MAORI HEALTH PLAN

2013/14

MIDCENTRAL DISTRICT HEALTH BOARD

Contents

Foreword

MidCentral District Health Board's vision for its communities is "quality living – healthy lives".

Improving the health status of Maori within the district is a key priority for the DHB, and this plan outlines specific and measurable actions and targets to achieve this.

MidCentral DHB's commitment to Maori Health is formally recognised in a Memorandum of Understanding with Manawhenua Hauora - a consortium of the four Iwi within the district:

- Ngāti Kahungungu
- Ngāti Raukawa
- Rangitaane
- Muaūpoko

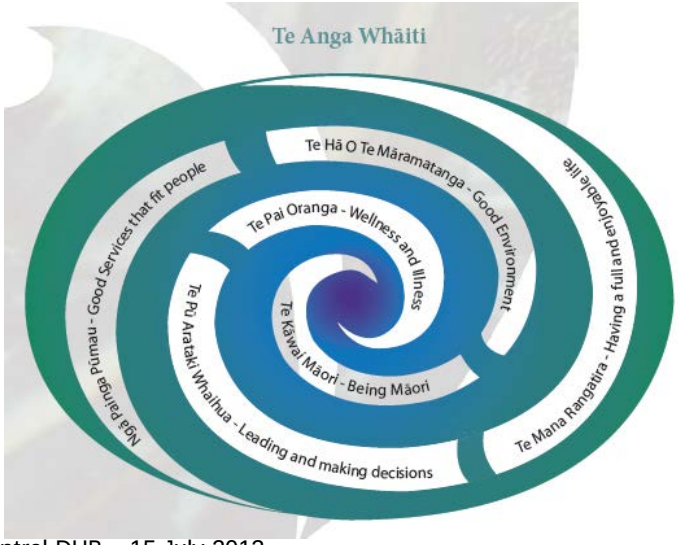
Four fundamental principles underline MidCentral DHB's and Manawhenua Hauora's commitment to Maori Health:

- a common interest and commitment to advancing Maori health
- building on the gains and understandings already made in improving Maori health
- applying the principles of the Treaty of Waitangi to work to achieve the best outcomes for Maori health
- partnership and mutual regard

In conjunction with Manawhenua Hauora, MidCentral DHB has developed a Maori Responsiveness Framework to enable it to monitor progress over time. The framework has six outcome areas:

- Te Kāwai Māori – Being Māori
- Te Hā O Te Māramatanga – Good Environment
- Ngā Painga Pūmau – Good Services that Fit People
- Te Pai Oranga – Wellness and Illness
- Te Pū Arataki Whaihua – Leadership and Participation
- Te Mana Rangatira – Having a Full and Enjoyable Life.

MidCentral DHB's Board and Manawhenua Hauora consider the latest results at their annual hui.



Achievement of the targets outlined in this Plan will help achieve the DHB's vision of "quality living – healthy lives" for Maori.

Murray Georgel
Chief Executive Officer

10 June 2013

Maori Health Providers & Services in the District

The key Māori health providers in MidCentral DHB include:

- Best Care (Whakapai Hauora) Charitable Trust
- Te Runanga o Raukawa
- Te Kete Hauora
- Muaupoko Tribal Authority
- He Puna Hauora
- Te Waka Huia Incorporated

Each year the MidCentral DHB produces a Funding Arrangements document as a companion to its Annual Plan. This document sets out what services are contracted to be provided and by whom in the planning year, including Maori providers. Refer Appendix 1 for details of how to access this document.

MidCentral DHB's Māori Population and its Health Needs

Demographics and Social Determinants of Health

In the 2006 Census, MidCentral DHB had a population of 163,990; this is predicted to increase to 180,150 by 2026. The percentage increase will be less than that for New Zealand as a whole. The proportion of people identifying themselves as Māori in MidCentral DHB is higher than that of New Zealand as a whole. The Māori population is younger than the non-Māori and is dominated by young people. While the non-Māori population is expected to decline significantly in both the 0-14 and 15-65 age categories, the Māori population is expected to increase across all age categories. (See graphs overleaf)

In MidCentral DHB, with the exception of deciles 1 and 2, the proportion of communities in each NZDep06 deprivation decile is spread relatively evenly across the levels of deprivation. Whilst non-Māori show no trends in distribution across the deprivation deciles, Māori representation increases with each deprivation deciles up to decile nine, after which there is a small decrease.

Health Status

Avoidable Mortality and Hospitalisations

There were no statistically significant differences in the rates of avoidable mortality and hospitalisations between Māori and non-Māori in the MidCentral DHB. Four of the top five leading causes of avoidable mortality were the same for Māori and non-Māori. These were ischaemic heart disease, lung cancer, motor vehicle accidents, and suicide.

Respiratory infections, angina, gastroenteritis, and dental conditions were four of the top five leading causes of avoidable hospitalisations for both Māori and non-Māori.

Child and Youth Health

Asthma was a leading cause of hospitalisations for Māori children 0-4 years while respiratory and cardiovascular disorders specific to the perinatal period was a leading cause for non-Māori children.

Respiratory infections, dental conditions, injuries to the elbow and arm, and ENT infections were leading causes of hospitalisations for Māori and non-Māori children in the 5-14 year age group.

The unintentional injury hospitalisation rate for the 15-24 year age group was statistically significantly lower for Māori women compared to non-Māori women.

Older People

Diabetes was a leading cause of mortality for older Māori while colorectal cancer was a leading cause for older non-Māori. In the MidCentral DHB, breast cancer was a leading cause of mortality for older women while COPD was a leading cause of mortality for older men.

The leading causes of hospitalisations for older people varied between Māori and non-Māori. COPD, diabetes, and general

symptoms and signs were leading causes for older Māori people while ischaemic heart disease, other forms of heart disease, and skin cancers were leading causes for older non-Māori people.

Health Service Utilisation

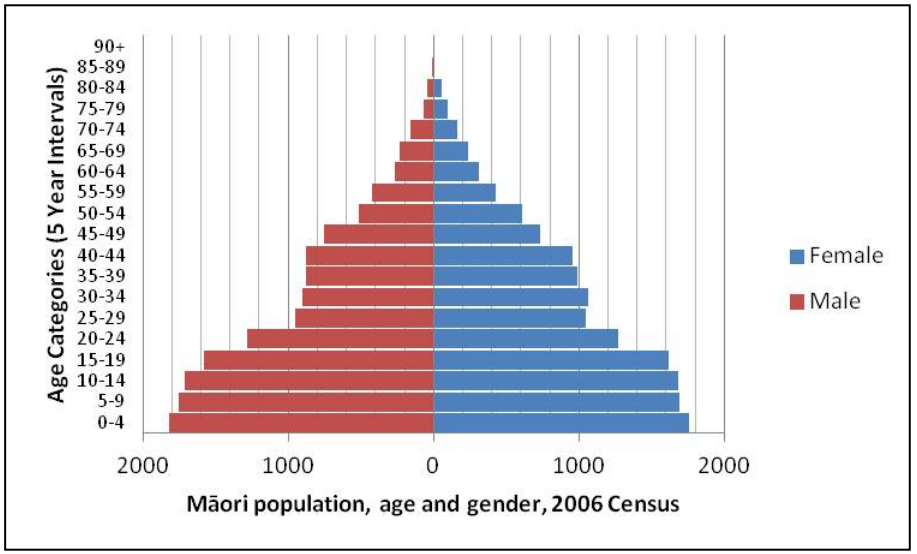
In the MidCentral DHB, 77.7 percent of Māori children had received all specified immunisation vaccines by the age of two, which was lower than the non-Māori rate.

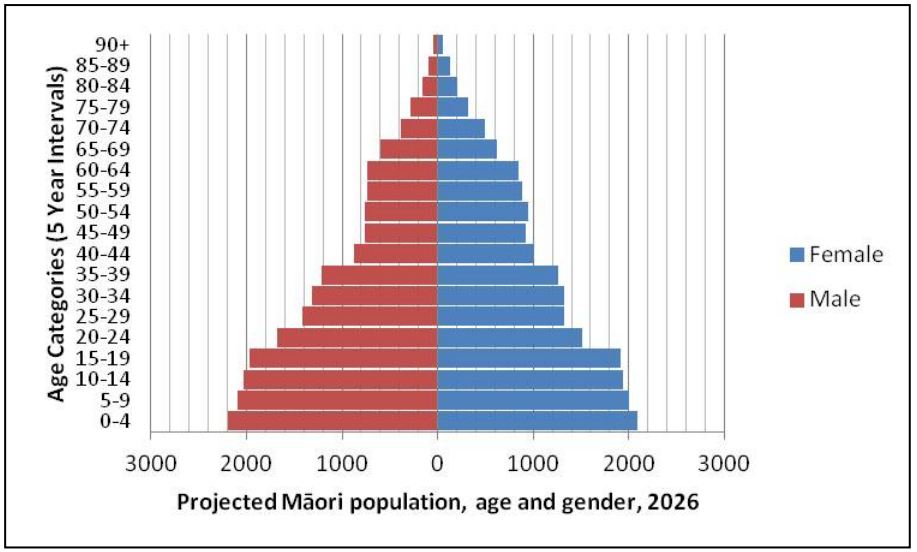
Over half of Māori people aged 65 years and over either received an influenza vaccine, or had an agreement made by a primary health provider to receive an influenza vaccine in the past 12 months.

Of eligible women in the MidCentral DHB aged 50-64 years, more than half of Māori women had a mammogram to check for early signs of breast cancer in the past two years which was lower than the non-Māori rate (68.4%).

Of Māori women aged 20 to 69 years in the MidCentral DHB who had a primary health care provider, 54.7 percent had a cervical smear in the past three years which was lower than the non-Māori percentage (75.1%).

(Source: Health Needs Assessment for MidCentral DHB, prepared by Massey University for the Ministry of Health, 2012.)





National Indicators for Maori Health

National Priorities

Māori like all members of the population are expected to experience improved health outcomes. The national priorities for Maori are:

- Data Quality
- Access to care
- Child health
- Cardiovascular disease
- Cancer
- Smoking
- Immunisation
- Rheumatic Fever
- Sudden Unexpected Death of an Infant (SUDI)

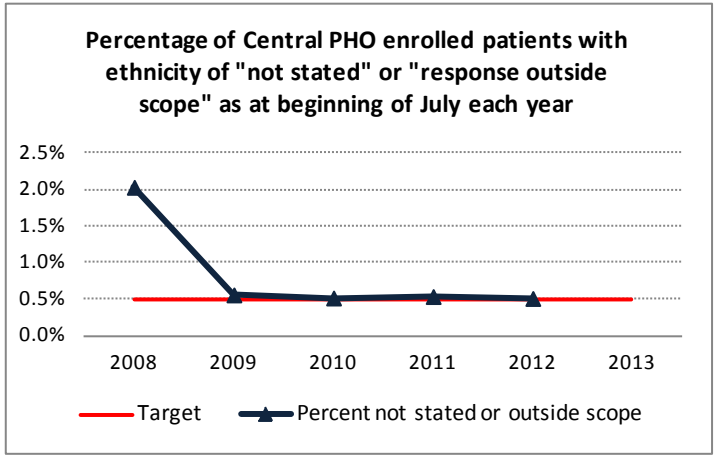
Details indicators/targets for each priority area are listed below, together with the action MidCentral DHB will be undertaking to advance these locally.

Progress against all priority areas is monitored regularly by the Board and/or its committees – the Hospital Advisory Committee and the Community & Public Health Advisory Committees. The Board's Iwi partner, Manawhenua Hauora, also monitors progress.

Data Quality

Objective: Improve the accuracy of ethnicity reporting to support future planning for Maori Health.

Accurate data regarding the level of Maori accessing health services is essential in planning health and disability services. Within MidCentral DHB's district, the accuracy of ethnicity reporting is good at around 0.5% of enrolled patients who do not have an ethnicity code entered or is out of scope. These data quality rates are monitored by both the PHO and DHB on a regular basis. An opportunity has arisen for this to be supported by the introduction of a national Primary Care Ethnicity Data Audit Toolkit. MidCentral DHB will look to support implementation of this toolkit with the PHO and their practices (subject to available funding) to strengthen compliance with the Ethnicity Data Collection Protocols and best practice.

Actions 2013/14	**Indicators/Targets**
Maintain monitoring of the accuracy of PHO register ethnicity reporting. Subject to successful RFP process and funding from the Ministry of Health, support PHOs and general practices to implement the Primary Care Ethnicity Data Audit Toolkit by end of June 2014.	% of PHO enrolled patients with an ethnicity code of "not stated" or "response out of scope" 2013/14 target: ≤0.5% 

Access to Care

Objective: Increase use of primary health services by Maori.

Primary health care is usually the first point of contact for New Zealanders seeking health care. It is important services are accessible and fit for purpose, and responsive to the needs of Maori. This is measured by the number of Maori enrolled in PHOs and the number of admissions to hospital for conditions which are seen as preventable through appropriate early intervention and a reduction in risk areas.

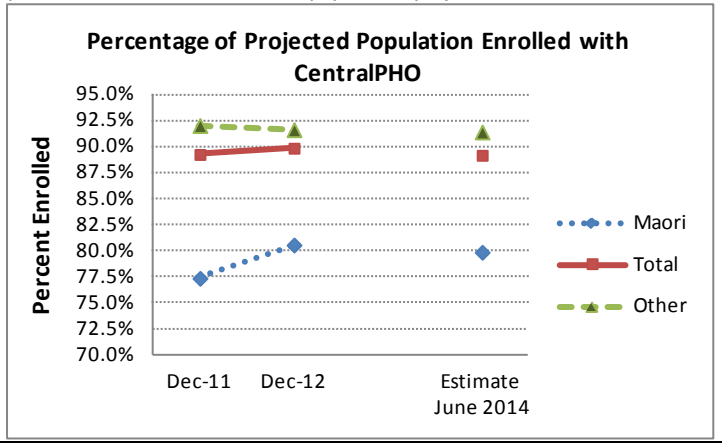
The number of Maori enrolled with the Central PHO has increased by 1,660 over the year, equating to around 81% of the Maori population estimated (medium projections) at end of December 2012.

MidCentral DHB has invested significantly in the development of primary and specialist services through the local Primary Health Care Strategy and through the Better, Sooner More Convenient Business Case. The latter programme was centred around a set of aspirational goals which focus extensively on avoiding acute and unplanned care episodes (particularly ED attendances and hospital admissions) and other high cost services. Much of the DHB's investment has been in services to improve the management of chronic (long term) conditions. The DHB has also committed to a Clinical Network framework for the district. Of particular relevance to Acute and Unplanned care are the Clinical Network Groups for Long Term Conditions, Health of Older People, Acute and Urgent Care, and Child and Tamariki. These Network Groups combined with the programme of Collaborative Clinical Pathways (through Map of Medicine) and the revised PHO structure are expected to provide the driving force for further and ongoing gains in Acute and Unplanned Care.

The level of ambulatory sensitive (avoidable) hospitalisations in MidCentral's district for Maori are reducing although there is still some way to go yet before a similar rate to the national average for this population group is achieved. The key area of focus for avoidable hospitalisations is children where the key drivers are respiratory illness, gastroenteritis, constipation and skin related conditions. Information about MDHB's work in this area is provided under "Child Health" and “Immunisation”. For adults, the main drivers for the ambulatory sensitive hospitalisation rate are cardiovascular conditions and diabetes. A number of Collaborative Clinical Pathways (CCPs) have been developed to help health professional working in primary healthcare and hospital services guide evidence-based practice and best treatment options for patients at each stage of their care. For children, CCPs are in place for asthma, some skin conditions and gastroenteritis – all of which are considered ambulatory sensitive conditions that could be managed better with effective primary health care interventions rather than the child being admitted to hospital. Other CCPs under development for the same reason are for conditions such as pneumonia and upper respiratory tract infections. MidCentral has also established a school based programme aimed at reducing skin infections for children in eleven high needs schools in the region. For adults, access to enhanced diagnostics and acute care in primary healthcare settings will also contribute to reducing avoidable hospitalisations for certain

conditions such as chest pain, atrial fibrillation, diabetes, urinary tract infections amongst others (see also "Cardiovascular Disease" and "Cancer" sections).

MidCentral DHB intends to reduce the difference in ASHB rates between Maori and other population groups, with a goal of achieving the same rates within two years.

<table>
<tr><th>Actions 2013/14</th><th>Indicators/Targets</th></tr>
<tr><td>Maintain monitoring of Maori enrolment levels in PHO each quarter
Work with Maori Health Providers and Whanau Ora Collectives to support increasing enrolment of Maori in PHOs</td><td>Percentage of MidCentral Māori population enrolled in PHOs:
<table>
<tr><th rowspan="2">Group</th><th rowspan="2">As at 31.12.11</th><th rowspan="2">As at 31.12.12</th><th colspan="3">Projections</th></tr>
<tr><th>30.06.14</th><th>30.06.15</th><th>30.06.16</th></tr>
<tr><td>Maori</td><td>77.40%</td><td>80.60%</td><td>79.90%</td><td>79.8%</td><td>80%</td></tr>
<tr><td>Total</td><td>89.30%</td><td>89.90%</td><td>89.22%</td><td>89.1%</td><td>89%</td></tr>
<tr><td>Other</td><td>92.08%</td><td>91.68%</td><td>91.46%</td><td>91.3%</td><td>91%</td></tr>
</table>
(based on Statistics NZ medium population projections, Census 2006 base, September 2010)

</td></tr>
<tr><td>Continue to develop the primary health care service to meet the acute needs patients in the community:
• the service components available to primary care to manage acute episodes (POAC, diagnostics, IV therapy, etc) are reviewed and relaunched by 31 March 2014.
• primary care skin cancer service is launched by 31 March 2014.
• elective ECG services - complete the transition from Palmerston North</td><td>Ambulatory Sensitive Hospitalisations rates per 100,000 (standardised) for the 0-74, 0-4, and 45-64 age groups (expressed as a percentage of the national all ethnicities rate):
<table>
<tr><th rowspan="2">Population Group</th><th rowspan="2">Age</th><th rowspan="2">Baseline (Dec 12)</th><th rowspan="2">Target 2013/14</th><th colspan="2">Estimates</th></tr>
<tr><th>2014/15</th><th>2015/16</th></tr>
<tr><td>Maori</td><td>0-74 yrs</td><td>142%</td><td>122%-127%</td><td>122%-127%</td><td>122%-127%</td></tr>
</table></td></tr>
</table>

Hospital to primary care settings by 31 December 2013. • implement clinical pathways focussed on ambulatory sensitive conditions using the Map of Medicine tool.		0-4 yrs	129%	114%-119%	114%-119%	114%-119%
		45-64 yrs	159%	139%-144%	139%-144%	139%-144%

Child and Maternal Health

Objective: To improve the health of our children/tamariki.

Poor health in childhood can lead to poorer health in adult years. Maori children and those living in socio-economically disadvantaged areas are at higher risk of poor child health. MidCentral DHB's aim is that children (and their families) can readily access the health and disability care and support they need from the time of conception (or when they enter the district) until adulthood.

MidCentral DHB has a strong clinical network for Child Health/Tamariki Ora. This group has primary and sector health representation, as well as members from Education, Police and Child Youth & Family Services (CYFS), and the non-Government sector. The Board's Iwi partner, Manawhenua Hauora, is also represented. The Group uses the findings from the annual child and youth epidemiology report, together with feedback from community engagement, to determine its work programme and priorities. The Network is well placed to support local implementation of the White Paper on Vulnerable Children, including such things as direct referrals from Children's Teams and CYFS. As national initiatives roll out in support of early identification of vulnerable children, the DHB will support these, eg safe sharing of information, new assessment tools.

The four priority areas for 2013/14 are skin conditions, respiratory, constipation, and gastroenteritis – these are key drivers for children requiring hospital care. The Child Health Clinical Network has supported the development of a child health nursing service (as part of its child health programme) which provides eczema and enuresis clinics throughout the district. Further expansion of this service is planned to increase the suite of services available to families in the community, including the addition of a social work component. Currently social work capacity is available within the hospital. The hospital social work service is linked to CYFS, with a CYFS social worker operating from the hospital. These services are complemented by the Public Health Service skin project which commenced in early 2013. To ensure the sustainability of these services, the child health programme will move to a community base. (NB: MidCentral DHB's primary health services enjoy close access to child health specialist services. There is a lead paediatrician for each territorial local authority area and they regularly work from the IFHCs and alongside general practice. This includes a part time Child Health Paediatric Registrar role which provides strategic support and also undertakes clinics.

During 2012/13 the Network established a Health Home (Newborn Enrolment Scheme) to ensure all babies born in the district are linked with the key providers of child health services, namely general practice, the national immunisation register team, well child services, oral health, and the universal newborn hearing screening programme. A navigator role is in place to support this initiative and to link babies and their families with health services.

All MidCentral DHB's birthing facilities maintain baby friendly hospital accreditation status and have lactation consultancy services that support mothers and their newborn babies in promoting, establishing and supporting breastfeeding before they leave hospital.

Children within the district aged 6 years and under can access free medical care across the district on a 24/7 basis.

A new model of care of child and adolescent oral health has been implemented, with a larger proportion of mobile services available across the district.

See also sections on Rheumatic fever, Immunisation, and Sudden Unexpected Death of Infants as well as MidCentral's local priority for the oral health of children and adolescents.

<table>
<tr><th>Actions 2013/14</th><th>Indicators/Targets</th></tr>
<tr><td>Support quality improvement activities for maternal health services:
Implement Maternity and Quality Safety Programme for 2013/14 year:
• develop strategy to improve communication between all health professionals across the maternity sector
• formalise referral pathways for primary and secondary care maternal/peri-natal mental health services
• establish mechanisms to enable women/family centred booking of appointments
• implement sub-regional approach to best practice/evidence-based maternity guidelines
• prepare a business case to establish a primary birthing unit in Palmerston North
• promote early booking with a LMC to improve access to antenatal services including ultrasound (incorporating media activities and sector wide education programme)
• review the maternity information and resource contracts, and pregnancy and parenting classes, to ensure needs are being met, particularly for vulnerable groups
• implement the Well Child/Tamariki Ora quality improvement framework locally
• continue baby friendly hospital accreditation</td><td>Proportion of babies discharged with breastfeeding established at time of discharge
<table>
<tr><td rowspan="2">Baseline 2010/11</td><td rowspan="2">2011/12</td><td rowspan="2">8mths to 8.2.13</td><td rowspan="2">2013/14 Target</td><td colspan="2">Indicative Targets</td></tr>
<tr><td>2014/15</td><td>2015/16</td></tr>
<tr><td>81.9%</td><td>83.8%</td><td>83.3%</td><td>≥85%</td><td>≥90%</td><td>≥95%</td></tr>
</table>
(See also ASH rates in previous section, and immunisation section)</td></tr>
</table>

• extend the Community Child Health Nurse Service to provide a greater range of clinics and a social work aspect: increase GP time to 16 hours per week; establish nursing and administrative support for the service; pilot a continence service for children and young people (building on the enuresis service) • expand the School Based Health Services (SBHS) to have all decile 1-3 schools in the MidCentral region provided with the opportunity for a school based health service, and increase use of HEEADS assessment tool • ensure children receive their Before School Checks: continue to establish partnership model between more Early Childhood Centres and B4SC provider; and, scope feasibility of options to deliver "twilight and Saturday clinics" or similar to enable better access for 'working families' and 'hard to reach' children	

Cardiovascular Disease

Objective: To minimise the incidence and impact of cardiovascular disease for Maori people in the district.

Cardiovascular disease (CVD) includes heart attacks and strokes – which are both substantially preventable with lifestyle advice and treatment for those at moderate or higher risk.

MidCentral's performance against the national health targets for cardiac and diabetes has improved, but further gains are required. To improve the management of diabetes, ownership and responsibility is being transferred from the DHB and PHO to general practice teams by the mechanism of funding diabetes care through Diabetes Care Improvement Plans. This initiative is aligned to the primary care accountabilities and incentives framework. General practices are provided up-front funding to develop a Diabetes Implementation Plan. These plans are reviewed by a small group comprising hospital specialist, GP and nurse specialist. Two general practice teams (one in Tararua and one in Palmerston North) started the new arrangement in 2012/13, and a further Palmerston North-based practice is expected to commence shortly.

Significant investment has been made in integrating the primary health care and secondary health care components of the health continuum. Clinical pathways have been established using the Map of Medicine tool, and, primary care access to diagnostics has been increased – see section 3.1.1 above. A number of services are now community, rather than hospital-based. These include sleep aponea, cardiology assessment and

diagnostics, respiratory specialist nursing, pulmonary rehabilitation, child health, specialist older health care, specialist nursing care in cancer, diabetes, cardiac, and respiratory. In 2013/14 it is intended to provide increased diabetes and skin cancer services in the community.

Timely access to diagnostic tests and services is essential to a well functioning elective service. In 2011/12 MidCentral Health implemented regular reporting and monitoring of diagnostic volumes and wait times. Since then, wait times have reduced markedly and there are no areas requiring increased attention. MDHB has also increased primary care practitioners access to diagnostic services, such as ultrasound, and further improvements are planned.

MDHB's intervention rates for cardiovascular disease fall below the expected level and this is a priority area for the planning period. During the 2013/14 year, MidCentral will also be participating in the national roll out of improved services for Acute Coronary Syndrome (ACS) including implementation of the ANZAC Quality Improvement tool and national register.

<table>
<tr><th>Actions 2013/14</th><th>Indicators/Targets</th></tr>
<tr><td>Continue to increase the primary care sector's capacity and capability to manage long term conditions as close to home as possible:
• cardiovascular and diabetes checks are marketed direct to patients in the period 30 September 2013 to 31 March 2014
• audit protocols are developed for diabetes care by 31 December 2013
• undertake a targeted programme to increase CVD risk assessment rates for Maori by 30 June 2014.
• undertake a direct to patient social media campaign for Maori with diabetes promoting medicine use by 30 June 2014.
• chronic care management programme implemented in a further 3 practices
• uptake of Enhanced Care+ increases to 75% by 30 June 2014
• case management service provided in all general practice teams by 30 June 2014.
• specialist services provide case review sessions for general practice teams in diabetes, cardiovascular and respiratory by 30 June 2014.
• undertake a practice-based pre-diabetes pilot in a general practice team by 31 December 2013
• MidCentral pharmacies register patients in the Long Term Conditions Service as part of the new Community Pharmacy Services Agreement.</td><td>Percentage of eligible adult population who have had their cardiovascular risk assessed in the last five years.
<table>
<tr><td rowspan="2">Group</td><td rowspan="2">As at 31.12.12</td><td rowspan="2">Target 2013/14</td><td colspan="2">Indicative Targets</td></tr>
<tr><td>2014/15</td><td>2015/16</td></tr>
<tr><td>Total</td><td>51.1%</td><td>90.0%</td><td>90.0%</td><td>90.0%</td></tr>
<tr><td>Maori:</td><td>44.3%</td><td>90.0%</td><td>90.0%</td><td>90.0%</td></tr>
</table>
</td></tr>
</table>

<table>
<tr>
<td>Continued implementation of the Cardiology Landscape Report:
• improve cardiac surgery intervention rates by 30 June 2014
• in conjunction with Palmerston North Site Redevelopment Project and investment planning work, develop a CATH lab for Cardiology Services by 30 June 2016.
Participate in national roll out of the ANZAC QI programme aligned to the Central Region's implementation plan for the management of Acute Coronary Syndrome
At least quarterly review of performance data will continue</td>
<td>Standardised intervention rate for cardiology procedures and cardiac surgery per 10,000 population:
<table>
<tr><th>Procedures</th><th>Population Group</th><th>Baseline (12 mths to 30.9.12)</th><th>Target</th></tr>
<tr><td>Cardiac surgery</td><td>Total</td><td>4.87</td><td>Progress toward 6.5/10,000</td></tr>
<tr><td>Angioplasty</td><td>Total</td><td>6.91</td><td>11.9/10,000</td></tr>
<tr><td>Coronary angiography</td><td>Total</td><td>27.3</td><td>33.9/10,000</td></tr>
</table>
70% of high-risk patients will receive an angiogram within 3 days of admission. ('Day of Admission' being 'Day 0')
95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZAC QI ACS and Cath/PCI registry data collection
85% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)</td>
</tr>
</table>

Cancer

Objective: To minimise the incidence and impact of cancer for Maori people in the district.

Cancer is a major health issue for New Zealanders. One in three New Zealanders will have some experience of cancer, either personally or through a relative or friend. Within MidCentral DHB's district Māori have higher cancer mortality rates, despite having similar or lower cancer registration rates.

MidCentral DHB provides free access to cervical screening services for eligible Maori women. Removal of the fee was to improve access to the service for this target population group. The national target for cervical screening coverage is 80% and MidCentral DHB's results show steady improvement to date toward this. The DHB works closely with the Central PHO regarding cervical screening, and has recently engaged with the Maori Women's Welfare League to support an increase in screening enrolments and follow-ups.

All MidCentral DHB's breast screening promotional activity is focused on increasing the screening rates for on Maori women in particular as the current local rates are well below the target national coverage rate of 70%. (NB: MDHB seeks to at least maintain coverage rates for other

ethnicity groups.) Monitoring of screening rates and coverage is routinely undertaken at provider and governance levels, and reporting also occurs at a regional level as part of the regional BreastScreen Aotearoa programme.

<table>
<tr><th>Actions 2013/14</th><th>Indicators/Targets</th></tr>
<tr><td>Improve breast screening and cervical screening coverage rates for priority women:
implement digital mammography across the Breastscreen Coast to Coast region by 31 December 2013
continue focus on improving breast screening coverage rate for Maori women (including working more closely with Whakapai Haoura – the independent service provider in Manawatu – and Central PHO; and, addressing linkages with Maori Women's Welfare League and develop links with Whanau Ora representatives in the MidCentral region.)
work with PHOs to improve cervical screening rates</td><td>Cervical screening 3-year coverage rate for women aged 25-69 years (hysterectomy adjusted population)
<table>
<tr><th rowspan="2">Group</th><th rowspan="2">As at 31.12.12</th><th rowspan="2">2013/14 Target</th><th colspan="2">Indicative Targets</th></tr>
<tr><th>2014/15</th><th>2015/16</th></tr>
<tr><td>Maori</td><td>64.0%</td><td>72.0%</td><td>78%</td><td>80%</td></tr>
<tr><td>Pacific</td><td>70.6%</td><td>75.0%</td><td>78%</td><td>80%</td></tr>
<tr><td>Other</td><td>78.0%</td><td>79.3%</td><td>80%</td><td>80%</td></tr>
<tr><td>Total</td><td>75.6%</td><td>78.0%</td><td>80%</td><td>80%</td></tr>
</table>
Breast screening 2 year coverage rate for eligible women (aged 50-69 years)
<table>
<tr><th rowspan="2">Group</th><th rowspan="2">As at 31.12.12</th><th rowspan="2">2013/14 Target</th><th colspan="2">Indicative Targets</th></tr>
<tr><th>2014/15</th><th>2015/16</th></tr>
<tr><td>Total</td><td>73.5%</td><td>≥74%</td><td>≥75%</td><td>≥75%</td></tr>
<tr><td>Other</td><td>74.7%</td><td>≥75%</td><td></td><td></td></tr>
<tr><td>Maori</td><td>63.2%</td><td>≥70%</td><td></td><td></td></tr>
<tr><td>Pacific</td><td>71.8%</td><td>≥72%</td><td></td><td></td></tr>
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Smoking

Objective: To reduce smoking rates among the Maori community.

Smoking is the single largest cause of preventable death worldwide. Smoking increases the risk of developing heart disease, lower respiratory infections, tuberculosis and lung diseases, including cancer. Within MidCentral DHB's area, smoking rates for Maori are higher than for non-Maori.

MidCentral DHB and its partner organisations recognise the importance of achieving smoking cessation targets. The Central PHO provides extensive help to its general practice teams to meet their smoking cessation targets. This has been very successful in ensuring the smoking status of enrolled patients is recorded, and the focus is now on increasing the provision of brief advice to those who identify as being a current smoker

(ie ABC interventions). Steady improvement is being seen. On behalf of general practice, the PHO provides a call centre response. This has proved very effective and will continue while there is a need. Longer term it is expected this will be absorbed into general practice.

To eradicate tobacco-related inequalities and reduce the proportion of MidCentral Maori who smoke (baseline June 11: 41.3%, target 20% November 2014), MidCentral DHB has redirected all its locally-funded smoking cessation resources into the Te Ohu Auahi Mutunga service. This service is a coalition of local Maori providers working in partnership with the PHO . Te Ohu Auahi Mutunga (TOAM) Quit Coaches are actively working with General Practice teams to identify and follow up patients referred for quit smoking assistance, further developing the "call centre" concept using the Quit Coaches, and developing ways to improve direct access and referral management processes.
The service is provided across the district and is targeted at Maori (a population group which has proven resistant to mainstream smoking cessation methodology) and pregnant women who smoke. Two things about the new arrangement are special:

- it uses a whanau ora approach
- the general practice teams' database is used which strengthens relationships between the service and general practice

MDHB works closely with territorial local authorities regarding smoke-free environments, including parks. It has also established a relationship with the Rugby Union, resulting in the provisional rugby stadium in Palmerston North being smoke-free for the 2013/14 rugby season. MDHB is sponsoring the local rugby team, the Turbos, as a means of raising the profile of being smoke-free. This arrangement includes mentoring/support services for young people.

Actions 2013/14

The Te Ohu Auahi Mutunga service to continue to work with general practice teams and lead maternity carers to reduce smoking rates, particularly for Maori, Pacific and pregnant women:

- Work with midwives and LMCs to promote appropriate resources and services to pregnant women, through two structured forums, ensuring the links between SUDI and second-hand smoking are highlighted (refer MidCentral's Public Health Services Plan)
- Central PHO to include promotion of ABC and smoking cessation in the General Practice Key Patient Result Areas featuring on the general practice dashboards by 30.9.13.

Indicators/Targets

Proportion (%) of smokers offered advice and support to quit smoking

Group	2010/11	2011/12	6mths to 31.12.12	2013/14 Target
Secondary				
• Total	73.2%	90.4%	90.6%	95%
• Maori			91.3%	95%
• Other			90.3%	95%
Primary				
• Total	18.6%	33.4%	47.0%	90%

• Capitalise on smoke-free sponsorship of Turbos by holding mentoring/support workshops for young people at Waiopehu College, Life to Max, and YOSS by 31.12.13. • Te Ohu Auahi Mutunga to work with LMCs and Pregnancy & Parenting Education providers to increase uptake of smoking cessation for pregnant women by 31.3.14. Sustain improvements in secondary care setting (hospital) to ensure all service areas are consistently achieving target, including: • promote participation in ABC&D and STEPS training for staff • complete monthly reviews and provide regular feedback of performance results to all service areas • implement specific improvement plan in Emergency Department • implement smoking cessation taskforce collaborative activities with service areas and investigate potential to combine strategies with primary health care and TOAM collective	

Immunisation

Objective: To ensure children/tamariki are protected against vaccine preventable disease.

Improved immunisation coverage leads directly to reduced rates of vaccine preventable disease, and consequently better health and independence for children/tamariki. MidCentral DHB's immunisation rates are high for both Maori and non-Maori.

An Improving Immunisation Coverage Group meets monthly to monitor progress, co-ordinate activities and determine what support/action is required. The Immunisation Coverage Group is linked to general practice, public health, and well child providers.

MidCentral DHB's Health Home (newborn enrolment scheme) aims to ensure all babies born in the district are linked to key providers of child health services, including the National Immunisation Service. This will ensure tamariki and their whanau have the opportunity to access their free health care entitlements.

Local efforts to continue to increase the proportion of the older enrolled population who are vaccinated for influenza each year. The national target is 75%, but MidCentral DHB's rates are currently behind this. It plans to reach the national target over two years.

<table>
<tr><th>Actions 2013/14</th><th>Indicators/Targets</th></tr>
<tr><td>Immunisation Coverage Group will continue to ensure achievement of immunisation targets for children:
• Support GP Teams to utilise pre-call and recall
• Continue to work with GP Teams to ensure they are actively using their NIR overdue reports
• Investigate text messaging options for recall with GP Teams/Central PHO
• Improve the influenza vaccination uptake of the health care workforce across the district, this will include initiatives to work alongside the aged care workforce.
Implement year 2 of the 3-year 'Health Home' Programme (ensuring babies born are registered with general practice and well child providers)</td><td>Percentage of eight month old infants who have had their primary course of immunisation (six weeks, three months and five months immunisation events) on time
<table>
<tr><td rowspan="2">Group</td><td rowspan="2">12mths to 28.2.13</td><td colspan="2">Targets</td></tr>
<tr><td>2013/14</td><td>2014/15</td></tr>
<tr><td>Maori</td><td>88.0%</td><td>≥90%</td><td>≥95%</td></tr>
<tr><td>Total</td><td>90.4%</td><td>≥90%</td><td>≥95%</td></tr>
</table>
Proportion of enrolled population aged 65+ years who have received flu vaccination
<table>
<tr><td rowspan="2">Groups</td><td rowspan="2">As at 31.12.12</td><td rowspan="2">2013/14 Target</td><td colspan="2">Indicative Targets</td></tr>
<tr><td>2014/15</td><td>2015/16</td></tr>
<tr><td>Maori</td><td>55.7%</td><td>≥70%</td><td>≥75%</td><td>≥75%</td></tr>
<tr><td>Other</td><td>64.5%</td><td>≥70%</td><td>≥75%</td><td>≥75%</td></tr>
<tr><td>Total</td><td>64.0%</td><td>≥70%</td><td>≥75%</td><td>≥75%</td></tr>
</table>
</td></tr>
</table>

Rheumatic Fever

Objective: To ensure rheumatic fever rates within the district remain low

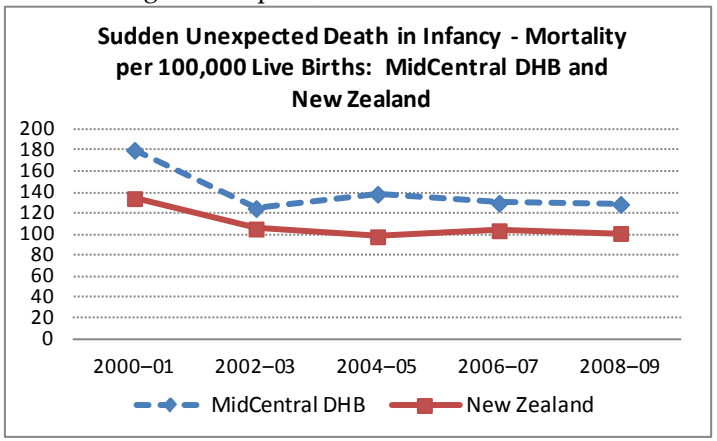
Rheumatic fever is an illness that can result from untreated "strep" throat. It can lead to rheumatic heart disease, which is life-threatening and can cause serious heart damage. Within MidCentral DHB's district there is a low incidence of this disease. Within the Central Region, the incidence of rheumatic fever is less than the national average, however two of the six DHBs have a higher incidence than the national average (Hawke's Bay and Hutt Valley). All six DHBs in the region work collaboratively in this regard, and are developing a regional rheumatic fever prevention plan. MidCentral DHB recently commissioned a research initiative around school-based ventilation. This work is being done by Massey University. As part of the programme, throat swabs will be collected.

Actions 2013/14	Indicators/Targets
Ongoing monitoring of incidence of rheumatic fever Support regional rheumatic fever initiatives (as per Regional Services Plan) Support the research study into school-based ventilation	Hospitalisation rate per 100,000 DHB total population for acute rheumatic fever Target: 2 per 100,000 (3 cases)

Sudden Unexpected Death of an Infant (SUDI)

Objective: To reduce the incidence of sudden unexpected death of an infant

Keeping babies safe in MidCentral is a key programme of work to be undertaken in 2013/14. This will provide a co-ordinated approach to sudden and unexpected death and safe sleeping programme. The programme aims to bring together the raft of data/advice which is available so families can have ready access to consistent information. Timely and consistent information is expected to increase take-up of safe sleeping practices.

Actions 2013/14	Indicators/Targets
Co-ordinate information/advice around sudden and unexpected death of infants and shaken baby prevention programme, providing consistent information for families through hospital and primary birthing facilities, well child providers and general practice teams. This work to include: • safe sleeping programme • smoke-free environment • use of natural fibres for keeping babies warm • shaken baby prevention programme The SUDI, safe sleeping programme, and shaken baby prevention progrmame will be in place by 31 December 2013, and implementation monitored.	National target of 0.5 per 1,000 live births.  Data source: NZ Child & Youth Epidemiology Service, University of Otago, November 2012

Local Priorities

Whanau Ora and three areas identified by MDHB's Iwi partner, Manawhenua Hauora, form MDHB's local Maori Health priorities:

- smoking cessation
- oral health
- women's health
- whanau ora

Smoking Cessation

Smoking is the single largest cause of preventable death worldwide. Smoking increases the risk of developing heart disease, lower respiratory infections, tuberculosis and lung diseases, including cancer. Within MidCentral DHB's area, smoking rates for Maori are higher than for non-Maori.

To eradicate tobacco related inequalities and reduce the proportion of MidCentral Maori who smoke, MidCentral DHB has redirected all its locally-funded smoking cessation resources into the Te Ohu Auahi Mutunga service. This service is a coalition of local Maori providers under the leadership of Te Waka Huia. The service is provided across the district and is targeted at Maori (a population group which has always proven resistant to mainstream smoking cessation methodology) and pregnant women. 2012/13 was the establishment year for the service, and it now has aggressive targets to reduce smoking rates. Two things about the new arrangement are special:

- it uses a whanau ora approach
- the general practice teams' database is used which strengthens relationships between the service and general practice

The success of this new approach in achieving the DHB's target is a local Maori health priority.

Indicators/Targets

	Baseline 12 mths to 31.12.11	Actual 12 mths to 30.6.12	Projected 12 mths to 30.6.13	Target 12 mths to 30.6.14
% enrolled patients - smoking status ever recorded				
• high needs	60.12%	83.9%	85%	90%
o Maori		81.1%		
o Other		87.0%		
• other	59.18%	88.0%	90%	90%
Brief advice and/or cessation support/referral provided to patients seen in the last 12 months				
• high needs	17.76%	46.9%	53%	90%
o Maori		46.0%		
o Other		48.3%		
• other	17.55%	47.3%	53%	90%

Also refer to National priorities – Smoking

Oral Health

In line with a national initiative, a new, largely mobile, service model for child and adolescent oral health services is being rolled out within MDHB's district. The project is nearing completion, with all mobile services in place. Two fixed clinics are still to be established in conjunction with local Integrated Family Health Centre developments – Feilding and Tararua.

Ensuring this new model of service delivery has a positive impact on the oral health of Maori children and adolescents is a local priority for MidCentral DHB as poor oral health in childhood can lead to poor overall health, both in childhood and during adult years. Most oral disease is preventable with good dental hygiene and preventable dental care.

Indicators/Targets

Please note all oral health targets are based on a calendar year.

- Number of adolescents accessing DHB-funded adolescent oral health services

Group	2010 Baseline	20111 Actual	2012 Actual	2013 Target
Total	8,828	8,405	tbc	9,014

- Number of 0-4 year old children enrolled

Group	2010 Baseline	2011 Actual	2012 Actual	2013 Target
Total	4,021	5,453	7,357	8,500
Maori	n/a	na	1,888	2,150

- Proportion of pre-school and primary school children examined according to planned recall period

Group	2011 Baseline	2012 Actual	2013 Target
Total	85.6%	90.6%	91.8%

- Number of pre-school and primary school children who have not been examined according to their planned recall period

Group	2011 Baseline	2012 Actual	2013 Target
Total	3,118	2,175	2,000
Maori	1,042	566	500

- Proportion of adolescent population utilising DHB-funded dental services

Group	2010 Baseline	2011 Actual	2012 Actual	Indicative Target	
				2013	2014
Total	79%	81.4%	Not yet available	85%	85%

*interim data, April 2012. Based on eligible population of 10,800.

- Mean score of Decayed, Missing & Filled Teeth of Year 8 children

Group	2010 Baseline	2011 Actual	2012 Actual	Indicative Target	
				2013	2014
Total	1.76	1.48	1.40	1.45	1.40
Maori	1.96	1.82	1.80	1.70	1.65

- Percentage of 5 year old children who are caries free

Group	2010 Baseline	2011 Actual	2012 Actual	Indicative Target	
				2013	2014
Total	58%	59.9%	59.6%	62%	63%
Maori	41%	43.1%	39.6%	45%	50%

Women's Health

As part of the centralAlliance between MidCentral and Whanganui District Health Boards, a new service model for regional women's health services is being put in place.

This project was initiated to improve clinical sustainability and the long term ability to deliver women's health services across the combined Whanganui and MidCentral DHB districts.

A comprehensive public engagement and staff consultation process helped inform the new service model. The Iwi partnership governance boards for both DHBs (Manawhenua Hauora and Hauora a Iwi) also provided feedback, and highlighted the challenges in improving cultural responsiveness of the service.

The new model of care aims to improve the capacity and responsiveness of women's health services for local Maori women and their families. Manawhenua Hauora is particularly concerned to ensure local services meet the needs of the local Maori population. This is in line with the DHBs' commitment to improving Maori health outcomes and reducing inequalities for Maori and high needs groups.

As a consequence, women's health is a local priority area for Maori health. The following measures were identified as a means of monitoring the impact of the project. These may be further refined during the implementation phase, but will form the basis of monitoring at a governance level.

Objective	**Measures**
Improve the long-term clinical and financial viability of the services by creating a larger population base	Number (contracted FTEs) of O&G Specialist Medical Officers per 10,000 women aged 18+ years
	Number of (contracted FTEs) primary LMCs per 10,000 women aged 18+ years
	Number of (contracted FTEs) secondary LMCs per 10,000 women aged 18+ years
	Standardised intervention rate for gynaecology DRGs, discharged by gynaecology health specialty
	Proportion of first specialist assessments for elective gynaecology services seen within 6 months
	Proportion of gynaecology patients given certainty of treatment who received treatment within 6 months
	Birth rate (by facility)

Objective	Measures
	Percentage change in total revenue (price adjusted)
	Percentage change in total expenditure (inflation adjusted)
	Direct personnel costs per FTE (maternity, gynaecology)
	Purchased outputs per FTE (maternity, gynaecology)
	Variance to target number of first specialist assessments for paediatric tertiary specialists
Improve the long-term clinical and financial viability of the services by strengthening professional relationships	Qualitative results of "Clinical Leadership" self-assessment survey tool (PP1: progress in fostering clinical leadership and engagement across region) – service specific
	Continuing Medical Education credits achieved per annum, per SMO
	Achievement of credentialed service
	% of SMOs who are jointly credentialed
	Proportion of staff (by staff group) with current professional development plans in place
	% of total service expenditure on outsourced medical services (locums)
	Evidence of collaboration and joint decision making through minutes of combined service/team meetings
	% of staff with identified / approved professional mentors/preceptors
	% of primary LMCs with joint access agreements
Ability to recruit and retain staff more easily	Workforce – career planning: Numbers receiving HWNZ funding / number with career plan for required categories (RMOs)
	Staff turnover rate (by staff group), per annum
	Staff stability rate (by staff group), per annum
	Mean time between notification of vacancy and appointment to established position
	Variance to budgeted FTEs (per annum), by service
Obtain additional funding for registrars and other medical, midwifery, nursing and allied health training posts based on servicing a larger catchment population	% of DHB service's total income attributed to CTA funds
	% of total income received for registered midwifery staff new graduate programme per annum
	Numbers of staff receiving HWNZ funding (by staff category)
Improve quality and safety systems by applying and analysing the application of relevant national and international standards	Baby Friendly Hospital Initiative (BFHI) accreditation retained - all birthing facilities
	Retention of College accreditation status for Registrar training programme
	Compliance with Provider Quality Specifications (DHB funded Primary and Secondary Maternity Service Specifications)
	Implementation of DHBs' quality standards framework
Have a greater ability to provide outreach services and interventions targeted at improving the health of vulnerable population groups, as well as an increased range of procedures available to both DHB populations (e.g. increased range of gynaecological procedures)	Compliance with referral guidelines and analysis, by hospital, of referral patterns from general practice to outpatient services and self-referral for acute services
	% variance in range, location and number of target purchase unit volumes (paediatrics, maternity, gynaecology, high cost treatment)
	% variance in number and type of gynaecology procedures performed, by facility

Objective	Measures
	% increase/decrease in first and subsequent outpatient clinic attendances – by type and location (gynaecology and paediatric)
	% change in non-specialist antenatal consultations contacts, by ethnicity, age group and location
Ensure the right balance between services being locally-based and being safe and sustainable leading to improvements in public perception, confidence and satisfaction with services	% booked clinic appointments not attended (gynaecology & colposcopy)
	% change in Inter District Flow purchase unit volumes for tertiary services
	% increase/decrease in attendances at Emergency Departments (age/service/condition specific)
	% increase/decrease in acute admissions by domicile DHB (maternity & gynaecology)
	% increase/decrease in number of transfers to hospital via St John Ambulance, by domicile DHB local authority area
Give both DHBs and their staff a greater certainty and clarity of future direction, leading to confident and effective decision-making on future investments in workforce, facilities and technologies	Achievement of milestones in approved development plan reported and communicated
	Risk management plan in place
	Agreed management and leadership structure in place
Combine purchasing power of the two DHBs to enable required infrastructural investments e.g. transport and information technology (measures subject to CRISP and HBL developments)	% of total budgeted expenditure on infrastructure costs
	Women's Health service requirements included in regional asset management plan
	Clinical supply costs per CWD
	% change in patient transport costs for non-emergency and inpatient transfers
Focus on outcomes - for women, children and their families	Agreed set of clinical indicators established, reported and monitored for maternity, gynaecology and paediatric services
	Rate of perinatal deaths reported via Perinatal and Maternal Mortality Review Committee (by DHB of maternal domicile)
	% of mothers by DHB and birth type
	% of infants with breastfeeding established at discharge
	% unplanned returns to theatre during same admission
	% unplanned acute readmissions to hospital within 30 days of previous discharge
	% of low birth weight babies
	% of total delivery types that are an acute caesarean section
	Ambulatory sensitive hospitalisations (0 – 4 years), specific conditions
Importance of consumer perspective on outcomes/progress	% of women rating their post natal length of stay as "just right"
	Overall patient satisfaction rate (service specific)
	% of total patient complaints received pertaining to delivery of service

Whanau Ora

Within the MidCentral district there are two local provider groupings that have been accepted into the Te Puni Kokiri Whanau Ora programme. Together they cover the whole district. These collectives are:

- Te Hono ki Tararua me Ruahine (Raukawa and Muaupoko)
- Te Tihi o Ruahine (Best Care (Whakapai Hauora) Charitable Trust, He Puna Hauora, Maori Women's Welfare League, Maori Wardens, Te Wakahuia Manawatu Trust, Nga Iwi o Te Reu Reu – Te Roopu Hokowhitu Charitable Trust, Rangitaane o Tamaki nui a Rua, and Nga Kaitiaki o Ngati Kauwhata Incorporated)

Both collectives are currently in Phase 2 of development and have been consulting with whanau, hapu, iwi and a range of agencies about organisational arrangements and future priorities. They both expect to have implementation plans completed by 30 June 2013. MidCentral DHB has a close relationship with all the Iwi and Maori providers in the district. The DHB will support Whanau Ora through the planning phase and into the implementation. The DHB has committed to reviewing contracts with the providers to meet the Whanau Ora groups' aspirations while still working within national obligations such as the national service framework. The aim is to move towards outcomes oriented contracting.

Key measures are:

- Formal meetings held with each of the local Whanau Ora collectives by 31 December 2013 and 30 June 2014.
- Service contracts are reviewed in conjunction with Whanau Ora collectives by 30 June 2014.
- Explore other opportunities to support the Collectives Programme of Action.

Appendix 1, Schedule of Related Documents

Document	*Access*
MidCentral DHB Annual Plan 2013/14	www.midcentraldhb.govt.nz
MidCentral DHB Funding Arrangements 2013/14	
Tu Ora: Central Region DHB Maori Health Action Plan 2011	
Kaimahi ora – MidCentral DHB Maori Health Workforce Action Framework 2011	
MidCentral DHB Maori Health Responsiveness Framework 2010	
MidCentral DHB Maori Health Workforce Strategy 2005	
MidCentral DHB Oranga Pumau: Maori Health Strategy 2005	
Central Region's 2013/13 Regional Service Plan	

MidCentral District Health Board

Te Pae Hauora o Ruahine o Tararua

www.midcentraldhb.govt.nz