

The South Canterbury District Health Board

Annual Plan 2017-18

Which incorporates

Statement of Performance Expectations 2017-2018

System Level Measures Quality Improvement Plan 2017-2018



*Enhancing the health and independence
of the people of South Canterbury*

www.scdhb.health.nz

Annual Plan dated 27 November 2017
(Issued under Section 39 of the New Zealand Public Health and Disability Act 2000)

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Table of Contents

<u>Minister's 2017/18 Letter of Approval to South Canterbury DHB.....</u>	<u>iii</u>
Message from the Chair & Chief Executive	1
<u>SECTION 1: Overview of Strategic Priorities.....</u>	<u>2</u>
Strategic Intentions/Priorities	2
Signatories	4
<u>SECTION 2: Delivering on Priorities and Targets.....</u>	<u>5</u>
Planning Priorities South Canterbury DHB	5
Local and Regional Enablers	19
Financial Performance Summary	20
<u>SECTION 3: Service Configuration</u>	<u>21</u>
Service Coverage	21
Service Change.....	21
<u>SECTION 4: Stewardship</u>	<u>22</u>
Managing our Business	22
Building Capability	23
<u>SECTION 5: Performance Measures</u>	<u>24</u>
2017/18 Performance Measures	24
<u>APPENDIX A: South Canterbury 2017/18 Statement of Performance Expectations including Financial Performance.....</u>	<u>28</u>
<u>APPENDIX B: System Level Measures Improvement Plan.....</u>	<u>29</u>

Minister's 2017/18 Letter of Approval to South Canterbury DHB

Office of Hon Dr David Clark

MP for Dunedin North
Minister of Health

Associate Minister of Finance



Mr Ron Luxton
Chair
South Canterbury District Health Board
Private Bag 911
Timaru 7940

21 DEC 2017

Dear Mr Luxton

South Canterbury District Health Board 2017/18 Annual Plan

To formalise ongoing accountability and to provide surety, I have approved and signed your DHB's 2017/18 Annual Plan.

I would like to thank you, your board, and the DHB's staff for their efforts in developing your Annual Plan for 2017/18. I also appreciate your DHB's significant efforts to provide valuable health services to the public in a challenging environment, and I am confident that we can work together to improve outcomes for the population.

I understand your DHB is planning breakeven for 2017/18 and for the following three years, which is commendable. I trust that you have contingencies in place to ensure you achieve this planned result for 2017/18.

As you deliver services for your population, keep in mind that I will shortly be providing a Letter of Expectations to DHBs for the 2018/19 financial year that will provide further clarity on my priorities for DHB planning, such as public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

Please note that approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

Please ensure that a copy of this letter is attached to any copies of your signed Annual Plan that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

Hon Dr David Clark
Minister of Health

*Dear Ron,
Merry Christmas
and best wishes!
Thank you for your
ongoing service - especially
the work with youth (mental
health)*
David

cc Mr Nigel Trainor, Chief Executive, South Canterbury District Health Board

Message from the Chair & Chief Executive

Welcome to the South Canterbury District Health Board Annual Plan for 2017/18. This plan has been developed through a series of hui with our community including local iwi and our Primary Care Alliance.

The refreshed New Zealand Health Strategy provides DHBs and the wider sector with a clear strategic direction for delivery of health services to ensure that all New Zealanders live well, stay well and get well. As a DHB we have worked with governance, strategic and operational management and our staff to develop a vision statement which is aligned to the five themes of the strategy; people-powered, closer to home, value and high performance, one team and smart system, and set our strategic direction over the next five to 10 years. Discussions have centred on how we can safely navigate our future direction and what key strategic priorities we need to concentrate on to achieve our desired future state. During 2017/18, we will work to socialise this strategic direction so that all staff and stakeholders fully understand our vision and are unified on a common pathway to success.

Equity remains a priority for the DHB. This year's the Annual Plan has been merged with the Māori Health Plan. This has resulted in a far broader exploration with staff as to how we can reduce inequity for Māori in service delivery and health outcomes with 'equity outcome actions' being included against all clinical priorities. Māori health indicators are now included within the DHB accountability performance measures.

By being community facing rather than hospital focused we are able to provide the best delivery models in a way that meets both current and future needs of our community. It also ensures funding can be directed to drive better health outcomes, and that professional and clinical leadership is linked with operational accountability. In view of our aging population and associated prevalence of long-term conditions we will continue to strengthen our approach to providing primary and community based services which supports early intervention and assisted self-management, providing a seamless patient experience, and reducing the burden on hospital services to acute specialist care only.

Our workforce remains our greatest resource. Following on from the management re-structure which came into effect on 1 July 2016 we are aware that there is now an opportunity to invest in how we work together to ensure SCDHB is a great place to receive care and a great place to work. It has been agreed in principle to create a programme aimed at identifying our shared values and creating a cultural movement which enables us to collectively live up to them. SCDHB remains committed to the development and support of a sustainable prevocational medical training and education programme.

We are committed to operate within allocated funding and as such further efficiency gains will be based on a systematic stocktake of and evaluation of investment in current services to ensure our health dollar is being spent ensuring both best value and our financial sustainability into the future. This planned systematic review is expected to take between one to two years and will inform further changes to models of care and service delivery, building a solid foundation for the ongoing sustainability of health services in our region. We will also continue to work closely with other health agencies on programmes which provide efficiencies and savings for the DHB. Our last population Health Needs Assessment was completed in 2008. As a priority, we will commission a Health Needs Assessment to confirm our populations health status and determine our investment approach over the next 10 years.

As a DHB we are committed to improving health outcomes of all New Zealanders. We remain focused on achieving and improving performance against all six health targets. Our focus on integration and collaboration is mirrored through our local, regional and national representation on projects that ensure the effective and efficient delivery of healthcare to our community. In response to the social determinants of health, as an active partner in cross agency collaboration we will continue to contribute to activity to achieve the Government's Better Public Services initiatives, including working with the Ministry for Vulnerable Children, Oranga Tamariki once established.

In support on the DHB's mission to "enhance the health and independence of the people of South Canterbury" we will work to strengthen the following key enablers; development of a sustainable culturally competent local workforce including through the introduction of the Cultural Competence Framework, design and development of facilities which support delivery of services such as implementation of the Site Redevelopment project, and implementation of an information technology infrastructure which supports clinical practice through engagement in the regional information technology programme.

This document details of our plans to deliver against priorities during 2017/18.



Ron Luxton, Chair, SCDHB



Nigel Trainor, CEO, SCDHB

SECTION 1: Overview of Strategic Priorities

Strategic Intentions/Priorities

1.1 Strategic Context

This Annual Plan for 2017/18 articulates the DHB's commitment to meeting the expectations of the Minister of Health and delivering against national and regional priorities and our continued commitment to the vision of the South Canterbury District Health Board.

1.2 National Direction

The long-term vision for NZ's health service is articulated through the New Zealand Health Strategy. The overarching intent to support all New Zealanders to 'live well, stay well, get well'.¹ The Strategy identifies five key themes to give the health sector a focus for change:

- People powered
- Closer to home
- High value and performance
- One team
- Smart system.

Our direction is further guided by a range of population or condition specific strategies, including: He Korowai Oranga (Māori Health Strategy), 'Ala Mo'ui (Pathways to Pacific Health and Wellbeing), Healthy Ageing Strategy, Rising to the Challenge (Mental Health and Addiction Service Development Plan), Disability Strategy and the United Nations convention on the Rights of People with Disabilities.

DHBs are also expected to commit to government priorities and provide 'better, sooner, more convenient health services', and 'better public services'. The Minister of Health's letter of expectations signals annual expectations and priorities for DHBs and this Annual Plan outlines how the South Canterbury DHB will meet those expectations in 2017/18.²

In 2017/18, the focus is on:

- Delivering against the NZ Health Strategy;
- Living within our means;
- Working across government;
- Delivering on national health targets; and
- Streamlining of planning including developing a longer-term outlook and regional alignment.

1.3 Regional Commitment

In delivering its commitment to better public services, and better, sooner, more convenient health services the Government has clear expectations of increased regional collaboration between District Health Boards (DHBs).

There are five DHBs in the South Island (Nelson Marlborough, Canterbury, West Coast, South Canterbury and Southern DHBs) and together we provide services for over one million people, almost a quarter (23.3%) of the total NZ population.

While each DHB is individually responsible for the provision of services to its own population, we work regionally through the South Island Alliance to better address our shared challenges.

Our jointly developed South Island Regional Health Services Plan outlines the agreed regional activity for the next three years. South Canterbury has made a strong regional commitment and will participate in a number of priority areas in 2017/18 including: cancer, cardiac, major trauma and stroke services.

Our commitment is outlined in section 2 of this document and throughout the South Island Regional Plan.³

¹ Refer to the Ministry of Health's website for a copy of the New Zealand Health Strategy www.moh.health.nz.

² The Minister of Health's Letter of Expectations for 2017/18 is attached as Appendix 3 to this Plan.

³ The South Island Regional Health Services Plan can be found on the South Island Alliance website: www.sialliance.health.nz.

1.4 Local Direction

We are committed to the Government's key aims of New Zealanders living longer, healthier and more independent lives, continuing economic growth and to the Government's Better Public Service. In our 2017/18 Annual Plan, we will continue to achieve fiscal sustainability whilst maintaining high levels of access and quality standards across the continuum of services. We will also continue to work collaboratively locally, regionally and nationally to improve the delivery of clinically led integrated health and disability services for our population.

Through our established Alliances we will continue to partner with primary care and other local stakeholders including consumers, other government and non-government agencies and community groups to drive local health service integration. Our overarching goal to safeguard the future clinical and fiscal sustainability of health service delivery to our population remains at the forefront of all decision making enabling us to deliver on the DHB Mission Statement of "enhancing the health and independence of the people of South Canterbury".

Broadly as a DHB we continue to face a range of opportunities and challenges including:

- Changing demographics and maintaining and enhancing the level of access to health and disability services;
- Reducing inequity in service delivery and health outcomes;
- Ageing facilities which don't support contemporary healthcare practice;
- Financial sustainability;
- Increasing stakeholder expectations;
- Ensuring workforce capability & sustainability into the future;
- Strengthening clinical leadership and accountability;
- Delivering integrated health services to support seamless patient journeys;
- Achieving greater productivity and efficiency gains to enable reinvestment in the South Canterbury health system;
- Engaging in a cross agency social investment approach;
- Embracing rapid and accelerating changes in technology and clinical treatments; and
- Responding to environmental impacts.

In order for the DHB to navigate its future and realise its vision (which has been aligned to the refreshed New Zealand Health Strategy), the following strategic priorities have been identified as guiding our strategic direction over the next five - ten years:

- Embracing consumer engagement in service delivery;
- Partnering with patients in service design;
- Continuing to invest in health literacy;
- Investing in the kaiawhina approach to system navigation;
- Assessing the needs of our local population;
- Engaging all staff in the DHB's performance to develop collective ownership and accountability;
- Exploring service re-configuration options;
- Optimising inter-district flows;
- Embedding a continuous quality improvement approach into 'business as usual';
- Becoming a 'Learning Organisation';
- Becoming a leader in primary and community care innovation;
- Strengthening collaborative efforts with other stakeholders through effective Alliances;
- Developing a caring culture where we live the DHB values each and every working day;
- Embedding cultural competency in all that we do;
- Strengthening our regional partnerships to implement technological advancements; and
- Turning data into information that supports sound decision making.

Whilst the DHB exited the hospital level beds in our aged related residential care facility during 2016/17 a decision was made by the Board to retain the hospital level psychogeriatric unit until such time as a suitable alternative provider is available.

We are committed to our statutory obligations to Māori under the NZ Public Health & Disability Act and we are advised by our Māori Health Advisory Committee. Through our Māori Consultation Framework which is used by our Iwi/Māori Health Relationship Partners and our organisation we will ensure Māori participation and partnership in health planning, service design, development and delivery, and in the protection of Māori wellbeing. As an agent of the Crown we are committed to the principles of the Treaty of Waitangi and we will continue to maintain our investment in Māori provider services and in mainstream services provided for Māori in 2017/18. Our Plan includes equity outcome actions focused on improving health outcomes for Māori and Māori Health Indicators are part of our DHB Performance Accountability Measures.

Signatories

Agreement for the South Canterbury DHB 2017/18 Annual Plan

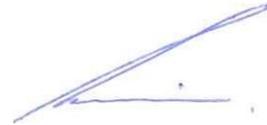
between



Hon. Dr David Clark
Minister of Health
Date:



Ron Luxton
Chair, SCDHB
Date: 27/11/17



Nigel Trainor
Chief Executive, SCDHB
Date: 27/11/17

SECTION 2: Delivering on Priorities and Targets

Planning Priorities South Canterbury DHB

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
Prime Minister's Youth Mental Health Project	Value and high performance	<p>SCDHB is committed to continuing activity to deliver on the Prime Minister's Youth Mental Health Project. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> Continue to engage in local intersectoral collaboration with the local Youth Sector Forum and in partnership complete implementation of the Youth Sector Network Action Plan. Maintain access to youth appropriate health services through provision of community based drop-in youth clinics and youth clinics in nine secondary schools and five alternative education settings. 	<ol style="list-style-type: none"> Membership on the local Youth Sector Network. Ongoing. Youth clinics held as scheduled with user satisfaction assessed in Q3. 	PP25: Prime Minister's Youth Mental Health Project
		<ol style="list-style-type: none"> Improve understanding of the Māori youth profile within Mental Health & Addiction Services to identify opportunities to increase early community based interventions. (EOA) 	<ol style="list-style-type: none"> Māori youth profile completed by Q1. 	
		<ol style="list-style-type: none"> In line with the Youth Offending Team Action Plan align service support to general practice and Arowhenua Whānau Services including in delivering transition plans. 	<ol style="list-style-type: none"> Deliver on the Youth Offending Team Action Plan, specifically aligning Mental Health & Addiction key workers to general practices and Arowhenua Whānau Services by Q2. 	
Reducing Unintended Teenage Pregnancy BPS (contributory activity)	People powered	<p>SCDHB will continue to embed and build on current activity to reduce unintended teenage pregnancy. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> Embed the expanded age range eligibility of (13 – 25 years) and scope of free primary care sexual health consultations. Evaluate current practices and education delivered by public health nursing regarding sexual health. Implement revitalised key messages and education approaches to better support public health nurses to provide accessible and youth relevant information. 	<ol style="list-style-type: none"> Free primary care sexual health utilisation rates monitored by the Primary Care Alliance. Ongoing. Resources reviewed and updated by Q2 ready for implementation for the 2018 school year. Key messages relating to contraception uploaded to the SC Youth website by Q2. Agreed expanded scope of contraceptive delivery is documented for each school by Q3. 	PP38: Delivery of response actions agreed in annual plan (section 1)

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		4. Strengthen relationships between public health nursing and Arowhenua Whānau Services to encourage Maori youth to access education and services. (EOA)	4. Regular hui with Arowhenua Whānau Services implemented by Q1.	
Supporting Vulnerable Children BPS Target	One team	<p>SCDHB is committed to continue to embed and build on current activity to contribute to the reduction in assaults on children. During 2017/18, we will focus on:</p> <p>1. Work collaboratively as a partnered agency responding to the needs of vulnerable children and their families. (EOA)</p> <p>2. Participate in utilising e-Prosafe effectively across the region. (SI)</p> <p>3. Work closely with the Family Start programme to encourage vulnerable families to participate in this initiative.</p> <p>4. Review the processes surrounding existing initiatives (such as gateway, family support) with a view to ensuring efficient and effective processes are in place.</p> <p>5. Provide Violence Intervention Programme training across Primary Care, to enable them to appropriately recognise and manage family violence risks.</p>	<p>1. Contribute to the establishment of and promote Māori representation on the Children's Community Advisory Governance Group – Children's Wellbeing by Q 4.</p> <p>Contribute professional clinical support to the establishment of and promote Māori representation on a Children's Community Advisory Panel by Q4.</p> <p>2. e-Prosafe is rolled out to SCDHB practitioners by Q4.</p> <p>3. Referral process established in 2016/17 evaluated in Q4.</p> <p>4. Process review completed with recommendations to the Child & Youth Health Alliance by Q2.</p> <p>5. Training in Primary Care completed by Q2.</p>	PP27: Supporting Vulnerable Children
Healthy Mum's and Babies BPS Target	One Team	<p>SCDHB is committed to supporting delivery of the following target: By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups. During 2017/18, we will focus on:</p> <p>1. Continue to promote Lead Maternity Care options to the women of South Canterbury.</p>	<p>1. Location and content of promotional materials reviewed by Q2 with a view to broaden availability beyond health-related facilities by Q4.</p>	PP38: Delivery of response actions agreed in Annual Plan (section 1)

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		2. Ensure registration forms are fully completed and submitted within the first trimester. 3. Identify any inequity in access to Lead Maternity Carer care. (EOA)	2. Review current document registration process and associated data collection points by Q1. Audit compliance against expected timeframe by Q2 with reporting to the Maternity and Quality Safety Committee. 3. Establish monitoring by ethnicity of registrations within expected timeframe by Q2 and complete six-month audit in Q4.	
Keeping Kids Healthy BPS Target	One team	SCDHB is committed to supporting delivery of the following target: By 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 – 12 years, with an interim target of 15% by 2019. 1. Continue to review access to dental treatment under sedation.	1. Review completed by Q2. Action plan developed based on review findings by Q3.	PP38: Delivery of response actions agreed in Annual Plan (section 1)
		2. Strengthen our relationship with Arowhenua Whānau Services (Māori Health Provider) to reduce barriers to access for specialist paediatric care. (EOA)	2. Explore the feasibility of delivering a paediatric specialist clinic at Arowhenua Whānau Services to reduce barriers to access by Q4.	
Reducing Rheumatic Fever	Smart system	SCDHB will ensure systems are in place to effectively follow-up rheumatic fever cases. During 2017/18, we will focus on: 1. Continue to support the South Island Health Partnership Rheumatic Fever Prevention and Management Plan. (SI) 2. Embed the recently developed Aoraki HealthPathway which guides general practice in the management of those patients with a history of rheumatic fever transferring into the district. 3. Develop and implement the action plan to address opportunities following the rheumatic fever secondary prophylaxis coverage completed in 2016/17.	1. Updated South Island Health Partnership Rheumatic Fever Prevention and Management Plan socialised by Q1. 2. Aoraki Health Pathway fully utilised by Q2. 3. Action plan completed by Q3.	
		4. Establish a referral process for those Māori with a history of rheumatic fever presenting in primary care to Arowhenua Whānau Services for support and navigation. (EOA).	4. Referral process established by Q2.	

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
Increased Immunisation Health Target 	One team	SCDHB will Implement the Revitalising the National HPV Immunisation Programme strategy to increase HPV immunisation rates to target levels by engaging communities and partnering between providers. During 2017/18, we will focus on: <ol style="list-style-type: none"> Charge the immunisation steering group with responsibility for monitoring progress toward achieving the 2017 actions of the <i>Revitalising the National HPV Immunisation Programme</i> strategy. Monitor the consents to school based HPV immunisation and evaluate any differences in response rates between areas. Work with primary care to ensure that young people who choose to go to primary care rather than school for HPV are immunised within recommended timeframes 	<ol style="list-style-type: none"> Quarterly monitoring reports and recovery plans developed where targets not met by Q1. Report submitted to the Steering Group by Q1. Immunisation team attendance at both GP forum and Practice Nurse forum by Q2. 	Immunisation Health Target PP21: Immunisation Services
<ol style="list-style-type: none"> Partner with the Director Māori Health to assure that the school based HPV programme delivery at Arowhenua Māori primary school is culturally appropriate. (EOA) 		<ol style="list-style-type: none"> School based programme delivery approach reviewed by the Director Māori Health for cultural safety by Q2. 		
Shorter Stays in Emergency Departments Health Target 	Value and high performance	SCDHB will undertake quality improvement activities in response to our 2016/17 Emergency Department Quality Framework results. During 2017/18, we will focus on: <ol style="list-style-type: none"> Repeat audits for time to antibiotic therapy for neutropenic sepsis and general sepsis. (No. 23 'Time to antibiotics in sepsis'). Ensure the appropriate use of conscious sedation for procedures in the emergency department. (No. 24 'Procedural and other audits'). Evaluate the time to analgesia project completed in 2016/17 and audit compliance. (No. 22 'Time to adequate analgesia'). 	<ol style="list-style-type: none"> Audits completed by Q4. Sedation protocol reviewed Q2. Audit for compliance against the sedation protocol completed Q4. Analgesia compliance audit completed by Q2. 	ED Health Target
<ol style="list-style-type: none"> Offer referral to Arowhenua Whanau Services for those Māori patients with presentations relating to a long-term condition or at risk behaviour. (EOA) 		<ol style="list-style-type: none"> Emergency Department Treatment Form updated and data report available from the Hospital Patient System by Q2. Compliance audit completed by Q4. 		

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
Improved Access to Elective Surgery Health Target 	Value and high performance	<p>SCDHB will deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and improves equity of access to services. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> Deliver the agreed health target of 3,175 elective surgical discharges and improve access by performing an additional eight major joint orthopaedic discharges in compliance with Elective Service Performance Indicators thresholds. Expand the Enhanced Recovery After Surgery orthopaedic programme to include ankle and shoulder procedures. Participate in the South Island region work activity to ensure sustainability of services and management of system capacity within the South Island. (SI) 	<ol style="list-style-type: none"> Planned volumes delivered by June 2018. Elective Service Performance Indicators maintained. Ongoing. Enhanced Recovery After Surgery programme extended to ankle and shoulder surgery by Q3. Participation in regional planning. Ongoing. 	Electives Health Target SI4: Standardised Intervention Rates OS3: Inpatient Length of Stay (Electives) Electives and Ambulatory Initiative Bariatric Initiative Additional Orthopaedic and General Surgery Initiative Elective Services Patient Flow Indicators
		<ol style="list-style-type: none"> Reduce colonoscopy 'Did Not Attend' rates for Māori through referral to Arowhenua Whānau Services for support and navigation at first point of contact. (EOA) 	<ol style="list-style-type: none"> Aoraki HealthPathway updated and referral process agreed by Q2. Arowhenua Whānau Services information provided to patients via HealthInfo. Ongoing 	
Faster Cancer Treatment Health Target 	One team	<p>SCDHB will identify and implement sustainable service improvement activities to improve access, timeliness and quality of cancer services. We are committed to participating in the Southern Cancer Network work plan regional projects. (Please see the South Island Health Services Plan for further detail). During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> Implement an electronic data collection programme to capture required data reports for the 31 day and 62 day targets at the time of occurrence. Embed and expand the scope of the nurse-led oncology clinic initiated in 2016/17. Participate in the completion of the 'Pathway Entry – Emergency Department Presentations & Routes to Diagnostics' project. Participate in delivery against the Southern Cancer Network Work Plan. (SI) 	<ol style="list-style-type: none"> Train staff in data collection by Q1. Electronic system functional by Q2. Collated reports available by Q3. Testicular cancer clinic fully functional by Q1. Effectiveness of clinic evaluated by Q2 Input into project completed by Q2. Participation in regional planning. Ongoing. 	Cancer Health Target PP30: Faster Cancer Treatment (31-day indicator) PP29: Improving waiting times for diagnostic services - CT & MRI
		<ol style="list-style-type: none"> Engage in the Te Waipounamu Māori Cancer Pathway Project. (EOA) 	<ol style="list-style-type: none"> Ethnicity data collection and recording training completed for staff by Q4. 	

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
Better Help for Smokers to Quit Health Target 	Value and high performance	<p>SCDHB will continue to support strategies that enable 'Better Help for Smokers to Quit Health Target'. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> Continue to engage in the South Canterbury Smokefree Committee and implement the refreshed Tobacco Control Plan with progress reporting submitted to the South Canterbury Health Promotion Group. Complete roll out and promotion of electronic ABC training throughout the local health sector. Include 'how to have the smokefree conversation' and an introduction to the South Canterbury cessation services in the DHB's orientation programme. Embed the recently implemented contract with Arowhenua Whānau Services to provide a 0.5 FTE smokefree facilitator who will work as part of the smokefree team alongside whānau ora kaiawhina to engage with local families to increase smokefree households. (EOA) 	<ol style="list-style-type: none"> Refreshed Tobacco Control Plan delivered by Q4. Roll out of electronic ABC training completed by Q2. Staff orientation includes "how to have the conversation" by Q1. Arowhenua Whānau Services smokefree facilitator position fully functional by Q1. 	Tobacco Health Target PP31: Better Help for Smokers to Quit in Public Hospitals
Raising Healthy Kids Health Target 	Closer to home	<p>SCDHB will identify activities to sustain efforts and progress towards achieving the Raising Healthy Kids target by December 2017. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> Support the development of a South Island health pathway for child and youth healthy weight management and localise as an Aoraki HealthPathway. (SI) Ensure the use of consistent tools and resources for measurement and managing of children's weight, including recently released sleep guidelines, across paediatrics, public health and primary care. Provide healthy weight management support for children identified as clinically obese (>98 percentile). 	<ol style="list-style-type: none"> Aoraki HealthPathway for healthy weight management, which will include the referral process implemented by Q1 Be Smarter tool fully rolled out across local health services by Q1 Provide education across primary and secondary care services on the Be Smarter tool by Q1. Childhood healthy weight management clinic established and delivered by the paediatric team by Q2. 	Healthy Kids Health Target SI5: Delivery of Whānau Ora

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		<p>4. Focus on Early Childhood Education settings in partnership with Community Public Health to design and deliver consistent messages for healthy weight management.</p> <p>5. In collaboration with the Director Māori Health deliver a marae based hui on childhood healthy weight management. (EOA)</p>	<p>4. Collaborative programme delivered by Q3.</p> <p>5. Hui on childhood health weight management delivered by Q4. Consider outcomes resulting from the hui in planning for 2018/19.</p>	
Bowel Screening	Value and high performance	<p>SCDHB will contribute to development activities for the national bowel screening programme including working with the Ministry on information technology integration and ensuring our local information technology work plan supports the National Bowel Screening Programme, scheduled to be rolled out in South Canterbury during 2018/19. During 2017/18, we will focus on:</p> <p>1. Prepare the Primary Care sector for the roll out of the National Bowel Screening programme in South Canterbury in 2018/19 by socialising national direction through development of associated Aoraki HealthPathways and HealthInfo documents and processes.</p> <p>2. Support the business case for the implementation of the South Island Bowel Screening Regional Centre and workforce capacity implications. (SI)</p> <p>3. Work through the Primary Care Alliance to identify potential resource implications including outreach services to engage high needs populations in the national screening programme.</p> <p>4. Ensure colonoscopy capacity in response to the national bowel screening programme modelling in preparation for roll out in South Canterbury in 2018/19.</p> <p>5. Collaborate with local Māori to raise awareness with iwi of the prevalence of bowel cancer and the national screening programme. (EOA)</p>	<p>1. Aoraki HealthPathway and HealthInfo developed by Q4.</p> <p>2. Support of Bowel Screening Regional Centre. Ongoing.</p> <p>3. Workshop held on local implementation of the Bowel Screening programme by Q3.</p> <p>4. Embed additional colonoscopy session capacity initiated in 2016/17 by Q1. Continue consistent prioritisation of referrals as per established national criteria. Ongoing.</p> <p>5. Hui on the bowel screening programme held by Q4.</p>	PP29: Improving waiting times for diagnostic services – Colonoscopy National Bowel Screening quality, equity and performance indicators
Mental Health	People powered	<p>SCDHB is committed to improving the quality of mental health services, including, reducing the use of seclusion. During 2017/18, we will focus on:</p>		PP38: Delivery of response actions agreed in annual plan

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		1. Embed the 'level of observation' tool used with clients placed in seclusion and audit results for outcomes.	1. Level of observation audit completed by Q1.	
		2. Continue to compare Māori seclusion rates with 'others' and train hauora Māori support workers in the SPEC (Safe Practice Effective Communication) training to assist in de-escalation. (EOA)	2. Hauora Māori support workers are trained in de-escalation by Q2.	
	Value and high performance	<p>SCDHB is also committed to improving our population's mental health, especially for priority populations including vulnerable children, youth, Māori and Pacifica, by increasing uptake of treatment and support earlier in the course of mental illness, further integrating mental and physical healthcare, and co-ordinating mental healthcare with wider social services. During 2017/18, we will focus on:</p> <p>1. Commence a review of Mental Health & Addiction Services delivered within South Canterbury to ensure service provision meets existing and emerging population need.</p> <p>2. Improve the interface between primary care and specialist services through the introduction of joint case reviews within adult services.</p> <p>3. Prepare for the enactment of the Substance Abuse Compulsory Assessment and Treatment Bill through a process of staff education and process design.</p> <p>4. Reduce the rate of Māori under Community Treatment Orders (CTO). (EOA)</p>	<p>1. Mental Health & Addictions Service Review report with recommendations for future service delivery models available by Q3.</p> <p>2. Joint case reviews in place by Q2.</p> <p>3. Staff (including NGOs) education on the Substance Abuse Compulsory Assessment and Treatment Bill completed by Q3.</p> <p>4. Continue to monitor the rate for Māori under a Community Treatment Orders compared to other ethnicities and work in partnership with community providers, whānau to minimise use of CTO.</p>	<p>PP38: Delivery of response actions agreed in annual plan (section 2)</p> <p>PP36: Reduce the rate of Māori under the Mental Health Act: section 29 Community Treatment Orders relative to other ethnicities.</p> <p>SI: Delivery of Whānau Ora</p>

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		5. Work closely with probation services (Justice), to ensure referrals are seen at probation by the addictions case manager, with the probation officer and a clear plan of care is directed in consultation with the client.	5. Joint planning sessions initiated by addiction services with probation by Q1. Data reviewed for did not attend rates Q3.	
		6. Provide healthy living information through group sessions provided in the community for mental health and addiction service clients, especially around obesity, healthy living, eating on a budget, food labels and healthy exercise.	6. Groups sessions initiated Q1. Attendance and participant feedback evaluated Q3.	
		7. Develop healthy living information packs that we can give families and clients on healthy weight management if they are not willing to be referred to a dietitian.	7. Packs available and being utilised by Q1. Pack usage evaluated and dietitian referral rates review Q3.	
Healthy Ageing	Closer to Home	<p>SCDHB will implement the refreshed Healthy Ageing Strategy, delivering on priority actions identified in the Strategy where DHB's are in lead and supporting roles. The DHB is also committed to work with the Ministry to develop and implement future models of home and community support services as per Part B of the in-between travel settlement agreement. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> 1. Establish a governance structure for Healthy Ageing to provide the overview for SCDHB's Health of Older Person's Services and Long-term Condition Management 2. Include Māori representation on the Healthy Ageing governance structure. (EOA) 3. Complete an evaluation of SCDHB current service delivery against the Healthy Ageing Strategy goals and action plan. 	<ol style="list-style-type: none"> 1. Governance structure for Healthy Ageing membership and terms of reference confirmed by Q1. 2. Healthy Ageing governance structure membership includes representation from runanga by Q1. 3. Stocktake against the Healthy Ageing Strategy Action Plan completed by Q1. SCDHB Healthy Ageing Strategy Action Plan developed and implementation commenced by Q2. 	PP23: Improving Wrap Around Services – Health of Older People

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		<p>4. Collaborate with Accident Corporation Commission (ACC), Health Quality & Safety Commission and non-government organisation providers to implement a whole of system approach to falls prevention in the community, increasing access to community based strength and balance programmes including in home exercise based programme by July 2020 to meet target volume.</p>	<p>4. Stocktake of current exercise programmes within South Canterbury completed by Q2. Programmes identified which meet the ACC criteria endorsed by Q3. Additional providers supported to reach required standard by Q4. Aoraki HealthPathway for Falls reviewed by Q2.</p>	
		<p>5. Participate in the South Island Alliance for Health of Older People and support delivery of the associated work plan. (See South Island Health Services Plan 2017 – 2020 for detail).</p>	<p>5. Relevant actions of the South Island Alliance Health of Older People work plan delivered by the DHB by Q4.</p>	
Living Well with Diabetes	Closer to home	<p>SCDHB will continue to implement the actions in <i>Living Well with Diabetes – a plan for people at high risk of or living with diabetes 2015-2020</i> in line with the <i>Quality Standards for Diabetes Care</i>. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> 1. Review the current Encounter Programme, comparing and contrasting outcomes with other DHB programmes to identify opportunities for programme improvements. (The Encounter Programme is an extensive 12-week programme adopted by the DHB to assist either newly diagnosed Type 2 diabetes, Type 2 diabetics starting on insulin therapy and patients who have not attended their Diabetes Annual Review and are considered at high risk of complications from diabetes due to poor metabolic control, to better self-manage lifestyle and medication requirements.) 2. Reduce diabetes related visual impairment through effective screening for diabetic retinal disease and monitoring of diabetic retinopathy. 3. Provide access to psychological support for those patients assessed as requiring this level of intervention. 	<ol style="list-style-type: none"> 1. Complete data analysis of current patients with poorly controlled diabetes by Q2. Research what other DHBs are offering patients with diabetes and compare outcomes by Q3. Modify the Encounter Programme based on best practice examples. 2. In line with the Diabetic Retinal Screening, Grading and Management Guidance establish monitoring reports for the timely assessment for people newly diagnosed with type two diabetes (screened within 90 days of referral) by Q1. 3. Business case for psychologist FTE prepared for the 2018/19 budget round by Q2. 	<p>PP20: Improved management for long term conditions (CVD, acute heart health, diabetes and stroke) - Focus area 2: Diabetes services</p>

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		4. Continue to provide Arowhenua Whānau Services based diabetes clinics. (EOA)	4. Diabetes clinics available at Arowhenua Whānau Services. Ongoing.	
Childhood Obesity Plan	Closer to home	<p>SCDHB is committed to implementing initiatives which are aimed at supporting healthy weight management for all local children and youth. During 2017/18, we will focus on:</p> <p>1. Participate in implementation of the regional obesity (healthy weight) programme. (SI)</p>	1. Participation in regional obesity (health weight) programme. Ongoing.	PP38: Delivery of response actions agreed in annual plan (section 2)
		2. Refresh the DHB Childhood Obesity Action Plan and implement. See Raising Healthy Kids Health Target for specific initiatives. .	2. DHB Childhood Obesity Action Plan established in 2016/17 evaluated and refreshed by Q2.	
		3. Strengthen relationships between the DHB, District Councils and Community Trusts to support initiatives such as the South Canterbury Spaces and Places Plan.	3. Presentation delivered at DHB Child & Youth Alliance on Plan by Q2	
		4. Ensure equitable access to healthy weight management clinical intervention. (EOA)	4. Direct referral pathway from Arowhenua Whānau Services (Māori Health provider) established by Q2.	
Child Health	Value and high performance	<p>SCDHB is committed to support national work under way to improve the health outcomes for children, young people and their families serviced by Oranga Tamariki, particularly young people in care. During 2017/18, we will focus on:</p> <p>1. Establish a community focused paediatric clinic.</p>	1. Paediatrician based Gateway assessments re-established by Q3.	PP38: Delivery of response actions agreed in annual plan (section 2)
		2. Continue to expand the scope of the Community Paediatric Nurse role.	2. Establish nurse led clinics by Q3.	
		3. Employ a Whānau Ora approach to completing Gateways assessments. (EOA)	3. Gather information from other DHBs with a similar population profile as to how Māori whānau are supported through the Gateway assessment process by Q3. Review and implement revised approach to Gateway assessments being completed for tamariki & rangatahi by Q4.	
		4. Increase child protection FTE within the Family Violence Intervention Team from 0.3 to 0.5FTE to meet increasing demand.	4. FTE increased by Q1.	
		5. Continue representation from Oranga Tamariki on the DHB Child and Youth Health Alliance.	5. Oranga Tamariki representative confirmed by Q1.	

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		6. Continue to ensure that there are no barriers to timely access to Gateway assessments.	6. Implement quarterly monitoring which captures by ethnicity, level of urgency, time from referral to assessment and number on waiting list if this occurs by Q1. Produce quarterly internal monitoring reports from Q2.	
Disability Support Services	One team	<p>SCDHB will identify the mechanisms and processes we currently have in place to support people with a disability when they interact with hospital based services (such as inpatient, outpatient and emergency department attendances). During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> 1. Engage with consumers who have a disability in the design of hospital facilities. 2. Engage with consumers who have a disability in the design and evaluation of service delivery. 3. Complete a stocktake of disability friendly hospital environment, supports such as communication tools and equipment and identify staff training opportunities. 4. Work with Arowhenua Whānau Services to promote the use of the 'Health Passport' with their clientele. (EOA) 5. Consider the needs of the disabled Māori community when developing the Cultural Competency Framework. (EOA) 	<ol style="list-style-type: none"> 1. Disabled consumer included in facility design user groups. Ongoing. 2. Disabled consumer representation included in the South Canterbury District Health Board Consumer Council by Q1. 3. Stocktake completed as part of the Consumer Council Workplan by Q3 with action plan developed by Q4. 4. Briefing provided to Arowhenua Whānau staff on the use of the Health Passport by Q1. 5. Cultural Competency Framework developed by Q4. 	PP38: Delivery of response actions agreed in annual plan (section 2)
Primary Care Integration	Closer to home	<p>SCDHB will continue to work with their Primary Care Alliance to move care closer to home for people through improved integration with the broad health and disability sector. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> 1. Determine the pathway and thresholds for both spirometry screening and referral for spirometry diagnostics including an approach to reaching high needs populations. 2. Expand direct access to CT diagnostics for Primary Care. 	<ol style="list-style-type: none"> 1. Aoraki HealthPathway for spirometry reviewed by Q4. 2. Referral criteria developed and Aoraki HealthPathway revised to include chest by Q3. 	PP22: Delivery of actions to improve system integration including SLMs

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
		3. Improve timely access through Primary Care including Arowhenua Whānau Services (our Māori Health provider) to a range of short-term loan equipment to support people remaining in their own homes. (EOA)	3. Identify an appropriate range of equipment that can be assessed for and issued through Primary Care by Q1. Train the practice nurse workforce in equipment assessment and issuing processes and implement by Q2.	
		4. Evaluate processes aligned to the multiple service enrolment form for families new to South Canterbury introduced in 2016.	4. Evaluation completed by Q2. Action plan developed and implemented Q3.	
		5. Reduce inequity in cervical screening rates for Māori women and cardio vascular risk assessments for Māori men.	5. Utilise 'Services to improve access' funding to reduce barriers to screening through provision of community based clinics and vouchers for primary care consultations by Q2.	
	Value and high performance	SCDHB's Primary Care Alliance will develop and deliver on an agreed refreshed System Level Measure Quality Improvement Plan for 2017/18. This is attached as Appendix 2.	1. SCDHB System Level Measure Quality Improvement Plan for 2017/18 delivered by Q4.	PP22: Delivery of actions to improve system integration including SLMs
Pharmacy Action Plan	One team	SCDHB is committed to implement any decisions made during 2017/18 in relation to pharmacy contracting arrangements.	1. Agreed pharmacy contracting arrangements actions planned for or implemented by Q4.	PP38: Delivery of response actions agreed in annual plan (section 2)
Improving Quality	Value and high performance	SCDHB is committed to improve patient experience as measured by the Health Quality & Safety Commission's national patient experience surveys, specifically in the 'coordination of care'. The SCDHB is also committed to maintain a Consumer Council. During 2017/18, we will focus on:		PP38: Delivery of response actions agreed in annual plan (section 2)
		1. Improve coordination of the patient inpatient journey by completing a clinical handover improvement project.	1. Project completed by Q2.	
		2. Incorporate Tikaka Best Practice guidance as an equity lens in the above coordination improvement project. (EOA)	2. As above.	
		3. Embed the recently established Consumer Council' mandate and functions within SCDHB.	3. Consumer Council Work Plan formulated by Q2.	

Government Planning Priority	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
Living Within our Means	Value and high performance	<p>SCDHB is committed to manage our finances prudently, and in line with the Minister's expectations, and to ensure all planned financials align with previously agreed results. During 2017/18, we will focus on:</p> <ol style="list-style-type: none"> Budget and operate within allocated funding and continue to identify further efficiency gains. 	<ol style="list-style-type: none"> Monthly financials remain within planned parameters. 	Agreed financial templates.
Delivery of Regional Service Plan	NA.	<p>SCDHB is committed to deliver on the Regional Service Plan priorities of:</p> <ul style="list-style-type: none"> - Cardiac Services - Stroke - Major Trauma, and - Hepatitis C. 	<ol style="list-style-type: none"> Regional reporting requirements met within expected timeframes. 	NA.

Local and Regional Enablers

Enablers South Canterbury DHB

Local and Regional Enabler	Link to NZ Health Strategy	South Canterbury DHB Key Response Actions to Deliver Improved Performance		Measures
		Activity	Milestones	
IT	Smart system	<p>SCDHB will engage in the South Island Information Service, Service Level Alliance and implementation of the regional programme to leverage digital hospital investments including:</p> <ol style="list-style-type: none"> Implement Order Entry <ul style="list-style-type: none"> Radiology Laboratory. Implement an electronic nursing documentation solution. 	<ol style="list-style-type: none"> Order Entry implemented in Radiology by Q2. Order entry implemented in Laboratory by Q4. Business case prepared by Q1. Selected product implemented if business case approved by Q4. 	Quarterly reports from regional leads.
Workforce	One Team	<p>SCDHB Workforce Development Steering Group will oversee the following activity during 2017/18:</p> <ol style="list-style-type: none"> Support the South Island Workforce Development Hub and engage in the regional plan. (SI) Refresh the SCDHB Workforce Development Plan. Refresh the SCDHB Staff Wellbeing Programme. Embed the DHB Cultural Competency Framework and complete a stocktake of current capability and commence the development of identified training packages and training resource capacity. (EOA) Support the upskilling of kaiawhina working in home and community support services to ensure a consistent approach to care delivery. 	<ol style="list-style-type: none"> South Island Workforce Development Alliance Coordinator to be a member of the SCDHB Workforce Development Group by Q1. Workforce Development Plan updated by Q2. Refreshed Staff Wellbeing Programme implemented by Q3. Stocktake completed by Q2. Training packages developed by Q4. Falls Prevention & Management Workshop provided by the DHB for home and community support workers by Q4. 	PP23: Improving Wrap Around Services – Health of Older People

Financial Performance Summary
(refer to Appendix One for further detail)

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (COMPREHENSIVE INCOME) FOR THE THREE YEARS ENDED 30 JUNE 2018, 2019 AND 2020

South Canterbury District Health Board	2015/16 Audited Actual	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Consolidated Financial Performance						
2017/2018						
MOH Revenue	180,297	185,507	192,671	196,457	200,243	204,029
Other Government Revenue	1,958	1,836	1,857	1,857	1,876	1,895
Other Revenue	5,504	5,326	5,336	5,202	4,850	4,838
TOTAL REVENUE	187,759	192,669	199,864	203,516	206,969	210,762
Personnel Benefit Costs	63,384	62,855	64,912	66,191	66,089	67,397
Outsourced	8,653	9,214	8,822	8,983	9,147	9,314
Clinical Supplies	10,365	10,572	10,188	10,308	10,391	10,513
Infrastructure & Non Clinical	10,859	8,997	8,652	8,501	7,377	6,994
Payemts to Non DHB Providers	89,230	93,921	100,515	102,500	106,189	108,270
Interest	422	253	-	-	-	-
Depreciation & Ammortisation	4,234	4,233	4,232	4,500	5,244	5,742
Capital Charge	1,765	2,532	2,532	2,532	2,532	2,532
TOTAL EXPENDITURE	188,912	192,577	199,853	203,516	206,969	210,762
Other Comprehensive income	(1,154)	92	11	0	(0)	0
Revaluation Land & Buidings	1,210	-	-	-	-	-
Total Comprehensive Income/(Deficit)	56	92	11	0	0	0

PROSPECTIVE FINANCIAL PERFORMANCE BY OUTPUT CLASS FOR THE YEAR ENDED 30 JUNE 2018.

	2017/18 TOTAL \$	2018/19 TOTAL \$	2019/20 TOTAL \$	2020/21 TOTAL \$
REVENUE				
Prevention	2,841,344	2,892,367	2,940,560	2,993,587
Early detection and management	43,687,728	44,473,057	45,214,084	46,029,430
Intensive assessment and treatment	119,555,282	121,665,588	123,692,734	125,923,265
Support and rehabilitation	33,779,646	34,484,989	35,121,622	35,815,718
Grand Total	199,864,000	203,516,000	206,969,000	210,762,000
EXPENDITURE				
Prevention	2,834,805	2,892,366	2,940,560	2,993,587
Early detection and management	43,587,982	44,473,057	45,214,084	46,029,430
Intensive assessment and treatment	119,233,235	121,728,587	123,818,734	126,112,265
Support and rehabilitation	33,736,978	34,421,989	34,995,622	35,626,718
Grand Total	199,393,000	203,516,000	206,969,000	210,762,000
Surplus/(Deficit)	11,000	0	0	0

SECTION 3: Service Configuration

Service Coverage

All DHBs are required to deliver a minimum of services, as defined in *The Service Coverage Schedule*, which is incorporated as part of the Crown Funding Agreement under section 10 of the New Zealand Public Health and Disability Act 2000, and is updated annually.

Responsibility for service coverage is shared between DHBs and the Ministry. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or different needs such as Māori, Pacific and high-needs groups. South Canterbury DHB may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend any current agreement for the provision or procurement of services.

South Canterbury DHB is not seeking any formal exemptions to the Service Coverage Schedule in 2017/18.

Service Change

The table below describes all service reviews and service changes that have been approved or proposed for implementation in 2017/18.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Community Pharmacy and Pharmacist services	Implement the national pharmacy contracting arrangements and develop local services	More integration across the primary care team. Improved access to pharmacist services by consumers. Consumer empowerment. Safe supply of medicines to the consumer. Improved support for vulnerable populations. More use of pharmacists as a first point of contact within primary care.	National & local

SECTION 4: Stewardship

(refer to South Canterbury DHB's 2016/19 Statement of Intent for more information)

This section provides an outline of the arrangements and systems that South Canterbury DHB has in place to manage our core functions and to deliver planned services. Greater detail is included in South Canterbury DHB's three-yearly Statement of Intent, which was last produced for the 2016/17 year and is available on our website at www.scdhb.health.nz

Managing our Business

Organisational performance management

South Canterbury DHB's performance is assessed on both financial and non-financial measures, which are measured and reported at operational, strategic and governance levels of the organisation. These are reported as appropriate.

Funding and financial management

South Canterbury DHB's key financial indicators are Statement of Financial Performance, Statement of Consolidated Financial Position and Statement of Changes and Equity. These are assessed against and reported through South Canterbury DHB's performance management process to operational, strategic and governance levels on a monthly basis. Further information about South Canterbury DHB's planned financial position for 2017/18 and out years is contained in the Financial Performance Summary section of this document on page 20, and in Appendix A: Statement of Performance Expectations on page 11.

Investment and asset management

All DHBs are required to complete a stand-alone Long-Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across government, the Investment Management and Asset Management Performance (IMAP) system.

Shared service arrangements and ownership interests

South Canterbury DHB has 100 percentage ownership interest in South Canterbury Eye Clinic Ltd. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management

South Canterbury DHB has a formal risk management and reporting system, which currently entails incident and complaint management systems utilising the regional Safety 1st system. It is intended to migrate the risk register from its current electronic system to the Safety 1st system during 2017/18. The DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

Quality assurance and improvement

South Canterbury DHB's approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care, improved health and equity for all populations, and, best value for public health system resources. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

Building Capability

Capital and infrastructure development

The Front of Hospital business case incorporating change to Emergency, Outpatients, Day Stay services, Hospital reception and Café with a spend of \$9.88m was approved by the board in 2015. Current costs are in excess of \$10M triggering the need for a strategic assessment and programme business case prior to proceeding further. In addition to this, work to improve environmental components of the existing central services building is underway to ensure energy efficiency, site infrastructure and preventative maintenance are optimal. The regional information services projects due for implementation over the next 3 years will see a significant step forward in delivering an electronic health record incorporating patient portals, health provider portals and mobile applications.

Information technology and communications systems

South Canterbury DHB's information technology and communication systems goals align with the national and regional strategic direction for information technology (IT). Further detail about South Canterbury DHB's current IT initiatives are contained in the 2017/18 South Island Regional Service Plan, and in the section on local and regional enablers within this document, on page 19.

South Canterbury District Health Board will report on implementation of the New Zealand Business Number Whole-of-Government Directions in its Annual Report.

Workforce

Below is a short summary of South Canterbury DHB's organisational culture, leadership and workforce development initiatives. Further detail about the South Island regional approach to workforce is contained in the 2017/18 South Island Regional Service Plan.

SCDHB will be focussing on a value based cultural development programme through understanding what is important to our consumers and important to our staff and ensuring our behaviours, systems and processes are reflective of the values identified and encourage staff to speak up for safety.

As part of our culture programme we will specifically target leadership development so that we select our leaders and provide performance feedback and professional development to support values based leadership.

We will be undertaking an organisation wide training planning needs analysis to ensure we are effectively and equitably investing in our people. We aim to strategically build capability in our workforce where it can deliver the best value in terms of health outcomes for our community.

Co-operative developments

South Canterbury DHB recognises the impact of the social determinants of health and as such works in partnership with a number of external public and private organisations to implement cross-agency programmes to 'support the health and independence of the people of South Canterbury'. These include:

- South Island Alliance
- Community Public Health, Sport Canterbury
- Primary care practices, community pharmacies and Hospice South Canterbury
- Police and Ministries of Justice, Education and Social Development
- Local and regional councils, Aoraki Multicultural Council
- ACC
- Plunket
- Arowhenua Whānau Services (Māori Health provider)
- Fale Pasifika O Aoraki
- Non-government organisations including those relating to mental health and addictions, child, youth and families' services and long-term conditions management
- Aged related residential care and home-based support providers
- Bidwill Trust (private hospital)
- NZ Health Partnerships Ltd
- Southern DHB procurement
- Laundry Alliance
- Tertiary education providers

SECTION 5: Performance Measures

2017/18 Performance Measures

The DHB non-financial monitoring framework aims to provide a rounded view of performance in key areas using a range of performance markers. 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. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

- achieving Government’s priority goals/objectives and targets or ‘Policy priorities’
- meeting service coverage requirements and supporting sector inter-connectedness or ‘System Integration’
- providing quality services efficiently or ‘Ownership’
- purchasing the right mix and level of services within acceptable financial performance or ‘Outputs’.

Each performance measure has a nomenclature to assist with classification as follows:

Code Dimension

HS Health Strategy

PP Policy Priorities

SI System Integration

OP Outputs

OS Ownership

DV Developmental – Establishment of baseline (no target/performance expectation is set)

Inclusion of ‘SLM’ in the measure title indicates a measure that is part of the ‘System Level Measures’ identified for 2017/18.

Performance measure	Performance expectation	
HS: Supporting delivery of the New Zealand Health Strategy	Quarterly highlight report against the Strategy themes.	
PP6: Improving the health status of people with severe mental illness through improved access	Age 0-19 – Māori	To be agreed during quarter one 2017/18
	Age 0-19 –Other	To be agreed during quarter one 2017/18
	Age 0-19 –Total	To be agreed during quarter one 2017/18
	Age 20-64 19 – Māori	To be agreed during quarter one 2017/18
	Age 20-64 19 – Other	To be agreed during quarter one 2017/18
	Age 20-64 19 - Total	To be agreed during quarter one 2017/18
	Age 65+ 19 – Māori	To be agreed during quarter one 2017/18
	Age 65+ 19 –Other	To be agreed during quarter one 2017/18
	Age 65+ 19 – Total	To be agreed during quarter one 2017/18
PP7: Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan.	
	95% of audited files meet accepted good practice.	
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	80% of people seen within 3 weeks.	
	95% of people seen within 8 weeks.	
PP10: Oral Health- Mean DMFT score at Year 8	Year 1	0.85
	Year 2	0.85
PP11: Children caries-free at five years of age	Year 1	68%
	Year 2	68%

PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1	>85%
	Year 2	>85%
PP13: Improving the number of children enrolled in DHB funded dental services (Children enrolled 0-4 years)	Year 1	95%
	Year 2	95%
PP13: Improving the number of children enrolled in DHB funded dental services (Children not examined 0-12 years)	Year 1	≤10%
	Year 2	≤10%
PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)		
Focus Area 1: Long term conditions	Report on activities in the Annual Plan.	
Focus Area 2: Diabetes services	Implement actions from Living Well with Diabetes.	
	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1C indicator).	
Focus Area 3: Cardiovascular health	90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.	
	Percentage of 'eligible Māori men in the PHO aged 35-44 years' who have had their cardiovascular risk assessed in the past 5 years.	90%
Focus Area 4: Acute heart service	70% of high-risk patients receive an angiogram within 3 days of admission.	
	Over 95% of patients presenting with ACS who undergo coronary angiography who have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days.	
	Over 95% of patients undergoing cardiac surgery at the regional cardiac centres will have completion of Cardiac Surgery registry data collection within 30 days of discharge.	
Focus Area 5: Stroke services	8% or more of potentially eligible stroke patients thrombolysed 24/7.	
	80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.	
	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission.	
PP21: Immunisation coverage	95% of two year olds fully immunised.	
	95% of four year olds fully immunised.	
	75% of girls fully immunised – HPV vaccine.	
	75% of 65+ year olds immunised – flu vaccine.	
PP22: Delivery of actions to improve system integration including SLMs		Report on activities in the Annual Plan.
PP23: Implementing the Healthy Ageing Strategy		Report on activities in the Annual Plan.
Percentage of older people who have received long-term home and community support services in the last three months who have had an interRAI home care or a contact assessment and completed care plan.		95%
PP25: Prime Minister's youth mental health project	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement <i>Youth Health Care in Secondary Schools: A framework for continuous quality improvement</i> in each school (or group of schools) with SBHS.	
	Initiative 3: Youth Primary Mental Health. As reported through PP26 (see below).	
	Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	
PP26: The Mental Health & Addiction Service Development Plan	Provide reports as specified for the focus areas of Primary Mental Health, District Suicide Prevention and Postvention, Improving Crisis Response services, improving outcomes for children, and improving employment and physical health needs of people with low prevalence conditions.	
PP27: Supporting Vulnerable Children		Report on activities in the Annual Plan.
PP28: Reducing Rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever	N/A
PP29: Improving waiting times for diagnostic services	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days).	
	95% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days).	

	90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days.	
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90 days.	
	70% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date, 100% within 120 days.	
PP30: Faster cancer treatment	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	
PP31: Better help for smokers to quit in public hospitals	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	
PP32: Improving the quality of ethnicity data collection in PHO and NHI registers	Report on progress with implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT).	
PP33: Improving Māori enrolment in PHOs	Meet and/or maintain the national average enrolment rate of 90%.	
PP34: Improving the percentage of households who are smoke free at six weeks postnatal	95%	
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.	
PP37: Improving breastfeeding rates	60% of infants are exclusively or fully breastfed at three months.	
PP38: Delivery of response actions agreed in annual plan	Report on activities in the Annual Plan.	
SI1: Ambulatory sensitive hospitalisations	00-04	See System Level Measure Improvement Plan included as Appendix 2.
	45-64	≤3,518
SI2: Delivery of Regional Plans	Provision of a progress report on behalf of the region agreed by all DHBs within that region.	
SI3: Ensuring delivery of Service Coverage	Report progress 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 (as identified by the DHB or by the Ministry).	
SI4: Standardised Intervention Rates (SIRs)	Major joint replacement procedures - a target intervention rate of 21 per 10,000 of population.	
	Cataract procedures - a target intervention rate of 27 per 10,000 of population.	
	Cardiac surgery - a target intervention rate of 6.5 per 10,000 of population.	
	Percutaneous revascularization - a target rate of at least 12.5 per 10,000 of population.	
	Coronary angiography services - a target rate of at least 34.7per 10,000 of population.	
SI5: Delivery of Whānau Ora	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of mental health, asthma, oral health, obesity, and tobacco.	
SI7: SLM total acute hospital bed days per capita	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI8: SLM patient experience of care	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI9: SLM amenable mortality	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI10: Improving cervical screening coverage	80% coverage for all ethnic groups and overall.	
SI11: Improving breast screening rates	70% coverage for all ethnic groups and overall.	
OS3: Inpatient Average Length of Stay (LOS)	Elective LOS suggested target is 1.55 days, which represents the 75th centile of national performance.	1.42 days
	Acute LOS suggested target is TBC days, which represents the 75th centile of national performance.	2.3
OS8: Reducing Acute Readmissions to Hospital	TBA – indicator definition currently under review.	
OS10: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections		
Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	Group A >2% and ≤ 4% Group B >1% and ≤3% Group C >1.5% and ≤ 6%
	Recording of non-specific ethnicity in new NHI registrations	>0.5% and ≤ 2%
	Update of specific ethnicity value in existing NHI record with non-specific value	>0.5% and ≤ 2%
	Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and ≤ 85%

	Invalid NHI data updates	TBA
Focus Area 2: Improving the quality of data submitted to National Collections	NBRS collection has accurate dates and links to National Non-Admitted Patient Collection (NNPAC) and the National Minimum Data Set (NMDS)	>= 97% and <99.5%
	National Collections File Load Success	>= 98% and <99.5%
	Assessment of data reported to NMDS	>= 75%
	Timeliness of NNPAC data	>= 95% and <98%
Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)	Provide reports as specified about data quality audits.	
Output 1: Mental health output Delivery Against Plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.	
DV4: Improving patient experience		No performance expectation/target set.
DV6: SLM youth access to and utilisation of youth appropriate health services		No performance expectation/target set.
DV7: SLM number of babies who live in a smoke-free household at six weeks post-natal		No performance expectation/target set.

APPENDIX A: South Canterbury 2017/18 Statement of Performance Expectations including Financial Performance

APPENDIX B: System Level Measures Improvement Plan