under 25-year olds Total |  |  |  |
| Under 25-year olds Māori |  |  |  |
| Under 25-year olds Pacific |  |  |  |
| Under 25-year olds Other |  |  |  |

|  |  |
| --- | --- |
| **Balancing measure** | |
| **Balancing measure e.g. waiting time to the 3rd face to face contact from the C&Y KPI programme** | **Measure this quarter e.g., Waiting time to the third face to face contact this quarter.** |
|  |  |
|  |  |
|  | |
| **Narrative** | |
| What actions are being undertaken to reduce waiting times for young people? |  |
| How is the DHB working across service boundaries (Adult and Child and Youth) to improve waiting times? |  |
| How are the DHB adult services prioritising the needs of 18-24-year olds? |  |

***Outcome priority: We live longer in good health:***

## Improving mental wellbeing MH04: Mental Health and Addiction Service Development

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *DHBs to provide reports as outlined* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By focusing on mental health and addiction service development DHBs will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we live longer in good health.

Service development aims to ensure that across the spectrum of primary, specialist treatment and support services access and appropriateness will be enhanced; continuity of care will be strengthened while improving efficiency and sustainability leading to a more independent/high quality of life for people using services.

**Deliverables definitions**

**Focus area 1: Primary Mental Health** (Note - this focus area individually identified on performance dashboard)

As part of the implementation of goal six *Delivering increased access for adults with high-prevalence conditions while increasing service integration and effectiveness*, the Ministry monitors access to evidence-informed psychological therapies for mental health and addictions issues in primary care.

Primary mental health and addiction interventions are for people presenting with mild to moderate mental health and addiction problems. In addition to the general primary care response to the needs of people of any age, access to primary mental health interventions are funded for the following specific population groups:

1. The enrolled adult population focused on Maori, Pacific and/or low income. The expected outcome is increased access to psychological and psychosocial interventions for these at-risk groups.
2. Youth primary mental health services, available to all youth in the 12 to 19 year age group (regardless of PHO enrolment) who require such a service. The expected outcomes are to enable early identification of developing mental health and/or addiction issues and better access to timely and appropriate treatment and follow up.

**Reporting Period**

By the 20th of January, April, July and October each year using the Ministry quarterly reporting website.

**Reporting required**:

Each quarter, please update the reporting template provided (refer to the DHB quarterly reporting web site and toolkit).

**Reporting**

1. Provide quarterly reports on the attached template which covers the amount of service delivered including alcohol brief interventions (numbers of adults and youth (12-19) seen by ethnicity and services accessed). Grey boxes are optional but helpful particularly if outcome data is being captured locally.
2. Narrative report on the following:

* Overall assessment of the services delivered and
* Any major achievements/successes
* Major issues that have affected the achievement of the contracted Services
* Whether services have been externally evaluated / reviewed / audited and status of recommendations made.

**Focus Area 2 District Suicide Prevention and Postvention**

All DHBs are expected to provide quarterly progress against their 12-month District Suicide Prevention Action Plan, along with any highlights or issues. Progress reports should include updates on how DHB suicide prevention activities align with and support the implementation of *He Tapu te Oranga o ia tangata: Suicide Prevention Strategy 2019-2029 and Suicide Prevention Action Plan 2019-2024 for Aotearoa New Zealand* (*He Tapu te Oranga*)¸ including which items from the action plan of *He Tapu te Oranga* have been implemented. Please also provide specific updates in the areas of: suicide / mental health literacy training or education, community-led development, and mental health and addiction service collaboration.

The following templates are offered as suggested formats for reporting on these focus areas:

1. **Training / education evaluation template**

An example of a training template which may be provided as part of the quarterly reporting to the Ministry of Health

*Sample:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training description** | **Initiated by DHB Y/N** | **Provider** | **Number of attendees** | **Implementation of *He Tapu te Oranga* (Action area/item)** | **Intended audience** | **Outcome/impact** |
| *LifeKeepers (Maori)* | *Requested by DHB* | *Le Va* | *25* | *Action area 6 (prevention). Action item: “Support the delivery of suicide prevention education programmes.”* | *Marae based health service* | *Support for people seeking primary health services who are experiencing suicidal distress* |
| *MH101 (Rural)* | *Requested by DHB* | *Blueprint for Learning* | *25* | *Action area 5 (promotion). Action item: “Support the delivery of wellbeing programmes by community-based organisations and NGOs with a focus on […] rural communities.”* | *Farmers and rural professionals* | *Increasing knowledge and support for farmers impacted by X event* |
| *Suicide Assessment training* | *Requested by NGO staff* | *DHB Mental health team* | *14* | *Action area 7 (intervention): “Supporting frontline staff and community members to undertake suicide prevention training […] will help ensure the delivery of quality services.”* | *Youth One-Stop Shop* | *Support for agency working with vulnerable youth* |
| *Suicide prevention presentation* | *Requested by Aged Concern* | *DHB SPC* | *30* | *Action area 6 (prevention). Action item: “Support the delivery of suicide prevention education programmes.”* | *Aged Concern Volunteers* | *Education for staff and volunteers supporting the elderly* |

1. **Community initiatives evaluation template**

*Sample:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Event description** | **Initiated by DHB**  **Y/N** | **Supported by DHB Y/N** | **Number of attendees** | **Implementation of *He Tapu te Oranga* (Action area/item)** | **Outcome /impact** | **Approach to safety** |
| *Hokianga Suicide Prevention Hikoi* | *Yes* | *Yes, attended by SPC and CAMHs Clinicians* | *120* | *Action area 5 (promotion). Action item: “Support the delivery of wellbeing, mental health and addiction literacy programmes.”* | *Raise community awareness of suicide* | *Event overseen by SPC; focus on positive mental health; provided information and resources to community* |
| *World Mental Health Day expo* | *Initiated by NGO X* | *Attended by SPC and Public health staff* | *50* | *Action area 5 (promotion). Action item: “Support the delivery of wellbeing, mental health and addiction literacy programmes.”* | *Mental Health promotion for community* | *Event organised in collaboration with SPC; focus on positive mental health; provided information and resources to community* |

**Focus Area 3 Improving crisis response services**

Reducing the demand on police for crisis support of known clients is an important interagency goal. There is a significant range in the rate of known clients referred by police crisis services. Please provide actions that have been undertaken to reduce the rate of known clients being referred by police to crisis teams and what difference have the above actions made to police referrals.

**Focus Area 4 Improve outcomes for children**

Please report on progress against actions being taken to implement the Supporting Parents Health Children (COPMIA) Guidelines. Please also report on progress against actions identified in the annual plan for improving outcomes for children.

**Focus area 5** **improving employment and physical health needs of people with low prevalence conditions:**

Please provide a progress report on actions identified in the annual plan for improving the physical and employment outcomes of people with low prevalence conditions.

***Outcome priority: We have equity for Māori and other groups***

# *Improving mental wellbeing MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders*

|  |  |  |
| --- | --- | --- |
| **Summary information** | | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan | |
| ***Reporting frequency*** | Quarterly | |
| ***Source information for reporting provided by:*** | *Data is sourced from PRIMHD database*  *Ministry to provide data via NSFL web site* [*http://nsfl.health.govt.nz/accountability/performance-and-monitoring*](http://nsfl.health.govt.nz/accountability/performance-and-monitoring)  *and the DHB quarterly reporting website* | |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | | |
| ***Linkages:*** This measure also links to measure SI5: Delivery of Whānau Ora | |  |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By delivering on this indicator DHBs will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we

This indicator supports an independent/high quality of life for those Maori under compulsory community treatment. It aims to ensure that services for tangata whia ora are appropriate by being person centred, culturally appropriate and safe by avoidance or reduction of potential harm from health care.

**Actions and activities are that have a proven impact on this measure:**

Activities/actions to support performance improvement on this measure include ensuring clinical reviews are completed in timely way and Kaupapa Maori services are more involved in the persons care

**Deliverables definitions**

Data is sourced from PRIMHD and Statistics New Zealand population statistics. Baseline data and information can be found on the NSFL website. Current performance reports will be provided by the Ministry ahead of the reporting period via the quarterly reporting database and the nationwide service framework web site.

DHBs are required to reduce the rate of Maori under s29 of the Mental Health Act by at least 10% by the end of the reporting year

***Numerator:***

(Data source: PRIMHD)

The number of Maori under community treatment orders s29 of the Mental Health Act

***Denominator:***

Data source: Statistics New Zealand population statistic

A qualitative report is required that identifies progress on actions to reduce Maori under compulsory treatment orders identified in the annual plan.

**Reporting Period**

***Reporting required****:*

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 (reported 20 October) | Data to cover the 12-month period to June |
| Quarter 2 (reported 20 January) | Data to cover the 12 month period to Sept |
| Quarter 3 (reported 20 April) | Data to cover the 12 month period to Dec |
| Quarter 4 (reported 20 July) | Data to cover the 12 month period to March |

***Outcome priority: We live longer in good health***

## Improving mental wellbeing MH06: Mental health output Delivery against Plan

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan ( production plan) |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *Ministry to provide data* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

Strong production planning supports a strong system that will in turn help to deliver Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we live longer in good health.

To help ensure efficient and sustainable mental health and addiction services each DHB must monitor, evaluate and report on the delivery of Mental Health Services set out in its Annual Plan Production Plan.

**Deliverables definitions**

**Description**

Each DHB must monitor, evaluate and report on the delivery of Mental Health Services set out in its Annual Plan Production Plan.

For Mental Health Services provided by the DHB’s provider arm, the DHB must complete the Mental Health Volumes Reporting template. This will be provided by the Ministry, and included with the main quarterly reporting template.

**Reporting Period**

Reported quarterly.

**Expectations**

The following achievement scale will be applied:

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Achieved | Volume delivery for specialist Mental Health and Addiction services is within:  a) five percent variance (+/-) of planned volumes for services measured by FTE,  b) five percent variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day, and  c) actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan. |
| Partial Achievement | Volume delivery is outside the bounds for an ‘Achieved’ rating and the accompanying exception reporting is satisfactory. |
| Not Achieved | Volume delivery is outside the bounds for an ‘Achieved’ rating and the accompanying exception reporting is not satisfactory. |

***Outcome priority: We have improved quality of life***

***Improving mental wellbeing MH07: Improving mental health services by improving inpatient*** ***post discharge follow-up rates***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in Annual Plans |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *DHBs to supply data sourced from the KPI programme* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Link to outcomes**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

This indicator supports the health system outcome that those with mental health and addiction concerns have an independent/high quality of life. It helps to drive continuity of care through providing uninterrupted care or service across programs, practitioners and levels over time.

**Indicator rationale**

A responsive community support system for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential to maintain clinical and functional stability and to minimise the need for hospital readmission. Service users leaving hospital after a psychiatric admission with a formal discharge plan involving linkages with community services and supports, are less likely to need early readmission. Research indicates that service users have increased vulnerability immediately following discharge, including higher risk for suicide.

**Post discharge community care**

Percentage of overnight discharges from the mental health and addiction service organisation’s inpatient unit(s) for which a community service contact was recorded in the seven days immediately following that discharge.

**Numerator**

Count of acute inpatient discharges where a follow up community contact (for the same person) exists, where:

Community follow-up ActivityStartDate is between 1 and 7 days after acute InpatientDischargeDate

ActivityStartDate >= dateadd(1, day, InpatientDischargeDate)

ActivityStartDate < dateadd(8, day, InpatientDischargeDate)

**Denominator**

Count of acute inpatient discharges

**Please note:** this performance measure uses the same definitions as the adult KPI programme for 7-day follow-up post discharge.

**MH02 Linkage**

This measure links to MH02: Improving mental health services using wellness and transition (discharge) planning.

**Actions and activities that have a proven impact on this measure:**

* having executive leadership overseeing the process
* the right people monitoring performance and scrutinising why individual cases were not followed up within 7 days
* Proactive NGO partners and provider arm services need to support their engagement and activity
* being open to sharing information and support transparency

**Data Reporting template**

Inpatient 7-day follow-up post discharge measure

*DHBs to supply data via the templates below – data to be sourced from the KPI programme*

Reporting template

|  |  |  |
| --- | --- | --- |
| **Percentage of MH&A Total clients discharged from MH&A adult inpatient services that are followed up within 7 days.** | | |
|  |  |  |
| Numerator defined as above.  (Data Source: PRIMHD/KPI) | Count of acute inpatient discharges (Data Source: PRIMHD/KPI) | Percentage of clients follow up within 7days |

|  |  |  |
| --- | --- | --- |
| **Percentage of MH&A Maori clients discharged from MH&A adult inpatient services that are followed up within 7 days.** | | |
|  |  |  |
| Numerator defined as above.  (Data Source: PRIMHD/KPI) (Data Source: PRIMHD/KPI) | Count of acute inpatient discharges (Data Source: PRIMHD/KPI) | Percentage of clients follow up within 7days |

|  |  |  |
| --- | --- | --- |
| **Percentage of MH&A Pacific discharged from MH&A adult inpatient services that are followed up within 7 days.** | | |
|  |  |  |
| Numerator defined as above.  (Data Source: PRIMHD/KPI) (Data Source: PRIMHD/KPI) | Count of acute inpatient discharges (Data Source: PRIMHD/KPI) | Percentage of clients follow up within 7days |

**Narrative quarterly reporting**

Provide a report identifying any data quality issues an what is being done to address issues identified.

Provide a brief overview explaining what the data provided for the period is telling us about post discharge follow-up.

**Reporting Period**

(Data is produced one quarter in arrears)

***Reporting required***

Quantitative Measures: Quarterly, as per the table below:

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 1 (reported 20 October) | Data to cover the 12-month period to June |
| Quarter 2 (reported 20 January) | Data to cover the 12-month period to Sept |
| Quarter 3 (reported 20 April) | Data to cover the 12-month period to Dec |
| Quarter 4 (reported 20 July) | Data to cover the 12-month period to March |

***Outcome priority: We have equity for Māori and other groups***

# *Improving wellbeing through prevention PV01: Improving breast screening coverage and equity for priority women.*

|  |  |  |
| --- | --- | --- |
| **Summary Information** | | |
| ***Target/performance expectation*** | **No equity gap for Maori and Pacific populations and 70% coverage** | |
| ***Measure type and reporting frequency*** | Type: | Data & exceptions report |
| Reporting frequency: | Six-monthly (quarters 2 and 4) |
| ***Data Source / information for reporting provided by:*** | *Data is sourced from BSA DHB quarterly reports published on the NSU website.*  [*https://www.nsu.govt.nz/health-professionals/breastscreen-aotearoa/breast-screening-coverage*](https://www.nsu.govt.nz/health-professionals/breastscreen-aotearoa/breast-screening-coverage) | |
| ***Six monthly reporting - standard timeline applies*** | DHB Reports Due | 20th of the month following the end of Q2 and Q4 |
| Ministry initial rating & feedback | 8-10 working days from receiving reports |
| DHB response due | 5 working days from receiving initial ratings |
| Confirmed rating and feedback | 4-5 working days from receiving DHB feedback |
| ***Linkages:*** This performance expectation may be a contributory System Level Measure under Amenable Mortality. | | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving breast screening coverage DHBs will assist in delivery of Government's priority to support healthier, safer and more connected communities and our health system outcome that we live longer in good health.

**Actions and activities that have a proven impact on this measure:**

* Data matching to identify women who are not participating in screening, and systematically inviting women.
* Referral to screening support services to provide targeted support to priority group women to access screening.
* Working with BreastScreen Aotearoa service providers on regional approaches to reducing barriers to screening and to engaging with priority group women (Māori, Pacific, unscreened and underscreened).
* Promoting the importance of regular breast screening to eligible women in the region.
* Collaboration between key stakeholders to identify factors that contribute to inequitable breast screening coverage and to jointly develop plans with targeted interventions and quality initiatives that directly respond to local populations to improve equitable breast screening coverage.

**Deliverables definitions**

Quarterly DHB breast screening equity and coverage data is published on the NSU website <https://www.nsu.govt.nz/health-professionals/breastscreen-aotearoa/breast-screening-coverage>.

***Breast screening coverage***

***Numerator****:*

Women aged 45-69 who have completed breast screening in the previous two years, by ethnicity. Numerator data is extracted from the national BreastScreen Aotearoa database.

***Denominator****:*

Breast screening coverage denominators are derived from the Statistics New Zealand population estimates, by ethnicity.

Reporting Period

***Reporting required****:*

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 2  (For the period ending 31 December) | The data source used for Q2 reporting is DHB quarterly coverage **data from Q1** (July to September) published on the NSU website. |
| Quarter 4  (For the period ending 30 June) | The data source used for Q4 reporting is DHB quarterly coverage **data from Q3** (January to March) published on the NSU website. |

Expectations

|  |  |
| --- | --- |
| **Equity and coverage** | |
| **Rating** | **Definition** |
| Outstanding performer | ≥ 70% coverage for Maori, Pacific and Total population  And coverage is equitable or the DHB has a plan for achieving equitable coverage for Maori and Pacific. |
| Achieved | ≥70% coverage for Maori, Pacific and Total population |
| Partially achieved | 65 – 69% coverage for Maori, Pacific and Total population  Or, the DHB has an adequate workplan to improve coverage with a focus on improving outcomes for Maori and Pacific. |
| Not achieved | <65% coverage for Maori, Pacific or Total population and has not demonstrated an adequate work-out plan to reach the target within an agreed timeframe. |

***Outcome priority: We live longer in good health***

## Improving wellbeing through prevention. PV02: Improving cervical screening coverage and equity for priority women.

|  |  |  |
| --- | --- | --- |
| **Summary Information** | | |
| ***Target/performance expectation*** | **No equity gap for Maori, Pacific and Asian populations and 80% coverage** | |
| ***Measure type and reporting frequency*** | Type: | Data & exceptions report |
| Reporting frequency: | Six-monthly (quarters 2 and 4) |
| ***Data Source / information for reporting provided by:*** | *Data is sourced from NCSP DHB quarterly reports published on the NSU website.*  [*https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-coverage*](https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-coverage) | |
| Please note: DHBs do not need to report against this measure through DHB quarterly reporting processes as data will be captured through the NCSP contract reporting process. | | |
| ***Linkages:*** This performance expectation may be a contributory System Level Measure under Amenable Mortality. | | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving cervical screening coverage DHBs will assist in delivery of the Government's priority to support healthier, safer and more connected communities and our health system outcome that we live longer in good health.

**Actions and activities that have a proven impact on this measure:**

* Using data matching to identify women who are missing out from screening, and systematically inviting them for screening.
* Using screening support services (where these are available) to provide targeted support to priority group women in order to facilitate screening.
* Reducing barriers to screening by providing free cervical screening to priority group women.
* Providing individual support to primary care providers to improve cervical screening systems and processes, and improve screening rates.
* Holding regular meetings where key stakeholders work collaboratively on strategies for improving cervical screening coverage.
* Undertaking initiatives to improve attendance by priority group women at colposcopy clinics.

**Deliverables definitions**

Quarterly DHB cervical screening equity and coverage data is published on the NSU website <https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/cervical-screening-coverage>.

***Cervical screening coverage***

***Numerator****:*

Women aged 25-69 who have completed cervical screening in the previous three years, by ethnicity. Numerator data is extracted from the national cervical screening register.

***Denominator****:*

Cervical screening coverage denominators are derived from the Statistics New Zealand population estimates, by ethnicity (adjusted for hysterectomy).

**Cervical screening equity difference**

Calculated by subtracting the non-Māori/non-Pacific/non-Asian screening coverage percentage from the Māori, Pacific or Asian screening coverage percentage. A negative number indicates an equity gap, where these priority group women do not have equitable access to screening. See the formula below:

***Cervical screening coverage (%)*** *(Māori or Pacific or Asian women)*

-

***Cervical screening coverage (%)***

*(non-Māori, non-Pacific women, non-Asian)*

=

***Equity gap***

**Interpretation issues**

Data will be presented using the *Equity and Performance Matrix*.

Reporting Periods : Please note DHBs do not need to report against this measure through the DHB web base quarterly reporting process as data will be captured through the NCSP contract reporting process.

|  |  |
| --- | --- |
| **Quarter** | **Data source** |
| Quarter 2  (For the period ending 31 December) | The data source used for Q2 reporting is DHB quarterly coverage **data from Q1** (July to September) published on the NSU website. |
| Quarter 4  (For the period ending 30 June) | The data source used for Q4 reporting is DHB quarterly coverage **data from Q3** (January to March) published on the NSU website. |

Expectations

|  |  |
| --- | --- |
| **Māori equity and coverage** | |
| **Rating:** | **Definition** |
| Outstanding performer | ≥ 0 equity difference AND ≥ 81% coverage |
| Achieved | ≥ 0 equity difference AND ≥ 80% coverage |
| Partially Achieved | June 2020: ≥ 6 points equity difference AND 70 – 79% coverage  June 2021: ≥ 3 points equity difference AND 70 – 79% coverage  June 2022: ≥ 0 points equity difference AND 70 – 79% coverage |
| Not Achieved | June 2020: < 6 points equity difference OR <70% coverage  June 2021: < 3 points equity difference OR <70% coverage  June 2022: < 0 points equity difference OR <70% coverage |
| **Pacific equity and coverage** | |
| **Rating:** | **Definition** |
| Outstanding performer | ≥ 0 equity difference AND ≥ 81% coverage |
| Achieved | ≥ 0 equity difference AND ≥ 80% coverage |
| Partially Achieved | June 2020: ≥ 6 points equity difference AND 70 – 79% coverage  June 2021: ≥ 3 points equity difference AND 70 – 79% coverage  June 2022: ≥ 0 points equity difference AND 70 – 79% coverage |
| Not Achieved | June 2020: < 6 points equity difference OR <70% coverage  June 2021: < 3 points equity difference OR <70% coverage  June 2022: < 0 points equity difference OR <70% coverage |
| **Asian equity and coverage** | |
| **Rating:** | **Definition** |
| Outstanding performer | ≥ 0 equity difference AND ≥ 81% coverage |
| Achieved | ≥ 0 equity difference AND ≥ 80% coverage |
| Partially Achieved | June 2020: ≥ 6 points equity difference AND 70 – 79% coverage  June 2021: ≥ 3 points equity difference AND 70 – 79% coverage  June 2022: ≥ 0 points equity difference AND 70 – 79% coverage |
| Not Achieved | June 2020: < 6 points equity difference OR <70% coverage  June 2021: < 3 points equity difference OR <70% coverage  June 2022: < 0 points equity difference OR <70% coverage |

*Outcome priority: We have improved quality of life*

## Better population health outcomes supported by a strong and equitable public health and disability system SS01: Faster cancer treatment

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *DHBs to supply data and reports as outlined* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Faster cancer treatment is part of our system focus on improved health through the best use of resources and will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we have improved quality of life.

Faster cancer treatment takes a pathway approach to care, to facilitate improved hospital productivity by ensuring resources are used effectively and efficiently. DHBs working towards achievement of Faster cancer treatment supports public trust in the health and disability system; and that these services can be used with confidence.

Implementation of Faster cancer treatment is effectiveness focused as it requires existing capacity and resources to be maximised, this in turn results in effective and efficient use of resources and supports the key planning consideration of value for money.

Implementing the overall faster cancer treatment programme supports the the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

that New Zealanders l. Cancer treatment is provided across all DHBs, although not all DHBs provide all services. This requires DHBs to collaborate across boundaries to ensure services are integrated and patients receive a seamless service.

Actions to deliver improved performance in this focus area include:

* use of the *Faster Cancer Treatment Indicators: Business Rules and Data Definitions* and *High suspicion of cancer definitions* (to ensure consistency of reporting
* improve the quality of data (volume of patients, number of tumour types, types of first treatment) captured
* analysis of the data to identify areas for system and process improve along the patient pathway and any differences in access or timeliness by ethnicity or geography.
* review and re-design of the coordination of treatment processes and booking processes to ensure optimal use of capacity.

This measure has key linkages to Government planning priorities as highlighted.

**Deliverables**

DHBs will be required to supply data monthly (within 20 days of the end of the month) via secure file transfer protocol on the length of time taken for patients to receive their first cancer treatment (or other management) from date of decision-to-treat.

The Faster cancer treatment 31 day indicator includes all patients who receive a publicly-funded first cancer treatment, irrespective of how they were initially referred.

Detailed information on the definitions, inclusions and process for submitting data to the Ministry of Health is outlined in *Faster Cancer Treatment Indicators: Business Rules and Data Definitions* (version 3.1, March 2014) available from: http://nsfl.health.govt.nz/accountability/performance-and-monitoring/business-rules-and-templates-reporting/faster-cancer.

The DHB of domicile is responsible for collecting and reporting information on their domiciled population even if it is not the DHB of:

* receipt of referral
* service.

No further quantitative reporting is required as part of the quarterly reporting process.

DHBs are required to submit a quarterly qualitative report through the quarterly reporting database outlining:

* the activities being undertaken to ensure data quality and volumes
* delays identified along the cancer pathway and challenges with implementing Faster cancer treatment
* actions taken and planned in response to the delays and challenges identified.

**Reporting period**

DHB achievement of the Faster cancer treatment 31 day indicator will be calculated based on six months rolling data as outlined in the table below:

|  |  |
| --- | --- |
| **Reporting quarter** | **Achievement based on patients receiving their first cancer treatment between:** |
| Quarter 1 | 1 April – 30 September |
| Quarter 2 | 1 July – 31 December |
| Quarter 3 | 1 October - 31 March |
| Quarter 4 | 1 January – 30 June |

**Expectations**

The following achievement scale, which is aligned to the achievement scale for the Faster cancer treatment health target, will be applied:

|  |  |
| --- | --- |
| **Rating:** |  |
| Achieved | will apply where at least 85 percent of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat. |
| Partially Achieved | will apply where less than 85 percent of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat, but the narrative comment satisfies the assessor that the DHB has a plan to improve achievement. |
| Not Achieved | will apply where less than 85 percent of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat and the narrative comment does not satisfy the assessor that the DHB has a plan to improve achievement. |

*Outcome priority: We live longer in good health*

## Better population health outcomes supported by a strong and equitable public health and disability system SS03: Ensuring delivery of Service Coverage

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed via Crown Funding Agreements and commitments in Annual Plans |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *DHB Self- identified issues to be reported along with issues nominated by the Ministry* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By ensuring service coverage for its population and addressing service gaps, the DHB will increase the public’s trust and confidence that the health and disability system is able to provide them the services they may need through the best use of resources. Providing these essential health services will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we live longer in good health.

This measure is included as a formal mechanism for ensuring service coverage gaps are transparently managed. The DHB monitoring framework focuses on key marker services. However, this measure allows performance failures in those service areas that are not routinely monitored to be formally managed within the accountability framework.

**Actions and activities that have a proven impact on this measure:**

Actions that support resolution of service coverage gaps and issues may include: development and implementation of a work-out plan, employment of additional staff or equipment, funding additional volumes or making service(s) available through an alternate provider/DHB, or identifying funding, contractual, or other constraints, which must be addressed before the issue can be resolved.

**Deliverables definitions**

***Qualitative indicator***

DHBs to report providing the following information:

Report progress achieved during the quarter towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage identified by the DHB or Ministry through:

• analysis of explanatory indicators

• media reporting

• risk reporting

• formal audit outcomes

• complaints mechanisms

• sector intelligence.

Note A specific template will be supplied prior to each reporting period to identify the areas/issues the Ministry expects to be reported for that period.

**Reporting Period**

***Reporting required****:* Quarterly

**Expectations**

DHBs are expected to ensure service coverage expectations are met, and to demonstrate resolution of service coverage gaps by reporting complete, comprehensive, and timely information on the deliverable outlined above, demonstrating an appropriate resolution plan is in place for identified issues, and adequate progress is being made against the resolution plan.

• A partial achievement rating will be obtained when a DHB has a service coverage gap that has not been agreed as a formal long term exception for the period of the annual plan and an appropriate resolution plan is supplied that demonstrates the DHB is making progress towards resolution of the service coverage gap.

• An achieved rating will be obtained when all service coverage expectations have been met for the period under review.

• An outstanding performer/sector leader rating does not apply for this risk-based measure.

***Exception reporting*** Exception reports should include progress made towards resolution of service coverage gaps, including milestones for final resolution.

***Outcome priority: We live longer in good health***

***Better population health outcomes supported by a strong and equitable public health and disability*** ***system SS04: Implementing the Healthy Ageing Strategy***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *DHBs to provide reports* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Link to outcomes and priority areas**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

The Healthy Ageing Strategy 2016 and updated priorities established by Cabinet in 2019 set the direction for the health and wellbeing of older people. Its vision is that “Older people live well, age well and have a respectful end of life in age-friendly communities.” It takes a life course approach that seeks to maximise health and wellbeing for all older people. The Strategy sets a framework whereby policies, funding, planning, and service delivery:

* prioritise healthy ageing and resilience into and throughout people’s older years
* enable high quality acute and restorative care, for effective rehabilitation, recovery, and restoration after acute events
* ensure people can live well with long-term conditions
* better support people with high and complex needs
* provide respectful end-of-life care that caters to physical, cultural, and spiritual needs.

By delivering on the Healthy Ageing Strategy, DHBs will support the government priorities for health:

* Health system will make care accessible for all New Zealanders.
* Take pressure off hospitals by treating people before they get seriously sick.
* Make access to services fairer for New Zealanders right across the country.

The deliverables are outlined below together with the strategic theme of the Healthy Ageing Strategy 2016 to which it aligns, and priority actions 2019 - 2023.

**Deliverable Part 1:** DHBs are expected to provide a progress report on:

**Actions and milestones to deliver on the commitment in the DHB’s Annual Plan to implement the Healthy Ageing Strategy as set out below:**

Note – where you are reporting on actions here that are also in the annual plan actions status updates, a separate report is not required in the annual plan status update.

|  |
| --- |
| **1.a COVID-19**  *This expectation aligns most closely to the Living Well with Long-Term Conditions goal of the Healthy Ageing Strategy.*  • Report on key actions to contribute to a national process to improve preparedness for a pandemic outbreak on services in the community for older people, including people with dementia and their carers, using COVID-19 learnings. |
| **1.b Emerging Frailty**  *This expectation aligns most closely to the Ageing Well and Acute and Restorative Care goals of the Healthy Ageing Strategy.*  • Report on key actions in community and primary care settings to improve the identification of factors associated with early signs of emerging frailty, with a focus on Māori[[13]](#footnote-14) and Pacific[[14]](#footnote-15) peoples; and put interventions in place to retain and restore the function of older people.  • Report on local and regional activity to use falls data to improve system outcomes as per the **“Live Stronger for Longer”** Outcome Framework.  • Report on activity to promote and increase programme enrolment.  Using the reporting template provided:   * Report on practical (and concrete) steps taken to improve processes to capture falls data/information at the point of entry to hospital with the aim to accurately assessing fall related injuries and putting preventative actions in place.   Report the number of older people (65 and over, or younger if identified as a falls risk) that have received these services:   * in-home strength and balance programmes (new starters) * community/group strength and balance programmes   Report the number of people (50 years or over) who have   * received a DEXA scan following identification of a fragility fracture * received an infusion of IV Zoledronic acid following identification of a fragility fracture * seen by the fracture liaison service or similar fracture prevention service. |
| **1.c Dementia Services**  *This expectation aligns most closely to the Living Well with Long-Term Conditions goals of the Healthy Ageing Strategy.*  • Report on actions to implement key priorities for dementia services, including regional priorities that your DHB contributes to, that progress the New Zealand Framework for Dementia Care and the sector’s priorities in Improving Dementia Services in New Zealand – Dementia Action Plan 2020-2025. |
| **1.d Early Supported Discharge**  *This expectation aligns most closely to Ageing Well and Acute and Restorative Care goals of the Healthy Ageing Strategy.*  • Report on key activity to improve your early supported discharge services.  • Report on key activity to deliver rehabilitation or care services in the community for patients requiring an integrated response on discharge or to prevent an admission to hospital.  • Report any challenges your DHB is having in establishing rehabilitation or care services within the community and what approach your DHB is using to overcome these challenges. |
| **1.e DHB Identified Action**  • Report on progress during the quarter (in brief) to deliver on one (or more) DHB-identified action (not included above that may or may not be included in the DHB’s Annual Plan) that the DHB has prioritised locally to highlight implementation of the Healthy Ageing Strategy and expect to have the greatest impact on outcomes for older people locally. Older people should be included in service co-design, development and review and other decision-making processes. |

**Reporting Period**

All deliverables within the measure are to be provided as follows:

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| --- | --- | --- |
| **Quarter** | **For the time period** | **Indicator to report on** |
| 1 | 1 July – 30 September | Narrative reports and data where required |
| 2 | 1 October – 31 December | Narrative reports and data where required |
| 3 | 1 January – 31 March | Narrative reports and data where required |
| 4 | 1 April – 30 June | Narrative reports and data where required |

***Outcome priority: We live longer in good health***

## Better population health outcomes supported by a strong public health and disability system SS05: Ambulatory sensitive hospitalisations (ASH adult)

**Note - ASH for zero to four-year-olds is a System Level Measure (SLM) and reporting for this age group will occur through SLM improvement plans**

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| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan ( and SLM Improvement plan) |
| ***Reporting frequency*** | Six monthly quarters 2 and 4 (45-64) |
| ***Source information for reporting provided by:*** | *Ministry to provide data via NSFL web site* [*http://nsfl.health.govt.nz/accountability/performance-and-monitoring*](http://nsfl.health.govt.nz/accountability/performance-and-monitoring)  *and the DHB quarterly reporting website* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |
| ***Linkages:*** |  |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By reducing unplanned hospital admissions for adults DHBs will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we live longer in good health.

Delivery of this measure will require improved integration of services, and contribute to a reduction in the total number of unplanned hospital admissions, a substantial proportion of which are ambulatory sensitive.

**Actions and activities that have a proven impact on this measure**

These actions are best identified through a “whole of system” approach that engages patients and their families, as well as community and hospital based services. A number of activities have been shown to be effective in reducing avoidable hospitalisations - they include:

1. System or institution-wide programmes to improve access to health services, especially for children and other underserved populations.
2. Comprehensive disease management programmes which are patient-focused and involve multidisciplinary teams.
3. Education and self-management programmes in association with disease management programmes.
4. Disease-specific management programmes, in particular for long-term conditions such asthma and ischaemic heart disease.

A Systematic Review that identified the effective interventions for reducing these admissions was published in 2008 by the Health Services Assessment Collaboration.[[15]](#footnote-16)

**Deliverable definitions**

Each DHB is expected to provide a commentary on their latest 12 month ASH data which is available on the nationwide service framework library web site (NSFL) homepage: <http://www.nsfl.health.govt.nz/>. The data on this site is based on the DHB of domicile population, so all ASH admissions will be captured regardless of which hospital people are admitted to.

The DHB commentary may include additional district level data that is not captured in the national data collection and also information about local initiatives that are intended to reduce ASH admissions.

**ASH per 100,000**

The number of ASH admissions per 100,000 population (DHB and national rates) are provided for two different age groups. These are 45 – 64 years and 0 – 4 years***.***

*Please note that Ambulatory sensitive hospitalisations (ASH) rates for zero to four year olds is a System Level Measure. In relation to the SLM DHBs should identify an improvement milestone that improves on their non-standardised baseline position (this approach also applies to the 45-64 age band target included in the Annual Plan).*

Each ASH age band total population data is divided into:

* Māori
* Pacific – for the seven DHBs with the highest number of Pacific people. These are: Auckland, Waitemata, Counties Manukau, Waikato, Capital and Coast, Hutt, and Canterbury
* Other

Additional information can be found on the nationwide services framework library web site [www.nsfl.govt.nz](http://www.nsfl.govt.nz) including five year trend data (DHB and national), which together with the condition level data assists with interpretation at a DHB level.

***Denominator:***

The DHB population is derived from Statistics NZ Census data

**Expectations**

For the 45-64 age group DHB Annual plans include targets for the total population (the Ministry will continue to monitor and assess DHB performance for sub populations against the total population target. Performance for the 0-4 age group is a focus in the SLM improvement plan, when setting targets DHB are expected to refer to the SLM improvement plan in relation to this age group.

Performance for the 0-4 age group will be assessed through the SLM improvement plan reporting.

**Additional Data**

Additional condition level data is available to DHBs through the NSFL website.

**Reporting Period**

Annual Plan and SLM Six monthly in the second and fourth quarters, (against results based on most complete previous 12 months’ data).

**Assessment Criteria (45-64 age group)**

These assessments will be based on analysis of the most complete 12 months rolling data available at the time of the assessment. The following achievement scale will be applied:

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| --- | --- |
| **Rating:** |  |
| Achieved | An achieved rating is applied when the DHB has met all the targets agreed in its Annual Plan.  . |
| Partially Achieved | The DHB has not met all of the targets agreed in its Annual Plan.  A realistic resolution plan is provided that demonstrates how the DHB will achieve target ASH rates for Maori and Pacific. |
| Not Achieved | A realistic resolution plan that demonstrates how the DHB will achieve target ASH rates for Maori and Pacific has not been provided. |

***Outcome priority: We live longer in good health***

Better population health outcomes supported by a strong public health and disability system SS06: Better help for smokers to quit in public hospitals*(previous health target and previously PP31)*

Please note that this measure will only continue to apply for Capital & Coast, Lakes and MidCentral DHBs

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| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *DHBs to provide data and reports as indicated* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By providing help for smokers to quit the DHB will assist in delivery of Government's priority to support healthier, safer and more connected communities and our health system outcome that we live longer in good health.

Achievement of this measure also supports ‘a more unified and improved health and disability system’. The measure also supports the Government’s aspirational goal of a Smokefree New Zealand by 2025. Achieving a Smokefree New Zealand will mean that:

* our children and grandchildren will be free from exposure to tobacco and tobacco use
* the prevalence of smoking across all populations will be less than 5 percent
* tobacco will be difficult to sell and supply.

At present, tobacco smoking places a significant burden on the health of New Zealander’s and on the New Zealand health system. Tobacco smoking is related to a number of life-threatening diseases, including cardiovascular disease, chronic obstructive pulmonary disease and lung cancer. It also increases pregnant smokers’ risk of miscarriage, premature birth and low birth weight, as well as their children’s risk of Asthma and Sudden Unexplained Death in Infants (SUDI).

Stopping smoking confers immediate health benefits on all people, and is the only way to reduce smokers’ risk of developing a smoking-related disease. Providing smokers with brief advice to quit increases their chances of making a quit attempt. The chance of that quit attempt being successful is increased if medication and/or cessation support are also provided. Most medications roughly double a smoker’s chance of quitting, but using medication in conjunction with a cessation support service (such as the Quitline or an Aukati KaiPaipa service) can increase a smoker’s chance of quitting by as much as four times.

By ensuring that all health professionals are routinely providing their patients with advice and support to quit, DHBs are helping to ensure that people receive better health and disability services, and live longer and healthier lives.

The following actions and activities are examples of initiatives that have had an impact on this measure:

* Mechanisms for capturing data are accessible and easy to use.
* Methods for referring patients to cessation support services are simple and succinct.
* Services are able to monitor their progress towards the target on a regular basis.
* Smokefree champions are in place within each ward, practice or service to provide motivation, education and support for the target.

**Deliverables**

Each quarter, DHBs will be required to complete the template supplied by the Ministry (numerical and narrative sections must be completed). Local patient management systems will be used to capture the necessary data using the relevant ICD-10-AM codes (see table 1).

Table 1: Smoking related ICD-10-AM codes

| **Measurement of Target** | **ICD Code** | **ICD Definition** |
| --- | --- | --- |
| Hospitalised smokers | F17.1 | *Mental and behavioural disorders due to use of tobacco, harmful use* is assigned when a clearly documented relationship exists between a particular condition and smoking. |
| F17.2 | *Mental and behavioural disorders due to use of tobacco, dependence syndrome* is assigned only when a formal diagnosis of ‘tobacco dependence syndrome’ has been made. |
| Z72.0 | *Tobacco use, current* is assigned if the patient has smoked tobacco within the last month and when there is insufficient documentation available to qualify the assignment of either F17.1 or F17.2. |
| Advice and support | Z71.6 | *Counselling for tobacco use disorder* is assigned in addition to a tobacco status code when a health care worker has provided either advice to quit smoking and/or cessation therapy while the patient is in hospital.   * For completeness if Z71.6 coding exists in the absence of a code for hospitalised smoker, then apply code Z72.0. |

Those DHBs that do not meet the 95 percent target for the quarter must provide the Ministry with an action plan detailing how they will improve their result, and must begin reporting their results to the Ministry monthly.

**Eligible populations**

All adults who are:

* aged 15 years and over
* admitted to hospital either acutely or for elective procedures
* admitted as an inpatient; and
* identified as a current tobacco smoker at the time of admission (a current tobacco smoker is someone who has smoked within the last four weeks).

Explanation of terms

For the purpose of the hospital target a current smoker is someone who has smoked at all within the last four weeks. A facility is a place which may be a permanent, temporary or mobile structure, which health care users attend or are resident in, for the primary purpose of receiving health care or disability support services. This definition excludes supervised hostels, halfway houses, staff residences and rest homes where the rest home is the patient’s usual place of residence.

For the purposes of data collection for the hospital target, private hospitals are excluded. Therefore, the facility type includes, but is not limited to, public hospitals, psychiatric hospitals and drug and alcohol treatment facilities.

**Reporting period**

Quarterly reports must be submitted to the Ministry by the 20th of the month following the relevant quarter.

**Expectations**

All DHBs are expected to maintain performance of 95 percent for the hospital target. The achievement scale below will be applied to each of the target areas individually every quarter.

Achievement Scale

|  |  |
| --- | --- |
| **Rating** | **Definition** |
| Achieved | The DHB has met the percentage target |
| Partial Achievement | The DHB has not met target, but has improved on its result from the previous quarter. |
| Not Achieved | The DHB has not met target, and its result has dropped since the previous quarter. |

***Outcome priority: We have improved quality of life***

Better population health outcomes supported by a strong public health and disability system ***SS07: Planned Care Measures***

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| **Summary Information** | |
| ***Target/performance expectation:*** | Agreed in DHB Annual Plan |
| ***Reporting frequency:*** | Quarterly |
| ***Source information for reporting provided by:*** | Multiple (as outlined per Planned Care Measure) |
| ***Quarterly reporting:*** | **Delayed Timeframe for Planned Care Measure**  Reporting for this measure operates on a delayed timetable – not as per the Operational Policy Framework – as the activity needed for reporting is not complete until one month after the quarter ends.  Reporting will be made available on the DHB quarterly reporting website and to DHBs via the Electives Services Quickr website. Electives Services Managers, and General Managers Funding and Planning will be notified via email that the data is available. Reporting is available on the 1st Monday of the second month following the end of the quarter. |

**Link to outcomes and priority areas**

Planned Care Vision: ‘New Zealanders receive equitable and timely access to Planned Care Services in the most appropriate setting, which supports improved health outcomes’.

Planned Care is a broader concept than medical and surgical services traditionally known as Electives or Arranged services. Planned Care is patient centred and includes a range of treatments funded by DHBs, which can be delivered in both inpatient, outpatient, primary or community settings. It also includes selected early intervention programmes that can prevent or delay the need for more complex healthcare interventions.

Planned Care is centred around five key principles, which are built on the earlier principles of clarity, timeliness and fairness under the Elective Policy. The five principles for Planned Care are:

1. **Equity –** People will get the healthcare that safely meets their needs, regardless of who they are or where they are.
2. **Access –** People can access the care they need in the right place, with the right health provider.
3. **Quality -** Services are appropriate, safe, effective, efficient, respectful and support improved health.
4. **Timeliness –** People will receive care at the most appropriate time to support improved health and minimise ill-health, discomfort and distress.
5. **Experience –** People and their family or whanau work in partnership with healthcare providers to make informed choices and get the care that is appropriate for their needs, rights and preferences.

DHBs are expected to provide an exception report on their delivery against the agreed expectations for the Planned Care performance measures, covering:

1. Planned Care Interventions
2. Elective Service Patient Flow Indicators
3. Diagnostics waiting times – Angiography, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI)
4. Ophthalmology Follow-up Waiting Times
5. Cardiac Urgency Waiting Times
6. Planned Care Acute Readmissions
7. Did Not Attend Rates for First Specialist Attendance

***Note:*** *Under the Planned Care Monitoring Framework the following measures have been included which exist within the accountability framework:*

* *Faster cancer treatment – 31 day indicator - which is reported and included under measure SS01*
* *System Level Measure (SLM) patient experience of care (Health Quality and Safety Commission (HQSC) inpatient experience survey, and HQSC primary care experience survey – which are reported and included under measure PH01*

*The Faster cancer treatment – 31 day indicator supports the Planned Care principle of* ***Timeliness ‘****Patients receive care at the most appropriate time to support improved health.’*

*The SLM Patient experience of care supports the Planned Care principle of* ***Experience ‘****Patients and their family or whanau will work in partnership with healthcare providers to make informed choices about Planned Care, which is appropriate for their needs.*

**Definitions and Expectations for the Planned Care performance Measures.**

The following information identifies for each of the six Planned Care measures, the principle that the measure links to, the expectations for the measure, the definition of the measure, and the Equity component if this exists.

Reporting for each measure is based on ‘exception’, ie Where a DHB is meeting expectations for a measure information is not required for that specific measure.

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| --- | --- |
| **Planned Care Measure 1:** | **Planned Care Interventions** |
| **Planned Care Principle:** | **Access** *Patients can access the care they need in the right place, with the right health provider.* |
| **Expectations:** | Each DHB will identify, and agree with the Ministry of Health, a minimum level of Planned Care interventions to be provided for their population through the 2019/20 Annual Plan and the Planned Care Funding Schedule.  DHBs will provide 100% of their agreed Planned Care interventions for each quarter. |
| **Definition:** | DHBs will set an agreed number of publicly funded interventions for people living within the DHB region. Performance will be measured using data from the National Minimum Data Set (NMDS) and the National Non-Admitted Patient Collection (NNPAC). The measure will include the following:   * **Inpatient treatment** – casemix included elective and arranged discharges from a surgical specialty, or from a medical specialty where a surgical procedure has been provided. Procedures are coded to NMDS. * **Minor Interventions**    + **Minor Inpatient Interventions**: Elective or arranged non-casemix surgical procedures, which are completed in an inpatient setting and coded to NMDS.   + **Outpatient or Community based Interventions:** Selected range ofminor procedures, which are completed in an outpatient or community setting and coded to NNPAC. * **Non-Surgical Alternatives:** Number of patients who have completed the agreed non-surgical alternative programme and this is coded to NNPAC. |
| **Reporting Source and Frequency:** | DHBs are required to report data at least monthly to NMDS and NNPAC, and ensure data meets the quality standards set out in the current Operational Policy Framework (OPF). |
| **Equity component:** | Distributional equity analysis will be provided through monthly reporting to show activity by age, gender, ethnicity and deprivation groups. |

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| **Planned Care Measure 2:** | **Elective Service Patient Flow Indicators** |
| **Planned Care Principle:** | **Access** *Patients can access the care they need in the right place, with the right health provider.(ESPIs 3 and 8)*  **Timeliness** *Patients receive care at the most appropriate time to support improved health. (ESPIs 1, 2, and 5)* |
| **Expectations:** | DHBs must manage patient flow processes effectively, in line with the principles of Planned Care. Patient flow processes are measured by a suite of performance indicators referred to as Elective Services Patient Flow Indicators (ESPIs).  Expectations for achievement are set individually for each ESPI and calculated at a DHB level. Yellow results indicate that the expectation has not been met but the DHB’s result is within an agreed ‘buffer’ or tolerance range. Red results indicate that the DHB’s performance is outside the expected range. |
| **Definition:** | **ESPI 1 - DHB services that appropriately acknowledge and process more than 90% of referrals in 15 calendar days or less**  **Numerator:** The number of services answering ‘Yes’ in a DHB  **Denominator:** The total number of services reported to National Booking Reporting System (NBRS)  ***Expectations:***  *Green Status: % is 100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)*  *Yellow Status: % is less than 100% of services*  **ESPI 2 - Patients waiting longer than four months for their first specialist assessment (FSA)**  **Numerator:** The number of patients waiting > four calendar months for FSA  **Denominator:** Total number of patients waiting at month end for FSA  ***Expectations:***  *Green Status: % is 0% – no patients are waiting over four months for FSA*  *Yellow Status: % is greater than 0% (1 patient or more), but less than 0.4% OR Status % is greater than or equal to 0.4% BUT 10 patients or less are waiting over 4 months*  *Red Status: % is greater than or equal to 0.4% AND 11 patients or more are waiting over 4 months*  **ESPI 3 - Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT)**  **Numerator:** Patients in Active Review with a priority score > the aTT  **Denominator:** Total number of patients exited treated in the last 12 months  ***Expectations:***  *Green Status: % is 0% - zero patients in Active Review with a priority score above the aTT*  *Yellow Status: % is greater than 0% (1 patient or more), but less than 5% or 10 patients or less*  *Red Status: % is greater than or equal to 5%, and more than 10 patients*  **ESPI 5 -** Patients given a commitment to treatment but not treated within four months  **Numerator:** The number of patients with an Assured status waiting > 120 days  **Denominator:** Total number of patients waiting with an Assured status  ***Expectations:***  *Green Status: % is 0% - zero Assured patients are waiting over 120 days for treatment*  *Yellow Status: % is greater than 0% (1 patient or more), but less than 1% OR % is greater than or equal to 1% BUT 10 patients or less are waiting over 120 days*  *Red Status: % is greater than or equal to 1% AND 11 patients or more are waiting over 120 days*  **ESPI 8 -** The proportion of patients who were prioritised using approved nationally recognised processes or tools.  **Numerator:** The number of patients prioritised in the month who were prioritised using an approved national or nationally recognised tool  **Denominator:** Total number of patients prioritised during the month  ***Expectations:***  *Green Status: % is 100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool*  *Yellow Status: % is greater than 90%, but less than 100%*  *Red Status: % is less than, or equal to, 90%* |
| **Reporting Source and Frequency:** | For ESPIs 1 & 2 reporting is provided on the outpatient template and submitted monthly to the operations team at Ministry of Health. For ESPIs 2, 3, 5, and 8 data is sourced from NBRS and DHBs are required to report data at least monthly, and ensure data meets the quality standards set out in the Operational Policy Framework (OPF). |
| **Equity component:** | ***ESPIs 1 and 2 –*** *None*  ***ESPIs 3, 5, and 8*** - Distributional equity analysis will be provided through monthly reporting to show activity by age, gender, ethnicity and deprivation groups. |

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| **Planned Care Measure 3:** | **Diagnostics waiting times – Angiography, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI)** |
| **Planned Care Principle:** | **Timeliness** *Patients receive care at the most appropriate time to support improved health.* |
| **Expectations:** | **Coronary Angiography**  95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)  **Computed Tomography (CT)**  95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).  **Magnetic Resonance Imaging (MRI)**  90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days). |
| **Definition:** | **Coronary Angiography**  The proportion of people accepted for elective angiography (defined below) who receive their procedure in 90 days or less.  **Numerator:** Patients waiting 90 calendar days or less from the Date Certainty Given who have not yet had their angiography procedure, PLUS patients who received their coronary angiography procedure during the month, who waited 90 calendar days or less from the Date Certainty was given.  **Denominator:** The total number of patients waiting for a coronary angiography procedure at the end of the reporting month, PLUS the total number of patients who received their coronary angiography procedure during the reporting month.  **Computed Tomography (CT)**  The proportion of people with accepted referrals for CT scans who receive their scan (and the scan results are reported) in 42 days or less (within 6 weeks).  **Numerator:** The total number of accepted referrals where people had waited 42 days or less for a CT scan at the end of a calendar month, PLUS the total number of referrals, accepted during the calendar month, where people had their CT scan, and the results were reported, in 42 days or less.  ***NOTE:*** *Patients who have been scanned but the report is not completed should be considered as ‘still waiting’ and reported as such.*  **Denominator:** The total number of people with accepted referrals waiting for a CT scan at end of calendar month, PLUS the total number of people who were scanned and the results were reported during the calendar month.  **Magnetic Resonance Imaging (MRI)**  The proportion of people with accepted referrals for MRI scans who receive their scan (and the scan results are reported) in 42 days or less (within 6 weeks).  **Numerator:** The total number of accepted referrals where people had waited 42 days or less for an MRI scan at the end of a calendar month, PLUS the total number of referrals, accepted during the calendar month, where people had their MRI scan, and the results were reported, in 42 days or less.  ***NOTE:*** *Patients who have been scanned but the report is not completed should be considered as ‘still waiting’ and reported as such..*  **Denominator:** The total number of people with accepted referrals waiting for a MRI scan at end of calendar month, PLUS the total number of people who were scanned and the results were reported during the calendar month. |
| **Reporting Source and Frequency:** | Coronary Angiography – data to be supplied by DHBs to the National Booking Reporting System (NBRS) in accordance with national collection reporting rules  Computed Tomography and Magnetic Resonance Imaging - each DHB is to provide monthly data on a generic template. Templates will be due 20 days after the end of the calendar month – a copy of the templates is attached |
| **Equity component:** | ***Coronary Angiography -*** Distributional equity analysis will be provided through monthly reporting to show activity by age, gender, ethnicity and deprivation groups.  ***Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) –*** *None* |

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| **Planned Care Measure 4:** | **Ophthalmology Follow-up Waiting Times** |
| **Planned Care Principle:** | **Timeliness** *Patients receive care at the most appropriate time to support improved health.* |
| **Expectations:** | No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service. |
| **Definition:** | **Numerator:** all patients with an active record in the Patient Management System for Ophthalmology who have an anticipated future date of service (follow up), or where a patient has been advised they will receive a future follow up appointment, who have been waiting greater than or equal to 50% longer than the intended time for their appointment.  *Example of Numerator: If a patient was intended to be seen for their follow up within 90 days of their previous appointment, but had waited equal to or greater than 135 days without receiving their appointment, then they would be counted in this indicator.*  **Denominator:** all patients with an active record in the Patient Management System who have an anticipated future date of service (follow up), or where a patient has been advised they will receive a future follow up appointment |
| **Equity component:** | *None* |
| **Reporting Source and Frequency:** | Reporting is provided on the outpatient template and submitted monthly to the operations team at the Ministry of Health. |

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| **Planned Care Measure 5:** | **Cardiac Urgency Waiting Times**  *(Only the Five Cardiac units are required to report for this measure)* |
| **Planned Care Principle:** | **Timeliness** *Patients receive care at the most appropriate time to support improved health.* |
| **Expectations:** | **For the five cardiac units (Auckland, Canterbury, Waikato, Capital & Coast, and Southern DHB).** All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency. The clinical urgency bands are:   * Score 50-100 - less than or equal to 72 hours * Score 40-49 - 73 hours - 10 days * Score 25-39 - 11 days - 30 days * Score 0-24 - 31 days - 90 days |
| **Definition:** | **Numerator: T**he number of patients waiting for cardiac surgery waiting longer than their clinical urgency timeframe.  **Denominator:** All patients waiting for cardiac surgery. |
| **Equity component:** | *None* |
| **Reporting Source and Frequency:** | Reporting is provided weekly to the Elective Team from the five cardiac units (Auckland, Canterbury, Waikato, Capital & Coast, and Southern DHB), results will be supplied for the year to date period available. |

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| **Planned Care Measure 6:** | **Acute Readmissions** |
| **Planned Care Principle:** | **Quality** *Services are safe, effective, efficient, appropriate and respectful and support improved health outcomes.* |
| **Expectations:** | The proportion of patients who were acutely re-admitted post discharge improves from base levels as agreed in the Annual Plan.  DHBs will be supplied with comparative data on performance relative to other DHBs and suggested target ranges. There is some flexibility for DHBs to go outside suggested target ranges where DHBs can demonstrate this is in the interests of wider objectives. (As well as measuring DHB performance against target for the standardised measure, the target will be converted to an unstandardised rate to facilitate DHB measurement of performance between quarters.)  Please note: This definition and expectations also applies for over 75 readmissions.  DHBs are to state their year-end target. The Ministry will assume that 25 percent of the improvement towards target can be made each quarter, unless the DHB specifies otherwise. |
| **Definition:** | Readmissions are grouped by the DHB of service. Where the admission and readmission occur in different DHBs, the readmission is counted toward the first DHB.  The measure provides both standardised and unstandardized acute readmission to hospital rates for each DHB. The standardised rate is calculated using a regression method, and is designed to control for differences in admissions to DHBs, i.e. ethnicity, age, complexity. The formula used to calculate it is:  ***The following admissions are excluded:***   * Where the admissions is non-casemix * Where the admission is for palliative care * Where the DHB of service is unknown   ***The following readmissions are excluded:***   * Where the readmission is non-acute * Where the readmission is more than 28 days from the previous admission * Where the readmission is within 24 hours and has a transfer flag * Where the readmission matches a list of planned readmissions * Where the readmission is a statistical readmission * Where any previous admission ended in the patient’s death |
| **Equity component:** | *Information will be provided through quarterly data set to show activity by age, gender, ethnicity and deprivation groups, to assist DHBs in understanding any variations in between different population groups.* |
| **Reporting Source and Frequency:** | Reported quarterly. Due to the reliance on NMDS data (where the deadline for submission is 21 days after the end of the month of discharge), and due to the time lapse required in order to observe 28 day readmissions, this measure will operate using data that is one quarter in arrears. |

|  |  |
| --- | --- |
| **Planned Care Measure 7:** | **Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)** |
| **Planned Care Principle:** | **Equity** *People will get the healthcare that safely meets their needs, regardless of who they are or where they are.* |
| **Expectations:** | DHBs will be required to identify actions underway to:   1. Ensure that the data used is complete and accurate, 2. Address the differences in DNA Rates of the respective populations.   There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates |
| **Definition:** | National Patient Flow (NPF) ‘Attendance Type’ Codes will be grouped into two Attendance groups.   * ‘**ATT - Attended, service delivered**’ and ‘**AND - Attended, service not delivered or incomplete**’ are considered **Attendances** (ATT/AND) and * ‘**DNA - Did not attend**’ and ‘**DNW - Did not wait’** will be considered **Non-Attendances** (DNA/DNW).   The total number and percentage of referrals for each DHB that are reported broken down by Maori, Pacific Island and Non Maori/Non Pacific and Attendance groups will be displayed in the data. The Prioritised Ethnicity recorded with the event in NPF will be used. In the first year this measure will use the Submitting DHB as the Reporting DHB.  Encounter activities with no Encounter Outcome will be included in this measure. The reporting of all Attendances and Non Attendances are Mandatory in the collection; therefore all reported attendances will be counted – i.e. a patient who DNAs twice and then Attends an FSA will be counted 3 times in this measure.  All Health Specialties and Purchaser Codes with an Encounter Service Type of FSA reported to NPF will be included in the measure. |
| **Equity component:** | This measure identifies variation between Maori, Pacific Island and Non Maori/Non Pacific populations in the DNA rate for First Specialist Assessments.  This measure aligns to Objective Two in the Maori Health Action Plan and the objectives of He Korowai Oranga: the Māori Health Strategy. |
| **Reporting Source and Frequency:** | Data will be extracted from the NPF Collection and be provided through the Quarterly Reporting database each quarter. For consistency with other NPF measures in Quarterly Reporting data will be for FSA Encounters scheduled for the previous 12 months ending one quarter in arrears. i.e Quarter 1 2021/22 will be for all FSAs with an ‘Encounter End Date’ between 01 July 2020 and 30 June 2021.  DHBs will need to ensure that data is appropriately provided to the NPF collection in line with the OPF. |

**Reporting period**

Performance monitoring against this measure will be undertaken **quarterly** via the non-financial performance monitoring framework. This level of reporting will provide early warnings of any DHB that may be experiencing difficulty in achieving their agreed expectations for the Planned Care measures and provide the opportunity for corrective actions to be undertaken.

***Please note***

*Reporting of planned care measures 1-5 is being managed via monthly meetings – only planned care 6 and 7 are required to be reported through DHB quarterly reporting processes in 2021/22.*

*Reporting for this measure operates on a delayed timetable – not as per the Operational Policy Framework – as the activity needed for reporting is not complete until one month after the quarter ends. Reporting will be made available on the DHB quarterly reporting website and to DHBs via the Electives Services Quickr website. Electives Services Managers, and General Managers Funding and Planning will be notified via email that the data is available.*

**Performance Ratings for SS07: Planned Care Measures**

A single rating will be applied to this performance measure.

The following achievement scale will be applied.

|  |  |
| --- | --- |
| **Rating:** | **Description** |
| Achieved | The DHB has achieved against the agreed expectations for all Planned Care Measures above. |
| Partial Achievement | The DHB has either:   * achieved some but not all of the Planned Care Measures **AND** has provided an adequate work-out plan to reach expectations by year-end **OR** * has not achieved any of the Planned Care Measures but has provided an adequate work-out plan to reach expectations by year-end. |
| Not Achieved | The DHB has either not achieved some or all of the Planned Care Measures **AND** has not been able to provide an adequate or suitable work-out plan to reach expectations by year-end |

## Priority outcome: We live longer in good health

## Better population health outcomes supported by a strong and equitable health and disability system SS09: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *Reports to be supplied by DHBs as indicated* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By ensuring strong data quality DHBs will support strong service planning and analytics that will in turn help to deliver Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we live longer in good health.

By ensuring the quality of the data it provides to the National Collections Systems, the DHB will enable accessibility in the health system. Quality data supports good policy making, decision-making and planning, ensuring people can obtain health care at the right place and right time taking account of different population needs. This happens through DHBs sharing their information, ensuring their population has the most up to date and accurate demographic data and the monitoring and analysis done by the Ministry of Health and health researchers.

This supports a strong public health system by ensuring the data used in decision making is robust and accurate. Decision making based on high quality data ensures research and policy decisions lead to a healthy population, a high quality of life and a system that is equitable. High quality data underpins all aspects of the health sector

DHBs are the primary data stewards of the NHI as the master ‘source of truth’ patient identity system used by all health providers. Ensuring that patient identity is correctly established, confirmed and maintained means that DHBs are able to accurately identify patients, and make sure clinicians can access all relevant health information, previous history and warnings and alerts for them. This means increased patient safety, leading to the health and disability system and services being trusted and used with confidence. It also means reduced duplication and consequent reduction of time and effort spent resolving duplicates to maintain unique identifiers.

Primary health care providers now have the ability to directly maintain and add records to the NHI via the National Enrolment Service. This is a significant shift in practice at the primary care level. DHBs’ data stewardship of the NHI will be extended to their enrolled populations in primary care via the Primary Health Organisation (PHO) Services Agreement and the Back to Back Agreements PHOs have with their contracted primary care providers. Monitoring of NHI quality in the enrolled populations of primary care providers under each DHB will be incorporated in the reporting DHBs receive from the Ministry.

By ensuring the quality of the data it provides to the National Collections Systems, the DHB and its contracted primary care providers will impact the outcome of unifying and improving the health and disability system. Quality data supports good policy making, decision-making and planning. It also helps identify and address issues and improve services across the whole health and disability system through improving hospital productivity. This happens through DHBs sharing their information, and monitoring and analysis done by the Ministry of Health and health researchers.

**Actions and activities that have a proven impact on this measure:**

Following are the actions and activities that have a proven impact on the indicators within this measure:

NHI

* New NHI registration in error (causing duplication): Users of the NHI interface must be fully trained in search and evaluation techniques and receive regular refresher training to maintain skills and knowledge. DHBs should provide feedback to individuals involved in instances of duplication detected by monitoring. In cases where this has been produced at the primary care level, feedback should be channelled through the contracted primary care provider’s PHO. Business processes should support users in establishment, confirmation and maintenance of identity – e.g. use of forms for patients to record details. DHB subscribing Patient Management System (PMS) interfaces to the NHI must be compliant with relevant Standards and technical specifications at all times and present correct and meaningful warning and error messages.
* Recording of non-specific ethnicity: Users of the NHI interface must be fully trained in ethnicity collection and recording processes as set out in the Ethnicity Data Protocols for the Health & Disability Sector. This should include use of the Ethnicity Data Audit Tool described in measure PP32 “Improving the quality of ethnicity data collection in PHO and NHI registers”. DHB’s should provide feedback to individuals involved in instances of recording non-specific values in either new registration or update of records. Business processes should support users in accurate collection and recording e.g. use of the Standard ethnicity question, follow-up with a presenting patient to obtain specific ethnicity if a referral was received with no or non-specific ethnicity. DHB subscribing Patient Management System (PMS) interfaces to the NHI must be compliant with relevant Standards and technical specifications at all times.
* Address validation quality: Users of the NHI interface must be fully trained in recording patient addresses in a way which validate against the Standard. DHBs should provide feedback to individuals involved in instances of poor quality addresses where validation should have been possible. Business processes should support users in accurate collection, recording and validation of addresses. DHB subscribing Patient Management System (PMS) interfaces to the NHI must be compliant with relevant Standards and technical specifications at all times.
* Invalid NHI data updates causing potential identity confusion (overlay): Users of the NHI interface must be fully trained in the process of confirming and maintaining patient identity information i.e. selection of the correct person/record and updates to existing data elements of name, DOB, gender or address. DHB’s should provide feedback to individuals involved in instances of updates to these data fields that are subsequently confirmed to be invalid. Business processes should support users in accurate collection and recording of data elements egg, seeking additional confirmation of a change in DOB. DHB subscribing Patient Management System (PMS) interfaces to the NHI must be compliant with relevant Standards and technical specifications at all times and present correct and meaningful warning and error messages.

National collections

* Assessment of data reported to the NMDS. It is recommended that DHBs monitor the standard classification concepts versus the clinical statements for the specified range of diagnosis codes.

The Ministry encourages DHBs to update their business processes so that detailed information is recorded in the clinical record and is made available to enable clinical coders to extract the detailed clinical statements to improve the clarity and context of the information reported to the NMDS. Where standard classification concepts are reported to the NMDS this is an indication that the clinical record lacked detailed information. DHBs are encouraged to work with clinical staff and clinical coders to ensure the information recorded in the clinical record provides the specificity for quality clinically coded data to be reported to the NMDS.

* Timeliness of NNPAC data: This is a new measure; however DHBs that are successful on this indicator have a data warehouse which holds data across all of their outpatient services. They will continually monitor data quality and update their records and have regular communication with other DHBs in their region.
* NBRS events for exited treated patients match to NNPAC or NMDS events: DHBs that are successful on this indicator have integrated patient management systems for NBRS and outpatient and inpatient data. They use the data from both sources as part of their patient reporting and internal performance monitoring.
* National Collections file load success rate: DHBs that have a high file load success rate for NMDS, NBRS, NNPAC and PRIMHD data are those organisations that have built the business rules into their extracts. They also use the same data to monitor and report within their own organisations as they report to the national collections; thus any systemic data quality issues are identified before the information is provided to the Ministry of Health.
* PRIMHD data quality: PRIMHD data will be assured by a routine internal audit thus any systematic data quality issues are identified before the information is provided to the Ministry of Health.

**Deliverables definitions**

This measure has three parts as set out below:

**Focus area 1**: Improving the quality of identity data within the NHI

**Focus area 2**: Improving the quality of data submitted to National Collections

**Focus area 3**: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)

**Focus area 1: Improving the quality of identity data within the NHI**

***Indicator 1:*** New NHI registration in error (causing duplication)

**Numerator:** Number of new NHI registrations requiring subsequent linking by MOH per DHB per quarter. It excludes pre-allocated NHI numbers used, newborn NHI registrations and unidentified patient NHI registrations. It is cumulative across the quarter.

**Denominator:** Total number of new NHI registrations per DHB per quarter (excluding pre-allocated NHI numbers, newborn registrations and unidentified patient NHI registrations).

***Indicator 2*:** Recording of non-specific ethnicity in new NHI registration

**Numerator:** Total number of new NHI registrations with ethnicity recorded as ‘Not Stated’ (99) or ‘Response Unidentifiable’ (97) per DHB per quarter. It excludes pre-allocated NHI numbers used and unidentified patient NHI registrations. It is cumulative across the quarter.

**Denominator:** Total number of new NHI registrations per DHB per quarter (excluding pre-allocated NHI numbers, and unidentified patient NHI registrations)

***Indicator 3*:** Update of specific ethnicity value in existing NHI record with a non-specific value

**Numerator:** Total number of updates to any ethnicity field in an existing NHI record with a non-specific value (‘Not Stated’ [99] or ‘Response Unidentifiable’ [97]) where a specific value existed in that field, per DHB per quarter

**Denominator:** Total number of NHI ethnicity updates per DHB per quarter

***Indicator 4*:** Invalid NHI data updates

**Numerator:** Confirmed incorrect updates

**Denominator:** Total number of queried updates

**Reporting Period**

To be reported quarterly.

**Expectations**

The table below illustrates the Ministry’s expectations for each measure:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | **Rating** | | | | | | | |
|  |  | |  | | **Not Achieved– Escalation Required** | | **Partial Achievement** | | **Achieved** | | **Outstanding Performer/ Sector Leader** | |
| **Measure** | 1 | | New NHI registration in error(duplication)  **SEE NOTE BELOW re**  **A, B and C** | | A | > 6% | A | >4% and <= 6% | A | >2% and <= 4% | A | <= 2% |
| B | > 4% | B | >3% and <= 4% | B | >1% and < =3% | B | <=1% |
| C | > 12% | C | >6% and <=12% | C | >1.5% and  <= 6% | C | <= 1.5% |
| 2 | | Recording of non-specific ethnicity in new NHI registration | | Greater than 4% | | >2% and < or equal to 4% | | >0.5% and < or equal to 2% | | < or equal to 0.5% | |
| 3. | | Update of specific ethnicity value in existing NHI record with a non-specific value | | Greater than 4% | | >2% and < or equal to 4% | | >0.5% and < or equal to 2% | | < or equal to 0.5% | |
| 4. | | Validated addresses excluding overseas, unknown and dot (.) in line 1 | | < or equal to 70% | | >70% and < or equal to 76% | | >76% and < or equal to 85% | | Greater than 85% | |
| 5. | | Invalid NHI data updates | | Still to be confirmed  **NOTE:** this indicator will not be measured for at least Q1 and Q2 2014-15 | | Still to be confirmed | | Still to be confirmed | | Still to be confirmed | |

DHB’s have been split into 3 groups for measure 1 based on volumes of new registrations (this is to take into account the effect of small numbers on percentages to better reflect actual performance)

|  |  |  |
| --- | --- | --- |
| GROUP A | GROUP B | GROUP C |
| Auckland | Bay of Plenty | South Canterbury |
| Canterbury | Hawkes Bay | Tairawhiti |
| Capital and Coast | Hutt Valley | Wairarapa |
| Counties Manukau | Lakes | West Coast |
| Southern | Mid Central | Whanganui |
| Waikato | Nelson Marlborough |  |
| Waitemata | Northland |  |
|  | Taranaki |  |

DHBs must provide explanations if ratings are ‘not achieved’ or ‘partially achieved’ and submit plans for improvement and/or remediation.

**Focus area 2: Improving the quality of data Submitted to National Collections**

DHB results from production data reported to the national collections will be the basis for the initial assessments. All DHBs can provide feedback on their performance. This will inform the Ministry about data quality activities in the DHB and it will also be taken into account when assigning the final ratings.

***Description:***

National Collections and Reporting (Data and Digital) have developed a quarterly toolkit showing results for each DHB by measure.

***Indicator 1:*** NPF collection has accurate dates and links to NNPAC, NBRS and NMDS for FSA and planned inpatient procedures.

**NMDS match**

For all patients in the NMDS with a waitlisted procedure event, there is an NPF encounter with the same procedure date and matching identifiers.

Numerator: Total number of NPF encounters with the same NMDS procedure date and matching NMDS identifiers per DHB per quarter.

Denominator: Total number of NMDS waitlisted procedure events per DHB per quarter.

**NNPAC match**

For all patients in NNPAC with an attended FSA event, there is an NPF encounter with the same date and matching identifiers.

Numerator: Total number of NPF attended encounters with the same date and NNPAC identifiers as in NNPAC per DHB per quarter.

Denominator: Total number of NNPAC attended FSA events per DHB per quarter.

**NBRS Match**

**For all patients in NBRS with an exited booking, there is an NPF activity record with the same date and matching equivalent outcome.**

**Numerator: Total number of NPF activity records with the same date and matching equivalent outcomes as in NBRS per DHB per quarter.**

**Denominator: Total number of NBRS exits per DHB per quarter.**

*Note: The rating for this measure will be an average of the rating across 3 collections. A breakdown of the percentage and rating for each individual collection will be provided.*

***Indicator 2:*** National Collections Completeness

Numerator: Number of PRIMHD, NMDS, NNPAC, and PRIMARY MATERNITY records submitted per DHB per quarter.

Denominator: Total number of PRIMHD, NMDS, NNPAC, and PRIMARY MATERNITY records submitted per DHB for the previous financial year’s quarter.

*Note: The rating for this measure will be an average of the rating across all 4 collections. A breakdown of the percentage and rating for each individual collection will be provided. Where a DHB has long-standing completeness issues the percentage will be calculated using an appropriate denominator figure.*

***Indicator 3:*** Assessment of data reported to the National Minimum Data Set (NMDS)

Numerator: Number of clinical statements for specific diagnosis codes (M00 to M99, S00 to T98, E8979, E898, G9731-G9739, G978, H5911-H5919, H5989, H952, H958, I9731-I9739, I9789, J9564-J9569, J9589, K9163, K9164, K9169, K9189, N9961, N9962, N9967-N9969, N9989, U50 to Y98 ((with some code exclusions)) per DHB per quarter.

Denominator: Total number of specific diagnosis codes (M00 to M99, S00 to T98, E8979, E898, G9731-G9739, G978, H5911-H5919, H5989, H952, H958, I9731-I9739, I9789, J9564-J9569, J9589, K9163, K9164, K9169, K9189, N9961, N9962, N9967-N9969, N9989, U50 to Y98 (with some code exclusions)) per DHB per quarter.

***Explanation of terms***

Assessment of data reported to the NMDS

This measure refers to the distinction between the use of standard classification concepts (as per ICD-10-AM) and clinical statements for specific diagnosis codes submitted to the NMDS. Standard classification concepts limit the usefulness of data, as they lack detail and specificity. DHBs are, therefore, encouraged to record and report clinical statements by adding detailed text extracted from the clinical record to improve the clarity and context of the information reported. This measure focuses on musculoskeletal diagnoses, injuries, poisonings and certain other consequences of external cause, procedural complications and external cause i.e. those in the range M00 to M99, S00 to T98, E8979, E898, G9731-G9739, G978, H5911-H5919, H5989, H952, H958, I9731-I9739, I9789, J9564-J9569, J9589, K9163, K9164, K9169, K9189, N9961, N9962, N9967-N9969, N9989, U50 to Y98 (with some code exclusions – these can be found in Appendix A of the toolkit).

NPF links to NNPAC and NMDS NPF data is used to report referrals to secondary care services and the outcome of these referrals. The links between NPF and NMDS/NNPAC/NBRS provides high quality information about the outcome of the referrals and the DHB management of patient flow. This ability to trace a patient’s referral across the national collections is essential to understand and enable informed decision making to support the effective delivery of publicly funded specialist care.

National Collections Completeness This is the completeness of PRIMHD, NMDS, NNPAC, and PRIMARY MATERNITY records submitted by the DHB in the quarter. DHBs are required to submit timely, high quality information to the national collections to ensure accurate and efficient reporting from the Ministry.

DHBs should explain their improvement plans for where their ratings fall into the ‘not achieved’ or ‘partially achieved’ levels.

**Reporting Period**

To be reported quarterly, with a toolkit placed on the Quickplace website.

**Expectations**

The table below illustrates National Collections and Reporting’s expectations for each measure:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Rating** | | | |
|  |  |  | **Not Achieved– Escalation Required** | **Partial Achievement** | **Achieved** | **Outstanding Performer/ Sector Leader** |
| **Measure** | 1 | **NPF collection has accurate dates and links to NNPAC and NMDS for FSA and planned inpatient procedures.** | Less than  85% | Greater than or equal to 85% and less than 90 % | Greater than or equal to 90% and less than95 % | Greater than or equal to 95% |
| 2 | **National Collections completeness** | Less than  90% | Greater than or equal to 90% and less than 94.5 % | Greater than or equal to 94.5% and less than 97.5 % | Greater than or equal to 97.5 |
| **3** | **Assessment of data reported to the NMDS** | Less than 75% | Greater than or equal to 75% and less than 85% | Greater than or equal to 85% and less than 95% | Greater than or equal to 95% |
|  |  |  |  |  |  |

**Focus area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)**

***Indicator 1:*** PRIMHD data quality

Please provide date(s) of routine data quality audits and corrective actions if any.

|  |  |
| --- | --- |
| Dates(s) of routine audit(s) | Corrective actions (if no corrective actions please indicate – NIL) |
|  |  |
|  |  |

***Explanation of terms***

PRIMHD data quality DHB provider arm services undertake routine audits to ensure PRIMHD data is accurate. These routine audits will have a particular focus on Mental Health Act data.

**Reporting Period**

To be reported quarterly, a toolkit will be placed on the Quickplace website.

**Expectations**

The table below illustrates National Collections and Reporting’s expectations for each measure:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Rating** | | | |
|  |  |  | **Not Achieved– Escalation Required** | **Partial Achievement** | **Achieved** | **Outstanding Performer/ Sector Leader** |
| **Measure** | 2 | PRIMHD data quality | No routine audits undertaken | Routine audits undertaken but inadequate information on corrective actions | Routine audits with appropriate corrective actions where required | Routine audits undertaken and no corrective actions where required |
|

***Outcome priority: We have improved quality of life***

***Better population health outcomes supported by a strong and equitable health and disability system SS10: Shorter stays in Emergency Departments***

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary information** | | | |
| **Indicator:** 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. | | | |
| ***Measures*** | | ***Reporting*** | |
| Type: | **Output** | Type: | Data and exception |
| Target: | 95% | Reporting frequency: | Quarterly |
| ***Source data/template for reporting provided by:*** | | *Data provided by DHBs, template on NSFL* | |

**Link to outcomes**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By delivering shorter stays in emergency departments DHBs will assist in delivery of Government's priority to support healthier, safer and more connected communities and our health system outcome that we have improved quality of life.

Delivery against this measure supports the health and disability system outcome of ‘New Zealanders living longer, healthier and more independent lives’. Long stays in emergency departments (EDs) are linked to overcrowding of the ED, negative clinical outcomes and compromised standards of privacy and dignity for patients. Less time spent waiting and receiving treatment in the emergency department therefore improves the health services DHBs are able to provide. It also impacts on the Ministerial priority of improved hospital productivity by ensuring resources are used effectively and efficiently. Reducing ED length of stay will improve the public’s confidence in being able to access services when they need to, increasing their level of trust in health services, as well as improving the outcomes from those services.

Increasing performance on this measure will also result in a more unified health and disability system, because a coordinated, whole of system response is needed to address the factors across the whole system that influence ED length of stay. Through the intermediate outcomes the target contributes to the high level outcome of New Zealanders living longer, healthier and more independent lives

The following actions and activities are examples of initiatives that have a proven impact on this measure:

1. Good diagnostic work to identify the main factors impacting on ED length of stay, therefore ensuring that the main bottlenecks and constraints are addressed first.
2. Implementing programmes such as *The Productive Ward – Releasing Time to Care* or *Optimising the Patient Journey* which, among other things, help to improve the flow from ED through the hospital by freeing up resources.
3. Organising services differently so that non urgent cases can be treated more quickly.
4. Improving the pathways that patients take through the community, ED and hospital when getting treated for common conditions.
5. Improving hospital processes, like the discharging of patients, to help free up hospital beds that patients can move into after their ED treatment.

**Deliverables**

Each DHB will be required to submit the following data to the Ministry on a quarterly basis for each of their ED facilities of level 3 and above, and some agreed level 2 facilities:

1. *Numerator:* number of patient presentations to the ED with an ED length of stay less than six hours, and
2. *Denominator:* number of patient presentations to the ED.

A reporting template will be supplied by the Ministry for the reporting of this data. **Information is to be reported for total DHB population, Māori and Pacific.**

Those DHBs that do not meet the 95 percent target for the quarter must also provide narrative comment on:

* the activities undertaken during the quarter to meet the target and improve the quality of acute care
* any difficulties encountered during the quarter
* the activities planned for the coming quarter to meet the target and improve the quality of acute care
* their progress with implementing the ED Quality Framework.

***National Non-Admitted Patient Collection (NNPAC)***

Since 1 July 2009 the National Non-Admitted Patient Collection (NNPAC) database has included fields for the recording of data relating to the Shorter Stays in ED Health Target. The Ministry will continue to compare the numerator and denominator data provided each quarter by DHBs with the corresponding data obtained from NNPAC. The Ministry will then engage as needed with DHBs outside of the reporting process to examine and rectify any differences between these data sources.

**Definitions**

***Explanation of terms:***

1. *ED length of stay* for a patient equals the time period from *time of presentation*, to *time of admission*, *discharge* or *transfer*.
2. *Time of presentation* is the time of first contact between the patient and the triage nurse or clerical staff, whichever comes first.
3. *Time of admission* is the time at which the patient is physically moved from ED to an *inpatient ward,* or the time at which a patient begins a period of *formal observation*. The physical move will follow, or be concurrent with, a formal admission protocol, but it is the patient movement that stops the clock, not associated administrative decisions or tasks.
4. *Inpatient wards* include ED Observation Units or Inpatient Assessment Units (or units with a similar function)[[16]](#footnote-17). Under certain circumstances, a ‘decant’ ward designed to deal with surge capacity will qualify as an inpatient ward. Key criteria are that patients should be in beds rather than on trolleys, and be under the care of appropriate clinical staff.
5. *Formal observation* means that patients are in an ED observation bed, an observation unit, or similar. Key criteria are that the area or unit should have dedicated staffing, have patients in beds rather than on trolleys, and be located in a dedicated space. Limited exceptions to these criteria, to allow patients to be ‘observed’ in a monitored environment, should be formally approved by the Clinical Director of the ED and discussed with the National Clinical Director of ED Services.
6. *Time of discharge* is the time at which a patient being discharged from the ED to the community physically leaves the ED. For the avoidance of confusion, if a patient’s treatment is finished and they are waiting in the ED facilities only as a consequence of their personal transport arrangements for pickup, they can be treated as discharged for the purposes of this measure.
7. *Time of transfer* is the time at which a patient being transferred to another facility physically leaves the ED. While a patient is still in the ED, either receiving ongoing care, or awaiting transport, ED length of stay continues. Time of transfer can only be recorded when the patient physically leaves the ED.

***Inclusions and exclusions:***

1. Data provided to the Ministry will be provided at facility level for all EDs of level 3 and above, and those agreed level 2, within each DHB, according to the role delineation model as elaborated in the ED service specification. Where a DHB has more than one facility, the overall percentage calculated for the DHB will be a weighted result, not a simple average of the results of individual facilities. The performance of individual facilities has been reported from Quarter 1, 2013/14.
2. All presentations between 00:00 hours on the first day of the quarter, and 00:00 hours on the first day of the next quarter, are included except:

* Patients who do not wait for treatment; these will be removed from both the denominator and the numerator.
* GP referrals that are assessed at the ED triage desk (using the Australasian Triage Scale), but are then directed to an Admission and Planning Unit or similar unit without further ED intervention. Here the term ‘ED intervention, sufficient for inclusion in the measure, can encompass more detailed nursing assessment (over and above triage) and minor procedures such as analgesia or administration of intravenous fluids, for instance.
* Patients that present to the ED for pre-arranged outpatient-style treatment.

3. No exceptions from measurement are made for particular clinical conditions.

In certain situations it may be that good clinical practice or a particular service model will compromise the ability to meet Health Target expectations. Where this situation arises, the Ministry will discuss this with the DHB affected and the definition can be re-interpreted on a case-by-case basis where relevant.

**Expectations**

All DHBs are expected to achieve the target percentage for this Health Target.

The following achievement scale will be applied during quarters one to three:

|  |  |
| --- | --- |
| **Rating:** |  |
| Achieved | The DHB has met the target percentage for the quarter |
| Partially Achieved | The DHB has not met the target percentage but the narrative comments provided satisfy the assessor that the DHB is on track to compliance. |
| Not Achieved | The DHB has not met the target percentage for the quarter and the narrative comments provided do not satisfy the assessor that the DHB is on track to compliance. |

Only *Achieved* or *Not Achieved* ratings will be awarded in quarter four based on whether the DHB has achieved or not achieved the target.

**Additional performance measures to be monitored internally**

In addition to the target, each DHB is expected to collect and internally monitor their performance against a range of more specific quality measures. The monitoring of additional performance measures is intended to complement the Short Stays in ED health target by providing a concrete and comparable measure of the quality and outcomes of acute care. As the purpose is to inform internal DHB improvement and quality, DHB performance against these measures is not required to be routinely reported to the Ministry. However, the Ministry may request to review them if there are concerns about performance or quality. The selected measures should span the spectrum of acute care – from primary care, through secondary services (including ED), to post-hospital primary and community care.

***Outcome priority: We have improved quality of life***

***Better population health outcomes supported by a strong and equitable health and disability system SS11: Faster cancer treatment***

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary information** | | | |
| **Indicator:** 90 percent of patients to receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks. | | | |
| ***Measures*** | | ***Reporting*** | |
| Type: | **Output** | Type: | Data and exception report |
| Target | Targets set in DHB Annual Plans | Reporting frequency: | Quarterly  (monthly data submission via secure FTP) |
| ***Source data/template for reporting provided by:*** | | Data to be supplied by DHBs. For detailed information on the reporting process refer to *Faster Cancer Treatment Indicators: Business Rules and Data Definitions* on the NSFL | |

**Link to outcomes**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

Faster cancer treatment is part of our system focus on improved health through the best use of resources and will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we have improved quality of life.

The Faster cancer treatment health target takes a pathway approach to care, to facilitate improved hospital productivity by ensuring resources are used effectively and efficiently. DHBs working towards achievement of this target supports public trust in the health and disability system; and that these services can be used with confidence. Implementation of the Faster cancer treatment health target requires existing capacity and resources to be maximised, this results in effective and efficient use of resources and supports the key planning consideration of value for money. Implementing the overall Faster cancer treatment programme supports supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

Cancer treatment is provided across all DHBs, although not all DHBs provide all services. This requires DHBs to collaborate across boundaries to ensure services are integrated and patients receive a seamless service.

Actions to deliver improved performance in this focus area include:

* use of the *Faster Cancer Treatment Indicators: Business Rules and Data Definitions* and *High suspicion of cancer definitions* to ensure consistency of reporting
* improve the quality of data (volume of patients, number of tumour types, types of first treatment) captured
* analysis of the data to identify areas for system and process improvement along the patient pathway, and any differences in access or timeliness by ethnicity or geography
* review and re-design of the booking and scheduling of appointments for patients with a high suspicion of cancer, including use of single point of referral to streamline referral route
* implement fast-track access to all necessary diagnostic scans and investigations
* develop rapid reporting and communication of results of diagnostic scans and investigations
* review and re-design of the coordination of treatment processes and booking processes to ensure optimal use of capacity.

**Deliverables**

DHBs will be required to supply data monthly (within 20 days of the end of the month) via secure file transfer protocol on the length of time taken for patients referred with a high-suspicion of cancer *and* a need to be seen within two weeks to receive their first cancer treatment (or other management).

Detailed information on the definitions, inclusions and process for submitting data to the Ministry of Health is outlined in *Faster Cancer Treatment Indicators: Business Rules and Data Definitions* available from: http://nsfl.health.govt.nz/accountability/performance-and-monitoring/business-rules-and-templates-reporting/faster-cancer.

The DHB of domicile is responsible for collecting and reporting information on their domiciled population even if it is not the DHB of:

* receipt of referral
* service.

No further quantitative reporting is required as part of the quarterly reporting process.

DHBs are required to submit a quarterly qualitative report through the quarterly reporting database outlining:

* the activities being undertaken to ensure data quality and volumes
* delays identified along the cancer pathway and challenges with implementing Faster cancer treatment
* breaches of the 62 day indicator, and analysis of reasons that contributed to the delay
* actions taken and planned in response to the delays and challenges identified.

**Inclusions and exclusions**

Data provided to the Ministry will include a delay code for all patients breaching the 62 day timeframe:

* Patient reason (chosen to delay)
* Clinical consideration (co-morbidities)
* Capacity Constraint (resulting from lack of resources (theatre, equipment, facilities or workforce) or process constraint including administrative errors).

All patient data submitted by DHBs is included in the Health Target result, except:

* Patients with a patient reason delay code; these will be removed from the denominator
* Patients with a clinical consideration delay code; these will be removed from the denominator

**Reporting period**

DHB achievement of the Faster cancer treatment health target will be calculated based on six months rolling data as outlined in the table below:

|  |  |
| --- | --- |
| **Reporting quarter** | **Achievement based on patients receiving their first cancer treatment between:** |
| Quarter 1 | 1 April – 30 September |
| Quarter 2 | 1 July – 31 December |
| Quarter 3 | 1 October - 31 March |
| Quarter 4 | 1 January – 30 June |

**Expectations:**

The following achievement scale will be applied:

|  |  |
| --- | --- |
| **Rating:** |  |
| Achieved | will apply where the DHB has met the target percentage. |
| Partially Achieved | will apply where the DHB has not met the target percentage but achievement has improved compared to the previous quarter and the narrative comment satisfies the assessor that the DHB is on track to meet the target. |
| Not Achieved | will apply where the DHB has not met the target percentage and achievement has decreased compared to the previous quarter and/or the narrative comment does not satisfy the assessor that the DHB is on track to meet the target. |

## Outcome priority: We have equity for Maori and other groups

## Better population health outcomes supported by a strong and equitable health and disability system SS12: Engagement and obligations as a Treaty partner

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| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | DHBs are meeting their Treaty of Waitangi obligations specified in the New Zealand Public Health and Disability Act 2000 |
| ***Reporting frequency*** | Six monthly quarter two and four |
| ***Source information for reporting provided by:*** | DHBs to provide information and progress updates as outlined |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the overarching goal of Pae Ora - Healthy Futures for Māori from He Korowai Oranga, through the pathway of Te Ara Tuarua – Pathway 2: Māori participation in the health and disability sector.

Through strong engagement and ensuring that they deliver on their Treaty obligations[[17]](#footnote-18) (Part 1, section 4 of the NZPHD Act), DHBs will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering.

DHBs have specific actions in the New Zealand Public Health and Disability Act 2000 (the Act) that relate directly to this measure, particularly:

* Section 23 Functions of DHBs

(1) For the purpose of pursuing its objectives, each DHB has the following functions:

(d) to establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori health improvement:

(e) to continue to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Maori:

(f) to provide relevant information to Māori for the purposes of paragraphs (d) and (e).

DHBs have specific Treaty obligations specified in the Act that relate directly to this measure, particularly:

* Section 34: Community and public health advisory committees
* Section 35: Disability support advisory committees
* Section 36: Hospital advisory committees
* Schedule 3, Section 5: Training relating to members’ obligations and duties

Expectations

The Minister of Health has specified:

*Māori-Crown relations is a priority for this Government and I expect your DHB to meet your Treaty of Waitangi obligations as specified in the New Zealand Public Health and Disability Act 2000. I am expecting you to report on progress with how you are meeting these obligations as part of your Annual Plan reporting.*

Deliverables

*1.Engagement with Māori*

In accordance with sections 4, 23 (1) (d) and (e) and Chapter 6 of the OPF, provide a narrative on how your DHB is implementing the following:

* the Treaty of Waitangi principles (participation, protection and partnership)
* enabling Māori participation
* fostering the development of Māori capacity for participating in the health and disability sector
* how information is provided to Māori for fulfilling these functions.

*2.Community and public health advisory committee, Disability support advisory committees and Hospital advisory committees*

In accordance with sections 34, 35 and 36 of the Act, these committees “must provide for Māori representation on the committee.” For each of these committees the DHB must list, as at the last day of the quarter the report is for:

* the name of each member of the committee
* whether that member identifies as being Māori (in accordance with HISO 10001:2017 Ethnicity Data Protocols)
* the members Iwi affiliations (in accordance with the StatsNZ Iwi Statistical Standard 2017)

Report must also compare the proportion of Māori representation on each committees with the proportion of the District’s population that identifies as Māori.

*3.Training relating to members’ obligations and duties*

In accordance with Schedule 3, Section 5, Clause 2 of the Act, DHBs must submit a report about its board, as at the last day of the quarter the report is for, listing:

* the name of each member of the board
* whether that member identifies as being Māori (in accordance with HISO 10001:2017 Ethnicity Data Protocols)
* the members Iwi affiliations (in accordance with the StatsNZ Iwi Statistical Standard 2017)
* the date on which each member of the board most recently came into office as a member of the board
* the members familiarity with the obligations and duties of a member of the board, specifically:
  + self-rated familiarity on a 1 to 5 scale where 1 is very-unfamiliar and 5 is very familiar
  + the nature of the training (if any) the member has undertaken on the obligations and duties of a member of the board
  + the date that training was completed or the date by which it is expected to have been completed
* the members familiarity with Maori health issues, specifically:
  + self-rated familiarity on a 1 to 5 scale where 1 is very-unfamiliar and 5 is very familiar
  + the nature of the training (if any) the member has undertaken on the Māori health issues
  + the date that training was completed or the date by which it is expected to have been completed
* the members familiarity with the Treaty of Waitangi, specifically:
  + self-rated familiarity on a 1 to 5 scale where 1 is very-unfamiliar and 5 is very familiar
  + the nature of the training (if any) the member has undertaken on the Treaty
  + the date that training was completed or the date by which it is expected to have been completed
* the members familiarity with Māori groups or organisations in the district of the DHB concerned
  + self-rated familiarity on a 1 to 5 scale where 1 is very-unfamiliar and 5 is very familiar
  + the nature of the training (if any) the member has undertaken on the Māori groups or organisations in the district of the DHB
  + the date that training was completed or the date by which it is expected to have been completed.

**Reporting period**

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| --- | --- |
| **Reporting quarter** | **Reports to cover the period:** |
| Quarter 2 | 1 October – 31 December |
| Quarter 4 | 1 April – 30 June |

## 

## Outcome priority: We have improved quality of life

**Better population health outcomes supported by a strong and equitable health and disability system SS13: Improved management for long term conditions (FA1 LTCs; FA2 Diabetes; FA3 CVDRA; FA4 acute heart health; FA5 Stroke**

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| |  |  | | --- | --- | | **Summary information** | | | ***Target/performance expectation*** | Agreed in DHB Annual Plan | | ***Reporting frequency*** | Quarterly or six monthly | | ***Source information for reporting provided by:*** | *DHBs to report – templates provided* | | ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter/six months | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |   Link to outcomes and priority areas  Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures. This measure links to the system priorities and outcomes as indicated below.  **✓indicates most applicable**   |  |  |  |  | | --- | --- | --- | --- | | **System outcomes** | **Improving the well-being of NZers and their families** | | | | **✓we live longer in good health** | **Ensure everyone who is able to, is earning, learning, caring or volunteering** | **✓Strong and equitable public health and disability system**  Improved health through the best use of resources. | **✓Primary health and prevention**  The first interface people have for many long-terms conditions (87% of all health loss). It is also the main vehicle for preventing and managing those conditions | | **✓we have improved quality of life** | **Support healthier, safer and more connected communities** | **Mental wellbeing**  12% of health loss and impacts on life outcomes e.g. employment | | **✓we have health equity for Maori and other groups** | **Make New Zealand the best place in the world to be a child** | **Child wellbeing**  Investing early to lay foundations for life-long wellbeing. |   **Long Term Conditions**  Long-term conditions comprise the major health burden for New Zealand now and into the foreseeable future. This group of conditions is the leading cause of morbidity in New Zealand, and disproportionately affects Maori and Pacific peoples and people who experience mental illness and addiction. As the population ages and lifestyles change these conditions are likely to increase significantly.  Cardiovascular disease, including heart attacks and strokes, are substantially preventable with lifestyle advice and treatment for those at moderate or higher risk. Diabetes is also important as a major and increasing cause of disability and premature death and is a good indicator of the responsiveness of a health service to the people in most need.  The long term conditions prevention and management approach focusses on addressing common risk behaviours such as obesity and intervening at key points across the life course to achieve wellbeing for people with long term conditions.  **Deliverables definitions**  The deliverables will be formally defined in the planning package, including mechanisms for data collection and delivery expectations. Each DHB must provide narrative comment for the indicator on progress on the activities being taken to improve performance, as outlined in their Annual Plan. The narrative is to include specific activities undertaken for Maori and Pacific and where relevant, people from the Indian subcontinent[[18]](#footnote-19).  There are five Focus Areas within this policy priority.   * FA1 Long Term Conditions, FA2 Diabetes services, FA3 Cardiovascular health, FA4 Acute heart services, FA5 Stroke services.  |  |  | | --- | --- | | **Focus Area 1** | **Long Term Conditions** | | **Expectation** | Integrated health services support New Zealanders to prevent and manage their long term conditions, focussing particularly on developing health literacy and self-management in high need populations. | | **Deliverables:** | Specific Quarterly Reporting:  Quarters 2 and 4 – Identify and implement actions (including milestones and measures) with an equity focus to improve outcomes for people through initiatives in primary care and community.   * support people with LTC to self-manage <https://www.health.govt.nz/publication/self-management-support-people-long-term-conditions> * build health literacy <https://www.health.govt.nz/publication/framework-health-literacy>   Please discuss progress, gaps and challenges in implementing these initiatives.  Note: Details of actions and progress will be collated and shared across DHBs. | | **Reporting period:** | Six monthly in   |  |  | | --- | --- | | **Quarter** | **For the time period** | | Quarter 2 | 1 July – 31 December | | Quarter 4 | 1 January – 30 June | | | **Definitions:** | Actions to support long term conditions prevention and management include:   * Prevention through clearly outlined networks between general practice and community organisations to maximise physical activity, nutrition, quit smoking and reduction in alcohol use. * Identification of populations at risk using risk stratification to inform systematic categorisation of people at risk in order to provide appropriate management. As well, showing evidence of proactive recall and management of at risk populations * Management of people with long term conditions through:   + development and/or implementation of new models of care to support people with LTCs;   + provision of multi-disciplinary teams including allied health and kaiawhina supporting service delivery in primary care;   + primary care access to specialist support where appropriate and provision of self-management support and education for people with Long Term Conditions.   + Support regular primary care multidisciplinary teams to undertake collaborative practice review of the 1% of people with a high level of complex problems. * Enablers demonstrating clinical governance for Long Term Conditions services and IT systems to support risk stratification, case management, shared care and or clinical information sharing (focus on collaboration enablers). As well, show evidence of staff training and education around goal setting, motivational interviewing and shared decision-making concepts and include ongoing workforce development in primary care, and clinical governance with a named clinical lead. IT capability is to be maintained and improved including provision of audit tools and/or a dashboard reporting system. | |  |  | |
| |  |  | | --- | --- | | **Focus Area 2** | **Diabetes services** | | **Expectation** | People living with diabetes together with their whanau are regarded as leading partners in their own care within systems that ensure they can manage their own condition effectively with appropriate support.  More people with diabetes will be supported to achieve good or acceptable glycaemic control. The expectation is to continue to improve diabetes services within primary care and implement actions identified through the self-assessment against the updated *Quality Standards for Diabetes Care”.* | | **Commentary to be provided** | Six-monthly reporting.  Quarters 2 and 4 to include a narrative on:   * Achievement made in progressing the priority actions identified through the most recent self-assessment against the Quality Standards for Diabetes Care (April 2020).   Include prevention and equity focus in the narrative – ie How the DHB will reach the at risk and the disadvantaged, including Maori and Pasifika, to support self management to assist in the prevention of secondary impacts from diabetes (or similar)   * how the DHB is ensuring that all people with diabetes will be effectively managed to improve modifiable risk factors including   Quarters 2 and 4 to include data on:  • Monitor HbA1c 3 monthly  • achievement of the HbA1c indicator  A template will be provided for reports. | | **Reporting period:** | Six monthly in   |  |  |  | | --- | --- | --- | | **Quarter** | **Narrative for the 6 months from** | **Data for the 12 months from** | | Quarter 2 | 1 July to 31 December 2020 | 1 January to 31 December 2020 | | Quarter 4 | 1 January to 30 June 2021 | 1 July 2020 to 30 June 2021 | | | **Deliverables: HbA1c and DARs** | **HbA1c indicator:**  Numerator – Count of enrolled people aged 15-74 by ethnicity in the PHO with diabetes and the most recent HbA1c during the past 12 months of equal to or less than 64 mmol/mol; equal to or less than 80mmol/mol; equal to or less than 100mmol/mol; and greater than 100mmol/mol).  Denominator - Count of enrolled people in the PHO aged 15-74 with diabetes on the Ministry of Health Virtual Diabetes Register (VDR 2019). | | **Targets:** | Ascertainment: target 95-105% and no inequity  HbA1c<64mmols: target >60% and no inequity  No HbA1c result: target <7-8% and no inequity | | **Data source:** | MOH will supply VDR, and DHBs/PHOs to provide numerator.  *Note: Patients coded with diabetes in the General Practice registers can be used instead of VDR once comparisons between the two have been complete, and accuracy of GP registers can be demonstrated.* | |  |  | |

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| **Focus Area 3** | **Cardiovascular (CVD) health** |
| **Expectation** | Improve equity for high risk populations to have CVD risk assessment and management..  Improve early risk assessment and risk factor management efforts for people with high and moderate cardiovascular disease risk by supporting the spread of best practice from those producing the best and most equitable health outcomes.  Develop a plan to implement, and measure the impact of the guidance published in the “Cardiovascular Disease Risk Assessment and Management for Primary Care” with a focus on appropriate management of the eligible populations aged 74 years and under. |
| **Deliverables** | Once data is available, report results against the detailed CVD measures when they are published on the Ministry of Health website. |
| **Data source** | MOH or DHBs to provide |
| **Commentary to be provided** | Specific Quarterly Reporting:  Quarters 1,2,3 and 4, as required. A template will be uploaded on the Quarterly Reporting portal to be used if required. Report results against any identified and published national indicators, any local indicators/measures, and provide a narrative about:   * Identified priority populations * Mechanisms being used to reach/target these priority populations * Models of care implemented to support risk factor management * IT tools in use to undertake CVD risk assessment and guide management. |

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| **Focus Area 4** | **Acute heart service** |
| **Expectation** | To provide a nationally consistent reporting framework, all regions are required to report agreed indicators from ANZACS-QI and progress towards achieving deliverables for acute heart services identified in annual plans. |
| **Deliverable:** | Current agreed indicators are:  **Indicator 1: Door to cath** - Door to cath within 3 days for ≥70% of ACS patients undergoing coronary angiogram**.**  **Indicator 2a: Registry completion-** ≥95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and  **Indicator 2b:** ≥ 99% within 3 months.  **Indicator 3: ACS LVEF assessment-** ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).  **Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator** - in the absence of a documented contraindication/intolerance ≥85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge -   * Aspirin\*, a 2nd anti-platelet agent\*, and an statin (3 classes) * ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), * Beta-blocker if LVEF<40% (5-classes). * \* An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.   **Indicator 5: Device registry completion** 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure.  **Indicator 6: Device registry completion**- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) forms within 2 months of the procedure.  ***Data source:*** *Data provided from ANZACS-QI* |
| **Additional Commentary to be provided:** | Specific Quarterly Reporting:  Quarters 1 to 4 – complete template provided through the quarterly reporting web site and narrative reporting identified on the reporting template.  Preliminary reporting of data on 2 additional indicators for pacemaker waiting times and heart failure commenced in 2019/20.  Notes regarding reporting:  a) Monthly Device registry completion reports by the registry software provider (Enigma) will be sent to DHBs on the 1st of every month. The 2 month time frame recognises that completion of complication reporting occurs between 4 and 8 weeks after the procedure. For example, for devices implanted in January the Device forms will be required to be completed by the end of March.  b) Quarterly reports are sent to DHBs by Enigma on 1 Jan, 1 April, 1 July and 1 Oct to use for quarterly reporting of the indicator to the MOH. Quarterly reporting is with a 2 month lag as above- eg the Jan 1 report will be for registry completion in the prior Aug, Sept, Oct |
| **Definitions:** | A high-risk patient can be defined by the DHBs. |

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| **Focus Area 5** | Stroke Services |
| **Expectation:** | All DHBs will provide an organised acute and rehabilitation stroke service for their population as recommended in the Australian Clinical Guidelines for Stroke Management <https://informme.org.au/Guidelines>, and include advice provided by the national and regional clinical stroke networks |
| **Deliverable:** | Percentage, numerator and denominator and ethnicity (Maori) must be provided for all stroke indicators   * Indicator 1 ASU: * Numerator – number of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital Denominator - (ICD10 codes I61, I63, I64) * Target 80% * Indicator 2 Reperfusion Thrombolysis /Stroke Clot Retrieval: * Numerator – number of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, Service provision 24/7 * Denominator - (ICD10 codes I63, I64) * Target 12% * Indicator 3: In-patient rehabilitation: * Numerator – number of patients admitted with acute stroke who are transferred to in-patient rehabilitation services within 7 days of acute admission * Denominator - number of patients discharged from an acute hospital event with a primary stroke diagnosis (ie ICD10 codes I61, I63, I64) who are immediately transferred to in-patient rehabilitation * Target 80% * Indicator 4: Community rehabilitation: * Numerator - number of stroke patients referred for community rehabilitation who are seen face to face by a member of the community rehabilitation team (ie RN/PT/OT/SLT/SW/Dr/Psychologist) within 7 calendar days of hospital discharge. * Denominator - number of patients discharged from hospital with a primary stroke diagnosis (i.e. ICD10 codes I61, I63 and I64) and referred for community rehabilitation within 14 calendar days of hospital discharge (as defined by MOH Minimum Expectations (see appendix two) for guidance). * Target 60%   NB: when reporting against above indicators include, percentage, numerator denominator, ethnicity (Maori), and explanatory narrative where the indicator has not been met, detailing plans with time frames, provide clinical lead stroke nurse and clinical lead stroke physician sign off.  Data source : DHBs to provide |
| **Additional Commentary to be provided:** | Quarterly Reporting:  Quarters 1 to 4:  Complete an updated template provided by the Ministry each quarter with:   * Confirmation that activity and actions to meet the indicators are on track. * Confirmation that acute intervention services (thrombolysis, clot retrieval, ASU) are available 24/7 (or explanation about roadmap to achieve this) * Where an indicator is not met report on why, and the activities planned to achieve it. * Provide a breakdown of data for Maori for each indicator. Where numbers are low, rolling 12 months data would suffice (e.g. Q1 data would be for 1 October 2018 to 30 Sept 2019). |
| **Definitions:** | A potentially eligible reperfusion patient is one who has an ischaemic or undetermined stroke. Other strokes, such as Intracerebral haemorrhage (ICH), transient ischemic attack (TIA), or mimics are excluded.  An acute stroke patient is admitted to hospital with a primary discharge diagnosis of ischaemic, haemorrhagic, or undetermined stroke. TIA patients, stroke mimics, and patients discharged from emergency department without being recorded as a hospital admission are excluded. Care should be taken that patients transferred during their admission are only counted once even if managed at two separate institutions.  ICD10 codes included: I61 Intracerebral Haemorrhage with subcodes for site inclusive, I63 Cerebral Infarction with subcodes 163.0-163.9 inclusive, I64 Stroke, not specified as haemorrhage or infarction)  A stroke unit is defined as a discrete ward, or beds within a ward, with a dedicated specialised multi-disciplinary team (MDT) and could include acute stroke units that discharge patients to a rehabilitation service, or an integrated acute and rehabilitation unit (New Zealand National Acute Stroke Services Audit 2009).  Organised Acute Stroke Services are provided by a coordinated specialised interdisciplinary team (IDT) and consist of early and ongoing comprehensive assessments and treatment which is guided by best practice. This is reflected in the use of stroke specific protocols. The IDT meets regularly to discuss, formulate and implement patient management and optimise rehabilitation and patient function. Ideally care is provided in a geographically discrete unit, but depending on DHB size this may not always be feasible.  Reperfusion (Thrombolysis and/or Stroke Clot Retrieval (SCR)). Thrombolysis is a service provided by all DHBs 24/7 locally. For smaller DHBs where 24/7 expertise is not available 24/7 this service will be supported by a telestroke service (usually provided by a tertiary regional hospital (hub hospital). SCR is currently provided by 3 tertiary hospitals and patients are transferred to one of these hospitals within time critical time frames. Where a hospital transfers a patient to another hospital for SCR the patient will be counted by the DHB of domicile and counted once only (ie thrombolysis followed by clot retrieval is counted once. A second clot requiring intervention after a short interval may be counted as a second stroke event). The hospital providing this service should be included  Inpatient Rehabilitation  All eligible people with stroke receive early active rehabilitation services (as defined by the National Stroke Network), supported by an interdisciplinary stroke team. Hospitals designated as providing an ‘Organised Stroke Rehabilitation Service’ should have a designated area with stroke patients spending the majority of their rehabilitation stay in this ‘unit’. If organised stroke rehabilitation services are not available, patients should be offered a transfer to a more specialised centre using a defined and agreed pathway. Formalised remote support from a larger service may in some instances be a further option.  Community Rehabilitation  All eligible people with stroke have equitable access to community stroke services. Community stroke rehabilitation includes access to rehabilitation in the home environment, outpatient services and the community of the person with stroke. All stroke patients should have access to community rehabilitation which is not limited by age. Return-to-work issues (where relevant) should be identified as soon as possible after the person's stroke, reviewed regularly and managed actively by the community team.  Minimum specific organised acute stroke service specifications and stroke rehabilitation specifications are included as Appendix two. |

Outcome priority: we have improved quality of life.

***Better population health outcomes supported by a strong and equitable public health and disability system SS15: Improving waiting times for colonoscopies***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *Reports to be supplied by DHBs as indicated* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Links to priorities and outcomes.**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures. Improvements most strongly support the Government’s priority outcomes of supporting healthier, safer and more connected communities and the key health system outcome that we have equity for Maori and other groups.

Improving waiting times for colonoscopies will improve patient outcomes by:

* Shortening the bowel cancer pathway enabling better access to a range of diagnostic modalities.
* Supporting the achievement of National Bowel Screening Programme (NBSP) targets.
* Improving Emergency Department (ED) waiting times when patients have more timely access to diagnostics.
* Improving access to elective services both in relation to treatment decision-making and improved use of hospital beds and resources.

Context

Diagnostics are a vital step in the pathway to accessing appropriate treatment. Improving access to and waiting times for diagnostics, can reduce delays to a patient’s episode of care from receipt of referral to provision of diagnostic service.

A staged programme to reduce waiting times for diagnostic services was rolled out nationally. The Ministry of Health worked with clinical networks to establish nationally agreed timeframe expectations, introduce a monitoring and reporting framework, and provide support to district health boards (DHBs) and clinical groups to lead the necessary improvement initiatives.

With the implementation of the NBSP, DHBs must manage both diagnostic and bowel screening colonoscopy demand. From 1 July 2019, DHB Annual Plans are expected to describe and implement initiatives that improve diagnostic performance and support the achievement of national targets for the NBSP.

In 2019 a dedicated framework for monitoring symptomatic colonoscopy and bowel screening performance was developed with these indicators are being measured and managed separately.

**Deliverables definitions**

These modalities are included:

* Diagnostic Colonoscopies (Urgent and Non-urgent)
* Surveillance Colonoscopy
* Bowel Screening Colonoscopy

**Refer to these documents for more information on deliverables, definitions and expectations and monitoring processes:**

* Diagnostic Waiting Time Indicator – Colonoscopy Accountability Measure document (9 August 2019)
* Improving Waiting Times for Diagnostic Services Indicator Templates
* Guide to Managing Colonoscopy Wait Time Indicator Performance

**Reporting Period**

Monthly reporting as follows:

* Colonoscopy reporting templates to be submitted to the Ministry of Health within 20 days of the end of the previous month. The reporting template is emailed out by National Collections.

***Reporting required***

Quarterly reporting requirements will measure:

* two clinically determined performance targets. Table 1 outlines the clinically appropriate length of time a procedure *should* be completed by and the maximum timeframe in which the procedure *must* be completed. Achieving wait times encourages timeliness while providing colonoscopy procedures within maximum wait times manages clinical risk.
* bowel screening indicator 306 (see Table 1).

Table 1: Colonoscopy wait-time indicator targets

|  |  |  |
| --- | --- | --- |
| CWTI Definitions | Recommended Wait Times | Maximum Wait Times |
| Urgent | 90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for\*\*) their procedure in 14 calendar days or less | 100%\* within 30 days or less |
| Non-Urgent | 70% of people accepted for non-urgent diagnostic colonoscopy receive (or are waiting for\*\*) their procedure in 42 calendar days or less | 100%\* in 90 days or less |
| Surveillance | 70% of people accepted for surveillance colonoscopy receive (or are waiting for\*\*) their procedure in 84 calendar days or less | 100%\* in 120 days or less |
| Bowel Screening | *95% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system.* | Note: NBSP does not currently have a performance target for monitoring the actual date a bowel screening colonoscopy is performed by. |

**\*** Note this will be calculated as 99.9% to allow for exceptions and discretion will be applied.

\*\* ‘Or are waiting for’ refers to patients who have not yet received their procedure but are not breaching the recommended timeframe at month end.

Performance monitoring against these four measures will be undertaken **quarterly** via the non-financial performance monitoring framework as follows:

|  |  |  |
| --- | --- | --- |
| **Quarter** | **Results** | **Using data available at the time of reporting** |
| Quarter 1 | September results | July, August, September |
| Quarter 2 | December results | October, November, December |
| Quarter 3 | March results | January, February, March |
| Quarter 4 | June results | April, May, June |

**Expectations**

DHBs are required to collect, measure and monitor how long people are waiting for colonoscopies. While expectations for diagnostic and surveillance colonoscopies have not changed, DHBs must also report on the NBSP target that requires 95% of participants to have received their colonoscopy within 45 working days of their FIT result being recorded in the NBSP information system.

DHBs are expected to meet all recommended colonoscopy wait times and have no patients waiting longer than maximum wait times. From 1 October 2019, a new escalation process will support new reporting requirements.

The escalation process includes an amber category which provides a tolerance range for the purpose of monitoring overall performance against the four colonoscopy wait time indicators. An amber result is a time-limited opportunity to recover performance.

If recommended wait times are not being achieved and/or people are waiting longer than maximum wait times, a DHB will be asked to provide a detailed recovery plan. This plan outlines its trajectory for achieving performance within an agreed timeframe. Progress against this recovery plan will be monitored monthly.

DHBs have access to a new online reporting tool (RShiny) developed to monitor and manage individual, regional and national colonoscopy wait time performance.

**Performance Assessment Ratings**

The following achievement scale will be applied to the four colonoscopy wait time indicators

|  |  |
| --- | --- |
| **Rating:** |  |
| Achieved | The DHB has achieved the four\*\*\* waiting time indicators for colonoscopy and does not have anyone waiting over maximum wait times. |
| Partial Achievement | The DHB has either:   * achieved some, but not all, of the waiting time indicators for colonoscopy, and * has provided a report that includes planned actions to lift performance; or * the result is within the amber tolerance zone for any indicator and does not have anyone waiting over maximum wait times * not achieved any recommended colonoscopy wait times and does not have anyone waiting over maximum wait times but shows improvement over the previous quarter and has provided an adequate work-out plan to reach the target within an agreed timeframe. |
| Not Achieved | The DHB has not achieved any colonoscopy waiting time indicators and/or has people waiting over the maximum wait times and has not demonstrated an adequate work-out plan to reach the target within an agreed timeframe. |

(\*\*\*or 3 if not currently participating in the NBSP).

**Note Re COVID-19 Reporting Adjustments for SS15: Improving waiting times for colonoscopies**

Patient safety remains paramount and DHBs should continue to ensure all procedures are completed within maximum wait times. In Quarters 1 and 2, DHBs must prioritise colonoscopies to be completed within maximum wait times. Ministry expectations are that DHBs will be meeting all recommended and maximum wait time targets in Quarters 3 and 4.

**COVID-19 Reporting Adjustments for Bowel Screening**

Due to the suspension of all screening programmes and dependent on when bowel screening recommences, key performance indicator 306 (see above) expectations will be adjusted for Quarter 1.

**Escalation Process Adjustments for CWTIs and Bowel Screening**

An amber rating is a time-limited opportunity to recover performance. The Ministry may choose to lengthen the time a DHB can remain in amber, according to specific DHB circumstances for Quarters 1 and 2.

*Outcome priority: we have equity for Maori and other groups*

***Better population health outcomes supported by a strong and equitable public health and disability system SS17: Delivery of Whānau Ora***

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan |
| ***Reporting frequency*** | Annual in quarter four |
| ***Source information for reporting provided by:*** | *Reports to be supplied by DHBs as indicated* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

**Links to priorities and outcomes.**

In meeting our obligations under the Treaty of Waitangi, DHBs are expected to prioritise achieving health equity in the health system, with an explicit focus on achieving equity for Māori. These expectations reinforce the importance of supporting whānau ora (healthy families) within the health system.

Whānau ora is a key element of pae ora (healthy futures), the Government’s vision for Māori health as outlined in *He Korowai Oranga: Māori Health Strategy*. Whānau ora is driven by a focus on whānau being self-managing, living healthy lifestyles and confidently participating in Te Ao Māori (the Māori world) and in society.

Whānau-centred approaches are culturally grounded and holistic, focused on improving the wellbeing of whānau and addressing individual needs within a whānau context. Whānau-centred service delivery places whānau needs and aspirations at the centre with services that are integrated and accessible.

In addition, the Government’s investment in the Te Puni Kōkiri-led Whānau Ora Initiative plays a key role in applying a whānau ora approach. The 2018 Whānau Ora Review[[19]](#footnote-20) emphasises the need for government agencies to better support the Whānau Ora approach with stronger requirements for service delivery to whānau, and agreement of cross-government commitments. Therefore, ensuring DHBs support whānau-centred service delivery and approaches, and leverage off the Government’s investment.

**Actions and activities that have a proven impact on this measure:**

DHBs will action system-level changes by delivering whanau-centred approaches to contribute to Māori health advancement and achieve health equity.

The DHB actions/activities that demonstrate this includes:

* strategic prioritisation, development and delivery of whānau-centred approaches across the DHB systems and services, in partnership with iwi, hapū, whānau and Māori communities, and with Māori health service providers.
* support of the Te Puni Kōkiri-led Whānau Ora Initiative and its commissioning for outcomes model through active engagement and collaboration with the Whānau Ora Commissioning Agencies and their locally funded partners.

The three established Whānau Ora Commissioning Agencies are:

* Te Pou Matakana (North Island Commissioning Agency)
* Te Pūtahitanga o Te Waipounamu (South Island Commissioning Agency)
* Pasifika Futures (Commissioning Agency for Pacific families).

**Performance reporting and deliverable definitions**

The DHB provision of a report, in quarter 4, will identify progress within the year that shows that the DHB has delivered on its planned whānau ora actions and activities, the steps taken, and what the impact of these activities has been.

The report will include how the DHB has made progress and measurable impact for whānau by:

* contributing to the strategic change for whānau-centred approaches within DHB systems and services, across the district, and demonstrate meaningful activity moving towards improved service delivery
* supporting and collaborating, including through investment, the Whānau Ora Initiative and its Commissioning Agencies and partners, and identification of opportunities for alignment
* detailing the location and type of whānau-centred services supported by the DHB, including the number of people utilising their services and any associated user experience insights and measures.

**Expectations**

The following achievement scale will be applied:

|  |  |
| --- | --- |
| Achieved | Appropriate progress identified in all areas of the measure deliverable. |
| Partially Achieved | Some progress identified in most areas of the measure deliverable. |
| Not Achieved | Limited or no progress identified in two or more of four areas of deliverables. |

***Outcome priority: We have improved quality of life***

## Better population health outcomes supported by primary health care PH01: Improving system integration and SLMs

|  |  |
| --- | --- |
| **Summary information** | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan (and SLM Improvement Plan) |
| ***Reporting frequency*** | Quarterly |
| ***Source information for reporting provided by:*** | *Ministry to provide data via NSFL web site* [*http://nsfl.health.govt.nz/accountability/performance-and-monitoring*](http://nsfl.health.govt.nz/accountability/performance-and-monitoring)  *https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures*  *DHBs to supply reports* |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | |

Link to outcomes and priority areas

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving system integration DHBs will support Government's priority to ensure everyone who is able is earning, learning, caring or volunteering and our system outcome that we have improved quality of life.

The System Level Measures (SLMs) continue to drive clinically led system integration, focussed on equity and using a quality improvement process. DHB ability to jointly develop and implement an effective SLM Improvement Plan with their healthcare partners continues to be variable for a variety of reasons but predominantly due to the functionality of their district alliance and capacity and capability for improvement.

**Deliverables definitions**

**System Level Measure improvement plans and reporting**

DHBs are expected to provide System Level Measure improvement plans that are jointly developed, agreed and signed by district alliance partners. The plan must include improvement milestone, brief outline of activities and contributory measures for each SLM. A reporting template is provided through the quarterly reporting process.

**Expectations**

The assessment requirements for each quarter are set out below:

**Table 1: Quarterly assessment**

|  |  |
| --- | --- |
| **Rating** | **Explanation** |
| Achieved | Quarters one, two and three - Implementation of the SLM improvement plan by the district alliance is on track for the reporting period.  Quarter four – the SLM improvement plan was successfully implemented by the district alliance |
| Partially Achieved | Quarters one, two and three - Implementation of the SLM improvement plan by the district alliance is not on track but adequate mitigation strategies are presented.  Quarter four – the SLM improvement plan was not fully implemented by the district alliance but adequate rationale and mitigation strategies are presented. |
| Not Achieved | Quarters one, two and three - Implementation of the SLM improvement plan by the district alliance is not on track and adequate mitigation strategies are not presented or there are any missing deliverable components.  Quarter four – the SLM improvement plan was not fully implemented by the district alliance and adequate rationale and mitigation strategies are not presented or there are any missing deliverable components. |

**Reporting period**

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| 1 | 1 July – 30 September |
| 2 | 1 October – 31 December |
| 3 | 1 January – 31 March |
| 4 | 1 April 13 – 30 June |

***Outcome priority: We have equity for Māori and other groups***

***Better population health outcomes supported by primary health care PH02: Improving the quality of ethnicity data collection in PHO and NHI registers***

|  |  |  |
| --- | --- | --- |
| **Summary information** | | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan  All PHOs have implemented the EDAT Toolkit   * Undertake all three stages of the audit process from EDAT every three years to ensure high quality ethnicity data is collected and maintained * Outline processes and approaches to reviewing and correcting errors identified in the quality of ethnicity data collected * Undertake quality improvement activities and repeat any relevant stages of the audit within 12 months where issues are identified * Provide six-monthly reports containing information as outlined in Deliverables definitions | |
| ***Reporting frequency*** | Six monthly (quarters 2 and 4) | |
| ***Source information for reporting provided by:*** | *DHBs to provide data and reports as indicated* | |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | | |
| ***Linkages:*** This performance measure is also linked to Tier 2 statistics available via Ministry website http://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisations/enrolment-primary-health-organisation | |  |

**Link to outcomes and priority areas**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving ethnicity data quality in PHO and NHI registers, DHBs will assist in the delivery of the Government's priority to support healthier, safer and more connected communities and our health system outcome that we have health equity for Māori and other groups.

The health and disability sector has a role in providing quality ethnicity information that enables wider sector analysis of economic, social and cultural experiences of different ethnic groups within the New Zealand population.

Collecting quality ethnicity data will ensure that the Government is able to track health trends by ethnicity and effectively monitor its performance to improve health outcomes and reduce health inequalities. Also by accurately recording and collecting ethnicity data, the quality of information available to DHBs/PHOs will improve and enable better service planning, funding of services for different population groups and enhance the quality of services provided to communities.

The measure supports DHBs/PHOs to understand the health care needs of all ethnicities through accurate information. It also provides Māori with quality information about their health status and enables Māori to participate in, and contribute to, strategies for Māori health improvement.

Utilisation of the EDAT toolkit will facilitate accurate reporting and collection of ethnicity data and improve the quality of information used for service planning, targeting and delivery of funding for priority and high needs populations.

**Deliverables definitions**

PHOs are expected to:

* meet ethnicity data collection standards outlined in the 2017 Ethnicity Data Protocol,
* train all staff who are involved in the collecting and/or recording of patient ethnicity data using the online training module
* and audit the quality of ethnicity data using EDAT.

If the EDAT audit process does not identify any issues, then the audit process should be repeated every three years. Where the process identifies some issues, then the PHO is expected to undertake quality improvement activities and repeat any relevant stages of the audit within 12 months.

DHBs are required to provide six-monthly updates identifying:

* the percentage of PHOs that have undertaken an audit using EDAT in the past three years
* PHOs’ most recent Stage 3 EDAT performance (i.e. level of match in ethnicity data)
* the percentage of PHOs that have reported improvement in quality of ethnicity data collection

Where a PHO has a level of match in ethnicity data below 90 percent, the report must indicate whether the PHO has developed a clear plan outlining activities to improve performance, set an appropriate timeframe to achieve the proposed performance target, and whether it is on track to meet the performance target.

**Reporting Period**

***Reporting required****:* Six-monthly, in

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 2 | Data to cover the period 1 October to 31 December |
| Quarter 4 | Data to cover the period 1 April to 30 June |

**Expectations**

DHBs should be ensuring timely and effective PHO implementation of the 2017 Ethnicity Data Protocols and use of EDAT.

Specifically:

* it is expected the PHOs accurately record ethnicity information about clients according to the 2017 Ethnicity Data Protocols.
* it is expected the PHOs have processes in place to ensure all clients ethnicity information are up-to-date
* provide a resolution plan on what it is doing to address the PHO’s performance
* work is continuously undertaken to improve ethnicity data quality and reporting mechanisms
* there are strategies for reviewing and correcting ethnicity data quality issues
* a proactive approach is taken to develop and improve internal processes in order to maximise ethnicity data quality. This activity must include:
  + considering the negative effect any proposed system change may have on ethnicity data quality and minimising this impact
  + train all staff who are involved in the collecting and/or recording of patient ethnicity data using the online training module

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Achieved | PHO has implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three year period.  The current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent. |
| Partially Achieved | PHO has implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three year period.  The current results from Stage 3 EDAT show a level of match in ethnicity data between 70 and 90 percent.  The PHO has provided a clear plan outlining activities to improve performance, set an appropriate timeframe to achieve a proposed performance target, and is on track to meet the performance target. |
| Not Achieved | Not meeting the Achieved or Partially Achieved rating requirements. |

***Outcome priority: We have equity for Māori and other groups***

***Better population health outcomes supported by primary health care PH03: Improving Māori enrolment in PHOs to meet the Budget Standard of 95 percent***

|  |  |  |
| --- | --- | --- |
| **Summary information** | | |
| ***Target/performance expectation*** | Agreed in DHB Annual Plan  DHBs with Māori enrolment rates less than 95 percent   * Work with their PHOs to target those people who are not enrolled * PHOs and/or DHBs deliver enrolment messages to those who are not enrolled through outreach clinics and NGOs   DHBs already meeting or exceeding the national average of 95 percent   * Continue to maintain the Māori enrolment percentage | |
| ***Reporting frequency*** | Six monthly (quarters 2 and 4) | |
| ***Source information for reporting provided by:*** | *Data is sourced from CBF file. Information for reporting in publically available on the Ministry of Health website http://www.health.govt.nz/our -work/primary-health-care/about\_primary-health-organsiation/enrolment-primary-health-organisation* | |
| ***Quarterly reporting - standard timeline applies*** | |  |  | | --- | --- | | DHB Reports Due | 20th of the month following the end of the quarter | | Ministry Initial rating & feedback | 8-10 working days from receiving reports | | DHB Response due | 5 working days from receiving initial ratings | | Confirmed rating and feedback | 4-5 working days from receiving DHB feedback | | |
| ***Linkages:*** This performance measure is also linked to the Tier 1 Statistics available via Ministry website  http://www.health.govt.nz/our-work/primary-health-care/about-primary-health-organisation/enrolment-primary-health-organisation | |  |

**Link to outcomes and priority areas**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By improving Māori enrolment in PHOs and NHI registers DHBs will assist in delivery of Government's priority to support healthier, safer and more connected communities and our health system outcome that we have health equity for Māori and other groups.

The health and disability sector has a role in providing ethnicity information that enables wider sector analysis of economic, social and cultural experiences in different ethnic groups within the New Zealand population.

The measure provides information that allow DHB/PHOs to understand the health care needs of all ethnicities through accurate information. It also provides Māori with quality information about their health status and enables Māori to participate in, and contribute to, strategies for Māori health improvement.

**Deliverables definitions**

DHBs are expected to report on delivery of the actions and milestones to improve Māori enrolment rates with PHOs.

DHBs are required to provide six-monthly updates identifying the current Māori enrolment percentage. If the DHB has an enrolled Māori enrolment rate of below 95 percent, then the progress update must indicate whether there is:

* a clear plan the outlines activities to improve the PHO’s performance
* a proposed performance target and an appropriate timeline to achieve it.

**Reporting Period**

***Reporting required:*** *Six monthly, in*

|  |  |
| --- | --- |
| **Quarter** | **For the time period** |
| Quarter 2 | 1 July – 31 December |
| Quarter 4 | 1 April – 30 June |

**Expectations**

DHBs/PHOs are expected to have in place a process that ensures the Māori population within their region is enrolled with a PHO.

* It is expected that the DHB/PHO accurately record ethnicity information about clients in line with the Ethnicity Data Protocol (2017)
* It is expected that the DHBs have processes in place to ensure all patient ethnicity information is up-to-date, and ethnicity data collection is regularly audited (refer PHO2)
* Provide a resolution plan on what it is doing to address the PHO’s performance
* DHBs and PHOs work continuously to improve Māori enrolment rates within their region
* Ensure that the PHO has strategies for reviewing enrolment rates and enrolling those who are not currently enrolled.

|  |  |
| --- | --- |
| **Rating:** | **Definition** |
| Achieved | DHB has an enrolled Māori population of 95 percent or above and is maintaining and/or increasing their enrolment rate. |
| Partially Achieved | DHB has an enrolled Māori population of < 95 percent but has provided a clear plan outlining activities to improve Māori enrolment and determined an appropriate timeframe to meet proposed performance target. |
| Not Achieved | DHB has an enrolled Māori population of < 95 percent and has not provided a clear plan outlining activities to improve Māori enrolments, or has not determined an appropriate timeframe to meet proposed performance target, or is not on track to meet proposed performance target. |

Outcome priority: We live longer in good health

## Better population health outcomes supported by primary health care PH04: Better help for smokers to quit (primary care)

Includes Improving child wellbeing CW09: Better help for smokers to quit (maternity)

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary information** | | | |
| * 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months * 90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking | | | |
| ***Measures*** | | ***Reporting*** | |
| Target: | Target agreed in Annual Plans | Type: | Data & report |
| Reporting frequency: | Quarterly |
| ***Source data/template for reporting provided by:*** | | * Primary care target data – supplied to the Ministry of Health through the PHO performance programme (PPP) system * Maternity target data –supplied to the Ministry by Midwifery and Maternity Provider Organisation (MMPO and DHBs   All reporting templates will be supplied by the Ministry. | |

**Link to outcomes**

Delivery of this measure supports the vision for the New Zealand health and disability system of Pae Ora – healthy futures.

By ensuring better help for smokers to quit in primary care settings DHBs will assist in delivery of Government's priority to support healthier, safer and more connected communities and by ensuring better help for pregnant women to quit smoking DHBs will support Government's priority to make New Zealand the best place in the world to be a child. Both measures support our health system outcome that we live longer in good health.

The measure also supports the Government’s aspirational goal of a Smokefree New Zealand by 2025. Achieving a Smokefree New Zealand will mean that:

* our children and grandchildren will be free from exposure to tobacco and tobacco use
* the prevalence of smoking across all populations will be less than 5 percent
* tobacco will be difficult to sell and supply.

At present, tobacco smoking places a significant burden on the health of New Zealander’s and on the New Zealand health system. Tobacco smoking is related to a number of life-threatening diseases, including cardiovascular disease, chronic obstructive pulmonary disease and lung cancer. It also increases pregnant smokers’ risk of miscarriage, premature birth and low birth weight, as well as their children’s risk of Asthma and Sudden Unexplained Death in Infants (SUDI).

Stopping smoking confers immediate health benefits on all people, and is the only way to reduce smokers’ risk of developing a smoking-related disease. Providing smokers with brief advice to quit increases their chances of making a quit attempt. The chance of that quit attempt being successful is increased if medication and/or cessation support are also provided. Most medications roughly double a smoker’s chance of quitting, but using medication in conjunction with a cessation support service (such as the Quitline or an Aukati KaiPaipa service) can increase a smoker’s chance of quitting by as much as four times.

By ensuring that all health professionals are routinely providing their patients with advice and support to quit, DHBs, PHOs and midwives are helping to ensure that people receive better health and disability services, and live longer and healthier lives.

The following actions and activities are examples of initiatives that have had an impact on this measure in both hospital, maternity and primary care settings:

* Mechanisms for capturing data are accessible and easy to use.
* Methods for referring patients to cessation support services are simple and succinct.
* Services are able to monitor their progress towards the target on a regular basis.
* Smokefree champions are in place within each ward, practice or service to provide motivation, education and support for the target.

**Deliverables**

**Primary care target:**

Each quarter, DHBs, in collaboration with their local PHOs, will be required to complete the template supplied by the Ministry. The Ministry will provide DHBs with their region’s primary care result once it has received the data from the PPP system.

**Maternity target:**

The Ministry will start online reporting of the maternity target from quarter one 2015/16. Each quarter, DHBs will be required to complete the two template supplied by the Ministry. The Ministry will provide DHBs with their region’s result once it has received the data from MMPO and DHBs.

**Eligible populations**

**Primary care target:**

All adults who are:

* aged between 15 to 75 years
* enrolled in a PHO; and
* identified as a current smoker.

**Maternity target:**

All pregnant women who are:

* aged 15 years and over; and
* identified as a current smoker upon registration with a DHB-employed midwife or Lead Maternity Carer.

Explanation of terms

For the purpose of the primary care target and the maternity target a current smoker is someone who has smoked more than 100 cigarettes in their lifetime and has smoked tobacco in the last 28 days.

**Reporting period**

Quarterly reports must be submitted to the Ministry by the 20th of the month following the relevant quarter.

**Expectations**

All DHBs are expected to meet the 90 percent primary care target and 90 percent maternity target. The achievement scale below will be applied to each of the target areas individually every quarter.

Table 2: Health target achievement Scale

|  |  |
| --- | --- |
| **Rating** | **Definition** |
| Achieved\* | The DHB has met the percentage target for the quarter 90 percent for the primary care target and 90 percent for the maternity target). |
| Partial Achievement | The DHB has not met the percentage target, but has improved on its result from the previous quarter. |
| Not Achieved | The DHB has not met the percentage target, and its result has dropped since the previous quarter. |

\*From 2014/15 for all performance measures included in the Maori health plan this rating is applied when the DHB has met the target agreed in its Annual Plan **and** has achieved significant progress for the Maori population group, and the Pacific population group.

## Appendix one: Status update Reports – actions included in annual plans

**Please use the template below to provide status updates on the progress of delivery of annual plan actions and milestones. Please note that the EOA actions included in these updates will be published on the nationwide service framework library web site following quarter two and quarter four reporting periods.** [**https://nsfl.health.govt.nz/dhb-planning-package/equity-actions-dhb-annual-plans**](https://nsfl.health.govt.nz/dhb-planning-package/equity-actions-dhb-annual-plans)**.**

Please note that seven individual templates are expected acting as seven separate deliverables for reporting purposes, one for each priority area (an example template for Improving child wellbeing is provided):

* Improving child wellbeing
* Improving mental wellbeing
* Improving wellbeing through prevention.
* Better population health outcomes supported by strong and equitable public health services
* Better population health outcomes supported by primary health care.
* Give practical effect to He Korowai Oranga – the Māori Health Strategy
* Improving sustainability

|  |  |  |  |
| --- | --- | --- | --- |
| **2021/22 annual plan – status report for priority actions** | | **Improving Child wellbeing** | |
| Improving child wellbeing Priority focus areas | | Status report for quarter X  *Green = action complete*  *Orange = completion of action delayed mitigation in place*  *Red =completion of action delayed mitigation not expected to allow completion in 2021/22* | |
| **Key Actions from the Annual Plan**  *1. Please Identify each action from the plan and indicate if EOA.*  *2. Please also identify the system outcome and Government priority outcome supported by each action or group of actions as identified in the annual plan:*   * *LLGH - we live longer in good health* * *IQOL- we have improved quality of life* * *HEMO - we have equity for Maori and other groups* * *HSCC- support healthier, safer and more connected communities* * *BPWC – make New Zealand the best place in the world to be a child* * *ELCV- ensure everyone who is able is earning, learning, caring or volunteering.* | **Milestones**  *Identify the milestones agreed for each quarter.* | **Status**  *Use star to identify* ***one*** *action from all the improving* ***child wellbeing actions*** *to be included on performance dashboard as the quarter highlight* | **Comments** |
| **For example Focus area Immunisation**  *Actions 1-3 link to HSCC*  Action 1. (EOA) (HEMO)  Action 2. (HEMO)  Action 3. (LLGH)  *Actions 4- 6 link to BPWC*  Action 4. (EOA)(LLGH)  Etc. | Q1. |  |  |
| Q1. |  |  |
| Q2. |  |  |
| Q2. |  |  |
| Q3. |  |  |
| Q3. |  |  |
| Q4. |  |  |
| Q4. |  |  |
| **For example focus area First 1000 days**  *Actions 1-3 link to BPWC and HEMO*  Action 1. (EOA)  Action 2. (EOA)  Action 3.  Etc. | Q1. |  |  |
| Q1. |  |  |
| Q2. |  |  |
| Q2. |  |  |
| Q3 |  |  |
| Q4. |  |  |

## Appendix two: NZ organised acute stroke service specifications, stroke rehabilitation service specifications and Organised Inpatient Stroke Rehabilitation Service Minimum Expectations (refer SS13)

Stroke Service Specifications

## Prepared by the National Stroke Network to outline minimal standards and strongly recommended standards for DHBs providing In-patient Stroke Services.

Organised Acute Stroke Services are provided by a coordinated specialised interdisciplinary team (IDT) and consist of early and ongoing comprehensive assessments and treatment which is guided by best practice. This is reflected in the use of stroke specific protocols. The IDT meets regularly to discuss, formulate and implement patient management and optimise rehabilitation and patient function. Ideally care is provided in a geographically discrete unit but depending on DHB size this may not always be feasible.

**Services provided:**

* Stroke Thrombolysis available 24 / 7
* Stroke Clot Retrieval (SCR)(in designated stroke centres) or access to SCR
* Rapid TIA Access
* Acute Stroke Care
* Inpatient and Community Stroke Rehabilitation

**Members of an in-patient stroke team:**

Designated to stroke (not necessarily designated to stroke exclusively):

* Stroke physician\*
* Stroke nurse\*
* Physiotherapist
* Occupational Therapist
* Speech and Language Therapist
* Social worker

Clinicians that should be available but not necessarily members of the acute stroke team:

* Dietician
* Clinical Psychologist
* Pharmacist

\* Each DHB should have a designated *lead* stroke physician and *lead* stroke nurse, and a lead allied health professional. For daily clinical activities several clinicians can share patient responsibilities on a rotating basis.

**Education:**

* Baseline qualifications with expectation of expertise in stroke management
* Ongoing education should include a minimum of eight hours of annual formal stroke education for each designated acute stroke team member
* Provision of education to other clinical staff working with stroke
* A credentialing process in place for physician’s supervising/providing thrombolysis.

**Meetings/collaboration**:

* Minimum IDT meeting once a week to discuss ongoing management, goal setting, and discharge planning

**Offering key components of stroke management utilising protocols with specified time frames:**

* Pre-notification of stroke teams, rapid access to imaging, thrombolysis, stroke clot retrieval pathway, TIA, stroke care guidelines (medical, nursing, dysphagia, early mobilisation, functional assessments, education of patients and family), hospital transfers, discharge planning, transitions to inpatient rehabilitation or community and secondary prevention.

**Links to Emergency Medical Services, ED, radiology, neurosurgery, vascular surgery, rehabilitation, Stroke Foundation.**

**Quality Assurance and audit**

* Mandatory entry of stroke thrombolysis and clot retrieval cases to the Reperfusion Register., Regular audit processes must be in place which may be managed through the extended stroke registry. All serious adverse events should be fully investigated and discussed as a team and as appropriate used as learning opportunities at regional/national network meetings.
* Patient reported experience and outcomes are measured and monitored.

**Research/Advocacy**

* There should be some evidence that the service engages in clinical stroke research or stroke audits and patient advocacy relating to stroke.

**Acute Stroke Unit/Organised In-patient Stroke Services**

**A stroke unit** is defined as a discrete ward, or beds within a ward, with a dedicated specialised multi-disciplinary team (MDT) and could include acute stroke units that discharge patients to a rehabilitation service, or an integrated acute and rehabilitation unit. A stroke patient needs to be admitted/transferred to a stroke unit as soon as possible after presentation.

Hospitals designated as providing an ‘Organised Stroke Service’ should have a designated geographical area with stroke patients spending the majority of their acute hospital stay in this ‘unit.’ Ideally beds are dedicated to stroke patients. In small hospitals where a dedicated ‘unit’ may not be feasible due to low patient volumes patients may be admitted to a single general medical ward if all other components of an organised stroke service are provided. In this situation the patient should be seen by a member of the stroke team within 24 hours of admission. Alternatively, if organised acute stroke services are not available patients should be transferred to a larger centre using a defined pathway.

**Staffing Levels**

Exact FTE allocation for interdisciplinary stroke team member staffing levels has not been firmly established at this point in time. However, as a general guide staffing levels should be sufficient to enable care of patients in accordance with current Stroke Guidelines1 approved by the National Stroke Network. All designated members of the stroke team should have some dedicated time (part- or full-time depending on patient volumes) specifically allocated to stroke care and maintenance of stroke care competencies2.

References:

1. <https://informme.org.au/Guidelines/Clinical-Guidelines-for-Stroke-Management-2017>
2. <https://strokenetwork.org.nz/Nurse%20Working%20Group>

In-patient and Community Stroke Rehabilitation Minimum Expectations for DHBs

These expectations are based on the “NZ Organised Stroke Rehabilitation Service Specifications” document (in-patient and community) prepared by the National Stroke Network in December 2014.

‘Organised Inpatient Stroke Rehabilitation Service’

Minimum Expectations

* On-site availability of core stroke rehabilitation team members (Doctor, Nurse, Physiotherapist, Occupational Therapist, Speech and Language Therapist, Social Worker)
* Co-location of all adult ages stroke rehabilitation beds on a single rehabilitation ward
* Regular inter-disciplinary meeting with documented goal setting at least once per week
* Written clinical guidelines for shoulder pain, continence, mood, falls, pressure injuries, dysphagia, nutrition and aphasia available and accessible to staff
* Documented goal specific rehabilitation plan for each patient that is developed in conjunction with the patient and their family
* Written stroke education for patients, families, and carers available on ward
* Pre-discharge education and training for family/carers completed and documented for each patient prior to discharge
* Regular measurement and documentation of rehab intensity (i.e. time patient spends in active rehabilitation grouped by provider – e.g. PT, SLT, RN, therapy assistant)
* Participation in AROC data collection in addition to regular reporting of MoH stroke KPIs
* Annual audit of at least one additional aspect of stroke rehabilitation services
* Stroke specific education for core clinical staff available (minimum 8 hours per year)
* Access as required to a clinical psychologist, dietician, pharmacist, and service co-ordinator/NASC

‘Organised Community Stroke Rehabilitation Service’

Minimum Expectations

April 2017

* An interdisciplinary community rehabilitation team with stroke specific skills, who support people with stroke to transition seamlessly into the community.
* The team includes the following members:
  + Nurse Specialist or Speciality Nurse
  + Allied Health Professionals (including PT, OT, SLT and social work) with expertise in stroke
  + Medical practitioner with expertise in stroke medicine
  + Access to, dietetics, psychology and NASC as required
* Team members have access to stroke specific training (minimum 8 hrs/ year)
* A single point of entry for referrals for all adult stroke service users and health professionals
* Work in partnership with the patient and family/Whanau to enhance autonomy and self-management, with use of ‘homework’ to increase intensity of practice and activity levels
* Documented goal specific rehabilitation plans for each patient that are developed in

conjunction with the patient and their family

* Ability to deliver up to three sessions per week of Physiotherapy, Occupational Therapy or Speech Language Therapy as needed in the first four weeks of the community rehabilitation\* programme to work towards patient/family/whānau goals. Sessions may be delegated to trained therapy/rehabilitation assistants as appropriate.
* A weekly interdisciplinary team meeting
* Strong links between the in-patient rehabilitation team and the community team to assist with discharge planning and to discuss long term goals for the patient’s rehabilitation once they are in a community setting
* Established processes for communicating effectively with GPs, other primary care providers and the Stroke Foundation and options for ongoing rehabilitation in the community.

*\*Sessions can be held in individuals own home, outpatient setting or other community setting depending on the individual’s needs.*

1. It is acknowledged that use of the “prioritised ethnicity” approach is not consistent with New Zealand’s [Statistical Standard for Ethnicity](http://www.stats.govt.nz/~/media/statistics/class-stnd/ethnicity/ethnic05-statistical-standard.aspx); but it is considered that this approach is acceptable given that:

   the historical use of this approach in the long-term data series since 1990 and

   the standard “total response” approach will not provide an accurate picture of the number of children examined by DHBs’ Community Oral Health Service and other contracted third party providers. [↑](#footnote-ref-2)
2. It is acknowledged that use of the “prioritised ethnicity” approach is not consistent with New Zealand’s [Statistical Standard for Ethnicity](http://www.stats.govt.nz/~/media/statistics/class-stnd/ethnicity/ethnic05-statistical-standard.aspx); but it is considered that this approach is acceptable given that:

   the historical use of this approach in the long-term data series since 1990 and

   the standard “total response” approach will not provide an accurate picture of the number of children examined by DHBs’ Community Oral Health Service and other contracted third party providers. [↑](#footnote-ref-3)
3. It is acknowledged that use of the “prioritised ethnicity” approach is not consistent with New Zealand’s [Statistical Standard for Ethnicity](http://www.stats.govt.nz/~/media/statistics/class-stnd/ethnicity/ethnic05-statistical-standard.aspx); but it is considered that this approach is acceptable given that:

   the historical use of this approach in the long-term data series since 1990 and

   the standard “total response” approach will not provide an accurate picture of the number of children examined by DHBs’ Community Oral Health Service and other contracted third party providers. [↑](#footnote-ref-4)
4. It is acknowledged that use of the “prioritised ethnicity” approach is not consistent with New Zealand’s [Statistical Standard for Ethnicity](http://www.stats.govt.nz/~/media/statistics/class-stnd/ethnicity/ethnic05-statistical-standard.aspx); but it is considered that this approach is acceptable given that:

   the historical use of this approach in the long-term data series since 1990 and

   the standard “total response” approach will not provide an accurate picture of the number of children examined by DHBs’ Community Oral Health Service and other contracted third party providers. [↑](#footnote-ref-5)
5. National Breastfeeding Advisory Committee of New Zealand. 2009. *National Strategic Plan of Action for Breastfeeding 2008–2012: National Breastfeeding Advisory Committee of New Zealand’s advice to the Director-General of Health*. Wellington. Ministry of Health. [↑](#footnote-ref-6)
6. WHO 2003. Global strategy for infant and young child feeding. [↑](#footnote-ref-7)
7. Martinelli et al, 2015. The effects of frenotomy on breastfeeding. *Journal of Applied Oral Science* 23 (2) p153-157. [↑](#footnote-ref-8)
8. Ministry of Health 2008. *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper* - Partially revised December 2012. Wellington: Ministry of Health. [↑](#footnote-ref-9)
9. New Zealand Breastfeeding Alliance Report, December 2015. [↑](#footnote-ref-10)
10. Ministry of Health. 2016. Indicators for the Well Child / Tamariki Ora Quality Improvement Framework: March 2016. Wellington: Ministry of Health. [↑](#footnote-ref-11)
11. This would be a registered health professional working in a primary care health care or community setting as part of their role in the ongoing care of a child, and to ensure clinical assessment has occurred following referral from the B4SC. This could also be a referral into a multi-disciplinary team that includes at least one registered health care professional in attendance, although we would expect a clinical assessment to occur from this referral. The referral pathway from the B4SC for a child may simultaneously include a referral to a family based nutrition, activity and lifestyle intervention, however this alone would not count as referred for the purposes of the health target. The B4SC itself cannot count as a referral [↑](#footnote-ref-12)
12. Not in Education, Employment or Training [↑](#footnote-ref-13)
13. # In alignment with Whakamaua: Māori Health Action Plan 2020-2025. Link: https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025

    [↑](#footnote-ref-14)
14. In alignment with Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025. Link: https://www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025 [↑](#footnote-ref-15)
15. Basu, A., & Brinson, D. (2008). The effectiveness of interventions for reducing ambulatory sensitive hospitalisations: A Systematic Review. *HSAC Report.* [↑](#footnote-ref-16)
16. For further information please refer to the *Guidance Statement: ED Observation and ED Assessment Units* on http://www.hiirc.org.nz/page/18737/guidance-statement-ed-obervation-and-inpatient/?section=9088&contentType=451&tab=822 [↑](#footnote-ref-17)
17. Refer to Part 1, Section 4 Treaty of Waitangi in the New Zealand Public Health and Disability Act 2000 and Chapter 6 ‘Improving Māori Health’ in the OPF. [↑](#footnote-ref-18)
18. The requirement to report about Pacific people applies only to those DHBs with high Pacific populations. These DHBs are: Counties Manukau, Auckland, Waitemata, Waikato, Capital & Coast, Hutt Valley and Canterbury. [↑](#footnote-ref-19)
19. Whānau Ora Review https://www.tpk.govt.nz/docs/tpk-wo-review-2019.pdf [↑](#footnote-ref-20)