

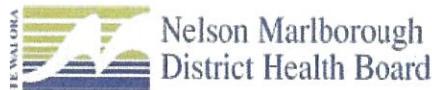
# **Te Tau Ihu**

## **Nelson Marlborough**



## **Māori Health Plan**

**2015/16**  
**June 2015**



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## 1. EXECUTIVE SUMMARY

Tihei Mauri Ora ki te whaiao, ki te ao marama.

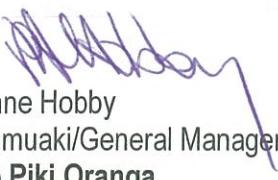
Our 2014/15 Māori Health Plan strengthens the partnership between Nelson Bays Primary Health, Kimi Hauora Marlborough PHO and the Māori Health provider Te Piki Oranga with a focus towards improving health disparities for Māori living in Nelson Marlborough.

The overall focus for this plan is the continued journey to achieve the 30 year vision of '*Kia korowaitia aku mokopuna ki te korowaitanga hauora*', '*We want to wrap out future generations in a korowai of health and wellness*'.<sup>1</sup> This plan seeks greater ownership of Māori health and health inequalities, and shared responsibility to ensure there is a combined effort to create short and long term positive impact on Māori health and wellbeing outcomes.

The 2015/16 year will continue to have a focus on health target improvements to the Māori population. The plan also has actions towards local priorities and the focus will be towards improving nutrition & physical activity and supporting safe and healthy home environments. There is greater alignment to the Annual Plan giving increased accountability for achievement of the plan. Reporting on Māori health disparities will now be shared between all partners who have contributed and agreed to this plan. All partners will work together to identify the key actions for each agency and timeframes and will also adopt a process for monitoring progress in implementation.

The overall aim for this development is reduced health inequalities and to achieve Whānau Ora outcomes through working collaboratively. Introducing Whānau-Ora centred services, initially through Te Piki Oranga and then the broader community, will over the course of 2014/15 ensure there is improved access, services are appropriate and best practice is in place and services respond to whānau in a way that is culturally appropriate and accessible.

We look forward to having the evidence to demonstrate our shared success and that we are making a difference and acknowledge that some issues may take time to come to fruition.



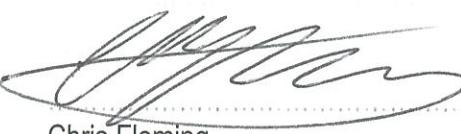
Anne Hobby  
Tumuaki/General Manager  
**Te Piki Oranga**



Beth Tester  
Chief Executive  
**Kimi Hauora Wairau**



Angela Francis  
Chief Executive  
**Nelson Bays Primary Health**



Chris Fleming  
Chief Executive  
**NMDHB**

<sup>1</sup> Nelson Marlborough Māori Health and Wellness Strategy 2008

## 2. INTRODUCTION

Our 2014/15 Nelson Marlborough Māori Health Plan strengthens the alliance framework between Nelson Marlborough District Health Board (NMDHB), Nelson Bays Primary Health (NBPH) and Kimi Hauora Marlborough PHO (KHW MPHO) and Te Piki Oranga (TPO), to achieve the vision of '*Kia korowaitia aku mokopuna ki te korowaitanga hauora*', '*We want to wrap out future generations in a korowai of health and wellness*'.<sup>2</sup> By having greater ownership of Māori health and health inequalities, the responsibility will be shared by the four organisations, across the continuum of care. This group will also work with Māori and other community organisations that are part of the provider network that can have a positive impact on Māori health and wellbeing outcomes.

The 2015/16 year will consolidate the working relationships with and the service delivery of the NMDHB-contracted Māori health provider, Te Piki Oranga strengthening local capacity and capability to achieve national policy direction and outcomes in terms of Whānau Ora.

To progress toward reaching equity of outcome for Māori, in 2015/2016 Nelson Marlborough DHB and its partners will have a focused effort on improving integration of services across the whole of system - hospital services, general practice, Māori health services and other community services.

## 3. NELSON MARLBOROUGH MĀORI POPULATION

### 3.1 Population Profile

The Nelson Marlborough DHB service coverage area encompasses three Territorial Local Authorities, Tasman District Council, Nelson City Council and Marlborough District Council. 8.9% of the Nelson Marlborough population are of Māori descent.

Table 1 – Māori ethnic population medium projections by regional council area. (\* 2006 baseline)<sup>3</sup>

Territorial Local Authority	2006*	2013 Actual	2016 Projected	2021 projected
Tasman District	3063 (28%)	3441 (28%)	3800 (26.5%)	4100 (26.5%)
Nelson City	3615 (33%)	4167 (34%)	5000 (35%)	5500 (35.5%)
Marlborough District	4275 (39%)	4776 (39%)	5500 (38.5%)	5900 (38%)
<b>Nelson Marlborough (2006 base)</b>	<b>10,953</b>	<b>12,384</b>	<b>14,300</b>	<b>15,500</b>
<b>Nelson Marlborough (2013 base)</b>			<b>14720<sup>4</sup></b>	<b>15850<sup>4</sup></b>

Data from the Māori Health Profile 2007 and Statistics NZ identify that:

- There is an expected increase in the Māori population to 9.5% of the total population based on population projections. This still remains less than the national average of 15%.
- Maata Waka represents the largest portion of Māori living in Te Tau Ihu at about 92%.
- The highest average growth in the Māori population across the districts will be in Nelson at 2.2%, followed by Marlborough at 1.7%, and Tasman at 1.4%.
- Marlborough district has the highest proportion of the total Māori population (39%), followed by Nelson, then Tasman.
- Marlborough also has the highest proportion of its total population who are Māori (11%), followed by Nelson (9%) and Tasman (7%). Overall, 9% of the Nelson Marlborough population is Māori.

<sup>2</sup> Nelson Marlborough Māori Health and Wellness Strategy 2008

<sup>3</sup> Statistics New Zealand

<sup>4</sup> Statistics New Zealand projections for Ministry of Health 2014 update for 2015/16 & 2020/21 populations

The numbers of Māori enrolled within the PHOs are follows as at 31 December annually:

		0-14yrs	15-24yrs	25-64yrs	65+	Total Dec 2014	Total Dec 2013	Total Dec 2012
Kimi Hauora Wairau (Marlborough)	Māori	1318	800	1929	292	4,339	4,285	4,079
	<b>Total</b>	7,176	4,407	20,810	9,170	41,563	42,716	42,482
	% Māori	18.4%	18.2%	9.3%	3.2%	10.4%	10.0%	9.6%
Nelson Bays Primary Health (Nelson/Tasman)	Māori	2498 (0-17)	1031 (18-24)	3413 (25-64)	380	7772	7,576	7,413
	<b>Total</b>	22055	7156	50,161	18,163	97,535	95,531	
	% Māori	13%	14%	7%	2%	8.0%	7.9%	
<b>TOTAL</b>	Māori	4266	1831	5342	672	12111	11861	
	<b>Total</b>	29231	11563	70971	27333	139098	137922	
	% Māori	15%	16%	8%	2%	8.7%	8.6%	

### 3.2 Age Gender

- The age structure for Te Tau Ihu Māori and the region's total population differ significantly.
- Māori have a younger population than non-Māori. Māori living in the region have a younger age structure with 59% less than 29 years of age.
- The gender distribution for Nelson Marlborough Māori is split evenly (50%/50%).

### 3.3 Socio Economic Status

- Māori are disproportionately represented in the more deprived areas of New Zealand, including the Nelson Marlborough region.
- Māori households within Te Tau Ihu have less access to phones.
- A higher proportion of Māori in Te Tau Ihu have no qualifications than non-Māori in the area.

### 3.4 Income

- Income has been claimed to be the most important modifiable determinant of health.
- Māori in Te Tau Ihu are less likely to earn over \$10,000 per annum than non-Māori in the region.
- Māori in Te Tau Ihu are also unlikely to earn incomes in the highest categories.
- Māori households experience difficulties earning an income and most Māori individual workers are modest earners.

### 3.5 Housing

- Housing is a basic human need and has a large impact on people's well-being and quality of life. Issues related to housing crisis, such as affordability problems, poor quality and household crowding, have many flow-on effects for people's health, education, community participation, community cohesion and safety.
- Marlborough Māori are three times more likely to live in an overcrowded house than the overall Nelson Marlborough population.

### **3.6 Life expectancy**

- The life expectancy of Nelson Marlborough Māori is 78.2 years for females and 73.5 years for males indicating Māori in the region live longer than the national average. However, Māori men and women in the region still die younger than their non-Māori/non-Pacific peers in Nelson Marlborough - 2.6 years younger for men and 3.1 years for women (Wellington School of Medicine, 2001).

### **3.7 Deprivation**

The 2006 deprivation profiles for Nelson Marlborough and its territorial authorities show:

- Māori are more heavily skewed towards the higher deprivation deciles than non-Māori for all three territorial authorities.
- This trend is most pronounced in the Nelson City region where 48% of Māori live in deciles 8, 9 and 10.
- However, the distribution of the local Māori population is less heavily skewed towards the higher deprivation deciles than in New Zealand as a whole (Wellington School of Medicine, 2001).

### **3.8 Leading causes of avoidable hospitalisations**

The six leading causes are (in order ranked highest to lowest) for Māori 0 to 74 years of age are dental conditions; upper respiratory/ear nose and throat; angina and chest pain; asthma; pneumonia; and cellulitis.

### **3.9 Leading causes of avoidable mortality**

The four leading causes are (in order ranked highest to lowest): ischaemic heart disease; lung cancer; suicide and self inflicted harm; and COPD.

### **3.10 Health service utilisation**

#### *Primary Care*

Primary Care					
	Māori		Non Māori		
Average number of GP visits per patient, per annum.	2013	2014	2013	2014	
NBPH	2.29	2.3	2.74	2.78	
KHW	2.99	2.71	3.81	3.63	

	Secondary Care						
	Māori			Non-Māori			
	2011/12	2012/13	2013/14	2011/12	2012/13	2013/14	
Number of outpatient attendances	Number	9350	9434	9411	149976		133989
	% of all attendances	6.25%	6.4%	7%	93.75%	93.7%	93%
Total outpatient attendances by health	Paediatric Medical	560 (14%)	586 (14%)	555 (15%)	3,450 (86%)	3529 (86%)	3123 (85%)
	Substance Abuse detox (social)	160 (12%)	232 (14%)	89 (14%)	1,228 (88%)	1435 (86%)	539 (86%)

		Secondary Care					
		Māori			Non-Māori		
		2011/12	2012/13	2013/14	2011/12	2012/13	2013/14
speciality (over 8% Māori attendances): Number & percentage of total for specialty	Dental	1021 (13%)	992 (13%)	586 (12%)	6,987 (87%)	6841 (87%)	4342 (88%)
	Audiology	321 (11%)	314 (10%)	312 (12%)	2,566 (89%)	2748 (90%)	2215 (88%)
	Respiratory		39 (10%)	24 (8%)		352 (90%)	293 (92%)
	Maternity Services to Mother (no community LMC)	158 (10%)	139 (10%)	128 (9%)	1,370 (90%)	1258 (90%)	1333 (91%)
	Renal dialysis & nephrology			318 (15%)			1765 (85%)
	Physical Disability ATR (Active Rehab)			101 (9%)			1037 (91%)
Paediatric inpatient discharges (includes IDFs)	Number		752	756		3727	3694
	% of total	15.73%	16.8%	17%	84.26%	83.2%	83%
Tertiary cardiac inpatient discharges for NMDHB patients treated elsewhere	Cardiology - number	9	18	10	150	226	161
	Cardiology % of total	5.7%	7.4%	5.8%	94.3%	92.6%	93.2%
	Cardiothoracic surgery - number	7	14		135	176	
	Cardiothoracic surgery - % of total	5%	7.4%		94.7%	92.6%	

While there are disparities between Māori and non-Māori in terms of health status and the social determinants of health, Nelson Marlborough chooses to operate from a wellness model as opposed to an illness model. Equity is intrinsic to quality improvement. If Māori in Te Tau Ihu had equity of access, this would not necessarily result in equity of health outcome<sup>5</sup>. Nelson Marlborough services must recognise and understand why there are disparities, and set forward a programme to reduce these as part of their overall quality improvement processes.

<sup>5</sup> Roadmap to Reducing Disparities

#### **4. DEDICATED MĀORI HEALTH INVESTMENT**

Nelson Marlborough DHB allocates resources specifically for Māori health. There is also a number of Māori staff or programmes that support both primary and secondary care services/programmes to assist them reach or improve their service delivery to Māori. This includes activities such as cultural training, ethnicity data collection or service planning.

PHOs also provide programme resourcing and associated Māori staffing costs resources as an integral part of all programmes. In support of achievement against PHO Performance Programme indicators, an alignment of PHO resources are used to support the delivery of these goals

#### **5. PRIORITISING MĀORI HEALTH TARGETS FOR TE TAU IHU**

The Nelson Marlborough Māori Health & Wellness Strategic Framework sets out the 30 year vision and a framework for achieving further gains for Māori health. The Iwi Health Board and District Health Board will maintain joint kaitiakitanga/stewardship of the 30 year vision that forms the mainstay of the framework. It is planned that the Framework be reviewed and, if needed, revised in the 2015/16 year.

The development of Māori Health Plans and the establishment of national Māori health targets mean that District Health Boards will be closely monitored on their ability to reduce health disparities in the foreseeable future.

NMDHB is developing a long-term Māori Health Outcomes Framework for Nelson Marlborough. The reason for doing this is to establish what information is needed, to develop a list of population indicators and, over time, link service delivery performance measures to the population outcomes sought. This will better enable NMDHB to capture and report information to the local community, NMDHB Board and the Iwi Health Board covering the life of the 30-year Māori health vision. The framework incorporates the indicators that are covered within the nation-wide indicators.

NMDHB indicators will be used as part of 'score card' for Māori health with reports prepared for the NMDHB Board and Iwi Health Board, the Nelson Marlborough Health Alliance and PHO Boards, noting progress against these indicators. The Iwi Health Board has made it clear that its focus will be towards strengthening the measurement of Māori health gain and creating strategic opportunities around accountabilities and ownership of results. The IHB will also support strengthening of intersectoral linkages, recognising the impact of the wider determinants on health overall health status.

## **6. NATIONAL MĀORI HEALTH PRIORITIES AND INDICATORS**

### **Health System Outcomes for Māori:**

- Māori living longer, healthier and more independent lives.
- Good health and independence are protected and promoted.
- Māori receive better health and disability services.
- A more unified and improved health and disability system.
- Improved access and earlier intervention to timely treatment.
- Improved connectivity across the whole of system.
- Increased productivity and better use of financial resources.

### **National priorities for Māori Health are:**

1. Access to care
2. Cancer Screening
3. Cardiovascular disease
4. Child Health – breastfeeding
5. Data quality
6. Immunisation
7. Mental health – community treatment orders
8. Oral health – preschool enrolment
9. Smoking

Additionally, Rheumatic Fever and Sudden Unexplained Death in Infancy (SUDI) are national priorities but are not addressed in this plan due to the very low rates in Nelson Marlborough.

Our local priorities are: Promoting Health, Workforce development, Improved access for at risk communities and Maternal & Child Health.

## 6.1 Access to Care

### PHO Enrolment

The number of Māori enrolled in PHOs (as reported by PHOs) divided by number of total Māori in NMDHB service area (as defined by Census Stats NZ 2013 figures)

Enrolments	Baseline	Target 13/14	Actual 2013	Target 14/15*	Actual 2014	Target 2015/16 #
NBPH	7,413 (7.8%)	7,561	7576	7608	7772	9463
KHW PHO	4,079 (9.6%)	4,160	4285	4776	4339	5257
<b>Total</b>	<b>11,492</b>	<b>11,721</b>	<b>11,861</b>	<b>12,384</b>	<b>12,111</b>	<b>14720</b>
<b>Actual vs Target</b>					<b>98%</b>	

\*2013 Census count of Māori ethnicity

#the 2015/16 population projections are taken from projections produced by StatsNZ for the Ministry of Health. The base population for the projections is the estimated resident population at 30 June 2013 (which uses 2013 Census usually resident population counts as their starting point.) The total for each PHO is allocated proportionately.

### Ambulatory Sensitive Hospitalisations (ASH)

A decrease in ASH rates for 0-4 year olds. (Identified in Section 5.2)

ASH rates	Base (to Sep 2012)	Target 13/14	Actual (to Dec 2013)	Target 14/15	Actual (12months to 30 Sept 2014)	Target 2015/16
Māori 0-4 years	121%	≤105%	155%	<95%	163%	<95%
Total population 0-4 years	112%	≤112%	91%	<95%	90%	<95%
Māori 45-64 years	90%	≤90%	172%	<95%	154%	<95%
Total population 45-64 years	52%	≤52%	60%	<95%	55%	<95%
Māori 0-74 years	65%	≤65%	138%	<95%	137%	<95%
Total population 0-74 years	76%	≤76%	75%	<95%	74%	<95%

Conditions that drive the ASH rates for Māori are as follows:

- 0 – 4 years: Dental, Upper Respiratory & ENT, Asthma, Gastroenteritis/ Dehydration, Dermatitis and Eczema.
- 45 – 64 years; Angina and Chest Pain, Cellulitis, Congestive Heart Failure, Myocardial infarction, Pneumonia and Epilepsy.
- 0 to 74 years; Dental, Upper Respiratory and ENT, Asthma; Gastroenteritis/ Dehydration, Pneumonia.

## Access to Care Action Plan

<b>OUTCOME GOAL 1: Māori whānau are enrolled with and can utilise general practice</b>	<b>OUTCOME GOAL 2: Integrated services ensure early and appropriate access to services</b>
OUTCOME MEASURES: 100% of eligible population are enrolled with PHOs General Practice	OUTCOME MEASURES: Key indicators show improving equity of access for Māori
	
<p><b>ACTION 1:</b> Newborn enrolment rates are increased, including a focus on ensuring enrolment for Māori newborns, and all providers facilitate enrolment with PHOs/GPs for clients not already enrolled</p>	<p><b>ACTION 4:</b> Pūkenga Manaaki (Navigators) support clients to access services &amp; DHB implements clinical service administrative processes to support attendance of Māori at appointments</p>
<p>► <b>MEASURE 1:</b> Timely newborn enrolment rates increase</p>	<p><b>MEASURE 4:</b> Monitor 'Did not attend' rates quarterly. DNA rates for Māori for hospital services reduce by 5 percentage points in those specialties with the highest rates, with a view to sustaining the reduction to rates comparable to non-Māori within 2 years</p>
<p><b>ACTION 2:</b> Implement a pilot referral pathway for St John to refer to non-emergency health services for identified health needs.</p>	<p><b>ACTION 5:</b> Implement oral health improvement initiatives, including: reducing barriers to accessing oral health services for children (see Māori &amp; Pacific Oral Health project p22) &amp; reducing consumption of sugar-sweetened beverages) to reduce ASH for children's oral health conditions.</p>
<p>► <b>MEASURE 2:</b> Pathway piloted &amp; reviewed 30/11/15; Referrals are monitored by ethnicity to ensure Māori are being referred and linked to appropriate health services</p>	<p><b>MEASURE 5:</b> Monitor ASH for children's oral health conditions, with a view to ensuring rates reduce equitably for Māori</p>
<p><b>ACTION 3:</b> Address ASH conditions for adults through expanding primary care-based IV antibiotics for cellulitis. Undertake a patient survey to inform ongoing service delivery</p>	<p><b>ACTION 4:</b> Continue the Healthy Homes project, targeting Māori families with respiratory conditions &amp; Implement a COPD project with St John to deliver pre-hospital care.</p>
<p>► <b>MEASURE 3:</b> Monitor services for equitable access &amp; acceptability to Māori ASH for cellulitis reduce by 30 June 2016, including for Māori.</p>	<p><b>MEASURE 4:</b> Monitor and report ASH rates for respiratory conditions for Māori 6-monthly, including progress towards equity</p>
<p><b>ACTION 7:</b> Monitor PHO population coverage and ASH rates quarterly &amp; report to Clinical Governance Groups &amp; Iwi Health Board</p>	<p>► <b>MEASURE 7:</b> Monitor ASH rates &amp; report 6-monthly. Quarterly monitor &amp; report on number of Māori enrolled in a GP service - report to DHB/IHB/PHOs number of Māori enrolled and activities to improve this</p>

## 6.2 Cancer

- Lower cervical cancer mortality rates for Māori women.
- Lower breast cancer mortality rates for Māori women.
- Establish a baseline for Māori bowel and prostate cancer rates.
- Improved access to cancer clinical and support services for Māori.

### Measures and Targets

Cervical Screening Coverage - proportion of eligible Māori women who have had a cervical screen in the last three years.

Cervical Screening	Actual Sept 12	Target 13/14	Actual Sept 2013	Actual 24 mths to Dec13	Target 14/15	Actual 24mths to Sept14	Target 2015/16
Māori	62.1%	80%	67.9%	69%	>80%	72%	>80%
Total	82.6%	80%	81.1%	81.6	>80%	81.6&	>80%

Source: [www.nsu.govt.nz](http://www.nsu.govt.nz)

Breast screening Coverage - proportion of eligible Māori women (aged 50-69) who have had their mammogram within the last two years

Breast Screening	Actual As at Nov 12	Target 13/14	Actual Sept 2013	Actual 24 mths to Mar14	Target 14/15	Actual 24mths to Jun14	Target 2015/16
Māori	83.1%	84%	84.3%	85.8%	>70%	86.4%	>70%
Other	85.3%	86%	84.4%	85.4%	>70%	85.5%	>70%

Source: Breastscreen Aotearoa

Proportion of Māori patients referred urgently with a high suspicion of cancer who receives their first cancer treatment within 62 days.<sup>6</sup>

Base	Baseline July 2013-Feb 2014	2014/15 Target	Actual (18mths to Dec 2014)	Target 2015/16
Māori > 62 days tx	33%	85%	47%	85%
Non-Māori 62 days tx	64%	85%	38%	85%
Total	63%	85%	38%	85%

Total Māori achieving the KPI target / Total receiving treatment (Source: NMDHB BCIS)

<sup>6</sup> In 2013/14 Baseline data is being collected for the three new Cancer treatment indicators. NMDHB is implementing the information systems to report against these measures. Further information on cancer treatment timeframes will be included in the 2014/15 Māori Health Plan.

## Cancer Action Plan

<p><b>OUTCOME GOAL 1:</b> Reduced incidence and impact of Cancer</p> <p><b>OUTCOME MEASURES:</b></p> <ul style="list-style-type: none"> <li>80% coverage of Cervical Screening for Māori women</li> <li>70% coverage of Breastscreening for Māori women</li> </ul>	<p><b>OUTCOME GOAL 2:</b> Faster Cancer treatment leads to better outcomes</p> <p><b>OUTCOME MEASURE 2:</b> Health Target: 85% of patients referred urgently with <u>high suspicion</u> of cancer wait 62 days or less to receive their first treatment (or other management) by July 2016.</p>	<p><b>ACTION THEME 1:</b> Support and promote equitable coverage in cervical screening</p> <p><b>ACTION 1:</b> Improve district-wide consistency &amp; reach of Cervical screening Invitation &amp; Recall (I&amp;R) services, working with providers to improve service delivery and address inequity in coverage rates &amp; improve access to assessment/treatment (colposcopy)</p> <p><b>MEASURE 1:</b> Monitor coverage, I&amp;R services and colposcopy DNA rates quarterly; At least one service improvement implemented to improve colposcopy service access or experience for Māori women.</p> <p><b>ACTION 2:</b> Formalise relationships and referral pathways between general practice and I&amp;R services</p> <p><b>MEASURE 2:</b> Formal linkages in place between GPs and I&amp;R services by 30/06/16</p> <p><b>ACTION 3:</b> Arrange access to training to enable more community nurses to become smear-takers and/or update their knowledge and skills</p> <p><b>MEASURE 3:</b> At least one smear-taker training or update held in the district by 31/03/16</p>	<p><b>ACTION THEME 2:</b> Support and promote equitable coverage in breast &amp; cervical screening</p> <p><b>ACTION 4:</b> Cervical Screening Register Services give ongoing support for data matching to each general practice to identify &amp; reach unscreened, underscreened &amp; overdue women</p> <p><b>MEASURE 4:</b> Undertake data matching with selected high needs practices</p> <p><b>ACTION THEME 5:</b> Continue to develop a working relationship between NMDHB, Register Services, PHOs, TPO, Breastscreen South, GP services, Māori &amp; Pacific communities and other services (e.g. Radiology), including arranging specific opportunities to promote and provide breast and/or cervical screening for Māori &amp; Pacific women</p> <p><b>MEASURE 5:</b> At least 4 targeted promotion &amp; provision events by 31/06/16. The DHB will work with BreastScreen South on these events - success will be monitored to inform the organisation of future events.</p>	<p><b>ACTION THEME 3: Cancer Pathway Improvement</b></p> <p><b>ACTION 6:</b> Using the 'Equity of Health Care for Māori' framework resource and the results of the 2014/15 Pathway audit, implement agreed improvements.</p> <p><b>MEASURE 6:</b> Actions prioritised and implemented within agreed timeframes</p> <p><b>SEE ALSO:</b> Immunisation (promoting the HPV vaccination)</p>
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### 6.3 Cardiovascular Disease & Other Long-term Conditions

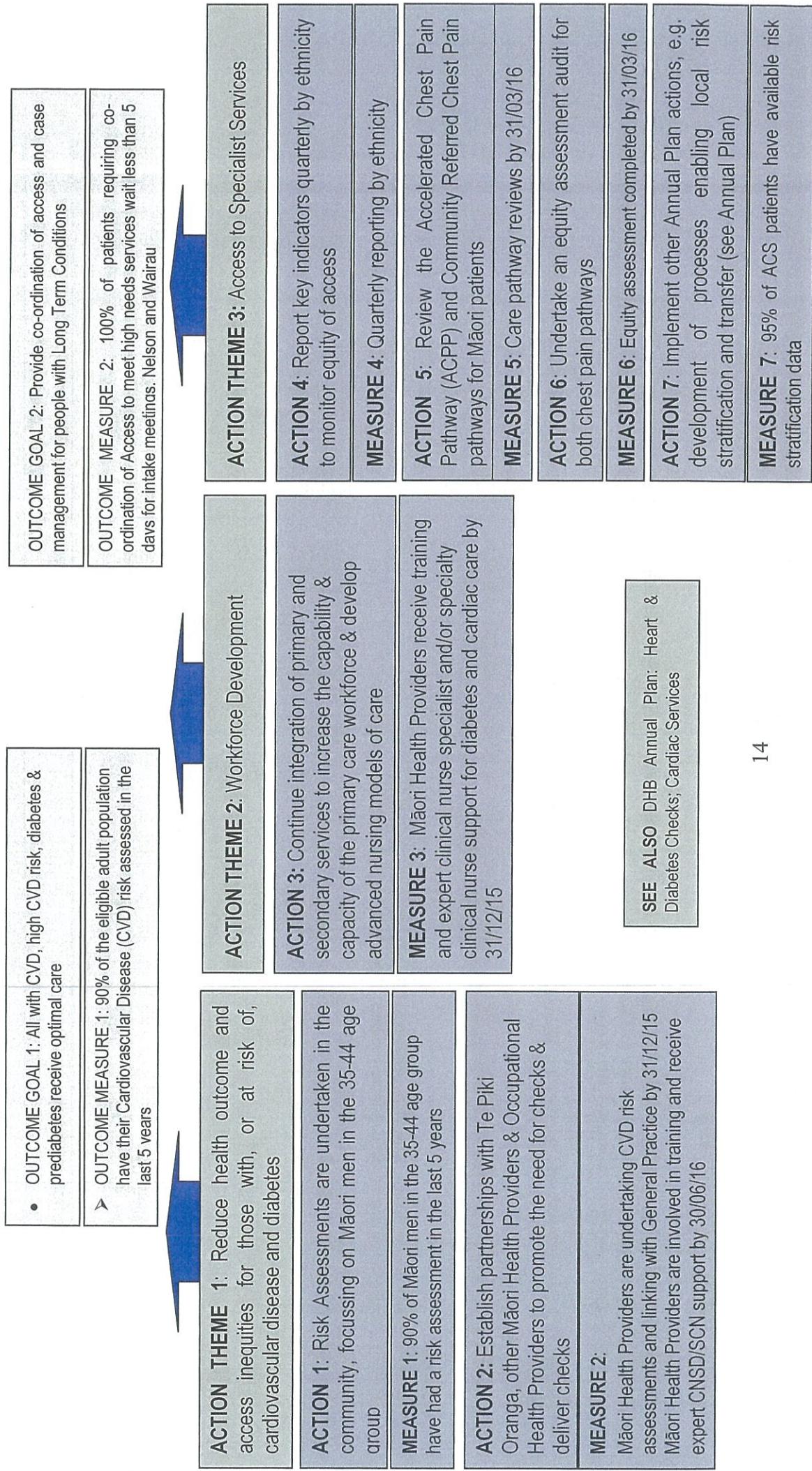
90% of the eligible Māori population who have had their CVD risk assessed within the past five years

CVD	Base Q2	Target 13/14	Actual at 30 Sept13	Target 14/15	Actual at Dec 2014	Target 2015/16
<b>Māori</b>						
Nelson	59%	61%	61.5% (high needs)	90%	75.8% (Māori)	90%
Wairau	38.18%	40%		90%	78.2% (Māori)	90%
<b>Non-Māori</b>						
Nelson				90%	84.4% (total popn)	90%
Wairau	30.35%	32%		90%	87.5% (total popn)	90%
<b>TOTAL</b>			64%			

70% of Māori high risk ACS patients accepted for coronary angiography will receive an angiogram within 3 days of admission.

Base angiogram	2011/12	2012/13	13/14 (Jul-Feb)	2014/15 Target	Actual (18mths to Dec 2014)	Target 2015/16
Māori – number / percentage	85.7%	100% (8 of 8)	90% (9 of 10)	70%	88% (15 of 17)	70%
Non-Māori	88.5%	77.2% (250 of 324)	87% (159 of 183)	70%	91% (348 of 383)	70%
Total		77.7% (258 of 332)	87% (168 of 193)	70%	91% (363 of 400)	70%

## Cardiovascular Disease Action Plan



## 6.4 Child Health - Breastfeeding

Breastfeeding helps lay the foundations of a healthy life for a baby and also makes a positive contribution to the physical, social, emotional and mental health and wellbeing of infants, mothers, fathers/partners and whānau/families. There are risks identified with not breastfeeding - for example, breastfeeding reduces the risk of sudden infant death syndrome, and potentially reduces the risk of overweight and obesity, and Type 2 diabetes later in life.

The influences on breastfeeding rates are complex. Measures to improve breastfeeding rates need to involve families, communities, and government and non-government groups and agencies.

Exclusive breastfeeding is recommended until babies are around six months.

### Indicators

- (a) Establish baseline and monitor rates of breastfeeding on discharge from hospital for Māori.
- (b) Establish baseline and monitor access to the Lactation consultancy service for Māori women.

Exclusive & Full Breastfeeding rates	Base 2012	Feb	Target 13/14	Actual 2013-14*	Q2	Target 2014/15	Actual Sept14**	Target 2015/16***
Māori 6 weeks/discharge from LMC	60%	68%	68%	68%	-	68%	62%	75%
Non-Māori 6 weeks/discharge from LMC	72%	68%	74%	-	-	-	73%	75%
Māori 3 months	54%	54%	44%	65%	51%	51%	60%	60%
Non-Māori 3 months	60%	54%	59%	65%	61%	61%	60%	60%
Māori 6 months (receiving breast milk, i.e. exclusive, full or partial breastfeeding)	15%	59%	54%	59%	48%	48%	65%	65%
Non-Māori 6 months (exclusive, full or partial breastfeeding)	22%	59%	71%	-	-	69%	69%	65%
Breastfeeding on discharge from maternity units					establish baseline for Māori (at 2wks postnatal)	77%		

\*Data source for actual rates is Plunket currently, as provided to Te Tumu Whakarae (April 2014)

\*\*Targets for 6 weeks and 6 months no longer set in the Annual Plan.

\*\*\* WCTO Quality Indicators report Sept2014

## Child Health Action Plan

**OUTCOME MEASURES:** 75% exclusive or fully breastfed at LMC discharge  
60% exclusive or fully breastfed at 3 months; 65% receiving breast milk at 6

- ACTION THEME 1: Improve access to breastfeeding support services for Māori women

**ACTION 1:** Collaborative action to promote and encourage breastfeeding in the community through the Breastfeeding Networks, including Kaupapa Māori initiatives such as peer support and whānau support

**MEASURE 1:** Breastfeeding week promotion

**ACTION 2:** Maintain Baby Friendly Hospital accreditation in NMDHB maternity facilities

**MEASURE 3:** BFHI accreditation maintained

**ACTION 3:** Increase access to Lactation Consultancy through supporting a Te Piki Oranga employee to achieve Lactation Consultant qualification and increasing LC clinic hours

**MEASURE 3:** TPO employee attains LC qualification & LC clinic hours increased

**ACTION 5:** Investigate the establishment of a Hapu Ora programme.

**MEASURE 5:** Hapu Ora programme feasibility determined by 30/06/16

**ACTION 4:** Provide workforce development opportunities

**MEASURE 4:** “Supporting Māori wahine and breastfeeding” study day 2015

**SEE ALSO** DHB Annual Plan: Maternal & Child Health; Better Help for Smokers to Quit

## 6.5 Data Quality

### Accuracy of ethnicity reporting in PHO registers

% of enrolments with valid ethnicity recorded	Baseline	Target 2013/14 (2013)	Actual (Dec	Target 14/15	Actual Dec 2014	Target 15/16
NBPH	98.69%	100%	99.7%	100%		100%
KHW PHO	97.62%	100%		100%		100%
<b>Total</b>	<b>97.5%</b>	<b>100%</b>		<b>100%</b>		<b>100%</b>

Note: for those where an ethnicity is not recorded may include some patients who have declined to state their ethnicity

**95% data accuracy for ethnicity data collected in the hospital.**

New NHI registrations with non-specific ethnicity	Baseline	Target 2013/14	Actual Sept-Nov'13	Target 14/15	Actual 2015	March	Target 15/16
NMDHB		<5%	0%	0%	0.38%	0%	

### Data Quality Action Plan

**OUTCOME GOAL 1:** Quality ethnicity data facilitates planning, service delivery & monitoring

OUTCOME MEASURES: All key indicators reported by ethnicity

SEE ALSO DHB Annual Plan: Maternal & Child Health; Better Help for Smokers to Quit

<b>ACTION 1:</b> Report all key health status and service performance indicators by ethnicity to understand any inequities, to inform future actions to address these.	<b>ACTION 2:</b> Reinforce the use of the <i>Ethnicity Data Protocols for the Health and Disability Sector</i> and the <i>Primary Care Ethnicity Data Audit Toolkit</i> to improve ethnicity data collection across providers	<b>ACTION 3:</b> Monitor ethnicity on new NHI registrations & PHO enrolments & report to Clinical Governance Groups and the Iwi Health Board
<b>MEASURE 1:</b> Increase the ethnicity-specific reporting on key indicators to inform the DHB, Iwi Health Board and PHOs (quarterly)	<b>MEASURE 2:</b> Quarterly sample audits to identify accuracy of ethnicity data quality & recording – report to DHB/IHB/PHOs on ethnicity data quality & activities to improve.	<b>MEASURE 3:</b> Report against targets & number of Māori enrolled with PHOs & activities to improve this – quarterly to DHB/IHB/PHOs

## 6.6 Immunisation

### Māori newborns are enrolled with general practice (measured at 3 months)

GP	Base 13/14	14/15 Target	2014/15	15/16 Target
Māori	Collect baseline data	98%		98%
Pacific	Collect baseline data	98%		98%
Other	Collect baseline data	98%		98%

### Immunisation Coverage at 8 months old

8 mth olds	Base 12 months to Dec2012	Target 13/14	Actual (12 months to 30/11/13)	Target 2014/15	Actual ('12 mths to 31/12/14)	Target 2015/16
Māori	83%	90%	88%	95%	89%	95%
NZE	89%	90%	86%	95%	92%	95%
Pacific	81%	90%	93%	95%	85%	95%
Asian	92%	NA	96%	95%	95%	95%
Other	81%	90%	83%	95%	80%	95%
<b>TOTAL</b>		<b>88% (declines 6.0%)</b>	<b>95%</b>	<b>90%</b>	<b>95%</b>	<b>95%</b>

### Timeliness - % of 6 week immunisations for Māori completed (measured through the completed events report at 8 weeks).

6 week imms	Base 13/14	Actual (at 31/12/13)	2014/15 Target	Actual (12 mths to 31/12/14)	Target 2015/16
Māori	Collect baseline data	93%		93%	93%
Total	Collect baseline data	92%		91%	93%

### Seasonal influenza immunisation rates in the eligible population (65 years and over)

Influenza coverage for 65+ years	Base Dec 12	Target Dec 13	Actual Dec 13	Target 14/15	Actual ('12 mths to 31/12/14)	Target 2015/16
KHWP/HO	58.99%	60.50%	70.41 (DHB total)	>/= 75%	66.2% (total popn)	>/= 75%
NBPH total enrolment	67.16%	68.69%			71.3% (total popn)	
High need: KHWP/HO	52.02%	58.50%	70.57 (DHB Total)	>/= 75%		>/= 75%
High need: NBPH	68.65%	69.65%				
Māori	To be established	65%			60.5% (Māori)	
					71.4% (Māori)	

## Immunisation Action Plan

**OUTCOME GOAL 1:** Reduced incidence of vaccine preventable disease

**OUTCOME GOAL 2:** Reduction in death and health consequences in vulnerable populations

**OUTCOME MEASURE 1:** 95% of 8 month olds and 2 year olds are fully immunised

**OUTCOME MEASURE 2:** 75% of the eligible population 65 years & over complete seasonal influenza immunisation

### ACTION THEME 1: Childhood immunisations

**ACTION 1:** Establish and promote pathways for referrals to Kaiatawhai Service (Nelson Bays PHO) and Pacific Health Service (Marlborough PHO) and Outreach Immunisations Services (Te Piki Oranga & Public Health Service) to improve immunisation uptake

**MEASURE 1:** 95% of Māori, Pacific and high needs population are immunised on time, reported quarterly

**ACTION 2:** Implement other actions from the Annual Plan, including the collaborative Immunisation Governance & Operations groups and immunisation for children presenting at hospital services.

**MEASURE 2:** Immunisation Governance Group monitors immunisation coverage at least quarterly and guides actions, including to address inequities

**SEE ALSO DHB Annual Plan: Increased Immunisation**

### ACTION THEME 2: Influenza

**ACTION 3:** Work with Te Piki Oranga and PHO Liaison Services to develop immunisation clinics, focusing on influenza, on Marae

**MEASURE 3:** Marae based immunisations occur by 30/06/16, with an aim of achieving the same coverage for Māori as for non-Māori

### ACTION THEME 3: Other immunisations

**ACTION 4:** Increase HPV immunisation rates by promotional activity, expanding the range of organisations promoting immunisations, and workforce development

### MEASURES 4:

- Te Piki Oranga promotes HPV immunisations by 31/10/15
- A communications strategy for promotion of HPV immunisations is developed by 31/7/15
- Online learning tools are promoted by 31/8/15

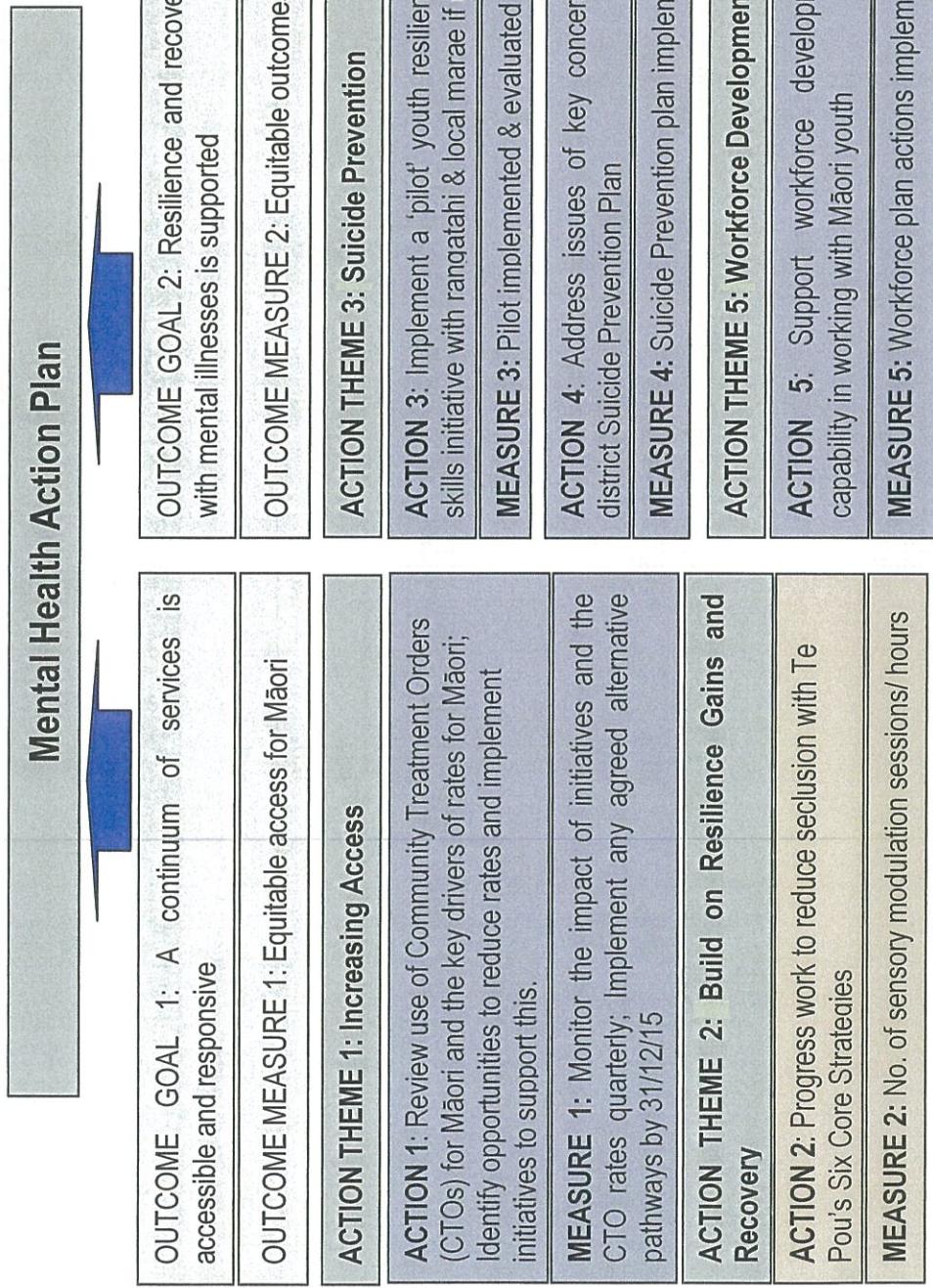
**ACTION 5:** PHOs & DHB support TPO to deliver immunisations, e.g. education, resources, assessments for nurses to become authorised independent vaccinators (AIVs); & supporting the cold chain.

**MEASURE 5:** Number of AIVs increases

## 6.7 Mental Health & Addictions

Number of clients under Treatment orders / population	S29 Community Rate per 100,000	Base 2012/13	Target 14/15	Actual	Target 15/16
Māori	26 people / 194 per 100,000	< 180 per 100,000			< 180 per 100,000
Non-Māori	82 people / 64 per 100,000				

We intend to develop regular reporting on a range of indicators that enables us to better monitor the mental health status for Māori.



## 6.8 Oral Health

- a. Increased number of preschool enrolment rates.

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2014 Actual	2015 Target	2016 Target
Total for the pre-school population	48%	58%	73%	80%	79.5%	85%	95%
Total for Māori pre-schoolers	n/a	n/a	n/a	80%	56.9%	85%	95%

- b. Decayed and missing filled teeth for Year 8 children

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2014 Actual	2015 Target	2016 Target
Māori	1.38	1.23	1.64	1.0	1.58	1.0	
Other	0.97	0.87	1.09	1.0	0.83	1.0	
All	1.04	0.92	1.01	1.0	0.93	1.0	

- c. Proportion of caries free at 5 years of age.

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2014 Actual	2015 Target	2016 Target
Māori	53	40	31	60	46	65	
Other	70	67	59	60	64	65	
All	67	64	55	60	61	65	

- d. Increase adolescent enrolment rates.

Year	2011 Actual	2012 Actual	2013 Actual	2014 Target	2014 Actual	2015 Target	2016 Target
Total Adolescent population	86.8	85%		85%		85%	
Māori adolescents	n/a	n/a	n/a	85%		85%	

## Oral Health Action Plan

**Outcome Goal:** Pregnant women, babies, children and their families have improved health outcomes

**OUTCOME MEASURE 3:** Improve oral health status for children at 5 years (% caries-free)

**ACTION 1:** Infants are enrolled and engaged in primary health care services (GP, Well Child/Tamariki Ora (WCTO, NIR, Community Oral Health (COHS), Universal Newborn Hearing Screening)

**MEASURE 1:**

- 98% of 3 month olds, included Māori, are enrolled with a GP & WCTO by 1/9/15
- 95% of preschoolers, including Māori, are enrolled in the community oral health service by 30/6/16

**ACTION 2:** Implement project to identify key barriers for Māori & Pasifika to accessing Community Oral Health Service and explore and implement health promotion and service access initiatives designed to support Māori & Pasifika whānau/fanau to improve the oral health status, particularly for children under 5years

**MEASURE 2:**

- Increased % of preschool Māori children enrolled & utilising the Community Oral Health Service (COHS) – monitored 6 monthly
- Reduce the rates of Māori tamariki who 'do not attend' COHS appointments by 50% by 31/07/16

**SEE ALSO** NMDHB Annual Plan: Maternal & Child Health;  
Whānau Ora

## 6.9 Better Help for Smokers to Quit

95% of Māori hospitalised smokers will be provided with brief advice and support to quit by July 2014 – reported quarterly.

Hospitalised smokers	Q2 2012	Target 13/14	Actual (Oct-Dec 2013)	Target 14/15	Actual Oct-Dec 2014	Target 2015/16
Māori	96.62%	95%	95%	95%	98.3	95%
Total	95.98%	95%	93.5%	95%	95.6	95%
Smoking rate - Māori		28%			33.6%	

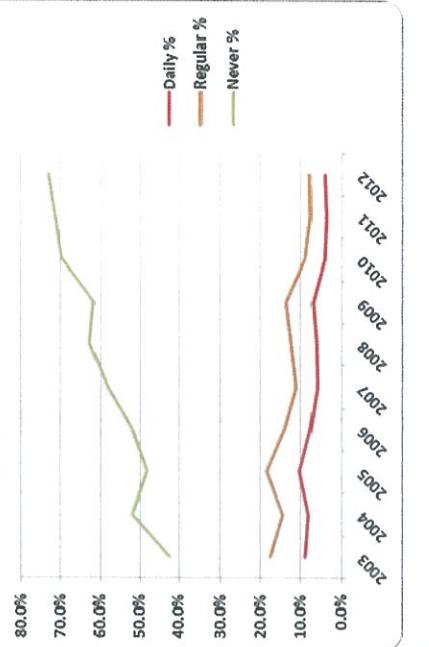
90% of enrolled Māori patients who smoke and are seen in General Practice are offered brief advice and support to quit smoking – reported quarterly

General Practice	12/13	Target 13/14	Actual (Oct-Dec 2013)	Target 14/15	Actual Oct-Dec 2014	Target 2015/16
KHWP/HO Māori	24.29%	90%		90%	108.3%	90%
KHWP/HO Non-Māori	19.48%	90%		90%	99.3%	90%
NBPH Māori	50.75%	90%	85%	90%	96.2%	90%
NBPH Non-Māori		90%		90%	96.2%	90%
TOTAL NM		90%	78%	90%	97.3%	90%

## Smoking in Pregnancy

	All pregnant women	Māori pregnant women
Q2 2013-14	19.40%	55%
Q3 2013-14	18.10%	49%
Q4 2013-14	12%	38%
Q1 2014-15	14%	50%
Q2 2014-15	12%	34%

## Smoking rates for Year 10 Students from the surveys by Action on Smoking and Health (ASH)



## Better Help for Smokers to Quit Action Plan

OUTCOME GOAL 1: Smokefree Aotearoa 2025

- OUTCOME MEASURE 1: By 2025, less than 5% of the DHB's population will be a current smoker.

ACTION THEME 1: Promotion of smoking cessation

ACTION 1: Work with Māori & Pacific leadership to role model smokefree behaviours; undertake engagement and health promotion activity at hui, sporting events & marae

MEASURE 1: Promotion & engagement activities undertaken each quarter

SEE ALSO DHB Annual Plan: Maternal & Child Health; Better Help for Smokers to Quit

OUTCOME GOAL 2: Reduction in the harm to people caused by smoking

- OUTCOME MEASURE 3: Percentage of pregnant Māori women who are smokefree at two weeks postnatal (95%)

ACTION THEME 2: Pregnant women are offered advice and support to quit

ACTION 2: Provide education tailored to midwives to support their conversations, in particular with Māori women & whānau.

MEASURE 2:

- Education sessions held with midwives by 30/06/16
- Patient story video available by 31/12/15

ACTION 3: Implement a Smokefree pregnancy incentives pilot

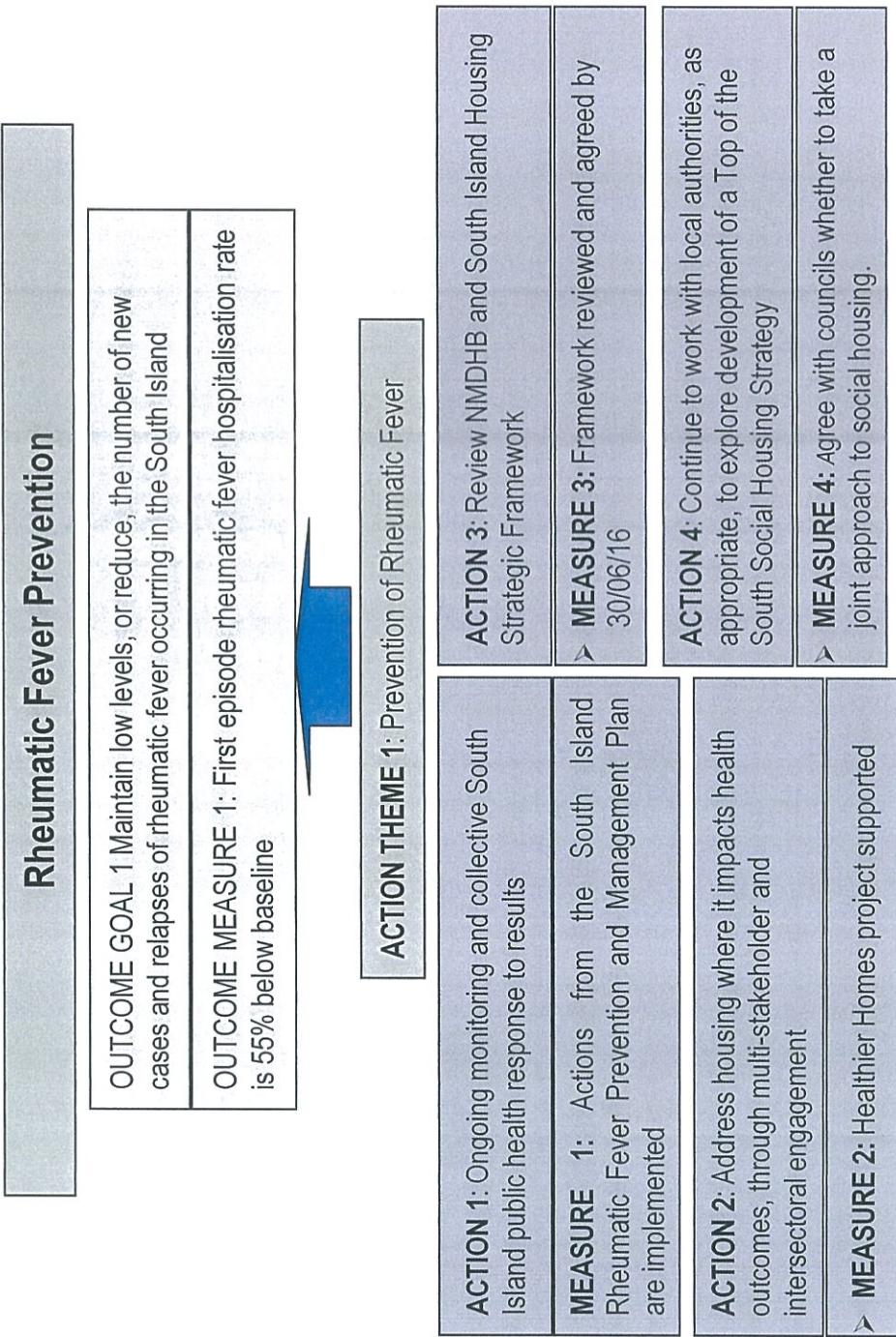
MEASURE 3:

- Business case developed by 31/10/15
- Smokefree pregnancy pathway developed by 31/10/15
- Prevalence of pregnant Māori women smoking decreases by 30/6/16

## **6.10 Rheumatic Fever**

The South Island has a much lower incidence of rheumatic fever than the rest of New Zealand. Over the three years from 1 July 2009 to 30 June 2012, the South Island's rate of initial hospitalisations for rheumatic fever was 0.4 per 100,000 people – compared with 4.0 per 100,000 for the whole of New Zealand.

For the 12 months 1 July 2012 – 30 June 2013, there were 7 cases of rheumatic fever initial attack hospitalisations in the South Island – Nelson Marlborough DHB has one of these cases.



## 7. LOCAL PRIORITIES

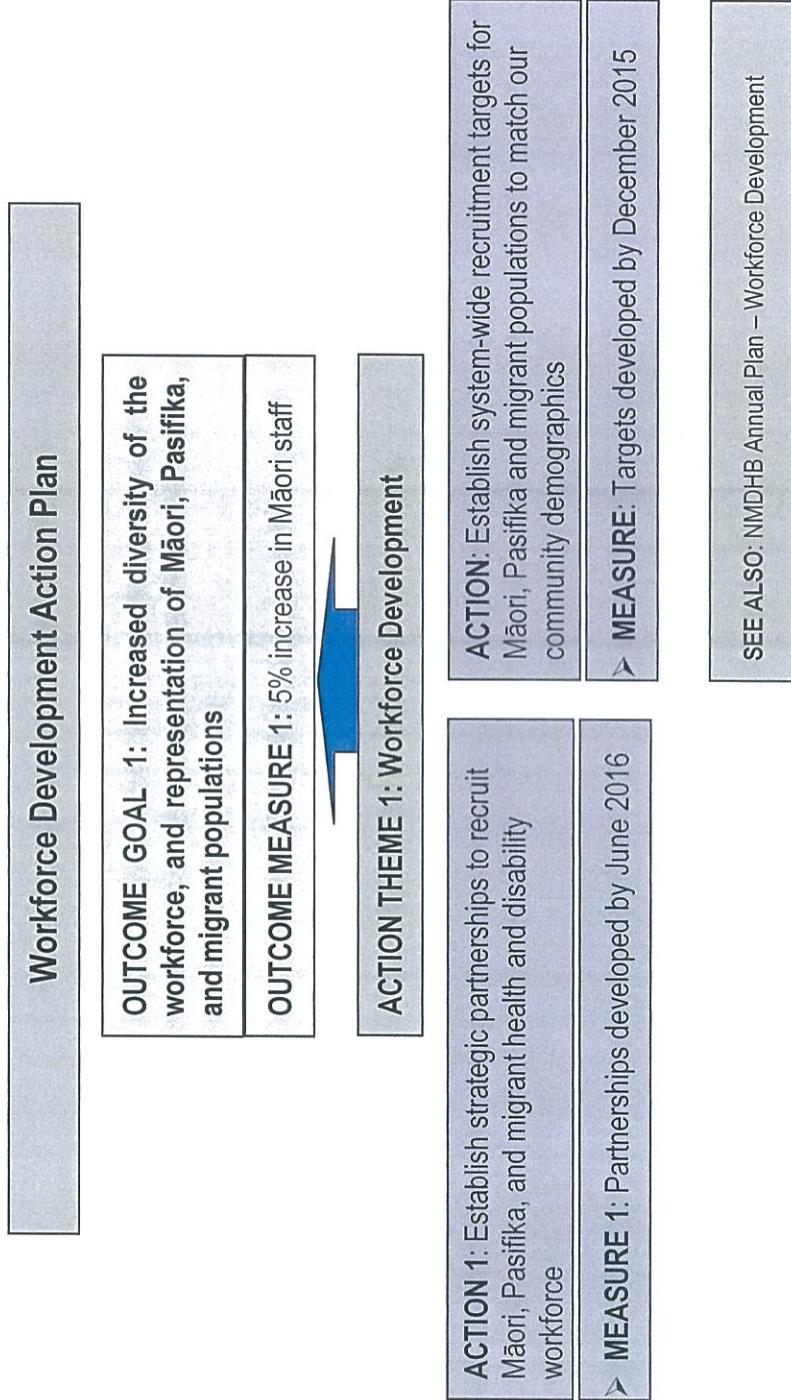
Access to care for high needs and at risk communities

- Promoting Health - Healthy weights and other
- Local priorities are:
- Maternal & Child Health
- Workforce Development

### 7.1 Promoting Health

Promoting Health Action Plan					
<b>OUTCOME GOAL 1: Increased proportion of Māori the population is in the healthy weight range</b>					OUTCOME GOAL 2: Health promotion plans address key health priorities
<b>OUTCOME MEASURES:</b> % of adults with BMI x-y; % of 4 year olds in healthy weight range					<b>OUTCOME MEASURES:</b>
<b>ACTION THEME 1: Healthy Weight</b>					<b>ACTION THEME 2: Collaborative Health Promotion</b>
<b>ACTION 1:</b> Partner with other agencies to pilot a comprehensive & coordinated whānau-centred initiative in settings that reach Māori whānau, promoting nutrition & physical activity					<b>ACTION 3:</b> Develop a coordinated, targeted health promotion plan across Public Health, PHOs, TPO, and Māori organisations to address key health priorities for Māori.
<b>MEASURE 1:</b> Initiative implemented in 2 settings by 30/06/16					<b>MEASURE 3:</b> Plan developed and implementation commenced by 31/12/15
<b>ACTION 2:</b> Work to ensure strong referral pathways for children & whānau needing support to improve nutrition and physical activity					<b>SEE ALSO:</b> NMDHB Public Health Service Plan
<b>MEASURE 2:</b> Referral pathways confirmed 31/12/15					<b>MEASURE 4:</b> Strategy developed by 30/06/16

## 7.2 Workforce Development



### 7.3 Improved Access for At Risk Communities

Improved Access for At Risk Communities Action Plan	
OUTCOME GOAL 3:	Reduced disparities in health access for communities with higher needs
OUTCOME MEASURE 1:	Specific initiatives reach higher needs communities
ACTION THEME 1:	Improved access to health services for people with high needs
ACTION 1:	Develop an understanding of key issues and develop a response that delivers health promotion, education and primary care to high needs communities/settings – pilot in one setting or with one population group
► MEASURE 1:	Pilot developed and implemented by 31/03/16

## 7.4 Maternal & Child Health

### Antenatal Care

- (a) Number Māori whānau who attend antenatal classes.
- (b) Measure the percentage of Māori women accessing DHB funded parenting and pregnancy education.

Antenatal class attendance	Develop baseline for 13/14	Actual	Target 14/15	Actual Oct-Dec 2015	Target 2015/16
Māori	Collect baseline data				
Non-Māori	Collect baseline data				

### Smokefree pregnancies

- (c) 90% of Māori pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with an LMC are offered advice and support to quit.

Smoking in Pregnancy	Develop baseline for 13/14	Actual (Oct-Dec 13)	Target 14/15	Actual Oct-Dec 2015	Target 2015/16
Māori	Collect baseline data	95.5	90%	Not reported publicly as accounts for only about 80% of pregnancies	
Non-Māori	Collect baseline data	94.6	90%	Target changing for 2014/15 – see above ‘Better Help for Smokers to Quit’	

### B4 School Check Coverage

- (d) At least 80% of Māori children receive a B4 School Check before their 5th birthday

B4 School Checks	Base (6mths to Dec 2012)	Target 13/14	Actual 2012/13	Target 14/15	Actual 2013/14	Target 2015/16
Māori	70.5%	80%	66%	90%	91%	90%
Non-Māori	91%	80%	83%	90%	91%	90%

## Child and Maternal Health Action Plan

**OUTCOME GOAL 1:** Women, babies, children and their families have access to high quality maternal and child health services and improved health outcomes

### OUTCOME MEASURES:

- More equitable result on quality indicators
- Early enrolment of women with LMCs & babies with GPs and other Well Child services
- Breastfeeding rates improve

**ACTION 1:** Implement the Well Child/Tamariki Ora Quality Framework local plan.

### MEASURE 1:

- Local plan implementation begins by 30/08/14
- Improved performance on prioritised WCTO Quality Indicators
- B4 School Checks provision in primary care settings by 01/12/15

**ACTION 2:** Maintain our achievement of above 90% B4 School Check rate, e.g. by exploring extending the range of service providers

**MEASURE 2:** 90% of children receive a B4 School Check, including 90% of children living in high deprivation areas and Māori

**ACTION 2:** Support healthy lifestyles in pregnant women & whānau

### MEASURES:

- Smokefree pregnancy incentives pilot implemented by 31/10/15
- Work programme for agreed sugar sweetened beverage priorities initiated by 1/7/15
- National guidelines for the screening, diagnosis & management of gestational diabetes implemented by 30/6/16
- Review breastfeeding support services across the district and develop plan to address gaps by 31/12/15
- Support the healthy start education & skills programme implementation
- 30% of Māori, Pacific & teen pregnant women complete pregnancy and parenting education

**SEE ALSO:** Access to Care (Newborn enrolment); NMDHB AP  
Maternal & Child Health

