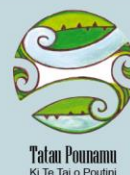




Māori Health

ACTION PLAN 2016/17



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 a responsibility of District Health Boards (DHBs) 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 Māori Health Action Plan maps clear and defined pathways that enables the delivery of accessible and appropriate health services for all Māori who live on Te Tai Poutini. In line with its responsibility the DHB will use this Action Plan to challenge its performance in relation to Māori health, and also that of its providers.

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 Māori Health Action Plan are aligned with the national framework and highlight the DHB's commitment to a number of national priorities, including improved performance for Māori against the national health targets.

This plan also reflects delivery against the five Whanau Ora Performance Priorities identified by the National Whanau ora Partnership Group.

This 2016/2017 Plan will continue to build on the progress made against the key objectives in last year's Māori Health Action Plan and set the direction for improving Māori health outcomes in the coming year.

Whanau ora is a key component of the Plan / Te Kaupapa Hauora Māori o Te Poari Hauora a Rohe o Tai Poutini. In line with the vision for the West Coast health system we seek to put the patient and their whānau at the centre of everything that we do.

An acceptance of the significant role that socio-economic and cultural determinants have in relation to health status and outcomes is also essential, as is a commitment by leaders across the West Coast health system to advocate for Māori health improvement.

The overall aim of our Māori Health Action Plan being:

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

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 Health 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 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. Through the West Coast Alliance they are both involved in the development and delivery of this Plan for 2016/17.

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.

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

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Introduction

PRIORITIES

This plan describes the West Coast DHB's priorities for improving Māori health for the 2016-2017 year. This plan aligns with the requirements of the New Zealand Public Health and Disability Act (2000) which directs 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 2016/2017 has been developed in partnership with Tatau Pounamu, the West Coast PHO and Poutini Waiora and with the endorsement of the West Coast Alliance.

WORKSTREAMS

Over the coming year we will continue to work closely with our partner organisations, and through the West Coast Health Alliance, to achieve the outcomes and goals described in this Action Plan. The West Coast Alliance has seven workstreams focused on key areas of transformation for the West Coast health system.

The seven workstreams are: Health of Older Persons, Pharmacy, Child & Youth Health, Mental Health, Buller IFHS, Grey/Westland IFHS and Public Health/Health Promotion. The Alliance Leadership Team monitors the progress of each workstream, 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 West Coast DHB's Board and advisory committees.

EQUITY

Health equity is prioritised within the Alliance and each of the seven workstreams have a focus on equity reporting and key Māori representation across the workstreams, local committees and project groups.

Some real gains have been made for Māori health in the past five 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. 90% of Māori with enrolled with the West Coast PHO in 2014/15 – up from 85% in 2011/12.

- More Māori have had their cardiovascular disease (CVD) risk assessed. 88% of eligible Māori adults have had CVD risk assessment in the last five years to June 2014/2015 – up from 54% in 2011/12.
- More Māori are accessing cancer screening services. 62% of Māori women have been screened through the national Cervical Screening Programme - up from 59% in 2011/12.
- 76% of Māori have been screened through the national Breastscreening Programme in 2014/2015 - above the national target of 70%.
- Prevalence of Māori smoking is down across all districts on the West Coast - decreasing by 10% in Grey, 6% in Buller and 6.5% in Westland.

CHILD & YOUTH HEALTH

A number of priority areas have been identified where further investment is required to ensure that we are achieving national targets and continuing to build on the momentum created in 2014/15 and 2015/16.

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. This is four 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. This will include a 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.

Breastfeeding, immunisation and oral health continued to be a high priority areas. A new focus will be on targets for reducing asthma rates, childhood obesity and unintended teenage pregnancy.

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 children living on the West Coast.

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

COMMUNITY AND PUBLIC HEALTH

The Community and Public Health (CPH) division of the Canterbury DHB are a vital player in the Alliance. The CPH team have very solid community networks and are very effective in contributing to reducing health inequity at a population level for Māori on the West Coast. CPH employs one Māori health promoter and two Māori stop smoking practitioners as part of their West Coast-based team. These staff work alongside our partner organisations to improve Māori access and uptake of a range of initiatives and programmes such as smoking cessation programmes.

In 2016/17 the CPH team will continue to target healthy eating, being physically active and reducing inequality in smoking rates using a model of best practice (Te Pae Mahutonga). This model promotes and brings together the traditional and contemporary values and viewpoints on Māori wellness with current research to enhance service delivery.

WHĀNAU ORA

Delivery on the national Whānau Ora expectations will continue to be a priority. In 2016/17 the national Whanau Ora Partnership Group has identified a number of national priorities to support accelerated progress towards Whanau Ora.¹

These priorities are: reducing asthma admission rates for Māori children; increasing the percentage of pregnant Māori women smoke free at two weeks postnatal; increasing the percentage of Māori pre-school children enrolled with school and community oral health services; reducing the rate of Māori with community treatment orders under the Mental Health Act relative to other ethnicities.

We will work alongside our partner organisations and service providers to support the organisational transformation required for the delivery of an integrated Whānau Ora model that is clinically sound, culturally robust and empowers Whānau. We will also work in partnership with the Whanau Ora Commissioning Agency for Te Waipounamu - Te Putahitanga to foster opportunities for improved Whanau Ora on Te Tai Poutini.

BASELINES AND TARGETS

Unless otherwise stated, all of the baseline data in this Māori Health Action Plan has been calculated on the full 2014/15 financial year, 2015 calendar year or the final quarter of the 2014/15 year. This aligns reporting with the West Coast Annual Plan and Annual Report. Graphs provide trends and included the most recent data in order to give the reader context as to previous and current performance. Wherever possible national performance is also presented to add further context to performance results.

PERFORMANCE MONITORING & REPORTING

Quarterly performance reports against the Māori Health Action Plan is presented to the West Coast DHB's executive management meetings and the West Coast DHB Board for review and discussion. The Board meetings are public meetings.

Quarterly performance reports against the Māori Health Action Plan is also reviewed by the Māori Relationship Board – Tatau Pounamu.

Quarterly performance against the Māori Health Action Plan indicators is disseminated to a number of key audiences including the Alliance Leadership Team, the DHB's Board and advisory committees and Tatau Pounamu.

Performance against the indicators through the DHB's Māori Health Plan is also shared with the public and Parliament through inclusion in the West Coast DHB's Annual Report.

A reporting dashboard has been developed to support reporting against the Māori Health Action Plan. This dashboard presents performance against all of the indicators in the Action Plan and the most recent version is attached as Appendix 2.

¹ The Whanau Ora Partnership Group is supported by a Strategic Advisory Group made up of Ministerial Advisors representing each Government Minister and Iwi Advisors representing the six Iwi Chair representatives.

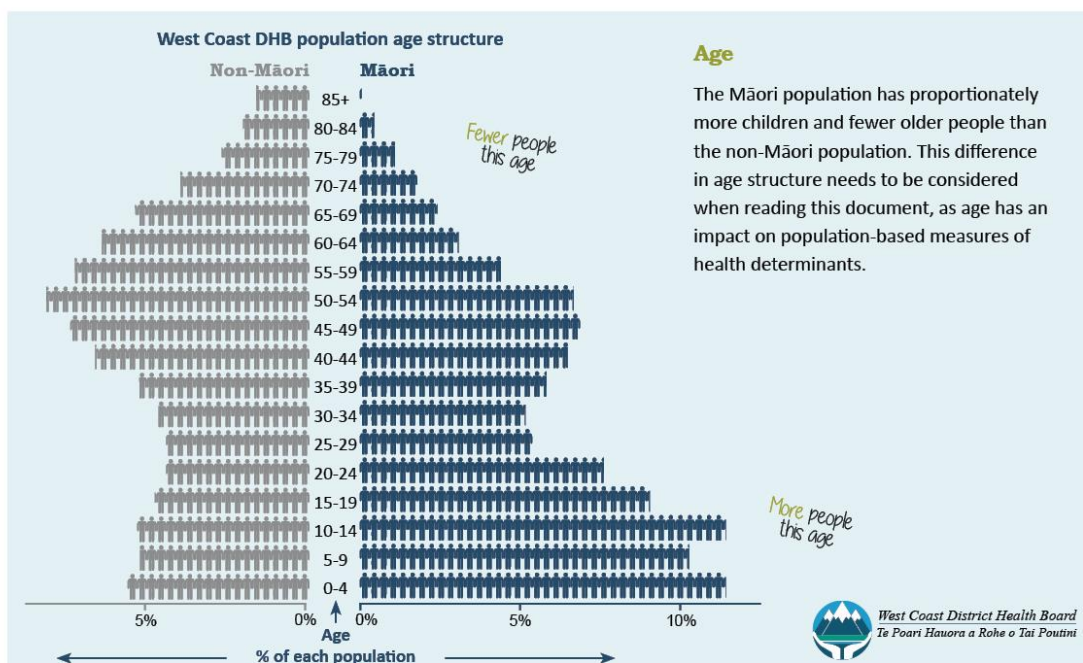
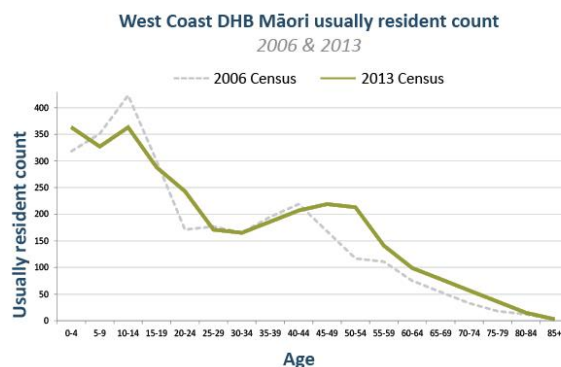
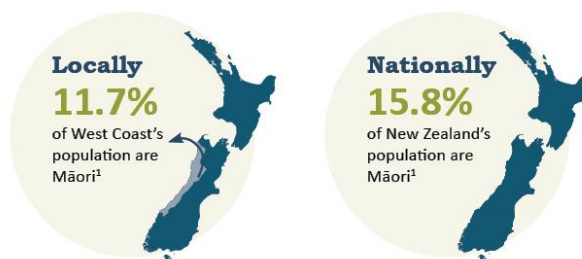
West Coast DHB's MĀORI POPULATION

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.

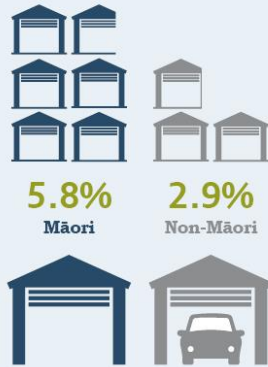


¹ These figures are projected for 2016-17 from the 2015 Statistics New Zealand Population Projections (based off the 2013 Census)

West Coast DHB's Areas Of Inequity

Transport

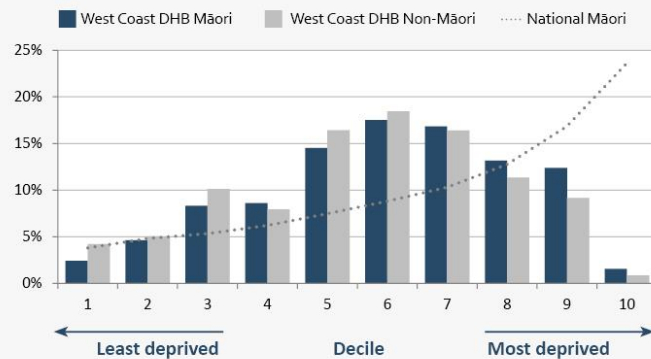
Māori are less likely to have access to a car as they're two times more likely to live in a household with no vehicle.



Deprivation

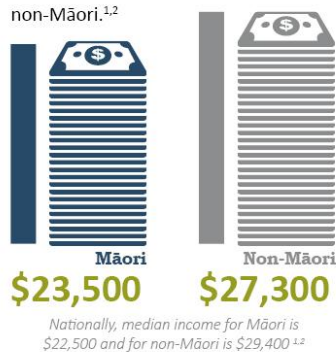
Māori are more likely to live in deprived³ areas than non-Māori. 61.5% of West Coast Māori live in deciles 6-10 compared to 56.0% of West Coast non-Māori.

West Coast DHB & National NZDep2013 distribution



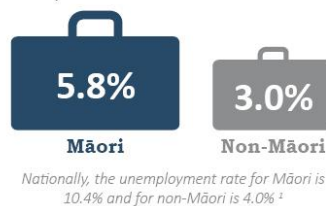
Income

Median income for Māori is several thousand dollars less than for non-Māori.^{1,2}



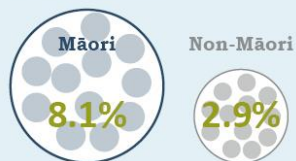
Unemployment

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

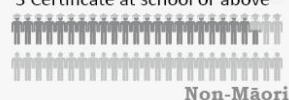
School qualifications



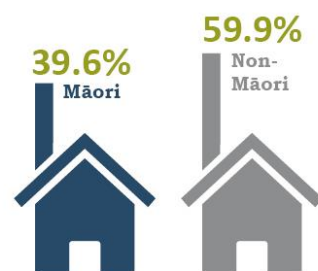
of Māori have an NCEA Level 3 Certificate at school or above⁵



of non-Māori have an NCEA Level 3 Certificate at school or above⁵



Nationally, 41.6% of Māori and 61.4% of non-Māori have a Level 3 certificate or above⁵



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 homes¹

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).

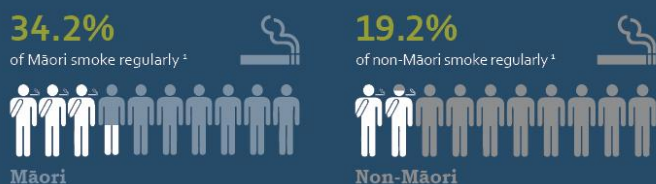
⁴ Taking into account the number of bedrooms, couples, single adults and the age and gender of children.

⁵ Aged 20 years and over.

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

Smoking

The biggest preventable cause of illness & death in NZ
Smoking is a risk factor for the cancer, circulatory, and lung diseases illustrated below. Health outcomes show Māori experience significantly greater harm than non-Māori.



Asthma

On the Coast, Māori children² are 2.4 times more likely to live with a smoker than non-Māori. Māori children³ are also 1.1 times more likely to be hospitalised with asthma than non-Māori.



Chronic respiratory disease

On the Coast, Māori are 1.8 times more likely to be hospitalised with chronic respiratory diseases than non-Māori⁴



1.8 times more likely

Heart disease & stroke

On the Coast, Māori are as likely to be hospitalised from heart disease or stroke⁵



just as likely

Lung cancer

On the Coast, Māori are 2.5 times more likely to be diagnosed with lung cancer than non-Māori



2.5 times more likely



Respiratory disease deaths

On the Coast, Māori are 3.6 times more likely to die early from respiratory disease than non-Māori



Heart disease & stroke deaths

On the Coast, Māori are 1.8 times more likely to die early from heart disease or stroke than non-Māori⁶



Lung cancer deaths

On the Coast, Māori are 1.8 times more likely to die from lung cancer than non-Māori

Oral health

Good teeth mean kids get the right start in life. Healthy teeth result from things like good nutrition, access to clean water, and regular brushing with attentive caregivers. Good teeth give an indication of and influence wider health and general well-being. On the Coast, Māori children are more likely to have unhealthy teeth than non-Māori.



Enrolment in dental services

On the Coast, Māori are 15% less likely than non-Māori to be enrolled in school and community dental services⁷



Dental holes & fillings

On the Coast, Māori are 50% more likely than non-Māori to have holes or fillings in their teeth⁸ than non-Māori⁹



¹. Aged 15 years and over. ². <15 years and under ³. Aged 5 years and under ⁴. Aged 45 years and over. ⁵. Aged 25 years and over.
⁶. Early deaths are those occurring before 75 years of age ⁷. Aged 0-4 years old ⁸. 'No holes or fillings' is referred to as being caries-free. ⁹. 5-year-olds

2016-17 Baseline Performance Summary Table

FOCUS	MEASURE	BASELINES 2014/15		TARGET 2016/17
		MĀORI	NON-MĀORI	
Data quality	% of general practices who have implemented the Primary Care Ethnicity Data Audit Tool	100%		100%
Access to care	% of the Māori population enrolled with a PHO	90%	91%	≥95%
Avoidable Hospital Admissions	Rate of avoidable hospital admissions for Māori 0-4 years old (per 100,000 people) ²	6,136	5,185	<5,388
	Rate of avoidable hospital admissions for Māori 45-64 years old (per 100,000 people)	4,440	2,065	<4,000
Asthma	Rate of asthma admission rates for children 0-4 years old	1,364	679	<825
Child health	% of babies exclusive/fully breastfed at LMC discharge ³	41%	40%	75%
	% of babies exclusive/fully breastfed at 3 months	57%	59%	60%
	% of babies receiving breast milk at 6 months	57%	61%	65%
Cancer	% of Māori women aged 50-69 who have had a breast screen in the last two years ⁴	76%	75%	>70%
	% of Māori women aged 25-69 who have had a cervical screen in the last three years ⁴	62%	75%	80%
Smoking	% of Māori women smokefree at two week postnatal ³	27%	39%	95%
Immunisation	% of Māori children fully immunised at 8 months of age	80%	87%	95%
	% of the Māori population aged 65+ who have had a seasonal influenza vaccination ⁵	69%	64%	75%
Oral health	% of Māori children aged 0-4 enrolled in DHB funded dental services	88%	100%	90%
Rheumatic fever	Rate of rheumatic fever in the South Island (per 100,000)	0	0.4	<0.2
Mental health	Rate of compulsory treatment orders for Māori (per 100,000)	54	97	N/A
Disease prevention	Regular quarterly activity reporting is presented to the Healthy West Coast Alliance Workstream	Yes		Yes
Suicide Prevention	Regular quarterly activity reporting is presented to the Mental Health Alliance Workstream	Yes		Yes

² This measure differs to that presented in the previous year, following a national review of the definition. The 0-4 age band results are based off the non-standardised NZ population and the 45-64 age band results are based off the standardised indigenous population. Baselines were provided national by the Ministry of Health for the year to March 2016.

³ Breastfeeding and Smoking measures and targets are aligned to the national WellChild/Tamariki Ora Quality Improvement Framework. Total population is presented as non-Māori results are not accessible and baselines are to Dec 2014.

⁴ The baseline period for cervical screening refers to the two years to June 2015, breast screening refers to the three years to June 2015.

⁵ The results differ from previous years - this measure now reflects Māori rather than the High Needs population - baseline is Dec 2014.

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 will we work with?	West Coast DHB, West Coast PHO.

OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

Improved accuracy of ethnicity reporting in PHO register.

Where are we now?

Primary Care Ethnicity Data Audit Toolkit (EDAT)

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

How will we achieve this?

- Q1-Q4:** Continue to support the PHO and general practices to implement and use the Primary Care EDAT to improve ethnicity data collection and quality.
- Q1:** As part of the three-year strategy identify actions to improve compliance to ethnicity data collection protocols based on the findings of the Primary Care EDAT.
- Q3:** Based on the outcome of the EDAT review support PHOs and general practices to use EDAT benchmarking for improving the quality of data collection.
- Q1:** Analyse the use of ethnicity codes 54, 61 and 99 by practice in each PHO to identify those needing greater support in quality improvement for ethnicity data collection.
- Q4:** Identify what processes and supports are required to further develop and implement the strategy.
- Q1-Q4:** Continue to provide orientation for new general practice staff and rural nurses on enrolment management process and ethnicity data collection.
- Q4:** 100% of practices continue to utilise audit reports received quarterly from Karo Data Management to improve ethnicity data.

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

Access to Care

What do we want to achieve?	Increased proportion of Māori population enrolled in a PHO
Why is this important?	Quality primary health care can reduce health inequalities. If primary health care services are accessible to Māori, whānau are more likely to be enrolled, to access health services early and stay out of hospital. This is not only better for our population, but it frees up hospital resources for people who need more complex and urgent care.
Who will we work with?	West Coast DHB, West Coast PHO.

Our performance story 2016-17

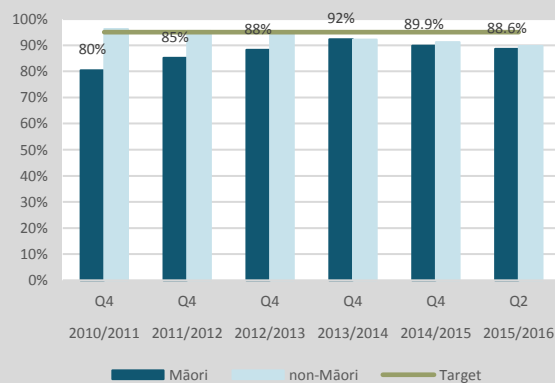
How will we know we're successful?

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

Where are we now?

ENROLLEMENT WITH PHO

Percentage of the population enrolled with a PHO:



Note: A number of the specific actions and the activity highlighted through this Plan focused on increasing responsiveness of services to the needs of Māori and increasing the engagement Māori and their whānau with health service will also support increased enrolment rates.

Data Source: PHO Enrolment Register and Stats NZ Census Projections

How will we achieve this?

- Q1-Q4:** Continue to maintain high PHO enrolment rates for Māori compared with national figures.
- Q1-Q4:** Provide PHO ethnicity data and enrolment data to the Māori Advisory Board and Board's advisory committee to monitor access rates.
- Q1-Q4:** Use the Māori Health Plan Monitoring tool to track predicted enrolment numbers of Māori.
- Q1-Q4:** Continue to support use of the New-born Services Enrolment Form in maternity services to ensure timely enrolment with multiple health services.
- Q1-Q4:** Health professionals working in, or contracted by, the DHB will continue to work with Māori clients to support them to enrol with a local GP and to appropriately advise ethnicity on enrolment.
- Q4:** 100% of primary care practices provided cultural competency training as a part of the Quality Improvement Programme.
- Q4:** 98% of Māori new-borns are enrolled with a general practice by 3 months of age.

Earlier Intervention - | Tamariki

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 will we work with?	Child & Youth Alliance Workstream, West Coast PHO, Grey/Westland & Buller Integrated Family Health Service (IFHS) Workstream, Poutini Waiora, and Plunket.

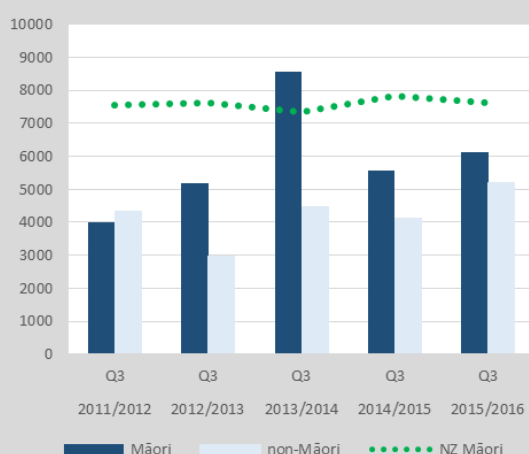
OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

Ambulatory sensitive (avoidable) hospital admission rates for Māori children will be at or below 5,388 per 100,000 people.

Where are we now?

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



For the year to end March 2016 the top four ASH conditions for Māori aged 0-4 years old were:

ASH Condition	Māori	Non-Māori	NZ Māori
Dental Conditions	2,727	1,667	1384
Asthma - Wheeze	1,364	679	1733
Pneumonia	909	185	716
Upper & ENT Respiratory Infections	455	1,296	1422
Lower Respiratory Infections	227	247	528

How will we achieve this?

- Q1-Q4:** Work with the PHO, Poutini Waiora and Child & Youth Alliance Workstream to identify opportunities to reduce avoidable hospital admissions (ASH) for Māori.
- Q1-Q4:** Develop pathways with wrap around whanau support for Māori children who present to hospital with upper respiratory infections, dental conditions or asthma.
- Q1-Q4:** Monitor acute hospital admissions of vulnerable Māori children with ethnicity data reported to the Child and Youth Health Workstream quarterly.
- Q1-Q4:** Monitor the Regional WCTO Quality Improvement Framework Project Plan to identify equity gaps and develop actions for improvement for Māori Tamariki.
- Q1-Q4:** Support the development of an action plan for each WCTO indicator where targets are not being met for Māori – monitored by the Child & Youth Workstream.
- Q1-Q4:** Regional WCTO Quality Improvement Manager links regularly with the local group to provide support.
- Q1-Q4:** The West Coast WCTO Alliance will monitor the number of Māori pepi receiving all core contacts in their first year of life and develop a collaborative model to guarantee timeliness of service.
- Q1-Q4:** Work with the B4SC Clinical Advisory Group to identify and monitor Māori children who require referral to specialist services and consolidate pathways.
- Q1-Q4:** Support Te Ha o Kawatiri Healthy Homes Initiative in Buller to ensure Māori with asthma are prioritised.
- Q1-Q4:** Work with Poutini Waiora and the social work team to identify whanau who require improved housing quality and develop cross-sector initiatives to provide support to access available services.
- Q1:** Establish a baseline understanding of the number of children with asthma who present frequently at primary care and the emergency department.
- Q2-Q4:** Work with the PHO, Poutini Waiora and Respiratory Nurse Specialists to review current pathways and strategies for improving health literacy of whanau and health providers in asthma management for children.
- 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 children identified as obese at their B4SC are referred for further advice and support.
- Q4:** Reduced asthma admission rates for Māori children.

Data Source: Ministry of Health National Minimum Data Set

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 will we work with?	CCCN, Health West Coast Workstream, West Coast PHO, Grey/Westland & Buller IFHS Workstream, Older Person's Health Workstream, Poutini Waioara.

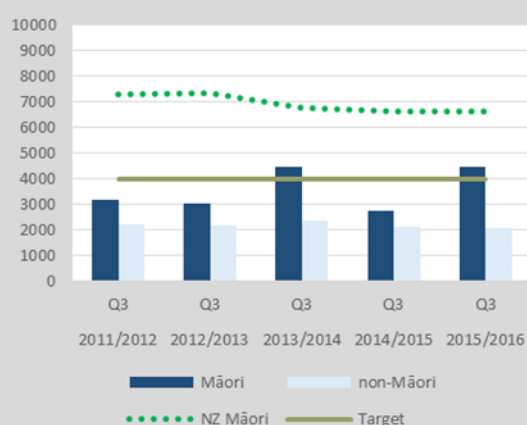
OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

Ambulatory sensitive (avoidable) hospital admission rates for Māori adults will be at or below 4,000 per 100,000 people.⁶

Where are we now?

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



For the year to end March 2016 the top four ASH conditions for Māori aged 45-64 years old were:

ASH Condition	Māori	Non-Māori	NZ Māori
Angina and Chest Pain	1119	432	1352
Myocardial Infarction	748	278	450
Respiratory Infections - COPD	646	156	809
Stroke	464	115	206
Congestive Heart Failure	306	96	403

Data Source: Ministry of Health National Minimum Data Set

How will we achieve this?

Q1-Q4: Work with the West Coast PHO, Poutini Waioara and the Healthy West Coast Workstream to identify opportunities to reduce avoidable hospital admissions (ASH) for Māori adults.

Q1-Q4: Maintain local reporting methods and provide quarterly ASH performance breakdowns by ethnicity to Grey/Westland and Buller IFHC Workstream to enable them to monitor and review ASH rates and associated indicators.

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

Q2-Q4: Analyse ASH data to identify areas where further strategies are needed to address avoidable admissions and progress actions under the Grey/Westland and Buller IFHC Workstreams.

Q1-Q4: Track the provision of InterRAI assessments and targets by ethnicity.

Q1-Q2: Engage Poutini Waioara 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 hospital admission.

Q1-Q2: Through Poutini Waioara identify health literacy barriers and facilitators in the prevention and management of skin infections and highlight interventions that may be effective in strengthening health literacy to improve the prevention and management of skin infections.

Q2-Q3: Continue to work with secondary care services to develop a clear pathway and care plan for post treatment support for Māori on discharge from hospital to reduce the chance of readmission.

Q2-Q3: Develop and implement a Cellulitis programme with a focus on Māori and high need populations.

Q4: Increased % of Māori over 55 years assessed by the Complex Clinical Care Network.

Q4: One Poutini Waioara Nurse trained in InterRAI.

Q4: One Poutini Waioara Nurse trained in Advanced Care Planning.

⁶ This measure differs to that presented in the previous year, following a national review of the definition. The results are based off the standardised indigenous population rather than the NZ population. Baselines were provided national by the Ministry of Health for the year to March 2016.

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 will we work with?	Breastfeeding Interest Group, West Coast DHB, West Coast PHO, Child & Youth Health Workstream, Healthy West Coast Workstream, Maternity Quality and Safety Group.

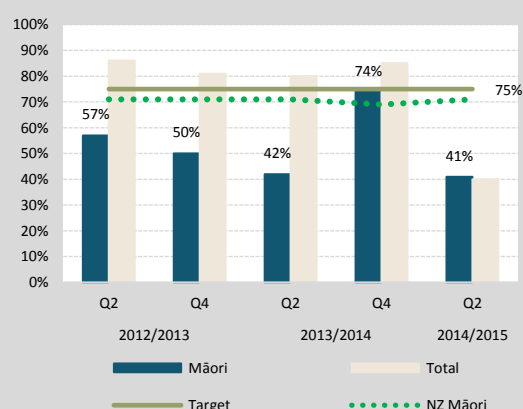
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How will we know we're successful?

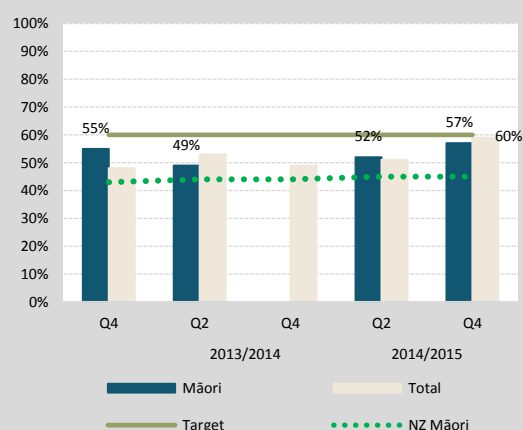
75% of pēpe are exclusively/fully breastfed at LMC discharge.
60% of pēpe are exclusively/fully breastfed at 3 months.
65% of pēpe babies are receiving breast milk at 6 months.

Where are we now?

Percentage exclusively or fully breastfed at LMC discharge:



Percentage exclusively or fully breastfed at 3 months:



Data Source: Ministry of Health WellChild Quality Framework Reports

How will we achieve this?

- Q1-Q4:** Continue to promote breastfeeding as a way of reducing childhood illnesses and protection against childhood obesity.
- Q1-Q4:** 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:** Review the West Coast's Priority Plan for Breastfeeding and identify actions that will support an improvement in Māori Breastfeeding rates.
- Q1-Q4:** Monitor local breastfeeding data to identify issues, and to support future service planning.
- Q1-Q4:** Promote early enrolment by wahine with Lead Maternity Carers (LMC). Monitor gestation at enrolment to track progress.
- Q1-Q4:** Support Poutini Waiora Mama and Pepi kaimahi to promote breastfeeding to whanau and where appropriate facilitate access to the community lactation service.
- Q1-Q4:** Increase the number of Māori 'Mum-4-Mum' training for peer support counsellors.
- Q1-Q4:** Continue to maintain BFHI standards and work towards renewed accreditation in 2017
- Q1-Q4:** All new Mothers receive contact by an LMC within a day of discharge, to establish additional support requirements and where appropriate they will be linked with Poutini Waiora Mama & Pepi service.
- Q1:** Develop a communication plan for Māori to ensure that every Māori whanau with a new-born is aware of the pathways to support them with breastfeeding on their return home from hospital.
- Q2-Q3:** Use learning from the Mana Tamariki Mana Mokopuna Whanau o Te Tai Poutini project as input into the model of delivery for development of Pregnancy/Parenting breastfeeding education programmes and breastfeeding pathways.
- Q4:** The Mama & Pepi service makes contact with the whanau of every Māori baby born on the Coast to facilitate breastfeeding support as required.
- Q4:** 75% of Māori babies are exclusively or fully breastfed on hospital discharge.

Cancer | Breast Screening

What do we want to achieve?	Improved early detection and reduced 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 will we work with?	National Cervical Screening Programme Service, Poutini Waiora, West Coast PHO, Breastscreens Aotearoa, Local Cancer Team.

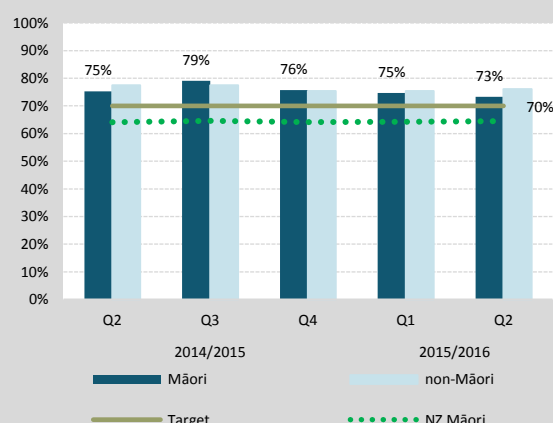
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How will we know we're successful?

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

Where are we now?

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.

Data Source: National Breast Screening Unit – DHB Coverage Reports

How will we achieve this?

Q1-Q4: Through the Local Cancer Team, Southern Cancer Network and Breastscreens South strengthen stakeholder alliances, review pathways and ensure equitable access to cancer treatment.

Q1-Q4: In conjunction with Breastscreens South, continue to strengthen pathways between the DHB, Poutini Waiora and general practices with a focus on screening wahine Māori as a high priority group.

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

Q1: The West Coast PHO, GP practices and Poutini Waiora work together to ensure that eligible women are enrolled and participating in the Breast Screening programme.

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

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

Q2-Q3: One major Breast Screening promotional event is developed in partnership with Breast Screen South and West Coast Health Alliance partners.

Q3: Work with the West Coast PHO to undertake an audit of 45-69 year old Māori wahine who are not enrolled with Breast Screen South and through Breastscreens South and Poutini Waiora facilitate enrolment in the programme.

Cancer | Cervical Screening

What do we want to achieve?	Improved early detection and reduced 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 will we work with?	National Cervical Screening Programme Service, Poutini Waiora, West Coast PHO, BreastScreen Aotearoa, Local Cancer Team.

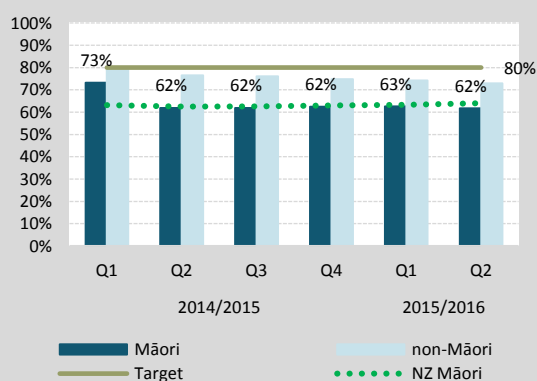
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How will we know we're successful?

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

Where are we now?

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.

How will we achieve this?

- Q1-Q4:** 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.
- Q1-Q4:** In conjunction with BreastScreen Aotearoa South share learnings and 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:** Poutini Waiora, Māori Cervical Screener and the West Coast PHO work together to reach high needs Māori women. A process will be identified and embedded into service delivery with the aim of 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 'Did Not Attend' (DNA) project team will 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.
- Q4:** Four outreach cervical screening clinics delivered.

Data Source: National Cervical Screening Unit – DHB Coverage Report

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 will we work with?	West Coast PHO, Healthy West Coast Alliance Workstream, Community and Public Health team, Poutini Waiora, West Coast Tobacco Free Coalition.

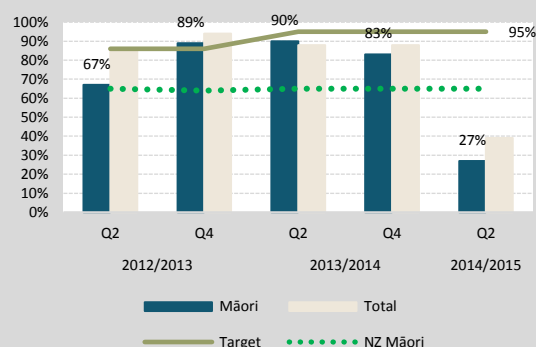
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How will we know we're successful?

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

Where are we now?

Percentage of women smokefree at two week postnatal:



Note: The Māori Cessation Plan is implemented by a joint working group made up of representatives from the Poutini Waiora, Community & Public Health, the West Coast Smoking Cessation Coordinator, DHB Smoking Cessation Practitioner and the DHB's Māori Health and Planning and Funding teams.

How will we achieve this?

Q1-Q4: Midwives work closely with the Mama and Pepi and Aukati Kai Paipa services to encourage and support mothers to engage with stop smoking services.

Q1-Q2: Track ABC interventions, smoking cessation referrals and smokefree status through regular updating of the quality improvement boards in hospital maternity services.

Q1: Use learning from the Mana Tamariki Mana Mokopuna Whanau o Te Tai Poutini project as input into the model of delivery for Pregnancy/Parenting services to improve uptake by Māori and facilitate an increase in referrals to smoking cessation services for pregnant wahine.

Q1-Q4: Work with Early Childhood Education Centres to promote Smokefree environments through the Little Lungs project, specifically cars and homes.

Q1-Q4: Review the Māori Smoking Cessation Plan and continue to work with Smokefree and Cessation leads to identify and implement strategies to improve Māori engagement in cessation services.

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

Q1: Seek feedback from Māori consumers of smoking cessation services to identify what worked well and how we can improve engagement of Māori in cessation attempts.

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

Q1-Q4: Offer incentives to partners or supporting whanau as part of the DHB pregnancy incentivisation programme.

Q4: An increased number of West Coast midwives have completed the Te Hapu Ora Innov8 Smokefree Education workshops.

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

Q4: Increased percentage of Māori women smokers engaged with the DHB pregnancy incentivisation programme - baseline 16 %.

Q4: Proportion of total smoking cessation enrolments that are Māori maintained above 2015 base (18.5%).

Data Source: Ministry of Health WellChild Quality Framework Reports

Immunisation | Tamariki

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 to prevent or reduce the impact of preventable diseases.
Who will we work with?	West Coast Child & Youth Alliance Workstream, Immunisation Advisory Group, West Coast PHO, Poutini Waiora.

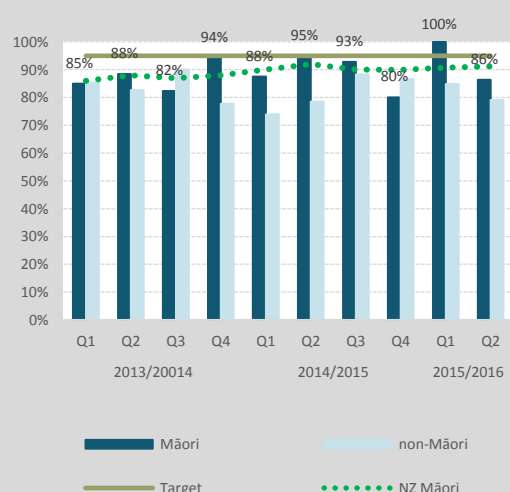
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How will we know we're successful?

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

Where are we now?

Percentage of eight month old babies fully immunised:



Data Source: National Immunisation Register

How will we achieve this?

- Q1-Q4:** 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:** Continue to support and monitor the new-born enrolment process and rates to promote seamless handover between maternity, general practice and WCTO services and support multiple enrolments with services.
- Q1-Q4:** Use the Immunisation Advisory Group forum to link up maternity, general practice and Kaupapa Māori Provider services to better support enrolment of new-borns with general practice and locate and enrol hard to reach children.
- Q1-Q4:** Poutini Waiora WCTO nurse will work closely with the NIR Co-ordinator and Outreach Immunisation Service to develop processes to improve the timeliness of immunisation at 6 weeks, 3 months and 5 months.
- Q1-Q4:** Poutini Waiora vaccinators will identify opportunities for opportunistic vaccinations.
- Q1 – Q4:** Poutini Waiora will work closely with the Outreach Immunisation Service to assist in engaging Māori with the Service.
- Q1-Q4:** The PHO Immunisation Champion will monitor timely immunisation and link with the NIR Coordinator to co-ordinate outreach and general practice activity.
- Q1-Q4:** Outreach Immunisation Services will focus 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 identify areas of underperformance for improved delivery.
- Q1-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 not engaged with general practice to Kaupapa Māori services.
- Q4:** 100% of new-borns enrolled on the NIR at birth.
- Q1-Q4:** 98% of new-borns enrolled with a general practice by three months of age.

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 will we work with?	West Coast DHB, Health of Older Persons Alliance Workstream, Immunisation Advisory Group, West Coast PHO, Poutini Waiora.

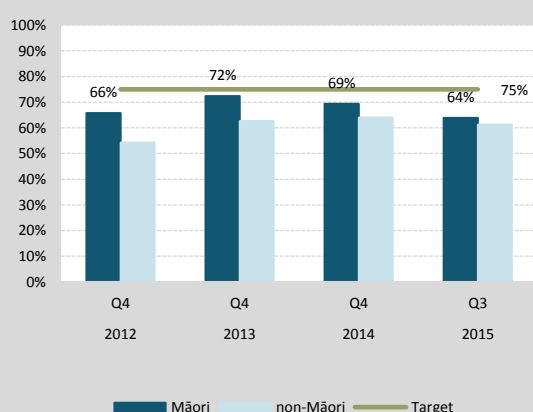
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How will we know we're successful?

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

Where are we now?

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



Data Source: PHO Performance Programme

How will we achieve this?

- Q1-Q4:** Promote and provide free seasonal flu vaccinations for Māori with chronic conditions, pregnant wāhine and Māori aged over 65.
- Q1-Q4:** The West Coast PHO will report and monitor flu vaccination rates for people aged over 65 by ethnicity, to focus on uptake by Māori.
- Q2-Q3:** Identify Māori aged over 65 who are eligible for the Influenza vaccine through practice lists.
- Q1-Q4:** Work with practice teams and health promotion teams to increase uptake by Māori with the use of outreach clinics.
- Q2-Q3:** Offer Māori support through Poutini Waiora to attend outreach clinics or the GP practice.
- 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+ are hosted by Poutini Waiora and the West Coast PHO.

Rheumatic Fever

What do we want to achieve?	Continued maintenance of 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 will we work with?	South Island Public Health Alliance Workstream, Community and Public Health team.

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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?

Rate of new confirmed cases per 100,000 population:

Ethnicity	2012/13	2013/14	2014/15
Māori	0.00	3.28	0.00
Non-Māori	0.21	0.42	0.21
Total	0.19	0.67	0.19

Note: The five South Island DHBs have a combined response plan and target for Rheumatic Fever due to the low rates in the South Island. The Regional Rheumatic Fever Prevention and Management Plan can be found on the South Island Regional Alliance website: www.sialliance.health.nz/rheumaticfeverplan.

There is currently no one with rheumatic fever on the West Coast however the DHB supports the Regional Prevention Plan and should a case present, activity will be aligned with the agreed approach.

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

Data Source: South Island Alliance Public Health Workstream Reports

Oral Health

What do we want to achieve?	Improve oral health outcomes for tamariki and rangatahi.
Why is this important?	Regular dental care has lifelong health benefits. It also indicates 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 will we work with?	West Coast PHO, Community & Public Health team, Poutini Waiora, Child & Youth Health Alliance Workstream.

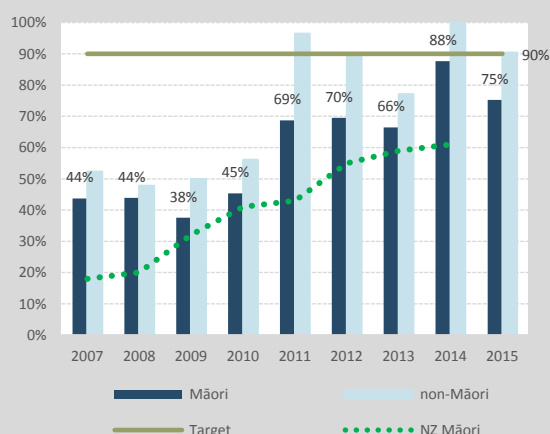
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How will we know we're successful?

95% of Māori Tamariki and rangatahi will be enrolled in DHB funded dental services.

Where are we now?

Percentage of preschool children (aged 0-4) enrolled in DHB's School and Community Oral Health Services:



How will we achieve this?

- Q1-Q4:** In line with the West Coast Oral Health Review, develop an Oral Health Action Plan that identifies actions to promote the School and Community Oral Health Service and prioritise improved oral health outcomes for Māori.
- Q1-Q4:** Continued to promote the New-born Enrolment form to ensure every child born on the West Coast is enrolled with Oral Health Services.
- Q1-Q4:** Promote an increased focus on equity by monitoring and circulating oral health performance results by ethnicity.
- Q1-Q4:** The School and Community Oral Health Service and Poutini Waiora will support use of the level one mobile screening unit in community settings to ensure barriers are removed for pre-schoolers to attend appointments.
- Q1:** Develop processes where WCTO referrals to oral health services also activate notifications to Poutini Waiora to provide support to attend dental appointments and reduce DNA rates.
- Q1:** Develop processes to follow up with whanau that do not attend dental appointments.
- Q2-Q3:** Develop an at-risk assessment tool to be used by dental, WCTO and other non-oral providers.
- Q2-Q4:** Facilitate earlier and increased contact with pre-school children at highest risk of dental caries.
- Q2-Q4:** Develop a formal referral pathway for whanau who are identified as at risk of dental caries.
- Q1-Q4:** Provide improved opportunities for early anticipatory guidance and increased preventive clinical activities i.e. use of topical fluorides.
- Q2-Q3:** Provide oral health promotion specifically targeted at Māori whanau.
- Q4:** Provide training for WCTO and other non-oral health professionals in using the risk assessment tool and in recognising early oral health issues.
- Q4:** 100% of Māori children have a dental caries risk assessment profile completed and those identified at risk are provided with specialist advice and support.
- Q4:** 95% of all children enrolled in School and Community Oral Health Services are examined according to planned recall.

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

Mental Health

What do we want to achieve?	Improved mental health wellbeing and outcomes for the Māori population by assisting services to enhance service quality and responsiveness.
Why is this important?	Māori on the West Coast have a higher level of utilisation of 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 the need for higher-end (or specialist) interactions and to reduce long-term negative impacts of mental illness or addiction.
Who will we work with?	West Coast PHO, Poutini Waiora, Child & Youth Alliance Workstream, Suicide Prevention Governance Group, Mental Health Alliance Workstream.

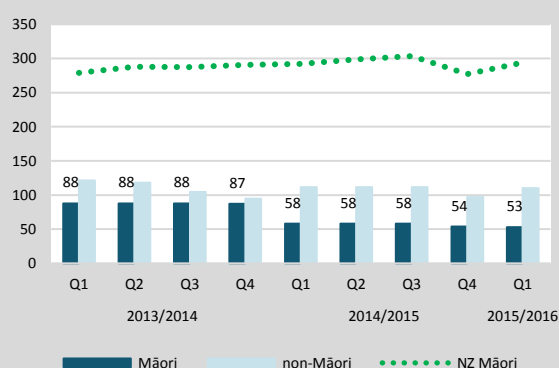
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How will we know we're successful?

We will have established an understanding of the drivers behind Community Treatment Orders and any differentials in the rates for Māori and non-Māori.

Where are we now?

Community Treatment Order Rates – per 100,000 people:



Data Source: Ministry of Health national PRIMHD dataset.

How will we achieve this?

- Q1-Q4:** Work alongside the Mental Health Workstream to implement the outcomes of the Mental Health Review and improve Māori youth access and uptake of primary mental health services.
- Q1-Q4:** Review service utilisation data for people of Māori descent committed to community treatment orders relative to non-Māori.
- Q2:** Identify actions to improve engagement rates for Māori, earlier in the continuum.
- Q3:** Review tāngata whaiora pathways through specialist mental health and alcohol and drug services and identify areas where pathways can be strengthened.
- Q4:** Develop specific Māori pathway links to services.
- Q1-Q4:** Work with primary care providers to strengthen responsiveness to Māori youth, in line with the development of the Grey and Buller IFHSs.
- Q3-Q4:** Support the enhanced integration of child and adolescent mental health, youth alcohol and drug, paediatrics and primary mental health services to support the stepped care model and improve engagement rates with Māori.
- Q1-Q2:** Collaborate regionally on seclusion and restraint processes and protocols, with a specific focus on improving outcomes for Māori.
- Q1-Q4:** Participate regionally in the development of a model for alcohol and other drug (AOD) withdrawal management in line with the proposed legislative changes to compulsory treatment orders.
- Q4:** Access rates for specialist mental health services maintained at or above 3.1%
- Q4:** 80% of people accessing non-urgent services mental health and AOD services are seen within 3 weeks.
- Q4:** 95% of people accessing non-urgent services mental health and AOD services are seen within 8 weeks.

Local Māori Health Priorities

Healthy Lifestyles

What do we want to achieve?	A reduction in the risk factors contributing to the development of long-term conditions by improving nutrition, increasing physical activity and reducing obesity.
Why is this important?	<p>Supporting people to achieve healthier body weights is fundamental to improving their health and wellbeing and preventing and managing long-term conditions at all ages.</p> <p>Almost a third of adults in New Zealand are obese and over half are overweight. The rate of childhood obesity is also rising with 10.8% of children now identified as obese.</p> <p>Obesity is particularly concerning in children as it is associated with a wide range of long-term health conditions including: heart and respiratory disease, stroke, diabetes and increased risk of premature death. Māori obesity rates are higher with three in every 10 adults being obese and 14.8% of Māori children.</p> <p>A new health target will be implemented in 2016 focusing on the prevention and management of obesity in children, signalling the importance of early intervention.</p>
Who will we work with?	West Coast PHO, Poutini Waiora, Community & Public Health team, Healthy West Coast Alliance Workstream.

OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

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

How will we achieve this?

- Q1-Q4:** Collaborate in joint planning with the Healthy West Coast Workstream to coordinate public health services, create health-promoting environments and improve outcomes for Māori.
- Q1-Q4:** Establish a Māori Advisory Group to:
 - Develop a model to improve health and wellbeing through health promotion programmes that promote healthy lifestyles
 - Develop community physical exercise and nutrition initiatives based on an integrated and holistic Kaupapa Māori framework.
- Q1-Q4:** Work in a whānau ora approach with Māori in Kohanga Reo, Marae and Poutini Waiora settings to support healthy choices and make healthy lifestyle changes.
- Q1-Q4:** Work with event organisers and community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka Festival.
- Q1-Q4:** Support an increased proportion of Māori participating in the Appetite for Life programme.
- Q1-Q4:** Support an increased proportion of Māori being referred to dietetic services.
- Q1-Q4:** Work with Poutini Waiora to support ongoing delivery of nutrition and physical activity advice, referral and support to Māori whanau in a culturally appropriate way
- Q2-Q3:** Support the development of consistent regional protocols and intervention guidelines for managing the treatment of child obesity.
- Q4:** Increased proportion of Māori being referred for Green Prescriptions - base 12%.
- Q4:** 75% of Māori Tamariki are a healthy weight at four years - base Māori 57% Total pop 79%.

Suicide Prevention

What do we want to achieve?	Engagement of Māori in suicide prevention activity with the ultimate goal of reducing suicide and rates of self-harm amongst Māori.
Why is this important?	While rates of suicide in New Zealand have dropped from a peak in 1998, they have remained too high at well over 500 per year. New Zealand also continues to have one of the highest youth suicide rates in the developed world, with particularly high rates for Māori youth relative to others. In 2012, the total Māori youth suicide rate was 48.0 per 100,000; 2.8 times higher than the non-Māori youth suicide rate.
Who will we work with?	Suicide Prevention Governance Group, Mental Health Workstream, Community & Public Health team, West Coast PHO, Poutini Waioara, Tatau Pounamu.

OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

Quarterly reporting on activity to the Mental Health Workstream demonstrates Whānau, community leaders and clinical groups are working together to create safe and sound individual, whānau and community response to suicide prevention and postvention.

How will we achieve this?

- Q1-Q2:** Identify a lead agency/organisation to provide leadership for Māori in suicide prevention activity.
- Q1-Q2:** Engage with local Māori providers to identify a representative for the Suicide Prevention Governance Group who can promote resilience and suicide prevention activities, relevant to Māori communities.
- Q1-Q4:** Provide a vehicle for feedback from the postvention and suicide governance groups to Tatau Pounamu.
- Q1-Q4:** Build the capacity and capability of Māori whānau, hapū, iwi, to prevent suicide and to respond safely and effectively when and if suicide occurs.
- Q1-Q4:** In addition to existing wellbeing indicators, develop a 'whānau wellbeing indicator' with a specific suicide prevention focus.

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.



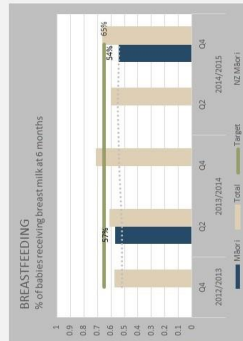
Appendix 2 | Māori Health Plan Dashboard

West Coast DHB Māori Health Action Dashboard Report December 2015

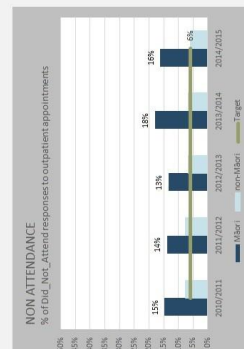
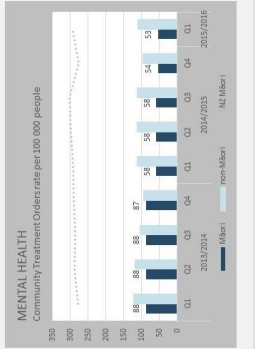
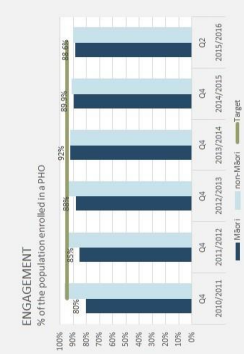
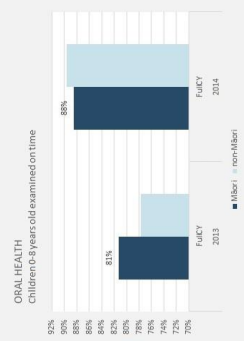
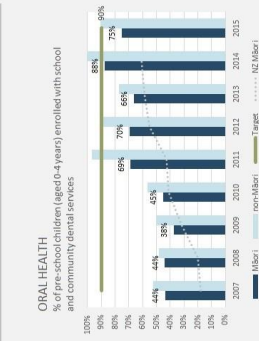
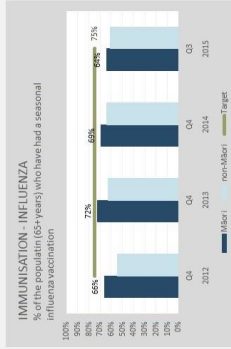
Kia whakakotahi te hoe o te waka WE PADDLE OUR WAKA AS ONE

The difference between Maori and non-Maori is less than 5% or the target is met
The difference between Maori and non-Maori is between 5% and 10%
The difference between Maori and non-Maori is greater than 10%

Tamariki Health and Wellbeing



Adults Health and Wellbeing



Enablers to support improved Health and Wellbeing



Māori Health Action Plan

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