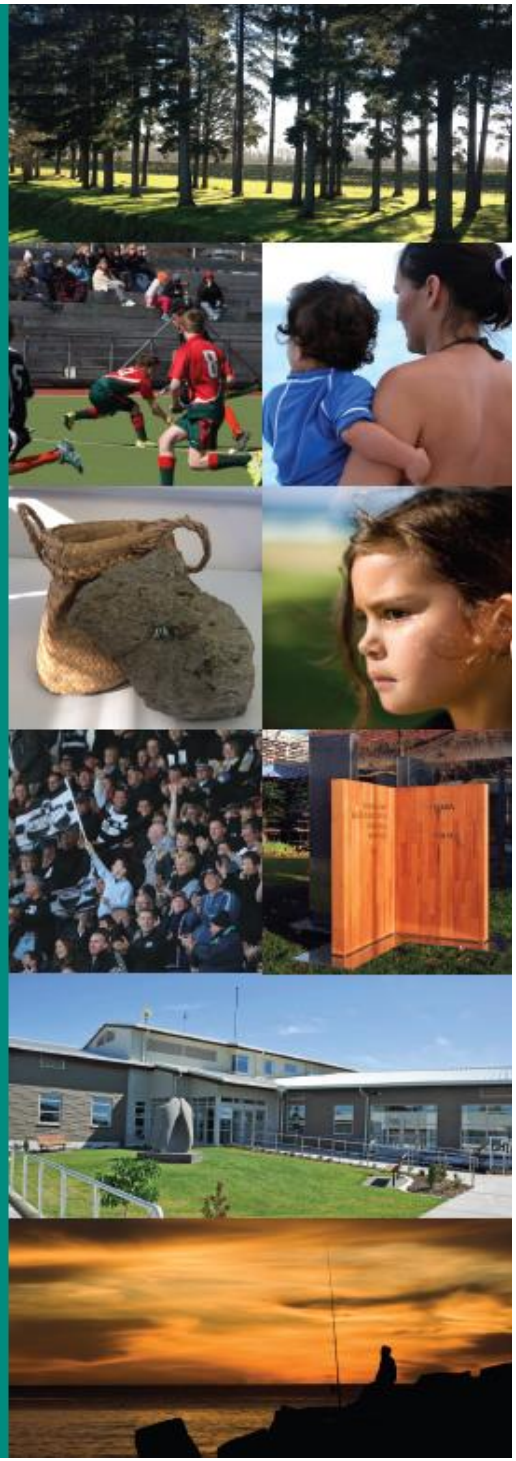
HAWKE'S BAY DISTRICT HEALTH BOARD

MĀORI HEALTH PLAN

2016/17

OURHEALTH
HAWKE'S BAY
Whakawāteatia



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1 Treaty Statement

Te Tiriti o Waitangi guarantees equitable health and social outcomes for everyone, and all Government agencies have a role in making sure that happens. The role and expectations of District Health Boards (DHBs) is emphasised in the New Zealand Public Health and Disability Act, 2000 (NZPHD Act) and our DHB partners with HHBPHO to co-ordinate the delivery of publicly funded health care and wellness support services. DHB responsibilities are based on:

- **Partnership** – working together with Iwi, hapū, whānau and Māori communities to develop strategies for improving the health status of Māori.
- **Participation** – involving Māori at all levels of the sector in planning, developing and delivering of health and disability services that are put in place to improve the health status of Māori.
- **Protection** – ensuring Māori well-being is protected and improved, and safeguarding Māori cultural concepts, values and practices. This includes the elimination of Māori health disparities by improving access to services and health outcomes for Māori.

2 Introduction

The HBDHBs partnership with the local Iwi Ngāti Kahungunu has grown from strength to strength over the last five years. An existing MoU is reviewed annually between the two organisations with the intention to keep the strategic direction for reducing inequities for Maori at the helm. At the governance level of the District Health Board, a Maori Relationship Board is appointed by Ngāti Kahungunu Iwi Incorporated with membership endorsed by the District Health Board. MRB leads the Maori health strategic direction on behalf of the Maori population of Hawke's Bay. Members have a three year tenure with a clear work plan developed and signed off annually. Priorities agreed for the Annual Maori Health Plan are integrated into the DHBs Annual Plan to ensure system wide ownership for the acceleration of Maori health outcomes. MRBs role of setting the strategy for the health sector, advising on implementation and monitoring of health outcomes for Maori has been both effective and rewarding.

Transform and Sustain is the strategic direction of the Hawkes Bay Health sector until 2018. In recognising three key challenges that the sector will face over the next four years, Transform and Sustain commits to 11 key intentions:

Challenges

1. Responding to our population	**2.** Delivering consistent high-quality care	**3.** Being more efficient at what we do

Intentions

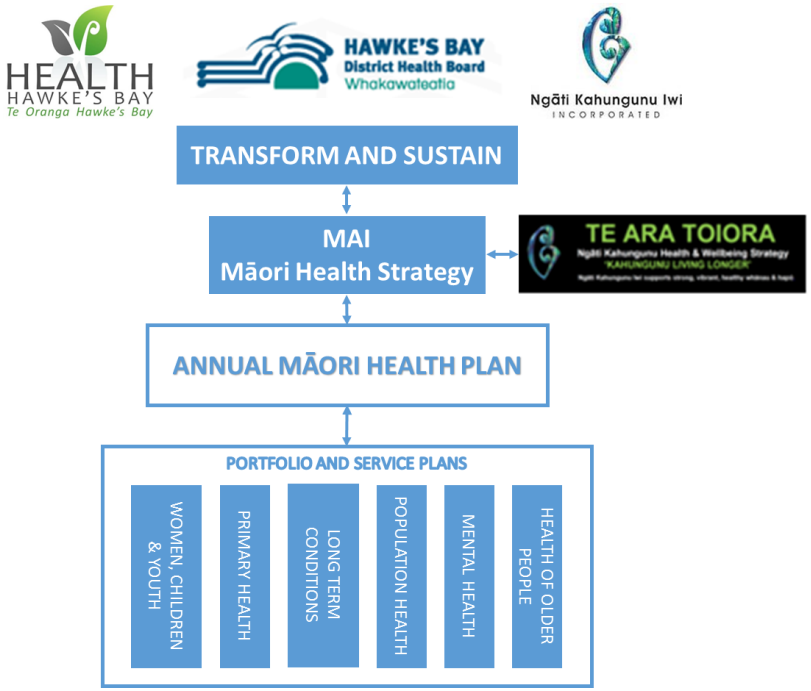
1. TRANSFORMING OUR ENGAGEMENT WITH MĀORI
2. TRANSFORMING PATIENT INVOLVEMENT
3. TRANSFORMING HEALTH PROMOTION AND HEALTH LITERACY
4. TRANSFORMING MULTI-AGENCY WORKING
5. TRANSFORMING CLINICAL QUALITY THROUGH CLINICAL GOVERNANCE
6. TRANSFORMING PATIENT EXPERIENCE THROUGH BETTER CLINICAL PATHWAYS
7. TRANSFORMING THROUGH INTEGRATION OF RURAL SERVICES
8. TRANSFORMING PRIMARY HEALTH CARE
9. TRANSFORMING URGENT CARE
10. TRANSFORMING OUT-OF-HOURS HOSPITAL INPATIENT CARE
11. TRANSFORMING BUSINESS MODELS

Mai, the 2014 – 2019 Māori Health Strategy is the Māori health response to the challenges and key intentions raised in Transform and Sustain. The Strategy was co-designed with the customers to ensure we are working 'with' and not 'on' the Māori population. Through community and health sector consultation the three key strategic objectives and headline actions of Mai are:

1. Engaging Better with Whanau	2. Delivering consistent high quality care	3. More efficient use of resources
• Community support & development • Community leadership development • Establish and maintain communication channels	• Māori consumers are engaged in service design, development & review • Better analysis & feedback of how well the system is working for Māori	• Awareness of all health & wellbeing work • Workforce development • Provider capacity & capability

As illustrated in the diagram to the right, a focus on Māori health linked into the overall Hawke's Bay DHB Annual Plan annually in order to gain better buy-in and ownership of Māori health acceleration of health outcomes across the sector. This plan is the commitment of the entire Hawke's Bay health sector to implement activities in respect of the national Māori Health planning priorities for 2016/17.

An important part of action in respect of Māori health priorities, is ongoing liaison with stakeholders (including community groups and DHB advisory groups) who have been considering these issues and developing strategies. The Māori Relationship Board will receive quarterly monitoring reports during the year, highlighting performance and non-performance of this plan. In addition, the Te Ara Whakawaiora (TAW) monthly reports to the Board highlight areas of non-performance and advise the PHO and HBDHB governance Boards on community actions for improvement and give governance a view of what services are doing to improve performance.

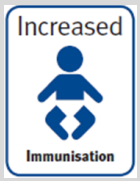


3 National Priorities

3.1 Increasing Immunisations

Improved immunisation coverage leads directly to reduced rates of vaccine preventable disease, and consequently better health and independence for people. The HBDHB Immunisation Steering Group provides a forum for a collaborative approach to improving the immunisation rates for Hawke's Bay children and adults. Representation on the Steering Group includes: Midwives, WC/TO, Secondary services, primary care, Māori providers, Health Hawke's Bay, HBDHB Immunisation Team, Public Health, National Immunisation Register (NIR), the Immunisation Advisory Centre (IMAC). New Zealand research has found that established relationships with a primary health care provider is critical in the timely delivery of immunisations and that there is a need for more effective facilitation of early engagement with primary health care providers.

Early enrolment with a General Practice (GP) and Well Child/Tamariki Ora (WC/TO) enables new-born babies to receive timely immunisation and other health checks. If infants are enrolled with a GP before they are six weeks of age then they can be effectively pre-called and vaccinated on time. The NIR is a tool that supports management of both individual and population health, and information from the NIR is used to assist with planning, targeting and monitoring of immunisation services. For those families/whānau not accessing primary care providers, it is important to offer opportunities for receiving childhood scheduled vaccinations in a safe environment. The Immunisation Team will continue to work collaboratively with Māori health providers, WC/TO providers, Before School Check (B4SC) coordinator, PHO, Family Start, and midwifery staff. We continue to provide staff from Māori health providers and Tamariki Ora with resources and training to promote the importance of immunisation with their families/whānau with a strong focus of "on time every time."

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	 **Increase Immunisation coverage in Children**	Continue to facilitate successful Hawke's Bay Immunisation steering group quarterly and use this group to monitor coverage rates, equity and outreach activity.	**Health Target:** 95% of eligible children fully immunised by 8 months **PP21:** 95% of eligible children fully immunised by 2 years **PP21:** 95% of eligible children fully immunised by 5 years by June 2017 Equitable coverage across Māori, Pacific and Other
		Continue to implement strategies in the Immunisation Action *Plan 'Improving Childhood Immunisation On Time Rates in Hawke's Bay'*. - Identify overdue children through access to Dr Info, monthly Karo reports and quarterly benchmarking across practices. - After three recall attempts, refer children to outreach immunisation services - Check immunisation status for all children presenting at paediatric inpatients and outpatients, and offer immunisation where required.	
		Use Datamart reports regularly to measure the coverage rates by ethnicity and deprivation status, identifying increasing numbers of declining or opt-offs or other gaps in service delivery. Tailor the response to data appropriately using the variety of access options available.	
		Health Hawke's Bay to support practices to review, audit and manage their Patient management systems for the systematic and timely review of children.	
		Health Hawke's Bay and HBDHB to work collaboratively on promotion of Immunisation week in Q4 2017	
		Immunisation team to maintain working relationships with age appropriate services such as Tamariki Ora, Plunket, community oral health services and Before School Checks to ensure efficient use of resources for tracking children and appropriate service provision.	

Short-term outcome	Activity	Monitoring & Reporting
Support the cancer strategy goal of reducing the incidence of cancer thorough primary prevention by increasing HPV immunisation rates	Facilitate quarterly HPV stakeholders group, which is a sub group of and reports to The immunisation Steering Group.	**PP21:** 70% of eligible girls fully immunised with HPV vaccine Equitable coverage across Māori, Pacific and Other
	In Q4, provide a list to GPs of those who have declined immunisation through the school based programme for follow up.	
	Provide an education session to Nurse vaccinators, public health nurses and smear takers annually	
	Ensure all major milestones on the HPV immunisation communication plan are achieved to ensure a systematic process and avoid gaps in service delivery.	

In 2014, Māori had the second highest rate of influenza confirmed hospitalisation, 49.2 per 100,000. The 65 years and over age group also have the highest rates of influenza admissions to ICU. A 75% influenza vaccination rate is required to provide the best protection for this age group and in particular for Māori. In 2015, 68% of Māori aged over 65 years were immunised against influenza (68% total population). For the 2016 Influenza Immunisation Programme NIR reports are being developed by the Ministry of Health to more accurately measure influenza immunisation coverage by ethnicity. There continues to be difficulty to gather accurate coverage data for influenza as not all vaccination events are recorded or captured in the data.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Increase the rate of seasonal influenza immunisations in over 65 year olds**	Continue to fund immunisation contracts with three NGOs including two Māori providers to ensure a range of access options for flu immunisations.	75% of the eligible population over 65 are immunised against influenza annually Equitable coverage across Māori, Pacific and Other
		Work with Māori providers and other organisations to improve their capability by: - Providing educations sessions - Ensuring there are authorised vaccinators - Providing support with the cold chain - Ensuring consistent health messages	
		Analyse the Winter 2016 influenza immunisation data to show patterns of access and use this to create a strategy for promoting early engagement for winter 2017 by Q4	
		Promote influenza immunisation through Whānau Wellness education session 'Preparing for Winter' in Q4	
		Practice PMS audit systems will be used to identify those eligible for influenza vaccination. The practice will then actively recall these people.	

3.2 Reducing Rheumatic Fever

HBDHB previously had one of the highest rates of Acute Rheumatic Fever (ARF) in the country. Through combined efforts to reduce first episode Rheumatic Fever hospitalisation HBDHB 2014/15 achieved a rate of 0.6 per 100,000 population. HBDHB will continue to address Rheumatic Fever prevention through five main streams: School based Say Ahh programme in Flaxmere; Primary Care Say Ahh Programme; Child Healthy Housing programme; Communication/health literacy regarding sore throats; and Secondary Rheumatic Fever prevention programme. Our Rheumatic Fever Prevention Plan is reviewed and updated regularly and we are committed to implementing all of the plan. Please see the HBDHB website for a copy of the Refreshed Rheumatic Fever Prevention Plan. At the end of June 2017, the dedicated Ministry of Health led rheumatic fever prevention programme will end and current levels of government funding for rheumatic fever will cease. As HBDHB is a high incidence DHB, the MoH will continue to provide a proportion of the funding for a further five years. HBDHB is committed to providing the remaining funding resulting in a total investment of $458,364 annually.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Reduced incidence of first episode Rheumatic Fever** **Target Rate <1.5 per 100,000**	Continue Healthy Homes programme targeting 150 annual referrals to prevent Rheumatic Fever	Number of referrals Māori and Pasifika engagement
		Continue to promote and participate in cross agency work to develop a Hawke's Bay housing coalition	
		Regular meetings of the multiagency Rheumatic fever prevention steering group with Health Hawke's Bay, HBDHB & TTOH to provide clear direction and monitoring for Rheumatic Fever Prevention & Management	Meetings held as per schedule & Clear direction and monitoring provided
		Continue delivery of the actions specified in the refreshed Rheumatic Fever Prevention Plan – Development of strategic framework and implementation plan to raise community awareness and health literacy on rheumatic fever	**PP28:** Progress against DHBs Rheumatic fever prevention plan
		Set up a Governance group for Rheumatic Fever by end Q1	CFA reporting on Rapid Response sore throat service
		Continue with Say Ahh programme in targeted schools and in primary care	Governance group established
Effective follow up of Identified Rheumatic Fever Cases		Continue to monitor time between admission and notification of all new cases of rheumatic fever to the Medical Officer of Health.	**PP28:** % of patients notified within 7 days of diagnosis **PP28:** % of patients receiving secondary prophylaxis within 5 days of due date **PP28:** 100% of notified RF cases have case review and actions addressed from lessons learned. **PP28:** Progress report **PP28:** Reports on progress in following-up known risk factors and system failure points in cases of first episode and recurrent acute rheumatic fever
		Continue to monitor patients with a history of Rheumatic Fever are receiving monthly prophylactic antibiotics and carry out an annual audit in Q4 of Rheumatic fever secondary prophylaxis coverage for children aged 0-15 years, youth aged 15-24 years and adults aged 25+ years	
		Undertake case reviews of all Rheumatic fever cases and address identified system failures	
		Follow up on issues identified in the 15/16 audit of recurrent hospitalisations of acute rheumatic fever and unexpected rheumatic disease	

3.3 Breastfeeding

Child health is a national priority. Research shows that children who are exclusively breastfed for around six months are less likely to suffer from childhood illnesses such as respiratory tract infections, gastroenteritis and otitis media. Breastfeeding benefits the health of mother and baby, as well as reducing the risk of sudden unexplained death of Infant and asthma. Breastfeeding is also linked to children maintaining healthy weight across their lifetime and reduced risk of obesity. Our health equity report points out that Māori rates for breastfeeding in Hawke's Bay are persistently lower than that for non-Māori and we are committed to eliminating inequities.

A resource combining breastfeeding, Safe sleep and Smokefree has been developed, in collaboration with Mama Aroha, targeting Māori, but inclusive of all ethnicities. This resource is part of a population health approach to influencing behavioural change around these key issues, and encourages consistent and appropriate messaging.

Lead Maternity Carer (LMC) leadership in the area of breastfeeding is essential to influencing positive change in the early postnatal period. All LMCs are required to undertake annual breastfeeding education and support the Ten Steps of Successful Breastfeeding to maintain knowledge and prevent the giving of conflicting advice. Discussions are taking place with Choices Māori Midwives to examine data collection and improve strategies to increase breastfeeding rates of Māori women.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Improve breastfeeding rates at 6 weeks**	Hawke's Bay Breastfeeding Governance Group will meet once per quarter to provide strategic direction for breastfeeding activity, to monitor KPIs and drive performance in Māori and non-Māori. This group includes LMC representation	Quarterly Meetings
		Hawke's Bay's Breastfeeding multi-agency clinical group will meet bi-monthly to support breastfeeding workforce in Hawke's Bay. This will ensure all staff working in antenatal and early postnatal services have resources, training and coordination of breastfeeding activities across Hawke's Bay.	Bi-monthly meetings
		Maternity staff will give a take home guide to Breastfeeding, Smokefree and safe sleep to every mother delivering in the DHB maternity unit from Q1.	% of mothers offered take home guide by Maternity ward staff
		The DHB will carry out a review of current Breastfeeding services in Q1 to get a better idea of who is utilising the services and at what age breastfeeding stops. The review will include meeting with targeted consumer groups.	Information gathered by Q1,
		Using the results of the review the DHB will develop a plan to redesign effective breastfeeding interventions for Māori women by Q3	Plan for redesigning services by Q3
		The Women, Children and Youth (WCY) directorate will meet with providers of all antenatal classes in Hawke's bay by Q2 to investigate what breastfeeding information is given and to promote consistent breastfeeding messages.	Meetings with all antenatal class providers taken place by Q2
		The DHB will maintain Baby Friendly Hospital Initiative (BHFI) Accreditation to be achieved by February.	Accreditation achieved

Short-term outcome		Activity	Monitoring & Reporting
		Lactation consultants will provide access to lactation support in the community through three drop-in Baby Café sessions per week (2 in Hastings and 1 in Napier) throughout the year – excluding public holidays.	Number and profile of attendees
		The WCY directorate will carry out a review in Q2 of babies that received donor milk and the rate that were still breastfed at 6 weeks, 3 months and 6 months	% of infants that received donor breast milk who are receiving breast milk at 6wk, 3 months and 6 months
		The WCY directorate will deliver eight training sessions, which include breastfeeding education for DHB midwives, nurses and LMCs by Q4.	8 sessions delivered by Q4
		The DHB will build a breastfeeding room at the hospital for staff to express in a comfortable and accessible space by Q3.	Build completed Q3
		The Population Health Team will develop a communication plan in Q1 for a Hawke's Bay breastfeeding campaign which promotes local resources, support and services. The plan will target whānau and settings which can support breastfeeding e.g. public spaces, cafes and workplaces.	Communications plans delivered from Q1
		The Population Health Team will localise content of Breastfed NZ app from the Central Region which will be used as an education and support tool. Availability of the app will be promoted through the campaign above.	App available from Q1
Māori Health Priority	**Improve breastfeeding rates at 3 months and 6 months**	The WCY directorate will carry out a 'Plan Do Study Act' (PDSA) cycle on consistent breastfeeding messages amongst Well Child Tamariki Ora (WCTO) providers and LMCs in Hawke's Bay and provide a report on improvements made in Q3.	6 weekly meetings of WCTO QI group Report on PDSA cycle Q3
		Managers of the WCY and Maori Health portfolios will meet fortnightly from Q1 to progress breastfeeding strategy across Hawke's Bay. The goal is to look at current contracts and there utilisation by breastfeeding mothers by ethnicity to ensure we have the best accessible timely support in the right areas of the community.	Fortnightly meetings
		The Executive Management Team Sponsor will present a Te Ara Whakawairora (TAW) report to the various governance committees in Q3 on progress with Breastfeeding rates and agree any new activity that is recommended.	Annual TAW report

3.4 Sudden Unexplained Death of Infant (SUDI)

Reducing the rate of SUDI is a national priority. Sudden Unexpected Death in Infancy is the leading cause of preventable post-neonatal death in infancy. Māori infants are 5 times more likely to experience SUDI than non-Māori infants in New Zealand, with around 40 SUDI deaths among Māori per year. Hawkes Bay DHB is committed to reducing the rate of SUDI by decreasing the number of women smoking during pregnancy; encouraging more women to breastfeed; and increasing safe sleep knowledge and access to safe sleep spaced within whānau and the wider community. The Breastfeeding and Tobacco sections contain more detail regarding actions to promote breastfeeding and being Smokefree.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Reduce the risk of SUDI in Hawke's Bay** ***Target rate <0.4 SUDI deaths per 1000 live births for Māori and non-Māori***	Coordinate quarterly multi-sectoral Safe Sleep Action Group including representatives from Smokefree, Iwi, community providers, Public Health, WCTO, breastfeeding advocates and Women, Children and Youth - to provide strategic guidance for SUDI activities, monitor outcomes and maintain policies. Extend invitation to include PHO & early childhood representatives on safe sleep action group to ensure consistent messaging.	Quarterly Meetings & new representatives included
		Continue to provide training and support the provision of safe sleep education through online resources such as 'baby essentials online' and 'through the tubes' and Safe Sleep Champion Days	% and number of Māori, Pasifika, teen and those for whom English is a second language attending DHB funded antenatal education
		Complete annual audit of safe sleep messages provided by health services by Q2 and implement recommendations from audit by Q3	
		Improve the provision of antenatal education which is responsive to the needs of Māori and includes advice on safe sleep practices and the benefits of breastfeeding and being Smokefree.	
		Socialise pathway for local health professional response when whānau are identified as requiring supported access to a safe sleep space for their infant's first year, or referral for tobacco cessation support.	
		Continue collaboration with Child and Youth mortality Review Committee to provide recommendations on SUDI activities.	
	Caregivers are provided with SUDI prevention information at Well Child Tamariki Ora Core Contact 1	Continue to support WCTO Quality Improvement group with a focus on timely provision of core contact 1	Number and % of referrals to WCTO completed by 6 weeks post-birth Number and % of infants receive Core Contact 1 by 6 weeks post-birth
		Implement recommendations from WCTO quality improvement group derived from a review of current practices in other DHBs to improve timeliness of referral to WCTO	

3.5 Oral Health

Increasing pre-school enrolments in community oral health services is a national priority. According to our Health Equity Report, dental conditions account for a large number of ambulatory sensitive hospitalisations (ASH) in the 0 – 4 year old population and rates for Māori are 4.3 times those of non-Māori. This reflects a higher prevalence of severe dental caries in this age group, of which some are preventable through better access to oral health services and use of preventable treatment. A project is underway to improve access to community dental services for Māori Tamariki (0-5 years). This project is focussing on patient and whānau centres booking system, reductions in (did not attend) DNA rates and improving community dental utilisation rates. Further reductions in dental caries can be achieved with changes in children's diet, primarily reducing the consumption of sugar sweetened beverages but also supporting healthy first foods for babies. Activity regarding this can be found in the Obesity section.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Improve the oral health of 5-year olds**	All babies are seen by an oral health clinician at a HBDHB Community Oral Health Clinic by 12 months of age	**PP11**: 67% of 5 year old examined who are carries free. Data for Māori, pacific and other Exception report and resolution plan for non-performance **SI5**: WHANAU ORA Key Indicator
		All Māori, Pacific and high risk children have fluoride applications at 6 month intervals	
		Implement initiatives from the Improving Access to Oral Health Services for Maori Tamariki (0-4 years) Project	
		Continue Quadruple New Born Enrolment (National Immunisation Register, GP, Well Child Tamariki Ora, Oral Health) for all babies born in HBDHB Maternity Services.	**PP13**: 95% of pre-school children are enrolled in the COHS Data for Māori, Pacific and other
		Ensure babies not born in HBDHB Maternity Services are enrolled through Well Child Tamariki Ora providers at Core Check 5 (9 months of age)	

3.6 Tobacco

Tobacco is a key contributor to health inequity in Hawkes Bay, as a result the Population Health Service has a focus on reducing smoking rates and are committed to the vision of a smokefree Aotearoa by 2025. The health sector has a role to improve, promote and protect the health and well-being of the Hawke's Bay population. This is delivered via a range of approaches including promoting Smokefree, screening for smoking, regulatory responses, providing cessation support and workforce development. However, the greatest impact occurs with a collaborative approach and to achieve this we work across a wide range of settings including increases in taxation; engaging in Smokefree education retailers, collaboration with Ngati Kahungunu Iwi Incorporated (NKII) and supporting local Councils to develop broader Smokefree Policies.

Hawke's Bay prevalence of tobacco use is higher than the national average and we believe that reducing tobacco consumption remains the best opportunity to improve Māori health and improve equity. In 2016/17 we will continue to focus on achieving the National Health Targets and improving smokefree environments particularly in pregnancy and for neonates, new-borns and infants who are so negatively affected by exposure to first and second-hand tobacco smoke.

Short-term outcome	Activity	Monitoring & Reporting
Better help for smokers to quit 	Implement the co-created Regional Tobacco Strategy 2015 – 2020	Report update of implementation
	Continue to provide brief advice and support to quit smoking to hospital inpatients	**PP31**: 95% of hospitalised patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice & support to quit smoking
	Continue to offer GP Practices and their staff training, support and guidance on Smokefree systems, processes and policy development	**HT**: 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months Reports Provided to medical director – Primary Care Education provided to GPs in 2016/17
	Provide benchmarking data and audit support for high level leadership and governance structures to manage performance of the 'Better help for smokers to quit' Health Target in primary care. Encouraging the identity and development of Smokefree champions in practices where appropriate.	
	Review the forms used in the primary care Patient Management System to embed mandatory Smokefree fields.	

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Reduce the number of pregnant women who are not Smokefree**	Evaluate recent changes to documentation to ensure accurate data is being captured when being booked into the Maternity Unit.	**HT**: 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking
		Scope opportunities to provide smokefree education to LMCs	
		Expand incentivised programme targeting young Māori women and their whānau by implementing recommendations from the recent evaluation of the programme and focussing on improving the proportion of referrals that quit long-term.	90% of young pregnant Māori women are referred to cessation support
		Continue to screen inpatients, offering support to quit for mothers and whānau and monitor Smokefree Rates at discharge from Maternity Unit	% of Women smokefree at discharge from maternity unit
		Continue to monitor the number of Māori Women that are Smokefree at 2 weeks postnatal	95% of pregnant Māori women are smoke free at two weeks postnatal **SI5**: WHĀNAU ORA Key Indicator

3.7 Mental Health

HBDHB is in the process of a significant change to our model of care for mental health and addictions services. Compulsory Treatment Order (CTO) rates are symptomatic of system-wide and socioeconomic issues. Monitoring rates is important in order to provide data for teams to understand their preparedness for clients under CTO and for them to respond appropriately to need. Responsiveness requires clear understanding of who is impacted and of the socioeconomic issues that increase vulnerability. Better understanding helps to increase collaboration with external agencies including cultural and social agencies so as to provide a more holistic, integrated and comprehensive response.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Reduce the rate of Compulsory Treatment Orders**	Home-based treatment team increases family involvement with planning and crisis intervention by Q4	Rate of CTO in Māori and non-Māori 100% of intensive service staff trained by Q3 # referrals to specific services **SI5**: WHĀNAU ORA Key Indicator
		Ongoing daily step up step down with Nga Rau Rakau, CMH, HBT, EMHS, Wai-O-Rua and TTOH to improve discharge and admission communication	
		Implement intensive day programme from Q1	
		Staff education around sensory modulation and trauma informed care to help reduce restrictive models of care	
		Increase availability of treatment options across community mental health services	
		Building networks within the community – increased use and referrals to NGOs within the community for follow up; meetings with NGOs and whānau/families to agree on and document plans & outcomes by Q2	

3.8 Access to Care

A key National priority that has emerged, and is supported by the findings of our Health Equity Report, is improving the access of disadvantaged groups to primary and community care. We want to ensure that all our services are accessible and that everyone who needs care is enabled and empowered to seek that care as early as possible.

With continuing high rates of admission for potentially preventable diseases, and the cost of care being a part of ongoing health inequalities in New Zealand, it is important that financial barriers to primary care be reduced for all children. Therefore HBDHB will be adding to the zero fees for 6-12 year olds primary care consultations by implementing a zero fees co-payment subsidy for 13-17 year olds. The zero fees co-payment subsidy for 13-17 year olds will be targeted towards those population groups where cost is a barrier to accessing primary care and who experience unequal health outcomes. A selection criteria will be applied that provides for a wider geographical coverage and ensures a capture of both high needs communities and the majority of the priority populations.

It is important that Māori have access to General Practice services that are responsive to cultural difference, understand the broader determinants affecting inequitable health outcomes, and provide services to increase the opportunity for Māori to be more self-determining in managing their own health challenges.

For youth, HBDHB aims to improve access to health care by reducing the cost of General Practice services, though the provision of targeted subsidies. Furthermore, by improving access to health care for youth, HBDHB aims to improve health protective factors associated with health literacy and health choices developed in the teenage years and thereby reduce the onset and burden of chronic disease in later years.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Increase enrolments in the PHO**	Continue focus on new born enrolments	98% of newborns are enrolled with a PHO by 6 weeks of age
		Encourage people to reconnect with primary care providers when attending ED and provide GP enrolment packs for high needs, Māori and Pacific	% of the population enrolled with a PHO
		Work with a number of GP practices to ensure systems adequately identify challenges for enrolment	
		Health HB to audit all Med-Tech General Practices on a quarterly basis to ensure practices are following the right process for newborn enrolment	
		All GP practices to have a designated staff member overseeing newborn enrolments	
		All people who identify as Māori, Pacific or live in quintile 5 who are not enrolled with Health Hawke's Bay will be offered a one-hour nurse consultation and a 15 min GP consultation free of charge to remove the cost barrier to enrolment.	

Short-term outcome	Activity	Monitoring & Reporting
Improve access to primary care for Māori	Engage practices in a formal support quality programme 'He Taura Tieke' to increase the responsiveness to their Māori population	Annual GP utilisation rate by ethnicity 13 practices 2016/17 with He Taura Tieke' self-assessment and annual plan Evaluation of the training and customer service
	Implement Health Literacy programme into General Practice over the next 12 months	
	Continue to implement Health Literacy Campaign with actions to support more understanding in Māori communities of identified health issues	
	Continue to fund Whānau Wellness programme from SIA funding, providing 12 months of GP services free of charge to up to 300 whānau	
Improve access to primary care for Youth	HBDHB to invest up to $520,000 per annum into zero fees co-payment subsidies for 13-17 year olds in Wairoa and Dep 8-10 geographic regions in HB.	
	HBDHB to engage rangatahi Māori and Dep 8-10 youth populations into a co-design of improved access to general practice.	
	Develop a health assessment programme for 0-18 year olds in Hawke's Bay	Assessment Programme developed

3.9 Ambulatory Sensitive Hospitalisations (ASH)

ASH rates reflect hospital admissions for conditions which could potentially have been prevented by earlier access to treatment in primary care. While access to primary care is a large factor in reducing ASH rates, there are a number of other factors outside of the health sector which drive the underlying burden of disease (e.g. household income, housing, nutrition, exposure to second hand cigarette smoke). Because of this, there are a number of other sections within the annual plan that outline activities to reduce ASH rates such as Rheumatic Fever (Health Homes Programmes), Obesity, Oral Health, Tobacco, Cardiovascular Disease (CVD) and other Long Term Conditions. In Hawke's Bay there are large inequities evident in ASH rates for both 0-4 and 45-64 year olds. In the last year we have seen a reduction in ASH rates and a narrowing in the equity gap between Māori and Non-Māori however there is a long way to go and we are committed to concentrating efforts on vulnerable populations to improve equity. For children aged 0-4 years the top 5 ASH conditions are Asthma, Dental conditions, Upper respiratory infections and ENT, Lower Respiratory Infections and Cellulitis. For those aged 45-64 the top 3 ASH conditions are Cellulitis, Congestive Heart Failure (CHF) and Respiratory infections (COPD and Pneumonia).

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Reduce Ambulatory Sensitive Hospitalisations for people aged 45-64**	Develop a clinical pathway for Cellulitis to standardise practice by Q1	Pathways developed and implemented
		Implement and socialise the recently developed clinical pathway for Congestive Heart Failure by Q2	
		Secure sustainable funding to continue to provide nurse led respiratory clinics. The clinics are a joint Health Hawke's Bay and HBDHB initiative which has proven to be effective at encouraging self-management resulting in clinical, financial and organisational efficiency. A reduction in hospital admissions resulting from acute exacerbations of chronic respiratory disease has been noted and may be attributable to the respiratory project. This is currently a pilot so sustainable funding will embed the programme into the community.	Funding approved and sustainable service provided
		Develop a reporting structure by Q2 which provide reports to general practices to show their admission rates to hospital and emergency department attendances. This will allow the DHB and PHO to identify practices where admission rates for particular conditions are high and work with the practice to identify causes and solutions.	Reporting structure and link with key practice liaisons established
		Following allocation of funding through new investment prioritisation process, appoint a Congestive Heart Failure nurse practitioner to work in the community alongside primary care with the aim of supporting Heart failure patients to self-manage and avoid hospitalisations	Nurse Practitioner appointed by Q3
		Clinical Nurse Specialist and Breathe HB will provide two Respiratory training sessions in Primary Care by Q4	Number of workshops provided across the health sector

Short-term outcome	Activity	Monitoring & Reporting
Reduce Ambulatory Sensitive Hospitalisations for children aged 0-4	Implement and socialise the Clinical Pathway 'Wheeze in Preschool children' to primary care, Breathe HB and Central Health by Q2 to standardise care for reducing hospital admissions	Increase the number of 0-4 year olds referred to Breathe HB by GPs Reports from Breathe HB include number of referrals by age and ethnicity **SI5**: WHĀNAU ORA Key Indicator Asthma ASH rates 0-4 years
	Review Breathe Hawkes Bay respiratory contract and ensure health education services is focused on 0-4 year old children and their whānau.	
	Paediatric respiratory clinical nurse specialists to hold an education session on paediatric Respiratory conditions for community Pharmacy and one for Māori Providers by Q3	
	Clinical Nurse Specialist Paediatric Respiratory will receive notification of all paediatric patients that have been admitted to hospital for Asthma and wheeze and follow up by linking them to their general practice and any other relevant actions.	
	Opportunistic flu vaccinations given to children seen in hospital with chronic respiratory conditions and those living with them	Respiratory ASH rates 0-4 years
	Review the criteria for referral to the PHO healthy homes programme through SIA funding by Q2 to ensure the households most in need are receiving the funding	
	Public Health nurse will visit all Kohanga Reo to provide advice and education around all leading ASH conditions by end of Q2. For skin conditions, the public health nurse will use 'Skin Health' talk cards and promotional posters which have been translated to Te Reo for Kohanga Reo and Kura Kaupapa	All Kohanga visited by end Q2 Number of practices displaying and distributing skin resource Additional 1FTE PHN to work on skin programme Cellulitis ASH rates 0-4 years
	Health Hawkes Bay will distribute bilingual skin resources to general practice for wider communication reach	
	Expand the 'Clean It, Cover It, Treat It, Love It' Skin Programme in low decile schools and Kohanga Reo, implementing standing orders for skin infections and infestations as needed and additional health promotion resource	
	Continue to provide consistent messages regarding health initiatives through Hawkes Bay Child Interagency Network Group with representatives from HBDHB child health team, early childhood centres, kindergartens and home-based childcare.	ASH rates 0-4 years

3.10 Breast and Cervical Screening

Participation in the BreastScreen Aotearoa and National Cervical Screening Programme by Hawke's Bay Māori has been steadily improving, and while the screening sector has employed targeted approaches, a small inequity in screening coverage still persists. Service providers across the sector are singularly committed to improving Māori participation in both screening programmes with strong collaboration and cooperation evident. Hawke's Bay DHB, Health Hawke's Bay, BreastScreen Coast to Coast, Kahunungu Executive, Te Kupenga Hauora Ahuriri, Te Taiwhenua o Heretaunga, Kahungunu Health Services and Central Health continue to implement a joint plan for Hawke's Bay.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Achieve the National Cervical Screening Programme (NCSP) National target** **Target: 80% of women having had a cervical smear test in the past three years**	Continue regional coordination of services across the National Cervical Screening Programme - entailing collaborative partnerships, joint planning, coordination of services and activities, effective communication and strengthening supportive networks	Four steering group meetings held per annum 70% of NCSP service providers participate in regional coordination activities.
		Health Hawke's Bay (PHO) will continue to offer promotional $20 voucher to Maori, Pasifika and Asian women when their cervical smear test is completed.	Number of vouchers given to NCSP Māori, Pacific and Asian women.
		Encourage nurses to attend smear-taker training and mentor and/or supervise them to pass their assessments, with specific focus on Māori and Pacific nurses and cultural competency.	Increased number of Māori and Pacific nurses completing smear taker training and passing their assessments.
		Continue recruitment and retention strategies targeting Māori and Pasifika populations using a mix of kanohi ki te kanohi, settings and community development approaches.	Number of Māori and Pasifika women able to be identified as completing screening as a direct result of these strategies.
		Manage a campaign during cervical screening month and provide support to community promotional events where there are a high number of Māori women present and where there is involvement of rural communities.	Number of Māori women able to be identified as completing screening as a direct result of campaign and promotional events.
		Identify unscreened, under screened and priority women on the PHO Cervical Screening Data Match monthly report by Practice. Contact the women through phone, text, letter and/or home visiting to invite them to have a smear test. Arrange appointments and support them to screening.	Number of general practices data matched quarterly Number of unscreened and under-screened priority women who have a cervical smear after being contacted quarterly.
		Identify a range of options to improve screening recall processes for Maori women within General Practice to encourage them to have their smear every three years	80% of Māori women having had a cervical smear test in the past three years.

Short-term outcome		Activity	Monitoring & Reporting
		Continue the quality improvement initiative 'Best Practice in Primary Care' (BPPC) project, focussing on NCSP systems and processes within general practice including improving access, service quality, data quality, patient management systems, compliance with NCSP Policies and Standards and HPV testing.	BPPC established in four new general practices by Q4.
		Continue focus on improving data quality through data matching between NCSP and general practices, and working with smear takers, laboratories and the NCSP register regarding recording ethnicity data.	98% of the Priority group women checked monthly have a correct ethnicity
Māori Health Priority	**Achieve the BreastScreen Aotearoa (BSA) National target** **Target: 70% of eligible women, aged 50 to 69 will have a BSA mammogram every two years.**	Continue regional coordination of services for BreastScreen Aotearoa screening pathways - entailing collaborative partnerships, joint planning, coordination of services and activities, effective communication and strengthening supportive networks. Four Population Screening Steering Group meetings held per annum. Two ISP provider hui held per annum.	One Regional Action Plan jointly developed by BSA service providers. 70% of BSA service providers participate in Steering Group meetings and ISP provider hui. 100% of BSA service providers contribute to the development of the Regional Action Plan.
		Conduct a health promotion campaign to improve participation rates for Māori and Pacific at the breast screening mobile unit located at the Cook Islands Community Centre, Flaxmere, Hastings in September.	Number of additional Māori and Pacific new screens and rescreens by Q2
		Continue focus on improving data quality through data matching between BreastScreen Coast to Coast and general practices. Birthday letters for women turning 45 years and recall letters will be sent to unscreened and under-screened women.	Number of general practices data matched.
		Hold annual Continuing Medical Education and Continuing Nursing Education sessions on BSA for practice nurses and general practitioners	One annual CME/CNE session for BSA
Māori Health Priority	**Improve the timeliness and experience of colposcopy for Māori Women**	Continue to refine the referral process from primary care into colposcopy and work towards reducing DNAs for FSA and follow-up appointment, particularly for Māori women with high grade cytology results (CIN2 and CIN3).	90% of eligible Māori women with a high grade cytology result attend colposcopy FSA and follow-up appointments. Reduction in DNA rates for colposcopy FSA and follow-up appointments for Māori women with a high grade cytology result.

3.11 Data Quality

Data quality is a national Māori health priority, particularly in respect of the accuracy of ethnicity reporting in primary care patient management systems. Our commitment to accelerating Māori health and well-being means that we must have good data to gauge progress. The only way to be sure that ethnic disparities are reducing is by measuring indicators across ethnicities. Good ethnic data also enables us to target resources appropriately and to contribute to health research. We have made a commitment to the principle that all our measures should be provided by ethnicity and so we aim to disaggregate our monitoring and reporting increasingly over time. Our Statement of Performance Expectations (Module 3) indicates where ethnicity data is being collected and reported.

Health Hawke's Bay have surveyed primary care using the 'Ethnicity Data Systems Compliance Audit Checklist' in March 2016

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Improve the collection and reporting of Māori ethnic data.**	Provide individual General Practices with monthly reports of patients with an 'unknown' ethnicity to follow up.	% Unknown ethnicity The baseline for unknown ethnicity recorded as at 31 March 2016 is 0.76% (1188)
		Provide practices with enrolment training based on the results of the March 2016 Survey	Training Delivered
		Health Hawke's Bay will provide a training session to general practice administration staff in the 2016/2017 year. The training will include improving data quality with a focus on ethnicity.	

4 Local Priorities

4.1 Māori Workforce & Cultural Competence

There is a general intention in Hawke's Bay to increase the Māori workforce across all government agencies. Under the organisational development component of Transform and Sustain, it is a district priority for Health Services to increase Māori staff representation in the health system. At June 2013, the proportion of Māori employed by HBDHB was 9.9% of total staff numbers. This has increased slowly and at the end of June 2015 was 12.3% against a target for the year of 12.97%. This target has increased by 10% to 14.3% by 30 June 2016 and as a stretch target is providing significant challenges to the DHB. It is a challenge we are up for and we are focused on increasing Māori staff representation in Nursing and Allied Health. In addition, we have raised the expectation of cultural competence across the workforce to ensure that services become more responsive to our Māori population in our quest for driving out inequity through our continued rollout of our Engaging Effectively with Māori training which 50% of our staff have completed as at 31 January 2016.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Improved recruitment and retention of Māori employees in areas with high proportion of Māori customers resulting in an increased proportion of Māori employed by HBDHB** **Target: 13.75% by 30 June 2017**	Maintain target focus and promote recruitment of Māori to all hiring managers	All hiring managers engaged in recruitment programme
		Develop Māori staff recruitment plan to incorporate nursing, allied health, management and administration	%r of Māori staff employed and retained increased. Variances are explained
		Connect Māori students with opportunities for health sector careers and career development through Turuki Māori Health Workforce Kia ora Hauora and Incubator programmes	%e of Maori students enrolled in Incubator programme matches the Maori population in Hawke's Bay
Māori Health Priority	**Improve Māori cultural competencies among employees**	Increase online cultural competence training through PHO and NGOs	% of staff completing Cultural training and Treaty of Waitangi online training, by employment group & ethnicity % of employees engaged in health sector is reported six monthly in conjunction with HBDHB reporting
		Promote inter-sectorial partnerships in health related industries	Two providers are engaged in initiative

4.2 Obesity

The Health Equity in Hawke's Bay report identified an increase in obesity across the population with disparity in rates with Pasifika (68%) and Māori (51%) compared to total population (34%) - these are all above the national averages. Obesity is recognised as a major public health issue for New Zealand because rates have increased substantially and significantly over the past 15 years and obesity increases a person's risk of dying young, by increasing the risk of cancer, heart disease, diabetes and other related medical conditions. Obesity is second only to tobacco on impact on the health of people in Hawkes Bay.

The leading factor is the obesegenic environment that includes easily accessible calorie-rich, nutrient-poor food and less physical activity. While the causes are identified, the systems we need to change to reduce obesity are complex. They include culture, economics, access, knowledge, family structure, working patterns, government policy and genetics all have a part to play in what we choose to eat and the amount of physical activity we do.

We know that maintaining a healthy weight during the early years of life has a lasting effect with people being more likely to maintain a healthy weight as an adult and have improved health outcomes. The evidence is increasingly showing that getting nutrition and weight right in the first five years is critical, so the HBDHB has been implementing a programme to support whānau to maintain healthy weight by partnering with Well Child providers to deliver Healthy First Foods, supporting early childhood providers to have healthy eating policies, and funding Active Families for children under 5 years. The next steps for HB DHB are to implement the childhood obesity strategy and develop a wider obesity response.

The overall "Hawke's Bay Healthy Weight Strategy" provides a framework to support co-design and collaboration via the lifespan approach used in the framework. The development and implementation of the "Best Start: Healthy Eating and Activity Plan" provides for collaboration with a range of settings (including schools, events and communities), supports a wide range of health sector engagement and ensures community are involved in design and delivery of programmes for children.

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Increase awareness of healthy eating for children**	Support the Big change Starts Small campaign with four local initiatives over the year	# initiatives completed
		Deliver the healthy first food programme via a train the trainer approach which targets Māori and Pasifika families	Six monthly update of progress
		Collaborate with a range of stakeholders for the implementation of 'Best Start: Healthy Eating and Activity Plan' Activities: - Increase healthy eating and activity environments by increasing healthy choices in settings where children engage i.e. marae, schools, events - Develop and deliver prevention programmes for pregnant women, supporting breastfeeding, encouraging healthy first foods, whānau healthy lifestyles and healthy schools. - Support people to have healthy weights via screening, increased food literacy and whānau programmes - Provide leadership in healthy weight to support a cross sector approach to increasing healthy weights for HB	Reporting against Best Start: Healthy Eating and Activity Plan

Short-term outcome	Activity	Monitoring & Reporting
Increased referrals to clinical assessment and family based nutrition, activity and lifestyle interventions	Children recorded as having a BMI ≥98th Percentile in B4 School checks will be referred to services including, clinical support, family based nutrition programme and lifestyle interventions	**HT:** 95 percent of children with BMI ≥98th percentile identified in the Before School Check (B4SC) programme will be referred on for nutrition, activity and lifestyle interventions. # and % of referrals declined by ethnicity **SI5**: WHĀNAU ORA Key Indicator
	Increase skills and resources to support referrers to increase whānau knowledge of healthy weight, eating and activity and awareness of referral options	100% of practises receive resource pack and training support
	Continue to fund Active Families Under 5 programme/s	For individual programmes: # of referrals by ethnicity # and % of referrals declined by ethnicity # and % of referrals completed programme by ethnicity # and % of individuals/whānau completed programme with self-reported lifestyle changes by ethnicity Referral Source
	Develop and implement a kaupapa Māori whānau based nutrition and lifestyle intervention with local providers. Engage consultant to work with healthy lifestyle Māori provider collective and develop programme in Q1, Whānau based nutrition and lifestyle intervention programme developed by Q2, Whānau based nutrition and lifestyle programme implemented by Q3	
	The population health team will work with the PHO to meet the health target	Joint DHB/PHO initiatives
Access to bariatric surgery is equitable	Carry out a review of the number Bariatric surgeries funded for Hawke's Bay residents by Q2	Review completed. Number of surgeries delivered by ethnicity

4.3 Alcohol and Other Drugs

The HBDHB Maori Relationship Board have identified 'alcohol and other drugs' as a priority for the 2016/17 Annual Maori Health Plan. For both men and women, Māori and non-Māori the rates of hazardous drinking are 1.5 times higher in Hawke's Bay than the New Zealand averages. Men have higher hazardous drinking rates than women (33.6% men, 17% women) and these rates are higher than NZ average for both men (22%) and women (8.9%). Māori have higher hazardous drinking rates than non-Māori (58.9% Māori men, 26.3% non-Māori men, 33.7% Māori females, 11.1% non-Māori females).

Alcohol leads to a range of public health problems and the long term effects of excessive alcohol consumption are a major cause of avoidable hospital admissions. Alcohol related harm also includes a range of social and behavioural effects. The consumption of more than two standard drinks per day increases the risk of health problems in many organ systems, including the central nervous system, gastrointestinal system, and cardiovascular system, as well as affecting fetal development and increasing the risk of several cancers. Alcohol also contributes to death and injury due to vehicle collisions, drowning, suicide, assault and domestic violence.

A more collaborative approach across the sector is required to reduce alcohol-related harm in the community

Short-term outcome		Activity	Monitoring & Reporting
Māori Health Priority	**Work towards developing a common agenda for reducing alcohol related-harm as a health issue across our DHB and wider community.**	Develop an 'Engagement and Communications Plan' by Q1	Position paper signed off in Q2
		Develop an Issues paper and present to governance committees	
		Develop a Draft Position paper (detailing DHB commitments) for the Board's consideration and sign-off in October.	
		Carry out an investigation to identify current practice of alcohol screening and brief intervention for pregnant women engaged with LMC midwives	
	Implement new regional model for adult AOD services	Complete strategic options analysis of local response to regional model by Q1	
		Finalise preferred option for all components of new service by Q2	
		Implement procurement processes in time for commencement in July 2017	
Improve the follow-up care for those discharged from Child and Adolescent Mental Health Services (CAMHS) and Youth Alcohol and Other Drug (AOD) services		Formalise implementation of Transition Planning Checklist as standard practice in Q1; Amend discharge documentation to include standard prompt to primary referrer in Q2; Introduce "error flag" in patient administration system to prompt completion in Q3	**PP7:** 95% of clients discharged with have a transition (discharge) plan + Exception reporting
		Ongoing monthly audit and performance monitoring of compliance with transition plan policy	

Short-term outcome	Activity	Monitoring & Reporting
Improve access to CAMHS and youth AOD services	Trial an initial phone contact by Choice Clinician and implement as standard practice if successful by Q1	**PP8:** 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks this year + Narrative report
	Liaise with KPI Forum stakeholders and other DHBs regarding "face-to-face" rule for first contact with children and families by Q2	
	DNA's and joint appointments – review policy and impact of current practice by Q3. Redesign if necessary	
	Scoping of potential for alternatives to admission for youth to be developed by Q2, e.g. Home-Based Treatment, and the mechanisms by which this would be sustainable.	

4.4 Whānau Ora

HBDHB will continue to play a key role in supporting Whānau Ora by focusing on the five priority areas that contribute to Whānau Ora – Mental health, asthma, oral health, obesity and tobacco. We support the Whānau Ora policy and recognise the importance of working with other public sector agencies and local health providers in addressing the health needs of the whānau. Each of the five priority areas are recognised as Māori Health Priorities within the annual plan and specific activities for improving performance in these areas can be located in their respective sections.

The Whānau Ora performance indicators are:

- Mental Health: Reduced rate of Māori committed to compulsory treatment relative to non-Māori.
- Asthma (ASH – Access to care): reduced asthma and wheeze admission rates for Māori children (ASH 0-4 years).
- Oral health: Increase in the number of children who are caries free at age 5.
- Obesity: By December 2017, 95 percent of obese Māori children identified in the B4SC programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.
- Tobacco: 95% of all pregnant Māori women smoke free at two weeks post-natal

Short-term outcome	Activity	Monitoring & Reporting
Contribute to achieving Whānau Ora across the whole of the health system focusing on progress in five key areas - mental health, asthma, oral health, obesity and tobacco – to achieve accelerated progress towards health equity for Māori;	Form working relationships with local Whānau Ora collectives and support them in the developing their capacity and capability 1. Stocktake of their IT systems to assist in the compatibility and connectivity of the wider IS strategy by Q4 2. Liaise with Te Pou Matakana and Pacifika Whānau Ora Commissioning Agencies to gain an understanding of contracted providers' development needs by Q1 3. Align Māori Provider Development Scheme (MPDS) funding allocation to development needs of providers by Q4	**SI5**: Report on progress in the 5 priority areas and impact on whānau, and how we are engaging with Whānau Ora commissioning agencies. KPIs reported in relevant sections
	Define what whānau centric services are to inform a model for working with whānau to influence future service delivery.	
	Focus on achieving health equity in the Whānau Ora key performance indicators through Māori Health Plan reporting. Specific actions to improve performance in each area can be found in the relevant sections of the Plan	

5 Summary of Maori Health Priority Indicators

National

Short Term Outcome	Indicator	MoH Measure[1]	Baseline					2016/17 Target
			Period	Māori	Pacific	Other	Total	
1. **Increased Immunisation**	% of 8 month olds who complete their primary course of Immunisations	HT	Oct 2015 to Dec 2015	92.6%	100%	93.3%	93.3%	≥95%
	% of high needs 65 years olds and over influenza immunisation rate		Jan 2014 to Dec 2014	68.0%	70.7%	67.6%	67.9%	≥75%
2. **Reducing Rheumatic Fever**	Acute rheumatic fever initial hospitalisation rate per 100,000	PP28	Jul 2014 to Jun 2015	2.48	-	-	0.6	≤1.5
3. **Breastfeeding[2]**	% of infants that are exclusively or fully breastfed at 6 weeks of age		Jul 2014 to Dec 2014	58%	74%	-	68%	75%
	% of infants that are exclusively or fully breastfed at 3 months of age		Jan 2015 to Jun 2015	46%	62%	-	54%	60%
	% of infants that are receiving breast milk at 6 months of age (exclusively, fully or partially breastfed)		Jan 2015 to Jun 2015	46%	57%	-	56%	65%
4. **Sudden Unexplained Death of Infants (SUDI)**	Rate of SUDI deaths per 1,000 live births		2010 - 2014	1.28	-	-	1.16	≤0.4
	% of caregivers of Māori infants are provided with SUDI prevention information at Well Child Tamariki Ora Core Contact 1		2014/15	72.8%	78.6%	-	80.7%	100%
5. **Oral Health**	% of eligible pre-school enrolments in DHB-funded oral health services	PP13 / SI5	2014*	65.3%	71.7%	81.3%	73.9%	≥95%
	% of children who are carries free at 5 years of age	PP11	2015*	36.0%	30.5%	70.1%	54.4%	≥67%
6. **Tobacco**	% of pregnant Māori women that are smokefree at 2 weeks postnatal	SI5	Jul 2014 to Dec 2014	53.0%	81.0%	-	73.0%	≥95%

[1] Indicates a National Performance Measure HT = Health Target, PP = Policy Priority, SI = System Integration,
[2] Baseline rates for breastfeeding as of September 2015. Source: Well Child/Tamariki Ora Quality Improvement Framework September 2015

Short Term Outcome	Indicator	MoH Measure[1]	Baseline					2016/17 Target
			Period	Māori	Pacific	Other	Total	
7. Mental Health	Rate of s29 orders per 100,000 population	SI5	Oct 2015 to Dec 2015	196.0	-	93.4	97.0	≤81.5
8. Access to Care	% of the population enrolled in the PHO		Dec 2015	97.2%	88.7%	96.5%	96.4%	100%
9. Ambulatory Sensitive Hospitalisation	Ambulatory sensitive hospitalisation rate per 100,000 0-4 years	SI1 / SI5	Oct 2014 to Sep 2015	82%	-	66%	73%	Within 5% of Total[3]
	Ambulatory sensitive hospitalisation rate per 100,000 45-64 years	SI1		172%	-	82%	98%	138%[4]
10. Breast and Cervical Screening	% of women aged 50-69 years receiving breast screening in the last 2 years		Jan 2014 to Dec 2014	68.4%	66.5%	76.0%	74.7%	≥70%
	% of women aged 25–69 years who have had a cervical screening event in the past 36 months		Jan 2013 to Dec 2015	74.1%	71.2%	76.5%	75.8%	≥80%
11. Data Quality	% Unknown ethnicity					0.76%	≤0.76	

[3] *Within 5% of the DHB Total Population result (equity within the DHB)*
[4] *Halve the inequity gap between Māori and Total (against the National Total Population Rate)*

Local

Short Term Outcome	Indicator		MoH Measure	Baseline					2016/17 Target
				Period	Māori	Pacific	Other	Total	
1. **Maori Workforce and Cultural Competence**	% Staff who are Māori			As at end Dec 2015	-	-	-	12.3%	13.75%
	% of staff completing Engaging Effectively with Māori training and Treaty of Waitangi online training			As at end Dec 2015	-	-	-	65.6%	100%
2. Obesity	% of children with BMI ≥98th percentile identified in the Before School Check (B4SC) programme will be referred on for nutrition, activity and lifestyle interventions.		HT / SI5	Sep 2015	30%	-	23%	27%	≥95%
	Number of Bariatric Surgeries			Jul 2015 to Jun 2016	-	-	-	8	7
3. Alcohol and Other Drugs	% of 0-19 year olds seen within 3 weeks of referral	Addictions (Provider Arm and NGO)	PP8	12 months - Dec 2015	90.5%	-	61.5%	84.2%	≥80%
	% of 0-19 year olds seen within 8 weeks of referral	Addictions (Provider Arm and NGO)	PP8	12 months - Dec 2015	100%	-	92.3%	99.5%	≥95%
4. Whanau Ora	The five Whānau Ora measures are included in this table under Oral Health, Tobacco, Mental Health, ASH and Obesity		SI5	-					

Appendix 1

Breastfeeding Data

The baseline rates for breastfeeding used in the summary table above are as of September 2015. Rates at 3 months and 6 months for this period are not directly comparable with results from earlier periods, because of the inclusion of data from Tamariki Ora providers and Plunket data. Prior to September 2015, Ministry level breastfeeding data did not include Tamariki Ora. The table below shows the change in breastfeeding rates from the 2015/16 annual plan to the most recent comparable rates.

	Total				Māori				Pacific			
	Sep-14	Mar-15	Change		Sep-14	Mar-15	Change		Sep-14	Mar-15	Change	
Infants are exclusively or fully breastfed at 6 weeks	72%	69%	↓	3%	61%	59%	↓	2%	75%	79%	↑	4%
Infants are exclusively or fully breastfed at 3 months of age	53%	52%	↓	1%	34%	39%	↑	5%	39%	56%	↑	17%
Infants are receiving breast milk at 6 months of age (exclusively, fully or partially breastfed)	60%	57%	↓	3%	46%	48%	↑	2%	59%	51%	↓	8%

Change in rates since 2015/16 annual plan. Source: Well Child/Tamariki Ora Quality Improvement Framework March 2015, September 2014