

## Nelson Marlborough District Health Board HEALTH GAIN ACTION PLAN 2002-04



Within the next 2-3 years it is anticipated that NMDHB will have increasing discretion over service planning and funding. The Board will be able to fund those services and programmes that it believes will make the greatest contribution to its first strategic goal

*“Improve the health and wellbeing of the people of Nelson Marlborough and in particular to reduce health inequalities for Maori, and other population groups.”*

The increasing discretion will result from :

- Moving to Nelson Marlborough’s full share of Population Based Funding.
- Dis-investing from those services and programmes which do not meet the Board’s prioritisation criteria.
- Gaining efficiencies particularly from within the DHB Provider services.
- Effectively managing growth of those service which to date have been “uncapped” expenditure.

This plan is **NOT** a comprehensive account of all those activities that the Board is either funding or providing that are contributing to health gain. To achieve this the plan must be considered in conjunction with the Board’s District Annual Plan including all the plans or documents it refers to. This is particularly the Public Health Service Plan, the Primary Care Plan, the South Island Regional Mental Health Plan and the Plan for the Integration of Services for Older People.

The purpose of this plan is to outline those new initiatives, or extensions of existing programmes, which the Board supports as those most likely to contribute to achieving its strategic goal in the priority areas of nutrition, physical activity, diabetes, oral health and the effects of smoking. As funding becomes available it is these initiatives which will be given priority for Board funding over the 2002/03 and 2003/04 financial years. The other priority areas and the progress toward achieving health gain in those areas are outlined in the documents mentioned above.

The initiatives in this plan have been developed in consultation with expert groups in each priority area.

## Actions to Improve Nutrition and Increase Physical Activity

Outcome To Be Achieved Over The Next 10 Years		
<p>Reduced proportion of the population, particularly children, who are obese.            Increased percentage of people taking part in regular physical activity.</p>		
Actions 2002/03	Actions 2003/04	Outputs
<ul style="list-style-type: none"> <li>• Progress toward NMDHB achieving the Heart Beat Challenge Award</li> <li>• Achieve “Baby-Friendly Hospital” status</li> <li>• Promote the Stroll Strut Stride initiative.</li> <li>• Work with ERO to increase the frequency with which they review the implementation of the health and physical activity curriculum by schools.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with overweight children and their families/whanau, e.g. introduction of the “Food with Attitude” programme.</li> <li>• Work with SLH to develop and implement a “healthy choices” programme for high risk people</li> <li>• Increase the hours of Lactation Consultancy (Provider contract – DAP).</li> <li>• Review the Green Prescription scheme with a view to improving its effectiveness in this region.</li> <li>• Undertake initiatives toward Heartbeat Challenge Award.</li> <li>• Investigate strategies to encourage Maori to increase their physical activity</li> <li>• Promote the extension of the Stroll Strut Stride initiative within NMDHB and in other workplaces .</li> <li>• Work with industries that have a high proportion of Maori employees to improve the health of their workforce, promoting the benefits to their business.</li> <li>• Evaluate the Falls Programme and work with ACC to expand this.</li> <li>• Work with Territorial Authorities to promote the development of safe cycle lanes.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased proportion of infants breastfed at 3 months.</li> <li>• Number of people undertaking “healthy choices” programme .</li> <li>• Increased number of people involved in regular physical activity as a result of the Green Prescription scheme</li> <li>• Increased participation in the Stroll, Strut Stride promotion (number of people and number of organisations)</li> <li>• Achieve Heartbeat Challenge Award.</li> </ul>

## Actions to Reduce the Incidence and Impact of Diabetes

Outcomes To Be Achieved Over The Next 10 Years		
<p>People prevented from developing diabetes                      People with diabetes have fewer complications</p>		
Actions 2002/03	Actions 2003/04	Outputs
<ul style="list-style-type: none"> <li>Establish systems within the provider division to ensure that people with diabetes who are seen/admitted for any reason are assessed for the management of their diabetes and referred to diabetes services if appropriate.</li> <li>Stocktake of workforce to identify skill gaps for Maori health providers in the area of diabetes education.</li> <li>Review operation of Regional Diabetes Team and use of funding</li> </ul>	<ul style="list-style-type: none"> <li>Targeted opportunistic screening, e.g. in primary and secondary care, and in conjunction with Maori health providers, targeted screening in the community.</li> <li>Link with MoH/HRC evaluations of community screening pilot programmes and review for implementation.</li> <li>Implement systems within Provider division</li> <li>Work with SLH to:                             <ul style="list-style-type: none"> <li>improve the uptake of free annual checks, e.g. patient recall systems</li> <li>establish effective health education programmes for newly diagnosed patients within primary care.</li> <li>develop a written management plan template</li> <li>improve practice nurse training in diabetes and to link Maori health providers into training.</li> <li>Encourage a co-ordinated approach to using the 'health activities' funding</li> </ul> </li> <li>Maori workforce development:                             <ul style="list-style-type: none"> <li>training hui for Maori nurses</li> <li>ensure linkages with primary care and specialist diabetes services for support.</li> <li>establish a Maori Diabetes Nurse Educator</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Reduced gap between the number of people on the SLH<sup>1</sup> diabetes register and the expected number of people in NMDHB with diabetes (MoH)<sup>2</sup></li> <li>Increased proportion of people with diabetes having free annual checks.</li> <li>Increased number of people who have written management plans.</li> <li>Reduced proportion of people with a HBA1C greater than 8.</li> <li>Increased proportion of people who have retinal screening 2 yearly.</li> <li>Improved systems and reporting.</li> </ul>

<sup>1</sup> SLH = Southlink Health

<sup>2</sup> MOH = Ministry of Health

	<p>position.</p> <ul style="list-style-type: none"> <li>• Increase clinical dietetic volumes (in Provider contract 2003/04)</li> <li>• Pilot a group programme for people with diabetes (HBA1C &gt; 9) incorporating physical activity, along with education on diabetes management and nutrition.</li> <li>• Increase volumes for retinal screening (in provider contract for 2003/04)</li> <li>• Review with provider the required volumes to reach retinal screening targets.</li> <li>• Improve information reporting of retinal screening</li> <li>• Establish access criteria for people with diabetes to free podiatry services</li> <li>• Establish positions of Diabetes Co-ordinators in Marlborough and Nelson/Tasman as a pilot to: <ul style="list-style-type: none"> <li>- work with local diabetes teams to facilitate communication and co-ordination between services;</li> <li>- link regionally to prepare annual report;</li> <li>- develop improved reporting and data analysis</li> <li>- facilitate development of best practice in systems, access and co-ordination.</li> </ul> </li> <li>• - in conjunction with secondary services, coordinate an audit of people with diabetes who had a lower limb amputation</li> </ul>	
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## Actions to Reduce Smoking and Harm from Second-Hand Smoke

### Outcome To Be Achieved Over The Next 10 Years

The proportion of smokers (particularly young people) continues to reduce below the national average.

Actions 2002/03	Actions 2003/04	Outputs
<ul style="list-style-type: none"> <li>• Establish the framework and criteria for reviewing the effectiveness of “smokefree” sponsorship, e.g. of sports teams.</li> <li>• Lobby Members of Parliament to support legislative changes</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of Controlled Purchase Operations (CPOs) and work with retailers on issues of access to cigarettes.</li> <li>• Utilise the media and work with local personalities, particularly those respected by young people, to role model and to promote positive messages on being smokefree. (DAP)</li> <li>• Support the Smokefree co-ordinating groups teams (Marlborough &amp; Nelson/Tasman) to develop an annual strategy for working effectively across a range of issues in the community.</li> <li>• Appoint a hospital-based smokefree facilitator</li> <li>• Provide training for DHB staff in assessing readiness of people to quit and as Quit Coaches. (DAP)</li> <li>• Promote positive role-modelling by staff (DAP)</li> <li>• Support DHB staff to quit smoking</li> <li>• Investigate alternative strategies for supporting Maori to quit smoking.</li> <li>• Increase the capacity/capability of general practice to support people to quit.</li> <li>• Facilitate role-modelling by celebrities</li> <li>• Endorse smokefree hospitality environments</li> </ul>	<ul style="list-style-type: none"> <li>• NMDHB is a smokefree workplace by 31 May 2004</li> <li>• Reduced number of NMDHB staff who smoke.</li> <li>• Increased number of smokefree workplaces/restaurants/sports clubs.</li> <li>• Achieve Heartbeat Challenge Award.</li> </ul>

## Actions to Improve Oral Health

Outcome To Be Achieved Over The Next 10 Years		
<p>Increased number of children caries free at school entry and at Year 8                      Reduced dental caries at school entry and at Year 8</p>		
Actions 2002/03	Actions 2003/04	Outputs
<ul style="list-style-type: none"> <li>• Improve ethnicity data collection in school dental service and secondary services.</li> <li>• Establish the adolescent oral health co-ordination service</li> <li>• Agree the terms of reference of the review of oral health services and commence the review, including:                             <ul style="list-style-type: none"> <li>➢ Options to reorganise funding of hospital services to facilitate access for low income &amp; medically compromised adults</li> <li>➢ Funding and provision of school dental services.</li> <li>➢ Appropriateness of and need for information systems.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Work with HealthPAC to further improve reporting of intervention rates and DMFT scores.</li> <li>• Continue to promote and encourage the uptake of fluoride.</li> <li>• Work with the co-ordination service.</li> <li>• Review the value of and options for early enrolment (for infants) with the school dental service.</li> <li>• School dental service to more actively target children at high risk of tooth decay</li> <li>• Complete the review of oral health services.</li> <li>• Establish access criteria and introduce limited access for non-emergency treatment for low income adults.</li> <li>• Investigate developing incentive schemes to assist recruitment of dentists and dental therapists to the NM area.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced missing and filled teeth at age 5</li> <li>• Reduced missing and filled teeth at year 8</li> <li>• Increased proportion of children and adolescents accessing services</li> <li>• Improved access to dental services for low income adults.</li> </ul>

The expert advisors urged NMDHB to continue to use a collaborative approach to addressing the NMDHB Strategic Goals. To facilitate this the Board will offer existing collaborative teams the opportunity to meet regularly with the Planning and Funding Division to present their ideas and issues for input into future planning.