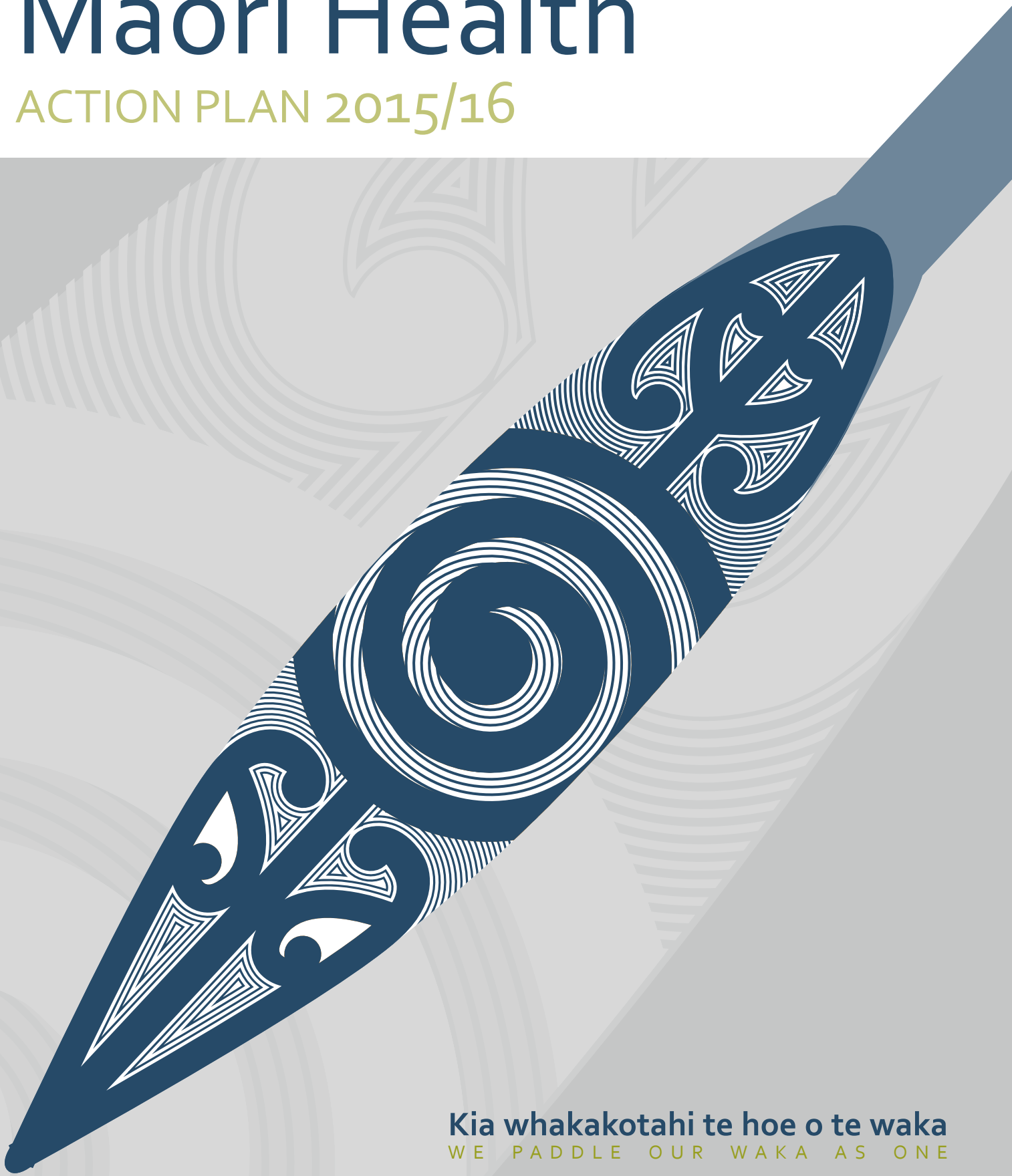
Māori Health

ACTION PLAN 2015/16



Kia whakakotahi te hoe o te waka

WE PADDLE OUR WAKA AS ONE

Pegasus

Te Kāhui o Papaki Kā Tai

Manawhenua ki Waitaha

Canterbury Clinical Network

christchurch pho

RURAL CANTERBURY Primary Health Organisation Te Roopu Hauora Matua O Waitaha Taiwhenua

Canterbury District Health Board

Te Poari Hauora ō Waitaha

Tā Mātou Matakite

OUR VISION

Ki te whakapakari, whakamanawa me te tiaki i te hauora mō te oranga pai o ngā tāngata o te rohe o Waitaha.

To improve, promote, and protect the health and well-being of the Canterbury community.

Ā Mātou Uara

OUR VALUES

- Manaaki me te whakaute i te tangata.
  Care and respect for others.
- Hāpai i ā mātou mahi katoa i runga i te pono.
  Integrity in all we do.
- Te Takohanga i ngā hua.
  Responsibility for outcomes.

Ngā Huarahi Mahi

OUR WAY OF WORKING

- Kia Arotahi atu ki ngā tāngata me te hapori.
  Be people and community focussed.
- Whakaatu te auaha.
  Demonstrate innovation.
- Kia tau ki ngā tāngata pānga.
  Engage with stakeholders.

Foreword

Mai ngā pae maunga o Te Waipounamu, Ngā Tirititi o te Moana ki te Tai o Mahaanui, ā, ki Te Tai o Marokura hoki, arā, Ngā Pākihi Whakatekateka o Waitaha.

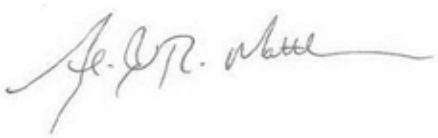
The Canterbury District Health Board (DHB) relishes its role in supporting the aspiration Pae Ora for Māori. Pae Ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services. Pae ora is a holistic concept, encompassing three interconnected elements each interconnected and mutually reinforcing:

mauri ora – healthy individuals
whānau ora – healthy families
wai ora – healthy environments.

The Canterbury DHB Māori Health Action Plan for the coming year is not a detailed plan outlining all of the services that support Māori wellbeing in Canterbury, but highlights priority areas that indicate how well the system is working towards pae ora. It is a cross-system plan which has involved iwi, hāpori (community), primary and secondary services with all parties working together to achieve better outcomes for our Māori community and whānau.

The DHB endeavours to work in partnership with our Treaty partners, Manawhenua Ki Waitaha, Māori providers, the wider Māori community, whānau Māori, providers across the Canterbury health system and indeed the whole Canterbury community, to seek pae ora for Māori. We aspire to remove the health inequities that have long persisted in the Māori population as a step towards pae ora for Māori in our community.

Kia hūkere te hoe, me kia whakakotahi te hoe o te waka nei



Hector Matthews
Canterbury DHB Executive Director of Māori and Pacific Health

Manawhenua Ki Waitaha, as the iwi mandated body to be the Treaty partner with the Canterbury DHB, is committed to improving health outcomes for Māori and whānau in Waitaha.

Manawhenua Ki Waitaha are delighted to support the Canterbury health system at numerous levels to support reducing health inequities, improve Māori access to services, improve Māori health outcomes and support Whānau Ora in Waitaha.

Manawhenua Ki Waitaha appreciates the partnership it has with the Board of the DHB to support Whānau Ora in Waitaha. It is also thrilled to have partnerships throughout the health system with input and representatives throughout primary care and the Canterbury Clinical Network.

The Canterbury DHB Māori Health Action Plan articulates the aphorism “Kia whakakotahi te hoe o te waka”. This impeccably articulates the view that Manawhenua Ki Waitaha has, that all who work in the Canterbury health system share collective responsibility to reduce health inequities, improve access and outcomes for Māori and strive towards pae ora and whānau ora for all Māori in Waitaha.

Mo tātou, ā, mo kā uri a muri ake nei

Wendy Dallas-Katoa
Chair of Manawhenua Ki Waitaha

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Introduction

HISTORY

On 30 June 2010, an amendment was made to the New Zealand Public Health and Disability (NZPHD) Act governing DHBs. Under the amendment, DHBs must complete Regional Health Services Plans, Annual Plans and Māori Health Plans. The NZPHD Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision-making.

The Act also reiterates our responsibility to recognise and respect the principles of the Treaty of Waitangi in the health and disability support sector and our relationship with the Crown's Treaty partner, in our case, Ngāi Tahu. This Māori Health Action Plan is prepared in accordance with this legislation.

OVERVIEW

This Action Plan highlights the activity that will occur across our health system in the coming year in key priority areas. The majority of these are chosen nationally and are reflected in the Māori Health Action Plans of all DHBs - a few are locally chosen priorities identified as areas where improvement is needed for Māori in Canterbury.

This Māori Health Action Plan draws principles from a number of documents. Key amongst these is the national Māori Health Strategy He Korowai Oranga. This plan follows the key strategies in He Korowai Oranga and the overarching aim of He Korowai Oranga "Pae ora – healthy futures" is reflected in our action plan and in the key strategic goals of the Canterbury health system.

Implementing this Plan will require a collaborative effort from across the Canterbury health system. Our Plan has a strong focus on strengthening whānau engagement with health services, empowering people to take more responsibility for their own health and wellbeing and supporting people to stay well.

This approach is linked to the DHB's vision for improving the health and wellbeing of our population and the work of the Canterbury Clinical Network (CCN) District Alliance in keeping people at the centre of everything we do.[1]

OUR KEY MĀORI HEALTH ORGANISATIONS

Manawhenua ki Waitaha: Is a collective of the seven Ngāi Tahu Rūnanga health representatives within Canterbury that have a treaty-based relationship with the DHB. This group works in partnership with the Canterbury DHB, all three of the Primary Health Organisations (PHOs) in Canterbury and many community health providers and non-government organisations to plan and take action to improve outcomes for Māori. Manawhenua ki Waitaha also works with other iwi, Taura Here and Maata Waka groups to improve outcomes for Māori in Canterbury.

He Oranga Pounamu (HOP): Is a charitable trust mandated by Te Rūnanga o Ngāi Tahu with a focus on strengthening Māori provider development. HOP has an established affiliated local and South Island Māori provider network. They are currently leading Te Waipounamu Whānau Ora Collective implementation.

Te Kāhui o Papaki Ka Tai: Is a Canterbury-wide Māori Health Reference Group with close links to primary care, the DHB and the CCN District Alliance. The Reference Group has a focus on joint planning for improvements in health outcomes for Māori. Members include community care providers, primary care providers, the three Canterbury PHOs and the DHB.

Canterbury Māori and Pacific Health Provider Forum: The forum enables providers to engage with the DHB's Planning and Funding division as a collective group. Members are those Māori and Pacific providers that hold Canterbury DHB health contracts.

Te Tumu Whakahaere Forum: The forum is chaired by the DHB's Executive Director of Māori and Pacific Health and supports a collective approach to Māori health across the DHB. Members are senior Māori health managers from across the DHBs hospital and specialist services.

Te Herenga Hauora: The South Island Māori General Managers Group is a forum for regional engagement and supports the development of cross-DHB initiatives, such as the development of integrated pathways for whānau who must travel between DHBs for treatment.

Te Herenga Hauora also provides regional oversight to Kia Ora Hauora, a national Māori health workforce development programme aimed at Māori students and current Māori health workers to promote careers in the health sector.

[11] *The CCN is an alliance of health professionals and providers from organisations across the Canterbury health system, including the DHB as a key partner. Some actions in this Māori Health Action Plan are also deliverables in the CCN work plan for 2015-2016.*

COMMUNITY AND PUBLIC HEALTH

The Canterbury DHB is committed to ensuring positive Māori health outcomes and reducing inequalities. The Community and Public Health (CPH) division of the DHB works in Māori settings such as Marae, Kura and Kohanga Reo to support Māori communities to make their own healthy choices and create their own healthy environments —supporting people to stay well.

CPH recently employed a Māori Relationship Manager. This role has been established to ensure Māori Health needs are identified and appropriately addressed. The role is also focused on building strong relationships with marae, runanga and iwi to find out how the DHB can better support communities to improve health outcomes for Māori.

Te Pae Mahutonga is the model of health promotion which guides the work of CPH and helps to ensure responsiveness to Māori and reflection of Māori needs.

REKOHU, WHAREKAURI, CHATHAM ISLANDS

We look forward with anticipation to welcoming Ngāti Mutunga o Wharekauri and Moriori Ki Rekohu to the Canterbury DHB region. The Chatham Islands (Rekohu or Wharekauri) will become part of Canterbury DHB's responsibilities from July 2015. Although the resident population of the Chatham Islands is small at 600 people, 56% of them are Māori and this presents distinctive challenges. We aspire to seek pae ora for the people of Rekohu and will work with iwi, whānau and community to support them in their journey towards mauri ora, whānau ora and wai ora.

Canterbury DHB looks forward to meeting with ngā iwi o Rekohu me Wharekauri, and working in partnership to support the best health and wellbeing outcomes for all Māori and communities in the Chathams.

MĀORI HEALTH PROVIDERS

The following is a current list of Māori Health Providers contracted by the Canterbury DHB to deliver health and social services in Canterbury. An extensive list is available online at www.healthinfo.co.nz.

- He Oranga Pounamu Charitable Trust.
- He Waka Tapu Limited.
- Purapura Whetu Trust.
- Te Awa o Te Ora Trust.
- Te Kakakura Trust.
- Te Puawaitanga Ki Otautahi Trust.
- Te Runanga o Nga Maata Waka.
- Te Tai o Marokura Charitable Trust.
- Te Whatumanawa Māori tanga o Rehua.
- Mokowhiti Ltd.

MONITORING PERFORMANCE & ACHIEVEMENT

A Performance Dashboard has been established to monitor performance against the Māori Health Action Plan. This will be completed quarterly alongside the reports on the national measures provided by the Ministry of Health's Māori Health Division and Te Tumu Whakarae.

The Dashboard will be presented to the DHB Board's Community and Public Health Advisory Committee (CPHAC) by the DHB's Executive Director of Māori Health who will provide updates on progress against the plan.

The Performance Dashboard will also be presented to and monitored by Manawhenua ki Waitaha, Te Kāhui o Papaki Ka Tai and the CCN District Alliance's Māori Caucus (quarterly).

Acknowledgement is given to the Ministry of Health's Māori Health Division and Te Tumu Whakarae for provision of a national monitoring tool against the national indicators in the Māori Health Plan which assists in local performance reporting.

An annual Māori Primary Health Care Report is also prepared and presented to the same governance and leadership groups to provide progress against the Māori Health Plans of the three Canterbury PHOs. This reports covers the national activity areas presented in the Māori Health Action Plan.

Performance against the national Health Targets (included in the Māori Health Action Plan) are monitored on a quarterly basis. These reports are shared with the DHB's Board, CCN and the PHOs and are available on the Canterbury DHB website: www.cdhb.health.nz.

BASELINES AND TARGETS

All of the baseline data in this Plan (unless otherwise stated) has been calculated on either: the 2013/14 financial year; the 2014 Calendar year; or the final quarter of the 2013/14 financial year, to align reporting with the Canterbury DHB's Annual Plan. Graphs have been included to highlight the most recent performance data in order to give the reader context as to current performance.

CANTERBURY'S MĀORI HEALTH FRAMEWORK

In 2013/14 the Te Kāhui o Papaki Ka Tai Māori Health Reference Group developed a Māori Health Framework with the understanding that collective action and focus will make real a difference in health outcomes for Māori in Canterbury.

With a much wider focus than the Māori Health Action Plan, the Framework is strategically aligned to the vision of the Canterbury health system. The strategic goals and associated deliverables are reflected in the work plans of the three Canterbury PHOs, the Canterbury DHB and the CCN District Alliance.

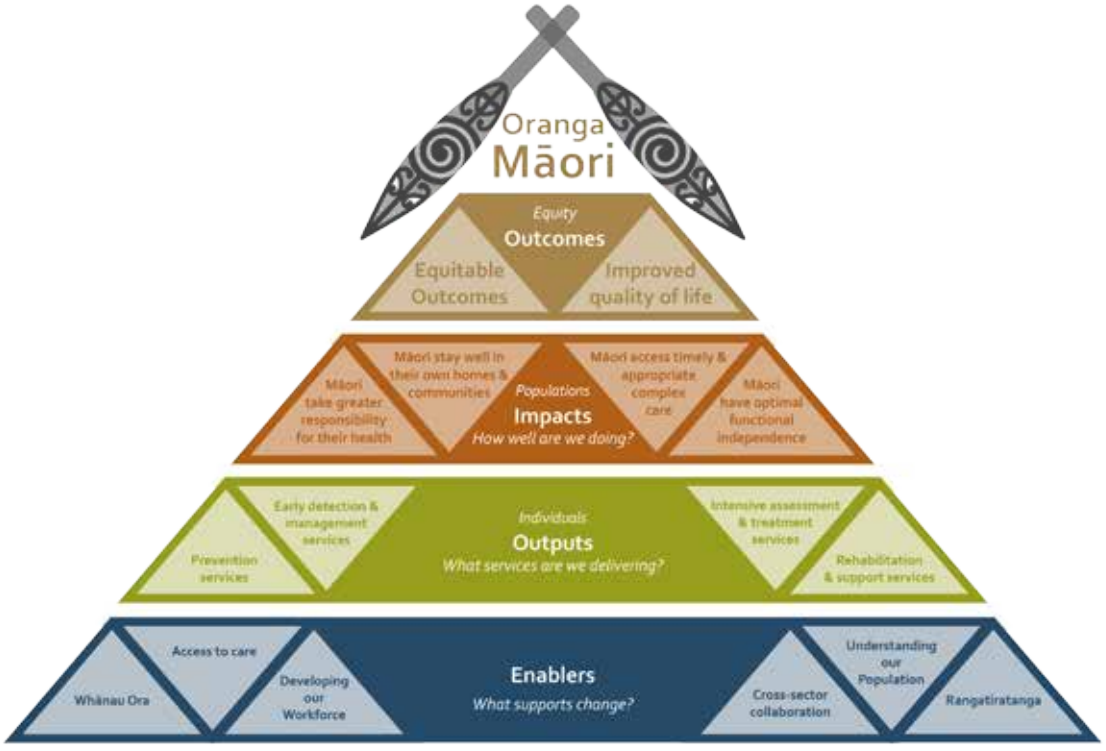
The Framework does not pre-determine what action an organisation or provider will take, but by focusing on outcomes and strategic goals helps to highlight focus areas where a positive impact may be made.

The resulting activity may be increased engagement or uptake of services, improved quality of service delivery, or reduced waiting times – but all will contribute to better health outcomes. A mix of outcome and impact measures have been chosen to sit alongside the Framework and a number of these are aligned with the measures highlighted in this Action Plan.

In considering the Framework and opportunities to improve health outcomes for Māori, four priority areas were identified for 2015-2016: cervical cancer screening, delivery of B4 Schools Checks, uptake of Human Papilloma Virus (HPV) immunisations and improved child and youth oral health. The activity planned over the coming year is outlined against these local priorities in this Action Plan.

Appendix 1 provides an overview of the development of the Framework.

Canterbury Māori Health Framework



Kia whakakotahi te hoe o te waka

WE PADDLE OUR WAKA AS ONE

Canterbury DHB's

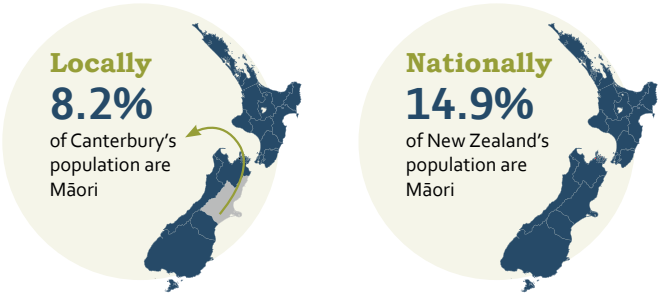
MĀORI POPULATION

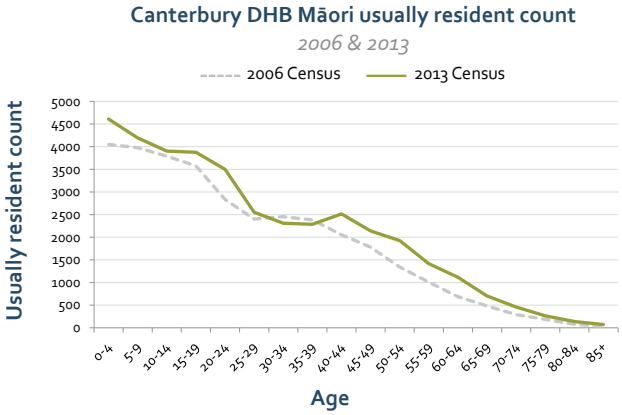
The graphs and figures on these pages present key data from the 2013 Census.

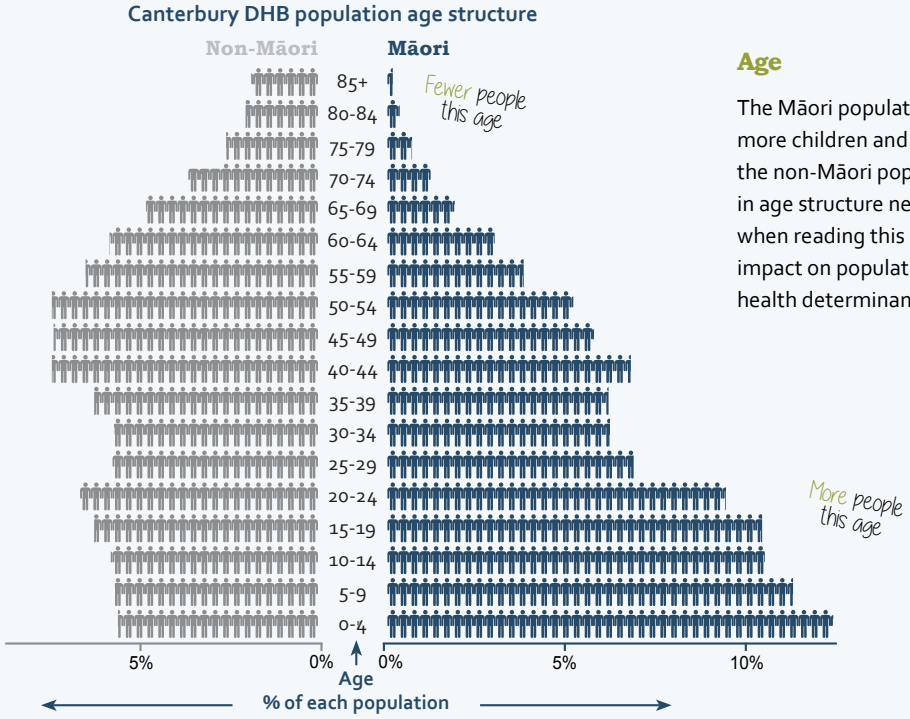
Socioeconomic deprivation, employment, income, qualifications, home ownership, household crowding, and cigarette smoking all affect people's health and are often referred to as 'broader determinants of health'. Collectively, these determinants have a greater impact on the health of a population than the health system itself.

Māori generally have poorer health status than non-Māori. This health inequity can be partly attributed to the differences in access or exposure to the broader determinants of health illustrated in this document. Monitoring these differences is the first step towards addressing them.

Canterbury DHB has a Māori Health Action Plan and a Public Health Plan, which are companion documents to the Annual Plan. These documents set out key actions and performance measures to improve population health and reduce inequities, including work to influence the broader determinants of health.







Age

The Māori population has proportionately more children and fewer older people than the non-Māori population. This difference in age structure needs to be considered when reading this document, as age has an impact on population-based measures of health determinants.

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Smoking

Smoking is the single biggest preventable cause of illness and death in New Zealand. While rates are slowly decreasing, there is a long way to go before New Zealand achieves the 2025 smoke free goal (less than 5% smokers).

30.7%
of Māori smoke regularly [1]

Māori

13.3%
of non-Māori smoke regularly [1]

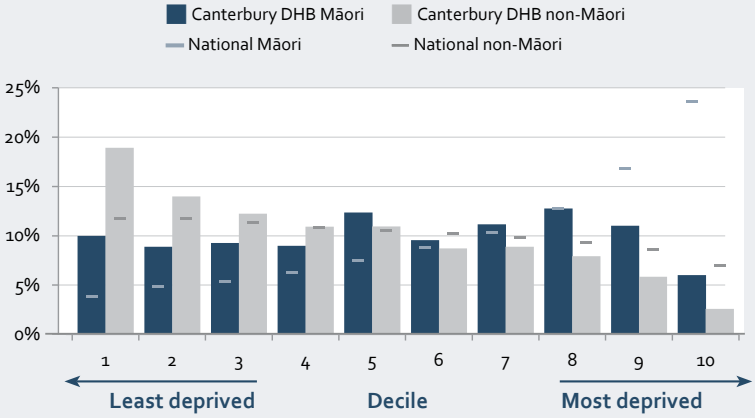
Non-Māori

Nationally, 32.7% of Māori and 12.6% of non-Māori smoke regularly [1]

Deprivation

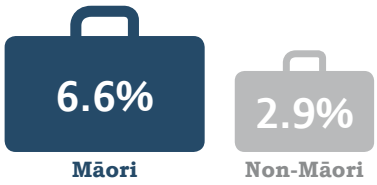
Māori are more likely to live in deprived[3] areas than non-Māori. 50.5% of Canterbury Māori live in deciles 6-10 compared to 33.5% of Canterbury non-Māori.

Canterbury DHB & National NZDep2013 distribution



Unemployment

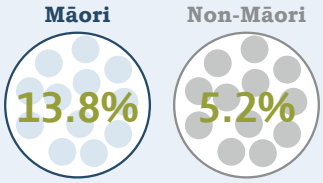
The Māori unemployment rate is more than two times that of non-Māori.[1]



Nationally, the unemployment rate for Māori is 10.4% and for non-Māori is 4.0%[1]

Household crowding

Living in a crowded house is proven to increase the risk of catching and spreading serious infectious diseases.[4]

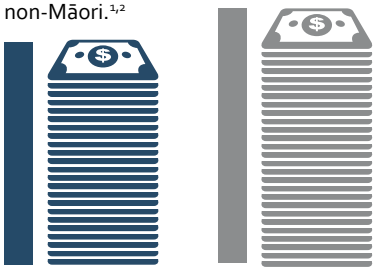


Māori are two and a half times as likely to live in a crowded house.

Nationally, 20.0% of Māori and 7.9% of non-Māori live in crowded homes

Income

Median income for Māori is several thousand dollars less than for non-Māori.[1,2]



$26,900 **$30,800**

Nationally, median income for Māori is $22,500 and for non-Māori is $29,400 [1,2]

School qualifications

43.5%
of Māori have a Level 3 Certificate at school or above[5]

Māori

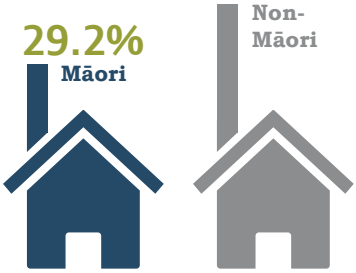
58.8%
of non-Māori have a Level 3 Certificate at school or above[5]

Non-Māori

Nationally, 41.6% of Māori and 61.4% of non-Māori have a Level 3 certificate or above[5]

55.3%
Non-Māori

29.2%
Māori



Home ownership

Rates of home ownership have been falling in NZ since 1991. Māori are less likely to own, or partly own, their homes than non-Māori.[1]

Nationally, 28.2% of Māori and 53.3% of non-Māori own, or partly own, their homes[1]

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[1] *Aged 15 years and over.*

[2] *Median income is generally a better measure than average income because income data is heavily skewed; a small number of people have very high incomes compared to the majority. Therefore median income gives a better idea of the majority of people's actual income.*

[3] *The New Zealand Deprivation Index uses census data on personal and household income, employment, qualifications, home ownership, single parent families, household crowding, and access to a car and the internet at home, to attribute a deprivation level to small geographical areas, on a scale from 1 (least deprived), to 10 (most deprived).*

[4] *Taking into account the number of bedrooms, couples, single adults and the age and gender of children.*

[5] *Aged 20 years and over.*

Data source: Statistics New Zealand.
The 'Not Elsewhere Included' ethnicity category (5.4%) was excluded from all calculations.

2013/14 Baseline Summary Table

FOCUS	MEASURE	BASELINES 2013/14		TARGET 2015/16
		MĀORI	TOTAL POPULATION	
Data quality	% of the Māori population enrolled with a PHO	83%	96%	95%
Avoidable Hospital Admissions	Rates of avoidable hospital admissions for Māori 0-4 years old (per 100,000 people)	TBC [2]	TBC	TBC
	Rates of avoidable hospital admissions for Māori 45-64 years old (per 100,000 people)	TBC [2]	TBC	TBC
Child health	% of babies exclusive/fully breastfed at 6 weeks [3]	63%	71%	75%
	% of babies exclusive/fully breastfed at 3 months	51%	58%	60%
	% of babies receiving breast milk at 6 months	49%	68%	65%
Cardiovascular disease (CVD)	% of eligible Māori men aged 35-44 who have had their CVD risk assessed within the past five years	60%	66%	90%
	% of high-risk Māori receiving an angiogram within 3 days of admission	n/a	86%	≥70%
	% of Māori presenting with Acute Coronary Syndrome (ACS) who undergo angiography and have completion of registry data collection within 30 days	n/a	98%	≥95%
Cancer	% of eligible Māori women aged 50-69 who have had a breast screen in the last two years [4]	75%	80%	≥70%
	% of eligible Māori women aged 25-69 who have had a cervical screen in the last three years [5]	56%	76%	80%
Smoking	% of Māori women smokefree at two week postnatal	67%	89%	95%
Immunisation	% of Māori eight-month-olds fully immunised	88%	93%	95%
	% of the Māori population aged 65+ who have had a seasonal influenza vaccination [6]	70% [7]	75%	75%
Oral health	% of Māori children aged 0-4 enrolled in DHB funded dental services	31%	71%	90%
	% of children aged 5 who are caries-free (no holes/fillings)	45%	62%	65%
Rheumatic fever	Rates of rheumatic fever in the South Island (per 100,000)	n/a	0.4 per 100,000	<0.2 per 100,000
Mental health	Rates of compulsory treatment orders for Māori (per 100,000)	206 per 100,000	81 per 100,000	N/A
B4 School Checks	% of Tamariki age 4 receiving B4 Schools Checks	92%	90%	90%
HPV immunisation	% of eligible Maori girls receive dose 3 of the HPV vaccination programme	44%	46%	65%

[2] The definitions for this measure are currently being revised by the Ministry of Health. Targets will be set once the measure is confirmed.
[3] The baselines for the Breastfeeding measures differ from previous years due to a change in definitions – these measures and targets are now aligned to the national WellChild/Tamariki Ora Quality Improvement Framework – baseline to December 2013.
[4] Results differ from previous years due to a change in age bands – baseline refers to the period for the two years to March 2014.
[5] The baseline refers to the period for the three years to June 2014.
[6] Results differ from previous years due to a change in definition and timing of reporting. This measure now refers to Maori only and not High Needs populations and the baseline is taken as at Q2 2013.
[7] Baseline is quarter ending December 2013.

National Māori Health Priorities

FOR NEW ZEALAND/AOTEAROA

The following priorities and associated indicators for Māori health have been identified nationally. Identified against each are the key actions and activity Canterbury is undertaking to address the priority area and reach the targets set.

Data Quality

What do we want to achieve?	Improved accuracy of ethnicity reporting in PHO registers.
Why is this important?	Collecting robust, quality ethnicity data allows us to monitor trends and performance by ethnicity, enabling health planners, funders and providers to design and deliver services that better engage Māori to improve health outcomes and reduce inequalities.
Who will we work with?	CCN Māori Health Caucus; Christchurch PHO; Pegasus Health; Rural Canterbury PHO.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Improved accuracy of ethnicity reporting in PHO register

Where are we now?

DATA QUALITY

Primary Care Ethnicity Data Audit Tool data

Pegasus Health PHO
89/94 practices (95%) completed stage 3
>90% match: 74% (66 practices)
70-90% match: 26% (23 practices)

Rural Canterbury PHO
23/23 practices implementing EDAT
Overall 93% match, 4% partial match, 2% total mismatch
>90% match: 92% (22 practices)
70-90% match: 8% (2 practices)

Christchurch PHO
5/6 practices implementing EDAT
Overall 89% match, 8% partial match, 3% total mismatch
>90% match: 40% (2 practices)
70-90% match: 60% (3 practices)

Data Source: PHO Enrolment Register and EDAT Data

How will we achieve this?

Both the Canterbury DHB and the PHOs are focused on ensuring complete, accurate and consistent collection and reporting of ethnicity data across the system. This is also a focus for Te Kāhui o Papaki Ka Tai and workstreams of the CCN Alliance.

Q1: Review with Te Kāhui o Papaki Ka Tai collated data from Stage 3 of the Primary Care Ethnicity Data Audit Tool (EDAT) to assess the quality of ethnicity data collection.

Q2-Q3: Report back to general practices on collated EDAT findings. Based on the outcome of the EDAT review, support PHOs and general practices to use EDAT benchmarking for quality improvement ethnicity data collection.

Q4: Implement regular reporting using the EDAT tool to continue to highlight issues and opportunities to improve data quality, and develop a three year strategy to improve compliance to protocols.

Q1: Update the Hauora Waitaha Profile for Māori Health in Canterbury with data from the Te Rōpū Rangahau Hauora A Eru Pōmare and 2013 Census data.

Access to Care

What do we want to achieve?	Higher rates of primary care enrolment for Māori.
Why is this important?	Quality primary health care can reduce health inequalities. If primary health care services are accessible to Māori, whānau are more likely to be enrolled, to access health services early and stay out of hospital. This is not only better for our population, but it frees up hospital resources for people who need more complex and urgent care.
Who will we work with?	Christchurch PHO, Pegasus Charitable Health, Rural Canterbury PHO, Te Kāhui o Papaki Ka Tai, Child and Youth Workstream, Health of Older People Workstream, Māori and Pacific Provider Forum.

OUR PERFORMANCE STORY 2015-16

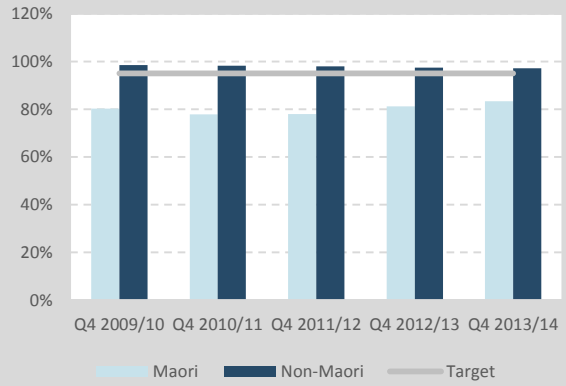
How will we know we're successful?

Increased proportion of Māori population enrolled in PHOs increases.

Where are we now?

ENROLMENT IN PHOS

Proportion enrolled in PHOs:



Note: A number of the specific actions and the activity highlighted through this Plan focused on increasing responsiveness of services to the needs of Maori and increasing the engagement Maori and their whanau with health service will also support increased enrolment rates.

Data Source: PHO Enrolment Register and Stats NZ Census Projections

How will we achieve this?

Canterbury DHB and the PHOs will engage in an ongoing process to investigate the nature of the lower enrolment of Māori with quarterly monitoring of enrolment rates by ethnicity.

Q1-Q4: Meet with Canterbury PHOs to discuss primary care enrolment of Māori and to establish the contribution of misclassification, non-enrolment and other causes and act on opportunities identified for improving enrolment rates.

Q1-Q4: Maintain systems to support the multiple enrolments of newborns across health services.

Q1-Q2: Investigate use of the National Enrolment Service as a tool to improve the consistency of ethnicity data between primary and secondary care.

Q2-Q3: Establish, with Te Kāhui o Papaki Ka Tai, mechanisms to identify mismatched ethnicity data by NHI and highlight this information to target improvement.

Continue to support PHOs to improve the engagement and responsiveness of general practice teams to Māori to increase enrolment levels.

Q1: Ensure PHOs and general practices have current Māori Health Plans in place.

Q1-Q4: Continue to support delivery of Treaty of Waitangi (and its application to health) training across PHOs.

Q2-Q4: Partner with the Māori Indigenous Health Institute (MIHI) to deliver the online Meihana Training Model for general practice teams.

Q1-Q4: Support PHOs to foster the implementation of the RNZCGP Foundation Standards related to the health of Māori in general practices.

Q1-Q4: Continue to work alongside Kia Ora Hauora, PHOs and the Māori Health Provider Forum to promote health as a career for Māori and implement our Māori Workforce Plan.

High primary care enrolment levels will be supported by Māori health need and access being considered by all CCN Alliance Workstreams in the development of initiatives and pathways.

Q1-Q4: Promote the use of He Kete Haurora Waitaha within CCN, and the wider health sector, to support application of the HEAT tool, Whanau Ora tool and the Māori Health Framework to improve engagement of Māori in health services.

Q1-Q2: Provide ethnicity breakdowns against the key service utilisation and outcomes measures in CCN reporting to identify areas of inequity and opportunities for improvement.

Earlier Intervention | Tamariki

What do we want to achieve?	Lower rates of avoidable hospitalisation for Māori.
Why is this important?	By reducing risk factors and taking appropriate early intervention, many conditions can be prevented or managed without the need for hospital-level care. Keeping tamariki well and out of hospital is a key priority. Primary care is focused on improving the health of children in the Canterbury population.
Who will we work with?	Christchurch PHO, Pegasus Charitable Health, Rural Canterbury PHO, Te Kāhui o Papaki Ka Tai, Child and Youth Workstream, Māori and Pacific Provider Forum.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Ambulatory sensitive hospitalisation (ASH) rates for Māori children are at or below the national average.

Where are we now?

EARLY INTERVENTION

Ambulatory sensitive (avoidable) hospital admissions for Māori 0-4 years-old:

For the year to end September 2014 the top six ASH conditions for Māori aged 0-4 years old:

Top 6 ASH Conditions for Canterbury Māori 0-4 years old	ASH rate / 100,000	CDHB Māori % Other	CDHB Māori % national Māori
Upper resp/ENT inf	1,759	92%	162%
Dental conditions	1,401	209%	85%
Gastroent/dehydr	1,342	423%	128%
Asthma	1,342	119%	157%
Cellulitis	537	210%	70%
Pneumonia	447	170%	58%

Note: This measure is based on the national performance indicator SI1 and cover hospitalisations for 26 identified conditions including asthma, diabetes, angina, vaccine-preventable diseases, dental conditions and gastroenteritis. It is defined as the standardised rate per 100,000 population and the target has previously been set to maintain performance at or below the national rate. The definition for the measures is currently being revised by the Ministry of Health. Targets will be reconfirmed for the measure once the new definition and baselines have been set.

Data Source: Ministry of Health National Minimum Data Set

How will we achieve this?

Q1-Q4: Monitor quarterly data reports for ASH admissions by ethnicity and follow up any trends.

Q1-Q4: Undertake quarterly review of ASH-related data with primary care via Te Kāhui o Papaki Ka Tai meetings to identify any systematic and practice issues amenable to change.

Continue to invest in the Early Start Programme to provide additional support for pregnant women with complex needs.

Q1-Q4: Provide supportive care for mother and infant, continuing until the child is 5 years.

Support South Island processes aimed at reducing hospital admission.

Q3: Combine a skin conditions Health Pathway with training for primary care on treatment of dermatological problems.

Q4: Review and enhance triage criteria and tool for referral to Children's Outpatient Department to support whānau and primary care earlier with asthma and other conditions.

Work with all stakeholders to facilitate continuity of care for children.

Q1-Q4: Support seamless handover of mother and child as they move between maternity, general practice and WCTO services, including oral health and newborn hearing screening.

Q1-Q4: Support earlier intervention and continuity of care for children, explore opportunities for tamariki arising from implementation of Healthy Families and Children's Teams.

Earlier Intervention | Adults

What do we want to achieve?	Lower rates of avoidable hospitalisation for Māori.
Why is this important?	By reducing risk factors and taking appropriate early intervention, many conditions can be prevented or managed without the need for hospital-level care. Keeping people well and out of hospital is a key priority; not only is it better for our population, but it frees up hospital resources for people who need more complex and urgent care.
Who will we work with?	Christchurch PHO, Pegasus Charitable Health, Rural Canterbury PHO, Te Kāhui o Papaki Ka Tai, Health of Older People Workstream, Māori and Pacific Provider Forum.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Ambulatory sensitive hospitalisation (ASH) rates for Māori adults are at or below the national average.

Where are we now?

EARLY INTERVENTION

Ambulatory sensitive (avoidable) hospital admissions for Māori 45-64 years-old:

For the year to end September 2014 the top six ASH conditions for Māori aged 45-64 years old:

Top 6 ASH Conditions for Canterbury Māori 45-64 years old	ASH rate / 100,000	CDHB Māori % Other	CDHB Māori % national Māori
Angina/chest pain	564	138%	100%
Pneumonia	472	293%	91%
Gastroent/dehydr	354	195%	126%
Con heart failure	286	501%	
Diabetes	253	356%	
Cellulitis	202	117%	31%

Note: This measure is based on the national performance indicator SI1 and cover hospitalisations for 26 identified conditions including asthma, diabetes, angina, vaccine-preventable diseases, dental conditions and gastroenteritis. It is defined as the standardised rate per 100,000 population and the target has previously been set to maintain performance at or below the national rate. The definition for the measures is currently being revised by the Ministry of Health. Targets will be reconfirmed for the measure once the new definition and baselines have been set.

Data Source: Ministry of Health National Minimum Data Set

How will we achieve this?

Q1-Q4: Monitor quarterly data reports for ASH admissions by ethnicity and follow up any trends.

Q1-Q4: Undertake quarterly review of ASH-related data with primary care via Te Kāhui o Papaki Ka Tai meetings to identify any systematic and practice issues amenable to change.

In addition to the previous page:

Continue to ensure Māori providers are known and improve links between primary care, mainstream and Māori services to improve the responsiveness of the system to the needs of Māori and increase whānau engagement with health services.

Q1-Q4: Regularly review HealthPathways listings of Māori Health Providers and ensure contact details and links are included on appropriate pathways.

Q1: Explore joint working opportunities with other government agencies and nongovernmental organisations to improve access to services and provide Kaupapa Māori resources and education based on Kai Tahu tikanga.

Ensure Māori are prioritised in primary care funding streams for services to improve access.

Q1-Q4: Ensure all PHO programmes aimed at improving access meet the needs of Māori, such as community and mobile health workers, Whānau Link, Right Services Right Time, the flexible funding pool. Particularly in rural areas, scope the viability of mobile health services to be present at marae to facilitate access and reduce barriers to health care.

Q1-Q4: Address cost as an access barrier by facilitating transport and the use of discretionary funds for the purchase of health-related services.

Child Health | Breastfeeding

What do we want to achieve?	Higher breastfeeding rates for Tamariki.
Why is this important?	High quality maternity services provide a key foundation for ensuring healthy families and children. In particular, ensuring new mothers can establish breastfeeding and increasing confidence levels in their ability to parent provides a positive start to life for tamariki. Breastfeeding also contributes positively to infant health and wellbeing, reduces childhood illness and protects against obesity later in life.
Who will we work with?	Christchurch PHO, Pegasus Health, Rural Canterbury PHO, Canterbury and West Coast Maternity Clinical Governance Committee, Te Puawaitanga Ki Otautahi Trust, Child and Youth Workstream.

OUR PERFORMANCE STORY 2015-16

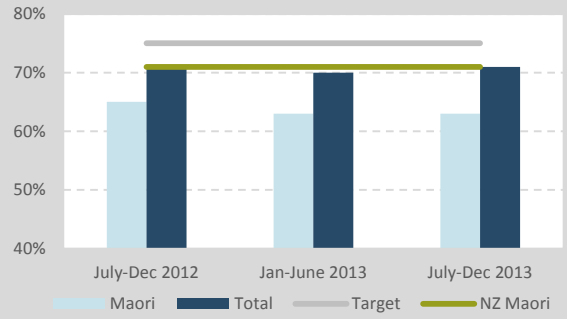
How will we know we're successful?

- 75% of pēpe are exclusive/fully breastfed at LMC discharge.
- 60% of pēpe are exclusive/fully breastfed at 3 months.
- 65% of pēpe are receiving breast milk at 6 months.

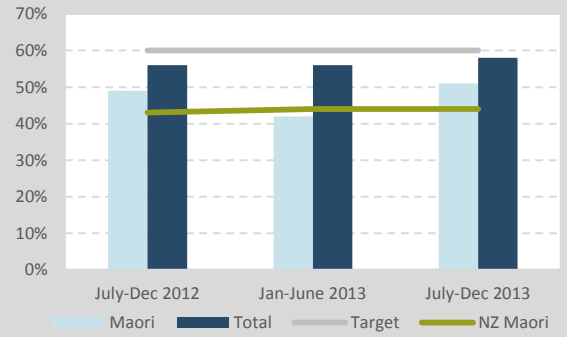
Where are we now?

BREASTFEEDING

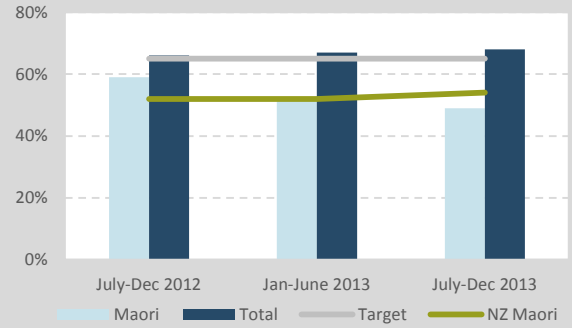
Percentage exclusive/fully breastfed at LMC discharge:



Percentage exclusive/fully breastfed at 3 months:



Percentage exclusive/fully breastfed at 6 months:



Data Source: WCTO Quality Improvement Framework Reports

How will we achieve this?

Through the Canterbury Breastfeeding Steering Group strengthen stakeholder alliances, undertake joint planning and promote available services to improve breastfeeding rates amongst Māori across the whole maternity journey.

Q1-Q4: Promote early enrolment by wāhine with Lead Maternity Carers. Monitor gestation at enrolment to track progress. Improve quality of data from WCTO providers to enable this.

Q1-Q4: Monitor internal processes that ensure every Māori mother has a breastfeeding assessment prior to hospital discharge to improve breastfeeding initiation rates.

Q2-Q3: Review current breastfeeding promotion and support activities for Māori, and implement improvements based on the review.

Q4: 75% of pēpe exclusively/fully breastfed on hospital discharge.

Expand the variety and location of breastfeeding, pregnancy and parenting courses to better engage with high needs and at risk wāhine and improve integration of services to support breastfeeding.

Q1-Q2: Review DHB-funded pregnancy/parenting education content, and implement improvements by Q3 to ensure they better meet the needs of a wider range of Māori wāhine and younger mothers.

Q1-Q4: Continue to promote the use of Mama Aroha Talk Cards to Lead Maternity Carers and WCTO providers.

Invest in supplementary services, including Mum-4-Mum peer support and community-based lactation services, to support high-need and at-risk wāhine to breastfeed.

Q4: Improve identification and referral of wāhine with complex breastfeeding issues who are referred to lactation consultant support.

Continue to connect reduction of Sudden Unexplained Death in Infancy to the promotion of breastfeeding and other methods of prevention, particularly for Māori.

Continue to connect breastfeeding to a reduction in childhood illnesses and protection against childhood obesity.

Heart Disease | Cardiovascular Disease (CVD)

What do we want to achieve?	Improved early detection long-term condition management amongst Māori.
Why is this important?	CVD includes coronary heart disease, circulation, stroke and other diseases of the heart. Māori have higher rates of CVD hospitalisations and mortality, and CVD is the leading cause of death for Canterbury Māori. CVD is strongly influenced by risk behaviours such as poor nutrition, lack of physical activity and tobacco smoking – making it a key opportunity to reduce inequalities for Māori through prevention, early intervention and condition management support.
Who will we work with?	Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO.

OUR PERFORMANCE STORY 2015-16

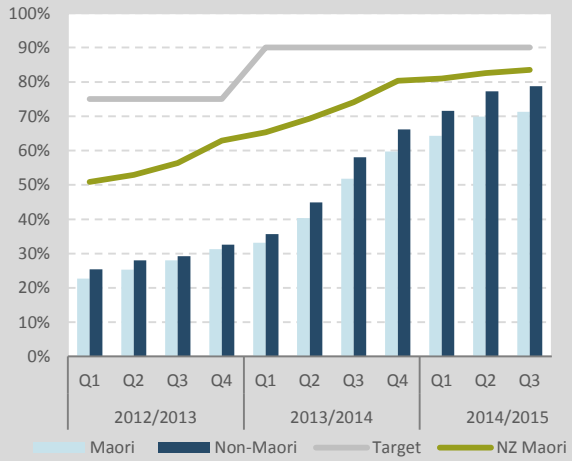
How will we know we're successful?

90% of the eligible Māori Men (35-44) will have had their CVD risk assessed within the past five years.

Where are we now?

HEART DISEASE

Percentage of the eligible Māori population having had their CVD risk assessed within the past five years:



Data Source: Canterbury PHO IPIF Programme Reporting.

How will we achieve this?

Continue to work with the PHOs and general practice to ensure consistent delivery and recording of CVD Risk Assessments (including structured discussions) and increase the number of eligible Māori, particularly those aged 35-44 years, who have had a CVDRA in the past five years.

Q1-Q4: Quarterly circulation of health target reports and dashboard reporting on progress against targets.

Q1-Q4: Encourage general practice to fulfil requirements for the RNZCGP Foundation Standards in addressing the health needs of its enrolled and geographic Māori population in relation to CVD risk assessment.

Q1-Q4: Support general practices to identify eligible Māori to proactively contact them for a CVD risk assessment.

Q1-Q4: Engage in the delivery of additional general practice/nurse-led CVD consultations after-hours and through outreach in alternative locations to reach Māori not currently engaged.

Heart Disease | Acute Coronary Syndrome

What do we want to achieve?	Improved early detection of long-term condition management amongst Māori.
Why is this important?	CVD includes coronary heart disease, circulation, stroke and other diseases of the heart. Māori have higher rates of CVD hospitalisations and mortality, and CVD is the leading cause of death for Canterbury Māori. CVD is strongly influenced by risk behaviours such as poor nutrition, lack of physical activity and tobacco smoking – making it a key opportunity to reduce inequalities for Māori through prevention, early intervention and condition management support.
Who will we work with?	Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

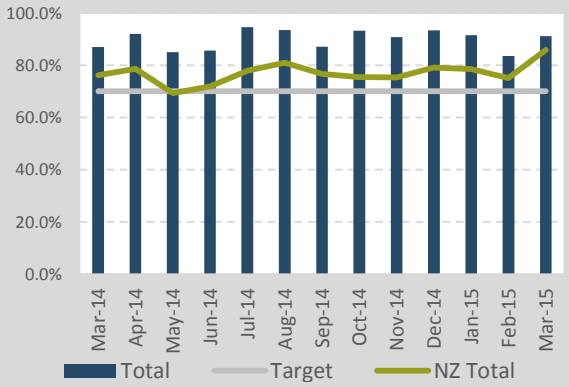
70% of high-risk patients will receive an angiogram within 3 days of admission.

95% of patients presenting with Acute Coronary Syndrome (ACS) who undergo angiography will have completion of registry data collection within 30 days.

Where are we now?

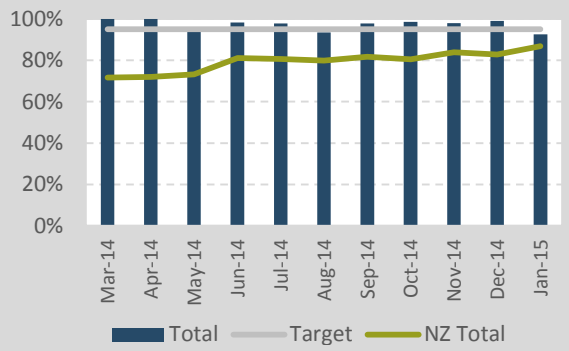
HEART DISEASE

Percentage of high-risk patients receiving an angiogram within 3 days of admission (where the day of admission is day 0):



HEART DISEASE

Percentage of patients presenting with ACS who undergo angiography and have registry data collection completed within 30 days:



Data Source: ANZACS-QI Register Reporting.

How will we achieve this?

Continue to participate in the South Island Cardiac Alliance Workstream to align cardiac activity across the South Island.

Q1-Q4: Continue to implement regionally agreed protocols and pathways for patients with Acute Coronary Syndrome (ACS) to ensure prompt risk stratification, stabilisation and appropriate transfer of ACS patients.

Q1-Q4: Continue to participate in the provision and collection of data for the national Cardiac and Cath/PCI Registers (ANZACS QI) to enable monitoring of intervention rates and quality of service delivery.

Q1-Q4: Ensure data is available by ethnicity on a quarterly basis. Continue to monitor data to identify any inequitable access to angiography for Māori, and define recommendations to address this.

Cancer

What do we want to achieve?	Reduced prevalence and disease burden of cancer amongst Māori.
Why is this important?	Cancer is the second leading cause of death for Māori in Canterbury and a major cause of hospitalisation. At least one third of cancers are preventable. The impact and death rate of cancer can be reduced through early detection and treatment. Māori in Canterbury are one and a third times more likely to die from cancer, even though incidence of cancer overall is lower for Māori than non-Māori. This suggests an area of unmet need for Māori and highlights the importance of cancer screening to ensure early detection and treatment.
Who will we work with?	Cervical Screening Strategic Group; National Cervical Screening Programme Service; BreastScreen Aotearoa; Christchurch PHO; Pegasus Health; Rural Canterbury PHO; Te Waipounamu Maori Leadership Group for Cancer; He Waka Tapu.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

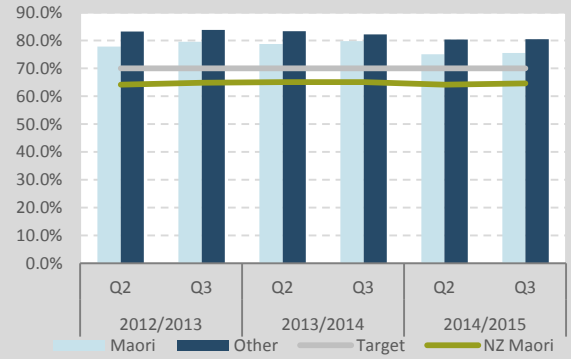
70% of eligible Māori women aged 50-69 have had a breast screen in the last two years.

80% of eligible Māori women aged 25-69 have had a cervical screen in the last three years.

Where are we now?

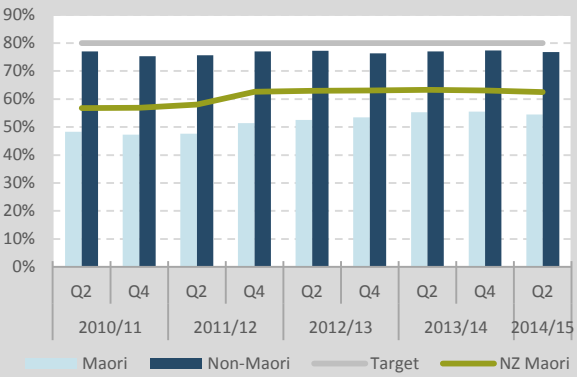
BREAST SCREENING

Percentage of Māori women aged 50-69 screened in the previous 24 months under the NBSA program:



CERVICAL SCREENING

Percentage of Māori women aged 25-69 screened in the previous 36 months under the NCSP:



How will we achieve this?

Work with BreastScreen South to maintain a priority on Māori for breast cancer screening and for cervical screening as they take over coordination of these services.

Q1-Q2: Support BreastScreen South to develop collaborative working relationships with providers across the cervical screening pathway as they have for breast screening.

Q1-Q4: Quarterly meetings of the Cervical Cancer Screening Strategic Group (key stakeholders) identify opportunities to strengthen recall and referral processes between providers.

Utilise opportunities for synergy between breast and cervical screening efforts, including data and register management, outreach, health promotion and client contact strategies.

Q1: Improve local management of the cervical screening register, including improving ethnicity data collection (see Indicator 1 Data Quality in this report).

Q1-Q4: Work with National Cervical Screening Programme (NCSP) and PHOs to data match the eligible enrolled population to gain a comprehensive list of wāhine who are five years overdue for their cervical smear.

Encourage general practice to fulfil requirements for the RNZCGP Foundation Standards in addressing the health needs of its enrolled Māori population in relation to screening.

Q1: Develop a PHO Cervical Screening Plan.

Q1-Q4: Proactively contact wāhine overdue for cervical smears.

Q1-Q4: Examine the routines of general practices with high rates of cervical screening for wāhine, including looking at their efforts to increase opportunistic screening. Incorporate lessons learned into education services for primary care – both in practice visits and general education sessions.

Q1-Q4: Support general practice to utilise every contact with wāhine Māori as an opportunity to conduct a Well Woman Check including conducting cervical screening and arranging breast screening.

Utilise regional opportunities to improve the Cancer journey:

Q1-Q4: Regular attendance at regional coordination meetings.

Q1-Q4: Support BreastScreen South to collaborate with BreastScreen Otago and Southland including synergy around education, staff training, hui, and use of mobile screening buses.

Data Source: BreastScreen Aotearoa Register, National Cervical Screening Register DHB Reporting

Smoking

What do we want to achieve?	Reduced prevalence of smoking and smoking-related harm amongst Māori.
Why is this important?	Tobacco smoking contributes to a number of preventable illnesses and long-term conditions, resulting in a large burden of disease. In addition to the high public cost of treating tobacco-related disease, tobacco and poverty are inextricably linked. In some communities, a sizeable portion of household income is spent on tobacco, resulting in less money being available for necessities such as nutrition, education and health. Tobacco control remains the foremost opportunity to rapidly reduce inequalities and improve Māori health.
Who will we work with?	Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO; Community and Public Health.

OUR PERFORMANCE STORY 2015-16

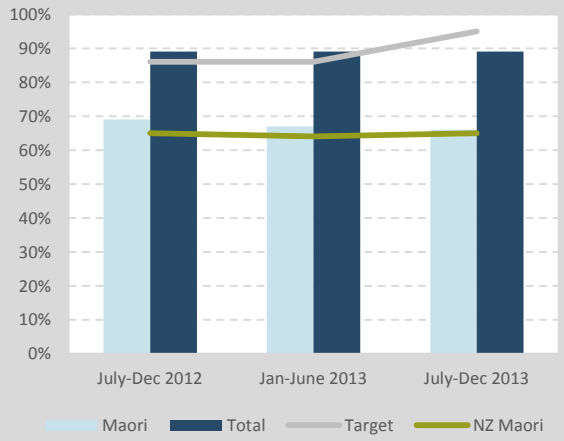
How will we know we're successful?

95% of Māori women are smokefree at two week postnatal.

Where are we now?

SMOKING

Percentage of Māori women who are smokefree at two week postnatal:



Data Source: WCTO Quality Improvement Framework Reports

How will we achieve this?

Ensure pregnant Māori and their whānau have easy access to appropriate cessation services which continues after delivery.

Q1-Q4: Improve referral mechanisms from multiple sources for Māori who smoke to provide a simple, single point of entry into cessation services; with referrals going out to the most appropriate provider among Whaea Manawa, Aukati KaiPaipa (AKP), Pacific Quit Coaches and Quitline.

Q3: Focus particularly on referrals from Maternity in Christchurch Women's Hospital during any antenatal, delivery or postnatal admissions. Extend this to peripheral primary birthing units if capacity allows.

Q1-Q4: Work with Lead Maternity Carers, particularly Māori midwives, to identify smoking pregnant wāhine, provide ABC and refer wāhine to Whaea Manawa and others. Education sessions in LMC practices, with 3rd year CPIT midwifery students, and other gatherings of LMCs, in conjunction with Te Hapu Ora training provided by Innov8.

Enrolments and quit rates with Whaea Manawa and pregnant women in AKP are monitored.

Q1: Review the content of Pregnancy and Parenting Education classes, particularly those most often used by Māori expectant parents to ensure they are a venue for information and ABC provision.

Contribute to the work of Smokefree Canterbury to ensure an integrated approach towards Smokefree Aotearoa 2025.

Q1-Q4: Promote Auahi Kore (Smokefree) environments to reduce exposure to second-hand smoke particularly in Kohanga Reo and marae as they provide an excellent venue to approach whānau. In Kohanga Reo assess the potential for B4 School Check providers to be trained to conduct ABC with parents if they are present.

Q1: Complete a needs analysis that will identify the number of Māori who need support to be auahi kore by 2018 and 2025. Plan targets for cessation providers, based on the analysis.

Q4: >240 Māori enrolments in Aukati KaiPaipa.

Q4: >120 in Pacific Trust Canterbury cessation services.

Immunisation | Tamariki

What do we want to achieve?	Increased immunisation rates amongst Māori children.
Why is this important?	Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups. While Canterbury has high immunisation rates for both Māori and non-Māori, these high rates must be maintained or improved in order to prevent or reduce the impact of preventable diseases such as measles or pertussis (whooping cough).
Who will we work with?	CCN ISLA, Immunisation Provider Group, Christchurch PHO, Pegasus Charitable Health, Rural Canterbury PHO, Te Puawaitanga, Te Tai o Marokura.

OUR PERFORMANCE STORY 2015-16

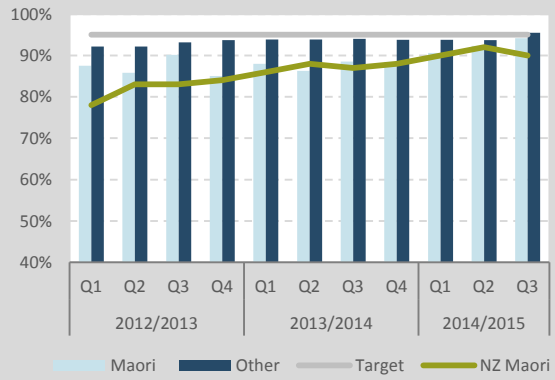
How will we know we're successful?

95% of eight-month-olds are fully immunised.

Where are we now?

IMMUNISATION

Percentage of eight month old babies fully immunised:



Data Source: National Immunisation Register (childhood immunisation)

How will we achieve this?

Through the CCN Immunisation Service Level Alliance (ISLA) strengthen clinical leadership across the system and work toward ensuring equity across the provision of Immunisation Services.

Q1-Q4: Support and maintain systems for seamless communication and handover between maternity, general practice and WCTO services and support the multiple enrolments of newborns, to overcome the barrier to timely immunisation of late enrolment.

Q4: 95% of newborns are enrolled on the NIR at birth

Q4: 98% of newborns are enrolled with primary care by 3 months of age.

Q1-Q4: Continue to use the NIR to monitor immunisation coverage at DHB, PHO and general practice level, circulating performance reports to encourage maintenance of high coverage.

Q1-Q4: Continue to use the NIR to identify unvaccinated Tamariki and ensure referral to Outreach.

Q1-Q4: Support the Outreach Immunisation Service and Te Puawaitanga to locate tamariki who are not up to date with their vaccinations.

Q1-Q4: Strengthen connections with the Māori Health Provider Network and the Immunisation Service Level Alliance to promote the importance of the timeliness of vaccinations to better reach Māori populations.

Q1-Q4: Continue Māori representation on the Immunisation Service Level Alliance and the Immunisation Providers Group.

Q1-Q4: Continue to review and monitor opt offs and declines within our Māori population, and work with practices with large number of declines.

Q4: 95% of 8month olds are fully vaccinated.

Q4: 95% of 2 year olds are fully vaccinated.

Q4: 90% of 5 year olds are fully vaccinated.

Immunisation | Adults

What do we want to achieve?	Increased immunisation rates amongst vulnerable Māori population groups.
Why is this important?	Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups. While Canterbury has high immunisation rates for both Māori and non-Māori, these high rates must be maintained or improved in order to prevent or reduce the impact of preventable diseases such as measles or pertussis (whooping cough).
Who will we work with?	CCN ISLA; Immunisation Provider Group; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO, Te Puawaitanga, Te Tai o Marokura.

OUR PERFORMANCE STORY 2015-16

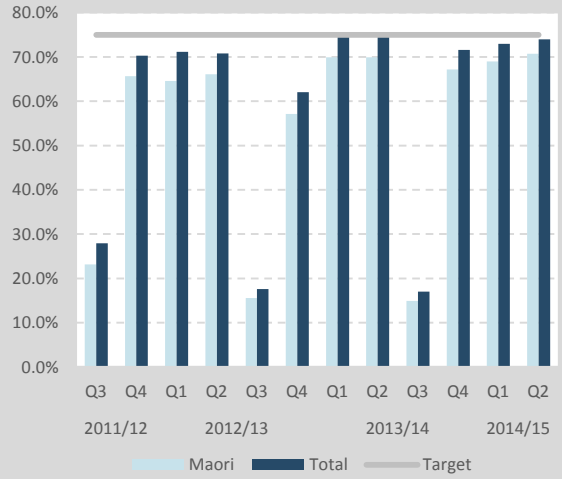
How will we know we're successful?

75% of the eligible population (aged 65+) have had a seasonal influenza vaccination.

Where are we now?

IMMUNISATION

Percentage of the eligible population aged 65+ who have had a seasonal influenza vaccination:



Data Source: Canterbury PHOs – PPP Programme (flu vaccinations)

How will we achieve this?

The development of the annual influenza plan continues to involve promotion of influenza vaccination to all Māori, with a focus on those 65 years old and over, those with chronic health conditions and pregnant wāhine.

Q1-Q4: Work with PHOs to identify opportunities for outreach influenza vaccination clinics to be held in Māori community settings.

Q1-Q4: PHOs will report and monitor flu vaccination rates for people aged 65+ by ethnicity to focus on uptake by Māori.

Rheumatic Fever

What do we want to achieve?	Low rheumatic fever rates.
Why is this important?	In a small number of people, an untreated Group A streptococcal sore throat develops into rheumatic fever, where their heart, joints, brain and skin become inflamed and swollen. This inflammation can cause rheumatic heart disease, where there is scarring of the heart valves. This may require heart valve replacement surgery, and in some cases, premature death may result. Māori tamariki and rangatahi are more likely to get rheumatic fever, and raising awareness and supporting people to manage their illness can improve outcomes for Māori.
Who will we work with?	South Island Regional Alliance, Community and Public Health, Māori and Pacific Health Provider Network.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

Rates of rheumatic fever in the South Island are below 0.2 per 100,000.

Where are we now?

EARLY INTERVENTION

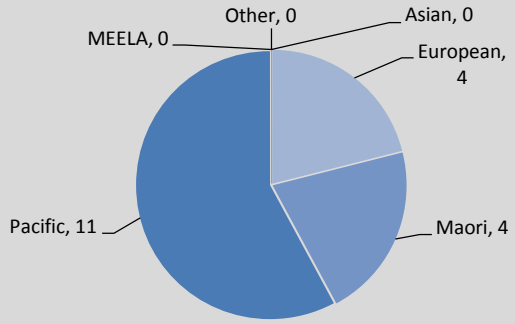
Rate of the rheumatic fever in the South Island:

2012/13: 0.7 cases per 100,000
2013/14: 0.4 cases per 100,000

Rate per 100,000 population of new confirmed cases of rheumatic fever in Canterbury:

	08/09	09/10	10/11	11/12	12/13	13/14
Māori	2.6	2.5	4.9	0	2.4	7.1
Non-Māori	0.2	0	0.2	0.2	0	0.6
Total	0.4	0.2	0.6	0.2	0.2	1.2

Ethnicity of current (those being actively managed) Rheumatic Fever cases in Canterbury DHB



Note: These 19 current cases include newly occurring cases in Canterbury in the previous year, cases that have occurred in previous years and cases where people have come into Canterbury DHB from other areas.

Data Source: Canterbury DHB Community and Public Health Data

How will we achieve this?

Continue to strengthen health outcomes for rheumatic fever patients in Canterbury through implementation of the Regional Rheumatic Fever Plan.

Q1-Q4: Support the Canterbury Rheumatic Fever Network to monitor provision of services and support for Māori identified with rheumatic fever, including free primary care services (visits and antibiotic injections and dental care), and secondary care services.

Q1-Q4: Support the implementation of a South Island Regional Rheumatic Fever Prevention and Management Plan through the South Island Public Health Workstream.

Q1-Q4: Review all Māori identified with rheumatic fever on an annual basis and provide a review and lessons learnt summary for any new cases identified during the year.

Q4: Meet with the Māori and Pacific Health Provider Forum to provide an annual update on rheumatic fever developments in Canterbury.

Mental Health

What do we want to achieve?	Improved health outcomes for Māori with mental health and addiction issues.
Why is this important?	Canterbury is experiencing an increased demand for mental health services. Our system has been responding to meeting the needs of tangata whaiora and their whanau, who are having to cope with the additional stressors of a post-earthquake environment.
Who will we work with?	Canterbury Mental Health Leadership Workstream, Specialist Mental Health Services, PHOs, Community-based NGOs, Māori and Pacifica NGO Mental Health and Addiction Collective.

OUR PERFORMANCE STORY 2015-16

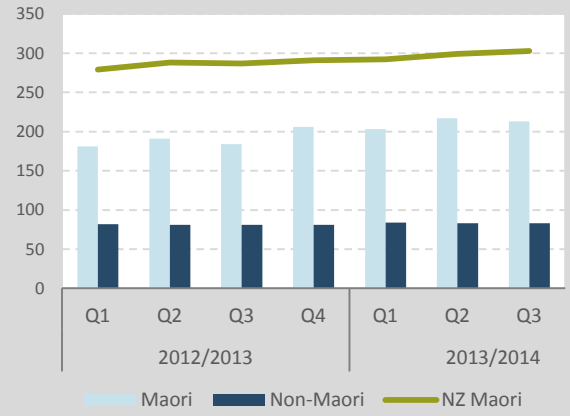
How will we know we're successful?

We will have established an understanding of the drivers behind Compulsory Treatment Order rates.

Where are we now?

MENTAL HEALTH

Rate of Compulsory Treatment Orders – per 100,000 people:



Data Source: Ministry of Health PRIMHD

How will we achieve this?

Through the Mental Health Leadership Workstream strengthen clinical leadership across the system to improve the mental wellbeing of Māori, including working on priorities identified in the Maori Health Action Plan.

Q1-Q2: Work with the Primary Mental Health Phase 2 Working Group to strengthen the service specification, to enable direct referral from Māori and Pacific health providers to Brief Intervention Counselling (BIC) services.

Q1-Q4: Continue to review and refine existing tangata whaiora HealthPathways. Design new tangata whaiora HealthPathways to enhance collaboration and integration between community, primary and secondary mental health services to strengthen pathways and relationships.

Q1-Q4: Ensure continued complete and accurate representation of and information about Māori mental health providers on HealthPathways to assist navigation across the health sector. The focus will be on the suite of HealthPathways for Child and Youth Mental Health and Alcohol and Other Drugs, as these are important mental health areas for Māori.

Specialist Mental Health Services (SMHS) will continue to use the Canterbury Māori Health Outcome Framework to better understand the experience of tangata whaiora and identify strategies and initiatives to improve outcomes for Māori.

Q1: Establish a process to ensure that all Māori under the Mental Health Act have involvement of a pukenga atawhai from the CDHB Specialist Mental Health Service and/or are engaged with a Māori mental health NGO provider.

Q1-Q4: Ensure a comment is made on all reports done by responsible clinicians about who is involved in the care of each tangata whaiora for the purpose of the Mental Health Act and audit the completion of this.

Q 1: Using a whakawhanaungatanga approach, improve the interface contact between SMHS, Te Korowai Atawhai and Kaupapa Māori and Pacific community providers and Whanau Ora Navigators to strengthen the knowledge and use of wider community supports for tangata whaiora.

Q2: Pukenga Atawhai workforce capability improved with Tipu Ora Hauora qualifications successfully completed by seven current staff.

Q3-Q4: Review ethnicity data collection, audit processes and accuracy of current service reporting.

Local Māori Health Priorities

Oral Health

What do we want to achieve?	Improved oral health for tamariki and rangatahi.
Why is this important?	Regular dental care has lifelong health benefits. It also indicates early contact with effective health promotion and reduced risk factors, such as poor diet. Tamariki Māori are three times more likely to have decayed, missing or filled teeth. Oral health therefore presents an opportunity to reduce inequalities and better target those most in need.
Who will we work with?	Christchurch PHO, Pegasus Health, Rural Canterbury PHO, Te Herenga Hauora.

OUR PERFORMANCE STORY 2015-16

How will we know we're successful?

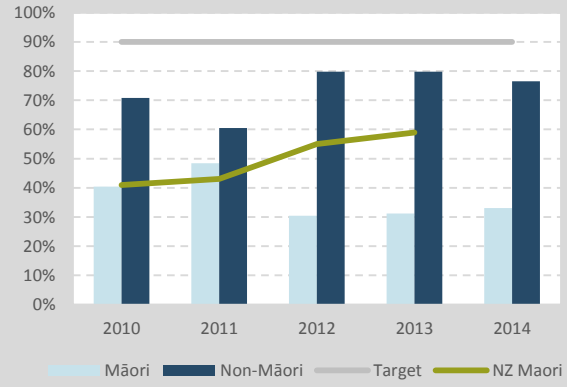
90% of preschool children aged 0-4 are enrolled in school and community oral health services (COHS).

65% of children are caries-free at age 5 (no holes/fillings).

Where are we now?

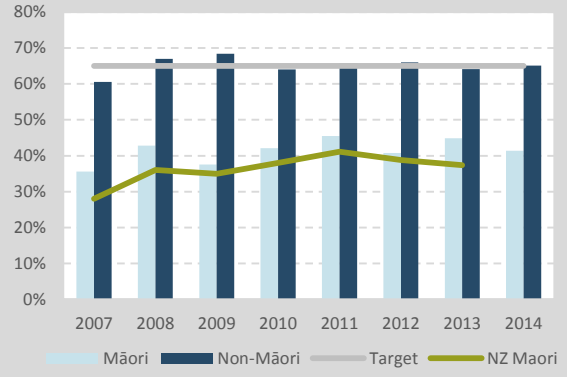
ORAL HEALTH

Percentage of preschool children aged 0-4 enrolled in school and community oral health services:



ORAL HEALTH

Percentage of children aged 5 caries-free (no holes or fillings):



Data Source: Canterbury DHB School and Community Dental Services

How will we achieve this?

Enrolments are monitored within the Community Oral Health Service (COHS).

Q1-Q4: New enrolment details are loaded into Titanium (COHS's Information Management System) on receipt. Data is extracted quarterly and numbers of children by age and ethnicity are calculated and compared to targets.

Q1-Q4: Continue to work with WCTO providers to ensure that 98% of new-born tamariki are enrolled with Community Oral Health service by 3 months of age. This will be achieved by tightening the referral process to WCTO and linking closer with the NIR Team.

Work with WCTO providers and primary care to identify tamariki most at risk of tooth decay and support them to maintain good oral health and access preventive care.

Q1-Q4: Work with WCTO providers to streamline referrals of high risk children to Community Dental Services. High risk children will be referred at the latest by 10 months of age and seen within their first year of life. Agree on the definition of "High Risk" children.

Q1-Q4: Ensure practice and public health nurses, as part of the B4 School Check have training in "Lift the Lip", to ensure that tamariki with level 2 to 6 dental decay are referred to the CDS. Evidence will be: >86% of tamariki with level 2 to 6 dental decay are referred.

Q1-Q4: Review the evaluation of the Aranui High School adolescent clinics to determine the health outcomes for rangatahi Māori seen within this service, and identify the viability of extending to other schools.

Q4: Partner with Purapura Whetu to explore ways the creation and promotion of a sugar-free school environment for Canterbury schools with high Māori enrolment, as a means of improving children's nutrition; general and oral health and in the school setting.

Q1-Q4: Continue to improve access by Māori to dental services by working with He Oranga Pounamu in partnership with the University of Otago School, and the Charity Hospital to host final year Dentistry students in Christchurch

B4 School Checks

What do we want to achieve?	Reduction in health issues that negatively affect children's wellbeing and development.
Why is this important?	A focus on child health is an investment in the future wellbeing of our population, as poor health in childhood can lead to poorer health into adulthood and have a significant impact on health long-term. The B4 School Check is the final core Tamariki Ora check, which children receive at age four. It is free, and includes vision, hearing, oral health, height and weight. The check allows health concerns to be addressed early in a child's development, giving him/her the best possible start for school and later life. B4 School Check uptake is lower amongst tamariki Māori in Canterbury, so it also presents an opportunity to reduce inequalities.
Who will we work with?	B4 Schools Checks Clinical Advisory Group, Christchurch PHO, Pegasus Charitable Health, Rural Canterbury PHO, Child and Youth Workstream.

OUR PERFORMANCE STORY 2015-16

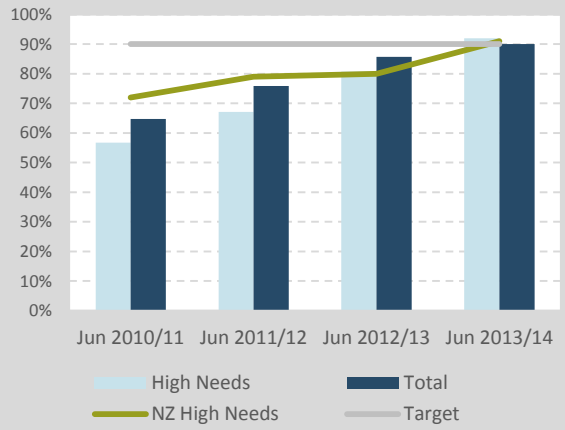
How will we know we're successful?

90% of Tamariki aged four receive a B4 School Check.

Where are we now?

EARLY INTERVENTION

Percentage of four year old Tamariki receiving B4 School Checks:



Data Source: B4 Schools Check Programme

How will we achieve this?

Monitor access to referred services following B4 School Checks and implement actions to expedite service delivery.

Q1: Work with services which B4SC providers refer to ensure tamariki with problems identified have follow up and management in place in a timely manner.

Q1-Q4: Continue to work with Hearing and Vision Technicians to identify tamariki who are not attending an Early Childhood Education (ECE) centre to ensure they are having their hearing and vision tested.

Q1-Q4: Work with practice and public health nurses, PHO mobile B4SC nurses and ECE providers to identify and engage tamariki who have not had a B4 School Check, ensuring that reporting is completed to a B4SC register.

HPV Immunisation

What do we want to achieve?	Increased HPV immunisation rates amongst young Māori girls to reduce the prevalence and impact of the Human Papilloma Virus.
Why is this important?	Immunisation provides protection not only for individuals, but for the whole population by reducing the incidence of diseases and preventing them from spreading to vulnerable people or population groups.
Who will we work with?	CCN Immunisation Service level Alliance; Christchurch PHO; Pegasus Charitable Health; Rural Canterbury PHO.

OUR PERFORMANCE STORY 2015-16

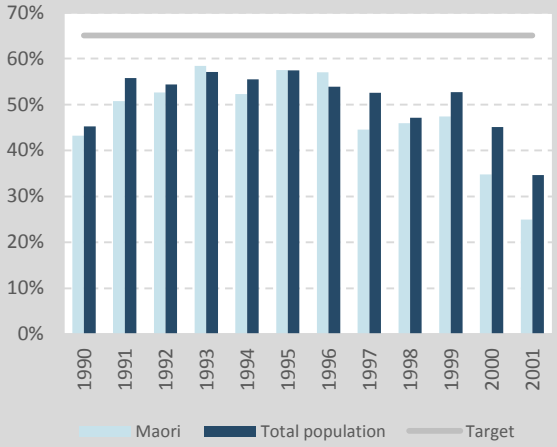
How will we know we're successful?

60% of eligible Māori girls receive dose 3 of the HPV vaccination.

Where are we now?

IMUNISATION

Percentage of eligible Māori girls receiving dose 3 of the HPV vaccination, end of Dec 2014:



Data Source: National Immunisation Register

How will we achieve this?

Through the CCN Immunisation Service Level Alliance (ISLA) strengthen clinical leadership across the system and work to ensure equity in the provision of HPV immunisation.

Q1-Q4: Maintain the HPV Programme in a primary care setting for 11 year old girls and promote a HPV school-based programme for year 10 girls.

Q3: Review the evaluation of the secondary school HPV programme to determine equity of service provision between Māori and non-Māori and provide support to the ISLA on future service models.

Q1-Q4: Monitor immunisation rates and work with Te Kāhui o Papaki Ka Tai and other key groups to identify ways to reach higher numbers of Māori whanau.

Appendix 1: Glossary

ABBREVIATIONS

ABC	An approach to smoking cessation requiring health staff to Ask, give Brief advice, and facilitate cessation support
AP	Annual Plan
ARF	Acute rheumatic fever
ASH	Ambulatory sensitive hospitalisation
BFHI	Baby friendly hospital initiative
CDHB	Canterbury District Health Board
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular Disease
CVDRA	Cardiovascular Disease Risk Assessment
DAR	Diabetes Annual Review
DHB	District Health Board
DMFT	Decayed, Missing or Filled teeth
DNA	Did not attend
EDAT	Ethnicity Data Audit Tool
ENT	Ear Nose and Throat
GM	General Manager
HbA1c	Glycated haemoglobin
HEAT	Health Equity Assessment Tool
IGT	Impaired Glucose Tolerance
IHD	Ischaemic heart disease
ISDR	Indirectly standardised discharge rate
NSU	National Screening Unit
RNZCGP	Royal New Zealand College of General Practitioners

Appendix 2: Canterbury Māori Health Framework

KIA WHAKAKOTAHI TE HOE O TE WAKA | We Paddle Our Waka as One

The Framework appears on page 7 of this plan.

Background and rationale

Canterbury health service providers from across the Canterbury District Health Board (DHB), Primary Health Organisations (PHOs) and Non-Government Organisations (NGOs) aspire to achieving equitable health outcomes for Māori and support Māori families to flourish and achieve their maximum health and wellbeing.

Although each organisation is striving to contribute to these aspirations, there have been barriers to achieving their goals. One of these is that while we are on the same boat, there has not been a strong sense that we are all paddling in the same direction. To date, plans have not been coordinated and there has been limited collective effort to achieve shared outcomes.

Following a series of discussions between the Canterbury DHB and PHOs, a strong commitment has developed between these parties to have an overarching framework that identifies shared outcomes and priority areas, acts as a basis for organisation work plans and encourages collective efforts that make a difference for Māori and their whānau.

Purpose

The purpose of the Canterbury Māori Health Framework is to establish shared outcomes, shared priority areas, shared language and common understanding - so that we can better achieve our goal of health equity for Māori by all paddling the waka in the same direction and in unison.

Governance of the framework

Te Kāhui o Papaki Ka Tai and Manawhenua ki Waitaha.

Partners in the framework

In the first instance, the partners in this framework are: the Canterbury DHB and its Community and Public Health division, and the Primary Health Organisations (Rural Canterbury PHO, Christchurch PHO and Pegasus Health). The intention is to be fully inclusive and to widen this partnership to include other partners.

Related plans

- CDHB Māori Health Action Plan 2013/14.
- Canterbury Clinical Network Plan 2013-2016.
- Rural Canterbury PHO, Christchurch PHO and Pegasus Health Māori Health Plans.
- Community and Public Health (CDHB) Māori Health Plan.

The framework

The framework is an outcomes framework. That is, the framework identifies the desired outcomes and key strategies will help us reach those outcomes – rather than a series of predetermined actions. The framework also identifies indicators that we can use to measure progress towards the achievement of the shared outcomes.

Priority areas

There are many areas of focus that our collective actions could contribute to. It was decided that in the first instance, the areas of focus would be those where there were differentials in access or outcomes for Māori, where indicators existed that were readily measureable in order to determine progress and that a particular focus would be placed on vulnerable child and youth:

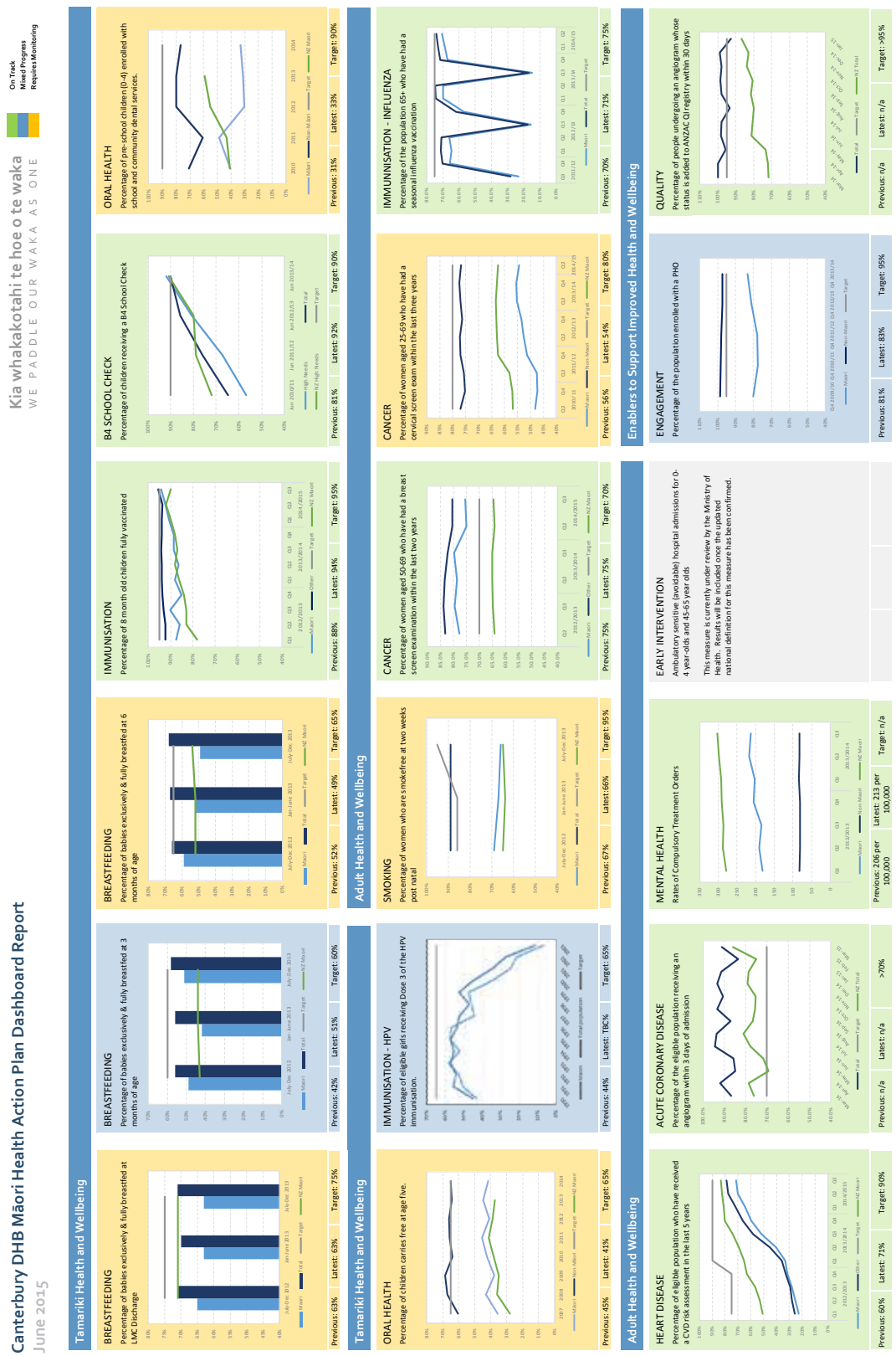
- HPV immunisation coverage
- B4 School Check coverage
- Cervical screening coverage
- Child/youth oral health

How this framework will work

The partners in this framework will:

- Develop organisational work plans that are based on the framework and priority areas
- Work together to achieve the improvement in shared priority areas
- Be open to new ways of working to achieve outcomes
- Undertake to have good communication and regularly report on progress
- Review the framework annually so it may be linked to the partners' plans for the following year.

Appendix 3: Māori Health Plan Dashboard



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