



2020 / 2021

**Te Māhere Tau me Tōna Tākune
Me Te Tauāki Mahi o te Pūtanga Ake**

**Whanganui District Health Board
Statement of Performance Expectations**

*'I rere kau mai te awanui mai i te kāhui maunga ki Tangaroa.
Ko au te awa, ko te awa ko au.'*

The river flows from the mountain to the sea. I am the river and the river is me.

Statement of Performance Expectations

The Statement of Performance Expectations is a requirement of the Crown Entities Act 2004 as amended by the Crown Entities amendment Act 2013 and sets the annual performance expectations of Whanganui District Health Board. The Statement of Performance Expectations is an integral part of the DHB Annual Plan, however, in order to meet the requirements of Section 149(L) of the Crown Entities Act 2004 we are pleased to present the following information which forms the Statement of Performance Expectations.

This Statement of Performance Expectations is signed on behalf of the Whanganui District Health Board this 31st day of July 2020



Ken Whelan
Toihau
Board Chair



Annette Main
Board Member



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Statement of performance expectations



Output Class 1: Prevention Services

Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising of services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability.

Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing. They include:

- Health promotion to ensure that illness is prevented and unequal outcomes are reduced.
- Statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases.
- Population health protection services such as immunisation and screening services.

On a continuum of care these services are population-wide preventative services.

Why is this output class significant?

The DHB will support people to take more responsibility for their own health and reduce the prevalence and impact of long-term illness or disease.

Reducing risk factors such as tobacco smoking, poor nutrition, low levels of physical activity and alcohol consumption together with health and environmental protection factors will contribute to an improved health status of our population overall and reduce the potential for untimely and avoidable death.

What outcomes are we contributing to?

- People/whānau enjoy healthy lifestyles within a healthy environment.
- The needs of specific age-related groups, e.g. older people, children/youth, are addressed.
- The healthy will remain well.

Prevention Services

Measure description	Ethnicity	2018/19 Actual	2019/20 Forecast	2020/21 Target	2022/23 Outlook
Ambulatory sensitive hospitalisations for children 0 – 4 years of age (compared with the national rate)					
	All	104.1%	93.5%	≤110%	≤100%
	Māori	142.4%	128.7%	≤115%	≤100%
	Non-Māori	73.1%	64.4%	≤110%	≤100%
Children caries free at 5 years of age					
	All	57%	59%	≥58%	≥60%
	Māori	35%	41%	≥58%	≥60%
	Non-Māori	64%	66%	≥58%	≥60%
Immunisation coverage rate at 8 months of age					
	All	87.1%	85.1%	≥95%	≥95%
	Māori	81.5%	78.7%	≥95%	≥95%
	Non-Māori	91.6%	89.4%	≥95%	≥95%
Babies in a Smokefree household at 6 weeks of age					
	All	49.2%	55.3%	≥38%	≥60%
	Māori	32.4%	32.4%	≥28%	≥60%
	Non-Māori	61.5%	61.5%	≥58%	≥60%
Proportion of infants exclusively or fully breastfed at six weeks					
	All	66.3%		≥70%	≥70%
	Māori	64.3%		≥70%	≥70%
	Non-Māori			≥70%	≥70%
Proportion of youth who have received HPV vaccine					
	All	77.3%	67.7%	≥75%	≥75%
	Māori	72.5%	66.6%	≥75%	≥75%
	Non-Māori	81.0%	68.5%	≥75%	≥75%
Cervical screening three-year coverage rate for women aged 25-69 years					
	All	76.2%	74.5%	≥80%	≥80%
	Māori	72.3%	73.9%	≥80%	≥80%
	Non-Māori	77.4%	74.7%	≥80%	≥80%
Percentage of PHO enrolled patients who smoke have been offered help to quit smoking by a healthcare practitioner in the last 15 months					
	All	90.3%	88.7%	≥95%	≥95%
	Māori	89.6%	88.4%	≥95%	≥95%
	Non-Māori	90.9%	89.0%	≥95%	≥95%
Number of extended consults delivered by a GP or practice nurse					
	Total	1791	1240	2228	Target to be established: Youth 20% Adult 80%
	Youth	152 (8.5%)	140(est) (11.3%)	446	
	Adult	1639 (91.5%)	1100(est) (88.7%)	1782	
Percentage of enrolled population 65 years + who have the flu vaccination					
	All	70.3%	68.5%	≥75%	≥75%
	Māori	73.1%	68.0%	≥75%	≥75%
	Non-Māori	70.0%	68.6%	≥75%	≥75%

Output Class 2: Early detection and management

Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Includes general practice, community and Māori health services, pharmacist services, community pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.

These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.

On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.

Why is this output class significant?

For most people, their general practice team is their first point of contact with health services. Primary care is also vital as a point of continuity and effective coordination across the continuum of care with the ability to deliver services sooner and closer to home.

Supporting primary care are a range of health professionals including midwives, community nurses, social workers, aged residential care providers, Māori health provider organisations and pharmacists who work in the community, often with the neediest families.

What outcomes are we contributing to?

- Health and disability services are accessible and delivered to those most in need.
- The health and wellbeing of Māori is equitable with non-Māori.
- The needs of specific age-related groups, including older people, vulnerable children and youth, and people with chronic conditions are addressed.
- The quality of life is enhanced for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions.

Early Detection and Management					
Measure description	Ethnicity	2018/19 Actual	2019/20 Forecast	2020/21 Target	2022/23 Outlook
Proportion of pregnant women accessing DHB funded pregnancy and parenting education					
Average number of mothers attending 75% of education per quarter/average new births per quarter.	All	24.7	22.7%	≥40.0%	≥40.0%
	Māori	N/A	14.6	Target to	be established
	Non-Māori	N/A	29.2	Target to	be established
Proportion of adolescent population utilising DHB-funded dental services Only available Q4 for Calendar 19.					
	All	69.2	N/A	≥85.0%	≥90%
	Māori	N/A	Target to be established		
Proportion of children enrolled in the community oral health service who have treatment according to plan					
	All	97.0%	94.3%	≥90%	≥90%
	Māori	96.2%	93.3%	≥90%	≥90%
	Non-Māori	97.5%	95.0%	≥90%	≥90%
Proportion of youth (12-19 years olds) seen each quarter by primary mental health services					
	All	1.2%	1.3%	≥2.0%	≥4.0%
	Māori	1.4%	1.7%	≥2.0%	≥4.0%
	Non-Māori	1.0%	1.0%	≥2.0%	≥4.0%
Shorter waits for non-urgent mental health and addiction services (0-19 yrs)					
Total Maori Non Maori	< 3 weeks	86.0%	84.5%	≥80%	≥80%
		84.9%	81.5%		
		86.7%	86.0%		
	3-8 weeks	97.3%	98.3%	≥95%	≥95%
		96.45	97.5%		
		98.0%	98.6%		
> 8 weeks	100.0%	100.0%	100%	100%	
Ambulatory Sensitive Hospitalisations (ASH) rates for 45-64 years of age relative to national rate					
	All	162.5%	161.4%	≤170%	≤125%
	Māori	298.5%	267.4%	≤151%	≤125%
	Non-Māori	131.1%	134.5%	≤166%	≤125%
Proportion of patients with good or acceptable glycaemic control (HbA1C < 64 mmol/mol)					
	All	61.3%	58.6%	≥60%	≥60%
	Māori	51.0%	49.6%	≥60%	≥60%
	Non-Māori	66.3%	62.9%	≥60%	≥60%
Proportion of eligible population who have had their cardiovascular risk assessed in the last five-years					
	All	87.6%	86.5%	≥90%	≥90%
	Māori	84.8%	84.0% est	≥90%	≥90%
	Non-Māori	88.4%	87.0%	≥90%	≥90%
Percentage of people accepted for an urgent diagnostic colonoscopy received their procedure within two-weeks (14 days)					
April(75%)	All	91.3%	91.7%	≥90%	≥90%
Percentage of long term clients with mental illness who have an up-to-date relapse prevention plan					
	Child	89.4%	100.0%	≥95%	≥95%
	Adult	All- 92.2%	98.96%	≥95%	≥95%

Output Class 3: Intensive assessment and treatment

Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialised equipment such as a 'hospital'. These services are generally complex and provided by health care professionals that work closely together.

They include:

- Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services.
- Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services.
- Emergency Department services including triage, diagnostic, therapeutic and disposition services.

On a continuum of care these services are at the complex end of treatment services and focused on individuals.

Why is this output class significant?

Equitable, timely access to intensive assessment and treatment can significantly improve the quality of life for people through early intervention or through comprehensive, co-ordinated care.

Responsive services and timely treatment support improvements across the whole system and can give people confidence that complex intervention is available when needed.

Quality improvement in service delivery, systems and processes will improve the effectiveness of clinical practices and patient safety, reduce the number of events causing injury or harm and provide improved outcomes for people in our services.

What outcomes are we contributing to?

- Health and disability services are accessible and delivered to those most in need.
- The health and wellbeing of Māori is equitable with non-Māori.
- The quality of life is enhanced for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions.
- People experiencing a mental illness receive care that maximises their independence and wellbeing.

Intensive Assessment and Treatment

Measure description	Ethnicity	2018/19 Actual	2019/20 Forecast	2020/21 Target	2022/23 Outlook
Inpatient length of stay – ACUTE					
	All	2.24	2.26	≤2.2	≤2.1
Unplanned readmission rate at 28 days					
Standardised	All	13.2%	13.3%	≤12.1%	≤12.0%
	Māori	13.0%	13.3%	≤12.1%	≤12.0%
	Non-Māori	14.6%	13.1%	≤12.1%	≤12.0%
Faster Cancer Treatment (62-day indicator)					
	All	83.0%	100%	≥90%	≥90%
Improving waiting times for diagnostic services Computed Tomography (CT)					
	All	97.8%	96.8%	≥95%	≥95%
	Māori	98.2%	n/a	≥95%	≥95%
	Non-Māori	97.75	n/a	≥95%	≥95%
Improving waiting times for diagnostic services Magnetic Resonance Imaging (MRI)					
	All	98.1%	98.3%	≥90%	≥90%
	Māori	96.1%	n/a	≥90%	≥90%
	Non-Māori	98.4%	n/a	≥90%	≥90%
Percentage service users receiving community care within seven days post discharge (kpi19)					
	All	n/a	62.0%	≥75%	≥90%
	Māori	50.0%	60.4%	≥75%	≥90%
	Non-Māori	42.5%	63.8%	≥75%	≥90%
Rate per 100,000 population are committed to compulsory mental health treatment					
	All	174	138	≤135	≤120
	Māori	307	249	≤250	≤225
	Non-Māori	121	102	≤100	≤90
Standardised intervention rates					
	Cardiac (All)	5.5	4.41	≥6.5	≥6.5
	Angioplasty (All)	11.8	13.12	≥12.5	≥12.5
	Angiography (All)	30.3	30.5	≥34.7	≥34.7
Standardised intervention rates (cataracts & major joints)					
	Cataracts (All)	26.3	22.27	≥27.0	≥27.0
	Major joints (All)	26.3	23.20	≤28.0	≤21.0
Hospital acquired complications per 10,000 inpatient episodes					
	All	181	181	≤40.0	≤40.0

Output Class 4: Rehabilitation and support

Rehabilitation and support services are delivered following a 'needs assessment' process and co-ordination input by needs assessment and service coordination (NASC) services for a range of services including palliative care, home-based support and residential care services.

On a continuum of care these services will provide support for individuals.

Why is this output class significant?

Older people (aged 65+ years) have higher rates of mortality and hospitalisations for most chronic conditions, some infectious diseases and injuries (often from falls), all of which have a significant impact, not only for the individual and their family/whānau, but also on the capacity of health and social services to respond to the demands.

For people living with a disability or age-related illness, it is important they are supported to maintain their best possible functional independence and quality of life. It is also important that people who have end-stage conditions and their families are appropriately supported by palliative care services, so that the person is able to live comfortably, have their needs met in a holistic and respectful way, and die without undue pain and suffering.

Whanganui DHB is keen to place an emphasis on an increased proportion of older people living in their own home with their natural support system and if necessary supplemented by subsidised home-based support services, before aged residential care is pursued.

What outcomes are we contributing to?

- The needs of specific age-related groups, including older people, vulnerable children and youth, people with chronic conditions are addressed.
- The wider community and family/whānau support and enable older people and people with a disability to participate fully in society and enjoy maximum independence.

Rehabilitation and Support					
Measure description	Ethnicity	2018/19 Actual	2019/20 Forecast	2020/21 Target	2022/23 Outlook
Percentage of mental health & addictions service users receiving community care within seven days following their discharge (KPI 19)					
	All	n/a	62.0%	≥75%	≥90%
	Māori	50.0%	60.4%	≥75%	≥90%
	Non-Māori	42.5%	63.8%	≥75%	≥90%
Percentage of older people in aged residential care by facility who have a second InterRAI Long-Term Conditions Facilities (LTCF) assessment completed 230 days after admission					
	All	91.2%	95%	≥95%	≥95%
Number of older people receiving in-home strength and balance programmes					
	All	n/a	199	199	≥199
Percentage of potentially eligible stroke patients thrombolysed					
	All	11.5%	8.0%	≥10.0%	≥12.0%
Percentage of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway					
	All	98.3%	97.0%	≥80%	≥80%
Percentage of people waiting for a surveillance or follow-up colonoscopy that wait no longer than 12 weeks (84 days) beyond the planned date					
	All	75.2%	59.9%	≥70%	≥70%
Proportion of over 64 year olds who are prescribed 11 or more medications					
	All	2.2%	2.3%	≤2.0%	≤2.0%
	Māori	2.7%	2.9%	≤2.0%	≤2.0%
	Non-Māori	2.1%	2.3%	≤2.0%	≤2.0%
Proportion of population aged 65+ years receiving DHB funded support in ARC facilities over the year					
	All	4.9%	4.3%	4.4%	4.4%
	Māori	3.3%	2.9%	3.0%	3.0%
	Non-Māori	5.1%	4.5%	4.5%	4.5%