COUNTIES MANUKAU HEALTH

Maaori Health Plan

2014-15

COUNTIES MANUKAU DISTRICT HEALTH BOARD

E mihi ana kia Ranginui e tu iho nei

E mihi ana kia Papatuanuku e takato ake nei

Ki nga pou whare o nga tupuna

E mihi ana kia ratou kua mene ki te po,

Ratou te tutuunga i te puehu i te wa takatu ai ratou

Haere oti atu

Ki te Kingi a Tuheitia me te Kahui Ariki nui tonu

Tenei te mihi

Kia tatou te hunga ora, nga waihotanga o ratou ma

Tena tatou katoa

Greetings to Ranginui the sky father

Greetings to Papatuanuku the earth mother

Greetings to the ancestral houses of our forebears

We pay homage to those who have passed on

We acknowledge the Maaori King, Tuheitia and the kingship

Finally acknowledge, and greet all who remain

Published 28 August 2014

Contents

Foreword

We want to see Maaori living longer, healthier lives with their whanau and in their communities. This is an aspiration that our Board shares with the Manawhenua I Tamaki Makaurau Trust Board, our partners in this endeavour.

In this plan, we have integrated the Hauora Plan developed by Manawhenua I Tamaki Makaurau while also working within the Ministry's planning guidance and in partnership with the Counties Manukau Primary Health Organisations (PHOs). This plan reflects our joint efforts to improve the health of Maaori living in our district. This cannot be achieved by Counties Manukau Health or Maaori working alone. Our efforts need to be joined up if we are to achieve our collective goals and aspirations for Maaori and their whaanau.

This is an exciting year for Maaori Health – we will be in the second of a five year journey of Integrated Services with National Hauora Coalition and the alignment of Maaori primary care services to provide whanau ora or family based care co-ordination for our most vulnerable whaanau. Our four localities will be implementing At Risk Individuals, a programme to provide comprehensive care for many Maaori who have multiple long term conditions, and at risk of poor health outcomes. We will be working with Manawhenua to catalyse Maaori community engagement in important issues such as being smokefree, improving care for Mama, pepi and tamariki in their first 2000 days of life. We will be implementing Maaori recruitment and retention actions that will increase the number of Maaori in our workforce. These strategies extend from secondary school through to tertiary education and pathways into employment. The whole healthcare system will be engaged in delivering the same or better national health target performance for Maaori as they do for non-Maaori populations.

These are the measurable and tangible gains we expect to make this year that will contribute to improving the health of Maaori in the long term.

Counties Manukau Health has had a Memoranda of Understanding (MoU) in place since 2001 with Manawhenua I Tamaki Makaurau. Manawhenua I Tamaki Makaurau has endorsed this plan and will be key to partnering with the district health board to engage key stakeholders for increased Maaori health gain. We thank Manawhenua I Tamaki Makaurau for their work in contributing to this plan.

PHOs also have a critical role to play in achieving Maaori health gain. This plan has been developed in partnership with the Counties Manukau PHOs and a formal letter of endorsement of this plan by the PHOs has been provided. We express our thanks to our PHO partners for their contribution to the actions in this Plan, and look forward to working together in this coming year.

Dr Lee Mathias
Chair

Geraint A Martin
Chief Executive

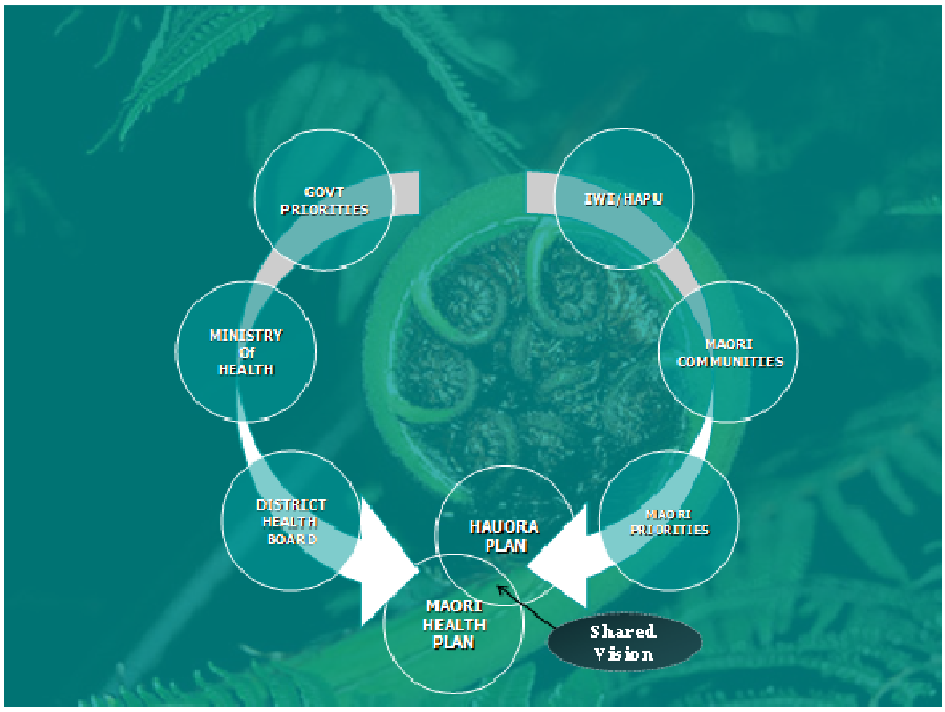
1.0 Introduction

Our Maaori Health Plan describes the activities that we will undertake and indicators we will assess to show improvement against health outcomes for Maaori within Counties Manukau Health. We aim to increase our ability to not only measure, but also inform Maaori communities of how their health is being impacted.

Counties Manukau Health[1] (CM Health) is committed to progress the principles of the Treaty of Waitangi. The opportunity and challenge of Maaori health outcome improvement is one we share with our treaty partner, Manawhenua I Tamaki Makaurau. This is an important partnership relationship for CM Health and integral to moving forward in-step with the local Maaori community. This plan marries two aspects of our local planning (refer Figure 1 below and excerpt from Hauora Plan 2012 - 2017):

- Health needs of Maaori in our district and government's requirements as set out by the Ministry of Health's planning guidance with the input from PHOs and primary care partners (left side of cycle); and
- Hauora Plan developed by Manawhenua I Tamaki Makaurau and launched in April 2013 involving iwi/hapu, Maaori communities and Maaori determined priorities (right side of cycle). The Hauora Work Plan for 2014/15 is attached as an appendix.

Figure 1: Maaori Health Plan and Hauora Plan Development[2]



There are two areas that are not reflected in the detailed actions to the degree of detail that we would have liked in this plan. During 2014/15 we will review our past plans and prioritise action during the year to inform our 2015/16 planning. Those areas being:

- **Disabilities:** Implementation of the National Maaori Disability Services Plan. CM Health developed a local Disability Plan for the 2007-2010. Under the governance of the Disability Services Advisory committee, we will review and prioritise the actions that are critical for local implementation;
- **Whanau Ora Integration with Social Services:** Whanau ora integration with Te Puni Kokiri established Whanau Ora Commissioning agencies. At the time of writing, the Commissioning Agencies had only just been announced and the details of how their whanau ora work will join up with Counties Manukau Health's health services will be determined throughout the 2014/15 year.

[1] To reflect a system approach to health service planning, the collective health resources and associated infrastructures to deliver services for our resident population is referred to as Counties Manukau Health (CM Health)
[2] Figure Source: Hauora Plan 2012-2017

CM Health recognises working with our primary care and community based provider sector is a must if we endeavour to implement a well-connected, whole of system approach to healthcare for Maaori in this district. We also thank PHOs for their input into the actions of this plan.

There are many actions in our Annual Plan that will, if implemented well, improve health outcomes for Maaori in our district. These two plans should be read side by side.

2.0 Governance

2.1 Manawhenua I Tamaki Makaurau Board to Board Relationship

The governance for monitoring progress against the Maaori Health Plan and the Hauora Plan will comprise:

- Common monthly report against progress to CM Health Board and Manawhenua I Tamaki Makaurau Boards; and
- Twice yearly meeting of both Boards to assess progress to date in October 2014 and April 2015

The framework for governance monitoring is shaped by the four principles set out in the Hauora Plan. Management of both organisations are responsible for implementing an annual work plan that sets out the activities under these objectives (refer Figure 2 below).

Figure 2: Hauora Plan Principles and Objectives 2014/14

Hauora Plan Principles	Objectives
Treaty Principle	Strengthen relationships at all levels to provide for shared decision making and partnering
	Establish relationships with Crown agencies and Maaori communities that impact on the social determinants of health
Matauranga Maaori	Review and monitor the training of tikanga best practice as it is applied across all departments of CM Health
	Develop and implement a tikanga framework that is made available to all health services in the region
Service Planning	Establish a collective Maaori knowledge base to support Maaori health and hauora planning
	Regularly consult with Maaori networks to encourage information sharing to improve services planning and identify barriers to Maaori participation
	Develop mechanisms to support Maaori service users to independently: ▪ identify their wellbeing aspirations -outcomes and to evaluate service responsiveness ▪ to evaluate service responsiveness
Whaanau based quality	Ensure a conducive health environment exists that encourages whaanau to independently identify hauora and health outcomes
	Implement the whaanau outcome measure for Maaori to evaluate service responsiveness

2.2 Maaori Health Advisory Committee

In 2014/15 the Board will re-establish the Maaori Health Advisory Committee (MHAC) as a sub-committee of the Board. The sub-committee provides advice **to the Board** and should not be confused with the peer Board to Board relationship with manawhenua. MHAC membership will be made up of Board members, manawhenua (to be confirmed) and matawaka representatives.

The MHAC will meet six times a year and facilitate community based wananga or learning environments to engage **all** Maaori communities on issues of specific priority to Maaori health improvement.

3.0 Demographic and Health Profile

3.1 Population Size, Age Distribution and Growth

The estimated resident Maaori population for CMDHB in 2014 is 85,060, making up 16 percent of the Counties Manukau population and 12 percent of the New Zealand Maaori population.

In the 2006 Census (the most recent available information) 76 percent of Maaori living in Counties Manukau identified with one or more iwi. The most common iwi affiliations were with Tai Tokerau (46 percent) and Waikato/Tainui (25 percent).

Manawhenua from the Counties Manukau district comprise 8 hapu – Akitai, Ngati Te Ata, Ngati Paoa, Ngai Tai, Kawerau A Maki, Ngati Tahinga, Ngati Amaru and Ngati Amaru.

Similar to the national Maaori population, Maaori in Counties Manukau are relatively young compared to non-Maaori/non-Pacific – population estimates suggest that 37 percent of the Maaori population in Counties Manukau are aged 15 years and younger (31,540 children and young people in 2014), compared to 17 percent of the non-Maaori/non-Pacific population.

The Maaori population in Counties Manukau is estimated to be growing by approximately 1.5 percent per year, and is predicted to increase by 33 percent from 76,100 in 2006 to 101,140 by 2026. This increase is greater than European/Other who have negative predicted growth at -7 percent, but less than Pacific and Asian populations that are predicted to increase by 64 percent and 120 percent respectively.

While the higher fertility rate for Maaori women contributes to this population growth, growth in those aged 65 years and older is also important. The proportion of the Maaori population aged over 65 years is projected to increase from 4 percent to 6.5 percent by 2026. This is a projected increase of 189 percent for the population aged 65 years and over, from 2,260 in 2006 to 6,530 in 2026.

Overall life expectancy (2010-2012 average) at birth for Maaori in Counties Manukau is 73 years. However, while Maaori life expectancy has been improving at the same absolute rate compared with non-Maaori/non-Pacific population, the life expectancy gap between Maaori and non-Maaori/non-Pacific remains in excess of 10 years.

At the time of the 2006 Census (2013 results awaited) 57 percent of the Counties Manukau Maaori population lived in areas classified as being the most socio-economically deprived (NZ Dep 9 and 10) in New Zealand, compared to 16 percent for European/Other and 73 percent for Pacific people living in Counties Manukau. In 2006 71 percent of Maaori adults in Counties Manukau did not own their own home; that figure was 56 percent for the total CM population and 48 percent for Pakeha adults. If the 2006 situation persists, 39 percent of Maaori tamariki and rangatahi age 0-24 years will be living in crowded households.

In the 2006 Census, 35.5 percent of Maaori adults in Counties Manukau had achieved the educational qualification of NCEA Level 2 or higher; the comparative figure for Pakeha adults was 61.6 percent.

3.2 Leading Causes of Avoidable Hospitalisation and Mortality

3.2.1 Hospitalisation

Avoidable hospitalisation rates for Maaori in the Counties Manukau population are significantly higher than the non-Maaori rates. Leading causes of avoidable hospitalisation, like mortality, depend on definitions but identified causes for the Counties Manukau Maaori population 0-74 years include respiratory and ear, nose and throat (ENT) infections, asthma and chronic obstructive pulmonary disease (COPD), angina, cellulitis, gastroenteritis and dental conditions.

3.2.2 Mortality

Leading causes of death for Maaori aged 15 years and over in Counties Manukau are ischaemic heart disease, lung cancer, diabetes, COPD, cerebrovascular disease and intentional self-harm. For Maaori pepi and tamariki age 0-14 years the leading causes of death are sudden unexplained death in infants (SUDI), congenital abnormalities, transport accidents, pneumonia and influenza, and cancer.

Reducing smoking prevalence and obesity, and improving CVD risk management, nutrition and physical activity would contribute significantly to reducing the leading causes of mortality for adults. Safe sleeping, smokefree, improved housing, injury prevention and planned pregnancy (e.g. to facilitate folate supplementation, diabetes control) would contribute to reducing the leading causes of mortality for tamariki.

Encouragingly the Counties Manukau Maaori population smoking prevalence fell from 47 percent at the 2006 Census to 36 percent in the 2013 Census. There remains a significant equity gap with the Maaori prevalence still more than double the overall Counties Manukau population prevalence. However, analysis by gender, age and ethnicity suggests that many of the biggest gains have been made by Maaori women, particularly those of child-bearing age. This is encouraging in relation to potential reductions in smoke exposure for in-utero and young infants in the Counties Manukau population. We need to work with our Maaori communities to learn from and build on this progress. However smoking in women in the 'reproductive age group' is still a major issue, with smoking prevalence in excess of 40 percent for Maaori women aged 20-50 years.

CM Health sees an important gap in current service planning for Maaori living with disabilities. CM Health developed a Maaori Disability Plan 2007–2010. In addition, the Ministry of Health has developed a National Maaori Disability Strategy that provides further context for DHBs planning. During the 2014/15 year, the Maaori Health Team will review the Maaori Disability Plan from 2007 and update it to fit with the current national plan and prioritise actions for implementation.

3.3 Engagement with Primary Care

In estimating the percentage of Maaori enrolled in a PHO, it is important to be aware of the differences between ethnicity as recorded in the PHO enrolment register, ethnicity as recorded against the NHI, and ethnicity of the estimated resident population (currently projections based on the 2006 Census). Comparisons suggest that ethnicity data derived from both PHO and NHI datasets underestimate Maaori and Asian populations while over estimating Pacific and European/Others. It seems likely that some people identified as Pacific or European/Other in the PHO register would be identified and prioritised as Maaori or Asian in census projections. Improving ethnicity collection, recording and storage in primary care is a priority to monitor health service provision and quality for Maaori.

The data available suggests that in the second quarter of 2014 there were 76,271 people identified as Maaori living in Counties Manukau enrolled in a PHO, 90 percent of the estimated resident Maaori population for 2014. However there were 108 percent of the estimated Pacific population enrolled, over 9,000 more than the estimated prioritised Pacific population. In total there were 504,293 people identified as Counties Manukau residents enrolled in PHOs, 96 percent of the estimated Counties Manukau population for 2014.

Just over 56 percent of the Counties Manukau Maaori population are enrolled in practices that are part of the Procare PHO. This is followed by 21 percent enrolled with Total Healthcare, and equal proportions (9 percent) enrolled with National Hauora Coalition and Alliance Health + practices, with smaller proportions enrolled with East Health and Other PHOs respectively.

Figure 3: Counties Manukau Maaori PHO enrolment rates[3]

PHO	Number of Maaori enrolled	Percentage of total Maaori enrolled
Procare	42,958	56%
Total Healthcare	16,333	21%
National Hauora Coalition	6,758	9%
Alliance Health+	6,918	9%
East Health	2,577	3%
Other PHOs	727	1%

Analysis of the PHO register for the last contact in a 12 month period suggests that 83 percent of Maaori females and 76 percent of Maaori males had contact with primary care in a 12 month period. The figures are highest for those aged 0-4 years and 55 years and over (>/= 88 percent), and lowest for males aged 15-29 years (63-66 percent).

[3] As at 30 June 2014. Data sourced from Northern Region PHO Capitation Report.

4.0 National Indicators

4.1.1 Data Quality

Improve the accuracy of ethnicity reporting in PHO registers

Collecting robust, accurate ethnicity data allows us to monitor trends and performance by ethnicity, enabling health planners, funders and providers to design and deliver services that improve health outcomes and reduce inequalities.

Actions and Milestones

Improve the accuracy of ethnicity data in PHO registers

- Q1: PHOs to monitor and report ethnicity data for the number of PHO enrolees with ethnicity 'not stated'
- Q1: Practice data reviewed to determine practice variances
- Q2-Q4: Complete an audit and develop strategies based on the findings to improve the accuracy of ethnicity reporting
- Q1-Q4: Utilisation of external vendors where required to improve data collection and analysis of practice data
- Q2-Q4: PHOs follow up unrecorded ethnicity and make appropriate amendments
- Q4: All identified patients have recorded ethnicities

Support PHOs to implement an ethnicity data collection audit (based on the MOH Ethnicity Data Quality Toolkit)

- Q1: Review and update CM Health ethnicity data collection policy to meet the standards within the Ethnicity Data Protocols for the Health and Disability Sector (2004)
- Q2 –Q3: PHOs undertake a ethnicity data quality audit
- Q3: Identify and agree with PHOs appropriate training requirements and corrective actions
- Q4: Ethnicity data collection training and corrective action plan complete

Percentage of PHO enrolees with ethnicity 'not stated'		2013/14 Baseline	2014/15 Target
	Total	0.2%	<0.2%

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

4.1.2 Access to Care

Increase Maaori engagement in primary care and improve PHO enrolment rates

Primary care is the point of continuity in health – providing services from disease prevention and management through to palliative care. Increasing PHO enrolment will improve access to primary care services that enable early intervention and reduce health disparities between Maaori and non-Maaori.

Actions and Milestones

Improve Maaori enrolment in PHOs

- Q1: PHOs ensure all practices are aware of the Maaori enrolment target
- Q1-Q4: DHB and PHOs review, compare and monitor PHO Maaori enrolment data on a quarterly basis
- Q3: DHB to complete analysis of the Maaori who are not currently enrolled with a PHO and in partnership develop strategies to target this group

DHB to work with maternity and primary care partners to review current practice of new born enrolment and support the development and implementation of an improved process to enrolment of new born babies

Percentage of Maaori enrolled in PHOs		2013/14 Baseline	2014/15 Target
	Maaori	90%	98%

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly
- Localities Dashboard - Monthly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings

- Q1: In partnership with maternity and primary care partners, review current practice of new born enrolment and develop an improved and systematic process to identify and enrol all new born babies who are not enrolled or who have nominations declined
- Q2-4: Maternity and primary care partners implement the agreed process to identify and enrol all new born babies who are not enrolled or who have nominations declined
- Q4: 100 percent of Maaori new born babies are enrolled with general practice (measured at 6 weeks, measure B code uptake)
- Q4: 100 percent of Maaori new born babies enrolled with Well Child/Tamariki Ora

Continue to support a range of PHO-based initiatives to improve Maaori engagement with primary care, including community events and the use of community workers and navigators to support Maaori to connect with general practice

- Q4: PHOS participation at key Maaori community events and health days
- Q4: PHOs employ whaanau ora/ navigator roles to support engagement of Maaori with Primary Health

Improve the accuracy of ethnicity coding and reporting in PHO registers to ensure Maaori who are enrolled have their ethnicity recorded correctly in PHO registers – refer section 4.1.1

- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

Reduce avoidable hospitalisations in Maaori

By reducing risk factors and taking appropriate early intervention, many conditions can be prevented or managed without the need for hospital level care. Keeping people well and out of hospital is a key priority; not only is it better for our population, but it frees up hospital resources for people who need more complex and urgent care.

Actions and Milestones

Work in partnership with PHOs to reduce ambulatory sensitive (avoidable) hospital (ASH) admissions for Maaori for each age group (0-74, 0-4, 45-64)

- Q1: Review ASH rates for Counties Manukau to identify and confirm the top five conditions for Maaori for each age group
- Q2: Circulate the top five ASH conditions report for Maaori for each age group to key forums, including PHO CEO forum and Locality Leadership Groups
- Q2: In partnership with PHOs develop strategies and an action plan to reduce the top five ASH conditions for Maaori for each age group, including the development of services that deliver care in a way that meets patient and whaanau needs
- Q1-Q4: Monitor local ASH admissions rates quarterly to support targeted service planning and monitor performance
- Q1-Q4: Monthly disease specific practice level reporting functionality

Improve the coordination of care for the most high need and at risk individuals and whaanau in Counties Manukau

- Q1 – Q4: Implement the Service Integration Strategy and At Risk Individual programme in localities to provide targeted support and coordinated clinical care planning to approximately 20,000 of Counties Manukau's most at risk individuals and whaanau
- Q1: Develop whaanau ora networks and a whaanau ora outcome framework to support the Manukau and Mangere locality

Contribute to cross-sector initiatives to support unwell and at risk, tamariki and adults

- Q1-Q4: Increase referrals to the Warm Up Counties Manukau

Ambulatory Sensitive Hospitalisation rates		Q2 2014 Baseline	2014/15 Target
Maaori	Age 0-74	211	191
	Age 0-4	125	118
	Age 45-64	294	266
Total	Age 0-74	120	114
	Age 0-4	104	101
	Age 45-64	141	127

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

programme for eligible whaanau

- Q1-Q4: 100 percent of tamariki and their whaanau who are eligible and have consented will be referred to AWHI

Targeted actions to reduce ASH rates for Maaori 0-4 years

- Q2: Work with parents and caregivers of children admitted for the top 5 identified ASH conditions to identify the reasons for the admission to inform service planning
- Q1-4: Increase newborn Maaori enrolment rates with general practice and Well Child/Tamariki Ora – refer section 4.1.2
- Q1-Q4: Increase the percentage of Maaori infants breastfed – refer section 4.1.3
- Q1-Q4: Increase immunisation rates for Maaori tamariki – refer section 4.1.7
- Q1-Q4: Reduce rheumatic fever rates in Maaori tamariki – refer section 4.1.8
- Q1-Q4: Improve access to and early enrolment with community oral health services for Maaori tamariki – refer section 4.1.9

Targeted actions to reduce ASH rates for Maaori 45-64 years

- Q1-Q4: Implementation of year 1 of the 3-year At Risk Individuals (ARI) programme that replaces the current Chronic Condition Management (CCM) programme. This programme is a way of organising care for patients with long term conditions to support them to self-manage and keep them well and at home. It includes risk stratification to identify patients at risk of unplanned hospital admissions followed by proactive assessment, care planning and coordination of care led by the general practice team and supported by multi-disciplinary team input
- Q1-Q4: Improve and embed the pathways for primary care access to specialist nurse and /or doctor advice for three high demand services: gout, COPD, and diabetes
    - 10 percent increase in the number of Maaori patients on a gout, COPD or diabetes clinical pathway and with an e-shared care plan to support integrated, collaborative patient care
    - Patients who are on a gout, COPD or diabetes clinical pathway have an optimal medication regime to support their long term condition

Targeted actions to reduce ASH rates for Maaori 0-74 years

- Q2: Work with parents and caregivers of children admitted for the top 5 identified ASH conditions to identify the reasons for the admission to inform service planning
- Q1-Q4: Delivery of Mana Kidz school based primary health service in 61 primary schools with a focus on early identification and treatment of sore throats and skin infections
- Q1-Q4: Reduce rheumatic fever rates in Maaori tamariki – refer section 4.1.8
- Q1-Q4: Support long term condition management amongst Maaori – refer section 4.1.4
- Q1-Q4: Reduce smoking prevalence and smoking related-harm amongst Maaori – refer section 4.1.6
- Q1-Q4: Reduce the prevalence and impact of seasonal influenza in vulnerable Maaori aged 65+ - refer section 4.1.7

Note and linkages: Actions supporting immunisation, breastfeeding, B4 school checks, cardiovascular disease and smoking cessation make a significant contribution to reducing respiratory illness, ENT conditions, diabetes and cardiovascular disease. These are covered in other sections of this document.

4.1.3 Child Health

Increase the percentage of Maaori infants breastfed

Exclusive breastfeeding is recommended by the World Health Organisation for the first six months of an infant's life to support healthy infant growth and development. Breastfeeding has numerous benefits, supporting infant development and immune protection, and protecting against sudden unexpected death infancy (SUDI), respiratory illness and chronic otitis media.

Actions and Milestones

- Q1: Request continued access to national breastfeeding data from the Ministry of Health to enable performance benchmarking and to identify where additional support is needed
- Q1-Q4: Continue to deliver Maaori specific lactation services at Middlemore Hospital
- Q2: Deliver CME breastfeeding session to primary care to update and up-skill on supporting and increasing breastfeeding
- Q1-Q4: Work with Well Child/Tamariki Ora (WCTO) providers to better target additional contacts with Maaori mothers between discharge and 6 week to provide increased support for breastfeeding
- Q4: >85 percent of Maaori mothers exclusively breastfeeding on hospital discharge

Deliver the Counties Manukau Improving Infant Nutrition Project to support and improve infant nutrition including breastfeeding rates and duration with a focus on Maaori

- Q1: Complete community and health provider needs analysis to identify barriers and enablers to breastfeeding and identify recommendations for implementation
- Q1: PHOs participate in needs analysis
- Q2-Q4: Implement recommendations identified in needs analysis to address barriers to breastfeeding and increase breastfeeding rates and duration with a focus on Maaori
- Q1-Q4: Project evaluative activities delivered by external evaluator
- Q1-Q4: PHO representation on Infant and Child Nutrition Expert Advisory Group

Re-develop the Well Child and Mama Pepi Tamariki services through the National Hauora Coalition (NHC) integrated services agreement project to support performance against child health

- Q1: NHC integrated new service specification for Mama Pepi Tamariki, incorporating Well Child contracts in place and operating with a focus on high needs and vulnerable populations

Percentage of infants exclusively or fully breastfeed		2013/14 Baseline	2014/15 Target
Maaori	6 weeks	53%	68%
Total		58%	
Maaori	3 months	37%	54%
Total		45%	
Percentage of infants being fed breast milk		2013/14 Baseline	2014/15 Target
Maaori	6 months	47%	59%
Total		58%	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

4.1.4 Cardiovascular Disease

Improve early detection and support long-term condition management amongst Maaori

For Maaori in the Northern region, ischaemic heart disease is the leading cause of mortality, and diabetes is a prominent cause or morbidity and hospitalisation. Compared with non-Maaori/non-Pacific, Maaori have a greater number of risk factors for cardiovascular disease including a higher prevalence of smoking, obesity diabetes, and history of cardiovascular disease, high blood pressure and cholesterol levels

Ensuring Maaori have equitable access to cardiovascular and diabetes risk

Percentage of eligible population who have had their cardiovascular risk assessed in the last 5 years	2013/14 Baseline	2014/15 Target
Maaori	77.9%	90%
Total	81.5%	

assessments could reduce inequities in cardiovascular disease, and diabetes outcomes by detecting risk factors and disease at an early stage to prevent disease development, providing there is an appropriate management pathway once risk is identified.

Actions and Milestones

Support general practice to consistently apply and record CVD risk assessments (including structured discussions) and increase the number of eligible Maaori who have had a CVD risk assessment in the past five years

- Q1-Q4: DHB and PHOs to monitor CVD risk assessment rates quarterly against the national health target and PHO Performance Programme to support improved engagement and service delivery
- Q1-Q4: PHOs to review data and variances between practices, and support practices that require help with processes to identify and contact eligible patients
- Q1-Q4: Continue 'virtual screening' by provider, PHO and DHB primary care staff
- Q1-Q4: Patients within the hospital who are high risk are referred back to primary care by secondary services after brief intervention
- Q3: DHB to employ a clinical champion who will support both primary care and CM Health with clinical advice and guidance
- Q1-Q4: PHOs to encourage the use of healthcare assistants to free up nurse time for CVD risk assessment and management
- Q1-Q4: Nurses in secondary care will continue to undertake CVD risk assessments
- Q1-Q4: PHOs to utilise additional nursing resource provided through VLCA (very low cost access' practices to focus on increasing Maaori CVD risk assessments
- Q2: In partnership with PHOs, investigate utilisation of databases and sources of contact information for Maaori patients who are not contactable
- Develop a plan to investigate workplace CVD risk assessment in partnership with the PHOs which will target workplaces with high numbers of Maaori staff
- DHB to utilise rural nurse workforce funding to ensure that CVD risk assessment and opportunistic immunisation are completed at marae clinics as per contract and clinical data provided to enrolled GP
- Investigate utilisation of databases and sources of contact information for Maaori patients who are not contactable by Quarter 2

Continue to support programmes that help improve overall health and wellbeing and reduce CVD risk factors, including Green Prescription (Be Active) Programmes, and smoking cessation programmes.

- Q1: In partnership with PHOs, investigate opportunities to link with 'One Heart Many Lives' Programme
- Q4: DHB and PHOs to exceed current Maaori referral rates for Green Prescriptions

Linkages: Further actions to support early detection and long-term condition management and to improve cardiac services are detailed in the 2014/15 CM Health Annual Plan and Northern Region Health Plan.

Percentage of high-risk patients will receive an angiogram within 3 days of admission ('Day of Admission' being 'Day 0')	2013/14 Baseline	2014/15 Target
Maaori	69.9%	70%
Total	68%	
Percentage of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days	2013/14 Baseline	2014/15 Target
Maaori	85.2%	95%
Total	93.1%	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

4.1.5 Cancer

Improve early detection and early intervention for breast cancer in Maaori wahine

Breast cancer is the second leading cause of cancer mortality for Maaori wahine. The National Screening Unit recommends breast screening to identify breast cancer early, enable earlier treatment, and reduce breast cancer morbidity and mortality. Maaori are one of the priority groups for the national BreastScreen Aotearoa programme. As a Lead Provider for BreastScreen Aotearoa, CMDHB are committed to increasing breast screen coverage rates among eligible Maaori wahine through BreastScreen Counties Manukau (BSCM).

Actions and Milestones

Increase breast screening coverage rates among eligible Maaori wahine aged 50-69 years

- Q1: Report progress against breast screening targets to PHOs and key forums to seek assistance to improve engagement in the programmes – CMDHB and BSCM
- Q1-Q4: Work with PHOs and practices, to undertake 'data matching' and 'address matching' to identify eligible Maaori wahine who have enrolled and have not been screened, or screen lapse – BSCM and PHOs
- Q1-Q4: After hours phone call and text based intensive follow up of Maaori did not responds (DNR's) - BSCM
- Q1-Q4 Support wahine to screening and assessment – BSCM and ISPs
- Q1-Q4: Mobile breast screening unit utilised to increase Maaori access to screening by convenient placement at Marae - BSCM
- Q1-Q4: Breast screening education provided at PHO and practice level - BSCM

Percentage of eligible women aged 50-69 years who have had a BSA mammogram in the past 24 months	2013/14 Baseline[4]	2014/15 Target
Maaori	66.8%	70%
Total	68.5%	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups
- BSCM Regional Coordination Group

Improve early detection and early intervention for cervical cancer in Maaori wahine

Cervical cancer is preventable, and the National Screening Unit recommends cervical screening for early identification of cervical cancer and prevention of invasive disease. Maaori have a lower coverage rate for cervical screening compared with non-Maaori. Improving cervical screening coverage rate for Maaori will support a reduction in Maaori cervical cancer mortality.

Actions and Milestones

Through the Metropolitan Auckland Cervical Screening Governance Group (MACSGG), maintain strong stakeholder alliances, review pathways and encourage general practices to place special focus on screening wahine Maaori for cervical and breast cancer as a high-priority group

- Q1: Undertake a 'data matching' pilot project with Auckland Regional Public Health Service (ARPHS) and Total Healthcare, to identify eligible Maaori wahine requiring screening:
  - Wahine who have never been screened
  - Wahine who are of Maaori and Pacific descent
- Q1-Q4: Total Healthcare, in partnership with and funded through the Metropolitan Auckland Cervical Screening Governance Group, pilot a data matching project and outreach services for Maaori wahine
- Q1-Q4: Delivery of a train-the-trainer package including the 'How to Guide' manual at a PHO level to support GP practices that are focused on supporting Maaori wahine to attend cervical screening appointments
- Q1-Q4: Support community events to raise awareness of the benefits of and encourage participation in the cervical screening programme

Percentage of eligible women aged 25-69 years who have had a cervical smear in the past 36 months	2013/14 Baseline	2014/15 Target
Maaori	59%	80%
Total	70%	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

[4] Baseline data sourced from the BSA Reporting Services Report, as at 28 February 2014

- Q1-Q4: PHOs to identify general practices not meeting targets and support these clinics through a data matching pilot as described above

Increase access for Maaori wahine to cervical screening through free screens

- Q1-Q4: Approximately 3136 free cervical screens delivered through PHOs (funded by the MACSGG) in Counties Manukau to under screened populations, including Maaori

Build and improve connections between colposcopy clinics, practices and NSU contracted NGOS through 6 monthly meetings

4.1.6 Smoking

Reduce smoking prevalence and smoking related-harm amongst Maaori

Tobacco use is the leading attributable risk factor to health loss in New Zealand. The prevalence of smoking for Maaori in Counties Manukau is 36 percent compared with 16 percent for the total population. For Maaori in the Northern region, lung cancer is a leading cause of cancer mortality and COPD is a prominent cause of hospitalisation.

Ensuring that Maaori have the highest level of access to smoking cessation advice in primary and secondary care, and cessation support in the community are important avenues to address the significant inequities in tobacco use for the Maaori population, and reduce tobacco health related conditions.

Actions and Milestones

Contribute to the vision of Smokefree Aotearoa 2025 and ensure an integrated approach within the Counties Manukau region

- Q1: Support the implementation of the CM Health Smokefree 2025 plan (2013-18) which outlines the actions that will be taken to contribute to achieving a smoke free district (defined as 5 percent prevalence or less across all groups) by 2025
- Q1–Q4: Operate the mobile 'Quit Bus' unit to provide assessment, brief intervention and cessation support particularly to Maaori and Pacific communities at relevant events. At least 50 percent of the clients supported by the service based in Counties Manukau will be Maaori
- Q1-Q4: Roll out the Pregnancy Incentives Pilot for which Maaori are one of two priority groups in Manurewa and one additional locality
- Support implementation of the ABC smoking cessation programme across all health settings to reduce smoking rates
- Q1-Q4: Smokefree Service to deliver on going best practice and refresher training sessions for secondary care staff at minimum each quarter, and continue to provide support for hospital educators to ensure all staff are trained in Smokefree ABCs
- Q1-Q4: Maintain or exceed current secondary care referral rates for on-going support that are for Maaori (baseline: Maaori = 45 percent of referrals)
- Q1-Q4: Fund and improve reach, volumes and performance of community-based cessation services which prioritise Maaori and Pacific populations. During Quarters 1-2, complete planning for community-based cessation service provision model. Commence implementation in Quarter 3
- Q2: Work with PHOs to identify activities to increase referral rates via primary care, with a focus on Maaori
- Q1: Develop a maternity smoking health target action plan
- Q2-Q4: Implement year 1 actions identified in the maternity smoking health target action plan
- Q1-Q4: DHB to work with lead maternity carers (LMCs) and within maternity services to undertake the ABC training and identify and

Percentage of hospitalised smokers offered brief advice and support to quit smoking	2013/14 Baseline	2014/15 Target
Maaori	95%	95%
Total	95%	

Percentage of smokers seen by a health practitioner in primary care and offered brief advice and support to quit	2013/14 Baseline	2014/15 Target
Maaori	61%	90%
Total	56%	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

address barriers to enable them to provide support to pregnant Maaori wahine who smoke to quit

- Q1: Establish a working group to ensure implementation of the maternity Smoking Health Target
- Q1-Q4: DHB to employ a Maaori GP Clinical Champion to promote awareness of ABC for Maaori patients both within the DHB and Primary Care
- Q2: In partnership with PHOs investigate the use of a text system in te reo Maaori to ask Maaori patients if they smoke and to give brief advice
- Q1: In partnership with PHOs for Stoptober develop an enhanced local campaign that targets Maaori
- Q1-Q4: Ensure Maaori stakeholders are invited to participate in DHB led smokefree planning days
- Q1: DHB to support PHO based smokefree co-ordinator to analyse the PHO enrolled population to accurately identify the number of Maaori patients who require brief advice and cessation support within each practice
- Q1-Q4: PHOs to utilise additional nursing resource provided through VLCA (very low cost access) practices to focus on increasing access to brief advice and support to quit in primary care for Maaori

4.1.7 Immunisation

Reduce the prevalence and impact of vaccine-preventable diseases in tamariki Maaori

Vaccination can protect children from a number of infectious diseases through both immune protection and broader community protection via 'herd immunity'. Maaori children have significantly lower immunisation coverage and are disproportionately affected by vaccine-preventable diseases compared with non-Maaori children. Ensuring that vaccination coverage at eight months exceeds the national target is a critical component to enabling Maaori children to achieve the best possible state of health.

Actions and Milestones

Through the CM Health representation at immunisation forums, and the DHB Immunisation working group, strengthen stakeholder alliances, review pathways and encourage general practices to place special focus on delivering immunisations to Maaori as a high-priority group and to achieve 95 percent target by December 2014

- Q1-Q4: Monitor and evaluate immunisation coverage at DHB, PHO and practice level, manage identified service delivery gaps
- Q1-Q4: Implement process to identify Maaori babies not fully immunised and provide intensive follow up and support between 8-10 weeks to complete their primary immunisation course
- Q1-Q4: Identify immunisation status of children presenting at hospital and refer for immunisation if not up to date
- Q3: Develop an immunisation education and event calendar jointly with primary care and NGO sectors
- Q1-Q4: Immunisation Nurse Leader will select 10 practices with lowest coverage rates, where 5 are the lowest performing practices for Maaori and will meet individually with each practice to improve performance
- Q1-Q4: CM Health representation and attendance at immunisation forums

Percentage of infants who have completed their primary course of immunisation on time by 8 months of age	2013/14 Baseline	2014/15 Target
Maaori	80%	95%
Total	90%	Dec 2014

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

- Q1-Q4: Regional planning with stakeholders and Auckland Regional Public Health Service (ARPHS) in response to planning for pandemic events
- Q1-Q4: DHB immunisation working group will meet monthly. This group includes PHO nurse leaders, Well Child providers, Nurse Leader Immunisation, Nurse Leader Maaori Health and Pacific Health, and representation from Maternity Services.
- Q1-Q4: Continue to deliver targeted immunisation strategies that achieve 95 percent of Maaori and Pacific children aged eight months old will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by December 2014
- Q1-Q4: Implement standardised PHO reporting system across DHBs with monthly evaluation of datamart reports at PHO and practice level including earlier status query reports of Maaori children
- Q1-Q4: Establish formal links with intersectoral providers to assist with promotional activities as well as tracking families not currently engaged with health services and rapid and prioritised referrals to outreach immunisation providers
- Q1: Facilitate a workshop to develop a strategy and action plan to address Maaori active declines of immunisation
- Q2-Q4: Implement year 1 actions identified in the action plan
- Q4: 95 percent of eight months olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by December 2014
- Q4: 95 percent of newborns enrolled on the National Immunisation Register (NIR) at birth (measure NIR)
- Q4: 100 percent of newborns enrolled with general practice (measured at 6 weeks, measure B code uptake)
- Q4: 85 percent of 6 week immunisations are completed (measured through the completed events report at 8 weeks)

Reduce the prevalence and impact of seasonal influenza in vulnerable Maaori aged 65+

Influenza can have significant complications for the population aged 65 years and older, which can result in hospitalisation, significant morbidity, and mortality. Maaori may be at greater risk of influenza compared with other population groups, for instance in the 2009 pandemic Maaori had approximately twice the mortality rate as NZ Europeans.

Actions and Milestones

Promote and provide free seasonal flu vaccinations, to those aged 65 and over

- Q1: DHB Maaori Health team to hold 3 Kaumatua hui to discuss pathways and identify actions to increase access to the flu vaccination by Kaumatua
- Q2: Hui outcomes, shared with PHOs for planning purposes to create better utilisation of the flu vaccine by eligible Maaori
- Q1-Q4: Support PHOs to report and monitor flu vaccination rates for people aged 65+ by ethnicity to focus on uptake by Maaori
- Q1-Q4: During flu season share PPP vaccine uptake and coverage monitoring reports with PHOs and key forums and proactively identify issues and opportunities to make improvement
- Q1-Q4: 75 percent of Maaori aged over 65 receive free flu vaccinations

Percentage of the eligible population 65 years and over who have had a seasonal influenza vaccination	2013/14 Baseline	2014/15 Target
Maaori	63%	75%
Total	62%	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

4.1.8 Rheumatic Fever

Reduce rheumatic fever rates in Maaori

CM Health has the highest number of rheumatic fever notifications in comparison to all DHBs, and has an overall rheumatic fever rate of 37.1 per 100,000. This is double the national average. CM Health aims to reduce the incidence of rheumatic fever among all tamariki in CM Health.

Actions and Milestones

Support primary care to deliver a district wide rheumatic fever plan to improve the early detection and management of sore throats and rheumatic fever among tamariki in South Auckland

- Q1-Q4: On-going delivery of Rheumatic Fever Plan with targeted focus on Maaori and the following action areas:
  - Antibiotic adherence
  - Case review of every confirmed case
  - Increased community awareness
  - Referrals to Auckland Wide Housing Initiative (AWHI) via the schools, hospital and district nursing programme
- Q1-Q4: Work with the National Hauora Coalition (NHC) to deliver sore throat swabbing services to 61 schools in Counties Manukau until June 2015 through the Mana Kidz programme
- Q1: 30 rapid response clinics operational with ongoing monitoring of uptake
- Q1-Q4: Work with localities to enhance the delivery of the school based rheumatic fever prevention programme (Mana Kidz)
- Q2: Develop systems to identify whaanau with children at high risk of rheumatic fever living in crowded housing with 100 percent being referred to AWHI housing support programme
- Q4: Continuing Medical Education (CME) programme for the implementation of the National Health Foundation (NHF) guidelines is established and rolled out with primary care
- Q1-Q4: Work with the MoH to pilot alternate ways of monitoring antibiotic adherence
- Q4: Through a partnership with primary and community services ensure that people with Group Strep A have begun treatment within 7 days
- Q4: Meet the Maaori target of 16.3 acute rheumatic fever first hospitalisations rates per 100,00 population
- Q4: Hospitalisation rates per 100,000 DHB total population for acute rheumatic fever are 40 percent lower than the average over the last 3 years (measured by National Minimum Data Set)

Acute rheumatic fever first hospitalisations rates per 100,000 population	2009/10 – 2011/12 Baseline	2014/15 Target
Maaori	27.1	16.3
Total	13.2	7.9

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

4.1.9 Oral Health

Increase early detection and intervention for improved oral health among tamariki Maaori

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 Maaori 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.

Percentage of preschool children 0-4 years enrolled in DHB funded oral health service	2013/14 Baseline	2014/15 Target
Maaori	76%	85% 2014
Total	83%	95% 2015

Actions and Milestones

Improve access and enrolment to oral health service for tamariki Maaori and prevent early childhood caries:

Earlier enrolments of pre-schoolers with dental services

- Q1-Q2: Pilot Well Child/Tamariki Ora initiative to enrol infants with dental services at 5 month immunisation visit
- Q3: Based on the pilot, ascertain feasibility to roll out the early enrolment initiative across all Well Child /Tamariki Ora providers
- Q1-Q4: Well Child/Tamariki Ora providers receive 'Lift the Lip' training and 2 yearly updates where relevant

Deliver targeted pre-school oral health education and screening programme

- Q1-Q4: Targeted pre-school tooth brushing programme, education and screening to 150 high deprivation Kohanga Reo and preschool centres with high percentage of Maaori children
- Q1-Q4: Pre-school visits by dental services to all other pre-schools for education, enrolment and referrals to dental clinics

Improved engagement with pre-schoolers in dental services and increased preventative treatments

- Q1-Q4: Engagement with pre-schoolers in dental services with examination before 12 months of age; prioritise earlier examination for tamariki identified as high risk
- Q1-Q4: Increased preventative treatments such as fluoride varnishes or where required fissure sealants
  - Q2: Establish baseline data for 0-2 year olds for preventative treatment
- Q1-Q4: Continue to work with whaanau, pre-schools and Kohanga Reo to reduce pre-school DNAs
- Q4: PP-13(a) 85 percent of eligible 0-4 year olds enrolled with Dental Service (approximately 36,000 preschool children in 2014), and 90 percent in 2015
- Q4: PP-11- Increase caries free at 5 years to 53 percent in 2014 and to 54 percent in 2015

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

4.1.10 Mental Health

Reduce health disparity for Maaori with regards to the use of compulsory treatment orders

There is a pressing need to address and reduce the health disparity for Maaori with regards to the use of Community Treatment Orders.

Actions and Milestones

Reduce the incidence of Section 29 Community Treatment Orders (CTOs) among Maaori with a focus on early intervention to support patients and their whaanau to reduce the necessity for compulsory assessment and treatment where appropriate

**There are a number of patients on indefinite CTOs that meet the criteria for complex cases, high need, forensic interface and for whom CTO indefinite is likely to remain necessary*

- Q1-Q4 Undertake a review of data on use of the Mental Health Act for Maaori from initial assessment, CTO, CTO Ext through to CTO Indefinite to identify incidence and rates for Maaori compared with non-Maaori
- Q3-Q4: Work with adult services across acute to non-acute spectrum to identify barriers to clinical decision to release from compulsory status
- Q1-Q4: Staff access cultural input/advice at intake and assessment

Mental Health Act: Section 29 Community Treatment Order rates per 100,000 population		2013/14 Baseline	2014/15 Target
	Maaori	299 per 100,000	-
	Total	79 per 100,000	

Monitoring Process

Monitoring will be based on the regular reporting of:

- National Maaori Health Plan Indicator Dashboard (including CM Health) - Quarterly
- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums

- Q1-Q4: Increase use of home based treatment and supported discharge

Increase the capacity of whaanau to identify potential mental health issues and provide an initial response and referral

- Q1: Extend the Mental Health First Aid Programme and ensure sustainability of the programme through management by Ko Awatea. Training will be made available to community and health workers as well as whaanau and service users to enable recognition of mental health issues including risks, increased understanding and knowledge of how to get help when needed
- Q2-Q4: Deliver a minimum of 2 Mental Health First Aid Programme for Whaanau
- Q4: 50 Maaori whaanau have completed Mental Health First Aid for Whaanau training

- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups
- CM Health's DAMHS to Director Mental Health – quarterly
- Mental health Adult Acute Forum – Quarterly
- CM Mental Health Clinical Governance – Quarterly

4.1.11 Sudden Unexpected Death in Infancy (SUDI)

Reduce SUDI rates in Maaori infants

Since 2002, the sudden unexpected death in infancy (SUDI) rate for Maaori and other ethnic groups has remained fairly stable, with persisting disparities. SUDI rates are highest for Maaori compared with other population groups in New Zealand. It is unacceptable that one population group has significantly higher rates of infant mortality compared with other populations, and there is a need for on-going action on this important modifiable child health issue.

Actions and Milestones

Through the CM Health SUDI Governance Group, strengthen stakeholder alliances, review pathways and encourage general practices to place special focus on reducing SUDI rates for Maaori as a high-priority group.

Q1-Q4: Work to the regional SUDI policy and regional plan. Key actions that will be focused on as part of the Maaori Health Plan action response include:

DHB to work closely with the CM Health SUDI Governance Group to develop and implement a generic DHB policy that follows the guidance and requirements of the regional policy

- Q3: Policy developed and implemented in birthing facilities

Continuation of the SUDI governance group to review policies, provide feedback and ensure alignment with national SUDI prevention policies and strategies – DHB

- Q1-Q4: Monthly SUDI governance group meetings

In partnership with PHOs, implement education and training according to agreed key messages and based on the MoH Toolkit, for staff who work in settings where women and infants present to support them to understand and practice safe infant sleeping

- Q4: Minimum of two PHO and 25 GP practice education and training sessions delivered
- Q4: Audit of content of training completed

DHB to establish feedback mechanisms for health providers to confirm with families/whaanau their understanding of the safe sleep messages

- Feedback mechanisms established by Q2 and implemented by Q4

DHB and PHOs to identify SUDI champions in a range of environments (primary, secondary and tertiary settings) across disciplines (Medical, Midwifery, Nursing, Allied Health and Community Support Workers)

SUDI deaths per 1,000 live births		2010[5] baseline	2014/15 Target
	Maaori	1.83	0.5
	Total	0.80	

Monitoring Process

Monitoring will be based on quarterly reports that monitor progress against milestones as outlined in left-hand column.

These progress updates will be monitored through the following forums at least quarterly:

- CPHAC forum
- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups
- CM Health SUDI Governance Group

[5] 2010 mortality data is the most recent data available due to the delay in receiving coded mortality data

- Q1: Network of SUDI champions identified

Regular audit of safe sleep practice in a sample of healthcare settings e.g. Midnight audits of sleeping positions in maternity and obstetric units

- Q1: Agree number of audits to be completed
- Q1-Q4: Safe sleep practice audits completed

DHB to scope the development of models of kaupapa Maaori/Pacific antenatal courses for pregnant women and whaanau

- Q3: DHB to complete a feasibility study of a wahakura programme including development of quality standards for wahakura
- Q3:Feasibility study completed and quality standards developed

DHB to establish a network of wahakura weavers

- Q2: Wahakura weavers network established

Q1-Q2: Undertake the Pepe Pod Pilot, a safe sleeping device and intervention programme involving approximately 100 whaanau

- Q2: Pepe Pod Pilot completed

5.0 Local Indicators

5.1.1 Workforce Development

Increase the percentage of CM Health employees who are Maaori

Maaori health workforce development, recruitment and retention are critical components of improving health outcomes for Maaori and enabling the CM Health system to meet the needs of our population. Our CM Health workforce needs to better reflect the demographics of our community, patients and whaanau we serve. This is particularly the case for our Maaori workforces, who in comparison to our population are significantly underrepresented.

Actions and Milestones

Support Maaori secondary school students to engage in comprehensive health careers promotion programmes that include, workforce exposure activity, access to role models and health career pathway support

- Q1-Q4: 150 local Maaori students are engaged in health careers programmes, such as Kia Ora Hauora, Health Could B 4 U
- Q2: A minimum of 25 Maaori Year 13 students are prepared, ready, and have applied to move into 1st year tertiary study in a health field in 2015
- Q1: Commission a scoping project for a Maaori Health Science Academy for Counties Manukau
- Q2: Develop an appropriate model for the Maaori Health Science Academy
- Q3: Establish the Maaori Health Science Academy with a minimum of 25 students
- Q1: Work with Kia Ora Hauora to develop strategies to recruit those tertiary students that have indicated a desire to work for Counties Manukau

Implement the CM Health Maaori and Pacific Recruitment and Retention Strategy

Review current CM Health recruitment strategies and processes to support an increase in the number of Maaori staff recruited into CM Health

- Q2: Review amend NET P and nursing assessment models, to increase the number of Maaori nurses employed

Percentage of CM Health employees who are Maaori		2013/14 Baseline	2014/15 Target
	Maaori	5.4%	7%
	Total	100%	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

- Q4: Increase in Maaori workforce employed in CM Health to meet the target of 7% of the total workforce.

Commission a project to identify the numbers of Maaori working in Primary Care in Counties Manukau

5.1.2 Youth Mental Health

Improve and preserve the mental wellbeing of rangatahi Maaori

CM Health is taking a strategic approach to the planning of Youth Mental Health and Addiction services as part of a wider Youth Strategy, which will include meeting the objectives of the Prime Minister's Youth Mental Health project. We will work in collaboration to better meet the needs of our youth and work across sectors to develop clear inter-agency pathways. This means working more closely with other agencies and sectors, particularly education and justice to intervene earlier for those most at risk of developing mental health and addictions issues.

Actions and Milestones

Increase access for rangatahi Maaori to primary care mental health initiatives

- Q1: Establish baseline data for rangatahi Maaori access to:
  - Primary Mental Health Coordinator Services – Brief Interventions for 12-19 years olds
  - Extended consultations 18-19 year olds - CCM Depression
  - Cognitive Behaviour Therapy (CBT) for 18-19 year olds - CCM Depression
- Q2: Meet with PHOs to discuss baseline data and identify actions to increase rangatahi Maaori access to primary mental health initiatives to the same level as non-Maaori/non-Pacific
- Q1-Q4: Increase access to free primary care services for 18 year olds and under, including increased access to school based services
- Q4: Rangatahi Maaori access to primary mental health initiatives is at the same level as non-Maaori/non-Pacific access
- Q4: Primary health care services are more appropriate and responsive to young people

Implement the newly developed youth health model of care for the district and its key objectives including:

- Q1-Q4: Competency framework being developed that ensures a workforce that meets the needs of Counties Manukau youth
- Q1-Q4 Improved integration through the establishment of agreed inter-agency pathways and information is available to professionals working in health, education and primary care setting (12 months)
- Q4: Interagency working group established with terms of reference which is guided by the new youth model of care (12 months)
- Q4: Develop process to capture data on follow up of youth (12-19) in primary care following discharge from CAMHS and Youth AOD services

Through the work of Te Ara Whiriwhiri (Kaupapa Maaori Provider Collaborative) actively support Maaori rangatahi develop a Rangatahi Taumata to provide a strong and consistent rangatahi voice in the development, design and delivery of mental health services in Counties Manukau

- Q1-Q4: Develop in partnership with rangatahi a taumata

Access to Primary Mental Health Coordinator Services – Brief Interventions for 12-19 years olds		2013/14 Baseline Q1-Q3	2014/15 Target
	Maaori	-[6]	Maaori access rates at the same level as non-Maaori/non-Pacific
	Total	143	
Access to extended consultations 18-19 year olds - CCM Depression		2013/14 Baseline	2014/15 Target
	Maaori	-[6]	Maaori access rates at the same level as non-Maaori/non-Pacific
	Total	84	
Access to CBT for 18-19 year olds - CCM Depression		2013/14 Baseline	2014/15 Target
	Maaori	-[6]	Maaori access rates at the same level as non-Maaori/non-Pacific
	Total	77	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

[6] Baseline data for Maori is not available for this measure as ethnicity data by age bands was not collected during 2013/14. Baseline data will be established in 2014/15

- Q1-Q4: Taumata will be rangatahi led and developed
- Q1-Q4: A representative rangatahi voice is available for advice and guidance on mental health service design, development and delivery
- Q1-Q4: Rangatahi are able to actively participate in mental health service design, development and delivery
- Q1-Q4: Further information and data on the aspirations and needs of rangatahi are available and support improvement of services and access for rangatahi

5.1.3 Whaanau Engagement in Service Development

Ensure whaanau and community feedback is central to health service development

Whaanau and community feedback about health service provision provides a key link between what is delivered in the health services, and how they impact on whaanau and their health needs. Very few health organisations exist currently which perform this crucial task effectively. In partnership with Manawhenua I Tamaki Makaurau, CM Health sees this as an important area to prioritise.

Actions and Milestones

Engage whaanau and patients in the design of the new model of Maaori support services offered through Middlemore hospital

- Q1: Utilise a 'patient experience' model that engages whaanau to provide feedback to support the development of a Whaanau Ora support model for Middlemore hospital
- Q1: Engage with PHOs to ensure alignment with whaanau ora delivered in primary care
- Q2: Whaanau Ora support model for Middlemore is developed
- Q3: Whaanau Ora support model operational, including implementation of whaanau ora assessments specific for the hospital setting

Indicator development process, to identify appropriate measures of whaanau engagement in the development and delivery of services in the Counties Manukau district

- Q1: CM Health population health team develop a stocktake of potential indicators and measures that reflect engagement of communities with health services
- Q3: Review of appropriate indicators completed and a recommendation made to the GM Maaori Health, and Director of Strategic Development on selected indicators and measures

Measure in development		2013/14 Baseline	2014/15 Target
	Maaori	-	-
	Total	-	

Monitoring Process

Monitoring will be based on the regular reporting of the following dashboards:

- PHO level Counties Manukau Maaori Health Plan Indicator Dashboard – Quarterly

These will be monitored through the following forums at least quarterly:

- PHO CEO forums
- CM Health Executive Leadership Team meetings
- Manawhenua Board meetings
- MHAC quarterly meetings
- Locality Leadership Groups

Appendices

Appendix 1: PHOs Letter of Support

19 June 2014

Dear Geraint,

RE: Endorsement for Counties Manukau Health 2014/15 Maaori Health Plan

Thank you for the ongoing engagement to jointly develop the Counties Manukau Health 2014/15 Maaori Health Plan.

As a District Alliance group of Primary Health, we acknowledge and value the purposeful inclusion of primary health care and PHOs as partners in planning, delivery and accountability. We support and endorse the direction outlined in the Maaori Health Plan and the primary care commitments.

We look forward to working in partnership with you in 2014/15 to achieve the goals outlined in the plan to improve health and reduce inequalities for Maaori in Counties Manukau.

Yours sincerely,

Steve Boomert
Chief Executive Officer
Procare Health Limited

Loretta Hansen
Chief Executive Officer
East Health Trust

Mark Vella
Chief Executive Officer
Total Healthcare Charitable Trust

P.P.
Alan Wilson
Chief Executive Officer
Alliance Health Plus

Simon Royal
Chief Executive Officer
National Hauora Coalition

Appendix 2: Hauora Work Plan 2014

Hauora Work Plan 2014 – 2015

Contents

Mana Whenua i Tamaki Makaurau

Hauora Work Plan 2014

Introduction

This work plan is designed to implement the Hauora Plan which was developed through the partnering relationship with CM Health and Mana Whenua i Tamaki Makaurau. The Hauora Plan was also supported by the Health Sponsorship Council during its development.

Over the last twelve months, hui with the MWiTM board, CMDHB Board, the former GM Maori Health, senior executive management, Maori communities and the acting GM Maori have informed this schedule and attempts have been made to find alignment with the draft Maori health plan. Data from the Whanau Ora regional leadership group has also been utilised along with individual whanau ora planning goals. It is envisaged that engagement will continue at all relationship levels to progress implementation of the Hauora Plan.

Mana Whenua i Tamaki Makaurau has a Treaty partnership with CM Health. Efforts are being made to recognise the unique status of this relationship that considers partnership primarily at a governance level. As such the boards of MWiTM and CM Health come together twice a year to jointly assess and plan ways of improving the health and wellbeing status of Maori within this area. Management has also met on a regular basis to review and progress the relationship between both entities.

Maori health planning

Much of the knowledge used to develop Maori health strategies has and continues to be gleaned from secondary sources, health providers, clinicians, researchers and academic studies. MWiTM recognise in particular, two critical sources of information are needed to guide those responsible for improving Maori health:

- Communities serving Maori - including marae, hapu, mataawaka groups, taura here, Maori and non-Maori service providers, Maori advocacy bodies and government agencies
- Service users: traditional and contemporary whanau and consumer-based organisations

<u>Communities serving Maori:</u>

Much can be learned from the continued work and action research that goes on every day within these communities. The pool of knowledge from which decisions are made to improve Maori health must include contributions from a range of sources that (1) serve Maori at an individual whanau level; (2) have a particular approach developed over years of working for and with Maori and (3) are Matauranga Maori practitioners who live and work within the dynamics of specific localities.

<u>Service users:</u>

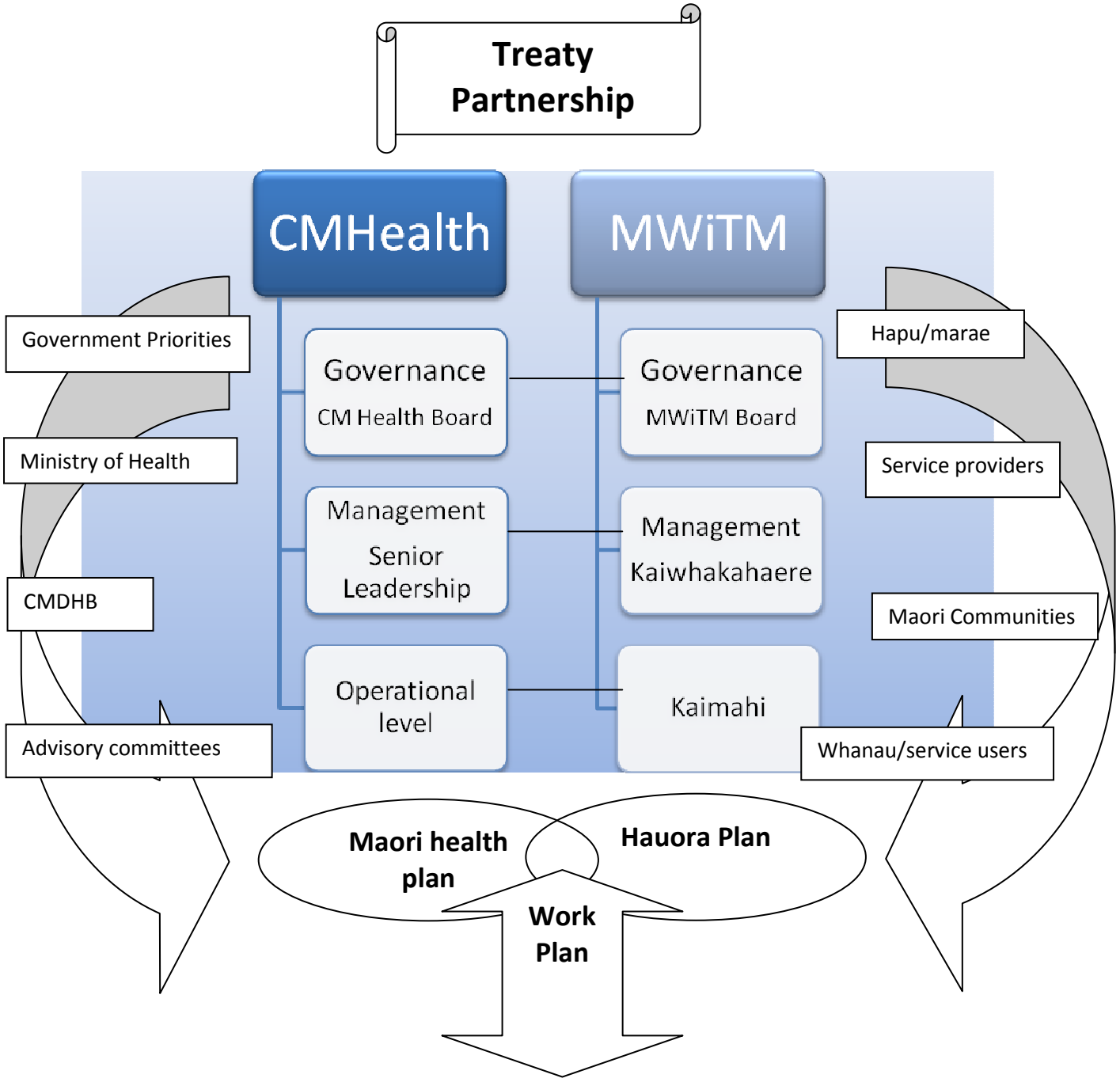
In an environment where whanau ora, patient and family centred care and whanau capacity building is now a required approach, much of the way things have always been done needs a complete overhaul to achieve a marked improvement in Maori health. The CM Health's Maori health plan relies heavily on the use of clinical input, statistical data and external indicators to achieve or exceed targets. Furthermore, there is a lack of qualitative information being sought to gauge progress. The place of whanau taking control of their well being journey is central to the Hauora work plan in terms of whanau independently identifying their own aspirations and claiming a stronger role in service and practice evaluation. Considering the under-utilisation of health services by Maori, it makes sense that measuring performance and identifying priorities by those most affected is the essential. There is clearly willingness by CM Health to look at new ways of eliminating health inequities and advancing Maori health gain. More of the same will simply not work. This work plan helps to develop a body of Maori knowledge that will contribute to and influence the common goal both entities share.

The Work plan:

This document serves a dual purpose. It provides a set of objectives for both MWiTM and CM Health to work towards in demonstrating a genuine Treaty based partnering relationship intent on improving Maori health and wellbeing. By outlining the intended work, responsibilities and timeframes, it also provides a scope on which to determine resource requirements. It is intended that the investment needed for a treaty based relationship is from this point onwards based on clear goals and objectives that lead to outcomes, rather than a predetermined funding amount unrelated to the work contained within.

Below is an illustration of the relationship levels both current and intended and the pathways used to inform Maori health and Hauora planning. This is followed by the work plan detail that allows some flexibility in prescribing the actions related to the objectives.

Relationship & Planning Structure



Te Tiriti o Waitangi - relationships			
Objective	**MWiTM**	**CM Health**	**Timeframe**
Strengthen relationships at all levels to provide for shared decision making and partnering	• Establish agreed goals to work towards at all levels of the MWiTM and CM Health relationship o Governance o Management o Operations • Ensure capacity is scoped and resources allocated for adequate infrastructure support • Review the Terms of Reference and protocols to ensure suitability for the partnership moving forward		By August 2014 Responsibility: CEO & Kaiwhakahaere
Establish relationships with Crown agencies and Maori communities that impact on the social determinants of health	• Develop agreements using the Treaty Framework and the engagement spectrum of the Kia Tutahi Relationship Accord • Host regular forums to invite collaborative initiatives across sectors to improve hauora Maori	• Provide and receive information as a participant in these forums • Use findings to enhance strategies for improved Maori utilisation rates in Primary care	By September 2014 Responsibility: Maori GM & Kaiwhakahaere

Work Plan Deliverables: Te Tiriti o Waitangi

Alignment with Maori health plan:

- Monitoring Process under all national and local indicators

Work Plan Deliverables – Matauranga Maori

<table>
<tr><th colspan="4">Matauranga Maori – workforce competencies</th></tr>
<tr><th>Objective</th><th>MWiTM</th><th>CM Health</th><th>Timeframe/Responsibility</th></tr>
<tr><td rowspan="2">Review and monitor the training of tikaanga best practice as it is applied across all departments of CM Health

Develop and implement a tikaanga framework that is made available to all health services in the region</td><td colspan="2">• Formalise a working committee that regularly reviews the training, uptake and practices used
• Engage with hapu to determine a benchmark of tikaanga best practice in this rohe for health services to Maori</td><td>By November 2014

Maori GM, Kaumatua advisors and hapu representatives of MWiTM</td></tr>
<tr><td>• Establish a forum for Mautauranga Maori practitioners to explore and determine tikaanga practice and theory
• Align the principles used in whanau outcome tool to inform the framework</td><td>• Promote frame work among CM health funded services

• Combine findings of the whanau outcome tool with existing indicators to determine cultural competencies & training needed</td><td>Ongoing from August 2014

Kaiwhakahaere & Maori GM</td></tr>
</table>

Alignment with Maori health plan:

- Improve the accuracy of ethnicity reporting in PHO registers
- Increase Maori engagement in primary care
- Improve Maori enrolment in PHOs
- Reduce avoidable hospitalisations in Maori
- Increase the percentage of Maori infants exclusively and fully breastfeed
- Improve early detection and support long-term condition management amongst Maori
- Improve early detection and early intervention for breast cancer in Maori wahine
- Improve early detection and early intervention for cervical cancer in Maori wahine
- Reduce smoking prevalence and smoking related-harm amongst Maori
- Reduce the prevalence and impact of vaccine-preventable diseases in tamariki Maori
- Reduce the prevalence and impact of seasonal influenza in vulnerable Maori aged 65+
- Reduce rheumatic fever rates in Maori
- Increase early detection and intervention for improved oral health among tamariki Maori
- Increase early detection and intervention to support whanau who experience mental health
- Reduce the SUDI rates in Maori infants
- Increase the number of Maori health professionals employed by Counties Manukau
- Improve and preserve the mental wellbeing of rangatahi Maori
- Whanau feedback central to health service development for Maori in Counties Manukau

Work Plan Deliverables: Services Planning

Services Planning			
Objective	**MWiTM**	**CM Health**	**Timeframe/Responsibility**
Establish a collective Maori knowledge base to support Maori health and Hauora planning	Share, review and contribute to key health information and Matauranga Maori relevant to improved Maori health and hauora		Commencing July 2014 and ongoing Maori GM & Kaiwhakahaere
Regularly consult with Maori networks to encourage information sharing to improve services planning and identify barriers to Maori participation	• Anchor a working relationship and agreement with government and communities working with Maori	• Actively participate in cross sector initiatives with MWiTM and local communities that influence Maori health and wellbeing outcomes	Commencing July 2014 and ongoing Maori Health GM & Kaiwhakahaere
Develop mechanisms to support Maori service users to independently: (1) identify their wellbeing aspirations -outcomes and (2) to evaluate service responsiveness	• Develop a database that reports on level of responsiveness as perceived by service users	• Share ICT expertise and investment to support software • Use findings to contribute to the monitoring of health services to Maori	By October 2014 CEO & Kaiwhakahaere

Alignment with Maori Health Plan:
Design and deliver services that improve health outcomes and reduce inequalities

Work Plan Deliverables: Whanau Outcomes

Whanau outcomes			
Objective	**MWiTM**	**CM Health**	**Timeframe/Responsibility**
Ensure a conducive health environment exists that encourages whanau to independently identify hauora and health outcomes	Review the appropriateness of health indicators currently used to determine Maori health progress		July 2014 and ongoing Maori GM & Kaiwhakahaere
Implement the whanau outcome measure for Maori to evaluate service responsiveness	• Secure funding for two FTEs to assist whanau independently evaluate services and identify their outcomes	• Invest resources to engage a team to pilot the whanau outcome measure	July 2014 and ongoing Maori Health GM & Kaiwhakahaere
	• Establish a web-based forum and social media avenues for whanau to conduct service evaluations • Promote whanau evaluation opportunities through all available channels, forum, events and Maori media	• Promote whanau evaluation opportunities through CM Health provider arm • Include the process of independent whanau evaluations throughout provider forums	

Alignment with Maori Health Plan:
Increase Maori engagement in primary care

COUNTIES
MANUKAU
HEALTH