

Towards a Healthier Canterbury: Directions 2006



Strategic Plan Summary 2002

Canterbury DHB

District Health Board

Te Poari Hauora o Waitaha

Towards a Healthier Canterbury:
Directions 2006

Produced by
Canterbury District Health Board

PO Box 1600, Christchurch
Telephone (03) 364 0145

www.cdhb.govt.nz

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The Canterbury District Health Board's inaugural Strategic Plan outlines the directions for the District Health Board over the next 5-10 years. The plan has been agreed between the Minister of Health and Canterbury District Health Board.

Our Vision - Ta Matou Matakite

To promote, enhance and facilitate the health and well-being of the people of the Canterbury District

*Ki te whakapakari, whakamaanawa me te whakahaere i te hauora
Mo te orakapai o ka takata o te rohe o Waitaha*

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Canterbury District Health Board's Strategic Plan

To improve the health and well-being
of people living in Canterbury.

**Kia ora, Ni sa bula vinaka, Malo e leilei, Kia orana, Talofa lava,
Fakalofa lahi atu, Taloha ni, Halo olaketa, Greetings**

This booklet summarises the Canterbury District Health Board's plan for the delivery of health care in our region for the next five to ten years.

It is the end result of assessing the health needs of our community, formulating a proposed plan, asking for public feedback on it and then reviewing all the ideas and responses received. Our guiding principles have been to keep an open mind and consider all feedback before making any final decisions.

Many individuals, groups and organisations took the opportunity to give us their comments and ideas. During the consultation period, from 21 January to 21 March this year, we received 210 written, and more than 400 oral, responses and submissions. 47 consultation meetings were held throughout our region to give people the opportunity to have their say and we were very impressed with the high quality of proposals and ideas.

The health services provided to our community in the next five to ten years will be largely influenced by this Strategic Plan. As a District Health Board we are responsible for providing all publicly funded health care in our region. We allocate funding to providers such as family doctors, mental health services, pharmacy and laboratory services. We provide hospital based care as well as funding many community services.

We are also one of the largest employers in New Zealand with 7,500 staff. Our greatest assets are our highly skilled and committed health care professionals. Their support is essential for the successful implementation of this plan especially as we move towards increasing integration between hospital and community health services. We are aware that we need to continue to build these relationships. Many of the submissions highlighted the need for this and we agree this is a key to making our plan a reality.



Syd Bradley
Chairman



Jean O'Callaghan
Chief Executive

Another significant focus is helping people lead healthier lifestyles so they stay well longer. Improving the health status of our community is as important as the provision of services for people who need care. This is why the plan covers both health care for important conditions such as mental illness, diabetes and cancer as well as initiatives for healthier lifestyles.

We appreciate your taking the time to read the Strategic Plan. It is a milestone in the delivery of health care in our region and we will provide regular updates as it is progressively implemented. Thanks again to everyone who took the time to be involved in the consultation process.

We value the feedback received and we will keep it in mind as we implement the plan and engage in future community consultation. With limited resources, it is only by working together that we can produce the best health care plan possible for our region while maximising the health outcomes we obtain for our precious health dollars.

Working with Māori



The Canterbury DHB recognises and respects the principles of the Treaty of Waitangi: partnership, participation and protection. We are committed to reducing disparities and improving health outcomes for Māori and to ensuring Māori involvement in planning for these.

The Canterbury DHB regularly meets with Manawhenua ki Waitaha (which comprises the seven Kai Tahu runaka supported by the Ngai Tahu Development Corporation), Te Runanga o Nga Maata Waka Inc and other Māori community groups, providers and organisations. Quarterly Māori community consultation meetings are held to provide forums for learning about Māori issues and providing an update on Canterbury DHB activities.

The Canterbury DHB has established Te Kahui Taumata, a group led by the Chief Executive, Kaumatua, and Taua. This group will ensure that the Canterbury DHB recognises and respects the principles of the Treaty of Waitangi and actively works to improve the health of Māori.



Our Purpose

To improve the health and well-being of people living in Canterbury.

- Who we are

We are the health organisation responsible for funding most health services in Canterbury. We are given money by Government to do this, but it is up to us, in consultation with Canterbury people, to decide what health services we need and how to best use our funding, noting Government policies.

- What we do

- Fund most mental health, Māori health, personal and family health services in Canterbury.
- Run Canterbury's 14 public hospitals and provide mental health, disability support, alcohol and other drugs and community health services.
- Promote community health and well-being through population health programmes such as health promotion and protection.
- Encourage all health and disability support providers in Canterbury to work together to streamline health care and make care more efficient and effective.



- Our values
- *A matou uara*

Care and respect for others
Manaaki me te kotua i etahi

Integrity in all we do
Hapai i a matou mahi katoa i ruka i te pono

Responsibility for outcomes
Kaiwhakarite i ka hua

- Ways of working
- *Ka huari mahi*

Be people and community focused
Arotahi atu ki ka takata me ka iwi whanui

Demonstrate innovation
Whakaatu whakaaro hihiko

Engage with our stakeholders
(those individuals and groups with an interest in our work)
Tuu atu ki ka uru (ratou ka takata me ka roopu e parekareka ana mai ki a tatou mahi)



Our Purpose

• Our challenges

- Working within the resources we have, to fund and deliver the best possible health and disability services and outcomes for Canterbury people. There is not enough money to do everything everyone wants. We must prioritise and choose how we can best use our resources.
- Working effectively as the new funder of most mental health, Māori health, and personal and family health services in Canterbury in a changing environment of Government health funding. From 2003 the funding that Government gives us will be based on a formula, linked to our population. We will have to prioritise the needs of people within our available funds and develop new ways of contracting.
- Ongoing development of our relationships with health workers in our hospitals and in community health and disability services to build a workforce that meets the health and disability needs of the community now and in the future. This includes addressing challenges such as staff shortages in some areas, staff needs for ongoing career development and staff participation in decision-making.
- Improving public understanding of our role and community participation in our processes. Many Canterbury people still do not have a clear understanding of what the Canterbury DHB's job is and what it can reasonably achieve within the resources available.
- Becoming a funder of public health services and disability services.

- Developing enhanced relationships with the community, health providers and social agencies such as Age Concern, Child Youth and Family, Kai Tahu and the Christchurch City Council.
- Implementing better information systems that ensure providers can more effectively communicate and monitor patient care and provide better information for planning and funding purposes.
- Addressing the increasing burden of chronic diseases, such as respiratory and cardiac illnesses, and diabetes. These are described as the modern epidemics of the western world. They significantly reduce the quality of life for sufferers, and are expensive to treat over their lifetime. They are a major issue in New Zealand and in the Canterbury DHB, yet there are opportunities for early prevention and disease management strategies.
- Responding to the rapid growth in the range of new diagnostic techniques, screening services, pharmaceuticals, bio-technology, robotics and remote diagnostic educational systems. These can be used in hospital and community settings. The opportunity to apply these developments may cause ethical, cultural and funding dilemmas.
- Working within the wider policy framework the NZ Health and Disability Strategies - see diagram next page.



The New Zealand Health and Disability Strategies

Overarching
Strategies

Population-based
strategies

Service-based
Strategies for example

New Zealand
Health Strategy

New Zealand
Disability Strategy

He Korowai Oranga
Māori Health Strategy

Nga Whakatātaka
National Māori
Health Action Plan

Inequalities

We took all these
factors and more
into account before
producing this plan.

Primary Health
Care
Strategy

Mental
Health
(including
Māori
Mental
Health)

Diabetes
2000

Pacific
Peoples'
Health &
Disability
Action
Plan

Palliative
Care
Strategy

Health of Older
People
Strategy

Moving Forward

The directions the Canterbury DHB will take over the next five years are:

1. Improving the health status of our community
2. Finding better ways of working
3. Working together
4. Developing Canterbury's health care workforce
5. Being a leader in hospital and health care services

1. Improving the health status of our community

We plan to improve the health and well-being of the people of Canterbury with a particular focus on providing support to those groups where the greatest health disparities currently exist, such as Māori, Pacific peoples and those on low incomes.

The reason for this is we need to target those health conditions that will help us achieve the best use of health funding and maximum improvements for health in Canterbury. Keeping ourselves fit and well is a focus.

Our health priorities for Canterbury are improving child and youth health, enhancing primary care, improving Māori health, improving mental health and reducing the

impact and incidence of cardiovascular (heart) disease, diabetes and cancer. More information about these priorities appear on pages 20-29.

To improve the health of people of Canterbury we will:

- Continue to work on disability and health goals outlined in Government health strategies, and to develop a population health focus that enhances the services available for individuals.
- Continue to share key information about the health needs of the Canterbury population to determine future health priorities and the planning of health services.
- Develop systems to collect the information necessary to help us understand and measure progress towards addressing the health needs of the Canterbury population.
- Work with rural communities to improve access to health services.
- Complete the fuller health needs assessment of our District by June 2004.





2. Finding better ways of working

We plan to use the funds we receive from the Government to get maximum improvement in health in Canterbury. A particular focus will be on fostering an environment in which all health care providers work increasingly co-operatively to streamline patient care, produce better outcomes for patients and more effectively use our limited resources.

To develop better ways of working we will:

- Review our health care delivery services continually to help ensure we deliver the best possible health and disability services to the people of Canterbury within available resources.
- Continue to work with other health care funders (such as Accident Compensation Corporation, Child Youth and Family and the Ministry of Health) towards a joint approach for the planning and funding of health services.
- Concentrate on health promotion and population health initiatives that will help prevent disease and ill health linked to the five priorities for the Canterbury DHB. These will include programmes about not smoking and the importance of a healthy lifestyle.
- Continue to work with other health care providers to develop a strategy that will result in improved local and national patient and health care information systems that will enhance our ability to provide patient care.
- Be innovative in promoting quality through initiatives such as developing a Quality Council which will promote quality across the health sector.
- Involve health consumers and the community in our decision-making processes to ensure services meet their needs.
- Develop a partnership for decision-making in our hospitals between doctors, nurses and managers and between hospitals and community services.
- Continue to implement checks and reviews to help ensure we eliminate waste and any duplication from our services.
- Ensure our contracts with providers are clear and easy to understand and focus on improving health.
- Provide appropriate support services to community health service providers to improve their ability to focus on delivering health services.

3. Working together

We plan to work with hospital and community health staff, the people of Canterbury, and funders and providers of a wide range of social and health services so that the best use is made of our combined resources.

To work together we will:

- Communicate with our staff, the health sector and the community to help ensure they are informed about our aims, challenges and achievements and have an opportunity to have their say about what we do.
- Continue to work with other health care providers to develop a strategy which will result in improved local and national patient and health care information systems which will enhance our ability to provide patient care and assist with ongoing planning.
- Complete the final draft of the Canterbury DHB Regional Information Strategy in February 2003.
- Continue to work with other health care funders and providers to ensure the right health services are provided at the right time and in the right place to meet the health and disability needs of the people of Canterbury.
- Continue to involve the community in our work through proactive engagement processes.
- Develop a Community Provider Advisory Group to advise us on better ways to provide health services to the people of Canterbury.
- Continue to develop a common vision for integrated services in mental health and implement a service model to deliver this.
- Work with GPs and other primary health care providers towards achieving the Government's health goals for primary health care.
- Continue to develop and implement a rural health strategy to address the health and disability needs of Canterbury rural communities.
- Continue to work on joint projects which involve other health care funders and providers, community groups, social agencies and local authorities towards improving the health of the people of Canterbury, eg, Access Canterbury, the Healthy Christchurch project and the Elder Care Canterbury project.

- Develop a clear definition of 'Continuum of Care' for older people ('LinkAGE'). Progressively introduce a new contracting model that improves service integration for older people who need health and disability services.
- Continue to work with tertiary education providers and researchers, such as the University of Otago's Christchurch School of Medicine and Health Sciences and the Christchurch Polytechnic Institute of Technology, on projects which will benefit the training of the health workforce and the health of the people of Canterbury.



4. Developing Canterbury's health care workforce

We plan to develop Canterbury's health care workforce to meet the needs of the Canterbury population. Our aim is to make Canterbury a preferred district for health workers in New Zealand.

To develop Canterbury's health workforce we will:

- Ensure professional advice is available directly to the Chief Executive.
- Work with the workforce and health sector unions in a partnership to address significant issues affecting staff and the way we work.
- Develop initiatives so that providers have the workforce to support a changing health environment.
- Implement strategies for greater participation by Māori and Pacific peoples in the health workforce through recruitment and development initiatives within hospital and community services.
- Work to ensure all staff are responsive to the cultures and needs of the people they serve.

- Continue to provide ongoing planning and development programmes to enhance career pathways for workers and provide leadership opportunities.
- Support and participate in Government initiatives to address workforce issues.
- Work with our staff to ensure that we all apply our organisational values. This means demonstrating; care and respect for others, integrity in all we do, responsibility for outcomes.



5. Being a leader in hospital and health care services

We will continue developing the expertise in health and disability services to ensure we remain a national leader.

To develop as a leader in hospital and health care services we will:

- Develop service plans to integrate community and hospital services so that we continue to improve patient care. Work has already begun on plans for child health, orthopaedics (spine, bones and joints) and cancer.
- Work with other South Island District Health Boards to further develop specialist hospital and community services available to patients throughout the South Island. We already have staff who travel to treat people in other centres.
- Work with the South Island Regional Mental Health Network to oversee continued development of mental health services in the South Island.

- Develop a comprehensive facilities plan based on service plans for service needs.
- Build new facilities for Women's Health Services and Burwood Hospital to ensure we provide modern facilities that meet the needs of patients, families and staff.
- Identify community services/ programmes to develop and retain depth, in line with chosen health priorities.
- Encourage research projects focused on achieving results that improve the health of Canterbury people.
- Work to ensure waiting lists are managed to meet Government objectives for waiting times so the people of Canterbury receive surgery within an appropriate period.
- Work at a national, regional and local level to find solutions to service pressures, eg access to radiation oncology.



Our Top Priorities

Areas have been chosen for special attention based on a health needs assessment for Canterbury, consideration of key Government health strategies such as the New Zealand Health Strategy, New Zealand Primary Health Care Strategy, the Māori Health Strategy and the New Zealand Disability Strategy, and feedback received in the formal consultation on this plan.

Details of the health needs assessment and the summary of submissions can be found on our website:

www.cdhb.govt.nz

The priorities are:

- Child and Youth Health
- Primary Health
- Māori Health
- Mental Health
- Disease Prevention and Management
 - Cardiovascular (Heart) Disease
 - Diabetes
 - Cancer

• Child and Youth Health

What is the situation?

- The health of New Zealand children is not as good, or improving as fast, as the health of children in other developed countries.
- New Zealand still experiences epidemics of measles and whooping cough at greater rates than many other developed countries.
- The ethnic mix of our child and youth population is changing. There are more Māori, Pacific peoples and refugee children.
- Immunisation coverage is particularly poor among Māori and Pacific peoples' children.
- There is increased awareness of violence against children and young people and its harmful effects.
- 10-20 year olds are the only age group not to have had a significant reduction in death rates since 1960.
- 10-19 year olds are 14% of Canterbury DHB population and are culturally diverse.
- Rates of alcohol and other drugs abuse, suicide/self-harm and adolescent pregnancy for youth are higher than most other developed countries.

- Major causes of death and hospitalisation in New Zealand's young people are injury, including motor vehicle crashes and suicide.
 - Young men have significantly higher rates of injury, accidental and intentional, than young women.
 - Mental health is a major concern – rates of mental health disorders of over 20% among 15 year olds have been reported.
 - Smoking tobacco is more common among youth now than in 1992, especially among young Māori women.
 - Young people say they don't visit health workers because of cost, concerns about confidentiality, embarrassment, distance to travel, and lack of cultural appropriateness.
- Keeping children and youth healthy gives them a better chance of becoming healthy adults.

What we plan to do:

- Implement the recommendations from our child health report, including:
 - Work to ensure child health services are culturally appropriate.
 - Encourage child health providers and other agencies to work together to provide services that are centred on supporting children and their families.
 - Work to ensure that child health services are integrated, seamless and share information.
- Develop a Canterbury DHB Youth Health plan linked to the Child Health plan covering ways to address youth health and disability issues.
- Promote the immunisation programme and ensure immunisation is accessible to all children.
- Promote healthy lifestyles for children and youth including healthy eating, physical activity programmes and smoking cessation.



- Work with other organisations to identify and implement measures to lower the incidence of child and family abuse.
 - Facilitate opportunities for the continued development of Māori and Pacific health providers, services and workforce to assist in providing services for children and young people.
 - Work to ensure growth occurs in mental health services for youth, especially appropriate services for Māori and Pacific peoples.
 - Identify and reduce barriers to access to primary care for youth.
 - Support the Healthy Schools Programme.
 - Work to ensure more young people take advantage of free dental care.
- Responding to the health needs of children and youth (and their families) requires a collaborative approach with a particular emphasis on the health, education and welfare sectors.

• Primary Health

Primary health care includes services such as general practitioner and practice nursing services, home support services, screening for diseases, well-child services, dentistry, service coordination, pharmacy and laboratory services and maternity services.



What is the situation?

- Some people find it difficult to go to a doctor or nurse or other health worker. Barriers include cost, distance from services, lack of knowledge of health benefits and lack of easily accessible health professionals.
- Among Canterbury's primary care providers are approximately 400 GPs, 99 midwives, 110 physiotherapists, 44 podiatrists and 118 community pharmacists.
- The Government has provided a Primary Health Strategy which directs that some of the funding DHBs receive must be spent on developing primary care services, including the establishment of Primary Health Organisations (PHOs).
- Access to good primary health care helps to keep people well.

What we plan to do:

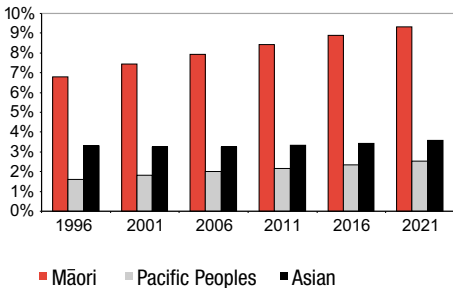
- Deliver the Government's primary health care strategy through a Canterbury DHB Primary Care Action Plan, covering the Canterbury DHB's role in PHO development.
- Improve access to general practice services for population groups with the greatest health disparities.
- Improve access to comprehensive services to improve, maintain and restore people's health.
- Support primary care to offer a greater range of services to help manage demand on secondary services.
- Work with all providers to co-ordinate care across service areas.
- Help to develop the primary health care work force.
- Put in place systems to continuously improve the quality of primary care.
- Work with primary care to offer a greater range of services for people with mild to moderate mental health disorders, including depression and problems with alcohol and other drugs.

- Māori Health

What is the situation?

- District Health Boards must address Māori health in a manner consistent with the principles of the Treaty of Waitangi. We have the ninth largest Māori population of all DHB districts and the Māori population is growing at a greater rate than other populations.
- 63% of the Māori population in our district is under 30 and Māori are living longer than previously.
- Māori have the poorest health of all New Zealanders and Māori life expectancy is considerably less than other ethnic groups. For example Māori adults experience lung cancer, heart disease, diabetes and mental illness at a higher rate than the rest of the population.

Projected CDHB Populations by ethnic share 1996–2021



What we plan to do:

- Work closely with Manawhenua ki Waitaha, as well as Māori who have other community and tribal affiliations in developing our strategies and action plans for improving Māori health.
- Implement strategies to improve the health of Māori consistent with *He Korowai Oranga*, the national Māori health strategy, *Nga Whakatātaka* national Māori Health Action Plan, *Te Puawaitanga*, Māori Mental Health Strategy and other related national Māori strategies.
- Continue to improve Māori participation in health planning and in the health workforce.
- Work to ensure we provide culturally appropriate services to Māori.
- Work with Māori communities and Maori providers to support health promotion and education, early intervention and ongoing uptake of services.
- Measure whether Māori health outcomes are being achieved and whether services are culturally appropriate and of high quality.
- Implement *Whakamahere Hauora Māori ki Waitaha* when signed off by the Board.

• Mental Health

What is the situation?

- One in five New Zealanders has an identifiable mental illness at any one time.
- About 3% of New Zealanders 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 other drug problem.
- People with mental illness are at a higher risk of suicide than the rest of the population.
- There are workforce shortages in the areas of Child and Youth, Māori and Pacific peoples.
- Suicide rates in New Zealand are reducing, however, there are still groups in our community at risk of suicide, especially males aged 20-29 years.
- Depression will be the second leading cause of disability in the world by 2020 according to recent research by the World Health Organisation and the World Bank.



What we plan to do:

- Continue to work towards implementation of the Mental Health Strategy and Blueprint for Mental Health Services, the Youth Suicide Strategy and other related strategies and guidelines in Canterbury and the South Island.
- Work collectively on issues to improve mental health services, for example, through the South Island Regional Mental Health Network.
- Implement the regional plan of work, initially in areas of Forensic services, Alcohol and Drug, Māori services, Mental Health Standards and workforce development.
- Continue to work with consumers, carers, Māori, Pacific peoples, primary care providers, and other groups to improve the care of people with mental illness.
- Support health promotion initiatives to reduce violence and suicide, and discrimination against people with mental illness.
- Progressively implement outcome measurement collection as part of service reporting.
- Work towards implementing the National Mental Health Standards across the wider sector.

• Disease Prevention and Management:

There are illnesses which significantly reduce the quality of life for the sufferer, their families and the community, yet there are opportunities for early prevention and/or treatment programme development.

The Canterbury DHB has selected reducing the incidence and impact of diabetes, cardiovascular (heart) disease, and cancer as priorities to focus on.

Part of the approach to work in these areas will be consistent, in particular:

- Work with providers who promote messages related to physical activity, healthy eating, obesity and smoking cessation.
- Work to ensure services are culturally appropriate.
- Work with Māori and Pacific peoples' providers and communities to support prevention, early detection and ongoing uptake of services.
- Continue to work with primary care and hospital services to ensure an integrated approach to patient care.

Specific issues and plans:

- Cardiovascular (Heart) Disease

What is the situation?

- Cardiovascular disease includes coronary heart disease, other diseases of the heart and circulation, and stroke. Together, they cause 41% of all deaths in New Zealand.
- Coronary artery disease is a leading cause of death (23% of all deaths in 1998) in New Zealand.
- Males have twice the rate of hospitalisation compared to females and Maori have the highest rate of death in all categories of heart disease.

What we plan to do:

- Review cardiovascular services and implement a plan to best address the needs of people living in Canterbury.
- Work to ensure at risk populations are identified and appropriate services are available especially where individuals are likely to have other contributory factors such as diabetes.
- Work to ensure patients needing surgery receive it within an appropriate time and that cardiovascular services are maintained in Christchurch and Dunedin.



- Diabetes

What is the situation?

- The incidence of Type 1 diabetes (insulin dependent) has increased almost five-fold amongst children and adolescents in the last 30 years.
- Type 2 diabetes (adult onset) rates are increasing. There are strong links between obesity and this type of diabetes.
- Diabetes can lead to blindness, heart disease, kidney failure and limb amputation.
- The Ministry of Health predicts that over the next 20 years Type 2 diabetes will increase by 217% for Pacific peoples, 197% for Māori and 142% for the remainder of the population.

What we plan to do:

- Implement the Diabetes Action Plan for Canterbury.
- Work to provide care through local diabetes (specialised) teams that have the information and knowledge to continuously improve the quality of care available to people suffering from diabetes.
- Review services for children and young people with diabetes to ensure they have access to appropriate care.
- Continue to collect information on people with diabetes to help with service development and funding.
- Work with providers to promote healthy lifestyles that will lead to a decrease in the risk factors (unhealthy eating, being overweight, lack of physical exercise) which contribute to Type 2 diabetes.
- Work with GPs to identify Type 2 diabetes earlier to ensure early treatment.
- Work to improve retinal screening (to identify risk of blindness) in high-risk groups.
- Promote free annual diabetes checks.

- Cancer

What is the situation?

- When all forms of cancer are grouped together, cancer is a leading cause of death and a major cause of hospitalisation in NZ.
- Cancer is the highest cause of death for females and second highest cause for men.
- Lung cancer is the leading cause of cancer deaths in men, and breast cancer the leading cause of cancer deaths in women.
- Bowel cancer causes 15% of all deaths and is strongly linked to a poor diet.
- Waiting lists for treatment may be longer than desirable due to an international shortage of cancer specialists and radiation therapists.

What we plan to do:

- Undertake a comprehensive clinical planning process. This will address service integration, facility and capacity planning for the next five to ten years.
- Support health promotion programmes focused on improving nutrition, promoting smokefree lifestyles, limiting alcohol intake, increasing exercise and sun protection campaigns.
- Support systems which improve early diagnosis of cancer.
- Work with other DHBs and the Ministry of Health to find solutions to workforce, facilities, equipment and recruitment issues which affect the treatment of cancer.
- Work with cancer related organisations eg. Cancer Society, Child Cancer Foundation etc.



Ongoing Work

On the previous pages we have discussed health priorities for Canterbury. However, the Government's health and disability goals remain important and work is ongoing in these areas.

As with all areas of our work we will plan to deliver the best possible results within our resources. Here is what we propose in these important areas over the next five years:

- **Information Management**

What is the situation?

- Health information management is important for providing a sound basis for decision making for health planners, funders and providers.
- Growing use of technology in health delivery also requires better information systems.
- Better use of technology will support the delivery of services in rural areas.

What we plan to do:

- Implement the recommendations of the Government's Health Information Management and Technology Plan (known within the health sector as the WAVE project).
- Improve the accuracy of our collection of ethnicity data.

- **Population/Public Health Services**

Health services which protect, maintain and improve the health of the whole community are provided by the Canterbury DHB as well as a range of non-government organisations and community providers through national, regional and district contracts. These services are called public health or population health services. They include clean air and water monitoring, food quality monitoring, and programmes which promote healthy eating, physical activity, and a smoke free lifestyle and environment.

What is the situation?

- Population health programmes are a key to achieving healthier people.
- There is a need for an increased focus on population health programmes which target healthy eating, exercise and smokefree lifestyles. These programmes will directly influence the priority areas of child and youth health, cardiovascular (heart) disease, diabetes, cancer, primary health, Māori health and mental health.

What we plan to do:

- Aim for Canterbury to become a leader in population health programmes that address the needs of the people of Canterbury.
- Work with other agencies to promote population health programmes that address the key population needs and health priorities in our strategic plan.
- Work with local authorities, the community, and other health providers to focus on population health programmes for at risk groups including Māori, Pacific peoples and those on low incomes.
- Continue to provide population health services to other DHB districts.

- Reduce Smoking

What is the situation?

- About 21% of adults smoke regularly.
- Smoking rates are higher for Māori (39%) and Pacific peoples (26%) especially for young women in these groups.
- Smoking contributes to a number of preventable illnesses and is the major cause of preventable death in Canterbury.

What we plan to do:

- Continue to promote smoke free strategies, programmes, and services.
- Support national tobacco control programmes and monitor their effectiveness in Canterbury.



- Improve Nutrition, Reduce Obesity and Increase Physical Activity

What is the situation?

- Poor diet contributes to the three leading causes of death in New Zealand - heart disease, stroke and cancer.
- Physical activity can help people avoid obesity, heart disease, stroke, cancer and diabetes.
- School-age children in Canterbury weigh more than they did a decade ago, and get less exercise.

What we plan to do:

- Continue to fund and promote healthy lifestyle programmes that encourage better nutrition and promote physical activity.
- Work with our own staff (approximately 7000 people) to promote healthy lifestyles.

- Infectious Diseases

What is the situation?

- Water and food-borne organisms such as *Campylobacter*, *Salmonella*, and *Giardia* cause illnesses which account for many hospitalisations and deaths in Canterbury each year.
- Canterbury has a higher notified rate of whooping cough than any other district.
- Rates of tuberculosis (TB) are increasing around the world, and resistant bacteria are developing.

What we plan to do:

- Establish a system which will monitor more precisely the burden of disease resulting from infectious causes.
- Ensure that infectious disease programmes in Canterbury are consistent with national and international approaches.
- Work to improve immunisation coverage.
- Work with other organisations to improve education and preventive services in infectious diseases.

• Rural Health

What is the situation?

- In some areas, people experience difficulties accessing health services.
- Retaining health professionals, particularly family doctors, in rural areas is challenging.
- Distances from main centres and the risks sometimes associated with farming, forestry and adventure sport activities make access to practitioners who are trained in emergency medicine important.

What we plan to do:

- Build on the experiences of rural communities which have already developed ways of ensuring that services are available in their areas.
- Implement an action plan for rural health which focuses on primary health care services, and addresses short-term and long-term issues.
- Work with local authorities, rural communities and service providers to develop the rural health workforce.
- Support the rural health workforce by improving their access to technology, continuing education, and locum relief.
- Ensure our hospitals and mental health services work with rural health service providers.

• Pacific Peoples' Health

What is the situation?

- 53% of Pacific people are under 25 years of age.
- Improvements in the health of Pacific peoples particularly in the areas of diabetes, child health, and mental health are required.
- Pacific Health providers need to be developed so they are strong and sustainable.
- Mainstream health services need to be responsive to different Pacific cultures, languages, beliefs and traditions.

What we plan to do:

- Support Pacific peoples as health providers, including increasing the number of Pacific people in the health workforce.
- Involve Pacific peoples in health service development.
- Accurately collect ethnicity data.
- Establish a Pacific peoples' primary health service.
- Help to increase collaboration between Pacific providers.
- Improve mainstream service responsiveness.
- Implement the Pacific Health Action Plan.

• Older Persons' Health

What is the situation?

- The age of the Canterbury population is increasing.
- Older people often need more health services as they age.
- Older people in many cases prefer to stay in their own homes as they age.

What we plan to do:

- Implement the Government's Health of Older People Strategy.
- Continue to support the Elder Care Canterbury projects and undertake the work associated with 'LinkAGE', the lead DHB pilot, to establish a continuum of care for older people needing health and disability support services.
- Support initiatives such as the influenza vaccination campaign and Keep Warm for Winter campaign.



• Alcohol and Other Drugs Treatment

What is the situation?

- At some time in their lives one in five people suffer an alcohol use problem.
- A main cause of violence is misuse of alcohol and other drugs.
- Canterbury has the largest methadone programme in the country.

What we plan to do:

- Continue to implement the Government's Alcohol and Other Drugs strategies.
- Continue ongoing support for health promotion programmes.
- Support workforce development especially for community alcohol and other drug service providers.
- Take part in the regional review of the range of services available in the South Island. As part of this, make recommendations about the best way to consolidate and integrate services including those for young people.

• Oral Health

What is the situation?

- Nationally 51% of children have fillings by age 12.
- Among Māori 75% of children have fillings by age 12 and among Pacific peoples 84% have fillings by age 12.
- Within the Canterbury DHB district only 0.7% of people receive fluoridated water.
- Children living in non-fluoridated areas have more fillings than children living in fluoridated areas.
- Adolescents do not take full advantage of their free entitlement to dental care.

What we plan to do:

- Work with health educators and local government to educate communities about the benefits to teeth from drinking fluoridated water or taking fluoride tablets.
- Work to increase the enrolment of children and young people, (including adolescents) in dental programmes.
- Work to determine the oral health needs of older people.
- Work to identify the groups most at risk of oral health problems.

• Respiratory Illness

What is the situation?

- Asthma is a major public health problem in New Zealand and is one of the eight health gain priority areas for Māori.
- Christchurch is an urban area which has been identified as having one of the highest prevalence rates of asthma in New Zealand.
- Asthma is the most common cause of child admissions to hospital, especially for Māori and Pacific peoples' children.
- Winter air quality in Christchurch may increase respiratory illness in the population.
- Respiratory illness is also linked to cold, damp houses.



What we plan to do:

- Reduce barriers to access to primary care, particularly for Māori and Pacific peoples.
- Promote health promotion and disease prevention for asthma risk factors such as smoking and dust mites.
- Improve asthma education, the use of medication and written asthma action plans.
- Work to increase understanding of asthma and self management for Māori and Pacific peoples in particular.
- Develop the Māori and Pacific peoples workforce.
- Work with Christchurch City Council and Environment Canterbury to address air quality and poor housing.

• Disability Support Services

What is the situation?

- One in five people in New Zealand reports having a long-term impairment, which may be physical (such as a visual impairment), sensory, neurological, psychiatric or intellectual.
- Many people with an impairment are unable to reach their potential or participate fully in the community because of barriers they face.
- New Zealand will be an inclusive society when people with impairments can say they live in a society that highly values their lives and continually enhances their full participation.
- The New Zealand Disability Strategy (April 2001) is a long term plan to make New Zealand a more inclusive society. The Canterbury DHB will follow this strategy as it relates to health.

What we plan to do:

- Encourage health and disability support providers to work together to provide co-ordinated services for people with a disability.
- Implement the Disability Strategy Action Plan agreed by our Board in 2001 within our own services and with other providers.
- Carry out the work associated with the lead DHB pilot for services for older people, 'LinkAGE'.



• Elective Surgery/ Waiting Lists

What is the situation?

- Waiting lists for some elective surgery and treatment need to be reduced.
- There needs to be equal access to services regardless of where people live.

What we plan to do:

- Work towards ensuring 100% of people receive their first specialist assessment within six months.
- Implement systems to ensure improved access to elective surgery across all population groups and for urban and rural communities by continuing joint projects with primary care providers.
- Work to ensure those with greatest need and ability to benefit are offered treatment first.
- Coordinate ongoing care with primary and community support providers.

Funding Services



We have identified a set of principles to assist us to make choices about the future funding of health services.

When making decisions about which services to provide and at what level, the Canterbury DHB plans to consider the following decision-making principles.

- Effectiveness

The extent to which health and disability services improve (benefit) quality of life, by:

- The reduction of pain.
- The maintenance of current activities (lifestyle).
- The promotion of independence.
- The prevention of premature death.

The services which produce the most benefit are likely to be of a greater priority. The level of benefit takes into account both the benefit per person and also the number of people benefitting from the service.

in the Future



- Cost

The total costs of services are compared to the effectiveness of those services.

This is done to ensure available funding is used to achieve the maximum possible gain.

- Equity

The effectiveness of the service in improving the health of disadvantaged groups of people is considered. Disadvantaged groups include those on low incomes, Māori, Pacific peoples and refugee communities.

- Māori Health

In making funding decisions, the Canterbury DHB acknowledges the Treaty of Waitangi, and encourages Māori participation in providing and using services. We want to ensure that services are appropriate and accessible to Māori.

- Acceptability

The Canterbury DHB will ensure the diverse expectations and values of New Zealanders are considered when making prioritisation decisions.

Funding and Financial Policy

The Canterbury DHB receives more than 95% of its funding from the Government via the Ministry of Health. Other sources of funding include the Accident Compensation Corporation and the Clinical Training Agency.

For the transition year to 30 June 2002, most of the funding received from the Government is already committed to specific service contracts. In subsequent years, funding of services will reflect the priorities set out in the Canterbury DHB strategic plan.



From 1 July 2002, Government funding will be known for the next three years. This will provide DHBs with certainty in funding services and the opportunity to fund services to improve the health of the people of Canterbury in health priority areas. The Canterbury DHB's financial policy is to have a sound financial base to deliver and purchase health services outlined in the strategic plan.

Having a sound financial base involves the following:

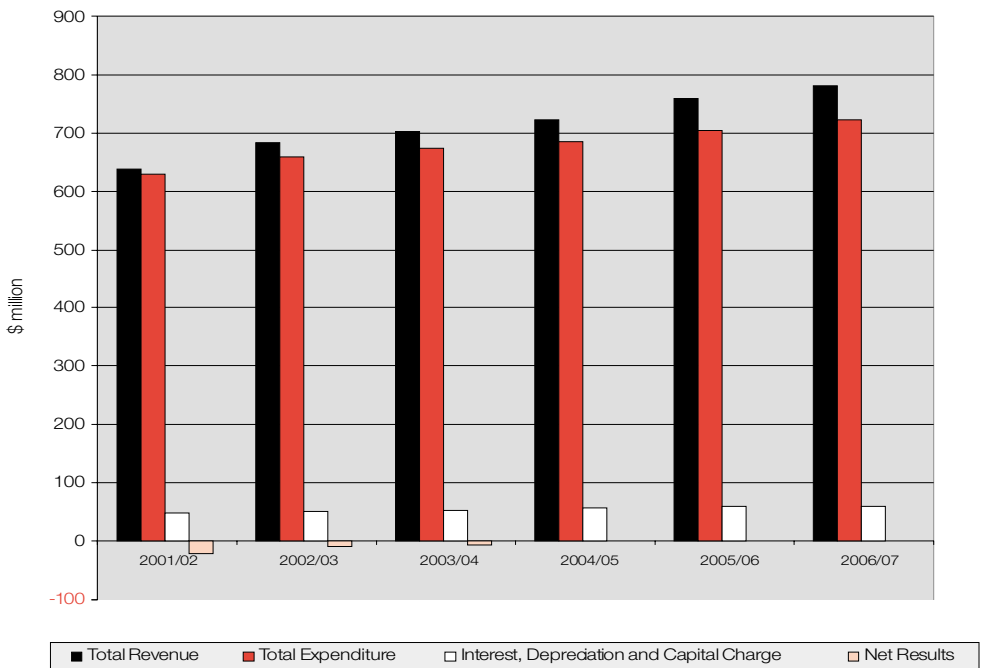
- Funding and delivering health services within the funding received from Government.
- Ensuring there is appropriate funding available to invest in health technology.
- Reducing the operating deficit and moving towards a financially viable operating position.
- Maintaining an appropriate debt level to fund investment in equipment and other health assets.

Revenue and Expenditure Forecasts for 2001/02 to 2006/07

"The financial projections in this District Strategic Plan relating to the three years to June 2005 have not been finalised. Finalisation will occur as part of the 2002/03 – 2004/05 District Annual Plan process. To obtain the actual finalised financial projects for the three years to June 2005, please refer to our District Annual Plan, once it has been published".

	2001/02 Forecast \$'000	2002/03 Forecast \$'000	2003/04 Forecast \$'000	2004/05 Forecast \$'000	2005/06 Forecast \$'000	2006/07 Forecast \$'000
REVENUE						
Total Revenue	651,215	696,631	718,676	738,771	759,387	780,601
Less						
EXPENDITURE						
Total Expenditure	627,695	658,018	672,358	683,368	700,394	720,946
Less						
INTEREST, DEPRECIATION & CAPITAL CHARGE						
Total Interest, Depreciation and Capital Charge	46,449	48,378	51,878	55,378	58,978	59,578
Gives						
NET RESULT:	(22,929)	(9,765)	(5,560)	25	15	77

Revenue and Expenditure Forecasts for 2001/02 to 2006/07



Where to from here

We recognise that providers, staff and the community want to see action on this Strategic Plan. Our challenge is to determine if our spending of the finite resources we have is making a difference to the health and disability status of Canterbury people.

We expect that some improvements will be able to happen reasonably quickly. We also know that in many areas, preventive measures will take years to produce noticeable changes in the health status of Cantabrians.

The Canterbury DHB is developing and implementing plans for meeting directions and priorities currently. The details of these are in the more detailed Strategic Plan document. Planning across the hospital and community sector is linked to the health needs assessment and will include relevant funding and outcome information.

Once again we want to thank everyone who has taken the time to participate in the consultation process. The feedback we have received has been enormously valuable in informing our decision-making and producing a plan which aims at providing our community with the best health care we can within our resources.



Contact Details for More Information



This document is a summary of our Strategic Plan for the next five to ten years. To read the entire plan please go to our website, www.cdhb.govt.nz or call us for a copy on (03) 364 4160.

In this document we have talked about how we undertook a needs assessment of the health of our district's population. If you want to read full details of the results of this assessment it is also available on our website or phone us for a copy.

Canterbury District Health Board
members

Syd Bradley (Chair)

Randall Allardyce

Philip Bagshaw

Erin Baker

Robin Booth

Graham Heenan

David Morrell

Tuari Potiki

Olive Webb

Paul White

Alison Wilkie

