Māori Health Plan 2016-17

Northland District Health Board

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!

EXECUTIVE SUMMARY

Eliminating health inequities is the responsibility of all providers and all health professionals working in the health sector. It is noticeable that the key determinants of health are not equitably distributed in Te Tai Tokerau – and the poorer health outcomes for Māori that result can only partially be addressed by the health sector and health services. Therefore responsibility is extrapolated out to the wider sector when we are required to accommodate Whānau in their journey towards Whānau ora. Focused and dedicated collective effort and resources across the wider sector is critical to accelerating Māori health gain.

Northland District Health Board (Northland DHB) is committed to eliminating inequities and improving Māori health gain. Why? Because it is unacceptable, unfair and unjust that Māori Whānau should die nine years earlier than non-Māori in Northland. It will require a structured and concerted effort towards organisational development in utilising tools to create system change to address inequities in the health sector. Those tools include the *Health Equity Assessment Tool; A User's Guide* and the *Equity of Health Care for Māori: A Framework.*

The purpose of the Māori Health Plan is to accelerate Māori health gain within the Te Tai Tokerau rohe. It provides Northland DHB and our local primary and community services with key priorities for action over the next twelve months and specifies performance expectations and accountabilities to the actions. This Māori Health Plan will drive the health priority areas for action over the next twelve months and specifies actions and accountabilities in our commitment to accelerating Māori health gain in Northland.

The strengthening of the Ministry of Health's He Korowai Oranga, Pae Ora, will be the foundation and key platform on which activities to accelerate Māori health gain will be based on for health Whānau, healthy environments and healthy lives for Whānau.

Whānau Ora is a key platform where activities will accelerate Māori health gain and reduce health inequities for Māori. For Māori who consulted on the New Zealand Health Strategy in November 2015, the key themes were:

- Strong tribal leadership: for Māori to lead, determine and achieve tino rangatiratanga for decisions concerning our health outcomes
- Achieve equity: to scrutinise systemic barriers to access and receipt of quality treatment and ensuring resources and effort are applied to accelerating Māori health gain
- Kaupapa Māori led services: building our Māori workforce capability and capacity to reflect the population that we live in

In the long term we want to see Māori Whānau in Tai Tokerau living longer, choosing healthy lifestyle behaviours and better managing their health conditions. We want to ensure that Māori Whānau are receiving access to a quality culturally competent service to the same level that non-Māori receive and are making informed decisions on their health care through improved health literacy.

Northland DHB has partnered with Māori iwi leadership in Tai Tokerau (Ngapuhi, Te Rarawa and Ngati Whatua) where He Mangai Hauora mo te Kahu o Taonui monitors the acceleration of Māori health gain, eliminate inequities and improve cultural responsiveness to Whānau when accessing health services.

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 2012-17 has a twenty year horizon with a particular focus on the early actions that anticipate the intensifying pressures on Northland's health system, reducing the risk of crisis driven, reactive responses.

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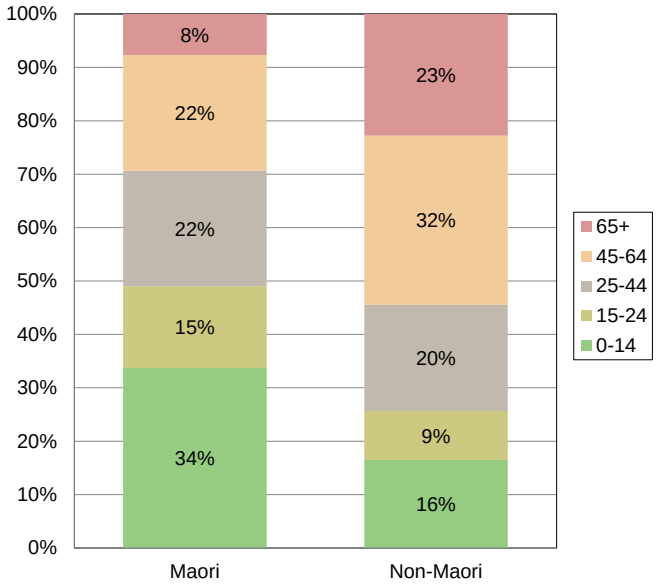
TE TAI TOKERAU POPULATION

Profile and Health Needs

1. Geographic Distribution
   - Northland's estimated population in 2016 is 170,000. 33 percent of the population identify as Māori
   - Northland DHB serves ~8 percent of the Māori population nationally
   - Of the total Māori population in Northland, 49 percent live in the Far North District, 42 percent in Whangarei District and 9 percent in Kaipara District
   - Manaia PHO enrolled population is 93,670 of which Māori make up is 26.4 percent
   - Te Tai Tokerau PHO enrolled population is 61,319 of which Māori make up 47.7 percent

2. Age Distribution of the Māori Population/health service utilisation
   - The child and youth population (ages 0-24) declined by 2 percent between 2006 and 2013
   - The Māori birth rate is approximately two-thirds higher than non-Māori rate
   - Northlands population is 'ageing' because older age groups (age 65 or more) are forming an increasing proportion of the population.
   - Only 8 percent of Māori are aged 65+, compared to 23 percent in the non-Māori population.

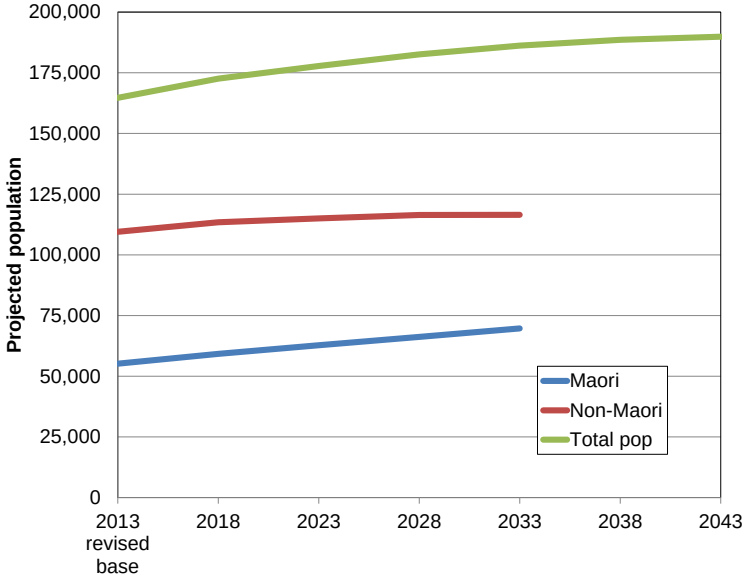
Figure 1: Age Distribution of Northland DHB population



3. Population Growth Projections

Between 2013 and 2033 the Māori population is projected to increase by 26 percent, compared to only 6 percent for non-Māori. Refer: Figure 2

Figure 2: Projected population by ethnicity, Northland



4. Deprivation Distribution

Over half (56 percent) of all Māori living in Northland live in the most deprived quartile compared to just over one-fifth(23.5 percent) of non-Māori living in most deprived quartile, as measured by the NZDep06 Index. Non-Māori in the district closely matched the affluence of New Zealand as a whole.

5. Modifiable Risk Factors

Smoking, obesity, lack of physical activity, high blood pressure and high cholesterol levels are key contributors to cancer, cardiovascular disease, diabetes and respiratory disease.

Globally and in New Zealand, health risk behaviours such as smoking are inequitably distributed and follow strong social gradients. Tai Tokerau is no exception, with indicators showing disparities by ethnicity and socio-economic status as measured by NZSEP 2006. Census 2013 data demonstrated a reduction in smoking prevalence from 2006 levels for the Tai Tokerau population, and for Māori who have the highest smoking rates where approximately 1,700 (ex-smoker, Māori) have stopped smoking in this period.

Fruit consumption is lower among Tai Tokerau Māori compared to national Māori and overall lower for Māori than non-Māori. Marked ethnic inequities in obesity exist between Māori and non-Māori both in Tai Tokerau and nationally. More than half of Tai Tokerau Māori were obese according to the BMI measure in the 2011 Health Survey.

Tai Tokerau Māori were more regularly physically active than non-Māori and their national counterparts in the 2006 Health Survey; however there has been a decline in the proportion of the Tai Tokerau population being physically active in 2011. Overall the NZ Health Survey (2006 and 2011) for nutrition and physical activity indicate that obesity is a significant issue for Tai Tokerau. To address this successfully and equitably will require multi-level strategies aimed at the food industry, retailers and communities.

6. Leading Causes of Mortality

Modifiable risk factors are significant contributors to morbidity and mortality for Māori in Northland, which are[1]:

- Smoking: 34 percent of Māori(9,477) are 'regular smokers'[2]
- Obesity: More than half of Māori are obese according to BMI measure[3]
- Alcohol: hazardous[4] drinking behaviours – small reduction in behaviours for Māori between 2006 and 2011
- Physical inactivity: a small decline(from 2006 to 2011) in Māori who are regularly active
- High blood pressure, blood glucose, cholesterol are key contributors to cardiovascular disease, diabetes and respiratory conditions

The leading five causes of avoidable mortality by gender are ranked in Table 1.

Table 1: Leading causes of death, Northland 2010

	Males		**Females**	
	Māori	**Non-Māori**	**Māori**	**Non-Māori**
1	Cardiovascular disease	Cardiovascular disease	Cardiovascular disease	Cardiovascular disease
2	Diabetes	Respiratory diseases	Lung cancer	Respiratory diseases
3	External causes (accidents etc.)	External causes (accidents etc.)	Diabetes	Diseases of nervous system
4	Lung cancer	Lung cancer	Breast cancer Respiratory diseases	Breast cancer Lung cancer
5	Diseases of the respiratory system	Prostate cancer	External causes (accidents etc.)	External causes (accidents etc.)

7. Health Service Providers

The key health service providers in Northland include:

- Whangarei, Kaitaia, Bay of Islands and Dargaville hospitals
- Two Primary Health Organisations
- Fourteen Māori health providers
- Multiple local NGOs delivering public and private health and social services

[1] Blakely et al, What are priority health risk factors for researching preventative interventions as part of NZACE-Prevention, Rep. 1
[2] NZ Stats, Census 2013
[3] NZ Health Survey, 2011
[4] Hazardous drinking refers to established drinking patterns that are harmful to physical or mental health or social effects to the drinker

SUCCESSES TO DATE IN NORTHLAND DHB

There has been some health gain for Māori in the last 5-10 years:

- The life expectancy gap between Northland Māori and non-Māori at birth in 2001 was 10.27 years, improved in 2009 to 9.51 years and at 2013 is at 9.26 years. Nationally the life expectancy gap between Māori and non-Māori in 2013 was 6.9 years.
- Our smoking prevalence has declined from 44 percent Māori in 2006 to 34 percent Māori in 2013. From the 2006 census to 2013, there were approximately 1,700 more ex-smokers in Tai Tokerau
- Northland is in the top five for Better support for smokers to quit Health Target
- Meeting the health target for more CVD and Diabetes checks
- Consistently meeting our regional Kia Ora Hauora targets of 25 new Māori students per annum into first year tertiary study and recruiting 125 new Māori students per annum onto a career in health study
- Māori enrolment in PHOs has been consistently high
- Māori breastfeeding rates have regularly been in the top 5 DHB and improved significantly in all three milestones
- Northland DHB's new Maternity unit Te Kotuku was opened in February 2016
- Northlands Rheumatic Fever rates has reduced significantly from 9 per 100,000 in 2014 to 3 per 100,000 in 2015, only one ARF notification since July 2015
- Childhood immunisation rates for Northland Māori and Non-Māori are equally served
- Māori Health NGOs are engaging in a new improved model of primary care - to improve efficiency and effectiveness of acute care in Northland
- Northland SUDI rate has improved from the previous Māori SUDI rate at 3.4 per 1000 live births (aggregated 2007-11) to 1.6 per 1000 live births currently
- Mental Health CTOs have improved from Qtr 1 (2015) 518/100,00 to Qtr 1 (2016) 474/100,000 – approx. a 10 percent improvement

NATIONAL PRIORITY INDICATORS

National indicators and targets are to be achieved within the 12 month term of the Plan. The health targets are set by the Ministry and other indicator targets are set as part of the Annual Plan process and will be same for the total population.

The list of actions to address each indicator will comprise a mix of universal and tailored interventions to achieve equity. An intervention logic outlining how the actions listed will lead to improved health outcomes for Māori and achieve equity.

National Health Priority	Indicator	Baseline Data Māori 2015	Baseline Data Non-Māori 2016	Baseline Data Māori 2016	Target By June 2017
Data Quality	Accuracy of ethnicity data reporting in PHO registers as at Sep 2015	100%	100%	*100%*	100%
Access to care	Percentage Māori enrolled in PHOs	100%	99%	*98%*	100%
	ASH Rates per 100,000				
	0-4	146%	85%	*140%*	120% 1 yr.
	45-64	193%	87%	*208%*	154% 1 yr.
Child Health	Rates of fully and/or exclusive breastfeeding at Dec 2015:				
	4-6 weeks(@LMC discharge)	74%	65% (total pop.)	*61%*	75%
	3 months	47%	56% (total pop.)	*46%*	60%
	6 months (receiving breast milk)	55%	68% (total pop.)	*57%*	65%
Cancer	Cervical Screening: % of women aged 25-69 years who have had a cervical screening event in the last 36 months	64%	77%	*61%*	80% Māori women
	Breast Screening: 70% of eligible women, aged 50-69 will have a BSA mammogram every two years	66.3%	73.4%	*67.2%*	70% Māori women
Smoking	% of pregnant Māori women who are smokefree at two weeks postnatal		63%	*50%*	65% 1 yr. 95% 5 yrs.

National Health Priority	Indicator	Baseline Data Māori 2015	Baseline Data Non-Māori 2016	Baseline Data Māori 2016	Target By June 2017
Immunisation	% of infants fully immunised by eight months	92%	95%	*94%*	95%
	Seasonal influenza immunisation rates in the eligible population (65+)	64%	60%	*57%*	75%
Rheumatic Fever	Number and rate of first episode rheumatic fever hospitalisations for the total population	Number of cases: 15 Rate: 9 per 100,000		*For 2015* *Number of cases: 5* *Rate: 3 per 100,000*	Rate: 3.5 per 100,000 67% below baseline (3yr av. Rate 09/10-11/12)
Oral Health	% of pre-school children enrolled in the community oral health service (pre-school enrolments)	68%	69%	*68%*	95% Māori
Mental Health	Reduce the rate of Māori on the Mental Health Act: Section 29 community treatment orders relative to other ethnicities Rate per 100,000 per year	427	154	*497*	Reduced rate relative to other ethnicities
SUDI	Most recent 5 year average annualised SUDI infant deaths in Northland, Māori and total population Aggregate Rate (2007-11)	3.6 (2005-2009)	.88 (2010-2014)	*1.6 (2010-2014)*	0.4 SUDI deaths per 1,000 Māori births
	Caregivers provided with SUDI prevention information at Wellchild/Tamariki Ora Core Contact 1		61% (2014)	*49% (2014)*	70% caregivers of Māori infants are provided with SUDI prevention information at Core Contact 1

Data Quality

What outcomes are we trying to achieve?

Improve the quality of ethnicity data collected at primary care.

Where do we want to get to?

- 100% Māori valid NHI on Register

DHB/PHO 2015/16	Other / PI	Māori	Target
2015 Q1	99.9% / 99.9%	***99.9%***	100%
2016 Q1	99.9% / 99.8%	***99.9%***	100%

Why is this important for community and patients?

Primary care data is important for policy, planning and monitoring of indicators relevant to improving Māori health. The collection and recording of ethnicity data in primary care ensures that counting and classification will impact positively to plan and target interventions and to monitor progress.

Actions planned for 2016/17 / measuring and monitoring performance

Providing training for frontline administrative staff in General Practice to improve ethnicity data collection

	Actions to deliver on performance?	Timing	Monitor and measure performance	Responsibility
1.	General Practices who have less than 100% accuracy will support their staff to undergo further training.	Q1	Training implemented	PHOs
2.	Complete summary of findings for each Practice	Q1	Summary Report completed	PHOs
3.	Implement quality initiatives based on % of records with complete matches	Q2/3	Initiatives identified and results reported	PHOs
4.	Māori/non-Māori enrolment rates are maintained/improved	Q1/2/3/4	Performance monitored through the quarterly PHO reports to Northland DHB	PHOs

Access to health care – enrolment

What outcomes are we trying to achieve?

Ensure Māori have access to primary healthcare. To reduce inequalities in health for Māori Whānau and improve Māori health outcomes.

Why is this important for community and patients?

A focus on ensuring access to primary care is an initial step in addressing Māori health inequities. Only when equitable access to primary care for Māori is achieved, can there be demonstrable improvement across all Māori health gain priorities, within the primary care setting.

Where do we want to get to?

- 100% Māori enrolment in PHOs
- Northland has enrolled 98% of our Māori population. If we enrolled 873 more Māori (57,920 enrolled in total) we would reach the national enrolment target.

DHB/PHO 2015/16	Other / PI	Māori	Target
2014/15 Q4	98% / 85%	***99%***	100%
2015/16 Q1	98% / 84%	***98%***	100%
2015/16 Q2	99% / 84%	***99%***	100%
2015/16 Q3	99% / 81%	***98%***	100%

Source: Trendly – PHO enrolment report
Actual numbers ~108k other, ~3k PI, ~58k Māori

Actions planned for 2016/17 / Measuring and Monitoring Performance

Focus on Māori who are not enrolled with a General Practice and offering support to enrol. This will include enrolling newborn Māori with a GP and other essential services.

	Actions to deliver on performance?	Timing	Monitor and measure performance	Responsibility
1.	Maintain surveillance of the ethnicity data collection when enrolling Whānau into General Practice through PHO reporting	Q1/2/3/4	PHO maintains a 100% enrolment of Māori, reported via Māori Health Plan monitoring tool to Northland DHB Executive Leadership Team/Māori Health Gains Council	PHOs Northland DHB Executive Leadership Team Māori Health Gains Council
2.	Continue with the 'High Five' notifications (NIR, Primary Care-GP, New Born Hearing Screening, WCTO, Oral) and recording implemented prior to discharge from birthing facilities for new born enrolments	Q1/2/3/4	% of new born babies enrolled with GPs within 6 weeks of birth via the First 2000 Days steering group monitoring and reporting PHO quarterly report on new born enrolments	Northland DHB Maternity Unit LMCs PHO/GPs F2000D Steering Group
3.	Mobile primary nurses and WCTO Nurses will ensure their clients are enrolled with a PHO/GP in their service delivery	Q1/2/3/4	% of new Māori enrolment referrals to GP Practices PHO quarterly report on new born enrolments	Māori NGOs PHO/GPs

Access to health care – ambulatory sensitive hospitalisation

What outcomes are we trying to achieve?

Reduce Ambulatory Sensitive Hospital (ASH) admission rates in age groups 0-4 years and 45-64 years.

Why is this important for community and patients?

It is important for Māori Whānau to better understand their chronic conditions and how best to make life style changes in improving their health and wellbeing.

Identifying pathways to hospital will support the development of appropriate primary care interventions.

Reducing the cost barriers to accessing primary care identifying models of care that are appropriate and responsive for Māori to ensure acceptability of primary care services.

Top 5 ASH Conditions (0-4)

Māori	*Non-Māori*
Dental	Gastroenteritis/dehydration
URT & ENT infections	URT & ENT infections
Gastroenteritis/dehydration	Respiratory infections
Asthma	Dental
Respiratory	Constipation

Top 5 ASH Conditions (45-64)

Māori	*Non-Māori*
Cellulitis	Chest Pain
Diabetes	Respiratory Infections
Respiratory infections	Cellulitis
Chest pain	Gastroenteritis/dehydration
Congestive Heart Failure	Kidney/Urinary Infections

Where do we want to get to?

- Reduction in ASH rates across age groups per 100,000
- Reduction in Māori 0-4 yr. ASH admissions of ***747*** in the year
- Reduction in Māori 45-64 yr. ASH admissions of ***889*** in the year

DHB/PHO Age grp.	Non-Māori	Māori	Māori Target
	Rates per 100,000		
0-4 yrs. 12 months to March 2016	85%	140%	130%
45-64 yrs. 12 months to March 2016	87%	208%	185%

Source: ash_reportv12 – provided by MoH

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance?	Timing By	Monitor and measure performance	Responsibility
1	Implement finding of the Manaaki Manawa review to deliver quality culturally responsive services to Māori	Q2/4	Implement new model based on review recommendations Phase 1 actions identified and monitored for achievement Progress report in Q2	Long Term Conditions Governance Group PHOs Māori Health Providers
2	Smoking Cessation services will be reconfigured to target Māori adults, youth, pregnant mothers and mental health and addictions consumers who smoke in an effort to	Q2/4	Tripled increase in Māori adults, youth and pregnant women being referred and taking up stop smoking services	Stop Smoking Services Quitline PHOs/GPs

	Actions to deliver on performance?	Timing By	Monitor and measure performance	Responsibility
	improve respiratory conditions New stop smoking services in place	Q3	6 monthly performance monitoring report	Northland DHB Hospital services
3	Combine inpatient data with the Trendly improvement strategies to target 0-4 children with respiratory related conditions to better manage known acute, 'high flyers' in primary and community care		Diagnosed 0-4 respiratory related conditions presenting in ED are reconnected with GP or Māori NGO	Child Health Unit Ward 2 – Paediatrics Special Care Baby Unit WCTO Providers
4	Identify vulnerable children and babies via general practice, in Ward 2, Special Care Baby Unit, and Child Health Clinics who are living in cold homes, to refer for fully subsidised retrofitting of their homes to Healthy Homes Tai Tokerau to reduce the impact of respiratory conditions	Q1/2/3/4	Number of Māori Whānau referred and in receipt of subsidised retrofitting of homes Qtrly performance monitoring through HHTTGG mtgs	Healthy Homes Tai Tokerau Governance Group Northland DHB maternal and child health services
5	Investigate the added value of smartphone technology to increase access to health information to young parents eg. Free universal health services which commence in pregnancy and continue till child is age five	Q2	Smart phone technology investigated and recommendations made	Child Health Unit
6	Strengthen and support more Māori to participate in building their health literacy in the Whakamana Hauora - Self Management programme to understand their condition and take an active role in improving their health and wellbeing	Q4	Number of Māori attending Whakamana Hauora Programme Satisfaction Survey notes Māori access/acceptance/value of programme	PHOs Māori Health Providers through the Whānau Ora Services
7	Continue to increase Māori preschool and adolescent enrolments as part of the High 5 enrolment programme. Ensure every Māori child and adolescent in Northland is seen annually, with a move	Q3/4	85% of eligible preschool population to be enrolled with a public oral health provider 85% of eligible adolescent population to be enrolled with a private or public oral health	Māori Health Providers – Ngati Hine, Te Hiku, Hokianga Health Community dental Child Health Maternity Services

	Actions to deliver on performance?	Timing By	Monitor and measure performance	Responsibility
	to progressing to see every high risk child every six months.		provider. 90% of children and adolescents to be seen annually every year.	
8	Consult and evaluate booking system with GPs regarding ideal set up for ensuring patients get 'same day access' and 'next available appointment' within each General Practice	Q4	Results of data/study through 'Dr Info' to identify 'the next available appointment' - within 24 hours/72 hours Best Practice appointment systems identified in General Practice and promoted to GPs Progress report in Q2	PHOs General Practice Project Manager - Integrated Urgent Health Care
9	Northland DHB and its primary care partners will continue to maintain and develop IT support systems that enable identification, monitoring and recall of patients in a timely manner, and will support early identification of diabetes-related complications.	Q4	Maintain national Health Target of 90% coverage for more heart and diabetes checks, with both PHOs individually meeting this target. ASH rates for long term condition indicators such as respiratory disease. All general practices have agreed plans in place for diabetes and CVD management Monitored through Qtly HT reports	PHOs General Practice Primary Care Facilitators

Child Health

What outcomes are we trying to achieve?

Increase the numbers of exclusively/fully and partially (6 months only) breastfed Māori babies at 6 weeks, 3 months and 6 months by June 2017.

We are focused on addressing the inequalities experienced in health outcomes for Māori children and this commitment is an explicit driver in all service improvement activity across the service continuum.

Where do we want to get to?

- 75% of Māori babies are fully or exclusively breastfed at 6 weeks
- 60% of Māori babies are fully or exclusively breastfed at 3 months
- 65% of Māori babies are receiving breast milk at 6 months

2015/16	Total Pop.	Māori	Target
6 week			
Sep 2015	65%	61%	68%
3 month			
Sep 2015	56%	46%	60%
6 month			
Sep 2015	68%	57%	65%

Source: WCTO QIF Sept 2015, NB differs from Trendly data.

Why is this important for community and patients?

Research shows that children who are exclusively breastfed for the early months are less likely to suffer the adverse effects from childhood illnesses such as respiratory tract infections, gastroenteritis, otitis media etc. Breastfeeding benefits the health of mother and baby, as well as reducing the risk of SUDI, asthma and childhood obesity. Current rates show a significant decline in rates at three and six months. Northland will continue with these actions as the latest Trendly data (Jul-Dec 2015) shows that Northland has made significant improvements in breast feeding rates in all three categories (6 wks, 3 mths, 6 mths).

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance?	Timing By	Monitor and measure performance	Responsibility
1.	Improve access to antenatal education/parenting preparation for Māori women and their Whānau through adaption and delivery of the Te Mata o Mua kaupapa Māori antenatal programme in Whangarei and rural communities	Q2/4	Increase in % of Māori women overall who are fully or exclusively breastfeeding at 6/52 and 3/12. A reduction in the inequities in breastfeeding rates between Māori women and non-Māori women	Maternity Services Ngati Hine Health Trust – Te Mata o Mua
2.	Support the implementation of the Healthy Babies Healthy Futures breastfeeding key messages to Māori women through text messaging and antenatal visits with LMCs and GPs.	Q3/4 Review of Qtrly PMRs	Increase in Māori babies being fully breastfed at 6 weeks and 3 months	LMCs Child Health & Maternity Services WCTO providers
3.	Improve antenatal referral from LMC to WCTO providers to ensure breastfeeding support is provided consistently and in a timely manner. Lactation	Q4 Review of Qtrly PMRs	More Māori babies being fully breastfed at 6 weeks and 3 months	LMCs and WCTO Providers

	Actions to deliver on performance?	Timing By	Monitor and measure performance	Responsibility
	Consultants will see women in a setting that is of the women's choice either in a group or one-on-one.			
4.	Maintain Baby Friendly Hospital Initiative (BFHI) across maternity facilities.	Q1/2/3/4	BFHI maintained in the new maternity facility	Maternity Services
5.	Reorient current lactation support services to provision of clinics in areas of high deprivation in Whangarei, such as Otangarei and Tikipunga.	Q4	Clinics adopted in Otangarei and Tikipunga	Maternity Services
6.	Continue to increase health literacy for Māori Whānau by improving the quality and acceptability of messages and information to pregnant women, parents with young children and their Whānau, with a focus on agreed key messages (such as breastfeeding, smoking cessation, safe sleep, hand washing in prevention of skin infections) in an effort to reduce SUDI risks	Q4 Review of Qtrly PMRs	Increase in Māori babies being fully breastfed at 6 weeks and 3 months	LMCs WCTO Providers GPs Child and maternity services

Cancer Screening – Cervical

What outcomes are we trying to achieve?

Reduce Māori cervical cancer morbidity and mortality. Improve equity by ensuring Māori women within the priority group (aged 25-69 years) are provided with a cervical screening event within the last 3 years.

Why is this important for community and patients?

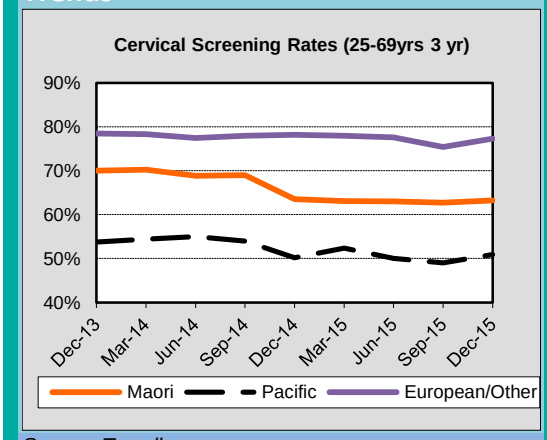
Māori women continue to have significantly lower participation in the cervical screening programme.

Where do we want to get to?

- 80% coverage for Māori women aged 25-69.
- Northland has screened 63.2% of Māori women. If we screened ***2,119*** more Māori women (10,080 screened in total) we'd reach the national target of 80%.

DHB/PHO	Other / PI	Māori	Target
NDHB Dec 2015	77% / 51%	***63%***	80%

Trends



Source: Trendly

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
1.	Increase screening coverage for Māori women: • PHO Practice facilitators will work with each practice to identify eligible Māori women who have not had a screen in the last 3 years • Māori women who have a lapsed history are incentivised to present for a cervical screen • Continue to utilise Te Ha Oranga and Ki A Ora Ngātiwai mobile services to support Māori eligible women attending colposcopy appointments	Q4	80% of Māori women are screened for cervical cancer in the past 3 years Screening coverage for Māori women increases from Dec 2015 baseline report Qtrly monitoring through PMRs and governance group meetings Monitor DNA Rates of Māori women at colposcopy clinic	PHOs Cervical Screening Governance Group Colposcopy Clinic

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
	• Practices with high population of Māori women receive additional targeted funding			
2.	Improve data quality • Continue with data matching for unscreened and under screened Māori women • Undertake further data matching with NSU if required • Priority Māori women are identified for each practice	Q4	Increased understanding of enrolled Māori population across district 80% of Māori women are screened for cervical cancer in the past 3 years Qtrly monitoring through PMRs and governance group meetings	PHOs Cervical Screening Governance Group National Screening Unit
3.	Implement a range of initiatives to engage more Māori women to take a cervical smear: • Smear parties • Mobile vans in rural areas • Twilight screening evenings • Voucher reward days • Marae/church based wellness centres established	Q4	Pathways and processes are reviewed and streamlined where necessary All providers made aware of pathways, provided with algorithm and relevant contact information Qtrly monitoring through PMRs and governance group meetings	PHOs Cervical Screening Governance Group Māori Health Providers
4.	Promote cervical screening to Māori women through Māori mobile primary nursing services as part of their health checks	Q4	Increase in Māori women receiving cervical screens Qtrly monitoring through PMRs on Whānau Ora services	Māori Health Providers
5.	Continue to monitor access, and develop and implement improved pathways for Māori women to access cervical screening and colposcopy services through the district collaborative - Northland Cervical Screening Clinical Advisory Group	Q2/4	Increase in Māori women accessing cervical screens monitored through 6 monthly data reporting	Northland Cervical Screening Clinical Advisory Group: • Manaia Health PHO • TTT PHO • Northland DHB Colposcopy Services

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
				• Māori Health Providers • Northland Laboratory • BSA

Cancer Screening – Breast

What outcomes are we trying to achieve?

Reduce breast cancer morbidity and mortality in Māori women aged between 50-69.

Why is this important for community and patients?

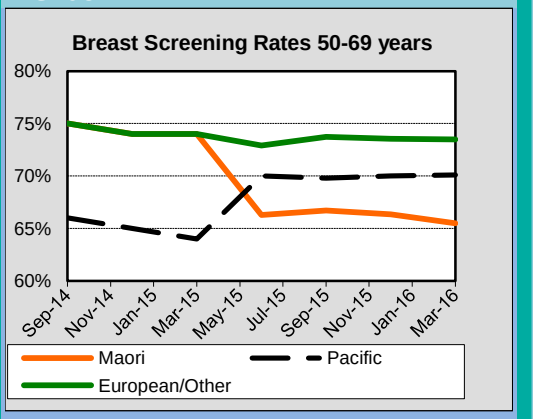
Breast screening every two years can reduce breast cancer mortality through early detection. Māori women in Northland DHB locality have significantly higher breast cancer mortality rates than non-Māori/non-Pacific women.

Where do we want to get to?

- 70% breast screening coverage of eligible Māori women aged 50-69
- Northland has screened 67.2% of Māori women..

DHB/PHO	Other / PI	Māori	Target
NDHB	73.4% / 69%	67.2%	70%

Trends



Source: Trendly

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
1.	Continue to monitor the breast screening rates of Māori women to ensure the continued reduction of inequities between Māori and non-Māori	Q2/4	70% of Māori women are screened every 2 years Increase in eligible Māori women accessing BSU Monitor performance on a 6 monthly basis	Breast Screening Unit (BSU) Māori Health Providers
2.	Northland PHO Practice facilitators will work with each GP to implement a best practice data matching process to identify, invite and recall Māori women to a breast screen	Q2/4	Increase in eligible Māori women accessing BSU 40% of all Practices per every 6 mths will participate in data matching	PHOs /GPs/Practice Facilitators Breast Screening Unit

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
3.	Review the Whangarei screening schedule to ensure the capacity required to screen more eligible Māori women. Strategies to achieve the increases: • Promoting breast screening to eligible Māori women through the Whānau Ora Nursing Services within Māori Health Providers • Provide transport support to eligible Māori women to enable access to screening/colposcopy appointments • Provide transport to Māori women who have difficulty accessing the Breast Screening Bus in their locality	Q2/4	Increase in Māori women accessing the BSA Bus in rural areas Monitored for ethnicity data through the BS Unit 6 mthly reports	Breast Screen Waitemata/Northland Māori Health Providers PHO/GPs
4.	Northland Screening Support Services and Northland DHB Mauri Ora Breast Screening clinic will continue to meet 6 monthly as the Regional Co-ordination Group to: • Improve co-ordination and delivery of breast screening services in Northland • Increase awareness of the screening services in the Northland community • Identify and address barriers to accessing breast screening services		Six monthly and annual reports show improvements in meeting milestones of their Strategic Plan 2014-16	Breast Screen Waitemata/Northland Mauri Ora Breast Screening Clinic Northland Screening Support Services

Tobacco

What outcomes are we trying to achieve?

Reduce smoking related morbidity and mortality rates for Māori, and create smokefree environments for pregnant women and children. We specifically want to increase the number of women who are smokefree in pregnancy and postpartum to improve maternal and infant outcomes.

Where do we want to get to?

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

DHB/PHO	Total	Māori	Target
NDHB	63%	50%	95%

Source: WCTO quality improvement framework report – Sept 2015

Why is this important for community and patients?

Smoking is a key driver of the gap in life expectancy between Māori and non-Māori, contributing to lung cancer, cardiovascular disease and respiratory disease. In addition smoking in pregnancy has important risks to the baby (small for gestational age, prematurity) and contributes to Sudden Unexplained Death of an infant (SUDI), childhood respiratory infections and asthma. Becoming and staying smokefree is critical to improve the health of Māori women and their pepi/whānau.

In Tai Tokerau there are ~2,200 births every year, two out of every three are Māori with most living in low decile localities. We have a higher number of births occurring between <20 years and up to 30 years of age and have one of the highest maternal smoker rates in the country. In NZ, 3 out 4 mothers who are smokers at first registration are still smoking two weeks post-delivery.

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
1.	Realigned Stop Smoking Services will target Māori adults, Māori youth, Māori pregnant women and Māori mental health services consumers and staff Stop Smoking Service practitioners undertake the necessary training with National Training Service to ensure best practice delivered Apply success factors of hapu mama incentive programme to continue initiative in other high prevalence Māori smokers localities The Public Health Unit will promote and support group based treatment in the community and environments where Māori smokers are located eg. WERO programme Scope and develop a Māori	Q3/4	• 90% of PHO enrolled Māori patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months • 90% of Māori pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking • 95% of hospital patients who smoke and are Māori and are seen by a health practitioner in a public hospital are offered brief advice and support to quit	Te Roopu Kai Hapai Oranga - Northland Alliance Leadership Team

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
	targeted strategy to reduce the uptake of smoking and promote Auahi Kore amongst youth (up to 25 y.o)		smoking. Contracted services are reconfigured to prioritise Māori smokers	
2.	Ringa Atawhai's implementation of the 'Aunties Programme' targeting Māori pregnant women who smoke and to reduce the risk of SUDI	Q4	Ringa Atawhai contract encompasses the Aunties pilot programme developed with University of Auckland, with some modifications	Te Roopu Kai Hapai Oranga - Northland Alliance Leadership Team Ringa Atawhai
3.	Promote and support more Māori pregnant women to enrol early with a LMC at every point of contact by June 2017	Q1/2/3/4/	Greater number of Māori women enrolling in the first trimester	The First 2000 Days Project Board Te Roopu Kai Hapai Oranga - Northland Alliance Leadership Team
4.	Collaborate with HPA on their 'Stop before you start' campaign Promotional presence at events where Māori Whānau who smoke are likely to attend (Waitangi Day, Ngapuhi Festival, Ngati Hine Festival)	Q2/3/4	Local 'Stop before you start' campaign aligned with national HPA efforts Number of Māori Whānau referred to stop smoking services from promotional events	National Tobacco Control Services Māori NGO Stop Smoking Services
5.	Continue with the three-year project with Northland College of Midwives to enhance smoking cessation in pregnant women. Focus of the programme is on improving cessation rates for Māori pregnant women by early identification of smoking status, early referral to smoking cessation services and use of Smokelyzers (a device that enables immediate feedback to pregnant women about impact of smoking on their unborn baby).	Q1/2/3/4	Increase in Māori pregnant women are referred to stop smoking services Achieve 50% of carbon monoxide validated quits at 4 weeks and 3-6 months for hapu mama	LMCs Maternity services Public Health Unit

Immunisation – Infants

What outcomes are we trying to achieve?

Improve child health by improving immunisation coverage for Māori babies at 8 months of age.

Provide a well-trained, confident and trusted workforce to support parents to make immunisation intervention decisions early.

Why is this important for community and patients?

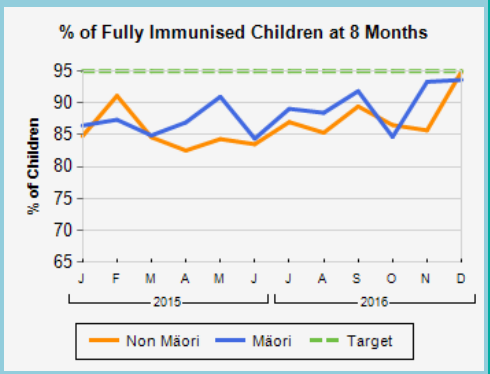
Immunisation can prevent a number of diseases and is a very cost-effective health intervention. It provides not only individual protection, but for some diseases also population-wide protection by reducing the incidence of diseases and preventing them from spreading to vulnerable people.

Where do we want to get to?

- 95% of Māori babies fully immunised by eight months of age.

DHB/PHO	Non-Māori	Māori	Target
NDHB Q4	95%	*94%*	95%

Trends



Source: Northland DHB Monthly Health Target report 2015

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
1.	Implement an early referral process to outreach services for Māori pepi at 2 weeks/5 months to support timely vaccinations	Q2/4	95% of 8 month old Māori pepi are immunised by June 2017	Immunisation Co-ordination NIR Co-ordination WCTO Providers Plunket LMCs
2.	Continue implementation of the Northland DHB Communication Strategy for consistent messaging in particular to all Māori pregnant women and new mothers Investigate opportunities regarding social media to inform and remind for timely immunisations	Q2/4	More Māori babies being immunised as they come of age Best practice standards delivered in health literacy Monitor performance 6 monthly through NIR	Outreach Immunisation Services LMCs Maternity services PHO/GPs WCTO Providers
3.	Northland DHB/PHOs will work collaboratively with the Māori	Q2/4	New born babies are	Māori Health

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
	Health Providers to support track and tracing of Māori pepi and Whānau and co-visiting where relevant for outreach immunisation		enrolled early with a GP Monitored and review 6 monthly through Northland PHO and Practice level coverage reports	Providers – WCTO PHOs/GPs Maternity Services LMCs
4.	Promote immunisation health literacy to hapu mama and their Whānau at antenatal education/parenting preparation through the Te Mata o Mua kaupapa Māori antenatal programme in Whangarei and rural communities	Q4	Immunisation promoted at antenatal classes	Māori Health providers WCTO
5.	NIR and PHOs to develop and utilise identifiable information through Datamart reports to better manage coverage of services.	Q2/4	Information provided to improve coverage of immunisation outreach services	Northland DHB NIR Co-ordinator PHO Data Analyst

Immunisation – Seasonal Influenza 65yr +

What outcomes are we trying to achieve?

Improve the health of older Māori

Why is this important for community and patients?

The complications of influenza in older people can be serious or life threatening. Improve the life expectancy rate for kaumatua and kuia

Where do we want to get to?

- 75% Māori aged 65+ years of age will have received the seasonal influenza vaccine.
- In July – Sept 2015 Northland delivered ~2,200 Flu Vaccination to Māori. If we were able to deliver another ***700*** ~30% more we'd reach the national target.

DHB/PHO	Non-Māori	Māori	Target
Q2	56%	52%	75%
Q3	60%	57%	75%

Source: PHO quarterly performance reports

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance?	Timing By	Monitor and measure performance	Responsibility
1.	Practice Facilitators will assist GP frontline administration staff to identify eligible Māori enrolled population (65+) to receiving the influenza vaccine by Jun 2017 GPs will ensure adult influenza vaccinations are recorded on the NIR and will monitor the coverage.	Q4	Increase in Māori receiving influenza vaccinations PHOs and Northland DHB will monitor performance through the PPP reports and make recommendations back to GPs to support improvement.	GP Practice Facilitators GP Frontline staff Primary Care Portfolio Mgr
2.	Northland DHB will promote and advocate with Māori Health Providers/ARC Providers/Home Support Providers to encourage their workforce to seek and access the influenza vaccinations to reduce cross infection	Q4	Increase in Māori receiving influenza vaccinations PHOs and Northland DHB will monitor performance through the PPP reports and make recommendations back to GPs to support improvement.	ARC Providers Māori Health Providers
3.	Increase promotional activity with the Māori Health Provider Kaumātua / Kuia services and programmes to encourage free access to influenza vaccinations through Health TV in Practices	Q4	Ensure Māori Kaumātua and kuia are offered influenza vaccinations	GPs Practice Nurses GP Receptionists Māori Health Providers

Rheumatic Fever

What outcomes are we trying to achieve?

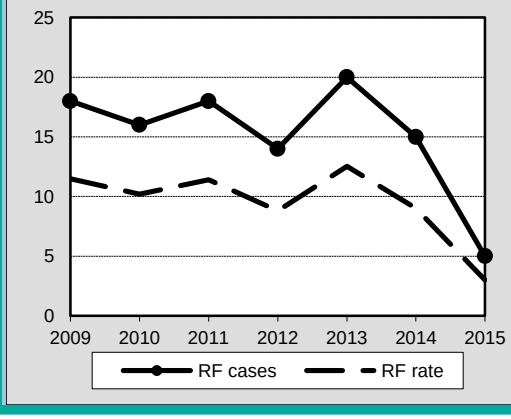
By implementing the Northland Rheumatic Fever Plan we will reduce the incidence of Rheumatic Fever (RF) by two thirds in Northland by June 2017. This means a reduction in rate from 10.5/100,000 hospitalisations per year to 3.5/100,000, or a reduction in cases from 17 to 6 per year in Northland by 2017. As almost all cases of acute rheumatic fever are Māori this will significantly contribute towards increased life expectancy for Māori.

Where do we want to get to?

- Target is 67% below 3-year average rate 2009/10–2011/12
- For the calendar year 2015 Northland DHB has had 5 RF cases equates to a rate of 3 per 100,000

DHB/PHO	Baseline	2015	2016/17 Target
Cases	17	5	6
Rate	10.5	3	3.5

Rheumatic Fever Cases and Rates



Why is this important for community and patients?

Rheumatic fever is a preventable disease which almost exclusively affects Māori. Reducing its incidence will reduce the burden of disease experienced by patients and their families, provide savings from reduced hospitalisations and secondary prevention, and reduce the mortality and morbidity (and the related costs of these) associated with the cardiac consequences of this preventable disease.

It is widely believed that this over representation is due to a combination of overcrowded living conditions, poverty and decreased access to treatment options. Rheumatic fever is almost entirely preventable with timely identification and treatment.

Link to the refreshed Northland Rheumatic Fever Plan:

http://www.northlanddhb.org.nz/communications/publications.aspx

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance?	Timing	Monitor and measure performance	Responsibility
1.	Implement the refreshed Rheumatic Fever Plan RF Collaborative with stronger emphasis on leadership/governance to deliver a co-ordinated response to the refreshed plan Rapid Response Pharmacies (4) and GP sites (2) will deliver opportunistic throat swabs to address gaps in SBTS services Engage with primary care to monitor and address disparities in access and utilisation for Māori	Q1/2/3/4	Reduction in ARF rates by two thirds by June 2017 Reduction in RF hospitalisations from 10.5/100,000 per year to 3.5/100,000 (from 17 cases to 6 p.a) by June 2017 Root cause analysis will be applied to identify themes such as:	School Based Public Health Nurses Māori Health Providers Medical Officer of Health GPs Public Health Unit

	Actions to deliver on performance?	Timing	Monitor and measure performance	Responsibility
	children under 13 yo. Improve communication and triaging of eligible Whānau between health care provider and service provider of Manawa Ora programme to improve root causes for RF eg. access to curtain banks, bedding. Continue to implement and monitor public health nursing services opportunistic throat swabbing in schools		• Household overcrowding • Cold, damp, mouldy homes • Limited access to primary care To reduce hospital admission and ARF presentation	
2.	Implement and monitor the Northland DHB-wide Communications Plan: • Key messaging across Northland, aligning with annual national awareness campaign, and inclusive of communications promoting throat swabbing services available during school holidays • Communication themes include warmer, drier homes, GP visit for swabbing, completing antibiotics Alignment of messaging to national promotional activity targeting appropriate media outlets i.e. Iwi radio stations Work with RF Providers to monitor and support health promotion of RF and key messages	Q2/4	Communications are achieving appropriate responses from Whānau within the communities. Increased opportunistic points of access by Māori tai/tamariki Reported promotion events in provider quarterly reports	School Based Public Health Nurses Māori Health Providers Medical Officer of Health GPs Healthy Homes Tai Tokerau Governance Group MSD Public Health Unit
3.	Increase and co-ordinate housing solutions through Manawa Ora Healthy Homes Tai Tokerau Rheumatic Fever prevention Project to reach tamariki living with, or at risk of, Rheumatic Fever Implement Quarterly hui with RF Providers to ensure every child is eligible for referral to Healthy Homes/Manawa Ora	Q2/4	Number of Māori, Pacific children living in NZDepQ5 referrals actioned and completed Increase in appropriate referrals of Māori tamariki to the Healthy Homes/Manawa Ora All Bicillin clients have referrals to Manawa Ora Programme via Public Health Nurses	Manaia Health PHO on behalf of Healthy Homes Tai Tokerau Public Health Nurse in Schools

	Actions to deliver on performance?	Timing	Monitor and measure performance	Responsibility
4.	Maintain the Northland RF Steering Group and the Northland Coalition Operational Working Group to operationalise the agreed new model of care, root cause analysis findings and recommendations Provide ongoing training to health professionals and, where possible, monitor adherence to the National Heart Foundation Sore Throat Management Guidelines in primary care, in particular GP provision to children <13 years to emphasise access to nurse led sore throat management. Public Health Nurses will support RF Providers to deliver their Plan as negotiated within the Coalition process	Q1/2/3/4	Minutes and action points from quarterly meeting implemented Agreed model of care within the Coalition process Clinical audit implemented on adherence to national guidelines, with recommendations made for any improvement and updated Standard Operating Procedures Qtrly review and analysis of PHO utilisation data report RF Coalition model incorporates up to a 4.8 PH Nursing as a resource	Northland RF SG and Northland Coalition Operational Working Group Public Health Unit – Public Health Nurses RF Māori Health Providers
5.	Increase access to throat swabbing for all Decile 1-4 schools in Tai Tokerau where there is a high proportion of Māori students Maintain Public Health Nurses opportunistic throat swabbing in all Northland Schools	Q1/2/3/4	100% Māori students at Decile 1-4 schools have access to throat swabbing	Public Health Unit – Public Health Nurses RF Māori Health Providers
6.	Ensure equitable input and active engagement from all parts of the sector to meet the needs of the most affected - Māori tai/tamariki	Q4	Iwi/hapu and Māori NGOs represented at the steering group and coalition operational working group	Northland RF SG and Northland Coalition Operational Working Group

Oral health

What outcomes are we trying to achieve?

Ensure access to health care, to reduce inequalities in oral health status for pre-school tamariki Māori.

Achieve 95% of eligible preschool Māori to be enrolled with a community oral health provider by December 2016.

Where do we want to get to?

Not yet available PP13 produced once a year in Q3 (March 2016)

- 95% of preschool Māori children enrolled in the community oral health services at Dec. 2016

NDHB	Other	Māori	Target
Q3-15/16	n/a		
Q3-14/15	69%	68%	85%
Q3-13/14	65%	68%	85%

Source: NDHB Q3 Annual report 2013-14-15
Reported annually in Q3

Why is this important for community and patients?

By the time pre-school tamariki Māori are 2 years old, they will have approximately 20 first (primary) teeth. It is important that Māori children are enrolled with a community oral health provider where regular visits may support health literacy in good care of primary teeth and help develop confidence in tamariki when attending dental services.

Dental caries are one of the most common diseases of childhood. Oral disease can impact negatively on child growth, development and quality of life as well as being one of the top five avoidable causes of hospitalisation for Māori children. Poor oral health is almost entirely preventable.

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance?	Timing	Monitor and measure performance	Responsibility
1.	Increase Māori pre-school enrolments in oral health services Continue with the pilot programme of fluoride varnish in partnership with the Raumanga Medical Centre. Monitor WCTO Quality Improvement Framework Measure 5	Q2/4	Progress towards 95% of Māori pre-school children enrolled in a COHS at Dec 2016 Monitor number of Māori tamariki (0-4yrs) enrolled in community oral health provider, at 6 monthly intervals	WCTO Providers Maternity and child health services Northland DHB Dental services
2.	Encourage new mothers to engage and sign up to the 'triple enrolment' registration process that includes: Immunisation, oral health (pre-school enrolments) and WCTO preference, within 6 weeks post-partum. Provide new mothers with information on good health care of primary teeth within the first 2 years	Q2/4	Monitor WCTO referral performance on a quarterly basis for enrolment Monitor and track new born NHIs with enrolment database	WCTO Providers LMCs Maternity services Northland DHB Dental services
3.	Improve track and trace and reporting systems to enable all	Q2/4	Monitor performance of WCTO referral to	WCTO Providers

	Actions to deliver on performance?	Timing	Monitor and measure performance	Responsibility
	Māori infants to receive each of their core well child-tamariki ora (WCTO) checks in the first year of life.		community oral health provider on a quarterly basis for enrolment	Northland DHB Dental services
4.	Oral health promoters/kaimahi manaakitanga will continue to deliver education sessions with parents , young mothers, pregnant women in ECC, Kohanga Reo, Family Start Programme Providers, Whānau Ora Collectives, and Iwi social services to register with oral health community providers	Q2/4	Increase in Māori pre-school enrolments with a community oral health provider Monitor progress on 6 monthly basis	Oral Health promoters/ kaimahi manaakitanga Whānau Ora Collectives

Mental Health

What outcomes are we trying to achieve?

Ensure accurate ethnicity reporting for Māori in Northland DHB subject to Community treatment orders.

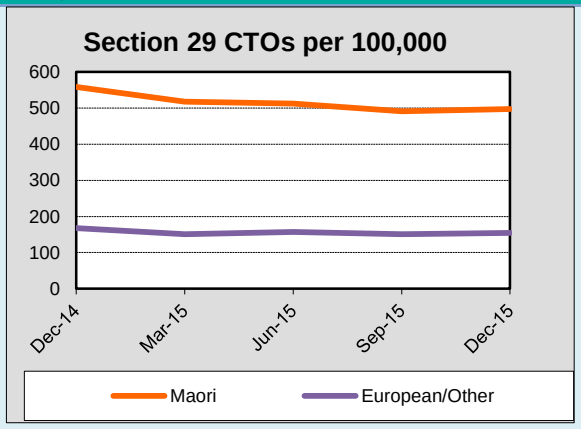
To ensure that the use of community treatment order for Māori has also been accompanied by a cultural assessment.

To ensure that mental health staff in Northland DHB have access to appropriate training to work with tangata whaiora and Whānau

Where do we want to get to?

- To ensure that the use of community treatment order for Māori is appropriate
- To ensure that Māori under community treatment orders have access to a cultural assessment and culturally informed care

DHB/PHO



Source: Trendly

Why is this important for community and patients?

Northland DHB services a higher number of Māori accessing mental health services than many other DHBs. Late presentations can be associated with more difficult to treat illness and a higher likelihood of acute care.

Research specifically relating to Māori with schizophrenia is limited but suggestive of a clear difference in severity and prevalence to non-Māori. In 2003–2005 Māori were over 3.5 times more likely to be hospitalised for schizophrenia than non-Māori. Māori men had a hospitalisation rate for schizophrenia of 416.7 per 100,000 (age standardised to the Māori population) compared with 222.4 for Māori women, 119.7 for non-Māori men and 62.3 per 100,000 for non- Māori women (Robson and Harris, 2007).

There is a concern that there are more young Māori males being treated under the Mental Health Act – Section 29, Community Treatment Orders than non-Māori or women . Research suggests that the prevalence of schizophrenia is higher in Māori men.

One-year prevalence of schizophrenia was estimated at 1% for Māori, which was approximately three times that of non-Māori. Māori men had the highest prevalence rates overall of 1.27% in 2002–2003, followed by Māori women (0.7%), non-Māori men (0.41%), then non-Māori women (0.24%) (Kake et al., 2008). Kake (2008) used a capture–recapture method to estimate the population prevalence of schizophrenia. This involved the data from two large data sets recording the diagnosis of people discharged from public and private hospitals and the diagnosis of community mental health patients.

Environmental factors increased risk for onset of schizophrenia and severity of schizophrenia.

- Early onset marijuana abuse
- Neonatal complications including exposure to meningitis
- Head injury
- Exposure to abuse and trauma during childhood
- Regular amphetamine abuse

Factors driving the rate for Māori under compulsory treatment orders are:

- A higher rate of psychotic illness

- A higher use of cannabis amongst Māori
- Late presentation to accessing mental health services

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance?	Timing By	Monitor and measure performance	Responsibility
1.	The DAMHS, will oversee a process of audit for Māori under section 29 orders looking at • Diagnosis • Duration under a section 29 • Treating Team • Treating Responsible clinician • Presence of cultural assessment . Tangata whaiora will be offered access to Kaumātua/Kuia in the cultural assessment	Q4	Audit information available Increase in cultural assessments to Māori whaiora	Northland DHB-mental health services Māori Health Providers Community mental health providers
2.	Ensure mental health workforce is culturally competent to deliver a responsive service to Māori: • MHA workforce enrol in the cultural competency training offered by Northland DHB Learning and Development Unit	Q4	Training plan developed and delivered Monitor progress of training at six monthly interval	Northland DHB-mental health services

SUDI

What outcomes are we trying to achieve?

Ensure no Māori babies in Northland die from a SUDI event that may be precipitated by unsafe sleeping arrangements, smoking in pregnancy and reduced breast feeding rates. Northland's effort will be focussed on supporting Māori women in early pregnancy and parents and Whānau with infants aged less than 6 months

Why is this important for community and patients?

Māori SUDI rates remain disproportionately high compared to non-Māori. It is critical that Northland DHB meets the needs of Māori pregnant women and their Whānau to reduce disparities by improving the health outcomes of Māori Whānau. The current Māori SUDI rate is 1.6 per 1000 live births (aggregated 2010-2015)

Where do we want to get to?

- 0.4 SUDI deaths per 1,000 Māori live births
- All caregivers of Māori infants are provided with SUDI prevention information at WCTO Core Contact 1.

DHB/PHO	European Other	Māori	Target
1. SUDI rate	.88	1.6	.4
2. Core 1 SUDI info	61% (Non-Māori)	49% (Māori)	

Source: Nationwide Service Framework Library

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance?	Timing by	Monitor and measure performance	Responsibility
1.	Northland safe sleep policies are implemented and monitored in a range of settings Kaupapa Māori antenatal sessions, Te Mata o Mua, will include SUDI education and information on safe sleep spaces, detrimental effects of smoking in pregnancy and benefits of breastfeeding (as per Northern Region SUDI Plan) LMCs continue to deliver pregnancy and parenting antenatal education services Provide referrals to stop smoking services for Māori pregnant women who smoke*(link to 'Te Tai Tokerau Tupeka Kore Smokefree 2025 Strategic Plan* and to the Tobacco, section Action 3*)* at any point of contact by June 2017	Q3/4	Progress towards .4 SUDI deaths per 1000 Māori live births Whakawhetu provide numbers accessing training and professional group engaged Increased number of referrals of Māori pregnant women who smoke to specialist stop smoking services. Number of gift packs provided to Māori pregnant women who complete their antenatal sessions Increased breast feeding rates reported through WCTO reporting at 6 weeks, 3mths, 6 mths Increased LMC enrolments in the first trimester	Māori Health Providers LMCs Lactation Consultants Hospital Midwives WCTO Providers LMCs Maternity Services SUDI working group

	Actions to deliver on performance?	Timing by	Monitor and measure performance	Responsibility
2.	LMCs and WCTO will check all infant safe sleep environments in the first week of service provision. Whānau will be offered wahakura/pepi pod and referral to stop smoking services support, if appropriate, to reduce risks of SUDI	Q4	Number of training sessions delivered on Safe Sleep Policy to maternity services staff, PHO/GPs/WCTO staff % of assessments completed and recorded % of unsafe sleep environments identified % of wahakura/pepi pod distributed to Whānau	Maternity Services LMCs WCTO Providers SUDI working group PHOs/GP Practices
3.	Increase the distribution and promotion of the PEPE video clips that can be accessed through the DHB website/youtube. PHOs/GP Clinics to include PEPE video uploads to their Health TV sites	Q2/4	Noted number of 'hits' on PEPE videos Number of GPs running the PEPE video clips on Health TV	WCTO Providers LMCs Maternity Services Well child/SUDI co-ordinator Northland DHB Communications PHOs/GPs
4.	Collaborate with Whakawhetu/ LMCs/Māori WCTO providers in delivering kaupapa Māori wananga (through weaving whakura etc) as a medium to deliver key messages to Whānau on: • Safe sleep spaces for pepi • Smoking cessation in pregnancy • Breast feeding benefits (as per Northern Region SUDI Plan) Encourage and support health professionals involved with Whānau in the antenatal and postnatal period to access the Whakawhetu on line e-learning toolkit	Q2/4	Number of wananga delivered % of Māori women attending wananga % of training sessions delivered utilising the Whakawhetu e-learning SUDI toolkit	Whakawhetu Weaving consultant Māori health providers Stop smoking services Lactation consultants LMCs
5.	Provide support to more LMCs	Q2/4	Number of LMCs	Maternity Services

	Actions to deliver on performance?	Timing by	Monitor and measure performance	Responsibility
	to acknowledge their involvement with the Kaupapa Māori antenatal classes and supporting health literacy through story telling		encouraging Māori pregnant women to access education and health literacy on key messages	LMCs
6.	Compliance of the WCTO Practitioners handbook for all Māori pepi to receive each of their core well child-tamariki ora (WCTO) checks in the first year of life, especially SUDI prevention messages in Core Visit 1 • WCTO/Plunket quarterly Quality Improvement meeting s will include refresher training with staff	Q4	Safe sleep messages delivered in first core contact of WCTO service	WCTO Providers Plunket
7.	The 'High Five' notifications (NIR, Primary Care-GP, New Born Hearing Screening, WCTO, Oral) are implemented prior to discharge from birthing facilities	Q3/4	% of Māori babies enrolled in the High 5 Programme and referred to the nominated WCTO provider within 1 week postpartum Number of referrals to a WCTO Provider Number of new born babies enrolled with GPs within 6 weeks of birth	Maternity Services LMCs WCTO Providers
8.	Implement one clinical audit on safe sleep practices in a health service setting Evaluate the effectiveness and success of kaupapa Māori antenatal classes and wananga to determine best practice and support in reducing SUDI rates in Northland	Q4	Audit completed and gaps identified Evaluation completed and best practice models identified and incorporated in other health settings	Evaluator

Local Indicators

Māori Workforce Development

What outcomes are we trying to achieve?

Strengthening the Māori workforce capacity and capability, and size of our Māori workforce by 2020.

Why is this important for community and patients?

When Māori Whānau access health services, their experience improves when they are treated and cared for by Māori and when their cultural needs are provided for.

The workforce needs to reflect the communities they serve and the level of Māori discharge rates within the DHB – therefore at least 30 percent of Northland DHB workforce should be Māori

Where do we want to get to?

Achieve an increase of 1% per annum Māori employed in the DHB, for NDHB to reach this target ~35 FTE's Māori is needed (currently at 21 for 9 months)

DHB/PHO Māori NDHB Workforce

Total staff Mar-14 (2,599), Mar-15 (2,648), Jan-16 (2697)

	Mar-14	Mar-15	Jan-16
Allied Health	15.2%(82)	15.9%(89)	17.8%(101)
Manage/Admin	14.1%(59)	15.4%(67)	14.8%(66)
Medical	2.4%(6)	3.3%(9)	4%(11)
Nursing	13.3%(172)	14.4%(185)	14.6%(191)
Support	18.6%(18)	20.6%(20)	21.8%(22)
Grand Total	13.0%(337)	14.0%(370)	14.5%(391)

% (actual #)

Source: Northland DHB Payroll

Actions planned for 2016/17 / Measuring and Monitoring Performance

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
1.	Continue to implement Kia Ora Hauora within schools and tertiary education and provide access to events re: WFD, study wananga, scholarships, workforce/workplace exposure	Q2/4	Northland students have access to KOH events # of Northland Yr 12/13 students entering 1st health study pathway at tertiary level	Te Poutokomanawa, Māori Health Unit
2.	Collaborate with DONM to identify best practice for recruiting more Māori nurses through NETP process	Q1/2	More Māori nurses applying for NETP	DONM
3.	Continue to promote Māori nursing leadership through the Nga Manukura o Apopo programme participation in Tai Tokerau	Q2/4	Number of Māori nurses attending leadership programme from Northland	DONM
4.	Improve quality data and intelligence of the Māori workforce by: • Standardising ethnicity data	Q2/4	Ethnicity question included into application for employment form	Northland DHB HR/Payroll MoH - HWIP

	Actions to deliver on performance	Timing	Monitor and measure performance	Responsibility
	in application forms • Improving the completeness of our ethnicity data, and • Generating intelligence to understand who are our Māori applicants within depts./ professional groups are and their success rates for employment within the DHB • Include retention rates and length of service to inform efforts to support population health need and human resource strategies		Data captured and entered into PsE system Monitor Māori employment rates	
5.	Continue to disburse HWNZ non-regulated hauora Māori training fund to Māori working in the health sector	Q3/4	HWNZ disbursements utilise allocated amount of contracted funding	Te Poutokomanawa Māori Health Unit
6.	Focus on increasing the numbers Māori in our workforce by : • Setting KPIs for hiring managers around the recruitment of new graduates. • Working with our hiring managers and recruitment managers to align recruitment criteria to ensure the unique strengths the Māori and Pacific workforce bring to health care delivery are valued and recognised; • Providing proactive support to all Māori and Pacific applications for employment; • Commissioning and implementing initiatives to reduce unconscious & conscious bias in recruitment systems	Q2/4	# of new Māori recruited, selected and retained in employment per annum	HR Workforce Development