

Māori Health Plan

MidCentral District

Health Board

2011/12

Background

On 30 June 2010 the Cabinet Social Policy Committee decided that DHBs will be required to complete a **Regional Service Plan (RSP)** and a **DHB Annual Plan (AP)** - SOC Min (10) 15/2.

The Regional Service Plan replaces the *District Strategic Plan* and the Annual Plan replace the *District Annual Plan*. Both will take effect for the 2011/12 year.

Māori Health Plans (MHP) are documents produced by DHBs to describe how they are going to improve the health of Māori and to reduce inequalities in their district. The MHP will be informed by the DHB's Māori population and their health needs and the DHB's strategic objectives from its Regional Service Plan and Annual Plan.

The existence of MHPs is empowered by Section 6.4 of the 2011/12 Operational Policy Framework which states that APs are to be informed by MHPs. Clause 21.5 of SOC Min (10) 15/2 also states that APs are to include MHPs.

MidCentral DHB has developed a Responsiveness Framework for Māori Health which provides a vision of Māori Health in the future and a framework for action and monitoring progress. The objectives of the framework are to lead and monitor responsiveness of the MidCentral DHB to Māori toward the vision of Whanau ora.

The Māori Responsiveness Framework provides a conceptual basis for this Māori Health plan. The idea is that the framework is able to lead and guide Māori Health development and also reporting on responsiveness to Māori through the ongoing outcome reporting of the DHB and occasional Māori Health reporting.

In terms of this planning, the annual plan has key components that connect to the Māori Health Plan and ensure that the opportunities provided by the Better Sooner and More Convenient Business Case and the Whānau ora cross sector programme are maximised towards improving the health status of Māori in the region.

This draft plan is made up of three parts:

1. A brief profile of the MDHB population ;
2. A collection of Māori health priorities and indicators from :
 - a. National
 - b. Regional, and
 - c. Local levels

The Action plan outlines specific and measurable actions, targets and timelines for each of the Māori health priorities. The Action Plan encompasses a monitoring framework to facilitate continuous performance feedback and improvement within these indicators.

Purpose of this Annual Plan

This annual plan is aligned with our Māori Health Responsiveness Framework and provides for daily action toward improving the health outcomes of Māori in the MidCentral district by supporting whānau ora approaches to working with communities and whānau in our service planning and delivery.

Summary of the DHB's Māori population

MidCentral District Health Board's "health needs assessments" describes our population health patterns for strategic and tactical health service planning. The information shows that while there are some encouraging trends, Māori health outcomes are less than optimum (adapted from MidCentral Board paper dated 12 November 2010).

- Māori have higher cancer mortality rates, despite having similar or lower cancer registration rates.
- MidCentral's proportion of Māori residents is higher than New Zealand overall at 17%.
- The age balance of Māori population is younger than that of non-Māori.
- Māori have higher proportions of socio-economically disadvantaged people than non-Māori.

High priority health need areas for Māori in MidCentral are:

- Child: immunisation, respiratory, household crowding, breastfeeding, exposure to smoking, nutrition, hearing and injuries, oral health.
- Young people: injury, tobacco, mental health and addiction, sexual health, oral health.
- Adults: cardiovascular, diabetes, cancer, oral health, mental health.
- Older Māori: cardiovascular, diabetes, cancer, oral health, mental health, disability
- Whanau approaches.

In many aspects access to services remains an issue for Māori. Developments in Whānau ora and integrated services will aim to address these issues including an emphasis on the determinants of health and socio-economic deprivation.

Where Māori do have access to services the focus shifts to ensuring that Māori receive responsive services and that the outcome for Māori is improved health status.

Geographic Distribution

MidCentral district covers four whole territorial authorities and part of a fifth, Kapiti Coast. The four whole territorial authorities are Palmerston North, Horowhenua, Manawatū, and Tararua. Palmerston North is the largest with a population of around 81,700. Horowhenua and Manawatu are similar sized, with just fewer than 59,700 residents. Tararua has just over half that, with a population of 17,600 at the last census. The portion of the Kapiti Coast District within MidCentral district's boundaries comprises Ōtaki, Ōtaki Forks, and Te Horo census area units-together called the Ōtaki Ward. This is the smallest of the five areas, with a population of approximately 7,300, most living in Ōtaki Township.

Table 1: Maori as a proportion of the population in each district

	Palmerston Nth District	Manawatū District	Taraua District	Horowhenua (Otaki) District	Kapiti Coast District
Māori (%)	18.5%	14.8%	21.7%	21.1%	27.7%

Iwi in the District

We have four iwi who form Manawhenua in the MidCentral DHB district:

- Ngāti Kahungunu
- Ngāti Raukawa
- Rangitaane
- Muaūpoko

Health Service Providers

Key health providers in MidCentral DHB include:

Iwi and Māori providers

- BestCare Whakapai Hauora
- Te Runanga o Raukawa
- Te Kete Hauora
- Muapoko Tribal Authority
- He Puna Hauora
- Whānau Manaaki Trust
- Te WakaHuia Incorporate
- Te Atakura

Two public hospitals; Palmerston North and Horowhenua

One Central PHO, which had enrolled 92% of the eligible Māori population and 95.5% of the eligible European/Other population in 2006/7 (compared with 87 % and 88% at a national level respectively).

Multiple local and national non-profit or private organisations

Māori Health status

Mortality

MidCentral and New Zealand Māori adjusted mortality rates are consistently higher than non-Māori. MidCentral Māori and New Zealand Māori cancer have a high degree of health inequality present in lung, prostate, cervical, and breast cancers, with higher mortality rates and often higher registration rates, compared to Non-Māori.

Table 2: The leading causes of avoidable mortality

	Avoidable Mortality	
	MidCentral DHB	NZ
Māori	1 CVD – IHD	CVD – IHD
	2 Lung cancer	Lung cancer
	3 Road traffic injuries	Diabetes
	4 Diabetes	COPD
	5 COPD	Road traffic injuries
Euro Other	1 CVD – IHD	CVD – IHD
	2 Lung cancer	Lung cancer
	3 Colorectal cancer	Colorectal cancer
	4 Suicide & self harm	Suicide & self harm
	5 Road traffic injuries	Road traffic injuries

There are indications that Māori lung cancer registration rates may be gradually declining. MidCentral Māori mortality rates are stable while MidCentral Non-Māori, Non-Pacific lung cancer mortality rates appear to be decreasing. Māori age adjusted rates for stroke mortality (along with non-Māori) appeared to be declining across the 2002 -2007 period.

Breast Cancer

New Zealand Māori registration rate are consistently higher than New Zealand Non Māori. MidCentral’s Māori rates are consistently lower than New Zealand Māori, but do have year to year fluctuations. Generally, MidCentral’s Māori rate higher than MidCentral’s Non Māori rates. Over time, the rates of registrations seem stable.

Cervical Cancer

MidCentral Māori registration rates are lower than New Zealand Māori in general, with year to year fluctuations. New Zealand and MidCentral Māori higher than Non Māori. Over eight years, general trend toward lower rates of registrations for all groups except Pacific. New Zealand registration rates over the years are relatively stable, except for Pacific, but MidCentral’s rates vary year to year. Crude rates for MidCentral Māori relatively stable over the last five years, for MidCentral all ethnicities generally trending downward.

Colorectal cancer

Māori rates of colorectal cancer are generally lower than Non Māori. Rates for MidCentral other ethnicities were very similar to New Zealand other ethnicities. Crude rates for MidCentral other ethnicities were higher than New Zealand other ethnicities reflecting the older age profile of MidCentral’s other ethnicities’ population.

Lung cancer

The rates for MidCentral and New Zealand Māori are higher than Non-Māori rate of cancer registrations. New Zealand Pacific rates are also higher than other ethnicities. MidCentral Māori rates were generally lower than NZ Māori rates. MidCentral Māori and New Zealand Māori mortality rates from lung cancer are higher than all other ethnic groups.

New Zealand Pacific rates also higher than other ethnicities but not as high as Māori rates. MidCentral rates similar to New Zealand overall. Slight downward trend in MidCentral’s other ethnicities whereas New Zealand Other ethnicities trend is more stable. Crude rates show a slight increase for MidCentral Māori – no other discernible trend.

Prostate cancer

New Zealand Māori and NZ Pacific mortality rates considerably higher than NZ all, New Zealand other and all ethnicity groups for MidCentral. Numbers are too small for MidCentral Māori to ascertain any trend and no cases have been recorded for MidCentral Pacific over these years.

Ambulatory Sensitive Hospitalisations (ASH)

The Māori rates of Ambulatory Sensitive Hospitalisations are consistently higher than the Non-Māori rate. There was an average of 2,250 per year, approximately one quarter of which are Māori.

Table 3: The leading causes of Avoidable Hospitalisation

	Avoidable Hospitalisation	
	MidCentral DHB	NZ
Māori	Respiratory infections	Respiratory infections
	Cellulitis	Cellulitis
	Angina	Angina
	COPD	COPD
	Asthma	Asthma
Euro Other	Respiratory infections	Angina
	Angina	Respiratory infections
	Cellulitis	Cellulitis
	Road traffic injuries	Road traffic injuries
	Gastroenteritis	ENT infections

Burns

Burns related hospitalisations show a trend for increasing yearly rates for Māori and rates are higher for those aged below 20 years, especially the 0-4 year olds. Also there are increased rates of poisoning related hospitalisations and falls-related hospitalisations over the eight years.

Child and Youth Health

In MidCentral Māori young people are more likely than Non-Māori to live with socio-economic disadvantage. They are also more likely to be exposed to tobacco because over 40% of Māori in the district smoke as compared to 22% of Non-Māori.

Year 8 Māori children experience higher mean scores of decayed, missing and filled teeth than Non-Māori children, although they are decreasing somewhat in MidCentral's district. Māori have lower percentages of caries free children than Non-Māori – for both MidCentral and New Zealand.

Ischaemic heart disease

Māori adults show an increasing trend of hospitalisations for ischaemic heart disease and at the same time reducing mortality rates for ischaemic heart disease which is favorable. Māori hospitalisation rates for cerebrovascular disease (stroke) are higher than for non-Māori though the gap is decreasing.

Pregnancy Termination

It is worthy of note that the proportion of pregnancy terminations for Māori women is greater than the proportion of Māori women in the overall population for each age group. That is, while 18% of women aged between 20 and 24 years are recorded as being Māori, 36% of the pregnancy terminations in this age group are for Māori women.

Road Traffic

Road traffic mortality rates for MidCentral Māori are similar to New Zealand rates although consistently higher since 2004.

Suicide

The suicide mortality rates for MidCentral against all ethnicities were significantly higher than expected when compared to all New Zealand ethnicities.

Rheumatic fever

Our population outcomes signal that Rheumatic fever is low risk for the MidCentral district and we will continue to monitor the situation.

MidCentral DHB vision

MidCentral DHB's vision is: *Quality Living – Healthy Lives.*

To the DHB, achievement of this vision means:

- people enjoy healthy lifestyles within a healthy environment
- the healthy will remain well
- health and disability services are accessible and delivered to those most in need
- the health and wellbeing of Maori is improved
- the quality of life is enhanced for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions
- people experiencing a mental illness receive care that maximises their independence and wellbeing
- the needs of specific age-related groups, eg older people, children/youth, are addressed
- the wider community and family supports and enables older people and the disabled to participate fully in society and enjoy maximum independence
- oral health is improved
- people's journey through the health system is well managed and informed.

MidCentral DHB's strategic direction is underpinned by section 38(2d) of the New Zealand Public Health and Disability Act 2001. This plan gives effect to that direction.

The following section highlights the priority action plans that focus on improving the health and wellbeing of Māori, principally focused on promoting and implementing the concepts of Whānau ora.

This plan reflects national, regional and local priorities for action recognising that collaborative effort is required to achieve the outcomes and impacts of the planned initiatives. The following Intervention Framework summarises the links between the intended services to be delivered (outputs), what impact they are intended to have in order to achieve the outcomes desired and how these are measured. This Framework therefore provides an overarching direction for the development and delivery of services to meet the needs of Māori.

Māori Health Responsiveness

MidCentral DHB is committed to improving Māori health. The Māori Health Responsiveness Framework provides a vision of Māori Health in the future and a framework for action and monitoring progress as well as the conceptual basis for this Māori Health Plan.

In terms of this planning, the annual priorities and actions are deliberated and filtered at the various levels with execution aimed to contribute to improving responsiveness to Māori. A key component of the Māori Health Plan will be to ensure that the opportunities provided by the Better Sooner and More Convenient Business Case and the Whānau ora cross sector programme are maximised toward improving the health status of Māori.

A core theme of the actions in 2011/12 will be to ensure that developments seek to bring people together and apply skills and strengths towards the desired goals. The emphasis is on improvements for people rather than improvements just to the system so that our population benefits from our initiatives.

The development of a sustainable workforce is critical to the provision of quality health services in the future. More so, Māori are disproportionately represented within the clinical profession therefore the development of a clinical workforce with a focus on specialising in key health areas. The drive to improved Māori Health outcomes will also require development and increase in Māori leadership management capability.

MidCentral DHB in its planning identified strategic goals and key objectives, they are:

- To work with our tangata whenua, Manawhenua and stakeholders in our local community
- Promote wellness
- To improve health, especially for those with the greatest health need
- Promote innovation and excellence in our DHB
- Whānau ora approaches

FULL INTERVENTION FRAMEWORK
(Based on that developed by Northland DHB)

Vision	Quality Living – Healthy Lives							
High Level Outcomes	Improved health and disability status				Improved equity & reduced inequalities in health status			
High Level Measures	Improved life span for MidCentral's population		Reduced mortality rate (age standardised)		Reduced infant mortality		Lower gap between Maori & non-Maori, and, MidCentral & NZ	
Outcomes	People enjoy healthy lifestyles within healthy environment the healthy remain well health & disability services accessible & delivered to those most in need health & wellbeing of Maori improved quality of life enhanced for people with chronic conditions needs of specific age-related groups addressed (older people, children/youth) people experiencing mental illness receive care which maximises independence & wellbeing oral health is improved older & disabled people supported by community to participate fully in society & enjoy maximum independence people's journey through health system is well managed & informed							
Impacts (medium term)	Healthy Environment & Tobacco Control Healthier population with lower prevalence of smoking-related conditions, and, more smoke-free areas Drinking water quality People adopt healthy habits & lifestyles	Healthy Children Reduced likelihood of acquiring long term conditions later in life Lower incidence of communicable disease Healthier teeth & gums Safer children	Healthy Communities Timely access to health care Health services provided as close to the community as possible Good health & independence is protected & promoted Early detection & intervention of diseases	Chronic Care Amelioration of disease symptoms and/or delay in their onset. Increased likelihood of survival from cancers Reduced severity of disease symptoms Better self management of chronic conditions	Mental Disorders Improved quality of life for both clients & their families. Acute episodes are minimised, clients achieve greater stability in their condition.	Elective Services Fewer debilitating conditions. Delayed onset of long term conditions.	Acute Services More timely assessment, referral & treatment Access to safe, effective birthing facilities Reduced demand for acute services	Support for Older People Older people maintain maximum functional independence
Impact Measures (Main Measures)	Proportion of the population who smoke Proportion of smokers supported to quit in hospital & primary care settings Drinking water standards	Infant breastfeeding rates Two-year-olds who are fully immunised. Five-year-olds who are caries free. Decayed missing or filled teeth score in Year 8 children Family violence audit score Injury assessment tool use	Ambulatory sensitive (avoidable) hospital admissions Level of population enrolled with a Primary Health Organisation GP consultation rates Screening coverage rates for cervical and breast cancers	On time diabetes detection Better diabetes management Identification of the risk of heart disease Access rates	Access rates for people with mental illness Support for long term clients	Timely access to assessment and surgical treatment Lengths of stay Day of surgery admissions Elective day care surgery rates Unplanned returns to theatre	Waiting times in Emergency Departments Access to specialist medical & surgical assessments Hospital lengths of stay Acute readmissions to hospital Waiting times Low birth weight babies Home based acute care & recovery	Referral response times for assessment and service co-ordination Level of acute hospital admissions from residential care Hospitalisation rates for falls Quality of aged residential care facilities Lengths of stay (AT&R)
Output Classes	Prevention Services		Early Detection and Management		Intensive Assessment and Treatment		Rehabilitation and Support	
Outputs	Health promotion programme (Smokefree/Auahi Kore) Support provided to smokers (in hospital & primary care) to quit Smoking cessation support training Promoting smoke-free environments Statutory/regulatory services (Public Health Service)	Breastfeeding education & promotion Immunisation programme Child & adolescent oral health service Family violence intervention programme	General practice services Chronic disease services GP consultations Screening for breast & cervical cancers	Risk assessments in primary care (annual free checks, blood tests, risk profiles) Laboratory tests Provision of radiation therapy & chemotherapy Fitness & nutrition services	Inpatient mental health services Community-based mental health services, including crisis intervention Child, Adolescent & Family mental health services Alcohol & other drug services Specialist Maori mental health services	Inpatient & day case admissions First specialist assessments & pre-admission outpatient appointments Waiting list management	Emergency Department attendances Specialist hospital inpatient & outpatient services Hospital maternity services Obstetric consultations Acute care and recovery at home service	Home based support services provided by NGOs Residential care provided by NGOs Assessments by MDHB's NASC service End-of-life programmes delivered by providers of aged residential care
Output Measures (Health Targets)	Health promotion programmes in schools Percent of smokers in primary care provided with support to quit Percent of smokers admitted to hospital provided with support to quit Compliance with water quality tests Liquor licensing Early childhood centre visits	Breastfeeding rates Two-year old immunisation coverage rate Caries free 5-year old children Decayed, missing & filled teeth, Year 8 children Screening women and children for family violence	PHO enrolment rates GP consultation rates for high needs and rural populations Breast cancer screening rates Cervical cancer screening rates	Free annual checks for people with diabetes Laboratory tests on people with diabetes Cardiovascular disease risk assessment rates Radiation oncology treatment wait times Chemotherapy wait times	Mental health bed days Mental health staffing levels	Intervention rate for elective procedures Theatre utilisation Volume of elective surgery discharges Volume of first specialist assessments Elective services wait times	Emergency Department lengths of stay Volume of acute hospital discharges Hospital admissions prevention referrals	Needs Assessment & Service Co-ordination (NASC) referrals Contracted providers offering aged residential care services Assessment, treatment & rehabilitation (AT&R) inpatient bed days AT&R Outpatient attendances Allied health contacts

Priorities: The priorities for Māori Health Planning in 2011 are taken from the National Regional and Local level.

National			
While Māori Health is not an expressed priority at the national level, Māori like all members of the population are expected to experience improved health outcomes. The national priorities with particular relevance to Māori in MidCentral are – immunisation, smoking, diabetes and cardiovascular disease. The actions for progress in these areas are within the MidCentral DHB Annual Plan which addresses the national health priorities including the six health targets.			
	HEALTH ISSUE	INDICATOR	RATIONALE
1.	Immunisation	Proportion of 2 year-olds fully immunised (national health target) Target: 95%	Immunisation is linked to primary care access and management Fewer Māori are fully immunised at 2 years compared with non-Māori (RR = 0.89)
		Seasonal influenza immunisation rates for Maori aged 65+ years Target: 63%	Seasonal influenza is linked to primary care access and management
2.	Smoking	Smoking cessation advice provision in primary care. Percentage of current smokers enrolled in a PHO provided with advice and help to quit (national health target) Target: 90% Hospitalised smokers provided with advice and help to quit Target: 95%	Māori adults are 2.3 times as likely to be current smokers as non-Māori 50% of Māori female adults are smokers
3.	Diabetes	Diabetes annual review (DAR) rates (national health target) Target: 78.1% Improved diabetes management (HbA1c <8%) Target: 75.1%	Māori and non-Māori have similar self-reported diabetes prevalence Diabetes complication rates are highly disparate - renal failure is eight times greater in Māori
4.	Cardiovascular	CVD risk assessment rates - lipids and glucose tests within the last 5 years (national health target) Target: =>76% Elective cardiac surgery procedure intervention rate Target: 6.25 per 10,000	Cardiovascular disease is the leading cause of mortality for Māori, with rates 2.5 times those of non-Māori Māori hospitalisation rates are almost double those of non-Māori
5.	Cancer	Breast screening 2 year coverage rates for Maori women aged 45 – 69 years Target: 70%	Māori female breast cancer registrations are 1.3 times that of non-Māori Breast cancer mortality is 1.8 times that of non-Māori
		Cervical screening 3-year coverage rates, for Maori women aged 20 -69 years Target: 75%	Māori cervical cancer registrations are two times those of non-Māori Cervical cancer mortality is 3.6 times that of non-Māori
6.	Primary Care Access	PHO enrolment rates Increase Maori enrolments by 5% per year for each of the next 3 years Baseline 2009: 24,000 enrolments	PHO enrolment rates vary throughout the country PHO enrolment facilitates easier access to preventative health care and early condition management
7.	Primary Care Access	Ambulatory sensitive hospitalisation (ASH) rate Target: all age groups <95%	1. ASH rates for Māori are almost double those of non-Māori 2. Effective primary care can reduce ASH rates

8.	Data Quality	Ethnicity data accuracy Undertake audit of ethnicity data accuracy in PHOs to establish baseline for 2011/12	The accuracy of ethnicity data in PHO and DHB data collections is variable Accurate ethnicity data is essential for tracking progress in Māori health outcomes.
9.	Maternal and child health	Breastfeeding rates at 6 weeks: Target 62.0%. Breastfeeding rates at 6 months: Target 18.0%.	Breastfeeding rates among Maori are lower than non-Maori. Targeted activity to promote, support and improve rates of breastfeeding to enhance health and wellbeing of mother and baby.

³ Unless stated otherwise, mortality and morbidity data have been sourced from the latest edition of Tatau Kahukura (12)

Regional Māori Health Priorities (from Tū ora – Central Region Māori Health Plan)

The development of a Regional Māori Health plan acknowledges the unique relationship between the Crown and Māori. It is also important that there is recognition that Māori health is the responsibility of the entire health sector and it will take a collective response to aspire an improvement of Māori health outcome. The implementation of this plan will require a collaborative effort over the next five years and provides a challenge for our Central Region District Health Board executives and leaders, health providers and services, the health workforce and the communities as the journey requires sustained commitment, collective energy and the resources to make a difference. Given the direction of the health sector in a move towards 'Better, Sooner, More Convenient' and 'Whānau Ora' in terms of service provision, it is essential that rather than doing more, we need to do things better within our current fiscal constraints. The actions identified in the plan include looking at Māori Workforce Development; Quality Service Provision, Collaborative Action;

	HEALTH ISSUE	INDICATOR	RATIONAL
1.	Māori Workforce Development	Continue to roll out 'Kia Ora Hauora' Māori workforce development programme.	Increased enrolment of Māori in Health related study pathways
		Support current scholarship initiatives targeting Māori uptake of Health related study pathways.	Increased enrolment of Māori in Health related study pathways
2.	Quality Service Provision	Develop targets aimed at improving service access and clinical interventions for Māori to regional services in the areas of: Cardiac, Renal, Cancer	Targets developed, agreed/ reported annually. Any age related criteria reconsidered to address the earlier onset of chronic health conditions experienced by Māori.
		Investigate the development of a regional approach to bi-cultural training in the Central DHB region	Increased cultural competency. Increased patient satisfaction.
3.	Collaborative Action	Support Māori relationship boards to implement at least one joint Central Region DHB leadership hui per annum to create an opportunity for regional engagement.	Build, strengthen and improve regional relationships

Local Priorities

There are important opportunities for MidCentral DHB in moving forward with improving responsiveness to Māori over the next planning period. These are provided by MidCentral's Better Sooner and More Convenient Business Case and the Whānau ora cross sector programme.

It is important that communities are facilitated to develop and implement their own approaches to Whānau ora because Whānau ora needs to be taken on and owned by the people rather than the government. The DHB intends to be involved in actions that assist our communities to progress toward Whānau ora for themselves by adjusting our processes:

- A consensus on the understanding of Whānau ora for the district culminating in a document such as a charter to inform models of care and service delivery.
- A Whānau ora Pathway with Māori Providers as the core, and encompassing more cohesive primary and secondary services.
- The adjustment of provider contracts to put into action Whānau ora.
- The appropriate services to be provided by Māori Providers as part of a Whānau ora pathway and taking into account Māori Health needs and aspirations.
- The facilitation of team approaches between Māori Health Providers, General Practices and other primary health care providers, and Secondary services.

Secondly, there is the cross-Government Whānau Ora stream being lead by Te Puni Kokiri. The recent publication of the Whānau Ora report by the Whānau Ora Taskforce recommends the development of Whānau-centred initiatives, the report further provides the way forward for the DHB to gain traction on the development of Whānau Ora centred services as the core of responsiveness to Māori.

Disability is an important area for Māori. We are focusing of disability services for older Māori because that is the area we are responsible for with the Ministry of Health overseeing disability services for younger people. At this stage the local providers in the MidCentral district were unsuccessful in their proposals to the programme. However another round follows shortly and there is an opportunity to explore and begin working in a Whānau Ora and collaborative approach with other agencies and this is an area that may be pursued.

Building on this thinking, MidCentral DHB has prioritised some key projects to progress toward Whānau Ora as a vision and in alignment with the strategic goals of MidCentral DHB. These include:

- Review the Māori Health contracts and design and a Whānau ora pathway for the district.
- Kaumatua service opportunities – disability services
- Māori Health Workforce
- Tobacco control
- Diabetes and Cardiology
- Healthy Eating and Healthy Action
- Implement the Whānau ora stream of the Better Sooner More Convenient business case
- Children and Youth

The MidCentral DHB team and partners have the responsibility to ensure the action plan and its initiatives is implemented, reported, and monitored against the DHB Māori Health plan.

Local Māori Health Actions 2011/12

At the local level MidCentral District Health Board wants to see development via the Māori Health Responsiveness Framework in terms of Māori Health collaboration, service integration and improvements in Māori health outcomes for all age groups. In the 2011/12 year the emphasis is on optimising service contracts specifically for Māori and creating greater partnership and synergies between existing providers.

This is part of supporting the implementation of both Whānau ora and the Better Sooner More Convenient Business Case. With the fruition of activity the DHB are able to celebrate alongside its tangatawhenua/manawhenua (indigenous) groups at many different service levels. The DHB continues to build strong relationships with the Manawhenua Hauora Consortium and Iwi/Māori Service Providers as well as acknowledging their many achievements focusing on the wellness of people.

We will undertake the following initiatives/activities and actions.....	We expect these actions will...	To deliver	Measured by	In support of systems outcomes
Review the Māori Health contracts and design and a Whānau ora pathway for the district.	Create a whānau ora service pathway with Māori health providers as the core of Whānau ora services in integrated primary / secondary care.	Improved health outcomes for Māori and reduction in inequalities	Reviewed report is completed in December 2011. Whānau Ora Pathway designed with engagement with providers by June 2012	Better integration of Māori health services. Improved services for Māori.
Contribute to Regional Bicultural Training project	Raise the level of staff competency working with Māori	Improved outcomes for Māori accessing services	Training established % of staff trained	Regional Priority Quality Service Provision
Support Māori relationship boards to implement at least one joint Central Region DHB leadership hui per annum to create an opportunity for regional engagement.	Build, strengthen and improve regional relationships	Better health outcomes for Māori	Project established and completed	Regional Priority Collaboration
Implement approved recommendations from the Cardiology Landscape Project	Improve management of patient numbers for cardiac angiography Reduce clinical risk through improved facilities, systems and processes Reduce lengths of stay through more effective and efficient service provision	Increased volume of cardiac angiography procedures delivered at PNH Shorter waiting times for FSAs and Community referred tests - cardiology	Standardised intervention rates for cardiac procedures of 6.50 per 10,000 population (for valve and bypass surgery, PCI, diagnostic angiography) Routine angiography wait list numbers seen within 6 weeks Increased number of referrals to CCDHB for (elective) cardiac surgery	Regional Priority Quality service provision Contributing toward reducing the impact of cardiovascular illness and disease, and, increasing access to cardiac surgery in a more timely manner

We will undertake the following initiatives/activities and actions.....	We expect these actions will...	To deliver	Measured by	In support of systems outcomes
	<p>Increase patient satisfaction and improve treatment outcomes</p> <p>Improve team performance and well being</p>			
<p>Establish Breastfeeding support service to work with health practitioners so they can then support increased breastfeeding with mothers and their babies.</p>	<p>Breastfeeding increased in the district</p>	<p>Better health for babies</p>	<p>Breastfeeding rates at 6 weeks: Target 62.0%.</p> <p>Breastfeeding rates at 6 months: Target 18.0%.</p>	<p>National Priority Maternal and Child Health</p>
<p>Undertake more cardiovascular risk assessments</p> <p>Work with diabetes registrants to improve management of the condition</p>	<p>Improve cardiovascular and diabetes performance</p> <p>Identify clinics etc with high performance on diabetes health targets</p> <p>Information on key learning and approaches</p> <p>Implementation of improvements</p> <p>Reporting improved to inform action</p>	<p>Enhance outcomes for people with cardiovascular disease and diabetes</p>	<p>Achieve a 5% increase in the number of cardiovascular risk assessments in the district by 30 June 2012</p> <p>Increase by 5% community cardiology assessments by 30 June 2012</p> <p>Proportion of diabetes registrants who have satisfactory or better diabetes management as at June 2012 HBA1c=8.0% or less):</p> <p>Māori – 72%; Pacific – 72%; Other – 81%; Total – 80%.</p>	<p>National Priority Cardiovascular</p> <p>Successful delivery of improved performance to health delivery target for diabetes and cardiovascular.</p>
<p>Implement the ABCD smoking cessation programme</p> <p>Implement the National STEPS Smokefree ABCD Train the Trainer programme within Secondary and Primary Care providers.</p> <p>Secondary Care:</p> <ul style="list-style-type: none"> • Increase the ABCD target achievement • Implement individual Service plans Provide increased opportunities for clinical staff training in ABC programme • Promote Nicotine Replacement Therapy (NRT) (lozenges, patches, gum) use by identified adult 	<p>Provide more opportunities for smokers to access smoking cessation services</p> <p>Increase the number of patients subsequently presenting to hospital who have quit smoking tobacco</p> <p>More identified hospitalised smokers offered cessation advice</p> <p>Reduce health complications as a result of smoking tobacco</p> <p>Ensure ABCD implementation is integrated across clinical practices in all health care providers.</p>	<p>Increase successful quit attempts and reduce the harmful impacts of smoking</p> <p>Improved clinical processes and systems in secondary and primary care.</p> <p>An increase of staff being trained in ABCD, and increased no of ABC training sessions</p> <p>Documented smoking status of adult patients</p> <p>Advice and support to cease smoking</p> <p>Increased referrals to smoking cessation</p>	<p>The 95 % ABCD secondary care target is achieved by July 2012.</p> <p>100% of secondary care staff are utilising the correct ABCD documentation</p> <p>95% of hospitalised smokers offered advice and help to quit</p> <p>40% of all hospitalised smokers are using NRT (lozenges, patches, gum) as part of a patient care plan (annual target) MCH</p> <p>At least 20 ABCD staff training sessions are delivered per month (primary and secondary).</p> <p>The primary care target for ABCD is met by July 2012.</p>	<p>National Priority Smoking</p> <p>Health target: better help for hospitalised smokers to quit and reduce impact of smoking-related diseases</p> <p>Consistent smoking cessation promotion in health services.</p> <p>Sustainability of clinical processes and systems will be imbedded into best practice.</p> <p>To provide a strong Smokefree training workforce delivering effective, brief ABC training across MDHB and Primary health care</p>

We will undertake the following initiatives/activities and actions.....	We expect these actions will...	To deliver	Measured by	In support of systems outcomes
inpatient smokers <ul style="list-style-type: none"> • Increase the documentation of the ABCD target • Continue the ABCD training Primary Health Care: <ul style="list-style-type: none"> • Implement the ABCD smoking cessation programme within PHC and achieve the target by July 2012 • Develop a PHC smoking cessation taskforce • Implement ABCD training programme • Seek opportunities to systemise ABCD training 	Ongoing Internal support and training for staff Increase likelihood of successful “quit” attempts Strengthen capacity of all clinical staff to include smoking status and advice to quit as part of routine assessment and treatment planning	programme(s) Increased availability of and access to e-tool for ABC training Increased volume of Nicotine Replacement Therapies offered	200 staff will have received ABC training by year end	
Review all Tobacco Control contracts and redesign to ensure services meet the needs of smokers.	Provide an effective suite of tobacco control services for the district with an emphasis on Māori (42%)	Improved health outcomes for all smokers in the district	Tobacco control Review report is completed by September 2011	National Priority Smoking Improved services for Socially Disadvantaged. Increased responsiveness and accessibility of smoking cessation services to Māori.
Develop and Implement a Rangatahi Smoking Cessation Pilot within a local Iwi Health Provider	Ensure Rangatahi Māori have services that are designed and delivered specifically for this key audience	Improved health outcomes for Rangatahi Māori Reducing Smoking Initiation amongst young Maori	Final Pilot Programme Service plan is submitted by 1 June 2011 Quarterly service progress reports are submitted to MDHB Recommendations and final evaluation for the ongoing provision of smoking cessation services for Rangatahi are submitted to MDHB by 30 June 2012.	National Priority Smoking Enhanced services for the younger population
Develop and deliver a ‘It’s About Whānau’ quit smoking campaign that is aimed at increasing quit attempts amongst Māori smokers.	To deliver a Māori specific marketing campaign for cessation	Reduce the impact of tobacco on Māori Health	Number of Māori making a quit attempt	Enhanced Tobacco Control
Improve 4 year immunisation coverage rates	Improve 4 year immunisation coverage rate’s by: Work with Primary care to	Improve the immunisation coverage rates of children entering school at 5 years.	4 year immunisation coverage rates will increase to: 80% Sept 2011 85% June 2012.	Achieve Government Health Target’s for Immunisation

We will undertake the following initiatives/activities and actions.....	We expect these actions will...	To deliver	Measured by	In support of systems outcomes
	<p>recall at 4 years.</p> <p>Improve immunisation uptake at the B4SC for those children who are late for their 4 year immunisation.</p> <p>Pick up overdue 5 year olds at school by implementing a Public Health Nursing mop up service.</p>		(rates 30 Nov 2010 = 69%)	
Home Based Support Services – review, re-design and re-procurement of existing agreements.	Strengthen Home Based Support Services as the most cost effective means of providing long term care (more than 6 months) for the older population	An effective model of care impacting positively on health and disability outcomes of older people and their families.	Reviewed and Redesign of Home Based Support Services. Re-tendering of Home Based Support Services.	Effective and cost efficient delivery of Home Based Support Services to people in their homes.
Koroua and Kuia (Kaumatua service) – develop a local initiative.	Older Māori have access to responsive aged care services	Improved health outcomes for older Maori	Service established. Increased uptake of older people’s health services by Maori	Māori access to older peoples services increased
Implement the Older People’s Health module of the Better Sooner More Convenient business case.	Improve models of care for older people		Tararua and Horowhenua integrated model of care for older people evaluated by March 2012	Better Sooner and More Convenient Primary health care
			Four gerontology specific clinical pathways established each year for the next three years. (12 pathways in total by 30.6.2013.)	
			Evaluated the InterRAI pilot in Tararua and plan district-wide rollout by 31 June 2012.	
<p>Launch Māori Health Workforce Action framework.</p> <p>Establish promotion, mentoring, career planning and self-care resources for Maori health workforce</p> <p>Continue to Implement Kia Ora Hauora in the region</p>	Launch action oriented workforce development underpinned by leadership and reciprocity.	Grow the numbers in the Māori health workforce and develop the current workforce.	<p>Launched Action Framework by July 2011.</p> <p>Established Maori Health workforce network by July 2011.</p> <p>Established mentoring programme by September 2011.</p> <p>Established self care and career planning resources by June 2012.</p>	<p>Regional priority Māori Health Workforce</p> <p>Improved participation of Māori health workforce.</p> <p>Increased responsiveness of the health system to Maori.</p>
Improve Māori Responsiveness in Cancer Services Continuum	Create a clear and responsive service Pathway for Māori with Cancer	Improve the outcomes for Māori with cancer	Identify opportunities for improvement of Māori responsiveness of Cancer services	Responsive Cancer Services to Māori

We will undertake the following initiatives/activities and actions.....	We expect these actions will...	To deliver	Measured by	In support of systems outcomes
Implement Information Management programme	Improved information management, referrals and information available to patients	Improved information and outcomes of patients	by December 2012. All patients enrolled in Central PHO have access to their own health record and designated clinicians have access to up-to-date health records through Manage My Health by 31 October 2011 Undertake audit of ethnicity data accuracy to establish baseline for 11/12	National Priority Data Quality
Implement the Whānau ora stream of the Better Sooner More Convenient business case.	Improved access and utilisation of health services amongst whānau.	Progress toward whanau ora health outcomes	<p>Maori enrolments with PHOs increased by 5% per year for each of the next three years. (Baseline: 24,000 enrolments December 2009.)</p> <p>By 31 January 2012 offer Whānau Ora assessments to Māori who are not enrolled with PHOs.</p> <p>Cultural responsiveness training programme implemented with two courses run, with 70 participants per course by 30 June 2012.</p>	<p>National Priority Primary Care Access</p> <p>Enhancement of health system to Whānau ora</p>