Measuring our success

Some of our key measures which will contribute to our national, regional and local objectives are:

5-10 year outcomes:

- People take greater responsibility for their health
- People stay well in their homes and communities
- People receive timely and appropriate care

3-5 year impacts:

- Fewer people smoke
- Reduction in vaccine preventable diseases
- People have healthier diets
- Children and adolescents have better oral health
- Early detection of treatable conditions
- People better at managing their long term conditions
- Fewer people are admitted to hospital for avoidable conditions
- People maintain functional independence
- People are seen promptly for acute care
- People have appropriate access to elective services
- Improved health status for people with a severe mental illness
- More people with end stage conditions are supported

Funding

The BOPDHB will receive $622M during 2012/13 to fund its activities:

![Proposed spend on each output class](chart1)

![Proposed spend by portfolio](chart2)

The full document is available on the Bay of Plenty District Health Board website: www.bopdhb.govt.nz

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See also our Māori Health Plan and the Midland Regional Services Plan.

“*The current economic climate is seen by many as a challenge. We see an opportunity, as a DHB, to pursue new and better ways of doing things.*”

*Phil Cammish, Chief Executive Officer*
About us

The Bay of Plenty District Health Board (BOPDHB) is one of 20 DHBs in New Zealand. We serve a population of 214,170 for the major population centres of Tauranga, Katikati, Te Puke, Whakatane, Kawerau and Opotiki. Eighteen Iwi are located within our district.

Our focus in 2012/13:

Health Targets
1. Shorter stays in emergency departments;
2. Improved access to elective surgery;
3. Shorter waits for cancer treatment*/radiotherapy;
4. Increased immunisation;*
5. Better help for smokers to quit;* and

Minister’s Expectations
• Lift productivity and keep to budget;
• Focus more strongly on service integration, particularly with primary care;
• Shorter waiting times in a number of key areas including surgery, diagnostics and cancer care, child and youth drug and alcohol treatment;
• Integrated services for older people; and
• Progress in implementing Regional Service Plans.

Board Priorities
1. Meeting the Health Targets;*
2. Primary Care;
3. Maori Health/Reducing Health Disparities;*
4. Health of Older People;
5. Chronic Conditions;
With additional focus on child and youth, mental health and obesity.

Māori Health Plan (MHP)
The MHP identifies the leading causes of mortality and morbidity for Maori in our district. The MHP seeks to address the causes of health inequality by working with our health sector stakeholders to address 19 key indicators, some of which are marked with an asterisk (*).

Our key targets and measures:

In addition to meeting the Health Targets, the Minister’s Expectations, Board and Maori Health Plan priorities, we have set a number of other activities and targets:

Our key 1 year activities:
(sample measures only, and additional to the foregoing - for a complete list, see Module 3):
• Managing acute and unplanned care
• Organised stroke service
• Better after hours care for children under 6 years
• Introducing diabetes care improvement packages
• Faster access to cancer treatments
• Improved access to mental health services
• Comprehensive assessment of people in aged residential care
• Linking Whanau Ora with other planning processes
• Purchasing and productivity improvement
• Reducing/eliminating Rheumatic Fever
• Improved oral health for children and youth*

Our key 1 year targets:
(sample targets only - for a complete list, see Module 5):
• 48 schools engaged in Health Promoting Schools programme
• 70% of children (0-4) enrolled in DHB funded dental service*
• 97% of population enrolled with a PHO*
• 75% of eligible population had a CVD check within 5 years *
• 1,530 children enrolled in Well Child/Tamariki Ora
• 12% of population 65+ years access Home Based Support
• 34,997 people seen acutely as an inpatient presentation
• 0% patients waiting longer than five months for FSAs
• 80% of people seen within 8 weeks for non-urgent mental health and addiction services in the Mental Health unit
• 662 clients supported by specialist palliative care

We will achieve our goals by working in partnership with other DHBs in the Midland region, Primary Health Organisations (PHOs), providers and other key stakeholders.