

Mental Health and Addictions

Why is this important to the Canterbury DHB?

- One in five New Zealanders has an identifiable mental illness (including addictions) at any one time and around 3% have a serious ongoing mental illness, which requires specialist care and treatment by a range of health and social service providers.
- People with a mental illness often have an alcohol and/or drug problem and at some time in their lives one in five people suffer an alcohol use problem. Canterbury has the largest methadone programme in the country.
- People who experience ongoing mental illness can live well in the community.
- There are workforce shortages across mental health and addiction services and specifically in Māori and Pacific mental health services.
- The Canterbury DHB recognises the importance of developing a workforce with shared values and expectations around service goals, that is responsive, and have a commitment to recovery focus.

Strategies

- Work collectively to improve mental health services and access to those services and to improve the quality of information available to support clinical decision-making and service development.
- Support and work towards implementation of Te Tahuhu – Improving Mental Health 2005-2015, the second NZ Mental Health and Addictions Plan (2004), the national Alcohol and Drug Strategy and the implementation of other related strategies.
- Improve the responsiveness of mainstream services to Māori.

Priority Actions

- Improve access to mental health services across the Canterbury population in line with demographics.
- Develop an improved system of care that is integrated and responsive to service users and their families.
- Work to ensure that mental health volume delivery equals 100% and that mental health services funding expenditure is equal to the level specified by the MoH mental health “ring-fence”.
- Work to ensure that improved information about consumer and family outcomes is available with MHINC, MHSMART reporting by NGOs and DHB Specialist Services.
- Implement prioritised service development objectives from the South Island Alcohol and Drug Services Review (May 2004) within timeframes.
- Increase the capability of the alcohol and other drug services through workforce development.
- Support the South Island review of Opioid Substitution Services and work with GPs on opioid substitution issues.
- Continue to implement as well as participating in regional projects to ensure services are responsive to consumer needs.
- Support health promotion initiatives to reduce violence, suicide and discrimination against people with mental illness.
- Allocate Blueprint Funding to areas identified through stakeholder engagement. These include respite care, linkages to primary care, psychogeriatric and community support services.
- Establish a Kaupapa Māori alcohol and drug programme with a day programme and supervised accommodation available in Christchurch for the South Island.
- Undertake workforce development for mental health and addiction workers and support regional and national mental health workforce programmes.
- Encourage use of videoconferencing technology to improve access to regional services and increase capacity across the sector.

Elective Surgery/Booking Systems

Why is this important to the Canterbury DHB?

- The Canterbury DHB is committed to achieving Government policy for delivery of elective surgery and treatment. This will be by prioritisation and equal access to service, based on assessed need, regardless of where people live.

Strategies

- Aim over the next three years to ensure that 100% of people receive their First Specialist Assessment (FSA) within six months of referral and aim to ensure our commitment to patients does not exceed our capacity to treat.
- Implement systems to improve access to elective surgery across all population groups and for urban and rural communities by continuing joint projects with primary care providers.
- Build additional public sector capacity for elective orthopaedic surgery.
- Build additional capacity for cataract surgery for the next three years.
- Co-ordinate ongoing care with primary and community support providers.
- Complete the Elective Services Patient Flow Indicators Recovery Action Plan by June 2006.

Priority Actions

- Work to improved access to FSAs and aim to provide 100% of patients their FSA within six months of referral.
- Work to ensure delivery of a level of publicly funded FSA volumes at the levels specified in the Canterbury DHB's District Annual Plans.
- Work to ensure that improved certainty of treatment is provided to elective surgery patients as to whether they will/will not receive access to publicly funded inpatient surgery. Aim to provide 100% of patients with certainty of treatment ("definite") receiving treatment within six months of referral.
- Work to ensure that 95% of patients who had been given certainty are treated, as a percentage of all patients receiving elective surgery, in the period indicated.
- Work to ensure elective volumes will be maintained with review of comparative volumes against national standardised discharge ratios.
- Monitor prioritisation processes to ensure consistency between clinicians and people treated according to priority.

Infectious Diseases

Why is this important to the Canterbury DHB?

- Water and food-borne organisms such as Campylobacter, Salmonella, and Giardia cause illnesses that account for many hospitalisations and deaths in Canterbury each year.
- Rates of Tuberculosis (TB) are increasing around the world, and resistant bacteria are developing.
- Canterbury's notified rate of whooping cough is high.
- Infectious diseases accounted for 12% of admissions to NZ hospitals from 1998 to 2000.
- The potential impact of increased antibiotic resistance or influenza pandemic is significant.

Strategies

- To improve information collection and monitoring of incidence and trends of infectious diseases.
- Assist with the implementation of the National Immunisation Register, review reports from the Register and assess the ways of addressing shortcomings.
- Work with other organisations in Canterbury to improve notification education and preventive services in infectious diseases.
- Ensure systems and facilities for the control of pandemic are adequate in Canterbury.
- Limit the introduction and transmission of infection within Canterbury DHB institutions.

Priority Actions

- Ensure disease surveillance and the response capacity of control systems are appropriate and adequate.
- Ensure the National Immunisation Register is implemented in Canterbury with immunisation rates at 90% by the year 2010.
- Work to ensure that rates of infectious diseases are consistent with, or below, national trends.
- Ensure that plans, systems and facilities in place for responding to pandemics, are comprehensive, coordinated and practical.
- Support the Canterbury DHB's Infection Control Committee to develop appropriate infection control policies and procedures, provide staff education programs and ensure appropriate infection surveillance, quality and risk management and monitoring.
- Systematically identify critical issues in disease control and comprehensively follow these up with other relevant organisations.

Rural Health Services

Why is this important to the Canterbury DHB?

- Most rural health services are provided by GPs and practice nurses and these services are relatively stable. There are enough rural doctors at the present time, although the workforce is aging.
- Emergency services are crucial in rural areas and are largely provided by volunteers. The pool of volunteers is shrinking, due to changing social pressures and rural demographics.
- Access to secondary services, often provided in or from Christchurch, may be difficult for rural residents. While the Canterbury DHB provides services from a number of small rural hospitals, these services are well used in some areas, but under-utilised in others.
- Christchurch hospitals usually discharge rural patients home where they are cared for by rural doctors, nurses, or home support workers. The best outcomes for the patient are when rural and urban health services are in communication with each other.

Strategies

- Continue to support the rural primary care workforce through PHOs and work to ensure that rural doctors, nurses and other health professionals are recruited and retained and that we have a sufficient number of primary care team members (GPs and practice nurses) in rural Canterbury.
- Work with rural communities to develop local plans that focus on access to health services and ensure rural hospital buildings are used in the most efficient and effective way for each community.
- Ensure our hospitals and mental health services work collaborating with rural health service providers.

Priority Actions

- Work to ensure that 100% of GPs with a rural ranking of greater than 35 points, are on call no more than 1 weekend in 4 (unless by choice).
- Work to ensure that the ratio of GPs and practice nurses, per capita enrolled in PHO, is in line with national averages.
- Work to ensure that people in rural communities are able to access secondary services within the same time frames as urban residents.
- Work to ensure that people are discharged to rural communities with appropriate support and that there is adequate collaboration and communication between urban providers and rural health care providers.
- Review the delivery of health services in Ashburton and plan for future sustainability of specialist services at Ashburton Hospital.

Pacific Health Services

Why is this important to the Canterbury DHB?

- Pacific people are over-represented in mortality and morbidity statistics and die early compared to most other ethnic groups.
- The Pacific population in Canterbury is a young one - a recent health needs assessment of Pacific people's health identified that 50% are under 25 years of age and many face health inequalities.
- The mainstream health service must respond more effectively to Pacific issues and support the improvement of the health of Pacific people particularly in the areas of diabetes, child health and mental health.
- Lack of robust ethnicity data collection means there is limited information on Pacific health outcomes.
- We need to build the capacity and capability of Pacific providers and our own workforce.

Strategies

- Review the Canterbury DHB Pacific Health Action Plan 2002 and implement its actions to improve Pacific people's health in Canterbury.
- Continue to involve Pacific people in health service development and progress the project on responsiveness to Pacific people in our hospital and specialist mental health services.
- Continue to implement the Ethnicity Data Collection project across all hospital divisions.
- Continue to support Pacific people, health providers, and collaboration between Pacific providers.
- Implement the Canterbury DHB Pacific Health Workforce Plan and initiatives.

Priority Actions

- Work to increase the numbers of Pacific people accessing health services and to introduce milestones to improve Pacific people's health in all Canterbury DHB plans.
- Ensure that initiatives have been implemented and progressed to improve and protect the health of Pacific children (0-14 years) and Pacific youth (15-25 years) – with links to the Canterbury DHB Youth Health Plan.
- Work to ensure that Pacific people are engaged and have input into DHB decision-making on equity, accessibility and resource allocation to improve outcomes for their community.
- Work to ensure that data on Pacific people's needs and health outcomes exists and initiatives have been implemented or progressed to inform policy, planning and service development.
- Work closely with Pacific primary health providers and support them to ensure that they are effectively meeting the needs of their local Pacific communities.
- Work to develop a competent and qualified Pacific health and disability workforce; available to meet the needs of the Pacific community in Canterbury.

Oral Health Services

Why is this important to the Canterbury DHB?

- Disease of the teeth and gums are one of the most common of all health problems experienced by New Zealanders. Poor oral health has a significant impact on the functioning of individuals ability to eat a balanced diet and has a detrimental impact on appearance and self confidence.
- Nationally 51% of children have fillings by age 12, in Canterbury 75% of Māori children have fillings by age 12 and 84% of Pacific children have fillings by age 12.
- More elderly have their own teeth than in previous decades.
- Children living in non-fluoridated areas have more fillings than children living in fluoridated areas and less than 1% of people in Canterbury receive fluoridated water.

Strategies

- Work to increase the enrolment of children (including adolescents) in dental programmes.
- Work with health educators and local government to educate communities about the importance of oral health and to reduce the number of caries (fillings) in all groups.
- Work to determine the oral health needs of older people and to identify the groups most at risk of oral health problems and develop a plan to address those identified needs.
- Implement the Minister of Health's vision of 're-establishing a nationwide oral health service for children and adolescents' as funding allows and consider alternative options for delivery of adolescent dental services.
- Work with health educators and local government to educate communities about the benefits of fluoride and advocate with TLAs.
- Work to ensure that oral health service development takes place within an integration approach to build capability and capacity across the oral health sector.

Priority Actions

- Work on developing a plan to address oral health needs of older people, as part of the Older Person's Health Strategy framework and undertake an older person oral health survey.
- Include oral health promotion initiatives in existing networks (including food and nutrition activities and targeted programs for Māori and Pacific people) to build awareness of the importance of good oral health.
- Develop a Canterbury DHB Policy on provision of drink and snack vending machines and how these relate to oral health care in hospitals.
- Support the implementation of the Adolescent Regional Coordination Service Plan.
- Develop and implement an information collection system for Hospital Dental Services.
- Review and streamline contract issues for the Canterbury DHB's Hospital Dental Service/School and Community Dental Service.
- Support training for Special Needs Dentistry.

Disability Support Services

Why is this important to the Canterbury DHB?

- There are 160,000 people who identify as having a disability in Canterbury and 58,000 of those people have a disability requiring assistance.
- Many people with a disability are unable to reach their potential or participate fully in the community because of barriers they face. Attitudes of the general population have been identified as a major barrier.
- The NZ Disability Strategy is a long-term plan to make NZ a more inclusive society. The Canterbury DHB will follow this plan and has produced an Action Plan for Disability 2004-2007.

Strategies

- Progress the Canterbury DHB's Action Plan for Disability including surveying consumers to determine their needs and experience of health services, promoting elder friendly guidelines, and obtaining relevant information on a patient's disabilities on admission to health services.
- Work towards creating a non-disabling society cooperatively with the MoH, the Office of Disability Issues and other intersectoral agencies.
- Continue to encourage health and disability support providers to work together to provide coordinated services for people with a disability and work with other funders of Disability Support Services such as the Accident Compensation Corporation and the MoH.
- Continue to ensure that the interpreter service providers NZ sign language and other sign languages when required.

Priority Actions

- Work to ensure that the health concerns and needs of people with disabilities are known at a service and planning level.
- Work to ensure that the number of people in the Canterbury DHB workforce who identify as having a disability is known.
- Ensure that initiatives have been implemented or progressed in accordance with the Canterbury DHB Action Plan for Disability, to deliver disability support and health services that will enable disabled people to participate fully in their communities.
- Ensure that regular reporting continues to the Board's Disability Support Advisory Committee, with the Action Plan for Disability reviewed and updated.

Information Management

Why is this important to the Canterbury DHB?

- The ability to provide a smooth patient journey through the health system requires integrated information systems and sharing of patient-focused information between primary, secondary and tertiary care providers.
- Accurate, current and timely patient-focused information is central to better decision making by clinicians and other health care providers.
- A growing use of technology in health delivery requires continual updating of our information technology infrastructure in some cases linked to national and regional developments.

Strategies

- Work closely with Canterbury DHB stakeholders to implement solutions that satisfy their clinical and business requirements.
- Collaborate with stakeholders, regional partners and the community to determine best use of systems and to achieve shared outcomes.
- Provide accurate, current and timely patient-focused information to better inform decision making by clinicians and healthcare providers and implement the Clinical Information System (CIS) Project.
- Provide a stable technology infrastructure to support the provision of health care services.
- Actively participate in Health Information Strategy for New Zealand (HIS-NZ) and the development of standards defined in HIS-NZ projects and other major national health information initiatives.

Priority Actions

- Work to increase the number and percentage of clinical staff with access to clinical knowledge bases (such as Cochrane and Medline).
- Work to increase the number and percentage of general practices using electronic decision support guidelines endorsed by the NZ Guidelines Group, particularly for cardiovascular, diabetes and referrals.
- Work to increase the volumes and percentages of discharges, broken down by service area, (eg orthopaedics and mental health) using electronic messaging software to notify primary care providers of relevant patient details on hospital discharge.
- Work to increase the number and percentages of Canterbury DHB funded referring practitioners electronically generating laboratory order scripts, receiving laboratory results and electronically generating pharmaceutical scripts.
- Work to ensure that the CIS will be available to authorised users wherever they are throughout the Canterbury region.
- Progress implementing the HIS-NZ Action Zones projects.