THE WEST COAST HEALTH SYSTEM
– Supporting you to be well

SYSTEM LEVEL MEASURES IMPROVEMENT PLAN

2020/21

To be read in conjunction with the West Coast DHB Annual Plan

Contents

This 2020/21 System Level Measures Improvement Plan was drafted prior to the initiation of the response to the COVID-19 pandemic.

The West Coast Health System's current focus is on implementing our pandemic response in line with Ministry of Health directives, adapting delivery of health care to maintain essential services and ensuring we continue to prioritise support for our most vulnerable populations.

It is anticipated that as we move from the response phase to the recovery phase, our high level priorities will remain unchanged. However, there is likely to be a purposeful delay in progressing some actions and work so that resources can be directed to areas of higher priority.

Where capacity allows, our alliance groups are assessing their work plans and identifying which focus areas are of high priority. This will inform the development of a recovery plan that will highlight any substantial changes in the actions, timeframes and selected contributory measures in the West Coast's 2020/21 System Level Measures Improvement Plan.

Introduction

The System Level Measures Framework was introduced by the Ministry of Health in 2016/17 and encourages a system-wide approach to improving health outcomes. It presents a core set of national outcomes for the health sector to strive towards with the opportunity to identify a set of local quality improvement activities, aligned with each of the national outcomes.

KEY ACHIEVEMENTS

The West Coast Alliance has continued to prioritise consumer engagement in planning activity and in 2019 appointed a community independent Chairperson to the Alliance Leadership Team (ALT). The ALT has also been providing governance to the consumer-led Transalpine Health System Disability Action Plan which is currently being refreshed.

Continued effort to engage women who smoke during pregnancy with the Smokefree Pregnancy and Newborns Incentive Programme has seen the proportion of women smoking two weeks after delivering their baby drop from 17% to 11% (28% to 22% for Māori women).

Work on support pathways for young people experiencing mental distress saw an improvement in the proportion of those presenting to our Emergency Department accepting a referral to community-based intervention following discharge. In 2019 this increased to 72% of presentations, up from 23% in 2018.

NEXT STEPS

The West Coast Alliance remains committed working under the System Level Measures (SLM) Framework to drive improvements across all parts of the Health System. In particular, the framework provides a good opportunity to place focus on equity of health outcomes and implement actions that specifically reduce those gaps.

The actions laid out here represent the collective thinking of clinicians from across our West Coast Health System and detail how we will continue to progress with the aim of improving the health outcomes for communities and in particular for our tangata whaiora (people seeking health).

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National Outcomes and Local Activity

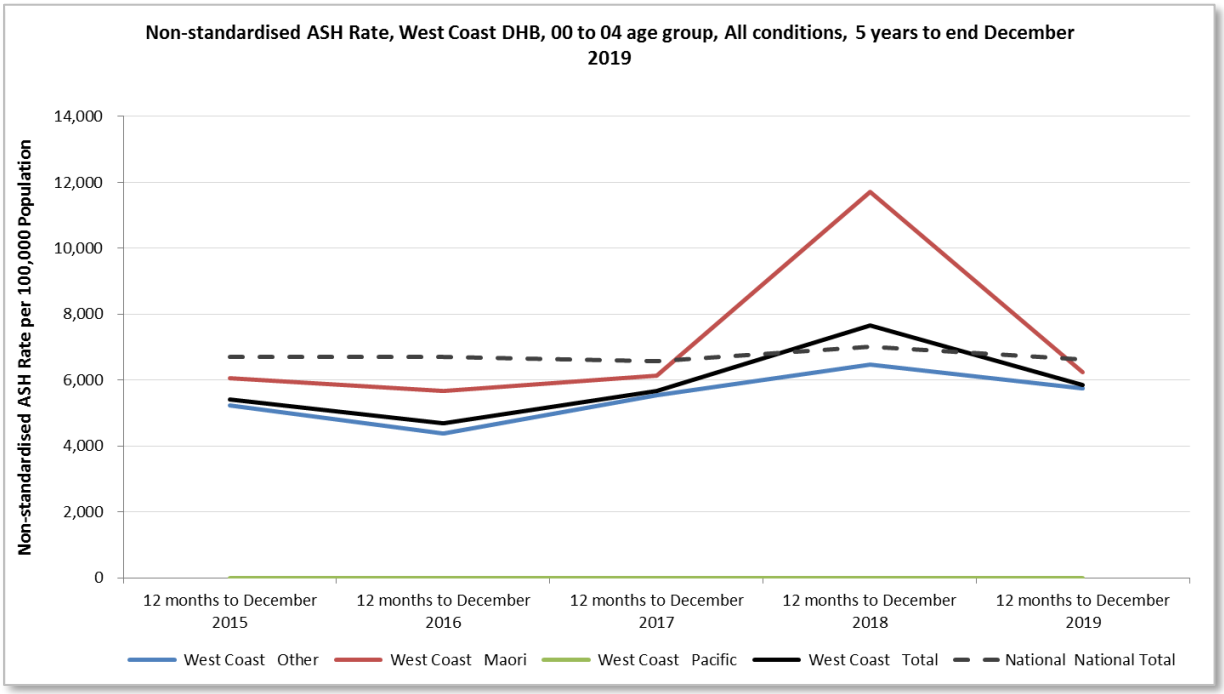
1. Ambulatory Sensitive Hospitalisations (0 – 4 year olds)

Outcome: Reduced avoidable hospital admissions among children

Ambulatory Sensitive Hospitalisations (ASH) are a measure of the burden of disease in childhood with and highlight where children experience health inequalities. The way children experience health and illness varies widely among priority populations and also according to social gradient. Reducing ASH rates requires well-integrated and coordinated, preventive, diagnostic and disease management systems and a well-skilled and resourced workforce.

For example, a family with high health literacy and good access to supports is more likely to manage a child with asthma through providing a warm dry home using healthy heating options and higher compliance with preventative medicines thus avoiding the need for hospitalisation when or if there is an exacerbation of asthma symptoms.

BASELINE PERFORMANCE



Population		12 months to December 2015	12 months to December 2016	12 months to December 2017	12 months to December 2018	12 months to December 2019
West Coast	Other	5,229	4,377	5,532	6,475	5,745
West Coast	Māori	6,047	5,682	6,136	11,707	6,250
West Coast	Total	5,408	4,675	5,676	7,667	5,856
National	Total	6,710	6,697	6,564	7,009	6,615

Table 1. Non-standardised ASH rate per 100,000 population

2020/21 MILESTONE

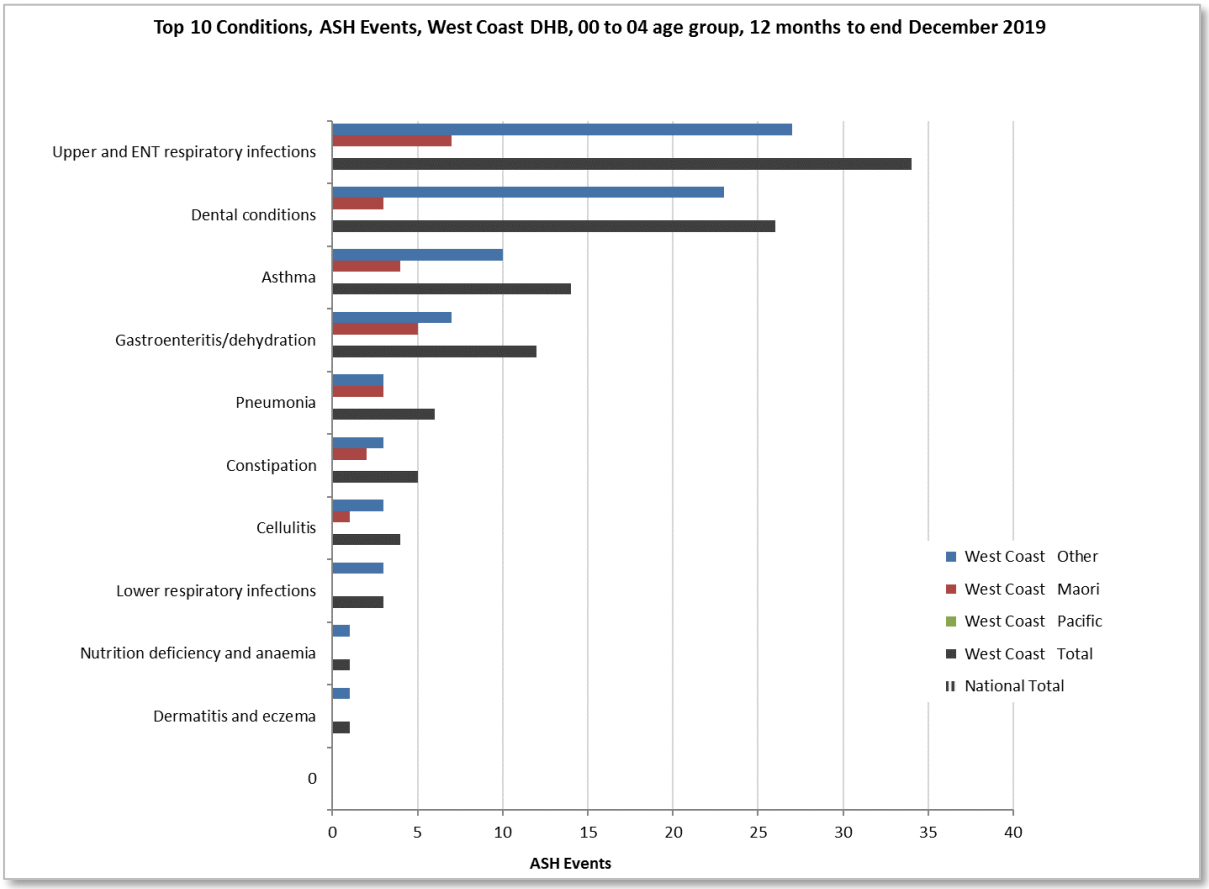
Reduce the average ratio between ASH rates for Māori children aged 0-4 years old and total children to below the current ratio of 1:1.23 (as at the end of December 2019).

In setting the milestone for the 2020/21 year a number of factors have been taken into account:

- Rates are prone to variation given the small size of our population and the statistical effect of converting these small numbers to a rate per 100,000. This is particularly so with Māori
- To reduce the effect of fluctuations due to the small population, the milestone has been calculated based on a 3-year average.

ASH admissions into hospital are for conditions which are regarded as preventable through lifestyle changes such as smokefree households, vaccination, engagement with primary care and Well Child Tamariki Ora and the effective community management of long-term conditions. For ASH admissions into hospital on the West Coast, for those aged 0 to 4, dental conditions continue to contribute (see graph below). This has been a leading driver for some time and the Alliance has chosen to continue this area as a focus for improving ASH rates for 0 - 4-year olds. The graph also highlights the disparity between Māori and non-Māori. It is important to note however, that the number of actual events (admissions) for dental conditions is just 26 (3 for Māori).

Respiratory and asthma conditions are the leading drivers of ASH admissions on the West Coast and a number of actions are included elsewhere in this plan that focus on smoking cessation to reduce respiratory admissions including increasing the number of smokefree homes in which our children live (see pages 16-18). Again, the actual event numbers are small at 34 admissions (7 for Māori) for upper and ENT respiratory infections and 14 admissions (4 for Māori) for asthma.



1.1. Oral health

CONTRIBUTING TO: REDUCING AMBULATORY SENSITIVE HOSPITALISATIONS	
Proposed measures	Proportion of children admitted for treatment of dental conditions who have engaged in wrap around oral health support.
Rationale	Oral health is poor on the West Coast and one of our key objectives is to improve the quality and consistency of oral health service across the West Coast and, over the coming year, to target whānau that are most at risk of hospital admission for treatment. Improved engagement with oral health services and improved health literacy relating to oral health and hygiene has the potential to make a significant impact on the health of our young children. This is particularly true for our young Māori children who have higher ASH rates related to oral health and poorer oral health outcomes. In previous years, the work has been focused on improving data collection and streamlining enrolment processes however focus will now move to targeting the whānau that are known to be at risk of further admission.
Baseline	No families currently receiving this targeted support package for oral health
30 Jun 2021 target	75% of Māori whānau with a child admitted for treatment of a dental condition are engaged in a targeted wrap around support package
Activity	• Trial a package of support that addresses both good oral hygiene practices (supervised brushing twice a day with a fluoride toothpaste) and health literacy related to good oral health (promote breastfeeding, limit sugary drinks and eat a balanced diet that includes fresh fruit and vegetables).[1] • Identify a Clinical Lead for Oral Health to champion and drive improvements across the service and integration with other service providers. • Introduce a process to identify children being lost to recall and re-engage them and their whānau with school and community oral health services
Who's involved	Healthy West Coast Alliance workstream, Oral Health Service Development Group, paediatric inpatient services, general practice teams.
Who's leading	WCDHB Māori Health

1.2. Childhood respiratory illness

CONTRIBUTING TO: AMBULATORY SENSITIVE HOSPITALISATIONS	
Proposed measures	Number of children aged 0-4 admitted with ambulatory sensitive respiratory illness
Rationale	Childhood respiratory infections cause a large burden of illness especially in Māori and Pacific groups, and low-income groups are affected the most. For some children, severe or repeated respiratory infections lead to permanent lung damage resulting in a life time of ill health.
Baseline	57 events (14 for Māori) for ASH categories; Upper and ENT respiratory infections, Asthma, Lower respiratory infections and Pneumonia.
30 Jun 2021 target	50 events for ASH categories; Upper and ENT respiratory infections, Asthma, Lower respiratory infections and Pneumonia.
Activity	• Retrospectively review cases of children presenting to ED with respiratory conditions who are not admitted, to identify the current state of referral to the DHB's Clinical Nurse Specialist (CNS) service for ongoing support and management • Review and map the optimal referral pathway for respiratory presentations, with Paediatrics, General Practice and the CNS Service, using data from the review.

[1] This activity was due to be completed during 2019/20 but was postponed due to the COVID-19 pandemic

	• Establish a Multi-Disciplinary Team to provide oversight and monitoring of Māori respiratory presentations and evaluate the impact of the revised pathway.
Who's involved	West Coast DHB, West Coast PHO, Poutini Waiora
Who's leading	West Coast PHO

1.3. Rural Early Years Strategy

CONTRIBUTING TO: AMBULATORY SENSITIVE HOSPITALISATIONS	
Proposed measures	Model of care for families with young children is developed.
Rationale	The way parents and whānau access and make use of the various support services available in early childhood varies from whānau to whānau and from locale to locale across our West Coast region. Local stakeholder and community engagement as part of the development of our Maternity Strategy has indicated that work is required to understand how we provide services in the early childhood life-stage. A co-ordinated understanding of how services are distributed and accessed will drive improved wellbeing for our youngest patients and in turn reduce hospitalisations for preventable or manageable illnesses.
Baseline	Services are administered individually as separate teams across the DHB and other health providers.
30 Jun 2021 target	A model of care for families with young children is developed.
Activity	• Engage with our stakeholders and community to better understand the priorities and issues for children and their whānau across our three localities. • Develop a Rural Early Years Strategy to improve engagement with services and outcomes for our most vulnerable populations. • Implement a system improvement for connecting children to health services (encompassing the Newborn Multi-Enrolment Form, capturing movement of families into and out of the district and identifying children in the region who are new to New Zealand), supporting families who are not engaging with health services (identifying the service barrier and getting them back to their service provider) and referrals out to relevant service providers (e.g. Outreach Immunisation, WCTO, Public Health Nursing Service).
Who's involved	West Coast DHB, West Coast PHO, Poutini Waiora, Consumer Council
Who's leading	West Coast DHB

2. Acute Hospital Bed Days

Outcome: Improved management of the demand for acute care

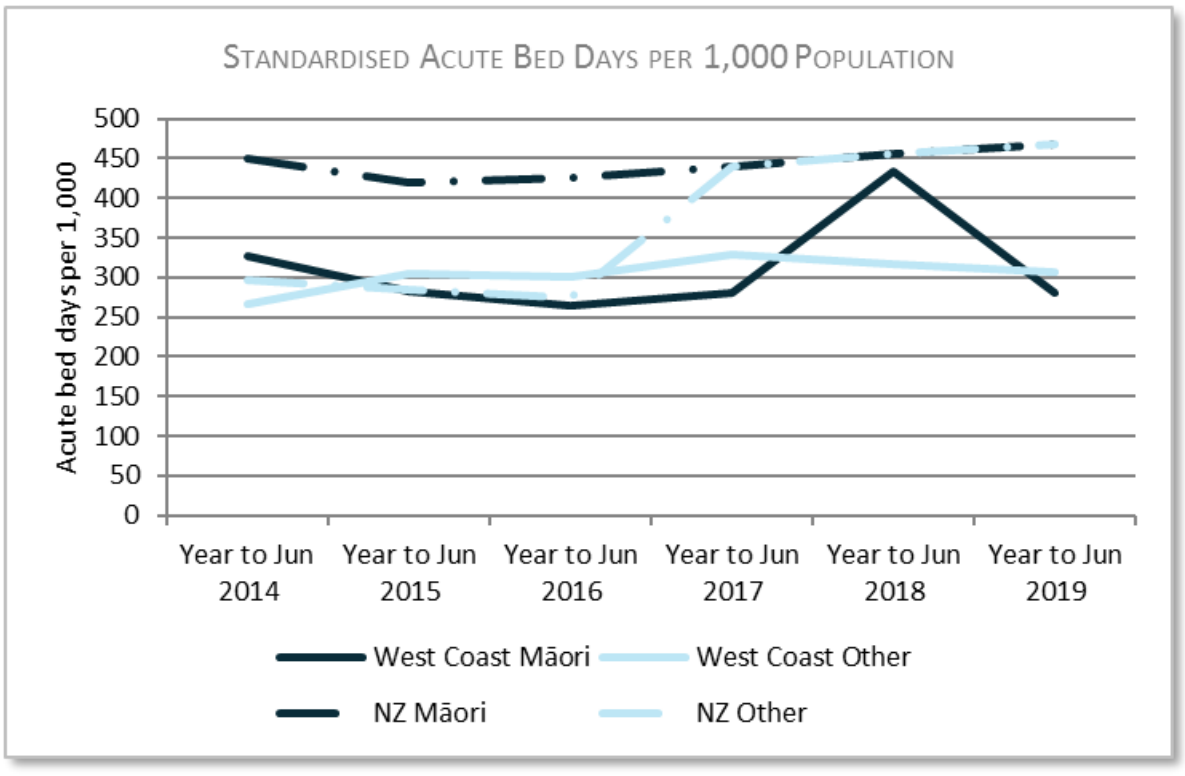
Acute Hospital Bed Days illustrate the demand for secondary care (hospital) services that can be prevented through good care provided close to home (through general practices), discharge planning and transition between services. Actions to address this demand require good communication between the people providing planned and unplanned care. Through the West Coast Alliance, the West Coast Health System is developing processes that make an integrated service approach a reality.

Work already completed includes the development of: HealthPathways; implementation of the primary care Long Term Conditions Management (LTCM) programme; the Complex Clinical Care Network (CCCN); and the Pharmacy to GP programme. We have also improved communication between planned and unplanned care with the implementation of: HealthOne; the Electronic Referral Management System (ERMS); and the expansion of telehealth services across the West Coast.

Delivery of integrated and high quality care in the rural context relies heavily on the skill and coordination of the workforce. Working in this way does not suit everyone and recruitment to the West Coast in the context of national supply shortages in specific areas will continue to be a challenge; however, workforce development continues to expand and enhance the roles of staff across all professions and all providers towards a Rural Generalist model. This model sees professionals working to the full extent of their scope of practice, safely and with appropriate support.

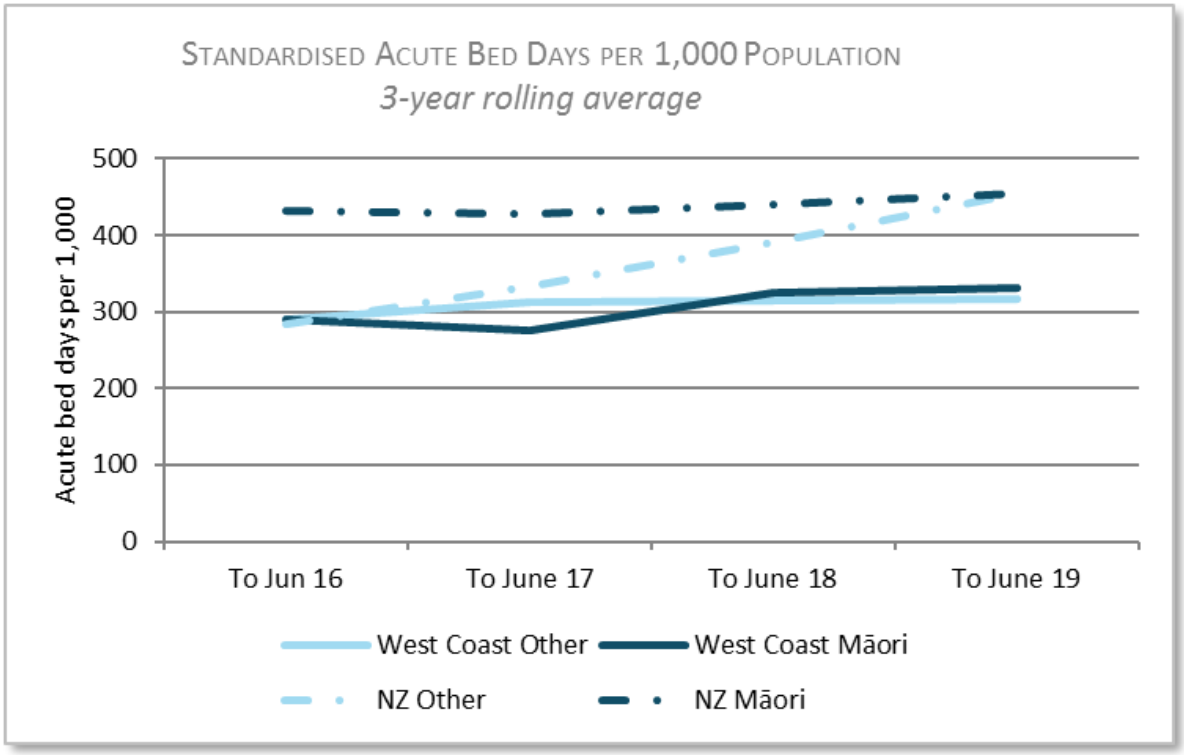
BASELINE PERFORMANCE

The aged standardised Acute Bed Day Rate, per 1,000 population, for the West Coast DHB for the year ending June 2019 was 304 (total population) and 281 (Māori).[2] Three-year averages are 319 (total population) and 331 (Māori).



As expected, the spike in bed days for Māori has reversed. The 3-year rolling average data below shows that the West Coast rates compare favourably to the National rates and the equity gap continues to be small.

[2] MoH supplied data by DHB of Domicile using WHO (2000) Population



2020/21 MILESTONE

Reduce the Acute Bed Day Rate for Māori to below the current 3-year average rate of 331 per 1,000 of population, as at the end of June 2019 continue to ensure the equity gap between Māori and total population is either negligible or favourable to Māori.

In setting the milestone for the 2020/21 year a number of factors have been taken in to account:

- It is important to note the rural context in understanding our current baseline. Many of our patients who are acutely admitted live long distances from the hospital. The clinical risk assessment will take this into account and often means that patients will stay longer, and be further along their road to recovery, before returning home. Longer stays are therefore appropriate for some patients in this context.
- Acute Bed Day Rates are prone to fluctuation, given the small size of our population and the statistical effect of converting these to a rate per 1,000. To reduce the effect of these fluctuations, the milestone has been calculated based on a 3-year average.

2.1. Heart Health

CONTRIBUTING TO: REDUCING ACUTE HOSPITAL BED DAYS	
Proposed measures	The delivery of Cardiovascular Disease Risk Assessments (CVDRA) to eligible Māori men.
Rationale	The West Coast PHO continues to work with general practice to maintain the delivery of Cardiovascular Disease Risk Assessments. While the West Coast continues to meet the target for total population a more targeted focus is required to reach this target for younger Māori men who are traditionally difficult to engage. It is important to also translate this into satisfactory management of cardiovascular disease and related conditions such as diabetes through engagement in the primary care Long-term Conditions Management Programme.
Baseline	63.6% of Māori men aged 35-44 years have had a CVDRA in the last 5 years – as at March 2020[3]

[3] Local Karo data

30 Jun 2021 target	90% of Māori men aged 35-44 years have had a CVDRA in the last 5 years
Activity	• Expand opening hours in general practice in Greymouth (8am to 8pm) once the new Te Nikau facility has been commissioned. • Actively invite men in this cohort to appointments outside of normal business hours • Trial virtual consultations and follow-ups for men in this cohort who have never accessed screening. • Trial an outreach service using Poutini Waiora nurses to complete screening in workplaces or at home.
Who's involved	West Coast PHO, General Practices, Poutini Waiora
Who's leading	West Coast PHO

2.2. COPD screening

CONTRIBUTING TO: REDUCING ACUTE HOSPITAL BED DAYS	
Proposed measures	Proportion of patients with Chronic Obstructive Pulmonary Disease (COPD) who have an exacerbation action plan in place.
Rationale	As a Health System the West Coast aims to keep people well in their own homes and this includes people living with a long-term conditions. This group of the population are at higher risk of being admitted to hospital with an exacerbation of their condition and so a focus on improving patients' knowledge of their condition and how to manage an exacerbation at home will ensure they keep well at home.
Baseline	83.7% of people (66% for Māori) who have had a LTCM review for COPD who have an exacerbation plan in place.
30 Jun 2021 target	85% of people in all populations who have had a LTCM review for COPD who have an exacerbation plan in place.
Activity	• Provide education for practice staff on having planning conversations with patients and developing individualised plans • Work with the Clinical Nurse Specialist –Respiratory to ensure exacerbation plans are communicated with other health services such as St. John • Report regularly to the Emergency Department Teams the proportion of patients with known COPD that have an exacerbation plan in place
Who's involved	West Coast PHO, General Practices, West Coast DHB
Who's leading	West Coast PHO

3. Patient Experience of Care

Outcome: Improved clinical outcomes for patients in primary and secondary care through improved patient safety and experience

How people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. The West Coast health system encourages patient involvement and feedback to support improvement initiatives that will lead to improved patient experience of care.

Growing evidence tells us that patient experience is a good indicator of the quality of health services. Better experience, stronger partnerships with consumers, and patient and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes.

Construction of the new Te Nikau Grey Hospital and Health Centre was delayed in 2019/20 but is now nearing completion with migration to take place throughout the year for hospital services as well as community pharmacy and primary practice. These changes are likely to impact on patients' experience of care and there will be a focus on maintaining both the inpatient and primary care survey results.

2020/21 MILESTONE

Improve the positive responses to the question "Before giving you any new medicine, did hospital staff describe possible side effects in a way you could understand?" from 53%[4] to 65%.

In setting this milestone it has been noted that the Health Quality & Safety Commission has engaged with a new survey provider for the 2020/21 year and that the survey questions have been reviewed an updated and this may impact on the way patients respond to the question.

3.1. Hospital services using the adult inpatient survey

CONTRIBUTING TO: IMPROVED PATIENT EXPERIENCE OF CARE	
Proposed measures	Proportion of patients surveyed who respond positively to the question "Before giving you any new medicine, did hospital staff describe possible side effects in a way you could understand?"
Rationale	Data on our patients' experience of hospital care can be used for monitoring service quality and identifying areas for improving quality improvement and patient safety. Patients who respond to the survey nationally consistently feedback that information about side effects from medications was not either provided or provided in a way that was not easily understood. Improvements in this aspect of care delivery can lead to improved patient outcomes, reduced readmission rates, and reduced health care costs associated with these readmissions.
Baseline	53% of patients surveyed responded positively to the question "Did a member of staff tell you about medication side effects to watch for when you went home?"
30 Jun 2021 target	65% of patients surveyed responded positively to the question "Before giving you any new medicine, did hospital staff describe possible side effects in a way you could understand?"
Activity	• Provide education for inpatient staff regarding the changes to the patient experience survey in 2020/21 • Develop a process for ensuring a systematic approach to providing information about new medications prescribed during a hospital stay • Continue to promote completion of the Adult Inpatient Experience Survey through the WCDHB Consumer Council
Who's involved	WCDHB Pharmacy, WCDHB Consumer Council, Clinical Leaders, WCDHB Quality Team
Who's leading	WCDHB Quality Team

[4] HQSC Result for patients treated in November 2019

3.2. Primary care patient experience survey

CONTRIBUTING TO: IMPROVED PATIENT EXPERIENCE OF CARE	
Proposed measures	Proportion of patients surveyed who respond positively to the question "Thinking about all of your current medicine(s) prescribed to you, have you been told, in a way you could understand, by someone at your GP / nurse clinic or pharmacy what to do if you experience side effects?"
Rationale	As above, patients surveyed nationally have reported that information about what to do when they experience side effects from medications was not provided. Since most medicines are prescribed in the primary setting, it is important to ensure the processes in place ensure patients have access to the information they need in order to achieve the desired health outcome. Compliance with medicines therapy and prevention of unintended consequences from side effects are both improved by patients having a good understanding of the medication they have been prescribed and how to seek more guidance if they need it.
Baseline	78%[5] of respondents in the last 18 months were satisfied that they knew what to do if they experienced medication side effects
30 Jun 2021 target	80% of respondents in the last 18 months were satisfied that they knew what to do if they experienced medication side effects
Activity	• Provide education for practice staff regarding the changes to the patient experience survey in 2020/21 • Develop a process for ensuring a systematic approach to promoting the HealthInfo[6] website for patients about seeking advice about their medications and side effects • Continue to promote completion of the Primary Care Patient Experience Survey through the WCDHB Consumer Council
Who's involved	West Coast PHO, Pharmacies, West Coast DHB Consumer Council
Who's leading	West Coast PHO

[5] Cumulative percentage for respondents in Q2 2018 – Q4 2019

[6] https://www.healthinfo.org.nz/WestCoast/

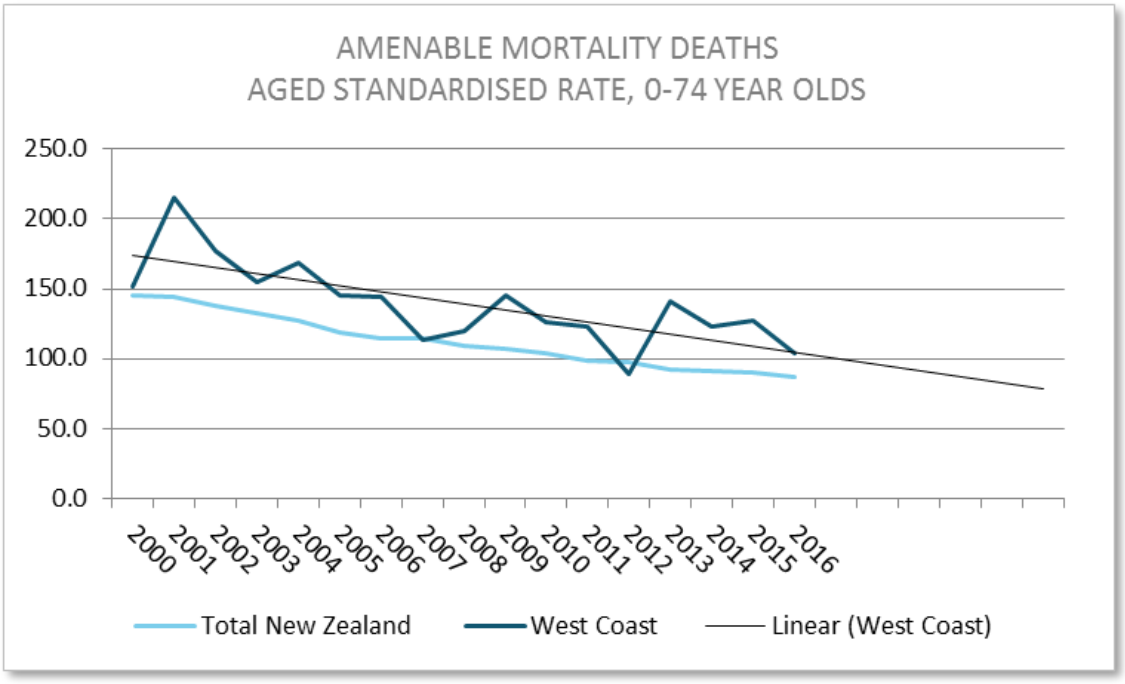
4. Amenable Mortality

Outcome: Reduction in the number of avoidable deaths and reduced variation for population groups

A review of the longitudinal amenable mortality data by cause of death identifies a number of medical conditions contributing to West Coast's Amenable Mortality Rate. Many of these will be addressed by the contributory measures discussed not only in this section but throughout this document, including a reduction in risk factors such as smoking and obesity rates that impact on mortality and increased engagement in screening and risk assessment programmes which lead to improvements in the management of people's long-term conditions.

BASELINE PERFORMANCE

Data by ethnicity has not been reviewed as the number of amenable deaths for West Coast Māori is too small to produce a meaningful rate.



2020/21 MILESTONE

Maintain the current downward trend for Amenable Mortality. Extending the trend line, using currently available data, the DHB would anticipate achieving a rate at or close to 70 amenable deaths per 100,000 people by 2023.

In setting this milestone a number of factors have been taken into account:

- The timeframe involved in influencing change for this outcome measures is long and the delay in reporting on results against the measure are barriers to a more targeted milestone.
- Rates are prone to variation given the small size of our population and the statistical effect of converting these small numbers to a rate per 100,000. This is particularly so with Māori, where the numbers are too small to establish a meaningful rate. Whilst the milestone may seem conservative, the result will be impacted by only a few people and the long-term trend is seen as the important factor with regards to this outcome.

4.1. Breast screening

CONTRIBUTING TO: REDUCING AMENABLE MORTALITY	
Proposed measures	Eligible women (targeting Māori and Pacific women aged 50-69) have had a mammogram (breast screen) in the past two years.
Rationale	Early detection and treatment of breast cancer lowers the rate of death from breast cancer. Breast screening provides an opportunity to make a difference to the lives of women and their families. BreastScreen Aotearoa's target is to screen 70 percent of eligible women aged 50–69 every two years. On the West Coast there continue to be opportunities for improvement particularly for high priority populations, where uptake of screening is lower than for other ethnicities.
Baseline	As at 31 December 2019[7]: 69% of eligible Māori women have had a breast screen in the past 2 years 43% of eligible Pacific women have had a breast screen in the past 2 years
30 Jun 2021 target	70% of eligible women (in all population groups) have had a breast screen in the past 2 years.
Activity	• Identify overdue priority women and those not enrolled in the national breast screening programme at a practice level and provide practices with targeted follow-up to lift rates. • Reduce the recall time to 20 months for Māori and Pacifica women to assist with 'on time' screening. • Deliver education to practices to support an understanding of barriers that affect participation in screening particularly for Māori and Pacifica wāhine. • Deliver a 'Top and Tail' programme – a clinic that will combine breast and cervical screening, whānaungatanga, kai and education targeting Māori and Pacifica wāhine. • Collaborate to offer local support to Māori whānau to engage in screening, seek early advice and understand cancer diagnosis to reduce inequity of outcomes for Māori.
Who's involved	WCPHO, BreastScreen Aotearoa, General Practice Champions, Poutini Waiora.
Who's leading	BreastScreen Aotearoa

4.2. Long term conditions management

CONTRIBUTING TO: REDUCING AMENABLE MORTALITY	
Proposed measures	Model of care for patients with long term mental health conditions is expanded.
Rationale	There are known inequities in health outcomes for people who live with long term mental health conditions and this includes amenable mortality. Providing an integrated service that supports these patients to look after both their physical and mental health as part of a whole person approach will be beneficial to their overall health outcomes.
Baseline	Three general practices are offering patients with long term mental health conditions enrolment in the Long-Term Conditions Management programme.
30 Jun 2021 target	Five general practices are offering patients with long term mental health conditions enrolment in the Long-Term Conditions Management programme.
Activity	• Expand the model already established in Westport and Hokitika practices to support patients enrolled in the Greymouth practices to access the Long-Term Conditions Management programme. • Utilise Poutini Waiora Whānau Ora nurses and Community Mental health teams to enrol Māori with long term mental health conditions in the LTCM. • Promote healthy lifestyle changes to patients with mental health concerns who are enrolled in the primary care Long Term Conditions programme.
Who's involved	WCDHB Mental Health services, West Coast PHO, Poutini Waiora, General practices
Who's leading	West Coast DHB

[7] NSU data from BreastScreen Aotearoa

5. Smokefree Infants

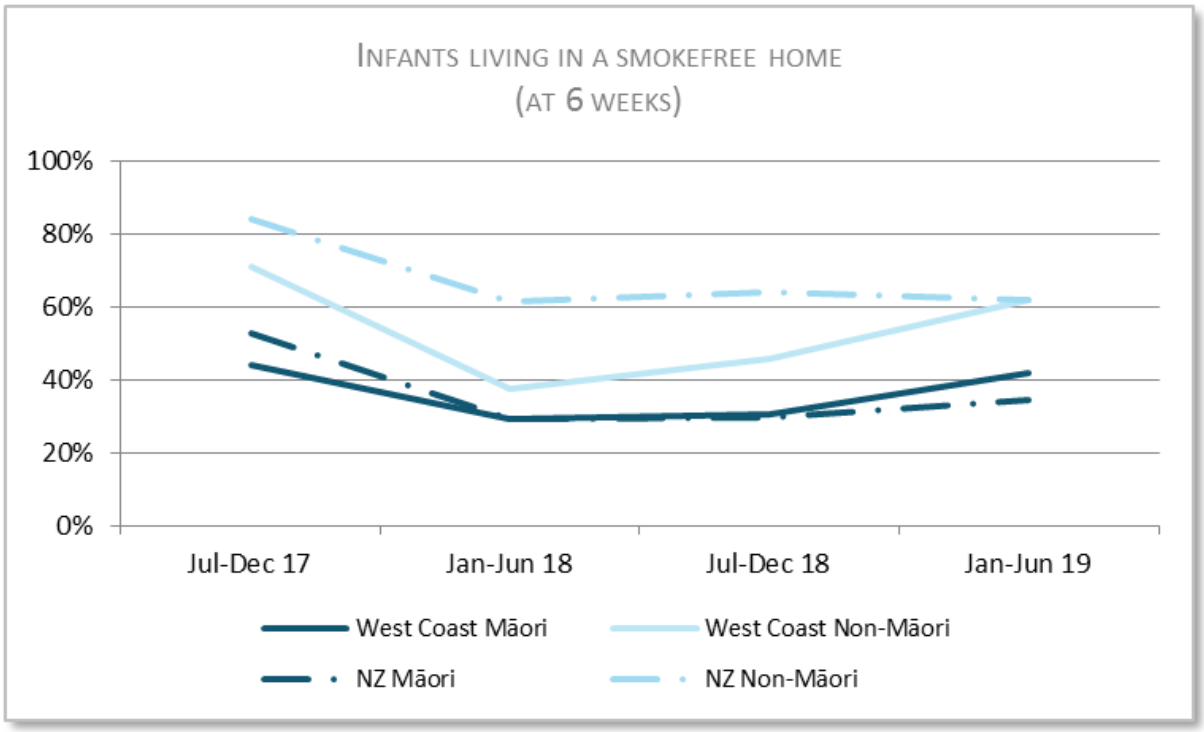
Outcome: A healthy start in life

In 2019 there were 55 women who identified as a smoker at registration with their chosen Lead Maternity Carer (LMC); this represents 16.0% of all birthing women (33.8% for Māori, 13.2% for Other). The effects on the unborn baby are well documented as well as the negative impact on mother's health and birth outcomes. However, due to its addictive nature, smoking can be difficult for many women to stop at a time when they should but might not necessarily feel able. Beyond this, many babies are also living with wider family members who continue to smoke. This measure aims to quantify the extent to which newborns are exposed to second-hand smoke.

Data for this measure is collected as part of the Well Child Tamariki Ora core check schedule with the first core contact taking place at four-six weeks, usually in the baby's home. Data collection systems were updated during 2019 and this is expected to have improved the quality of the data for this measure.

BASELINE PERFORMANCE

58.8% of West Coast households with a newborn were known to be Smokefree as recorded at the first Well Child Tamariki Ora Core check (41.7% for Māori).



There was a change to the definition of this measure in 2017 changing the way the result is calculated and therefore portraying a more accurate but lower result both locally and nationally.

2020/21 MILESTONE

Reduce the equity gap between Māori and Non-Māori babies living in a smokefree home to less than a three-year average of 12%.

5.1. Smokefree pregnancy

CONTRIBUTING TO: SMOKEFREE INFANTS	
Proposed measures	Proportion of women who are Smokefree 2 weeks following delivery
Rationale	The West Coast has a good range of services available to smokers for cessation support during pregnancy and smoking rates at 2 weeks post birth are around 11% for total population but as high as 22% for Māori.[8] Local workshops and consultation have celebrated the success of the current Smokefree Pregnancies Incentive Programme but acknowledge the high smoking rates among Māori and the high number of mothers returning to smoking following the birth of their baby.
Baseline	89.2% of women (78.5% for Māori) were Smokefree at 2 weeks following delivery in 2019
30 Jun 2021 target	90% of women, including 90% for Māori were Smokefree at 2 weeks following delivery in 2020
Activity	• Invest in local Hapū Wānanga (Kaupapa Māori antenatal education programme) that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. • Report results of this measure to Maternity Services to assist promoting referral to the cessation services • Continue to offer incentives to women to quit smoking through pregnancy and up to 16 weeks after their baby is born. • Follow up with support to women who choose not to set a quit date immediately, throughout their pregnancy and beyond. • Celebrate the success of women who have successfully quit through media stories.
Who's involved	WC Smokefree Services Coordinator, DHB Cessation Service, Oranga Hā – Tai Poutini, Lead Maternity Carers
Who's leading	WC Smokefree Services Coordinator.

5.2. Breastfeeding

CONTRIBUTING TO: SMOKEFREE INFANTS	
Proposed measures	Proportion of infants exclusively or fully breastfed at 3 months of age
Rationale	Mothers who breastfeed may be more motivated to remain Smokefree and breastfeeding adds another protective factor against Sudden Unexplained Death in Infancy (SUDI). While breastfeeding rates at discharge from hospital and at six weeks of age are often high for the West Coast, the longevity of breastfeeding is what mitigates the risk of obesity, poor dental health and chronic disease later in life, including respiratory disease.
Baseline	65% of all babies (56% for Māori) were breastfed at 3 months of age[9]
30 Jun 2021 target	70% of all babies, including 70% for Māori, are breastfed at 3 months of age
Activity	• Invest in local Hapū Wānanga (Kaupapa Māori antenatal education programme) that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. • Implement a system improvement for connecting children to health services (encompassing the Newborn Multi-Enrolment Form, capturing movement of families into and out of the district and identifying children in the region who are new to New Zealand), supporting families who are not engaging with health services (identifying the

[8] 2019 data via MoH QlikSense hub

[9] Well Child Tamariki Ora Quality Improvement Framework Indicator results September 2019

	service barrier and getting them back to their service provider) and referrals out to relevant service providers (e.g. Outreach Immunisation, WCTO, Public Health Nursing Service). • Report results of this measure to Maternity Services to assist promoting referral to the breastfeeding support service
Who's involved	Lead Maternity Carers, Poutini Waiora, West Coast PHO, Well Child Tamariki Ora providers, West Coast DHB
Who's leading	West Coast DHB

6. Youth Access to and Utilisation of Youth Appropriate Health Services

Outcome: Young people feel safe and supported by health services

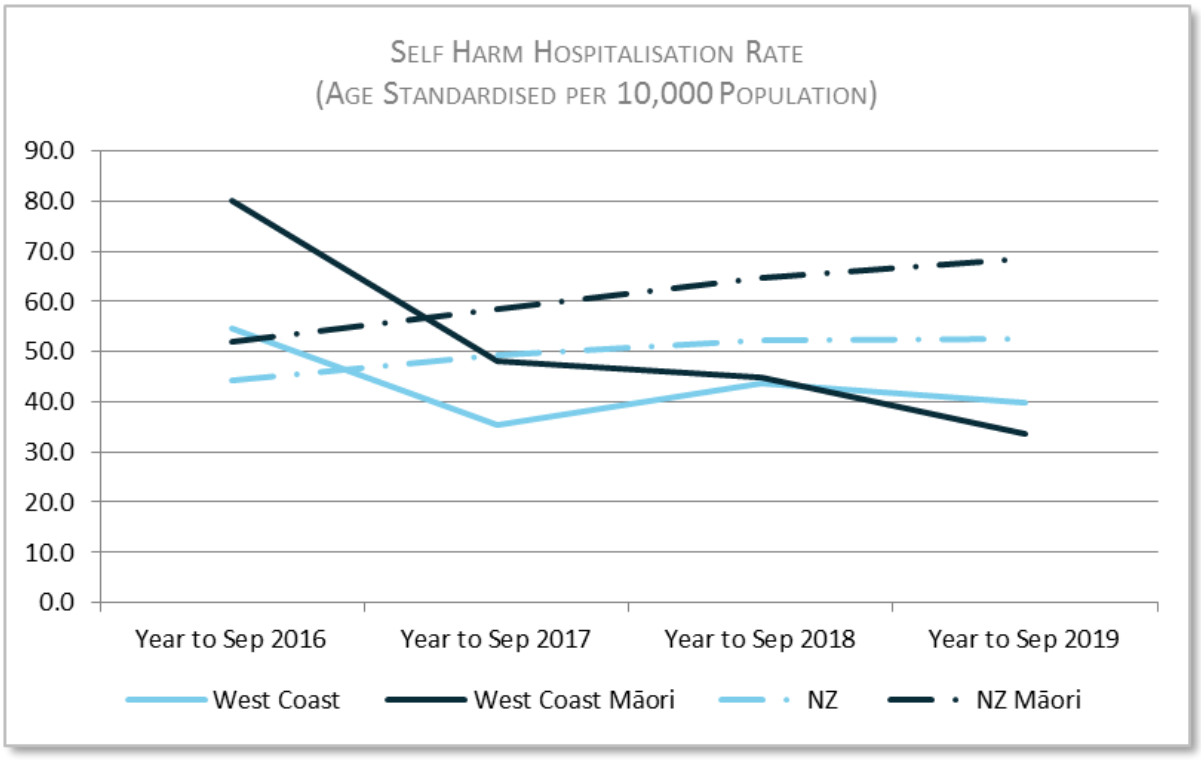
Intentional self-harm is an indicator of young people who are in distress and coping with that distress in an unhealthy way. It is often associated with low mood, depression, anxiety, wider family/peer group issues and events, stress, bullying, bereavement, relationship issues, trauma, intense or difficult feelings, or being in a group that self-harms.

Not all young people who self-harm and then present to an emergency service are admitted to hospital but admission rates do provide an indicator of the need. Some young people will present multiple times each year and have previously accessed support from community-based services. Around 49% of young patients who present to hospital for self-harm are treated only in the emergency department and are discharged home on the same day they are admitted.

BASELINE PERFORMANCE

The aged standardised hospitalisation rate for self-harm, per 10,000 population, for the West Coast DHB for the year ending September 2019 was 39.9 (total population) and 33.5 (Māori). West Coast rates are positive in comparison to national rates for both Māori and for our total population.

While this comparison to the national picture is encouraging, engagement with stakeholders locally indicates there continues to be a need to provide better support for young people experiencing mental distress. Noting this feedback and need to ensure that young people are appropriately supported during an acute presentation to the new Te Nikau Grey Hospital & Health Centre, the actions that follow are intended to drive an improved experience and access to mental health supports in an integrated system.



2020/21 MILESTONE

Maintain a downward trend for self-harm hospitalisations to a rate of 32 per 10,000 population and continue to ensure the equity gap between Māori and total population is either negligible or favourable to Māori.

6.1. Youth feel supported

CONTRIBUTING TO: YOUTH ACCESS TO AND UTILISATION OF YOUTH APPROPRIATE HEALTH SERVICES	
Proposed measures	A youth friendly pathway is in place for young people who make an unplanned presentation to the new Te Nikau Grey Health Centre with mental distress.
Rationale	During 2020/21 health services in Greymouth will become more integrated and co-locate in the new Te Nikau Grey Hospital & Health Centre. As part of this transition, it is important to be proactive and consider how patients experiencing mental distress will be received and directed to the most appropriate clinician for assessment and support. This is particularly true for young consumers who have consistently provided feedback both locally and nationally about the importance of services feeling welcoming and like they are "for young people".
Baseline	Current pathway directs most patients through emergency department triaging.
30 Jun 2021 target	A youth friendly pathway is in place for young people who make an unplanned presentation to the new Te Nikau Grey Health Centre with mental distress that ensures they receive support from the most appropriate clinician and in the most appropriate setting.
Activity	• Establish and embed patient flow pathways for all patients presenting acutely to Te Nikau Grey Health Centre • Review young consumers' feedback from the Primary Care Patient Experience Survey about walk-in appointments for opportunities to improve • Enhance our integrated approach to mental health and wellbeing with a successful bid for the next tranche of primary mental health and addiction support initiative funding • Identify actions to increase the responsiveness of suicide prevention activity for Māori and promote a 'by rangitahi for rangitahi' approach that is tikanga Māori and whānau centred.
Who's involved	WCDHB Mental Health services, West Coast PHO, General practice
Who's leading	West Coast DHB