COUNTIES MANUKAU HEALTH

Maaori Health Plan 2013 -14

COUNTIES MANUKAU DISTRICT HEALTH BOARD

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Summary of Indicators

National Priorities	Indicators			Baseline Maaori	Target
Data Quality	1	Accuracy of reporting in PHO registers		NA	95%
Access to care	2	Percentage of Maaori enrolled in PHOs		88%	97%
	3	ASH rates per 100,000 (year to Dec 2011)	0-74yr	3687	3318
			0-4yr	4739	4265
			45-64yr	5978	5380
Maternal health	4	Percentage of Maaori infants fully and exclusively breast fed			
			3 months	N/A	57%
			6 months	7%	27%
Cardiovascular disease and diabetes	5	Percentage of eligible Maaori who have had their cardiovascular risk assessed within the past 5 years		59.92%	90%
	6	Number of tertiary cardiac interventions	ACS patients will receive angiogram within 3 days of admission	N/A	70%
			ACS patients who undergo angiogram complete ANZACS QI and Cath/ PCI information within one month	N/A	95%
Cancer	7	Breast screening rate		66.5%	70%
	8	Cervical screening rate		57%	80%
Smoking	9	Percentage of hospitalised smokers provided with cessation advice		95%	95%
	10	Percentage of smokers presenting to primary care provided with cessation advice		37.25%	90%
Immunisation	11	Percentage of infants fully immunised by 8 months of age		81%	90%
	12	Percentage of the population (>65 years) who received the seasonal influenza immunisation		62.39%	75%
Regional Priorities					
Diabetes	13	Percentage of eligible Maaori who have had their cardiovascular risk (including diabetes) assessed within the past 5 years		49.3%	82%
Health of Older People	14	Percentage of eligible Maaori accessing and engaging in Health of Older People services		NA	NA
Local Priorities					
Rheumatic fever	15	Increased awareness of, and access to throat swabbing services for children in Counties Manukau between ages of 5 – 14 Years		18	53
SUDI	16	Reduce the gap between the rate of Sudden Unexpected Death in Infants (SUDI) in Counties Manukau between Maaori and non-Maaori non-Pacific		2.8 SUDI Deaths per 1000 live births	TBC
Suicide Prevention	17	Capacity of community agencies and schools to support communities in suicide prevention and postvention		NA	NA
Workforce	18	Percentage of Maaori DHB staff in selected areas		6%	7%

Oral Health	19	Enrolment rates for Maaori 0-4 years into Dental Clinics	7,461	85% of estimated Maaori population 0-4 years enrolled

Introduction

"... an accountability role on behalf of all Maaori in that district by providing a series of measures to quantify Maaori health gain. The annual nature of health planning means that successive activities need to be measured to quantify any overall success in reducing health inequalities for Maaori"

1 Introduction

The role of a Maaori Health Plan is to clearly identify the activities of a District Health Board in relation to improving health outcomes for Maaori within its district (Ministry of Health 2010). It also takes on an accountability role on behalf of all Maaori in that district by providing a series of measures to quantify Maaori health gain. The annual nature of health planning means that successive activities need to be measured to quantify any overall success in reducing health inequalities for Maaori.

This Maaori Health Plan provides a brief population profile and contextual overview of the health of Maaori within the Counties Manukau catchment area and is informed by *Maa Taatou, moo Taatou*, the Maaori Health Needs Assessment document (2007). This Maaori Health plan includes the latest information and planning as identified in regional and local planning documents, to ensure consistency with Counties Manukau strategic thinking and activities. These activities feed into the Regional Health Plan as developed by the joint Northern Region DHB's in 2012. This plan is the first in an on-going annual development approach to Maaori Health Plans in alignment with District Health Board Planning processes.

This plan also looks at how the current patterns of service utilisation for Maaori impact on health outcomes and looks at what mechanisms and levers may be required to ensure more appropriate use of services by those whose need is greatest. This also means that for Maaori, some services are of a higher priority than others, although generally, Maaori under-utilise health services.

1.1 Strategic Context – Achieving a Balance for Maaori and Whaanau Ora Implementation

2013/14 represents the second of a four year transformation for CMDHB. That transformation aims to change the health system so that it can deliver better, sooner, more convenient services our growing population deserves, particularly Maaori. The strategy to deliver this is called "Achieving a Balance: delivering sustainability and excellence in health". Our four year journey aims to make a reality the integration of healthcare in our district as we build upon the work that we have been doing in the last few years – at regional level with our Northern Region DHB partners (through regional GMs Maaori health), within our own organisation, and with our primary care partners – in developing a common vision for lifting the health outcomes of our population.

Achieving a balance has six executable strategies for whom success will include measures of improvement against Maaori health indicators outlined in this Plan. Those strategies being:

1. ***Better Health Outcomes for All:*** The Public Health Team continues to lead and give direction to our approaches to public and population health. We continue to use this process to review the effective of our current population health interventions supporting change in key risk factors that drive long term conditions. The key population health differences to be reflected in this strategy that may vary from other population groups are:
    - the youthful nature of Maaori groups (just under 50% of Maaori are under the age of 20 years);
    - the nature of community engagement (ie through Marae, church and social/sport clubs);
    - engagement with tangata whenua in our District;
    - the need to engage with whole whaanau, not just the patient who presents; and
    - concentration of Maaori in specific localities ie Manurewa/Manukau allowing for locality targeted approaches.

    Three projects have been developed as the focus for this workstream, they are:

    a) How to create environments that will enhance the standard of living for those children in the **first 200 days** of life

    b) Achieving the goal of making Counties Manukau **Smokefree by 2025**

    c) strengthen the current CMDHB housing programmes and to advocate for **sustainable housing solutions for our population**

2. ***First, Do No Harm:*** Maaori patients will benefit from the regional, local and soon to be established primary and community initiatives that aim to reduce the harm patients may experience from care they receive in our system.

3. ***Patient and Family Centred Approaches:*** A patient and family centred care approach for Maaori align with the intentions of Whaanau Ora as expressed by the Government. That is, enabling whaanau to participate and take control of their own healthcare is at the core of what whaanau ora is aiming to achieve. This strategy work is currently considering how teams such as the Maaori Cultural Support Unit can enable the experiences of Maaori and their whaanau inform how we identify opportunities for improvement in our District.

   Within this project area, the foci which have greatest impact on Maaori are:
   a) Improving our engagement with Maaori patients and whaanau through the engagement programme **AI2DNET**
   b) Assisting patients and their whaanau to plan for end of life care through the **Advanced Care Planning** process
   c) Improving how we collect patient feedback through the **Patient portal and Survey system**

4. ***Whole of System Commissioning***: This strategy provides an opportunity to integrate and align incentives for primary and community based services for Maaori health and access improvement. There are three key approaches that fit in this strategy:

   a) ***Integrated contracting and devolved commissioning:*** To enable whaanau ora, Government expects social sector agencies to enable integrated contracting. The purpose of this is to reduce the silos in social and health services that encourage multiple interactions with whaanau through multiple agencies with limited co-ordination. These silos are incentivised through contracts that purchase similar services but prescribe processes that do not enable whaanau participation in their care and support.

      The National Hauora Coalition BSMC Business Case continues to be implemented, as agreed by the Ministry of Health and CMDHB in 2010. This principle is also aligned to how we propose to enable locality clinical partnerships to share in the commissioning responsibilities for healthcare services relevant to their locality. This relationship with the National Hauora Coalition as our primary healthcare partners in implementing whaanau ora will be developed further in 12/13.

   - ***Shared accountability for Performance Improvement in Primary and community care:*** The development of quality contracts, locality planning and their place in commissioning is to be implementation in 13/14. Incentives have been focused on those areas where alignment with quality care for Maaori is required. This has focus on child health and long term conditions, as they relate to the national health targets. This has had and will need to continue to have affect on reducing variation in practice across providers, with further focus on clinical excellence.

5. Financial Sustainability – This strategy continues to be a focus for the organisation with emphasis on capital, service and funding structures necessary to ensure our future sustainability are aligned.

6. ***Building Organisation Capacity and Capability:*** to develop a workforce that reflects our community, a targeted approach to increasing the supply and recruitment of Maaori in the organisation. We will continue to focus on targeting Maaori into the health workforce and then recruiting them into positions within Counties Manukau DHB and its contracted providers. We will also be focussed on implementing the Maaori and Pacific recruitment policy as developed internally.

7. ***Health System Excellence (performance measurement)*** comprises regular reporting on priority metrics by ethnicity where data is available and relevant. This process will confirm those measures that will be reported and analysed for improvement opportunities. The indicators below are not a complete set. Further measures and indicators will be developed as the executable strategies above establish a platform for Maaori participation, engagement and improved access to care.

1.2 National Framework for Maaori Health Planning

The Ministry of Health's Operational Performance Framework (2012) outlines the requirement for all DHB's to have a Maaori health plan. The activities required to implement the Maaori Health Plan are based on the need to make substantial changes to positively effect national, regional, and local Maaori health indicators as described herein.

National Indicators

- Accuracy in Data Collection Quality with specific reference to PHO registers
- Increased access of Maaori to primary care services
- Reduction in Ambulatory Sensitive Hospitalisation rates
- Improved Maternal/ Child health through greater rates of breastfeeding
- Protection of children through immunisation
- Improved rates of cardiovascular disease prevalence
- Improved screening for cervical and breast cancer
- Reduced rates of smoking
- Increased participation by Maaori in health through focussed Workforce development activities

Regional Indicators

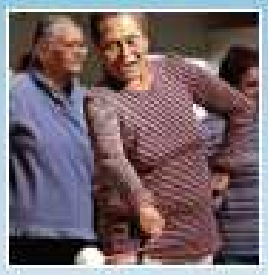
- Increased access for Maaori of health of older people services
- Improve diabetes management

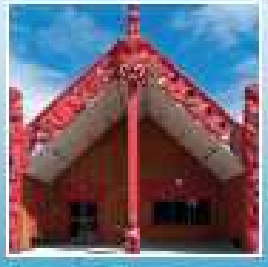
Local Indicators

- Reduction in the incidence of Rheumatic Fever for Maaori tamariki
- Better management of Mental Health/ Suicide issues
- Reduction in the incidence of Respiratory Disease among all Maaori population groups
- Reduction in Sudden Unexpected Death in Infants (SUDI)
- Increase relevant datasets relevant for Maaori

Demographic Profile

In 2006 there were approximately 76,100 Maaori in Counties Manukau, with 48% being aged under 20 years. This youthful population brings challenges but also the potential to nurture Tamariki and Rangatahi with secure cultual identity and whai painga (values) in tune with whaanau ora.





2 Demographic Profile – Counties Manukau District Health Board

2.1 Maaori population

Information on population size and composition is obtained from the New Zealand Census. For the purposes of DHB planning, CMDHB uses the Estimated Resident Population counts. These figures include adjustment for residents who were temporarily elsewhere in NZ or overseas at the time of the Census, along with an adjustment for net census undercount of residents, determined by post census survey. These figures are higher than Usually Resident Population counts which only include residents present or temporarily elsewhere in New Zealand at the time of the Census.

Between the years of the New Zealand Census, projections are available for the estimated resident population. The following information is based on projections from the 2006 Census. Until the next Census (2013) estimated population numbers indicate the expected growth in the size of the population, but where people are actually living and the proportions of different age groups and ethnicities can only be assumed based on historical patterns.

In 2006, at the time of the last Census, there were approximately 76,100 Maaori in Counties Manukau (36,800 males and 39,300 females), making up just over 17% of the total Counties Manukau population. This proportion is predicted to remain relatively stable over the next 20 years.

The estimated resident Maaori population for CMDHB in 2013 is 83,690[1]. The Maaori population of CMDHB **is** relatively youthful**,** with 47% being aged under 20 years. This youthful population brings challenges but also the potential to nurture Tamariki and Rangatahi with secure cultural identity and whai painga (values) in tune with whaanau ora.

2.2 Geographic distribution

In 2006 63% of Maaori in Counties Manukau lived in the urban areas of Manurewa, Mangere, Papatoetoe and Otara, meaning initiatives in these areas can reach significant proportions of the Counties Manukau Maaori population. In addition 16% of Counties Manukau Maaori lived in Papakura, and in other rural areas, Maaori may constitute a significant percentage of the local community, potentially facilitating community based initiatives in these areas.

Areas within CMDHB vary dramatically by ethnicity. In 2006 Maaori were particularly concentrated in Manurewa and Papakura – these two areas have 56% of CMDHB Maaori residents.

Table 1.1 2006 CMDHB estimated resident population by ethnicity and area

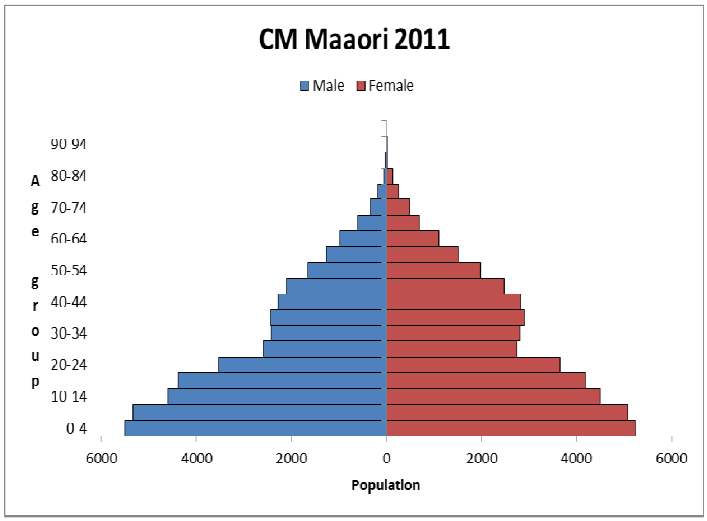
	Maaori	Pacific	Asian	European/O	Total	Maaori	Pacific	Asian	European/O
Howick	5,700	4,400	38,000	69,800	117,900	5%	4%	32%	59%
Mangere	10,400	33,100	6,100	8,300	57,900	18%	57%	11%	14%
Otara	6,700	21,100	2,600	2,700	33,100	20%	64%	8%	8%
Papatoetoe	7,400	11,200	13,800	12,600	45,000	16%	25%	31%	28%
Manurewa	22,900	20,000	11,500	27,700	82,100	28%	24%	14%	34%
Papakura	12,100	3,700	3,500	23,500	42,800	28%	9%	8%	55%
Franklin	10,900	1,700	3,300	59,600	75,500	14%	2%	4%	79%
CMDHB	76,100	95,200	78,800	204,200	454,300	17%	21%	17%	45%

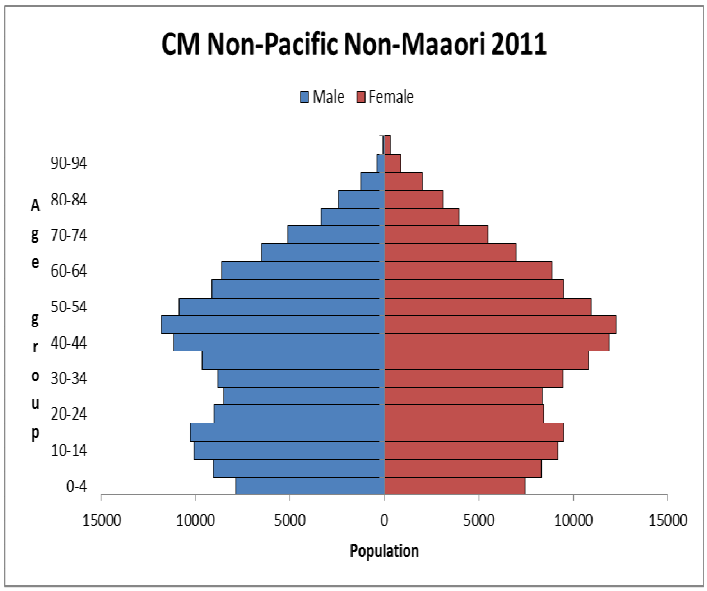
Source: SNZ population projections (2006 Census Based) analysed by CMDHB, February 2011

[1] Stats NZ population projections for MOH , Oct 2012.

2.3 Age Distribution

The Maaori population is relatively young compared to non-Maaori/non-Pacific populations, as demonstrated by the population pyramids below. Population projections suggest that thirty-six percent of the Maaori population are aged 15 years and under, compared to 18% of the non-Maaori/non-Pacific population (47% under 20 years, compared to 25 % of the non-Maaori/non-Pacific population).





2.4 Iwi

Census data from 2006 indicated **76% of Maaori in Counties Manukau identified with one or more iwi.** Twenty-five percent (19,119 people) identified with one of the Waikato/Tainui group of iwi while 46% (35,208) identify with one of the Tai Tokerau iwi.

[There are 31 Marae identified in the Counties Manukau district. In 2006 there were 4**3 Koohanga Reo** registered in the Counties Manukau district, and **seven Kura Kaupapa** schools in the region. Five percent of tamariki aged 5 – 15 years are involved in Te Reo immersion education for 50% or more of their school week.
refer Appendix C]

2.5 Population Growth

The Maaori population in Counties Manukau is expected to increase 33% from the 2006 census figure of 76,100 to 101,300 by 2026 (SNZ projections for MOH, Oct 2012). This increase is greater than populations classified as 'European/Other' who have a negative projected growth at -8%, but less than the Pacific (66%) and Asian (123%) populations. While the higher fertility rate for Maaori females compared to non-Maaori females contributes to this population growth[2], growth in those aged 65 years and older is also important. This means while the increase in total Maaori population for Counties Manukau is 33**%** by 2026, the increase of Maaori aged over 65 yrs is 185%. Even by the year 2011, there is projected to be a significant increase in the percentage of the Counties Manukau Maaori population who will be aged over 65 yrs. This is apparent when the predicted percentage increase of each age group is shown, as below.

Table 1.2 Projected CM Maaori population increases from 2006 to 2026, by age group

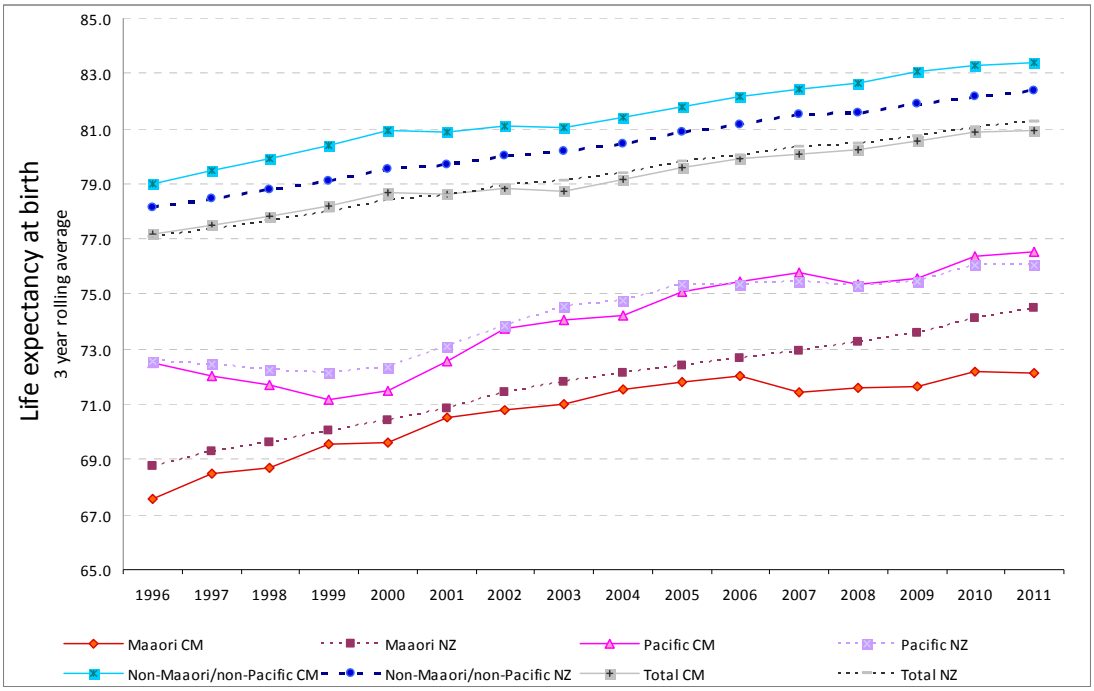
Age	2006	2026	Change 2006-2026	% Change 2006-2026
0	2,220	2,520	300	14%
1-4	7,760	9,660	1,900	24%
5-9	9,240	11,520	2,280	25%
10-14	8,800	11,150	2,350	27%
15-19	8,000	11,080	3,080	39%
20-24	6,080	8,300	2,220	37%
25-29	5,300	7,130	1,830	35%
30-34	5,330	6,750	1,420	27%
35-39	5,360	6,060	700	13%
40-44	4,800	4,550	-250	-5%
45-49	3,920	4,190	270	7%
50-54	3,040	4,220	1,180	39%
55-59	2,400	4,180	1,780	74%
60-64	1,570	3,550	1,980	126%
65-69	1,110	2,640	1,530	138%
70-74	640	1,800	1,160	181%
75-79	310	1,160	850	274%
80-84	140	550	410	293%
85-89	50	220	170	340%
90+	20	90	70	350%
Total	**76,090**	**101,320**	**25,230**	**33%**

Source: SNZ population projections for MOH analysed by CMDHB, February 2013

[2] In 2004 the national Māori fertility rate was 2.7 compared with 1.9 for non-Māori (Tatau Kahukura)

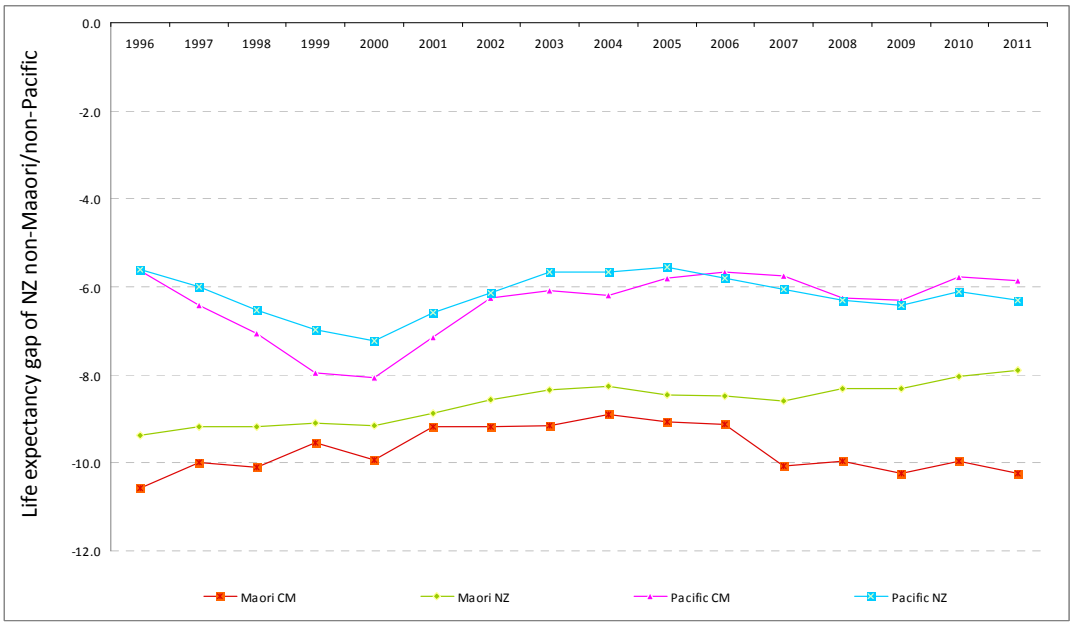
2.6 Life Expectancy

Figure 4: Life expectancy at birth by ethnicity, 3 year rolling average, 1996-2011



There are on-going large ethnic disparities in life expectancy between Maaori, Pacific and non-Maaori/non-Pacific populations. Of principle concern is the persistent wide gap for Maaori compared to non-Maaori groups. While the national Maaori life expectancy rate has continued to improve, this is not reflected in the Counties Manukau Maaori life expectancy. This is a particular concern for the DHB, we will undertake further analysis to understand why the variation between Counties Manukau Maaori and national Maaori rates have diverged. In addition Maaori in CMDHB are falling behind Maaori nationally. The gap for Pacific, although smaller, is also of ongoing concern. Further action is needed to address these disparities, working with our communities to look at the broader social determinants of the health gaps and work to modify them, and ensure that the highest quality health care is accessible and provided to our Maaori and Pacific communities.

Figure 6: Life expectancy gaps for Maaori and Pacific populations compared with NZ non-Maaori/non-Pacific, 1996 -2011



NB. The comparator population for this graph is NZ 'non-Maaori/non-Pacific'

This analysis uses the all New Zealand non-Maaori/non-Pacific rate as a comparator. Another year needs to be added to the gap if the CMDHB non-Maaori/non-Pacific is considered the appropriate target. This demonstrates, once again, the different trajectory for CMDHB Maaori from NZ Maaori. It also demonstrates that the gains for Pacific of the early part of the last decade have flattened out and gap has remained fairly constant since about 2002.

2.7 Deprivation

At the time of the 2006 Census 57% of Maaori in Counties Manukau (45,500 people in 2006) live in areas classified as the most socioeconomically deprived (NZDep 9 & 10) **c**ompared to 16% of European/Other, and 73% of Pacific peoples. For Maaori this equated to approximately 43,400 people living in areas classified as NZDep 9 & 10 in 2006[3]. Thus for Maaori whaanau socioeconomic deprivation adds to the health disparities caused by ethnicity. Approximately 39% of Maaori tamariki and rangatahi (0-24years) were living in crowded households at the time of the 2006 Census[4].

2.8 Leading Causes of Avoidable Mortality and Hospitalisation

The leading cause of mortality[5] for Maaori Tamariki 0-14yrs in Counties Manukau in the years 2007 to 2009[6] were:

1. Sudden Unexplained Death in Infants (SUDI)
2. Congenital anomalies
3. Transport accidents
4. Pneumonia and influenza
5. Total cancer

Nationally during 2004–2008, mortality from SUDI was significantly higher for Maaori infants, followed by Pacific, then European and Asian/Indian infants. In Counties Manukau during 2004–2008, SUDI rates were significantly higher than the New Zealand rate[7]. This mirrors the trends from previous years (1999-2003) where SIDS/SUDI has been consistently in the top three causes of potentially avoidable mortality for Maaori Tamariki in CMDHB.

Although deaths in this age group are tragic and have a significant impact on life expectancy at birth, they are relatively rare, equating to 58-91 deaths per year for Maaori Tamariki over the period of analysis (2007-09)[8].

Safe sleeping, smokefree, improved housing, injury prevention and planned pregnancy (e.g. to facilitate folate supplementation, diabetes control) could contribute to reducing the leading causes of mortality for tamariki.

For Adult Maaori 15yrs and over, residing in Counties Manukau (2009) the six top priority concerns for PAM are:

1. Ischemic heart disease
2. Lung cancers
3. Diabetes
4. COPD
5. Cerebrovascular disease
6. Intentional self harm.

Total cancers actually superseded ischaemic heart disease as the leading cause of mortality. However for the purposes of this plan, the different cancers were separated out in order to be able to identify the particular ones that were among the leading causes of mortality, in this case, lung cancer.

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[3] Residential Locality Profiles for Counties Manukau: CMDHB Overview, Oct 2011.

[4] Craig, E *et al.* The Health Status of Children and Young People in the Northern District Health Boards. NZ Child and Youth Epidemiology Service, Nov 2011

[5] This analysis uses overall causes of mortality rather than Potentially Avoidable Mortality (PAM) because variations in the definition of PAM can produce quite different rankings depending on how avoidability is conceived

[6] Data extracted by D Papa sourced from the Mortality Collection

[7] Craig, E *et al*. The Health Status of Children and Young People in the Northern Districts Health Boards. NZ Child and Youth Epidemiology Service, Nov 2011

[8] Data extracted by D Papa sourced from the Mortality Collection

Potentially avoidable hospitalisations (PAH) refer to patients being admitted to public hospitals with conditions that one might have expected to be preventable, either through public health interventions (eg stopping smoking) or good primary care (eg adequate preventive treatment for asthma); this includes hospitalisations due to injury. Currently about 30% of all public hospital admissions could be considered potentially avoidable.

Important causes of potentially avoidable hospitalisation for Maaori pepi / Tamariki aged 0-14yrs in Counties Manukau in 2011 have consistently included the same categories since 2001, they being:

1. Bronchiolitis
2. Cellulitis
3. ENT infections
4. Asthma
5. Dental conditions
6. Pneumonia[9]

Bronchiolitis has been the top cause of PAH for Tamariki aged 0-14yrs for the last 10 years in Counties Manukau. Bronchiolitis is a viral lung infection which causes shortness of breath and wheezing and the incidence is influenced by second hand smoke and housing conditions.

The above conditions are exacerbated by the influence of tobacco smoking, both antenatally and second hand smoke postnatal. We need to address the risk factors to avoid potentially avoidable hospitalisations of our pepi / Tamariki in Counties Manukau.

There is no specific Counties Manukau data on mental health issues for rangatahi, but the Maaori specific analysis of the Youth 2007 data does provide national level information which gives an indication of the possible situation in Counties Manukau. Female rangatahi (16.4%) were more likely than male rangatahi (4.9%) to report significant depressive symptoms. Female rangatahi (16.4%) were also significantly more likely to report depressive symptoms compared to Paakeha/NZ European females (12.7%). Male rangatahi (4.9%) however, were less likely to report depressive symptoms than Paakeha/NZ European males (6.5%).

2.9 Health Service Providers

Maaori providers funded by the Counties Manukau District Health Board deliver a broad spectrum of services including personal health services (both 'on-site' and outreach services), mental health services, disability support and health promotion. These providers vary in size and structure but all seek to govern, manage and deliver services from a kaupapa Maaori framework.

[9] Data extracted by D Papa sourced from the National Minimum Data Set.

2.10 Engagement with Primary Care

Approximately 60% of the Counties Manukau Maaori population that are enrolled in CMDHB practices are enrolled in practices that are part of the Procare PHO[10]. This is followed by approximately equal proportions (16%) enrolled with ETHC and the National Hauora Coalition practices and approximately 4% each enrolled with Alliance Health Plus and East Health respectively. Enrolment with practices for the CM Maaori under 15 years population mirrors the same trend as for adults.

Table 1.2 CM residents enrolled in CMDHB practices (numbers), all ages combined

PHO	Maaori	Pacific	Non-Maaori Non-Pacific	Total
Alliance Health +	2586	14663	3922	21171
East Health (GAIHN)	2498	1878	78353	82729
ETHC Practices	10679	44031	18708	73418
Nat Hauora Coalition	11384	4322	3050	18756
Procare (GAIHN)	41735	40739	146954	229428
Total	**68882**	**105633**	**250987**	**425502**

Table 1.3 CM residents enrolled in CMDHB practices (percentage)

PHO	Maaori	Pacific	Non-Maaori Non-Pacific	Total
Alliance Health +	3.75%	13.88%	1.56%	4.98%
East Health (GAIHN)	3.63%	1.78%	31.22%	19.44%
ETHC Practices	15.50%	41.68%	7.45%	17.25%
Nat Hauora Coalition	16.53%	4.09%	1.22%	4.41%
Procare (GAIHN)	60.59%	38.57%	58.55%	53.92%
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Table 1.4 CM residents, enrolled in CMDHB practices, aged under 15 years

PHO	Maaori	Pacific	Non-Maaori Non-Pacific	Total
Alliance Health +	871	4635	785	6291
East Health (GAIHN)	846	676	15422	16944
ETHC Practices	3935	15745	4334	24014
Nat Hauora Coalition	3874	1385	524	5783
Procare (GAIHN)	14014	13460	28198	55672
Total	**23540**	**35901**	**49263**	**108704**

Source: PHO enrolment register, Quarter Four 2012, analysed by CMDHB February 2013

[10] 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 based on the 2006 Census. Comparisons suggest that ethnicity data derived from both PHO and NHI datasets under estimate Maaori and Asian populations while over estimating Pacific and European/Others.

National Indicators

3 National Indicators

The following three sections of the plan present Maaori health priorities and aligned indicators that have been identified and where necessary, discussed at the national, regional and local levels. The priorities and aligned indicators provide indication of;

- what our organisational focus will be on;
- why this is an organisational focus
- who will be responsible;
- what we are going to do, by when;
- if there are any identified risks with the identified approaches

Having made a commitment to achieve these key outcomes, we also need to look at the synergies and conflicts that may exist between national, regional and local priorities, with a view to resolving any key issues that may result. This document does provide us with the ability to look across the full spectrum of activities from a Maaori perspective to ensure alignment and where required make recommendations at all levels for further activity/ investment.

3.1 Accuracy of reporting in PHO Registers

Health Priority	Data Quality
Indicator No 1	Accuracy of reporting in PHO Registers
Baseline	No baseline available
Target:	95% accuracy of Ethnicity PHO registers
Rationale	Accurate ethnicity data is essential for tracking progress in Maaori health outcomes.

Action Plan:

Population health outcome we desire	Accurate population health information		
To help us achieve this outcome we will focus on	**Increasing the number of PHOs using the MOH standardised ethnicity question on enrolment forms**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Advocate the use of the MOH ethnicity data protocols 2004 in PHO enrolment forms	Use of the MOH ethnicity data protocols 2004 on all PHO enrolment forms in Counties Manukau	Ongoing	CMDHB Primary and Maaori health Planning Funding
Require use of the MOHs ethnicity data protocols 2004 via any new provider contracts	Add the requirement for use of the MOHs ethnicity data protocols 2004 in the development of new provider contracts for the 2013/14 period	Ongoing	CMDHB Primary and Maaori health Planning Funding
Work with PHOs to develop an implementation plan of the MOH ethnicity data protocols which includes training and a train the trainer package.	Implementation plan Training package	June 2014	CMDHB Primary and Maaori health Planning Funding
Submit application to MOH Primary Care Ethnicity Audit Tool Kit RFP	RFP Application	June 2013	Portfolio Manager, Maaori Health
If RFP tender is successful draft an implementation plan to roll out the Primary Care Ethnicity	Primary Care Ethnicity Audit Tool Kit Implementation Plan	August 2013	Maaori Health Planning Funding.

Audit Tool Kit			
6 monthly reviews of the current ethnicity data by the Primary Health and Community services strategic meeting (PH&CS)	Documented review	6 monthly	CMDHB Primary and Maaori health Planning Funding

3.2 Percentage of Maaori enrolled in PHO

Health Priority	Access to care
Indicator No 2	Percentage of Maaori enrolled in PHO
Baseline	88% of Counties Manukau Maaori were enrolled at Q4 2012
Target:	97% Maaori PHO enrolment rates by 30 June 2014
Rationale	Increased access to Primary Care contributes to better health outcomes for Maaori

Action Plan:

Population health outcome we desire	**Increased access to primary care**		
To help us achieve this outcome we will focus on	**Increasing the PHO enrolment rate for Maaori**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Maintain up to date population data	Up to date PHO enrolment rates for Maaori in CMDHB, against statistics NZ Maaori population estimates	Ongoing	CMDHB Primary and Maaori health Planning Funding
Implement the New Born Baby enrolment process, which will ensure increased enrolment rates for Mothers and their babies	Implementation plan	June 2014	CMDHB Primary and Maaori health Planning Funding
Work closely with Primary care partners to develop and monitor Annual Maaori Health Plans for each PHO	Primary Health Organisations have submitted Maaori Health Plans	September 2013	CMDHB Primary and Maaori health Planning Funding
Develop a process to receive, feedback, approve and monitor Maaori Health Plans	Maaori Health Plans are signed off by General Manager Maaori and Group Manager Primary Care	September 2013	General Manager Maaori Health and Group Manager Primary Care
Ensure Maaori Health Plans include actions to increase accuracy of ethnicity collection and recording and strategies to increase the enrolment of Maaori into Primary Health Organisations	Primary Health Organisations have submitted Maaori Health Plans	September 2013	CMDHB Primary and Maaori health Planning Funding
6 monthly review of PHO enrolment figures by PH &CS	Documented review	6 monthly	CMDHB Primary and Maaori health Planning Funding

3.3 Ambulatory sensitive hospitalisation (ASH) rate

Health Priority	Access to care
Indicator No 3	Ambulatory sensitive hospitalisation (ASH) rate
Baseline	Age standardised rates ASH rates were obtained from the MOH (December 2012)* 0-74 yr age group 3798 (192%)** per 100,000 population** 0-4 yr age group 5741 (102%) per 100,000 population 45-64 yr age group 5523 (333%) per 100,000 *Figures obtained from the NSFL data set ** All percentages are worked out by dividing the Maaori DHB ASH rate for that age band by the national total rate for the **total population**, for example the 0-74 age group is calculated 3,798/5,1983 = 192%
Target:	Target is based on achieving a reduction across all age groups by 10% by June 30 2013 0-74 yr age group 3411 (172%) per 100,000 population 0-4 yr age group 5585 (99%) per 100,000 population 45-64 yr age group 5199 (313%) per 100,000 population
Rationale	CMDHB ambulatory sensitive hospitalisation rate is above the national average and a large proportion of ambulatory sensitive hospitalisations are Maaori and Pacific

Action Plan:

Population health outcome we desire	Increased access to primary care		
To help us achieve this outcome we will focus on	**Reducing ambulatory sensitive hospitalisation (ASH) rate**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Joint DHB integration project with National Hauora Coalition to fund providers to deliver primary care services focused on ASH conditions	Contracted service providers The monitoring and performance framework of contracted service providers	Ongoing	CMDHB Primary and Maaori health Planning Funding
Work with PHO's to develop and implement a range of strategies to reduce ASH rates across the various age groups.			
0 -4 year old age group **Implement new under 14 year skin infection clinical pathway across all PHO's, which provides a clear guideline across assessment, prescribing, and most appropriate point of treatment eg. Primary care or hospital.**	Reduced admission of young people to hospital for skin infections which can be effectively treated in primary care.	June 2014	CMDHB Primary and Maaori health Planning Funding

Develop and implement new respiratory infection clinical pathway across all PHO's, which provides a clear guideline across assessment, prescribing, and most appropriate point of treatment eg. Primary care or hospital.	Respiratory infection clinical pathway to be utilised across PHOS and primary practices to support better treatment of respiratory conditions Reduced admission of young people to hospital for respiratory infections which can be effectively treated in primary care.	December 2013 Commence January 2014	CMDHB Primary and Maaori health Planning Funding CMDHB Primary and Maaori health Planning Funding
45 -64 age group **He Puna Oranga nurses providing support to Maaori living with Long Term Conditions, to better manage their health while at home. This includes home visiting** **Increased risk assessments for CVD and diabetes within PHO's and practices utilising at point of care testing. (National health target)**	Maaori are supported to manage their long term conditions at home, reducing the risk of poor management and the need to visit the hospital Increased assessment of Maaori who access primary care services for CVD and Diabetes risk Increased identification of Maaori who are at risk of CVD and diabetes, promoting earlier intervention	June 2014 June 2014	CMDHB Primary and Maaori health Planning Funding CMDHB Primary and Maaori health Planning Funding
0 -74 age group **Maaori Youth Nurse Specialist (Te Reo Speaking) to provide school based health assessment and support to Whare kura, Kura kaupapa, Koohanga reo and Maaori youth at private training institutes** **Implement Whare Oranga services. Marae based services that deliver health promotion activities and general practice services to Maaori communities**	School based health support provided to Maaori medium preschool, primary, secondary schools and Maaori youth attending private training establishments Improved Maaori access to health promotion and General Practice services, as it is based on Marae and within the Maaori community	June 2014 June 2014	CMDHB Primary and Maaori health Planning Funding CMDHB Primary and Maaori health Planning Funding

3 monthly review of ASH rate figures by PH &CS	Documented review	Ongoing	CMDHB Primary and Maaori health Planning Funding

3.4 Percentage of Maaori Infants fully and exclusively breast feeding at 6 months of age

Health Priority	Maternal Health
Indicator No 4	Percentage of Maaori Infants fully and exclusively breast feeding at 6 months of age
Baseline	6 months – December 2012 7%
Target:	57% of Maaori infants at three months of age are fully and exclusively breastfed 27% of Maaori infants at six months of age are fully and exclusively breastfed
Rationale	More effective immune response, better nutritional uptake and less incidence of gastro intestinal disorders as a result of exclusive breast feeding.

Action Plan:

Population health outcome we desire	Improved health among infants and mothers		
To help us achieve this outcome we will focus on	**Increasing the number of mothers who are fully and exclusively breast fed to six months**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Identify effective interventions at high performing DHBs and disseminate this information to relevant stakeholders.	A summary of the strategies and activities used by high performing DHBs will be shared with relevant stakeholders.	Dec 2013	CMDHB Primary and Maaori health Planning Funding
Influence breastfeeding activities in primary care through the Maatua, pepi, Tamariki programme as part of Better, sooner, more Convenient	Increased focus on breastfeeding by services who are part of the Whaanau ora service integration programme	June 2014	National Hauora Coalition, Maaori health Planning Funding
Provide lactation clinic, breast feeding advocacy services.	Lactation clinic services will continue to deliver postnatal support to mothers.	Ongoing	Maternal Health Team, Turuki Health and Maaori health Planning Funding
WC/TO providers to promote breastfeeding strategies	All Maaori providers implementing plans to become BFCI Accredited	June 2014	CMDHB Primary and Maaori health Planning Funding
6 monthly review of breastfeeding rates by Maaori health Planning Funding	Minuted reports	Ongoing	Child Youth and Maternity Strategic Group

3.5 Cardiovascular risk assessment (CVRA) completion within the past 5 years (percentage of the eligible population)

Health Priority	Cardiovascular Diseases
Indicator No 5	Cardiovascular risk assessment (CVRA) completion within the past 5 years (percentage of the eligible population)
Baseline	56.92%
Target:	90%
Rationale	Cardiovascular disease is a leading cause of avoidable mortality and hospitalisation for Maaori and contributes significantly to the life expectancy gap between Maaori and those of non-Maaori/non-Pacific ethnicities in CMDHB.

Action Plan:

Population health outcome we desire	**Reduce mortality through improved cardiovascular health**		
To help us achieve this outcome we will focus on	**Increasing the proportion of cardiovascular risk assessments (CVRA) performed in the eligible population.**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Implementing an outcomes based funding framework	Chronic Care Management Programme Redesign based on outcomes framework, which will identify outcomes related to CVD Management. Continuation of 'Working together to achieve National CVD and Smoking Targets' incentive programme.	December 2013	CCM Redesign Working Group, PHOs, Primary Care and Secondary Care Clinicians
Endorsing the Northern Region Cardiac Network Recommendations	PHOs and practices use validated electronic tools for screening as PMS audit tools to identify patients who should be screened	December 2013	Primary Care and Community Services Team, Northern Region Cardiac Network
Support for PHO plans which include standardising audit and feedback processes and the implementation of Quality Improvement Approaches	PHOs have submitted plans which outline their approaches to reaching the CV Risk Assessment target of 90% by the 1st of July 2014.	June 2014	PHOs, Clinical Governance Groups (i.e the LTC CGG), locality Governance Forums – once they've been established
CV Screening opportunistically at secondary care	Implementation of secondary care CV risk assessment project.	June 2014	Primary Care and Maaori health Planning & Funding
Identify high performing PHOs and document the interventions so these can be shared across the region	Clinical governance and feedback forums established.	June 2014	PHO 6 weekly National Health Target Meeting
Reporting review of cardiovascular risk assessments to the LTC clinical governance group.	**Report**	**By June 2014**	**LTC Clinical Governance Group**

3.6 Number of tertiary cardiac interventions

Health Priority	Cardiovascular Diseases
Indicator No 6	Number of tertiary cardiac interventions
Baseline	Not available at the time of development of this plan
Target:	70% of high risk Acute Coronary Syndrome patients will receive an angiogram within 3 days of admission ('Day of Admission' being 'Day 0') 95% of Acute Coronary Syndrome patients who undergo coronary angiogram will complete the ANZACS QI and Cath/PCI registry data collection within one month
Rationale	Cardiovascular disease is a leading cause of mortality for Maaori with rates 2.5 times higher than the rates for non Maaori.

Action Plan:

Population health outcome we desire	**Reduce mortality through improved cardiovascular health**		
To help us achieve this outcome we will focus on	**Monitoring the number of tertiary cardiac interventions for Maaori and Non Maaori in Counties Manukau**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Work with the National Cardiac Clinical Network to develop target for Acute Coronary Syndrome patient access to angiogram	**Acute Coronary Syndrome access to angiogram** targets proportional to CVD burden and CMDHB access disparities	June 2014	CMDHB Planning and Funding, Chief Medical Advisor Primary Care
Ongoing measurement of rates of Acute Coronary Syndrome who receive an angiogram for Maaori, Pacific and non Maaori and Non Pacific for 2012/2013.	Annual report of **Acute Coronary Syndrome** results.	June 2014	CMDHB Planning and Funding
Review clinical prioritisation protocols for Acute Coronary Syndrome referral	Review of prioritisation protocols and guidelines.	June 2014	CMDHB Planning and Funding
Monitoring of this indicator will be done regularly through the PPP reports and CMDHB performance rate from MOH for national health targets.	PPP Reports CMDHB national health target performance rate from MOH	Quarterly	LTC Clinical Governance Group, Primary Care Planning and Funding team

3.7 Breast Screening rate among the eligible population

Health Priority	Cancer
Indicator No 7	Breast Screening rate among the eligible population
Baseline	66.5% for the 24 months to December 2012 50-69 year olds
Target:	70%
Rationale	Breast Screening can reduce breast cancer mortality through early detection. Maaori women in CMDHB have a significantly higher mortality rate from breast cancer than non-Maaori/non-Pacific women.

Action Plan:

Population health outcome we desire	Reduced cancer mortality and morbidity		
To help us achieve this outcome we will focus on	**Improve breast screening rates**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Work with primary care practices to carry out data and address matches to: • **Identify waahine who are not enrolled for breast screening** • **Identify waahine who are enrolled with BSA but have changed their residential address**	• Data matches offered to all practices (including whare oranga and marae based clinics) a minimum of once a year • Detailed Regional Co-ordination Plan to the NSU with strategies and targets to increase coverage in CMDHB.	June 2014	BreastScreen Counties Manukau (BSCM) is the lead provider for the BSA programme in CMDHB.
Utilise the BreastScreen mobile unit to increase accessibility into the programme. This includes locating mobile unit at Marae, enabling walk-ins and promotional activities	Increased breast screening rates, and greater coverage in areas densely populated by Maaori	June 2014	BreastScreen Counties Manukau
Increase retention of waahine in the programme through utilisation of an intensive follow up protocol. These typically include, • **waahine who do not respond to appointment letters by text and phone** • **waahine who DNA 3 times are referred to the contracted independent service provider** • **Follow up waahine who DNA or are reluctant to come to assessment appointments**	Increased breast screening rates for waahine.	June 2014	BreastScreen Counties Manukau
6 monthly reports provided by Breast Screen Aotearoa (through the BSA Reporting service), monthly DHB reports to GM Medicine and GM Maaori Health	Six monthly report	Six monthly	BreastScreen Counties Manukau

3.8 Cervical Screening rate among the eligible population (three year cycle) 20-69 years

Health Priority	Cancer
Indicator No 8	Cervical Screening rate among the eligible population (three year cycle) 20-69 years
Baseline	57% quarter two 2011/2012 (NSU figures)
Target:	80% of eligible women aged between 25 & 69 years are screened
Rationale	Having regular cervical smears can reduce a woman's risk of developing cervical cancer by 90 percent (NSU website). Regular cervical smear tests every three years are recommended for women, if they have ever been sexually active, from the age of 20 until they turn 70.

Action Plan:

Population health outcome we desire	Reduced cancer mortality and morbidity		
To help us achieve this outcome we will focus on	**Improve cervical screening rates**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Continue to provide cervical screening services along the screening pathway i.e education, cervical smear taking, and support colposcopy services	Ongoing support for screening services from specialist providers focussed on increasing rates among Maaori in Counties Manukau. Include cervical screening monitoring in Locality Clinical Partnership quality indicator set Increase promotional programmes to support better engagement by Maaori in the screening programme	June 2014	CMDHB Planning and funding and service providers, Maaori Health Team
Establish training to enable primary care nurses to be certified smear takers	Training programme established for primary care nurses to act as smear takers Primary care nurse champions identified	June 2014	CM Child, Youth and Maternity team leader
Identify effective screening recruitment interventions at high performing DHBs.	A cervical screening recruitment programme that is based on key learning's from high performing DHBs.	June 2014	CMDHB Planning and funding and service providers
6 monthly review of cervical screening rates by Maaori health Planning & Funding	Minuted reports	Ongoing	CMDHB Primary and Maaori health Planning Funding

3.9 Percentage of hospitalised smokers provided with cessation advice

Health Priority	Smoking
Indicator No 9	Percentage of hospitalised smokers provided with cessation advice
Baseline	95%
Target:	95% of hospitalised smokers will be provided with brief advice and support
Rationale	At the last Census our population had among the highest smoking rates in New Zealand, with 50% of Maaori women and 42.5% of Maaori men reporting that they were smokers. Smoking is a 'big ticket item' in terms of potential for Maaori health gain, contributing to not only smoking related lung diseases and lung cancer but also to other major disease areas such as diabetes, CVD, cancer, infant mortality and poor oral health.

Action Plan:

Population health outcome we desire	Improved respiratory health		
To help us achieve this outcome we will focus on	**Increasing the proportion of hospitalised smokers who are offered brief advice and cessation support**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Continue to develop systems in Middlemore hospital to ensure all patients' smoking status is recorded along with brief advice and referrals to intensive support services.	Increased number of smoking statuses, brief advice and referrals' on support services recorded for eligible population.	June 2014	CMDHB Planning and funding & Living smokefree Programme Manager
Provide enhanced training and refresher updates to ensure brief interventions are delivered competently, and that hospitalised smokers receive the most appropriate smokefree support	Implementation and review of new training schedule	December 2013	Living smokefree Programme Manager
Support hospital management, clinicians and hospital champions to maintain the profile of the smokefree target	Smokefree Health Target remains high.	June 2014	Living smokefree Programme Manager
Maintain and improve existing referral pathways from secondary care to cessation services	Referral Pathways review.	June 2014	Living smokefree Programme Manager
Improve integration of smokefree processes into daily hospital operations.	Daily reporting system transitioned to standard hospital processes	December 2013	Living smokefree Programme Manager
Work with LMCs and within maternity services	Completed stock take and gap analysis of	August 2013	Portfolio Manager, Woman's Health

to enable clinicians to support pregnant women who smoke to quit	training and resource requirements		
Establish a working group to ensure implementation of the New Maternity Smoking Health Target	Maternity Smoking Health Target Implementation Plan	August 2013	Portfolio Manager, Woman's Health & Portfolio Manager, Maaori Health
6 monthly review by PH &CS	Documented review	6 monthly	Maaori health Planning Funding, & Living smokefree Programme Manager

3.10 Percentage of smokers provided with brief advice and cessation support in Primary Care

Health Priority	Smoking
Indicator No 10	Percentage of smokers provided with brief advice and cessation support in Primary Care
Baseline	37.25%
Target:	90% of enrolled patients who smoke and are seen in general practice are offered brief advice and support to quit smoking
Rationale	At the last Census our population had among the highest smoking rates in New Zealand, with 50% of Maaori women and 42.5% of Maaori men reporting that they were smokers. Smoking is a 'big ticket item' in terms of potential for Maaori health gain, contributing to not only smoking related lung diseases and lung cancer but also to other major disease areas such as diabetes, CVD, cancer, infant mortality and poor oral health.

Action Plan:

Population health outcome we desire	Improved respiratory health		
To help us achieve this outcome we will focus on	**Increasing the proportion of smokers who are offered brief advice and cessation support in Primary Care**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Work together with PHOs and GP practices to ensure ABC practices are used and offered to every patient every time and that practice management systems and data quality is robust and reliable.	Continuation of 'Working together to achieve National CVD and Smoking Targets' incentive programme. ABC training schedule and implementation plan is developed Implementation of new training schedule Internal audit developed to review ABC practices, practice management systems and data quality	June 2014 December 2013 June 2014 December 2013	CMDHB Planning and funding
Establish initiatives that increase access to smoking cessation services, within Primary care	Establish a mobile cessation service to Marae and community Work intersectorially to provide cessation support to staff and community who	December 2013 December 2013	Living Smokefree Programme Manager

	access those services		
Continue to work with the Long Term Conditions Portfolio Manager and Clinical Champions to apply a collaborative approach with supporting primary care providers to increase performance against PPP indicators, in particular, smoking and CVD.	PPP Performance Plan developed.	July 2013	CMDHB Planning and funding & LTC Portfolio Manager
Implement real time and more regular reporting structures for PHOs and Primary Care providers to be fed back at six weekly PHO Achieving the National Health Target forum. This will include data presented by Total Population, Other Population and most importantly High Needs Population (Maaori, Pacific, Quintile 5). **Establish feedback forums throughout locality networks once localities are fully functioning.**	Reporting league tables and feedback forums are established.	June 2014	CMDHB Planning and funding & Primary Care Team
Implementation of Year 1 of CMDHB's Smokefree 2025 Plan (5 year project)	Completed Year 1 objectives of CMDHB's smokefree 2025 Plan	June 2014	Living smokefree Programme Manager & Portfolio Manager, Maaori Health
3 monthly review of PHO health target smoking figures by PH &CS	Documented review	3 monthly	CMDHB Primary and Maaori health Planning Funding

3.11 Percentage of Maaori infants fully immunised by eight months of age

Health Priority	Immunisation
Indicator No 11	Percentage of Maaori infants fully immunised by eight months of age
Baseline	81% (1mnth data)
Target:	90% of Maaori infants are fully immunised by eight months of age
Rationale	Timeliness of immunisation is important to protect young infants who are most at risk of infections such as pertussis

Action Plan:

Population health outcome we desire	**Improved Children's Health**		
To help us achieve this outcome we will focus on	**Increasing the proportion of Maaori Children fully immunised by eight months of age**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Implement outreach process where all Counties Manukau Wellchild and Tamariki Ora providers are contracted to deliver Immunisations	Increased immunisation of Maaori pepi who utilise Wellchild and Tamariki Ora services in Counties Manukau	June 2014	CMDHB Planning & Funding, & Immunisation Providers
Implement recall protocol across all PHO's and immunisations providers, where providers will only have 2 weeks rather than the previous 3 months, to re engage and organise new appointments	All tamariki that miss their immunisation dates, are re engaged within a 2 week period, increasing the number of Maaori infants who are immunised fully by 8 months.	June 2014	CMDHB Planning & Funding & Immunisation Providers
Work with primary care through PHOs and practices to facilitate equity of immunisation across all population groups by: • Provide NHI level information to PHOs and practices about children who are overdue for immunisations to trigger action. • Advocate that PHOs have a clearly documented process to refer overdue children to outreach services • Monthly review of immunisation coverage and ethnicity data of children overdue for their immunisation at the DHB hosted Immunisation Working Group meeting. ▪ Working with key stakeholders, and	PHO's and practices are aware of children with overdue immunisations and are re-engaged PHO's and practices have a clear documented process for referring overdue children to outreach services Continued improvement of engagement with Maori and accessing immunisation as a result of addressing the key barriers to access for Maaori	June 2014 June 2014 June 2014	CMDHB Planning & Funding & Immunisation Providers

communities to understand the current barriers to accessing immunisation for Maaori children identify, solutions, implement agreed options and evaluate			
Radio campaign with Radio Waatea to promote pepi immunisation to Maaori whaanau	Greater awareness of immunisation to local Maaori community	August 2013	CMDHB Immunistion Working Group, Child Youth and Maternity team Planning and Funding
Promotion of immunisation at Marae based events	Greater awareness and acceptance of immunisation by local Maaori community	June 2014	CMDHB Immunistion Working Group, Child Youth and Maternity team Planning and Funding
Engagement of the Maaori Womens Welfare League to promote immunisation to Maori communities	Maaori network promoting immunisation to Maaori	June 2014	CMDHB Immunistion Working Group, Child Youth and Maternity team Planning and Funding, and Maaori Health team
Data from NIR on CMDHB immunisations collated and presented monthly to the CMDHB Child Expert Advisory Group and the Child Youth and Maternity Strategic Forum	Monthly update reports	Monthly	CMDHB Planning & Funding, NIR

3.12 The percentage of eligible Maaori population > 65 years immunised against Influenza

Health Priority	Immunisation
Indicator No 12	The percentage of eligible Maaori population > 65 years immunised against Influenza
Baseline	62.39 % 2012
Target:	75%
Rationale	Influenza causes significant illness and hospitalisations each year and incidence can be reduced by immunisation

Action Plan:

Population health outcome we desire	Reduced communicable disease		
To help us achieve this outcome we will focus on	**Increasing the proportion of eligible Maaori > 65 years who have received the seasonal influenza vaccine**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Continue to work with primary care providers through PHO's to advocate for seasonal influenza immunisation	Advocate for increased seasonal vaccination through existing PHO forums.	June 2014	CMDHB Planning and Funding and PHOs
Monitor seasonal influenza vaccination rates at selected intervals by ethnicity.	Seasonal influenza vaccination rates distributed to key stakeholders of the vaccination pathway.	June 2014	CMDHB Planning and Funding and PHOs
Continue to support the promotion of influenza vaccination of eligible Maaori via PHO's, Maaori providers and other	PHO's and Maaori providers supported by DHB, through ongoing performance reporting, and regularly PHO forums	September 2014	CMDHB Planning and Funding and PHOs, Maaori providers
Progress reports to Primary Health and Community services strategic meeting (PH&CS).	Seasonal influenza vaccination rates.	The completion of the Influenza funding period	CMDHB Planning and Funding and Primary Health and Community services strategic meeting (PH&CS).

Regional Indicators

4 Regional Indicators

4.1 Percentage of Maaori on the CCM programme with Diabetes which receive an annual review

Health Priority	Diabetes
Indicator No 13	Percentage of Maaori on the CCM programme with Diabetes which receive an annual review
Baseline	49.3%
Target:	82% of diabetes patients receive an annual review
Rationale	Estimated CMDHB diabetes population based on Ministry of health prevalence data for 2010/11 is 31,023. CMDHB experienced an 11.8% growth in the diabetes population during this period

Action Plan:

Population health outcome we desire	Improved Diabetes Management		
To help us achieve this outcome we will focus on	**Increasing the number of Maaori people that receive an annual Diabetes Review as part of the CCM programme.**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Work with primary care to increase annual reviews to the Maaori eligible population	Partnership with PHOs, to encourage proactive care through primary care practices through release of comparative performance information at a locality level.	June 2014	Primary care and LTC Portfolio manager
Implementation of our Diabetes Care Improvement Package (DCIP)	Implementation and progress reports against the DCIP	June 2014	Primary care and LTC Portfolio manager
Work with all PHOs to develop specific approaches to high needs groups	Specific approaches developed to support high needs group	June 2014	Primary care and LTC Portfolio manager, Maaori Health Funding & Planning
Review CCM, and develop an outcomes based contract framework for this programme (including diabetes get checked)	Report on CCM Review. Outcomes based contract framework in development.	June 2014	Primary care and LTC Portfolio manager, Maaori Health Funding & Planning
Reporting annual diabetes review data for Maaori and progress against DCIP activity to the LTC clinical governance group.	Report	By June 2014	LTC Clinical Governance Group

4.2 Percentage of estimated Maaori population aged 65 and over accessing Health of Older People Services including Kaupapa Maaori Services

Health Priority	Health of Older People
Indicator No 14	Percentage of estimated Maaori population aged 65 and over accessing Health of Older People Services including Kaupapa Maaori Services
Baseline	Not available
Target:	Not available
Rationale	The major hospital admissions for Maaori aged over 65yrs were care involving dialysis, circulatory heart failure and respiratory/ COPD disorders.

Action Plan:

Population health outcome we desire	**Improved health for Kuia and Kaumatua 65 and greater age group.**		
To help us achieve this outcome we will focus on	**Increase access by Kuia and Kaumatua of Health of Older People Services**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Provide flexible Community Support Services for older people	Service models/ workforce are aligned due to working regionally with primary care, DHBs and regional service planners	June 2014	Health of Older People Team
Continue to provide kaupapa Maaori support services for Kaumatua Kuia in the Counties Manukau Area	Quality service provision of appropriate Kuia and kaumatua services	June 2014	Health of Older People Team
Collect data on number of Maaori accessing health of Older people services to develop an appropriate baseline.	Baseline Data set developed.	June 2014	Health of Older People Team and Maaori Planning and Funding Team
Work with NHC to undertake the Service Integration Project including contract integration and implementing Oranga ki Tua outcomes based contract, programme and model of care.	Oranga ki Tua Outcomes based contract, programme and model of care.	June 2014	Maaori Planning and Funding Team and NHC
Progress reports to Primary Health and Community services strategic meeting (PH&CS).	Progress Report	Quarterly	CMDHB Planning and Funding and & Health of Older Peoples Team

Local Indicators

5 Local Indicators

5.1 The number of schools that have a throat swabbing service established to help prevent rheumatic fever

Health Priority	Cardiovascular Health – Rheumatic fever
Indicator No 15	The number of schools that have a throat swabbing service established to help prevent rheumatic fever
Baseline	18 throat swabbing clinics in schools
Target:	53 school throat swabbing schools
Rationale	CMDHB continues to have the highest number of rheumatic fever notifications in comparison to all other DHBs, and has an overall rheumatic fever rate of 37.1 per 100,000 which is double the national average.

Action Plan:

Population health outcome we desire	Improved cardiovascular health		
To help us achieve this outcome we will focus on	**To reduce the incidence of rheumatic fever among tamariki Maaori in Counties Manukau**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Implement a rheumatic fever plan with a focus on primary prevention and consideration of access to services for those diagnosed with rheumatic fever	Actions identified in the rheumatic fever plan are implemented	June 2014	Child, youth and maternity team, KidsFirst, WCTO providers
Work with provider arm and primary care to develop systems to identify families with children at high risk of rheumatic fever (defined as Quintile 5, Maaori and Pacific) living in crowded houses	High risk, hig Quintile families are assessed and managed for rheumatic fever	June 2014	Child, youth and maternity team, Maaori health team
Implement the Mana Kidz model, which includes establishing a school based health team that is supported by a registered nurse, Whaanau support worker for each of the 53 schools	53 throat swabbing services established and operating in Counties Manukau high risk areas.	June 2014	CMDHB Planning & Funding & National Hauora Coalition
Report regularly to the Child Health Alliance – Counties Manukau group and the PH&CS meeting	Submitted reports	Monthly	CMDHB Planning & Funding & National Hauora Coalition

5.2 Reduce the gap between the rate of Sudden Unexpected Death in Infants (SUDI) in Counties Manukau between Maaori and non-Maaori non-Pacific

Health Priority	SUDI – Child Health
Indicator No 16	Reduce the gap between the rate of Sudden Unexpected Death in Infants (SUDI) in Counties Manukau between Maaori and non-Maaori non-Pacific
Baseline	2.8 SUDI Deaths per 1,000 live Maaori Births
Target:	Reduction gap to be confirmed
Rationale	Maaori post-neonatal mortality rates are considerably higher than non-Maaori and this is largely due to the high incidence of sudden Unexpected Death in Infants (SUDI) amongst Maaori

Action Plan:

Population health outcome we desire	Tamariki and Whaanau Ora		
To help us achieve this outcome we will focus on	**Reduction of infant mortality rates of SUDI for Maaori pepi**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Establish expert advisory group and regional SUDI network	Expert advisory group and Regional SUDI Network established.	June 2014	Child and Youth Mortality Review Coordinator & Child Health Programme Manager & Maaori Health
Communication strategy for professionals and communities to focus on the two key messages: **(1) Safe sleep, every sleep; (2) Smoking cessation**	Communication Strategy. Implementation plan for Communication Strategy.	June 2014	Child and Youth Mortality Review Coordinator & Child Health Programme Manager & Maaori Health
DHB Safe Infant Sleep Policies are reflective of the needs of the region and align with relevant evidence and National policies	Maternal and infant health providers have provided feedback and comment on draft policies Whakawhetu and TAHA have provided feedback and comment on draft policies. 4 CEO's sign generic safe infant sleep agreed policy	June 2014	Child Health Programme Manager & Maaori Health
Whaanau are provided with education and support tailored to their level of need about safe sleeping and the hazards that arise in some sleeping situations. Support the identification, development and resource	Standardised risk assessment developed and implemented. Kaupapa Maaori Antenatal classes are piloted.	June 2014	Child Health Programme Manager & Maaori Health

where needed, of additional models of care and support for vulnerable mothers and babies Strengthen and standardise risk assessment and screening for vulnerable mothers and babies Support and resource models of Kaupapa Maori/Pacific antenatal courses for pregnant women and whanau			
Safe sleeping arrangements are available for all infants after they are discharged home Support implementation of Marae based Wahakura model of antenatal preparation with Maori providers	Kaupapa Maaori Antenatal classes are piloted. Wahakura network of weavers are collated.	June 2014	Child Health Programme Manager & Maaori Health
Child Youth and Maternity Strategic Forum	Update on deliverables	Monthly	Child and Youth Mortality Review Coordinator & Child Health Programme Manager & Maaori Health

5.3 Capacity of community agencies and schools to support communities in suicide prevention and postvention

Health Priority	Suicide Prevention
Indicator No 17	Capacity of community agencies and schools to support communities in suicide prevention and postvention
Baseline:	Not available at the time of development of this plan
Target:	Greater capacity of community agencies and schools to support rangatahi and communities in suicide prevention and postvention
Rationale	The suicide rate in Counties Manukau DHB for Maaori is significantly higher than all other ethnic groups. (22.9 per 100,000)

Action Plan:

Population health outcome we desire	**Reduction in the incidence of suicide and self harm in Counties Manukau**		
To help us achieve this outcome we will focus on	**Increasing the capacity of community agencies and schools to support communities in suicide prevention and postvention**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Continue to facilitate the Interagency Steering Group for Suicide Prevention (IASG)	Collective support and strategy to address Suicide Prevention in Counties Manukau	June 2014	CMDHB Maaori health Planning Funding
Implement the Counties Manukau Suicide Prevention Annual Business Plan CMSPABP, that has particular focus on Maaori	Actions within the CMSPABP completed	June 2014	CMDHB Maaori health Planning Funding
Collect data to identify the number of Maaori suicide and self harm events	Up to date Maaori Suicide and Self Harm data	June 2014	CMDHB Maaori health Planning Funding
To facilitate a series of seminars/trainings on suicide prevention to support Counties Manukau whaanau/family	A minimum of 6 seminars/ trainings in Counties Manukau	June 2014	CMDHB Maaori health Planning Funding
Develop methods of promoting key positive messages (for suicide prevention) to whaanau and communities about strengthening families and connected communities.	Key messages developed and promoted using a range of communication methods utilised • Posters in Community/ Churches • Other public health activity • Community events • School websites	June 2014	CMDHB Maaori health Planning Funding
Report progress against the CMSPABP to the IASG	Progress Reports	Quarterly	CMDHB Primary and Maaori health Planning Funding

5.4 The percentage of Maaori Staff employed in CMDHB

Health Priority	Workforce
Indicator No 18	The percentage of Maaori Staff employed in CMDHB
Baseline	6%
Target:	7% (progressively increasing the annual target to increase the Maaori Workforce to match Maaori representation in Counties Manukau (17%) over a period of five years)
Rationale	Counties Manukau is dedicated to developing a workforce which is reflective of its community. The Maaori population accounts for 17% of the Counties Manukau population.

Action Plan:

Population health outcome we desire	**A workforce that is reflective of the community.**		
To help us achieve this outcome we will focus on	**Increasing the number and proportion of Maaori employed in CMDHB**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Implement Maaori Health Could B 4 U Programme into four secondary schools with a high number of Maaori students.	200 Maaori students engaged in a Health Career Programme from year 10 to year 13. 20-25 year 13 Maaori students apply to health related tertiary programme.	December 2013	CMDHB Maaori Workforce Programme Manager & Future Workforce team
Continue to implement the Health Science Academies Programme across two secondary schools.	Maaori students are participating in Health Science Academies receive dedicated science support on a regular basis.	June 2014	CMDHB Maaori Workforce Programme Manager & Future Workforce team
Continue to implement the Pu Ora Matatini Nursing and Midwifery Programme	Numbers of students engaged in the programme	June 2014	CMDHB Maaori Health Planning and Funding
Maaori Health reports to Executive Leadership Team.	Maaori Health Report.	Quarterly	Maaori Health Team

5.5 Enrolment rates for Maaori 0-4 years into Dental Clinics

Health Priority	Oral Health
Indicator No 20	Enrolment rates for Maaori 0-4 years into Dental Clinics
Baseline:	7,461 number
Target:	85% of estimated Maaori population 0-4 years enrolled
Rationale	Earlier intervention in oral health care is becoming more and more important as the prevalence of tooth decay is becoming more evident in children at an earlier age

Action Plan:

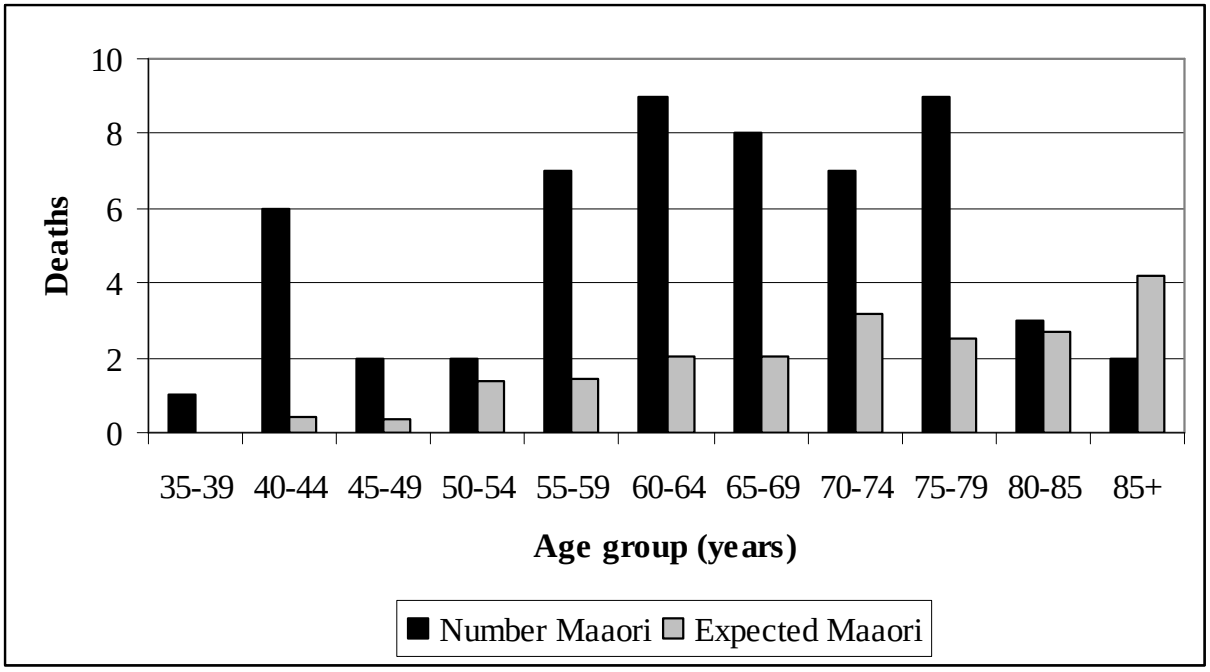
Population health outcome we desire	**Improved oral health for tamariki Maaori**		
To help us achieve this outcome we will focus on	**Increase the enrolments of tamariki Maaori in dental clinics**		
We will undertake these activities and actions	**Deliverables**	**Timing**	**Responsibility**
Earlier enrolment between 0-2 years, utilising well child checks, and Tamariki Ora checks as a mechanism for earlier engagement	Increased enrolments of Maaori tamariki aged 0-2 years	June 2014	CMDHB Planning and Funding, Well Child and Tamariki Ora Providers
Ongoing presence at Maaori community events to raise profile and enrol preschool children missed through Well-child providers and preschool catchment	5 Community Events attended	June 2014	CMDHB Planning and Funding
Implement a Preschool Oral Health Education and Tooth Brushing programme, which includes supervised tooth brushing once a day.	75 preschools and 30 Koohanga Reo trained and delivering Preschool Oral health education and tooth brushing programme Dental Service follows behind enrolments with on-site screening for 1st exam at the preschool, then follow-up treatment appointments at dental clinic accompanied by parents	June 2014	CMDHB Planning and Funding & Oral Health Team, Well Child and Tamariki Ora Providers
Implement onsite preschool screening and diagnostic visits utilising mobile clinics	Onsite screening and diagnostic visits	June 2014	CMDHB Planning and Funding
Child, Youth and Maternity Strategic Forum will monitor progress **Evaluation for Preschool Oral Health Education Tooth Brushing programme,**	Update on deliverables Performance reports of preschools and koohanga reo in relation to	Quarterly June 2014	Child, Youth and Maternity Strategic Forum & Oral Health Programme Manager & Maaori Health

	implementation, including, - Knowledge increase; dental IQ - Changed habits – tooth-brushing - Better choices, changed habits – diet - Support healthy food policy at preschool		

6 Appendices

6.1 Appendix A

Figure 2: Deaths from CVD amongst Maaori in CMDHB by age group in 2005, compared with deaths that would have occurred in Maaori if the Maaori population had the same CVD mortality as the non-Maaori, non-Pacific population



6.2 Appendix B

Table 1 Prevalence of regular smokers in Counties Manukau, by gender and ethnicity, Census 2006

Ethnicity	Gender	
	Female	Male
Maaori	50.3 %	42.5 %
Pacific	26.7 %	34.3 %
European	19.3 %	20.8 %
Asian	3.4 %	16.3 %
MELAA	8.9 %	22.0 %
Other	15.4 %	16.6 %
Total	20.4 %	24.0 %

Source: 2006 Census data analysed by Statistics New Zealand and supplied by PHI

6.3 Appendix C Marae in Counties Manukau Area

Awhitu Maarae
Huarau Maarae
Kaiaua-Wharekawa Maarae
Makaurau Maarae
Mangatangi Maarae
Manurewa Maarae
Mataatua Maarae
Nga Hau e Wha Maarae
Nga Whare Waatea Maarae
Ngai Tai Iwi Umupuia Maarae
Nga-Tau-e-Rua Maarae
Ngati Otara Maarae
Oraeroa Maarae
Pakau Maarae
Papakura Maarae
Papatuanuku Kokiri Maarae
Pukaki Maarae
Pukerewa Maarae
Rereteewhioi Maarae
Tahunakaitoto Maarae
Tauranganui Maarae
Te Awamaarahi Maarae
Te Kotahitanga Maarae
Te Poho o Tanikena Maarae
Te Pou Herenga Waka
Te Puea Memorial Maarae
Te Tahawai Maarae
Tikirahi Maarae
Waikaretu-Weraroa Maarae
Whaiora Maarae
Whatapaka Maarae

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