NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Tai Tokerau

STATEMENT OF PERFORMANCE EXPECTATIONS

2020/21

Appendix 1   Statement of Performance Expectations

The Statement of Performance Expectations (SPE) tells our 'performance story', activities we carry out to improve the health of Northlanders and contribute to a better society. The SPE is required under the Crown Entities Act 2004 to enable the Office of the Auditor General to monitor Northland DHB's performance. The SPE together with sections 1, 2.8 and 4 of the Annual Plan comprises our Statement of Intent.

The SPE concentrates on cornerstone measures that are representative of the wide range of services for which Northland DHB is responsible. By and large the SPE's measures are selected from among the Ministry of Health-driven measures in the Annual Plan. Wherever possible, measures are by Māori and non-Māori so we can monitor inequities.

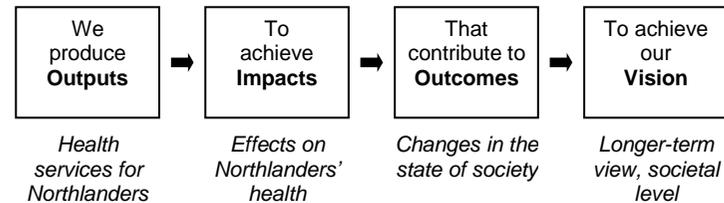## Output classes

Services are grouped into four output classes:

Prevention Publicly funded services that protect and promote health across the whole population or particular sub-groups of it. These services improve the health status of the population, as distinct from curative and rehabilitative services (the other three output classes) which repair or support illness or injury.

Early detection and management Commonly referred to as 'primary' and/or 'community' services, these can be accessed directly by people in the community. They are delivered by a range of providers including general practice, Māori health providers, pharmacies, and oral health services. The services are generalist (non-specialist) in nature, and similar types of services are delivered in numerous locations across the community.

Intensive assessment and treatment Complex services provided by those who work in a particular specialty, commonly referred to as 'secondary' or 'hospital' services. They include emergency department, inpatient, outpatient, daypatient, and diagnostic services. They are accessible only by referral from a primary health practitioner and available in few locations.

Rehabilitation and support Services for older people (home and community support services, residential care and services for dementia) and palliative care services.

Intervention logic

The Statement of Performance Expectations is structured according to the following intervention logic (see table on the next page).

We produce **Outputs** ➡ To achieve **Impacts** ➡ That contribute to **Outcomes** ➡ To achieve our **Vision**

Health services for Northlanders *Effects on Northlanders' health* *Changes in the state of society* *Longer-term view, societal level*

Impacts contribute to Outcomes, and together they contribute to High-level Outcomes. For example:

- higher rates of cessation among smokers and immunisation among children create a healthier population
- screening for cancers, cardiovascular disease and diabetes prevent illness and disease or identify conditions at early stages so they can be monitored and treated more effectively
- ongoing monitoring and support of people with long term mental health conditions help maintain their stability
- home and community support services help older people remain independent in the community, and residential care services offer the best quality of life for those no longer able to manage on their own
- services that are of high quality, clinically and culturally safe, and provided in a timely manner encourage people to attend and be involved in their care, and that means better health status.

Through the measures described above and in the diagram on the next page, the SPE addresses the Triple Aims of population health, patient experience and value and sustainability.

Summary of Statement of Performance Expectations 2020/21 .   *All measures by Māori and non-Māori where data is available.*
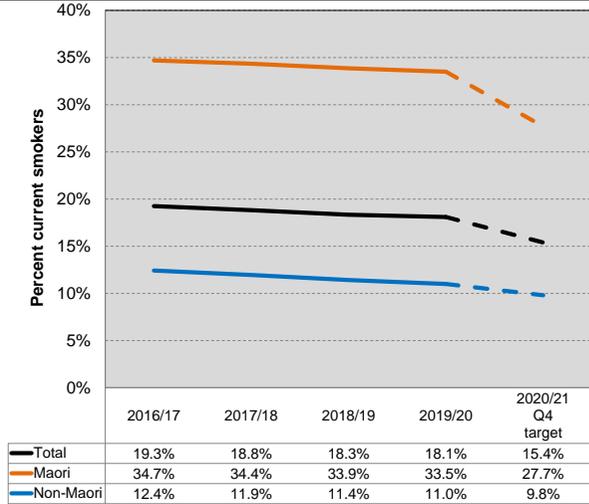
Vision	A healthier Northland							
High-level Outcomes	Population health: improved health of Northlanders and reduced health inequities		Patient experience: patients and whānau experience clinically and culturally safe, good quality, effective, efficient and timely care			Value and sustainability: the Northland health system lives within available funding by improving productivity and prioritising resources to their most cost-effective uses		
High-level Measures	Life expectancy gap between Māori and non-Māori ↓ by 2 years	↓ gaps between: (a) Māori and non-Māori; (b) Northland and NZ	↓ mortality rate (age-standardised)	↓ infant mortality		Unplanned hospital admissions for Northlanders are reduced by 2,000 by 2017		>95% of patients report they would recommend the service provided
Outcomes	Healthy population	Prevention of illness and disease		Reversal of acute conditions		Optimum quality of life for those with long term conditions		Independence for those with impairments or disability support needs
Impacts	**Smoking cessation** Lower prevalence of smoking-related conditions	**Healthy children** Children are healthy from birth and have a healthy foundation for adulthood	**Effective primary care** People manage in the community through effective primary care services	**Long term conditions** Amelioration of disease symptoms and/or delay in their onset	**Cancer** If curable, increased likelihood of survival; if incurable, reduced severity of symptoms	**Mental disorders** Acute episodes are minimised, clients achieve greater stability, and quality of life is improved for both clients and their families	**ED waiting times** More timely assessment, referral and treatment	**Quality and safety** More satisfied patients Fewer adverse clinical events Lower rates of acute readmission to hospital	**Support for older people** Older people requiring support or care receive services appropriate to their needs.
Impact Measures	% adults who are current smokers % pregnant women who identify as smokers on registration with a midwife or Lead Maternity Carer who are offered brief advice and support to quit smoking	Full and exclusive breastfeeding at 3 months % 8-month-olds who have their primary course of immunisation on time Average number of decayed, missing or filled teeth in Y8 students % 4-year-olds identified as obese in B4 School Checks will be offered a referral to a health professional	Ambulatory sensitive hospitalisation ages 0-4, rate/100,000, unstandardised	% diabetics receiving annual free checks who have good blood sugar management % eligible people receiving cardiovascular risk assessment in the last 5 years	Breast cancer screening in eligible populations Cervical cancer screening in eligible populations % patients who receive first cancer treatment (or other management) within 62 days referred urgently with a high suspicion of cancer and a need to be seen within two weeks	% people with enduring mental illness aged 20-64 who are seen over a year	% patients admitted, discharged or transferred from and ED within 6 hours	% older patients assessed for risk of falling; those at risk who have individualised care plans % of opportunities for hand hygiene taken Surgical site infections per 100 hip and knee operations where antibiotic is given 0-60 mins before 'knife to skin' Patient deterioration: % patients with early warning scores calculated correctly; % patients who triggered an escalation of care and received the appropriate response	Home and Community Support Services (HCSS) clients assessed using interRAI tool HCSS providers certified ARRC providers with at least 3 years certification
Output Classes		**Prevention**	**Early detection and management**		**Intensive assessment and treatment**			**Rehabilitation and support**	
Outputs	Advice and help offered to smokers in primary care Advice and help offered to pregnant women Advice and help offered to smokers in hospital	Midwifery services by LMCs MIdwifery services by DHB Support by lactation consultants Oral health assessment and treatment Immunisations in primary care 4-year-olds given B4SC	Services provided in primary care Acute hospital services	Assessment, diagnosis and treatment in primary care	Screening for breast cancer Screening for cervical cancer Cancer risk assessments in primary care Provision of cancer treatment	Specialised clinical support by NDHB community mental health services Admission to hospital for those with acute mental illness	Assessments, treatments performed in EDs	Leadership, advice and monitoring by Quality Improvement Directorate Effective clinical services Patient pathways, hospital discharge processes	Home based support services Residential care Work with providers on corrective action plans resulting from audit
Output Measures	People attending primary care who have ever smoked	Hospital births Lactation consultant contacts Immunisations by 8 months Oral health treatments for Y8 students Visits by children and youth to primary care B4SC performed	Acute hospital discharges	Risk assessments and monitoring of people with diabetes and/or CVD	Screening for breast and cervical cancer Referrals for radiotherapy and chemotherapy treatments	Contacts by community mental health workers with people who have enduring mental illness	Emergency department attendances	Measures of the quality and safety of services	Assessments by NASC service Certification audits

Output Class 1: Prevention

Impact: Lower prevalence of smoking-related conditions.

Measure: % of adults who are current smokers

Measure type: Coverage

	2016/17	2017/18	2018/19	2019/20	2020/21 Q4 target
Total	19.3%	18.8%	18.3%	18.1%	15.4%
Maori	34.7%	34.4%	33.9%	33.5%	27.7%
Non-Maori	12.4%	11.9%	11.4%	11.0%	9.8%

Rationale

Smoking, along with obesity, is the most significant driver of long term conditions.

Currently 33.3% of Māori and 11.0% of non-Māori smoke. (This data, which comes from Northland's PHE, does not match with NZ Health Survey data, but it is preferred for this purpose because it is produced quarterly and permits regular monitoring.)

New Zealand has committed to a goal of reducing smoking rates to 5% by 2025. The dotted lines in the graph reflect the percentage drops required in 2020/21 to make straight-line progress towards reaching the 2025 target. Non-Māori smoking rates are reducing at about the desired rate, but Māori smoking rates need to decline faster.
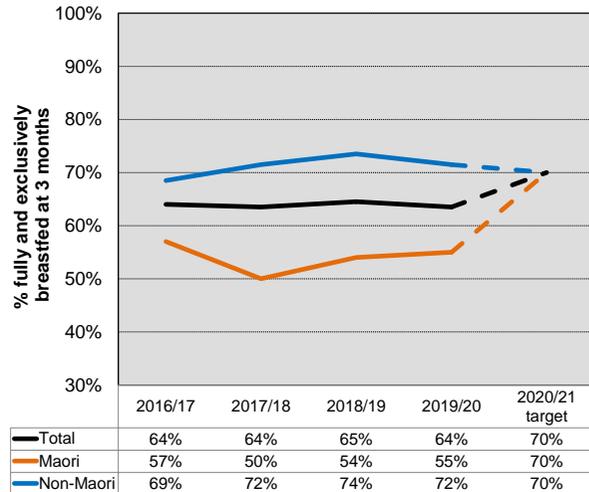
Outputs

Primary care records show 117,583 Northlanders who have ever smoked, of whom 24,468 are current smokers (2019/20 Q3).

Impact: Children are healthy from birth and have a healthy foundation for adulthood

Measure: Full and exclusive breastfeeding at 3 months

Measure type: Coverage

	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	64%	64%	65%	64%	70%
Maori	57%	50%	54%	55%	70%
Non-Maori	69%	72%	74%	72%	70%

Rationale

Higher rates of breastfeeding in infancy correlate with a lower chance later in life of developing health problems, including long term conditions.

Breastfeeding rates are lower among Māori.

A higher percentage of the child population is Māori, so improving infant health should have a significant effect on improving the health of Māori over time.

Outputs

Total NDHB hospital births: 2,094 for the twelve months ending March 2020.

828 lactation consultant patient contacts for the twelve months ending March 2020.

Mothers are provided with education and support to encourage them to breastfeed, whether they are supported by an independent midwife (home and hospital births) or NDHB midwife (hospital births).

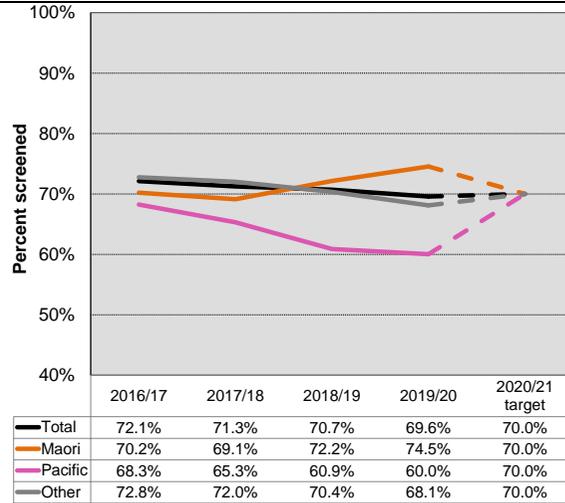| **Measure:** % of 8-month-olds who have their primary course of immunisation on time
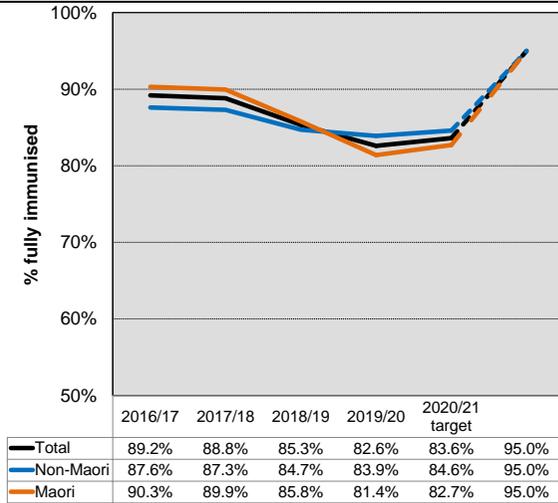
Measure type: Coverage | | **Rationale**

Improved immunisation coverage leads directly to reduced rates of vaccine-preventable (communicable) disease, and that means better health and independence for children and longer and healthier lives.

Immunisations are one of the most cost-effective ways of improving health.

Northland has one of the highest rates of any DHB (currently 11% for 8-month-olds) for parents declining to have their child immunised or opting off the National Immunisation Register. Various approaches are used to encouraging higher attendance rates and early enrolment in primary care will raise immunisation coverage. | **Outputs**

1.964 children were fully immunised before 8 months of age during the twelve months ending March 2020.

NDHB works with primary care providers to continue to improve the rate and timeliness of immunisation. |

% fully immunised chart (y-axis 50% to 100%):

	2016/17	2017/18	2018/19	2019/20	2020/21 target	
Total	89.2%	88.8%	85.3%	82.6%	83.6%	95.0%
Non-Maori	87.6%	87.3%	84.7%	83.9%	84.6%	95.0%
Maori	90.3%	89.9%	85.8%	81.4%	82.7%	95.0%

Impact: If curable, increased likelihood of survival; if incurable, reduced severity of symptoms

Measure: Breast cancer screening in eligible (aged 50-69) populations

Measure type: Coverage

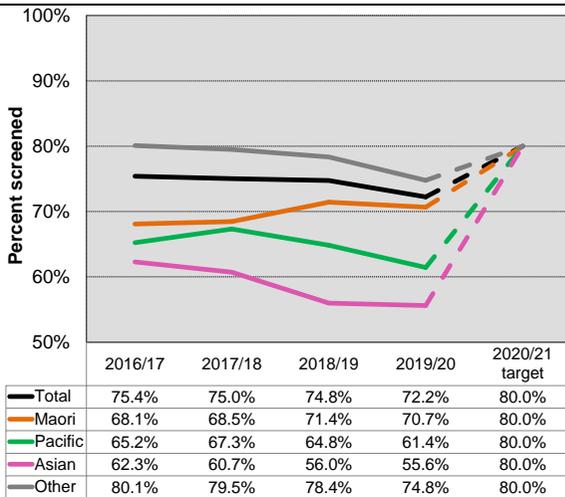|	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	72.1%	71.3%	70.7%	69.6%	70.0%
Maori	70.2%	69.1%	72.2%	74.5%	70.0%
Pacific	68.3%	65.3%	60.9%	60.0%	70.0%
Other	72.8%	72.0%	70.4%	68.1%	70.0%

Rationale

Screening in the community to identify cancers as early as possible improves the chances of prevention or, if the condition already exists, recovery. Screening programmes have existed in New Zealand for many years for breast cancer and cervical cancer, and bowel cancer screening is currently being established.

Outputs

17,460 eligible women were screened in year to March 2020, including 4,579 Māori and 12,881 non-Māori.

Measure: Cervical cancer screening in eligible (aged 25-69) populations

Measure type: Coverage

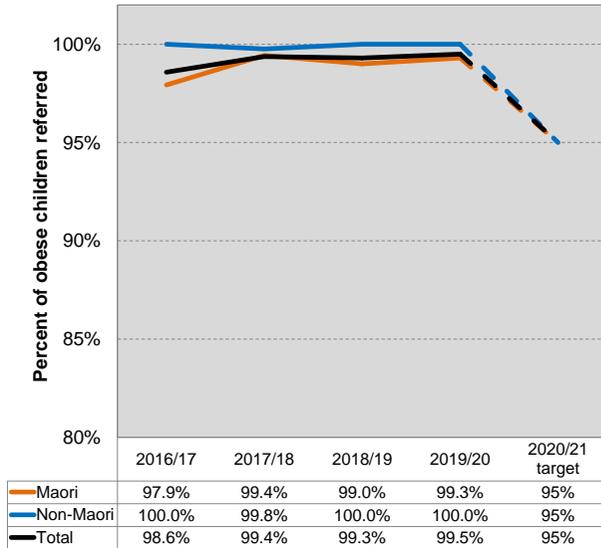|	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	75.4%	75.0%	74.8%	72.2%	80.0%
Maori	68.1%	68.5%	71.4%	70.7%	80.0%
Pacific	65.2%	67.3%	64.8%	61.4%	80.0%
Asian	62.3%	60.7%	56.0%	55.6%	80.0%
Other	80.1%	79.5%	78.4%	74.8%	80.0%

Outputs

33186 eligible women screened in the three years up to March 2020, of whom 9,658 were Māori and 23,528 were non-Māori.

Output Class 2: Early Detection and Management

Impact: Children are healthy from birth and have a healthy foundation for adulthood	

Measure: % of 4-year-olds identified as obese in B4 School Checks who are offered a referral to a health professional

Measure type: Coverage

	2016/17	2017/18	2018/19	2019/20	2020/21 target
Maori	97.9%	99.4%	99.0%	99.3%	95%
Non-Maori	100.0%	99.8%	100.0%	100.0%	95%
Total	98.6%	99.4%	99.3%	99.5%	95%

Rationale

Obesity, along with smoking, is the most significant driver of long term conditions.

In Northland, 50% of Māori are obese compared with 28% of non-Māori (2011-14 NZ Health Survey).

This measure is part of the national plan to reduce obesity, which has three prongs:
- targeted interventions for those who are obese
- increased support for those at risk of becoming obese
- broad approaches to make healthier choices easier for all New Zealanders.

Other initiatives in Northland include:
- the Food Rescue Project. which redistributes food from suppliers across the community
- the Kai Ora Fund, which enables Northlanders to grow and eat nutritious and sustainably grown local food
- promotion of Healthy Kai policies across government and non-government organisations
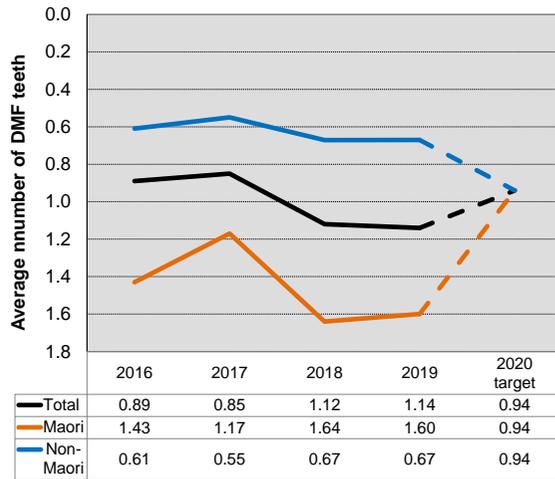- the promotion of water-only policies in schools.

Outputs

1,915 4-year-olds checked June 2019-May 2020.

Impact: People manage in the community through effective primary care services

| **Measure** | **Rationale** | **Outputs** |

Measure

Ambulatory
sensitive
hospitalisation
rate per 100,000
ages 0-4,
unstandardised

Measure type
Quality

ASH rate 0-4 /100,000 unstandardised

	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	7,690	7,507	7,431	7,019	
Maori	9,011	8,966	8,995	8,170	7,925
Other	6,019	5,742	5,602	5,587	

Rationale

Ambulatory sensitive hospitalisations (ASH) are potentially avoidable if patients are seen by primary care services, and their conditions diagnosed, then cured or well managed.

ASH admissions form a substantial proportion of hospitalisations and affect Māori inequitably.

Lowering ASH rates not only improves the health of patients, it also frees up specialist hospital resources for more acute and urgent cases, thus achieving better value for money from the health dollar. This requires managing the complex interface between primary and secondary care, for which NDHB has a number of initiatives in place or planned. For example, NDHB is trialling a Primary Options Acute Demand Management Service to enable GPs to flexibly develop management plans for their patients and thus avoid hospital admissions.

Outputs

822 ASH discharges ages 0-4 year to March 2020, of whom 527 were Māori.

The Māori-only target is based on the one in the SLM plan (appendix 1 in the Annual Plan 2020/21): "reduce ASH rate for tamariki Māori by 3%".

Impact: Children are healthy from birth and have a healthy foundation for adulthood

Measure:
Average number of decayed, missing or filled teeth in Y8 students

Measure type:

	2016	2017	2018	2019	2020 target
Total	0.89	0.85	1.12	1.14	0.94
Maori	1.43	1.17	1.64	1.60	0.94
Non-Maori	0.61	0.55	0.67	0.67	0.94

Rationale

Poor oral health doesn't just affect the state of teeth and gums. It also creates pain and discomfort, limits what children can eat, affects self-image and confidence, and has links to other types of ill health.

For many years Northland had among the worst oral health statistics for children, though some improvements have been made in the last few years.

Northland will always struggle to reach the oral health status of DHBs that have fluoridated water supplies. Northland remains unfluoridated.
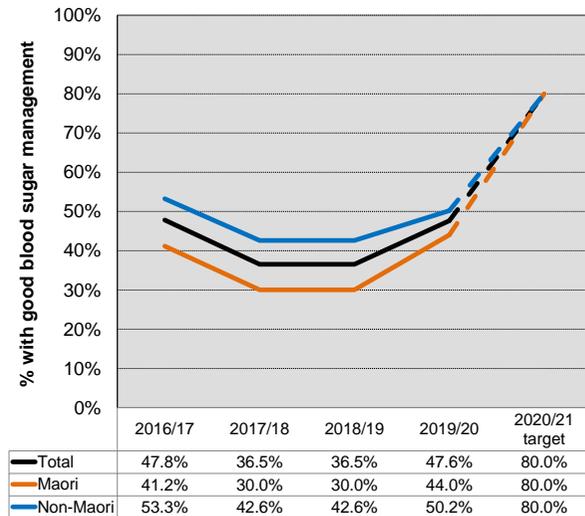
Outputs

1,085 Year 8 students were treated by NDHB's services in CY 2019.

Values on the y axis have been reversed because the lower this measure the better.

Impact: Amelioration of long term condition disease symptoms and/or delay in their onset

Measure: % of diabetics aged 15-74 who receive annual free checks who have good blood sugar management

Measure type:
Coverage

	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	47.8%	36.5%	36.5%	47.6%	80.0%
Maori	41.2%	30.0%	30.0%	44.0%	80.0%
Non-Maori	53.3%	42.6%	42.6%	50.2%	80.0%

Rationale

Diabetes is an increasingly common long term condition. It is a major cause of illness and a significant contributor to cardiovascular disease.

It is strongly associated with excess weight, which affects a disproportionate number of Northlanders, especially Māori. Prevalence increases with age, so prompt action is imperative in the face of the ageing population.

Although incurable, the effect of diabetes on daily life can be minimised through early detection, regular (annual) checks, good clinical management and a healthy lifestyle.
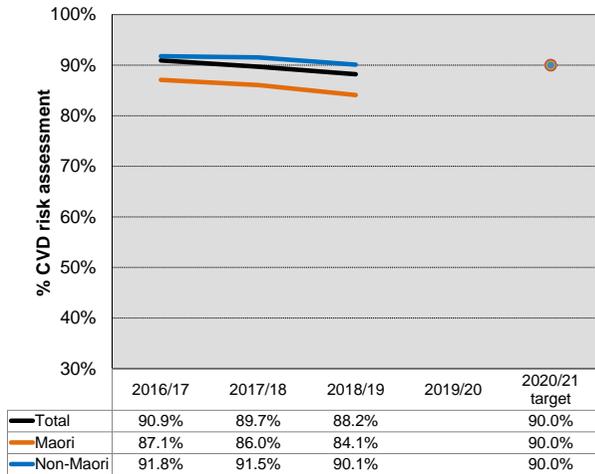
Accurately monitoring progress on this measure is difficult because over the last few years the Ministry has changed the criteria for the denominator several times.

Outputs

As at Dec 2019 6,010 people were on the Northland diabetes register, of whom 487 were Māori and 5,523 non-Māori.

Measure:
Eligible people receiving cardio-vascular (CVD) risk assessment in the last 5 years

Measure type:
Coverage

	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	90.9%	89.7%	88.2%		90.0%
Maori	87.1%	86.0%	84.1%		90.0%
Non-Maori	91.8%	91.5%	90.1%		90.0%

Rationale

Along with cancer, cardiovascular (heart and circulatory) disease is the most common long term condition.

Prevalence of CVD conditions is higher among Māori. It also increases with age, so the ageing population means we need to carefully monitor and control the incidence and severity of conditions.
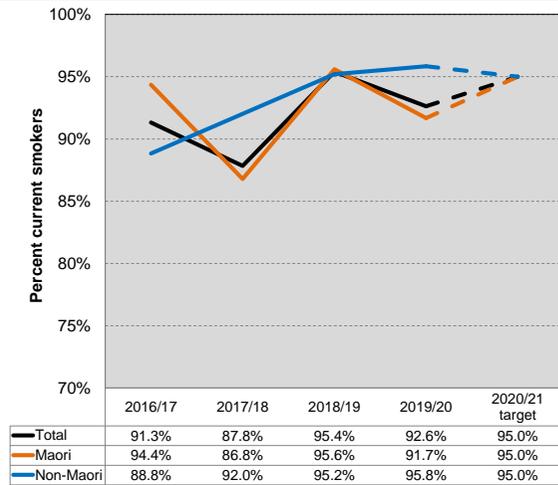
Regular screening identifies those at risk of developing cardiovascular disease, and its onset can be prevented or delayed by lifestyle and clinical interventions. Regular screening also helps earlier identify those who already have the condition.

Outputs

102,707CVD risk assessments performed in primary care over the five years to March 2020, of whom 31,917 were the high-risk groups of Māori, Pacific or Indian, and 70,790 were other ethnicities.

There is no data yet for 2019/2. Data is reported in Q2 and Q4 but Q2 reporting was put on hold due of covid-19 and Q4's data had not appeared at time of writing.

Measure: % of pregnant women offered brief advice and support to quit smoking

	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	91.3%	87.8%	95.4%	92.6%	95.0%
Maori	94.4%	86.8%	95.6%	91.7%	95.0%
Non-Maori	88.8%	92.0%	95.2%	95.8%	95.0%

Rationale

Smoking and obesity are the two most significant drivers of long term conditions. Smoking puts babies at higher risk of conditions such as glue ear, asthma, leukemia and Sudden Unexplained Death in Infancy (SUDI).

Currently 33.3% of Māori and 11.0% of non-Māori smoke.

New Zealand has committed to a goal of reducing smoking rates to 5% by 2025.

Outputs

Primary care records show 117,583 Northlanders who have ever smoked, of whom 24,468 are current smokers (2019/20 Q3).
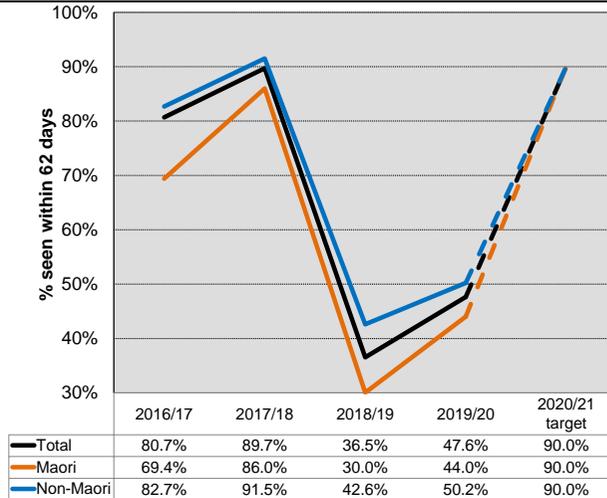
2019/20 data is Q1 and Q2 only. No data was reported in Q3 due to covid-19 and Q4's data had not appeared at time of writing.

Output Class 3: Intensive Assessment and Treatment

Impact: If curable, increased likelihood of survival; if incurable, reduced severity of symptoms

Measure: % of patients who receive first cancer treatment (or other management) within 62 days referred urgently with a high suspicion of cancer and a need to be seen within two weeks **Measure type:** Coverage	**Rationale** Along with cardiovascular disease, cancers are the most common type of long term condition. Some of the biggest gains are to be made by ensuring early access to cancer treatment to improve the chances of recovery and to alleviate symptoms.	**Outputs** 269 patients referred urgently with high suspicion of cancer for the twelve months ending March 2020 who commenced first treatment.

	2016/17	2017/18	2018/19	2019/20	2020/21 target
Total	80.7%	89.7%	36.5%	47.6%	90.0%
Maori	69.4%	86.0%	30.0%	44.0%	90.0%
Non-Maori	82.7%	91.5%	42.6%	50.2%	90.0%

Impact: Acute episodes are minimised, clients achieve greater stability, and quality of life is improved for both clients and their families

| **Measure:** % of people with enduring mental illness aged 20-64 who are seen over a year

Measure type: Coverage | (chart: % seen by DHB mental health services) | **Rationale**

Severe mental disorders permanently affect 3% of the total population, though prevalence is higher among Māori.

Mild to moderate disorders affect 20% of the population at any one time and 90% over a lifetime.

The guiding document in NZ is *Rising to the Challenge*, the national mental health and addictions strategy 2012-2017. | **Outputs**

5,817 clients aged 20-64 as at June 2020. |

Chart data:

	2016/17	2017/18	2018/19	2019/20 to Q2	2020/21 target
Total	5.76%	5.83%	5.86%	6.05%	6.07%
Maori	9.02%	9.36%	9.65%	10.39%	10.22%
Non-Maori	4.22%	4.18%	4.12%	4.06%	4.17%

Impact: More timely assessment, referral and treatment

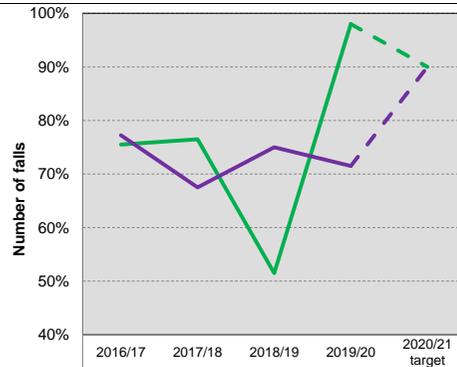| **Measure:** 95% of patients will be admitted, discharged or transferred from and ED within 6 hours

Measure type: Timeliness | (chart: % seen within 6 hours) | **Rationale**

Length of stay in ED is an important measure of the quality of acute (emergency and urgent) care in our public hospitals, because:
• EDs are designed to provide urgent health care; so time spent waiting and the timeliness of treatment are by definition important for patients
• long stays and overcrowding in EDs are linked to negative clinical outcomes for patients such as increased mortality and longer inpatient length of stay
• overcrowding can also lead to compromised standards of privacy and dignity for patients. | **Outputs**

Emergency services provided by EDs at Whangārei Hospital, NDHB's most specialised ED, as well as satellite services at the other three hospitals in Kaitaia, Kawakawa and Dargaville.

Emergency department attendances for the year ended 2019/20 Q3 45,251. |

Chart data:

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Total	91.2%	92.2%	92.7%	90.9%	84.4%	82.9%
Maori	92.8%	93.1%	93.8%	92.4%	86.2%	85.9%
Non-Maori	90.2%	91.6%	92.1%	90.1%	83.2%	81.0%

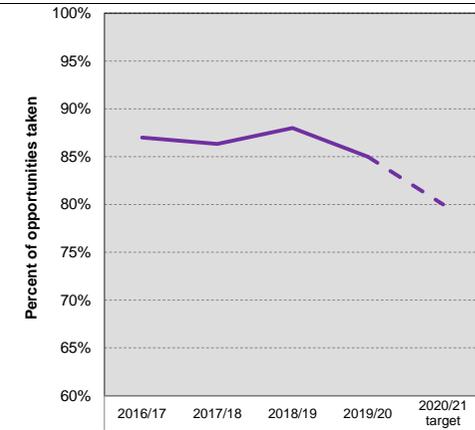| **Impact:** Fewer adverse clinical events.		**Measures type:** Quality

% older patients assessed for the risk of falling

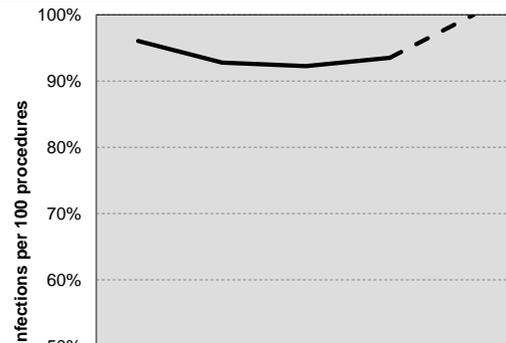% older patients assessed as at risk of falling who received an individualised care plan that addresses these risks

Replaces former measure of fractures of neck of femur whose numbers were very small.

	2016/17	2017/18	2018/19	2019/20	2020/21 target
% older patients assessed for the risk of falling	76%	77%	52%	98%	90%
% older patients assessed as at risk of falling who received an individualised care plan that addresses these risks	77%	68%	75%	72%	90%

Percentage of opportunities for hand hygiene taken

|	2016/17	2017/18	2018/19	2019/20	2020/21 target
% of hand hygiene opportunities taken	87.0%	86.3%	88.0%	85.0%	80.0%

% of hip and knee arthroplasty primary procedures where antibiotic given 0–60 minutes before 'knife to skin'

Replaces former measure of surgical site infections with this more comprehensive process one.

	2016/17	2017/18	2018/19	2019/20	2020/21 target
% of hip and knee arthroplasty primary procedures where antibiotic given 0–60 minutes before 'knife to skin'	96.1%	92.8%	92.3%	93.5%	100%

% of patients with early warning scores calculated correctly
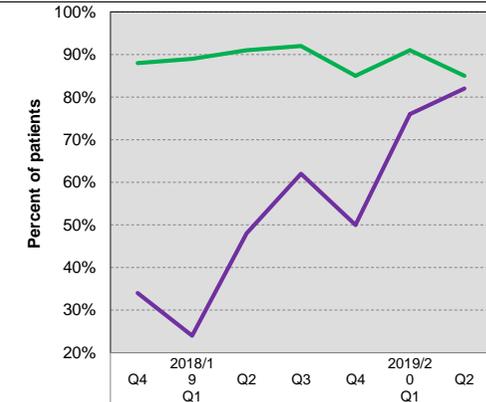
% of patients who triggered an escalation of care and received the appropriate response

Measure has been in place for less than two years so it has been reported by quarter.

A national target does not exist yet.

	2018/19 Q4	2018/19 Q1	Q2	Q3	Q4	2019/20 Q1	Q2
% of patients with early warning scores calculated correctly	88%	89%	91%	92%	85%	91%	85%
% of patients who triggered an escalation of care and received the appropriate response	34%	24%	48%	62%	50%	76%	82%

Rationale

Patient safety can only be managed if outcomes are measured and monitored, and improvement plans put in place.

The Health Quality and Safety Commission has developed nationally consistent Quality and Safety Markers. The data is from:
https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/quality-and-safety-markers/
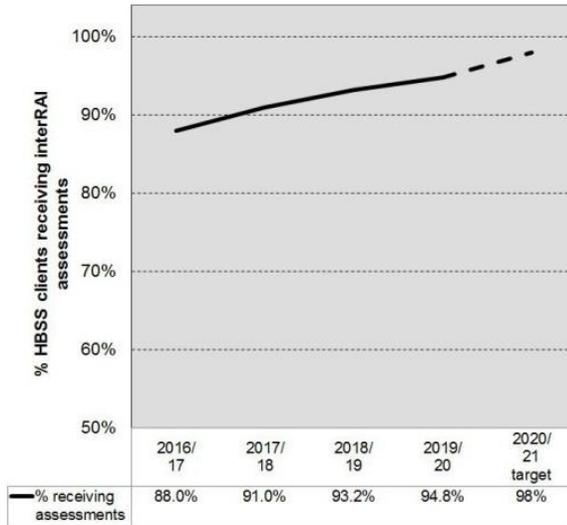
Outputs

Advice and monitoring provided by the Quality and Improvement Directorate, which is overseen by the Chief Medical Officer.

Output Class 4: Rehabilitation and Support

Impact: Older people requiring support or care receive services appropriate to their needs.

Measure: % Home and Community Support Services (HCSS) clients assessed using interRAI tool

Measure type: Coverage

	2016/17	2017/18	2018/19	2019/20	2020/21 target
% receiving assessments	88.0%	91.0%	93.2%	94.8%	98%

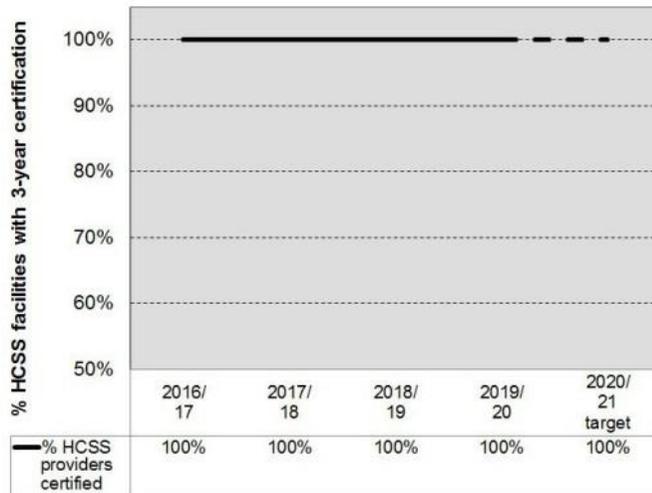*Y-axis: % HBSS clients receiving interRAI assessments*

Rationale

Good quality clinical assessment for older people who live at home helps them remain there. With the assistance of home and community support services they are more able to 'age in place' rather than enter supportive accommodation. This not only improves their quality of life but reduces pressure there will be on hospital and aged residential care resources.

Outputs

1,993 clients who receive long term home based support services have ever been assessed using the interRAI Home Care or Contact Assessment tool as at Dec 2019.

Measure: % of HCSS providers certified

Measure type: Quality

	2016/17	2017/18	2018/19	2019/20	2020/21 target
% HCSS providers certified	100%	100%	100%	100%	100%

Y-axis: % HCSS facilities with 3-year certification

Rationale

Certification against the Home and Community Support Sector Standard (NZS 8158:2012) is aimed at ensuring people receive good quality support in their homes. The standard sets out what people receiving home and community support services can expect and the minimum requirements to be attained by organisations.

All NDHB home and community support services are certified, and Northland DHB ensures providers maintain their certification status.

Outputs

9 providers of home based support services, providing support to 2,633 people in the community up to Dec 2019.

Measure: % of ARRC providers with at least 3-year certification

Measure type: Quality

	2016/17	2017/18	2018/19	2019/20	2020/21 target
% with ≥ 3y certification	79%	91%	92%	100%	100%
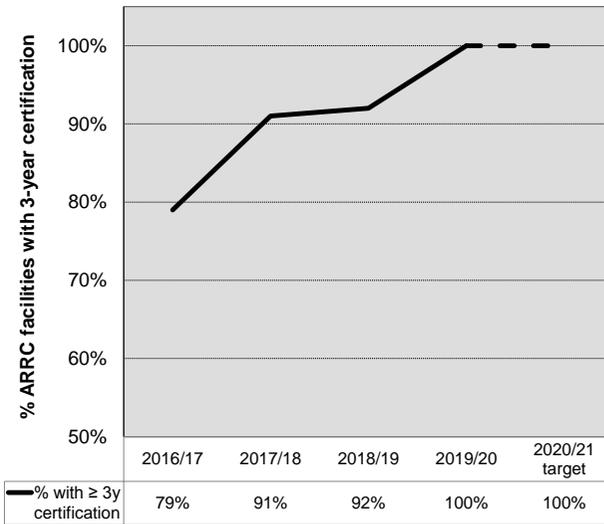
Rationale

Certification reduces potential risks to residents by ensuring providers comply with the Health and Disability Services Standards.

The period of certification for aged residential care providers reflects their risk level; the fewer the number and the lower the level of risks identified during audits, the longer the period of certification.

Outputs

Since 2010 a single audit process has encompassed DHB aged care contracts and MoH certification audits. DHBs on work with providers on corrective action plans to address any matters identified though the audits, monitor progress against the agreed corrective action plans, and manage risks that may arise.

In 2019/20 there are 24 facilities, of which 15 have 3-year certification and 8 have 4-year. One facility, which previously had 3 years certification, changed ownership in February 2020, and as a result has an automatic 1 year certification period. This facility has been excluded from this Indicator of ARC quality for 2019/20, as the sale process and change of certification is not related to audit results. 23/23 = 100% of facilities have certification 3 year or higher.