

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

31 March 2016

@ 3.00pm Board Room, Corporate Services

Agenda and Meeting Papers

**ALL INFORMATION CONTAINED IN THESE
COMMITTEE PAPERS IS SUBJECT TO CHANGE**

TATAU POUNAMU ADVISORY GROUP MEETING

Thursday 31 March 2016 @ 3.00 pm

Board Room, Corporate Services

KARAKIA

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 February 2016

3. Carried Forward/Action List Items

4. Discussion Items/Presentations/Presenters

- | | |
|---|---------|
| ▪ Kia ora Hauora Update – Mokowhiti Consulting (Dialing in) | 3.15 pm |
| ▪ Julie Lucas – DNA Implementation Plan Update | 3.30 pm |
| ▪ Dr Cheryl Brunton/Claire Robertson – Community Public Health Update | 4.00 pm |
| ▪ Suicide Prevention Update – Cameron Lacey (To be confirmed) | 4.20 pm |
| ▪ Philip Wheble –Grey/Westland Update | 4.45 pm |
| ▪ Peter Ballantyne, Francois Tumahai, Paul Madgwick – Official Signing of the MOU | 5.00pm |

REPORTS

- | | |
|---|-----------------------------------|
| 5. Chairs Update – Verbal Report | Lisa Tumahai, Chair |
| 6. GM Maori Health – Report | Kylie Parkin, Maori Health |
| 7. Alliance/Workstream Updates | Philip Wheble, Planning & Funding |
| 8. Community Public Health | February/March Report Update |
| 9. Maori Health Action Plan Update | Kylie Parkin, Maori Health |

INFORMATION ITEMS

- 2016 Tatau Pounamu Meeting Schedule
- 2016 Board Meeting Schedule
- Annual Planning Timeframe 2016
- Southern Cancer Network – South Island Initiatives
- Southern Cancer Network – Vision & Priorities

ESTIMATED FINISH TIME 5.00pm

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Lisa Tumahai (Chair) Te Runanga O Ngati Waewae	<p>Directorships</p> <ul style="list-style-type: none"> Chair - Arahura Holdings Ltd 2005 – currently Chair -Te Waipounamu Maori Heritage Centre 2006 – currently <p>Committees</p> <ul style="list-style-type: none"> Te Waipounamu Maori Cancer Network Committee 2012 - currently Te Taumata to Te Putahitanga o te Waipounamu General Partnership Board. 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 <p>Trustee</p> <ul style="list-style-type: none"> West Coast PHO 2013 – currently Poutini Waiora – 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	<ul style="list-style-type: none"> 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 Co-Chair Poutini Waiora Board

Member	Disclosure of Interest
	<ul style="list-style-type: none"> ▪ 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
<p>Elinor Stratford West Coast District Health Board representative on Tatau Pounamu</p>	<ul style="list-style-type: none"> ▪ Member Clinical Governance Committee, West Coast Primary Health Organisation ▪ Committee Member, Active West Coast ▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust ▪ Committee Member, Abbeyfield Greymouth Incorporated ▪ Trustee, Canterbury Neonatal Trust ▪ Board Member of the West Coast District Health Board ▪ Member of the Southern Regional Liaison Group for Arthritis New Zealand ▪ President of the NZ Federation of Disability Information Centres
<p>Gina Duncan Kawatiri</p>	<ul style="list-style-type: none"> ▪ Maori Community Representative – Incident Reporting Group, Buller Hospital ▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream ▪ North School Iwi Representative, Board of Trustee ▪ Member of MSD Service Provider for Youth ▪ Buller Reap Youth Co-ordinator
<p>Wayne Secker Mawhera</p>	<ul style="list-style-type: none"> ▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee
<p>Paul Madgwick Te Runanga o Makaawhio</p>	<ul style="list-style-type: none"> ▪ Chairman, Te Runanga o Makaawhio ▪ Editor - Greymouth Star, Hokitika Guardian, West Coast Messenger. ▪ Board member, Poutini Waiora
<p>Susan Wallace Te Runanga o Makaawhio</p>	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio

Member	Disclosure of Interest
	<ul style="list-style-type: none"> • Member, of the West Coast District Health Board • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • 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 • Co-Chair, Poutini Waiora Board ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING Board Room, Corporate Services Thursday 11 February 2016

PRESENT: Francois Tumahai, Te Rūnanga O Ngāti Waewae (Dialed in) - Chaired
Elinor Stratford, West Coast DHB Representative (Arrived 330pm)
Susan Wallace, Te Runanga o Makaawhio (Dialed in)
Wayne Secker, Maori Community Mawhera
Paul Madgwick, Te Runanga O Makaawhio

IN ATTENDANCE: Kylie Parkin, Maori Health
Philip Wheble, Manager Planning & Funding
Dr Cheryl Brunton, Community Public Health
Claire Robertson, Community Public Health
Diane Riley, Southern Cancer Network

APOLOGIES: Lisa Tumahai, Te Runanga O Ngāti Waewae (Chair)
Gina Robertson, Maori Community Kawatiri
Gary Coghlan, General Manager Māori Health
Mark Newsome, General Manager Grey/Westland

MINUTE TAKER: Megan Tahapeehi, Maori Health

WELCOME / KARAKIA
Susan Wallace

AGENDA / APOLOGIES

1. DISCLOSURES OF INTEREST

Please provide any amendments or update to Megan.

2. MINUTES OF THE LAST MEETING

Moved: Wayne Secker **Second:** Susan Wallace

Carried

3. Carried forward/Action List Items

No. 4 – Tatau Pounamu MOU

Updates have been finalised and we are organising a date for the formal signing of the agreement between the Board Chair and Tatau Pounamu. This is expected to take place at the next Tatau Pounamu or Board meeting in March/April.

No. 4 – Maori Representative Appointment Requests

Carried Over for update at next meeting.

Whanau Ora

Carried over next meeting. Gina Roberston to provide an update.

Improving the Maori Cancer Pathway

Di Riley attending meeting.

Health Services South Westland

Discussions are still happening regarding the delivery of health services in the South Westland. Susan Wallace advised that there may be plans to hold more health hui in the future.

ACTION: Follow up to see if any have been arranged.

Rangatahi

Kia ora Hauora to provide an update on the work they do across the Tai Poutini region at the March meeting.

Conversation around the wider area of health for rangatahi and what is happening in this space. Kylie Parkin commented that we have the Child and Youth health workstream which is made up of two separate groups, Youth and Child. An updated report will be provided at the next meeting relating to who sits on the group and the work they are currently involved in.

ACTION: Kylie Parkin to provide a brief as to what they are doing and what is the expectation of the contribution needed in terms of a maori representative

DNA and Discharge Planning

Julie Lucas has provided an update of data that Kylie Parkin will distribute. Invite Julie along to the next meeting.

A G E N D A

1. GM Maori Update

Kylie talked to her report.

Workplans - First draft due to the Ministry of Health in February. Early drafts can we be sent out sooner to the group if required. The first draft of the Maori Health plan is due at a later date than the Workstream workplans and will be included in the papers for the March meeting.

Mana Tamariki Manaokupuna Project – Plunket are wanting to engage with MTM Mums to ask them how pregnancy and parenting education would work for them. Plunket are the new contract holders to deliver this service on the Coast and want to ensure that the new delivery model and design captures the needs of young Maori Mums. Currently PPe is being delivered as it always has in the past with Plunket having a 6 month window to develop a new approach. This could mean several different approaches but they have clearly identified Maori as a priority and want to get it right. Susan Wallace had a concern about Maori ideas being taken over with no recognition of their input in the future. Kylie noted that this was a very good opportunity to test the MTM model and how within the original intent of the innovation was to influence service planning and design.

Maori Mental Health – Since his appointment in June 2015 the Manager has undertaken an informal review of the Maori Mental Health Service to assess its capacity to deliver appropriate cultural support to tangata whaiora and their whanau, pathways into the service and the provision of clinically

safe and viable service delivery. He is also working on a framework for collecting and reporting data and issues and opportunities.

Poutini Waiora – Advertised for the Kaihautu position and currently in process of interviewing.

Richard Wallace kaumatua acknowledgement – A member asked what is the process now for replacement of this position? Mal Robson was to contact Rununga chairs to approach for some names to be put forward. The appointment process will then need to go through Tatau Pounamu as per the policy.

Di Riley – Southern Cancer Network Update

Presentation received. Any further questions please contact Di direct. (Copy included in the papers)

Community Public Health Update – Claire Robertson & Cheryl Roberston

- Tobacco Realignment – ROI has been submitted and close this afternoon.
- Alcohol Licensing – Have been doing routine work on controlled purchasing (underage youth purchasing alcohol) with the police. Work done in the last month has resulted in places selling to youth – a concern. Will continue to keep updated. Also monitoring at Wild Foods this year.
- Tobacco recently was 100% compliant.
- Kaumatua well being hui is scheduled for the end of March. This hui is focusing on Dementia and Alzhimers. CCCN are also involved. Kaumatua have also asked that this be opened up to the community.

ACTION: Susan Wallace has asked for a copy of the panui to sent round to wider networks – Claire Robertson

Suicide Prevention Governance Group Update

- WCDHB has a suicide prevention and post prevention plan which was developed and finalised last year. This put in place a governance group and action group within that plan. The action group is chaired by Lois Scott, which includes key orngaisations to help progress the objectives. Others are called on for specific needs of the group.
- What was observed is that suicides on the WC are quite different and seem to be dominant for males in their middle years on the West Coast. Clinical Advisory Services Aotearoa (CASA) has been contracted by the Ministry of Health under the Community Postvention Response Service (CPRS) to assist the community experiencing suicidal contagion or suicide clusters. After an initial assessment process, the team works in partnership with the community to develop a postvention plan to respond to the needs of each unique community. One strategy is to identify who else might be at risk (circles of vulnerability) as they are directly linked to the death ie; family/whanau, social groups, friends. A vulnerable persons register is created and a plan put in place ie; which agency will connect with them. Sarah Harvery and Rehia McDonald are the co faciliators of this group. The health system and other key agencies are working together to help prevent further death. This group has met twice since the beginning of January. CASA's support for this is available for as long as needed.

ACTION: A copy of the action plan to be provided to Tatau Pounamu.

Q: Concerns looking at the circles and are they looking at a wide enough circle? The best way to ensure that it does is to either talk to Sarah and Rehia if you think Whanau are of concern then other information can further come through the group.

Q: Some community discussions – It is on the workplan to look at this ie; male dominant workplaces and industries. If there are points of interventions and settings where more pro active work can be done. Look at senior school levels in school etc. Further reiterated to contact Rehia and Sarah.

ACTION: Commitment to continue to update at these meetings.

Philip Wheble – Grey/Westland Update

- Hospital rebuild delay for 6 months. Delay is around the bids received and the costs were looking to go over the budgeted allocation. The partnership group has chose to look at how they look through a better tenduring process to try and retrieve some savings that way.

Alliance Update

- In annual planning process at the moment, first draft is due at the end of March and then consultation and second draft May/June 2016

Board Update – Kylie will provide this verbally at tomorrows meeting.

Meeting finished at 4.45pm

MATTERS ARISING FEBRUARY 2016 MEETING

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
4	11 February 2016	Amendments for Tatau Pounamu Terms of Reference & Renewal of Memorandum of Understanding The MOU was discussed at the Board Meeting on the 11 December 2015. Formal sign off is being arranged for the March meeting with Board and Runanga Chairs	Megan Tahapeehi & Board Secretary to confirm date for formal sign off.	March Meeting
4	11 February 2016	Maori Representative Appointment Requests A request for a Maternity Quality & Safety Maori Representative was submitted by Karen Bousfield, Director of Nursing. Request for potential applicants was submitted to all Tatau Pounamu members.	Awaiting formalised requested paperwork to be provided.	New Year
5	11 February 2016	Whanau Ora On going discussion.	Chair	March Meeting
9	11 February 2016	DNA Update Julie Lucas will look to provide further update in the New Year	General Manager, Maori	March Meeting
10.	11 February 2016	Health Services for Westland District Ongoing discussions A member advised that there has been further contact from the South Westland Community. Susan Wallace has met with the General Manager from WCDHB and has had a meeting in Franz Joseph. They are organising a local hui with the community, potentially at the end of July. This is ongoing and taken to the community for discussion to see if they can address.	Susan Wallace	March Meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
11.	11 February 2016	Rangatahi Ongoing discussions	Chair, Tatau Pounamu	March Meeting

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **31 March 2016**

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The verbal and in person updates from the following:

- Kia ora Hauora Update – Mokowhiti Consulting
- DNA Implementation Plan Update – Julie Lucas
- Community Public Health Update – Dr Cheryl Brunton & Claire Robertson
- Suicide Prevention Update – Cameron Lacey/Philip Wheble
- Grey/Westland Update – Philip Wheble
- Signing of the Memorandum of Understanding - Board & Iwi Chairs

2. RECOMMENDATION

That Tatau Pounamu Advisory Group notes the updates.

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **31 March 2016**

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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.

TO: Chair and Members – Tatau Pounamu Manawhenua Advisory Group

SOURCE: General Manager, Maori Health

DATE: 31 March 2016

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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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 this report;

- i notes the General Manager Maori Health Update

Poutini Waiora – Te Kaihautu Appointment

The Poutini Waiora Board has confirmed the appointment of Carl Hutchby to the position of Te Kaihautu (General Manager) for Poutini Waiora.

Carl has extensive experience as a CEO, Practice Manager, Mental Health Nurse and Clinical Director with a wealth of experience working for Kaupapa Maori NGO and Iwi Providers, he has a number of international appointments and this experience brings an additional added value to Poutini Waiora. Carl has worked on Te Tai o Poutini in Management positions within primary health and had a period on the Alliance Leadership Team. He has extremely valuable networks within the Health sector on Te Tai o Poutini and we are really pleased to welcome him back.

Carl started in his new role on the 21 March 2016.

Health Workforce New Zealand – Hauora Maori Training

The 2016 contract for Hauora Maori training through Health Workforce New Zealand (HWNZ) has been approved. This funding targets non-regulated Maori Staff who work in the Health & Disability Sector and is open to applicants who show a commitment to developing formal competencies in their current roles, and developing their potential to move into other health sector roles.

Applicants are encouraged to apply to complete a clinically and culturally focused NZQA accredited Certificate or Diploma (Level 2 to level 7 of the National Qualifications Framework). The contracted amount is \$67,466.25 and covers Tuition fees, Travel, Accommodation, Clinical Release, Clinical and Cultural Supervision.

Currently we have 3 staff confirmed to study towards a Level 4 Certificate in Hauora Maori through Tipu Ora in Semester one. There are still places available for Semester 2.

Tumu Whakarae - Summary

The National Reference Group for Maori Health Managers met in Wellington on the 26/27 February 2016. A summary of discussion points are:

Workforce Development

- HR policies around recruitment and understanding of equity and the workforce expertise required to improve and implement Maori health gains
- Ethnicity data collection needs improvement to gain a real idea of the Maori Health Workforce
- Kia ora Hauora – starting to see the results coming through into the Maori health workforces
- Cultural competency and mainstream responsiveness – framework going forward

Te Ara Whakawaiora

- an approach to accelerating Māori health plan indicator performance
- Trendly tool – overview on the implementation and use of the online tool for monitoring Maori Health Indicators

MPDS

- Changes to the process
- Using the Maori Provider Capacity Assessment Tool to identify priority areas for funding

New Zealand Health Strategy

- The Minister will see the final draft prior Easter. Consultation will occur with the Ministers with the final release due April/May

Maori Smoking Cessation – ROI Update

Following the submission of a Registration of Interest, Community & Public Health supported by the Healthy West Coast Workstream has been successful in moving to the next stage of the MoH Tobacco Realignment – Regional/Local Stop Smoking Services process. This process follows the announcement that the Aukati Kaipaipa service will no longer be funded past 30 June 2016. The proposal was developed through the West Coast Alliance, under the guidance of the Healthy West Coast Governance Group. CPH is expecting to hear the outcome of the RFP in April, with the current Aukati Kaipaipa contract finishing 30 June 2016.

COPD Rehab Progress

Poutini Waiora kaimahi and Respiratory Nurse Specialist, Rae Smith have been working hard to get a Pulmonary Rehabilitation programme for Maori is underway. COPD presents as a particular burden for Maori, who experience impairments resulting from COPD up to 2 decades earlier than non-Maori, have a prevalence of COPD twice as high compared to non-Maori and have higher rates of hospitalisation and mortality associated with COPD. This first session will be on the 22 March with the programme running twice weekly for 8 weeks. Poutini Waiora have supported engagement and access to the programme with the specialist support being provided by various health professionals such as Physio's, Pharmacists, Nurse Specialists and linking cessation support where appropriate.

The focus on these programmes is on living positively with lung disease and keeping well for as long as possible by increasing knowledge around healthy lifestyles, ensuring medication is being used appropriately and supporting one another as a group. The challenge for us now is to work on pathways for participants once they have completed the programme and are motivated to stay well.

Pulmonary rehabilitation is one of the few interventions that have been consistently shown to enhance physical function and quality of life for people with COPD.

MTM Update

Whakaue Researchers alongside Poutini Waiora met with a group of Mum's involved in the MTM research/innovation project in Westport on the 3 March. The purpose was to provide a preview of the feedback from the interview participants to the group and to begin to design a programme/model for implementation and evaluation over the next year. A consensus was reached by the Mum's that a 'hub' space of their own that services and programmes could be run from would be a good starting point and some ideas are beginning to formulate to support that model for piloting.

A Project Manager will be appointed to manage the next important phase of the project which is implementing the above model and collating and presenting back to key audiences on the findings of the research.

REPORT to TATOU POUNAMU COMMUNITY AND PUBLIC HEALTH (CPH)

March 2016

Community Nutrition

An Appetite for Life course has now started in Westport at Number 37 (community house) and CPH staff recently met with a practice nurse in Reefton about providing a course there in the near future. There is a steady flow of referrals to Appetite for Life coming in from Hokitika and Greymouth as well. We are developing strategies to streamline our referral process and to enhance the overall experience of Appetite for Life.

CPH has been continuing work with six Early Childhood Centres to support the development of healthy kai policies and to provide support to teachers and parents around children's nutrition. The early childhood setting will be a strong focus of our work in nutrition over the next year.

Alcohol Licensing

CPH's alcohol licensing staff continue to report on alcohol licence applications. One application of particular note was opposed by the Medical Officer of Health during February. This was an application for a new off-licence store in Hokitika, a town which already has one off-licence for every 423 people. Should this application be granted, it would mean that there would be one off-licence for every 371 people in Hokitika. The comparable ratio for Greymouth is one off licence for every 1154 people and for Westport it is one for every 1009. Increased density of alcohol outlets has been shown to correlate with increased alcohol harm and the Westland District already has the highest rates of several types of alcohol-related harm of all West Coast districts. This application will go to a hearing of the Westland District Licensing Committee late next month.

CPH staff have met with the Hokitika Wildfoods Festival Coordinator to discuss the event on 12 March 2016. This year there will again be a live band performance at the Festival grounds on Saturday evening. CPH staff, along with Police and the Westland Licensing Inspector will be monitoring at the Festival and during the evening.

Kaumātua Wellbeing Hui

CPH have been working with our partners to organise kaumātua wellbeing hui for 2016 at Arahura marae. These hui encourage and support kaumātua as whanau health promoters. Kaumātua have identified their areas of interest for the upcoming hui.

The first hui will be an influenza vaccination clinic on the 23rd March supported by the Westland Medical Centre, Poutini Waiora and the West Coast PHO. Westland Pharmacy staff will also be in attendance to talk about medications, blister packs, and how to access funding for certain medications.

The next hui will on the 6th April and will be on Alzheimer's and Dementia. This hui is will be supported by Anne Marie Reynolds, West Coast field worker from Alzheimers Canterbury, Robyn Naish, Dementia Educator and Dr Michele Dhanak from the Complex Clinical Care Network, as well as staff of Poutini Waiora and the West Coast PHO.

Smoke-free Enforcement

CPH conducted a tobacco Controlled Purchase Operation in the Buller and Grey Districts over a two day period in February with the help of a 15 year old volunteer, the Christchurch Smoke-free Officer and a Ministry of Health representative. Shops were visited in Westport, Carters Beach, Reefton, Ikamatua, Ahaura, Moana, Blackball and Greymouth. We are pleased to report that no sales were made to the volunteer.

Relay For Life



Members of the West Coast Tobacco Free Coalition attended the Cancer Society's Relay for Life held at the Greymouth High School grounds from 10am - 11pm on Saturday 20th February. There were twelve teams taking part this year. We had a smokefree gazebo with information and resources to support people wanting to quit smoking or to continue to live smokefree. We were also promoting smokefree cars. Three people made appointments with the Smoking Cessation Counsellor during the day and there were other positive discussions about quitting smoking.

Ministry of Health Tobacco Realignment

A Request for Proposal (RFP), as part of the Ministry of Health Tobacco Realignment – Regional/Local Stop Smoking Services process was submitted to the Ministry in mid-February by CPH. The proposal was developed through the West Coast Alliance structure, under the auspices of the Healthy West Coast Governance Group. A working group supported the development of the proposal which included key stakeholders from the areas of smokefree, Māori health and mental health. The process provided the West Coast health system with an opportunity to develop and propose a service that:

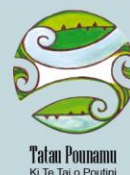
1. Is a culturally appropriate and suitably skilled stop smoking programme providing evidence-based medication and face-to-face, flexible behavioural support to Māori and other priority population groups; and
2. Allows a means of improving recruitment and engagement of 'hard to reach'/'hard to engage' people who want to stop smoking within these priority population groups.

CPH is expecting to hear the outcome of the RFP later in March, with the current Aukati Kaipaipa contract finishing 30 June 2016.



Māori Health

ACTION PLAN 2016/17



Foreword

MIHI

Ka tangi te manu tiori

Ka tangi te ngakau tangata

No reira, tenei te mihi

Kia koutou kia ora ra

Like the chant of the bird crying out

The hearts of the people cry out

And so this is the wish

“May you have a healthy happy life”.

TE TIMATA

E ngā reo, e ngā mana, tēnā koutou katoa

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

Haere haere haere.

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

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

He putanga tenei mahi na koutou.

No reira, e rau rangatira ma

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

It is the intention of this Māori Health Action Plan to map clear and defined pathways that enable accessible and appropriate health services for all Māori who live on Te Tai Poutini. This 2016/2017 Plan will continue to build on the progress made against the key objectives within last year’s Māori Health Action Plan and set the direction for Māori health for the coming year. This Plan incorporates national and local strategic direction, adopting pathways and kaupapa of He korowai Oranga.

The overall aim being:

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

The New Zealand Māori Health Strategy 2002, is the national strategy that outlines Māori health priorities and Government direction for Māori health. The targets and actions in this Plan are aligned with the national framework and highlights our commitment to

a number of national priorities including improved performance for Māori against the national health targets. Whanau ora is a key component of the West Coast Māori Health Plan / Te Kaupapa Hauora Māori o Te Poari Hauora a Rohe o Tai Poutini 2016/2017 which, in line with the vision for the West Coast health system seeks to put the patient and their whānau at the centre of everything that we do.

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

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

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

Together with the DHB, the West Coast Primary Care Organisation (PHO) and Poutini Waiora (as the West Coast’s Māori health provider) also have a critical role to play in achieving Māori health gain and through the West Coast Alliance are involved in the development and delivery of this Plan for 2016/17.

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

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Introduction (updated Intro to be added to the final version)

PRIORITIES

This plan describes the West Coast District Health Board's priorities for Māori health for the 2016-2017 year. This plan aligns with the requirements of the New Zealand Public Health and Disability Act (2000) which directs District Health Boards (DHBs) to reduce disparities and improve health outcomes for Māori.

The format of this plan and the indicators listed within it follow the guidelines and expectations provided by the Ministry of Health. Our Plan also draws principles from the national Māori Health Strategy He Korowai Oranga and its overarching aim of "Pae ora – healthy futures" is reflected in our Plan and in the key strategic goals of the West Coast health system.

The West Coast Māori Health Plan 2016/2017 has been developed in partnership with the West Coast Primary Health Organisation, Tatau Pounamu (Māori Relationship Board), Poutini Waiora (the West Coast's Māori Health Provider), and the West Coast Alliance.

WORKSTREAMS

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

The six workstreams are: Health of Older Persons, Pharmacy, Child & Youth Health, Buller IFHS, Mental Health, Grey/Westland IFHS, and Public Health/Health Promotion. The ALT monitors the workstreams, provides system-level oversight, and works to ensure connectedness and a whole of system approach to alliance activities. Regular updates on performance and the progress of key initiatives is also provided to Tatau Pounamu and the DHB's Board and Sub-Committees.

EQUITY

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

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

- More Māori are enrolled with primary care. 92% of Māori are now enrolled with the West Coast Primary Health Organisation – up from 85% in 2011/2012.

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

CHILD & YOUTH HEALTH

Key areas have been identified where further investment is required to ensure that we are achieving the targets set and continuing to build on the momentum created in 2015/2016.

A key focus will be on Child and Youth Health. We will continue to work closely with Poutini Waiora to assist them to implement their Mana Tamariki Mokopuna Mana Whānau o Te Tai Poutini project – a 4 year project funded by the Ministry's Te Ao Auahatanga Hauora Māori 2013-2017 innovations fund.

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

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

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

WHĀNAU ORA

Delivery on the national Whānau Ora expectations will continue to be a priority. We will work with the collectives to improve access and health outcomes for our population; supporting people working together to strengthen interconnectedness and the provision of seamless services between providers and sectors. We will work alongside providers to support the organisational transformation required for the delivery of a Whānau Ora integrated model that is clinically sound, culturally robust and empowers Whānau. Additionally we will work in partnership with the Whānau ora Commissioning Agency for Te Waipounamu - Te Putahitanga to foster opportunities for Whānau ora on Te Tai Poutini.

BASELINES AND TARGETS

All of the baseline data in this Action Plan (unless otherwise stated) has been calculated on the full 2014/15 financial year, the 2015 calendar year or the final quarter of the 2014/15 year, to align reporting with the West Coast Annual Plan and Annual report. Graphs provide trends and the most recent data in order to give the reader context as to current performance.

PERFORMANCE REPORTING

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

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

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

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

ABBREVIATIONS

ABC	An approach to smoking cessation requiring health staff to Ask, give Brief advice, and facilitate Cessation support
ALT	Alliance Leadership Team
ARF	Acute rheumatic fever
ASH	Ambulatory sensitive hospitalisation
BFHI	Baby friendly hospital initiative
WCDHB	West Coast District Health Board
CCCN	Complex Clinical Care Network
COPD	Chronic obstructive pulmonary disease
CTO	Compulsory Treatment Order
CVD	Cardiovascular Disease
CVDRA	Cardiovascular Disease Risk Assessment
DAR	Diabetes Annual Review
DHB	District Health Board
DMFT	Decayed, Missing or Filled teeth
DNA	Did not attend
ENT	Ear Nose and Throat
GM	General Manager
HbA1c	Glycated haemoglobin
IFHC/S	Integrated Family Health Centre/Service
IGT	Impaired Glucose Tolerance
IHD	Ischaemic heart disease
ISDR	Indirectly standardised discharge rate
LMC	Lead Maternity Carer
LTCM	Long-term Care Management
MoH	Ministry of Health
NSU	National Screening Unit
SLA	Service Level Alliance
WCPHO	West Coast Primary Health Organisation

West Coast DHB's MĀORI POPULATION

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

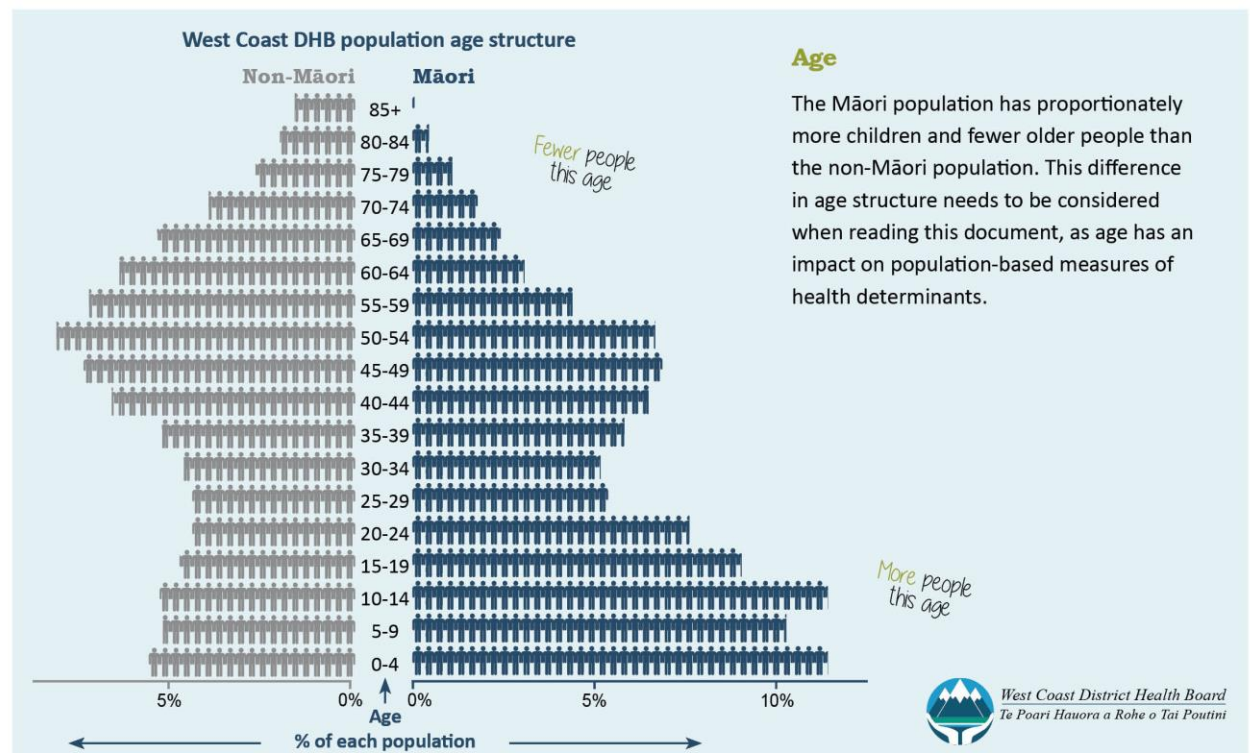
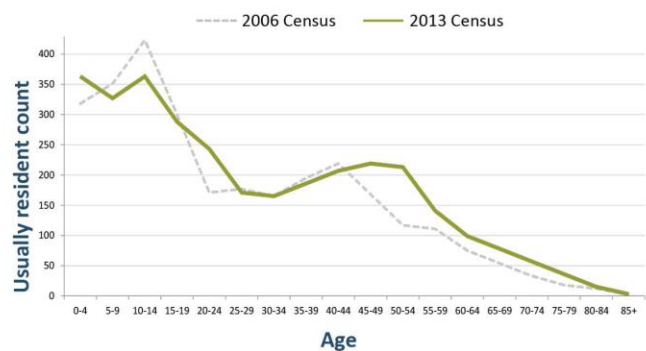
Socioeconomic deprivation, employment, income, qualifications, home ownership, household crowding, and cigarette smoking all affect people's health and are often referred to as 'broader determinants of health'. Collectively, these determinants have a greater impact on the health of a population than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

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

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



West Coast DHB Māori usually resident count
2006 & 2013



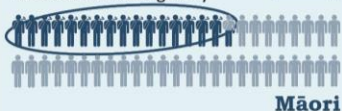
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Smoking

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

34.2%

of Māori smoke regularly¹



Māori

19.2%

of non-Māori smoke regularly¹

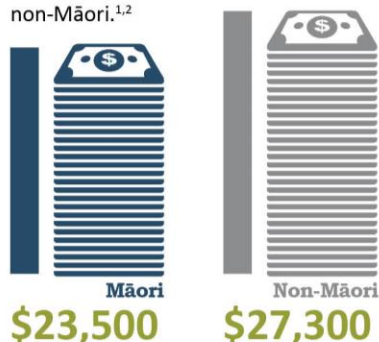


Non-Māori

Nationally, 32.7% of Māori and 12.6% of non-Māori smoke regularly¹

Income

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



Nationally, median income for Māori is \$22,500 and for non-Māori is \$29,400^{1,2}

¹ Aged 15 years and over.

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

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

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

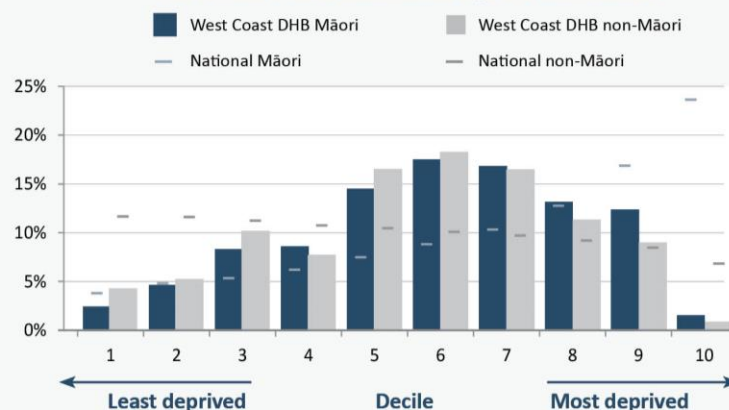
⁵ Aged 20 years and over.

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

Deprivation

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

West Coast DHB & National NZDep2013 distribution



Unemployment

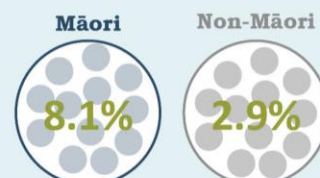
The Māori unemployment rate is nearly two times that of non-Māori.¹



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

Household crowding

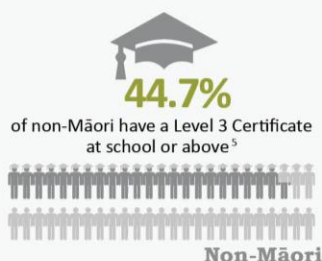
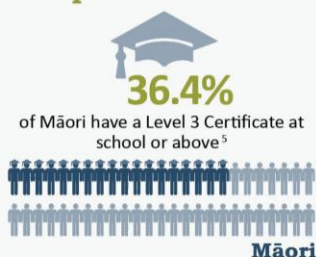
Living in a crowded house is proven to increase the risk of catching and spreading serious infectious diseases.⁴



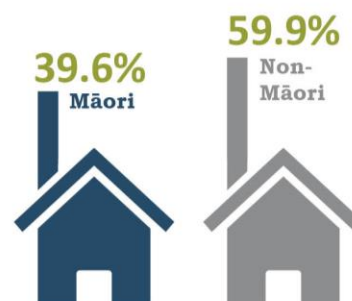
Māori are nearly three times as likely to live in a crowded house.

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

School qualifications



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



Home ownership

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

Nationally, 28.2% of Māori and 53.3% of non-Māori own, or partly own, their homes¹

Updated profile page to be added to final version

2016-17 Māori health priorities

Baseline summary table

FOCUS	MEASURE	BASELINES 2013/14		TARGET 2016/17
		MĀORI	NON-MĀORI	
Data quality	Practices have implemented Primary Care Ethnicity Data Audit Tool (EDAT)	100%	100%	100%
Access to care	% of the Māori population enrolled with a PHO	93%	91%	≥95%
Avoidable Hospital Admissions	Rate of avoidable hospital admissions for Māori 0-4 years old (per 100,000 people)	6897	4556	<4783
	Rate of avoidable hospital admissions for Māori 45-64 years old (per 100,000 people)	2500	2047	<1978
Asthma	Reduced asthma admission rates for children 0-4 years old	690	651	TBC
Child health	% of babies exclusive/fully breastfed at LMC discharge ¹	74%	85%	75%
	% of babies exclusive/fully breastfed at 3 months	52%	49%	60%
	% of babies receiving breast milk at 6 months		71%	65%
Cancer	% of eligible Māori women aged 50-69 who have had a breast screen in the last two years ²	76%	75%	>70%
	% of eligible Māori women aged 25-69 who have had a cervical screen in the last three years ³	62%	75%	80%
Smoking	% of Māori women smokefree at two week postnatal ⁴	90%	88%	95%
Immunisation	% of Māori children fully immunised at eight months of age	80%	87%	95%
	% of the Māori population aged 65+ who have had a seasonal influenza vaccination ⁵	69%	64%	75%
Oral health	% of Māori children aged 0-4 enrolled in DHB funded dental services	88%	100%	90%
Rheumatic fever	Rates of rheumatic fever in the South Island (per 100,000)	0	0.4	<0.2
Mental health	Rates of compulsory treatment orders for Māori (per 100,000)	54	97	N/A
Disease prevention	Regular activity reporting to the Healthy West Coast Alliance Workstream	✓	✓	Quarterly
DNA rates	Rates of Did-Not-Attend at outpatient clinic for Māori	14%	6%	<6%

¹ The baselines for the Breastfeeding measures differ from previous years due to a change in definitions – these measures and targets are now aligned to the national WellChild/Tamariki Ora Quality Improvement Framework – baseline to June 2015. This measure refers to Total population rather than non-Māori.

² Results differ from previous years due to a change in age bands – baseline refers to the period for the two years to March 2014.

³ The baseline refers to the period for the three years to June 2015.

⁴ The baseline refers to the period for the year to December 2014. This measure refers to Total population rather than non-Māori.

⁵ Results differ from previous years due to a change in definition and timing of reporting. This measure now refers to Māori only and not High Needs populations and the baseline is taken as at Q2 2014.

National Māori health priorities

Data Quality

What do we want to achieve?	Improved accuracy of ethnicity reporting in PHO registers.
Why is this important?	There is an ongoing need for high quality, standardised ethnicity data in the health sector. This data is essential for measuring, monitoring, and addressing health inequalities in Aotearoa/New Zealand. It is also important in developing policies and programmes that are responsive, relevant to, and in line with Māori priorities.
Who we will work with?	West Coast DHB, West Coast PHO.

OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

Improved accuracy of ethnicity reporting in PHO register.

Where are we now?

DATA QUALITY

Primary Care Ethnicity Data Audit Toolkit (EDAT)

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

How will we achieve this?

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

- Q1:** A 3 year strategy identifies actions to improve compliance to ethnicity data collection protocols based on the findings of the Primary Care EDAT.
- Q3:** Based on the outcome of the EDAT review support PHOs and general practices to use EDAT benchmarking for improving the quality of data collection.
- Q4:** Identify what processes and supports are required to further develop and implement the strategy.
- Q1-Q4:** Continue to provide orientation for new practice staff and Rural Nurses on enrolment management process and ethnicity data collection
- Q3:** Practices continue to utilise audit reports received quarterly from Karo Data Management to improve ethnicity data

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

Access to Care

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

OUR PERFORMANCE STORY 2016-17

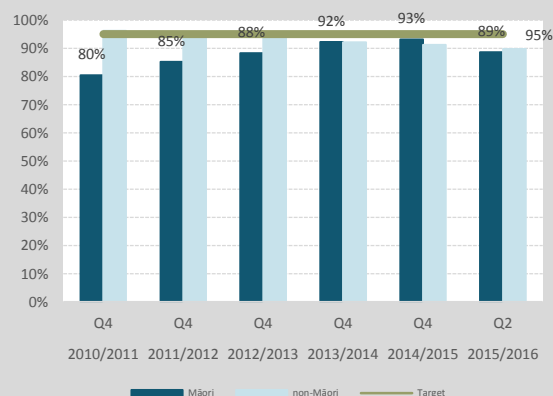
How will we know we're successful?

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

Where are we now?

ENROLLEMENT WITH PHO

Percentage of the population enrolled with a PHO:



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

Data Source: PHO Enrolment Register and Stats NZ Census Projections

How will we achieve this?

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

- Q1-Q4:** Maintain quarterly review of PHO ethnicity data and enrolment data to ensure quality.
- Q1-Q4:** Continue to support use of the Newborn Services Enrolment form in maternity services to ensure timely enrolment with multiple health services.
- Q3:** Support primary care teams by providing cultural competency training as a part of the Quality Improvement Programme.
- Q4:** 100% of Māori Newborn are enrolled with a general practice at 4 weeks.
- Q1-Q4:** Use the Maori Health Plan Monitoring tool to track predicted enrolment numbers of Maori

Earlier Intervention - | Tamariki

What do we want to achieve?	Maintain low rates of avoidable hospitalisation for Māori of all ages.
Why is this important?	By reducing risk factors and taking appropriate early intervention, many conditions can be prevented and/or managed without the need for hospital care. Keeping people well and out of hospital is a key priority as it is not only better for our population, but it frees up hospital resources for people who need more complex and urgent care.
Who we will work with?	West Coast DHB, Child & Youth Alliance Workstream, West Coast PHO, Grey/Westland & Buller Integrated Family Health Service (IFHS) Workstream, Poutini Waioara, and Plunket.

OUR PERFORMANCE STORY 2016-17

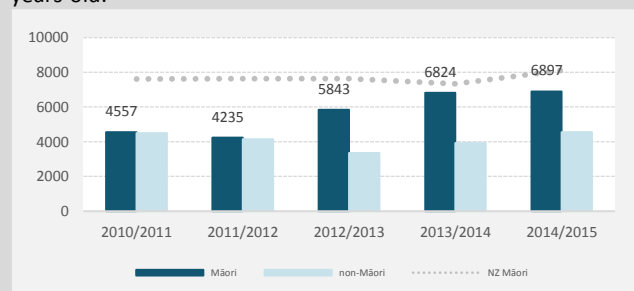
How will we know we're successful?

Avoidable hospital admission rates for Māori will be at or below 4,783 (per 100,000 people).

Where are we now?

EARLIER INTERVENTION

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



For the year to end June 2015 the top four ASH conditions for Māori aged 0-4 years old were:

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

ASH condition	Māori	non-Māori	NZ Total
Dental conditions	2759	1716	996
Respiratory infections - upper and ENT	1149	828	1378
Gastroenteritis/dehydration	920	828	1463
Asthma - wheeze	460	533	864
Respiratory infections - pneumonia	920	237	660

How will we achieve this?

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

Q1-Q4: Pathways for Māori children who present to hospital with Upper respiratory ENT infections, Dental conditions, Asthma and Gastroenterology dehydrations will be developed with wrap around support for whanau

Q1-Q4: Regional WCTO Quality Improvement Framework Project Plan in place - data identifies equity gaps and actions are developed for improvement for Māori Tamariki

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

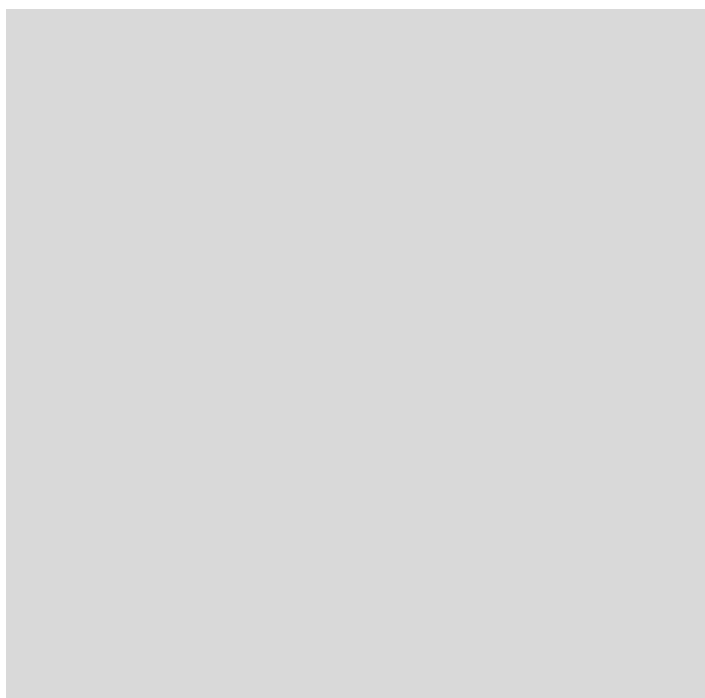
- ✓ Regional WCTO Quality Improvement Manager links regularly with local group to provide support for West Coast actions.
- ✓ Increase the number of Maori pepi receiving all core contacts in their first year of life
86% of infants receive all WCTO core contacts in their first year of life.
- Increased percentage of Maori Tamariki are a healthy weight at four years
- ✓ Increased percentage of children are caries free at five years – ethnicity reported

Q1-Q4 Work with the B4 School Check Clinical Advisory Group to identify Māori children who require referral to specialist services and to consolidate pathways

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

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

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



Data Source: Ministry of Health National Minimum Data Set

Q1: Establish a baseline understanding of the number of children with asthma who present frequently at primary care and the emergency department with poorly controlled asthma.

Q2-Q4: Work with primary care, Poutini Waioara and the Respiratory Nurse Specialists to review current pathways and strategies for improving health literacy for whanau and health providers regarding asthma management for children.

- ✓ Reduced asthma admission rates for Māori and Pacific children. (Base TBC)

Q1-Q4: Support Te Ha o Kawatiri – Healthy Homes initiative in the Buller district to ensure that Maori whanau with asthma are prioritised

Q1-Q4: Work with the Social Work team and Poutini Waioara to identify whanau who require improved housing quality and develop cross-sector initiatives to provide support to access available services

Earlier Intervention | Adults

What do we want to achieve?	Maintain low rates of avoidable hospitalisation for Māori of all ages.
Why is this important?	By reducing risk factors and taking appropriate early intervention, many conditions can be prevented and/or managed without the need for hospital care. Keeping people well and out of hospital is a key priority as it is not only better for our population, but it frees up hospital resources for people who need more complex and urgent care.
Who we will work with?	West Coast DHB, CCCN, Health West Coast Workstream, West Coast PHO, Grey/Westland & Buller IFHS Workstream, Older Person's Health Workstream, Poutini Waiora.

OUR PERFORMANCE STORY 2016-17

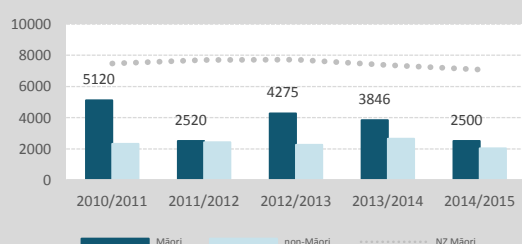
How will we know we're successful?

Avoidable hospital admission rates for Māori will be at or below 1,978 (per 100,000 people).

Where are we now?

EARLIER INTERVENTION

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



For the year to end June 2015 the top four ASH conditions for Māori aged 45-64 years old were:

1. Cellulitis
2. Gastroenterology dehydration
3. Angina Chest pain
4. Con. heart failure

ASH condition	Māori	non-Māori	NZ Total
Myocardial infarction	375	396	304
Angina and chest pain	625	364	1049
Respiratory infections - COPD	125	214	253
Gastroenteritis/dehydration	250	150	270

Data Source: Ministry of Health National Minimum Data Set

How will we achieve this?

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

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

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

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

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

Q1-Q2: Identify health literacy barriers and facilitators in the prevention and management of skin infections

Q1-Q2: highlight interventions that may be effective in strengthening health literacy to allow the better prevention and management of skin infections

Q2-Q3: Develop and implement a Cellulitis programme with a focus on Māori and High Need populations

Q1-Q4: Increased % of Maori over 55 years assessed by the Complex Clinical Care Network

Q4 1 Poutini Waiora Nurse will be trained in InterRai

Q4 1 Poutini Waiora Nurse will be trained in Advanced care planning

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

Q2-Q4: Track the provision of InterRAI assessments and targets by ethnicity

Child Health | Breastfeeding

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

OUR PERFORMANCE STORY 2016-17

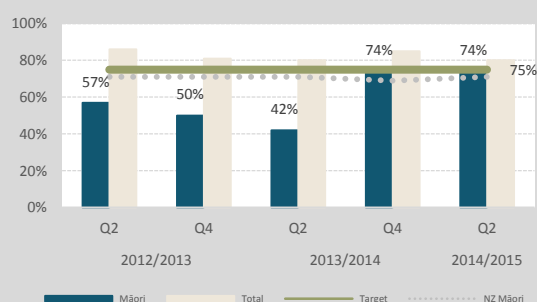
How will we know we're successful?

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

Where are we now?

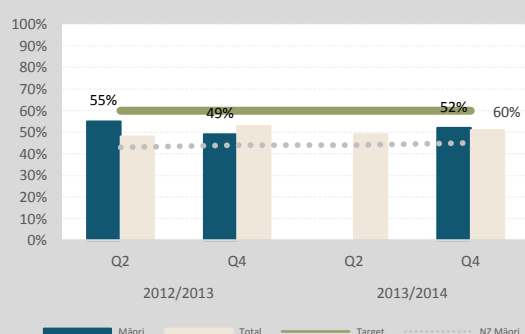
BREASTFEEDING

Percentage exclusively or fully breastfed at LMC discharge:



BREASTFEEDING

Percentage exclusively or fully breastfed at 3 months:



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

How will we achieve this?

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

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



Data Source: Ministry of Health WellChild Quality Framework Reports

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

Cancer | Breast Screening

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

OUR PERFORMANCE STORY 2016-17

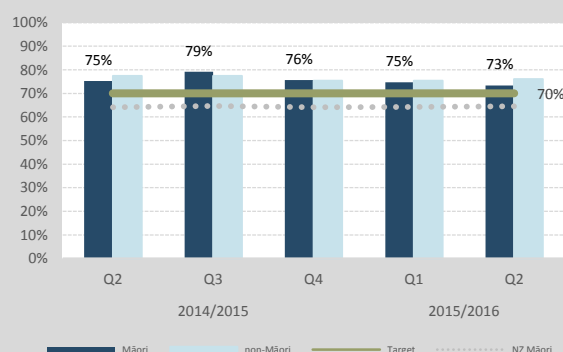
How will we know we're successful?

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

Where are we now?

BREAST SCREENING

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



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

How will we achieve this?

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

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

- Q1:** The West Coast PHO, GP practices and Poutini Waioara work together to ensure that eligible women are enrolled and participating in the Breast Screening programme
- Q1-Q4:** Work with the Breastscreen South Regional Co-ordinator to ensure equitable access for rurally isolated women.
- Q2-Q4:** Six monthly review of breast screening targets
- Q2:** Coordinate an annual meeting with Breastscreen Aotearoa, Poutini Waioara Navigators and Cancer Navigators to identify opportunities for improving coverage and accessibility for Māori to attend their screening appointments.
- Q2-Q3:** 1 major Breast Screening promotional event is developed in partnership with Breast Screen South and West Coast Health Alliance partners
- Q3:** Work with the West Coast PHO to undertake an audit of 45-69 year old Māori wahine who are not enrolled with Breast Screen South and through Breastscreen South and Poutini Waioara facilitate enrolment in the programme

Data Source: National Breast Screening Unit – DHB Coverage Reports

Cancer | Cervical Screening

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

OUR PERFORMANCE STORY 2016-17

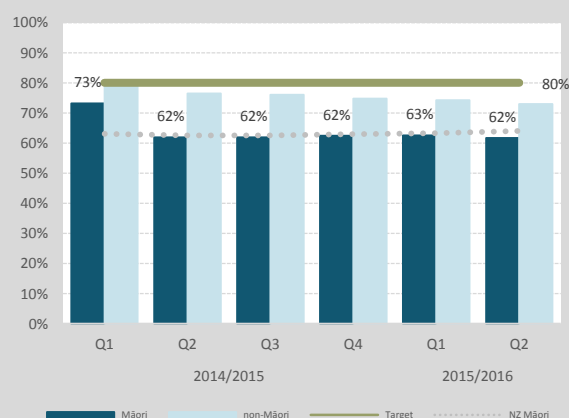
How will we know we're successful?

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

Where are we now?

CERVICAL SCREENING

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



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

Data Source: National Cervical Screening Unit – DHB Coverage Report

How will we achieve this?

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

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

- Q2:** Poutini Waiora, Maori Cervical Screener and the West Coast PHO work together to reach high needs Māori women. A process will be identified and embedded into service delivery with the aim of improving coverage and accessibility for Māori to attend their screening appointments.
- Q1-Q4:** General Practices will provide overdue priority lists of women to the Māori Cervical Screening service or Poutini Waiora Kaupapa Māori Health team to assist with recall and provision of services for those most hard to reach.
- Q1-Q4:** Poutini Waiora Kaupapa Māori Health team will continue to work with DHB outreach cervical screening services to deliver clinics that target hard to reach Māori women.
- Q1-Q4:** The Māori Cervical Screening Nurse will work with the Poutini Waiora Kaupapa Māori Nurses and Kaiaitaki to engage high needs wahine.
- Q1-Q4:** The 'Did Not Attend' (DNA) project team to prioritise reducing Māori DNA rates for colposcopy clinics.
- Q1-Q4:** Hospital Kaiawhina will offer additional support to Māori attending colposcopy clinics to further reduce DNA rates.
- Q2-Q4:** Six monthly review of cervical screening targets.
- Q4:** 4 outreach cervical screening clinics delivered.

Smoking

What do we want to achieve?	Reduce the prevalence of smoking and smoking related harm amongst Māori.
Why is this important?	The 2013 Census showed that 19.6% of West Coast residents were regular smokers, compared to 14.4% of New Zealand as a whole. Amongst West Coast Māori, 32.4% of the population were regular smokers. The negative health outcomes associated with tobacco smoking place considerable pressure on our health system. Smoking is also a substantial contributor to socio-economically based health inequalities.
Who we will work with?	West Coast DHB, West Coast PHO, Healthy West Coast Governance Group, Community and Public Health, Poutini Waiora, West Coast Tobacco Free Coalition.

OUR PERFORMANCE STORY 2016-17

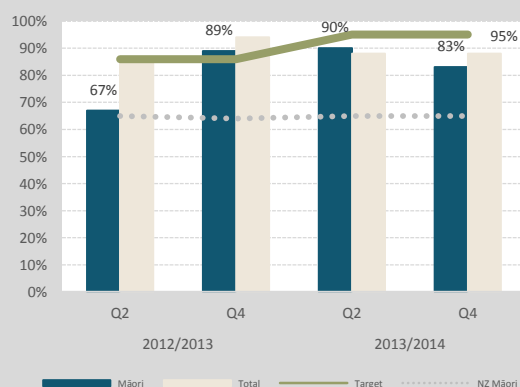
How will we know we're successful?

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

Where are we now?

SMOKING

Percentage of women smokefree at two week postnatal:



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

How will we achieve this?

- Q4:** An increased number of West Coast midwives have completed the Te Hapu Ora - Innov8 Smokefree Education workshops.
- Q1-Q4:** Midwives work closely with the Mama and Pepi service and Aukati Kai Paipa to encourage and support Mums to engage with stop smoking services
- Q1-Q2:** Track ABC interventions, smoking cessation referrals and smokefree status through regular updating of a quality improvement board in Hospital Maternity Services
- Q1:** Use learning from the Mana Tamariki Mana Mokopuna Whanau o Te Tai Poutini project as input into the model of delivery for Pregnancy/Parenting, to improve access to PPE by Maori and facilitate an increase to smoking cessation services by pregnant wahine.
- Q1-Q4:** Work with Early Childhood Education centres to promote Smokefree environments, specifically cars and homes through the Little Lungs project.
- Q1:** Seek feedback from Maori consumers of local stop smoking services to identify what worked well and how we can improve the engagement of Maori in cessation attempts
- Q1-Q4:** Work with Poutini Waiora to support direct referral to Coast Quit and the Aukati Kaipapa cessation service to increase clients referred.
- Q1-Q4:** Work with the Healthy West Coast Workstream to monitor progress against smoking targets.
- Q1-Q4:** Review the Māori Smoking Cessation plan and continue to work with Smokefree Services Coordinator, DHB Smoking Cessation and AKP services to identify and implement strategies to improve Maori engagement in cessation services.
- Q4:** 95% of pregnant Māori women enrolled with an LMC who smoke are provided with ABC.
- Q4:** Increased percentage of Māori women smokers engaged with the DHB pregnancy incentivisation programme. (baseline 16 %)
- Q1-Q4:** Incentives offered to partners or supporting whanau as part of the DHB pregnancy incentivisation programme.
- Q4:** Proportion of total smoking cessation enrolments that are Māori is maintained above 2015 base

Data Source: Ministry of Health WellChild Quality Framework Reports

Immunisation | Tamariki

What do we want to achieve?	Increase immunisation amongst vulnerable Māori population groups to reduce the prevalence and impact of vaccine preventable diseases.
Why is this important?	Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups. While the West Coast has high immunisation rates for both Māori and non-Māori, these high rates must be maintained or improved in order to prevent or reduce the impact of preventable diseases.
Who we will work with?	West Coast DHB, West Coast Child & Youth Alliance Workstream, Immunisation Advisory Group, West Coast PHO, Poutini Waioara.

OUR PERFORMANCE STORY 2016-17

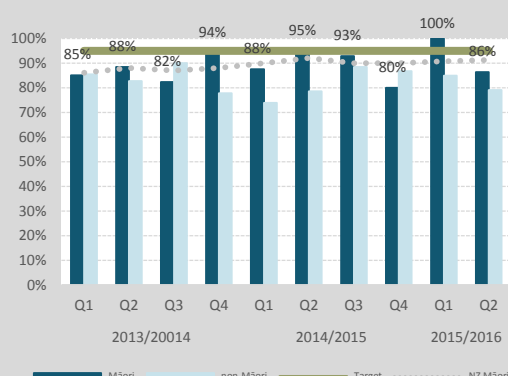
How will we know we're successful?

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

Where are we now?

IMMUNISATION

Percentage of eight month old babies fully immunised:



How will we achieve this?

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

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

Q1-Q4: Continue to support the New-Born Enrolment process to promote seamless handover between maternity, general practice and WCTO services and supports timely and multiple enrolments of new-borns with health services.

Q1-Q4: Maori Health Provider Vaccinators will identify opportunities for opportunistic vaccinations to happen

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

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

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

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

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

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

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

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

Q1 – Q4: The Maori Health Provider will work closely with the Outreach Immunisation Service to assist with engaging Maori with the Service

Data Source: National Immunisation Register

Immunisation | Adults

What do we want to achieve?	Increase immunisation amongst vulnerable Māori population groups to reduce the prevalence and impact of vaccine pre-preventable diseases.
Why is this important?	Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups.
Who we will work with?	West Coast DHB, Health of Older Persons Alliance Workstream, Immunisation Advisory Group, West Coast PHO, Poutini Waiora.

OUR PERFORMANCE STORY 2016-17

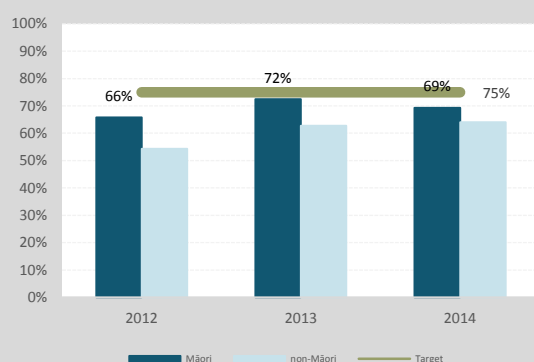
How will we know we're successful?

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

Where are we now?

IMMUNISATION

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



Data Source: PHO Performance Programme

How will we achieve this?

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

- Q1-Q4:** The West Coast PHO will report and monitor flu vaccination rates for people aged 65+ by ethnicity to focus on uptake by Māori.
- Q1-Q4:** Work with practice teams and health promotion teams to increase uptake by Māori with the use of outreach clinics.
- Q1-Q4:** Work with Community Public Health, Poutini Waiora and the West Coast PHO to identify opportunities for outreach flu vaccination clinics to be held in Māori community settings.
- Q4:** 3 outreach clinics targeting Māori 65+ hosted by Poutini Waiora and the West Coast PHO.

Rheumatic Fever

What do we want to achieve?	Continued to maintain low rheumatic fever rates.
Why is this important?	In a small number of people, an untreated Group A streptococcal sore throat develops into rheumatic fever, where their heart, joints, brain and skin become inflamed and swollen. This inflammation can cause rheumatic heart disease, where there is scarring of the heart valves. This may require heart valve replacement surgery, and in some cases, premature death may result. Māori children and young people are more likely to get rheumatic fever. Raising awareness and supporting people to manage their illness can improve outcomes for Māori.
Who we will work with?	South Island Regional Alliance, Community and Public Health.

OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

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

Where are we now?

EARLY INTERVENTION

Rate of new confirmed cases per 100,000 population (in the South Island):

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

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

Data Source: South Island Alliance Public Health Workstream Reports

How will we achieve this?

- Q1-Q4:** Support the implementation of the South Island Regional Rheumatic Fever Prevention and Management Plan through the South Island Public Health Workstream.
- Q1-Q4:** Undertake root-cause analysis of any new cases on the West Coast and implement initiatives in response to the learnings.

Oral Health

What do we want to achieve?	Improve oral health for tamariki and rangatahi.
Why is this important?	Regular dental care has lifelong health benefits. It also indicates early contact with effective health promotion and reduced risk factors, such as poor diet. Tamariki Māori are three times more likely to have decayed, missing or filled teeth. Oral health therefore presents an opportunity to reduce inequalities and better target those most in need.
Who we will work with?	West Coast DHB, West Coast PHO, Community & Public Health, Poutini Waiora, Child and Youth Health Alliance Workstream.

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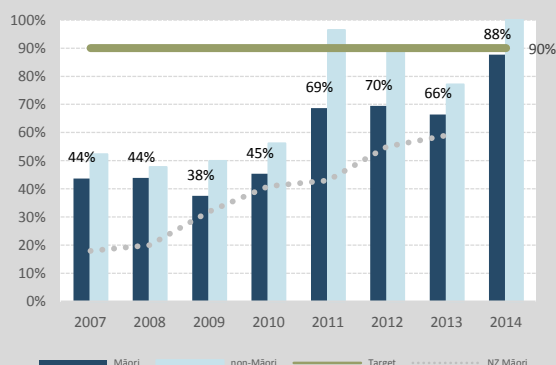
How will we know we're successful?

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

Where are we now?

ORAL HEALTH

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



How will we achieve this?

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

Q1-Q4: A West Coast Oral Health Action plan will identify actions to promote the Community Oral Health Service and prioritise improved Oral health outcomes for Maori

Q4: The Newborn Enrolment form will ensure that every child born on the West Coast will be enrolled in the Community Dental Service

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

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

Q1: WCTO referrals to dental services will activate a notification to the Maori Health Provider to allow for support to attend the appointment and reduce the Maori DNA rate to dental services

Q1: Develop processes across the system to follow up with whanau that do not attend dental appointments

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

Q1: Develop baseline data for the number of Māori children examined on time

Q1-Q4: facilitate earlier and increased contact with preschool children who are at the highest risk of dental caries

Q1-Q4: provide improved opportunities for early anticipatory guidance and increased preventive clinical activities, including the use of topical fluorides

Q2-Q3: A formal referral pathway is developed for whanau who are



identified as at risk of dental caries development

Q2-Q3: A risk assessment tool to be used by Well Child/Tamariki ora and other non-oral health professionals will be developed

Q2-Q3: Oral health promotion is targeted at Maori whanau

Q4: Training for Well Child/Tamariki ora and other non-oral health professionals in using the risk assessment tool and in recognising early childhood oral health changes will take place

Q4: All Māori children have a dental caries risk assessment profile completed and those identified at risk are provided with specialist advice and support

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

Mental Health

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

OUR PERFORMANCE STORY 2016-17

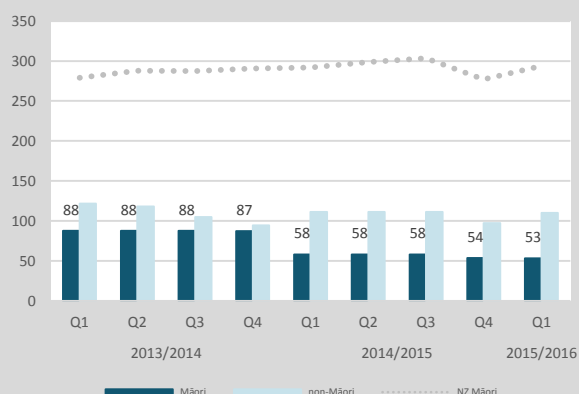
How will we know we're successful?

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

Where are we now?

MENTAL HEALTH

Percentage of CTO rates – per 100,000:



Data Source: Ministry of Health national PRIMHD dataset

How will we achieve this?

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

Q1-Q4: Work together to identify and address disparities for people of Maori descent

Q1: Review service utilisation data for people of Maori descent committed to compulsory treatment relative to non-Maori.

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

Q3: Specific services to Rangatahi Māori pathway links developed.

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

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

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

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

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

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

Local Māori health priorities

Healthy Lifestyles

What do we want to achieve?	To reduce the risk factors contributing to long term conditions by improving nutrition, increasing physical activity and reducing obesity.
Why is this important?	<p>Low levels of physical activity and poor nutrition affect the life-long health of our population. Almost one third of adults in New Zealand are obese and over half are overweight. The rate of childhood obesity is also rising – 10.8% of New Zealand children are identified as obese. Obesity is particularly concerning in children as it is associated with a wide range of health conditions including heart and respiratory disease, stroke, and diabetes and increased risk of premature death. Maori rates are higher 3 in every 10 adults are obese, and 14.8% of Maori children.</p> <p>Supporting our population to achieve healthier body weights through improved nutrition and physical activity is fundamental to improving people's health and wellbeing and to preventing and managing long-term conditions and disability at all ages. A new health target will be implemented from 1 July 2016 with a focus on the prevention and management of obesity in children. The target signals the importance of effective management of obesity in children, as by intervening in the early stages we are more likely to ensure positive, sustained effects on health.</p>
Who we will work with?	West Coast DHB, West Coast PHO, Poutini Waiora, Community & Public Health, Healthy West Coast Alliance Workstream.

OUR PERFORMANCE STORY 2016-17

How will we know we're successful?

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

How will we achieve this?

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

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

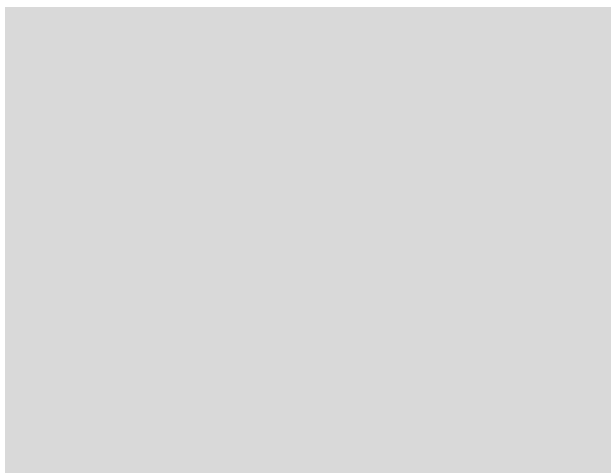
Q1-Q4: a Maori Advisory Group will be established to:

- develop a model to improve health and wellbeing through health promotion programmes that promote healthy lifestyles
- develop community physical exercise and nutrition initiatives based on an integrated and holistic kaupapa Māori framework with Māori in the participating communities.

Q1-Q4: Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.

Q1-Q4: Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.

Q1-Q4: Promote an increased proportion of Māori participating in Appetite for Life.



Data Source: Alliance Reporting

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

Q1-Q4: work with Poutini Waiora to support ongoing delivery of nutrition and physical activity advice, referral and support to Maori whanau in a culturally appropriate way

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

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

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

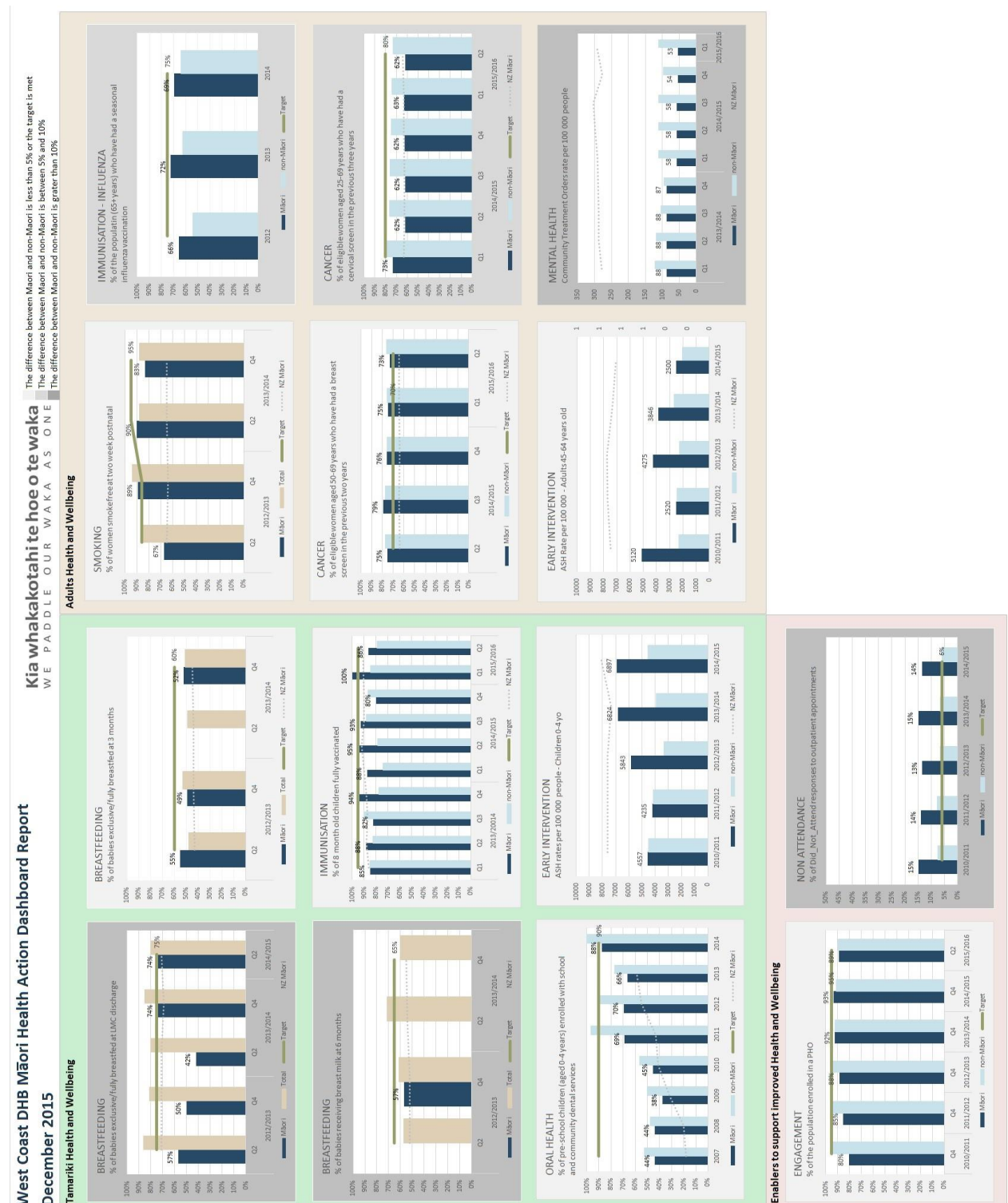
Appendix 1 | West Coast Alliance Structure

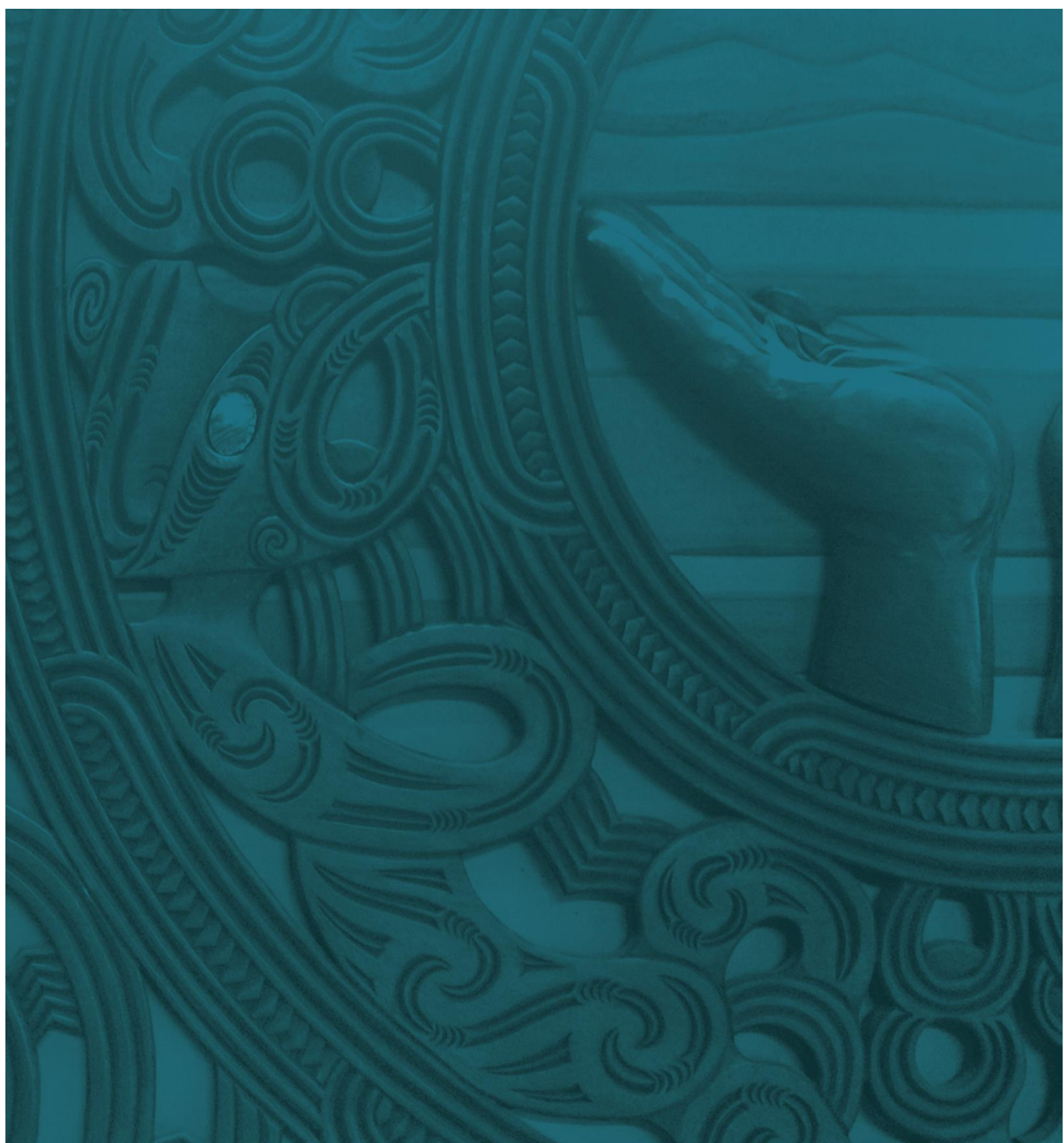
OUR GOAL

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



Appendix 2 | Māori Health Plan Dashboard





Māori Health Action Plan

Produced July 2016

West Coast District Health Board
PO Box 387, Greymouth
www.westcoastdhb.health.nz

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**TATAU POUNAMU
MANAWHENUA ADVISORY GROUP
2016 MEETING SCHEDULE**

DATE	TIME	VENUE
Thursday 11 February 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 31 March 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 12 May 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 23 June 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 11 August 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 13 October 2016	3.00 – 5.00pm	Board Room, Corporate Services
Thursday 8 December 2016	3.00 – 5.00pm	Board Room, Corporate Services

**MEETING DATES & TIMES
ARE SUBJECT TO CHANGE**

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.

2016/17 Planning Timetable

West Coast DHB

☆ Indicates dates when things are due in.

KEY PLANNING MILESTONES	LEAD	KEY DATES	
Planning Discussions Begin	MOH	October	✓
Draft Planning Package Released	MOH	30 October	✓
MHT Planning Hui – Key Messages Agreed	MHT	12 October	✓
ALT Planning Workshop – Key Messages Agreed	APO	12 October	✓
Circulation of Alliance Guidelines for Work Plan Review and Planning	APO	12 October	✓
National Planning Meeting Wellington	MOH	13 November	✓
WEST COAST ANNIVERSARY DAY		30 November	
Planning Package Released	MOH	4 December	
Circulation of National Expectations, Guidelines and Templates	ACT	7 December	
Board Planning Part II – Endorsement of Planning Process & Key Dates	ACT	11 December	Paper due 1 Dec
PHOs Receive Draft National Expectations, Guidelines and Templates	ACT	10 December	Paper due 3 Dec
ALT Leads receives National Expectations, Guidelines & Templates	ACT	10 December	Circulated by Email
EMT Endorse Planning Process and Note DRAFT Expectations	ACT	16 December	Paper due 14 Dec
CHRISTMAS BREAK		24 December	
NEW YEARS BREAK		4 January	
Draft Alliance work plans due to the Alliance Programme Office	ALL	22 January	
Draft (non-Alliance) work plans due with Accountability Team	ALL	22 January	
WAITANGI DAY		8 February	
Draft Alliance Work Plans Due with Accountability Team	APO	9 February	
Local Maori Health Plan Indicators Identified to Accountability Team	MHT	9 February	
Board Planning Part III - Endorsement of Direction and Key Messages	ACT	12 February	Paper due 2 Feb
Final Planning Advice released to DHBs - including NZ Health Strategy	MOH	February	
Further circulation of National Expectations	ACT	February	
Maori Health Plan 'Template/Dashboard' Complete	ACT	22 February	
Maori Health Plan Profile Section Complete	ACT	22 February	
Draft Maori Health Action Plan due with Accountability Team	MHT	26 February	
Submission of draft Financials and Production Plan Templates	Finance	3 March	
ALT Approve Draft Alliance Work Plans	APO	10 March	Paper due 5 Mar
QFARC Planning Part IV – Final Advice & Funding Envelope and Delegations to submit the Annual Plan and Sub Plans	Finance	10 March	Paper due 8 Mar
EMT Endorse draft Annual Plans and Sub-Plans	ACT	16 March	Paper due 11 Mar
Any updated work plans due to Accountability Team (following final planning advice from MOH in February)	ALL	24 March	
EASTER BREAK		25 March	
EASTER BREAK		28 March	
Submission of draft Annual Plan	ACT	31 March	
Submission of draft Maori Health Action Plan	ACT	31 March	
Submission of draft Regional Health Services Plan	SIAPO	31 March	
Submission of draft Public Health Action Plan	CPH	31 March	

KEY PLANNING MILESTONES	LEAD	KEY DATES	
Board Planning Part IV - Final Advice & Funding Envelope Implications	Finance	1 April	Paper due 25 Mar
Board Planning Part V - Review draft Annual Plan and Sub-Plans	ACT	1 April	Paper due 25 Mar
EMT Review draft Annual Plan and Sub-Plans	ACT	13 April	Paper due 11 Apr
ALT Review draft Annual Plan & Maori Health Action Plan	ACT	28 April	Paper due 21 Apr
ALT Approve Full CCN Work Plan	APO	28 April	Paper due 21 Apr
PHO Reviews draft Annual Plan & Maori Health Action Plan	ACT	21 April	Paper due 14 Apr
Feedback gathered on draft Annual Plan	ACT	April	
Feedback gathered on draft Maori Health Action Plan	MHT	April	
Feedback gathered on draft Public Health Action Plan	CPH	April	
Feedback gathered on draft Regional Health Services Plan	SIAPO	April	
Circulation of MOH Feedback for Response by Work Groups	ACT	April	
ANZAC DAY		25 April	
Response to Feedback due to Accountability Team	ALL	2 May	
Final Feedback and Updates Incorporated into Annual Plan	ACT	6 May	
Final Maori Health Action Plan due to Accountability Team	MHT	6 May	
ALT receive summary of feedback and Endorse final Annual Plan/s	ACT	26 May	Paper due 19 May
EMT receive summary of feedback and Endorse final Annual Plan/s	ACT	11 May	Paper due 9 May
Board receive summary of feedback and Approve final Annual Plan/s	ACT	13 May	Paper due 3 May
Special Board Meeting to Approve Annual Plan/s	ACT	TBC	
Submission of Final draft Maori Health Action Plan	ACT	May	
Submission of Final draft Public Health Action Plan	ACT	May	
Submission of Final draft Regional Health Services Plan	SIAPO	May	
Submission of Final draft Annual Plan	ACT	May	
QUEENS BIRTHDAY		6 June	
Formal letter to DHBs indicating approval or changes required	MOH	June	
EMT received advice and endorse final changes to Annual Plan/s	ACT	22 June	Paper due 20 Jun
Board received advice and approve final changes to Annual Plan/s	ACT	24 June	Paper due 14 Jun
Submission of Signed Maori Health Action Plan	ACT	June	
Submission of Signed Public Health Action Plan	CPH	June	
Submission of Signed Regional Health Services Plan	SIAPO	June	
Submission of Signed Annual Plan	ACT	June	
Submission of Statement of Intent to Parliament	ACT	June	
Publishing of Maori Health Action Plan/s	ACT	July	
Publishing of Statement of Intent	ACT	July	
Publishing of Annual Plan	ACT	July	

Light Blue Font indicates changeable date where MOH yet to confirm deliverables

MOH	Ministry of Health
ACT	Accountability Team
APO	Alliance Programme Office
MHT	Maori Health Team
CPH	Community and Public Health
SIAPO	South Island Alliance Programme Office
GMS	Hospital and Specialist Services General Managers
EMT	Executive Management Team
ALT	Alliance Leadership Team
QFARC	Quality, Audit and Risk Committee (sub-committee of the Board)



TATAU POUNAMU KI TE TAI O POUTINI
Manawhenua Advisory Group

ngā mātāpono e whakahaere nei i ngā mahi me ngā tikanga a Te Rūnanga o Ngāti Waewae
raua ko Te Rūnanga o Makaawhio me Te Poari Hauora ki Te Tai Poutini.

MEMORANDUM OF UNDERSTANDING

BETWEEN

**TE RŪNANGA O NGATI WAEWAE
AND TE RŪNANGA O MAKAAWHIO**

AND THE

WEST COAST DISTRICT HEALTH BOARD



Te Rūnanga o Makaawhio

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1 Ngā Mana

Parties

“Te Rūnanga O Ngati Waewae raua ko Te Rūnanga O Makaawhio”

“Kia eke a Poutini Ngai Tahu ki te whakaoranga tonutanga”

“Raise up the wellbeing and restore health of the people of the West Coast”

- 1.1 For the purposes of this relationship Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio agree that together they will comprise Poutini Ngai Tahu and be represented in their relationship with the West Coast District Health Board by Tatau Pounamu Manawhenua Advisory Group.
- 1.2 This Memorandum of Understanding is signed on behalf of Poutini Ngai Tahu by the respective Chairs’ of Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio.
- 1.3 This Memorandum of Understanding recognises the special relationship and obligations upon the West Coast District Health Board in exercising its Treaty partnership with Poutini Ngai Tahu, as represented by Te Runanga o Makaawhio and Te Runanga o Ngati Waewae.

“West Coast District Health Board”

“Whānau ora ki te Tai Poutini”

“Health and wellbeing for families of the West Coast”

- 1.4 The West Coast District Health Board has statutory objectives and functions set out in the New Zealand Public Health and Disability Act 2000 and has particular objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Maori and other population groups - see Appendix 1: New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h).
- 1.5 This Memorandum of Understanding is signed by the Chair on behalf of the West Coast District Health Board.
- 1.6 This agreement between the parties does not affect the West Coast District Health Board from ability to interact and enter into relationships with other stakeholders in the region including Māori from other iwi living within the West Coast District Health Board’s region.

2 Te Take

Purpose

- 2.1 This document articulates agreed principles to improve health outcomes for Māori consistent with the philosophy of the New Zealand Public Health and Disability Act 2000, and sets the guidelines for an enduring collaborative relationship between the parties.

3 Te Putake

Foundation

- 3.1 The parties acknowledge that the Treaty of Waitangi is a founding document of Aotearoa/ New Zealand and as such lays an important foundation for the relationship between the Crown and Māori. The parties wish to record their agreed understanding of how this Treaty based relationship, focused on health, will improve Māori health outcomes.

4 Ko Ngā Matāpono O Te Nohongā Tahi

Principles of the relationship

The following principles will guide the relationship:

- 4.1 Acknowledgement of the importance of the Treaty of Waitangi (as referred to in clause 3.1);
- 4.2 Acknowledgement of the shared interest of all parties in the development and implementation of policy and legislation in the health sector on behalf of the community;
- 4.3 Commitment to work together within an environment of trust (whakapono) honesty (pono), respect (whakaute), and generosity (manaakitanga) towards each other, recognising and understanding the capabilities and constraints each party brings to the relationship.
- 4.4 Both parties acknowledge their role as guardians and stewards for generations that will follow. It is recognised that each party will have different lines of accountability enabling each party to develop and grow in its own way while recognising and acknowledging difference.
- 4.5 To provide a framework for the parties to work together towards improving Māori health outcomes by:
- a) Efficient use and allocation of resources;
 - b) Effective representation;
 - c) Discussing and reaching agreement on key issues of West Coast District Health Board strategic plans in respect to Māori.

- d) Acknowledging and respecting the accountabilities of each party in the planning and decision making process.

5 Ko Ngā Tikanga Mo Te Mahi Tahī

Process for working together

- 5.1 The process for all parties working together is outlined in the Tatau Pounamu Terms of Reference (see Appendix 2).

6 Ngā Āhuatanga Me Ngā Kawenga

Roles and responsibilities

- 6.1 The West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Māori in Te Tai Poutini rohe.
- 6.2 The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:
 - 6.2.1 The West Coast District Health Board will:
 - a) Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Māori 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 Ngāi Tahu; and
 - e) Feedback information to Tatau Pounamu on matters which may impact on the health of Māori in Te Tai Poutini rohe.
 - 6.2.2 Tatau Pounamu will:
 - a) Involve West Coast District Health Board in matters relating to the development and planning of Māori health and disability;
 - b) Feedback information to Ngā Rūnanga o Poutini Ngāi Tahu as required;
 - c) Advise West Coast District Health Board on matters which may impact on the health of Māori 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 Ngāi Tahu kawa (custom/protocol) and tikanga (rules of conduct).

7 Ngā Hui

Meetings

- 7.1 All meetings shall be consistent with the guidelines as described in the Tatau Pounamu Terms of Reference.
- 7.2 Establish a relationship between the Chair Tatau Pounamu and Chair and/or Deputy Chair, West Coast District Health Board through meetings held (three times per annum); the Chair and/or Deputy Chair of the West Coast District Health Board shall be invited to attend no less than one Tatau Pounamu meeting per annum.
- 7.3 Tatau Pounamu will invite the West Coast District Health Board bi-annually to meet on a marae.

8 Nga Rawa

Resourcing

- 8.1 The West Coast District Health Board will provide administrative support resources for this relationship as outlined in the Tatau Pounamu Terms of Reference.
- 8.2 Tatau Pounamu members will be paid meeting fees and actual and reasonable expenses associated with attendance at meetings as stated in the West Coast District Health Board and committee members manual.

9 Ko Ngā Rawa Hei Whakatutuki I Ngā Mahi I Raro I Ngā Ture

Statutory and contractual obligations

- 9.1 The parties acknowledge that this Memorandum of Understanding is not legally enforceable, but that this does not diminish the intention of the parties to meet the expectations and undertakings of this Memorandum of Understanding.

10 Te Mana Kokiri

Authority to speak

- 10.1 The parties agree that they will not make any statement on the other's behalf to any third party without the express authorisation of the other party.

11 Te Noho Matatapu

Confidentiality

- 11.1 The parties agree that unless otherwise required by law, or by mutual agreement, they will keep confidential all information acquired as a result of this agreement.
- 11.2 The parties specifically acknowledge that information relating to or produced by the relationship may be required to be released under the Official Information Act 1982.

12 Tirohanga Hou Me Ngā Whitinga

Review and variation

- 12.1 This Memorandum of Understanding records a commitment to an enduring collaborative relationship. The parties acknowledge that over time the nature and focus of the relationship may evolve to reflect changing circumstances. Therefore, the parties will meet solely for the purpose of reviewing this Memorandum of Understanding in two years, and every three years subsequent for a review of the Memorandum of Understanding to be undertaken;
- 12.2 The parties may at any time amend this agreement

13 Whakataunga Raruraru

Problem resolution

- 13.1 In the event of any dispute arising out of the subject matter of this Memorandum of Understanding the parties agree to the following process:
- a) In the first instance the Chairs of the parties will meet and use their best endeavours to resolve the dispute;
 - b) If following a) the dispute is not resolved, the parties will engage in mediation through an agreed process.

14 Term Of Memorandum Of Understanding

- 14.1 This Memorandum of Understanding commences upon signing by both parties;
- 14.2 This Memorandum of Understanding may be terminated by mutual agreement or by either party giving three months notice to the other party.

**SIGNED ON BEHALF OF
THEIR RESPECTIVE ORGANISATIONS**

Name:

Signature:

Designation/Title

For Te Runanga o Ngati Waewae

Date:

Name:

Signature:

Designation/Title

For Te Runanga o Makaawhio

Date:

Name:

Signature:

Designation/Title

For West Coast District Health Board

Date:

Witness

Signature:

Date:

APPENDIX 1

New Zealand Public Health and Disability Act 2000. Section 22(1)(a)-(h)

22 Objectives of DHBs

- (1) Every DHB has the following objectives:
 - (a) to improve, promote, and protect the health of people and communities:
 - (b) to promote the integration of health services, especially primary and secondary health services:
 - (c) to promote effective care or support for those in need of personal health services or disability support services:
 - (d) to promote the inclusion and participation in society and independence of people with disabilities:
 - (e) to reduce health disparities by improving health outcomes for Maori and other population groups:
 - (f) to reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders:
 - (g) to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services:
 - (h) to foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services: