

Maori Health

ACTION PLAN 2014/15



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Overview

The Plan

This plan describes West Coast District Health Board's priorities for Māori health for the 2014-2015 year. This plan aligns with the requirements of the New Zealand Public Health and Disability Act (2000) which directs District Health Boards (DHBs) to reduce disparities and improve health outcomes for Māori.

The format of this plan and the indicators listed within it follow the guidelines given in the 2014-2015 Operational Policy Framework provided by the Ministry of Health.

The West Coast Māori Health Plan 2014/2015 has been developed in partnership with the West Coast Primary Health Organisation, Tatau Pounamu (*Māori Relationship Board*), Poutini Waiora (*the sole Māori Health Provider*), and the West Coast Alliance.

Over the coming year we will continue to work closely with the West Coast Health Alliance to achieve the outcomes described in the Māori Health Plan. The West Coast Alliance has six workstreams (WS) that report through to the Alliance Leadership Team (ALT). These workstreams provide focus on key areas the Alliance wish to transform.

The six workstreams are; Health of Older Persons, Pharmacy, Child & Youth Health, Buller IFHS, Grey/Westland IFHS, and Public Health/Health Promotion. The ALT monitors the workstreams, provides system-level oversight, and works to ensure connectedness and a whole of system approach to alliance activities. In addition to the ALT, is the Alliance Support Group (ASG) who allocate resources, provide feedback to the workstreams, and advice to the ALT.

Health equity is prioritised within the Alliance Leadership Team, Alliance Support Group and each of the six workstreams through Equity reporting and key Māori representation throughout the West Coast Health Alliance and local committees.

Our 2013-2014 the Māori Health Action Plan has laid a solid foundation from which we will continue to build on in 2014-2015. In the past several years real gains have been made in improving Māori health:

- More Māori are enrolled with primary care. 93% of Māori are now enrolled with the West Coast Primary Health Organisation – up from 85% in 2011/2012.
- More Māori have had their cardiovascular (CVD) risk assessed. 59% of eligible Māori adults have had CVD risk assessment in the last five years in 2012/2013 – up from 57% in 2011/2012.

- More Māori are being supported to quit smoking. 98% of hospitalised Māori smokers were offered advice and help to quit in 2012/2013, up from 86% in 2011/2012.
- More Māori are accessing Cancer screening services with 69.4% of Māori women having been screened through the National Cervical Screening programme up from just 59% in 2011/2012.
- 88% of Māori have been screened through the Breastscreen Aotearoa programme in 2012/2013, above the National target of 75%.
- Māori Health Provider services have been reconfigured to align more closely to the Ministry's Better, Sooner, More Convenient Primary Health Care initiative and Whānau Ora strategy, including, Kaupapa Māori Services within Integrated Family Healthcare Centres.

Key areas have been identified where further investment is required to ensure that we are achieving the targets set and continuing to build on the momentum created in 2014/2015.

A key focus will be on Child and Youth Health. We will work closely with the Māori Health Provider to assist them to implement their Mana Tamariki – Mokopuna Mana Whānau o Te Tai Poutini project – a 4 year project funded through the Ministry of Health's Te Ao Auahatanga Hauora Māori 2013-2017 innovations fund. This pilot project will scope, develop and then implement a pilot that addresses the needs and aspirations of young Māori whānau on the West Coast who have or are about to have tamariki and mokopuna.

Additionally we will work closely with the Child & Youth Health Workstream to deliver the Māori components within their work plan. Disease prevention through prioritisation of Māori in the areas of smoking cessation, nutrition and physical activity will ensure new and innovative approaches to ensure Māori are accessing and effectively engaging with services.

We will continue to focus on improving the capacity and capability of the West Coast health system to provide appropriate, accessible and integrated health services for Māori on the West Coast.

This includes improving the responsiveness and effectiveness of mainstream service providers, reorienting and integrating Kaupapa Māori health services and delivering on the national Whānau Ora initiative.

Delivery on Whānau Ora will continue to be a priority. We will work to improve access and health outcomes for our population by supporting people working together to strengthen interconnectedness and the provision of seamless services between providers and sectors. We will work alongside providers to support the organisational transformation required for the delivery of a Whānau Ora integrated model that is clinically sound, culturally robust and most importantly empowers Whānau.

Baselines and Targets

All of the baseline data in this Action Plan (unless otherwise stated) has been calculated on either the full 2012/13 year, the Calendar 2013 year or the final quarter of the 2012/13 year, to align reporting with the West Coast Annual Plan. Graphs provide the most recent performance data in order to give the reader context as to current performance.

Abbreviations

ABC	An approach to smoking cessation requiring health staff to A sk, give B rief advice, and facilitate C essation support
AP	Annual Plan
ARF	Acute rheumatic fever
ASH	Ambulatory sensitive hospitalisation
BFHI	Baby friendly hospital initiative
WCDHB	West Coast District Health Board
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular Disease
CVDRA	Cardiovascular Disease Risk Assessment
DAR	Diabetes Annual Review

Performance Reporting

In addition to the presentation of quarterly performance results to Alliance Workstreams, the Māori Health Action Plan indicators will be disseminated to four key audiences.

Quarterly performance reports will be presented at the West Coast DHB's executive management meetings and will be reviewed by the Māori Relationship Board – Tatau Pounamu.

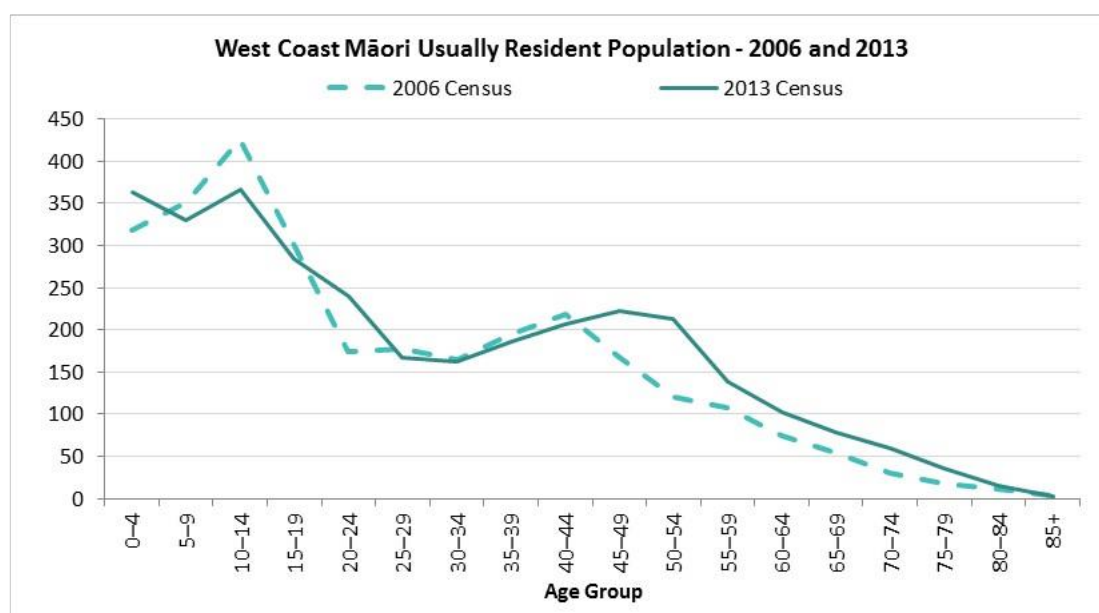
Results will be submitted to the West Coast DHB Board for review and discussion quarterly. Performance against the DHB's Māori Health Plan will be shared with the public and parliament through the Annual Report.

DHB	District Health Board
DMFT	Decayed, Missing or Filled teeth
DNA	Did not attend
ENT	Ear Nose and Throat
GM	General Manager
HbA1c	Glycated haemoglobin
IGT	Impaired Glucose Tolerance
IHD	Ischaemic heart disease
ISDR	Indirectly standardised discharge rate
MoH	Ministry of Health
NSU	National Screening Unit
WCPHO	West Coast Primary Health Organisation

Population Profile & Health Needs

Our Population

According to the 2013 Census, the West Coast DHB has a usually resident population of 32,145, of which 10.5% identified as Māori. This is a higher proportion of our population identifying as Māori than in the 2006 Census (9.7%). The proportion of our population identifying as Māori increased across all three West Coast territorial authorities.



Similar to the national Māori population, West Coast Māori have a younger population age structure. Almost half of West Coast Māori (42.2%) are under twenty years of age, compared to 22.9% of non-Māori population. In contrast, only 3.4% of Māori on the West Coast are aged 70 years and over compared to 11.2% of non-Māori.

Age Group:	0-9	10-19	20-39	40-69	70-79	80+
Māori	21.8%	20.4%	23.9%	30.1%	2.9%	0.5%
Non-Māori	11.8%	11.1%	20.9%	44.9%	7.3%	3.9%

Health Service Providers

Key health service providers in the DHB include;

- 3 public hospitals within the West Coast DHB,
- General Practice – 2 privately owned, 4 DHB owned,
- West Coast Primary Health Organisation,
- Poutini Waiora Trust Māori Health Provider,
- Multiple local and national non-profit and private health and social providers.

Iwi Within the WCDHB

Poutini Ngāi Tahu

Under section 9 of the Te Rūnanga O Ngāi Tahu Act 1996 the two Runanga who hold such status on the West Coast are Te Rūnaka O Ngati Waewae and Te Rūnanga O Makaawhio.

Te Rūnanga O Makaawhio

The takiwa (tribal area) of Te Rūnanga o Makaawhio centres on Mahitahi (Bruce Bay) and extends from the south bank of the Pouerua River to Piopiotahi (Milford Sound) and inland to the Main Divide. Te Rūnanga O Makaawhio have a shared interest with Te Rūnanga o Ngati Waewae in the area situated between the north bank of the Pouerua River and the south bank of the Hokitika River.

Te Rūnanga O Ngati Waewae

The takiwa (tribal area) of Te Rūnanga o Ngāti Waewae centres on Arahura and Hokitika. It extends from the north bank of the Hokitika River to Kahuraki and inland to the Main Divide. Te Rūnanga O Ngati Waewae have a shared interest with Te Rūnanga o Makaawhio in the area situated between the north bank of the Pouerua River and the south bank of the Hokitika River.

Tatau Pounamu Manawhenua Health Group

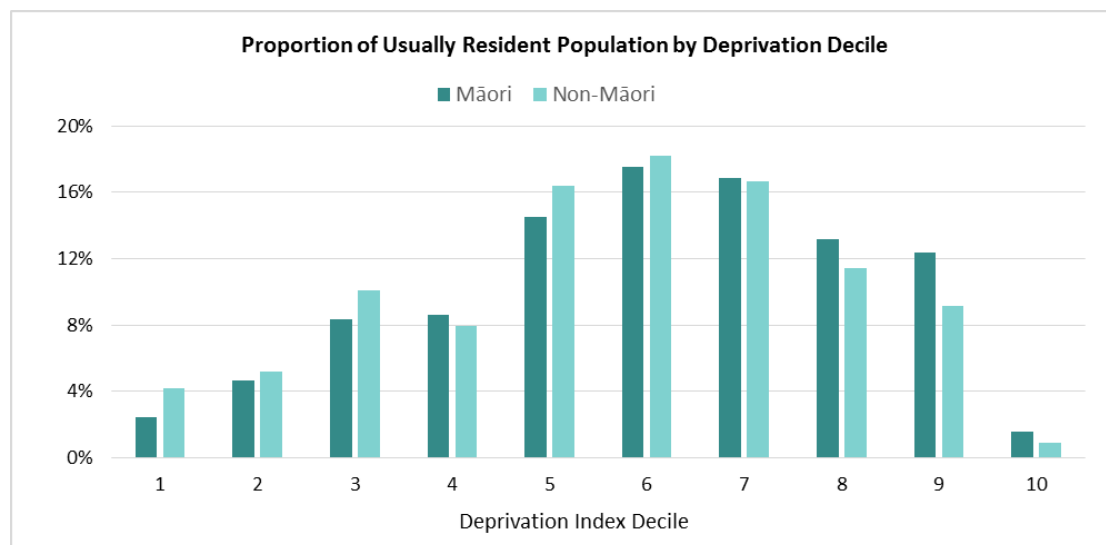
The West Coast District Health Board has Treaty-based relationships with Te Rūnanga o Ngāti Waewae and Te Rūnanga o Makaawhio. West Coast DHB support and regularly consult with Tāngata Whenua and the Māori community directly and through Tatau Pounamu, its manawhenua consultative group.

Population Growth Projections

The Māori population is predicted to continue to increase with the greatest change expected to occur in the elderly Maori population. However up to date predictions (based on the 2013 Census) are not due for release until December 2014.

Deprivation Distribution

West Coast Māori have a similar deprivation profile to the total West Coast population, in contrast to the national picture in which Māori have a more deprived profile. However, the West Coast population is relatively deprived overall, as defined by the New Zealand Deprivation Index 2013.



Leading Causes of Hospitalisations

Leading causes of hospitalisations for children 0-4 years by ethnicity, 2007-09

WCDHB			Nationally	
	Condition	Rank	Condition	Rank
Māori	Respiratory Infections	1	Respiratory Infections	1
	Disorders related to length of gestation & foetal growth	2	Persons encountering health services in other circumstances*	2
	Persons encountering health services in other circumstances*	3	Disorders related to length of gestation & foetal growth	3
	Gastro-oesophageal reflux disease	4	Gastro-oesophageal reflux disease	4
	Dental conditions	5	ENT Infections	5
Non-Māori	Respiratory Infections	1	Persons encountering health services in other circumstances	1
	Persons encountering health services in other circumstances	2	Respiratory Infections	2
	Gastro-oesophageal reflux disease	3	Disorders related to length of gestation & foetal growth	3
	Disorders related to length of gestation and foetal growth	4	Gastro-oesophageal reflux disease	4
	Respiratory & cardiovascular disorders specific to the perinatal period	5	ENT Infections	5

Note: ENT infections = ear, nose and throat infections. *Persons encountering health services in other circumstances (Z70-Z76) e.g. health supervision and care of other healthy infant and child.

Leading causes of avoidable hospitalisations, ethnicity, 0-74 years, 2007-09

WCDHB			Nationally	
	Condition	Rank	Condition	Rank
Māori	Respiratory Infections	1	Respiratory Infections	1
	Dental conditions	2	Dental conditions	2
	Asthma	3	Asthma	3
	ENT infections	4	ENT infections	4
	Diabetes	5	Angina	5
Non-Māori	Respiratory infections	1	Respiratory infections	1
	Gastroenteritis	2	Gastroenteritis	2
	Dental conditions	3	ENT infections	3
	Obstructed hernia	4	Dental conditions	4
	ENT infections	5	Angina	5

All-Cause Mortality, 1996-2004 (Source: New Zealand Health Information Service)

	WCDHB		Nationally	
	Māori	Non-Māori	Māori	Non-Māori
Mean annual rate per 100,000	410.0 (334.1-498.0)	236.6 (225.6-248.0)	475.8 (469.6-482.0)	201.3 (200.3-202.3)

Note: Small numbers prevent the calculation of an avoidable mortality rate for West Coast Māori females, and contribute to wide 95% confidence intervals around the rate for West Coast Māori males.

Primary Care – PHO Enrolment

Over the past six and a half years, enrolments in the West Coast PHO by Māori and Pacific Island people have grown by 52%, while those by people of all other ethnicities have grown 15%.

Enrolled population as at 30 June 2013

Total Enrolled	Māori	Māori % of Total
31,088	3,019	9.7%

Social Determinants of Health (Source: Statistics New Zealand)

The most recent determinants summary by ethnicity (from the 2013 Census) is not yet available the following is based on the 2006 Census.

	WCDHB		Nationally	
	Māori	Non-Māori	Māori	Non-Māori
Income more than \$50,000	4.6%	9.1%	5.9%	12.7%
Income less than \$20,000	29.3%	35.2%	27.7%	30.4%
Degree or higher qualification	1.9%	5.3%	4.1%	11.1%
No qualification	23.4%	25.5%	23.0%	17.6%
No access to telephone	20.7%	12.1%	23.3%	10.9%
No access to car	8.0%	4.6%	8.2%	4.7%
Home not owned	39.5%	23.9%	49.0%	29.9%
Income more than \$50,000	4.6%	9.1%	5.9%	12.7%

National Priorities

Data Quality

Objective	<p>Improved accuracy of ethnicity reporting in PHO registers.</p> <p>There is an ongoing need for high quality, standardised ethnicity data in the health sector. This data is essential for measuring, monitoring, and addressing health inequalities in Aotearoa/New Zealand. It is also important in developing policies and programmes that are responsive, relevant to, and in line with Māori priorities.</p>
Responsibility	West Coast DHB, West Coast PHO.

Outcome

Findings from the Ethnicity Data Audit Toolkit reviewed and improvements identified.

A plan agreed for the use of the audit tool over 3 years (13/14, 14/15, 15/16).

Action/Evidence

Q1-Q4: Undertake quarterly review of PHO ethnicity data reports and Māori enrolment data to ensure quality is maintained.

Q2: Distribute updated Māori Census data summaries and cross-referenced analysis sector-wide.

Q1-Q2: Support the PHO and general practice to implement the Primary Care Ethnicity Data Audit Toolkit (EDAT) to improve ethnicity data collection and quality.

Q3-Q4: Complete the EDAT Audit Process and introduce regular reporting using the EDAT tool (once implemented) to highlight issues and opportunities to improve data quality.

Q3: Discuss how the audit tool will be incorporated into the annual planning process with proposed activities and targets for inclusion in the 2014/15 MHPs.

Q4: Decreased percentage of PHO enrolled population with an ethnicity code of 'not stated'.

Access to Care

Objective	<p>More Māori are engaged in primary healthcare to ensure earlier intervention.</p> <p>Primary care is the point of continuity in health – providing services from disease prevention and management through to palliative care. Increasing PHO enrolment will improve access to primary care services that enable early intervention and reduce health disparities between Māori and non-Māori.</p>
Responsibility	West Coast DHB, West Coast PHO, Poutini Waioira.

Outcome

Increase the PHO enrolment rate for Māori.

Baseline 2012/13:

Māori : 93%

Total Population: 88%

Target: 95%

Note: PHO enrolment calculated from 2006 Census data will be updated this year against 2013 Census.

Note: The Newborn Services Enrolment form includes the National Immunisation Register, Well Child Tamariki Ora, General Practice, Breastfeeding Support Services and the Community Dental Service.

Action/Evidence

The West Coast has achieved high PHO enrolment rates for Māori compared with national figures and continues to increase Māori PHO enrolment at a faster rate than any other ethnicity.

Q1-Q4: Continue to review and compare PHO ethnicity data on a quarterly basis.

Q3-Q4: Support the general practice teams by providing cultural competency training to Practice staff to improve the levels of engagement with Māori.

Q1: Implement the Newborn Services Enrolment form in maternity services to ensure timely newborn enrolment with multiple health services.

Q3: Evaluation of Newborn Enrolment form.

Q4: 100% of newborns enrolled with a general practice by 6 weeks.

Avoidable Hospital Admission

Objective	<p>Maintain low rates of avoidable hospitalisation for Māori of all ages.</p> <p>By reducing risk factors and taking appropriate early intervention, many conditions can be prevented and/or managed without the need for hospital care. Keeping people well and out of hospital is a key priority as it is not only better for our population, but it frees up hospital resources for people who need more complex and urgent care.</p>
Responsibility	West Coast DHB, CCCN, Child and Youth Workstream, West Coast PHO, Grey/Westland & Buller IFHS Workstream, Poutini Waioara.

Outcome

A reduction in ambulatory sensitive (avoidable) hospital admissions for Māori (rate per 100,000 people):

Decrease in ASH rates for 0 – 4 years.

Baseline 2012/2013:

Māori: 197%
Total Population: 102%
Target: ≤101%

Decrease in ASH rates for 0-74 years.

Baseline 2012/2013:

Māori: 147%
Total Population: 87%
Target: <95%

Decrease in ASH rates for 45-64 years.

Baseline 2012/2013:

Māori: 166%
Total Population: 69%
Target: <95%

Note: These measures are based on the national performance indicator SI1 and cover hospitalisations for 26 identified conditions including asthma, diabetes, angina, vaccine-preventable diseases, dental conditions and gastroenteritis. It is defined as the standardised rate per 100,000 population, and the target is set to maintain performance at below 95% of the national rate. There is currently a definition issue with regards to the use of self-identified vs. prioritised ethnicity, while this has little impact on total population results it is having a significant impact on Māori results against this measure. The DHB is working with the Ministry to resolve this issue.

Action/Evidence

Work with the West Coast Primary Health Organisation and Poutini Waioara and through the Health of Older People and Child & Youth Health Workstreams to identify opportunities to reduce avoidable hospital admissions (ASH) for Māori.

Q1-Q4: Monitor and review ASH rates for the West Coast through the Health of Older People and Child and Youth Health Workstream.

Q1-Q2: Develop and implement an action plan to facilitate improved management of ASH conditions in primary care.

Q1-Q4: Maintain 100% coverage of under-sixes to access free after hours primary care and report quarterly on coverage.

Q1-Q4: Work collaboratively with the Well Child Tamariki Ora (WCTO) Quality Improvement Group to develop and implement a Quality Improvement Plan focused on improved access, outcomes and quality for Māori.

Q4: 86% of infants receive all WCTO core contacts in their first year of life.

Q4: 90% of Māori children and children living in high dep areas receive B4 School Checks (B4SC).

Q4: 100% of children referred following a B4SC are seen before their fifth birthday.

Q1-Q4: Poutini Waioara Tamariki Ora Nurse, mother and pēpi and Whānau ora kaimahi will work with the West Coast DHB and PHO to facilitate improved management of Māori tamariki who are admitted to hospital.

Q1-Q4: Work with primary care partners LMC's and hospital provider arm to encourage every pregnant woman to register with a GP.

Q1-Q4: Implement the recommendation from the West coast Oral Health Review to address ASH admissions for children and young people.

Q1-Q4: Work with the Clinical Complex Care team and Poutini Waioara to identify Māori referrals and pathways into service and remove access barriers.

Q1-Q2: Engage Poutini Waioara in Long Term Conditions Management Programme care planning to support Māori to better manage their conditions and prevent admission.

Q3-Q4: Utilise the LTCM programme enrolment information to increase the number of Māori enrolled in LTC programme and case managed by Kaupapa Māori Services.

Q2: Work with secondary care services to develop a clear pathway for post treatment support for Māori on admission to and discharge from hospital to ensure a care plan is in place and reduce the chance of readmission.

Q4: Implement processes to notify primary care practices of the hospital admission of their patients. System will also include notification to other health professional involved in that patients care e.g. CCCN, Poutini Waioara.

Q1-Q4: Monitor reduced acute admissions of vulnerable older people – with ethnicity data reported to the Older Person's Health Workstream.

Q1-Q4: Support development of community based falls prevention service to reduce the number of older Māori being admitted to hospital as a result of a fall.

Q4: Falls Prevention Programme in place.

Child Health

Objective	<p>Improve health amongst mothers and their babies by increasing the number of mothers who fully and exclusively breastfeed their baby to six months.</p> <p>Breastfeeding lays the foundation for a healthy life, contributing positively to infant wellbeing and potentially reducing the likelihood of obesity later in life. Although breastfeeding is natural, it sometimes doesn't come naturally so it's important that mothers have access to appropriate support and advice.</p>
Responsibility	Breastfeeding Interest Group, West Coast DHB, West Coast PHO, WCA Child & Youth Health Workstream, WCA Healthy West Coast Governance Workstream.

Outcome

An increase in the percentage of Tamariki breastfed

Age 6 weeks – Exclusively or fully breastfed.

Baseline 2012/2013:

Māori: 69%

Total Population: 61%

Target: 74%

Age 6 months – Exclusively, fully, or partially breastfed.

Baseline 2012/2013:

Māori: 57%

Total Population: 60%

Target: >59%

Note: This data represents Plunket Data only.

Note: The Breastfeeding Interest Group (BIG) is made up of consumers, DHB, Midwives, Lactation Consultants, GP representation and PHO Breastfeeding services

Action/Evidence

Through the West Coast Breastfeeding Interest Group, strengthen stakeholder alliances, undertake joint planning and promote available services to improve breastfeeding rates amongst Māori.

Q1-Q4: Monitor local breastfeeding data to identify issues, and to support future service planning.

Q1-Q2: Review current pregnancy/parenting programmes to ensure appropriate and responsive to the needs of Māori.

Q1-Q2: Develop strategies to improve attendance of Māori, Pacific Island and younger women at pregnancy /parenting programmes.

Q4: >30% of new mothers' access DHB-funded pregnancy /parenting courses.

Q1: Newborn Multiple Enrolment form implemented with all new Mothers receiving contact by an LMC within a day of discharge to establish additional support requirements with breastfeeding.

Q1-Q4: 100% of Māori mums at McBreaty are provided with an option to enrol with Poutini Waiora Mother and Pēpi service.

Q4: >75% of Māori babies exclusively breastfed on hospital discharge.

Q1-Q4: Provide access to the PHO free lactation consultants and specialist advice for mothers.

Q1: Work with the Breastfeeding Interest Group to reprioritise breastfeeding services and improve access for Māori.

Q1-Q4: Support 'Mum-4-Mum' training for peer support counsellors and work with the Poutini Waiora Mother & Pēpi Service to increase the number of Māori Mum-4-Mum counsellors.

Q1- Q4: Support Mana Tamariki - Mana Mokopuna, Mana Whānau o Te Tai Poutini project to address the needs of young Māori mothers.

Cardiovascular Disease (CVD)

Objective	<p>Improve early detection and support long-term condition management amongst Māori.</p> <p>Cardiovascular Disease (CVD) is the leading cause of death on the West Coast. West Coast Māori have a higher burden of cardiovascular disease than West Coast non-Māori. This includes higher mortality rates for all cardiovascular diseases and higher ischaemic heart disease hospitalisation rates. The Long Term Conditions Management (LTCM) programme is now well established within all of the general practice teams on the West Coast and provides a key opportunity to reduce inequalities for Māori through prevention, early intervention and condition management support.</p>
Responsibility	West Coast DHB, West Coast PHO, Poutini Waiora, WCA Complex Clinical Care Network.

Outcome

An increase in the percentage of the eligible Māori population who have had a CVD risk assessment in the past five years.

Baseline 12/13 Q4:

Māori:	59%
Total Population:	58%
Target 14/15:	90%

High-risk ACS patients accepted for coronary angiography receive an angiogram within 3 days of hospital admission.

Baseline 12/13:	New
Target 14/15:	70%

Patients presenting with ACS who undergo coronary angiogram are captured on the ANZAC QI Register within 30 days.

Baseline 12/13:	New
Target 14/15:	95%

Note: Poutini Waiora Maori Health Provider works in partnership with the West Coast PHO as a partner within the Integrated Family Health Service.

Action/Evidence

Continue to monitor and review CVD risk assessment rates quarterly against the national health target.

Q1-Q4: Support the PHO and general practice to ensure management of people with diabetes, CVD and other long term conditions is person/whānau centred through:

- Ongoing development and maintenance of clinical pathways to ensure appropriate and consistent access to services,
- Supporting Kaupapa Māori Nurses to work with Māori enrolled on the Long Term Conditions Management (LTCM) programme to develop Whānau Ora care plans with patients and whānau,
- Improved care coordination for Māori who have complex conditions by improving access for Māori to Complex Clinical Care Network and multi-disciplinary planning teams.

Q1-Q4: Support Poutini Waiora Kaupapa Māori Services work with Practice teams to identify and engage Māori with chronic conditions who are not supported in the LTCM programme.

Q4: More LTCM level 2/3 Māori have a named Case Manager.

Q1: Engage Poutini Waiora Māori and Kaupapa Māori teams in CCCN multi-disciplinary team meetings.

Q2-Q4: Poutini Waiora Kaupapa Māori teams develop Whānau Ora plans with Māori who have chronic conditions.

Q1-Q4: Kaupapa Māori Nurses from Poutini Waiora work with practice teams to assist with primary care recall and outreach services to improve outcomes for Māori with diabetes, CVD, chronic obstructive pulmonary disease, and other long term conditions.

Q1-Q2: Review the primary/secondary cardiology patient pathway to support an integrated approach to CVD management.

Q1-Q4: Work within the South Island Cardiac Alliance Workstream to align cardiac activity across the South Island.

Q1-Q4: Implement regionally agreed protocols and pathways for patients with Acute Coronary Syndrome to ensure prompt risk stratification, stabilisation and appropriate transfer.

Q1-Q4: Participate in the provision and collection of data for the national Cardiac (ANZACS QI) and Cath/PCI Registers to enable monitoring of intervention rates and quality of service delivery.

Q1-Q4: Monitor waiting times for West Coast patients and work with the regional provider on any issues identified.

Cancer

Objective	<p>Improve early detection and reduce the disease burden of cancer amongst Māori.</p> <p>Cancer is the second leading cause of death on the West Coast and a major driver of hospitalisation in New Zealand. While cancers attributable to tobacco smoking are expected to decline (with declining tobacco consumption), cancers related to poor diet, lack of physical activity and rising obesity levels are on the increase. While West Coast Māori have similar occurrence of cancers, they are 50% more likely to die than West Coast non-Māori. This suggests an area of unmet need for Māori and highlights the importance of cancer screening to ensure early detection and treatment.</p>
Responsibility	West Coast DHB, NCSP Service, Poutini Waiora, West Coast PHO, Breastscreen Aotearoa, Local Cancer Team.

Outcome

An increase in the percentage of Māori women aged 25-69 screened in the last three years under the National Cervical Screening Programme (NCSP).

Baseline 12/13:

Māori: 69.4%

Total Population: 77.9%

Target 14/15: 80%

An increase in the percentage of Māori women aged 45-69 screened in the last two years under the BreastScreen Aotearoa (BSA) programme.

Baseline 12/13:

Māori: 88%

Total Population: 81%

Target 14/15: >75%

Note: Data supplied by Breastscreen Aotearoa by Ethnicity for 24 months to 30 Nov 2013.

Action/Evidence

Through the Cervical Screening Clinical Nurse Manager and Breastscreen Aotearoa South, continue to focus on strengthening the pathway between DHB Māori Cervical Screening Nurse, Poutini Waiora and PHO practices with a special focus on screening wahine Māori as a high priority group.

Through the Local Cancer Team and Southern Cancer Network strengthen stakeholder alliances, review pathways and ensure equitable access to cancer treatment is prioritised.

Q1-Q4: Six monthly review of cervical and breast screening targets.

Q1-Q4: Poutini Waiora kaimahi will work with DHB outreach cervical screening services to deliver clinics that target hard to reach Māori women.

Q4: 4 clinics delivered.

Q1-Q4: The Māori Cervical Screener will work with the Poutini Waiora Kaupapa Māori Nurses and Kaiarataki to engage high needs hard to reach wahine Māori.

Q1-Q4: Overdue priority women lists will be forwarded from the practices to the Māori Cervical Screening service or Poutini Waiora service to assist with primary care recall and access to services for those most hard to reach.

Q2-Q3: Identify opportunities to share lessons learnt between the Cervical and Breast Screening Teams on the Coast and with other DHBs around the country to improve engagement rates for Māori women in screening programmes.

Q1-Q4: Work with the regional Breastscreen Aotearoa Co-ordinator to continue to ensure support services are engaged and co-ordinated effectively for Māori.

Q1-Q4: Work with the regional Co-ordinator to ensure equitable access to services for rural isolated women.

Q1-Q4: High suspicion of cancer and faster cancer treatment reporting will provide accurate ethnicity reporting of cancer diagnosed patients.

Q1-Q4: The Cancer Nurse Coordinator will work with Poutini Waiora Kaupapa Māori services to develop a combined care plan for Māori newly diagnosed with cancer.

Q1-Q2: Host a hui for Māori to promote wellness, survivorship and promote awareness of signs and symptoms.

Smoking

Objective	<p>Reduce the prevalence of smoking and smoking related harm amongst Māori</p> <p>The 2013 Census showed that 19.6% of West Coast residents were regular smokers, compared to 14.4% of New Zealand as a whole. Amongst West Coast Māori, 32.4% of the population were regular smokers. The negative health outcomes associated with risk factors such as tobacco smoking place considerable pressure on our health system. Smoking is also a substantial contributor to socio-economically based health inequalities.</p>
Responsibility	West Coast DHB, West Coast PHO, WCA Healthy West Coast Governance Group, Community and Public Health, Poutini Waiora, West Coast Tobacco Free Coalition.

Outcome

An increased percentage of current Māori smokers enrolled in a PHO provided with advice and help to quit.

Baseline 12/13 Q4:

Māori: 56%

Total Population: 55%

Target 14/15: 90%

An increased percentage of hospitalised Māori smokers are provided with advice and help to quit.

Baseline 12/13 Q4:

Māori: 98%

Total Population: 95%

Target 14/15: 95%

An increased proportion of total smoking cessation enrolments are Maori.

Baseline 12/13: Māori 12%

Target: 14/15: >12%

Action/Evidence

Q1-Q4: Support the development of practice specific smokefree policies to ensure the primary care health target is owned within practices and to increase delivery of ABC.

Q1: Health Target Champions identified through primary care.

Q1-Q4: The PHO Smokefree Co-ordinator will share lists of uncoded patients (no current smoking status recorded) with Poutini Waiora Kaimahi for targeted follow up of Māori.

Q1-Q4: Continued circulation of monthly performance bulletins at practice level, including relevant and current research to monitor progress and engage practice staff in delivery of ABC.

Q1-Q4: Hospital Kaiawhina deliver ABC to all Māori patients and engage with the Smokefree Services Co-ordinator and Charge Nurses to investigate 'missed patients'.

Q1-Q4: Maintain monthly performance monitoring and follow-up by Charge Nurse Managers to improve practice and systems.

Q3: Review existing systems/processes to identify opportunities to strengthen practises to sustain target performance. Consider staff cultural training where ABC for Māori is low.

Q4: >80 staff attend training Q4.

Contribute to the work of the West Coast Tobacco Free Coalition to ensure an integrated and systematic approach towards Smokefree Aotearoa by 2025. Work closely with the Healthy West Coast Workstream to regularly monitor progress against targets.

Q2: West Coast Tobacco Control Plan Updated.

Q1: Māori smoking cessation is prioritised through the Healthy West Coast Alliance Workstream and a plan developed to improve Māori access across all services.

Q1: Provide ongoing support via Smokefree Services Coordinator, DHB Smoking Cessation Service and Aukati Kaipapa to identify cessation pathways and support Māori who smoke.

Q1-Q4: 90% of pregnant Māori women (who identify as smokers at confirmation of pregnancy in general practice or booking with an LMC) will be offered advice or support to quit smoking.

Q1-Q4: Work with Poutini Waiora to support direct referral to Coast Quit and the Aukati Kaipapa cessation service to increase clients referred to cessation services.

Q4: 100 Māori enrol in the Aukati Kaipapa cessation programme and increased % of those Māori enrolled in Aukati Kaipapa programme with validated abstinence at 3 months.

Immunisation

Objective	<p>Increase immunisation amongst vulnerable Māori population groups to reduce the prevalence and impact of vaccine pre-preventable diseases.</p> <p>Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups. While the West Coast has high immunisation rates for both Māori and non-Māori, these high rates must be maintained or improved in order to prevent or reduce the impact of preventable diseases.</p>
Responsibility	West Coast DHB, WCA Health of Older Persons Workstream, Immunisation Advisory Group, West Coast PHO, Poutini Waiora.

Outcome

An increase in the percentage of eight-month olds who are fully immunised.

Baseline 12/13 Q4:

Māori:	100%
Total Population:	93%
Target 14/15:	>95%

An increase in the percentage of the eligible population (aged 65+) who have had a seasonal influenza vaccination.

Baseline 12/13:

Māori:	61%
Total Population:	61%
Target 14/15:	75%

Action/Evidence

Through the West Coast Immunisation Advisory Group review systems for seamless handover between maternity, general practice and Well Child services. Support timely multiple enrolments of newborns on the National Immunisation Register (NIR) and with a general practice and WCTO provider.

Q1- Q4: Monitor immunisation rates and support general practice and outreach coordinators to identify areas of underperformance for improved delivery.

Q2: Provide practice-level and PHO level coverage reports to identify and address gaps in coverage.

Q1-Q4: Link maternity, general practice and Kaupapa Māori Provider services to support enrolment of newborn Tamariki with general practice and locate and enrol hard to reach children.

Q4: 95% of newborn babies are enrolled on the NIR at birth.

Q1-Q4: Monitor newborn enrolment processes and develop systems for seamless handover of mother and child as they move from maternity care services to general practice and WCTO services.

Focus Outreach Immunisation Services on locating and vaccinating hard to reach children and reducing inequalities for tamariki Māori.

Q1-Q4: Practice teams refer Tamariki to Kaupapa Māori services.

Q1-Q4: Promote and provide free seasonal flu vaccinations for Māori with chronic conditions, pregnant wāhine and Māori 65+.

Q4: Support the PHO to report and monitor flu vaccination rates for people aged 65+ by ethnicity to focus on uptake by Māori.

Q4: Work with practice teams and health promotion teams to increase uptake by Māori of the seasonal influenza vaccination targeting 65+.

Q4: 3 Outreach clinics targeting Māori 65+ will be hosted by Poutini Waiora and the West Coast PHO.

Oral Health

Objective	<p>Improve oral health for Tamariki and Rangatahi.</p> <p>Regular dental care has lifelong health benefits. It also indicates early contact with effective health promotion and reduced risk factors, such as poor diet. Tamariki Māori are three times more likely to have decayed, missing or filled teeth. Oral health therefore presents an opportunity to reduce inequalities and better target those most in need.</p>
Responsibility	West Coast DHB, West coast PHO, Community & Public health, Poutini Waioara, Child and Youth Health Workstream.

Outcome

Improve the number of pre-school Māori enrolled in DHB funded dental services.

Baseline 12/13:

Māori: 66.4%

Total Population: 85%

Target: 90%

Action/Evidence

Through implementation of the Oral Health Review, working alongside health promotion agencies, and the West Coast DHB Dental Service we will continue to improve oral health enrolments, timeliness of examinations and ensure robust systems are in place for those who require further assessment or treatment.

Q1-Q4: Implement the Oral Health Review findings.

Q1-Q4: Nutritional and Oral health promotional activities delivered to Māori.

Q1: West Coast DHB Dental Services will provide education and information on 'Lift the Lip' to Poutini Waioara Kaimahi.

Q4: 86% of children with a 'Lift the Lip' score of 2-6 are referred to specialist services as part of the B4SC.

Q1-Q4: West Coast DHB dental services will provide enrolment packs for all ages to Poutini Waioara Kaimahi and identify clear pathways into the service.

Q1: West Coast DHB Dental Services and Poutini Waioara will introduce the level one mobile screening unit into community settings to ensure that barriers are removed for pre-schoolers to attend appointments.

Rheumatic Fever

Objective	<p>Reduce rheumatic fever rates in the South Island.</p> <p>In a small number of people, an untreated Group A streptococcal sore throat develops into rheumatic fever, where their heart, joints, brain and skin become inflamed and swollen. This inflammation can cause rheumatic heart disease, where there is scarring of the heart valves. This may require heart valve replacement surgery, and in some cases, premature death may result. Māori children and young people are more likely to get rheumatic fever. Raising awareness and supporting people to manage their illness can improve outcomes for Māori.</p>
Responsibility	South Island Regional Alliance, Community and Public Health.

Outcome

Maintain low rates of rheumatic fever in the South Island.

Baseline 12/13: 0.7 per 100,000
Target 14/15: <0.3 per 100,000¹

Action/Evidence

Q1-Q4: Support the implementation of a South Island Regional Rheumatic Fever Prevention and Management Plan through the South Island Public Health Workstream.

¹ Because of the very low numbers of rheumatic fever cases, South Island DHBs do not have individual rheumatic fever targets. Instead, the South Island DHBs are taking a regional approach, outlined in the South Island Regional Health Services Plan.

Mental Health

Objective	Improve health outcomes for the Māori population by assisting services to enhance service quality and responsiveness.
Responsibility	West Coast DHB, West Coast PHO, Poutini Waiora, Child and Youth Workstream, Suicide Action Group.

Outcome

Establish an understanding of the drivers behind CTO rates.

Baseline 12/13:

	Number of clients under 29	Rate per 100,000 population
Māori	5	147
Non-Māori	31	105

Action/Evidence

Through the Child and Youth Health Workstream and by implementing the outcomes of the Mental Health review we will review Māori youth access and uptake of primary mental health services for Rangatahi.

- Q1-Q4:** Implement the Prime Minister's Youth Mental Health Project.
- Q3:** Review and localise HealthPathways including youth mental health and youth sexual health pathways.
- Q3:** Specific services to Rangatahi Māori pathway links developed.
- Q1-Q4:** Implement recommendations from the West Coast Mental Health Review.
- Q2-Q3:** Work with primary care providers to strengthen their responsiveness to youth.
- Q3:** Develop an integrated and responsive stepped care model to improve engagement rates for Māori earlier in the continuum for youth mental health services (Child and Youth Health Workstream).
- Q3:** Review utilisation rates for Māori to primary care mental health.
- Q3:** Review tāngata whaiora pathways through specialist mental health and alcohol and drug services; identify areas where pathways can be strengthened.
- Q1-Q3:** Work with specialist mental health services to better understand the differences between Māori and non-Māori Community Treatment Order rates.

Local Priorities

Disease Prevention

Objective	<p>To reduce the risk factors of long term conditions by improving nutrition, increasing physical activity and reducing obesity.</p> <p>The World Health Organisation estimates that more than 70% of healthcare funds are spent on long-term conditions. Many long-term conditions share common risk factors and are preventable; smoking, inactivity, poor nutrition and rising obesity rates are major contributors to an increase in long term conditions.</p>
Responsibility	West Coast DHB, West Coast PHO, Poutini Waioira, Community Public Health, Health West Coast Governance Group.

Outcome

Regular reporting on activity to Healthy West Coast Workstream.

Action/Evidence

Through the promotion of healthy lifestyles, including nutrition and increased physical activity, we will increase awareness of physical activity opportunities in the community.

Q1-Q4: Collaborate in joint planning with the Healthy West Coast Governance Group to coordinate public health services, create health-promoting environments and improve outcomes for Māori.

Q1-Q4: An increase in the proportion of Green Prescription referrals for Māori.

Q1-Q4: A measurable improvement in quality of life measures for Māori receiving intensive support through the Te Whare Oranga Pai programme.

Q1-Q4: Increased proportion of Māori participating in Appetite for Life.

Q1-Q4: Increased proportion of Māori referred to dietetic services.

DNA Rates

Objective	<p>A measureable reduction in Did-Not Attend (DNA) rate for outpatient appointments.</p> <p>Despite higher incidence and higher morbidity for a range of conditions data would suggest that Māori do not access secondary elective services at a level proportional to need. Māori have significantly higher DNA rates in comparison to the non-Māori population.</p>
Responsibility	West Coast DHB, Poutini Waioira.

Outcome

A reduction in Did-Not-Attend (DNA) rates for Māori attending Outpatient clinics.

Baseline 12/13:

Māori: 14%

Total Population: 8.2%

Target 14/15: <14%

Action/Evidence

Q1-Q4: Refine data collection systems to provide monthly DNA reports by ethnicity, service and location.

Q1-Q4: Tailor specific interventions to lower DNA rates for Māori.

Q1-Q4: Establish processes and protocols to follow up Māori who did not attend clinics.

Q1-Q4: Identify integrated approaches to supporting high risk patients attend outpatient appointments.

Q1-Q4: Approach Māori providers to discuss how they and their Kaimahi can assist with reducing DNA rates amongst clients.

Q1-Q4: Monthly tracking of Māori DNA across all outpatient clinics.

Appendix 1 – West Coast Health Alliance Structure

West Coast Alliance Structure Diagram

Our goal

To provide increasingly integrated and coordinated health services through clinically-led services development and implementation, within a 'best for patient, best for system' framework.

Advisory Groups

Reference Groups

*e.g. Maori, Local,
Diabetes Team*

External consultants

*e.g. Legal, change
management,
policy expertise*

Alliance Leadership Team ALT

Selected to lead our alliance and the work that falls within the agreed scope of alliance activities.

- Provide system-level oversight, monitoring of workstreams and ensuring connectedness and a whole of system approach by alliance activities.
- Provide a range of competencies/expertise required to support the alliance to achieve its objectives.

- Medical Primary & Secondary
- Nursing Primary & Secondary
- Allied Health
- Public Health
- Maori Health
- Mental Health
- DHB Planning & Funding

Alliance Support Group ASG

Facilitates, administers & supports the workstreams and leadership team (the 'glue').

- Provide feedback to workstreams and advice to ALT, as well as to their own organisations.
- Allocate resources to operationalise/implement priorities (i.e. Who will do what, how will the costs be managed?)

- WCDHB Programme Director
- GM Grey/Westland
- GM Buller
- PHO Executive Officer
- Te Kaihautu Poutini Waiora
- Alliance Programme Coordinator

Programme Office

- Alliance Programme Coordinator
- Project Managers

Workstreams

Propose transformational service improvement, identify areas requiring redesign and innovation.

- Report regularly to ALT
- Feed into annual planning around deliverables

Buller IFHS *Integrated Family Health Service*

Health of Older People

Pharmacy

Mental Health

Child & Youth Health

Public Health/Health Promotion

Grey | Westland IFHS *Integrated Family Health Service*

MĀORI HEALTH PLAN

Produced July 2014

West Coast District Health Board

P O Box 387, Greymouth

www.westcoastdhb.health.nz

ISSN 2324-3899 (Print)

ISSN 2324-3902 (Online)