



MAORI HEALTH ANNUAL PLAN 2014-15



He Mihi

Tihewa mauri ora ki te whei ao ki te ao marama.

Tena koutou, nga wairua o te hunga kua hinga, puta atu ki waho, i runga te tai o Rehua. Piki atu, kake atu ma runga nga ngaru nui ngaru roa ngaru paewhenua.

Na reira i nga mate haere atu, haere atu, whakaoti atu. Hoki mai kia tatou nga kanohi o te hunga ora tena koutou, tena koutou, tena koutou katoa.

Ka hau te reo, ka hau te tangi, te moemoea o nga tohunga rongoa, kia piki te ora o nga iwi puta noa Te Tai Tokerau.

Oi oi mai te toki, haumi e! hui e! taiki e!

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1 Executive Summary

Northland District Health Board (NDHB) is committed to reducing inequalities and improving Maori health and wellbeing. The Maori Health Plan is used by NDHB and the Northland PHOs as the key means of monitoring progress on Maori health and reduction of inequalities, along with other tools such as the Maori health dashboard on NDHB's Intranet and the annual update of performance regarding the Maori health measures in our Statement of Service Expectations NDHB's Northland Health Services Plan¹, which sets the direction of travel for services in Northland over the next five years, contains numerous Headline Actions; to monitor progress, each action will be required to generate data on Maori and non-Maori performance.

In line with the Ministry's expectation, NDHB has sought input from the two Northland PHOs, Manaia Health PHO and Te Tai Tokerau PHO in relation to the role and contribution of Primary Health Care in achieving improved health outcomes and reducing inequalities for Maori. This plan comes with the commitment of the Northland PHOs to work in partnership with Maori and the DHB to achieve a level of significant positive change only possible through collaborative effort,

The Northland DHB's *Annual Plan 2014-15* fulfills the requirements of the Public Health and Disability Act and addresses Ministerial, national and regional priorities in setting the direction for NDHB for 2014-15.

Finally, we acknowledge the Iwi of Te Tai Tokerau (Te Aupōuri, Ngati Kahu, Ngati Kurī, Ngapuhi, Te Roroa, Ngapuhi ki Whaingaroa-Ngati Kahu ki Whaingaroa, Te Rarawa, Ngai Takoto, Ngati Wai, Ngati Whatua, and Te Uri o Hau). We confirm that NDHB will work collaboratively with Iwi to not only effect our responsibility under the Treaty of Waitangi but also to implement Whanau Ora for Whanau success. He Mangai Hauora Mo Te Waka A Taonui (Maori Health Gains Council) provides the forum for Northland DHB to account for our performance regarding national,

regional and local indicators for Maori health. He Mangai Hauora Mo Te Waka A Taonui have identified their six priorities for the health of Maori in Te Tai Tokerau, they are:

- Diabetes and CVD
- Rheumatic Fever
- ASH Rates (focusing on tamariki)
- Breast Feeding
- Oral Health
- Smoking Cessation

These priorities are incorporated into our national and local indicators of this Plan and will be monitored and regularly reported to the Maori Health Gains Council on Northland's performance.

Te Tumu Whakarae (National Maori GM's Forum) is in the process of completing their Whanau Ora Policy Framework that could act as a mechanism for each DHB to advance the delivery of Whanau Ora. It is envisioned that the Framework will encompass national, regional and local DHB responses to key performance indicators identified in the Northern Regional Service Plan, Northland DHB Annual Plan and Maori Health Plan.

Whanau Ora's extension of He Korowai Oranga within Whanau Ora initiatives seeks to actively bring together government agencies, providers and whanau to collectively improve outcomes for Maori. The four Whanau Ora Collectives (Te Tai Tokerau WOC, Te Pu o Te Wheke WOC, Te Hau Awhiowhio o Otangarei WOC, Nga Ripo WOC) representation are members of Te Tai Tokerau Te Roopu Kai Hapai Oranga (Northland Alliance Leadership Team), alongside NDHB and Northland PHOs, which was formed in 2011 but has reaffirmed their membership and Charter. ALT has recently confirmed its role as providing the governance structure for sector integration, strategic direction and the broad vision of integration. Te Roopu Kai Hapai Oranga has identified synergies between lifestyle risk behaviours associated with smoking and the impact on cardiovascular disease and diabetes. A focused approach to work with a Results Based Accountability framework has been agreed to through a Healthy Lifestyles Programme, of which there is a

¹ Available at <http://northlanddhb.org.nz>

- Primary focus on Smokefree Northland by 2020 and a smoking prevalence rate of 5% by 2025
- Integration with healthy nutrition and activity projects to reduce obesity

2 Maori in Northland

2.1 Introduction

Northland DHB, Northland PHOs and He Mangai Hauora Mo te Waka a Taonui express their ongoing commitment to improving Maori health. Many who work in the health sector in Northland are aware of the inequities in health between Maori and non-Maori. Therefore we all have a role to play in ensuring that Maori are able to access timely, appropriate, responsive and effective health care.

It is recognised that Maori health is not influenced solely by the health sector alone therefore Northland DHB will continue to work with other sectors who have a role to play in the health and wellbeing of Maori in Te Tai Tokerau, for example, with MSD in Child Action Teams and Social Sector Trials, EECA in warm housing,

2.2 Maori Health Profile

Population overall

Northland's population for 2013 was 151,692, of whom 30% were Maori.

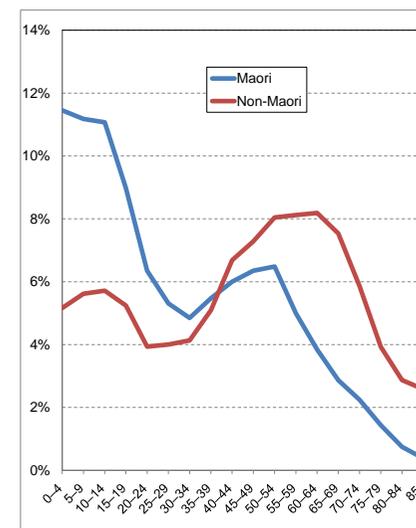
Out of the total Maori population, 49% live in the Far North District, 42% in Whangarei, and 9% in Kaipara. 24% of Manaia PHO's population at March 2012 was Maori (22,628 out of 92,790). Te Tai Tokerau PHO had both higher percentage of Maori (46%) as well as a higher number (60,798).

Iwi in Northland are Te Aupōuri, Ngati Kahu, Ngati Kurī, Ngapuhi, Te Roroa, Ngapuhi ki Whaingaroa-Ngati Kahu ki Whaingaroa, Te Rarawa, Ngai Takoto, Ngati Wai, Ngati Whatua, and Te Uri o Hau².

Age structure

The child and youth population (ages 0-24) comprised 49% of all Maori in 2013, compared with only 33% for the European population. People aged 65 or more comprise 18% of Northland's European population but only 8% of Maori. These features lend the Maori population pyramid a distinctive triangular shape that contrasts with the more rectangular profile of non-Maori.

Figure 1: Age structure, Maori and non-Maori, Northland 2013

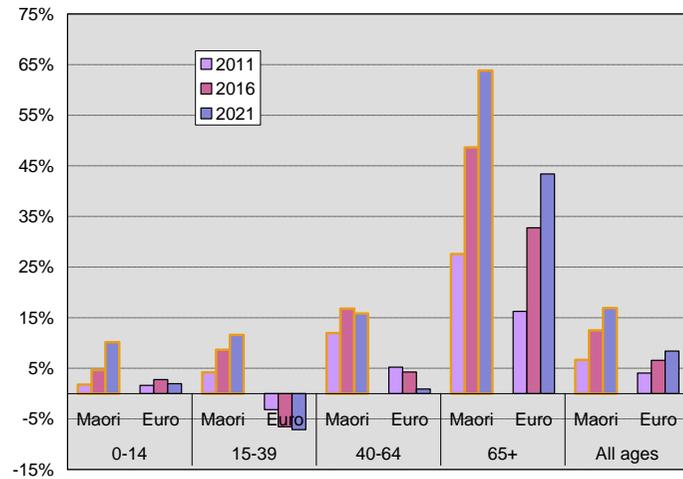


Projections

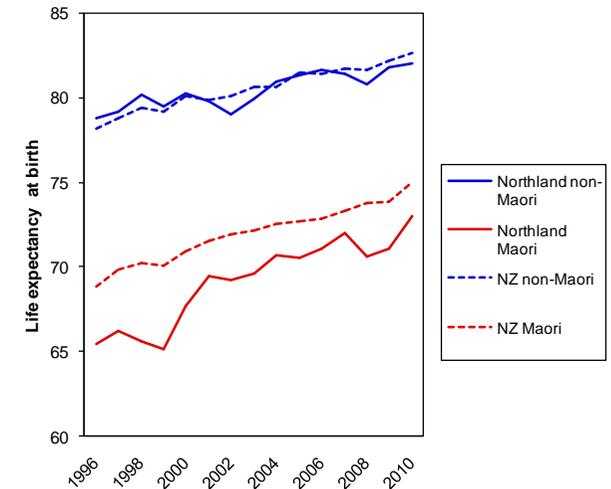
The Maori population is projected to grow faster than the European population across all age groups. Though the projected growth in Maori 65+ looks large, it will be small numerically because it is starting from such a small base. Unless something is done soon to close the mortality gap between Maori and non-Maori, the Maori population will continue to have a distinctive child and youth 'bulge' and a narrowing in older ages.

Figure 2: Projected percentage change from 2006, Northland Maori and NZ European populations

² Based on Te Puni Kokiri information.



since then it may have widening again, but this cannot be verified until recalculations can be carried out using 2012 mortality data). Northland’s 9-year gap compares with the national figure of 7.6 years.



2.3 Maori Health Needs

Deprivation

Over half (56%) of all Maori in Northland live in the most deprived quartile, as measured by the NZDep06 Index. Non-Maori in the region more closely matched the affluence of NZ as a whole, with just over one-fifth of their population (23.5%) in the most deprived one-fifth of NZ.

The high deprivation and large Maori population in Northland means that almost half (47%) the PHO enrolled clients were eligible for Services to Improve Access (SIA) funding.

Life expectancy

The gap between Maori and non-Maori life expectancy improved from 13 years in 1996 to 9 years in 2010 (recent evidence suggests that

Figure 3: Northland and New Zealand life expectancy 1996-2010

Lifestyle

Maori rates of smoking are high, with 34% of Northland Maori adults having a regular tobacco intake, compared with 16% for non-Maori.

53% of Maori are obese, higher than the European figure of 32%.

Avoidable mortality

Maori have about three times the avoidable mortality rate than non-Maori (308.3/100,000 compared with 106/100,000). Leading causes of death are ischaemic heart disease, lung cancer, diabetes, motor vehicle accidents, and suicide and self-inflicted injuries.

In 2010, 48% of all Maori deaths occurred before age 65, compared to 18% for non-Maori.

Avoidable morbidity

Avoidable hospitalisations were also higher, with the Maori rate at 5,941/100,000 and non-Maori at 4,327/100,000. Leading causes of hospitalisation were respiratory infections, dental conditions, angina, asthma, ENT infections and gastroenteritis.

Far more Maori die in middle age, primarily from the effects of long term conditions. This is reflected in Figure 3, which indicates that Maori are admitted to hospital in Northland aged on average about 13 years younger than non-Maori.

The two leading causes of illness and death are cardiovascular disease and cancers, and Maori rates for both are higher. For ischaemic heart disease Maori are hospitalised at a rate of 694/100,00 and non-Maori at 428/100,000, while for stroke Maori are hospitalised at a rate of 256/100,00 and non-Maori at 114/100,000. Hospitalisations for all cancers are also higher for Maori at 442/100,000 compared with 367/100,000 for non-Maori.

3 Action Plan Overview

Northland DHB updates Health Target and other quarterly reporting indicators every quarter, displaying current data in relation to targets and past performance. The results are considered by the Board, the Executive Leadership Team (which includes PHO Chief Executives) and NDHB's Clinical Governance Board.

NDHB updates progress on our Maori Health Plan every quarter. The report is considered by He Mangai Hauora Mo Te Waka A Taonui (Maori Health Gains Council), and the newly formed Te Roopu Kai Hapai Oranga (Northland Alliance Leadership Team) which includes representation from Northland PHOs, the four Whanau Ora Collectives and NDHB.

NDHB has developed a Maori health dashboard comprising key measures of Maori health and service provision both at a regional and local level. NDHB also develops a quarterly by-exception progress report on the actions in our Annual Plan which is provided for the information of the Board.

Northland DHB will monitor results through its stakeholder forums³ and He Mangai Hauora mo Te Waka a Taonui, the Maori Health Gains Governance Group, to communicate Maori health outcomes and trends. The Governance Group has been endorsed and supported by Iwi to meet legislative responsibilities of the DHB, placing it alongside other monitoring tools such as the Maori health dashboard on NDHB's Intranet. Northland DHB also prepares an annual update of performance regarding the Maori health measures in our Statement of Service Expectation (part of the Statement of Intent).

The eleven national indicators include the Health Targets, the Northland DHB and Northland PHO Performance measures which link to the leading causes of mortality and morbidity for Maori. Each indicator will have a list of actions that show what the Northland DHB/PHO are planning to deliver. Northland DHB has also identified Respiratory condition as a local indicator in relation to ASH rates for 0-4 children.

The Northland Health Service Plan (NHSP) describes the future challenges and the responses that will lay the foundation for the long term clinical and financial sustainability. The NHSP has a twenty year horizon with a particular focus on the early actions (the next 5 years) that anticipate the intensifying pressures on Northland's health system, reducing the risk of crisis driven, reactive responses.

The Health Equity Assessment Tool and Inequalities Framework will be developed to deliver training to staff to reduce the impact of cultural misunderstanding and unconscious bias thus contributing to the state of Maori health in Northland. It is expected that improved integration of cultural and clinical competence should lead to better outcomes through improvements in communication, acceptability of treatment, adherence to treatment plans,^{6,35-37} and through measurements of doctor performance in service delivery.

³ Alliance Leadership Team (4 x WOC Collectives, 2 x PHOs, NDHB GMs and Clinical Directors), Executive Leadership Team, Whanau Ora Collectives

3.1 National indicators

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
Data quality	Accuracy of ethnicity reporting in PHO registers as measured by Primary Care Ethnicity Data Audit Toolkit	100% ⁴	99.5%	Annually	<p>Considering that NDHB has met the target for the last 3-4 years, the organisation will continue to work towards ethnicity data collection, quality, availability and sharing of population health data across the DHB and PHOs.</p> <p>Advocate and support the use of MoH's Primary Care Ethnicity Data Audit Toolkit in PHOs. Support and participate in the Waitemata train the trainer programme with the Northland PHOs on the Toolkit</p> <p>Northland PHOs will implement the Ethnicity Data Assessment Tool process that has been agreed to with NDHB which includes three stages:</p> <p>Stage 1: the systems compliance audit checklist, to be completed by Dec 14</p> <p>Stage 2: the staff survey to be completed by Dec 14</p> <p>Stage 3: the ethnicity data quality audit. Completed by June 15</p> <p>Summary of Finding and actions plan implemented by Dec 2015</p>
	Percentage of Maori enrolled in PHOs.	103%	97%-103%	6 Mthly/ Annually	Enrolment data suggests Maori are well represented in PHOs. Enrollment data will continue to be monitored to identify any significant adverse changes
	Ambulatory Sensitive Hospitalisations, age standardised rates per 100,000 for specific age groups	0-4: Maori Non-M Total 45-64: Maori Non-M Total 0-74: Maori Non-M Total (year ended Sep 2013)	0-4: Maori 144% Non-M Remain <95%% Total 118% 45-64: Maori 172% Non-M Remain <95%% Total 102% 0-74: Maori 161% Non-M Remain <95%% Total 110%	0-4: Maori 144% Non-M Remain <95%% Total 118% 45-64: Maori 172% Non-M Remain <95%% Total 102% 0-74: Maori 161% Non-M Remain <95%% Total 110%	6-monthly

⁴ Northland PHO enrolment figures have been exceeding 100%, which throws into doubt the accuracy of the population prediction formula. Any client coding problems that have been identified in the past have not been related to ethnicity, so to be best of our knowledge Northland has 100% accuracy.

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
			%of national rate/100,000 for total population		<ul style="list-style-type: none"> • For 45-64 <ul style="list-style-type: none"> ○ Diabetes ○ Cellulitis ○ Angina-Chest pain ○ Respiratory – pneumonia ○ Myocardial infarction • For 0-74 <ul style="list-style-type: none"> ○ Dental conditions ○ Cellulitis ○ Respiratory – pneumonia ○ Gastroenteritis/dehydration ○ Diabetes <p>The Northland Health Services Plan (2012-2017) Population Health: Headline Target, in alignment with He Mangai Hauora mo te Waka a Taonui, and Te Roopu Kai Hapai Oranga, is to reduce unplanned hospital admissions for Northlanders by 2,000 annually. The actions to support this are:</p> <ul style="list-style-type: none"> • A continuation to work with and support LMCs to refer, in particular Maori pregnant mothers who smoke, to Aukati Kai Paipa Cessation programmes in Northland to reduce the impact of smoking on Maori children and adults. • Identify . vulnerable children and babies in Wd 2, Special Care Baby Unit, and Child Health Clinics who are living in cold homes, to refer for fully subsidized retrofitting of their homes under Healthy Homes Tai Tokerau to reduce the impact of respiratory conditions • Implement the Oral Health Action Plan 2013-2018 with a focus on these actions through the Tamariki Ora Services with Maori whanau: <ul style="list-style-type: none"> ○ Promote healthy diet and nutrition among Maori communities and in particular pre-schoolers ○ Promote healthy diet and “Lift the Lip” among young mums ○ Promote breastfeeding among young mums ○ Encourage and promote oral hygiene (through programmes such as daily supervised tooth brushing) and oral health care particularly in Early Childhood Centres with emphasis on the use of Fluoride toothpaste • Support and implement the Northland Hall Technique Oral Health project with Maori children between the ages of 3-7 in order to reduce the impact of repeat conventional dental interventions, retention of teeth and a reduction in secondary and tertiary referrals over the next 2-3 years • Strengthening health literacy for long term conditions through Conversation Maps and Whakamana Hauora (Stanford model) in primary

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target																											
					<p>care</p> <ul style="list-style-type: none"> Strengthen Maori Health Directorate inclusion in the discharge planning for Maori patients to ensure connectivity with the appropriate support back in to primary care and the community. Implement the 'Train the Trainer' Respiratory Health Literacy and Best Practice programme in Primary Care to better manage respiratory conditions in General Practice by June 2015 <p>These actions are expected to impact positively on more Maori whanau (corresponding to the top 5 ASH conditions identified above):</p> <ul style="list-style-type: none"> Who are pregnant and delivering low weight babies at birth Who have respiratory ill health and are living in cold, damp, mouldy housing conditions To improve health literacy of their health condition in order to better manage their lifestyles choices and wellbeing To ensure that Maori whanau, once discharged, are linked back to their primary care providers, to reduce the risk of patients readmitting within 28 days 																											
Child Health	<p>Full & Exclusive breastfeeding at:</p> <p>6 weeks</p> <p>3 months</p> <p>6 months (Full, exclusive & Partial)</p>	<table border="1"> <tr> <td>Maori</td> <td>61%</td> <td>68%</td> </tr> <tr> <td>Non-M</td> <td>72%</td> <td>68%</td> </tr> <tr> <td>Total</td> <td>67%</td> <td>68%</td> </tr> </table> <p>By June 2015</p> <table border="1"> <tr> <td>Maori</td> <td>38%</td> <td>54%</td> </tr> <tr> <td>Non-M</td> <td>55%</td> <td>54%</td> </tr> <tr> <td>Total</td> <td>48%</td> <td>54%</td> </tr> </table> <p>By June 2015</p> <table border="1"> <tr> <td>Maori</td> <td>13%</td> <td>59%</td> </tr> <tr> <td>Non-M</td> <td>22%</td> <td>59%</td> </tr> <tr> <td>Total</td> <td>18%</td> <td>59%</td> </tr> </table> <p>By June 2015</p>	Maori	61%	68%	Non-M	72%	68%	Total	67%	68%	Maori	38%	54%	Non-M	55%	54%	Total	48%	54%	Maori	13%	59%	Non-M	22%	59%	Total	18%	59%	<p>By June 2015</p> <p>By June 2015</p> <p>By June 2015</p>	Annually	<p>Northland DHB breastfeeding support activity will:</p> <ul style="list-style-type: none"> strengthen breastfeeding education and support at antenatal clinics, lactation clinics, maternity unit identify in the community volunteers to promote and educate to pregnant women the value and benefits associated with breastfeeding their babies provide appropriate referrals to lactation consultants to support and establish breastfeeding in a client's chosen environment utilisation of Mama Aroha Talk cards in clinics Utilise NDHB lactation consultations to provide education and support to WCTO community nursing staff to support and encourage Maori mums to breastfeed their babies. <p>Northland GP Practices will encourage pregnant mothers, whenever attending the Practice, to breastfeed by providing health promotional material and the benefits of breast feeding/breast milk.</p>
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Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
Cardiovascular disease	Angiography	Maori: 72.7% Non-Maori: 79.7% Total: 78.8% (Qtr 3, 2013-14)	70% of patients referred for angiography presenting with ACS to be seen within three days of admission by June 2015	Quarterly	<p>Angiography:</p> <p>Ensure the expertise, training and tools needed are available to successfully complete the CVD risk assessment and management to meet clinical guidelines within Northland PHOs</p> <p>The PHOs will ensure that the IT systems utilise patient prompts, decision support and audit tools. GP Practices are supported to report performance.</p> <ul style="list-style-type: none"> Proactively identify, contact and invite people due for CVD risk assessment. Practice specific plans to be developed. Ensure all providers (both primary health and hospital) utilise Predict as a common data source. Ensure through efficient invitation and recall systems that people attend CVD risk assessments. <p>Northland DHB will continue to utilise the Telehealth video conferencing to connect with Maori NGOs clinical staff (Ngati Hine, Hokianga Health and Te Hiku) to focus and support patients cardiac journey throughout Northland and improve access to services within 3 days. Maori NGOs will continue to work with patients to gain permission/consent to share critical medical information between primary and secondary services.</p> <p>CVD Health Target:</p> <p>PHOs will monitor performance and agree action plans with general practices that are not achieving targets for their enrolled populations.</p> <p>Maori NGO mobile nursing contracts will be adapted to report their contribution to improving Maori whanau access, who are eligible, to having a CVDRA. This will be included in their July 1, 2014/15 service specification reporting requirements</p> <p>Practice Facilitators will work with Practice Nurses and GPs to build better understanding of their population to take a targeted approach to making contact with Maori high risk CVD patients for their CVDRA.</p> <p>Quality teams have been developed and will be maintained to ensure expertise, training and tools are available to enable providers to successfully complete the CVD risk assessment to meet clinical guidelines.</p> <p>Implement CVD assessment and management service in one large workplace in the Whangarei surrounds, to improve access to heart and diabetes checks for people in employment. <i>[Funded by Manaia PHO]</i></p> <p>Minimise financial barriers to access by providing free CVD screening to eligible</p>
	CVD Health Target	Maori 78.3% Non-M 86.6% Total 84.1% (2013/14 Q3)	By June 2015, 90% of eligible patients will have had a cardiovascular risk assessment in the last five years (Health Target). By June 2015		

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					high need populations. Maori NGO and Pharmac to implement screening opportunities at Ngapuhi Festival and Waitangi Day event Packages of care which include a CVD risk assessment component, including Manaaki Manawa (Kaupapa Maori cardiac rehab) from SIA funding
	Acute Coronary Syndrome	Maori: 25% non-Maori: 30% Total: 26% (Qtr 3, 2013-14)	>95% of patients presenting with acute coronary syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection. By June 2015		<p>Acute Coronary Syndrome</p> <p>Northland DHB registry regarding patients with acute coronary care syndrome who undergo coronary angiography and have completed their ANZACS QI ACS and Cath/PCI will have their data recorded and reported through the Acute Predict Programme software within Hospital Services Medtec. NDHB will meet the expected target by October 2014</p> <p>Northland DHB Cardiologists will be made available between the hours of 8-4.30pm to provide a support mechanism to both outreach hospitals and primary care as a communication repository for the reciprocal transfer of information. This will ensure timely responsiveness and improved pathways to accessing Northland DHB cardiology services and is intended to reduce IDFs to Auckland DHB where appropriate. Northland DHB are seeking to better manage the conditions locally where appropriate. This will positively impact on DNAs for ETTs for clients attending the clinics.</p>
Cancer	Breast Screening	Maori 74.2% Non-M 75.2% Total 74.9% (For 2 yr period: 1/1/12 to 31/12/13)	70% 70% 70%	6-monthly	<p>NDHB Breast Screening Unit will continue to work with community services/Maori NGOs to reduce DNA rates where women may need extra support /transport to access the service. Ngati Hine Health Trust contract with the Breast Screening Unit to provide transport support and health education to Maori women who are not engaging with the Unit. This is an additional activity funded partly through the NSU and partly by NDHB resources</p> <p>While NDHB has met the target for breast screening rates for Maori we will continue to monitor the disparity between Maori and non-Maori breast cancer screening rates in eligible populations (age range 45-69) through the reporting mechanism</p> <p>Northland PHOs will utilise their Practice Facilitators that work with each GP Practice to identify their eligible high priority Maori population and continue to promote the benefits and value of attending a breast screening appointment.</p>
	Cervical Screening	Maori 68.2% Non-M 79.8% Total 76.0% (2013/14 Q2)	80% 80% 80%	6-monthly	The PHO's collectively, with the Cervical Screening Governance Group, have developed a Cervical Screening Co-ordination Plan, Jul 2014-Jun 2015, that has been accepted and endorsed for implementation in Northland. As part of the Plan NDHB/NPHOs will be delivering 1500 free smear to the most vulnerable women,

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					<p>where Maori women will be prioritised to access this service.</p> <p>Northland PHOs will clean data within General Practice and map Maori populations that have never been screened within the last 5 years or more. Each general practice, similarly to the Diabetes Care Improvement Plans, will develop a plan specific to their population for implementation by the end of Dec 2014</p> <p>Northland PHOs will develop and implement a standardised, culturally appropriate pre-call and re-call letters and schedules in the high needs populations with a targeted approach to Maori women who have not been screened for 5 years or more</p> <p>Northland PHOs will develop and implement best practice guidelines through on-going education and planned CNE sessions with Practice Nurses, by Mar 2015</p> <p>Northland PHOs will reduce DNA rates among Maori by using the services of Ki A Ora Ngatiwai, who perform smears for women who:</p> <ul style="list-style-type: none"> • DNA at general practices or whom practices could not contact • wish to use an alternative service to a GP clinic and • wish to be screened at home. <p>Maori NGOs will work proactively through their mobile nursing services and their general practices to review their overdue lists and facilitate effective follow up actions, including utilising community networks, providers and agencies to assist as appropriate. This is ongoing throughout the year</p> <p>Manaia PHO will allocate funding to be paid on a (high need) population basis and also as a fee for services to GPs to implement better engagement with Maori health providers and support an outreach service approach to those who do not wish to have their smear in a general practice environment. This process will be ongoing throughout the 2 year term of the PHO contract.</p>
Smoking	Hospitalised smokers will be provided with advice and help to quit by June 2015. (HT)	Maori 95.8. % Non-M 96.1% Total 95.9% (2013/14 Q3)	95%	Quarterly	<p>Strengthen smokefree systems that support ABC in all clinical practice settings.</p> <p>Align activity to Smokefree Te Tai Tokerau 2025 and monitored quarterly through Patu Puaauahi Network (which aligns to Smokefree Aotearoa/NZ 2025) By June 2015</p> <p>Conduct 6 monthly audit on ABC for Whanau of hospitalised Maori patients to embed as routine clinical practice and as part of the Takawaenga service, particularly with the critical care unit. By June 2015</p> <p>Referrals to AKP providers in the community included as part of the discharge planning with Maori patients. By June 2015</p> <p>Undertake a systems and training focus to ensure the target for hospital ABC is</p>

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					<p>maintained:</p> <ul style="list-style-type: none"> • Implement the audit process of ABC via spot ward chart review and records coded with 'no brief advice' • Provide training sessions to all clinical staff on the revised ABC section of the Admission to Discharge Planner and refresher training on the Nicotine Replacement Therapy and referral process. • Increase referrals to smoking cessation providers from Northland DHB hospitals <p>By June 2015</p> <p>NDHB Smokefree team to work with Maternity services, NDHB Information Services and the Hapunga Auahi Kore o Te Tai Tokerau Alliance members to improve data capture of smoking status and brief advice and support given to Maori pregnant women by LMCs as recorded on the booking forms and entered into the DHB Solutions Plus database</p> <p>Ensure coding is appropriate to measure data. By Dec 2014</p> <p>Provide training to midwives on completion of smoking status and ABC given to pregnant Maori women at the point of booking in to the service. By Dec 2014</p> <p>(Northland DHB has for the last 3 Qtrs exceeded target for Maori within secondary care. Progress has occurred in meeting the target, so NDHB will maintain the above activities and approaches.)</p> <p>NDHB has transferred resources over to the Northland PHOs to deliver more support for smokers to quit to assist in achieving the primary care health target .</p> <p>NDHB will work closely with Northland PHOs in implementing and monitoring the performance of the Northland Action Plan to support Primary Care Health Targets by:</p> <ul style="list-style-type: none"> • Providing specific advice, information support and mentoring to GP Facilitators in system development within GP Practices • Review existing information flows and share information between secondary and primary care on patient smoking status and cessation activities • Provide one-on-one practice based training to Practice Nurses in General Practice <p>By June 2015</p>
	Current smokers seen in general practice will be provided with advice	Maori 86.5% Non-M 84.8% Total 84.6%	95%	Quarterly	Northland DHB will continue to monitor the performance of Northland PHOs response to Maori through their quarterly reports

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
	and help to quit by June 2015. (HT)	(2013/14, Q3)			<p>The Northland Action Plan to support Primary Care Health Targets, which was jointly developed with Northland PHOs, will continue the implementation of the key actions identified to reach the Health Target, by way of:</p> <ul style="list-style-type: none"> • General Practice Facilitators will support practices, where necessary, with additional information and training to manage Predict and Dr Info. • General Practice Facilitators will feed back to each general practice on their performance and make recommendations for improvement • Investigate the viability of smokefree champions in each general practice and develop training plans specific to their needs <p>By Jun 2015</p> <p>The PHOs will enable practices to offer FREE smoking cessation to high needs patients (Maori and low socioeconomic). This supports practices to be able to ask about smoking, provide brief intervention and offer support. General practices throughout Northland will be provided with bulk NRT so they are able to give out samples to people who want to quit. PHOs will also encourage GPs / nurses to give out NRT samples to smokers who don't want to quit at this time as there is evidence that some may still go on to make a quit attempt. By Dec 2014</p> <p>Both PHOs use Dr Info to regularly check the status of patients who require brief advice. Practices are encouraged to look at Dr Info monthly and follow up patients that were seen that were not given brief advice. The Patient Dashboard is also utilised which highlights if patients are smokers and need to be given brief advice, smoking cessation support or follow up. The Patient Dashboard has been upgraded so recording is a simple two click process. All practitioners are encouraged to use Dashboard on every patient – and to get as many 'green lights' as possible. By Dec 2015</p> <p>The impact of these activities will continue to support more quit attempts and provide more support to Maori patients to stop/reduce smoking as seen in the current improved smoking rates between Maori and non-Maori in Northland PHOs, By June 2015</p> <p>Support the three Hapunga Auahi Kore Alliances in Far North, Mid North and Whangarei-Kaipara to achieve their identified work plans:</p> <ul style="list-style-type: none"> • Maintain regular quarterly meetings and/or connections between LMCs, GPs and AKP providers to ensure good referral pathways • Identify and support ABC training requirements of Lead Maternity Carers and general practices to improve engagement with hapu women in supporting more quit attempts

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					<ul style="list-style-type: none"> Monitor referrals of hapu women to local cessation providers and Quitline, and provide feedback into the Hapunga Auahi Kore Alliances to support continued cessation opportunities. By June 2015 <p>NDHB, with its key stakeholders, will complete and implement the Te Tai Tokerau Smokefree 2025 Plan:</p> <ul style="list-style-type: none"> Promote and socialise the Te Tai Tokerau Smokefree 2025 Plan through the Patu Puaiahi network and Whanau Ora Collectives. Support the implementation of WERO within Northland. Increase NRT availability to providers that experience barriers to accessing the consumables <p>By June 2015</p> <p>Northland PHOs, in collaboration with NDHB will implement an incentive programme for hapu mama and one whanau member to stop smoking in the Mid North, By Dec 2014</p> <p>Align activity to Smokefree Te Tai Tokerau 2025 and monitored quarterly through Patu Puaiahi Network (which aligns to Smokefree Aotearoa/NZ 2025)</p>
Immunisation	Percentage of infants fully immunised by eight months of ages	Maori 86% Non-M 90% Total 87.5% (2013/14 Q3)	95%	Quarterly	<p>Implement the new Immunisation Action Plan 2014 using project methodology. The plan will give focus to:</p> <ul style="list-style-type: none"> enhance general practice systems and health professional knowledge and confidence around immunisation prioritise implementation of effective quality improvement actions in large practices that are achieving lower coverage than the milestone targets increase early primary care engagement with whanau provide relevant and appropriate information to those uncertain about vaccination provide coordinated, timely facilitation to primary care or outreach vaccination if required reduce any inequities in coverage <p>Te Tai Tokerau Immunisation Working Group (a collective of key stakeholders) will report, analyse and share practice, PHO and DHB level data to support optimal management of un-enrolled/non-immunised children</p> <p>NDHB will work with primary care partners to monitor and increase new born enrolment rates to 100%.</p> <p>Identify immunisation status of Maori children presenting at hospital and refer for</p>

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					<p>immunisation if not up to date.</p> <p>Northland DHB, in collaboration with primary care stakeholders, develop systems for seamless handover of Maori mums and pepi as they move from maternity care services to general practice and WCTO services.</p> <p>Northland PHOs will address the key factors of why children are not being immunised:</p> <ul style="list-style-type: none"> ○ High needs families with complex problems ○ Household movements – lost contact, transfers ○ Illness – chickenpox, prematurity, illnesses of siblings ○ High Decline rate <p>The actions will be:</p> <ul style="list-style-type: none"> • addressing immunisation education during pregnancy, with an emphasis on health literacy; promote active conversations to address parental concerns that lead to declining of vaccinations; • Implement a more proactive approach to unwell children especially those being hospitalised and under specialist care to ensure vaccines are given. • Encourage and facilitate the role of Maori leadership in supporting the uptake of immunisations • Improve the fragmented local IT systems and connections between in primary care and Well Child Tamariki Ora and social service providers to enable a more system wide and team approach to tackling • Employing a Maori workforce for outreach teams tracking and tracing who have local connections who can use local networks • Taking advantage of local Maori radio for promotion of immunisation and talk back sessions
	<p>Seasonal influenza immunisation rates in the eligible population (65 years and over) by ethnicity</p>	<p>Maori 63% Non-M 63.5% Total 63.5% (2013/14 Q2)</p>	<p>75% of high needs population vaccinated</p>	<p>6-monthly</p>	<p>PHO data monitored to identify eligible Maori enrolled population (65+) to receiving the influenza vaccine. GPs frontline administration staff will offer the influenza vaccine to eligible Maori as they present in the Practices. GPs will be encouraged to record adult influenza vaccinations on the NIR and will monitor the coverage. PHOs and NDHB will monitor performance through the PPP reports and make recommendations back to GPs to support improvement.</p> <p>NDHB will promote and advocate with ARC Providers and Home Support Providers to encourage their workforce to seek and access the influenza vaccinations. This would reduce the risk of infection with older clients that they</p>

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					work with. Increase promotional activity with the Maori NGO Kaumatua / Kuia services and programmes to access influenza vaccinations between Mar and Aug 2014 such as through community newsletters eg. Whakawhiti Ora Pai bi-monthly newsletter.
Rheumatic fever	Reduced hospitalisations for rheumatic fever.	17 cases per year 2009/10-2011/12	10 cases per year	Annually	Implement the Rheumatic Fever Prevention Plan This will include: <ul style="list-style-type: none"> Implementing a health promotion/ communications plan for rheumatic fever ("sore throats matter"). Defining referral pathways to healthy homes in child and maternal health services. Public Health Nurses working in collaboration with the Maori NGOs for throat swabbing services in schools Increasing primary care utilisation of the MedTech Sore Throat clinical guidelines, and audit compliance by end of 2015 with the National Heart Foundation 2008/ NZ Primary Care 2011 Sore Throat guidelines in primary care. <i>(Also see the actions regarding Healthy Homes under respiratory disease below.)</i>
SUDI	Reduced Sudden Unexplained Death in Infants notifications	Five-year average per 1,000 live births: Maori 3.48 Non-M 0.66 (Rate: 2007-11)	A significant reduction in the 5 year rolling average of SUDI related deaths per 1000 live births for Maori (3.48:1000) toward that of non Maori (<0.5:1000) by December 30 2017	6monthly and Annually by June 2015	Nationally since 2009 (n=41, Maori) there has been a 52% decline in SUDI numbers as at 2012 (n=21, Maori), with a national total for all ethnicities of a 62% decline. Northland DHB is committed to progressing the goal of the Northland SUDI Plan of 'No More Babies die from SUDI'. This goal has been transferred to the 'First 2000 Days' Programme of work that has been developed to cover off the priorities of child health relating to: <ul style="list-style-type: none"> Planned and health pregnancies Improved maternal and infant nutrition Healthy parental attachment Implement the new position, facilitator for the Northland Hapunga Auahi Kore Alliance, to support antenatal smoking cessation programme. By July 2014 Offer of distribution of a safe sleep space (pepe pod/ wahakura/waikura) to all women, 20 years and under who have a smoking history and are likely high risk of having limited resources to ensure a healthy baby weight when delivered, by June 2015 Support the implementation of the Northern Regional SUDI 5 Year Action Plan 2013-17 of which NDHB will:

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					<ul style="list-style-type: none"> • contribute to the development and implementation of a generic DHB Safe Sleep Policy that is inclusive of Maori health providers involved with the care of Maori mums and pepi, by July 2015 • ensure NDHB promotions of safe sleep messaging align with best practice and is inclusive of Maori whanau representation, by Dec 2014 • review and adjust relevant DHB contracts with community providers to include expectations around safe sleep training, policies and modeled behaviour, by Dec 2014 • Support health care workers to become competent to model safe sleep behaviour and to deliver consistent verbal and written messages when working with Maori whanau, by Jun 2015 • Develop models of care and resources which are targeted at supporting Maori whanau, such as risk assessment tools and information pamphlets/video clips available in te reo Maori by Mar 2015 <p>The Northern Regional Alliance and the Northern Child Health Network (of which both NDHB and PHOs are represented) will monitor the performance of the Northern SUDI Action Plan for the above 5 named actions, on a regular basis and make recommendations to resolve any issues</p> <p>Northland DHB with Northland PHOs and alongside Whakawhetu (National SIDS Prevention for Maori), will continue to support local community action in disseminating key safe sleeping messages within Northland eg. With Maori Women's Welfare League wananga with whanau. By June 2015</p> <p>Implement a shared partnership model (with Maori providers and LMCs) and develop options for antenatal and parenting education across Northland. Ensure access issues to communities such as Kaikohe are addressed by Mar 2015</p> <p>Continue to take a targeted approach to referrals to Healthy Homes Tai Tokerau for insulating homes of those whanau with low weight, vulnerable babies and those with respiratory conditions</p>
Oral health	Preschool enrolments (by ethnicity) - Children aged 0-4 enrolled in DHB-funded oral health services	Maori 67.6% Non-M 65.1% Total 66.6% (Qtr 3 2013-14)	All ethnicities: 2014/15 85% towards a target of 95% in 2016	Annually	<p>Primary care and Maori NGOs, through WCTO and antenatal classes, will promote enrolment and first dental visit at six months. Explore options with WCTO providers to develop a referral pathway post non-attendance.</p> <p>Northland DHB with its key stakeholders will implement the Northland-wide oral health strategic plan 2013-18.</p>

Health issue	Indicator	Baseline	Target(s)	Monitoring & Reporting frequency	Actions to achieve target
					<p>Introduce the new practice for first teeth of inserting a stainless steel crown (a dental crown is a tooth-shaped 'cap' that is placed over a tooth to cover the tooth to restore its shape and size, strength, and improve its appearance). These caps will be offered to children/parents between 3-7 years of age according to their need and state of dental decay. This practice will be part of a Northland Hall Technique Research Project being implemented in Qtr 1 over a two year period, that will determine whether adopting the technique in primary care will lead to:</p> <ol style="list-style-type: none"> 1. Greater improvements in child oral health, particularly in Maori, that with conventional restorative approaches 2. Enhanced cost effectiveness within primary oral health and 3. Evaluate clinician and child responses to different management strategies as well as the impact on quality of life and dental anxiety <p>As part of a research project, carry out twice-yearly application of fluoride varnish to five-year-old pupils according to individual need, at four low-decile Northland primary schools. The Programme will be rolled out to every 5-year-old in Northland primary schools but will not be part of the research project.</p> <p>Northland DHB Oral Health Steering Group (representation from NDHB, Hokianga Health and Ngati Hine Health Services), who meet quarterly, are supported by a business analyst and population health strategist, will support the monitoring of progress and performance of the Northland Oral Health Strategic Plan 13-18 over the next 5 years.</p>
Mental Health	Mental Health Act: Section 29, Community Treatment order indefinites comparing Maori rates with others	Jul '12 to Jun '13 Under Section 29 of Mental Health Act Maori: 246 N-Maori: 175	Identify any disparity between Maori and non-Maori in service delivery of CTOs	Quarterly	<p>A process is developed to review the current state of compulsory treatment orders under Section 29 of the Mental Health Act and determine what processes could be put in place to reduce any disparity.</p> <p>Discuss the complexities of community treatment orders with mental health clinical leads to:</p> <ol style="list-style-type: none"> 1. determine service delivery in Northland 2. any variations in practice and systemic issues 3. environmental issues 4. collection of ethnicity data <p>to identify any risks and associated disengagement of relapse that may occur for Maori mental health clients. Identify any systems issues and any recommendations for improvement. By Dec 2014.</p>

3.2 Local indicators

Health issue	Indicator	Baseline	Target(s)	Reporting frequency	Actions to achieve target
Respiratory disease	Decrease in ASH respiratory conditions for age 0-4 Maori children	31% of ASH (n=126 for 12 month period) respiratory discharges for 0-4 Maori as @ September 2013	10% reduction in a five-year rolling average (10% reduction).	Annually	<p>Support the development of clinical expertise(nurse/s) within primary health care by developing and providing approved training programmes (e.g Asthma & COPD Fundamentals), accessible to all primary health care nurses including Whanau Ora health providers, that supports clinical best practice in the management of respiratory disease. The new service has a strong focus on raising the skill and expertise of the nursing and medical general practice workforce across Northland. Extra resource has been made available for training on respiratory management and for enabling easier access to diagnostic testing.</p> <p>Primary health components of the long term conditions strategy for management of respiratory conditions are implemented:</p> <ul style="list-style-type: none"> • Two respiratory clinical specialist and educator roles are implemented in primary care. • The primary health workforce is educated in best practice management of complex respiratory conditions. • Patients with complex respiratory problems are well managed in the transition between primary and hospital services <p>Investigate other approaches including:</p> <ul style="list-style-type: none"> • supporting qualitative research by Te Kupenga Hauora Maori with whanau of rheumatic fever clients • advocacy to Housing NZ and Northland Housing Form, Iwi and Runanga to improve housing policy and practice.