hutt inc
integrated network of care

HUTT VALLEY DHB HEALTH SYSTEM LEVEL MEASURES PLAN 2017/18

Introduction

This System Level Measures Improvement Plan is the culmination of work undertaken directly under the oversight and leadership of the Hutt Valley Alliance Leadership Team, Hutt INC. This Improvement Plan has been developed to drive the implementation of the Ministry of Health's System Level Measures Framework. The Improvement Plan will be submitted to the Ministry of Health as an Appendix to the 2017/18 Annual Plan.

The System Level Measures are set, defined and monitored nationally. Hutt INC has locally set and agreed its improvement milestones, contributory measures and actions in our key priority areas. Each System Level Measure milestone and contributory measure in the Improvement Plan is based on analysis of local trends and is considered appropriate to the needs and priorities of our population[1].

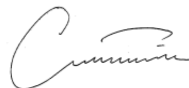
The integration work programme is focused on transforming the prevention and management of Long Term Conditions (LTCs), Child Health (in particular addressing ASH), Youth Health (in particular addressing AOD and mental health issues), Older Persons Health, Mental Health and addressing Acute Demand across the Hutt Valley Health System. The integration work programme aligns well the SLMF as it works to bring about system wide changes to improve outcomes over a longer period of time. Hutt INC members and other partners[2] across the health system have contributed to our Plan, to ensure actions wider than the integration work programme are captured. Our improvement plan demonstrates the rationale and logic for each SLM and will continue to be monitored by Hutt INC.

Hutt Valley DHB
Ashley Bloomfield, Chief Executive

Te Awakairangi Health Network
Bridget Allan, Chief Executive

Hutt Integrated Network of Care
Lise Kljakovic, Chair

Cosine Primary Care Network Trust
Chris Masters, Clinical Director and Trustee



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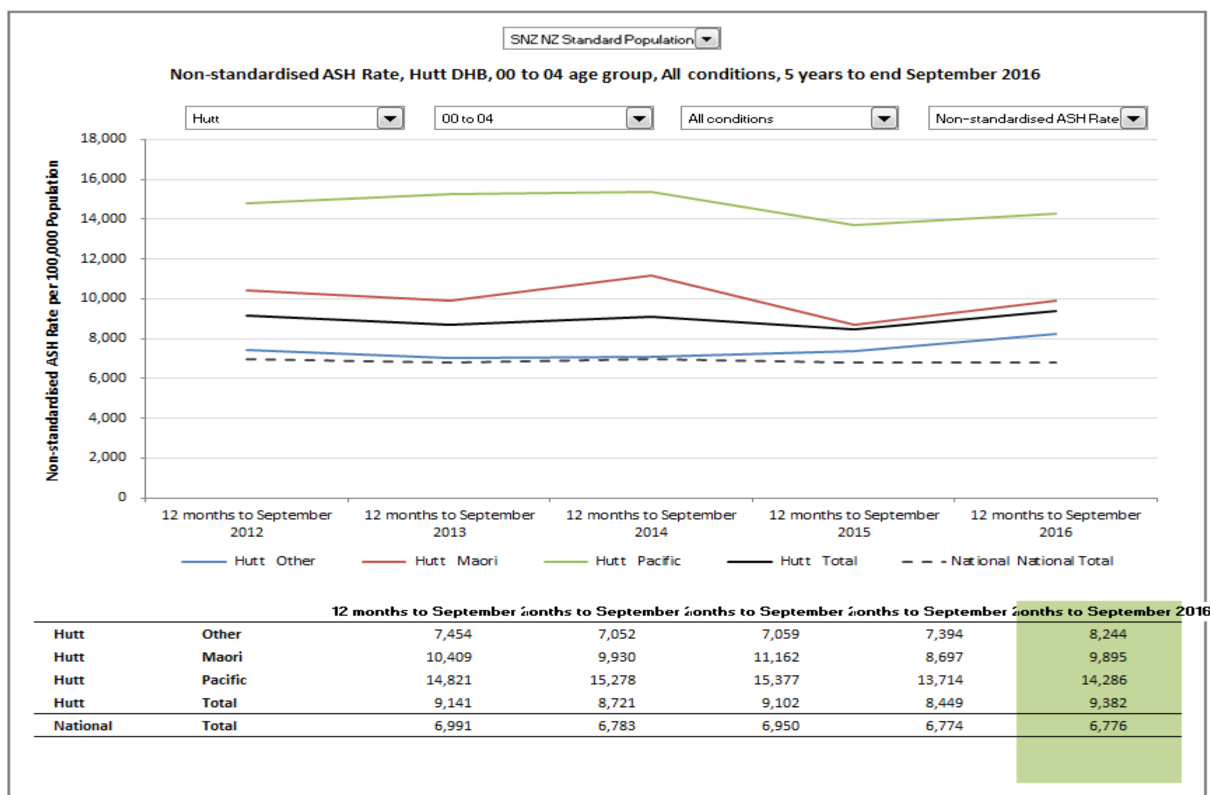
[1] *This involved reviewing the System Level Measures (SLMs) and Contributory Measures (CMs) data, MoH guidance, building on our 16/17 Improvement Plan and priorities for 17/18.*

[2] *Including: Network and 3DHB SLA/steering group members, PHO and DHB clinical and management leads, Maori and Pacific leads, Regional Public Health and Community Health Providers.*

Ambulatory Sensitive Hospitalisations for 0-4 year olds – 'keeping children out of hospital'

Where are we now?

SI 1: Ambulatory Sensitive Hospitalisations (ASH)



		12 months to September	onths to September	onths to September	onths to September	onths to September 2016
Hutt	Other	7,454	7,052	7,059	7,394	8,244
Hutt	Maori	10,409	9,930	11,162	8,697	9,895
Hutt	Pacific	14,821	15,278	15,377	13,714	14,286
Hutt	Total	9,141	8,721	9,102	8,449	9,382
National	Total	6,991	6,783	6,950	6,774	6,776

Hutt Valley has high rates of ASH admissions compared to the national average for all populations, but significantly higher rates for Maori and Pacific. Our top ASH conditions include respiratory (URTI, pneumonia, asthma), dental, gastro/dehydration and cellulitis.

Milestone

Our improvement plan target aims to ***reduce* ASH rates** in 0-4 years to 9,258 discharges per 100,000 children by the end of Q4 17/18. This would reduce the gap between Hutt Valley ASH rate and the New Zealand ASH rate[3] by 5% each year to achieve our long term target of halving the gap over 5 years.

ASH SLM Improvement Milestone	Target by end of Q4 17/18
Hutt Valley total 0-4 years ASH rate per 100,000	9,258 admissions per 100,000 children Maori: 9,739 Pacific: 13,910 Other: 8,171 Note baseline: 12months to September 2016 HV rate total: 9,382, Maori: 9,895, Pacific: 14,286,

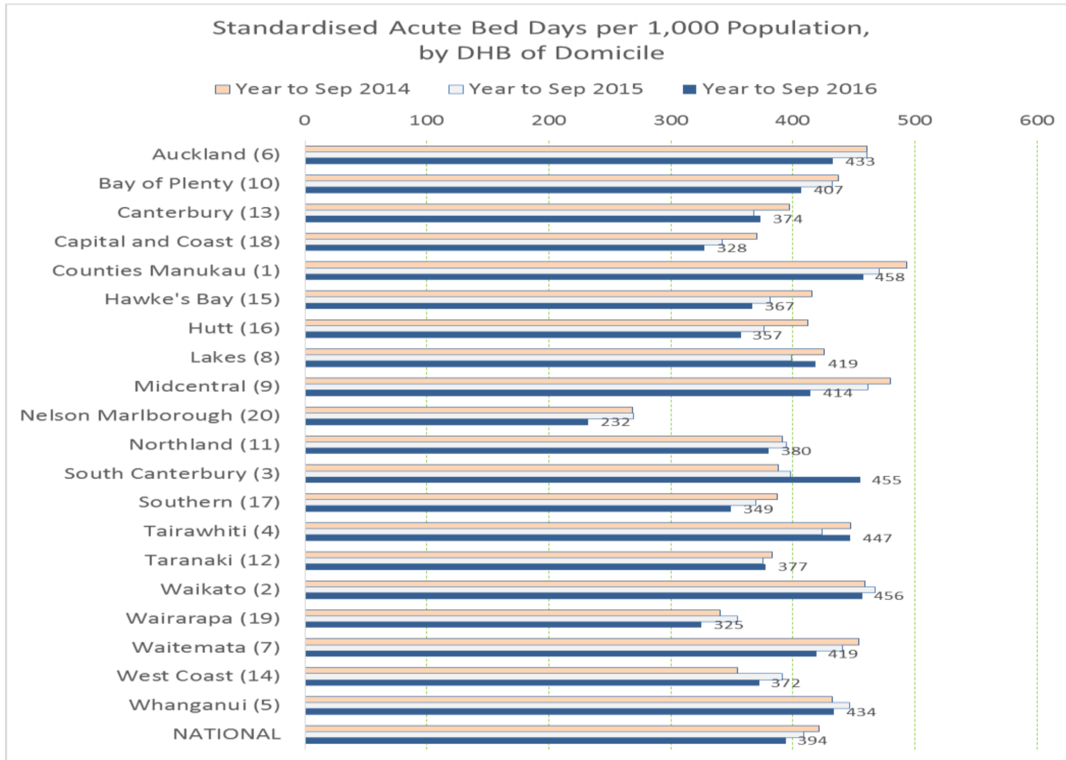
[3] *Note: baseline rate is calculated at 12months year ending September 2016.*

	Other: 8,244. NZ rate total: 6,776

Aim	Actions	Contributory Measures
Reduce ASH rate in 0-4 year ≤ 9258 admissions per 100,000 or 848 admissions)	Implement the respiratory work programme including: implementation of respiratory clinical pathways, review and increase referrals to the community based respiratory support service Tu Kotahi and primary care direct access to acute specialist advice in paediatrics.	Reduce Asthma and respiratory related ED attendance and hospital admission rate and number for 0-4years (Total & reduce disparity by ethnicity)
	Increase the number of housing interventions and homes insulated through the well homes healthy housing service (especially for Maori and Pacific).	Reduce housing sensitive hospitalisation rates (Total & reduce disparity by ethnicity)
	Implement "Go the H2O" Healthy Families Lower Hutt public health initiative and promote sugar free drinks in Hutt Valley Early Childhood Centres through healthy nutrition policies. Identify barriers to access for Pacific children and develop a plan of action to address Pacific oral health for children by 30 December 2017.	Increase % of children caries free at 5 years (total and reduce disparities for Maori and Pacific)
	Develop a process for regularly distributing practice specific ASH data to support variation analysis and quality improvement.	Achieve Health Target: Infants fully immunised at 8 months (95% and ensure equity for Maori and Pacific)

Acute Hospital Beds days per Capita – ‘Using Health resources effectively’

Where are we now?



Hutt Valley has lower rates of acute hospital beds days per capita than the national average. Recent improvements have seen a significant reduction in acute bed days due to a reduction in acute inpatient average Length of Stay (2.33) and acute readmission rates (7.2), both of which are lower than the national average.

Acute bed days are higher in the following DRGs: stroke and CVD, respiratory infection/ inflammation, cellulitis, heart failure, other digestive system diagnoses, chronic obstructive airways disease. Rates are higher in 0-4 years, 65+ age groups, and disparities exist with higher rates for Pacific and Maori.

Milestone

Our improvement plan target aims to **reduce the equity gap** for acute hospital bed days for Maori to 451 bed days per 1,000 people and for Pacific to 518 bed days per 1,000 people by the end of Quarter 4, 2017/18. We aim to reduce the equity gap in the acute hospital bed day rate[4] for Maori and Pacific by 5% over 5 years towards the New Zealand total. Given our good performance in acute bed days, ALOS and readmission rates, the actions in this SLM are focused on community based interventions to avoid hospital admission.

[4] *Note: baseline rate is calculated at 12months year ending December 2016.*

SLM Key Improvement Milestone	*Target*
Hutt Valley total standardised ABD rate per 1,000	Maori: 451 bed days per 1,000 people Pacific: 518 bed days per 1,000 people Note baseline at Dec 2016: HV rate: Maori: 455, Pacific: 522, Other: 311 NZ rate: 390

Aim	Actions	Contributory Measures
Reduce Acute Hospital bed days per capita for Maori to 451 bed days per 1,000 people Reduce Acute Hospital bed days per capita for Pacific: 518 bed days per 1,000 people	Improve the management of acute conditions in the community by expanding Primary Options for Acute Care (POAC) (especially for ASH conditions).	Increase take up of POACs
	Implement the 2017 integrated winter plan including: targeted winter wellness communications, proactive follow up in primary care for respiratory patients; promoting flu vaccination in patients and staff; ensure same day acute appointment availability in general practice.	Reduce ASH rates 0-4 and 45-64 (total and reduce disparity by ethnicity)
	Implement the respiratory work programme including: specialist support in high need general practices by 30 December 2017 (targeted to those with the greatest need and higher Maori and Pacific respiratory related hospital admissions); pilot acute care plans and services for COPD patients to self manage and access services in the community by 30 December 2017 (targeted to Maori and Pacific patients).	Reduce respiratory related ED attendances, hospital admissions and acute bed day rates (total and reduce disparity by ethnicity) Increase Flu vaccination rates for over 65 years.
	Implement the Falls Prevention and Management Model in the community including: proactive identification of older people at risk of falls and access to strength and balance programmes and other primary care interventions.	Falls prevention and management measure (TBC in 17/18)
	Develop a process for regularly distributing practice specific bed days data to support variation analysis and quality improvement	Maintain acute ALOS and acute readmission rate

Patient Experience of Care – 'Patient-Centred care'

Where are we now?

Inpatient Survey Results:

Domain	**NZ Weighted Avg /10**	**HVDHB**
Communication	8.4	8.5
Co-ordination	8.5	8.3
Partnership	8.4	8.3
Physical & Emotional Needs	8.7	8.8
Overall	*~8.5*	*~8.5*

The Hutt Valley inpatient survey overall score is at the national average. Hutt Valley results by domain have fluctuated slightly each quarter, but remain in line with national results (National average~8.5 at Nov 2016).

The primary care patient experience survey has not yet been rolled out in Hutt Valley practices and therefore scores are not available.

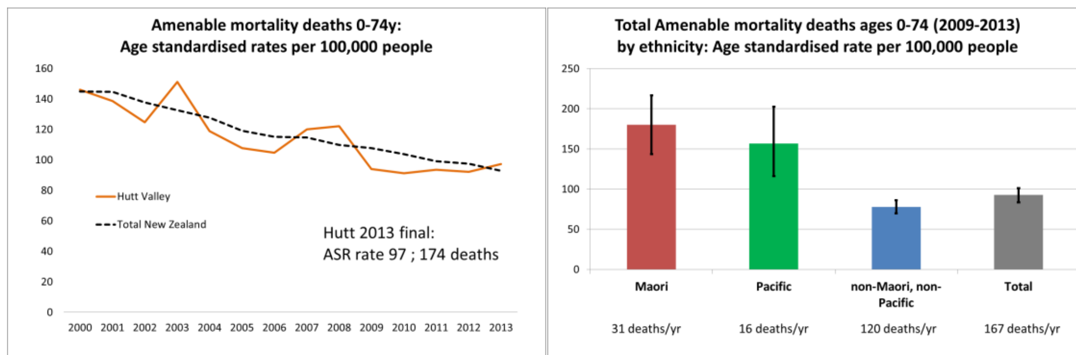
Milestone

Our improvement plan target aims to **improve** our performance and increase the roll out of the primary care patient experience of care survey in 90% of Hutt Valley practices by Quarter 4 2017/18.

Aim	Actions	Contributory Measures
≥ 90% of general practices in the Hutt Valley are participating in the Primary Care Patient Experience of Care Survey	Implement the patient experience survey in primary care and identify areas for improvement based on primary care survey scores.	Increase % of Hutt Valley practices participating in patient experience survey
	Establish the HVDHB consumer council by 30 December 2017. Continue consumer engagement and co-design in the development of the ALT work programme, Clinical Services Plan and Wellness Plan.	Maintain response rate and performance of patients completing inpatient and primary care patient experience survey
	Increase promotion of the Health Navigator patient information website to health services and community members.	Increase utilisation of health navigator website
	Increase the roll out and uptake of the Patient Portal.	Increase patient portal uptake and number of patients activated.

Amenable Mortality Rates – Prevention and Early Detection

Where are we now?



Amenable Mortality in the Hutt Valley is improving with a reducing trend and lower rates compared to the national average in previous years. A slight increase to above the national rates was observed in the 2013 data. The top causes on amenable mortality in the Hutt Valley are IHD, COPD, suicide, CVD, breast cancer and Diabetes and significant disparities exist with higher rates for Maori and Pacific.

Milestone

A wide range of factors and contributory measures impact on amenable mortality. Many of these go beyond the influence of the health sector or local DHB and improving amenable mortality will take place over a longer period of time (and is largely generational).

Influencing amenable mortality rates is a part of a longer term strategy within Hutt Valley DHB to address both the configuration and responsiveness of our clinical services over the next 5 years (as part of developing a Clinical Services Plan by May 2018) as well as focussing on wider social determinants of health and a stronger prevention approach through developing a Wellness Plan within that same timeframe. Both those plans will inform our investment decisions over the longer term. Reducing avoidable mortality is a key plank of both those plans.

A number of the medical conditions contributing to our amenable mortality rate are influenced by lifestyle choices including activity levels, nutrition and smoking. The contributory measures selected focus on engaging people in managing their own health through supporting them to make positive lifestyle choices. These measures and the underlying actions are seen as fundamental to reducing the impact of these lifestyle related conditions.

It is anticipated that our key interventions will improve our amenable mortality rate over a longer period of time. However the Ministry of Health has requested each DHB set an improvement milestone target for this SLM. Therefore our improvement plan target aims to **reduce** our amenable mortality rate to 175 per 100,000 people aged 0-74 years for Maori and 152 per 100,000 people aged 0-74 years for Pacific by 2026/27 (deaths in 2023).

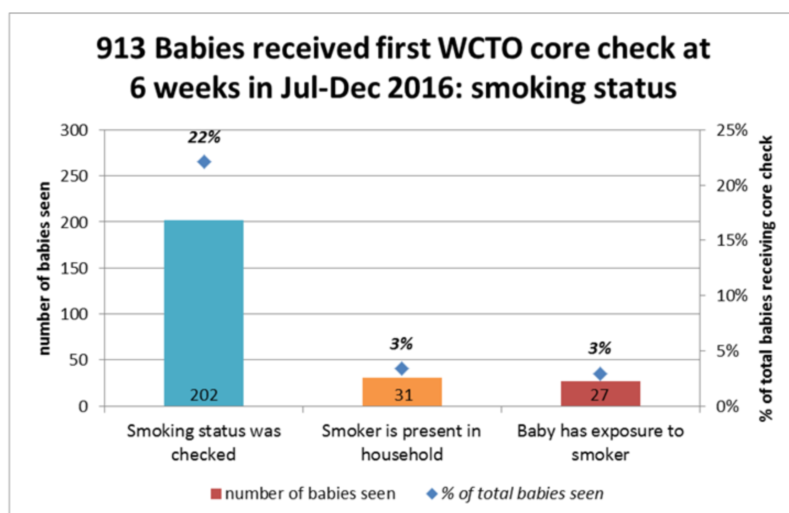
AM SLM Key Improvement	Target by end of Q4

Milestone	
Hutt Valley total age standardised Amenable Mortality rate per 100,000 aged 0-74 years	***Reduce*** our amenable mortality rate by 2026/27 (deaths in 2023) to: 175 per 100,000 people aged 0-74 years for Maori. 152 per 100,000 people aged 0-74 years for Pacific. Current Baseline: HV rate in 2013 total: 97, Maori: 180, Pacific: 157, Other: 78 NZ rate in 2013: 93

Aim	Actions	Contributory Measures
Reduce our age standardised amenable mortality rate by 2026/27 (deaths in 2023) to: • 175 per 100,000 people aged 0-74 years for Maori • 152 per 100,000 people aged 0-74 years for Pacific	Implement the 5 point plan to address faster cancer treatment target by 30 September 2017 Implement the Bowel Cancer screening programme.	Achieve faster cancer treatment health target (85%)
	Continue to target breast screening to our Maori and Pacific women through data matching across DHB, PHO, general practice and Maori and Pacific providers and support access through free clinics and transport.	Increase **breast** screening rates (total & reduce disparity for Maori)
	Improve the management of Long Term Conditions by: Implement a reporting framework to monitor improvements in our 4 Diabetes quality standards and improve integration by targeting specialist support to practices with greatest diabetes need (targeted to Maori and Pacific).	Improve diabetes control HBA1C <64mmol (total and ensure equity for Maori and Pacific)
	Improve COPD self management by increasing access to community based pulmonary rehabilitation programmes and acute care plans and services for COPD patients (targeted to Maori and Pacific patients).	Reduce COPD hospitalisation rate (total and for reduce disparity for Maori and Pacific)
	Improve the identification and management of CVD in primary care by implementing a CVD risk management measure by July 2018 (e.g. increase in triple therapy for secondary prevention and primary prevention in those with CV risk over 20%).	Maintain CVD risk assessment (90% target and ensure equity for Maori and Pacific)
	Develop a district wide Wellness Plan that focuses on the prevention of obesity, non-communicable disease and tobacco, alcohol and drug use by addressing the wider determinants of health through an environmental and lifestyle intervention approach by 30 June 2018.	Reduce % of children identified as obese in B4 schools check (total and reduce disparity for Maori and Pacific). Reduce smoking rates: % of enrolled PHO population that currently smoke (total and reduce disparity for Maori and Pacific).
	Develop a Suicide Prevention Plan and appropriate measures by 30 June 2018.	

Proportion of babies who live in a smoke free household by 6 weeks post natal – 'Healthy Start'

Where are we now?



We are awaiting further Ministry of Health guidance on this System Level Measure. Preliminary data shows significant issues with data capture for this SLM with only 22% of children and their families having their smoking status checked. Our LMC results also show significant disparities for Maori with a higher percentage of mothers smoking at registration and 2 weeks post natal compared to the Hutt Valley average.

Milestone

Our improvement plan target aims to **improve** our identification and data collection of smoking status with 90% of whanau asked at their child's first WCTO first core check by Q4 17/18.

One of our actions is focused on improving the quality of the data available in the Hutt Valley. This may initially result in reduction in the % of children living in smoke free house while implementing this SLM.

Continuing to reduce smoking rates across the population as a whole and reducing disparities particularly for Maori remains a key priority for the Hutt Valley Health System. Our actions have a strong focus on reducing smoking rates for our Maori and younger generations and anticipate these actions will improve our overall performance and reduce disparities, especially for our Maori in this SLM[5].

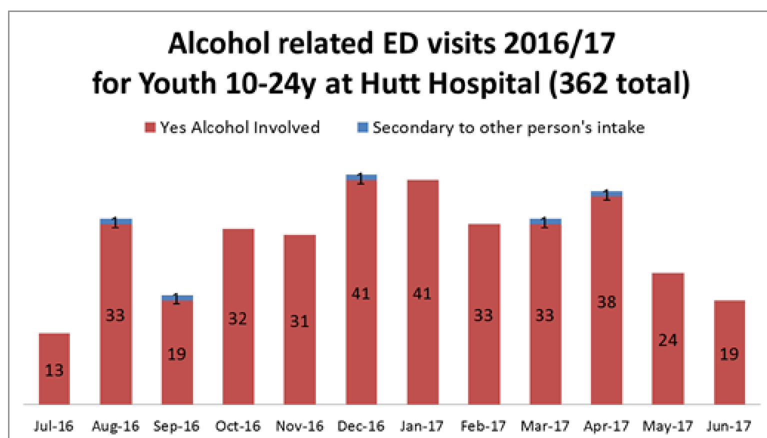
Aim	Actions (long term)	Contributory Measures (long term)
90% of whanau are asked about	Work with WCTO providers to implement quality improvement and improve data collection on	% of children receiving WCTO first core check

[5] *We also note that LMCs are significant contributors to this SLM, and the Ministry of Health will have greater influence than DHBs in this area (as funders of private LMCs).*

smoking status at their child's WCTO first core check by Q4.	smoke free household SLM. Improve WCTO enrolment rates and first core check targets, especially for Maori and Pacific children. Implement training for Lead Maternity Carers, Pharmacies and Youth One Stop Shop clinicians to provide brief advice for smokers to quit and refer to cessation services by 30 June 2018. Implement an incentive programme to increase referrals and access to culturally and youth appropriate smoking cessation services targeted to young Maori mothers by 30 September 2017. Establish a local oversight tobacco group to monitor roll out and performance of tobacco programmes.	have smoking status recorded. Improve WCTO enrolment rates and WCTO first core checks targets (total and reduce disparity). % of babies who live in a smoke free household at 2 weeks post natal (total and reduce disparity for Maori). Improve referrals to our cessation services Increase the number of people quitting smoking (total and ensure equity for Maori and Pacific). Achieve Health Target: better help for smokers to quit in primary care (90% target & ensure equity). Achieve better help for smokers to quit in hospital (maintain 95% and ensure equity).

Youth access to and utilisation of youth appropriate health services – 'youth are healthy, safe and supported'

Where are we now?



We are awaiting further Ministry of Health guidance on this System Level Measure. We have selected Alcohol-related ED presentations for 10-24 year olds as our youth SLM. Preliminary alcohol related ED presentation data is available from Hutt Hospital and shows approximately 4% of ED visits for 10-24 year olds are identified as alcohol related. However, our presentations are lower than CCDHB and we expect this is likely to be an identification and data capture issue.

Milestone

Our improvement plan target aims to **improve** our identification and data collection of alcohol related ED presentations in the Hutt Valley by implementing as part of NNPAC reporting by Q4 17/18.

One of our actions is focused on improving the quality of the data available in the Hutt Valley.
This is likely to result in an increase in alcohol related presentations while implementing this SLM.

Despite these data issues, Mental Health and AOD is a key priority area for youth the Hutt Valley[6] and we will be progressing actions in this area in 17/18 to improve access to services and outcomes for youth in this area over a longer period of time.

Aim	Actions	Contributory Measures
Implement reporting to NNPAC on alcohol related ED presentations by Q4 17/18.	Work with ED to improve screening and data collection on alcohol related presentation in Hutt Hospital ED. Improve access to treatment for young people with alcohol and other drugs and co-existing	Monitoring alcohol related ED presentations.

[6] *Mental health problems and substance misuse often first appear in adolescence with 75% of problems developing by the age of 24 years with similar findings in New Zealand's own health and development study. UK Department of Health (2011).*

	problems (AODCEP) including: • Establish a youth AOD specialist service within MHAIDs to improve access to specialist support for young people. • Implement AOD specialist support to primary and community services through consult liaison. • Expand primary and community health services to improve access to AOD and Mental Health support in the community for young people.	Increase the number of 15-24year olds accessing AOD and mental health services from primary and community providers.
	Work with community, council and industry to reduce the sale of alcohol to minors and limit the supply and availability of alcohol by off licence premises in the Hutt Valley[7].	Monitor the percentage of premises that are compliant with the Sale of Liquor Act and limit the total number of off license premises in the six identified areas in Lower Hutt.
	Implement the findings of the ICAFs Review by 30 December 2017.	Reduce ICAFs waiting time from referral to first contact. Implement the ICAFs real-time survey results for 10-19 year olds.

[7] This includes implementing the Lower Hutt Provisional Local Alcohol Policy. This includes limiting and monitoring the number of off license premises in the six identified areas of Taita, Hutt Central, Avalon, Naenae, Wainuiomata and Stokes Valley where the Hutt City Provisional Local Alcohol Policy density cap is proposed, to ensure the total in the area does not the exceed existing level and are not permitted to sell after 10.00pm.