

Appendix 1:



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 | 2019/20 Actual | 2020/21 Forecast | 2021/22 Target | 2022/23 Outlook |
| Ambulatory sensitive hospitalisations for children 0 – 4 years of age (compared with the national rate) | All | 94% | 89% | ≤110% | 110% |
| | Māori | 126% | 111% | ≤115% | 115% |
| | Non-Māori | 67% | 71% | ≤110% | 110% |
| Children caries free at 5 years of age | All | 58.6% | 59.2% | ≥58% | 58% |
| | Māori | 40.9% | 41.4% | ≥58% | 58% |
| | Non-Māori | 64.8% | 68.9% | ≥58% | 58% |
| Immunisation coverage rate at 8 months of age | All | 85.8% | 79.6% | ≥95% | 95% |
| | Māori | 79.4% | 66.7% | ≥95% | 95% |
| | Non-Māori | 91.2% | 91.3% | ≥95% | 95% |
| Babies in a Smokefree household at 6 weeks of age | All | 48.1% | 38.3% | ≥38% | 38% |
| | Māori | 32.9% | 23.2% | ≥28% | 28% |
| | Non-Māori | 60.3% | 51.1% | ≥58% | 58% |
| Proportion of youth who have received HPV vaccine | All | 69.50% | 70.50% | ≥75% | 75% |
| | Māori | 68.10% | 68.00% | ≥75% | 75% |
| | Non-Māori | 70.50% | 72.20% | ≥75% | 75% |
| Cervical screening three-year coverage rate for women aged 25-69 years | All | 74.5% | 69.70% | ≥80% | 80% |
| | Māori | 73.9% | 65.50% | ≥80% | 80% |
| | Non-Māori | 74.7% | 71.10% | ≥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 | 88.30% | 75.30% | ≥95% | 95% |
| | Māori | 88.20% | 77.40% | ≥95% | 95% |
| | Non-Māori | 88.30% | 73.60% | ≥95% | 95% |
| Number of extended consults delivered by a GP or practice nurse | Total | 1290 | 1185 | 2228 | 2228 |
| | Youth | 152 | 161 | 446 | 446 |
| | Youth | 11.8% | 13.5% | 20% | 20% |
| | Adult | 1138 | 1025 | 1782 | 1782 |
| | Adult | 88.2% | 86.5% | 80% | 80% |
| Percentage of enrolled population 65 years + who have the flu vaccination | All | 77.6% | 63.7% | ≥75% | 75% |
| | Māori | 84.7% | 62.8% | ≥75% | 75% |
| | Non-Māori | 79.6% | 65.6% | ≥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 | 2019/20 Actual | 2020/21 Forecast | 2021/22 Target | 2022/23 Outlook |
| Proportion of pregnant women accessing DHB funded pregnancy and parenting education | All | 19.6% | 18.5% | ≥40.0% | >40.0% |
| | Māori | 13.3% | 14.6% | ≥40.0% | >40.0% |
| | Non Maori | 24.7% | 21.3% | ≥40.0% | >40.0% |
| Proportion of adolescent population utilising DHB-funded dental services | All | 77.0% | 77.0% | ≥85.0% | 85% |
| Proportion of children enrolled in the community oral health service who have treatment according to plan | All | 94.3% | 99.8% | ≥90% | 90% |
| | Māori | 93.3% | 97.6% | ≥90% | 90% |
| | Non-Māori | 95.0% | 101.6% | ≥90% | 90% |
| Proportion of youth (12-19 years olds) seen each quarter by primary mental health services | All | 1.4% | 3.3% | ≥2.0% | 2.00% |
| | Māori | 2.0% | 2.9% | ≥2.0% | 2.00% |
| | Non-Māori | 1.1% | 3.6% | ≥2.0% | 2.00% |
| Shorter waits for non-urgent mental health and addiction services (0-19 yrs) | < 3 weeks-All | 81.6% | 82.7% | ≥80% | 80% |
| | Māori | 78.2% | 81.5% | ≥80% | |
| | Non-Māori | 83.8% | 83.9% | ≥80% | |
| | 3-8 weeks-All | 98.3% | 94.7% | ≥95% | 95% |
| | Māori | 98.2% | 94.3% | ≥95% | |
| | Non-Māori | 98.4% | 94.9% | ≥95% | |
| Ambulatory Sensitive Hospitalisations (ASH) rates for 45-64 years of age relative to national rate | All | 162.90% | 161.10% | ≤170% | 170% |
| | Māori | 265% | 269% | ≤151% | 151% |
| | Non-Māori | 137.40% | 132.50% | ≤166% | 166% |
| Proportion of patients with good or acceptable glycaemic control (HbA1C < 64 mmol/mol) | All | 55.30% | 56.00% | ≥60% | 60% |
| | Māori | 48.40% | 47.40% | ≥60% | 60% |
| | Non-Māori | 58.8% | 61.3% | ≥60% | 60% |
| Percentage of people accepted for an urgent diagnostic colonoscopy received their procedure within 14 days | All | 93.5% | 95.0% | ≥90% | 90% |
| Percentage of long term clients with mental illness who have an up-to-date relapse prevention plan | Child | 100.0% | 100.0% | ≥95% | 95% |
| | Adult | 98.9% | 100.0% | ≥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.

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| | Māori | 93.3% | 97.6% | ≥90% | 90% |
| | Non-Māori | 95.0% | 101.6% | ≥90% | 90% |
| Proportion of youth (12-19 years olds) seen each quarter by primary mental health services | All | 1.4% | 3.3% | ≥2.0% | 2.00% |
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| | Non-Māori | 83.8% | 83.9% | ≥80% | |
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| Percentage of long term clients with mental illness who have an up-to-date relapse prevention plan | Child | 100.0% | 100.0% | ≥95% | 95% |
| | Adult | 98.9% | 100.0% | ≥95% | 95% |

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 | 2019/20 Actual | 2020/21 Forecast | 2021/22 Target | 2022/23 Outlook |
| Percentage of mental health & addictions service users receiving community care within seven days following their discharge (KPI 19) | All | 62.0% | 74.0% | ≥75% | 75% |
| | Māori | 60.4% | 74.5% | ≥75% | 75% |
| | Non-Māori | 63.8% | 73.6% | ≥75% | 75% |
| 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 | 89.6% | 97.0% | ≥95% | 95% |
| Number of older people receiving in-home strength and balance programmes | All | 230 | 507 | 199 | 199 |
| Percentage of potentially eligible stroke patients thrombolysed (ind 2) | All | 17.0% | 19.2% | ≥10.0% | 10% |
| | Māori | 25.0% | 27.3% | - | |
| | Non-Māori | 16.3% | 18.2% | - | |
| Percentage of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway (ind 1) | All | 95.3% | 93.5% | ≥80% | 80% |
| | Māori | 76.9% | 83.3% | - | |
| | Non-Māori | 97.8% | 94.7% | - | |
| 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 | 57.7% | 53.8% | ≥70% | 70% |
| Proportion of over 64 year olds who are prescribed 11 or more medications | All | 2.3% | 2.4% | ≤2.0% | 2.00% |
| | Māori | 2.9% | 3.4% | ≤2.0% | 2.00% |
| | Non-Māori | 2.3% | 2.3% | ≤2.0% | 2.00% |
| Proportion of population aged 65+ years receiving DHB funded support in ARC facilities over the year | All | 4.3% | 4.3% | 4.4% | 4.40% |
| | Māori | 2.9% | 2.3% | 3.0% | 3.00% |
| | Non-Māori | 4.5% | 4.5% | 4.5% | 4.50% |