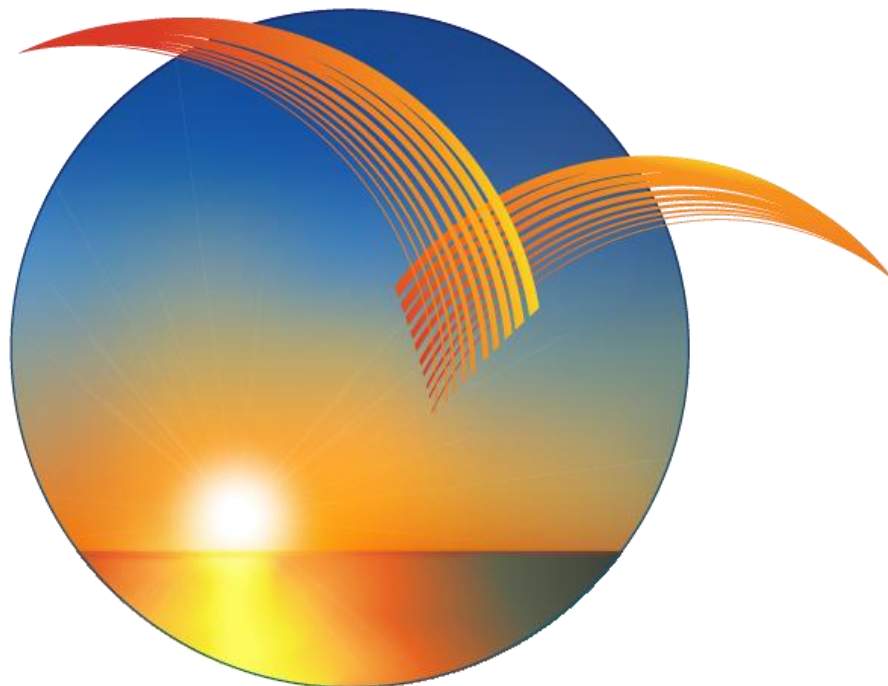


# **Pacific Health Development**

## **Annual Plan**

### **2013/14**



**Implementing Fanau Ola**  
**to realise better health and wellbeing for Pacific families**

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### Pacific Health Development Annual Plan 2013/14

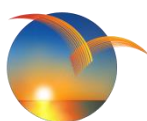
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## Executive Summary

Pacific communities of Counties Manukau face many challenges and constraints that have contributed to the poor health and wellbeing outcomes for many Pacific families, including their babies, children, and youth. This Pacific Health Development Annual Plan presents an innovative approach that captures the dynamics of the growth needs of Pacific families of Counties Manukau. The **Fanau Ola** approach provides a holistic and comprehensive framework, a tailored pathway for our Pacific people and families that encompasses many elements and dimensions of fanau (family) life including their future goals; family and social relationships; cultures and languages; physical, mental, and emotional health and; their unique contexts and circumstances.

Our key priorities for Pacific fanau will focus on ensuring that they can have access to “better, sooner, more convenient” primary health services and programmes. This means high quality and culturally appropriate, accessible and affordable health care, including free after-hours care for all Pacific children who are under six years old. We want better health outcomes for our Pacific mums and babies and fully support the vision of the First 2000 Days project, *‘that children living in Counties Manukau are nurtured and valued, from before conception through early childhood, to when they start school.’* We know that investing in our babies and children will mean that we will have healthier teenagers and adults who will grow into a more energised and productive workforce.

Implementing the Fanau Ola Framework means that we will be developing a Fanau Ola workforce and our trained Fanau Ola Advocates will be utilising this framework with our Pacific patients who frequently return to hospital for specialised care. Our aim is to help those fanau members to transition back to home and to keep well at home alongside their fanau, working with primary health to facilitate that journey. Our fanau will be well-informed about our health systems and they are encouraged to be ‘partners in care’, actively sharing in decision-making processes and fully understanding their care options. This also requires sustained commitment to ensure that Counties Manukau Health provide culturally appropriate healthcare across our whole system, giving staff the tools and techniques to engage Pacific fanau in a safe and caring manner.

With the ongoing need to be smarter about how resources are allocated, the Pacific Health Development team will be looking carefully at Pacific health and wellbeing indicators to ensure that measurable and meaningful progress is achieved. There is a critical need for Pacific Health Development to work alongside Counties Manukau Health to have a complete dataset, with a reliance on accurate ethnic-specific primary care data, to better inform our decision-making on the best use of resources. Such accountability measures will help us to provide targeted interventions that will meet Pacific population health needs, as we collectively work towards realising the goal for Pacific families, empowered to plan and pursue their own futures.

**Pacific fanau will be inspired, optimistic, energised, animated, and uplifted  
and will experience positive Fanau Ola outcomes**

## Development of the Annual Plan for Pacific Health

We acknowledge the vision and direction of the Honourable Minister Tariana Turia who has reinvigorated the age-old discussion of Whānau Ora / Fanau Ola, providing a space and support for re-centering health and wellbeing within our families – *Tēnā Koe*.

We also acknowledge the leadership shown by Leaupepe Peta Karalus and her team at K'aute Pasifika / Midlands Region for being Fanau Ola trailblazers and champions of fanau-centred care. *Fa'afetai tele lava*.

A comprehensive review and assessment of health literature, research papers, evaluation reports, planning documents including the CMH Annual Plan 2013/14 and Statement of Intent, Pacific health data and statistics and other materials relating to Pacific health informed the development of this Plan. Critical to both honouring and integrating multiple stakeholder views however, was a considered process of engagement and consultation with key stakeholders across Counties Manukau Health and the Auckland Region. The Pacific Health Development team have engaged, consulted and/or presented this plan and the Fanau Ola approach to the following for discussion, and have provided them with opportunity for continued feedback:

- Pacific Health Advisory Group / Pacific Health Advisory Committee
- Clinical Governance Group
- Primary and Community Management Committee / Localities Manager
- Workforce Development Team / Nurse and Midwifery Leadership Team
- Disabilities Advisory Group
- Very High Intensive Users of Services (VHIU) Team
- Patient Information Services and Knowledge Management; Telemedicine
- CMH Projects: First 2000 Days; Pregnancy and Parenting; 20,000 Bed Days
- Pacific Mental Health Services – Faleola; Moana Pasifika; Foa Foa; Penina Health
- CMH Senior Medical Officers
- CMH Research Committee
- Alliance Health Plus and Pacific Providers
- Lotu Moui Ministers Advisory Group / Church Leaders / Youth Group
- Pacific Community Organisations / Representatives
- Pacific Managers – Auckland and Waitemata District Health Boards

Many of these key stakeholders span diverse ethnic, cultural, social and economic communities, whose views and interests relating to Pacific health and wellbeing have been incorporated into this Plan. Church, community and youth leaders from over a hundred churches in Counties Manukau attended a Fono held in Mangere to discuss Pacific health and Fanau Ola and to scope some of the exciting opportunities for future engagement in fanau-centred care. Other opportunities for further dialogue relating to Pacific health and this Plan were presented during Pasifika Week with billboard coverage, Fanau Ola posters, flyers and CMH internal communications vehicles including the Daily Dose utilised. Pacific health discussions continue within the staff cultural competency training sessions. Presentations have also been made to the Otago Medical Students Pasifika Programme and the Pacifica National Women's Association. The Cook Islands Health Conference also provided an international platform to present the Plan, with growing interest from the Pacific region in our work. Ongoing consultation with our Pacific fanau, communities and related partners will be critical as we move to implement this Plan over the next twelve months.

## 1. Introduction

Pacific people number over 118,000 in Counties Manukau representing almost 23% of its population. With the highest birth rate in New Zealand, this number is set to rise to about 160,000 over the next decade. This growing youthful population will be the learners, workforce, and leaders of the future. Investing in their health and wellbeing now will benefit them, their fanau and their communities and will contribute to positive growth for Counties Manukau and for our nation. While the Government's vision may be for a 'safe, prosperous and successful New Zealand that creates opportunities for all New Zealanders to reach their personal goals and dreams', and for every child to 'thrive, belong, and achieve', more support focused on Pacific fanau will help them to achieve these goals.

The current situation in Counties Manukau indicates that more than half of the Pacific population experience low socio-economic status including poverty, overcrowding and poor education. Pacific people have high rates of respiratory and infectious diseases and suffer from higher rates of infant mortality and injury than Non-Māori Non-Pacific people. Pacific fanau have high rates of diabetes, heart disease, cancer, gout, obesity, skin and gastrointestinal infections, and Pacific children are at an increased risk of contracting rheumatic fever. Many Pacific families have members, often children, who suffer with disabilities. Mental illness also deprives many Pacific people of a life of mental and emotional wellbeing. Life expectancy for Pacific fanau is 77 years, 6 years lower than non-Māori non-Pacific people living in Counties Manukau.

Aligned with Counties Manukau 'Achieving a Balance: Delivering sustainability and excellence in health' including 'Better Health Outcomes For All', this innovative approach, provided here by the Pacific Health Development team, including the development and implementation of Fanau Ola provides support for Counties Manukau Health to achieve its vision:

***'To work in partnership with our communities to improve the health status of all, with particular emphasis on Māori and Pacific peoples and other communities with health disparities.'***

'Pacific fanau in this document refer to people who are genealogically and ethnically linked to Samoa, Tonga, Cook Islands, Niue, Fiji, Tuvalu, Kiribati, Vanuatu, Solomon Islands, Tokelau, Tahiti and other Pacific Island nations. They may have been born in the Pacific islands and migrated to New Zealand, or may be New Zealand-born.



## 2. Strategic Direction

This Pacific Health Development – Annual Plan 2013-2014 is developed to achieve the legislative objectives and functions of Counties Manukau Health, and is aligned with the following:

- Ministry of Health 'Better, Sooner, More Convenient' Health Services
- Ministry of Health 'Ala Mo'ui, Pathways to Pacific Health and Wellbeing 2010-2014
- Counties Manukau Health Statement of Intent 2012/13 – 2014/15
- Counties Manukau Health Annual Plan 2013-2014
- Counties Manukau Health – Tupu Ola Moui
- Counties Manukau Health – Pacific Health Development Strategy 2013-2018<sup>1</sup>

This plan for Counties Manukau Health also contributes to realising the following goals as outlined by the government:

- **All Pacific New Zealanders lead longer, healthier and more independent lives**
  - This Fanau Ola approach will encourage collaboration between Pacific fanau and Counties Manukau Health as they are supported and resources to develop and implement futures-focused health and wellbeing plans.
- **Service delivery for Pacific fanau is better, sooner and more convenient**
  - Pacific Health Development will work across Counties Manukau Health to have high quality, culturally relevant services, accessible and affordable services developed and implemented.
- **The health system is adaptive, innovative and continually improving**
  - Counties Manukau Health will continue to develop as a learning organisation, evaluative, responsive and adaptive to changes whilst remaining focused on achieving good outcomes for Pacific fanau.

### 'Ala Mo'ui – Ministry of Health national priority outcomes and actions for Pacific Health

- Pacific workforce supply meets service demand
- Systems and services meet the needs of Pacific people
- Every dollar is spent in the best way to improve health outcomes
- More services delivered locally in the community and in primary care
- Pacific people are better supported to be healthy
- Pacific people experience improved broader determinants of health

These priority outcomes are interrelated and provide a holistic view of Pacific health that recognises the complex factors at the individual, family, community, health and disability system and wider societal levels. Each priority outcome has specific actions that are also addressed within this plan that is also aligned with the Counties Manukau Health 'Achieving a Balance' Framework and Triple Aims.

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<sup>1</sup> This will be regularly revised as Annual Plans are implemented, in order to be responsive to the needs of Pacific communities and the contexts within which Pacific Health is delivered in Counties Manukau.

## Key Considerations

### Prevention and Health Promotion

The majority of avoidable deaths (80%) and illness are related to conditions that are largely preventable. These conditions including diabetes, cardiovascular disease, cancer and chronic respiratory disease share common risk factors including smoking, unhealthy nutrition, physical inactivity and harmful use of alcohol. The high rates of infectious diseases such as rheumatic fever, cellulitis and respiratory infections experienced by Pacific fanau are often related to poverty and poor housing conditions.

The Pacific Health Development approach aims to address many of these issues through a focus on prevention and health promotion, and an emphasis on building the capacity of Pacific communities, Pacific fanau and their members to take a life-course approach to their health and wellbeing. A life-course approach highlights the importance of maternal health, pregnancy, infancy and the early years of a child's life. This approach recognises that socio-environmental determinants of health, experienced at different life-course stages influence the development of physical, emotional and mental health of a person. Through Fanau Ola, Pacific Health Development will take a holistic approach, encompassing multiple elements of fanau life.

### Health Equity

Addressing health equity is fundamental to this population health approach. Equity means that all groups have equal opportunities that will support them to achieve equal health outcomes. This requires catering to the different needs of Pacific people who have a poorer health status than non-Māori non-Pacific people. The prioritisation of interventions and programmes provided in this approach aims to both improve Pacific health outcomes and reduce health inequalities.

### Life Expectancy

The life expectancy gap between Pacific people and non-Māori non-Pacific populations is six years. The main causes of death that contribute to this gap are infant mortality, cardiovascular diseases, diabetes, lung diseases related to smoking and cancer.

### Pacific population health priorities

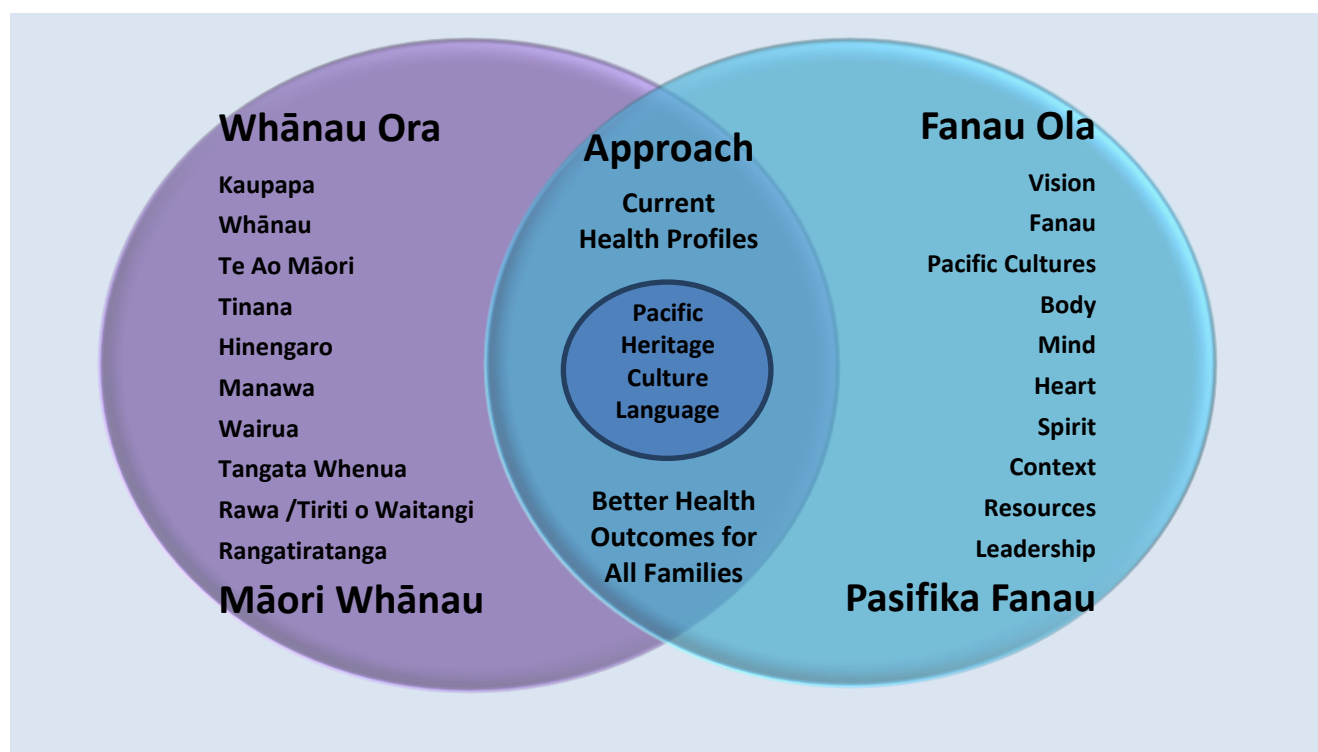
In view of the current issues facing Pacific fanau and the influencing factors regarding prioritisation of health approaches including (a) burden of disease; (b) inequalities; (c) policy drivers and levers; (d) potential for impact; (e) evidence for interventions; and (f) time frame of impact, Pacific Health Development supports Counties Manukau Health priority areas:

- First 2000 Days – Healthy Pacific mums, babies, and children
- Housing – Improved housing conditions for Pacific Fanau
- Smokefree – No Smoking Pacific Fanau 2025

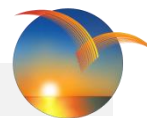
## Clarifying the Whānau Ora and Fanau Ola Approaches

Whānau Ora and Fanau Ola are holistic and comprehensive approaches to understanding family health and wellbeing that acknowledge the spirit, heart, mana and inherent dignity of Māori and Pacific families. While the approaches share some commonalities, there remain a number of distinctions between them. First, the Whānau Ora approach focuses on engaging Māori whānau, while **Fanau Ola is tailored for Pasifika fanau** or Pacific people. Furthermore Whānau Ora takes into account the unique position of Māori as tangata whenua of Aotearoa New Zealand, and their Tiriti o Waitangi relationship with the Crown and its entities. On the other hand, the **Fanau Ola** approach contextualises the lives of Pacific people who have travelled to New Zealand over the past several decades, who mainly settled, lived and worked in the Counties Manukau / Auckland regions.

While Māori and Pacific families may now share some similarities in terms of demographic and health profiles, their pathways to those outcomes are quite different. Hence, although some features of their engagement and enquiry may be similar, others will differ. For example, questions regarding culture and cultural identity for Māori would include an exploration of whenua, marae, hapū, iwi, te reo Māori and so forth, while for Pacific people this may include enquiries into their knowledge of their Pacific traditions, languages, and protocols. Both approaches would need to take into account the family's subjective sense of self (individual and collective) as well as objective understandings of their broader socio-cultural environments.







## Fanau Ola Framework

Through the development and implementation of **Fanau Ola**, Pacific fanau will be encouraged to build their capacity to transform their lives. With the support and resources of Counties Manukau Health, through various health organisations, intersectoral partners, networks, systems, processes and programmes, Pacific fanau will not only experience better health outcomes, but will also realise greater balance and harmony in their lives.

**Fanau Ola** is a holistic and comprehensive framework that encompasses many elements and dimensions of fanau life including:

- **Vision** Futures / shared vision of members / goals / objectives / planning
- **Fanau** Familial / social dimension / relationships / caring connections
- **Culture** Worldview / values / beliefs / behaviours / traditions / languages
- **Body** Physical / quality of life / health conditions / risks / self-care
- **Mind** Intellectual / learning / education / skills / attitudes / behaviours
- **Heart** Emotional / feelings / mental wellbeing / love and support
- **Spirit** Spiritual / vairua / religion / church engagement
- **Context** Environmental / community / systems / socio-cultural
- **Resources** Housing / income / jobs / business / transport / technology
- **Leadership** Governance / management / family leadership

The Fanau Ola Framework recognises the diverse nature of many of Pacific fanau, which may include parents, children, grandchildren, grandparents, aunts and uncles, nieces and nephews, and any other number of relatives and friends from the Pacific Islands in a variety of configurations. At least 35 percent of these fanau members will be under 15 years of age. Pacific people are more likely to live in crowded households. While fanau may identify ethnically with one main culture, some of the younger generation may have partners from other cultures which mean that their children will have multiple ethnicities. There may be a varying level of understanding of English. Overall income is lower in Pacific people and unemployment is higher. Although education is considered important to Pacific fanau, participation in the education system is difficult for some. Against this backdrop, creating a family profile and completing a comprehensive fanau assessment will be an important initial task for Fanau Ola Advocates and Practitioners and Pacific Health Development. The Fanau Ola Journey will follow a culturally appropriate process of engagement, assessment, reflection, analysis, planning and prioritisation with both fanau and their individual members.<sup>2</sup>

### **Fanau Ola is realised and achieved**

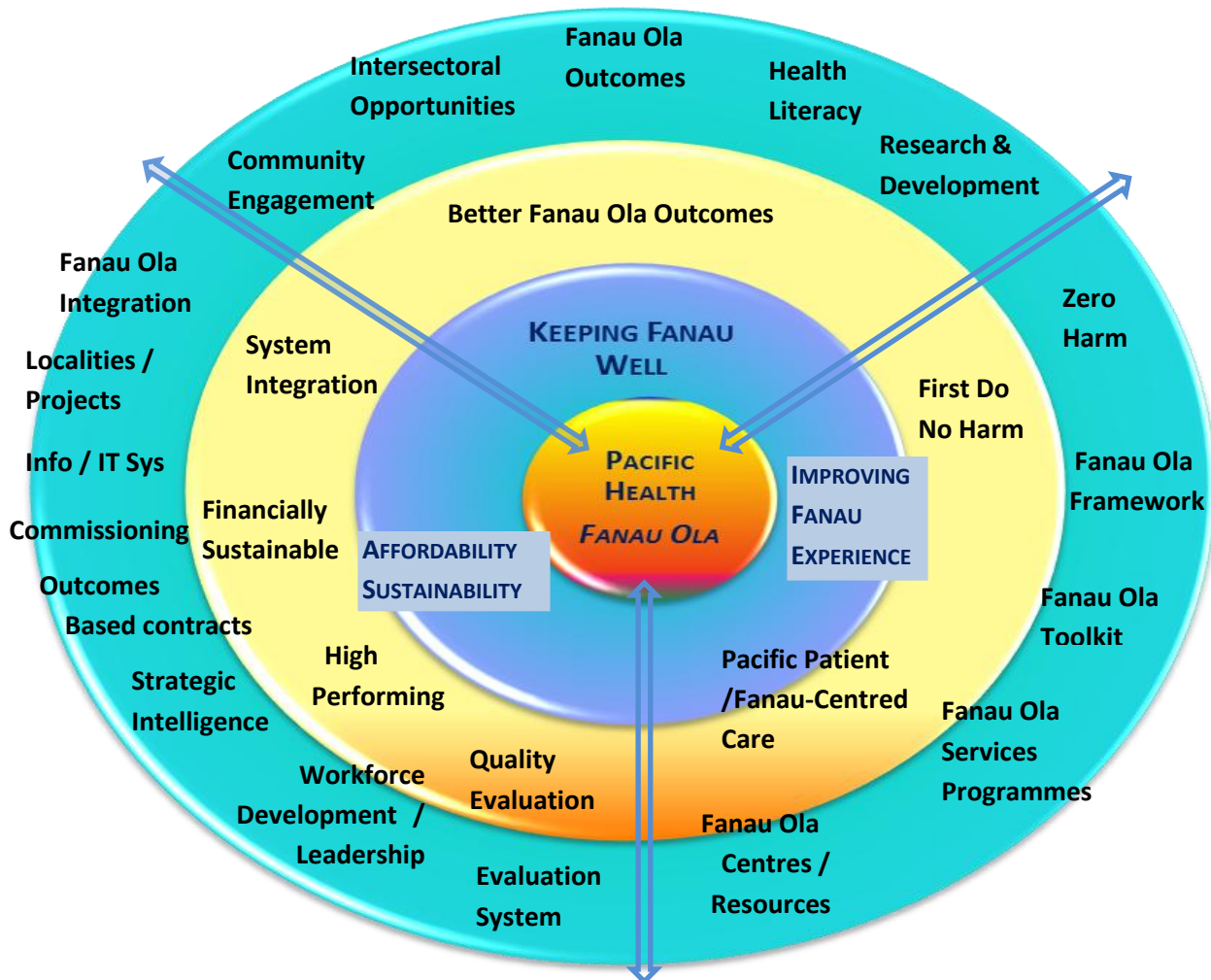
**when Pacific fanau build strong relationships with each other;  
are empowered to pursue their vision of a brighter future together;  
and experience better health, wellbeing, and harmony in their lives.**

<sup>2</sup> See Appendix One for further details regarding the Fanau Ola approach

## Pacific Health Development

### Achieving a Balance

#### Delivering Sustainability and Excellence in Health and Fanau Ola



In order to fully realise the aspirations and goals of our Pacific fanau to be healthy and well, the aim is to integrate the **Fanau Ola** Framework into Counties Manukau Health systems, infrastructure, processes, programmes and services. A commitment to this approach, with the support and resources from Counties Manukau District Health Board stakeholders, networks, communities and local organisations across primary, secondary and tertiary care is required for us to collaboratively achieve positive **Fanau Ola** health and wellbeing outcomes with our Pacific fanau.



We aim to achieve our vision of working in partnership with our communities to improve the health status of Pacific fanau by leading the development of a more accessible, integrated and responsive healthcare system that is dedicated to providing our fanau with high quality, fanau-focused care.

Our planning processes and action plans both reflect and integrate the following values:

### Care and Respect

- Treating people with respect and dignity; valuing individual and cultural differences and diversity

### Teamwork

- Achieving success by working together and valuing each other's skills and contribution

### Professionalism

- Acting with integrity and embracing the highest ethical standards

### Innovation

- Constantly seeking and striving for new ideas and solutions

### Responsibility

- Using and developing our capabilities to achieve outstanding results and taking accountability for our individual and collective actions

### Partnership

- Working alongside and encouraging others in health and related sectors to ensure a common focus on achieving health gains and independence for Pacific fanau

## Achieving a Balance across Pacific Health Focus Areas

Pacific Health Aim	Pacific Health Programme Strategy	Goal	Pacific Health Goals
Improved health and equity for all populations	Better Health Outcomes For Pacific People	1	Fanau Ola Outcomes
		2	Health Literacy
		3	Research & Development
		4	Community Engagement
		5	Intersectoral Opportunities
Improved quality, safety and experience of care	First Do No Harm	6	Zero Harm
	Delivering Pacific Patient and Fanau-Centred Care	7	Fanau Ola Approach and Framework
		8	Fanau Ola Toolkit
		9	Fanau Ola Services / Programmes
		10	Fanau Ola Centres / Resources
Best value for public health system resources	System Integration	11	Fanau Ola Integration
		12	Localities Development
		13	Information / IT Systems
	Ensuring Financial Sustainability	14	Commissioning / Outcomes-based Contracting
	Enabling High Performing People	15	Workforce Development / Leadership
		16	Strategic Intelligence
	Quality Pacific Health Development – PHD Framework & Evaluation		

### 3. National Priorities / Indicators / Targets

Ministry of Health – Health Targets for all DHBs	Health Targets – CMDHB report to MOH on a quarterly basis [Data to be available by ethnicity]
Shorter Stays in Emergency Departments	95% of Pacific patients will be admitted, discharged, or transferred from Emergency Departments within six hours
Improved Access to Elective Surgery	Contribute to the planned national increase in volume of 4000 elective surgical discharges to be provided year on year
Shorter Waits for Cancer Treatment	All Pacific patients, ready for treatment, wait less than four weeks for radiotherapy or chemotherapy treatment
Increased Immunisation	90% of all Pacific 8-month olds have their primary course of immunisation at 6 weeks, 3 and 5 months by July 2014; 95% by Dec 2014
Better help for Smokers to Quit	95% of Pacific patients who smoke and are seen by a health practitioner in public hospitals and 90% of Pacific patients seen by health practitioners in primary care are offered advice and support to quit smoking
More Heart and Diabetes Checks	90% of the eligible Pacific population will have had cardiovascular (CVD) risk assessed in the last five year by July 2014

This Pacific Health Annual Plan contributes to National Priorities and key Ministry of Health targets, including:

Priorities	Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes /Other Links
CVD and diabetes	1	Eligible Pacific fanau who have had cardiovascular risk assessments within the past 5 years	Increase	62%	90%	Primary Care
Smoking	2	Pacific smokers in primary care provided with cessation advice and support to quit	Increase	27% [PHO ave]	90%	Smokefree Pacific
	3	Hospitalised Pacific smokers provided with cessation advice and support to quit	Increase	95%	95%	
Access to Care	4	ASH rates for CMH per 100,000 [2011 rates per DHB Plan]	0 – 4 yrs	Decrease	84%	VHIU 20000 Bed Days
			45 - 64 yrs	Decrease	152%	
			0 - 74 yrs	Decrease	118%	
Maternal Health	5	Percentage of Pacific infants fully breastfed	6 weeks	Increase	49%	First 2000 Days
			3 months	Increase	33%	
			6 months	Increase	12%	
Cancer	6	Pacific Breast Screening rate	Increase	67.5%	70%	Primary Care
	7	Pacific Cervical Screening rate	Increase	63%	75%	
Immunisation	8	Pacific infants completed primary course of immunisation on time by 8 months of age	Increase	87%	90%	First 2000 Days
Cardiac	9	Cardiac surgical discharges <i>Note: Pacific community cardiac rehabilitation services implemented</i>	Increase	TBC	CMH 6.5/10,000	Regional Cardiology
Data Quality	10	Ethnicity data accuracy improved	Increase	BL-TBD	95%	PHO

## Regional and Local Priorities / Indicators / Targets

Priorities	Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Maternal and Child Health	11	Pregnant Pacific women registered and assessed by LMC by 12 weeks	Increase	40% <sup>3</sup>	50%	FANAU OLA OUTCOMES
	12	Pregnant Pacific women have increased access to antenatal care and education by 12 weeks	Increase	19%	50%	
	13	All Pacific New Born babies enrolled in GP services by 12 weeks	Increase	97% TBC <sup>4</sup>	100%	
	14	Pacific children complete B4 School Checks	Increase	CMH: 7,022 inc 3,058 HD <sup>5</sup>	80%	
Rheumatic Fever	15	Rheumatic fever swabs taken for 5-14 year old Pacific children <i>Note: Increased swabs, early identification, and treatment aims to decrease rates of Rheumatic Heart Disease</i>	Increase	18 clinics 37.7 / 100,000	53 clinics [23,000 CMH H/R children]	First 2000 Days / Rheumatic Heart Project / Oral Health
SUDI	16	Sudden Unexpected Deaths in Infants (SUDI) in Pacific fanau	Decrease	3 <sup>6</sup>	Reduce to zero	
Oral Health	17	Enrolment rates for Pacific children under 5 yrs old in Dental Clinics	Increase	71% <sup>7</sup>	85%	
	18	Dental caries in Pacific children under 5 yrs old	Decrease	32%	Reduce rate by 52%	
Smoking	19	Pregnant Pacific women are provided with advice and support to quit (new measure) <sup>8</sup>	Increase	BL-TBD	90% Ref. Ind.11	FANAU OLA OUTCOMES
	20	Pacific youth at Year 10 do not start smoking [initiation]	Increase	BL-TBD	95% TBC	Smoking
	21	Pacific smokers [15+ yrs old]	Decrease	29%	26%	
Housing	22	Pacific fanau homes assessed	Increase	328 in CMH <sup>9</sup>	100% VHIU/VHR	FANAU OLA OUTCOMES Housing
	23	Pacific fanau homes provided with resources and support	Increase	BL-TBD	Per Ind.22	
	24	Pacific fanau homes referred for insulation	Increase	BL-TBD	Per Ind.22 CM=1000	

<sup>3</sup> Refer TAHA / MOH – in 2010, 66% registered during pregnancy (p.ix) of which 60% of those registered during first trimester (MOH Report on Maternity, p.38)

<sup>4</sup> Based on total PHO pop'n enrolment – needs specific confirmation

<sup>5</sup> Baseline for CMH FY2012/13, per DAP v. 22.03.2013, p.79 – need Pacific-specific data

<sup>6</sup> Per 2010 Mortality Dataset provided by Wing Cheuk Chan 27.05.2013

<sup>7</sup> Baseline Dec 2012 for CMH, per DAP 22.03.2013, p. 81 – need Pacific-specific data

<sup>8</sup> Some LMCs include this as part of payment schedule – i.e. when submitted invoices etc.

<sup>9</sup> Baseline 2011/2012, per DAP 22.03.2013, p. 78

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
<b>Diabetes and Cardiovascular Disease</b>	<b>25</b>	Eligible Pacific people who have diabetes and cardiovascular risk assessments	Increase	62%	90%	FANAU OLA OUTCOMES
<b>Cardiac Rehabilitation</b>	<b>26</b>	Pacific fanau engaged with cardiac rehabilitation services in the community	Increase	TBA [PHO]	80% Per Ind. # 25	Long Term Conditions
<b>Youth Health / Suicide Prevention</b>	<b>27</b>	Pacific youth engaged in Fanau Ola primary care and other services	Increase	BL-TBD	TBC	FANAU OLA OUTCOMES
	<b>28</b>	Pacific youth suicide rate (up to 24 years of age)	Decrease	5 <sup>10</sup>	Decrease rate by 50%	Mental Health; Fale Ola; Māori Health
	<b>29</b>	Pacific suicide prevention and postvention services	Increase	TBC #serv	# services	
<b>Very High Intensive Users of Services</b> [44% Pacific]	<b>30</b>	Increased access for children under 6 yrs to free After Hours Care	Increase	BL-TBD	100%	FANAU OLA APPROACH  VHIUS; 20,000 bed days
	<b>31</b>	Pacific people presenting to Emergency Care	Decrease	33% <sup>11</sup>	TBC	
	<b>32</b>	Pacific people's length of stay in Emergency Care	Decrease	TBC	95% disch / tsfrd w/in 6 hours	
	<b>33</b>	Pacific VHIU / VHR who have completed a Fanau Ola Assessment & Plan	Increase	BL-TBD	95%	
	<b>34</b>	Pacific VHIU / VHR who are referred to primary care and other services	Increase	BL-TBD	90% Per Ind #33	
	<b>35</b>	Pacific people who have completed annual Health Checks <sup>12</sup>	Increase	BL-TBD	90% VHI/VHR	
<b>Health of Older People</b>	<b>36</b>	Pacific people over 65 years who have had influenza immunisations	Increase	62% [CMH]	75%	FANAU OLA APPROACH
	<b>37</b>	Pacific people engaged in Health of Older People services – A,T & R	Increase	BL-TBD	50% Per Ind #38	Health of Older People
	<b>38</b>	Pacific elders who have completed a Fanau Ola Assessment / Plan	Increase	BL-TBD	50% Per Ind #33	
<b>Workforce</b>	<b>39</b>	Pacific Counties Manukau Health staff across all areas / professional groups	Increase	8% concentrated in certain areas	Pacific matches CMH population	PACIFIC WORKFORCE DEVELOPMENT

<sup>10</sup> 2010 MOH rate (per communications Wing Cheuk Chan 24.05.2013)

<sup>11</sup> Boersma, A. (2013-EC) Emergency Care presentation by Pacific (32,911 individuals) between 01 Mar 2012 – 28 Feb 2013

<sup>12</sup> Refer also to Care Plus



#### 4. Pacific Health Development – Intervention Logic

VISION – Better Health Outcomes – Fanau Ola for Pacific fanau in Counties Manukau								
Triple Aim	Strategy	Goals	Pacific Health Development		CMH Programmes / Linkages	Impact Measures		Outcomes / Benefits
			Key Activities	Deliverables		Ind Num	Indicator - Focus	
Improved health and equity for all populations	Better Health Outcomes for Pacific People	G1. Fanau Ola Outcomes	Develop Fanau Ola framework  Integrate Fanau Ola in to key projects	Framework  Project Integration	First 2000 Days  Smoking  Housing  Oral Health  Diabetes  Cardiovascular	1	CVD / diabetes	Reduced mortality
						2	Fanau smokers	Decrease in Pacific smokers
						3	Hospitalised smokers	Improved respiratory
						4	ASH	Access to quality primary health
						5	Breastfeeding	Improved infant immunity
						6	Breast screening }	Reduced cancer mortality and morbidity
						7	Cervical screening }	
						8	Infant immunisation	Better health for children
						9	Tertiary cardiac	Reduced mortality
						10	Ethnicity data*	Improved accuracy
						11	LMC registration	Safer / supported pregnancies
						12	Antenatal care	Improved knowledge
						13	Infant enrolment	Improved health for infants
						14	B4 School checks	Improved health for children
						15	Rheumatic fever	Improved CVD health
						16	SUDI	Fewer infant deaths
						17	Dental Clinics	Early intervention for children
						18	Dental Caries	Improved oral health
						19	Pregnant-smoking	Fewer pregnant smokers
						20	Initiation-smoking	Fewer youth start smoking
						21	Youth-smoking	Better health for young people
						22	Assess housing	Accurate housing information
						23	Housing support	More housing support
						24	Housing insulation	Healthier housing for fanau
						25	CVD risk assessment	Reduced CVD mortality
						26	Cardiac rehabilitation	Improved cardiac health
						27	Youth –primary care	Better health for young people
						28	Youth suicide	Fewer youth suicides
						29	Suicide services	More support services

	<b>Better Health Outcomes for Pacific People</b>	<b>G2. Health Literacy</b>	Develop Health Literacy Plan for Fanau Ola Develop quality resources	Fanau Ola Literacy Plan Resources	Health Literacy		Culturally relevant, quality health literacy resources	CMH quality health literacy resources empowers fanau to understand health systems and make informed decisions
		<b>G3. Research &amp; Development</b>	Scope research and development and create plan Literature / Evidence Stocktake and baseline building development	Research & Development Plan Stocktake Baseline development	CM Health Research & Development Ko Awatea		Well designed and developed culturally relevant Pacific health and wellbeing research	Fanau are active research participants; quality research provides CMH with evidence to improve planning, systems development, processes and service provision
		<b>G4. Community Engagement</b>	Engagement framework and processes developed Plan implemented	Engagement Plan Monitoring	Lotu Moui / Community		Community engagement Agreements between CMH/PHD and community groups	Improved engagement leads to stronger and more supportive relationships between CMH and local groups and churches and the Pacific community
		<b>G5. Intersectoral Opportunities</b>	Develop Intersectoral map Intersectoral engagement processes planning	Intersectoral Map Processes	Sectors		Intersectoral support (monitored through Fanau Ola Plans)	Increased support from multiple sectors for both CMH and Pacific fanau
<b>Improved quality, safety and experience of care</b>	<b>First Do No Harm</b>	<b>G6. Zero Harm</b>	Develop position paper on Pacific Approach to Zero Harm	Position Paper	Centre for Quality Improvement		Number of sentinel and harmful events experienced	Decrease in number of sentinel and harmful events experienced by Pacific people
	<b>Delivering Pacific Patient / Fanau-Centred Care</b>	<b>G7. Fanau Ola Approach</b>	Articulate Fanau Ola position Consolidate Fanau Ola communications Hold Fanau Ola workshops	Position Paper; Key Messages Socialisation Training	Fanau Ola Approach Planning Development Implementation	<b>30</b> <b>31</b> <b>32</b> <b>33</b> <b>34</b> <b>35</b> <b>36</b> <b>37</b> <b>38</b>	Under 6 yrs After Hrs People present to EC LOS Emergency VHIUS Fanau Ola Plan VHIUS referrals Annual health checks Elder influenza Older people services Elder Fanau Ola plans	Access to more services Fewer present to EC Shorter LOS in EC Better fanau planning Improved referrals More health checks Improved health Access better services Better elder planning
		<b>G8. Fanau Ola Toolkit</b>	Fanau Ola tools, materials, resources developed	Toolkit; Manuals				
		<b>G9. Fanau Ola Services</b>	Develop Services / Programme Alignment Plan Monitor Implementation	Alignment Plan Monitor Services Implementation				
		<b>G10. Fanau Ola Centres / Resources</b>	Develop Resources Plan Centres Design and Development Plan Establish Fanau Ola Centres	Resources Plan Development Plan; Fanau Ola Centres				



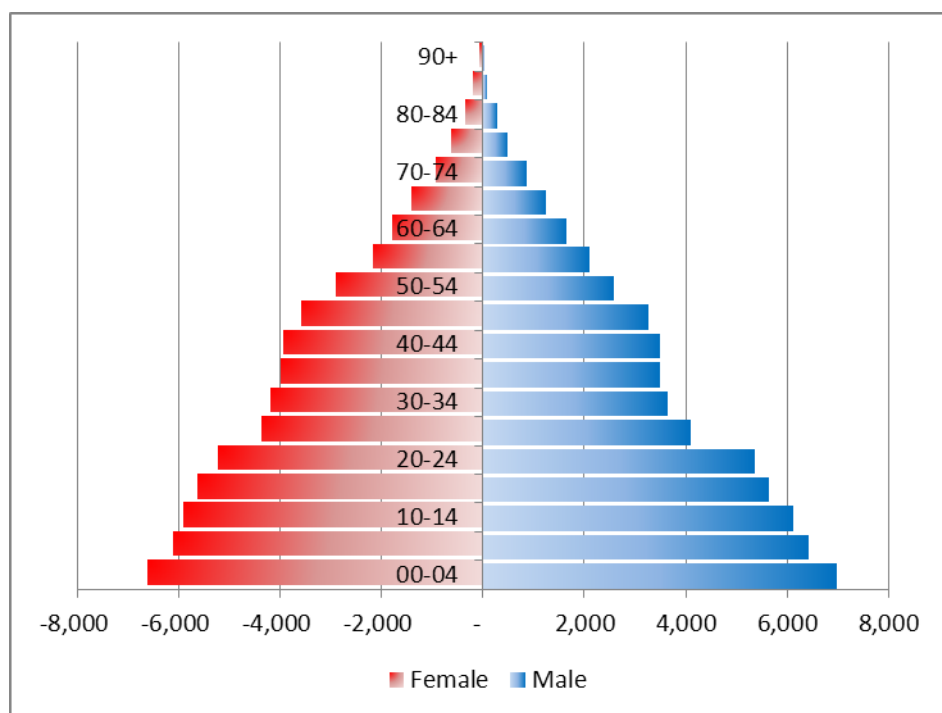
Best value for public health system resources	System Integration	G11. Fanau Ola Integration	Develop Plan for Fanau Ola Systems Integration Align with CM Health Programmes and other linkages	Systems Integration Plan	CM Health Projects / Programmes / Localities / Commissioning / Contracting / Information / IT Systems			
		G12. Localities Development	Align Fanau Ola with Localities Development	Localities Integration Plan			Pacific fanau-centred services provided in Localities	Improved Pacific health in localities; reduced avoidable hospital admissions
		System Integration	G13. Fanau Ola Info / IT System	Alignment of information needs and IT systems with Fanau Ola Integration with CM Health		Information / IT Systems Plan Monitor design / development		Information and IT Systems developed that are aligned to, and reflect Pacific Health foci
	Ensuring Financial Sustainability		G14. Commissioning Fanau Ola Outcomes based Contracting	Develop Pacific Health Commissioning Plan / Contract guidelines and Protocols Contract monitoring and evaluation		Commissioning Plan / Contracting Guidelines / Contract Evaluation Plan		Pacific fanau-centred and Fanau Ola outcomes-based services contracted; Contracts monitored and evaluated
	Enabling High Performing People	G15. Workforce Development / Pacific Leadership	Develop Pacific Workforce Plan; Workforce resources; Align with other workforce initiatives; Implementation of Plan Scope and develop Pacific Leadership plan – align with Ko Awatea initiatives	Pacific Workforce Plan Workforce Resources  Pacific Leadership Plan	CM Health Workforce  Leadership Academy	39	Implementation of Pacific Workforce Plan  Number of Pacific staff employed within/across CM Health  Engagements with Pacific fanau	Pacific workforce matches Pacific population (percentage)  CM Health has Pacific staff across all areas / professional groups  Pacific fanau have quality healthcare provided by Pacific workforce
		G16. Strategic Intelligence	Develop Pacific Strategic Intelligence hub to develop multi-year plan and monitor system-wide performance	Pacific Strategic Intelligence Hub developed; ongoing monitoring	Strategic Intelligence Hub			Ethnicity data* Accurate data for Pacific in CM Health provided for all indicators
	Pacific Health Development Quality Evaluation							

## 5. Profile of Pacific People in Counties Manukau Health

### Demographic Profile

- The Pacific population of CMDHB is estimated to be 117,780 in 2013.<sup>13</sup>
- The Pacific population now makes up 23% of total population of Counties Manukau Health.
- Over half of the populations of Otara and Mangere are estimated to be of Pacific ethnicity.
- A quarter of Manurewa and Papatoetoe are estimated to be of Pacific ethnicity

**Figure 1: Counties Manukau Health Estimated Resident Pacific Population Year 2013**



**Table 1: CMDHB Pacific population growth 1996 to 2011 by residential locality<sup>14</sup>**

Locality	Pacific Population				Change 1996-2011		% in locality		% of CMDHB	
	1996	2001	2006	2011	n	%	1996	2011	1996	2011
Howick	620	1,530	4,360	6,060	5,440	877%	1%	5%	1%	5%
Mangere	22,900	30,550	33,130	38,300	15,400	67%	47%	58%	39%	34%
Otara	18,210	20,740	21,150	23,990	5,780	32%	57%	65%	31%	22%
Papatoetoe	5,850	9,120	11,230	13,320	7,470	128%	15%	26%	10%	12%
Manurewa	9,230	13,930	20,040	23,260	14,030	152%	16%	26%	16%	21%
Papakura	1,520	1,940	3,740	4,350	2,830	186%	4%	10%	3%	4%
Franklin	340	570	1,730	2,090	1,750	515%	1%	3%	1%	2%
<b>CMDHB</b>	<b>58,660</b>	<b>78,350</b>	<b>95,370</b>	<b>111,360</b>	<b>52,700</b>	<b>90%</b>	<b>16%</b>	<b>22%</b>	<b>100%</b>	<b>100%</b>

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

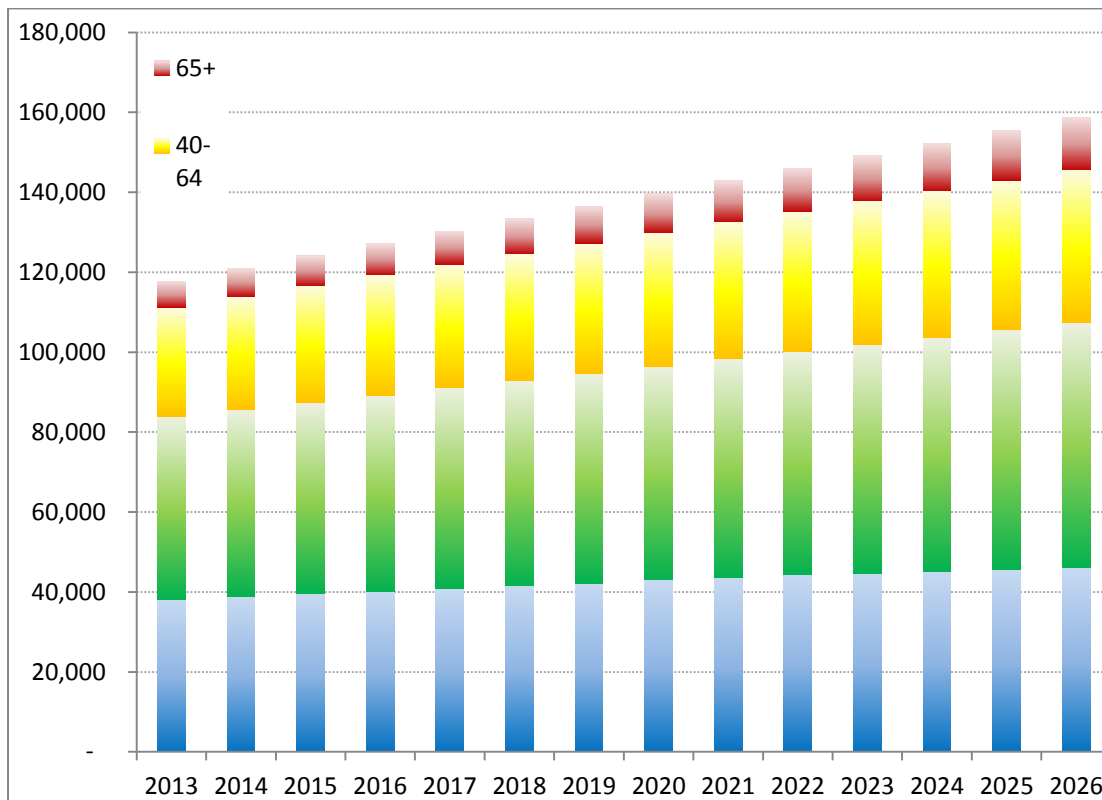
<sup>13</sup> Keming Wang (2013). Demographic Summary for Counties Manukau Health.

<sup>14</sup> CMDHB Overview of Residential Locality Profiles, (2011), p. 20

## Future Population Growth of Pacific population

- Thirty nine percent of the New Zealand Pacific population live in Counties Manukau.
- The Pacific population in Counties Manukau is projected to grow at a much faster rate than the rest of the general population.
- From the last census in 2006, it is predicted that there will be 66% more Pacific peoples in 2026
- This equates to an increase from 95,400 Pacific peoples in 2006 to 158,300 in 2026.

**Figure 2: Counties Manukau Health Projected Estimated Resident Pacific Population, 2013-2026<sup>15</sup>**



**Table 2: CMDHB Pacific population growth 2006 to 2026 residential locality<sup>16</sup>**

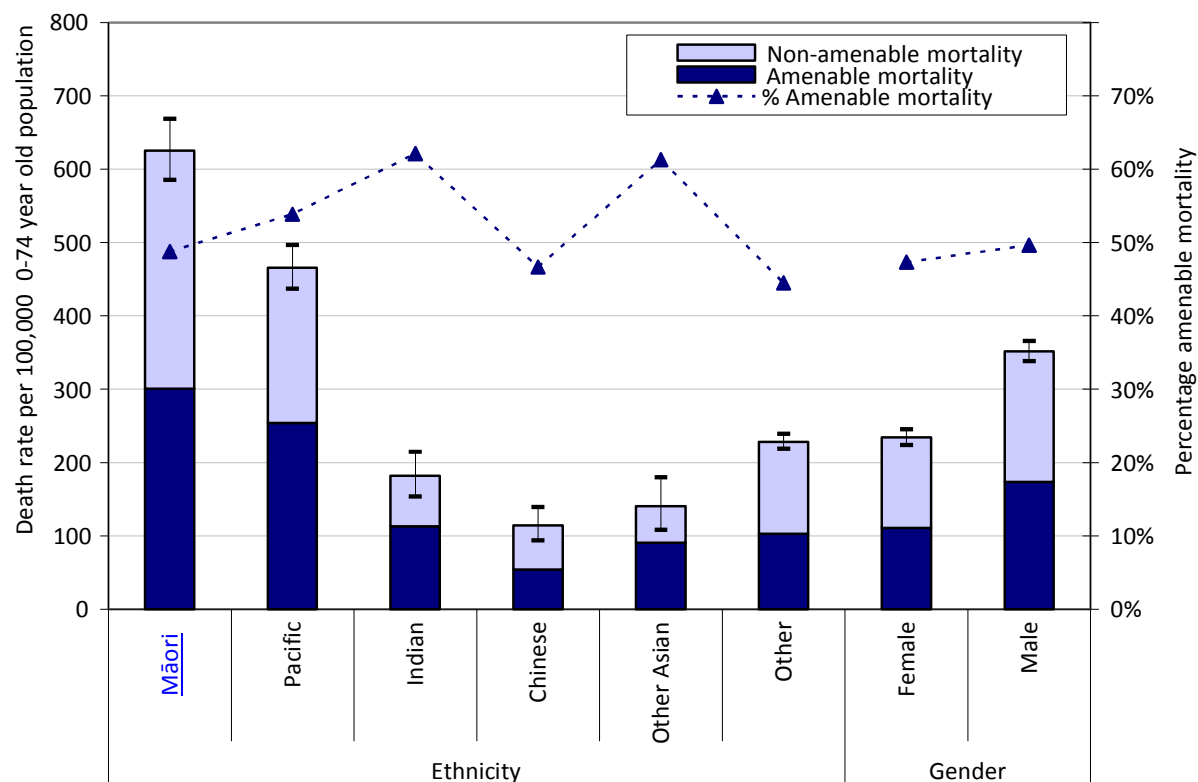
Locality	Pacific population			Change 2006-2011		Change 2006-2026	
	2006	2011	2026	n	%	n	%
Howick	4,400	6,100	13,800	1,700	39%	9,400	214%
Mangere	33,100	38,300	52,200	5,200	16%	19,100	58%
Otara	21,100	24,000	29,800	2,900	14%	8,700	41%
Papatoetoe	11,200	13,300	23,600	2,100	19%	12,400	111%
Manurewa	20,000	23,300	30,500	3,300	17%	10,500	53%
Papakura	3,700	4,400	5,700	700	19%	2,000	54%
Franklin	1,700	2,100	2,800	400	24%	1,100	65%
<b>CMDHB</b>	<b>95,400</b>	<b>111,400</b>	<b>158,300</b>	<b>16,000</b>	<b>17%</b>	<b>62,900</b>	<b>66%</b>

Source: SNZ population projections (2006 Census Based)

<sup>15</sup> Keming Wang (2013). Projections of Pacific Population, CMH.

<sup>16</sup> CMDHB Overview of Residential Locality Profiles, (2011), p. 24

Figure 3. CMDHB annual premature mortality rates by ethnic groups and gender, 2005-2008



Source: Ministry of Health Mortality Collection, analysed by CMDHB

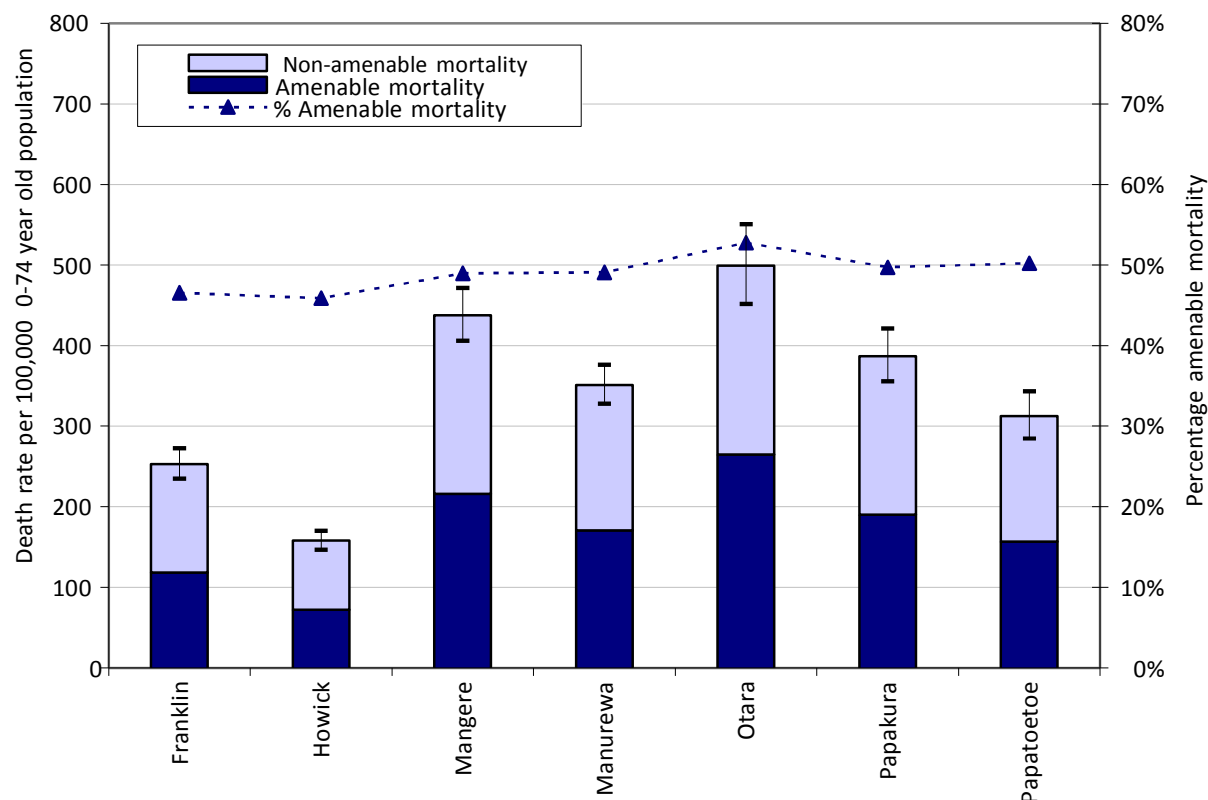
### Mortality Rates for Pacific People<sup>17</sup>

Premature mortality relates to deaths occurring in those under the age of 75 years. Amenable mortality is a way of representing the deaths of a population that were amenable to preventive or treatment services and could have potentially been avoided through timely and better access to quality health care.

- The premature mortality rate for Pacific Peoples was high at 466 per 100,000 population.
- Pacific people have the second highest premature mortality rate in Counties Manukau.
- By locality, the highest premature mortality rates occurred in Otara and Mangere, followed by Papakura, Manurewa, and Papatoetoe, with the lowest rates occurring in Franklin and Howick.
- The highest premature mortality rate (Otara) was more than three times higher than the lowest premature mortality rate (Howick).
- The *amenable* mortality rate for Pacific people was 254 per 100,000 population.
- Otara also had the highest percentage of deaths *amenable* to preventive or treatment services (53%) and Howick had the lowest percentage (46%).

<sup>17</sup> CMDHB Overview of Residential Locality Profiles (2011), p. 43, 44

**Figure 4. CMDHB annual premature mortality rate by area, 2005-2008**



\*Error bars indicate 95% confidence intervals

Source: Ministry of Health Mortality Collection, analysed by CMDHB

**Table 3. Average numbers of deaths/year by residential locality for the 4-year period 2005-2008**

Locality	Total deaths (n)	Premature deaths* (n)	Amenable deaths† (n)
Franklin	384	177	83
Howick	477	179	82
Mangere	283	185	91
Manurewa	405	217	106
Otara	141	109	58
Papakura	310	139	69
Papatoetoe	251	114	57

\* Premature deaths are deaths occurring in people aged 0-74 years.

†Amenable deaths are deaths occurring in people aged 0-74 years which are amenable to preventive or treatment services.

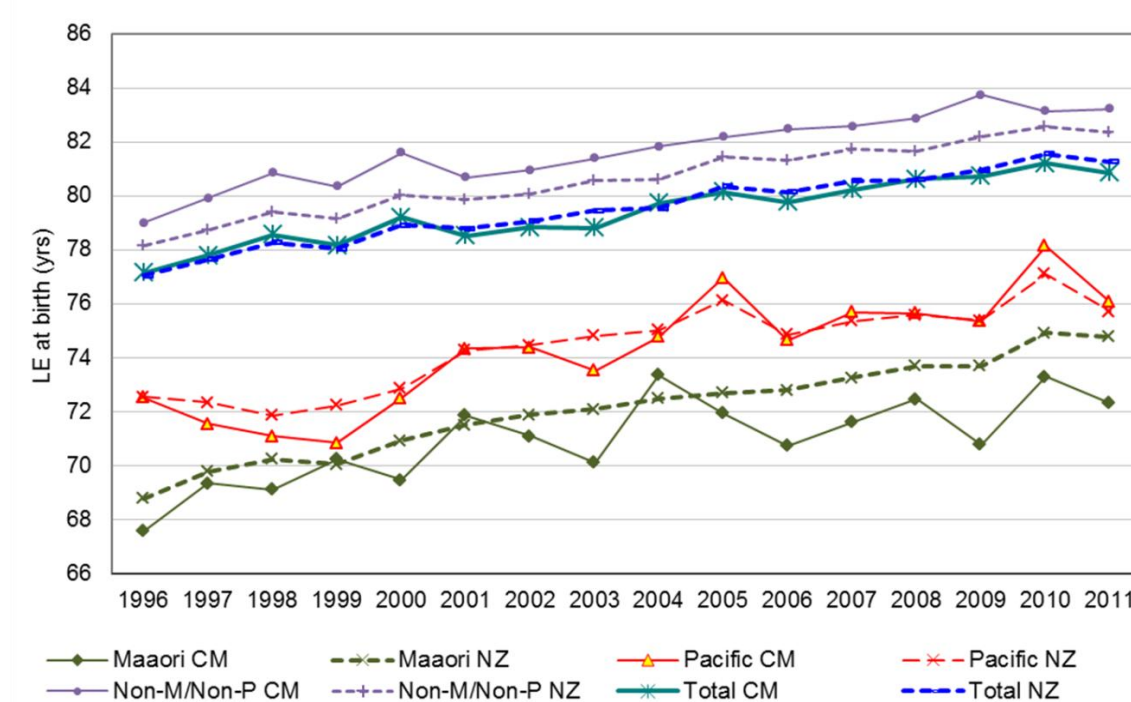
Source: Ministry of Health Mortality Collection, analysed by CMDHB

Figure 2 and Table 3. CMDHB Overview of Residential Locality Profiles (2011), p. 44,

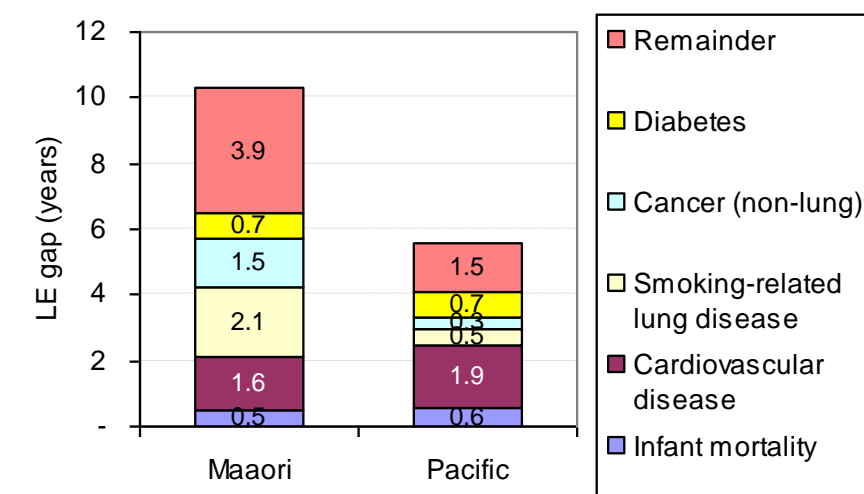
## Life Expectancy

The life expectancy gap between Pacific people and non-Māori / non-Pacific people is an important point of focus for Counties Manukau Health as a marker of the impact CMH is making in lifting Pacific health outcomes and reducing health inequalities. Furthermore, Pacific ethnicity is closely linked with socioeconomic deprivation in Counties Manukau. The gap for Pacific people is currently six years.

**Figure 5: CM Life expectancy at birth by ethnicity, 3 year rolling average, 1996-2011<sup>18</sup>**



**Figure 6: Life expectancy – what is contributing to the ethnic gaps, CMDHB 2005 (Smith J, Jackson G, Sinclair S. (2008).**



<sup>18</sup> O'Brien B., Winnard D., Wang K. & Papa, D. (2012) Life expectancy update to 2011 for Counties Manukau.

## Maternity and Infants

- Babies of Pacific mothers formed the single largest ethnicity cluster in CMDHB in 2010, making up 34% of all live birth events
- Most babies were born to Pacific residents of Mangere, Manurewa and Otara.

**Table 4: Deliveries in CMDHB by ethnicity and residential locality, 2010**

Number of births	Māori	Pacific	Indian	Other Asian	Other	Total	% Pacific
Franklin	229	61	22	32	699	1043	6%
Howick	98	100	147	427	732	1504	7%
Mangere	278	925	62	37	110	1412	66%
Manurewa	615	684	127	95	322	1843	37%
Otara	188	568	16	38	40	850	67%
Papakura	366	127	43	24	342	902	14%
Papatoetoe	168	438	168	92	118	984	45%
<b>Total</b>	1942	2903	585	745	2363	8538	34%

Source: Ministry of Health, NMDS, analysed by CMDHB

## Hospitalisation in the first year of life

- Pacific children were twice as likely to be admitted to hospital as non-Māori non-Pacific children.
- Mangere had the highest proportion of infants hospitalised in their first year.

**Table 5: Infants hospitalised in first year of life in CMDHB by ethnicity and residential locality, born 2009**

	Māori	Pacific	Indian	Other Asian	Other	Total	% hospitalised
Franklin	61	16	-	-	90	169	16%
Howick	22	21	20	52	91	206	14%
Mangere	83	328	12	5	34	462	32%
Manurewa	175	184	17	10	86	472	26%
Otara	45	163	-	7	11	229	26%
Papakura	109	31	6	-	55	205	23%
Papatoetoe	57	121	41	14	34	267	26%
Total	552	864	100	93	401	2010	23%
% hospitalised 1 <sup>st</sup> year	29%	30%	17%	13%	16%	23%	

Includes all births in 2009, excludes admissions around the birthing process and neonatal care. A dash is used where numbers are less than five to protect confidentiality of individuals

Source: Ministry of Health, NMDS, analysed by CMDHB

## Ambulatory Sensitive Hospitalisations (ASH)

Hospitalisations can be categorised into those which are those considered:

- More likely unavoidable
- Potentially avoidable, with some of these considered as:
  - Ambulatory Sensitive Hospitalisations

Ambulatory Sensitive Hospitalisations (ASH) reflect hospitalisations for conditions which are considered sensitive to preventive or treatment interventions in primary care. The theory is that early intervention and well-managed primary health care will be able to prevent hospitalisation for selected conditions. It is also recognised that while access to effective primary health care is important, it is also critical that socioeconomic contexts and environmental factors which drive the underlying burden of disease including housing, smoking, employment and education are also addressed.

- In 2010, there were just over 15,760 weighted ASH discharges for CMH residents from health facilities in New Zealand.
- The total Pacific ('All Pacific') ASH rate was over twice (2.3 times) the non-Māori non-Pacific (NMNP) rate in metro-Auckland during 2009-2011
- Within each age category ASH makes up a considerable proportion of all medical and surgical hospitalisations in the metro-Auckland Pacific population, particularly among Pacific children aged 0-14 years
- The top causes of Pacific child ASH were cellulitis, pneumonia and asthma. The top causes of Pacific adult ASH were angina/other ischaemic heart disease, diabetes, cellulitis and pneumonia.

**Table 6. Number of weighted ASH discharges for CMDHB residents by ethnicity, by residential locality, 2010**

Locality	Ethnicity					Total
	Māori	Pacific	Indian	Other Asian	Other	
Franklin	389.5	83	33	21.5	1329.5	1856.5
Howick	131.5	159	206.5	308.5	1548.5	2354
Mangere	581	1938.5	116	57	336	3028.5
Manurewa	1069	982.5	181	89	954.5	3276
Otara	324	968.5	47	31	105.5	1476
Papakura	557	186	57.5	16.5	807.5	1624.5
Papatoetoe	363	811	295	128	549	2146

Source: Ministry of Health, NMDS, analysed by CMDHB

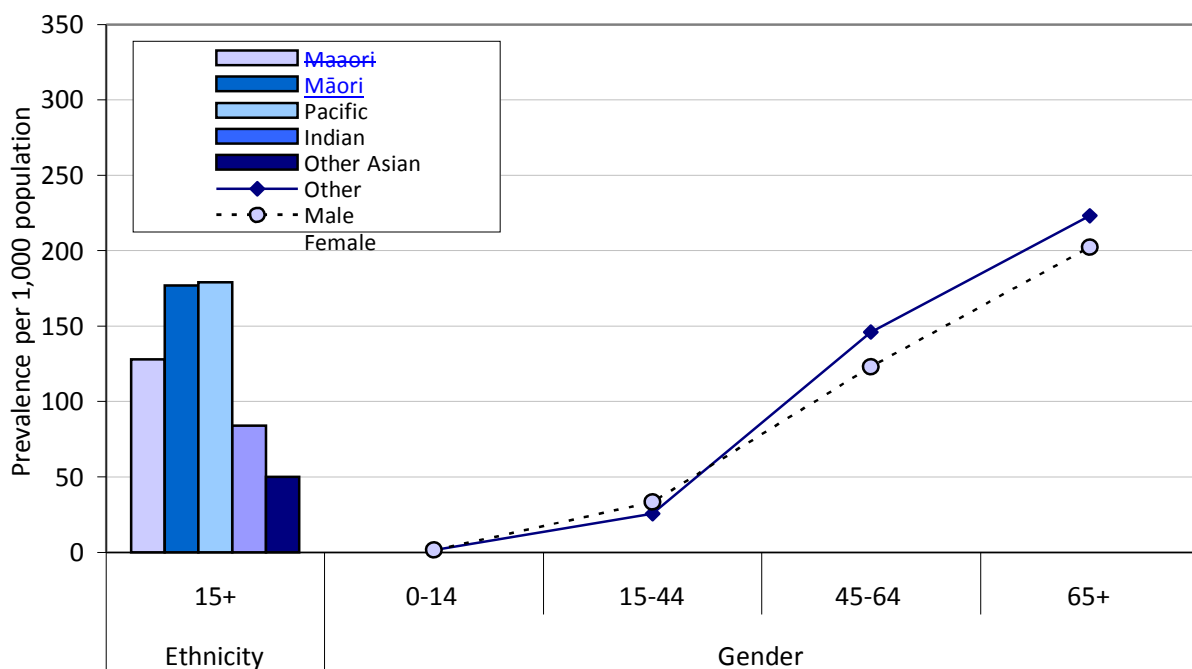


## Diabetes

In 2009 there were about 29,600 adults identified as having diabetes living in Counties Manukau.

- The prevalence of diabetes is highest amongst Pacific people and those of Indian ethnicity
- About 28% of Pacific adults between the ages of 45-64 have diabetes
- That rate increases to over 42% of Pacific adults over the age of 65 years living with diabetes (see Localities Profile Table 32, p.53)
- The prevalence of diabetes is significantly higher in Otara and Mangere

**Figure 7: Age standardised prevalence of diabetes in CMDHB by ethnic groups, gender and age, 2009**



Sources: Ministry of Health National Collections (NMDS, Pharms, Labs, NNPA), analysed by CMDHB

**Table 7: Diabetes and renal Outpatient services (first and follow up) for Pacific, by DHB and financial year.<sup>19</sup>**

Agency	2007-08	2008-09	2009-10	2010-11
Counties Manukau District Health Board	33,551	32,952	33,630	35,561

<sup>19</sup> Primary Care for Pacific People – A Pacific and Health Systems Approach, p.97

## Coronary Heart Disease (CHD)

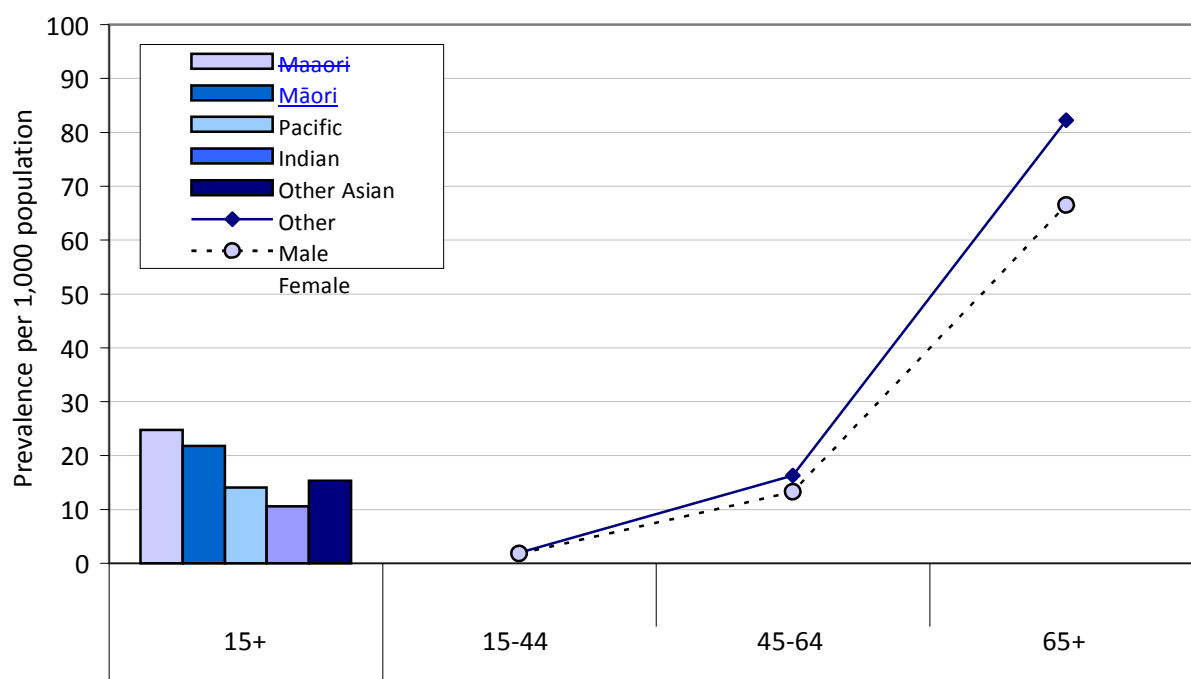
- In 2009, there were approximately 12,000 people aged over 15 years who are identified as having coronary heart disease. Pacific people had the third highest rate after Māori and Indian
- Of these a total of 1810 were Pacific people, 710 of whom were female and 1100 of whom were male.
- Prevalence of CHD increased with age and was higher for males compared with females.
- Most of these were between the age of 45-64 years, with males twice as likely to suffer from CHD (a total of 615) compared to females (a total of 305).

## Cerebrovascular disease

Cerebrovascular disease refers to a group of conditions including stroke, related to disease of the blood vessels supplying the brain. In 2009, there were approximately 5100 people over the age of 15 years who were identified as having cerebrovascular disease living in Counties Manukau.

- Pacific people have the second highest prevalence of cerebrovascular disease
- The rate increases sharply with age and is higher for males.

**Figure 8: Age standardised prevalence of cerebrovascular disease in CMDHB by ethnic groups, gender and age, 2009**



## Environmental and Socio-Economic Contexts

### Deprivation<sup>20</sup>

- Nearly 75% of Pacific people in Counties Manukau live in high deprivation areas.
- Health inequalities are particularly evident at the higher end of the socioeconomic deprivation scale (decile 9 and 10 deprivation NZDep06 meshblocks).
- Overall, 34% of CMDHB's population live in decile 9 and 10 areas.
- Otara (85%) and Mangere (70%) have extraordinarily high rates of socioeconomic deprivation.
- Manurewa has more than half its population living in decile 9 and 10 areas.
- Children are more likely to live in high deprivation areas (43%) compared with adults.

**Table 8: CMDHB 2006 NZDep06 deciles 9 & 10 by residential locality & age, analysis by meshblocks**

Locality	Proportion of each population in each area living in NZDep06 deciles 9 & 10							
	Total	0-14 y	15-64 y	65+ y	Māori	Pacific	Asian	Other
Howick	1%	2%	1%	2%	5%	9%	1%	1%
Mangere	70%	75%	68%	61%	70%	80%	55%	38%
Otara	85%	88%	83%	83%	87%	90%	58%	55%
Papatoetoe	36%	40%	35%	30%	41%	47%	33%	28%
Manurewa	55%	63%	53%	41%	70%	78%	41%	36%
Papakura	42%	50%	41%	26%	64%	70%	33%	28%
Franklin	10%	12%	9%	10%	30%	34%	11%	5%
CMDHB	34%	43%	33%	24%	57%	73%	21%	16%

**Table 9: Population proportions in 2006 for CMDHB's NZDep06 deciles 9 & 10 by residential locality & age, analysis by meshblocks**

Locality	As proportion of CMDHB's NZDep06 deciles 9 & 10 population							
	Total	0-14 y	15-64 y	65+ y	Māori	Pacific	Asian	Other
Howick	1%	1%	1%	3%	1%	1%	3%	2%
Mangere	26%	26%	25%	25%	16%	36%	21%	11%
Otara	18%	19%	17%	15%	13%	27%	10%	6%
Papatoetoe	10%	9%	11%	13%	7%	8%	28%	13%
Manurewa	29%	30%	29%	24%	36%	23%	30%	39%
Papakura	11%	11%	12%	12%	19%	4%	7%	21%
Franklin	5%	5%	5%	8%	8%	1%	2%	8%
CMDHB	100%	100%	100%	100%	100%	100%	100%	100%

<sup>20</sup> NZDep2006 Index of Deprivation combines income/means tested benefits, home ownership, support/single parent families, employment, qualifications, living space/overcrowding, communication/telephone access and transport/vehicle access to score deprivation (the higher the decile, the greater the deprivation). Source: CMDHB (2011). Residential Locality Profiles – CMDHB Overview p. 42 – Source: NZDep2006 Index of Deprivation, University of Otago, Wellington, analysed by CMDHB

## Socioeconomic Determinants of Health for Pacific Peoples

It is acknowledged that there are many factors including the social, cultural and economic conditions that influence and shape the health and wellbeing of Pacific people.

Socioeconomic determinants of Pacific health thus span include

- economic resources (including employment, income, vehicle, technology)
- education
- housing
- social connectedness and cohesion

For Pacific fanau these determinants impact on their health by constraining the choices available to them. For example, a lack of employment results in financial strain which could impact on the family's ability to afford healthy food, thus resulting in poor nutrition. Social connectedness plays an important protective role as an important socio-cultural resource.



The Fanau Ola approach of Pacific Health Development will address multiple dimensions of fanau life including environmental contexts, culture and worldview, family relationships, learning, physical health, emotional and spiritual wellbeing, leadership and aspirations for their future. This approach encourages fanau to create and share their vision for a healthier future, goal-setting and planning.

## Engagement with Primary Care

Primary Health Organisations in Counties Manukau are contracted by CMH to deliver a range of health care services for people when they are unwell, to help people stay healthy and to reach out to groups of people in the community who have poor health or are missing out on primary health care. One of the main objectives of the PHO Performance Programme, developed by the District Health Boards, Ministry of Health and primary health care sector is to reduce the health 'gaps' between high need and non-high need patients so that all New Zealanders, regardless of ethnicity or living standards, can access the health services they need in order to be healthy. This is particularly relevant to Pacific fanau living in Counties Manukau.

- There is one Pacific Primary Health Organisation - Alliance Health Plus - who has 14% of the Pacific population enrolled with their practices. Of the 14,730 Pacific people enrolled in Alliance Health Plus, 32% or 4,770 are under 15 years.
- At 42,870, the largest enrolment of Pacific people is with the Total Healthcare, and of these 35% are less than 15 years of age.
- Procure has the second largest Pacific population enrolment with 40,020.
- There are 7,440 Pacific people who live outside Counties Manukau who are enrolled in CMDHB practices
- A total of 22,470 Pacific people who live inside the Counties Manukau Health district are enrolled in practices outside of CMDHB.

**Table 10: CMDHB residents, enrolled in CMDHB practices, all ages combined<sup>21</sup>**

PHO NAME	Māori	Pacific	Indian	Chinese	Other Asian	European/ Other	Total
Alliance Health Plus Trust	2,640	14,730	1,090	70	630	2,210	21,360
East Health (GAIHN)	2,060	1,740	2,230	10,010	4,870	58,850	79,770
Total Healthcare	10,630	42,870	7,540	1,140	3,350	6,630	72,150
National Hauora Coalition	11,530	4,470	350	90	350	2,340	19,130
Procure Networks (GAIHN)	41,160	40,020	15,180	6,390	8,860	116,070	227,670
<b>Grand Total</b>	<b>68,020</b>	<b>103,840</b>	<b>26,380</b>	<b>17,700</b>	<b>18,050</b>	<b>186,100</b>	<b>420,080</b>

**Table 11: CMDHB residents, enrolled in CMDHB practices, subset aged under 15 yrs**

PHO NAME	Māori	Pacific	Indian	Chinese	Other Asian	European/ Other	Total
Alliance Health Plus Trust	900	4,770	300	10	130	380	6,480
East Health (GAIHN)	670	540	570	2,010	1,020	11,470	16,270
Total Healthcare	3,800	14,910	1,780	220	870	1,460	23,030
National Hauora Coalition	3,980	1,460	70	10	80	400	6,000
Procure Networks (GAIHN)	13,840	13,450	3,520	1,350	2,140	21,330	55,620
<b>Grand Total</b>	<b>23,170</b>	<b>35,130</b>	<b>6,240</b>	<b>3,580</b>	<b>4,240</b>	<b>35,040</b>	<b>107,400</b>

<sup>21</sup> All enrolment tables provided by Keming Wang (2013). Enrolment in Primary Health Organisations, Internal CMDHB Memo.

**Table 12: CMDHB residents, enrolled outside CMDHB practices, all ages combined**

Site of practice where enrolled	Māori	Pacific	Indian	Chinese	Other Asian	European/ Other	Total
Otahuhu	1,960	10,880	6,080	2,680	1,180	1,390	24,150
Beyond CMDHB and Otahuhu	3,730	11,590	2,810	6,580	2,850	19,370	46,940
<b>Total enrolled outside CMDHB</b>	<b>5,680</b>	<b>22,470</b>	<b>8,890</b>	<b>9,260</b>	<b>4,030</b>	<b>20,760</b>	<b>71,090</b>

**Table 13: CMDHB residents, enrolled outside CMDHB practices Subset aged under 15 yrs**

Site of practice where enrolled	Māori	Pacific	Indian	Chinese	Other Asian	European/ Other	Total
Otahuhu	560	3,350	1,300	560	280	210	6,250
Beyond CMDHB and Otahuhu	970	3,440	550	1,020	580	2,400	8,960
<b>Total enrolled outside CMDHB</b>	<b>1,530</b>	<b>6,790</b>	<b>1,840</b>	<b>1,570</b>	<b>870</b>	<b>2,610</b>	<b>15,210</b>

**Table 14: Non-CMDHB residents, enrolled in CMDHB practices, all ages combined**

Enrolled locality	Māori	Pacific	Indian	Chinese	Other Asian	European/ Other	Total
Eastern	260	300	190	1,110	510	5,130	7,490
Franklin	210	40	10	10	10	850	1,130
Mangere/Otara	1,810	6,140	1,360	190	1,270	1,850	12,610
Manukau	1,310	970	820	200	430	3,800	7,530
<b>Grand Total</b>	<b>3,590</b>	<b>7,440</b>	<b>2,380</b>	<b>1,510</b>	<b>2,220</b>	<b>11,620</b>	<b>28,760</b>

**Table 15: Non-CMDHB residents, enrolled in CMDHB practices Subset aged under 15 years**

Enrolled locality	Māori	Pacific	Indian	Chinese	Other Asian	European/ Other	Total
Eastern	50	60	20	150	80	560	920
Franklin	70	10	0	0	0	170	260
Mangere/Otara	480	1,770	200	30	230	210	2,910
Manukau	310	220	130	20	50	330	1,060
<b>Grand Total</b>	<b>910</b>	<b>2,060</b>	<b>350</b>	<b>200</b>	<b>360</b>	<b>1,270</b>	<b>5,150</b>

## 6. Quality Evaluation and Performance Monitoring

Evaluating and monitoring Pacific health and wellbeing outcomes includes identifying patterns and trends, determining genuine change and transformation, developing appropriate policies, programmes, services and processes, and driving improvements across the health sector. Limitations of current measurements for a number of indicators is acknowledged, and Pacific Health Development will be developing tools to improve the tracking of all indicators, including data measurement, collection and reporting from relevant sources.

For Pacific Health Development, 'Achieving a Balance' will mean that Pacific fanau will live healthier longer, more productive lives within their communities and that when they need to engage with our health system, it is a positive experience for them. Through the implementation of the Fanau Ola framework, Pacific Health Development will capture qualitative data that spans multiple contexts and areas of Pacific lives of Pacific fanau.

### **Outcome One: Fanau live healthier, longer, more productive, disease free lives**

#### ***Outcome Measures - Long term (5 – 10 years)***

- Reduction in health disparities between Pacific fanau and non-Māori non-Pacific
- Reduction in Pacific fanau smoking rates
- Reduction in preventable infectious disease in Pacific children

#### ***Impact Measures - Medium Term (3 – 5 years)***

- Fewer young Pacific people taking up smoking
- More Pacific fanau are engaged in physical activity and healthier eating
- Fewer Pacific children are admitted to hospital for preventable conditions:  
Child acute hospitalisation rates

### **Outcome Two: Fanau are at the centre of our health system**

#### ***Outcome Measures – Long Term (5-10 years)***

- Positive Pacific patient experience of care of our health system

#### ***Impact Measures - Medium Term (3 – 5 years)***

- Pacific people have access to treatment when it is required
- Pacific people needing acute care are seen in a timely manner
- More Pacific people will be engaged in managing their health and treatment decisions

### **Outcome Three: Fanau stay well in the community**

#### ***Outcome Measures – Long Term (5 – 10 years)***

- Increase in the amount of home based support provided to older Pacific people
- Pacific with disability – children and adults who need support to be at home

### **Impact Measures - Medium Term (3 – 5 years)**

- Fewer Pacific people admitted to hospital for preventable conditions
- Pacific people with long term conditions are supported to manage their condition
- Older Pacific people are supported to live safely and independently in their own homes
- Pacific people with mental health problems have fewer acute episodes

### **Priorities and Key Indicators**

This section present Pacific 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;

- *Why?* – the rationale relating to the priority and indicators
- *What?* – the desired Pacific population health outcome; organisational focus
- *How?* – the activities and actions undertaken; expected deliverables
- *When?* – timings for deliverables, and tracking of progress
- *Who?* – the responsibilities and accountabilities
- *Risks?* – any identified risks with the 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 plan provides us with the ability to look across the full spectrum of activities from a Pacific perspective to ensure alignment and where required make recommendations at all levels for further activity/ investment.

**Tracking Progress** - An important consideration for this plan is the question of:

***How will we know – at any point in time – how well we are progressing with regard to priorities and indicators?***

To answer this question, Pacific Health Development, in collaboration with other teams such as population health, primary care, and projects including First 2000 Days, and Smokefree Counties Manukau, will develop an Indicator Chart which will include data and information sources and processes for which that will be gathered. On-going analysis of that data will also be a collaborative effort by PHD and those stakeholders so that future planning remains dynamic, responsive and well-evidenced.





## 7. Achieving a Balance

– Strategies / Priorities / Goals / Activities / Deliverables / Impact Measures / Outcomes

### BETTER FANAU OLA OUTCOMES FOR PACIFIC PEOPLE

KEEPING FANAU WELL	Goal No. 1	Better Fanau Ola Outcomes for Pacific People		
<b>Pacific Health Development Approach</b>		<ul style="list-style-type: none"> <li>Fanau Ola considers health in relation to multiple elements including family, culture, body, mind, heart, spirit, contexts, leadership, resources</li> <li>Clearer picture of needs and aspirations of fanau helps to identify and ensure priorities are realised for Pacific people</li> </ul>		
<b>Prioritised Activities</b>		<b>Deliverables / Outputs</b>	<b>Timing</b>	<b>Responsibilities</b>
Develop Fanau Ola Framework		<i>Fanau Ola Framework</i>	Q1	PHD
Integrate Pacific Health and Fanau Ola outcomes into key projects: <ul style="list-style-type: none"> <li>First 2000 Days</li> <li>Housing</li> <li>Smokefree 2025</li> <li>Very High Intensive Users Services</li> <li>Youth Health</li> <li>Mental Health</li> <li>Pacific Cardiac Rehabilitation</li> <li>DNAs</li> </ul>		<i>Fanau Ola Integrated into Key Projects</i>	Ongoing	PHD Project Mgmt Teams
<b>Outcomes / Benefits for Pacific Fanau</b>		<ul style="list-style-type: none"> <li>Have increased capacity, skills and support to achieve their own goals</li> <li>Experience positive health (physical, mental, emotional), cultural, social, economic and educational outcomes</li> </ul>		
<b>Outcomes / Benefits for Counties Manukau Health</b>		<ul style="list-style-type: none"> <li>Improved focus on Pacific fanau and Fanau Ola as integral to health and wellbeing of Pacific peoples</li> </ul>		

*ora'anga mou*

### IMPACT MEASURES – INDICATORS & TARGETS

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes /Other Links
Cardiovascular disease and diabetes	1	Eligible Pacific fanau who have had cardiovascular risk assessments within the past 5 years	Increase	62%	90%	Primary Care
Rationale	Cardiovascular disease is a leading cause of avoidable mortality and hospitalisation for Pacific and contributes significantly to the life expectancy gap between Pacific and Non-Māori Non Pacific					
Desired Outcome	Reduce mortality through improved cardiovascular health					

<b>Rationale</b>	<b>High rates of diabetes amongst Pacific fanau – rates increasing annually</b>
<b>Desired Outcome</b>	<b>Pacific people live without diabetes; Pacific people with diabetes have improved management</b>

*mo'ui lelei***ACTION PLAN FOR INDICATOR # 1**

<b>Outcome Focus</b>	<b>Increasing the number of cardiovascular risk assessments (CVRA) performed for eligible Pacific fanau</b>		
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
<b>Implementing an outcomes based funding framework</b>	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.	Ongoing	PHD; CCM Redesign Working Group; PHOs; Primary Care and Secondary Care Clinicians
<b>Endorsing the Northern Region Cardiac Network Recommendations</b>	PHOs and practices use validated electronic tools for screening as PMS audit tools to identify patients who should be screened	Ongoing as PHOs roll out audit tools and CVD risk assessment and management tools	Primary Care and Community Services Team, Northern Region Cardiac Network
<b>Monitoring of PHO plans which include standardising audit and feedback processes and the implementation of Quality Improvement Approaches</b>	PHOs have submitted plans which outline their approaches to reaching the CV Risk Assessment target of 90% by the 1 <sup>st</sup> of July 2014.	Ongoing	PHOs, Clinical Governance Groups (i.e the LTC CGG), locality Governance Forums (when established)
<b>CV Screening opportunistically at secondary care</b>	Implementation of secondary care CV risk assessment project.	Ongoing	Primary Care and Pacific Health Development Planning & Funding
<b>Identify high performing PHOs and document the interventions so these can be shared across the region</b>	Clinical governance and feedback forums established.	Ongoing	PHO 6 weekly National Health Target Meeting
<b>Reporting review of cardiovascular risk assessments to the LTC clinical governance group.</b>	<b>Report</b>	<b>By June 2014</b>	<b>LTC Clinical Governance Group</b>

Outcome Focus	Increasing the number of Pacific people that receive an annual Diabetes Review as part of the CCM programme.		
Activities / Actions	Deliverables	Timing	Responsibility
Work with primary care to increase annual reviews to the Pacific eligible population	Partnership with PHOs, to encourage proactive care through primary care practices through release of comparative performance information at a locality level.	Ongoing	Primary care and LTC Portfolio manager
Implementation of our Diabetes Care Improvement Package (DCIP)	Implementation and progress reports against the DCIP	Ongoing	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, Pacific 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, Pacific Health Funding & Planning
Reporting annual diabetes review data for Pacific and progress against DCIP activity to the LTC clinical governance group.	Report	By June 2014	LTC Clinical Governance Group

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes /Other Links
Smoking	2	Pacific smokers in primary care provided with cessation advice and support to quit	Increase	27% [PHO ave]	90%	Smokefree Pacific
	3	Hospitalised Pacific smokers provided with cessation advice and support to quit	Increase	95%	95%	
Rationale	Pacific people have the second highest rates (after Māori) for smoking in New Zealand. Smoking is related to lung disease, lung cancer and other major disease areas including CVD, diabetes, cancer, infant mortality and poor oral health.					
Desired Outcomes	Significant decrease in Pacific smokers, especially youth / mothers Improved respiratory health for Pacific fanau					

**ACTION PLAN FOR INDICATOR # 2**

<b>To help us achieve this outcome we will focus on</b>		<b>Increasing the proportion of smokers who are offered brief advice and cessation support in Primary Care</b>	
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
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. Work with community groups/churches to achieve smoke free targets	To June 2014	CMDHB Planning and funding
<b>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.</b>	PPP Performance Plan developed.	Ongoing	CMDHB Planning and funding & LTC Portfolio Manager
<b>Implement real time and more regular reporting structures for PHOs and Primary Care providers. Establish feedback forums throughout locality networks.</b>	Reporting league tables and feedback forums are established.	Ongoing	CMDHB Planning and funding & Primary Care Team
<b>6 monthly review of PHO health target smoking figures by PH &amp; CS</b>	Documented review	6 monthly	CMDHB Primary and Pacific health Planning Funding

**ACTION PLAN FOR INDICATOR # 3**

<b>Outcome Focus</b>		<b>Increasing the proportion of hospitalised smokers who are offered brief advice and cessation support</b>	
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
<b>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.</b>	Increased number of smoking statuses, brief advice and referrals' on support services recorded for eligible population.	Ongoing	CMDHB Planning and funding & Living Smokefree Programme Manager
Provide enhanced training and refresher updates to ensure brief interventions are delivered competently,	Training schedule with training dates met.	June 2014	Living Smokefree Programme Manager

and that hospitalised smokers receive the most appropriate Smokefree support			
Support hospital management, clinicians and hospital champions to maintain the profile of the Smokefree target	Smokefree Health Target remains high.	Ongoing	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
<b>6 monthly review by PH &amp; CS</b>	Documented review	6 monthly	Pacific Health Planning Funding, & Living Smokefree Programme Manager

Priorities	Key Indicators			Trend needs to	Baseline Pacific	Target	CM Health Programmes/Other Links
Access to Care	4	ASH rates for CMH per 100,000 [2011 rates per DHB Plan]	0 – 4 yrs	Decrease	84%	-10%	VHIUS
			45 - 64 yrs	Decrease	152%	-10%	
			0 - 74 yrs	Decrease	118%	-10%	
Rationale	Increase access to primary care contributes to better health outcomes for Pacific						
Desired Outcome	Increased access by Pacific Fanau to primary care						

## ACTION PLAN FOR INDICATOR # 4

Outcome Focus	Reducing ambulatory sensitive hospitalisation (ASH) rate		
Activities / Actions	Deliverables	Timing	Responsibility
DHB integration projects with Alliance Health Plus and other PHOs to fund providers to deliver primary care services focused on ASH conditions	Key strategies identified Contracted service providers Monitoring and performance framework of contracted service providers	Ongoing	CMDHB Primary and Pacific Health Development Planning Funding After hour services
Perform regular analysis and review of ASH rates by condition & ethnicity	Regular analysis reporting	Quarterly	CMDHB Health Intelligence Unit
Support the 20,000 bed days campaign	Reduce the number of bed days for ASH conditions by July 2014	July 2014	Provider Arm
3 monthly review of ASH rates / data	Documented review	Ongoing	CMDHB Primary and Pacific Health Development Planning Funding

Priorities	Key Indicators			Trend needs to	Baseline Pacific	Target	CM Health Programmes/Other Links
Maternal Health	5	Percentage of Pacific infants fully breastfed	6 weeks	Increase	49%	67%	First 2000 Days
			3 months	Increase	33%	55%	
			6 months	Increase	12%	26%	
Rationale	More effective immune response, better nutritional uptake and fewer incidences of gastro-intestinal disorders as a result of exclusive breast feeding.						
Desired Outcome	Children living in Counties Manukau are nurtured and valued, from before conception through early childhood, to when they start school						

## ACTION PLAN FOR INDICATOR # 5

Outcome Focus	Increasing the number of Pacific infants who are fully and exclusively breast fed to six months		
Activities / 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.	Ongoing	CMDHB Primary and Pacific 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, AH+ and Pacific Health Planning Funding
WCTO providers to promote breastfeeding strategies	Number of community providers participating in BFCI Accreditation	Ongoing	CMDHB Primary and Pacific Health Planning Funding
6 monthly review of breastfeeding rates	Minuted reports	Ongoing	Child Youth and Maternity Strategic Group

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/Other Links
Cancer	6	Pacific Breast Screening rate	Increase	67.5%	70%	Primary Care
	7	Pacific Cervical Screening rate	Increase	63%	75%	
Rationale	Breast Screening can reduce breast cancer mortality through early detection. Pacific women in Counties Manukau have a significantly higher mortality rate from breast cancer than non-Pacific / non-Māori					
Desired Outcome	Reduced cancer mortality and morbidity					

**ACTION PLAN FOR INDICATOR # 6**

Outcome Focus	Improve breast screening rates		
We will undertake these activities and actions	Deliverables	Timing	Responsibility
<p><b>Work with primary care practices to carry out data and address matches to:</b></p> <ul style="list-style-type: none"> <li>Identify Pacific women who are not enrolled for breast screening</li> <li>Identify Pacific women who are enrolled with BSA but have changed their residential address</li> </ul>	Data matches offered to all practices a minimum of once a year Detailed Regional Co-ordination Plan to the NSU with strategies and targets to increase coverage in CMDHB.	Ongoing	BreastScreen Counties Manukau (BSCM) is the lead provider for the BSA programme in CMDHB.
<p><b>Utilise the BreastScreen mobile unit to increase accessibility into the programme. This includes locating mobile unit at churches, enabling walk-ins and promotional activities</b></p>	Increased breast screening rates, and greater coverage in areas densely populated by Pacific	Ongoing	BreastScreen Counties Manukau
<p><b>Increase retention of Pacific women in the programme through utilisation of an intensive follow up protocol. These typically include,</b></p> <ul style="list-style-type: none"> <li>Pacific women who do not respond to appointment letters by text and phone</li> <li>Pacific women who DNA 3 times are referred to the contracted independent service provider</li> <li>Follow up Pacific women who DNA or are reluctant to come to assessment appointments</li> </ul>	Increased breast screening rates for Pacific women.	Ongoing activity throughout the year	BreastScreen Counties Manukau
<p><b>6 monthly reports provided by Breast Screen Aotearoa, monthly DHB reports to GM Medicine and GM Pacific Health</b></p>	Six monthly report	Six monthly	BreastScreen Counties Manukau

**ACTION PLAN FOR INDICATOR # 7**

Outcome Focus	Improve cervical screening rates		
We will undertake these activities and actions	Deliverables	Timing	Responsibility
<p><b>Continue to provide cervical screening services along the screening pathway i.e</b></p>	Ongoing support for screening services from specialist providers	Ongoing	CMDHB Planning and funding and service

education, cervical smear taking, and support colposcopy services	focussed on increasing rates among Pacific in Counties Manukau.  Include cervical screening monitoring in Locality Clinical Partnership quality indicator set		providers
Identify effective screening recruitment interventions at high performing DHBs	A cervical screening recruitment programme that is based on key learnings from high performing DHBs.	June 2014	CMDHB Planning and funding and service providers
6 monthly review of cervical screening rates by Pacific Health Development Planning & Funding	Minuted reports	Ongoing	CMDHB Primary and Pacific Health Development Planning Funding

*“Protecting children against serious infectious disease through vaccination should be a priority for parents...Vaccination is important because of the protection it provides an individual against serious life threatening diseases.”*

Hon. Tony Ryall and the Hon. Jo Goodhew, Associate Minister of Health, in the Immunisation Health Report (2013). Meningitis Foundation Aotearoa New Zealand

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Immunisation	8	Pacific infants completed primary course of immunisation on time by 8 months of age	Increase	87%	90%	First 2000 Days
Rationale	Timeliness of immunisation is important to protect young infants who are most at risk of infections such as pertussis					
Desired Outcome	Improved Pacific Children's Health					



## ACTION PLAN FOR INDICATOR # 8

Outcome Focus	Increasing the proportion of Pacific Children fully immunised by eight months of age		
Activities / Actions	Deliverables	Timing	Responsibility
Implement new outreach process where all Counties Manukau Wellchild providers are contracted to deliver Immunisations	Increased immunisation of Pacific babies who utilise Wellchild and services in Counties Manukau	Ongoing	CMDHB Planning & Funding, & Immunisation Providers
Implement new 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 children that miss their immunisation dates are re-engaged within a 2 week period, increasing the number of Pacific infants who are immunised fully by 8 months.	Ongoing	CMDHB Planning & Funding & Immunisation Providers
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

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Cardiac	9	Cardiac surgical discharges <i>Note: Pacific community cardiac rehabilitation services implemented</i>		TBC	CMH 6.5/ 10,000	Regional Cardiology
Rationale	Cardiovascular disease is a leading cause of avoidable mortality and hospitalisation for Pacific and contributes significantly to the life expectancy gap between Pacific and Non-Māori Non Pacific					
Desired Outcome	Reduce mortality through improved cardiovascular health					

## ACTION PLAN FOR INDICATOR # 9

Outcome Focus	Monitoring the number of tertiary cardiac interventions for Pacific in Counties Manukau		
Activities / Actions	Deliverables	Timing	Responsibility
Work with the National Cardiac Clinical Network to develop target for tertiary cardiac intervention rates	Tertiary interventional 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 tertiary cardiac intervention for Pacific and non Māori and Non Pacific for 2012/2013.	Annual report of tertiary cardiac intervention results.	June 2014	CMDHB Planning and Funding
Review clinical prioritisation protocols for tertiary cardiac intervention referral	Review of prioritisation protocols and guidelines.	June 2014	CMDHB Planning and Funding
Reporting review of tertiary cardiac results to the LTC clinical governance group.	Report	June 2014	LTC Clinical Governance Group

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Data Quality	10	Ethnicity data accuracy improved	Increase	BL-TBD	95%	PHO
Rationale	Accurate ethnicity data is essential for tracking progress in Pacific health outcomes					
Desired Outcome	Accurate population health information					

## ACTION PLAN FOR INDICATOR # 10

Outcome focus	Increasing the number of PHOs using the MOH standardised ethnicity question on enrolment forms		
Activities / 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 Pacific Health Development Planning Funding
Require use of the MOHs	Add the requirement for	Ongoing	CMDHB Primary and

<b>ethnicity data protocols 2004 via any new provider contracts</b>	use of the MOHs ethnicity data protocols 2004 in the development of new provider contracts for the 2013/14 period		Pacific Health Development Planning Funding
<b>Work with PHOs to develop an implementation of the MOH ethnicity data protocols 2004 which includes training and a train the trainer package.</b>	Implementation plan  Training package	June 2014	CMDHB Primary and Pacific Health Development Planning Funding
<b>6 monthly reviews of the current ethnicity data by the Primary Health and Community services strategic meeting (PH&amp;CS)</b>	Documented review	6 monthly	CMDHB Primary and Pacific Health Development Planning Funding


Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Maternal and Child Health	11	Pregnant Pacific women registered and assessed by LMC by 12 weeks	Increase	40% <sup>22</sup>	50%	FANAU OLA OUTCOMES  First 2000 Days / Rheumatic Heart Project / Oral Health
	12	Pregnant Pacific women have increased access to antenatal care and education by 12 weeks	Increase	19%	50%	
	13	All Pacific New Born babies enrolled in GP services by 12 weeks	Increase	97% TBC <sup>23</sup>	100%	
	14	Pacific children complete B4 School Checks	Increase	CMH: 7,022 inc 3,058 HD <sup>24</sup>	80%	
Rationale	Bettors supported pregnant women will lead to healthier pregnancies. More effective immune response, better nutritional uptake and fewer incidences of gastro-intestinal disorders as a result of exclusive breast feeding.					
Desired Outcome	Children living in Counties Manukau are nurtured and valued, from before conception through early childhood, to when they start school. Pacific women experience planned, healthy pregnancies, have improved nutrition and healthy relationships with babies and fanau					

<sup>22</sup> Refer TAHA / MOH – in 2010, 66% registered during pregnancy (p.ix) of which 60% of those registered during first trimester (MOH Report on Maternity, p.38)

<sup>23</sup> Based on total PHO pop'n enrolment – needs specific confirmation

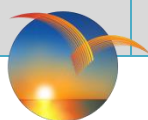
<sup>24</sup> Baseline for CMH FY2012/13, per DAP v. 22.03.2013, p.79 – need Pacific-specific data

**ACTION PLAN FOR INDICATORS # 11, 12**

<b>Outcome Focus</b>	<b>Increasing the number of pregnant Pacific women registered and assessed by LMC by 12 weeks</b>		
<b>Outcome Focus</b>	<b>Increasing the number of pregnant Pacific women engaged in antenatal care and education by 12 weeks</b>		
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
PHD work with the First 2000 Days Project Team to develop strategies and tactical implementation plans relevant to Pacific women / children / fanau	First 2000 Days Project Work plans include Pacific strategies and have a focus on needs of Pacific fanau	Ongoing	CMDHB Primary and Pacific Health Planning Funding; First 2000 Days Project Team
6 monthly review		Ongoing	PHD and First 2000 Days Project Team

**ACTION PLAN FOR INDICATOR # 13**


<b>Outcome Focus</b>	<b>Increasing the number of Pacific New Born babies enrolled in GP services by 12 weeks</b>		
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
Implement the New Born Baby enrolment process, which will ensure increased enrolment rates for Mothers and their babies	Implementation plan Include enrolment in dental service	June 2014	CMDHB Primary and Pacific Health Planning Funding; First 2000 Days Project Team
6 monthly review		Ongoing	PHD and First 2000 Days Project Team

**ACTION PLAN FOR INDICATOR # 14**

<b>Outcome Focus</b>	<b>Increasing the number of Pacific children who complete B4 School Checks</b>		
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
Work with PHOs to implement plans to increase the number of enrolled Pacific children who complete the B4 School Check	PHOs have B4 School Checks plans in place with activities aimed to increase checks of Pacific children	Ongoing	CMDHB Primary and Pacific Health Planning Funding; First 2000 Days Project Team
6 monthly review		Ongoing	PHD First 2000 Days Team

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
<b>Rheumatic Fever</b>	<b>15</b>	Rheumatic fever swabs taken for 5-14 year old Pacific children <i>Note: Increased swabs, early identification, and treatment aims to decrease rates of Rheumatic Heart Disease</i>	<b>Increase</b>	<b>18 clinics</b> 37.7 / 100,000	<b>53 clinics</b> [23,000 CMH H/R children]	<b>First 2000 Days Rheumatic Heart Housing</b>
<b>Rationale</b>	<b>Counties Manukau Health continues to have the highest number of rheumatic fever notifications in comparison to all other DHBs and have an overall rheumatic fever rate of 37.1 per 100,000 (double the national average)</b>					
<b>Desired Outcomes</b>	<b>Improved cardiovascular health for Pacific children, youth, and fanau</b>					

**ACTION PLAN FOR INDICATOR # 15**

Outcome Focus	To reduce the incidence of rheumatic fever among Pacific children and youth in Counties Manukau		
We will undertake these activities and actions	Deliverables	Timing	Responsibility
<b>Implement the Mana Kidz model, which includes establishing a school based health team that is supported by a registered nurse, Fanau support worker for each of the 53 schools</b>	53 throat swabbing services established and operating in Counties Manukau high risk areas.	June 30 2014 	CMDHB Planning & Funding; Alliance Health Plus / PHOs
<b>Report regularly to the Child Health Alliance – Counties Manukau group / PH&amp;CS mtgs</b>	Submitted reports	Monthly	CMDHB Planning & Funding; Alliance Health Plus / PHOs

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
<b>SUDI</b>	<b>16</b>	Sudden Unexpected Deaths in Infants (SUDI) in Pacific fanau	<b>Decrease</b>	<b>3</b>	<b>Reduce to zero</b>	<b>First 2000 Days</b>
<b>Rationale</b>	<b>Pacific post-neonatal mortality rates are considerably higher than non-Māori non-Pacific, a contributing factor being SUDI</b>					
<b>Desired Outcomes</b>	<b>Fanau Ola for Pacific babies and Fanau</b>					

## ACTION PLAN FOR INDICATOR # 16

Outcome Focus	Reduction of infant mortality rates of SUDI for Pacific babies		
Activities / Actions	Deliverables	Timing	Responsibility
Establish expert advisory group and regional SUDI network	Expert advisory group and Regional SUDI Network established.	Ongoing	Child and Youth Mortality Review Coordinator & Child Health Programme Manager & Pacific 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 2013	Child and Youth Mortality Review Coordinator & Child Health Programme Manager & Pacific Health
Child Youth and Maternity Strategic Forum	Update on deliverables	Monthly	Child and Youth Mortality Review Coordinator & Child Health Programme Manager & Pacific Health

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Oral Health	17	Enrolment rates for Pacific children under 5 yrs old in Dental Clinics	Increase	71% <sup>25</sup>	85%	
	18	Dental caries in Pacific children under 5 yrs old	Decrease	32%	Reduce rate by 52%	
Rationale	Earlier intervention in oral health care is becoming more important as the prevalence of tooth decay is increasingly evident in Pacific children					
Desired Outcome	Improved oral health for Pacific children					



<sup>25</sup> Baseline Dec 2012 for CMH, per DAP 22.03.2013, p. 81 – need Pacific-specific data

**ACTION PLAN FOR INDICATOR # 17, 18**

Outcome Focus	Increase the enrolments of Pacific children in dental clinics		
Outcome Focus	Decrease the number of dental caries in Pacific children		
Activities / Actions	Deliverables	Timing	Responsibility
Earlier enrolment between 0-2 years, utilising well child checks, and Well Child checks as a mechanism for earlier engagement	Increased enrolments of Pacific children aged 0-2 years	Ongoing	CMDHB Planning and Funding, Well Child Providers
Ongoing presence at Pacific community events to raise profile and enrol preschool children missed through Well-child providers and preschool catchment	5 Community Events attended	Ongoing	CMDHB Planning and Funding
Implement the Preschool Oral Health Education and Tooth Brushing programme	75 preschools trained and delivering Preschool Oral health education and tooth brushing programme	June 2014	CMDHB Planning and Funding & Oral Health Team, Well Child 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	Update on deliverables	Quarterly	Child, Youth and Maternity Strategic Forum & Oral Health Programme Manager & Pacific Health

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Smoking	19	Pregnant Pacific women provided with cessation advice and support to quit (new measure) <sup>26</sup>	Increase	BL-TBD	90% Ref. Ind.11	FANAU OLA OUTCOMES  Smokefree Pacific
	20	Pacific youth at Year 10 do not start smoking [initiation measure]	Increase	BL-TBD	95% TBC	
	21	Pacific smokers [15+ yrs old]	Decrease	29%	26%	
Rationale	Pacific people have the second highest rates (after Māori) for smoking in New Zealand. Smoking is related to lung disease, lung cancer and other major disease areas including CVD, diabetes, cancer, infant mortality and poor oral health.					
Desired Outcomes	Significant decrease in Pacific smokers, especially youth / mothers Improved respiratory health for Pacific fanau					

<sup>26</sup> Some LMCs include this as part of payment schedule – i.e. when submitted invoices etc.



## ACTION PLAN FOR INDICATOR # 19

*a lelei le pule, ua ola le nu'u*

Outcome Focus	Increasing the number of pregnant Pacific women assessed and supported to help quit smoking		
Activities / Actions	Deliverables	Timing	Responsibility
PHD work with the First 2000 Days Project Team including Maternal Health and Children / Midwifery / LMCs / Smokefree CMH 2025	First 2000 Days Project Work plans include strategies for supporting pregnant Pacific women to quit smoking following assessments	Ongoing	CMDHB Primary and Pacific Health Planning Funding; First 2000 Days Project Team
6 monthly review		Ongoing	PHD and First 2000 Days Project Team

## ACTION PLAN FOR INDICATOR # 20, 21

Outcome Focus	Pacific youth at Year 10 do not start smoking – any youth that smoke are supported to stop smoking		
Activities / Actions	Deliverables	Timing	Responsibility
PHD work with the Smokefree CMH team to deliver specific strategies targeting Pacific youth	Strategy developed with CMH Smokefree Team	Ongoing	CMDHB Primary and Pacific Health Planning Smokefree CMH 2025
6 monthly review		Ongoing	PHD and Smokefree 2025 Team

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Housing	22	Pacific fanau homes assessed	Increase	328 in CMH <sup>27</sup>	100% VHIU/VHR	FANAU OLA OUTCOMES Housing
	23	Pacific fanau homes provided with resources and support	Increase	BL-TBD	Per Ind.22	
	24	Pacific fanau homes referred for insulation	Increase	BL-TBD	Per Ind.22 CM=1000	
Rationale	Pacific fanau have the highest rates for socio-economic deprivation, poor housing and overcrowding in Counties Manukau leading to significant poorer health outcomes than Non-Māori Non Pacific					
Desired Outcome	Improved housing for Pacific fanau					

<sup>27</sup> Baseline 2011/2012, per DAP 22.03.2013, p. 78



**ACTION PLAN FOR INDICATORS 22, 23, 24**

<b>Outcome Focus</b>	<b>Increase the number of Pacific fanau homes assessed and analysed for potential improvement</b>		
<b>Outcome Focus</b>	<b>Increase the number of Pacific fanau homes provided with resources and support</b>		
<b>Outcome Focus</b>	<b>Increase the number of Pacific fanau homes referred for house insulation</b>		
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
Work alongside CMH Housing project to ensure Pacific strategies and plans are implemented	CMH Housing project includes Pacific strategy / plan for implementation	Dec 2013	CMDHB Planning and Funding, Pacific Health Development; CMH Housing
PHD team design and develop tools for housing assessment, planning and referral for Pacific fanau	Assessment and planning tools developed	Sep 2013	Pacific Health Development
PHD team collaborate with sector stakeholders to refer Pacific fanau for support (e.g. insulation)	Stakeholder map developed / engagement undertaken	Ongoing	PHD; CMH Housing
Quarterly Review	Update on deliverables	Quarterly	Pacific Health Development; CMH Housing



Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Diabetes and Cardiovascular disease	25	Eligible Pacific people who have diabetes and cardiovascular risk assessments	Increase	62%	90%	FANAU OLA OUTCOMES
Cardiac Rehabilitation	26	Pacific fanau engaged with cardiac rehabilitation services in the community	Increase	TBA [PHO]	80% Per Ind. # 25	Cardiovascular disease and diabetes
Rationale	Cardiovascular disease is a leading cause of avoidable mortality and hospitalisation for Pacific and contributes significantly to the life expectancy gap between Pacific and Non-Māori Non Pacific					
Desired Outcome	Reduce mortality through improved cardiovascular health					

**ACTION PLAN FOR INDICATOR # 25, 26**

Outcome Focus	Pacific fanau who have had cardiac events engaged with cardiac rehabilitation services in the community		
Activities / Actions	Deliverables	Timing	Responsibility
Work with AH+ and PHOs to develop and provide cardiac rehabilitation services for Pacific fanau	AH+ / PHO develop and provide cardiac rehabilitation services including SMEs for Pacific fanau	Ongoing	CMDHB Planning and Funding, Chief Medical Advisor Primary Care
3 monthly review	Report	June 2014	LTC Clinical Governance Group

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Youth Health / Suicide Prevention	27	Pacific youth engaged in Fanau Ola primary care and other services	Increase	BL-TBD	TBC	FANAU OLA OUTCOMES
	28	Pacific youth suicide rate (up to 24 years of age)	Decrease	5	Decrease by 50%	Mental Health; Fale Ola; Māori Hth
	29	Pacific suicide prevention and postvention services	Increase	TBC #serv	# services	
Rationale	Pacific youth are suffering from increasing rates of obesity and diabetes; comparatively (to NMNP) higher rates of mental health issues					
Desired Outcome	Pacific youth experience improved health and wellbeing					
Rationale	The suicide rate in Counties Manukau Health for Pacific is increasing annually, particularly amongst Pacific youth					
Desired Outcome	Reduction in the incidence of suicide and self harm in Counties Manukau, and in particular of Pacific youth					

**ACTION PLAN FOR INDICATOR # 27, 28**

Outcome Focus	Increase the number of Pacific youth who are referred for primary care and other services  Increase the number of Pacific youth who have completed a Fanau Ola Assessment and Plan		
Activities / Actions	Deliverables	Timing	Responsibility
Work with the Youth Health and Mental Health teams to ensure Pacific strategies	Pacific strategy within VHIUS project	December 2013	CMDHB Planning and Funding, Pacific Health Development; Lotu Moui;

and plans developed and implemented			Fale Ola
PHD continue to develop team to implement Fanau Ola including: <ul style="list-style-type: none"> <li>Assessments</li> <li>Planning</li> <li>Referrals to services</li> </ul>	PHD Fanau Ola plan for Youth Health developed	December 2013	Pacific Health Development; Lotu Moui
Monthly Review	Update on deliverables	Quarterly	Pacific Health Development; Youth Health; Primary Health; Lotu Moui

**ACTION PLAN FOR INDICATORS # 28, 29**

Outcome Focus	Increasing the capacity of community agencies and schools to support communities in suicide prevention and postvention		
Activities / 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	Ongoing	CMDHB Pacific health Planning Funding
Implement the Counties Manukau Suicide Prevention Annual Business Plan CMSPABP, that has particular focus on Pacific	Actions within the CMSPABP completed	June 2014	CMDHB Pacific health Planning Funding
Collect data to identify the number of Pacific suicide and self harm events	Up to date Pacific Suicide and Self Harm data	June 2014	CMDHB Pacific health Planning Funding
To facilitate a series of seminars/trainings on suicide prevention to support Counties Manukau fanau/family	A minimum of 6 seminars/ trainings in Counties Manukau	June 2014	CMDHB Pacific health Planning Funding
Develop methods of promoting key positive messages (for suicide prevention) to Pacific and communities about strengthening families and connected communities.	Key messages developed and promoted using a range of communication methods utilised <ul style="list-style-type: none"> <li>Posters in Community/ Churches</li> <li>Other public health activity</li> <li>Community events</li> <li>School websites</li> </ul>	June 2014	CMDHB Pacific health Planning Funding
Report progress against the CMSPABP to the IASG	Progress Reports	Quarterly	Primary and Pacific health Planning Funding


**FANAU OLA APPROACH, TOOLS, SERVICES, PROGRAMMES, CENTRES, RESOURCES**

IMPROVING FANAU EXPERIENCE	Goal No. 7	Understanding the Fanau Ola Philosophy and Approach		
Pacific Health Development Approach		<ul style="list-style-type: none"><li>Fanau Ola Philosophy and Approach developed and articulated in collaboration with Pacific teams / communities / fanau</li><li>Fanau Ola imagery, branding, marketing and communications consolidates the approach</li><li>Fanau Ola materials and resources are developed</li><li>Workshops for DHB / Pacific communities / other stakeholders are developed and held</li></ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Develop Fanau Ola Approach Position Paper		<b><i>Fanau Ola Approach Position Paper</i></b>	Q1	PHD
Design and develop Fanau Ola Brand; develop and implement Marketing and Communications Plan		<b><i>Fanau Ola Brand / Market / Communications Plan</i></b>	Q2	PHD
Outcomes / Benefits for Pacific Fanau		<ul style="list-style-type: none"><li>Have greater understanding of Fanau Ola Approach (philosophy, processes, methods, expected outcomes)</li><li>Support the approach and can articulate and share with others their knowledge of Fanau Ola</li></ul>		
Outcomes /Benefits for Counties Manukau Health		<ul style="list-style-type: none"><li>Supports the Fanau Ola Approach</li><li>Supports Fanau Ola System Integration</li></ul>		

IMPROVING FANAU EXPERIENCE	Goal No. 8	Fanau Ola Toolkit and Quality Materials		
Pacific Health Development Approach		<ul style="list-style-type: none"><li>Fanau Ola Toolkit is developed; includes templates for Patient and Fanau reflections / assessment / analysis / planning / evaluation</li><li>Relevant information is gathered that will contribute to the Patient and Fanau care plan</li><li>Findings are shared with primary health and VHIUS team to provide targeted support and services</li></ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Design and develop, in collaboration with PHD team Fanau Ola Toolkit and Operations Manual		<i>Fanau Ola Toolkit / Manuals</i>	Q1-Q2	PHD
Conduct Fanau Ola Workshops for PHD teams including ‘train the trainers’		<i>Fanau Ola Workshops – for services / programmes</i>	Ongoing	PHD
Outcomes / Benefits for Pacific Fanau		<ul style="list-style-type: none"><li>Benefit from engagement with Fanau Ola practitioners who work through reflections / assessment / analysis / planning / evaluation</li><li>Fanau retain all information gathered so that they are active participants in their planning</li></ul>		
Outcomes / Benefits for Counties Manukau Health		<ul style="list-style-type: none"><li>Comprehensive Fanau Ola Toolkit / Manuals developed</li><li>Fanau Ola training is undertaken with relevant personnel / stakeholders</li></ul>		

IMPROVING FANAU EXPERIENCE	Goal No. 9	High Quality Fanau Ola Services / Programme Alignment		
Pacific Health Development Approach		<ul style="list-style-type: none"><li>Services / Projects / Programmes / Contracts</li><li>Centres providing Fanau-centred care / programmes / services / resources improve accessibility and availability</li><li>Cultural competency of all staff to deliver to Pacific patients and fanau</li></ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Scope Services, Projects, Programmes, Contracts and develop a plan to align them with Fanau Ola		Services and Programme Alignment Plan	Q2-Q4	PHD
Stage roll-out of aligned services and programmes		Services and Programme Alignment Implementation	Ongoing	PHD
Benefits for Pacific Fanau		<ul style="list-style-type: none"><li>Reduce inequalities</li><li>Improve accessibility and availability</li></ul>		
Benefits for Counties Manukau Health		<ul style="list-style-type: none"><li>Fanau Ola is aligned and integrated into CMH programmes</li></ul>		

IMPROVING FANAU EXPERIENCE	Goal No. 10	Resourcing Fanau Ola Accessible and Affordable Fanau Ola Centres		
Pacific Health Development Approach		<ul style="list-style-type: none"><li>• Realign existing / establishing new centres providing Fanau Ola centred services</li><li>• Fanau Ola Centres established for high Pacific island populations (linked with localities)</li></ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Fanau Ola resources required are identified and a Resourcing Plan is developed		Resources Scoping Plan	Q2-Q3	PHD
Scoping of Fanau Ola Centres including a Fanau Ola Youth Centre – design and development plan		Fanau Ola Centres Design and Development Plan	Q2-Q3	PHD
Establishment of Fanau Ola Centres		Fanau Ola Centres Established	Q4 - ongoing	PHD
Outcomes / Benefits for Pacific Fanau		<ul style="list-style-type: none"><li>• Reduce inequalities</li><li>• Improve accessibility and availability for Pacific fanau</li></ul>		
Outcomes / Benefits for Counties Manukau Health		<ul style="list-style-type: none"><li>• Certainty in facility development, long-term planning, resources matched to demand</li><li>• Resources aligned with needs</li></ul>		

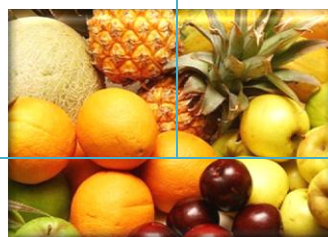


### PRIORITIES AND KEY INDICATORS

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Very High Intensive Users of Services [44% Pacific]	30	Increased access for children under 6 yrs to free After Hours Care	Increase	BL-TBD	100%	
	31	Pacific people presenting to Emergency Care	Decrease	33%	TBC	
	32	Pacific people’s length of stay in Emergency Care	Decrease	TBC	95% disch / tsfr w/in 6 hours	FANAU OLA APPROACH
	33	Pacific VHIU/VHR who have completed a Fanau Ola Assessment & Plan	Increase	BL-TBD	95%	VHIUS; 20,000 bed days
	34	Pacific VHIU/VHR who are referred to primary care and other services	Increase	BL-TBD	90% Per Ind #33	
	36	Pacific people who have completed annual Health Checks <sup>28</sup>	Increase	TBA [PHO]	90% VHIU/VHR	
Rationale	Pacific fanau and children are less likely to present and stay in Emergency Care if they have better access to quality After Hours Care					
Desired Outcome	Improved health for Pacific fanau and children in their own communities					
Rationale	Pacific people have greater control of their surgical timetable, leading to better more timely health outcomes					
Desired Outcome	Improved health for Pacific people, including VHIUS in their own communities					

### ACTION PLAN FOR INDICATORS # 30, 31, 32

<b>Outcome Focus</b>	Increase the number of Pacific children accessing free After Hours Care from primary health providers in their communities		
<b>Outcome Focus</b>	Decrease the number of Pacific people presenting to Emergency Care		
<b>Outcome Focus</b>	Decrease the length of stay in Emergency Care		
<b>Activities / Actions</b>	<b>Deliverables</b>	<b>Timing</b>	<b>Responsibility</b>
PHD continue to develop team to implement Fanau Ola including: <ul style="list-style-type: none"> <li>Assessments</li> <li>Planning</li> <li>Referrals to services</li> </ul>	PHD plan developed with Primary Health	December 2013	Pacific Health Development

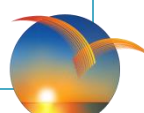


<sup>28</sup> Refer also to Care Plus



PHD work closely with Primary Health Team and PHOs to ensure deliverable			
Monthly Review	Update on deliverables	Quarterly	Pacific Health Development; Primary Health

<b>ACTION PLAN FOR INDICATORS # 33, 34, 35</b> Outcome Focus	Increase the number of Pacific VHIUS who have completed a Fanau Ola Assessment and Plan		
Outcome Focus	Increase the number of Pacific VHIUS who are referred for primary care and other services		
Activities / Actions	Deliverables	Timing	Responsibility
Work with the VHIUS team to ensure Pacific strategy and plans developed and implemented	Pacific strategy within VHIUS project	December 2013	CMDHB Planning and Funding, Pacific Health Development; VHIUS
PHD continue to develop team to implement Fanau Ola including: <ul style="list-style-type: none"> <li>Assessments</li> <li>Planning</li> <li>Referrals to services</li> </ul>	PHD Fanau Ola plan for VHIUS developed	December 2013	Pacific Health Development
Monthly Review	Update on deliverables	Quarterly	Pacific Health Development; VHIUS; Primary Health



Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
Health of Older People	36	Pacific people over 65 years who have had influenza immunisations	Increase	62% [CMH]	75%	FANAU OLA APPROACH  Health of Older People
	37	Pacific people engaged in Health of Older People services – A,T & R	Increase	BL-TBD	50% Per Ind #38	
	38	Pacific elders who have completed a Fanau Ola Assessment / Plan	Increase	BL-TBD	50% Per Ind #33	
Rationale	The major hospital admissions for Pacific aged over 65 years were for care involving kidney disease, circulatory heart failure and respiratory / COPD disorders					
Desired Outcome	Improved health and wellbeing of older Pacific people					

**ACTION PLAN FOR INDICATOR # 36**

Outcome Focus	Pacific people over 65 years of age who have had influenza immunisations		
Activities / 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.	Ongoing	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.	Ongoing	CMDHB Planning and Funding and PHOs
Continue to support the promotion of influenza vaccination of eligible Pacific via PHO's, Pacific providers and other	PHO's and Pacific providers supported by DHB, through ongoing performance reporting, and regularly PHO forums	Seasonal	CMDHB Planning and Funding and PHOs, Pacific 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).

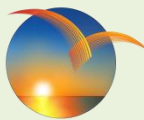
**ACTION PLAN FOR INDICATOR # 37, 38**

Outcome Focus	Increasing the number of older Pacific people accessing Health of Older People Services		
Outcome Focus	Increasing the number of older Pacific people who have completed a Fanau Ola Assessment / Plan		
Activities / 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	Ongoing	Health of Older People Team
Continue to provide Pacific support services for older Pacific	Quality service provision of appropriate services for	Ongoing	Health of Older People Team



people in the Counties Manukau Area	Pacific elders		
Collect data on number of Pacific accessing health of Older people services to develop an appropriate baseline.	Baseline Data set developed.	June 2014	Health of Older People Team and Pacific Development Planning and Funding Team
Work with AH+ to undertake the Service Integration Project including contract integration and implementing outcomes based contract, programme and model of care.	Outcomes based contract, programme and model of care.	Ongoing	Pacific Development Planning and Funding Team and AH+
Work with AH+ and PHOs to provide plans for Fanau Ola services and programmes	AH+ and PHOs provide plans for developing and implementing Fanau Ola		
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



AFFORDABILITY SUSTAINABILITY	Goal No. 15	Pacific Health Workforce Development / Pacific Leadership		
<b>Pacific Health Development Approach</b> 		<ul style="list-style-type: none"> <li>High Performing Pacific Workforce / Grow Our Own Workforce</li> <li>Targeting workforce investment – long-term and short-term including investment in short term service gaps (e.g. midwifery)</li> <li>Develop a Pacific Leadership Academy alongside the Ko Awatea Leadership Academy and in partnership with others such as KAT Programme</li> <li>Support Centre for Cultural Excellence</li> </ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Develop a Pacific workforce plan		<b><i>Develop a Pacific Workforce Plan</i></b>	Q2-Q3	PHD
Implement workforce plan; develop resources; continue to evaluate and monitor progress		<b><i>Implement Plan; develop workforce resources</i></b>	Ongoing	PHD
Scope development of Pacific Leadership Academy		<b><i>Pacific Leadership Academy Plan</i></b>	Ongoing	PHD / Ko Awatea / UoA

<b>Benefits for Pacific Fanau</b>	<ul style="list-style-type: none"> <li>Develop a Workforce Plan/ Workforce Resources</li> <li>Pacific GOOW strategy implemented – match workforce to community</li> </ul>
<b>Benefits for Counties Manukau Health</b>	<ul style="list-style-type: none"> <li>More Pacific staff DHB-wide</li> <li>Cultural excellence</li> <li>Improved planning – long, medium &amp; short-term will provide better outcomes for Pacific people</li> </ul>

Priorities	Key Indicators		Trend needs to	Baseline Pacific	Target	CM Health Programmes/ Other Links
<b>Workforce</b>	<b>39</b>	Pacific Counties Manukau Health staff across all areas / professional groups	<b>Increase</b>	<b>8%</b> concentrated in certain areas	<b>Pacific</b> matches CMH population	<b>PACIFIC WORKFORCE DEVELOPMENT</b>
<b>Rationale</b>	<b>Counties Manukau Health is dedicated to developing a workforce which is reflective of the community. The Pacific population accounts for 25% of the community.</b>					
<b>Desired Outcome</b>	<b>A Pacific workforce that is reflective of the Pacific community</b>					

**ACTION PLAN FOR INDICATOR # 39**

Outcome Focus	Increasing the number and proportion of Pacific employed in CMDHB so it matches CMH Pacific population		
Activities / Actions	Deliverables	Timing	Responsibility
<b>Implement a Pacific Health Could B 4 U Programme into four secondary schools with a high number of Pacific students.</b>	<p>200 Pacific students engaged in a Health Career Programme from year 10 to year 13.</p> <p>20-25 year 13 Pacific students apply to health related tertiary programme.</p>	December 2013	CMDHB Pacific Workforce Programme Manager & Future Workforce team
<b>Continue to implement the Health Science Academies Programme across two secondary schools.</b>	Pacific students are participating in Health Science Academies receive dedicated science support on a regular basis.	Ongoing	CMDHB Pacific Workforce Programme Manager & Future Workforce team

<b>Continue to implement the Nursing and Midwifery Programme</b>	Numbers of students engaged in the programme	Ongoing	CMDHB Pacific Health Planning and Funding
<b>Quarterly reporting</b>	Pacific Health Report	Quarterly	Pacific Health Team

KEEPING FANAU WELL	Goal No. 2	Improved Health Literacy		
<b>Pacific Health Development Approach</b>		<ul style="list-style-type: none"> <li>Develop clarity in relation to health literacy issues experienced by Pacific fanau</li> <li>Relevant and appropriate to the needs of Pacific fanau (language, cultural contexts)</li> <li>Ensure resources are clear, coherent, honour Pacific ways of knowing and learning</li> <li>Confidence in navigating healthcare and other systems</li> </ul>		
<b>Prioritised Activities</b>		<b>Deliverables / Outputs</b>	<b>Timing</b>	<b>Responsibilities</b>
Develop a Health Literacy Plan		<i>Health Literacy Plan for Pacific people</i>	Q3-Q4	PHD
Implement Health Literacy Plan		<i>Ongoing monitoring</i>	ongoing	PHD
Develop quality Healthy Literacy Resources		<i>Quality resources (culturally relevant in Pacific languages)</i>	ongoing	PHD
<b>Outcomes / Benefits for Pacific Fanau</b>		<ul style="list-style-type: none"> <li>Have a greater understanding of systems (health, social, education)</li> <li>Improved health literacy empowers fanau to improve engagement / make informed decisions</li> <li>Healthcare system responsive to Pacific fanau</li> </ul>		
<b>Outcomes / Benefits for Counties Manukau Health</b>		<ul style="list-style-type: none"> <li>Has good quality health literacy resources and services</li> </ul>		

KEEPING FANAU WELL	Goal No. 3	Quality Research and Development		
<b>Pacific Health Development Approach</b>		<ul style="list-style-type: none"> <li>Collation and analysis of current data and research available; inclusion of qualitative/ quantitative consumer voice (focus group findings, patient/customer experience / satisfaction surveys etc.)</li> <li>Comprehensive reflections and assessments undertaken with Pacific fanau / analysis continues with Fanau Ola</li> <li>Integrate Health Partners work in Pacific Outcomes to inform the evaluation and review</li> </ul>		
<b>Prioritised Activities</b>		<b>Deliverables / Outputs</b>	<b>Timing</b>	<b>Responsibilities</b>
Plan for research on the development of Pacific health & wellbeing is created		<i>Research and Development Plan</i>	Q2	PHD
Stocktake of Pacific health & wellbeing research literature is undertaken		<i>Literature / Evidence Stocktake</i>	Q2	PHD / Pop'n Health

<b>Comprehensive baseline data is collated to form need analysis report</b>	<b>Report – Baseline Data / Needs analysis</b>	Q3-Q4	PHD / Pop'n Health
<b>Outcomes / Benefits for Pacific Fanau</b>	<ul style="list-style-type: none"> <li>Have the opportunity to be actively involved in research projects; telling their own stories, enabling them to inform the DHB, enabling them to assist with the development of relevant services</li> <li>Participate in comprehensive reflections / assessment / planning and service engagement</li> </ul>		
<b>Outcomes / Benefits for Counties Manukau Health</b>	<ul style="list-style-type: none"> <li>Evidence informs Pacific strategy / planning / implementation</li> <li>Improved and targeted services</li> <li>Intervention opportunities identified and included in strategic planning</li> </ul>		

KEEPING FANAU WELL	Goal No. 4	Closer Community Engagement		
<b>Pacific Health Development Approach</b>		<ul style="list-style-type: none"> <li>Engage with community groups / local groups / churches</li> <li>Align with Lotu Moui / Community Patient and Family support</li> <li>Strengthen engagement with primary healthcare/GP services and after hour care (Accident &amp; Emergency services)</li> </ul>		
<b>Prioritised Activities</b>		<b>Deliverables / Outputs</b>	<b>Timing</b>	<b>Responsibilities</b>
<b>Community Health Team engaged community to develop terms of engagement / agreement and plans</b>		<b>Community Engagement and Participation Framework / Plan</b>	Q1	PHD/Lotu Moui Community Health Team
<b>Community Engagement Plan is implemented and lead by the community health team</b>		<b>Implementation of the Plan</b>	Q2-Q4	PHD/Lotu Moui Community Health Team
<b>Outcomes / Benefits for Pacific Fanau</b>		<ul style="list-style-type: none"> <li>Have increased engagement with supportive community organisations /local groups / churches</li> </ul>		
<b>Outcomes / Benefits for Counties Manukau Health</b>		<ul style="list-style-type: none"> <li>Have improved engagement and support to/from communities / local group /churches</li> </ul>		



KEEPING FANAU WELL	Goal No. 5	Creating Intersectoral Opportunities		
Pacific Health Development Approach	<ul style="list-style-type: none"><li>Engage key partners to support strategy including MPIA, Housing New Zealand, MSD, MOE, MOJ, other (e.g. academic, business)</li></ul>			
Prioritised Activities	Deliverables / Outputs	Timing	Responsibilities	
Develop map / database of sectors / organisations / entities / services	Intersectoral Map	Q2	PHD	
Develop strategy and protocols / terms for engagement with sectors	Intersectoral Engagement Plan	Q3-Q4	PHD	
Benefits for Pacific Fanau	<ul style="list-style-type: none"><li>Have improved understanding of these sectors and stakeholders</li><li>Feel more empowered in their engagement with these organisations and have increased support from these organisations and have improved experiences</li></ul>			
Benefits for Counties Manukau Health	<ul style="list-style-type: none"><li>Have improved intersectoral engagement and support across multiple sectors</li></ul>			

IMPROVING FANAU EXPERIENCE	Goal No. 6	Zero Harm befalls Pacific people in care		
Pacific Health Development Approach		<ul style="list-style-type: none"><li>• Explore and honour Pacific fanau voice and consumer perspectives of experiences (engagement, recovery)</li><li>• Develop culturally relevant and appropriate approaches to Pacific Patient and Fanau Care</li></ul>		
Prioritised Activities	Deliverables / Outputs	Timing	Responsibilities	
Develop position paper on Pacific Approach to Zero Patient and Fanau Harm	<i>Pacific Approach to Zero Patient and Fanau Harm developed and implemented</i>	Ongoing	PHD	
Outcomes / Benefits for Pacific Fanau	<ul style="list-style-type: none"><li>• Have improved understanding of roles and responsibilities of DHB systems / processes / protocols / personnel</li></ul>			
Outcomes / Benefits for Counties Manukau Health	<ul style="list-style-type: none"><li>• Have greater understanding of Pacific Fanau Ola Approach and how this is integrated into Patient and Fanau Care</li></ul>			

Affordability Sustainability	Goal No. 11	Fanau Ola Systems Integration		
Pacific Health Development Approach		<ul style="list-style-type: none"><li>Fanau Ola Systems and Services Alignment and Integration with CMH Programme Board Work</li><li>Align with PHO programmes</li><li>Link to AH+ , other PHOs and providers regarding contract integration work and service delivery</li></ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Develop a Plan for integrating Fanau Ola Systems		Fanau Ola Systems Integration Plan	Q2-Q3	PHD
Commence implementation and continue to evaluate / monitor		Fanau Ola Systems Integration Implementation	ongoing	PHD

<b>Outcomes / Benefits for Pacific Fanau</b>	<ul style="list-style-type: none"> <li>Seamless experience through CMH</li> <li>Services / Projects / Programmes / Contracts</li> </ul>
<b>Outcomes / Benefits for Counties Manukau Health</b>	<ul style="list-style-type: none"> <li>Fanau Ola Systems aligned with DHB-wide Systems</li> </ul>

AFFORDABILITY SUSTAINABILITY	Goal No. 12	Better Pacific Health Development in Localities		
<b>Pacific Health Development Approach</b>		<ul style="list-style-type: none"> <li>Align locality integration / Scope Pathways</li> <li>Locality clinical partnerships and clinical pathways</li> <li>Consumer input into localities</li> </ul>		
<b>Prioritised Activities</b>		<b>Deliverables / Outputs</b>	<b>Timing</b>	<b>Responsibilities</b>
Work with Localities Team; align Pacific Health priorities		<i>Localities Integration Plan for Pacific</i>	Q2-Q3	PHD
Implement Pacific health priorities within / across localities and continue to evaluate and monitor progress		<i>Pacific health priorities integrated through implementation</i>	ongoing	PHD
<b>Outcomes / Benefits for Pacific Fanau</b>		<ul style="list-style-type: none"> <li>Develop Integration Plan Incorporate outcomes into locality frameworks</li> <li>Primary and secondary clinical engagement in pathway development and implementation</li> </ul>		
<b>Outcomes / Benefits for Counties Manukau Health</b>		<ul style="list-style-type: none"> <li>Reduced avoidable admissions</li> </ul>		



AFFORDABILITY SUSTAINABILITY	Goal No. 13	Improved Information / Technology Systems		
<b>Pacific Health Development Approach</b>		<ul style="list-style-type: none"> <li>Alignment of information needs and Information Technology (IT) Systems to reflect Pacific Health foci</li> <li>Systems are improved for accessibility, efficacy, efficiency and experience (for all users)</li> </ul>		
<b>Prioritised Activities</b>		<b>Deliverables / Outputs</b>	<b>Timing</b>	<b>Responsibilities</b>
Develop Information Systems / IT Development and Implementation Plan		<i>Information Systems / IT Development and Implementation Plan</i>	Q2-Q3	PHD
Systems are designed, developed, tested and roll-out in stages		<i>IT design, development, testing and implementation</i>	ongoing	PHD
<b>Outcomes / Benefits for Pacific Fanau</b>		<ul style="list-style-type: none"> <li>Improved information / IT Systems, processes</li> </ul>		
<b>Outcomes / Benefits for Counties Manukau Health</b>		<ul style="list-style-type: none"> <li>Increased accessibility, efficiency and effectiveness</li> </ul>		



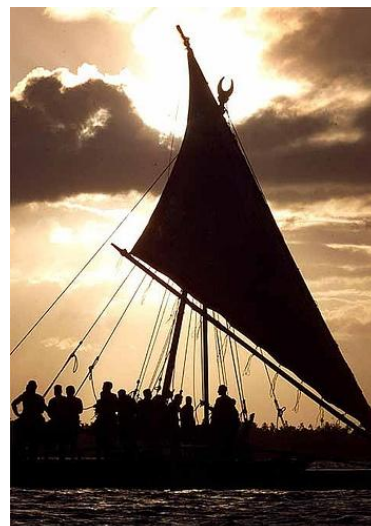
AFFORDABILITY SUSTAINABILITY	Goal No. 14	Whole of system commissioning / Outcomes-based contracting		
Pacific Health Development Approach		<ul style="list-style-type: none"> <li>Whole of system commissioning and operational performance</li> <li>Scope whole of system approach</li> <li>Map system components</li> <li>Map system processes</li> <li>Ensure contracts are integrated and aligned with Pacific health / Fanau Ola outcomes</li> <li>Develop outcome based indicators</li> <li>Link other providers including AH+ contract integration work</li> </ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Commissioning for Pacific is scoped and a framework designed and developed		<i>Pacific Commissioning Plan</i>	Q2-Q3	PHD
Develop contracting guidelines, including protocols		<i>Contracting Guidelines and Protocols</i>	Q2-Q3	PHD
Pacific health outcomes-based contracting is implemented and evaluated		<i>Contract monitoring and evaluation</i>	Ongoing	PHD
Outcomes / Benefits for Pacific Fanau		<ul style="list-style-type: none"> <li>Fanau-centred care seamlessly embedded into DHB approach / services – resourced; continually improving</li> <li>Fanau benefit from high-quality services – better, sooner, more convenient to them</li> </ul>		
Outcomes / Benefits for Counties Manukau Health		<ul style="list-style-type: none"> <li>Whole of system approach provides greater clarity for DHB personnel; greater efficiencies in terms of multiple systems components (e.g. Information Systems, Workforce Development)</li> <li>Better value for money</li> </ul>		

AFFORDABILITY SUSTAINABILITY	Goal No. 16	Pacific Strategic Intelligence		
Pacific Health Development Approach		<ul style="list-style-type: none"> <li>Develop Pacific Strategic Intelligence Hub and develop multi-year plans</li> <li>Performance Management</li> </ul>		
Prioritised Activities		Deliverables / Outputs	Timing	Responsibilities
Continue to develop multi-year plans; align with MOH / CMH plans		<i>Develop PHD Multi-Year Plans (2020; 3/5/10 years)</i>	Q2-Q3	PHD
Outcomes / Benefits for Pacific Fanau		<ul style="list-style-type: none"> <li>Strategic planning and implementation</li> <li>Capability and capacity training</li> <li>Develop leadership skills</li> </ul>		
Outcomes / Benefits for Counties Manukau Health		<ul style="list-style-type: none"> <li>DHB-wide staff have tools and techniques to work with Pacific fanau</li> </ul>		



## 8. Strategy for Pacific Region / Oceania

The CMDHB has received funding through agreements with NZAID through Ministry of Foreign Affairs and Trade (MFAT) to co-ordinate and provide Institutional Linkage Programmes and Strengthening programmes to the Government of Samoa (via the National Health Service) and the Government of Niue (via the Department of Health). Counties Manukau Health (CMH) has a MOU with the Government of the Cook Islands and a development contract for radiology services with the Marine



Training Centre in Kiribati. Pacific Health Development will continue to seek and develop new initiatives with Pacific Island nations within the Pacific, being responsive to regional aspirations including and creating new opportunities for collaboration.

### PROGRAMME/PROJECT MANAGEMENT

Pacific Health Development project manages the implementation of CMDHB's obligations as agreed with NZAID and/or other donors/funders

Pacific Health Development also co-ordinates and align organisation processes and operational delivery to expectations of each Project/Programme that includes:

- Develop and agree a Project Plan or Programme of Development;
- Report frequently on implementation as agreed; and
- Report to necessary accountabilities e.g. Board, PHAC, EMT, Ministry of Foreign Affairs and Trade and as required.

### SERVICE PLANNING AND DELIVERY

Pacific Health Development also oversees the co-ordination of visiting specialist to the Pacific Nations and the treatment of patients from the Pacific Region to:

- Ensure that patients in the Pacific Islands are provided with specialist services where it cannot be provided in-country;
- Ensure efficient process to manage the flow of patients from the Pacific Region as agreed to access:
  - Medical treatment specialists;



- Cultural support where agreed and as required.
- Generate planning and reporting as required against agreements with donors/funders (eg NZAID) and advise the organisation's planning and funding activities.
- Where agreed with donors and the Region, establish and co-ordinate a programme of visiting specialists to the Pacific Region.
- Input advice on CMDHB's role and place in health in the Pacific Region.
- Submit progress reports to inform monthly, quarterly and annual reporting against plans as required.
- Ensure linkages and connections are made with other provider and/or service development initiatives in the organisation that relate to the project.
- Agree annual Key Performance Indicators consistent with the implementation of the agreements with MFAT and other donors/funders.
- Scope innovative technologies and telemedicine as a vehicle for health training and service delivery, particularly to under-resourced and more remote island areas
- Keep abreast of Pacific service and population health developments in the Pacific region that will identify future pressures and demands on CMDHB provider capacity and capability.

## **9. New Zealand Medical Assistance Team (NZMAT) / CMH**

NZMAT is a civilian-based disaster medical assistance team comprising of clinical and allied staff that include doctors, nurses, paramedics, allied health and non-medical members such as logisticians. A NZMAT will provide medical assistance for disasters domestically and internationally within the South West Pacific area.

The Ministry of Health has the authority to deploy a NZMAT, following a request from District Health Boards (DHBs) for domestic deployments or the Ministry of Foreign Affairs and Trade (MFAT) for deployment in the South West Pacific. NZMAT will provide medical support to the local population by integrating with and engaging with local structures.

During a deployment **Counties Manukau Health will provide the operational base support for NZMAT** in close liaison with the Ministry of Health. The Ministry will coordinate the overall national health response and liaise with DHBs, and the lead New Zealand government agency (such as the Ministry of Civil Defence and Emergency Management or the Ministry of Foreign Affairs and Trade) as required.

During a domestic civil defence event an NZMAT will not replace the wide ranging support from the health sector to the affected DHB. An NZMAT may be deployed as part of this wider support and this will be coordinated within existing emergency management structures. Most NZMAT deployments will depart from Auckland where team members will be briefed and issued appropriate uniform and personal equipment. NZMAT members deployed in a disaster will have numerous skills and will be able and willing to work in a variety of settings in the community or in existing or temporary health facilities.

The NZMAT functions adapted to the applicable emergency scenario may include:

1. Deploying an initial small assessment team consisting of a team leader and public health, clinical, and logistics experts to report back on requirements for health assistance
2. Deploying a modular health response to support health services in the area overwhelmed by disaster within New Zealand or the South West Pacific, providing there is sufficient supporting infrastructure to accommodate and support the work of the team. Modules may include wound care, primary care, secondary care, public health and/or psychosocial support services as required and requested by the disaster affected area
3. Providing back-up / surge support for trauma and surgical services in the affected locality when these are overwhelmed by a disaster, providing there is a health and accommodation infrastructure to support delivery of such services
4. Working closely with other response agencies and authorities to ensure there is joined-up response and that an additional burden for support is not placed on the affected area by the NZMAT deployment
5. Ensuring NZMAT is led by personnel trained and experienced in health disaster responses
6. Developing and maintaining a self-sufficient NZMAT capable of deploying into an austere environment to deliver community-based services.

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Photos courtesy of Pou Kapua Creations 2013 and Google Images

## Abbreviations and Acronyms

Abbrev. Acronym	Stands for
BFA	Breastfeed Aotearoa
BL-TBD	Baseline – To Be Developed
CMH	Counties Manukau Health
Disc	Discharged
EP	Enrolled Population
H/D	High Deprivation
HNP	High Needs Population
HOP	Health of Older People (Programme)
HP	Health Practitioner
H/R	High Risk
HT	Health Target (Ministry of Health)
LMC	Lead Maternity Carer
LOS	Length of Stay
NBA	No Baseline Available
NSU	National Screening Unit
New Ms	New Measure
PHD	Pacific Health Development
PHO	Primary Health Organisation
R & D	Research and Development
Reduct.	Reduction
SUDI	Sudden Unexpected Death of Infant
TBA	To Be Advised
TBC	To Be Confirmed
TBD	To Be Discussed
TBE	To Be Established
Tsfr	Transferred
VHIUs	Very High Intensive Users of Services
VHR	Very High Risk

## Appendix One



## Fanau Ola

**Fanau Ola**<sup>29</sup> are ancient Pacific words that express many sounds of creation; 'ha' the *'breath of life'* and 'wa' inferring *'time and space'* combine to form the sound

*'fa'*, a special number signifying the *foundations of family life*

*'na'* interweaving *family relationships* with others

*'u'* manifesting the *realisation of the family's potential*

*'o'* animating the *family space of creativity*

*'la'* embracing the warmth of the sun as *families grow*

**Fanau** thus speaks of *being born, bringing forth, having children, grandchildren, siblings, and extended families*. **Ola** is a word that expresses *being alive, healthy, nourished with food, healed from illness, refreshed, and successful*.

### Fanau Ola is realised and achieved

**when Pacific fanau build strong relationships with each other;  
are empowered to pursue their vision of a brighter future together;  
and experience better health, wellbeing, and harmony in their lives.**

The **Fanau Ola** approach acknowledges the spirit, heart, mana and inherent dignity of Pacific fanau. Through the development and implementation of Fanau Ola Pacific fanau will be encouraged build their capability and capacity to transform their lives. With the support and resources of Counties Manukau Health, intersectoral partners, networks, systems, processes and programmes, Pacific fanau will not only experience better health outcomes, but will realise greater balance and harmony in their lives.

**Fanau Ola** is a holistic and comprehensive approach that encompasses many elements and dimensions of fanau life including:

- **Vision** Futures / shared vision of members / goals / objectives / planning
- **Fanau** Familial / social dimension / relationships / caring connections
- **Culture** Worldview / values / beliefs / behaviours / traditions / languages
- **Body** Physical / quality of life / health conditions / risks / self-care
- **Mind** Intellectual / learning / education / skills / attitudes / behaviours
- **Heart** Emotional / feelings / mental wellbeing / love and support
- **Spirit** Spiritual / vairua / religion / church engagement
- **Context** Environmental / community / systems / socio-cultural
- **Resources** Housing / income / jobs / business / transport / technology
- **Leadership** Governance / management / family leadership

<sup>29</sup> Other Pacific words for fanau and family used in this sense include āiga, kāinga, 'anau, vuvale, kopu tangata and magafaoa. 'Whānau Ora' are the words used in Te Reo Māori which also refer to holistic family wellbeing.

## Fanau Ola Approach

The Fanau Ola Approach recognises the diverse nature of many of Pacific fanau, which may include parents, children, grandchildren, grandparents, aunts and uncles, nieces and nephews, and any other number of relatives and friends from other places including the Pacific Islands in a variety of configurations. At least 35 percent of these fanau members will be under 15 years of age and this percentage continues to increase. There is a growing number of teenage parents who may still live at home with their parents. Pacific people are more likely to live in crowded households.

There will be a varying level of understanding of English, with the younger fanau members usually born and educated in New Zealand and a number of the older possible Island-born family members fluent in their Pacific languages and less confident in English. While they may identify ethnically with one main culture, some of the younger generation may have partners from other cultures (e.g. Tongan with Samoan; Rarotongan with Palagi; Cook Islands with Māori) which means that their children will have multiple ethnicities.

While overall income is lower in Pacific people and unemployment is higher, the majority of Pacific fanau send remittances back to their families in the islands, and at least two-thirds of them will donate money to their churches.<sup>30</sup> In some fanau where adults are required to work multiple part-time jobs including night-shift, other relatives may have joined them to help out with child caring.

Although education is considered important to Pacific fanau, participation in the education system is difficult. Many fanau keep their young ones at home until they are required to go to school. Others will encourage their teenagers to leave school without completing NCEA in order to get a job to help to bring income into the fanau.

While about 90% of fanau will have a vehicle, prioritisation regarding use may often create challenges. Over 95% of fanau homes will have telephone access with over half accessing the internet.

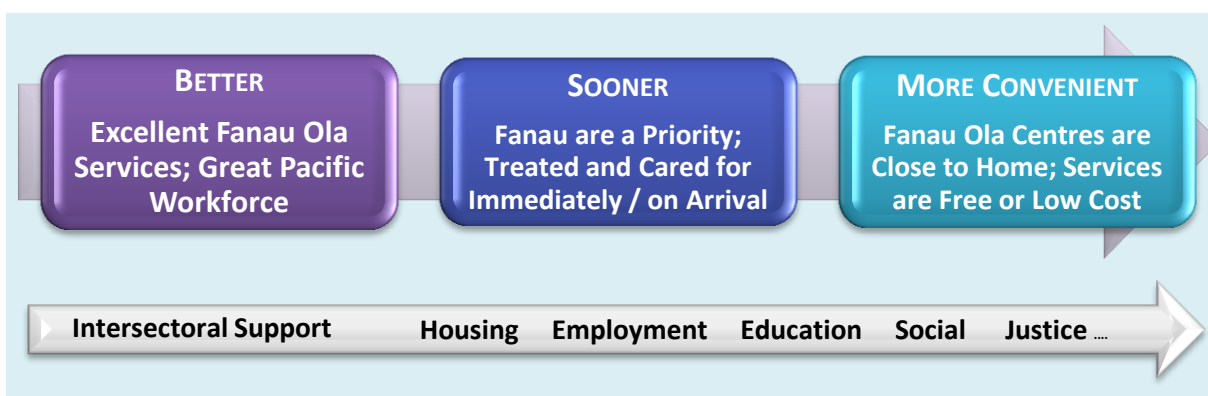
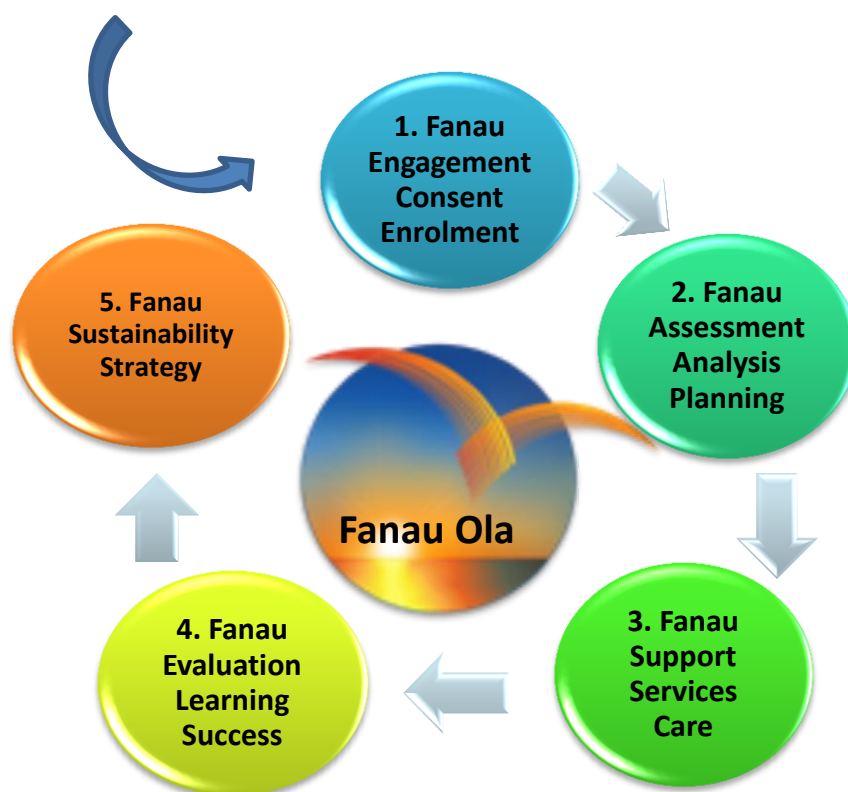
Against this backdrop, creating a family genogram and completing a comprehensive fanau assessment will be an important initial task for the Fanau Ola Advocates / Practitioners and Pacific Health Development. From there, the Fanau Ola Advocates / Practitioners will be able to facilitate a process of reflection, analysis, informed planning and prioritisation with both fanau and their individual members.

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<sup>30</sup> Most of these are Christian religions. See NZIER, 2007. Pacific People in the New Zealand Economy: understanding linkages and trends, quoted in HPCG (2012), p.21.

## Fanau Ola Advocacy and Integrated Support

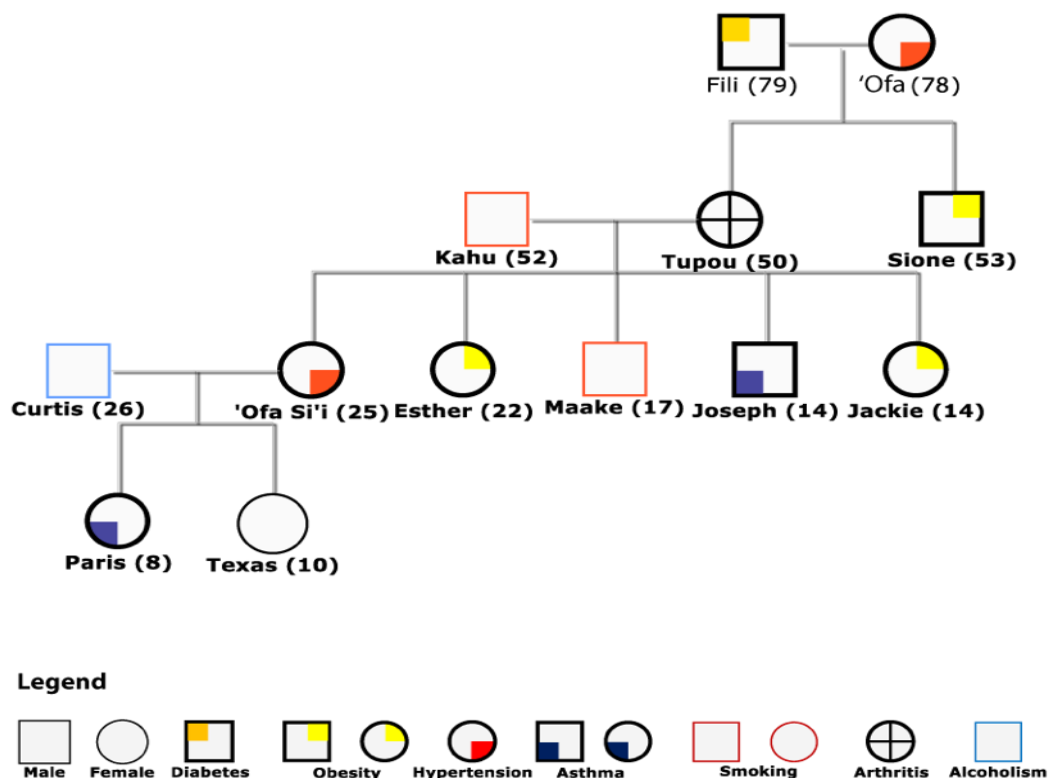
### Facilitating Fanau Interface with Fanau Ola System and Network



**INNOVATIVE TECHNOLOGY:** The design and development of a **Fanau Ola Smart System** will be an important element to ensure the successful implementation of the Fanau Ola Framework of Engagement. The System will be built with the following core objectives in mind:

- **Ease of Use** – a system that is easy to use and derive results from
- **Efficacy** – provides useful, efficient, comprehensive, and timely results
- **Reliability** – reliable under a variety of circumstances and on multiple platforms
- **Security** – keeps fanau and team data secure and confidential
- **Scalability** – can be easily enhanced and upgraded and is future proof

## Fanau Genogram and disease map



COMPREHENSIVE NAVIGATION ENGAGEMENT, ASSESSMENT, REFLECTION, PLANNING, SERVICE SUPPORT AND EVALUATION IS UNDERTAKEN WITH **Pacific fanau as a whole**, taking into account collective relationships *and* **Pacific fanau members as individuals**.

Plans for the younger Pacific fanau members may be discussed and completed with their parents/ carers as well as older fanau members so that they are all engaged with and committed to their care, protection, education, health and wellbeing. Planning this way enables both individual and fanau needs to co-exist, as it takes into account the immediate needs and priorities of individual members (e.g. severe health issues, or financial predicaments) whilst addressing the wider fanau development needs.

***We honour the spirit, heart, and dignity of our Pacific fanau, working in partnership with them to:***

- ✓ **Optimise** their participation with Fanau Ola centred care
- ✓ **Learn** to build their capability to reach their full potential
- ✓ **Achieve** better health outcomes and Fanau Ola



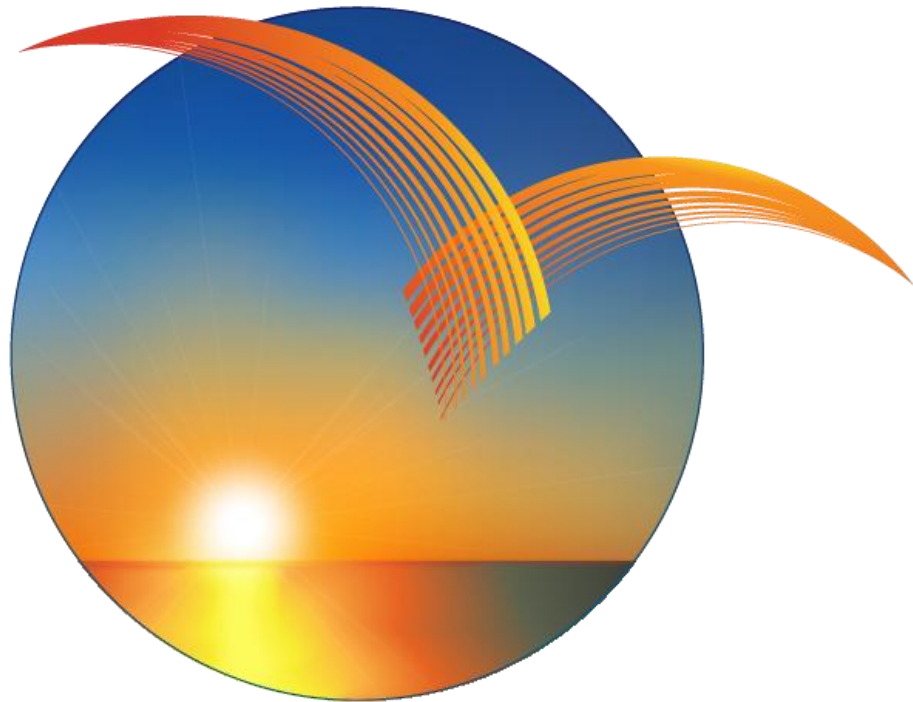
### Fanau – overview of personal circumstances and health needs

Fanau Member		Personal Circumstances	Health Needs
<b>Fanau Home: <i>Four bedroom house with large garage for 'Ofa Si'i, Curtis, Paris and Texas</i></b>			
<b>1</b>	<b>Tupou</b> <i>[Fanau Carer]</i>	Working part-time as a nurse assistant; receives some benefits	Over 90 kg; has osteoarthritis in neck from old injury
<b>2</b>	<b>Kahu</b>	Works full-time in gardens in Franklin during weeks	Smoker; generally well
<b>3</b>	<b>Fili</b>	Retired fisherman; Church Minister	Kidney failure; dialyses three times a week
<b>4</b>	<b>'Ofa</b>	Volunteer worker at Church	Hypertension; regular flu; otherwise well
<b>5</b>	<b>Sione</b>	Works night shift at factory	Obesity issues; poor oral health
<b>6</b>	<b>Joseph</b>	High School Student Yr 11	Asthmatic; smokes and drinks with friends
<b>7</b>	<b>Jackie</b>	High School Student Yr 11	Over 90 kg; smokes with friends sometimes
<b>8</b>	<b>Maake</b>	High School Yr 13; works part-time at McDonalds	Sprained ankle; some excema; otherwise well
<b>9</b>	<b>Esther</b>	Works part-time in bakery	Over 95 kg; pregnant with first child
<b>10</b>	<b>'Ofa Si'i</b>	Motivated MIT nursing student; need fanau to help with childcare	No health issues – keen to have nutritious diet
<b>11</b>	<b>Curtis</b>	Unemployed; looking for job	Sustained shoulder injury; drinks daily
<b>12</b>	<b>Paris</b>	Primary School student	Has some skin infections; otherwise healthy
<b>13</b>	<b>Texas</b>	At home with Nana & Nanny (not in ECE)	Has had colds but otherwise healthy



## FANAU OLA Programme

Phase		Core elements explored in each phase	Fanau Ola Journey			Process Measures / Outcomes	
			Fanau grow through ...	Fanau Ola Phases	Deliverables	Process Indicators	Outcomes / Benefits
1	I	<b>Vision</b> <b>Fanau</b> <b>Culture</b> <b>Body</b> <b>Mind</b> <b>Heart</b> <b>Spirit</b> <b>Context</b> <b>Resources</b> <b>Leadership</b>	<i><b>Searching Dreaming</b></i> Week 1	Greet / Engage / Consent / Enrol	Primary Client engaged; Consent; Initial Fanau Ola Assessment; Notes on Discharge Summary; Fanau Champion identified; Fanau Consent Forms signed	Fanau Champions engaged; Fanau Consents; Fanau Enrolments	<b>Inspired</b> - Fanau are encouraged and inspired to participate in Fanau Ola Journey
2	O		<i><b>Reflecting Planning</b></i> Week 2-3	Assess / Reflect / Analyse / Plan	Comprehensive Assessments; Fanau / Fanau Member Plans	Fanau plans provide vision, strategies, implementation steps, activities, measures	<b>Optimistic</b> - Fanau have a clear understanding of their situation and are engaged in planning
3	E		<i><b>Activating Generating</b></i> Week 3-4	Implement Plan / Support / Connect	Pacific Patient and Fanau-Centred Support, Services and Care	Access to and support received from fanau-centred services	<b>Energised</b> - Fanau access a range of quality Fanau Ola centred culturally appropriate support /services /care
4	A		<i><b>Learning Succeeding</b></i> Monthly / Quarterly	Fanau Ola Evaluation	Indicators (National / Regional / Local / Fanau Ola) measured / Fanau Ola Plan updates	Comprehensive range of Fanau Ola indicators move in right direction	<b>Achieving</b> - Fanau experience positive health, social, economic, educational outcomes.
5	U		<i><b>Thriving Sustainably</b></i> Quarter 4	Co-create Fanau Ola Sustainability Strategy	Fanau Ola Sustainability Strategy	Fanau Ola Sustainability Strategy completed	<b>Uplifted</b> - Fanau are empowered; have the skills to plan and pursue own futures.



**Fanau Ola** is expressed in this Image of Identity as

**A beautiful and powerful bird, farsighted and keen of eye,  
flying across the oceans in search of new vistas,  
as the sun rises on the horizon,  
bringing light, warmth and life into the world.**

**The bird is Pasifika Fanau, their spirit, heart, mana and dignity.  
They weave strong relationships with each other and their communities.  
They are empowered to pursue their vision of a brighter future,  
as they seek to experience greater wellbeing, balance and harmony in their lives.**

**Fanau Ola** *Healthy, happy families at home and in their communities*



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## **Pacific Health Development Annual Plan 2013-2014**

**Pacific Health Development**

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**This plan is available on: [www.countiesmanukau.health.nz](http://www.countiesmanukau.health.nz)**

**Counties Manukau District Health Board**

