TATAU POUNAMU
Ki Te Tai o Poutini

MANAWHENUA ADVISORY GROUP

22 August 2013

Agenda and Meeting Papers

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

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

Member	Disclosure of Interest
Lisa Tumahai **(Chair)** Te Runanga O Ngati Waewae	Directorships ▪ Chair - Arahura Holdings Ltd 2005 – currently ▪ Chair -Te Waipounamu Maori Heritage Centre 2006 – currently Committees ▪ Ministry of Social Development Community Response Model (CRM) Forum – Marlborough/West Coast (new appointment 2013) ▪ Te Waipounamu Maori Cancer Network Committee 2012 - currently ▪ Te Runanga O Ngati Waewae Incorporated Society 2001 – currently ▪ Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently) ▪ Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently Trustee ▪ West Coast PHO 2013 – currently ▪ Rata Te Āwhina Trust – April 2013 - currently ▪ Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently) ▪ Te Poari o Kati Waewae Charitable Trust – (2000 – currently) Husband Francois Tumahai.
Francois Tumahai Te Runanga O Ngati Waewae	▪ Chair, Te Runanga o Ngati Waewae ▪ Director/Manager Poutini Environmental ▪ Director, Arahura Holdings Limited ▪ Project Manager, Arahura Marae ▪ Project Manager, Ngati Waewae Commercial Area Development ▪ Member, Westport North School Advisory Group ▪ Member, Hokitika Primary School Advisory Group ▪ Member, Buller District Council 2050 Planning Advisory Group ▪ Member, Greymouth Community Link Advisory Group ▪ Member, West Coast Regional Council Resource Management Committee ▪ Member, Rata Te Awhina Trust Board

Member	Disclosure of Interest
	▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Te Poari o Kati Waewae Charitable ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board ▪ Wife is Lisa Tumahai, Chair
Elinor Stratford West Coast District Health Board representative on Tatau Pounamu	▪ Member Clinical Governance Committee, West Coast Primary Health Organisation ▪ Committee Member, Active West Coast ▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust ▪ Deputy Chair of Victim Support, Greymouth ▪ Committee Member, Abbeyfield Greymouth Incorporated ▪ Trustee, Canterbury Neonatal Trust ▪ Board Member of the West Coast District Health Board ▪ Committee Member, CARE ▪ Advisor to the Committee MS Parkinsons
Sharon Marsh Nga Maata Waka o Kawatiri	▪ President / Community Representative, Kawatiri Maori Women's Welfare League ▪ Kaiawhina, Rata Te Awhina Trust ▪ Member, Granity School Board of Trustees ▪ Member, Buller Budget Advisory Service ▪ Husband is Buller District Councillor
Wayne Secker Nga Maata Waka o Mawhera	▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee
Paul Madgwick Te Runanga o Makaawhio	▪ Chairman, Te Rrunanga o Makaawhio ▪ Editor - Greymouth Star, Hokitika Guardian, West Coast Messenger.
Susan Wallace Te Runanga o Makaawhio	• Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae

Member	Disclosure of Interest
	• Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Rata Te Awhina Trust ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING

DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING held in the Board Room Corporate Office, Grey Base Hospital, on Thursday 11 July 2013 held at Corporate Office at 3.35pm

PRESENT: Lisa Tumahai, Te Rūnanga O Ngāti Waewae (Chair)
Sharon Marsh, Maori Community Westport
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Paul Madgwick, Te Rūnanga O Makaawhio
Richard Wallace, Te Rūnanga O Makaawhio

IN ATTENDANCE: Gary Coghlan, General Manager Māori Health, West Coast DHB
Kim Sinclair-Morris, Project Specialist, Planning & Funding, CDHB/WCDHB
Michael Frampton, Programme Director, West Coast DHB (joined at 3.50pm)
Helen Reriti, CE, Primary Health Organisation, West Coast

MINUTE TAKER: George Atfield, Administrator Māori Health

APOLOGIES: Susan Wallace, Te Rūnanga O Makaawhio
Wayne Secker, Maori Community
Dr Paul McCormack, Chair of West Coast DHB

WELCOME / KARAKIA

Two new members have been appointed to Tatau Pounamu, Paul Madgwick and Susan Wallace from Te Rūnanga O Makaawhio. The Chair acknowledged Richard Wallace and the work that he has provided to this committee and the health system. An open invite was extended to Richard to attend future meetings if he wished.

1. AGENDA / APOLOGIES

Apologies were received from Susan Wallace, Wayne Secker and Paul McCormack.

Motion: THAT the apologies are accepted.

Moved: Francois Tumahai **Seconded:** Sharon Marsh
Carried.

2. DISCLOSURES OF INTEREST

New members to provide a list of Disclosures of Interest to the Minute Secretary.

Motion: THAT Disclosures of Interest were a true and accurate record.

Moved: Elinor Stratford **Second:** Sharon Marsh
Carried.

3. MINUTES OF THE LAST MEETING - THURSDAY 6 JUNE 2013

Motion: THAT the Minutes of Thursday 6 June 2013 were accepted as a true and accurate record.

Moved: Francois Tumahai **Second:** Elinor Stratford
Carried.

4. MATTERS ARISING

4.1 Provide Minute Secretary suggested Amendments for Tatau Pounamu Terms of Reference
To be discussed further under Item 4, Discussion Documents.

4.2 Maori representatives
Names to be forwarded to the Chair or Minute Secretary.

4.3 Advise Minute Secretary of Tatau Pounamu Paper Preference
Completed.

4.4 I.T Access Rata Te Awhina
The GM Maori Health provided an update. Rata Te Awhina's I.T issues are being addressed by the I.T team at West Coast DHB.

5. DISCUSSION ITEMS

5.1 Whare Whakaruruhau
The committee were advised why this matter was brought to the attention of Tatau Pounamu. It was timely as the procedure for the Whanau / Family facility was due for renewal at that time (January 2013). Committee members felt that the original purpose of the Whanau facility needs to be re-established. Bring the facility back to its original Kaupapa. The facility should be treated as a mini Marae within the hospital grounds.

The procedure was reviewed and the following comments were made to be included in all documentation:

- Clearly identify that it is a Marae style accommodation and that occupants are well advised that they may be expected to share the facility at the point of booking the facility.
- Price structure:
    - if occupants are eligible for National Travel Assistance that alternative accommodation is looked at
    - The price per night is to low, perhaps look at two tier structure, one price for emergency situations and one price for non-emergency situations
    - $10 deposit to be reviewed
- Revamp the steering committee to include a Tatau Pounamu member
- Reduce the number of beds nights from 7 to 4 to enable more people to use the whare

The Programme Director joined the meeting at 3.50pm

- The facility needs to be thought as a place for time out, not just for sleeping. It was discussed that perhaps a Manaaki group is established, the concept of the facility should be about Manaakitanga, having a place for whanau that are supported by others, such as the Kaiawhina
- The GM Maori asked if there were any volunteers and Richard Wallace volunteered to join the Whanau Steering Group committee.

Action:

- **Ensure policy consistent throughout all documentation**
- **Ensure purpose of facility is clearly outlined**
- **Look at establishing a steering committee and a Maanaki group, to discuss further at the next meeting**

5.2 Grey IFHS and Alliance Update

The Project Specialist updated Tatau Pounamu on Grey IFHS and the wider West Coast developments.

- PHOs have revised Service Agreements with DHBs, this Agreement is designed to strengthen primary care and clinical integration across the health system. DHBs and PHOs to work together in redesigning and implementing relevant parts of the DHB's Annual Plan.
- A number of workstreams continue on focusing on integrated approaches with primary care e.g Pharmacy, community nursing.
- Better Health are supporting DHB owned practices by assisting with ensuring the practices are financially viable and clinically safe.
- Health pathways to be reviewed and ensure are appropriate for Maori and are seamless between services.
- Develop models of care that include sustainable after-hours services for the Community.

Committee member's noted that the Kaizen findings being implemented for improvement of the Maori patient and whanau health care experience within the IFHS framework is positive to hear. Having the integrated buy in from GPs / primary care partners is important.

It was noted that the last work plan reviewed appeared to be internally driven and focused and did not appear to be across the whole providers. The updated Grey/Westland IFHS workplan discussed today details a number of names appearing in different work streams which is positive to view. The Project Specialist was advised that Tatau Pounamu are pooling a list of names to assist with the various work streams for Maori input, to provide a Maori lens across all work streams.

Tatau Pounamu were advised that an Alliance Team update will be provided bi-monthly, the next being due October 2013.

The Project Specialist also provided an update about the relationship between Better Health and PHOs and their roles within a Better Health Agreement, it is looking at addressing the fragility of GP owned practices and the way forward of appropriate solutions for GP practices.

The West Coast PHO CE joined the meeting at 4.18pm

The Chair welcomed the Chief Executive, WC PHO to the meeting and was briefed on the discussions so far about Better Health's role and PHOs role.

The WC PHO CE advised Tatau Pounamu look at rebuilding relationships and is developing on past alliances. With the current Alliance Leadership Team working well, it details that there is the right people on the work streams who are key to make positive change. By having ALT present to feedback it provides the overseer to ensure progress happens. She reiterated that it is the work streams that are making the difference.

She also advised that progress on the Kaupapa Maori Nurse positions integrated within the primary practice are working with patients and their whanau which is very positive.

The Chair congratulated Kim on her new job and thanked her. The Chair reiterated that the DHB has lost a strong key staff member.

5.3 Grey Data

To be reviewed at August's meeting.

Action: Programme Director

5.3 Proposed work plan

The committee were asked if they had any further input / items to add to the work plan. The following amendments to be made:

- Review timeframes to align with work streams
- Include DHB Annual Plan
- Include national priorities as arise
- Remove Secretariat, planned items, presentation
- Review Maori Mental Health Review (WCDHB review)

Kim Sinclair-Morris left the meeting at 4.45pm

5.4 Terms of Reference, Tatau Pounamu

The Terms of Reference was viewed on screen and amended to reflect comments, one item to be clarified further, item 4.1.6, quorum.

5.5 Pool of people names

To keep as a recurring agenda item.

6. GM Maori Health Report

Taken as read. Open for discussion.

Clarity was sought about the CDHB / WCDHB Maori Team in Mental health approach, cultural guidance and leadership. The committee were advised that it is about positive discussions, sharing resources with neither DHB taking the lead, an equal partnership.

7. HEHA

The report was taken as read.

8. Information Papers

Board report – Include Section 6 of the TOR as the first part of the report layout.

9. GENERAL BUSINESS

9.1 Review meeting time of Tatau Pounamu and Frequency

An alternative time for Tatau Pounamu was discussed and it was suggested that a 2pm start is trialled. The August meeting will be trialled at 2pm, with an alternative venue to be trialled.

Once the work plan has been finalised and dates set for 2014, it was suggested that perhaps meetings are held bi-monthly.

9.2 Tatau Pounamu Papers

Papers to be compiled without tabs.

9.3 Ngai Tahu Partnerships

Ngai Tahu is currently working with Iwi in the Nelson Marlborough district Te Ihi o te Waka A Maui looking at ways to strengthen Maori Health governance across Te Wai Pounamu. This group will address Iwi Governance that will provide sub committees for specific areas e.g. Whanau ora.

9.4 WC Support Services disability trust

The committee were advised that the West Coast office is closing. The service is still available via an 0800 service provided from Queenstown. The committee were also advised that a mobile unit is to be trialled for a 12 month period that will provide a service from Haast to Karamea with a Registered Nurse providing a mobile service. There may be a name change for the service. Equipment will still be available.

9.5 Ministry Appointed DHB Maori positions

The committee were advised that it is DHB Board election year for Governance positions. Nominations are to be provided to the Ministry by 19 July.

There being no further business the meeting closed at 6.00pm

MATTERS ARISING AUGUST 2013

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

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
4.	11 July 2013	Whare Whakaruruhau ▪ Ensure policy consistent throughout all documentation ▪ Ensure purpose of facility is clearly outlined ▪ Look at establishing a steering committee and a Maanaki group, to discuss further at the next meeting	GM Maori Health	GM Report
4.	11 July 2013	Provide an update on Grey Data	Programme Director	October Meeting

SUICIDE PREVENTION PLAN

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

TO: **Chair and Members**
Tatau Pounamu Advisory Group

SOURCE: **General Manager Maori Health**

DATE: **12 August 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a discussion document.

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

3. SUMMARY

Suicide became a national issue in 2003/04 and as a consequence a National Suicide Prevention plan was developed. (This publication can be sourced off the MoH website).

1. Following the release of the plan which includes detail on suicide rates across the country, Suicide Prevention Co-ordinators s were established due to the high rate of self harm particularly within some DHB area's.

The following DHBs were selected to host Suicide Prevention Co-ordinators, funded via the MOH:

- Northland
- Auckland
- Counties Manukau
- Lakes
- Wairarapa
- Nelson Marlborough

2. The role of Co-ordinators was to work within the DHB to develop and implement the key strategies from national plan, develop a local action plan and implement this. Its important to note that right up until the recent plan 2013/2016 this development focus was always in DHB's, not with community.

3. The focus is those closest to people who may be suicidal helping to recognize the signs and offering support and help. The plan improves access to training and information for families on how to help their loved ones who are in distress, and also support for those bereaved by suicide.

4. There have been two evaluations. Some SPC were based in DHB's, and some weren't. NMDHB was based within the PHO's, and took more of a community focus as the provider division was difficult to engage.

On the West Coast in previous years –we have been working with the MoH programme to improve Emergency Department /Mental health service interface in regard to self harm presentations.

This work is focused on prevention of repeat attempts (which is MHS core business) the new model with enhanced accessibility will also assist in getting people into treatment earlier

Other suicide prevention work, with primary health (GP and PHO), NGO (including Rata Te Awhina) schools and families and there is a huge amount of work being done - much of it funded by the DHB but not by MHS. Mental Health Services function at the other end of the spectrum and while they contribute to public health strategies it is not their core role currently.

Currently a request for proposal for supply and delivery of national suicide prevention programme Maori and Pasifika communities is being tendered by the Ministry of Health. The New Zealand suicide prevention action plan 2013-2016 has a clear focus on suicide prevention for Maori and Pasifika One in five people are Maori and rates of youth suicide are two and a health are Maori youth compared to non-maori youth. There is concern of increase in Pasifika youth.

One of the key action areas of the plan is to build the of capacity Maori whanau, hapu, iwi, Pasifika families and communities to prevent suicides.

- Building the capacity and capability to prevent suicide and to respond safely and effectively when and if suicide occurs

- Ensure culturally relevant education and training is made available to focus on building resilience and leadership

- Build evidence of what works to prevent suicide by researching with and for these groups

Building leadership suicide prevention

The Ministry is seeking to indentify a national provider with demonstrated knowledge and experience in suicide prevention to supply and deliver services to the ministry.

Report prepared by: Gary Coghlan, General Manager Maori Health

KAIZEN UPDATE

TO: **Chair and Members**
Tatau Pounamu Advisory Group

SOURCE: **Maori Health Department**

DATE: **12 August 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update.

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

Report prepared by: Kylie Parkin, Portfolio Manager Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

The Problems	What work is currently underway	Update as at May 2013	Update as at July 2013
1. No defined patient pathways. Multiple services/agencies involved in the continuum of care with minimal communication.	Complex Clinical Care Network (CCCN) – development of Inter Disciplinary Teams (IDT) and single point of contact for client – allocated case managers	Maori Health team working with CCCN Manager and Gerontologist to identify Maori pathway and input. To date we have identified key people to attend the triage meetings where Maori clients are being discussed and a pool of other Maori health workers to attend any subsequent IDT meetings that will identify Hauora Maori supports and cultural needs.	**Complex Clinical Care Network (CCCN)** CCCN is a made up of health professionals with expertise in caring for older people who work together as an interdisciplinary team. The CCCN can provide comprehensive assessments and coordinate home based services and assist in management. A job description for a Maori Health Needs Assessor has been advised. We are also making sure that Maori are aware that the CCCN service exists. On the 14 August a meeting was held at Rata Te Awhina Trust, and was attended by GM Maori Health, Kaupapa Maori Nurses, Planning & Funding, Dr Michelle Dhank, Medical Officer/Geriatrician medicine. An agreement was reached that there will be Kaupapa Maori Nurse inclusion at all IDT meetings at CCCN.
	Newly created Cancer Care Co-ordinator position	Met with Mary Marr Clinical Leader, to drill down into the Kaizen outcomes in relation to the Cancer pathway. Decided to defer the meeting until the Cancer Care Co-ordinator was able to attend.	Southern Cancer Network are facilitating Signs and symptoms roadshow to come to the West Coast – identify an option to include more of a Health Promotion focus Work is occurring with Andrea Reilly – Cancer Nurse Co-ordinator (CNC) to ensure that all Maori are linked into the service at the earliest point from diagnosis of cancer. Gary and Andrea will work on the assessment process and we are currently facilitating meetings between Andrea and the Kaupapa Maori Nurses and Kaiarataki. **<u>Objectives for the CNC role specific to Maori Health include:</u>** • Monitoring Faster Cancer Treatment pathways and providing auditable data to review areas of

			inequality. • Identifying Maori patient utilisation of cancer services for cancer diagnosis • Identifying problems or gaps that may occur in existing care pathways and act as a representative of West Coast DHB to incorporate national initiatives into care delivery in a way that solves problems and closes gaps • Auditable data on Maori utilisation of cancer services to enable service development and funding are informed by current accurate facts. • Patient nursing support with specialist knowledge of systems and staff to ensure timely, appropriate and acceptable care, treatment and patient support/advocacy. • Having an open communication and collegial working relationship with Kaupapa Maori Nurses and Kaiarataki services so that culturally appropriate care is facilitated. • Providing updates and education around first diagnosis of cancer pathways, processes and systems • Referral conduit to ensure Kaupapa Maori Nurses and Kaiarataki services are utilised and advertised to the public/patient. Combined community activities to address public health/health promotion aspects of inequality for Maori with a Cancer diagnosis
	Health Pathways development	Maori Health team working with Health Pathways to identify the process for inclusion of Maori lens to this work. Cancer Care Co-ordination Role has been successfully filled and started. Maori	There are 2 threads to this work. 1. Generic – working with Marie West Health Pathways Co-ordinator to discuss how the Maori lens is incorporated into all health pathways

		Health Team working with Cancer Care Co-ordinator and Oncology nurse to ensure Maori pathways are considered.	2. specific – working with teams of health professionals to include Maori perspective into specific pathways currently being developed i.e., cognitive impairment and cancer pathways Continue to support the development and utilisation of Health Pathways through any trainings.
2. Chronic condition management including an appointed lead Co-ordinator of Care for the patient.	Specialised patient care plans for diabetes There are a number of chronic condition steering groups including the local cancer team, heart and respiratory group and local diabetes team; alongside the PHO West Coast Long Term Conditions Management programme.	Work is occurring with the Diabetes Nurse Specialists to identify whanau who have a whanau member with diabetes. Supported by Diabetes NS and GP who are not fully managing their condition. Develop plan with whanau that connects them with health services proactively and responsively when required. Three Kaupapa Maori nurses have been appointed. These roles are primarily focused on management of chronic conditions within Maori and will link across community primary and secondary. They will be involved in the CCCN and other multi-disciplinary team meetings. They will be supported by Maori Health Navigators.	Discussions have occurred and have resulted in a decision to collectively hui with the Maori Provider, Nurse Specialists, Public Health Nurses, discharge planning, navigators, social workers and those within mainstream services. The next hui will be on diabetes. Kaupapa Maori Nurses are now in place and will play a lead role with the Nurse Specialists and GPs in identifying whanau who can participate in this process. We are looking at broadening to include the one process for long term conditions so we would be working alongside Respiratory NS, Diabetes NS and Cardio NS.
3. Lack of co-ordination between community, primary care and hospital services.	Buller IFHS development. Grey IFHS development .	Maori Health DHB is involved in the planning work occurring for the IFHS in Buller and Grey. Presentations have been delivered by GM Maori health to the Alliance Leadership team and Grey Integrated workshop. This has resulted in some focused work across the workstreams.	Grey IFHS Workstream Workplan has been approved by ALT. Met with Kim Sinclair to align reporting against the Workplan to Tatau Pounamu. Maori Health team are providing project support to of the activities within the Workplan as follows; - continue implementation of the Kaizen Workshop findings in relation to alignment to CCCN, improving

		Additionally an increased emphasis on monitoring Maori health outcomes by the ALT and through health work streams.	LTCM care coordination (working alongside RTAT IFHC LTC Kaimahi) and improving health pathways - Integrate nga Kaupapa Maori Nurse and Kaiarataki and Whanau Ora kaimahi into the Grey/Westland IFHC Decision made at Alliance Leadership Team that workstreams need to have a very strong focus on Maori Health outcomes improvement. Quarterly reports will be provided to ALT with the workstreams reporting alternately at 6 weekly intervals. A quarterly summary will also be provided to Tatau Pounamu and CPHAC.
4. Lack of cultural assessment/process for cultural support	Minimal cultural assessment across the DHB.	There is some training already undertaken within West Coast DHB. These have been available for some time. We are currently investigating how we can make cultural competency training further available to staff. Eg working more collaboratively with Canterbury DHB	No update for this quarter
5. Transalpine challenges	Dr Carol Atmore is leading Tranzalpine developments. Telemedicine utilisation will assist in avoiding the need to travel.	Te Waipounamu DHB Whanau Ora support services Report has been commissioned by the SI Maori Managers. The purpose of this report is to demonstrate how greater support can be given to patients and their whanau if they transfer between DHB's in the South Island. This report provides a number of recommendations for improvement. Initial discussion has been held with Eru Waite Kaiaratakii Nga Ratonga Hauora Maori to co-ordinate a visit to their services with a team of Maori health staff from WCDHB.	No update for this quarter

		Working with CDHB Maori Mental Health to enable greater support for West Coast colleagues and to form stronger linkages. An MOU is being developed between CDHB and WCDHB Maori Mental health services. A review of Mental health services incorporating Maori mental health services is underway. Expanded role for Pukenga to include clients being seen by primary mental health teams.	Te Rauawa o te Waka Oranga Hinengaro (Maori Mental Health WCDHB and Te Korowai Attawhai, Canterbury DHB are continuing to build a stronger working collaboration.. This is essentially looking at stronger working collaboration in areas such as cultural guidance, peer supervision, cultural assessments and leadership and training assistance. Te Korowai Attawahi recently assisted in interviews for the Pukenga Tiaki position in Westport.
6. Limited access to shared patient records.	A number of IT developments that are currently available, or in the process of development. These include: ▪ Electronic Referral Management System. (ERMS) ▪ eSCRV ▪ ePharmacy ▪ A mental health solution. ▪ SI patient administration system. ▪ Telehealth expansion.	Regional laboratory System: *Delphi Multi Lab* – Regional Clinical Information System: *Health Connect South* – Regional eReferrals System: *ERMS* LIVE – Integration of primary and secondary care data directly from clinical workstation: *eSCRV* – 26 x high definition telehealth units and 1 x mobile clinical cart Working with the Maori Health Provider to align IT systems.	We are working closely with the IT department to ensure that the Maori Provider can access (ERMS), Health Connect South and Medtech support. This work is evolving as it becomes clearer what the further requirements are as a result of the integration work.
7. Poor access to primary care.	The Grey, Westland and Buller workstreams will be undertaking the following: ▪ Predictive risk profiling and stratification to identify at risk populations. ▪ Developing packages of care	Participation in work streams - Alliance Leadership Team, Grey Health Integration to include Maori health perspective in all Maori health planning. Delivery of Maori Health Plan.	Integration of Kaupapa Maori Nurse and Kaiarataki into the Grey/Westland IFHS – The Clinical Director PHO is the Clinical Lead in this work and is supporting the Kaupapa Maori Nurses to orientate into the practices. The Clinical Director PHO and the Kaupapa Maori Nurses have formed a working relationship with Grey Medical centre

	that support self management and proactive community based care. ▪ Develop options for community based acute care response. ▪ Develop and implement clinical process redesign with general practice. Further discussions will occur around primary care management services for DHB owned general practice.		and Westland Medical Centre with the Kaupapa Maori Nurse having access to the PMS to access lists that will enable work to begin with some of the Maori who may not be engaging within primary care. A current focus is on Cardiovascular Risk Assessments. The Clinical Director PHO and the Practice Nurse will provide support for the Kaupapa Maori Nurses with Medtech and other training. **Overview** Greymouth Medical Centre, Westland Medical Centre and Rata Te Awhina are working together to provide support and health care for Maori and Pacific people with long term conditions. **Purpose of the joint service** The purpose of the service is two fold: To establish a relationship between a Registered Nurse Rata Te Awhina and a Practice Nurse from the Medical Centres to enable them to work together to identify Maori and Pacific patients who have, for a variety of reasons, not engaged with general practice. Initially this will be to support having their Cardio Vascular Risk Assessment (CVRA) or their Cardiovascular Disease Annual Review (CVD) completed. To develop a model for non government organisations and general practices to work together as a way to improve access, support and health care to Maori and Pacific people who may struggle to engage with general practice.

WC ALLIANCE UPDATE / BSMC QUARTERLY REPORT

TO: **Members**
Tatau Pounamu Advisory Group

SOURCE: **Planning & Funding**

DATE: **14 August 2013**

Report Status – For:	Decision ☐	Noting ☑☐	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

PP2 BSMC – West Coast DHB Q4 2012/13

Section 1: Delivering on Ministry expectations

Year Three deliverables

Ministry requirement: *Quarterly reports outlining progress against the key deliverables in the jointly agreed Year Three Implementation Plans, including resolution plans for any areas of slippage against deliverables.*

Progress during Quarter 4 2012-13 for the BSMC workstreams Health of Older People, Buller IFHC and Grey IFHS, Public Health, Pharmacy and Child & Youth is outlined in Sections 2-6.

Alliancing & clinical leadership

Ministry requirement: *Description of how all necessary clinicians and managers (primary/community and secondary) will be involved ongoing in the process of development, delivery and review.*

An additional member has been recruited onto the Alliance Leadership Team to replace membership vacancies and to provide a primary mental health perspective on the group. The meeting process for ALT has also been refined during this quarter.
The Alliance Support Group continues to meet three-weekly to operationalise ALT priorities, allocate resources and provide advice to workstreams and the Alliance Leadership Team.
Members of the Alliance Leadership Team are actively participating in research on the impact of the Better, Sooner, More Convenient (BSMC) programme on the West Coast. This research will explore what can be learned from the roll-out of the BSMC business case initiatives and how the programme has affected health service provision and integration of services on the West Coast.

Community pharmacy

Ministry requirement: *Activities to integrate community pharmacy.*

Section 5 outlines the Pharmacy workstream's progress to integrate community pharmacy.

Hospital and community pharmacies continue to work in an integrated manner through activities such as shared intern roles and the compressed pharmacy role. The compressed pharmacy role ensures there is no reliance on locum cover required within pharmacy – decreasing the cost to the health system both for the DHB and for the community pharmacies.

Nursing services

Ministry requirement: *Activities to expand and integrate nursing services.*

Progress during the quarter on expanding and integrating nursing services has included the following.

- Transalpine gerontology nursing continues, with the CDHB HOP Nursing Director providing support to the two Gerontology Nurse Specialists based in Westport and Greymouth.
- Rata te Awhina Trust, in partnership with the West Coast DHB, has successfully recruited into the Kaupapa Māori positions. The Kauapapa Māori Nurses will have a long-term conditions focus and will become part of the Integrated Family Health Services based in Westport, Greymouth and Hokitika. Each of the Kaupapa Māori Nurses is supported by a non-clinical Kaiarataki position.
- Progress has been made towards finding a resource solution for Medtech training so that community-based nursing teams can work out of the 'Heath Care Home' / Primary Practice, working towards the one patient record. This is a key step in enabling full integration of community-based nursing into the primary practice team.

Health needs analysis

Ministry requirement: *Evidence of health needs analysis of population by localities.*

With integration of the CDHB and WCDHB Planning & Funding teams, the WCDHB is in the process of adopting analytical tools currently being used and developed at CDHB for health needs analysis and risk analysis. The West Coast will retain dedicated analytical support based in Greymouth and will receive additional expertise from Canterbury.

Improved outcomes

Ministry requirement: *Identification of targeted areas/patient groups for improved outcomes as a result of enhanced primary and community service delivery (with a focus on managing long-term conditions) including:*

a. Identification of and achievement against targets for the number of people that are expected to be appropriately managed in primary/community setting instead of secondary care

At the end of this quarter, 2,552 patients were enrolled in the Long-Term Conditions Management programme, out of the WCPHO's approximately 31,000 enrolled patients. This means that 8.2% of the enrolled population is engaged in a structured programme of care for their long-term conditions.

b. Identification of and achievement against targets for growth reduction in ED attendance, acute inpatient admissions and bed days

Acute Inpatient admissions:

- The WCDHB has surpassed the target for acute length of stay at 3.25 (standardised, year to 31 March 2013) and has the lowest rate in the country.

Acute Readmissions:

- The WCDHB has surpassed the target for acute readmission rates at 7.64 (standardised, year to 31 March 2013) and has the lowest rate in the country.

ED attendance:

- The WCDHB has achieved a greater reduction in Triage Level 5 attendance than the minimum 5% sought; overall attendances reduced 14% for 2012/13 – down 654 compared to 2011/12.

c. Identification of and achievement against a target for the prevention of readmissions for the 75+ population (and any other target populations)

Our 75+ acute readmission result to 31 March 2013 was 11.57%, achieving our 2012/13 target of 12.91%. The West Coast has achieved the lowest rate in the country.

Section 2 outlines the Health of Older People workstream's progress that contributes to the continued improvement in the 'prevention of readmissions for the 75+ population.'

Infrastructure

Ministry requirement: *Identification of and activities (with timeline) to ensure infrastructure and revenue streams appropriate to support the identified change in activities and service delivery model. Progress against the above infrastructure and revenue stream milestones.*

DHB-owned General Practice Management – An agreement has been reached with Better Health Limited West Coast to support the management of West Coast DHB-owned general practices. This new management agreement provides an opportunity to build viable and vibrant DHB-owned general practices on the West Coast and improve continuity of care for patients through the establishment of a stable clinical workforce in general practice, a heightened focus on the financial sustainability of practices and improved clinical, administration and recruitment systems.
Areas of immediate focus for Better Health include the recruitment of General Practitioners and Practice Managers, training and development of seconded Practice Managers until permanent Practice Managers are recruited, accounting and bookkeeping for the practices (with support from the West Coast DHB finance team) and process documentation and improvement within each of the general practices.

HealthPathways: Supporting infrastructure includes the continued development and localisation of West Coast-specific HealthPathways. The West Coast HealthPathways Coordinator is working alongside clinical teams to localise the 647 Canterbury HealthPathways. At the beginning of July 2013, the review, localisation and updating process has been completed for a total of 243 pathways, including pathways in the allied health, child health, investigations, and medical and surgical service areas. An additional 68 pathways are currently being reviewed. The West Coast HealthPathways Coordinator has visited all general practices throughout the West Coast to support and encourage HealthPathways utilisation. During June 2013, there were a total of 883 visitors to HealthPathways and 6,097 pages viewed. The Alliance Leadership Team has agreed to champion HealthPathways utilisation throughout the West Coast Health System.

Improve Transport Options for Planned (ambulatory) and Unplanned Patient Transport: Through the support of its volunteer drivers and coordinators at Buller REAP, Red Cross are running the Buller Community Minivan service run on an "as demand requires" basis, Monday to Friday, with Saturdays added when required. The West Coast DHB is continuing to work with the Red Cross to explore options to help continue to support the longer-term sustainability of the service.

Negotiations are still continuing with St John as part of a South Island-wide joint DHB approach for the provision of unplanned patient transport services. These discussions are reviewing key points of acute transportation, including proposed scheduling, volumes, costs, and coordination of transfers.

Section 2: Health of Older People Workstream Progress Q4 2012-13

Progress has continued on the development of a restorative homecare model through the Complex Clinical Care Network (CCCN) project that coordinates care and provides assessment and treatment for people living in the community with complex needs.

Practice Visits: Informal 1-1 visits to practices by HOP specialists and/or group CCCN education/consultation sessions with key staff as appropriate at the Reefton and South Westland clinics and practices have been the

targeted areas in May. One intended outcome of these sessions is to enable and encourage primary care representation (GP where possible, practice nurse as appropriate) consistently at IDTs, and to raise awareness of encourage utilisation of the HOP specialists.

GNS skill Development/Transalpine Peer Support: Transalpine gerontology nursing continues, with the CDHB HOP Nursing Director providing support to the Coast. The HOP Nursing Director and Planning and Funding continue to work with the Director of Nursing and Associate Director of Nursing North to identify quality improvements in how we support ARC facilities.

The education visits to the practices described above have also been intended to improve the understanding of the roles and therefore utilisation of the two Gerontology Nurse Specialists (GNSs) based in Westport and Greymouth.

Dementia/Cognitive Impairment Services: The Cognitive Impairment pathway has been completed by the working group and is now at sign-off/final feedback stage. A communications plan is being developed, with the launch intended to take place as part of a peer review/education session to GPs and practice nurses.

Communications: Collaborative meetings with home-based support services at management level and staff and stakeholders at operational level in Reefton, Greymouth and South Westland have taken place during the month of May. NGO and consumer involvement in identifying barriers to health information for consumers on the Coast has also taken place to progress a solution towards improving access.

Section 3: Buller Integrated Health Centre Progress Q4 2012-13

The recent focus in Buller has been stabilising general practice. Within Buller Health Medical Centre, two full-time receptionists have recently been appointed, and a Practice Manager has been seconded from Planning & Funding in Greymouth while we work with Better Health to improve the processes and implement change to establish sustainable general practice in Buller.

The Health Research Council (HRC) funded evaluation of the BSMC implementation on the West Coast, focusing on the Buller Business Case, is now at the stage of surveying a sample of health professionals by interview and patients over 65 and those within the long-term conditions pathway by questionnaire.

Section 4: Grey Integrated Health Service Progress Q4 2012-13

A facilitated alliance workshop was held in the Grey district on 16 May to determine the key deliverables for integrating health care in the Grey community (including Reefton) over the next two years. Clinicians, consumers, NGOs and health professionals from across the West Coast health system attended the workshop. From this workshop, a number of short-term priorities related to self-management, general practice services, acute demand and support discharge services and team work were identified. A small group of clinicians and project managers are working to make progress on these priorities.

The Grey Alliance workshop has supported the development the Grey/Westland Integrated Family Health Services 2013-15 workplan that was endorsed by the Alliance Leadership Team on 19 June 2013. This work plan outlines key deliverables that support service integration and improvement priorities identified in the 2013/14 Annual Plan and through the Grey Alliance Workshop (held in May 2013), including:

- The development and implementation of community-based responses for patients at risk of deteriorating health;
- Improving Māori patient and whānau experience of health care and support services across the West Coast;

- The redesign of models of care within DHB-owned general practices that support the health care home approach and 'lean thinking' models;
- The development of Integrated Family Health Centres/Services that support a sustainable and quality health system for the West Coast;
- The development of models of care that support sustainable after-hours services;
- The integration of community nursing across district nursing, long-term conditions nursing with primary care;
- The integration of allied health to a single service that is networked to allied health professionals in the community and primary care;
- The integration of mental health services across primary, community and secondary care;
- Localised *HealthPathways* that enable timely clinical decision-making and seamless transition between services for patients; and
- The development of an integrated model of pharmacy on the West Coast.

The work plan allocates roles and responsibilities for clinical leaders and project managers. Planning is underway for the development of a Grey/Westland workstream to support and facilitate the implementation of the work plan.

Section 5: Pharmacy Workstream Progress Q4 2012-13

In Quarter 4, Planning & Funding and community pharmacists met together twice and progressed the development of the Pharmacist2GP initiative and the Medicines Utilisations Review service. Development of the former has focussed on identifying what pharmacists will do in practices to benefit LTC patients and their practice team. Development of the latter has focussed on identifying how, through aligning with the Medication Management Service in Canterbury, West Coast pharmacies can be supported to offer substantially more reviews to LTC patients most at need of medication management intervention. This development work is expected to be completed within Quarter 1 2013/14.

Section 6: Public Health Workstream Progress Q4 2012-13

Smokefree Health Targets: For the primary care smokefree health target, activities focused on improving data capture and accuracy, with emphasis on the new IT tool HealthStat, which can provide more frequent, practice-specific feedback about the target. Work against the action plan continued to improve performance against the secondary smokefree health target. Of particular focus in Quarter 4 was reinforcing clinical relevance and focus of the ABC implementation.

Local Alcohol Policy (LAP) Community Consultation: Community & Pubic Health have commissioned an 'Alcohol in the Community Survey' on the West Coast to get a sample of community views to inform the policies and rules on liquor licensing for the West Coast. Healthy West Coast has also asked health workers across the sector to share their views on alcohol as it relates to their work, to sit alongside the statistical data and provide a 'real life' picture of the impacts of alcohol on the West Coast.

Breastfeeding – Mum4Mum Peer Support Programme: The breastfeeding advocates delivered breastfeeding peer support training in Reefton and South Westland (Franz Joseph) this quarter. Given the rurality of South Westland, this is particularly beneficial for the small community. The Mum4Mum programme has been developed to overcome issues associated with rurality and isolation, by giving West Coast mothers the skills to provide one-to-one support and breastfeeding advice to their whānau and community.

Section 7: Child & Youth Workstream Progress Q4 2012-13

Immunisation Health Target: A position paper regarding the West Coast Immunisation Services was developed this quarter. The purpose of this was to analyse the current systems and processes to see what support can be offered towards achieving the national immunisation targets.

Newborn Enrolment Working Group: This quarter a newborn enrolment form was developed by the work group, which included maternity services, WellChild/Tamariki Ora services, NIR services, primary practice and Planning & Funding. The form addresses timely enrolment and referrals to WellChild services and has a coordinated process for all referrals to newborn services.

The Child & Youth Health Compass: Child & Youth workstream members are involved in the Child & Youth Health Compass: Supporting Innovation, Good Practice and Equity. Appropriate clinical leads were 'tagged' to the ten questions, and then engaged with those they feel needed to be involved to answer the question against the criteria provided. Feedback will be sent back to individual DHBs and will include tailored information for Child & Youth services. The Child & Youth workstream will use this process and feedback tool to identify areas of improvement against 'best practice' as identified by the Children's Commission.

CHAIR'S UPDATE

TO: **Members**
Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **22 August 2013**

Report Status – For:	Decision ☐	Noting ☑☐	Information ☐

1. ORIGIN OF THE REPORT

The verbal update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

A verbal update will be given at the meeting.

MAORI HEALTH REPORT

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

TO: **Chair and Members**
Tatau Pounamu Advisory Group

SOURCE: **General Manager Maori Health**

DATE: **13 August 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update.

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

3. SUMMARY

Performance Summary: Māori Health Plan Indicators New Zealand DHBs

This report provides a performance summary for the Maori population in each District Health Board (DHB) for the indicators listed in the 2013-2014 DHB Māori Health Plan (MHP). It should be read in conjunction with the performance summary table which accompanies this report.

The report provides brief interpretation of the performance results for each indicator, and brief suggestions for performance improvement. Ultimately however, the solutions for improving these indicators rely on an effective mix of stakeholder collaboration, robust interventions, and ongoing performance monitoring.

We are working hard to achieve results in all these areas. One of the benefits of having a performance summary in each DHB is the opportunity to work in the areas that are not performing to target and we will continue to try and improve as many Maori health target outcomes as we can.

A great deal of work is underway between Rata Te Awhina Trust and the DHB and the PHO to ensure improved Maori health outcomes, collaboration has never been stronger.

The Rata Te Awhina Trust Disease State Management Nurse began working from the PHO office in June; this role will become the Greymouth Kaupapa Maori position from November. The nurse will be working closely with the PHO clinical manager to develop partnerships with the practices to enable collaborative approaches to improve access to and use of available services by whanau in Te Tai Poutini. CVRA is the focus currently and will remain so for some time. The Kaupapa Maori nurse in the Hokitika area and the Disease state management nurse are both invited to attend weekly practice meeting and join in peer review and involved in anything in the practice which support skills, education, professional issues etc. Rata nurses will from now on be involved in IDT for the complex clinical Care network. This will be particularly important when Maori clients are indentified

WHANAU ORA

Regional Leadership Group
Te Wai Pounamu Whanau Ora Regional Leadership Group (RLG) role is to provide strategic leadership to ensure whanau centered initiatives contribute in positive and realistic ways to local communities

- He Oranga Pounamu received their Whanau Ora contract in the last quarter. With a signed agreement there is now a concentrated emphasis in progressing and implementing the activities

contained within the Whanau Ora business case. A hui with Māori providers involved in the collective has occurred in the last quarter. Scoping reports are being developed (e.g. workforce needs), to inform implementation.

- The Te Waipounamu Whanau Ora Collective has now completed its first quarter of activities under the Whanau Ora Programme of Action Implementation Agreement. The agreement is divided into three categories – Governance, Management and Service Delivery. A great deal of work has occurred during this period with activities in progress, or near completion, including the employment of key personnel, management of a Collective hui and the development of project governance/management group nomination form and direct funding provider tender.

- A Collective charter is in draft form and out for consultation. Project Governance/Management Group Nominations – TOR out for consultation.

- Visiting collective members – identifying ways to build relationships.

- Action research underway focusing evidencing change in the service delivery model moving into Whanau ora transformation – how do we know it is working?

- Template being developed to collect data that will provide evidence that improvement is being made

- Hub co-ordinator positions being employed (0.2 for Tai Poutini) largely an administrative role

Local

With the Te Waipounamu Whanau Ora contract now signed off the Maori Health team within the West Coast DHB are entering into discussions with the Waka Ora Programme Manager to open lines of communication and discuss current activity around Whanau ora locally and how, along with Rata Te Awhina Trust and government agencies we can collectively work together at a local level to progress the Kaupapa.

The DHB will continue to be open to opportunities for the introduction of Integrated Contracts across government agencies to support the implementation of Whanau ora.

The West Coast has one Maori Health Provider – Rata Te Awhina Trust (RTAT). RTAT is part of the Te Waipounamu Whanau Ora Collective.

Over the last 18 months RTAT has been through an extensive period of change management. In December the board appointed Dr Melissa Cragg to lead the organisation as it strengthened its services moving forward. A significant part of this change has been to the service delivery model particularly within its health contracts. This has included alignment with the Integrated Family Health Service across the region including integrating Kaupapa Maori Nurses and Kaiarataki (Maori Health Navigators) with the West Coast Primary Health Organisation and into the practices. This is a new model for the West Coast and will contribute strongly to strengthening a whanau ora approach across many services. Additionally we are working collectively with the PHO, DHB and RTAT to develop a more whanau centered approach within the management of chronic conditions and Tamariki ora. Involved in this work is Public Health Nurses, Kaiawhina, Kaupapa Maori Nurses, Clinical Nurse Specialists and Plunket with the focus being the development of a single care plan using Interdisciplinary Team Meetings, identification of one single Case Manager and the whanau being involved in the development of the plan.

Contributing to the strategic change for Whānau Ora in the District

- West Coast health workers and those working in social services and community had an opportunity to engage directly with the Minister for Whanau Ora in March 2013. An invitation was extended to Minister Turia by GM Maori Health West Coast, to which she agreed and spent a day on the West Coast engaging with workers and Board members in the health, social service and NGO sector to share her vision for Whanau ora.

- Tatau Pounamu – Iwi Health Board have identified Whanau ora as a priority for 2013/2014. Identifying options for the inclusion of Whanau ora to be threaded through the West Coast Health Alliance planning work will be the priority for this work.

- Support Whānau Ora activities that are happening in parallel to the work of the DHB; this would include TPK-led Whānau Ora initiative such as activities of local level Whānau Ora leadership (currently the Te Waipounamu Regional Leadership Group) and the WIIE Fund.

- The full potential of Tatau Pounamu Iwi Relationship Board to contribute to the DHB's work to address Whānau Ora responsibilities has yet to be realised.

Whare Whakaruruhau

There have been two meetings with the Steering Group regarding changes to the way the Whare operates, this work is ongoing. A further update will be given at next meeting.

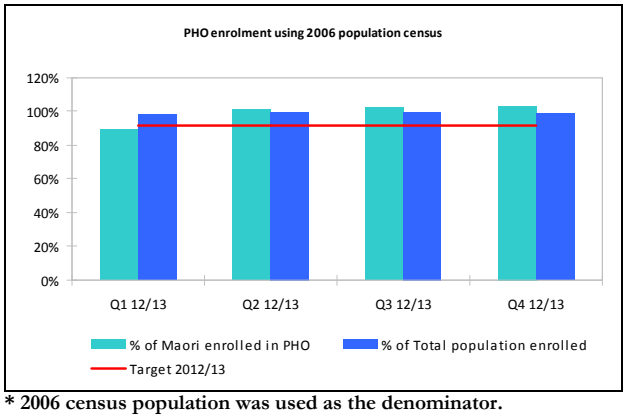
Report prepared by: Gary Coghlan, GM Maori Health

4. APPENDICES

- Maori Quarterly Report

Access to care

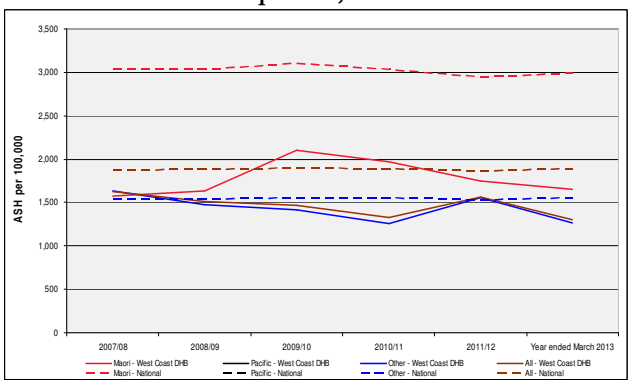
Percentage of Maori enrolled in the PHO



*** 2006 census population was used as the denominator.**

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation per 100,000



ACHIEVEMENTS/ISSUES OF NOTE

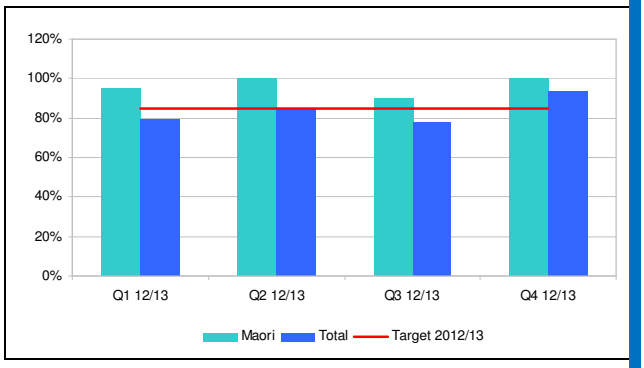
Enrolment in PHO: Using the 2006 population census figures100% of Maori were enrolled with the PHO as at June 30 2013. Please see table below for further breakdown. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and have for the first time exceeded that of other ethnicities.

On the 20th June 2013 the Ministry of Health issued a Request for Proposal, to Implement the Primary Care Ethnicity Data Audit Tool'. The West Coast PHO and the DHB have jointly developed the proposal and it will be submitted in August 2013. The Audit tool comprises Systems Compliance and Audit Checklist, Implementation of a staff survey, Data matching quality audit with the findings being collated and reported back to practices to enable a level of benchmarking for quality improvement. Any residual funding from the project will be used for ethnicity data collection education.

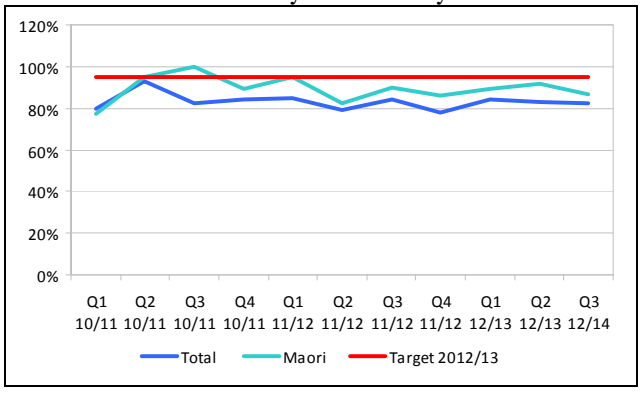
Practice		00-04	May-14	15-24	25-44	45-64	65+	Total
Westland	Maori	89	201	171	209	174	72	916
Buller	Maori	74	121	145	149	134	35	658
Coast Med	Maori	4	5	2	6	12	1	30
Grey Med	Maori	83	114	102	143	123	15	580
High St	Maori	30	61	66	57	57	22	293
Rural Ac	Maori	37	64	61	73	66	8	309
Reefton	Maori	18	43	38	38	35	11	183
South We	Maori	10	18	18	31	25	13	115
	Total	**338**	**608**	**587**	**698**	**612**	**176**	**3019**

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Eight-month-old immunisation: 100% of Maori babies have been immunised on time at 8 months of age in quarter 4. This equates to 20 babies out of 20.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 4 is 82%. - This remains high as was the case in Quarter 3 an indication of the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds sits at 95% an increase from Q3- so 21 from 22 eligible Maori babies have been immunised for this age milestone. Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

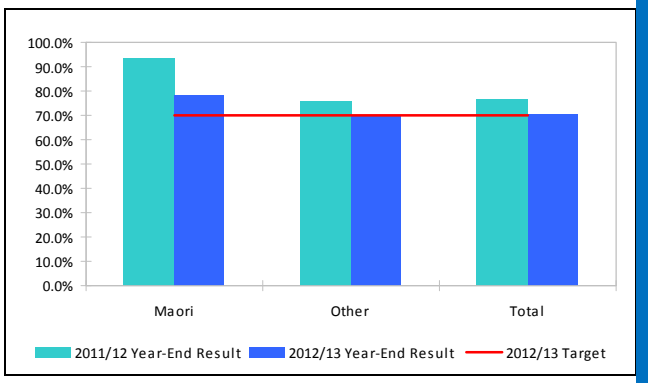
- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth

Mum4Mum: At the end of Q4, 2012/13, a total of 22 mothers were trained as Mum4Mums of which 22% (5) are Maori. The target for 2012/13 is to have 6 Maori Mum4Mum graduates.

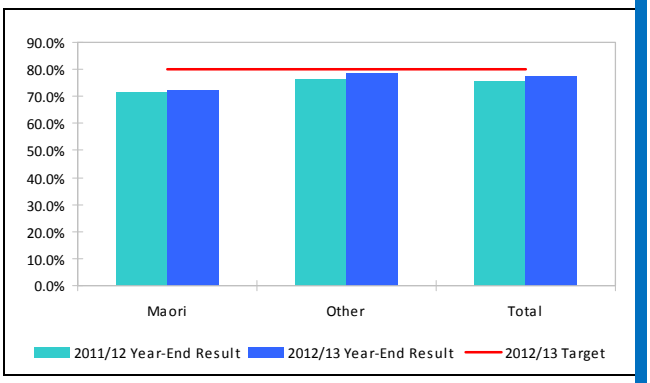
Lactation consultancy contacts and services: For quarter 4, 3 Maori were provided with Lactation support, there were 174 contacts in total, including 45 Maori, 4 Pacific and 125 other ethnicity. Contacts were in homes, maternity ward, phone, Face book, e-mail and text messages about breastfeeding related issues.
The target is to have 25 mothers with Maori babies referred to lactation support and specialist advice consultants in 2012/13 and YTD we have 20 Maori mums who have been referred to the service.

Cardiovascular and Diabetes

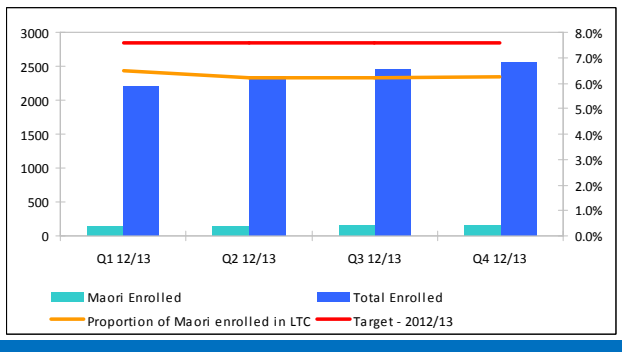
Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



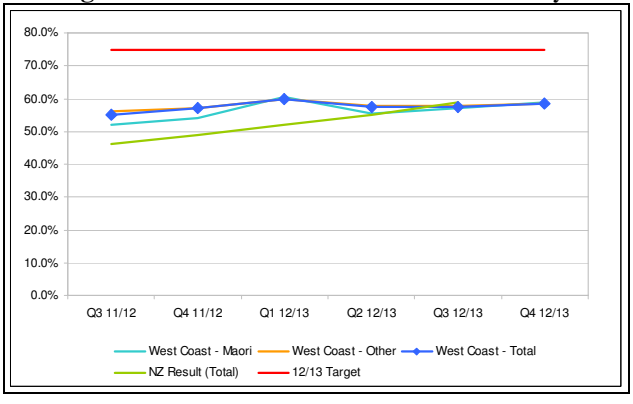
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of Maori enrolled in LTC management programme



CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



ACHIEVEMENTS/ISSUES OF NOTE

CVD Health Target: Nationally the West Coast DHB sit 6th from 20 DHB's against this target for Maori at 59% with all DHB's sitting more than 20% away from the national target of 90%. The WCDHB, WCPHO and Poutini Waiora are implementing a targeted approach to increase the number of Maori having their cardiovascular risk assessment done. The Clinical Manager of the PHO has been assisting the Kaupapa Maori Nurses to orientate within the practices and facilitate the integration of these positions into the IFHS. The CVRA project has provided a good platform for both the practice nurses and Kaupapa Maori nurses to test how this partnership can practically work. The project involves identifying Maori and Pacific patients who have, for a variety of reasons, not engaged with general practice to get their CVRA - Westland Medical Centre, Grey Medical Centre and Buller Health have the highest numbers of eligible and overdue Maori. Contessa Popata and Fergus Bryant have started working within these practices initially to focus on CVRA.
Additionally there is some extra resource from the Ministry to look at strategies for improving this target one idea that we have been discussing is to target the big companies around the West Coast to work in with their representatives to screen those within their workforce who are eligible.

Diabetes care: The number of Maori accessing free annual diabetes reviews is on target for the period to June 2013 with 70% having an annual review and 73% of them achieving good diabetes management for the period to 30 June 2013.

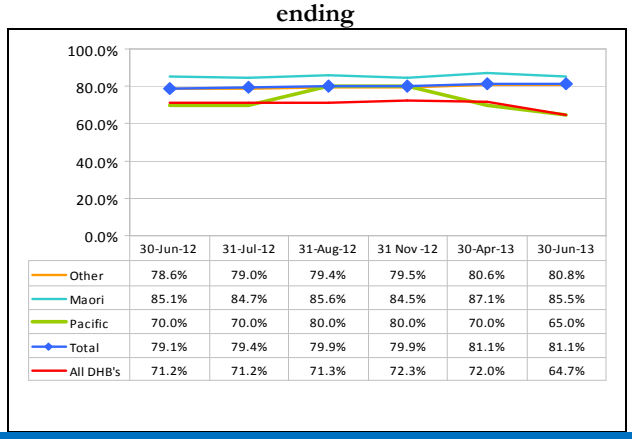
Diabetes: The West Coast achieved its 2012/13 target of reaching 70% of people with diabetes having their annual review. Among those who had their review, 78% had satisfactory or better management of their diabetes (as measured by the clinical indicator HBA1c of $\leq$ 8.0%).

Green Prescription: As part of the larger 2013 Diabetes Budget package, the Ministry of Health have indicated an increase in funding for Green Prescription referrals over the coming four years. For the 2013/14 year, this is an increase from 360 to 500 referrals on the West Coast. Green Prescription has been identified as a key component to help slow or prevent the progression of pre-diabetes and diabetes, as well as a way to support the active management for those who already have diabetes.

Long Term Condition Management (LTC): 159 Maori are enrolled in the Long Term Conditions programme as at June 30 2013 Maori enrolment makes up 6.2% of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. The target is 7.6%. We are working closely with the CEO and Clinical Manager of the PHO, and Poutini Waiora to identify those Maori who are enrolled in the programme and link them in to the Kaupapa Maori Nurses and Kaiarataki.

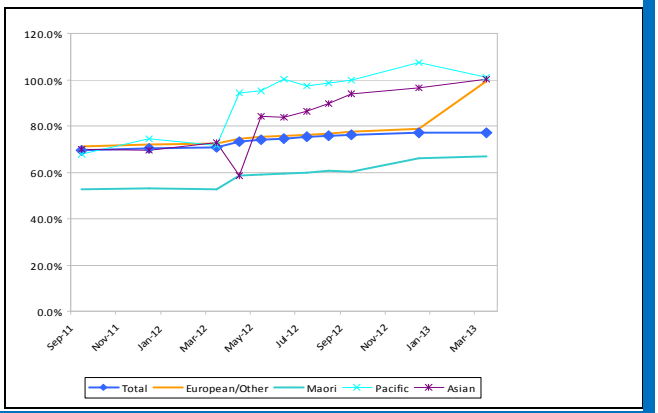
Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



	30-Jun-12	31-Jul-12	31-Aug-12	31 Nov -12	30-Apr-13	30-Jun-13
Other	78.6%	79.0%	79.4%	79.5%	80.6%	80.8%
Maori	85.1%	84.7%	85.6%	84.5%	87.1%	85.5%
Pacific	70.0%	70.0%	80.0%	80.0%	70.0%	65.0%
Total	79.1%	79.4%	79.9%	79.9%	81.1%	81.1%
All DHB's	71.2%	71.2%	71.3%	72.3%	72.0%	64.7%

Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending…



ACHIEVEMENTS/ISSUES OF NOTE

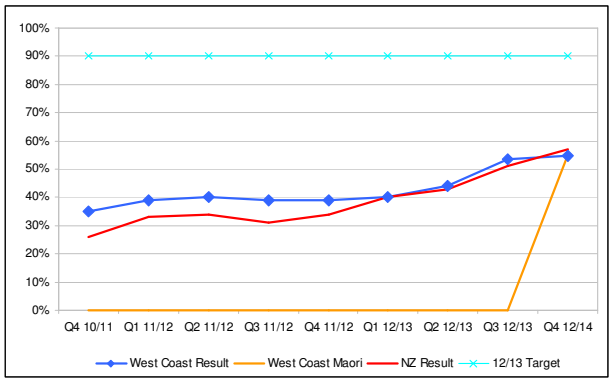
Breast Cancer Screening: Approximately 81% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30th June 2013. The coverage for eligible Maori women (85.5%) is higher compared to other ethnicities on the West Coast.
Cervical cancer screening: At the end of March 2013, the three year coverage rate for cervical screening on the West Coast has increased to 77% which is an increase of approximately 4% from the three year period ending 30th June 2012. The coverage rate for Maori eligible women is at 67.1% a significant increase of 14% from 53% in March 2012. We are closely monitoring the Maori cervical screening service and working with the DHB Screening Unit and the practices to ensure the option for the Maori Screener is offered and is being fully utilized by the practices to assist in engaging those hard to reach clients.
Cancer Nurse Coordinator: This role has now been in place for several months and we are working with the Co-ordinator, Andrea Reilly to develop specific objectives for the CNC role when working with Maori. Some of these will be:

- monitoring Faster Cancer Treatment pathways and providing auditable data to review areas of inequality
- identify Maori patient utilisation of cancer services for cancer diagnosis
- to identify gaps that may occur in existing care pathways and act as a representative of West Coast DHB to

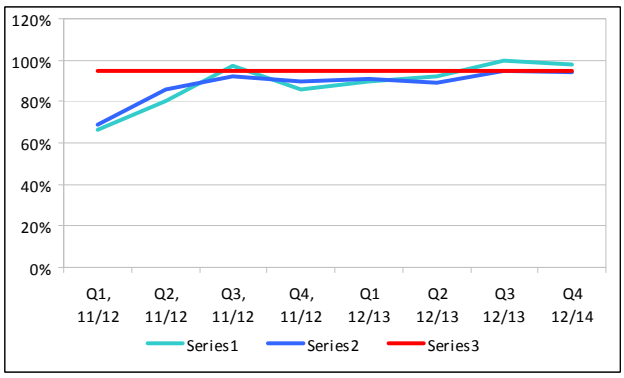
incorporate national initiatives into care delivery in a way that solves problems and closes gaps
to be the referral conduit to ensure Kaupapa Maori Nurses and Kaiawhina services are utilised

Smoking cessation

Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Preliminary results from MoH show a marginal increase in performance against the primary care smokefree health target this quarter, with 55% of people who smoke attending general practice, offered advice and support to quit. Work is continuing on enabling the Clinical Audit Tool to be installed in the DHB Medtech server configuration; this will support clinicians to improve data capture. The PHO has continued to include coding and data entry training as part of orientation for all new practice staff, along with updates for identified current staff.

	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13
West Coast Result	39%	40%	39%	39%	40%	44%	54%	55%
NZ Result	33%	34%	31%	34%	40%	43%	51%	55%
12/13 Target	90%	90%	90%	90%	90%	90%	90%	90%

Secondary Smokefree Health Target: West Coast DHB achieved the secondary care smokefree health target for Quarter 4, with 95% of patients who smoke offered advice and support to quit (and 98% of Māori). Smokefree staff are working to maintain a clinical focus around the health target, for example running a Quit Card refresher training, which encourages staff to provide Quit Cards on discharge from hospital to take the idea of 'better help for smokers to quit' further than the initial ABC

Aukati Kai Paipa: For the period 01 April 2013 to 30 June 2013 the AKP service has had 23 new clients bringing the total number of clients on the programme YTD to 123 with 28% (23) recorded as validated abstinence at 3 months and 36% self validated.

Maori Health Quarterly Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

TATAU POUNAMU ADVISORY GROUP
HEALTHY LIFESTYLES SERVICES UPDATE

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

TO: **Chair and Members**
Tatau Pounamu Advisory Group

SOURCE: **Planning and Funding**

DATE: **August 2013**

Report Status – For:	**Decision** ☐	**Noting** ☑	**Information** ☐

1. ORIGIN OF THE REPORT

Healthy Lifestyles Update is a regular agenda item.

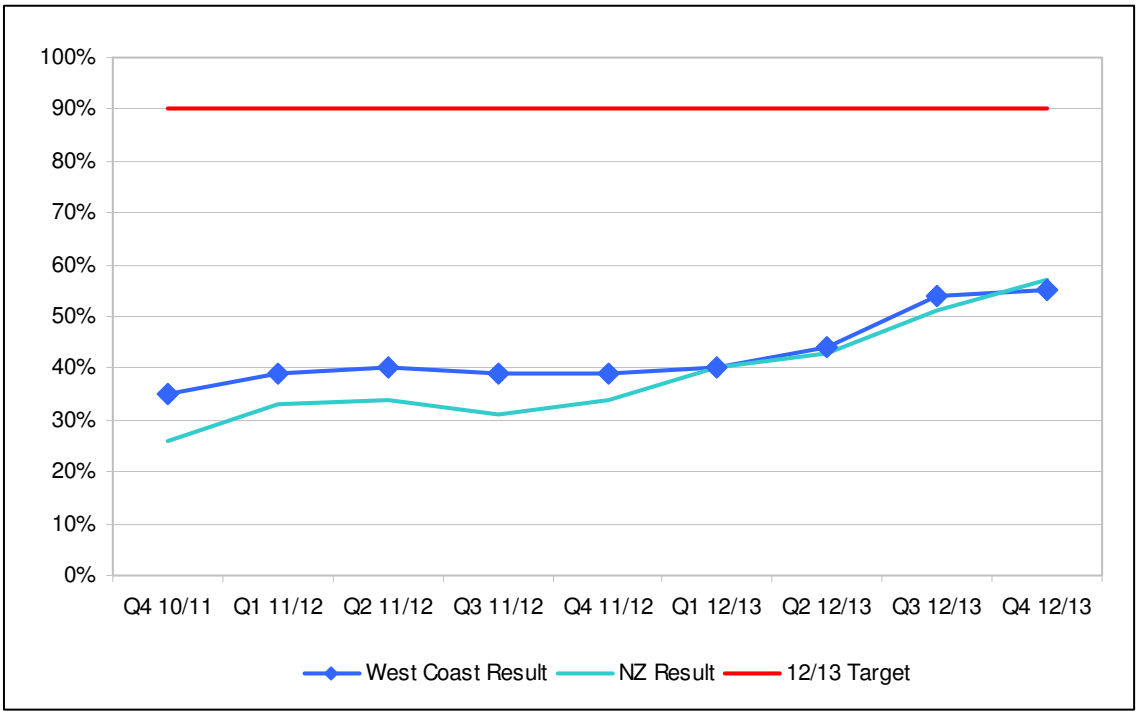
2. SUMMARY

The report includes an update on:

- Smokefree Health Targets – Primary and Secondary
- Green Prescription

3. DISCUSSION

Primary Smokefree Health Target: 90% of smokers attending primary care given advice & help to quit

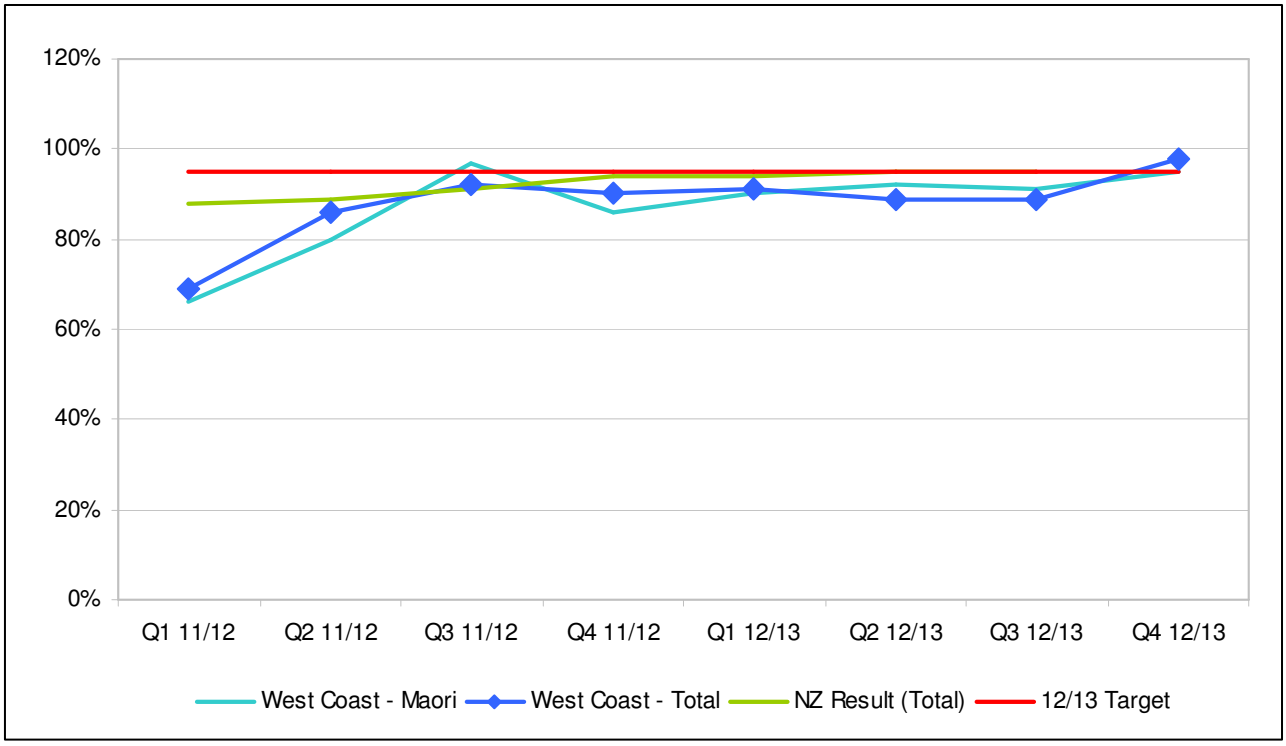


Quarter 4 Result: Total – 55%, Maori – 55%

Preliminary results from MoH show a marginal increase in performance against the primary care smokefree health target this quarter, with 55% of people who smoke attending general practice, offered advice and support to quit. Work is continuing on enabling the Clinical Audit Tool to be installed in the DHB Medtech server configuration; this will support clinicians to improve data capture. The PHO has continued to include coding

and data entry training as part of orientation for all new practice staff, along with updates for identified current staff.

Secondary Smokefree Health Target: 95% of hospitalised smokers given advice & help to quit



Quarter 4 result: Total – 95%, Maori – 98%

West Coast DHB achieved the secondary care smokefree health target for Quarter 4, with 95% of patients who smoke offered advice and support to quit (and 98% of Māori). Smokefree staff are working to maintain a clinical focus around the health target, for example running a Quit Card refresher training, which encourages staff to provide Quit Cards on discharge from hospital to take the idea of 'better help for smokers to quit' further than the initial ABC.

Green Prescription:

As part of the larger 2013 Diabetes Budget package, the Ministry of Health have indicated an increase in funding for Green Prescription referrals over the coming four years. For the 2013/14 year, this is an increase from 360 to 500 referrals on the West Coast. Green Prescription has been identified as a key component to help slow or prevent the progression of pre-diabetes and diabetes, as well as a way to support the active management for those who already have diabetes.

TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE AGENDA

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Community Services Meeting Room, West Coast DHB
Thursday 22 August 2013 commencing at 2.30 pm

KARAKIA	**2.30 pm**
ADMINISTRATION	

Apologies

1. **Interest Register**
   Update Interest Register and Declaration of Interest on items to be covered during the meeting.
2. **Confirmation of the Minutes of the Previous Meeting**
   11 July 2013
3. **Carried Forward/Action List Items**
4. **Discussion Items**

- Participation – pool of potential people
- Suicide Prevention Action Plan
- Kaizen Maori Health Workshop
- West Coast Alliance Update / BSMC Quarterly Update

REPORTS

5.	**Chair's Update – Verbal Report**	Chair
6.	**GM Maori Health Report**	General Manager Maori Health
7.	**Healthy Lifestyle Services Report**	Planning & Funding Service Development Manager

PRESENTATIONS

- Family Violence Intervention Plan – Clair Newcombe, Family Violence Co-ordinator
- Whānau ora Update - Maania Farrar, Waka ora Programme Manager, Whānau ora, He Oranga Pounamu

INFORMATION ITEMS

- Tatau Pounamu meeting schedule for 2013
- Work Plan 2013 -2014
- Chair's Report to the Board
- Maori Health Plan Indicator Review – Performance to 30 June 2013

ESTIMATED FINISH TIME

NEXT MEETING

- Thursday 10 October 2013

TATAU POUNAMU
MANAWHENUA ADVISORY GROUP
2013 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 24 January 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 7 March 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 2 May 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 6 June 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 11 July 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 22 August 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 10 October 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 28 November 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth

MEETING DATES & TIMES ARE SUBJECT TO CHANGE

Work plan for Tatau Pounamu 2013 / 2014

	11 July	22 August	10 October	28 November	2014 Meeting Schedule to be set			
STANDING ITEMS	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items
DISCUSSION ITEMS	▪ TOR review ▪ Whare whakaruruhau ▪ Grey integration workshop ▪ Grey data (T Love)	▪ Update on the Model of care ▪ Suicide Prevention Action Plan ▪ Family Violence Implementation Plan ▪ Whānau ora update ▪ ALT work streams ▪ Kaizen Maori Health Workshop	▪ Kaizen Maori Health Workshop ▪ Maori Health Plan 2013/2014 – Quarterly Update ▪ ALT work streams ▪ Mental Health Review ▪ Update on Vision for West Coast Health Services – Programme Director	▪ Kaizen Maori Health Workshop ▪ ALT work streams ▪ MH review ▪ Whānau ora ▪ Model of Care update	▪ Kaizen Maori Health Workshop	▪ MHP reporting	▪ Draft MHP 2014/2015 ▪ Whānau ora ▪ Review MH services	

	11 July	22 August	10 October	28 November	2014 Meeting Schedule to be set			
STANDARD REPORTS	Chair's Report GM's Report HEHA / Smokefree Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report	Chair's Report GM's Report Healthy Lifestyle Services Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report	Chair's Report GM's Report Healthy Lifestyle Services Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report	Chair's Report GM's Report Healthy Lifestyle Services Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report
INFORMATION ITEMS	2013 Schedule of meetings Committee Work plan	2013 Schedule of meetings Committee Work plan	2013 Schedule of meetings Committee Work plan	2013 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan

TATAU POUNAMU ADVISORY GROUP MEETING UPDATE – 11 JULY 2013

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Tatau Pounamu Advisory Group**

DATE: **2 August 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Tatau Pounamu Advisory Group meeting of 11 July 2013. Following confirmation of the minutes of that meeting at the 22 August 2013 Tatau Pounamu Advisory Group meeting, full minutes of the 11 July 2013 meeting will be provided to the Board at its 13 September 2013 meeting.

For the Board's information the following is the role and aims of the Tatau Pounamu Advisory Group, as stated in the Memorandum of Understanding:

The West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Maori in Te Tai Poutini rohe.

The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:

The West Coast District Health Board will:

a. *Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Maori health initiatives in the Te Tai Poutini rohe;*
b. *Establish and maintain processes to enable Maori to participate in, and contribute to strategies for Maori health improvement*
c. *Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori*
d. *Include Tatau Pounamu in decision making process that may have an impact on Poutini Ngai Tahu; and*
e. *Feedback information to Tatau Pounamu on matters which may impact on the health of Maori in Te Tai Poutini rohe.*

Tatau Pounamu will:

a. *Involve West Coast District Health Board in matters relating to the development and planning of Maori health and disability.*
b. *Feedback information to Nga Runanga o Poutini Ngai Tahu as required;*
c. *Advise West Coast District Health Board on matters which may impact on the health of Maori in Te Tai Poutini rohe;*
d. *Assist West Coast District Health Board to acquire appropriate advice on the correct processes to be used so as to meet Poutini Ngai Tahu kawa (custom/protocol) and tikanga (rules of conduct).*

2. RECOMMENDATION

That the Board:

i. notes the Tatau Pounamu Advisory Group Meeting Update – 11 July 2013.

3. SUMMARY

Detailed below is a summary of the Tatau Pounamu Advisory Group meeting on 11 July 2013. A copy of the agenda for this meeting is attached as Appendix 1.

ITEMS OF INTEREST FOR THE BOARD

The following items were considered by Tatau Pounamu:

Grey Integration Workshop Report and Alliance Update
Kim Sinclair-Morris, Project Specialist provided Tatau Pounamu with an update on the Grey Integration workshop and Alliance Update. The Committee were advised that the Grey/Westland Integrated Family Health Services (IFHS) 2013-15 work plan has been endorsed by the Alliance Leadership Team. This work plan outlines key deliverables supporting service integration, improvement priorities identified in the 2013/14 Annual Plan and the Grey Integrations Workshop.

Committee member's noted that the Kaizen findings are being implemented within the IFHS framework. The improvement of the Maori patient and Whanau health care experience within this framework is positive.

Work Plan June 2013 – July 2014
Tatau Pounamu reviewed the draft work plan which is to be utilised as a guide for the group over the next 12 months. Further items have been included and timeframes reviewed.

Review of Tatau Pounamu Terms of Reference
The Terms of Reference was reviewed with a number of changes proposed and included which better reflect the Memorandum of Understanding.

Whare - Whakaruruhau
The Whanau / Family Facility procedure and Whanau documentation was reviewed in more detail. Tatau Pounamu members would like to see that the facility is brought back to its original Kaupapa which is all about shared accommodation. A member of one of the Runanga has volunteered to become part of the Steering Committee for the Whakaruru.

4. APPENDICES

Appendix 1: Agenda – Tatau Pounamu Advisory Group Meeting – 11 July 2013

Report prepared by: Gary Coghlan, GM Maori Health on behalf of Lisa Tumahai, Chair, Tatau Pounamu

AGENDA –TATAU POUNAMU ADVISORY GROUP

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

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Boardroom, Corporate Office, West Coast DHB
Thursday 11 July 2013 commencing at 3.30 pm

KARAKIA		**3.30 pm**
ADMINISTRATION		
	Apologies	
1.	**Interest Register** Update Interest Register and Declaration of Interest on items to be covered during the meeting.	
2.	**Confirmation of the Minutes of the Previous Meeting** 6 June 2013	
3.	**Carried Forward/Action List Items**	
4.	**Discussion Items**	

- Whare - Whakaruruhau
- Grey integrations workshop report
- Grey data (T Love)
- Review Proposed Work Plan June 2013 – July 2014
- Review of Tatau Pounamu Terms of Reference
- Participation – pool of potential people

	REPORTS	
5.	**Chair's Update – Verbal Report**	Chair
6.	**GM Maori Health Report**	General Manager Maori Health
7.	**HEHA Smokefree Report**	HEHA and Smokefree Service Development Manager
8.	**Alliance Update**	Planning & Funding

Information Items

- Tatau Pounamu meeting schedule for 2013
- Chair's Report to the Board

ESTIMATED FINISH TIME

NEXT MEETING

- Thursday 22 August 2013

Performance Summary:

Māori Health Plan Indicators

Report completed July 2013

Based on data available at 30 June 2013

Contents

Note.

At the time of writing, data was not available for all DHBs for several indicators including: ethnicity data accuracy, acute rheumatic fever hospitalisations, and tertiary cardiac management.

The performance summary table shows empty spaces for breastfeeding rates where infant numbers were too small to provide meaningful percentages.

Introduction

This report provides a performance summary for the Māori population in each District Health Board (DHB) for the indicators listed in the 2013-2014 DHB Māori Health Plan (MHP). This report should be read in conjunction with the performance summary table which accompanies this report. The report provides brief interpretation of the performance results for each indicator, and brief suggestions for performance improvement. Ultimately however, the solutions for improving these indicators rely on an effective mix of stakeholder collaboration, robust interventions, and ongoing performance monitoring.

This report and companion table provides a snapshot of the Māori population for the selected indicators. The data used in the table was the most current available at 30 June 2013. The reporting period for each indicator is listed in the performance summary table and indicator narrative of this report. Reviewing the performance data helps to highlight achievement toward the national indicator targets. It is acknowledged that readers also wish to see a comparison of results for Māori and non-Māori within their DHB. Single page summaries of this data have been provided to enable this comparison. Eventually a customisable reporting tool will be made available.

This report can assist Te Tumu Whakarae (TTW) members in several ways. First, the report gives an aggregated snapshot of indicator performance for all DHBs relative to the targets listed in the DHB MHPs. This feature can help TTW to highlight where DHBs are doing well, and where special focus is required. For example, the companion table shows that most DHBs are performing well in the provision of smoking cessation advice in hospital. Similarly, almost half of the DHBs in the country have reached the national target for immunisation at 8 months of age. In contrast, all DHBs are performing poorly for the breastfeeding and ambulatory sensitive hospitalisation (ASH) indicators.

Second, the report can help to highlight individual DHBs which are doing especially well. Identifying the leading performers can help TTW to document, share, and replicate interventions which are especially effective. Facilitating this collaboration will help a greater number of DHBs to attain performance improvements, reach targets, and improve health outcomes over the 2013-2014 year and beyond. This report provides a summary snapshot of DHB performance; it is not intended to be a definitive guide to performance improvement. Readers are advised to contact the relevant Ministry of Health Champion for more detailed advice, along with local stakeholders.

In general, all DHBs should focus on improving the quality of ethnicity data. This action alone could yield improvements in several of the indicators. This can be achieved by implementing the Ministry of Health's new primary care ethnicity data auditing tool. Over time, improvements to hospital ethnicity data and those of other stakeholders such as the National Cervical Screening Programme will also contribute to more accurate performance results.

Key Points

Key points evident in the performance summary table for the Māori population include:

1. Four DHBs have exceeded the national target for PHO enrolment, most other DHBs lie within 20% of the target;
2. Ambulatory sensitive hospitalisations (ASH) are a challenge for all DHBs. There is a two to fourfold difference in DHB performance across ASH age groups;
3. Breastfeeding rates are low in all DHBs and stray further from the target in older age groups;
4. Cardiovascular risk assessment (CVRA) rates are low in all DHBs;
5. Most DHBs lie within 10% of the breast screening target, and six DHBs have surpassed the target;
6. Most DHBs are 20% below the cervical screening target, but two DHBs lie within 5% of the target;
7. The rates for smoking cessation advice provision in primary care are low in all DHBs;
8. Eight DHBs have already attained the July 2014 target for immunisation at eight months of age;
9. Most DHBs lie within 10-20% of the seasonal influenza vaccination target.

Using the Report

This report is intended for use by Māori Health General Managers in DHBs. The narrative and recommendations have been tailored accordingly. To help assess MHP performance within a DHB readers may wish to:

1. Identify the column for your DHB on the performance summary table;
2. Note those indicators where results are coloured red or orange;
3. Scan the table horizontally and note those DHBs where results for the same indicator selected in step 2 are coloured green or yellow;
4. Read the 'interpretation' and 'recommendations' sections for the relevant indicator within this report;
5. Seek more information about the indicator within the DHB;
6. Plan interventions to improve indicator performance in collaboration with other stakeholders.

Relevant models for organisational change and performance improvement have been described in detail elsewhere.[1, 2]

Broad, generic recommendations are provided in this report. However, the right mix of recommendations and interventions to achieve indicator performance improvement will depend on the individual needs of each DHB and its stakeholders.

This is the first in a series of quarterly reports aimed at providing performance information and guidance to DHBs to aid with the achievement of the targets listed in the Māori Health Plan. The next report will be based on data for the first quarter of 2013-2014 and will be distributed in November.

Acknowledgements

Riki Nia Nia (Chairperson, Te Tumu Whakarae)
Ministry of Health (Māori Health Business Unit)
District Health Board Shared Services
Royal New Zealand Plunket Society

Report completed by:
Dr George Gray
Theresa Cave.

Version 130802.

If you have any comments or recommendations regarding this report please email george@drgray.co.nz or riki.nia_nia@ccdhb.org.nz

Please complete a brief one-question survey on this report.

---

[1] Kotter, John P, and Leonard A Schlesinger. "Choosing strategies for change." *Harvard business review* 86.7/8 (2008): 130.

[2] Ettinger, Walter H. "Six Sigma: adapting GE's lessons to health care." *Trustee: the journal for hospital governing boards* 54.8 (2001): 10.

Indicator	**PHO enrolment**
Target	100%
Period	Quarter 4 2012-2013
Components	Numerator: Number of usually resident Māori within the DHB who were enrolled in a PHO in New Zealand in the quarter Denominator: Total estimated number of Māori resident in the DHB (based on Census 2006 projections)
High	104% (Northland DHB, Wairarapa DHB)
Low	40% (Southern DHB)
Range	64% (Highest – lowest)
Interpretation	PHO enrolment rates for Māori in most DHBs lay in the 80-90 percent range for the 4th quarter. This result indicates that most PHOs do well at enrolling the bulk of their projected Māori population. Only four DHBs were 20% or more below the indicator target of 100% (highlighted red). Four DHBs had enrolled 100% or more of their projected eligible population (highlighted green). A result greater than 100% may indicate the projected population (denominator) figure is too low, or that the ethnicity of enrolees (numerator) has been misclassified, or other reasons. More accurate denominator figures will be obtained in late 2013 when Census 2013 data becomes available.
Recommendations	Steps to increase PHO enrolment rates include: 1. Ensure that enrolment forms in all PHOs incorporate the ethnicity question and self-identification protocol recommended by the Ministry of Health;[3] 2. Implement the primary care ethnicity data auditing tool when it becomes available. Several recent studies have highlighted inaccurate ethnicity classification in primary care databases;[4, 5] 3. Replicate the enrolment strategies used by PHOs in Lakes, Northland, Tairawhiti, and Wairarapa DHBs.

[3] "Ethnicity Data Protocols for the Health and Disability Sector | Ministry ..." 2011. 2 Aug. 2013 <http://www.health.govt.nz/publication/ethnicity-data-protocols-health-and-disability-sector>

[4] Malcolm, Laurence. "Towards a reliable and accurate ethnicity database at district and national levels: progress in Canterbury." *New Zealand Medical Journal* (2010).

[5] Bramley, Dale, and Sandy Latimer. "The accuracy of ethnicity data in primary care." *Journal of the New Zealand Medical Association* 120.1264 (2007).

Indicator	**Ambulatory sensitive hospitalisations (ASH) 0-74 years**
Target	1,983 per 100,000 per year DHBs have been provided with targets customised to existing performance. The target figure listed above represents the national rate for all ethnicities.
Period	Twelve months ending September 2012
Components	Numerator: Weighted ASH numbers for Māori in the specified age group Denominator: Average Māori population enrolled in PHOs within the DHB for the most recent four quarters (inclusive) Rates are age standardised to the World Health Organisation (WHO) standard population
High	4,283 per 100,000 per year (South Canterbury DHB)
Low	2,019 per 100,000 per year (West Coast DHB)
Range	2,264 per 100,000 per year
Interpretation	ASH is an index of multiple conditions contributing different weighting to the final ASH rate for a DHB. There is wide variation in ASH rates for Māori in the 0-74 year age group across all DHBs. The ASH rate in South Canterbury DHB is 2.1 times higher than the leading DHB, West Coast. ASH performance does not appear related to the proportion of Māori within a DHB's population. The Māori population in three of the five leading DHBs is higher than the national average of 15% (MidCentral, 20% Māori; Hawke's Bay, 30% Māori; Waikato, 25% Māori). If required, statistical tests could be used to accurately measure the degree of association between ASH rates and a range of variables such as age distribution, deprivation levels, ethnicity, and others. The wide variation in ASH rates suggests differences in service delivery practices within DHBs, along with differences in the quantity and quality of preventative programmes which have been implemented; a more narrow range might be seen where providers have low influence over the drivers behind indicators. While the more than twofold difference in rates across DHBs is concerning, the close proximity of the leading DHBs to the national target of 1,983 per 100,000 per year is positive. Replicating the strategies and practices implemented in the leading DHBs could lead to improved performance in other DHBs around the country.
Recommendations	Because of the multiple conditions comprising ASH, and their individual weighting, a multifaceted approach to reducing ASH rates is appropriate. This approach may include: 1. Process improvements to ensure that ASH diagnostic codes and duration of stay thresholds are being applied correctly and

	consistently; 2. Community interventions that are aimed at managing conditions before they present to hospitals. A range of interventions, their effectiveness, and potential impact are described in a systematic review sponsored by the Ministry of Health;[6] 3. Condition-related interventions which target the leading causes of ASH within a DHB. The ASH conditions which contribute the highest proportion of admissions can be determined using the Ministry of Health's ASH quarterly report spreadsheet located on the Nationwide Service Framework Library website (www.nsfl.health.govt.nz). Note however that the literature review listed in recommendation two emphasises the importance of a multimodal approach rather than single isolated interventions for selected conditions. A multimodal approach encompasses primary prevention, improved primary care access, accurate diagnosis, and correct treatment;[7] 4. Applying the practice recommendations noted in the Child and Youth Compass Project for ASH. This project is sponsored by the Office of the Children's Commissioner and is aimed at documenting the strategies implemented by leading DHBs around the country. These guidelines are expected to be released in late 2013. Though the recommendations are based on ASH performance among children (0-4 years) the systems and process improvements implemented by the leading DHBs are relevant to ASH management in all age groups.

[6] Basu, A. "The effectiveness of interventions for reducing ambulatory sensitive ..." 2008. <http://www.healthsac.net/downloads/publications/HSAC06_ASH_051108_FINAL%20(2).pdf>

[7] Valenzuela, LMI. "[To identify primary care interventions that reduce hospitalisation of ..." 2007. <http://www.ncbi.nlm.nih.gov/pubmed/17949624>

Indicator	**ASH 0-4 years**
Target	5,641 per 100,000 per year DHBs have been provided with targets customised to existing performance. The target figure listed above represents the national rate for all ethnicities.
Period	Twelve months ending September 2012
Components	Numerator: Weighted ASH numbers for Māori in the specified age group Denominator: Average Māori population enrolled in PHOs within the DHB for the most recent four quarters (inclusive) Rates are age standardised to the World Health Organisation (WHO) standard population
High	12,174 per 100,000 per year (Whanganui DHB)
Low	5,741 per 100,000 per year (Counties-Manukau DHB)
Range	6,433 per 100,000 per year
Interpretation	As with the 0-74 year age group, there is wide variation in ASH rates for Māori in the 0-4 year age group across all DHBs. The ASH rate in Whanganui DHB is 2.1 times that in the leading DHB, Counties-Manukau. ASH performance does not appear related to the proportion of Māori within a DHB's population. The Māori population in four of the five leading DHBs is greater than 20% (Counties-Manukau, MidCentral, Hawke's Bay, and Waikato). The wide variation in ASH rates in the 0-4 year age group suggests differences in service delivery practices among DHBs, along with differences in the quantity and quality of preventative programmes which have been implemented; this wide distribution was seen in the 0-74 year age group also. The close proximity of Counties-Manukau to the national rate for all ethnicities is positive. Replicating the interventions that have led to low ASH rates in Counties-Manukau could lead to improved ASH rates for other DHBs.
Recommendations	Refer to the ASH recommendations listed for the 0-74 year age group.

Indicator	**ASH 45-64 years**
Target	1,661 per 100,000 per year DHBs have been provided with targets customised to existing performance. The target figure listed above represents the national rate for all ethnicities.
Period	Twelve months ending September 2012
Components	Numerator: Weighted ASH numbers for Māori in the specified age group Denominator: Average Māori population enrolled in PHOs within the DHB for the most recent four quarters (inclusive) Rates are age standardised to the World Health Organisation (WHO) standard population
High	5,523 per 100,000 per year (Counties-Manukau)
Low	1,372 per 100,000 per year (West Coast)
Range	4,151 per 100,000 per year
Interpretation	There is wide variation in ASH results in the 45-64 year age group. Rates in Counties-Manukau are four times higher than those in West Coast DHB. The ASH rate for Māori in West Coast DHB is lower than the national rate for all ethnicities combined (1,661 per 100,000 per year). West Coast DHB is the only DHB to have attained this target. The conditions contributing the majority of ASH admissions in this age group are similar around the country. These conditions can be determined using the Ministry of Health's ASH quarterly report spreadsheet located on the Nationwide Service Framework Library website (www.nsfl.health.govt.nz).
Recommendations	Refer to the ASH recommendations listed for the 0-74 year age group.

Indicator	**Exclusive and full breastfeeding at 6 weeks, 3 months, and 6 months** The 'full and exclusive' breastfeeding definition used in New Zealand complies with that used by the WHO for 'exclusive' breastfeeding. All breastfeeding performance data and targets presented in this report combine both full and exclusive figures from Plunket, unless stated otherwise. Plunket is estimated to serve 90-95% of infants in New Zealand. The Ministry of Health is working with other providers to improve the quality of patient data. The Ministry expects breastfeeding performance reporting to incorporate all providers by the end of 2013.
Target	At the time of writing there was no current strategic plan for breastfeeding that listed targets for this indicator. The most recent national breastfeeding strategy expired in 2012.[8] The targets listed below were approved in the 2013-14 Māori Health Plan development process. 6 weeks: 74% 3 months: 63% 6 months: 27%
Period	Quarter 3 2012-2013
Components	Numerator: Number of infants fully and exclusively breastfed at various ages for the selected quarter Denominator: Total number of infants in a specific age group visited by the provider in the selected time period
High	6 weeks: 68% (Northland) 3 months: 69% (Tairawhiti) 6 months: 38% (South Canterbury)
Low	6 weeks: 45% (Southern) 3 months: 28% (Southern) 6 months: 2% (Southern)
Range	6 weeks: 23% 3 months: 41% 6 months: 36%
Interpretation	Most DHBs are failing to reach the breastfeeding targets stated in the Ministry of Health's most recent strategic plan.[7] Breastfeeding results for most DHBs lay more than 20% away from the age-relevant target. The range does not give an accurate indication of the way that breastfeeding results are clustered. The range values are skewed by a small number of DHBs with excessively low results. For each of the age milestones most DHBs' results lay approximately 30% away from the target. Bay of Plenty, Tairawhiti, and Waikato DHBs have achieved results within 20% of the target for two age milestones. Tairawhiti has exceeded the breastfeeding target for the 3-month age group. The results for South Canterbury are based on a small number of

[8] "National Strategic Plan of Action for Breastfeeding 2008-2012 (pdf ..." 2011. 2 Aug. 2013 <http://www.health.govt.nz/system/files/documents/publications/breastfeeding-action-plan.pdf>

	infants and should be viewed with caution.
Recommendations	Breastfeeding rates show a strong social gradient and are influenced by structural factors where DHBs have limited influence. The factors affecting breastfeeding cessation for Māori women have been described in past research.[9, 10] Addressing the mix of barriers to breastfeeding in a manner customised to the specific needs of individual DHBs may help to improve breastfeeding rates among Māori women.

[9] Glover, Marewa, H Manaena-Biddle, and J Waldon. "Influences that affect Maori women breastfeeding." *Breastfeeding Review* 15.2 (2007): 5-14.

[10] Glover, Marewa et al. "Barriers to best outcomes in breastfeeding for Māori: mothers' perceptions, whānau perceptions, and services." *Journal of Human Lactation* 25.3 (2009): 307-316.

Indicator	**Cardiovascular risk assessment rate (CVRA)**
Target	90% of eligible candidates will have had cardiovascular risk assessed within the previous five years (target to be attained by July 2014)
Period	Quarter 2 2012-2013 Data for quarter 3 2012-2013 is available on the Ministry of Health website, but is not disaggregated by ethnicity
Components	Numerator: Number Māori PHO enrolees within the eligible population who have had a CVRA recorded within the last five years Denominator: Number of PHO enrolees who are eligible for a CVRA
High	68% (Waitemata)
Low	25% (Canterbury)
Range	43%
Interpretation	No DHB was within 20% of the national target (90%). The range in performance across DHBs was relatively small (disregarding Canterbury DHB); most DHBs achieved rates between 45% and 55%. There were small inequalities between Māori and Other population groups (less than 10% for most DHBs). This indicates that most DHBs are facing similar challenges in raising CVRA rates. Primary care providers in Waitemata DHB achieved the highest rates of CVRA (68%). Data provided for the most recent quarter (quarter 3 2012-2013) was not disaggregated by ethnicity. This will be corrected in future.
Recommendations	Performance results for most DHBs lie within close proximity of each other. This indicates DHBs are facing similar challenges in the identification, invitation, and screening process. Inequalities in CVRA results are relatively small (data for Other population not shown in table). Identifying the leading primary care providers within specific PHOs, documenting their service delivery methods, and replicating these approaches in other primary care providers may facilitate improvements in CVRA rates. A novel approach to improving CVRA rates among Māori was presented at Te Tumu Whakarae's July meeting by Hawke's Bay DHB. This approach involved identification of the absolute number of individuals required to reach target milestones and providing this information to key stakeholders in conjunction with performance progress reports. This approach has been used by other providers who have successfully reduced performance inequalities.

Indicator	**Breast Screening (50-69 years)**
Target	70% of eligible women have been screened within the previous two years
Period	Quarter 3 2012-2013
Components	Numerator: Number of eligible Māori women screened Denominator: Number of eligible Māori women
High	82% (Nelson-Marlborough)
Low	54% (Waikato)
Range	28%
Interpretation	Screening results have been presented here by individual DHB. Generally however, screening services are facilitated by a range of regional providers around the country serving multiple DHBs. Northland DHB, Wairarapa DHB, and the four DHBs served by BreastScreen South (Canterbury, South Canterbury, Nelson-Marlborough, and West Coast) attained or exceeded the national screening target of 70%. Auckland, Tairawhiti, and Whanganui DHBs attained rates within 5% of the national target. Only one DHB (Waikato, 54%) reported a screening result 20% or more below the national target. Over the past decade BreastScreen South has consistently demonstrated the significant improvements in screening rates which are possible for Māori women and others. The key strategies implemented by BreastScreen South were presented at the July 2013 Te Tumu Whakarae hui in Christchurch. Replicating these strategies and those used in other successful DHBs could lead to target attainment for most DHBs by June 2014.
Recommendations	Most DHBs have attained, or lie within 10% of the national breast screening target. The national target could be attained by the majority of DHBs by June 2014 with a range of approaches including: 1. DHB collectives working with their respective regional breast screening provider to review performance data for Māori women; 2. Quantifying the absolute number of monthly and quarterly screening episodes necessary to reach the national target; 3. Tracking local screening targets and performance in real-time rather than the quarterly data provided by the National Screening Unit (approximately three months in arrears); 4. Linking with the leading providers and DHBs around the country to determine relevant interventions which could be replicated.

Indicator	**Cervical screening (25-69 years)**
Target	80% of eligible women have been screened within the preceding three years
Period	Quarter 3 2012-2013
Components	Numerator: Number of eligible Māori women screened Denominator: Number of eligible Māori women
High	79% (Wairarapa)
Low	46% (South Canterbury)
Range	33%
Interpretation	Overall the results for cervical screening are promising. Four DHBs (Hawke's Bay, Taranaki, Tairawhiti, and Wairarapa) lie within 10% of the national target (80%). Wairarapa DHB is only 1% away from the national target of 80%. Identifying the effective interventions in these DHBs and replicating them in other areas could lead to improved screening rates. In addition to service delivery model changes, improving the accuracy of ethnicity data could also lead to significant and rapid improvements in cervical screening rates. A recent article in the New Zealand Medical Journal highlighted inconsistencies in ethnicity classification when the national cervical screening register was compared to two other data sets.[11] The study suggested that cervical screening rates for Māori women in Waitemata DHB might be lifted from 49.3% (for the most recent quarter at the time of the study) to 69.8% by improving the accuracy of ethnicity data. A recent Cochrane Collaboration systematic review assessed the effectiveness of various interventions to improve cervical screening rates.[12] The findings of the review may guide DHBs in the development of evidence-based interventions relevant to local needs.
Recommendations	Interventions to improve cervical screening rates include: 1. Te Tumu Whakarae working with the National Screening Unit over 2013-2014 to systematically improve the accuracy of ethnicity data in the national cervical screening programme register; 2. Te Tumu Whakarae working with the leading DHBs over 2013-2014 to identify and document effective interventions, and then share and replicate these interventions in other DHBs; 3. DHBs reviewing the cervical screening pathway within their area, identifying gaps in the service delivery pathway, and then developing relevant local interventions with key stakeholders, expert advisors, and assessment of the peer reviewed literature.

[11] Sandiford, P et al. "The effect of Maori ethnicity misclassification on cervical screening coverage." *The New Zealand medical journal* 126.1372 (2012): 55-65.

[12] Everett, Thomas et al. "Interventions targeted at women to encourage the uptake of cervical screening." *Cochrane Database Syst Rev* 5 (2011).

Indicator	**Smoking cessation advice provision in hospital care**
Target	95% of patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking
Period	Quarter 3 2012-2013
Components	Numerator: Number of hospitalised smokers who are Māori and are provided with cessation advice and support Denominator: Number of hospitalised smokers who are Māori
High	99% (Bay of Plenty)
Low	89% (West Coast)
Range	10%
Interpretation	All DHBs are performing well on this indicator; 14 DHBs have reached or exceeded the national target, the remaining six DHBs are within 10% of the national target. Four of the six DHBs which have not yet reached the national target are less than 5% from the target. With collaboration and focus it will be possible for all DHBs to reach or exceed the national target by 30 June 2014.
Recommendations	1. The six DHBs that are within 10% of the national target could benefit from optimising the existing cessation advice provision processes in place. The existing processes in place have brought these organisations very close to the national target already; 2. Replicating the cessation advice processes in leading DHBs could assist the remaining six organisations to reach the national target.

Indicator	**Smoking cessation advice provision in primary care**
Target	90% of patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking
Period	Quarter 2 2012-2013
Components	Numerator: Number of PHO enrolees who are smokers in the High Needs group and are offered cessation advice and support Denominator: Number of PHO enrolees in the High Needs group who are smokers Data presented in the companion table and this report is based on 'Total' and 'High Needs' population groups. The 'High Needs' population has been used as a proxy for the Māori population. The 'High Needs' population includes those of Māori or Pacific ethnicity and those in quintile groups 4 and 5. Reporting was not disaggregated by individual ethnic groups at the time of writing. It is anticipated that reporting will be provided with ethnicity disaggregation in late 2013.
High	68% (Lakes)
Low	27% (Canterbury)
Range	41%
Interpretation	All DHBs are finding this indicator challenging. Every DHB lay at least 20% below the national target (90%). Because the average performance for all DHBs is low it may be possible to identify effective strategies by investigating the performance of individual clinics within PHOs. Doing so may highlight clinics with high rates of cessation advice provision. Sharing and replicating the strategies used in the leading clinics and PHOs may assist other organisations to improve provision rates.
Recommendations	Effective interventions might be determined by identifying high performing clinics within individual PHOs. When the strategies used by these clinics have been identified and documented they might be replicated with similar effect in other clinics.

Indicator	**Immunisation at eight months of age**
Target	90 percent of eight months olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by July 2014 and (95 percent by December 2014).
Period	Quarter 3 2012-2013
Components	Numerator: Count of eligible Māori children fully immunised at eight months of age Denominator: Count of eligible Māori children eight months of age
High	98% (Wairarapa)
Low	74% (Waikato, Taranaki)
Range	24%
Interpretation	Eight DHBs have already reached or surpassed the July 2014 national target (90%). Eight DHBs are within 10% of the national target; the remaining four lay 10-20% away from the target. Given the existing success of leading DHBs with this indicator and the close proximity of others to the national target it is possible for all DHBs to reach the national target for this indicator by July 2014.
Recommendations	Increased immunisation rates could be attained by: 1. Working with the Ministry of Health immunisation champion (Dr Pat Tuohy) to identify effective interventions and service changes relevant to local needs; 2. Working with the leading DHBs to identify and replicate effective interventions.

Indicator	**Seasonal influenza vaccination among those 65 years of age and over**
Target	75% of those 65 years and over are immunised
Period	Data reported December 2012
Components	Numerator: Number of individuals in the High Needs population who are 65 years of age and over and who have been vaccinated Denominator: Total number of individuals in the High Needs population who are 65 years of age and over Data presented in the companion table and this report is based on 'Total' and 'High Needs' population groups. The 'High Needs' population has been used as a proxy for the Māori population. The 'High Needs' population includes those of Māori or Pacific ethnicity and those in quintile groups 4 and 5. Reporting was not disaggregated by individual ethnic groups at the time of writing. It is anticipated that reporting will be provided with ethnicity disaggregation in late 2013.
High	72% (Whanganui)
Low	56% (West Coast)
Range	16%
Interpretation	No DHB reached the target for seasonal influenza vaccination. However, four DHBs achieved results within 10% of the target. Most other DHBs lie within 10-20% of the target, and only three DHBs lie 20% or more below the target. Analysis of the past five years of performance data indicates that seasonal vaccination rates are slowly trending downward.[13] For this reason, and the high potential for respiratory and cardio-protective health gains linked to vaccination, this indicator would benefit from concerted attention during the latter half of 2013 in preparation for the 2014 vaccination period. The large time delay between the vaccination period and performance reporting could be shortened to enable rapid performance feedback for PHOs and DHBs.
Recommendations	To improve vaccination results in the 2014 vaccination period Te Tumu Whakarae could: 1. Work with DHB Shared Services and other organisations to gain faster performance reporting for the 2014 vaccination period; 2. Work with DHB Shared Services to analyse PHO influenza vaccination results during late 2013; identify high performing clinics, document the vaccination strategies used in those clinics, and replicate those interventions elsewhere.

Please complete a brief one-question survey on this report.

[13] "National Summary of PHO Performance to September 2012." 2013. 31 Jul. 2013 <http://www.dhbsharedservices.health.nz/includes/download.aspx?ID=126193>

	Māori Population, to June 30 2013	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Malborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
1	Ethnicity data accuracy																						
2	PHO enrolment	Q4 2012-2013	100%	79%	94%	80%	86%	89%	93%	85%	100%	85%	88%	104%	76%	40%	100%	88%	94%	104%	78%	90%	86%
3a	ASH (0-74y)	Year to Sep 2012	1,983	3,982	4,103	2,990	3,164	3,798	3,046	4,277	3,315	2,813	3,166	3,591	4,283	3,570	3,706	3,252	3,077	4,035	4,012	2,019	3,914
3b	ASH (0-4y)	Year to Sep 2012	5,641	7,662	11,270	9,804	7,681	5,741	6,736	11,847	8,564	7,272	10,003	8,852	9,907	11,200	8,946	8,025	6,421	12,013	8,178	7,538	12,174
3c	ASH (45-64y)	Year to Sep 2012	1,661	4,461	4,003	2,450	3,057	5,523	2,980	3,600	3,153	2,648	2,320	3,249	2,370	2,156	3,085	2,673	3,718	2,988	4,256	1,372	3,082
4a	Full & exclusive breastfeeding (6w)	Q3 2012-2013	74%	60%	64%	52%	54%	53%	52%	63%	51%	55%	66%	68%		45%	61%	49%	65%		53%		61%
4b	Full & exclusive breastfeeding (3m)	Q3 2012-2013	63%	43%	51%	43%	49%	31%	43%	37%	38%	46%	38%	45%	63%	28%	69%	43%	51%		49%		40%
4c	Full & exclusive breastfeeding (6m)	Q3 2012-2013	27%	20%	20%	15%	20%	10%	19%	10%	6%	18%	15%	15%	38%	2%	17%	9%	13%		13%		14%
5	CVRA Rate	Q2 2012-2013	90%	53%	52%	25%	58%	50%	64%	45%	53%	44%	53%	60%	52%	52%	55%	58%	52%	62%	68%	55%	51%
6	Tertiary cardiac management																						
7	Breast screening (50-69y)	Q3 2012-2013	70%	67%	58%	77%	63%	65%	65%	58%	59%	64%	82%	73%	77%	58%	67%	61%	54%	70%	65%	78%	67%
8	Cervical screening (25-69y)	Q3 2012-2013	80%	57%	64%	53%	60%	60%	74%	64%	70%	64%	64%	70%	46%	62%	75%	73%	62%	79%	53%	67%	65%
9	Cessation advice (hospital)	Q3 2012-2013	95%	95%	99%	91%	95%	96%	98%	97%	95%	89%	94%	97%	98%	95%	91%	95%	94%	98%	97%	89%	96%
10	Cessation advice (primary care)*	Q2 2012-2013	90%	41%	45%	27%	54%	39%	62%	30%	68%	47%	44%	54%	57%	37%	40%	54%	41%	62%	35%	45%	34%
11	Immunisation (8m)	Q3 2012-2013	90%	80%	84%	90%	86%	76%	94%	92%	81%	92%	81%	82%	84%	91%	84%	74%	74%	98%	81%	90%	93%
12	Influenza Immunisation	6m to Sep 2012	75%	61%	66%	70%	66%	62%	67%	64%	61%	63%	64%	59%	68%	68%	64%	67%	65%	68%	59%	56%	72%

Indicator Legend

- Target attained
- Within 10% of target
- 10-20% away from target
- Greater than 20% away from target

ASH Legend

- Target attained
- 1-1.5 x ASH target
- 1.5-2 x ASH target
- Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Auckland DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available. The Ministry of Health's ethnicity data auditing tool will be implemented in 2013/14.
2	Access to Care	PHO Enrolment	100%	79%	91%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,982	1,382			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	7,662	2,623			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	4,461	1,380			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	60%	68%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	43%	59%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	20%	30%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	53%		54%	51%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	67%	68%		66%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	57%	79%		88%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	95%		96%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	41%		37%	33%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	80%		91%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	61%		62%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Bay of Plenty DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	94%	100%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	4,103	1,935			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	11,270	7,352			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	4,003	1,340			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	64%	74%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	51%	62%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	20%	33%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	52%		67%	70%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	58%	71%		71%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	64%	85%		84%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	99%	99%	99%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	45%	44%	44%	45%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	84%	88%	88%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	66%	68%	68%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Canterbury DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	80%	98%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	2,990	1,563			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	9,804	6,155			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,450	1,130			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	52%	67%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	43%	57%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	15%	27%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	25%		28%	28%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	77%	80%		80%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	53%	77%		79%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	91%		90%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	27%		26%	26%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	90%		93%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	70%		71%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Capital & Coast DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	86%	94%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,164	1,339			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	7,681	3,511			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	3,057	1,243			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	54%	73%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	49%	64%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	20%	34%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	58%		57%	56%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	63%	69%		69%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	60%	83%		87%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	95%		96%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	54%		57%	57%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	86%		91%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	66%		66%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Counties Manukau DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	89%	95%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,798	1,652			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	5,741	2,927			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	5,523	1,820			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	53%	54%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	31%	48%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	10%	17%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	50%		55%	54%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	65%	68%		68%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	60%	71%		81%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	96%		96%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	39%		43%	32%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	76%		86%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	62%		61%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Hawke's Bay DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	93%	99%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,046	1,644			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	6,736	4,247			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,980	1,245			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	52%	78%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	43%	55%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	19%	28%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	64%		65%	65%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	65%	76%		76%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	74%	84%		84%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	98%		99%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	62%		56%	51%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	94%		94%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	67%		68%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Hutt Valley DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	85%	100%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	4,277	1,904			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	11,847	6,389			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	3,600	1,458			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	63%	60%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	37%	56%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	10%	26%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	45%		40%	38%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	58%	67%		67%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	64%	83%		83%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	97%		97%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	30%		30%	29%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	92%		94%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	64%		65%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend

- Target attained
- Within 10% of target
- 10-20% away from target
- Greater than 20% away from target

ASH Legend

- Target attained
- 1-1.5 x ASH target
- 1.5-2 x ASH target
- Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Lakes DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	100%	100%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,315	1,610			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	8,564	5,072			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	3,153	1,292			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	51%	75%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	38%	59%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	6%	17%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	53%		61%	65%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	59%	70%		70%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	70%	84%		86%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	95%		93%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	68%		63%	57%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	81%		85%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	61%		63%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend

Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend

Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Mid Central DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	85%	95%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	2,813	1,857			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	7,272	5,445			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,648	1,404			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	55%	55%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	46%	52%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	18%	22%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	44%		51%	53%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	64%	75%		75%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	64%	78%		78%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	89%		91%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	47%		47%	47%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	92%		93%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	63%		64%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend

Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend

Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Nelson Malborough DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	88%	99%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,166	1,346			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	10,003	5,641			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,320	792			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	66%	68%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	38%	57%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	15%	21%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	53%		54%	55%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	82%	84%		84%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	64%	82%		82%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	94%		93%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	44%		40%	39%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	81%		87%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	64%		64%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Northland DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	104%	102%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,591	1,480			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	8,852	4,132			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	3,249	1,111			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	68%	76%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	45%	61%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	15%	31%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	60%		64%	66%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	73%	74%		74%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	70%	78%		79%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	97%		98%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	54%		52%	50%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	82%		83%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	59%		59%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

South Canterbury DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	76%	102%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	4,283	1,839			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	9,907	4,960			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,370	1,273			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	N/A	71%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	63%	56%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	38%	24%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	52%		54%	55%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	77%	82%		83%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	46%	78%		78%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	98%		98%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	57%		53%	52%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	84%		92%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	68%		67%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Southern DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	40%	36%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,570	1,554			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	11,200	6,326			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,156	939			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	45%	51%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	28%	42%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	2%	14%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	52%		55%	55%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	58%	75%		75%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	62%	80%		80%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	95%		92%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	37%		32%	30%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	91%		93%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	68%		67%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Tairawhiti DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	100%	97%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,706	1,923			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	8,946	7,022			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	3,085	1,485			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	61%	83%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	69%	45%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	17%	22%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	55%		59%	62%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	67%	71%		71%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	75%	83%		83%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	91%		91%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	40%		42%	49%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	84%		85%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	64%		68%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend

- Target attained
- Within 10% of target
- 10-20% away from target
- Greater than 20% away from target

ASH Legend

- Target attained
- 1-1.5 x ASH target
- 1.5-2 x ASH target
- Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Taranaki DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	88%	99%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,252	1,412			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	8,025	3,661			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,673	1,039			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	49%	64%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	43%	60%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	9%	22%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	58%		67%	68%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	61%	76%		75%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	73%	88%		89%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	95%		95%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	54%		58%	57%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	74%		88%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	67%		68%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend

Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend

Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Waikato DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	94%	99%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,077	1,439			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	6,421	3,516			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	3,718	1,297			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	65%	71%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	51%	57%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	13%	24%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	52%		63%	66%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	54%	65%		65%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	62%	81%		83%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	94%		93%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	41%		46%	48%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	74%		81%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	65%		65%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Wairarapa DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	104%	103%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	4,035	1,783			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	12,013	5,360			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	2,988	1,333			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	N/A	85%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	N/A	66%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	N/A	31%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	62%		67%	68%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	70%	71%		71%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	79%	82%		82%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	98%		97%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	62%		60%	60%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	98%		96%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	68%		68%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Waitemata DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	78%	96%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	4,012	1,618			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	8,178	2,985			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	4,256	1,581			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	53%	66%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	49%	62%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	13%	25%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	68%		66%	66%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	65%	67%		66%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	53%	78%		84%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	97%		97%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	35%		38%	34%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	81%		90%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	59%		61%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend
Target attained
Within 10% of target
10-20% away from target
Greater than 20% away from target

ASH Legend
Target attained
1-1.5 x ASH target
1.5-2 x ASH target
Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

West Coast DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	90%	97%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	2,019	1,442			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	7,538	4,307			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	1,372	1,020			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	N/A	57%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	N/A	63%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	N/A	26%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	55%		58%	58%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	78%	76%		76%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	67%	79%		78%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	89%		91%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	45%		44%	44%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	90%		78%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	56%		55%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend

- Target attained
- Within 10% of target
- 10-20% away from target
- Greater than 20% away from target

ASH Legend

- Target attained
- 1-1.5 x ASH target
- 1.5-2 x ASH target
- Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.

Whanganui DHB

Based on data available at 30 June 2013

No#	Priority	Indicator	Target	Maori	Non-Maori	All	Other	Commentary
1	Data Quality	Ethnicity Data Accuracy						No data available.
2	Access to Care	PHO Enrolment	100%	86%	99%			Actual percentages may vary as some people on border areas of a DHB are enrolled in another DHB, Q4 2012-13
3(a)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 74 years)	1,983	3,914	1,716			Year ended Sep 2012, Population denominator from PHO enrolment data
3(b)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (0 - 4 years)	5,641	12,174	5,310			Year ended Sep 2012, Population denominator from PHO enrolment data
3(c)	Ambulatory Sensitive Hospitalisation (ASH) Rate	ASH Rates (45 - 64 years)	1,661	3,082	1,185			Year ended Sep 2012, Population denominator from PHO enrolment data
4(a)	Maternal Health	Exclusive Breastfeeding (6weeks)	74%	61%	68%			Data supplied by Plunket, Q3 2012-13
4(b)	Maternal Health	Exclusive Breastfeeding (3months)	63%	40%	58%			Data supplied by Plunket, Q3 2012-13
4(c)	Maternal Health	Exclusive Breastfeeding (6months)	27%	14%	25%			Data supplied by Plunket, Q3 2012-13
5	Cardiovascular Disease	CVRA Rate	90%	51%		61%	64%	Q2 2012-13 data
6	Cardiovascular Disease	Tertiary Cardiac Management						No data available.
7	Cancer	Breast Screening Rate (50-69 yrs), 2 year coverage	70%	67%	77%		77%	Q3, Mar 2013 data
8	Cancer	Cervical Screening Rate (25-69 yrs) 3 year coverage	80%	65%	80%		80%	Q3 2012-13 data
9	Smoking	Hospitalised Smokers Offered Cessation Advice	95%	96%		95%		Q3 2012-13 data
10	Smoking	PHO Smokers Offered Cessation Advice*	90%	34%		35%	34%	Data classified as high needs (Maori, Pacific or Quintile 4 & 5) or Other from MOH Performance report to 31 Dec 12.
11	Immunisation	Full Immunisation (@8months)	90%	93%		92%		Q3 2012-13 data
12	Immunisation	Seasonal Influenza Immunisation Rate*	75%	72%		72%		*Total population and high needs (Maori, Pacific or Quintile 4 & 5) Report to 31 Dec 12.

Indicator Legend

- Target attained
- Within 10% of target
- 10-20% away from target
- Greater than 20% away from target

ASH Legend

- Target attained
- 1-1.5 x ASH target
- 1.5-2 x ASH target
- Greater than 2 x ASH target

* Data is for High Needs & Total Population.

DHBs have been allocated customised ASH targets based on past performance.

The ASH targets listed here are the national rates for all ethnicities.

Breastfeeding results have been left blank where the number of cases was small.