

HEALTH TARGETS

Moving towards healthier futures

2007/08



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Contents

From the Minister of Health	1
From the Director-General of Health	2
Health Targets	4
TARGET 1: Improving immunisation coverage	5
TARGET 2: Improving oral health	9
TARGET 3: Improving elective services	12
TARGET 4: Reducing cancer waiting times	15
TARGET 5: Reducing ambulatory sensitive (avoidable) hospital admissions	18
TARGET 6: Improving diabetes services	21
TARGET 7: Improving mental health services	25
TARGET 8: Improving nutrition, increasing physical activity, reducing obesity	28
TARGET 9: Reducing the harm caused by tobacco	32
TARGET 10: Reducing the percentage of the health budget spent on the Ministry of Health	36
Meeting the targets and reporting progress	38





From the Minister of Health

Since the change of government seven years ago, we have established a public health system that puts the needs of communities at the forefront of health services through the establishment of District Health Boards (DHBs). The stability of the health system over this time has allowed DHBs to develop and deliver many innovations and service improvements to their local communities.

I am pleased to present the Health Targets for the 2007/08 year. The Health Targets are a set of 10 measures that will be the focus of how we ensure our health system is contributing to maintaining and improving the health of our communities. Each target reflects the priorities that I have highlighted in the Statement of Intent that was tabled in Parliament at the beginning of the 2007/08 financial year.

Providers and DHBs have always reported against indicators or measures as part of their funding agreements. The Health Targets programme pulls out a small set that represent important priorities to the Government for extra emphasis and focus.

Health Targets do not replace other priorities or suggest that others are not important – there will be opportunities to review whether we are comfortable with the current set or whether we need to look at others. We need to be mindful that a smaller set helps us keep a sharper focus on those areas where we want to see faster traction.

Although Health Targets will provide some added focus on accountability, what is most important to me is that they highlight opportunities to learn by looking at how others are doing. If one DHB or provider is making great progress on hitting their targets, the rest of us need to learn from that. I am proud of the innovation that happens in our health sector – but we need to share this with each other if we are going to be a learning system.

Health Targets also provide us with an opportunity to stand back and look at our health system as a whole – the health improvements we expect to see across a whole range of areas, spanning prevention and early intervention through to access to hospital and secondary services. This is an important reflection on how our health system impacts on our lives.

I look forward to reporting on progress against the Health Targets in the future.

A handwritten signature in black ink that reads "Pete Hodgson". The signature is written in a cursive style with a horizontal line underneath the name.

Hon Pete Hodgson MINISTER OF HEALTH





From the Director-General of Health

Health Targets should be seen within the context of the broader health priority that they are part of. They are indicative of progress in a wider range of services provided in each priority area. The Targets are also one part of a comprehensive performance management and accountability system in the health sector. They are designed to challenge the health system as a whole to continue to do better.

Where appropriate, each DHB has negotiated local targets taking into account local conditions and the health needs of their communities. While each DHB has a local target, they will collectively contribute to a national improvement in those target areas.

Health targets are the joint responsibility of the Ministry of Health and DHBs. If each DHB achieves its target or makes positive progress, the performance of the country as a whole will improve. The Ministry of Health is assisting to do this and providing leadership through a 'champion' for each target.

Health Targets explained

A target is a level of performance that we aim to achieve against a specific 'indicator', within a health area. In the performance improvement setting we look to goals, indicators and targets within a health area.

- A target is achievable, therefore realistic, with a timeframe to meet it (eg, improve immunisation coverage for the year 2007/08).
- An indicator is also time-limited, but more measurable, and specific (eg, the number of two-year-olds fully immunised by 30 June 2008).
- A target area is a programme where we have a target (eg, Well Child).
- A goal is longer-term in nature and will require effort over a number of years (eg, increase immunisation coverage against vaccine-preventable diseases to 95 percent).

The table on page 4 shows the Health Target areas and indicators for 2007/08.

The Health Targets reflect our health priorities

Health Targets will only ever capture a small part of what is necessary and important to the health of New Zealanders. The emphasis is on providing a greater focus for action and lifting performance in important priority health and disability areas.

The New Zealand Public Health and Disability Act 2000 requires the New Zealand Health Strategy and the New Zealand Disability Strategy to be in place to provide the framework for the health and disability sector's overall direction. The Ministry's priorities for 2007 and beyond are set within the context of these strategies and the recently announced priorities of the Government for the next decade.

Our current information limits our ability to identify the health outcomes for populations living with disabilities. This will be an area of focus for the Health Targets work programme in the future.

The 10 Health Target areas for 2007/08 will help us measure progress against achieving the Government's priority areas for health improvement. Along with addressing inequalities across population groups, improving Māori health and improving access for populations living with disabilities, these priority areas are:

- getting ahead of the chronic disease burden
- child and youth services
- primary health care
- health of older people
- elective services
- infrastructure
- value for money.

The selection of the specific targets within these priority areas was based on the principle that achieving the targets will make a significant contribution to improving health outputs or outcomes in these areas. There is enough detailed information available to allow that performance to be measured.

Many targets are directly influenced by DHBs as either funder and/or provider of services in their local area. Some targets require collective and collaborative action by the Ministry, DHBs and other providers (eg, non-governmental organisations).

We aim to keep the set of Health Targets stable. It is important to have a core set of targets over a 3–5-year period that does not change so that we can measure progress consistently. However the targets and indicators within those programmes will be reviewed annually to ensure they reflect the important health priorities of the day.

We will, over time as information and service developments improve, be able to identify more specific indicators for vulnerable populations, including Māori, Pacific, low income and people living with disabilities, who have difficulty accessing health services.



Stephen McKernan DIRECTOR-GENERAL OF HEALTH



Health Targets

HEALTH TARGET	INDICATOR
Improving immunisation coverage	<ul style="list-style-type: none"> • Ninety-five percent of two-year-olds are fully immunised. • With at least 4 to 6 percent point increase on 2005 national immunisation coverage survey baselines.
Improving oral health	<ul style="list-style-type: none"> • Progress is made towards 85 percent adolescent oral health utilisation.
Improving elective services	<ul style="list-style-type: none"> • Each DHB will maintain compliance in all Elective Services Patient Flow Indicators (ESPis). (These indicators measure how well a hospital manages the patient 'flow' through the system.) • Each DHB will set an agreed increase in the number of elective service discharges, and will provide the level of service agreed.
Reducing cancer waiting times	<ul style="list-style-type: none"> • All patients in category A, B and C wait less than eight weeks between first specialist assessment and the start of radiation oncology treatment (excludes category D patients).
Reducing ambulatory sensitive (avoidable) hospital admissions	<ul style="list-style-type: none"> • There will be a decline in admissions to hospital that are avoidable or preventable by primary health care for those aged 0 to 74 years across all population groups.
Improving diabetes services	<ul style="list-style-type: none"> • There will be an increase in the percentage of people in all population groups: <ul style="list-style-type: none"> – estimated to have diabetes accessing free annual checks – on the diabetes register who have good diabetes management – on the diabetes register who have had retinal screening in the past two years. • There will be improved equity for all population groups in relation to diabetes management.
Improving mental health services	<ul style="list-style-type: none"> • At least 90 percent of long-term clients have up-to-date relapse prevention plans (NMHSS criteria 16.4).
Improving nutrition Increasing physical activity Reducing obesity	<ul style="list-style-type: none"> • DHB activity supports achievement of these health sector targets. <ul style="list-style-type: none"> – Increase the proportion of infants exclusively and fully breastfed at six weeks to 74 percent or greater; at three months to 57 percent or greater; and at six months to 27 percent or greater. – Increase the proportion of adults (15+ years) eating three or more servings of vegetables per day to 70 percent or greater. – Increase the proportion of adults eating two or more servings of fruit per day to 62 percent or greater.
Reducing the harm caused by tobacco	<ul style="list-style-type: none"> • DHB activity supports achievement of these health sector targets: <ul style="list-style-type: none"> – Increase the proportion of 'never smokers' among Year 10 students by at least 2 percent (absolute increase) over 2007/08. – Increase the proportion of homes, which contain one or more smokers and one or more children, that have a smokefree policy to over 75 percent in 2007/08.
Reducing the percentage of the health budget spent on the Ministry of Health	<ul style="list-style-type: none"> • The percentage of the health budget spent on the Ministry of Health is reduced to 1.65 percent of the total Vote Health operating budget by the end of 2009/10.

TARGET

1

Improving immunisation coverage

Target indicator

- **Ninety-five percent of two-year-olds are fully immunised.**
- **With at least 4 to 6 percent point increase on 2005 national immunisation coverage survey baselines.**



Why is this target area important?

Diseases that are preventable by vaccination occur in New Zealand and have a significant effect on New Zealanders' health, particularly that of children. Immunisation is one of the most cost-effective and successful preventive health interventions known. It is an important component in keeping both children and adults free from preventable diseases.

The burden of vaccine-preventable disease tends to be inequitably distributed, with higher rates in Māori and Pacific peoples.

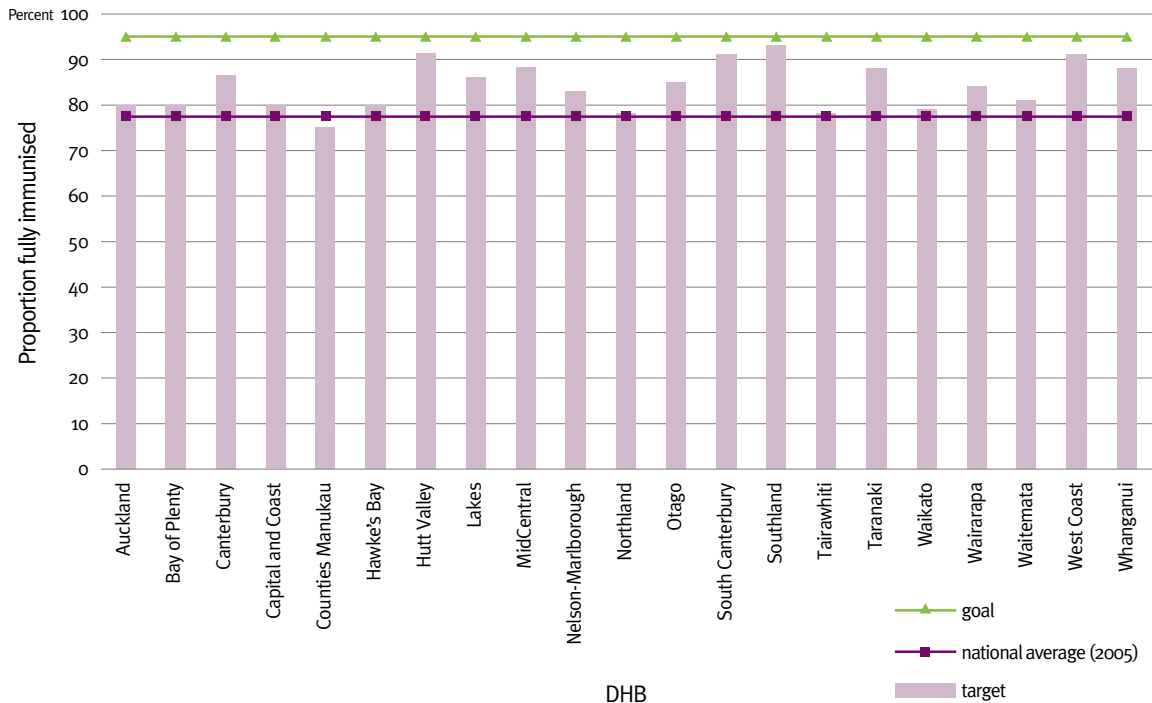
To prevent the spread of disease in a community a high level of immunisation coverage is needed (90–95 percent of the total population, depending on the disease).



DHB targets for 2007/08:

Figure 1 shows DHB targets for increasing immunisation coverage of two-year-olds to 95 percent. The current national average is also shown.

Figure 1: Proportion of two-year-olds fully immunised



Current status:

In 2005, the national immunisation coverage rate of two-year-olds fully immunised was 77.4 percent.

How do we currently provide immunisation services?

Services that support childhood immunisation in most DHBs comprise:

- immunisation given in general practice in primary care services
- outreach immunisation services through other providers including Māori or Pacific health providers. These services find children who are overdue for their vaccination and deliver immunisations or refer children to primary care services
- immunisation facilitators who provide information to health professionals and the general public to help ensure a safe and effective immunisation programme through immunisation facilitation services
- the Immunisation Advisory Centre (IMAC) that provides information and education to health professionals and the general public
- Well Child health promotion services that promote immunisation.

Immunisation success in Wairarapa

A strong community network and commitment to immunisation is getting top results in Wairarapa.

From 1 January to 1 April 2007, the Wairarapa DHB had the country's highest rate for fully immunised babies aged 12 months. It also topped the country for Māori babies fully immunised at 12 months.

The National Immunisation Register shows 91 percent of all Wairarapa babies were fully immunised at 12 months compared with the national average of 81 percent.

Wairarapa's immunisation rate for Māori babies aged 12 months was even better, at 94 percent compared with 71 percent nationally.

The best advice Wairarapa could give to other DHBs working on their immunisation rates is to listen to the practice nurses, help them with processes to work closely with outreach services and meet regularly.

'Tackle all projects in small bits and the work to achieve targets is more easily palatable.' *Wairarapa Public Health Unit Manager, Debi Lodge-Schnellenberg*

What are the areas of focus and development for this target?

- DHBs have set up immunisation stakeholder groups to assist them in improving immunisation coverage in their local area. The stakeholder groups develop strategies to improve coverage.
- The National Immunisation Register is used by primary health care providers, such as primary health organisations (PHOs) and GP practices, to recall children for immunisation.
- Outreach immunisation services follow up with families who have missed immunisation events. This is after routine follow-up procedures used by primary health care providers have not been successful in bringing the family/whānau into the services.

Improving immunisation, particularly among children, has a positive impact on the health of our whole community. Protecting our children from vaccine-preventable diseases can be achieved by building on the many successes of local immunisation and outreach programmes and innovations. Pat Tuohy CHIEF ADVISOR, CHILD AND YOUTH HEALTH

- The National Immunisation Programme is updating resources and will be hosting workshops to bring together key people working in the immunisation field.
- The Ministry of Health is reviewing the Well Child programme, providing an opportunity to increase the emphasis on promotion and facilitation of immunisation by Well Child providers.
- Opportunistic immunisation is being encouraged. For example, some hospitals also offer immunisation to children who present or are admitted.

How will this target help reduce health inequalities?

To achieve a target of 95 percent coverage of all two-year-olds fully immunised, there needs to be a focus on improving immunisation services to communities with low (ie, less than 50 percent) coverage.

How will we measure progress?

We will be using the National Immunisation Register, a computerised information system that stores the immunisation details of children born in New Zealand since December 2005.



TARGET

2

Improving oral health

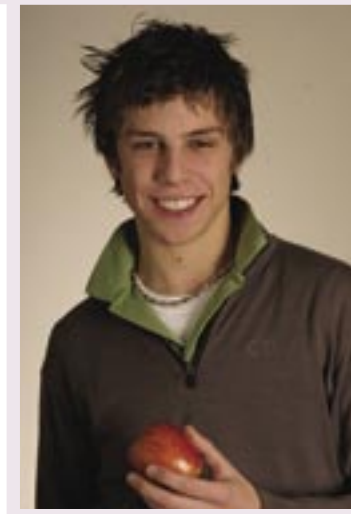
Target indicator

Progress is made towards 85 percent adolescent oral health utilisation.



Why is this target area important?

All New Zealanders are entitled to good oral health, for life. This starts with promoting oral health for the youngest and most vulnerable members of our society. Research shows that improving oral health in childhood and adolescence has benefits over a lifetime.



Current status:

In 2005, 53.7 percent of adolescents used publicly funded oral health services, although there was wide variation among DHBs.

How do we currently provide oral health services to adolescents?

Private dentists contracted to DHBs provide most adolescent oral health services. Dental therapists in community oral health services and dental practices also care for some adolescents up to 18 years. Hospital dental units provide support for people with complex conditions, including some disabilities that cannot be managed by community-based services.

Dental service marketing campaign working well in Canterbury

A social marketing campaign promoting free dental services for adolescents has helped Canterbury DHB (CDHB) raise utilisation rates at low decile schools by 33 percent in three years.

The campaign – ‘It’s Free & It’s All Good’ – was launched in July 2004 as a shared project between Canterbury, South Canterbury and West Coast DHBs. Its main aim was to increase the number of 13–17-year-olds using the free dental service.

In 2003, there was a 46 percent utilisation rate of adolescent dental services in Canterbury decile 1–3 schools. This rose to 61 percent in 2006, an increase of 33 percent.

Campaign messages and images were tested with focus groups in Christchurch secondary schools. Print, radio and television advertisements and posters were developed.

‘One of the things Canterbury DHB is very pleased about is the way they have ended up working nationally – getting the material out around the country and avoiding reinventing the wheel 21 different times.’

Dr Martin Lee, CDHB Clinical Director of the School and Community Dental Service





New investments targeted at child and adolescent oral health services and capital funding to upgrade dental facilities around the country reflect the importance of early intervention in oral health.

Robin Whyman CHIEF ADVISOR, ORAL HEALTH

What are the areas of focus and development for this target?

- Establishment of new Community Oral Health Services – the centrepiece of the oral health system reform. These services will focus on the provision and availability of seamless care for young people from birth to 18 years.
- Continued provision of the Regional Adolescent Coordination Service, which provides information to adolescents about the availability of a free service.
- Growing the workforce to allow for continued high levels of young children accessing dental services and increases in adolescents using publicly funded dental services.

How will this target help reduce health inequalities?

Child oral health inequalities, which include access to services, often continue in adolescence and into adulthood. Reducing inequalities is immediately important, as it minimises pain and suffering from oral disease. We also expect it to lessen the risk of oral disease and impact of poor oral health on adults.

Some groups will require particular attention. Māori children, for example, are three times more likely to have decayed, missing or filled teeth than the national average. The Ministry of Health is currently providing funding to five Māori oral health providers in different regions to work with their DHBs in developing services for Māori.

It will also be important to raise awareness of oral health and oral health services among Pacific families and new migrants.

How will we measure progress?

We will measure progress through adolescent examinations information in annual reports from DHBs and data collected by the Ministry of Health.



3

Improving elective services

Target indicators

- Each DHB will maintain compliance in all Elective Services Patient Flow Indicators (ESPIs).
- Each DHB will set an agreed increase in the number of elective service discharges, and will provide the level of service agreed.



Why is this target area important?

By June 1996, 89,000 New Zealanders had been placed on waiting lists with no certainty of when treatment would be received. There was no standard waiting time for treatment around the country. In addition, waiting lists did not always operate fairly, with many patients being prioritised according to the length of wait rather than the level of need compared with other patients.

Over a period of years this situation has changed to one where:

- all patients have the right to know whether or not they are likely to receive treatment based on their medical need
- all patients assessed by hospital specialists are now prioritised and then given a status that reflects both the capacity of a DHB service to treat patients and that patient's priority relative to others who are assessed.

Current status:

As at the end of May 2007, 20 of the 21 DHBs were fully compliant in all ESPIs. For 2007/08, additional elective services volumes have been agreed.

How do we currently provide elective services?

Guidelines that were developed by clinical specialists, GPs, hospital managers and other health professionals for the 29 medical and surgical specialties are being followed. They provide a framework for assessing the patient's relative priority based on a range of medical, social and complicating factors.

The guidelines are as follows:

- **Referral Guidelines** assist primary care practitioners when referring patients to hospital services for assessment or treatment by outlining the information that should accompany the referral, such as the results of diagnostic tests.
- **Access Criteria for First Specialist Assessment (FSA)** assist clinicians in prioritising the referrals they receive and ensuring that the most urgent referrals are seen first.
- **Clinical Priority Assessment Criteria (CPAC)** are examples of tools that are available to assist clinicians in assigning a priority to patients.

Big improvements in access to surgery in Counties Manukau

Counties Manukau DHB has had a deliberate strategy to improve access to elective surgery through increased investment, using benchmarking of the national intervention rates as a guide. As a result, Counties Manukau residents now have rates of publicly funded surgery similar to or higher than the New Zealand average for the first time.

For children (ages 0–4) the annual number of procedures climbed from about 1600 in 1996/97, to 2670 in 2005/06, a 65 percent increase. For adults (age 15+) the rise was from 5000 in 1996/97 to 8000 in 2005/06, a 60 percent increase. There have also been significant increases in access for Māori and Pacific populations.

The number of people waiting for an elective services procedure has dropped from about 8000 in the 1990s to around 3000 as at 30 June 2006. More importantly, the number waiting longer than six months has dropped from about 60 percent of surgical procedures performed to 18 percent as at 30 June 2006 (from 4600 to 400 people).

The achievements have only come about through the hard work and determination of staff. Their acceptance of the fairness principles underlying the new system, and willingness to change fundamental aspects of the way they work have been key to the success of the changes. Also integral have been the patients, who have been largely supportive once they had been explained the aims of the new system.

What are the areas of focus and development for this target?

- The Ministry of Health is working with the sector to develop capacity and promote advice and tools to ensure a more consistent level of access to elective services.
- DHBs are maintaining and improving the management of patient 'flow' through the system.
- The Ministry of Health and DHBs are working with GP liaisons to strengthen the primary/secondary interface in order to improve timely access to specialist assistance for patients.

Strengthening the links between primary and secondary care are important areas of future focus. Many DHBs have already strengthened relationships through working closely with primary health care. This will improve access to elective services.

Karen Orsborn MANAGER, ELECTIVE SERVICES

How will this target help reduce health inequalities?

Reducing inequalities requires a whole-of-system approach that ensures vulnerable populations are assessed and diagnosed early, to maintain or improve access to services throughout the primary/secondary continuum. The Ministry of Health will undertake work with DHBs to identify areas where the most detailed focus for Māori and Pacific peoples may be warranted (eg, cardiovascular).

How will we measure progress?

The National Booking Reporting System (NBRS) is a national database for collecting information on patients waiting for elective services. DHBs must submit information through this system on the numbers of patients in each category, at least monthly. The eight elective services patient flow indicators being monitored are derived from this information, and reports are available on the Elective Services website: www.electiveservices.govt.nz.

The Elective Services team at the Ministry of Health will review reports to monitor progress in achieving an increase in elective service discharges. Reports will be in the form of graphs and tables comparing planned base and additional volume with actual delivery by DHB, service and month.



TARGET

4

Reducing cancer waiting times

Target indicator

All patients in category A, B and C wait less than eight weeks between first specialist assessment and the start of radiation oncology treatment (excludes category D patients).



Why is this target area important?

Cancer is the leading cause of death and a major cause of hospitalisation in New Zealand. One in three New Zealanders will have some experience of cancer, either personally or through a relative or friend. The Cancer Control Strategy established in 2003 aims to improve outcomes and inequalities for people with cancer.

Timely cancer treatment is important to improve outcomes and provide a better quality of life. This target measures one part of a patient's journey with cancer and it provides a good indicator on how well the system is working.

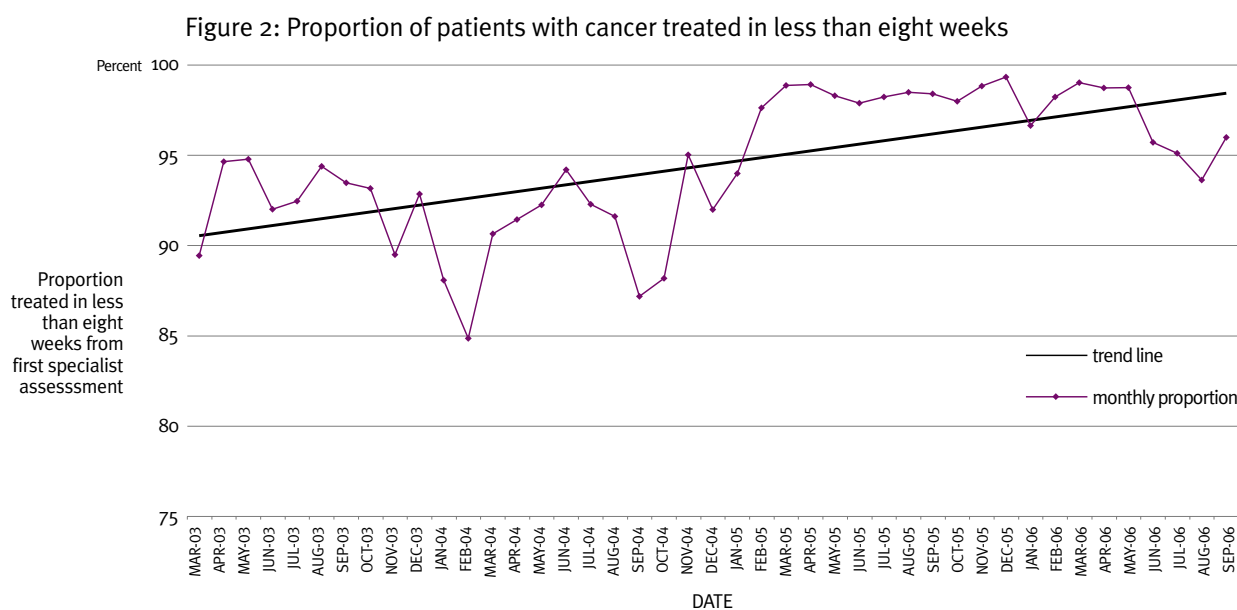


Current status:

Patients requiring radiotherapy are prioritised into categories (A, B, C and D), according to the urgency of their treatment. All cancer centres have been reporting radiation treatment waiting times regularly since March 2003. This includes the number of patients starting radiation treatment within defined time periods by prioritisation category.

The reported data (see figure 2) shows that there has been a national trend towards achieving the target over recent years. A number of centres have achieved the target for varying periods of time.

Each centre reports the number of patients within defined time periods by prioritisation category. The most recent data (for April 2007) shows that nationally more than 93 percent of patients started treatment within eight weeks.



How do we currently provide radiation treatment for cancer?

Radiation treatment is provided using machines called linear accelerators which are located in six cancer centres throughout New Zealand.

Timely access to treatment is supported through identifying those at risk, screening, diagnosis, providing a range of treatment options and, where appropriate, palliative care. In other words, it needs a whole-of-system approach and close working relationships with the many health professionals involved along the continuum of care.

John Childs PRINCIPAL ADVISOR, CANCER CONTROL

What are the areas of focus and development for this target?

While this target is aimed at improving radiation treatment capacity, it is also a starting point for driving improvements for access to surgery and chemotherapy. The areas of development will focus on workforce development to expand the:

- capital planning for new linear accelerators and improving clinical practice to ensure efficient use of resources
- focus on vulnerable populations (Māori, Pacific and those geographically isolated), by improving support for access to cancer services including radiotherapy.

How will this target help reduce health inequalities?

Māori and Pacific peoples have higher cancer incidence rates compared to other populations. Māori are 18 percent more likely to be diagnosed with cancer than non-Māori, but nearly twice as likely as non-Māori to die from it. Inequalities of access to screening, early diagnosis and treatment contribute significantly to these poorer outcomes.

Providing good support to improve access to treatment and ensure sufficient treatment capacity are both important factors to ensure Māori and Pacific peoples have the opportunity for equitable outcomes.

How will we measure progress?

Currently, the Ministry collects information from all DHBs monthly on the length of waiting times for radiotherapy. This is available on the Ministry website: www.moh.govt.nz/cancerwaitingtimes.



TARGET

5

Reducing ambulatory sensitive (avoidable) hospital admissions

Target indicator

There will be a decline in admissions to hospital that are avoidable or preventable by primary health care for those aged 0 to 74 years across all population groups.

Why is this target area important?

- The number of ambulatory sensitive hospital (ASH) admissions can indicate how easy it is for people to access primary health care services, and the effectiveness of these services. A strong primary health care system is central to improving the health of all New Zealanders and reducing health inequalities between different groups.
- By reducing the number of avoidable hospital admissions, there is also the potential to free up health resources, allowing them to be directed to other priority areas.



What are ASH admissions?

They are hospital admissions that effective delivery of services in a community setting may have prevented.

What are the influences on ASH admissions?

The influences on ASH admissions include but are not limited to:

- income, age, ethnicity and where you live
- access to good, affordable primary health care.

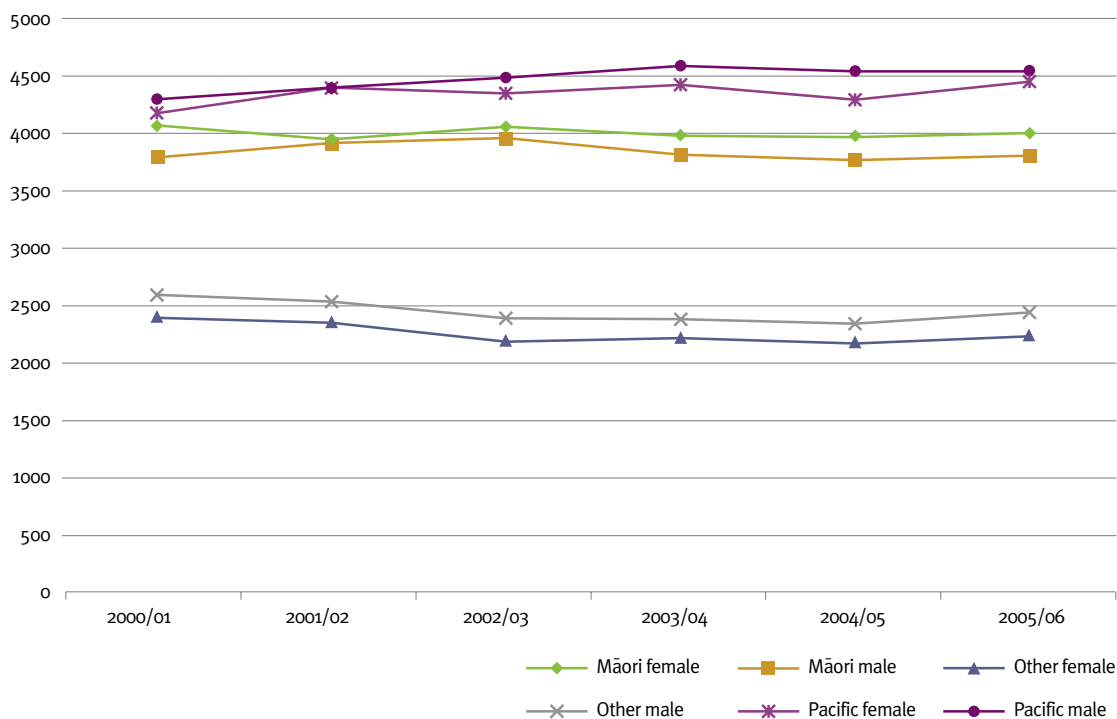
There are also many influences outside the health system, such as housing.

Making a difference to the rates of avoidable hospital admissions

Figure 3 shows the trends of avoidable admissions by ethnicity over recent years.

Figure 3: Ambulatory sensitive hospitalisations: Ages 0–74

Directly age-standardised rate per 100,000



What are the areas of focus and development in this target?

The target will initially focus on those aged under 5 and those aged 45–65 years. There are a range of initiatives already under way that could have a positive impact on this target, including:

- the enrolment process that people now have with their regular practice – this helps to reinforce the importance of continuity with regular GPs and practice nurses
- new services now available in primary health care, such as Care Plus
- ensuring hospital emergency departments are used for hospital emergencies rather than the provision of primary health care
- local programmes in DHBs that improve the interface between primary care and hospitals.

How will this target help reduce health inequalities?

Vulnerable populations (Māori, Pacific, low socioeconomic) have considerably higher rates of ASH admissions than others.

Turning these statistics around will require a specific focus on these families in their local communities and on ensuring they can easily access effective primary health care services that meet their needs.

Other issues such as unemployment and poor housing are also significant, and there is a continuing need for DHBs and PHOs to work with other agencies that can influence these aspects of people's lives.

The impact of housing improvements on acute hospitalisations at Middlemore hospital

Since the Healthy Housing Pilot began in 2001, Counties Manukau DHB has set up systems to monitor and evaluate the effectiveness of this model of service delivery.

A survey of GP records found a 9 percent increase in GP visits in the 12 months following the Joint Health and Housing Assessment.

There was a 37 percent fall in acute housing-related hospitalisations in the first year following intervention. In 2003/04 this was equivalent to 110 acute admissions a year.

Housing interventions can have a direct effect on the health of their inhabitants.

How will we measure progress?

Progress will be measured quarterly through hospital data provided to the Ministry that outline progress by each individual DHB. These reports will be publicly available. Some DHBs also produce their own local reports and analysis on ASH.

Improving access by making it cheaper to see your family doctor is only one part of reducing hospital admissions. Many DHBs have established strong working relationships with other sectors such as housing and social development. Taking this broader approach, together with a focus on at-risk population groups, is fundamental for this target. Jim Primrose CHIEF ADVISOR, GENERAL PRACTICE



6

Improving diabetes services

Target indicators

There will be an increase in the percentage of people in all population groups:

- **estimated to have diabetes accessing free annual checks**
- **on the diabetes register who have good diabetes management**
- **on the diabetes register who have had retinal screening in the past two years.**

There will be improved equity for all population groups in relation to diabetes management.

Why is this target area important?

Diabetes is a significant cause of ill health and premature death in New Zealand.

The prevalence of diagnosed diabetes across the population is currently estimated at around 4.6 percent. However Māori and Pacific peoples have rates of diabetes around three times higher than other New Zealanders.

Reducing the incidence and impact of diabetes is therefore one of the Government's top priorities.



What indicators are we looking at and why?

The three main national diabetes indicators come from evidence-based guidelines for the assessment and management of diabetes, including:

- the proportion of people in New Zealand with diagnosed diabetes who have a Get Checked free annual check each year. This is the best indicator to show access to good-quality care
- the proportion of people with satisfactory or better diabetes control (as indicated by the HBA_{1c} blood test) among people who have had a free annual check each year. This is an indicator of quality or effectiveness of care
- retinal (eye) screening uptake, which monitors the proportion of people who have a free annual check each year and have had their eyes screened within the preceding two years. This is an indicator of how well people in the community are accessing services.

Each of the three main indicators is important in its own right, but also provides results about wider access to quality care, the quality or effectiveness of the care and the required integration between different services.

Current status:

2006 baseline level nationally by ethnicity				
	Māori	Pacific	Others	TOTAL
Diabetes free annual checks (Get Checked)	39%	99%	68%	64%
Satisfactory or better diabetes management	60%	56%	78%	73%
Retinal screening	68%	66%	73%	71%

How do we currently provide diabetes services?

- The Get Checked programme gives people with diagnosed diabetes an opportunity to consult with their GP and/or nurse each year to check that the important recommendations in the evidence-based guidelines have been completed each year, and to plan the year ahead.
- The Care Plus programme is for people who have to visit a GP or nurse more frequently because of multiple health problems. Many people with poorly controlled diabetes are eligible. Individual care plans are developed for Care Plus patients to set realistic, achievable health and quality-of-life-related goals, with regular follow-ups during the year.
- Several PHOs and DHBs are delivering a more comprehensive range of services in the community.
- Hospital-based, multi-disciplinary teams provide support for PHOs and referred patients.
- Non-governmental organisations (NGOs) also provide a range of self-management training and support services.

Get Checked numbers soar in Wairoa

A small northern Hawke's Bay PHO has helped turn a national diabetes programme into a local success for people diagnosed with the disease.

Wairoa PHO was awarded the Get Checked contract by Hawke's Bay DHB in December 2005. At the time, about 4 percent of those diagnosed with diabetes were taking advantage of the Get Checked programme.

By working closely with the township's four general practices, the PHO helped increase participation in the programme to almost 95 percent during the following 12 months.

Diabetes is a major issue in the community and about 65 percent of those who live there are Māori. The PHO decided they really needed to do something.

'If we want to make a difference with diabetes, we need to identify those people who are living with the disease, and who don't know they've got it.

'It's about keeping on top of what's going on by feeding back information to practices and making people feel that what they're doing is really important. We all have a lot of things to focus on, so you need to select the areas that are really important to your community and get everyone else on board.'
Wairoa PHO Manager Margie Sullivan

What are the areas of focus and development for this target?

- The development of a quality Improvement Plan for Diabetes and Cardiovascular Disease (CVD).
- The PHO Performance Programme is being implemented to recognise the extra efforts and resources needed to deliver better health outcomes in primary health care, and includes several indicators for diabetes (and CVD).
- The DHB Research Fund focuses on supporting practical research to develop, test and validate new ideas and services for people with chronic conditions, including diabetes.
- Upgrading IT systems and evidence-based guidelines will improve the quality of information available for clinicians and people with diabetes.
- Sector workshops will include updates on the review of the national CVD/diabetes outcomes, Health Targets and future data requirements.

Ultimately, beating diabetes will take a whole-of-community approach that encourages healthy lifestyles, early diagnosis, access to treatment and regular checking. We have a rich wealth of experience among health professionals and many innovations at a local level that we must share if we are to make progress faster.

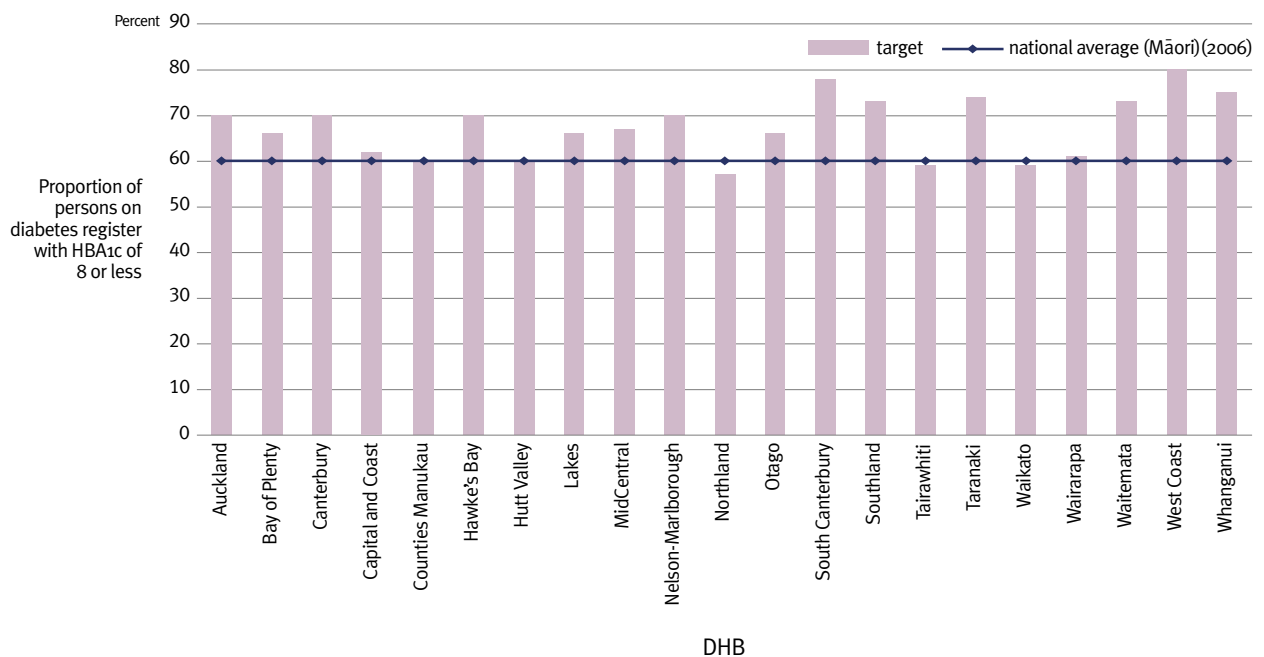
Sandy Dawson CHIEF CLINICAL ADVISOR

How will this target help reduce health inequalities?

- Māori and Pacific peoples have 2–3 times the chance of developing diabetes, tend to develop diabetes 10 years earlier and develop complications at a younger age than other New Zealanders. Renal failure is significantly more common in Māori and Pacific peoples than in other New Zealanders. Improving outcomes in Māori and Pacific peoples with diabetes will make a major contribution to reducing inequalities in life expectancy and quality of life.
- Ethnicity is reported by PHOs to DHBs and the Ministry of Health, and targets have been agreed primarily with a focus on improving Māori and/or Pacific outcomes.

Figure 4 shows the targets DHBs have set for well-managed diabetes for Māori on the diabetes register.

Figure 4: Proportions of persons on diabetes register with well-managed blood sugar levels (Māori)



How will we measure progress?

We will measure progress through diabetes Get Checked reports from DHBs.



TARGET



Improving mental health services

Target indicator

At least 90 percent of long-term clients have up-to-date relapse prevention plans.



Why is this target area important?

Relapse prevention plans identify early relapse warning signs for people with mental illness. The plan identifies what people can do for themselves and what mental health services will do to support them.

Long-term clients are defined as those who have been using the mental health secondary care services for two years or more. It is important to assess if their needs are being met and that services are having the intended results. Being mainstreamed in society without stigma and discrimination, having jobs and an improved quality of life are some of the concerns to be addressed.





People with long-term serious mental illness have an ongoing requirement for access to specialist mental health services. Ensuring long-term clients' needs are addressed and the system is working will positively affect the other services in the mental health system. The entire system benefits from the positive impact that comes in addressing this.

David Chaplow DIRECTOR OF MENTAL HEALTH

Current status:

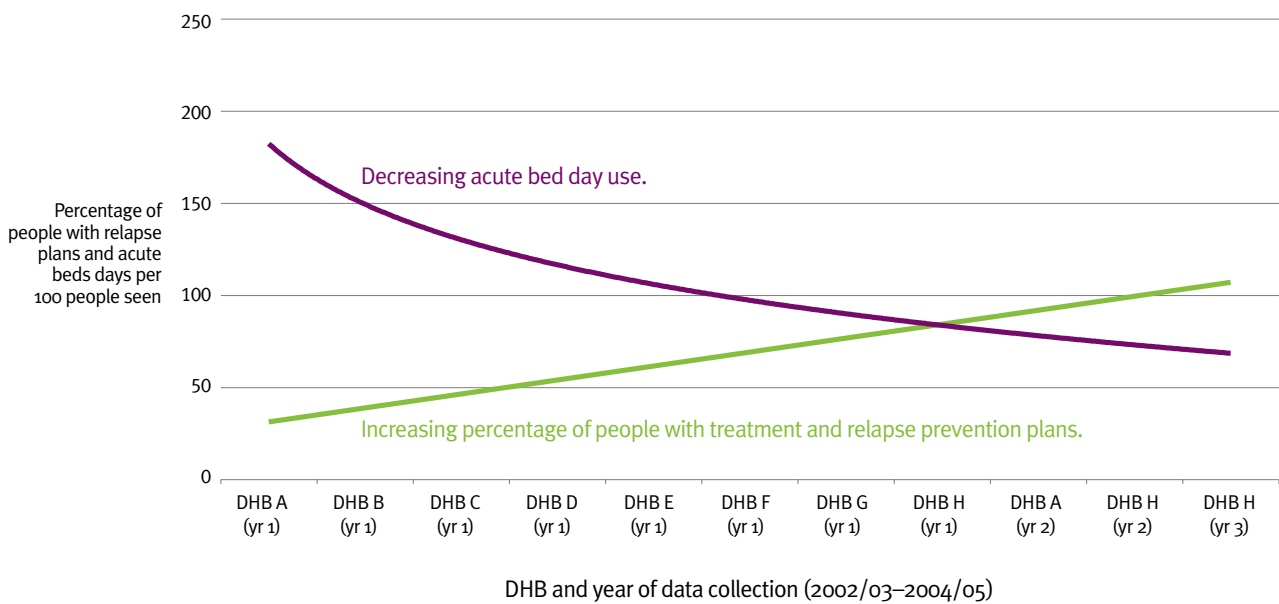
Based on information from 11 DHBs reporting in 2006/07, 75 percent of long-term clients have up-to-date relapse prevention plans.

How do we currently provide mental health services to long-term clients?

Eight DHBs have adopted Knowing the People Planning (KPP), a management system that transforms the use of mental health client information to improve organisational effectiveness for clients. This is currently being used by these DHBs to measure the needs and other service requirements of long-term clients.

Figure 5 shows the reduction in acute admissions for long-term clients with mental illness that have a relapse prevention plan in place through KPP.

Figure 5: The relationship between increasing relapse prevention plans and decreasing admission rates



What are the areas of focus and development for this target?

- Raising awareness and educating people on mental health and wellbeing.
- Building and broadening the range and choice of services and supports available.
- Increasing the capacity of providers to recognise and determine people's needs to ensure that people gain access to appropriate services.
- Continuing to develop a responsive and committed workforce.
- Strengthening links between people who work together in improving the mental health services, DHBs, NGOs, PHOs and other social services.
- Increasing Māori participation in the planning and delivery of mental health services for Māori.
- Developing a strategic approach to addressing the needs of Pacific peoples.

How will this target help reduce health inequalities?

Data captured through KPP (or other similar systems) will help identify the ethnicity, socioeconomic factors and geographical locations of clients.

How will we measure progress?

- Having a standard reporting mechanism and definitions for all DHBs to measure progress and using KPP for those DHBs who are currently using them.
- Quarterly reports from DHBs.





Improving nutrition, increasing physical activity, reducing obesity

Target indicators

- Increase the proportion of infants exclusively and fully breastfed at six weeks to 74 percent or greater; at three months to 57 percent or greater; and at six months to 27 percent or greater.
- Increase the proportion of adults (15+ years) eating three or more servings of vegetables per day to 70 percent or greater.
- Increase the proportion of adults eating two or more servings of fruit per day to 62 percent or greater.

Why is this target area important?

Good nutrition, physical activity and maintaining a healthy body weight are fundamental to health and to the prevention of disease and disability at all ages. The foundations for a healthy life are laid in infancy and childhood.

Vegetable and fruit consumption has been found to be protective against cardiovascular disease and some common cancers, and may contribute indirectly to maintaining a healthy body weight.

‘Breast is best’. There is international evidence that breastfeeding contributes positively to infant and maternal health and influences the likelihood of obesity in later life.



Current status:

- In 2005, breastfeeding rates showed 67 percent of babies aged six weeks, 55 percent of babies aged three months, and 25 percent of babies aged six months were exclusively and fully breastfed.
- In 2002/03, 68.6 percent of adults ate three or more servings of vegetables a day.
- In 2002/03, 54.6 percent of adults ate two or more servings of fruit a day.

What are the areas of focus and development for this target?

The Healthy Eating – Healthy Action (HEHA) Strategy is the Government’s multi-faceted, integrated response to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders and includes:

- outcomes and actions focusing on creating change in food, nutrition and physical activity environments and behaviours
- increasing breastfeeding rates and getting people to eat more vegetables and fruits. These two targets serve as indicators of how we are progressing overall with the HEHA programme operating extensively around the country
- evaluation that considers the spread, mix and level of implementation effort and approaches; levels of effectiveness in achieving a broad range of the strategy’s intended outcomes; value for money of the strategy overall; and achievement of outcomes for the whole population as well as priority populations.

Taranaki fosters environmental changes to promote breastfeeding

A Taranaki initiative aimed at encouraging businesses to provide environments that are supportive of breastfeeding is getting positive results in the region.

Nearly 40 Taranaki community groups, businesses and retailers have been recognised as baby-friendly businesses since the Breastfeeding Welcome Here programme was established by the Taranaki DHB Health Promotion Unit in 2002.

The baby-friendly businesses display a ‘Breastfeeding Welcome Here’ sticker, which lets mothers know they are in an environment that supports breastfeeding. These stickers are proudly displayed in premises throughout New Plymouth, Oakura, Inglewood, Stratford, Hawera, Patea and Opunake.

‘We decided to develop the initiative as a means of making the changes to our social environment that enable women to feel supported in making a positive choice to breastfeed their babies.

‘By ensuring mothers feel supported and comfortable to choose breastfeeding, we feel we are making the choice to breastfeed easier. This can only be a good thing for local mothers and babies.’

Taranaki DHB Health Promoter Leonnie Erb

How will this target help reduce health inequalities?

The HEHA Strategy is addressing health inequalities for population groups. There is a greater emphasis and focus on approaches to enable better health outcomes for Māori, Pacific peoples and lower socioeconomic population groups.

Figures 6 and 7 show where we have been and where we are currently with breastfeeding rates and vegetable and fruit consumption, and where we are working to with the target for 2007/08.

Figure 6: Proportion of infants exclusively or fully breastfed

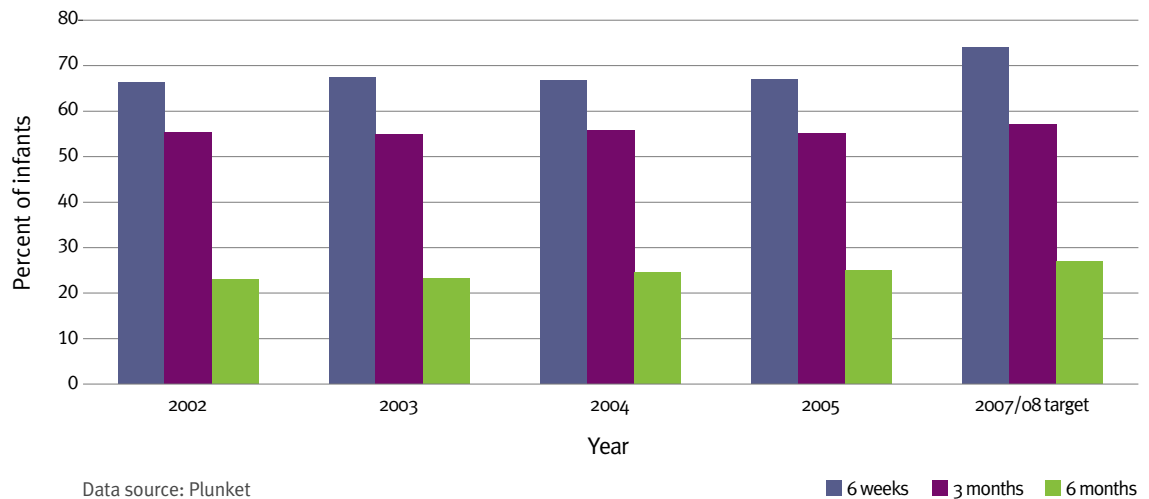
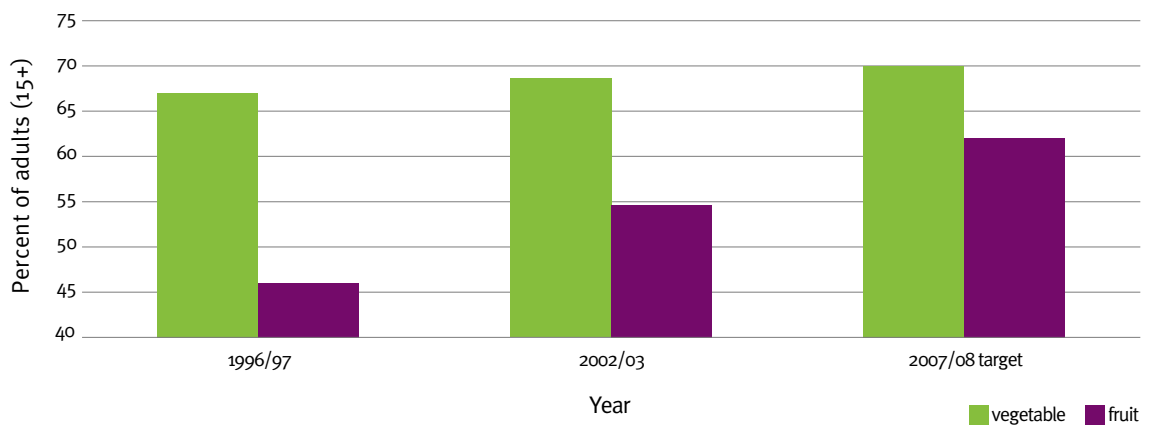


Figure 7: Proportion of adults meeting fruit and vegetable consumption guidelines



How will we measure progress?

Breastfeeding rates will be measured using data from Plunket and other Well Child providers. We will measure vegetable and fruit consumption through the New Zealand Health Survey, and the 2008 New Zealand National Adult Nutrition Survey.



There are many players involved in implementing such a comprehensive programme as HEHA, from government agencies through to DHBs, local government, provider groups, non-governmental organisations and industry groups. Each group has an important role to fulfil in the effort to improve people's lives through healthy eating and healthy action. Debbie Ryan CHIEF ADVISOR, PACIFIC HEALTH



9

Reducing the harm caused by tobacco

Target indicators

- Increase the proportion of ‘never smokers’ among Year 10 students by at least 2 percent (absolute increase) over 2007/08.
- Increase the proportion of homes, which contain one or more smokers and one or more children, that have a smokefree policy to over 75 percent in 2007/08.

Why is this target area important?

Smoking kills an estimated 5000 people in New Zealand every year, including deaths due to secondhand-smoke exposure. About 1500 of these deaths occur in middle age.

Smoking is also a major contributor to inequalities in health. It is the main cause of lung cancer and chronic obstructive pulmonary disease and is a major cause of heart disease, strokes and a variety of other cancers.

Although smoking rates among young people in New Zealand continue to decline, the Government wants numbers to drop much further. The highest smoking prevalence is among young New Zealanders aged between 15 and 29, with almost one in every four teenagers aged 15 to 19 currently smoking. The average age of smoking initiation in adolescents is 14.6 years.



Reducing smoking rates to improve New Zealanders' chances of avoiding the poor health and early death that can result from smoking needs to be tackled at many levels. A key focus is making smoking cessation advice and support available across the health sector to smokers as an essential part of providing high-quality care.

Ashley Bloomfield CHIEF ADVISOR, PUBLIC HEALTH

Current status:

- In 2006, the proportion of 14- and 15-year-olds who never smoked was 54 percent.
- The proportion of smokefree homes with one or more smokers and one or more child is currently 70 percent.

How do we currently provide services to reduce the harm caused by tobacco?

- Legislative and regulatory interventions that create an environment that discourages teenagers from taking up smoking, eg, completely smokefree schools and a ban on smoking in indoor workplaces.
- Expanded smoking cessation programmes to help further reduce smoking prevalence in New Zealand, including improved access to subsidised nicotine replacement therapy (NRT).
- The Health Sponsorship Council's successful social marketing programme around being smokefree.
- DHBs, through their public health units, tailor tobacco-related health promotion programmes to the needs of their local communities. They are also instrumental in demonstrating themselves as smokefree organisations.

What are the areas of focus and development for this target?

- Expanding and strengthening smoking cessation initiatives. This includes programmes specifically to target young people and considerably increase the capacity and range of approaches of the national Quitline.
- Addressing issues with point of sale display of tobacco products.
- By early 2008, the current text warnings on cigarette packets will be replaced by pictorial warnings designed to shock people into realising that smoking kills and causes serious illness.
- Working directly with DHBs to develop tobacco control plans for their regions, with an explicit focus on reducing inequalities.

Figure 8 shows the proportion of Year 10 students who have never smoked by DHB and the target across the sector for 2007/08.

Figure 8: Proportion of Year 10 students who have never smoked

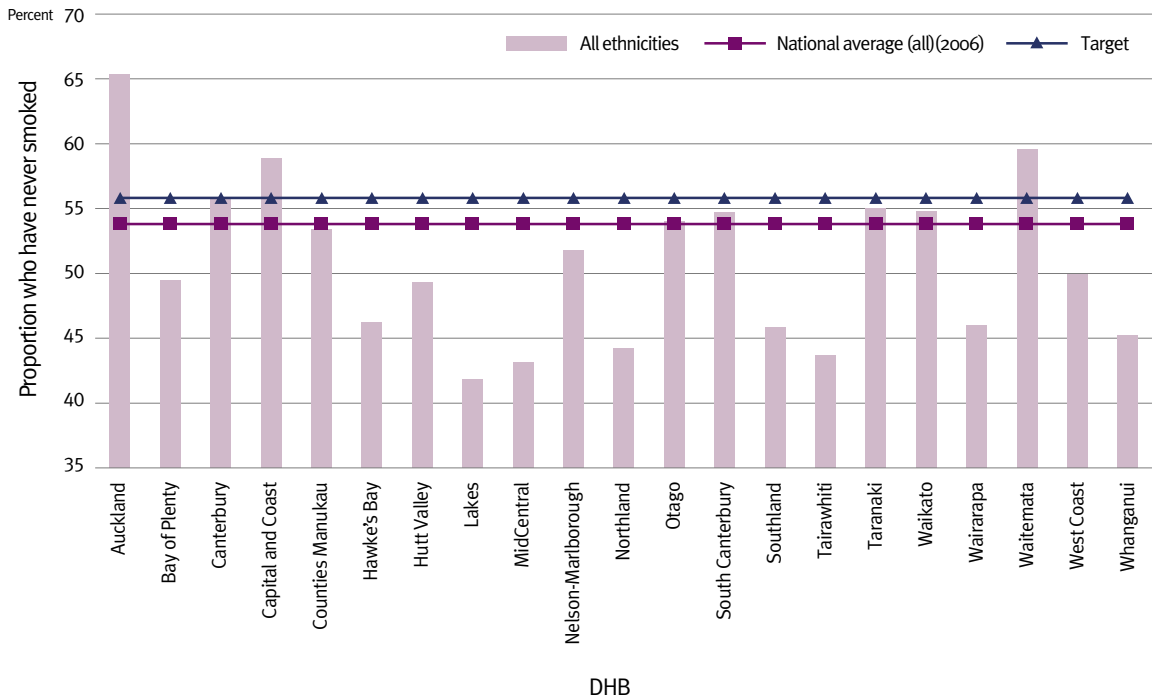
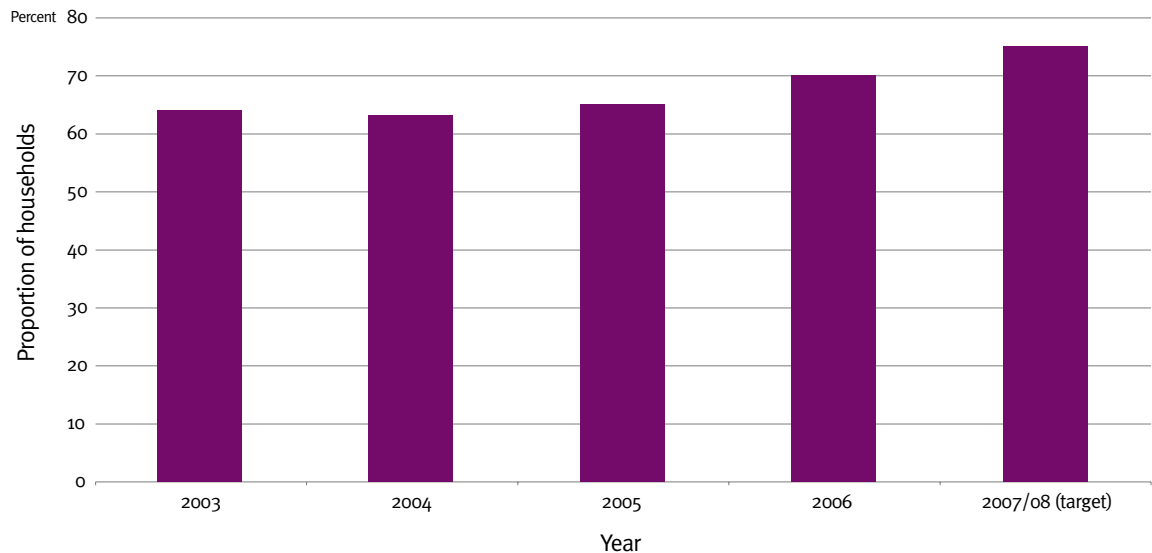


Figure 9 shows the improvement in smokefree homes over recent years and the target that has been set for 2007/08.

Figure 9: Proportion of households with children where smoking is not allowed anywhere



How will this target help reduce health inequalities?

Reducing Māori smoking is a key priority for the tobacco control programme, as Māori have high smoking rates and tobacco contributes significantly to inequalities in health between Māori and non-Māori. There are more than 30 Aukati Kai Paipa providers delivering smoking cessation services to Māori smokers and their whānau, as well as Auahi Kore health promotion services aimed at reducing the number of Māori who start smoking.

Services for Pacific peoples are being further strengthened, with wider access to Pacific cessation services.

How will we measure progress?

There is a programme of surveys to monitor tobacco use and inequalities, including regular Health Sponsorship Council monitors, the annual Year 10 survey and the New Zealand Tobacco Use survey.



TARGET

10

Reducing the percentage of the health budget spent on the Ministry of Health

Target indicator

The percentage of the health budget spent on the Ministry of Health is reduced to 1.65 percent of the total Vote Health operating budget by the end of 2009/10.



Why is this target area important?

A review of the Ministry of Health in December 2006 identified that the Ministry has led significant changes in the health sector.

An internal organisation review that followed in April 2007 has placed a greater emphasis on the Ministry of Health's leadership role in working with the sector to continue to improve whole-of-health system performance and delivery. The changes to the organisation effective from 1 July 2007 mean that the Ministry of Health is better positioned to take a longer-term view and to work more closely with the sector on key strategies and priorities.

It is important that the resources applied to the health sector are directed at improving and supporting frontline service delivery as much as possible. This target is an important indicator to ensure that the Ministry of Health is focused on its core functions and resources are applied efficiently. Although overall funding in the health system is increasing, the Ministry is committed to ensuring that its own operations run as efficiently as possible.

Current status:

In 2006/07 Budget Estimates Departmental expenses (\$184.712 million) represent 1.85 percent of the total Vote Appropriations.

What are the areas of focus and development for this target?

- Across Ministry programmes to ensure whole-of-organisation resources are applied appropriately to the Government's priorities.
- Review of organisation capability to ensure that Ministry people and resources are consistent with the delivery expectations under the Statement of Intent.
- Ongoing quality management initiatives to ensure the efficient and effective management of public resources applied to the Ministry as an organisation.

How will this target reduce inequalities?

The Ministry of Health will ensure that the work programme focused on reducing health inequalities for vulnerable populations is appropriately resourced through a capability review and action plan.

How will we measure progress?

The proportion of the health budget appropriate for the running of the Ministry of Health will be reported quarterly as part of the Health Targets public reporting, excluding those resources that are applied to sector and/or national health services.

The benefits are that we will focus on priorities, and improve our work through better co-ordination and quality. The new organisation design is very much focused on building and supporting our visible leadership capability at all levels of the organisation. Strengthened leadership in the sector was one of the areas that was highlighted in the 2006 review.

Stephen McKernan DIRECTOR-GENERAL OF HEALTH





Meeting the targets and reporting progress

The primary relationship for achievement against Health Targets is between the Ministry of Health and DHBs. This is because DHBs are providers and funders of many services that impact on the Health Target areas. Achievement of many targets will however involve everyone who contributes to the health sector in the Health Target areas, including non-governmental organisations and community-based providers.

A key guiding principle underpinning all the Health Targets is the reduction of inequalities for those groups who currently have worse health status than other New Zealanders, particularly Māori, Pacific peoples and those who are most deprived. We cannot say that we have achieved progress if the current inequalities remain or the gaps become wider. For 2007/08 Health Targets are set by ethnicity for improving diabetes and reducing avoidable hospital admissions. In future years, as data quality improves, we will measure performance in all target areas by ethnicity and deprivation.

Monitoring and measuring progress

The Ministry will work with DHBs to monitor progress and regularly report on the impact of health targets to see what difference they are making. We will do this through:

- the Ministry of Health website (www.moh.govt.nz) with links to helpful information
- regular reporting back to DHBs and to the Government
- publications available to the public.

These reports will be generated from the information provided by DHBs, national databases and information systems, for example the National Immunisation Register.

In many countries, targets are introduced alongside sanctions or incentives for achieving the target. At this point, there have been no specific incentives associated with the targets; instead the sector will use a collaborative approach to problem-solving and working together to support achievement of the target. However as the programme unfolds, the Ministry and the sector will assess whether more should be done to support improved performance.

The Ministry will look closely at each target area to understand performance trends and factors related to success. This work will help to identify where extra help may be needed to achieve the target. It will also help to identify new target areas as progress is achieved on some of the existing targets.

We will also provide future public reports on Health Targets.

Research supports the view that providing greater focus for action can improve overall system performance. Focusing on health inequalities will benefit not only Māori but all New Zealanders. Where avoidable illness is reduced, costs are reduced, not only for hospital services but also for whānau members and employers. Healthy whānau can make a stronger contribution to New Zealand society.

Wi Keelan CHIEF ADVISOR MĀORI HEALTH





