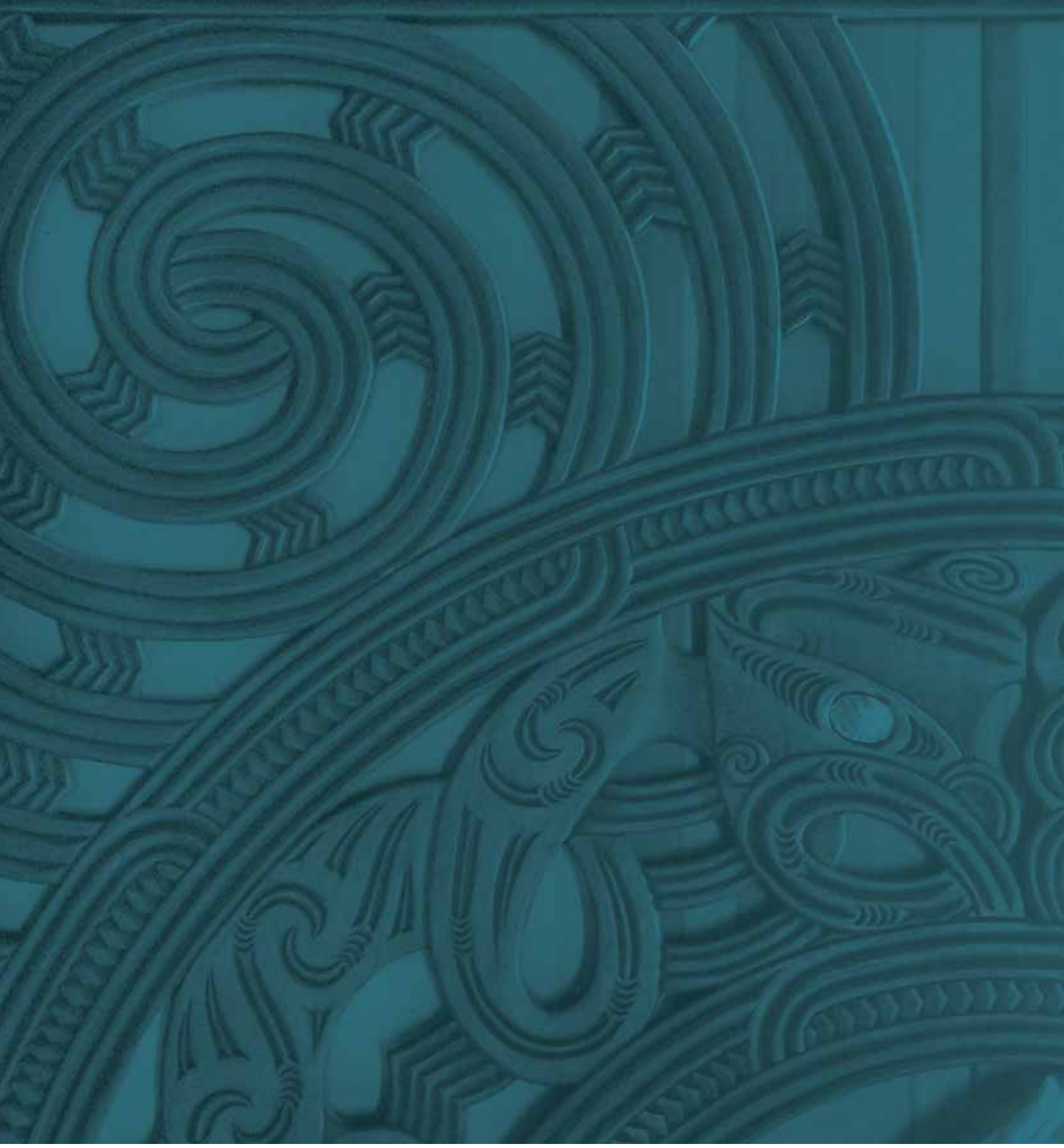

Māori Health

ACTION PLAN 2015/16

THE WEST COAST HEALTH SYSTEM
– supporting you to be well

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

POUTINI
WAIORA

Tatau Pounamu
Ki Te Tai o Poutini

West Coast
Te Tai o Poutini
Primary Health

Foreword

MIHI

Ka tangi te manu tiori

Ka tangi te ngakau tangata

No reira, tenei te mihi

Kia koutou kia ora ra

Like the chant of the bird crying out

The hearts of the people cry out

And so this is the wish

"May you have a healthy happy life".

TE TIMATA

E ngā reo, e ngā mana, tēnā koutou katoa

Nga mate, nga aitua o koutou, ara, o matou ka tangihia e tatou i tēnei wa.

Haere haere haere.

Karanga mai ki a matou e whai nei i nga taonga o nga tipuna.

He mihi whānui tēnei ki a koutou e awhi nei i tēnei kaupapa.

He putanga tēnei mahi na koutou.

No reira, e rau rangatira ma

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

It is the intention of this Māori Health Action Plan to map clear and defined pathways that enable accessible and appropriate health services for all Māori who live on Te Tai Poutini. This 2015/2016 Plan will continue to build on the progress made against the key objectives within last year's Māori Health Action Plan and set the direction for Māori health for the coming year. This Plan incorporates national and local strategic direction, adopting pathways and kaupapa of He korowai Oranga.

The overall aim being:

- Pae Ora, Māori health horizons;
- Wai Ora, Healthy environments; and
- Whānau Ora, Healthy families and Mauri Ora Healthy lives.

The New Zealand Māori Health Strategy 2002, is the national strategy that outlines Māori health priorities and Government direction for Māori health. The targets and actions in this Plan are aligned with the national framework and highlights our commitment to a number of national priorities including improved performance for Māori against the national health targets. Whanau ora is a key component of the West Coast Māori Health Plan / Te Kaupapa Hauora Māori o Te Poari Hauora a Rohe o Tai Poutini 2015/2016 which, in line with the vision for the West Coast health system seeks to put the patient and their whānau at the centre of everything that we do.

It is a responsibility of the West Coast District Health Board (DHB) to advocate for those who are most disadvantaged in terms of their ability to adequately access health services and enjoy equitable health outcomes. The West Coast DHB will continue to challenge its own performance in relation to Māori health, and also that of its providers. An acceptance of the significant role that socio-economic and cultural determinants have in relation to health status and outcomes is essential, as is a commitment by leaders across the West Coast health system to advocate for Māori health improvement.

The West Coast DHB has a Memorandum of Understanding in place with Te Runanga o Maakawhio and Te Runanga o Ngāti Waewae who have endorsed the content of this Māori Action Plan and will be key partners in delivery health gains for Māori. The formation of Tatau Pounamu as the West Coast's Māori Health Advisory Committee is a key achievement and ensures that Māori have participation and involvement in the decision making and strategic planning processes that determine priorities for improve Māori health.

Together with the DHB, the West Coast Primary Care Organisation (PHO) and Poutini Waiora (as the West Coast's Māori health provider) also have a critical role to play in achieving Māori health gain and through the West Coast Alliance are involved in the development and delivery of this Plan for 2015/16.

Quarterly performance results against the indicators in this Māori Health Action Plan will be disseminated to key audiences including Tatau Pounamu, the West Coast Alliance Leadership Board and the West Coast DHB's Board and advisory committees. This will allow for the monitoring of progress against the Plan and motivate continued engagement in delivery against the key measures. Performance will also be presented in the DHB's Annual Report at the end of the year.

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Introduction

PRIORITIES

This plan describes the West Coast District Health Board's priorities for Māori health for the 2015-2016 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 and expectations provided by the Ministry of Health. Our Plan also draws principles from the national Māori Health Strategy He Korowai Oranga and its overarching aim of "Pae ora – healthy futures" is reflected in our Plan and in the key strategic goals of the West Coast health system.

The West Coast Māori Health Plan 2015/2016 has been developed in partnership with the West Coast Primary Health Organisation, Tatau Pounamu (Māori Relationship Board), Poutini Waiora (the West Coast's Māori Health Provider), and the West Coast Alliance.

WORKSTREAMS

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 that report through to the Alliance Leadership Team (ALT). These workstreams provide focus on key areas of transformation for the West Coast.

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. Regular updates on performance and the progress of key initiatives is also provided to Tatau Pounamu and the DHB's Board and Sub-Committees.

EQUITY

Health equity is prioritised within the Alliance and each of the workstreams through equity reporting and key Māori representation across the workstreams and local committees and project groups.

Some real gains have been made for Māori health in the past four years and our Māori Health Action Plans have laid a solid foundation from which we will continue to build in the coming year:

- More Māori are enrolled with primary care. 92% 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. 77% of eligible Māori adults have had CVD risk assessment in the last five years in 2013/2014 – up from 57% in 2011/2012.
- More Māori are being supported to quit smoking. 87% of hospitalised Māori smokers were offered advice and help to quit in 2013/2014, up from 86% in 2011/2012.
- More Māori are accessing Cancer screening services with 73% of Māori women having been screened through the National Cervical Screening programme up from just 59% in 2011/2012.
- 77% of Māori have been screened through the Breastscreen Aotearoa programme in 2013/2014, above the National target of 70%.

CHILD & YOUTH HEALTH

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 continue to work closely with Poutini Waiora to assist them to implement their Mana Tamariki Mokopuna Mana Whānau o Te Tai Poutini project – a 4 year project funded by the Ministry's Te Ao Auahatanga Hauora Māori 2013-2017 innovations fund.

We will continue to work closely with the Child & Youth Alliance Workstream to deliver the Māori components within their work plan. We will focus on disease prevention through prioritisation of Māori in the areas of smoking cessation, nutrition and physical activity, ensuring Māori are accessing and effectively engaging with services.

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

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

WHĀNAU ORA

Delivery on the national Whānau Ora expectations will continue to be a priority. We will work with the collectives to improve access and health outcomes for our population; 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 empowers Whānau. Additionally we will work in partnership with the Whanau ora Commissioning Agency for Te Waipounamu - Te Putahitanga to foster opportunities for Whanau ora on Te Tai Poutini.

BASELINES AND TARGETS

All of the baseline data in this Action Plan (unless otherwise stated) has been calculated on the full 2013/14 financial year, the 2014 calendar year or the final quarter of the 2013/14 year, to align reporting with the West Coast Annual Plan. Graphs provide trends and the most recent data in order to give the reader context as to current performance.

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 also be shared with the public and parliament through the West Coast DHB's Annual Report.

As Dashboard has been developed to support reporting against the Māori Health Action Plan this is attached as Appendix 2.

ABBREVIATIONS

ABC	An approach to smoking cessation requiring health staff to Ask, give Brief advice, and facilitate Cessation support
ALT	Alliance Leadership Team
ARF	Acute rheumatic fever
ASH	Ambulatory sensitive hospitalisation
BFHI	Baby friendly hospital initiative
WCDHB	West Coast District Health Board
CCCN	Complex Clinical Care Network
COPD	Chronic obstructive pulmonary disease
CTO	Compulsory Treatment Order
CVD	Cardiovascular Disease
CVDRA	Cardiovascular Disease Risk Assessment
DAR	Diabetes Annual Review
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
IFHC/S	Integrated Family Health Centre/Service
IGT	Impaired Glucose Tolerance
IHD	Ischaemic heart disease
ISDR	Indirectly standardised discharge rate
LMC	Lead Maternity Carer
LTCM	Long-term Care Management
MoH	Ministry of Health
NSU	National Screening Unit
SLA	Service Level Alliance
WCPHO	West Coast Primary Health Organisation

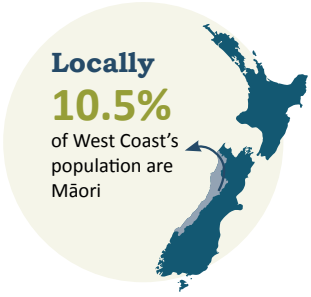
West Coast DHB's MĀORI POPULATION

The graphs and figures on these pages present key data from the 2013 Census.

Socioeconomic deprivation, employment, income, qualifications, home ownership, household crowding, and cigarette smoking all affect people's health and are often referred to as 'broader determinants of health'. Collectively, these determinants have a greater impact on the health of a population than the health system itself.

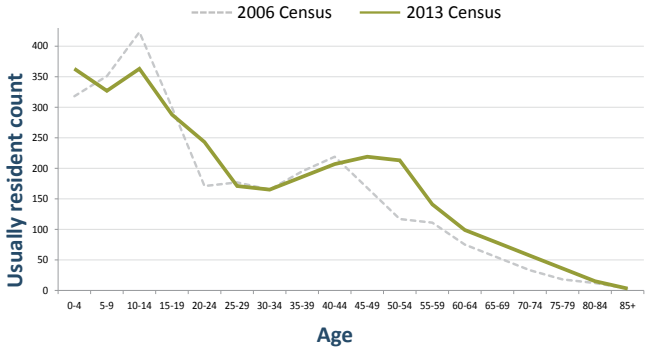
Māori generally have poorer health status than non-Māori. This health inequity can be partly attributed to the differences in access or exposure to the broader determinants of health illustrated in this document. Monitoring these differences is the first step towards addressing them.

West Coast DHB has a Māori Health Action Plan and a Public Health Plan, which are companion documents to the Annual Plan. These documents set out key actions and performance measures to improve population health and reduce inequities, including work to influence the broader determinants of health.

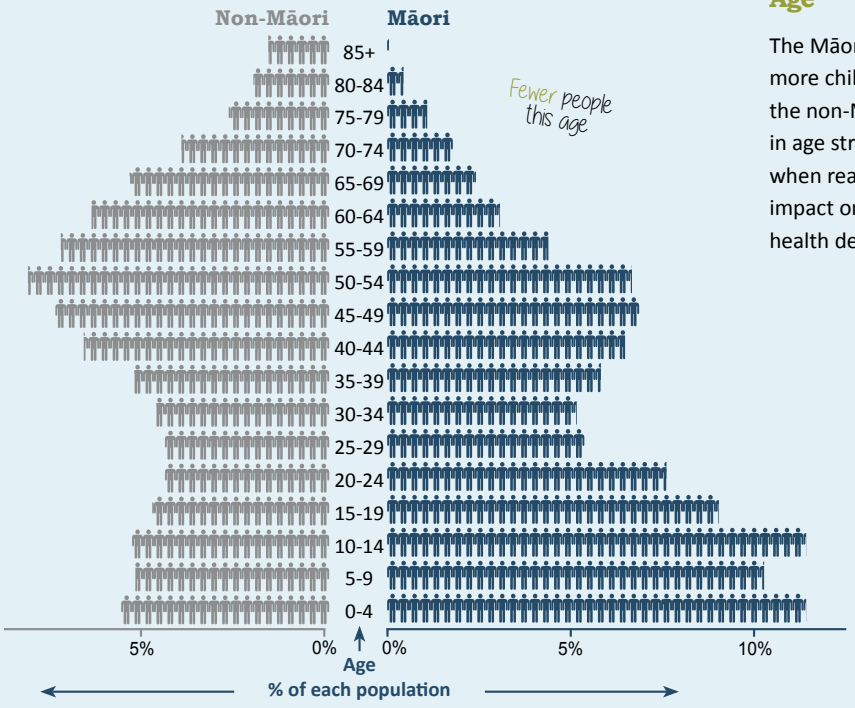


West Coast DHB Māori usually resident count

2006 & 2013



West Coast DHB population age structure



Age

The Māori population has proportionately more children and fewer older people than the non-Māori population. This difference in age structure needs to be considered when reading this document, as age has an impact on population-based measures of health determinants.

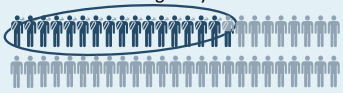
West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

West Coast DHB's MĀORI POPULATION

Smoking

Smoking is the single biggest preventable cause of illness and death in New Zealand. While rates are slowly decreasing, there is a long way to go before New Zealand achieves the 2025 smoke free goal (less than 5% smokers).

34.2%
of Māori smoke regularly [1]



Māori

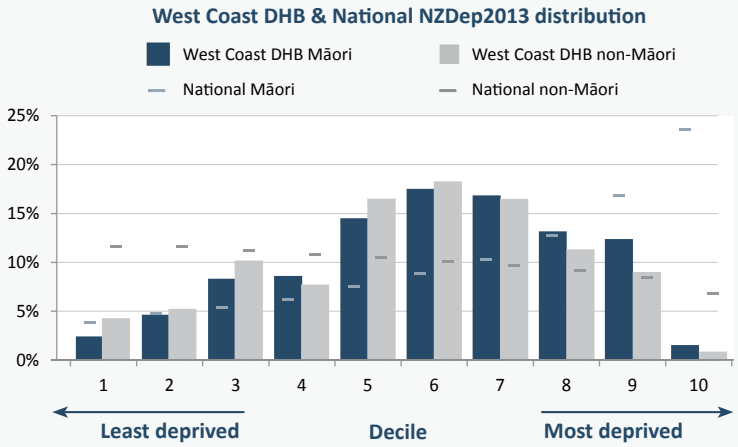
19.2%
of non-Māori smoke regularly [1]

Non-Māori

Nationally, 32.7% of Māori and 12.6% of non-Māori smoke regularly [1]

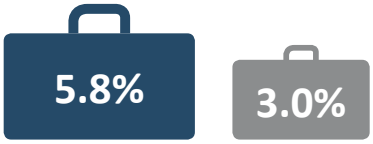
Deprivation

Māori are more likely to live in deprived [3] areas than non-Māori. 61.5% of West Coast Māori live in deciles 6-10 compared to 56.0% of West Coast non-Māori.



Unemployment

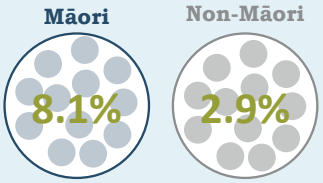
The Māori unemployment rate is nearly two times that of non-Māori.[1]



Nationally, the unemployment rate for Māori is 10.4% and for non-Māori is 4.0% [1]

Household crowding

Living in a crowded house is proven to increase the risk of catching and spreading serious infectious diseases.[4]

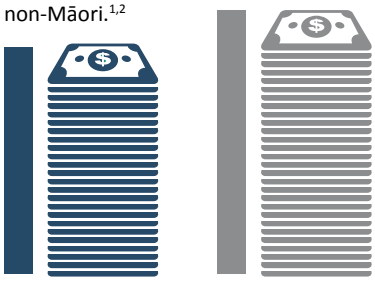


Māori are nearly three times as likely to live in a crowded house.

Nationally, 20.0% of Māori and 7.9% of non-Māori live in crowded homes

Income

Median income for Māori is several thousand dollars less than for non-Māori.[1,2]



$23,500 **$27,300**

Nationally, median income for Māori is $22,500 and for non-Māori is $29,400 [1,2]

School qualifications

36.4%
of Māori have a Level 3 Certificate at school or above [5]

Māori

44.7%
of non-Māori have a Level 3 Certificate at school or above [5]

Non-Māori

Nationally, 41.6% of Māori and 61.4% of non-Māori have a Level 3 certificate or above [5]

39.6%
Māori

59.9%
Non-Māori

Home ownership

Rates of home ownership have been falling in NZ since 1991. Māori are less likely to own, or partly own, their homes than non-Māori.[1]

Nationally, 28.2% of Māori and 53.3% of non-Māori own, or partly own, their homes [1]

[1] *Aged 15 years and over.*

[2] *Median income is generally a better measure than average income because income data is heavily skewed; a small number of people have very high incomes compared to the majority. Therefore median income gives a better idea of the majority of people's actual income.*

[3] *The New Zealand Deprivation Index uses census data on personal and household income, employment, qualifications, home ownership, single parent families, household crowding, and access to a car and the internet at home, to attribute a deprivation level to small geographical areas, on a scale from 1 (least deprived), to 10 (most deprived).*

[4] *Taking into account the number of bedrooms, couples, single adults and the age and gender of children.*

[5] *Aged 20 years and over.*

Data source: Statistics New Zealand.
The 'Not Elsewhere Included' ethnicity category (5.4%) was excluded from all calculations.

2015/16 Māori health priorities

Baseline summary table

FOCUS	MEASURE	BASELINES 2013/14		TARGET 2015/16
		MĀORI	TOTAL POPULATION	
Data quality	% of the Māori population enrolled with a PHO	92%	92%	95%
Avoidable Hospital Admissions	Rate of avoidable hospital admissions for Māori 0-4 years old (per 100,000 people)	TBC[1]	TBC	TBC
	Rate of avoidable hospital admissions for Māori 45-64 years old (per 100,000 people)	TBC[1]	TBC	TBC
Child health	% of babies exclusive/fully breastfed at LMC discharge [2]	42%	80%	75%
	% of babies exclusive/fully breastfed at 3 months	N/A	49%	60%
	% of babies receiving breast milk at 6 months	N/A	71%	65%
Cardiovascular disease (CVD)	% of eligible Māori who have had their CVD risk assessed within the past five years	77%	77%	90%
	% of high-risk Māori receiving an angiogram within 3 days of admission	N/A	60%	70%
	% of Māori presenting with Acute Coronary Syndrome who undergo angiography and have completion of registry data collection within 30 days	100%	100%	95%
Cancer	% of eligible Māori women aged 50-69 who have had a breast screen in the last two years [3]	77%	76%	>70%
	% of eligible Māori women aged 25-69 who have had a cervical screen in the last three years [4]	73%	79%	80%
Smoking	% of Māori women smokefree at two week postnatal [5]	90%	88%	95%
Immunisation	% of Māori children fully immunised at eight months of age	94%	81%	95%
	% of the Māori population aged 65+ who have had a seasonal influenza vaccination [6]	72%	63%	75%
Oral health	% of Māori children aged 0-4 enrolled in DHB funded dental services	66%	75%	90%
Rheumatic fever	Rates of rheumatic fever in the South Island (per 100,000)	n/a	0.4 per 100,000	<0.2 per 100,000
Mental health	Rates of compulsory treatment orders for Māori (per 100,000)	87 per 100,000	94 per 100,000	N/A
Disease prevention	Regular activity reporting to the Healthy West Coast Alliance Workstream	✓	✓	Quarterly
DNA rates	Rates of Did-Not-Attend at outpatient clinic for Māori	18%	9%	<6%

[1] The definitions for this measure are currently being revised by the Ministry of Health. Targets will be set once the measure is confirmed.
[2] The baselines for the Breastfeeding measures differ from previous years due to a change in definitions – these measures and targets are now aligned to the national WellChild/Tamariki Ora Quality Improvement Framework – baseline to December 2013.
[3] Results differ from previous years due to a change in age bands – baseline refers to the period for the two years to March 2014.
[4] The baseline refers to the period for the three years to June 2014.
[5] The baseline refers to the period for the year to December 2013.
[6] Results differ from previous years due to a change in definition and timing of reporting. This measures now refers to Maori only and not High Needs populations and the baseline is taken as at Q2 2013.

National Māori health priorities

Data Quality

What do we want to achieve?	Improved accuracy of ethnicity reporting in PHO registers.
Why is this important?	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.
Who we will work with?	West Coast DHB, West Coast PHO.

OUR PERFORMANCE STORY 2015-16

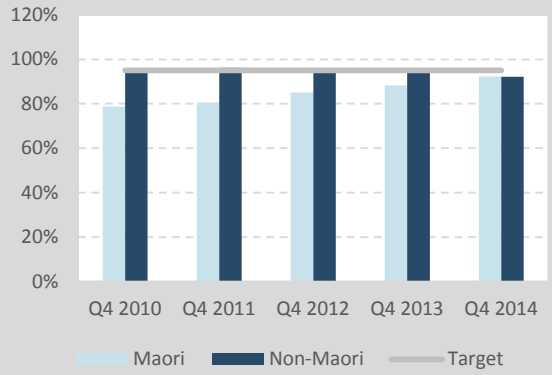
How will we know we're successful?

95% of the Māori population will be enrolled with a PHO.

Where are we now?

DATA QUALITY

Percentage of the population enrolled with a PHO:



Primary Care Ethnicity Data Audit Toolkit (EDAT)

- ✓ *100% of practices implementing the EDAT.*
- ✓ *100% of practices completed stage 3 of implementation.*

How will we achieve this?

Continue to maintain high PHO enrolment rates for Māori compared with national figures.

Q1-Q4: Maintain quarterly review of PHO ethnicity data and enrolment data to ensure quality.

Q1-Q4: Continue to support use of the Newborn Services Enrolment form in maternity services to ensure timely enrolment with multiple health services.

Q1: Review the findings from the evaluation of the Newborn Enrolment form and identify opportunities to improve use.

Q3: Support primary care teams by providing cultural competency training as a part of the Quality Improvement Programme.

Q4: 100% of newborn Māori are enrolled with a general practice at three months.

Continue to support the PHO and general practices to implement and use the Primary Care EDAT to improve ethnicity data collection and quality.

Q2: Work with the PHO to identify a three year rolling strategy based on the findings of the EDAT Audit to improve compliance against protocols.

Q2-Q3: Review, with the West Coast PHO, collated data from Stage 3 of the Primary Care EDAT to assess the quality of ethnicity data collection.

Q3 Report back to general practices on collated EDAT findings. Based on the outcome of the EDAT review support PHOs and general practices to use EDAT benchmarking for improving the quality of data collection.

Q4: Identify what processes and supports are required to further develop and implement the strategy.

Data Source: PHO Performance Reporting and Ministry of Health Population Projections

Earlier Intervention - Children

What do we want to achieve?	Maintain low rates of avoidable hospitalisation for Māori of all ages.
Why is this important?	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.
Who we will work with?	West Coast DHB, Child & Youth Alliance Workstream, West Coast PHO, Grey/Westland & Buller Integrated Family Health Service (IFHS) Workstream, Poutini Waiora, Plunket.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Avoidable hospital admission rates for Māori will be at or below 95% of the national average (per 100,000 people).

Where are we now?

EARLIER INTERVENTION

Ambulatory sensitive (avoidable) hospital admissions for: Māori 0-4 years-old:

Note: This measure is 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 has previously been set to maintain performance at or below 95% of the national rate. However, the definition for the measures is currently being revised by the Ministry of Health. Targets will be reconfirmed for the measure once the new definition and baselines have been set.

For the year to end September 2014 the top four ASH conditions for Māori aged 0-4 years old were:

1. Upper respiratory ENT infections
2. Dental conditions
3. Asthma
4. Gastroenterology dehydration

Data Source: Ministry of Health National Minimum Data Set

How will we achieve this?

Work with the West Coast Primary Health Organisation, Poutini Waiora through the Child & Youth Health Alliance Workstream to identify opportunities to reduce avoidable hospital admissions (ASH) for Māori.

Q1: Rollout free after hours and primary care for children aged under 13s, and report quarterly on coverage.

Q1: Develop local reporting methods and provide ASH data quarterly breakdowns by ethnicity to Child & Youth Workstream to enable them to monitor and review ASH rates and associated indicators.

Q2-Q4: Analyse ASH data to identify areas where further strategies are needed to address avoidable admission and progress actions under the Workstream.

Q1-Q4: Work with Well Child Tamariki Ora providers and other mainstream child health providers to develop an integrated service model, focused on improved access, outcomes and quality for Māori.

Q1-Q4: Work with WCTO providers and other mainstream child health providers to implement actions that support improved performance against the WCTO Quality Improvement Framework.

Q1-Q2: Support the development of an action plan for each WCTO indicator where target is not being met for Māori.

Q1-Q4: Support Poutini Waiora Tamariki Ora Nurse, mama and pēpi and Whānau ora kaimahi to work with the West Coast DHB, PHO and general practice teams to facilitate improved management of Māori tamariki who present to their GP or are admitted to hospital with upper respiratory, ENT conditions and asthma.

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 deprivation areas receive B4 School Checks (B4SC).

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

Q4: 95% of Māori Tamariki with a BMI greater than the 99.4th percentile at the B4SC are referred to a general practitioner or specialist services.

Earlier Intervention - Adults

What do we want to achieve?	Maintain low rates of avoidable hospitalisation for Māori of all ages.
Why is this important?	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.
Who we will work with?	West Coast DHB, CCCN, Health West Coast Workstream, West Coast PHO, Grey/Westland & Buller IFHS Workstream, Older Person's Health Workstream, Poutini Waiora.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Avoidable hospital admission rates for Māori will be at or below 95% of the national average (per 100,000 people).

Where are we now?

EARLIER INTERVENTION

Ambulatory sensitive (avoidable) hospital admissions for: Māori 45-64 years-old

Note: This measure is 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 has previously been set to maintain performance at or below 95% of the national rate. However, the definition for the measures is currently being revised by the Ministry of Health. Targets will be reconfirmed for the measure once the new definition and baselines have been set.

For the year to end September 2014 the top four ASH conditions for Māori aged 45-64 years old were:

5. Cellulitis
6. Gastroenterology dehydration
7. Angina Chest pain
8. Con. heart failure

Data Source: Ministry of Health National Minimum Data Set

How will we achieve this?

Work with the West Coast Primary Health Organisation and Poutini Waiora and the Healthy West Coast Workstream to identify opportunities to reduce avoidable hospital admissions (ASH) for Māori adults.

Q1-Q4: Monitor and review ASH rates for the West Coast through the Grey/Westland & Buller IFHS Workstream

Q1: Develop local reporting methods and provide ASH data quarterly breakdowns by ethnicity to Grey/Westland and Buller Workstream to enable them to monitor and review ASH rates and associated indicators.

Q2-Q4: Analyse ASH data to identify areas where further strategies are needed to address avoidable admission and progress actions under the Workstream.

Q1-Q2: Engage Poutini Waiora in care planning under the primary care Long Term Conditions Management (LTCM) Programme to help support Māori enrolled in the programme to better manage their conditions and prevent admission.

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

Q2: Continue to work with secondary care services to develop a clear pathway for post treatment support for Māori on 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 to improve the responsiveness of services and continuity of care.

Q1-Q4: Work with the Clinical Complex Care Network (CCCN) and Poutini Waiora to identify Māori referralsand and pathways into home based support and rehabilitation services and remove access barriers.

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

Child Health - Breastfeeding

What do we want to achieve?	Improve health amongst mothers and their babies by increasing the number of mothers who fully and exclusively breastfeed their baby to six months.
Why is this important?	High quality maternity services provide a key foundation for ensuring healthy families and children. In particular, ensuring new mothers can establish breastfeeding and increasing confidence levels in their ability to parent provides a positive start to life for tamariki. Breastfeeding also contributes positively to infant health and wellbeing, reduces childhood illness and protects against obesity later in life.
Who we will work with?	Breastfeeding Interest Group, West Coast DHB, West Coast PHO, Child & Youth Health Workstream, Healthy West Coast Workstream, Maternity Quality and Safety Group.

OUR PERFORMANCE STORY 2015-16

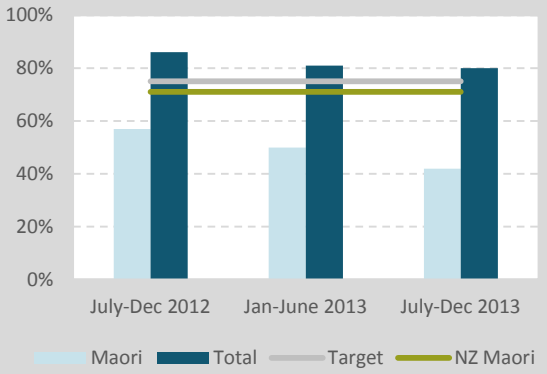
How will we know we're successful?

75% of pēpe are exclusively/fully breastfed at LMC discharge.
60% of pēpe are exclusively/fully breastfed at 3 months.
65% of pēpe babies are receiving breast milk at 6 months.

Where are we now?

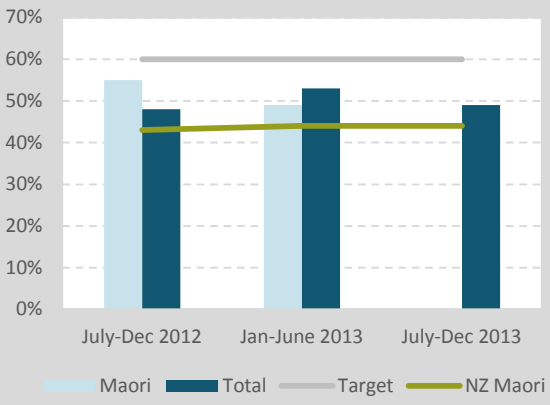
BREASTFEEDING

Percentage exclusively or fully breastfed at LMC discharge:



BREASTFEEDING

Percentage exclusively or fully breastfed at 3 months:



Note: The data for these indicators is now sourced from the national WellChild Quality Framework Reports and results differ from previous years due to changes in definitions.

Data Source: Ministry of Health WellChild Quality Framework Reports

How will we achieve this?

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: Implement the West Coast's Priority Plan for Breastfeeding and report progress through the Maternity, Quality and Safety Group quarterly.

Q1-Q4: Support Poutini Waiora Mama and Pepi kaimahi to promote breastfeeding to whanau.

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

Q2-Q3: Use learning from the Mana Tamariki Mana Mokopuna Whanau o Te Tai Poutini project as input into the model of delivery for Pregnancy/Parenting, breastfeeding education programmes for Māori and development of the breastfeeding pathway.

Q1-Q2: Encourage Poutini Waiora Mama and Pepi kaimahi to link closely with the community lactation consultant to improve access by Māori to this service.

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

Q2-Q3: Develop and introduce a breastfeeding assessment for all mothers and babies before they leave the birthing facility for home.

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

Q4: Baby Friendly Hospital Accreditation is maintained across West Coast facilities.

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

Cardiovascular Disease (CVD) – Risk Assessment

What do we want to achieve?	Improved early detection and long-term condition management for Māori.
Why is this important?	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 earlier intervention and condition management support.
Who we will work with?	West Coast DHB, West Coast PHO, Poutini Waiora, Complex Clinical Care Network.

OUR PERFORMANCE STORY 2015-16

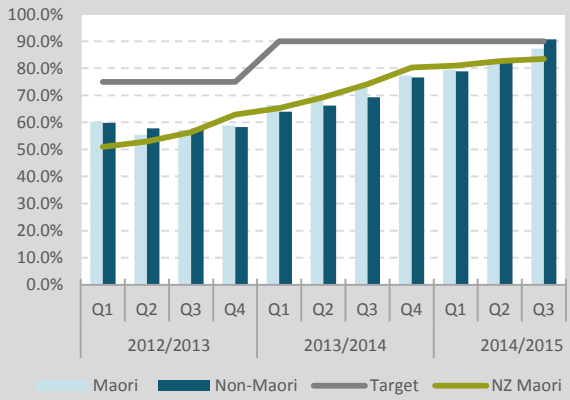
How will we know we're successful?

90% of eligible Māori men (35-44) will have had their Cardiovascular Disease (CVD) risk assessed within the past five years.

Where are we now?

HEART DISEASE

Percentage of the eligible Māori population having had their CVD risk assessed (CVDRA) within the past five years:



Data Source: PHO Performance Reporting

How will we achieve this?

Support the PHO and general practices to engage their population in CVDRA with a particular focus on Māori men:

Q1-Q4: Quarterly review of CVDRA rates against the national health target.

Q1-Q4: Kaupapa Māori Nurses from Poutini Waiora work with general practice to assist with recall and accessing hard to reach Māori who are due for their CVDRA.

Q1–Q4: Opportunities are developed with the PHO Health Promoter that include targeted promotion of CVDRA for Māori.

Q1-Q2: IT tools such as Dashboard and Appointment scanner are used in primary care practices to ensure that those Māori who are booked for appointments are picked up for additional screening as eligible.

Q1-Q2: Poutini Waiora engage with the PHO to develop specific approaches for health promotion targeted to improve CVDRA assessment uptake for Māori.

Continue to support the PHO and general practices to ensure care is person/whānau centred.

Q1-Q4: Ongoing development and maintenance of HealthPathways to ensure appropriate and consistent access to services.

Q1-Q4: Continued support of Kaupapa Māori Nurses to work with Māori enrolled on the Long Term Conditions Management (LTCM) programme, and develop Whānau Ora care plans with patients and whānau.

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

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.

Cardiovascular Disease (CVD) – Acute Coronary Syndrome

What do we want to achieve?	Improved early detection and long-term condition management for Māori.
Why is this important?	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.
Who we will work with?	West Coast DHB, West Coast PHO, Poutini Waiora, Complex Clinical Care Network.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

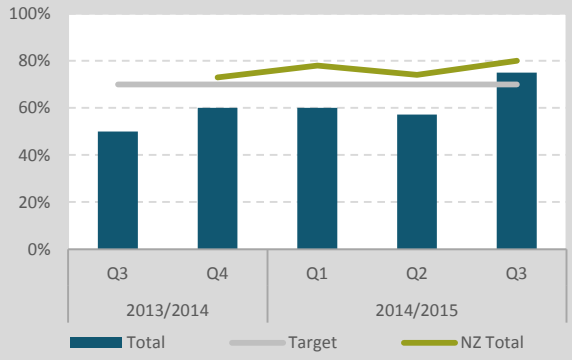
70% of high-risk Māori patients will receive an angiogram within 3 days of admission.

95% of Māori patients presenting with Acute Coronary Syndrome (ACS) who undergo angiography will have completion of registry data collection within 30 days.

Where are we now?

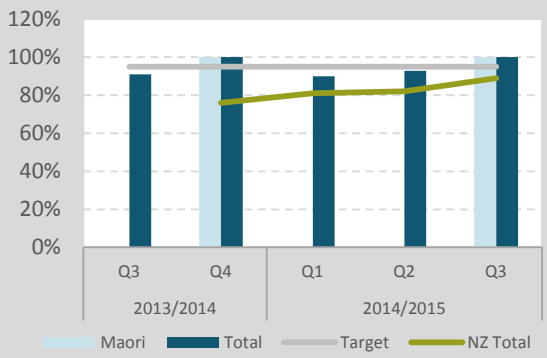
HEART DISEASE

Percentage of high-risk patients receiving an angiogram within 3 days of admission (where day of admission is day 0):



HEART DISEASE

Percentage of patients presenting with ACS who undergo angiography and have registry data collection completed within 30 days:



Data Source: DHB reporting to the national ANZAS-QI Register

How will we achieve this?

Q1-Q4: Continue to 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.

Q3-Q4: Participate in the regional review of transport guidelines for cardiac patients and update protocols in accordance with the outcomes of this review.

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

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.

Q2: Support the West Coast Cardiac Nurse Specialist to provide quarterly reporting on ethnicity showing the numbers of Māori receiving angiograms and the percentage receiving these within 3 days.

Q2-Q4: Review ACS patient outcomes at secondary level and provide six monthly update on performance.

Cancer – Breast Screening

What do we want to achieve?	Improve early detection and reduce the disease burden of cancer amongst Māori.
Why is this important?	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.
Who we will work with?	West Coast DHB, NCSP Service, Poutini Waiora, West Coast PHO, Breastscreen Aotearoa, Local Cancer Team

OUR PERFORMANCE STORY 2015-16

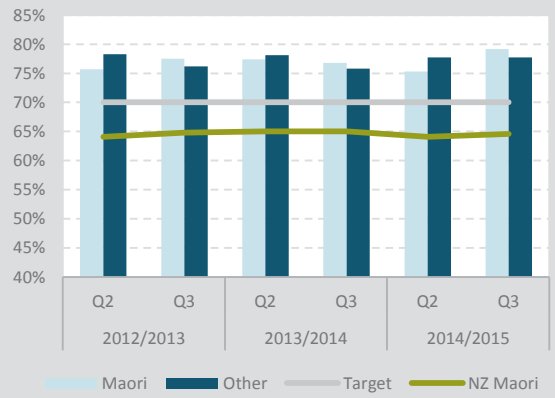
How will we know we're successful?

>70% of eligible Māori women aged 50-69 have had a breast screen in the last two years.

Where are we now?

BREAST SCREENING

Percentage of Māori women aged 50-69 screened in the last two years under the BreastScreen Aotearoa Program:



Note: The results for this measure differ from previous years due to changes in age bands.

How will we achieve this?

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

In conjunction with Breastscreen Aotearoa South, continue to strengthen pathways between DHB, Poutini Waiora and general practices with a focus on screening wahine Māori as a high priority group.

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

Q2-Q4: Six monthly review of breast screening targets.

Q2: Coordinate an annual meeting with Breastscreen Aotearoa, Poutini Waiora Navigators and Cancer Navigators to identify opportunities and for improving coverage and accessibility for Māori to attend their screening appointments.

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

Q1-Q4: The Cancer Nurse Coordinator will offer newly diagnosed Māori Kaupapa Māori support services through Poutini Waiora.

Q2-Q3: Hui hosted to promote wellness, survivorship and education around signs and symptoms.

Data Source: National Breast Screening Unit – DHB Coverage Reports

Cancer – Cervical Screening

What do we want to achieve?	Improve early detection and reduce the disease burden of cancer amongst Māori.
Why is this important?	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.
Who we will work with?	West Coast DHB, NCSP Service, Poutini Waiora, West Coast PHO, Breastscreen Aotearoa, Local Cancer Team.

OUR PERFORMANCE STORY 2015-16

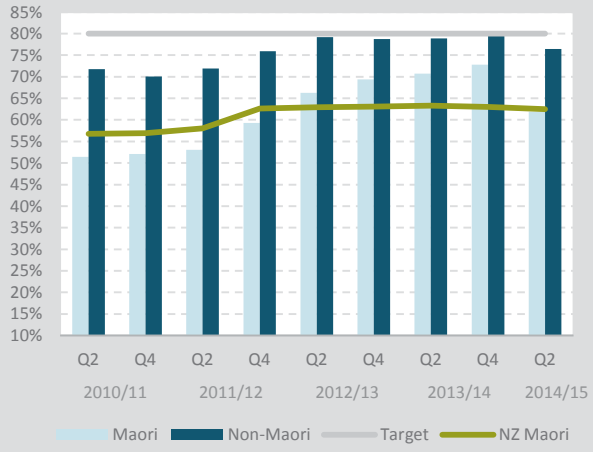
How will we know we're successful?

80% of eligible Māori women aged 25-69 have had a cervical screen in the last three years.

Where are we now?

CERVICAL SCREENING

Percentage of Māori women aged 25-69 screened in the last three years under the National Cervical Screening Program:



Note: Improvement against this measure is also linked to actions to improve Data Quality (page 6 of this report) where improved accuracy of ethnicity reporting in PHO registers will help to improve the identification and recall of women for cervical screens.

Data Source: National Cervical Screening Unit – DHB Coverage Report

How will we achieve this?

Through the Local Cancer Team and Southern Cancer Network strengthen stakeholder alliances to support the joint review of pathways and ensure equitable access to cancer treatment.

In conjunction with Breastscreen Aotearoa South, share learnings and continue to strengthen relationships between DHB Māori Cervical Screening Nurse, Poutini Waiora and general practices with a focus on increasing cervical screening rates for wahine Māori as a high priority group.

Q2: Coordinate an annual meeting with Breastscreen Aotearoa, Poutini Waiora Navigators and Cancer Navigators to identify opportunities and for improving coverage and accessibility for Māori to attend their screening appointments.

Q1-Q4: General Practices will provide overdue priority lists of women to the Māori Cervical Screening service or Poutini Waiora Kaupapa Māori Health team to assist with recall and provision of services for those most hard to reach.

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

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

Q1-Q4: The Cancer Nurse Coordinator will offer newly diagnosed Māori Kaupapa Māori support services through Poutini Waiora.

Q1-Q4: The 'Did Not Attend' (DNA) project team to prioritise reducing Māori DNA rates for colposcopy clinics.

Q1-Q4: Hospital Kaiawhina will offer additional support to Māori attending colposcopy clinics to further reduce DNA rates.

Q2-Q4: Six monthly review of cervical screening targets.

Q3: Hui hosted to promote wellness, survivorship and education around signs and symptoms.

Q4: 4 outreach cervical screening clinics delivered.

Smoking

What do we want to achieve?	Reduce the prevalence of smoking and smoking related harm amongst Māori.
Why is this important?	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 tobacco smoking place considerable pressure on our health system. Smoking is also a substantial contributor to socio-economically based health inequalities.
Who we will work with?	West Coast DHB, West Coast PHO, Healthy West Coast Governance Group, Community and Public Health, Poutini Waiora, West Coast Tobacco Free Coalition.

OUR PERFORMANCE STORY 2015-16

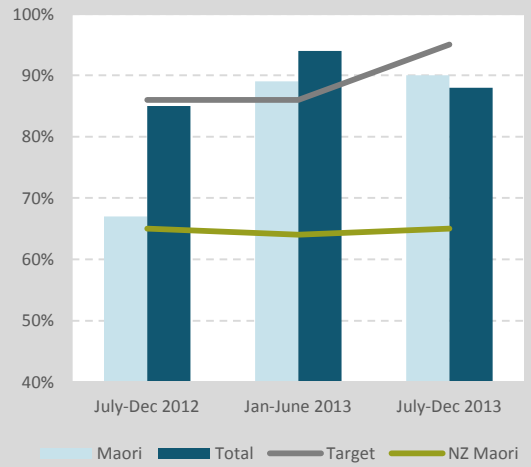
How will we know we're successful?

95% of Māori women are smokefree at two week postnatal.

Where are we now?

SMOKING

Percentage of women smokefree at two week postnatal:



Note: The Māori Cessation Plan is implemented by a joint working group made up of the Māori Health Provider, Planning and Funding, Aukati Kai Paipa, Community & Public Health, West Coast Smoking Cessation Coordinator, DHB Smoking Cessation Practitioner and DHB Māori Health Team.

Data Source: Ministry of Health WellChild Quality Framework Reports

How will we achieve this?

Q1-Q4: Continue to support the development of practice smokefree policies to increase delivery of ABC with an emphasis on increased cessation support.

Q1-Q4: The West Coast Smokefree Co-ordinator will share lists of uncoded patients with Aukati Kai Paipa for targeted follow up and stronger support to quit.

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

Q1-Q4: Support all West Coast midwives to complete the Innov8 Smokefree Education workshops.

Q1-Q2: Highlight improvement in maternity services results by tracking ABC interventions, smoking cessation referrals and smokefree status through regular updating of a quality improvement board.

Q1-Q4: Link the Aukati Kai Paipa service with maternity services to improve access and referral rates.

Q1-Q4: Provide ongoing support via Smokefree Services Coordinator, DHB Smoking Cessation and Aukati Kaipaipa to identify cessation pathways for Māori who smoke.

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

Q1-Q4: Work with the Healthy West Coast Workstream to monitor progress against smoking targets.

Q1-Q4: Prioritise Māori cessation through delivery of the Māori Smoking Cessation plan.

Q2: Update the West Coast Tobacco Control Plan with an emphasis on reducing inequalities and implementing the Māori Cessation Plan.

Q4: 95% of pregnant Māori women enrolled with an LMC who smoke are provided with ABC.

Q4: Increased percentage of Maori women smokers engaged with the DHB pregnancy incentivisation programme.

Q4: Proportion of total smoking cessation enrolments that are Māori is maintained above 2014 base - 16%.

Q4: Proportion of Māori enrolled in Aukati Kaipaipa programme with validated abstinence at 3 months is maintained above 2014 base - 44.6%**.**

Immunisation Children

What do we want to achieve?	Increase immunisation amongst vulnerable Māori population groups to reduce the prevalence and impact of vaccine preventable diseases.
Why is this important?	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.
Who we will work with?	West Coast DHB, West Coast Child & Youth Alliance Workstream, Immunisation Advisory Group, West Coast PHO, Poutini Waiora.

OUR PERFORMANCE STORY 2015-16

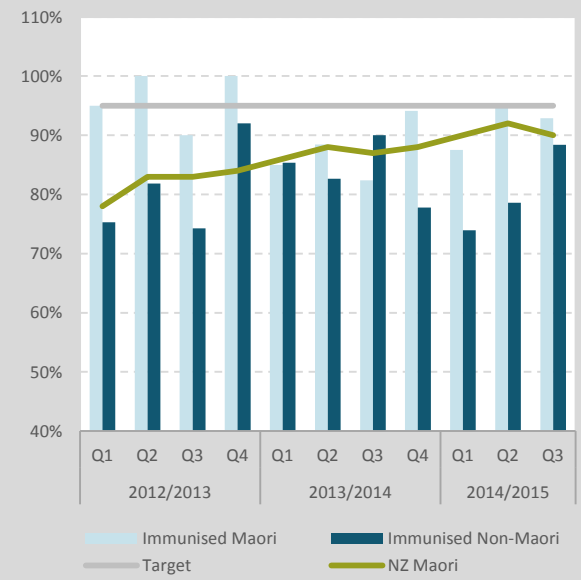
How will we know we're successful?

95% of Māori eight-month-olds are fully immunised.

Where are we now?

IMMUNISATION

Percentage of eight month old babies fully immunised:



Data Source: National Immunisation Register

How will we achieve this?

Through the West Coast Immunisation Advisory Group support enrolments of newborns on the National Immunisation Register (NIR) to support timely immunisation of children.

Q1-Q4: Use the Immunisation Advisory Group forum to link up maternity, general practice and Kaupapa Māori Provider services to better support enrolment of newborn Tamariki with general practice and locate and enrol hard to reach children.

Q1-Q4: Jointly monitor newborn enrolment rates and handover of mother and child as they move from maternity care services to general practice and WellChild Tamariki Ora services.

Q1-Q4: Support the PHO Immunisation Champion to monitor timely immunisation from enrolment at the practice through to links with DHB NIR Coordinator to co-ordinate outreach and general practice activity.

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

Q1-Q4: 98% of newborn babies are enrolled with a general practice by 3 months of age.

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

Q1- Q4: Work with the PHO to monitor immunisation rates and support general practice and outreach coordinators to identify areas of underperformance for improved delivery.

Q2-Q4: Provide practice-level and PHO level coverage reports to identify and address gaps in coverage.

Q1-Q4: Support practice teams to refer whanau with Tamariki who are not engaging with general practice to Kaupapa Māori services.

Immunisation - Adults

What do we want to achieve?	Increase immunisation amongst vulnerable Māori population groups to reduce the prevalence and impact of vaccine pre-preventable diseases.
Why is this important?	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.
Who we will work with?	West Coast DHB, Health of Older Persons Alliance Workstream, Immunisation Advisory Group, West Coast PHO, Poutini Waiora.

OUR PERFORMANCE STORY 2015-16

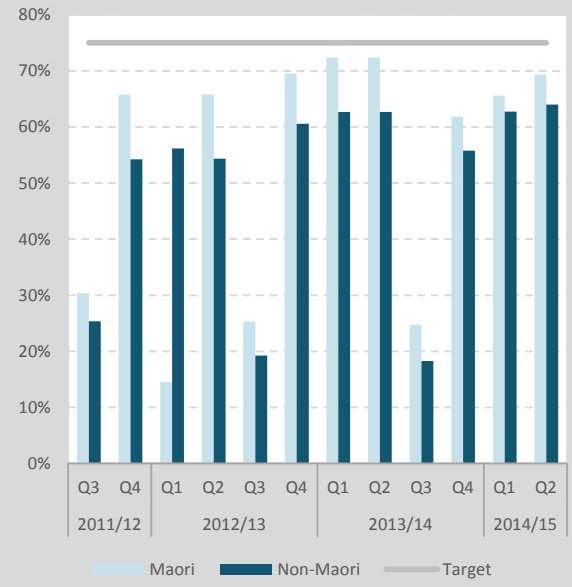
How will we know we're successful?

75% of the Māori population (aged 65+) have had a seasonal influenza vaccination.

Where are we now?

IMMUNISATION

Percentage of the eligible population (aged 65+) who have had a seasonal influenza vaccination:



Note: Results differ to those previous published reflecting Māori rather than all 'high need' population groups.

Data Source: PHO Performance Programme

How will we achieve this?

Promote and provide free seasonal flu vaccinations for Māori with chronic conditions, pregnant wāhine and Māori aged 65 and over.

Q1-Q4: The West Coast PHO will 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 with the use of outreach clinics.

Q1-Q4: Work with Community Public Health, Poutini Waiora and the West Coast PHO to identify opportunities for outreach flu vaccination clinics to be held in Māori community settings.

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

Oral Health

What do we want to achieve?	Improve oral health for tamariki and rangatahi.
Why is this important?	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.
Who we will work with?	West Coast DHB, West Coast PHO, Community & Public Health, Poutini Waiora, Child and Youth Health Alliance Workstream.

OUR PERFORMANCE STORY 2015-16

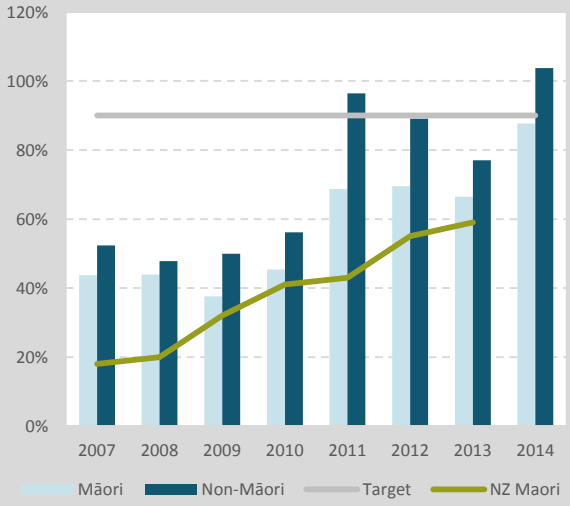
How will we know we're successful?

90% of Māori tamariki and rangatahi are enrolled in DHB funded dental services.

Where are we now?

ORAL HEALTH

Percentage of preschool children (aged 0-4) enrolled in school and community dental services:



Data Source: School & Community Dental Service Information System (Titanium)

How will we achieve this?

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

Q1-Q4: Extract new enrolment data from the Titanium System and calculate the number of children enrolled by age and ethnicity; compared to targets quarterly to identify issues and opportunities for improvement.

Q1: Work with the School and Community Oral Health Service, Community & Public health, Public Health Nurses, Plunket and Poutini Waiora to develop an Oral Health Promotion Plan to support healthy nutrition in early childhood and adolescence.

Q1-Q4: Promote an increased focus on equity by monitoring and circulating oral health results and outcomes by ethnicity.

Q1-Q2: Provide education and information on 'Lift the Lip' to Poutini Waiora Kaimahi.

Q1-Q4: Provide enrolment packs for all ages to Poutini Waiora Kaimahi and identify clear pathways into the service.

Q1-Q4: West Coast School and Community Oral Health Services and Poutini Waiora will support the level one mobile screening unit in community settings to ensure that barriers are removed for pre-schoolers to attend appointments.

Q4: 90% of Children with a Life the Lip score of 2-6 at the B4 School Check are referred to specialist services - base; Māori 50% Total pop 91%.

Q4: 90% of all children enrolled in Oral Health Services are examined according to planned recall.

Rheumatic Fever

What do we want to achieve?	Continued to maintain low rheumatic fever rates.
Why is this important?	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.
Who we will work with?	South Island Regional Alliance, Community and Public Health.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Rates of rheumatic fever in the South Island remain below 0.2 per 100,000 people (2 cases).

Where are we now?

EARLY INTERVENTION

Rate of rheumatic fever in the South Island:

2012/13: ***0.7 cases per 100,000***
2013/14: ***0.4 cases per 100,000***

West Coast rheumatic fever notifications (new confirmed cases):

	2012/13	2013/14	2014/15
Māori	0	0	1
Non-Māori	0	0	0
Total	0	0	1

Note: The South Island DHBs have a combined target and response plan for Rheumatic Fever due to the low rates in the South Island. The 2013/14 national rate was 4.1 per 100,000. The Regional Rheumatic Fever Prevention and Management Plan can be found on the South Island Regional Alliance website: www.sialliance.health.nz.

Data Source: South Island Alliance Public Health Workstream Reports

How will we achieve this?

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

Q1-Q4: Undertake root-cause analysis of any new cases on the West Coast and implement initiatives in response to the learnings.

Mental Health

What do we want to achieve?	Improve health outcomes for the Māori population by assisting services to enhance service quality and responsiveness.
Why is this important?	West Coast has a high level of access into specialist mental health services. We need to ensure that our system is responding to the needs of tangata whaiora, earlier in the continuum of care to reduce higher-end and long-term impacts of mental illness.
Who we will work with?	West Coast DHB, West Coast PHO, Poutini Waiora, Child and Youth Workstream, Suicide Action Group, Mental Health Alliance Workstream.

OUR PERFORMANCE STORY 2015-16

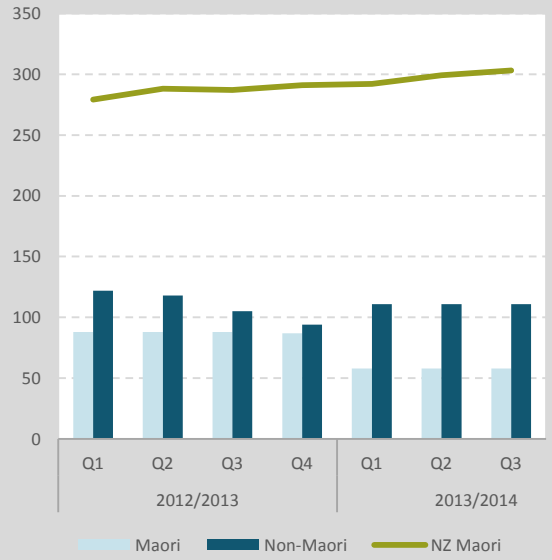
How will we know we're successful?

We will have established an understanding of the drivers behind Māori CTO (Compulsory Treatment Orders) rates.

Where are we now?

MENTAL HEALTH

Percentage of CTO rates – per 100,000:



Data Source: Ministry of Health national PRIMHD dataset

How will we achieve this?

Work alongside the Mental Health Workstream to implement the outcomes of the West Coast Mental Health Review and improve Māori youth access and uptake of primary mental health services for Rangatahi.

Q1-Q4: Continue to implement key actions under the Prime Minister's Youth Mental Health Project.

Q3: Identify actions to improve engagement rates for Māori earlier in the continuum.

Q3: Specific services to Rangatahi Māori pathway links developed.

Q3: Review tāngata whaiora pathways through specialist mental health and alcohol and drug services; identify areas where pathways can be strengthened.

Q1-Q4: Work with primary care providers to strengthen their responsiveness to Māori youth in line with the development of the Grey/Westland and Buller IFHSs.

Q3-Q4: Support enhanced integration between Child & Adolescent Mental Health Service, Youth Alcohol and other Drug, paediatrics and primary mental health services to support the stepped care model and improve engagement rates for Māori.

Q2-Q4: Review utilisation rates for Māori to primary and secondary care mental health services.

Q1-Q4: Work with specialist mental health services to better understand the drivers behind the differences in Māori and non-Māori CTO rates.

Q4: Refined IFHS service model implemented in Buller.

Q4: Access rates for specialist mental health services maintain at or above 3.1%

Q4: 80% of people accessing non-urgent services mental health and alcohol and drug services are seen within 3 weeks

Q4: 95% of people accessing non-urgent services mental health and alcohol and drug services are seen within 8 weeks.

Local Māori health priorities

Disease Prevention

What do we want to achieve?	To reduce the risk factors contributing to long term conditions by improving nutrition, increasing physical activity and reducing obesity.
Why is this important?	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.
Who we will work with?	West Coast DHB, West Coast PHO, Poutini Waiora, Community & Public Health, Healthy West Coast Alliance Workstream.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Quarterly reporting on activity to Healthy West Coast Workstream demonstrates positive engagement with Māori.

Data Source: Alliance Reporting

How will we achieve this?

Through the promotion of healthy lifestyles, including nutrition and increased physical activity, 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: Promote an increased proportion of Māori participating in Appetite for Life.

Q1-Q4: Support an increased proportion of Māori being referred to dietetic services.

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

Q2-Q3: Support the development of consistent regional protocols and intervention guidelines for managing the treatment of child obesity.

Q4: Increase in number of Māori enrolled in the LTCM Programme – base 174.

Q4: Increase in the proportion of Māori referred for Green Prescription - base 12%.

Q4: 75% of Māori Tamariki are a healthy weight at four years - base Māori 57% Total pop 79%.

DNA Rates

What do we want to Achieve?	A measureable reduction in Did-Not Attend (DNA) rate for outpatient appointments.
Why is this important?	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.
Who we will work with?	West Coast DHB, Poutini Waiora, Grey/Westland and Buller IFHS Workstreams.

OUR PERFORMANCE STORY 2015-16

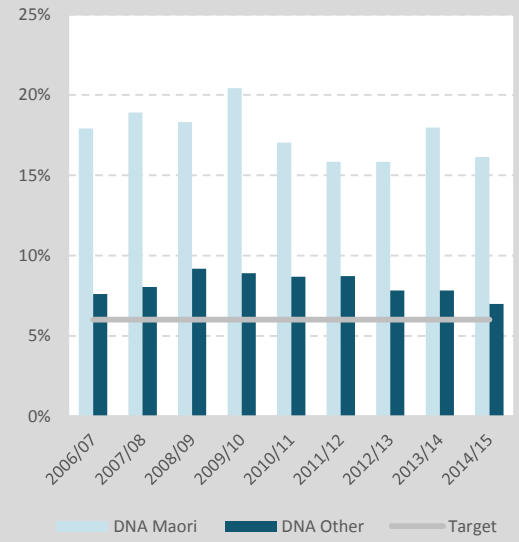
How will we know we're successful?

Māori Did-Not-Attend (DNA) rates for outpatient clinics are less than 6%.

Where are we now?

ACCESS TO CARE

DNA rates for outpatient clinics:



Note: The baselines for outpatient DNAs differ from those previously published due to enhancement to data collection systems, definitions and resetting of timeframes. The target is a stretch goal highlighting the importance of reducing DNA rates with the aim of measureable progress over time.

Data Source: DHB patient management system

How will we achieve this?

Q1-Q4: Monthly tracking of Māori Did Not Attend (DNA) across all outpatient clinics.

Q1-Q4: Disseminate monthly DNA reports by ethnicity, service and location to increase the focus on reducing DNA rates.

Q1-Q4: Continue to identify and tailor specific interventions to reduce DNA rates for Māori.

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

Q1-Q4: Identify integrated approaches to supporting high risk patients who do not attend outpatient appointments.

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

Appendix 1 | West Coast Alliance Structure

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 planing 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*

West Coast Māori Health Action Plan Dashboard Report

June 2015

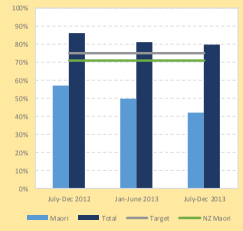
On Track
Mixed Progress
Requires Monitoring

Appendix 2 | Māori Health Plan Dashboard

Tamariki Health and Wellbeing

BREASTFEEDING

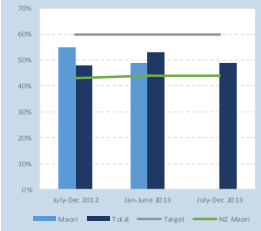
Percentage of babies exclusively & fully breastfed at LMC Discharge



Previous: 42% | Latest:42% | Target: 75%

BREASTFEEDING

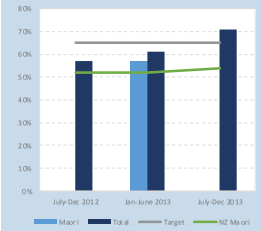
Percentage of babies exclusively & fully breastfed at 3 months of age



Previous: 49% | Latest: N/A | Target: 60%

BREASTFEEDING

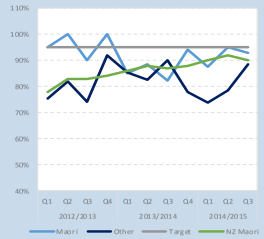
Percentage of babies exclusively & fully breastfed at 6 months of age



Previous: 57% | Latest: N/A | Target: 65%

IMMUNISATION

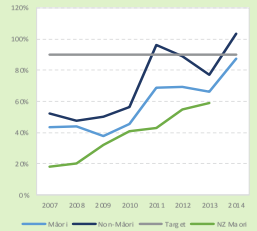
Percentage of 8 month old children fully vaccinated



Previous: 94% | Latest:93% | Target: 95%

ORAL HEALTH

Percentage of 0-5 year-olds enrolled in DHB-funded oral health services



Previous: 66% | Latest: 88% | Target: 90%

EARLY INTERVENTION

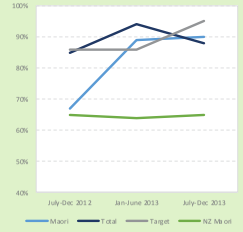
Ambulatory sensitive (avoidable) hospital admissions for 0-4 year-olds

This measure is currently under review by the Ministry of Health. Results will be included once the updated national definition for this measure has been confirmed.

Adult Health and Wellbeing

SMOKING

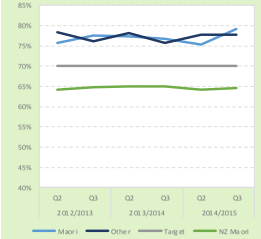
Percentage of women who are smokefree at two weeks post natal



Previous: 90% | Latest: 90% | Target: 95%

CANCER

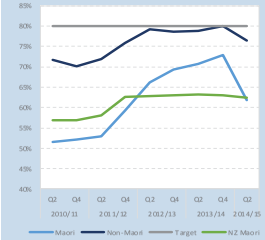
Percentage of women aged 50-69 who have had a breast screen examination within the last two years



Previous:77% | Latest: 79% | Target: 70%

CANCER

Percentage of women aged 25-69 who have had a cervical screen exam within the last three years



Previous: 73% | Latest:62% | Target: 80%

HEART DISEASE

Percentage of eligible population who have received a CVD risk assessment in the last 5 years

Previous:77% | Latest: 87% | Target: 90%

IMMUNNISATION

Percentage of the population 65+ who have had a seasonal influenza vaccination

Previous: 72% | Latest: 69% | Target: 75%

EARLY INTERVENTION

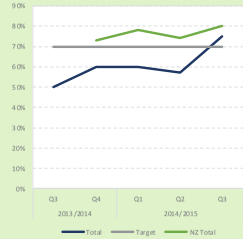
Ambulatory sensitive (avoidable) hospital admissions for 45-64year-olds

This measure is currently under review by the Ministry of Health. Results will be included once the updated national definition for this measure has been confirmed.

Adult Health and Wellbeing

ACUTE CORONARY DISEASE

Percentage of the eligible population receiving an angiogram within 3 days of admission



Previous: 60% | Latest: 75% | Target: 70%

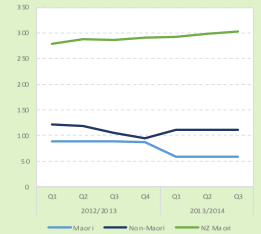
RHEUMATIC FEVER

Rates of Rheumatic Fever in the South Island

Previous: 0.4 per 100,000 | n/a | Target: 0.2 per 100,000

MENTAL HEALTH

Rates of Compulsory Treatment Orders

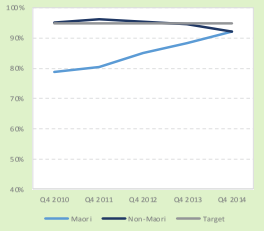


Previous: 87 per 100,000 | Latest:58 per 100,000 | Target: n/a

Enablers to Support Improved Health and Wellbeing

ENGAGEMENT

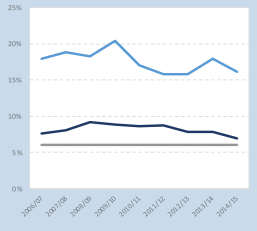
Percentage of the population enrolled with a PHO



Previous: 92% | Latest: 92% | Target: 95%

ACCESS

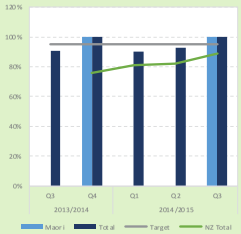
Did-not-Attend rate for outpatient appointments



Previous: 18% | Latest: 16% | Target: 6%

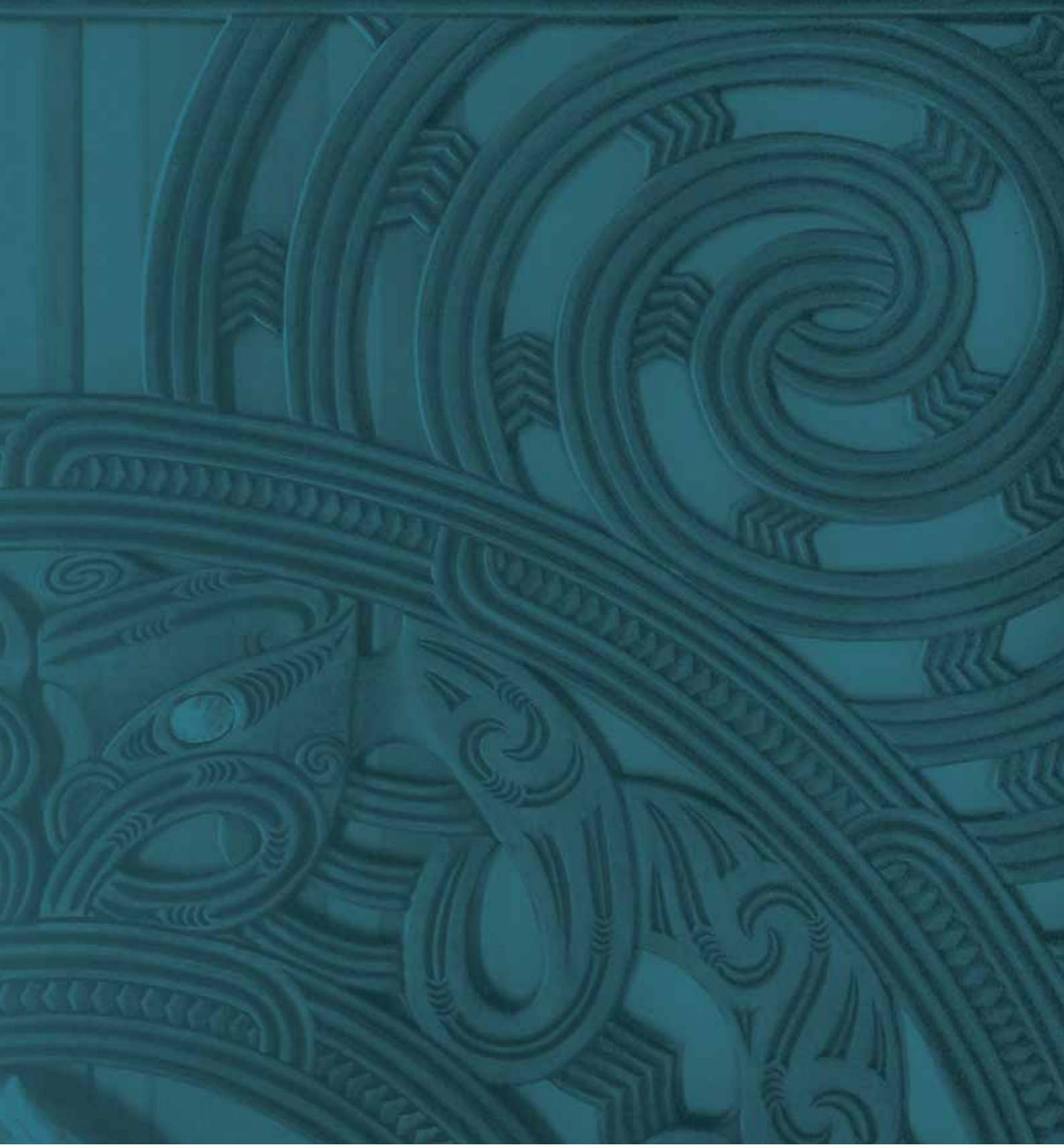
QUALITY

Percentage of people undergoing an angiogram whose stat is added to ANZAC QI registry within 30 days



Previous: 100% | Latest:100% | Target: >95%

Disclaimer: The DHB has made every effort to ensure that the information presented in this report is accurate but as much of the data comes from third parties the DHB makes no guarantee of its accuracy or completeness. The information contained in this report is intended to support the monitoring of progress and trends and is not intended to be used for the purpose of commercial decision making — the DHB accepts no liability in this regard. If you identify any errors in this report please contact the Planning and Funding Division of the DHB so that they can be rectified.



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