Māori Relationship Board Meeting

Date:	**Wednesday, 8 February 2017**
Meeting:	**9.00am to 11.10am**
Venue:	**Te Waiora Meeting Room, District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Board Members:

Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
George Mackey
Na Raihania
Des Ratima
Kerri Nuku
Ana Apatu
Lynlee Aitcheson-Johnson
Diana Kirton
Helen Francis
Trish Giddens
Tatiana Cowan-Greening (Teleconference)

Apologies:

In Attendance:
Member of the Hawke's Bay District Health Board (HBDHB) Board
Members of the Executive Management Team
Member of Hawke's Bay (HB) Consumer Council
Member of HB Clinical Council
Member of Ngāti Kahungunu Iwi Inc.
Member of Health Hawke's Bay Public Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Public

Our vision

HEALTHY HAWKE'S BAY

TE HAUORA O TE MATAU-Ā-MĀUI

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

He kauanuanu – showing respect for each other, our staff, patients and consumers

Ākina – continuously improving everything we do





PUBLIC MEETING

Item	Section 1 : Routine	Time
1.	Karakia	**9.00am**
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Workplan 2017	
8.	MRB Chair's Report	
9.	General Manager Māori Health Report	
	Section 3: For Discussion / Decisions	**10.00am**
10.	Orthopaedic Review - phase 2 DRAFT - Dr Andy Phillips	30-mins
11.	Te Ara Whakawaiora: Access (local indicator) – Jill Garrett	15-mins
	Section 4 – For Information (No presenters)	
12.	Annual Māori Health Plan Q2 Full Report - Non Financial Exceptions Report	15-mins
13.	MRB Review – update from NKII Chair	10-mins
	Section 5: General Business	
14.	Topics of Interest - Member Issues / Updates	
15.	Karakia Whakamutunga (Closing)	
	Light Lunch	**11.10am**

Māori Relationship Board Interest Register - 26 October 2016

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
Helen Francis	Active	Alzheimer's Napier previously a Committee member Patron and Lifetime Member	Alzheimer's Society holds a contract with the HBDHB to provide dementia specific daycare and community services.	Will not take part in any decisions or discussion in relation to HBDHB contract with Alzheimer's Society	The Chair	08.06.10 21.06.14
	Active	Employee of Hastings Health Centre	Actual Conflict of Interest. Pecuniary Interest.	Will not take part in any decisions or discussions in relation to Hastings Health Centre.	The Chair	18.02.09
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.11
	Active	HB Medical Research Foundation	Trustee	Declare this interest prior to any discussion in relation to the Foundation, and an appropirate mitigation action is decided on.	The Chair	20.08.14
Diana Kirton	Active	Brother, John Fleischl, is a Senior Medical Officer (surgeon) employed by HBDHB.	Perceived Conflict of Interest. Non-Pecuniary interest.	Will not take part in any decisions in relation to surgical services provided by or contracted by HBDHB. All employment matters in relation to John Fleischl are the responsibility of the CEO	The Chair	18.02.09
	Active	Employee of Eastern Institute of Technology (EIT), Practicum Manager, School Health and Sports Science from 3 Feb 2014	Non-pecuniary interest: Organises student practicum placements with some HBDHB funded health providers.	Declare this prior to any discussion in relation to EIT in the area of interest, and an appropirate mitigation action is decided on.	The Chair	16.01.14
	Active	Son, Chris Kirton, GP in Wairoa employed by HBDHB	Non-pecuniary interest: Will not take part in discussions around employment of GP's in Wairoa	All employment matters are the responsibility of the CEO.	The Chair	26.02.14
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.14
Denise Eaglesome	Active	Deputy Mayor of Wairoa District Council	Advocate as Deputy Mayor for Wairoa District, whereas HBDHB covers whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	28.02.11
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussions in relation to the Trust.	The Chair	05.03.14
	Active	Coordinator for Health Contract for Rugby Academy in Wairoa	Health Contract with Wairoa Rugby Academy	Will not take part in any decisions or discussions in relation to this contract.	The Chair	25.05.15
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract	Will not take part in any discussions or decisions relating to the Contract with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Tatiana Cowan-Greening	Active	Husband, Parris Greening, Service Manager of Te Kupenga Hauora (TKH)	Contracted health provider of HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussions in relation to the Trust.	The Chair	19.03.14
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited).	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson [married 12 May 2016] now Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Chair of Te Whare Whanau Purotu Inc.	Maori Womens Refuge	No conflict	The Chair	22.12.15
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	wahine co-Chair for Ikaroa Rawhiti Electorate for the Maori Party	Political role	No conflict	The Chair	14.07.16
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairawhiti DHB Maori Relationship Board		No conflict	The Chair	19.03.14
	Active	Employeed as a Corrections Officer		No conflict	The Chair	19.03.14
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Manager, Taruna College		No conflict	The Chair	15.04.15
	Active	Assistant Director Governor, Rotary District 9930		No conflict	The Chair	15.04.15
	Active	Member of the Lotteries Board		No conflict	The Chair	15.04.15
Des Ratima	Active	Chair Takitumu Maori District Council	Maori Community Development Act 192	No conflict	The Chair	Dec 13
	Active	Chair Ahuriri District Heatlh Trust	Maori health post settlement equity group	Potential Conflict if contractural arrangements in place	The Chair	Dec 13
	Active	Chair Whakatu Kohanga Reo	Early Childhood	No conflict	The Chair	Dec 13
	Active	Chair Wanautahi Charitable Trust	Community Trust	No conflict	The Chair	Dec 13
	Active	Deputy Chair Maori Wardens NZ Maori Council	Maori Community issues	No conflict	The Chair	Dec 13
	Active	Chair of the Kaupapa Maori Comittee	Maori Community Issues	No conflict	The Chair	Dec 13
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective)	Relationship and and may be contractural from time to time	No conflict	The Chair	12.08.15
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	12.08.15
	Active	Chair, Health Promotion Forum (previously Deputy Chair from 12.08.15)	Relationship	No conflict	The Chair	12.08.15 04.08.16

MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING HELD ON WEDNESDAY, 9 NOVEMBER 2016 IN TE WAIORA MEETING ROOM, DISTRICT HEALTH BOARD (DHB) ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS COMMENCING AT 9.00AM

Members:
Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
Kerri Nuku
Denise Eaglesome (video conference)
Ana Apatu
Tatiana Cowan-Greening (teleconference)
Lynlee Aitcheson-Johnson
Trish Giddens
Diana Kirton
Helen Francis
Des Ratima
George Mackey
Na Raihania (teleconference)

Apologies:
Ngahiwi Tomoana (China)
Helen Francis
Diana Kirton

George Mackey (leaving early)
Denise Eaglesome (leaving early)

In Attendance:
Kevin Atkinson (Chair HBDHB Board)
Peter Dunkerley (HBDHB Board Member)
Graeme Norton (Chair, HB Consumer Council HBDHB)
Dr Kevin Snee (CEO HBDHB)
Tim Evans (General Manager Planning, Informatics and Finance HBDHB)
Caroline McElnay (Director Population Health, Health Equity Champion HBDHB)
Chris McKenna (Chief Nursing Officer, HBDHB_
Tracee Te Huia (General Manager, Māori Health HBDHB)
Matiu Eru (Pouahurea, Māori Health HBDHB)
Patrick LeGeyt (Programme Manager, Māori Health HBDHB)
Laurie Te Nahu (Programme Administration Coordinator, Māori Health HBDHB)
Talalelei Taufale (Pacific Health Development Manager HBDHB)
Rachel Eyre (Public Health Specialist, Healthy Families HBDHB)
Mary Wills (Head of Strategic Services HBDHB)
Dr Adele Whyte (CEO Ngāti Kahungunu Iwi Incorporated)
Chrissie Hape (Iwi/CYF Partnership Advisor, Ngāti Kahungunu Iwi Incorporated)
Deborah Baird (Acting Manager Innovation and Development and Acting CEO for Nicola Ehau, Health Hawke's Bay PHO)

Minute Taker:
Lana Bartlett (MRB Administrator and Executive Assistant GM Māori Health HBDHB)

SECTION 1: ROUTINE

1. KARAKIA

Matiu Eru (Pouahurea, Māori Health HBDHB) opened the meeting with karakia.

2. WHAKAWHANAUNGATANGA

H Skipworth (Acting Chair) welcomed members and guests to the meeting. The Acting Chair acknowledged A Apatu in her appointment to the Board. Everyone was asked to provide a brief introduction.

Caroline McElnay (Director Population Health, Health Equity Champion HBDHB) joined the meeting at 9.27am

3. APOLOGIES

Apologies were received from N Tomoana, H Francis and D Kirton. Additional apologies were received from G Mackey and D Eaglesome who will be leaving the meeting early today.

4. INTERESTS REGISTER

No MRB Board members declared any amendments to the register or declared a conflict of interest with today's agenda items.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB Board meeting held 12 October 2016 were taken as read and confirmed as a correct record.

Moved: N Raihania
Seconded: T Giddens
CARRIED

6. MATTERS ARISING FROM THE PREVIOUS MINUTES – REVIEW OF ACTIONS

The following matters from the October minutes were discussed:

REVIEW OF ACTIONS

The Action and Progress List as at September 2016 was taken as read. The following actions were discussed:

Bariatric Surgery Investigation Report

Deferred to December, however there is no MRB meeting in December. MRB would like the paper circulated via email in December but also request the paper to be presented in February for discussion 2017 **ACTION**

MRB hosting the next Te Whiti ki te Uru

There was a short discussion about the date MRB will be hosting Te Whiti ki te Uru. At the last meeting it was confirmed MRB will host the meeting on 2 October 2017 however, this date was questioned. Te Whiti ki te Uru meeting follows the RGG Meeting on the 8 November. Confirm dates **ACTION**

7. MRB WORKPLAN 2016

The MRB Workplan as at November 2016 was taken as read. The following matters were discussed and agreed:

- No meeting in December
- MRB Wānanga with Mental Health Services and Other Agencies confirmed for Monday, 21 November 2016
- Email Bariatric Surgery paper in December. MRB still wants the paper presented in February 2017 for discussion **ACTION**
- Incorporate planned Hui with Ngāti Kahungunu Iwi Inc. into the wokplan for 2017 **ACTION**

Correction to the 2017 Workplan, there is a meeting in March *not* April **ACTION MRB Administrator**

8. MRB CHAIR'S REPORT

The Chair's Report for November 2016 was taken as read and the contents noted.

Moved: D Ratima
Seconded: A Apatu
CARRIED

9. GENERAL MANAGER (GM) MĀORI HEALTH REPORT

The GM Māori Health report for November 2016 was taken as read and the contents noted.

Moved: D Ratima
Seconded: A Apatu
CARRIED

The following topics were discussed:

Under 18 Primary Care Co-Payment Subsidy Project

Issues around weekend subsidies was raised e.g. extra $5 charge for outside normal trading hours and a $2 surcharge on prescriptions. These extra charges and surcharges is contradictory to the aim of the project. There are a set of rules around pharmaceutical charges and can be easily checked. This is an issue with the pharmacies contract which is being monitored by the PHO.

Tūruki Workforce Development Mid-Term Evaluation Report

The report demonstrated good results. The amount of work undergone to increase capability of the health sector and increase HBDHB Māori workforce being the two highlights. We think we have the best strategy in the country and other regions are looking to us for learnings. While we are doing better than other DHBs on increasing Maori staff into the sector, we acknowledge there are still blockages and further work required.

For some time, MRB stressed the issue about the lack of vacancies for nursing graduates and was pleased to see, ensuring the supply of scholarships meet the projected workforce demands, was a key finding of the evaluation. A desired success for MRB is when the workforce matches the number of graduates and there are no blockages.

Co-designing Services – Relationship Centred Practice

Great toolkit. MRB are interested in the KPIs and measuring tools to ensure they are achieving objectives and how the toolkit will be implemented into the community.

SECTION 2: PRESENTATIONS

10. FLUORIDATION THE KEY FACTS

Dr Robin Whyman (Clinical Director Oral Health) and co-presenters Dr Bethany Jones (Neurologist) and Dr Kate Robertshaw (Neurodevelopmental Paediatrician) were in attendance to present Fluoridation the Key Facts and highlighted the following key points:

- The combination of oral health education, regular cleaning, lifestyle including nutrition i.e. reducing sugar and fluoridation are imperative to improving oral health. Without fluoridation teeth will become chalky and enamel damage will increase.
- Research about negative side effects of fluoridation is still inconclusive. There needs to be more robust research.
- Data information of low levels of fluoridation is negligible in terms of the impact of fluoridation on a child's brain development.

There was a lot of discussion rounded up by H Skipworth (Deputy Chair) who thanked Dr Whyman and co-presenters on behalf of MRB for an informative presentation that was very helpful. Today's presentation will be circulated to members to review the information provided. Any further feedback is to be emailed and collated to make a decision on the paper by February 2017 when MRB next meet face to face. **ACTION**

Chrissie Hape (Iwi/CYF Partnership Advisor, NKII) asked to note that NKIIs current focus is Ngā Wai Māori (Natural Water) and good quality water so from an Iwi perspective they are very interested in Fluoridation and the impacts on Wai Māori. Dr Adele Whyte (CEO, NKII) was interested in the demographic groups of the stats presented today.

11. TRANSFORM AND SUSTAIN REFRESH

Tracee Te Huia (General Manager Māori Health) provided an overview of the paper and answered any questions. Tracee conveyed apologies on behalf of Kate Rawstron (Project Manager) who was unable to attend today's meeting.

MRB noted the contents of the report and **endorsed** the proposed new projects in consideration of the following feedback.

- Demonstrate how whānau, hapu and Iwi will be measured and illustrate how whānau would provide feedback as the current measures are for individuals only
- Demonstrate how whānau capability will be assessed and measured to ensure their ability to take care of their whānau is achievable and sustainable. In addition, ensure any service change does not impact on the whānau
- Endorsed the proposal for the Health Equity Assessment Tool (HEAT) to be embedded into project methodology. Great work!

- Identify the links between what success looks like for Kahungunu, Toiora and Transform and Sustain and add to the Transform and Sustain programme

N Raihania requested his feedback regarding the Success Criteria for Ngāti Kahungunu be raised at Clinical Council.

Moved: L Aitcheson-Johnson
Seconded: N Raihania

Dr Kevin Snee (CEO HBDHB) joined the meeting 10.20am

SECTION 3: FOR DISCUSSION

12. 13-17 YEAR OLD PRIMARY CARE ZERO FEES SUBSIDY PROJECT

Patrick LeGeyt (Programme Manager Māori Health HBDHB) provided a brief overview of the paper.

Tim Evans (General Manager Planning, Informatics and Finance) joined the meeting at 10.30am

MRB felt it would have been helpful if the following was included into the paper:

- Who and how cultural competency was incorporated into the implementation of the subsidy
- The changes that will be made by general practices
- An indigenous wellness approach be included into the delivery
- A project implementation plan be developed from the ground up
- Clear high level principles be included in the project

The Whānau Wellness programme funded by PHO, that is ending this year, covers all whānau. D Ratima was concerned that only youth will now receive free services instead of the entire whānau.

Chris McKenna (Chief Nursing Officer) joined the meeting at 10.50am.

H Skipworth (Acting Chair) congratulated Tim Evans (General Manager Planning, Informatics and Finance) and Patrick LeGeyt (Programme Manager Māori Health) for their efforts on this project. Patrick reciprocated the acknowledgement adding that this project is an example of one of the strategic proposals that MRB has driven that has now come to fruition. He thanks Tracee Te Huia for her Executive Sponsorship of the initiative through Transform and Sustain.

Talalelei Taufale (Pacific Health Development Manager HBDHB) joined the meeting at 11.05am

MRB **endorsed** the recommendations pending the inclusion of the Implementation Plan and the Evaluation Framework for the Board.

Moved: N Raihania
Seconded: G Mackey

13. ALCOHOL HARM REDUCTION POSITION STATEMENT

Rachel Eyre (Public Health Specialist, Healthy Families HBDHB) was in attendance and provided an overview of the Position Statement.

MRB noted the contents and **endorsed** the Position Statement for adoption by the Board pending the following feedback be considered:

- The vision is too narrow on alcohol and should incorporate substance abuse and how whānau actively participate in the community so that the vision overlays all strategies.
- Knowing what the end game looks like would be valuable, what success would look like
- Identify what the health sector and community are currently doing to reduce alcohol harm e.g. Health Hawke's Bay PHO, District Health Board (DHB) and Ngāti Kahungunu Iwi Inc. (NKII) because its not working.
- Bearing in mind the drinking culture of gang whānau warrants this group should be included as champions in their community to shift behaviours.

- DHB to take leadership and be advocates
- Align the Alcohol Strategy with the Youth Strategy.

Moved: N Raihania
Seconded: D Ratima

G Mackey and Chrissie Hape (Iwi/CYF Partnership Advisor, NKII) excused themselves from the meeting at 11.40am.

14. PALLIATIVE IN HAWKE'S BAY

Mary Wills (Head of Strategic Services) provided an overview of the Draft Palliative Care in Hawke's Bay paper, how it links to the Advanced Care Planning and the next steps.

MRB noted further consultation with the community will follow and provided the following feedback on the draft plan below:

- The quote by Dame Cicely Saunders in the Executive Summary does not encompass the Māori world view of death as death in Māoridom is not the end
- Aged Care Services is not necessarily the right facility to place palliative patients
- Acknowledge the work and services of caregivers and taking into consideration the challenges of their work
- Education around pain management is key for whānau
- Having good navigation for support and services is essential for whānau

Moved: N Raihania
Seconded: D Ratima

SECTION 4: GENERAL BUSINESS

There were no items for General Business.

Before closing H Skipworth (Acting Chair) acknowledged today's meeting as the last MRB meeting for the year and took this time to wish everyone a happy and safe Christmas.

The meeting was closed by Matiu Eru (Pouahurea Māori Health HBDHB) with Karakia at 12.09pm

Signed: _____
Chair

Date: _____

Date of next meeting: 9.00am Wednesday 8 February 2017
Te Waiora (Boardroom), HBDHB Corporate Administration Building

MĀORI RELATIONSHIP BOARD
Matters Arising – Review of Actions

6

Sept MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at November 2016
14/09/16	**1. MRB hosting the next Te Whiti ki te Uru:** a) Develop the agenda and discussions b) Consider future MRB representation to the Māori Caucus.	MRB	Nov 2016	The next meeting is scheduled for 13 Feb at TAS in Wellington. There are no meetings scheduled for Hawkes Bay in 2017 as confirmed by TAS
	2. Future Direction of MRB Hold a hui between DHB and NKII to initiate core discussions about what's required and current roles and responsibilities	**GM Māori Health/ Company Secretary HBDHB/ CEO NKII**	Nov 2016	**IN PROGRESS** A update will be provided at the meeting by the NKII Chair

Aug MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at November 2016
10/08/16	1. **Fluoridation Presentation** Email presentation to MRB to review information provided. Any further feedback to be emailed and collated to make a decision on the paper by February 2017 when MRB next meet face to face. Circulate Neurotoxin information to MRB members.	MRB Administrator L Aitcheson-Johnson	Feb 2017 Nov 2016	**COMPLETE** Presentation emailed to MRB 8 December 2016. No further feedback received.
	2. Wānanga between MRB and Mental Health Services Allison Stevenson and Dr Shaw to formulate a clear purpose, agenda, response(s) and outcomes for the wānanga.	Service Manager Mental Health and Addiction Services/ Clinical Director & DAMHS	Sept 2016	**COMPLETE** Wānanga held 21 November 2016. Key findings of wānanga is being used in planning of services for the 17/18 Annual Plan

June MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at November 2016
08/06/16	**1. Health Equity Update 2016** ***NZ Territorial Authorities Statistics Gap in Years between Māori and non-Māori Life Expectancy by Gender and Region 2012-14*** MRB were interested in the reasons for the longer life expectancy of Māori in the Canterbury region and requested that Dr McElnay conduct further research to provide an update on the findings	DPH/ HE	Oct 2016	There was no clear evidence found for the longer life expectancy of Maori in the south island vs the north island. However it is assumed that due to deprivation scales this impacts on health outcomes for Maori vs non-Maori

May MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at November 2016
12/05/16	**1. Review form and function of MRB and Youth Representative** NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.	GM Māori Health/ CEO NKII	Sept 2016	**IN PROGRESS** Update to be provided by the NKII Chair at the Feb 17 meeting
	2. Bariatric Surgery Investigation Request for an investigation of the evidence to rationalise the increase of surgeries per annum.	Head of Strategic Services	Oct 2016	**Now deferred to March 2017**

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MĀORI RELATIONSHIP BOARD

WORKPLAN FEBRUARY - JUNE 2017

NOTE: This workplan is still in draft therefore is subject to change.

Date/ Month 2017	Performance Monitoring and for Information and Discussion	EMT Lead	Strategic / Decision Papers	EMT Lead
JAN	NO MEETING FOR MRB IN JAN			
8 Feb	Annual Māori Health Plan Q2 Oct-Dec 2016 Te Ara Whakawaiora: **Access** (local indicator) Ambulatory Sensitive Hospitalisations (ASH) *TO BE CONFIRMED*	GM MH CMO	Orthopedic Review Phase 2 DRAFT	DAH
13 Feb	Te Whiti Ki Te Uru Meeting - Level 3, 186 Willis Street, Wellington. Meeting room 3C4.			
15 Mar	***Hawke's Bay Health Leadership Forum (15 March, 8.30-3.00pm, Cheval Lounge, Hastings Racecourse)***			
MAR	NO MEETING FOR MRB IN MAR – email papers below to MRB for feedback			
	Te Ara Whakawaiora: Breastfeeding (national indicator) Health and Social Care Networks Update (Mar-sept 16 - Mar 17) Board6monthly	DPH/ HE GM MHS	Evidence Base for Adults at Risk of Obesity (Bariatric paper) Travel Plan Quarterly Update (Verbal/Presentation) Annual Plan DRAFT HB Palliative Care Strategy (Final)	GM PIF COO GM MHS GM PIF
12 Apr	Te Ara Whakawaiora: Cardiovascular (national indicator) New Investment Bids (from Clinical Council) review by MRB and Consumer Council pre FRAC/Board	CMO GM PIF		DPH
10 May	Annual Māori Health Plan Q3 Jan-Mar 2017 Te Ara Whakawaiora Priorities and Reporting Schedule 2017-2018	GM MH GM MH	Best Start Healthy Eating & Activity Plan update (for information) Final Draft Annual Plan 2017	DPH GM MHS
14 Jun	Te Ara Whakawaiora: Oral Health (national indicator) *TO BE CONFIRMED*	CD OH	Youth Health Strategy Suicide Prevention Postvention Update against 2016 plan	DPH DPH
	Te Whiti Ki Te Uru Meeting – Location To Be Confirmed			

HAWKE'S BAY District Health Board Whakawāteatia	**Chair's Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner (s):	Ngahiwi Tomoana, Chair Heather Skipworth, Deputy Chair
Month:	November - December 2016
Consideration:	For Information

RECOMMENDATION
That MRB
Note the content of this report.

PURPOSE

The purpose of this report is to update the Māori Relationship Board (MRB) on relevant discussions at the Board meeting held in November and December 2016 pertaining to Māori health.

INTRODUCTION

I provide an overview of the Chief Executive Officers (CEO) reports for November and December including Smoking, 13-17 Year Old Primary Care Zero Rated Subsidy and the Position Statement on Reducing Alcohol Related Harm. Also included in this report is the Human Resources KPIs; Annual Māori Health Plan Quarter One; Palliative Care in Hawke's Bay; Transform and Sustain Programme Refresh; Te Ara Whakawaiora / Healthy Weight and the Orthopaedic Review – Closure of Phase 1.

Smoking

There were two papers presented which emphasise the impact of tobacco use in Hawke's Bay and the importance to boost the change towards achieving a smoking prevalence target of less than five percent by year 2025.

a) Te Ara Whakawaiora - Smokefree

The Te Ara Whakawaiora report shows that HBDHB continues to exceed the Ministry of Health target relating to smokefree screening in secondary care. However, the primary care target is yet to be reached. The DHB and PHO have committed 1.7 FTE nursing and smokefree staff to work with practices, updating records and contacting patients' direct offering brief advice and support. The PHO estimated that 90 percent of the work required would be reached by 31 December 2016.

b) Regional Tobacco Strategy For Hawke's Bay, 2015–2020 Update

Māori, Pacific people and pregnant women are the priority groups for all tobacco control work, due to the higher prevalence and/or higher impact of smoking in these groups. The Regional Tobacco Strategy for Hawke's Bay 2015 – 2020 launched in November supports the Tobacco Control Annual Plan. As a partner of Te Haa Matea Hawke's Bay, the Smokefree team provides ~~in~~ smoking cessation training for practitioners, contributing to the national stop smoking target and new initiative developments. Te Haa Matea is in its early stages and will require our support in the first instance. The Increasing Smokefree Pregnancy Programme (ISPP) has developed Wahine Hapu resources for primary care settings to engage with pregnant women on confirmation of pregnancy. Maternity and Smokefree are visiting general practices to promote early engagement to ISPP. The outcome is to increase referrals to ISPP and therefore increase smokefree pregnancies.

13-17 Year Old Primary Care Zero Rated Subsidy

This proposal is fundamental to aiding improved access to primary care for disadvantaged communities where accessing primary health is restricted. It is evident that cost is a barrier to accessing primary health care in New Zealand. This follows on from the zero fee policy for 6-12 year olds and in addition has a focus on equity and will require changes to the primary care model. The estimated annual cost is around $583, and will cover up to 70 percent of 13-17 year old population from Wairoa to Central Hawke's Bay.

The Board approved funding Eligible General Practices within the area of Wairoa, Napier, Hastings and CHB, to provide zero fees to their 13-17 year old population. Eligible practices include those with high enrolled Māori (84.5%) and Pacific (89.6%) 13-17 year olds; and covers 67.7% of all enrolled 13-17 year olds. The cost is $583,235 ($63,235 over budget). The Board also approved the requirement of general practices within programme to make 'youth friendly' changes to the model of primary care; and approved the Programme Level Measures.

The Board endorse the content of this report and acknowledge that further work is required to develop an implementation plan, outcomes and evaluation framework for implantation on 1 January 2017.

Position Statement on Reducing Alcohol Related Harm

Alcohol Harm Reduction is aimed at reducing the harm to our community from excessive alcohol intake. The DHB committees, supported by a wider group of stakeholders have unanimously supported a position put forward by Population Health to make alcohol harm reduction a priority issue for our DHB. A position statement has been drafted accordingly and will be implemented, which essentially outlines the direction over the next three to five years, consistent with the Ministry of Health's National Drug Policy, and including the next steps for action has been endorsed by the committees. It promotes HBDHB's commitment to making alcohol harm reduction a priority and to taking a leadership role on this issue both within our DHB as a service and throughout our community. There are convincing reasons to address alcohol-related harm, based on the evidence that this is a key driver of inequity and harm to our local community. A progress report is due in June 2017 with a full update in December 2017.

Human Resources KPIs

There was no change this quarter of Māori representation in the workforce and the gap to our target sits at 38 at 30 September 2016.

Annual Māori Health Plan Quarter One

Quarter ones report shows consistent high performance of Cervical Screening, Immunisations at eight weeks and ASH Rates for 0-4 year olds. However, whist our results remain third best for all DHB's for ASH rates for this group, quarter one saw a rise of 13.1 percent from the previous quarter. There have been improvements in mental health compulsory treatment orders and acute hospitalisations for rheumatic fever. Areas for improvement are child obesity, Māori workforce and Cultural Competency training of Medical staff.

The December meeting discussed:

Palliative Care in Hawke's Bay

The palliative care plan draft has been developed by a clinical steering group involving primary and specialist palliative care. The plan has been circulated for feedback. Workshops for key stakeholders and the community have been planned and community meetings in Central Hawke's Bay and Wairoa will be held, meeting with general practitioners with an interest in palliative care and the palliative care stakeholder group. Subsequently the work programme and actions will derive from the feedback.

Transform and Sustain Programme Refresh

The purpose of the Transform and Sustain Programme Refresh paper is to gain Board approval of the work plan for the second half of the programme. 19 new strategic projects have been identified and included in the work plan and are the result of an extension process of gap analysis, consultation and validation across a wide range of key stakeholders and forums. These projects have been grouped into six work streams, each with a Senior Responsible Owner and EMT Clinical Lead. The EMT Clinical Lead role is a new role which has been established to ensure there is strong clinical partnering within the work stream management structure.

Te Ara Whakawaiora / Healthy Weight

Best Start: Health Eating and Activity Plan was endorsed by the Board earlier this year as the importance of childhood healthy weight was recognised. The Ministry of Health established a new Raising Healthy Kids target in July 2016 and this target has been included in the Māori Health Annual Plan and Te Ara Whakawaiora reporting. This report defines the target and provides the nationally reported data. The Board will be able to monitor decreases in numbers of children over the 98th weight percentile, signifying an increase in healthy weight children. Furthermore the number of children/whānau receiving nutrition, activity and lifestyle interventions will specify the level of support provided. The Ministry of Health expects a clearer picture by quarter three.

Orthopaedic Review – Closure of Phase 1

The first phase of our work to review and redesign our musculoskeletal and orthopaedic services to meet the needs of people in our community has been completed. An Orthopaedic Senior Medical Officer has been appointed who identifies as Māori. The Board felt it was great to have a senior Māori medical officer and suggested DHB need to continue to grow people for these positions.

HAWKE'S BAY District Health Board Whakawāteatia	**General Manager Māori Health Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner:	Tracee Te Huia, General Manager Māori Health
Month:	February 2017
Consideration:	For Information

9

RECOMMENDATION

That MRB

Note the content of this report.

PURPOSE

The purpose of this report is to update the MRB on implementation progress of the Māori Annual Plan objectives for November and December 2016 and also January 2017.

INTRODUCTION

This month's report provides a brief update on the following matters:

- New Appointments to the Māori Health Teams
- Draft Māori Health Patient Pathway
- Māori Health Improvement Team Planning Day
- 2016-2017 Annual Māori Health Plan Quarter 1 Performance Highlights
- Investing in Hawke's Bays' Children – One Workforce For Children Workshop
- MRB Wānanga with Mental Health Services and Other Agencies
- Mobility Action Programme (MAP) Request For Proposal (RFP)
- Child Health

NEW APPOINTMENTS TO THE MĀORI HEALTH TEAMS

Team Leader Operations Team – TREVOR TAHAU

In December, the Operations Team welcomed Trevor Tahau to the team. Trevor joins the team as the newly established position of Team Leader Operations. Trevor will be providing support and guidance for the Operations Team, which will free-up time for Service Manager to work at a strategic level within the Hospital Directorates. Trevor joins us after 9 years in the Royal Navy, 27 years in the Police Service and 1 year working for Corrections.

Administration Coordinator Leadership Team and MRB – AMY MARTIN

Amy Martin was appointed to the role of Administration Coordinator in January 2017. Amy is of Ngāti Kahungunu ki Wairarapa and Te Arawa descent. Amy has had an extensive career in Finance and Administration, developing her knowledge though specific roles such as Senior Administrator and

Executive Assistant, Human Resource Administrator, Project Finance Officer, Payroll and Accounts Payable and brings a wide array of skills to the team.

Administration Officer Operations Team – TRELISE McCARTHY

Trelise McCarthy was appointed early December. Trelise is of Ngāti Raukawa and Ngāti Ruanui descent but was brought up in Hawke's Bay since the age of 2-years. Trelise has over five years' experience as an Administration Officer and four years' experience as an Accountant Office Manager.

Safe Sleep Co-ordinator – RAWINIA EDWARDS

In January, the Safe Sleep Co-ordinator contract was transferred from Women, Children and Youth Directorate to Māori Health. Instead of re-advertising, Māori Health decided to keep the incumbent staff member to ensure a smooth transition of the contract and welcomed Rawinia Edwards (nee Rangihuna) to the Māori Health Service.

2016-2017 ANNUAL MĀORI HEALTH PLAN QT 1 PERFORMANCE HIGHLIGHTS

Achievements

1. HBDHB continues to have the highest percentage in New Zealand for Cervical Screening for 25-69 year old Māori women (72.8%) and the lowest disparity gap between Māori and European (5.5% gap).
2. Immunisation rates for 8-month old Māori have remained near the target of ≥ 95% with a 94.4% result in Quarter 1.

Areas of progress

1. Māori under Mental Health Act Compulsory Treatment Orders (CTO) has decreased from 201.6 per 100,000 population in Quarter 4 of 2015/16 to 183.9 per 100,000 population in Q1 2016/17. There still remains a significant inequality between Māori and non-Māori of 94.2 per 100,000 population down from 104.9 per 100,000 population in Quarter 4.
2. The number of Māori enrolled with Health Hawke's Bay PHO increased slightly by 1% from 95.6% in Quarter 4 of 2015-2016 to 96.6% in Quarter 1 in 2016-2017 and remains slightly below the expected performance target of 97%. Currently HBDHB is 4th of all DHBs for Māori PHO enrolments.
3. Acute Hospitalisations for Rheumatic Fever have decreased from 7.33 in Quarter 3 of 2015-16 to 4.82 in Quarter 1 of 2016-17 (6 monthly data).
4. Alcohol and Other Drugs - Access to Services for 0-19 Year Olds increased 4.2% in referrals within 3 weeks 66.4% from Quarter 4 of 2015-2016 to 70.6% in Quarter 1 of 2016-2017 but still below the expected target of 80%. Similarly, 0-19 Year Olds seen within 8 weeks of referral increased slightly from 91.4% to 91.7% but less than the target of 95%.

Challenges

1. ASH Rates in 2015/16 and presented a significant narrowing of disparity gap for 0-4 year old group between Māori and Other and HBDHB has 3rd best results for all DHBs for 0-4 year old group. However in Quarter 1 of 2016/17 they have risen 13.1% to from 78.6% in Quarter 4 to 91.7% in Quarter 1. Similarly, ASH Rates for 45-64 year old group have increased from 170% in Quarter 4 to 196.0% in Quarter 1 presenting a significant inequality between Māori and non-Māori of 87%.
2. Breast Screening has decreased slightly from 67.9% in Quarter 4 of 2015-2016 to 67.1% in Quarter 1 of 2016-2017 and remains just below the expected target of ≥70%.
3. Staff completed cultural training is making slow progress from 77.5% in Quarter 4 to 78.8% in Q1. Medical staff (39.9%) and Support staff (63.3%) have progressed the slowest of all occupational groupings. Medical staff, despite a 25.6% increase in 2015/16, have only increased 0.3% from Quarter 4 to 39.9% in Quarter 1.

4. Māori Workforce did not grow in Quarter 1 and remained static on 12.5%; the same result as Quarter 4 of 2015-2016. Whilst the 2016-2017 annual target of 13.8% is only an additional 10% on 2015-2016 result, it remains a significant challenge.
5. Only 18% of Māori Children with BMI in 98th percentile at B4SC referred to a health professional for nutritional advice, which is a 2% decrease from 20% in Quarter 3 of 2015-2016 to 18% in Quarter 1 of 2016-2017 (6 monthly data).

INVESTING IN HAWKE'S BAYS' CHILDREN – ONE WORKFORCE FOR CHILDREN WORKSHOP

'Mahi Tahi mo ngā Tamariki' – One Workforce for Children aims to assess the skills and development needs of health, education and social service professionals in Hawkes Bay working with vulnerable children and families, and design implement and evaluate a development plan for the workforce over three years. A workshop was held 7 November 2016 with Dr Russell Wills, Māori Relationship Board and Māori Health Service to develop a programme to assess and enhance the skills of Hawke's Bay health, education and social service professionals that work with vulnerable children and their whānau.

The workshop invitees split into five groups and rotated through the following five 15-minute concurrent workshops:

<u>GROUP 1: Values and Principles</u>
What should be the key foundational values and principles of the workforce development programme?

<u>GROUP 2: Content of the Training Package</u>
What are the essential knowledge, skills and attitudes required to work with vulnerable children and whānau?

<u>GROUP 3: Cultural Competency and Safety</u>
How would we know that this is culturally competent training? What support structures should be in place to ensure cultural competency?

<u>GROUP 4: Communication</u>
How do we get community buy-in? What are the key messages, venues and vehicles? What is the brand/name of the training?

<u>GROUP 5: Evaluation</u>
What are key inputs, outputs and outcomes? How do we measure the outcomes?

The workshops were well attended and produced some valuable insights, ideas and principles to base the workforce training programme on. Workshop notes have been collated and been presented back to Dr Wills in a comprehensive written form.

MRB WĀNANGA WITH MENTAL HEALTH SERVICES AND OTHER AGENCIES

MRB expressed their concern over the Te Ara Whakawaiora: Compulsory Treatment Orders (CTO) and called for a wānanga with community providers and Mental Health Services. A wānanga was held on 21 November 2016 with community agencies and providers who were well represented. The purpose of the wānanga was to identify determining factors leading to an overrepresentation of Māori under Section 29 of the Mental Health Act CTO and discuss mental health service and wider community responses to address Māori mental health issues. Dr Simon Shaw (DAMHS) addressed the following issues:

1. What is a CTO and why is it used
2. Legal terms and requirements around the CTO process
3. Our community and how to support it
4. Mental Health care pathway

Dr Shaw also led a Q&A section concerning key issues facing community in relation to mental health. He called for ideas for change and these are being collated that will be feedback to the wānanga attendees and the Mental Health Portfolio Manager for planning purposes.

MOBILITY ACTION PROGRAMME (MAP) REQUEST FOR PROPOSAL (RFP)

Representatives from the MAP Project Group presented to the MOH in Wellington on 26 October 2016. A three year term contract was forwarded to the HBDHB, an additional year added to the contract for 'patient evaluations' and payments spread over three years based on the agreed two year funding package. Completion of the funding proposal and procurement plans continued.

Representatives from the MAP Project Group including the Programme Manager Māori Health have process mapped the MAP programme and are developing service specifications for Iron Māori, Physiotherapists and Health Hawkes Bay PHO. Contract requirements have been discussed with Iron Māori. It is envisaged the MAP programme will begin in early March 2017.

UNDER 18 PRIMARY CARE CO-PAYMENT SUBSIDY PROJECT

The proposition was presented to MRB and a combined Clinical Council and Consumer Council meeting on 9 November 2016 after EMT approved the proposition on 1 November 2016. There were full discussions at both committee meetings with full support for the targeted equity approach. An Evaluation Framework document was developed to provide greater clarity of measurement and outcome expectations for DHB, PHO and general practice.

Process Measures:

- Increase in number of general practices identified as Youth Friendly measured against the RNZGP Youth Friendly General Practice Audit, and alignment of practice to recognised Youth Health Standards (2006 Counties Manukau)[1]
- Uptake by staff of youth specific training
- Inclusion of findings from practice specific Youth Health Satisfaction Surveys in model of care design

Outcomes measures:

- System level Measures:
  - ASH Rates
    - Respiratory
    - Skin Infections
    - Mental Health
- Contributory Measures:
  - ED presentations – not resulting in admission (triage 4 & 5)
  - Increased utilisation of primary care (> 25%) over current utilisation rates

Reporting requirements:

- *Quarterly:* Reporting based on results based accountability (RBA) framework *(Template to be provided by PHO*)

  Quantitative Data: base line and progress to outcomes data (RBA-How much)
  - GP utilisation rates: age – gender – ethnicity (Māori, Pasifika and Other| per practice per provider)
  - ED presentations – non admission rates (Per practice, per provider)
  - ASH rates (Per practice, per provider)

  Qualitative Data: Report against progress in achieving process measures

Māori Health provided guidance to the Portfolio Manager Primary Care on what needs to be done to transition the project to implementation. Despite the delayed transition, the focus is still towards an implementation date of January or February 2017.

The proposal was approved by the Finance, Risk and Audit Committee (FRAC) and the Board 30 November 2016. The Board asked the Evaluation Framework be presented to the Board again at the February 2017 meeting. Refer to Appendix 2, Evaluation Framework on page 12.

Evaluation Measures and Reporting

DHB - Health HB PHO - Cluster will all contribute to the reporting Evaluation Framework (planning and reporting):

- The Evaluation Framework links to work that is already being undertaken by the sector through;
  - System level measures, contributory measures , ED+7 cluster work and Cornerstone Accreditation, and links to MOPS points for CQI
- This initiative sets the ground work for;
  - The 2017-18 System Level Measure - Youth and Patient (customer) experience
  - The HBDHB Youth Strategy – creating an environment for positive youth development
  - Working in a locality orientated system wide approach

During the last few weeks of December 2016, Māori Health, the Portfolio Manager Primary Care and General Manager of Finance, Informatics and Planning met with practice clusters in Wairoa, Hastings and Napier to provide an overview of the Zero Fees Programme. Further meetings are planned for January and February 2017 with an anticipated rollout starting in March 2017.

SUDDEN UNEXPECTED DEATH INFANT (SUDI) NEW INVESTMENT BUSINESS CASE

Māori Health and Maternity Services completed the SUDI business case that was presented and accepted by the Transform & Sustain Committee (T&SC) on 21 November 2016. The programme is already operational and has proven its ability to coordinate, disseminate, and distribute SUDI prevention advice and safe sleep devices. The programme complies with the national directive for every DHB to have a Safe Sleep Programme, and the content of the programme is consistent with Health Ministry advice and evidence based practice. This proposal was supported by internal stakeholders recognising the role of the programme to reduce the risk and rate of SUDI in Hawkes Bay.

SUDI Safe Sleep Programme

In January, the Safe Sleep Co-ordinator contract was transferred from Women, Children and Youth Directorate to Māori Health. The Safe Sleep Coordinator role will be 0.5 FTE and will be managed by the Māori Health Service Manager, but with strong operational relationships with Maternity Services and community providers such as Well Child Tamariki Ora. The Coordinator role was funded by the Ministry of Health that ended in January 2017. As part of this transfer, we will see an increased use of wahakura, and a decrease in Pepi- pods. A contract has been agreed between the DHB and local weavers that will ensure the supply of wahakura meet the hospital demand.
The purchase and distribution aspects of the programme have been confirmed. The intention to invest in wahakura will alter the number of Pepi-pods purchased. There is a small cost difference to purchase wahakura which will be managed within budget. Local weaving experts will be contracted to make the wahakura, which 1) provides an opportunity to engage with Māori communities committed to the kaupapa of safe sleeping practices, and 2) enables us to invest in our local Māori community with due recognition for their expertise. The purchasing of wahakura and pepi pods with the Procurement Office has been established with stock in reserve. It is envisaged that the Safe Sleep Programme will work closely with the development of the 'Hapu Wānanga' Antenatal Programme.

The expected health outcomes of the Safe Sleep Programme are:

- A reduction in the overall SUDI infant mortality rate
- A decrease in the Māori SUDI rate
- A reduction in inequalities in SUDI

WELL CHILD TAMARIKI ORA

High needs mothers and children is a specific focus for the Māori Health Portfolio. The Ministry of Health are funding $40k towards a quality improvement project to enhance integration between Lead Maternity Carers (LMCs) and Well Child (including Plunket and Tamariki Ora). Early transfer of care between services will strengthen outcomes for vulnerable children.

ORAL HEALTH

Māori children experience poorer oral health status than non- Māori. Oral health is the leading ASH rate for 0-4 year old Māori children. Māori Health, Population Health and Community Dental Services are working together on a joint project 'Improving Access to Community Dental Services for Māori Tamariki (0-4 years)'. In 2017-18, the Māori Health Portfolio will disinvest from Māori Oral Health Education providers and reinvesting with Well Child Tamariki Ora (WCTO). 97 percent of all Hawkes Bay children (0-4yrs) are enrolled with WCTO and oral health is one of 27 quality indicators for the Well Child Framework. The WCTO providers have existing relationships with vulnerable mothers and children and may visit these clients up to 20-30 times during the first five years of the child's life.

MOTHERS AND PEPI

There is a lack of social support interventions for the most vulnerable pregnant Māori mothers in Hawkes Bay. In 2017-18, the Māori Health Portfolio will redesign the existing Mother and Pepi service currently delivered by Choices ($348k) before also redesigning the service in Wairoa in 2018-19. The redesign proposes to continue the antenatal support function but:

1. Lifts the scope of the intensity of criteria to the highest risk mothers,
2. Changes the requirement of the workforce from Kaiawhina to Social Worker,
3. Removes the duration from antenatal until the child reaches 24-months,
4. Introduces a shorter more intense duration of antenatal until early handover at 3-weeks of age to WCTO providers; and
5. Reduces the cost of the service from $347,815 to $200,000 per annum.

Therefore the proposed service will work with the highest risk pregnant mothers until post-natal early handover (3 weeks of age) to Well Child Tamariki Ora providers. The outcomes proposed include a range of health and social interventions. The $147k savings from the new service design can be put into Antenatal Support with high needs whānau.

ANTENATAL EDUCATION

Māori have poor uptake of antenatal education programmes. From the redesign of the Mother and Pepi service the Māori Health Portfolio will free up $147k to invest into a kaupapa Māori antenatal education programme based on the 'Hapu Wānanga' programme delivered in Waikato DHB. The Hapu Wānanga is a kaupapa Māori labour, birth and parenting programme designed for young pregnant women and their whānau. It will be an interactive and fun programme that has been designed to provide pregnant Māori mothers and their partners with the best information and skills needed to be ready for birth and parenthood. The wānanga will be held over 2-days at local marae and will involve interesting speakers, interactive workshops, linkages with other mothers and their partners and involve other programmes such as safe sleep wahakura etc.

BREASTFEEDING

Breastfeeding for Māori at 6-weeks, 3-months and 6-month intervals has not improved over the last 24-36 months. The Māori Health Portfolio funds a provider to develop breastfeeding sector capacity and capability and work with a specified service population. This, however, has not had the population impact and a redesign of the service is required. The new design is based on a national

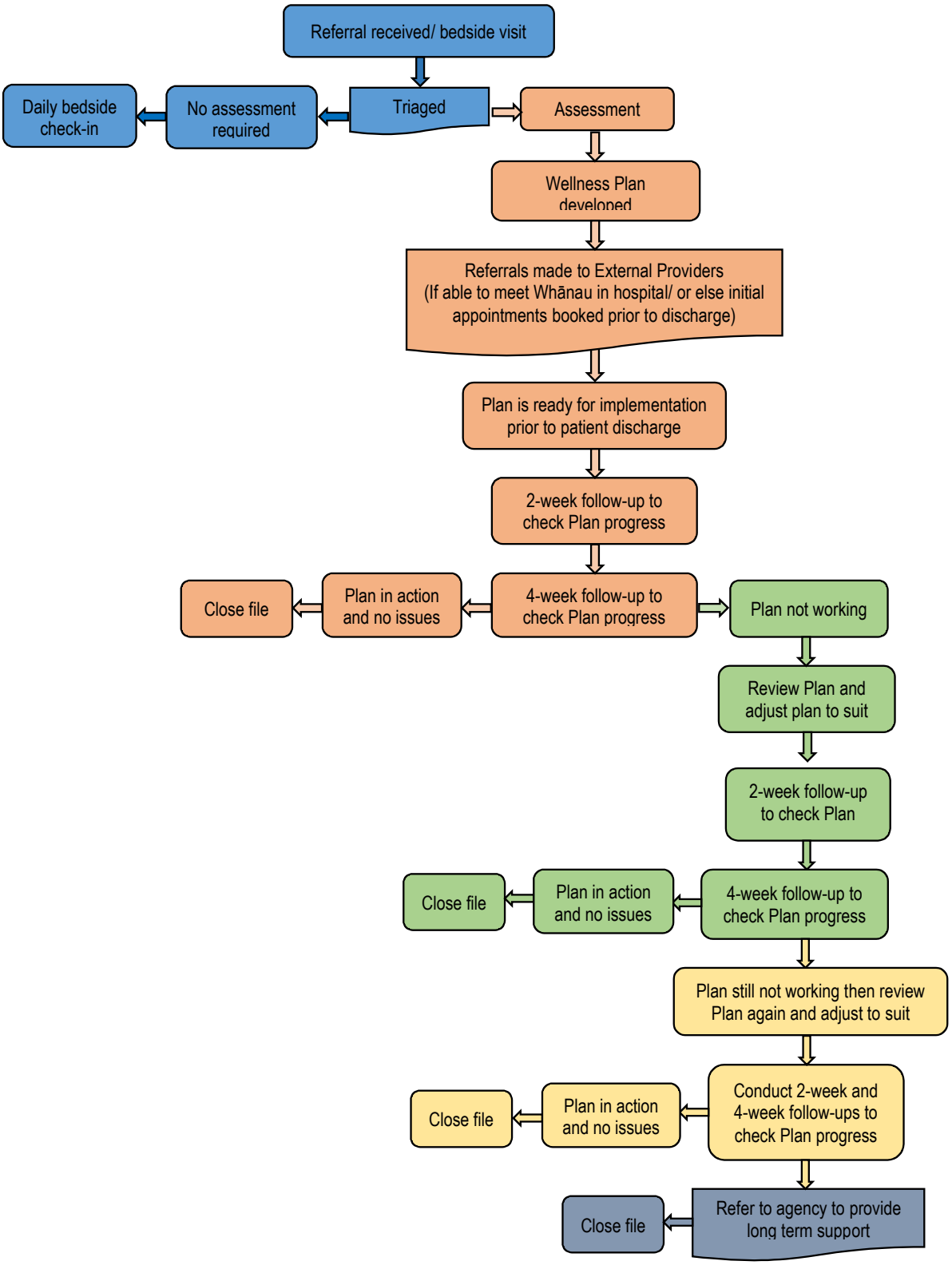
scoping exercise performed by Women's, Children & Youth (WCY) Advisor that found successful DHB breastfeeding performance was related to the early interventions of Lactation Consultants. The Māori Health Portfolio will tender $160k for Lactation Consultants to work with mothers and babies from 6-weeks to 6-months of age. The new service aims to build upon Maternity Services breastfeeding support programme, a WCY Portfolio new investment business case for 2017-18, by providing a specialised community breastfeeding support with a primary focus on Māori mothers and their babies, post discharge from Maternity Services to 6-months of age. Hawkes Bay DHB will contract providers with lactation consultants who will be responsible for providing added support and advice to mothers who are experiencing difficulties establishing and maintaining breastfeeding in the home. The primary aim of the programme is to improve, promote and support breastfeeding rates for Māori mothers in a way that is responsive to them and their whānau.

HAUORA MĀORI FUNDING – HEALTH WORKFORCE NZ

Currently the fund enables Māori health workers to access funding at the certificate, diploma and graduate diploma levels 2 to 7 on the NZQA framework (degrees excluded). Areas funded include: tuition fees, travel and accommodation costs (subsidised), backfill, course related resources, cultural supervision (Māori Support) and programme coordination. Priority for this funding is the non-regulated health and disability workforce and develop their potential to move into other health sector roles as relevant. Hawke's Bay DHB have consistently over-provided on their contracted volumes and won an award as the top performing DHB in New Zealand. Refer to Appendix 3, HWNZ Hauora Māori Funding Actuals vs. Contracted Volumes 2014-16.

GENERAL MANAGER MĀORI HEALTH
Tracee Te Huia

APENDIX 1: MĀORI HEALTH PATIENT PATHWAYS



APPENDIX 2: EVALUATION FRAMEWORK

Aim
Proactive utilisation of Primary Care by Youth (12-24yrs)

SLM Measure (1)
Reduced ASH rates 13-18 yrs
- Respiratory
- Skin
- Mental Health
- AoD

Contributory Measures (1)
ED Admission Rates (DHB)
- Skin
- Respiratory
- Mental Health

Contributory Measures (1)
ED Presentation Rates / referral rates back to Primary Care
- Skin
- Respiratory
- Mental Health
- AoD
- Sexual Health

Contributory Measures (2)
Primary Care Utilisation Rates

By Provider
- GP-NP-PN-SW-Other
- Youth Services (Directions)

Type
- Skin, Resp. ,Mental Health, AoD, Sexual Health, Other

Examples of Cluster (Practice) Activities – Measures (3/4)
Formation of Cluster (related services) MoU

Completion of;
- RNZGP Audit
- Use /formation of Youth advisors
- Staff training
- Evaluation survey and feedback from youth
- Annual Cluster Plan

Operational linkages / Referral loop with;
- YOUTH specific services (Directions)
- Whānau wellness program
- Stanford
- School based health services
- PHN
- Youth Transition Services
- Sport – Social groups

Model of care development;
- Workforce utilisation
- Access inclusion of virtual
- Shared care provider record
- Wellness models of care provision

DNA rates - Same Day access

Key:
Data collection and reporting to inform Cluster Planning and Reporting

(1)	DHB Role
(2)	PHO Role
(3-4)	Cluster/Practices Role

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Reporting: Quarterly

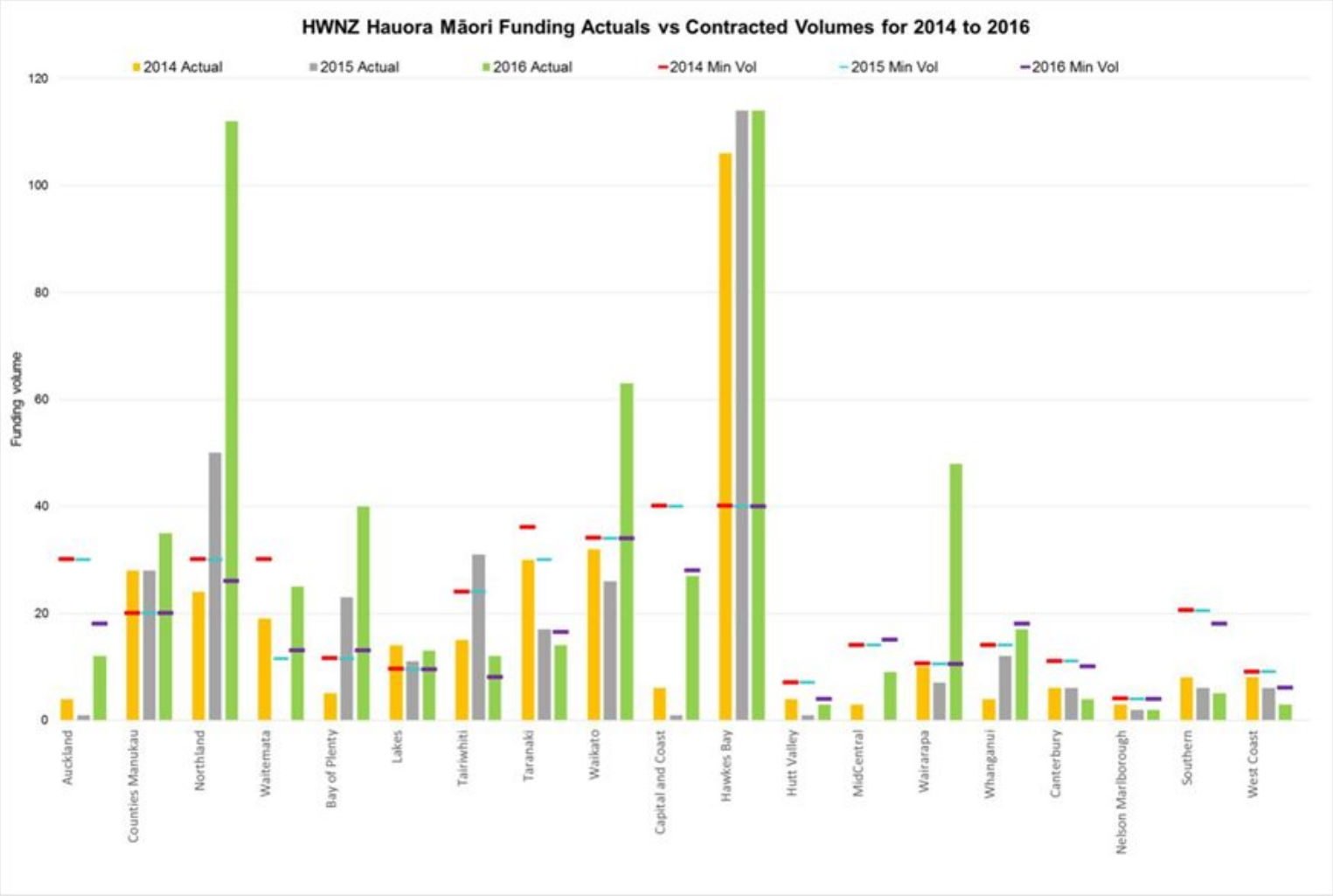
2016-17	Q3	Q4
DHB	Cluster baseline data	Outcomes
PHO	Cluster base line data	Outcomes
Cluster	Cluster formation and Cluster Plan completion	Outcomes

2017-18 (ongoing)	Q1 Outputs Report	Q2 Outcomes Report	Q3 Outputs Report	Q4 Outcomes report
DHB PHO Cluster	Quantitative data	Progress against outcomes	Quantitative Data	Annual Plan based on findings

A ‘practice cluster’ approach has been the preferred implementation method. Key features of the cluster approach are:

- Practices cluster together in their geographical area under a cluster agreement (MOU)
- The Cluster develops a single cluster plan designed to enhance youth utilisation of general practice and other youth related services to promote a system wide approach to Positive Youth Development (PYD)
- The Cluster Plan is based on findings from each practice undertaking the RNZGP Youth Friendly Primary Care Assessment Tool
- The Cluster Plan describes agreed activities common to all practices that have been identified for increasing youth proactive utilisation of primary care services
- The Cluster will work with youth of their area to assist in developing the Cluster Plan
- Evaluation by youth will be one of the measures of success in effective delivery of service.

APPENDIX 3:


HWNZ Hauora Māori Funding Actuals vs Contracted Volumes for 2014 to 2016
2014 Actual
2015 Actual
2016 Actual
2014 Min Vol
2015 Min Vol
2016 Min Vol
Funding volume
0
20
40
60
80
100
120
Auckland
Counties Manukau
Northland
Waitemata
Bay of Plenty
Lakes
Tairawhiti
Taranaki
Waikato
Capital and Coast
Hawkes Bay
Hutt Valley
MidCentral
Wairarapa
Whanganui
Canterbury
Nelson Marlborough
Southern
West Coast

9

HAWKE'S BAY District Health Board Whakawāteatia	**Orthopaedic Review – Phase 2 (Draft)**
	For the attention of: **Maori Relationship Board, HB Clinical Council and HB Health Consumer Council**
Document Owner:	Andy Phillips and Mark Petersen
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Reviewed by:	Executive Management Team
Month:	February 2017
Consideration:	For Information

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RECOMMENDATION

That the Maori Relationship Board, HB Clinical Council and HB Health Consumer Council

- Note the approach to the Second Phase of redesigning our musculoskeletal and orthopaedic pathways
- Note the three redesign goals for :
  Community Care: Addressing health inequities using Whanau ora approach delivered through Mobility Action Programme
  Primary Care: Ensuring that GPs and patients have appropriate expectations delivered by introducing dynamic hip and knee pathways
  Secondary Care: Improving patient outcomes and experience of elective surgery by fully implementing Principles of Enhanced Recovery After Surgery.

SITUATION

This paper gives a brief overview of the proposed approach to redesigning services for people within our community who have pain and disability resulting from Musculoskeletal and Orthopaedic conditions

BACKGROUND

It is evident that there are a large number of people in the community living with pain and disability caused by musculoskeletal conditions. This number is expected to rise as the population of Hawke's Bay ages and the incidence of osteoarthritis increases.

The redesign of Musculoskeletal and Orthopaedic services was set out in three phases. The first phase, now complete involved increasing surgical capacity and making conservative treatment options available. The second phase involves the co-design of a new pathway. The third phase will now be carried out within the Clinical Service Plan to effectively manage demand and align capacity over two to five years and address 'third horizon' issues over ten years that will require innovative approaches. The initiatives completed in the first phase included:

- Implementing non-surgical treatment options by increasing physiotherapy and other allied health resource.
- Implementing a new pathway for back pain patients offering an alternative non-surgical treatment option.
- Improved patient communication and collaborative services within the DHB.
- Reducing wait times throughout the pathway.
- Setting thresholds for surgery based on data for orthopaedic scoring and Oxford score.
- Increasing surgical capacity to deliver on the major joint replacement target.
- Building a partnership between HBDHB, Health Hawkes Bay PHO and Iron Maori to gain MoH funding and deliver a Mobility Action Programme

The Principles

The redesign of the pathway will deliver on the New Zealand triple aim

- Improved health and equity for all populations.
- Improved quality, safety and experience of care.
- Best value for public health system resources.

Within this broad purpose, the pathway redesign will be consistent with Hawkes Bay DHB vision and values

Our vision is *"healthy hawke's bay*", *"te hauora o te matau-*a*-maui" which means* excellent health services working in partnership to improve the health and well-being of our people and to reduce health inequities within our community.

Our values and behaviours are articulated as

he kauanuanu – showing respect for each other, our staff, patients and consumers
akina – continuously improving everything we do.
raranga te tira – working together in partnership across the community
tauwhiro - delivering high quality care to patients and consumers

These values and behaviours will be delivered for hip and knee pain by redesign using the following principles :

1. Equity based care, treating greatest need first
2. Do no harm
3. Doing only what is necessary to achieve the desired outcomes
4. Choosing wisely, openly together with the patient
5. Consistently apply evidence based and knowledge based clinical practice
6. Staff co creating health with the public, patients & partners.

Within these principles, the redesign will consider reliable delivery of high quality services by improving value to patients and the DHB. Value is defined as outcomes relative to costs, it encompasses efficiency. The design will consider issues such as decision making criteria and thresholds for different interventions in the context of minimising harm, waste and unwarranted variation.

There will be three clear goals of this work namely:

Community Care: Whanau ora approach delivered through Mobility Action Programme. The first patients are expected to be enrolled by 1st March 2017 with the programme completing by 30th June 2018

Primary Care: Dynamic hip and knee pathways to ensure GPs and patients have appropriate expectations. The learnings from this work will be disseminated by 30th June 2017.

Secondary Care: Ensure that best practice is delivered through fully implementing Principles of Enhanced Recovery After Surgery. It is anticipated that this work will be completed by 30th June 2018

ASSESSMENT

During a workshop on the 8th of November, a group of primary and secondary care clinicians identified current problems and challenges arising during a patient's journey related to the management of Osteoarthritis.

1. **Appropriate referral**
   a. High demand vs availability - The threshold is a reflection of capacity.
      Varies by month and depends on budget cycle. Formula constantly changes, lack of consistency.
   b. Location of scoring in secondary care results in unnecessary referrals to orthopaedics and a longer queue.
   c. GPs not well informed so unable to manage patient expectations
   d. Ensuring appropriate patient selection, i.e. people who will have quality of life after surgery and not life-limited after surgery.
   e. Limited capacity in allied health and surgical services to meet demand
   f. Patient's condition deteriorating while on a waiting list
   g. GPs need confidence systems work and that there is an integrated system and communications.
   h. What happens with inappropriate referral – providing management advice for primary care
2. **Communication between services**
   a. No communications from specialty services to primary care
   b. Breaking down silos
   c. Transparency of information about services offered. E.g. Joint school
   d. Disconnect with involvement of aged residential care
3. **Patient expectations (also patient literacy)**
   a. Perception that they won't get care or referred (may have heard stories from friend's experience's)
   b. Expecting surgery as the only treatment option. Patient not aware that they could be on a physio instead of a surgical pathway
   c. Patient disappointment
   d. Patient's not seeking help until they are in severe discomfort or disability.

4. **Cost to patient**
   a. Costs for appointments and alternative therapy
   b. Support and management for patients that don't meet criteria
5. **Management of patients who aren't appropriate for surgery**
   a. Decreased or poor access to treatment options
6. **Pain management**
   a. Delays in pain management
   b. No pain services – ensure this is managed
7. **Future planning** of patients on a hip or knee pathway – know who is in early stage so they will have an idea of what future funding and services are required.
8. **Coding** - Clarity and consistency around coding (eg. SNOMED)
9. **Management of comorbidities**
10. **Monitoring outcomes** e.g. post op infection, readmission rates, quality of life, supporting data, cross reference social metrics

ELEMENTS OF THE NEW PATHWAY

The pathway will be built on a Whānau Ora model of care. It will be specifically designed to address health inequities experienced by Māori, Pacific and quintile 5 consumers, and will be designed to meet the needs of both the working age and elderly population. The model will serve people with previous or current employment in heavy labouring jobs and those with barriers to paid work, training or caring for whānau due to musculoskeletal conditions.

The model will include self-referral (including walk in), referral by any health practitioner and invitation using MSD database matching of consumers fulfilling entry criteria. The model will include raising awareness through both informal (community) and formal (publically funded health and social services, NGOs, Pacific Churches and community centres, workplaces) networks.

Outcome/exit measures will support Whānau Ora outcomes including reduced pain, improved function, increased social and cultural participation and increased local capacity. The model will be constructed specifically to address NZ Triple Aim outcomes with particular emphasis placed on a reduction in unmet need, reducing the need for GP consultations and unnecessary referral to secondary care.

A co-design approach will build on the strengths of existing services and address access and other barriers. The model will include delivery in local communities therefore reducing the need for transport. Services will be culturally responsive and flexible around people's lifestyle e.g. work and training commitments, child care etc. The pathway will include workplace clinics for Hawke's Bay's key unskilled labour employers such as horticulture, food processing, meatworks, forestry and shearing.

A specific focus of the model will be to increase local community capacity to ensure sustainability with appropriate ongoing PHO and DHB support. The pathways will be fully aligned with Hawke's Bay Health Sector's Transform and Sustain strategic framework.

A key deliverable will be improving patient experience, clinical outcomes and value for money. Growing evidence tells us that consumer experience is a good indicator of the quality of health services. Better experience, stronger partnerships with consumers, and consumer and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes.

The pathway will ensure a consistent approach to collection, measurement and use of consumer experience information on a regular basis including measures of communication, partnership, co-ordination and physical and emotional needs.

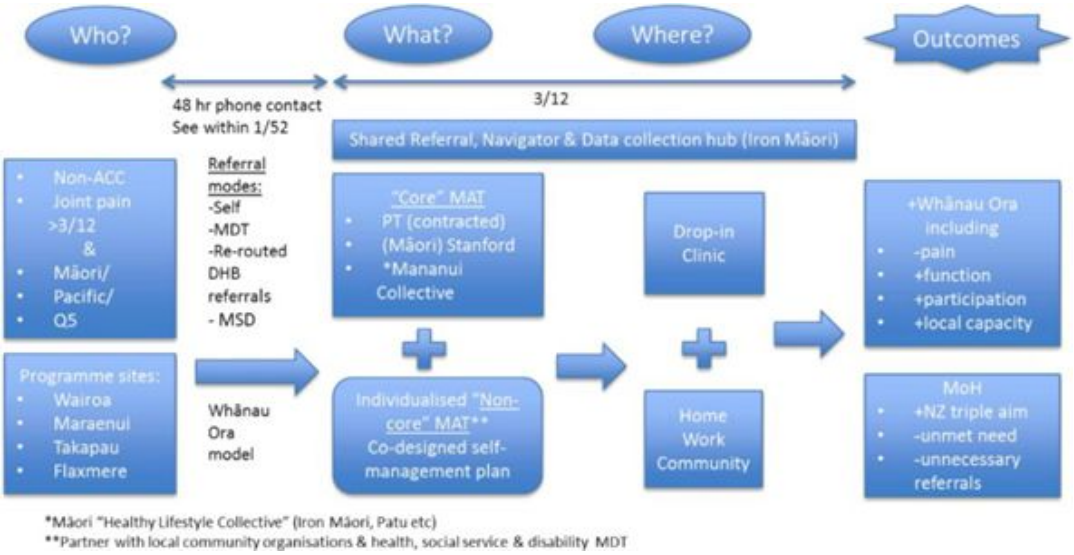
The pathway will address education and training needs of staff including relationship centred practice and cultural competency. Verbal and written communication will be in a consumer's preferred language (using translators if necessary). A health literacy "universal precautions" approach to communications will be implemented, given our understanding of health literacy levels in NZ, particularly for Māori. The system will support health literacy with services being easily accessible and navigable. The Whānau Ora model of care requires a partnership approach between consumer and service. In a Whānau Ora model of care, experience of care extends beyond supporting physical and emotional needs to cultural ones. The Stanford and Whariki Long Term Condition programme will further enhance consumer experience by developing, amongst other things, the person's own communication and decision making skills as well as dealing with the physical and emotional needs of their condition. The programme covers long term conditions in general therefore the pathway has the potential to improve the management of coexisting morbidities as well as musculoskeletal pain and disability.

Clinical outcomes will be enhanced not only by improved consumer experience of care, but also by a reduction in unmet need and inequity and through an emphasis on early intervention. It is recognised that early intervention for prevention and treatment is very important, especially around maintaining physical activity, as activity itself is evidenced to be beneficial for osteoarthritis.

As experience of care, quality (clinical effectiveness) and equity are cross cutting dimensions of the NZ Triple Aim, it can be argued that value for money cannot be achieved without them. The pathway will deliver value for money by equitable and improved health outcomes due to early intervention, and by a reduction in unnecessary referral to orthopaedic clinic. This will obviously free up orthopaedic outpatient capacity to focus on those most likely to benefit from this resource. Improved economic contributions would also be expected as people become able / better able to participate in work/ training and social obligations. These contributions are likely to be considerable given that musculoskeletal conditions are the leading cause of disability in NZ. With a wider lens, inequity itself has an uncontested effect on economic growth with evidence suggesting that in the decade 1990-2010, NZ experienced the largest impact of inequality on GDP growth of any OECD country.

The pathway will comprise physiotherapy, Stanford and Whariki Long Term Condition programme and a Māori Lifestyle Collective (a suite of kaupapa Māori healthy lifestyle services including Iron Māori and Patu programmes). In addition, the pathway will include an individualised, co- designed self-management programme and all existing publically funded health, social service and disability services and those provided by local community organisations.

The pathway will build on the Mobility Action Programme pathway shown above as well as existing hip/knee pathways.



ESTABLISHING A 'DYNAMIC' PATHWAY

At its meeting of 10th January, EMT agreed to work in partnership with NEXXT to develop dynamic pathways. Subsequently a sub-group agreed that dynamic hip/knee pathways would be the exemplars for this development. The purpose will be to develop a Patient Centric journey that encourages;

- the sharing of information
- the delivery of consistent best practice care and
- the measurement of outcomes.

The Key Benefit Areas will be:

- The generation and communication of appropriate referrals
- Improved communication and transparency of information between providers across both primary and secondary care
- The systematic collection of information to assist in planning and funding and to understand gaps in patient care.
- To identify in advance from the condition of the existing patients on chronic care pathways, if there is a likely to be an increase or decrease in demand
- Supporting patient literacy
- Reducing ASH rates

The hip and knee osteoarthritis pathways provided in both primary and secondary care settings will:

- Allow scoring or aspects of scoring in primary care to prevent inappropriate referrals
- Provide guidance when a patient's condition does not meet the threshold for a referral - management, in particular physiotherapy

- Provide the ability to build a moving threshold aspect into the pathway
- Facilitate and manage the criteria for appropriate patient selection
- Deliver transparency between health providers as to who is doing what and how long the patient has been managed for
- Enable the coordination of services and health care providers involved in patient care, e.g. GP, hospital orthopaedic team, physiotherapy, allied health

This will increase provider efficiency by reducing inappropriate referrals, improving communication and speeding up the delivery of care for patients.

Non-surgical management/checklists will be monitored and reviewed, pre and post op, according to the point the patient is at within a pathway, for example: pain management,

This will help to set the right patient expectations and help them to feel their on-going care is being managed. This will lead to better patient outcomes.

Possible inclusion of patient questionnaires to monitor their wellness, mental health, outcomes and social factors.

This will provide an insight into the wider well-being of the patient, allowing for appropriate care to be referred, leading to an overall better patient outcome.

Monitoring outcomes for hip or knee replacement surgery.

This will provide background data that can be used to optimise the care delivery and assistance provided to patients. Over time this will lead to better patient outcomes and a more effect use of resources.

Data on hip and knee osteoarthritis pathways will guide future planning and funding of services or points of low or high demand.

Data will be provided that can be used to forecast forward demand by patients. Over time this will lead to a more effect use of resources and a more consistent service for patients.

CO-DESIGN OF THE COMMUNITY/PRIMARY CARE PATHWAY

It has been agreed that this work will be undertaken by the Collaborative Pathways group. A partnership will be agreed with NEXXT to design the dynamic pathway. A steering group of primary and secondary care clinicians will be established. Initial work will be undertaken to describe the approach which will be discussed with a variety of stakeholders including patients with musculoskeletal conditions, patient groups such as greypower, primary and secondary care clinicians. Learnings from these discussions together with an initial design will be presented by the end of June 2017.

SECONDARY CARE PATHWAY

There has already been much work done in secondary care in HBDHB to implement the best practice principles of surgery to acute and elective orthopaedic pathways. Enhanced recovery after surgery ensures that patients : -

- Are in the optimal condition for treatment
- Are better informed about their care
- Are exposed to extensive pre-habilitation

- Experience a more streamlined, standardised care pathway
- Are exposed to evidence-based methods of enhancing care
- Experience optimal post-operative rehabilitation

The work will ensure that for each patient:

- Patients receive extensive Pre-Op Information
- Joint School is delivering appropriate patient expectation and preparation
- Anaesthetic Regime is optimised
- Pain Relief is provided without using opiates wherever possible
- Appropriate early mobilisation is provided
- Staff have appropriate expectations of patient early recovery

The aim of the next phase of this work will be to:

- Improve Patient Experiences
- Deliver standardised treatment pathways for all patients, all of the time
- Deliver Process Improvement resulting in Outcome Improvement

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Access (ASH Rates 0-4 & 45-64 years)**
	For the attention of: **Māori Relationship Board, HB Clinical Council and HB Health Consumer Council**
Document Owner:	Dr Mark Peterson, Chief Medical Officer - Primary
Document Author(s):	Mary Wills, Head of Strategic Services; Jill Garrett, Strategic Services Manager – Primary Care; Nicky Skerman, Population Health Strategist, Women, Child & Youth
Reviewed by:	Executive Management Team
Month:	February 2017
Consideration:	For Monitoring

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RECOMMENDATION

That Māori Relationship Board, HB Clinical Council and HB Health Consumer Council:

Note the contents of this report.

OVERVIEW

Te Ara Whakawaiora (TAW) is an exception based report, drawn from AMHP quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from Dr Mark Peterson, Champion for the Access Local Indicator.

UPCOMING REPORTS

The following are the indicators of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Champion	Reporting Month
Access *Local Indicator*	Reducing acute admissions of Ambulatory Sensitive Hospitalisations (ASH): 1. 0-4 year olds - dental decay, skin conditions, respiratory and ear, nose and throat infections 2. 45-64 year olds - heart disease, skin infections respiratory infections and diabetes	Mark Peterson	February 2017

MĀORI HEALTH PLAN INDICATOR:

This report provides an update on programmes related to Ambulatory Sensitive Hospitalisations (ASH) for 0-4 and 45-64 years of age in Hawke's Bay.

Ambulatory Sensitive Hospitalisations (ASH) reflect hospital admissions for conditions which could potentially be prevented by early access to treatment in care. In many countries ASH is used as a means to assess the performance of primary care and to identify potential barriers to access.
However, while ensuring early access to effective primary care is still likely to be of considerable value in reducing ASH, in countries such as New Zealand, where large socioeconomic and ethnic disparities in child health exist, a greater emphasis may need to be placed on addressing those factors, often outside of the health sector, which drive the underlying burden of disease (e.g. household income, housing, nutrition, exposure to second hand cigarette smoke). This is because, even with optimal access, the ability of a general practitioner to prevent a paediatric pneumonia admission after the first crucial hours may be limited, but the opportunities available for a DHB to prevent paediatric respiratory infections via e.g. healthy housing projects and parental smoking cessation programmes may be considerable.

The Hawke's Bay DHB is committed to non-differential targets and significant inequality is seen in this indicator. Our work programmes focus on targeting vulnerable populations to reduce hospitalisation, improving the home environment and improving consistency of practice and early access to primary care programmes and reducing inequities.

WHY IS THIS INDICATOR IMPORTANT?

System Level Measures
The Introduction of the System Level Measures; targeted performance measures, came into effect beginning 2016-17. The measures include some previous health targets included in the Integrated Performance Incentive Framework and a set of newly introduced, nationally agreed performance measures. Ambulatory Sensitive Hospitalisation (ASH) rates are included in two System Level Measures.

- ASH 00-04yrs is reported against under the SLM-Ambulatory Sensitive Hospitalisation (ASH)
- ASH 45-64yrs is reported under the SLM-Acute Hospital Bed Days.

Each ASH band for total population is divided into; Māori, Pacific, Other[1]. Targets are derived from the DHB ASH rates for the Māori population. The base line rates for the DHB will be compared with national total population rates and targets set accordingly. These are expressed in rates per 100,000.

The Hawke's Bay District Health Board recognises that comparing Māori against national-total population data masks the equity gap. Therefore all Māori and Pasifika data reported against for ASH will include ……. vs Other to adequately examine the equity gap.

Targets are to be set to work towards eliminating the gap within a 2-5 year period dependent on the base line. Using the base line as a measure, reducing the equity gap by half each year. If below 10% the aim is to eliminate the gap. Rates within 5% would be considered equitable (e.g. HBDHB Māori ASH rates to be at or below national total population rates) [2]

To September 2016, the Top Three ASH conditions for Māori in the 0-4 year age group were; Dental Conditions, Asthma and Respiratory Infections- Upper and ENT.

For the 2017 year the contributory measures regarding the System Level Measure of Reduced ASH rates for 0-4 years as agreed by Health Hawkes Bay and the Hawke's Bay DHB are:

[1] MoH-System Integration SI1: Ambulatory sensitive hospitalisations.
[2] MoH-System Integration SI1: Ambulatory sensitive hospitalisations.

- Paediatric respiratory training
- Increased Immunisation Health Target
- Oral Health Initiative

45-64 years
As of September 2016 the Top Three conditions contributing to the ASH rate for 45-64yrs were; cardiac conditions, respiratory (including COPD and Pneumonias) and Cellulitis.

For the 2017 year the target areas as identified in the SLM-Improvement Plan will be;

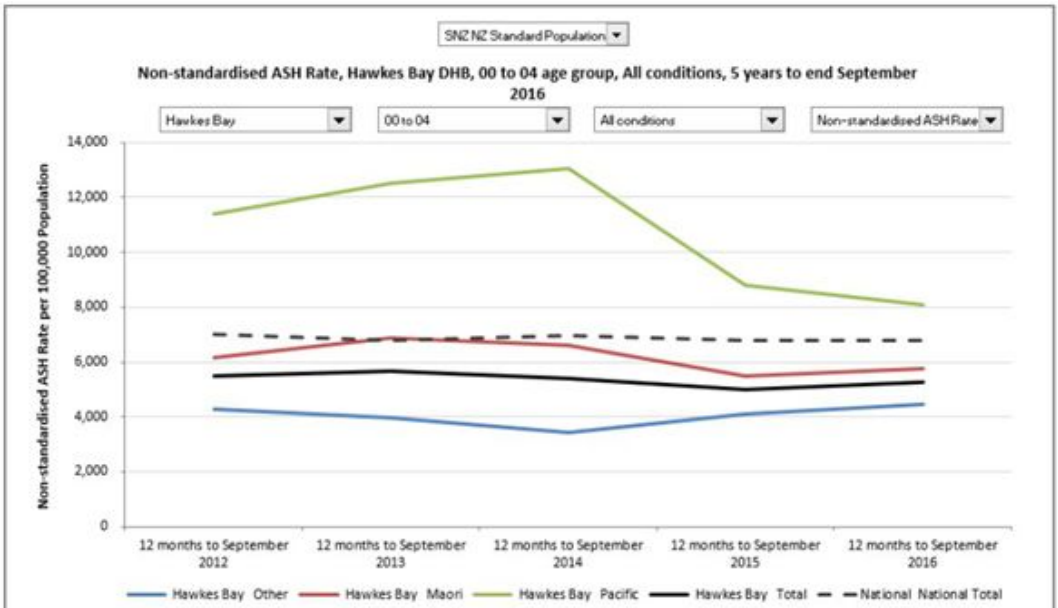
Acute Hospital Bed Days (SLM)

Contributory Measures
- ASH rates 45-64yrs
- Collaborative (Clinical) Pathways implementation for Cellulitis and Congestive Heart Failure
- Ed Admission rates; Cellulitis and Congestive Heart failure

HAWKE'S BAY DISTRIBUTION AND TRENDS

TARGET 0-4 YEAR AGE GROUP

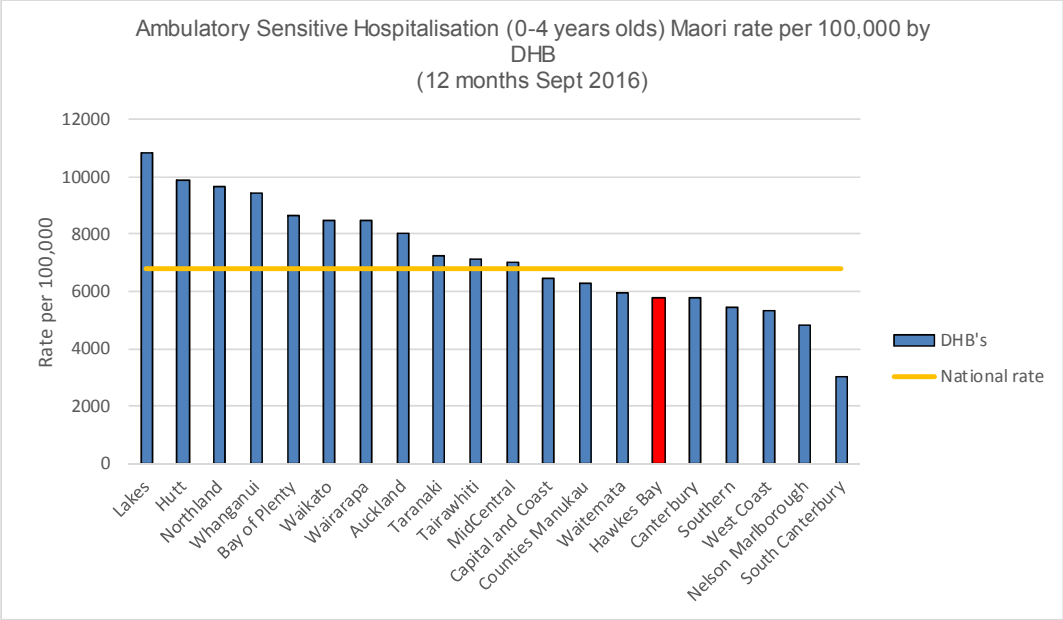
Hawke's Bay Māori ASH rates 0-4 year age group – 12 months to end Sept 2012-2016



		12 months to September	2months to September	2onths to September	2onths to September	2onths to September 2016
Hawkes Bay	Other	4,292	3,987	3,444	4,112	4,469
Hawkes Bay	Maori	6,178	6,865	6,619	5,479	5,755
Hawkes Bay	Pacific	11,405	12,500	13,030	8,788	8,088
Hawkes Bay	Total	5,489	5,683	5,382	4,995	5,272
National	Total	6,991	6,783	6,950	6,774	6,776

As at September 2016 Hawke's Bay tāmariki have lower rates of ASH compared to national rates for Māori and similar rates of ASH compared to national non-Māori. There has been a reduction in the gap between the Māori ASH rate and the national rates with a slight increase in the 12 month period to September 2016.

Māori ASH rates 0-4 year age group by DHBs – 12 months to end Sept 2016

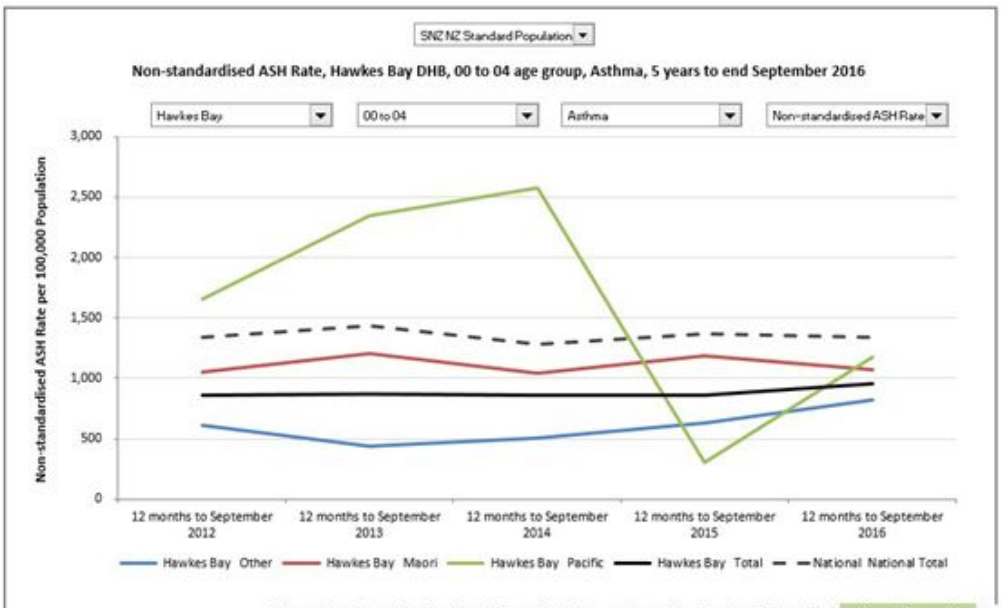


In the 12 months to September 2016 the Hawke's Bay Māori rate was 84.9% of the national rate and Hawke's Bay DHB was the 6th best performer of all DHBs with Māori rates substantially lower than national rates in this age group.

In 2016 the largest differences between Hawke's Bay Māori rates and national rates in the 0-4 year age group are in the conditions Cellulitus and Asthma - improvements have been made in the rates for Asthma over the last 12 months but there has been a decrease in the performance for Cellulitus.

Hawke's Bay Māori ASH rates 0-4yrs - improving

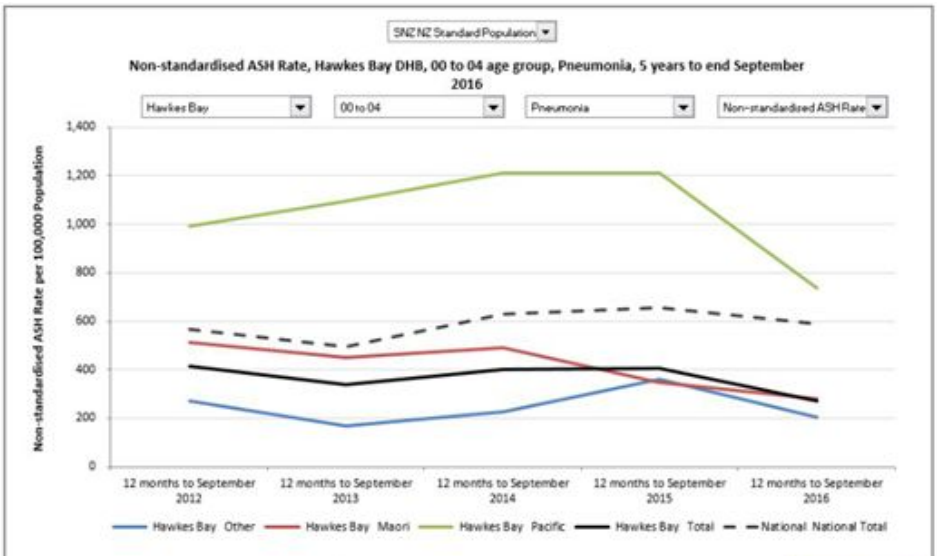
Asthma



		12 months to September	2months to September	2months to September	2months to September	2months to September 2016
Hawkes Bay	Other	611	436	507	634	819
Hawkes Bay	Maori	1,050	1,209	1,045	1,181	1,066
Hawkes Bay	Pacific	1,653	2,344	2,576	303	1,176
Hawkes Bay	Total	857	870	861	857	953
National	Total	1,336	1,431	1,282	1,366	1,335

Asthma is the 2nd ranked ASH condition for Māori 0-4 years yet rates have decreased slightly compared to the end of September 2015. There is also a reduction in the gap between Māori and non-Māori. By 12 months to end of September 2016 Māori rates were 23 % higher than rates for Other.

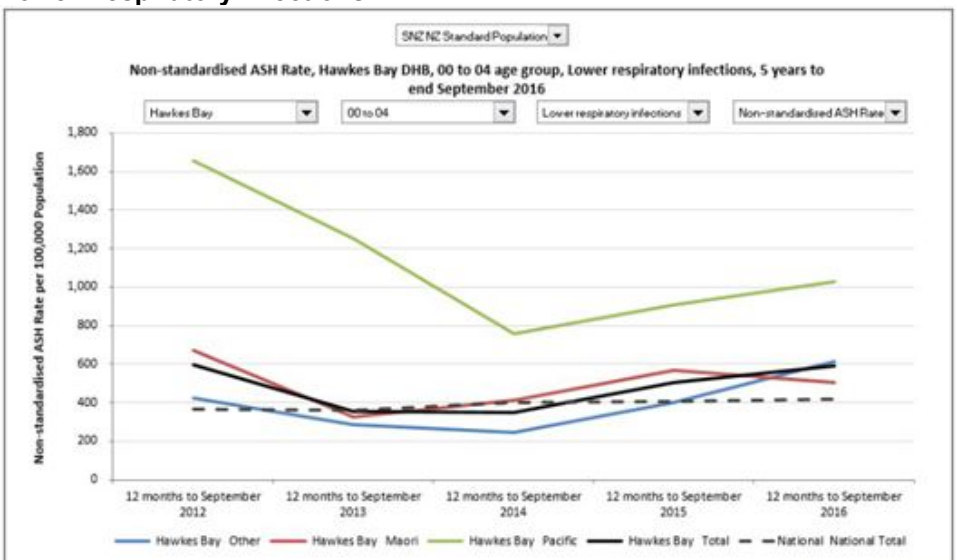
Pneumonia



		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 2016
Hawkes Bay	Other	271	168	227	362	205
Hawkes Bay	Maori	515	451	492	346	282
Hawkes Bay	Pacific	992	1,094	1,212	1,212	735
Hawkes Bay	Total	416	339	400	406	272
National	Total	566	494	631	655	588

Pneumonia rates in the 0-4 years have decreased in the last two years. The Hawke's Bay Māori 0-4 year rate is half the national rate.

Lower Respiratory Infections

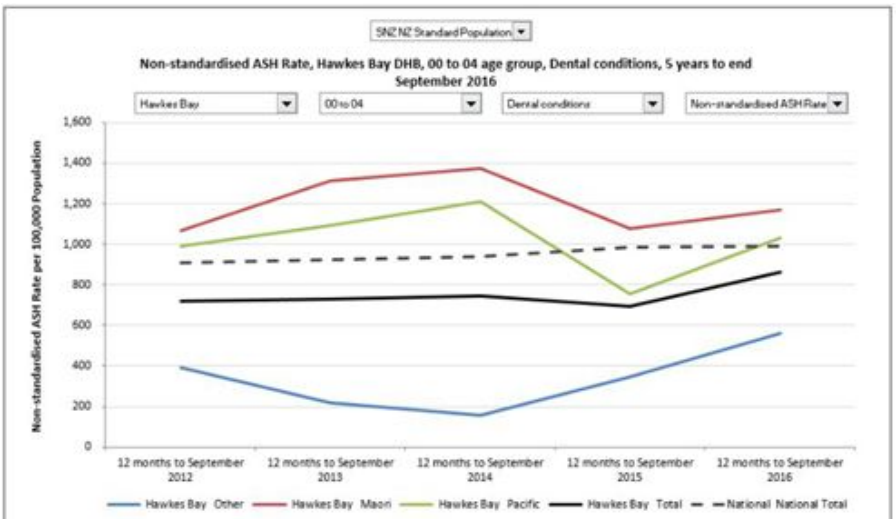


		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 2016
Hawkes Bay	Other	424	285	245	399	615
Hawkes Bay	Maori	673	328	410	570	503
Hawkes Bay	Pacific	1,653	1,250	758	909	1,029
Hawkes Bay	Total	597	357	346	505	590
National	Total	368	358	400	409	420

Lower Respiratory Infections are 1.2 times the total national rate. In Hawke's Bay Māori 0-4 year olds are now the best performing ethnicity and is also below the rate for Hawke's Bay Other.

Hawke's Bay Māori Ash Rates 0-4yrs - Not Improving

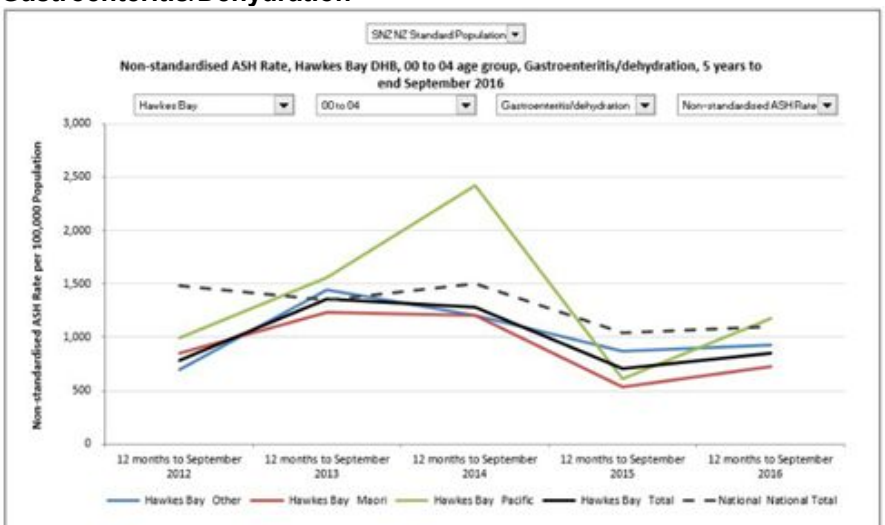
Dental



		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 2016
Hawkes Bay	Other	390	218	157	344	559
Hawkes Bay	Maori	1,069	1,311	1,373	1,079	1,167
Hawkes Bay	Pacific	992	1,094	1,212	758	1,029
Hawkes Bay	Total	719	731	746	694	862
National	Total	910	922	938	984	989

Dental is the top ranked Māori ASH condition in the 0-4 year olds. Rates have increased in the last 12 months to September 2016 and Hawke's Bay Māori rates are 2 times the Hawke's Bay rate for Other and 1.2 times the total national rate.

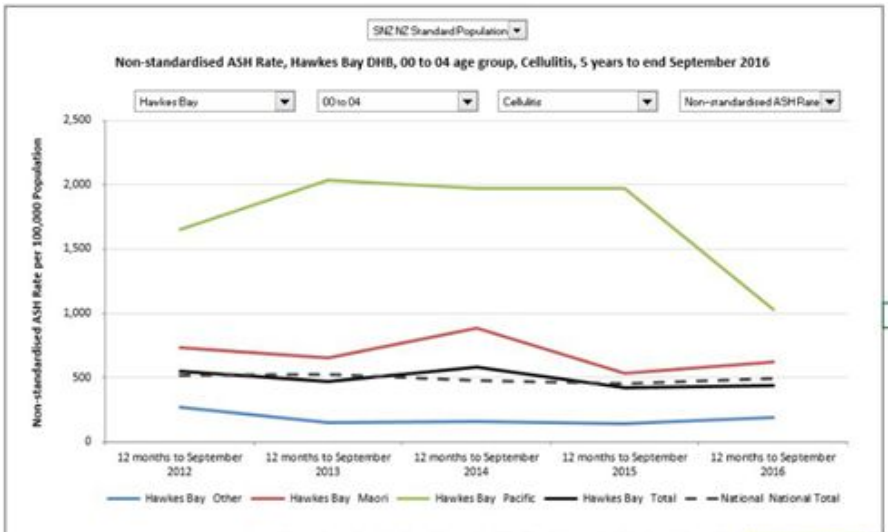
Gastroenteritis/Dehydration



		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 2016
Hawkes Bay	Other	696	1,441	1,206	870	931
Hawkes Bay	Maori	851	1,230	1,209	530	724
Hawkes Bay	Pacific	992	1,563	2,424	606	1,176
Hawkes Bay	Total	779	1,358	1,279	703	853
National	Total	1,481	1,354	1,499	1,042	1,099

Ranked 4th for ASH conditions for Hawke's Bay Māori 0-4, Gastroenteritis/Dehydration increased over the current period 12 months to September 2016. Māori rates are lower than the Hawke's Bay non-Māori and below the national rates for total and Māori.

Cellulitis



		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 2016
Hawkes Bay	Other	271	151	157	145	186
Hawkes Bay	Maori	733	656	881	530	624
Hawkes Bay	Pacific	1,653	2,031	1,970	1,970	1,029
Hawkes Bay	Total	545	470	577	424	436
National	Total	514	524	475	454	489

Cellulitus is the 6th ranked ASH condition for Hawke's Bay and is 1.3 times the national rate. There has been an increase from 530 per 100,000 for the period 12 months to September 2015 to 624 per 100,000 for the period 12 months to September 2016. It is also 3.4 times higher than the rate for Hawke's Bay Other.

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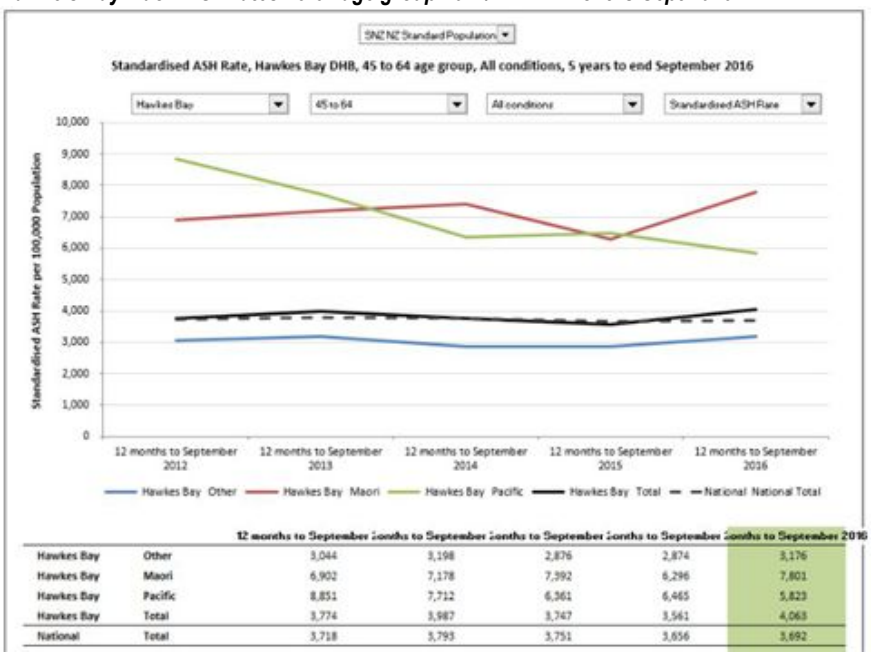
ASH RATES 45-64 AGE GROUP

The expectation for ASH 45-64 is that there will be a minimum reduction by half of the equity gap between Māori and national total population base line data over a period of 2.5 years. Within 5% would be considered equity.[3]

Hawke's Bay Distribution and Trends

Hawke's Bay Māori ASH rates 45-64 age group 2011/12 – 12 months Sept 2016



		12 months to September 2012	12 months to September 2013	12 months to September 2014	12 months to September 2015	12 months to September 2016
Hawkes Bay	Other	3,044	3,198	2,876	2,874	3,176
Hawkes Bay	Maori	6,902	7,178	7,392	6,296	7,801
Hawkes Bay	Pacific	8,851	7,712	6,361	6,465	5,823
Hawkes Bay	Total	3,774	3,987	3,747	3,561	4,063
National	Total	3,718	3,793	3,751	3,656	3,692

In period Sept 15-Sept 16	Increase in ASH rates Sept 15-Sept 16	Decrease in ASH rates Sept 15-Sept 16
Māori	1505	
Other	303	
Pasifika		642

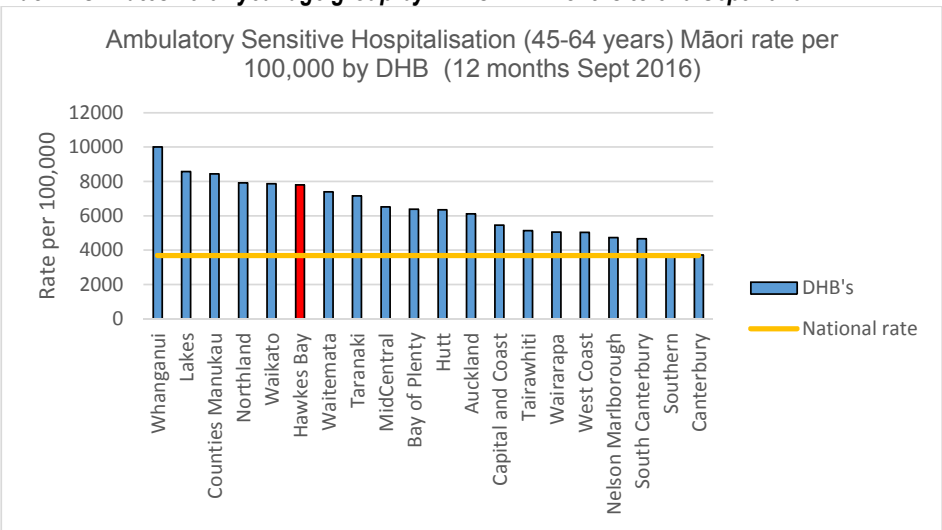
The top 3 ASH conditions for Māori in this age group are; Cardiac Conditions (Angina, Chest Pain, Myocardial Infarction), Respiratory (including COPD and Pneumonias) and Cellulitis.

There has been a decline in Hawke's Bay ASH rates in the 45-64 year age group in both Māori and non-Māori. In the 12 months to September 2016 the Hawke's Bay Māori rate was 1.9 times the Hawke's Bay non-Māori rate and 2.1 times the national rate.

The gap between the Hawke's Bay Māori rate and the Hawke's Bay non-Māori rate has widened between 2012 and 2016.

[3] As indicated by the MoH specifications for ASH rates.

Māori ASH rates 45-64 year age group by DHBs – 12 months to end Sept 2016

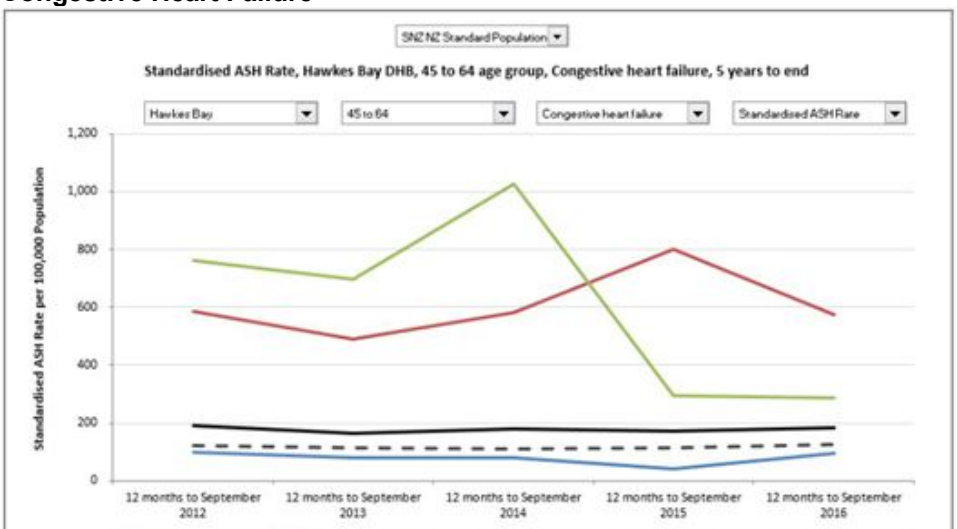


In the 12 months to September 2016 the Hawke's Bay Māori rate was 90% higher than the national rate and Hawke's Bay DHB is ranked 15th out of 20 DHBs. Māori rates are substantially higher than national rates in this age group across the majority of DHBs.

The largest differences in Māori rates and national rates by ASH condition in this age group are Congestive Heart Failure and Respiratory infections-COPD.

Hawke's Bay ASH rates 45-64yrs - conditions where Māori rates are - improving

Congestive Heart Failure

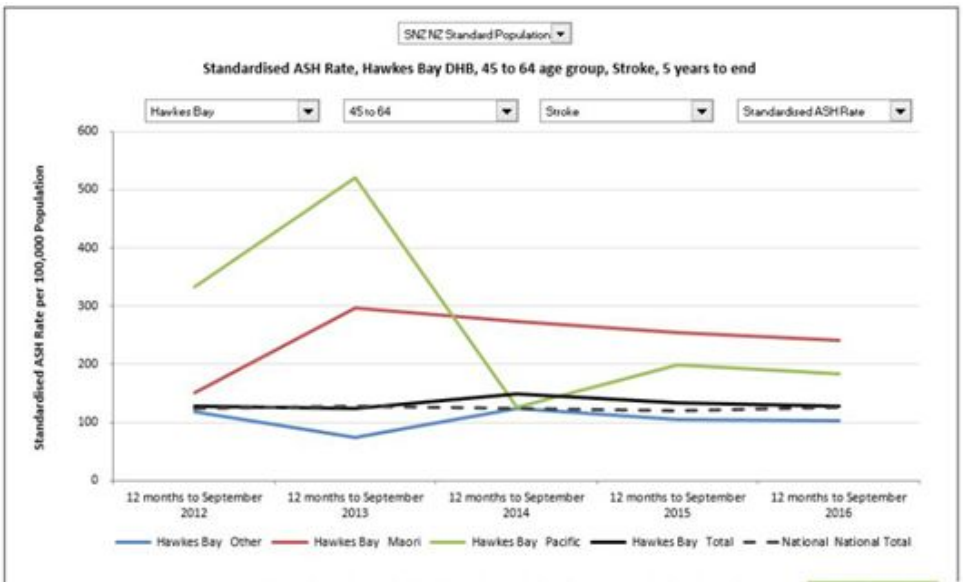


		12 months to September 2012	12 months to September 2013	12 months to September 2014	12 months to September 2015	12 months to September 2016
Hawkes Bay	Other	100	80	78	42	93
Hawkes Bay	Maori	584	488	581	799	575
Hawkes Bay	Pacific	762	698	1,029	293	287
Hawkes Bay	Total	191	162	181	172	183
National	Total	121	113	111	115	124

Ranked 5th for ASH conditions Congestive heart failure has improved over the period 12 months and is now 0.3 times lower than 2015.

There is still a substantial gap between Hawke's Bay Māori and Hawke's Bay Other with the Māori rate being 6.1 times higher.

Stroke

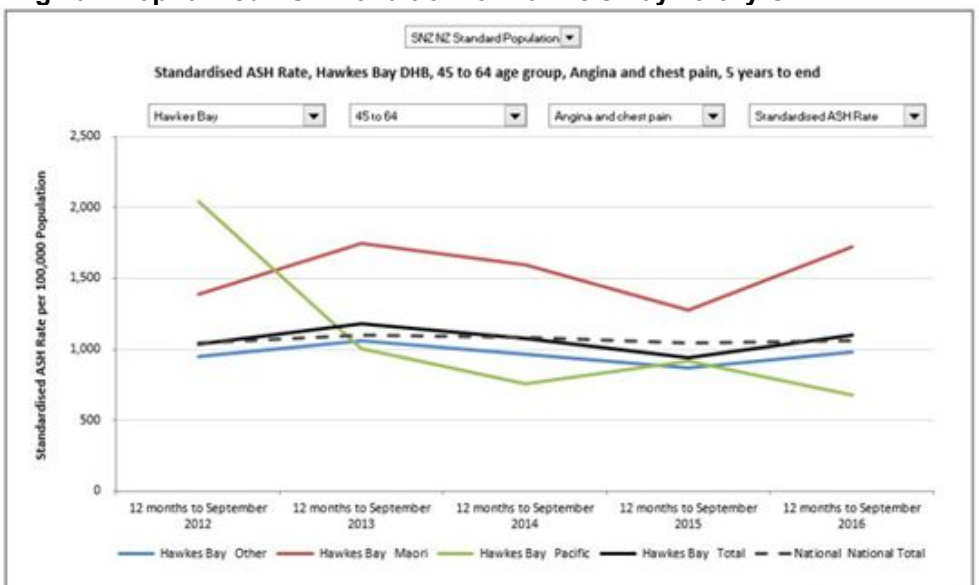


		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 2016
Hawkes Bay	Other	119	75	123	105	104
Hawkes Bay	Maori	151	296	274	254	241
Hawkes Bay	Pacific	332	521	125	199	184
Hawkes Bay	Total	127	124	149	134	128
National	Total	123	127	124	121	126

Stroke has improved slightly over the period 12 months to September but is currently 1.9 the total national rate.

Hawke's Bay ASH rates 45-64yrs - conditions where Māori rates are - not improving

Angina – Top ranked ASH Condition for Hawke's Bay 45-64yrs

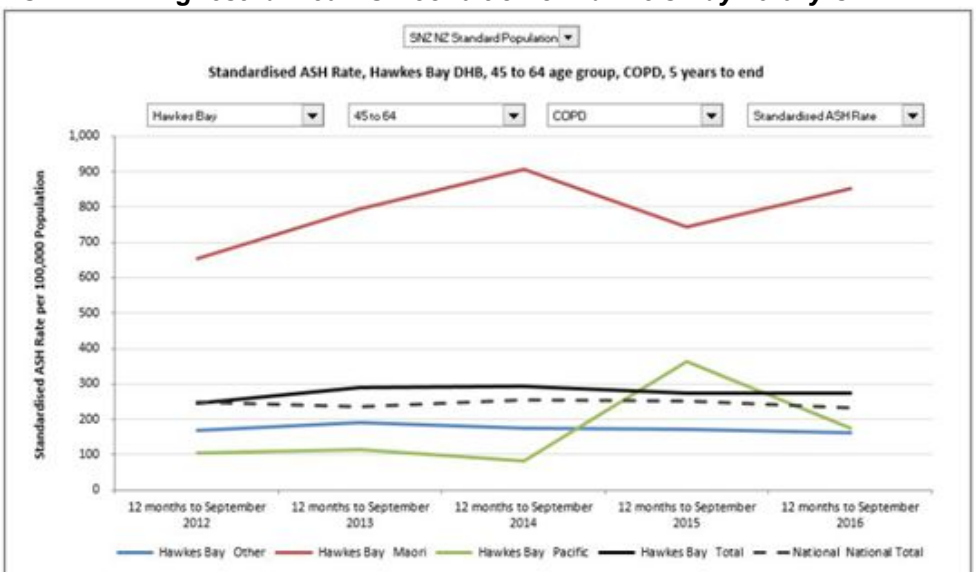


		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 2016
Hawkes Bay	Other	950	1,059	964	868	980
Hawkes Bay	Maori	1,390	1,751	1,593	1,272	1,725
Hawkes Bay	Pacific	2,045	1,006	760	913	673
Hawkes Bay	Total	1,038	1,177	1,078	941	1,103
National	Total	1,045	1,097	1,084	1,042	1,056

Angina and chest pain is the top ranked ASH condition for Hawke's Bay Māori 46-64 and it has increased at a rate of 1.3 from the period 12 months to September 2015.

The rate is currently 1.6 times the national rate and 1.8 times the rate for Hawke's Bay Other.

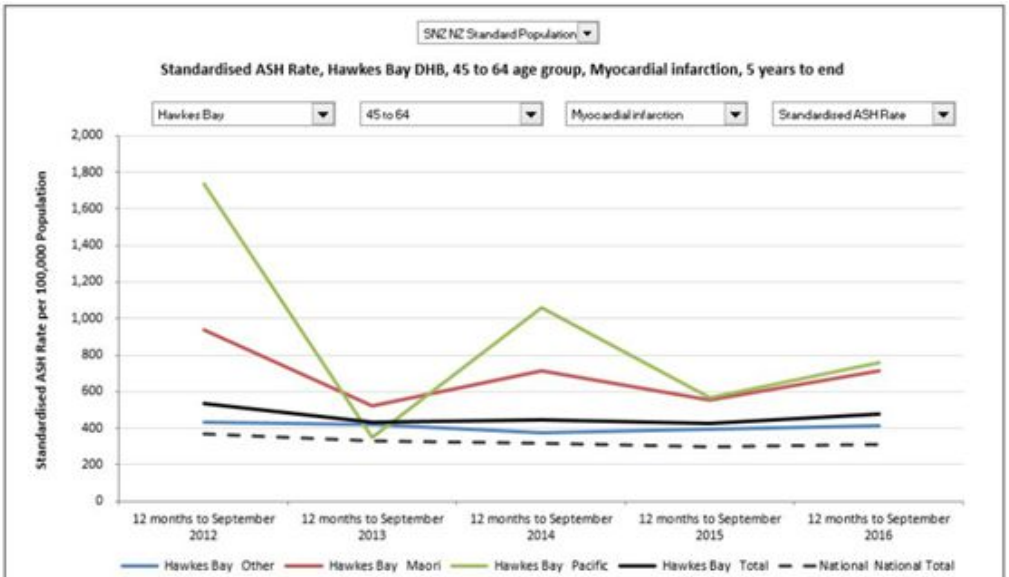
COPD – *2nd Highest ranked ASH condition of Hawke's Bay 45-64yrs*



		12 months to September	2013	2014	2015	2016
Hawkes Bay	Other	169	190	175	171	162
Hawkes Bay	Maori	653	793	908	745	852
Hawkes Bay	Pacific	103	114	81	364	176
Hawkes Bay	Total	245	289	293	274	273
National	Total	247	236	256	250	233

COPD is ranked 2nd for ASH conditions for Hawke's Bay Māori in the age group 45-64 years. There has been a 1.1 increase in the rate compared to the period 12 months to September 2015. Of greater signficance however is that the Māori rate currently sits 5.3 times higher than the rate for Hawke's Bay Other.

Myocardial Infarction - 3rd Highest ranked ASH condition of Hawke's Bay 45-64yrs



		12 months to September	2013	2014	2015	2016
Hawkes Bay	Other	435	420	374	396	413
Hawkes Bay	Maori	937	523	713	555	712
Hawkes Bay	Pacific	1,735	352	1,057	564	761
Hawkes Bay	Total	532	434	447	428	477
National	Total	370	333	319	299	314

Myocardial Infarction is ranked 3rd for ASH condition for Hawke's Bay Māori in the age group 45-64 years. The rate has increased at a rate of 1.2 in the period 12 months to September 2016 and has also widened against Hawke's Bay Other.

It is currently 1.7 times higher than the Hawke's Bay rate for Other.

REVIEW OF CURRENT AND PLANNED ACTIVITY RELEVANT TO SUPPORT THESE INDICATORS

0-4 YEAR OLDS

Paediatric respiratory training for Practice Champions

Paediatric respiratory training underway, 13 nurses from nine practices have currently completed. Health Hawkes Bay are working on a communication strategy out to general practice. Two further respiratory training sessions are scheduled.

The existing respiratory pathway has been modified to include children and a process is in place to support notification through to Practice Champions by CNS Paediatric Respiratory of all paediatric patients that have been admitted to hospital for asthma and wheeze.

Increased immunisation Health Target

Focus is on the measure: % of eight month olds who will have their primary course of immunisation (6 weeks, 3 months and 5 month immunisations events) on time. Hawke's Bay achieved target throughout the 2016 year. Concentrated efforts continue to ensure a targeted outreach service, provision of alternative venues and opportunistic immunisations in secondary services. Critical to the continued success of achieving the measure is a well-functioning NIR database which shares information between various child health databases.

Oral Health Initiative

The recommendations and findings report on 'Improving access to Community Dental Services for Tāmariki Māori' initiated by Population Health Service, Community Dental Service and Māori Health Service was released in July 2016. Key recommendations included; reinvesting resources with Well Child/Tāmariki Ora providers to manage children who are failing community dental appointments, introducing a patient focused booking system and revision of the 'hub and spoke' model of care.

Healthy Homes Programme

Hawke's Bay DHB and Health Hawkes Bay continue to fund a programme providing insulation and a range of interventions for households living in low socioeconomic areas who have significant health need. The greatest percentage of referrals into the Healthy Homes programme are for Māori and Pacific whānau. The MoH has expanded the criteria (and funding out to 2020) for the Healthy Homes Initiative which now includes pre-schoolers hospitalised for an indicator condition, at risk pregnant women/new mothers, and priority families with pre-schoolers for whom at least two of the following risk factors apply: CYF finding of abuse or neglect; caregiver with a Corrections history; mother has no formal qualification; and long-term benefit receipt

Work in Kohanga Reo

The re-establishment of DHB service provision within Hawke's Bay kohanga reo is now fully operational and enables the provision of education and advice to whānau, tamariki and kohanga around the management and treatment of skin conditions. As a result of a successful budget bid and investment, a new public health nurse was employed at the end of 2016, to continue to expand this programme.

The 'Clean it, Cover it, Treat it, Love it' skin resource has been translated for use in local Kohanga. This supports parents and Kaiako around best practice in recognition and management of skin issues. This aims to lead to earlier recognition and treatment of skin infections, avoiding the need for admission. Currently building feedback mechanisms for use of the resource into the action plan for 2017.

45-64 YEAR OLDS

Collaborative Pathways

Health Hawke's Bay and Hawke's Bay DHB are developing collaborative pathways across a range of conditions to improve practice by promoting the integration of services so that patients experience timely and consistent quality care that is coordinated in its approach within Hawke's Bay and reflects care that would be experienced elsewhere nationally.

Measuring the efficacy of the pathways is twofold. Firstly through analytics that would detail the current uptake and use of pathways within clinical practice and individual patient care and secondly through clinical patient / population health indicators.
Without both components, measuring the contribution that pathways make to patient outcomes is unreliable. The current platform on which the pathways are hosted does not currently provide this level of analytics.

An interactive application is going to be trialled with the anticipation that a fully interactive pathway can be developed. This would map how a pathway is being used by individual providers, link directly to patient information and ultimately be able to demonstrate the causal link between use of pathways to improve patient and population health outcomes.

Two pathways are being developed for a proof of concept. The cost of 35K has been approved by EMT (January 2017). The findings from the trial will be evident in June 2017 at which time the decision to extend to further pathways will be made by clinical council and EMT. It is anticipated that if the trial is successful all current pathways developed will be provided with the interactive function.

To date 30 pathways have been developed and GPs are increasing their use. From anecdotal evidence we can estimate that the most accepted pathways to date have been Respiratory (COPD), Dementia, Cellulitis and Last days of Life.

The new cellulitis pathway is reducing medication prescribing. This pathway was published and implemented into General Practice in November 2016 with the intent to change prescribing practice e.g. prescribe oral antibiotics and less use of intravenous antibiotics. However, if intravenous is required it is now a once daily administration rather than previous management which was twice daily – this saves the person time and cost to travel e.g. instead of two visits per day can be one. This pathway has been mirrored with slight changes and will be implemented into the Emergency Department, published date for February 2017. Consultants and nursing staff have received education and the change management is being led by the IV Clinical Nurse Specialist. Having this pathway in both primary and secondary care will endorse consistency of practice across both sectors.

The Congestive Heart Failure pathway aims to lead to improvements in consistency of practice not only in general practice but in aged residential care in the attempt to reduce and avoid hospital admissions. This is a very detailed prescribed pathway led by one of our dedicated Cardiologist and since publication has been reviewed with changes made due to national changes. This demonstrates the support from Clinical leads to ensue pathways are current within practice.

Promotion of all pathways is led by a small team that continues to socialise by visiting individual practices, promotion at CME/CNE training and quarterly newsletters.

Continuation of the Nurse-Led Respiratory Program

(Responding to Māori COPD rates-5.3 times the rate of Other)
Nurse led respiratory (including asthma and Chronic Obstructive Pulmonary Disease-COPD) clinics have been operating in General Practice since Sept 2014. Significant improvement and stabilisation of COPD rates for Pasifika and Other has been achieved.

This has not been the same for Māori, which currently sit at 5.3 time that of other with an annual increase of 1.2

Funding has been approved for the continuation of the pilot into a program of work that includes joint funding commitments from PHO and DHB. The focus of the program in its continued form will be addressing the high COPD rates of Māori

The service specifications are being developed currently and are being designed to intensify the focus on Māori outcomes and diversify the approaches whilst still repeating the proven work achieved with Other and Pasifika. The program methodology will follow and outcomes based framework.

Outcomes to date have seen decreases in ED presentations, hospitalisations and length of stay.

These outcomes can be attributed to the following key elements within the program:

- Emphasis on co-ordination and streamlining of client healthcare, with a strong Primary Health Care ethos focusing on early detection and timely management of chronic conditions at the primary care level.
- Nurse-led clinics are effective in co-ordination and self-management.
- Focus on Q4 and 5 patients representing 45% Māori accessing from quintile 5, and 65% Pacific) reflecting improved access to healthcare for high-needs clients
- Increased autonomy of nursing workforce with strengthened career pathway to CNS and Nurse Practitioner levels of competency
- Working in tandem with first line emergency services and pharmacy to provide patient management that reduces ED presentations for stabilisation.

Newly introduced elements to improve Māori Health outcomes are:

- Greater focus on whānau wellness vs the individual, supported by referral by Respiratory Clinical Nurse Specialist (R-CNS) to the whānau wellness program (PHO)
- Shift of emphasis on review rather than initial diagnosis allowing more people to be seen and more concentrated follow up
- The R-CNS to work with practice nurse champions alongside Māori health workers to improve capacity within the sector of specialist knowledge – management of respiratory conditions
- The R-CNS is working with exercise and health literacy teams to provide expert advice to improve program delivery and information
- Direct liaison by St John service with primary care for the management of patients instead of being transported to ED

Challenges:

- Disinvestment in secondary services with expectation of primary care to meet patient needs has not been accompanied by equivalent resources
- Non integration of primary and secondary service IT Patient Management Systems hinder real time transfer and visibility of clinical notes

The respiratory service will be used to trial the newly developed Draft Long Term Conditions Framework and the evaluation tool that has also been developed to support services in their planning reporting and implementation activities. The service has been selected to its focus on whānau based care, self-management focus and improved health outcomes for Māori.

Sharing Primary Care Practice Information

Business Intelligence has produced reports for a selection of general practices on their ED presentation and admission rates for consumers who had been identified as presenting 7+ times.
The pilot initiative was set up to help determine the causative factors. Initial findings have demonstrated a range of influences and the most informative was that the patients identified in the trail were both high users of ED and General Practice, with high to complex needs and or awaiting surgical intervention.

Sharing of practice level data – pertaining to consumer utilisation of hospital based services has proven to be effective in identifying opportunities for service integration and coordination of patient centred care.

The initiative is continuing and work is underway to extend to additional data sharing with an ever greater number of general practice involvement with the appropriate oversight for a confidentiality and IT governance perspective.

RECOMMENDATIONS FROM TARGET CHAMPION

As the Champion for the TAW ASH rate report there were two things that stood out for me.

1 For ASH rates 0-4 we are doing well, both with national comparisons and with the closing of the equity gap. We are now well in the lower half of the league table of DHB ASH rates in this age group and, pleasingly, the gap between the Maori rates and the total population is small and closing. Dental admissions is the one issue that does need to be highlighted were the rates are still high, however the work done with getting younger children engaged with the dental service should lead to improvements over the next 1-2 years.

2 For ASH rates in the 45-64 age group the HBDHB is at the wrong end of the league table with rates higher than the national average and some very large discrepancies between Maori and non-Maori. COPD and Heart Failure stand out as issues that need to be addressed.

CONCLUSION

There is significant work with COPD by the Respiratory Pilot which has now become BAU and for CHF the appointment of a CNS to work between primary and secondary care should help with this. It is interesting that CVD rates are much closer to the national average and have a much lesser equity gap. This could represent a time gap with improvements in primary prevention still to come through but could also indicate an treatment gap where Maori are not being treated as successfully for their CVD and therefore going on to develop CHF.

Dr Mark Peterson
Chief Medical Officer - Primary

HAWKE'S BAY District Health Board Whakawāteatia	**Annual Māori Health Plan Q2(Oct-Dec 2016) Full Report**
	For the attention of: **Executive Management Team and Māori Relationship Board**
Document Owners:	Tim Evans, General Manager Planning, Informatics and Finance Tracee Te Huia, General Manager Māori Health
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Reviewed by:	Not applicable
Month:	February 2016
Consideration:	For Monitoring

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RECOMMENDATION

That EMT and the Māori Relationship Board:

Note the contents of this report.

CONTENTS OF THE REPORT

This is a report on the Māori health indicators agreed as part of the development of 2016 /17 Annual Māori Health Plan.

A quick reference summary dashboard is included and shows our position as at the end of this quarter for all indicators. The dashboard uses traffic light methodology (as described in the key on page 4) to represent this.

As this report is for the period ending December 2016, some results may vary to those presented in other reports.

KEY FOR DETAILED REPORT AND DASHBOARD

Baseline	Latest available data for planning purpose
Target 15-16	Target 2015/16
Actual to date	Actual to date
F (Favourable)	Actual to date is favourable to target
U (Unfavourable)	Actual to date is unfavourable to target
Trend direction ▲	Performance is improving against the previous reporting period or baseline
Trend direction ▼	Performance is declining
Trend direction -	Performance is unchanged

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2016-2017 ANNUAL MĀORI HEALTH PLAN QUARTER 2 PERFORMANCE HIGHLIGHTS

Achievements

1. Access to referral services for alcohol and other drugs for 0-19 year old Māori within 3 weeks has slightly decreased from 81.6% in Q1 to 80.5% in Q2, but still tracking positively above the expected target of ≥ 80%.

Areas of progress

1. Immunization rates for 8 months old Māori for Q2 has remained unchanged from 94.6% in Q1, tracking positively towards the expected target of ≥ 95%. This rate lowers the disparity gap between Māori and non- Māori from 2.1% in Q1 to 1.8 in Q2.

2. The number of Māori enrolled with HHB PHO increased slightly from 96.6% in Q1 to 96.8% in Q2 and trending positively towards the target of ≥ 100%. This brings the disparity gap between Māori and non- Māori for Q2 to less than 1%. Currently HBDHB ranks 4th among all DHBs in the country for Māori PHO enrolments

3. The ASH rates for Māori 0-4 year old group has dropped from 91.7% in Q1 to 84.9% in Q2 and trending positively towards the expected rate of ≤ 83%. This lowers the disparity gap between Māori and non- Māori from 11.4% in Q1 to 7.1% in Q2. HBDHB ranks 3rd among the best DHBs in the country for ASH rates among the 0-4 year olds.

4. Cervical screening for 25-69 year old Māori women for Q2 is 72.8% up slightly from 72.7% in Q1 with a disparity gap of 6% between Māori and non- Māori compared to 5% recorded in Q1. Nonetheless, this indicator continues to trend positively towards the target of ≥80% putting HBDHB ahead of all other DHBs in the country.

5. Māori Workforce grew by less than 1% from 12.5% in Q1 to 13% in Q2 trending towards the expected target of 13.8% or 22 employees to the target of 409 Māori staff.

6. Access to referral services for alcohol and other drugs for 0-19 year old Māori within 8 weeks has increased slightly from 91.7% in Q1 to 93.6% in Q2, tracking positively towards the expected target of ≥ 95%. This lowers the disparity gap between Māori and non- Māori from 1.1% in Q1 to 1% in Q2.

Challenges

1. Acute hospitalization for Rheumatic Fever has steadily remained at 7.3% from Q1 and tracking more than 20% away from the expected target of ≤1.5.

2. Māori under Mental Health Act compulsory treatment orders (CTO) has decreased from 183.9 per 100,000 population in Quarter 1 to 179.9 per 100,000 population in Q2. However, the indicator is tracking behind the target of ≤ 81.5 with a disparity gap of 117.8.between Māori and non- Māori in Q2 compared to 94.2 in Q1.

3. ASH rates for Māori 45-64 years went up slightly to 211.3% in Q2 from 196% in Q1 trailing behind the target of ≤ 123% with a significant disparity gap of 101.3% between Māori and non-Māori.

4. Breast screening for 50-69 Māori women dropped from 67.1% in Q1 to 64.7% in Q2 tracking positively towards the target of ≥ 70%. This rate presents a disparity gap of about 11% between Māori and non- Māori compared to 7.4% in Q1.

5. The Māori staff cultural competency training shows some slight increase from 78.8% in Q2 to 80.7% in Q2. While the numbers of staff training across professions went up slightly across

the service, the number of staff training among the medical staff dropped by 2.2% from 39.9% to 39.7% in Q2.

National ranking by Trendly.

Please note:

- Unless otherwise stated the results presented in this dashboard are for Māori.
- The approximated gap to achieving target numbers stated may only be one of a range of possible values that could deliver the targeted level/result.

ANNUAL MĀORI HEALTH PLAN, QUARTER 1 SEPTEMBER – DECEMBER 2016 DASHBOARD REPORT

Immunisation

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
Immunisation at 8 Months (3m)	92.6%	94.4%	94.4%	96.2%	≥ 95%	-2		↑
65+ Influenza (3m)	68.0%	56.5%	Update available in Q4		≥ 75%	-		↑

Rheumatic Fever

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Total	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
Hospitalisation rate (6m)	2.48	7.3	7.3	2.48	≤ 1.5	-1		↓

Breastfeeding

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Total	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
QIF Data (6m)								
At 6 Weeks	58.0%	67.0%	Update available in Q3		≥ 75%	-		↑
At 3 months	46.0%	39.0%			≥ 60%	-		↑
At 6 months	46.0%	48.0%			≥ 65%	-		↑

SUDI

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Rate per 100,000 (12m)	2.09	2.1	Update expected Q4		≤ 0.4			↓
Caregivers given SUDI Prevention Info (12m)	72.8%	72.8%			≥ 100%			↑

Oral Health

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Pre-school enrolment rate (3m)	65.3%	74.1%	Update available in Q3		≥ 95%	-		↑
% Caries Free at 5yrs (3m)	36.0%	36.0%			≥ 67%	-		↑

Tobacco

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Smokefree 2 weeks postnatal (6m)	53.0%	65.6%	Update expected Q3		≥ 95.0%	-		↑

Mental Health & Addictions

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Mental Health Act community treatment orders (per 100,000) (3m)	196.0	183.9	179.9	62.1	≤ 81.5	-		↓

Access to Care

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
PHO Enrolment (3m)	97.2%	96.6%	96.8%	97.5%	≥ 100%	-1310		↑

The number in brackets identifies the frequency at which data is updated:
(3m) 3 months
(6m) 6 months
(12m) 12 months

ASH Rates

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend (12 months)	Desired Trend
0-4 years (6m)	82.1%	91.7%	84.9%	77.8%	≤ 83%	-145		↓
45-64 years (6m)	172.0%	196.0%	211.3%	110.0%	≤ 138%	-2706		↓

Cancer

Indicator	Baseline	Prior period	Actual to date Maori	Actual to date Other	Period target	Individual Numbers	Time Series Trend	Desired Trend
Cervical screening (25-69 yrs) (3m)	74.1%	72.7%	72.8%	78.9%	≥ 80%	-656		↑
Breast screening (50-69 yrs) (3m)	68.4%	67.1%	64.7%	75.0%	≥ 70%	-93		↑

Maori Workforce

Indicator	Baseline	Prior period result	Actual to date Maori	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Medical	2.9%	3.4%	4.2%	≥ 13.8%			
Management & Administration	16.5%	16.5%	17.2%	≥ 13.8%			
Nursing	10.6%	10.8%	11.3%	≥ 13.8%			
Allied Health	12.6%	13.2%	13.5%	≥ 13.8%			
Support Staff	28.2%	27.4%	28.2%	≥ 13.8%			
Māori staff - HBDHB (3m)	12.3%	12.5%	13.0%	≥ 13.8%	-		↑

Cultural Responsiveness

Indicator	Baseline	Prior period result	Actual to date	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Medical	19.2%	39.9%	37.7%	≥ 100.0%			
Management & Administration	79%	87.0%	88.4%	≥ 100%			
Nursing	70%	82.9%	85.4%	≥ 100%			
Allied Health	77%	86.2%	89.2%	≥ 100%			
Support Staff	36%	63.3%	64.9%	≥ 100%			
HBDHB (3m)	66%	78.8%	80.7%	≥ 100%	-		↑

Obesity

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
Referred for Nutrition (3m)	30%	26%	44%	40%	≥ 95%	-		↑
Bariatric Surgery (3m)	7	0	0	0	-	0.00		-

Alcohol and Other Drugs

Indicator	Baseline	Prior period result	Actual to date Maori	Actual to date Other	Period target	Individual Numbers to Target (approx)	Time Series Trend	Desired Trend
% of 0-19 year olds seen within 3 weeks of referral (3m)	91%	81.6%	80.5%	81.1%	≥ 80%	Numbers available in Q3		↑
% of 0-19 year olds seen within 8 weeks of referral (3m)	100%	91.7%	93.6%	94.6%	≥ 95%			↑

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QUARTERLY PERFORMANCE AND PROGRESS UPDATE

1. Increasing Immunisation

Outcome: 95% 8 month olds completing primary course of immunisation

Key Performance Measures	Baseline [1]	Previous result[2]	Actual to Date[3]	Target 16-17	Trend direction
Māori	92.6%	94.4% (U)	94.4% (U)	≥95%	—
Pacific	100.0%	96.4% (F)	100% (F)	≥95%	▲
Other	93.3%	96.5% (F)	96.2% (F)	≥95%	▼
Total	93.3%	95.4% (F)	95.3% (F)	≥95%	▼

Comments:

94.4% of Māori infants immunised by the 8 month milestone this quarter.

Analysis completed of those infants not complete: 15 infants in this group.

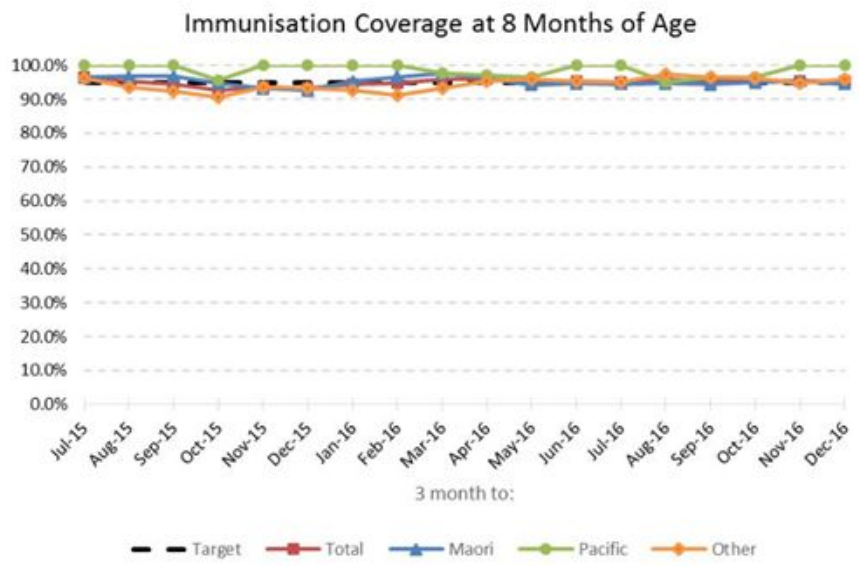
Seven infants have had all immunisations declined, seven infants have had some immunisations and one infant delayed starting immunisations due to other family health issues and is now catching up.

All parents have had contact with health professionals about immunisation.

One of the infants who has had some immunisations to date has had six home visits by the outreach immunisation team who have made three appointments for further immunisations – unsuccessful to date.

NIR is a critical database to enable us to have good coverage. It allows the ability to track children. The efficient running of this database is essential.

Time series



Source: National Immunisation Register, Ministry of Health

1 October to December 2015

2 April to June2016

3 July to September 2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
1.1	**INCREASE IMMUNISATION COVERAGE IN CHILDREN**						
1.1.1	Continue to facilitate successful Hawke's Bay Immunisation steering group quarterly and use this group to monitor coverage rates, equity and outreach activity.	Quarterly	Fiona			On track	One meeting held.
1.1.2	Continue to implement strategies in the Immunisation Action Plan *'Improving Childhood Immunisation On Time Rates in Hawke's Bay'.* These involve but are not limited to, identifying and referring due and overdue children who present in hospital services and monitoring and maintaining equity.	Quarterly	Fiona	**Health Target:** 95% of eligible children fully immunised by 8 months **PP21:** 95% of eligible children fully immunised by 2 years **PP21:** 95% of eligible children fully immunised by 5 years by June 2017	Equitable coverage across Māori, Pacific and Other		This quarter: 94.4% Māori infants on time for 8 months 95.4% Māori children on time for 2 years 95.5% Māori children on time for 5 years Action plan being implemented. Action plan available. As reported last quarter it will be a challenge to reach 95% coverage for four year olds by June 30, 2017. These children are harder to track as they have not had any contact with the NIR since the 15 month immunisation event and a significant % have changed contact details. We liaise closely with B4SC, WC/TO providers and general practice to try to locate these children. We are really pleased with the Māori coverage for this quarter for the four year olds.

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Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
1.1.3	Use Datamart reports regularly to measure the coverage rates by ethnicity and deprivation status, and identifying increased numbers of declining or opt-offs or other gaps in service delivery. Tailor the response to data appropriately using the variety of access options available.	Quarterly	Fiona			On track	Datamart reports are checked fortnightly and NIR forecast ahead for declining children. This is business as usual Having NIR running effectively is critical to the success achieving and maintaining coverage.
1.1.4	HHB to support practices to review, audit and manage their Patient management systems for the systematic and timely review of children.	Quarterly	Victoria				Close monitoring of HHB general practices via Dr info and other PMS tools ongoing
1.1.5	HHB and HBDHB to work collaboratively on promotion of Immunisation week in Q4 2017	Quarterly	Fiona/ Victoria		Report on plan for Imms week		Planning for Immunisation week to occur at the end of quarter 3 beginning of quarter 4 when resources are available from the Ministry.
1.1.6	Immunisation team to maintain working relationships with age appropriate services such as Tamariki Ora, Plunket, community oral health services and B4 School Checks to ensure efficient use of resources for tracking children and appropriate service provision.	Six-monthly	Fiona		Conversations occurring 6-monthly	On track	Continue to have close working relationships with age appropriate services. Two immunisation update sessions held for Plunket staff this quarter. One education session held for staff at Te Amorangi Hapai TKR at the request of staff.
1.2	**Support the strategy goal of reducing the incidence of cancer thorough primary prevention by increasing HPV immunisation rates.**						
1.2.1	Facilitate quarterly HPV stakeholders group, which is a sub group of and reports to The immunisation Steering Group.	Q4	Fiona	**PP21:** 70% of eligible girls fully immunised with HPV vaccine	Equitable coverage across Māori, Pacific and Other		This is being incorporated in to the wider immunisation Steering Group which is minuted.
1.2.2	In Q4, provide a list to GPs of those who have declined immunisation through the school based programme for follow up.	Q4	Fiona	All girls with GPs identified on their school consent form will be	Number of girls referred for follow up.		

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
				referred to the general practice for follow up			
1.2.3	Provide education sessions to Nurse vaccinators, public health nurses and smear takers	Quarterly	Fiona	1 education session for each group		On track	Education sessions delivered to nurse vaccinators this quarter. Update sessions held for practice nurses to inform them of the upcoming changes for HPV immunisation to the National Schedule and the expanded eligibility for this immunisation programme.
1.2.4	Ensure all major milestones on the HPV immunisation communication plan are achieved to ensure a systematic process and avoid gaps in service delivery.	Q4	Fiona		All major milestones achieved	On track	

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Outcome: Increase the percentage of Māori≥65 years having annual influenza vaccination

Key Performance Measures	Baseline[4]	Previous result[5]	Actual to Date[6]	Target 16-17	Trend direction	Time series
Māori						*No data available this quarter*
Pacific						
Other						
Total						

Comments:
.
No comment for influenza vaccination this quarter.

4January to December 2014
5January to June 2015
6January to June 2015

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
1.3	**Increase the rate of seasonal influenza immunisations in over 65 year olds**						
1.3.1	Continue to fund immunisation contracts with three NGOs including two Māori providers to ensure a range of access options for flu immunisations.	Q4	Fiona	75% of the eligible population over 65 are immunised against influenza annually	Equitable coverage across Māori, Pacific and Other		
1.3.2	Work with Māori providers and other organisations to improve their capability by: - Providing educations sessions - Ensuring there are authorised vaccinators - Providing support with the cold chain - Ensuring consistent health messages	Quarterly	Fiona			On track	All Māori Health providers excluding Kahungunu Executive have cold chain systems in place and authorised vaccinators within their workforce to be able to provide influenza vaccination.
1.3.3	Analyse the Winter 2016 influenza immunisation data to show patterns of access and use this to create a strategy for promoting early engagement for winter 2017	Q4	Victoria			On Track	4563 out of 6490 (70%) High Need Patients (Māori, Pacific & Q5) from 23 practices had an Influenza Vaccination in the 2016 Influenza Season
1.3.4	Promote influenza immunisation through Whānau Wellness education session 'Preparing for Winter' in Q4	Q4	Victoria			On Track	To occur in Q3 Napier - 13 February 2017 Hastings – 14 February 2017 Wairoa – 15 February 2017
1.3.5	Practice PMS audit systems will be used to identify those eligible for influenza vaccination. The practice will then actively recall these people	Q4	Victoria			On Track	Influenza vaccine strains has been identified for the 2017

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2. Reducing Rheumatic Fever

Outcome: Reduced incidence of first episode Rheumatic Fever

Key Performance Measures	Baseline [7]	Previous result [8]	Actual to Date[9]	Target 16-17	Trend direction	
Māori	2.48	7.3 (U)	7.3 (U)	≤1.5	—	**Comments:** This will be reported annually (Q4)
Pacific	-	16.47 (U)	16.47 (U)	≤1.5	—	
Total	0.6	1.86 (U)	2.48 (U)	≤1.5	▼	

Planned Activities and Progress

ID	Actions/Activity	Date	Lead	Quantitative Measures	Qualitative Measures	Progress	Progress Comments
2.1 REDUCED INCIDENCE OF FIRST EPISODE RHEUMATIC FEVER							
2.1.1	Implement Healthy Homes programme targeting 150 annual referrals to prevent Rheumatic Fever	Quarterly	Liz	40 per quarter	Māori and Pasifika engagement	On track	53 referrals received this quarter. Target will be exceeded. Approx. 78 % of referrals are for Māori and Pasifika whānau
2.1.2	Hold meetings to promote participation and cross agency work in Hawke's Bay housing coalition	Quarterly	Shari	# of meetings held for the quarter	Membership represents Hauora and Māori social service organisations	On track	There have been 2 meetings this quarter. The Coalition members have updated the HB Housing Profile, developed a tenancy training package, distributed warm dry home resources and support retrofit insulation programmes.
2.1.3	Hold regular meetings of the multiagency Rheumatic fever prevention steering group.	Quarterly	Nicky	# of meetings held as per schedule	Attendance by key stakeholders – e.g. HHB, HBDHB and TTOH	On track	2 meetings held

7 July 2014 – June 2015

8 July 2015 – June 2016

9 July 2016 – September 2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
2.1.4	Develop strategic framework and implementation plan to raise community awareness and health literacy on rheumatic fever	Quarterly	Nicky	Strategic framework and implementation plan in place	PP28: Progress against DHBs Rheumatic fever prevention plan	On track	Pacific and Māori portfolio managers in the process of contracting to community providers to enhance community engagement. Key parties meeting monthly to focus on campaign to get Rheumatic Fever messages out before winter 2017
2.1.5	Set up a Governance group Rheumatic Fever by end Q1	Q1	Nicky	Governance group established	Governance group constituted by key strategic partners	**Complete**	Rheumatic fever governance group in place. Membership includes housing, MSD, PHO, and Paediatrics.
2.1.6	Implement Say Ahh programme in targeted schools and in primary care	Quarterly	Nicky/Liz	9 Flaxmere & Hastings primary schools have Say Ahh programmes in place. In addition, 6 low decile secondary schools are covered by the youth pilot programme and 2 Teen Parent Units	Say Ahh CFA variation Reporting	In progress	All 9 primary schools, 6 secondary schools and 2 Teen Parent Units had throat swabbing and treatment programmes in place during the last quarter as well as the Primary Care rapid response clinics. External evaluation completed
2.2 Effective follow up of Identified Rheumatic Fever Cases							
2.2.1	Monitor time between admission and notification of all new cases of rheumatic fever to the Medical Officer of Health.	Quarterly	Rachel	% of cases being notified within 7 days of diagnosis	PP28 Report	On track	Q2 PP28 report submitted to the MOH
2.2.2	Monitor and carry out an annual audit of Rheumatic fever secondary prophylaxis coverage.	Annually Q4	Liz	% of people receiving secondary prophylaxis within 5 days of due date	PP28 Report PP28 Report with breakdown of people under secondary prophylaxis coverage for children aged 0-15 years, youth aged 15-24	On track	Q2 PP28 report submitted to the MOH

12

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
					years and adults aged 25+ years		
2.2.3	Undertake case reviews of all Rheumatic fever cases and address identified system failures	Quarterly	Liz	100% of notified RF cases have case review and actions addressed from lessons learned.	PP28: Report on the lessons learned and actions taken following reviews	On track	Q2 PP28 report submitted to the MOH 1 probable case this quarter
2.2.4	Follow up on issues identified in the 15/16 audit of recurrent hospitalisations of acute rheumatic fever and unexpected rheumatic disease	Quarterly	Rachel		PP28: Reports on progress in following-up known risk factors and system failure points in cases of first episode and recurrent acute rheumatic fever		Q2 pp28 report submitted to the MOH

3. Child Health

Outcome: Breastfeeding of pēpi improved

Key Performance Measures	Baseline	Previous result	Actual to Date	Target 16-17	Trend direction	
Infants are exclusively or fully breastfed at 6 weeks						
Māori	58% [10]	67% (U)	-	≥75%	—	**Comments:** Data is published every 6 months. An update is expected for the Quarter 3 report
Pacific	74%	82% (F)	-	≥75%	—	
Total	68%	73% (U)	-	≥75%	—	
Infants are exclusively or fully breastfed at 3 months of age						
Māori	46% [11]	39% (U)	-	≥60%	—	
Pacific	62%	63% (F)	-	≥60%	—	
Total	54%	53% (U)	-	≥60%	—	
Infants are receiving breast milk at 6 months of age (exclusively, fully or partially breastfed)						
Māori	46% [11]	48% (U)	-	≥65%	—	
Pacific	57%	66% (F)	-	≥65%	—	
Total	56%	58% (U)	-	≥65%	—	

10 July to December 2014

11 January to June 2015

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
3.1	**IMPROVE THE BREASTFEEDING RATES AT 6 WEEKS**						
3.1.1	Hold quarterly Hawke's Bay Breastfeeding Governance Group meeting to provide strategic direction for breastfeeding activity, monitor KPIs and drive performance in Māori and non-Māori.	Quarterly	Nicky	1 meeting held	Meetings attended by key stakeholders including LMC representation	On track	New investment proposal discussed and endorsed by group.
3.1.2	Hold bi-monthly Hawke's Bay's Breastfeeding multi-agency clinical group meetings to support breastfeeding workforce in Hawke's Bay.	Quarterly	Tracy	1 meeting held	Meeting attended by key stakeholders from multi-agency clinical group	On track	
3.1.3	Maternity staff will give a take home guide to Breastfeeding, Smokefree and safe sleep to every mother delivering in the DHB maternity unit.	Q2	Jules	100% of mothers offered take home guide (388 births during quarter)	Proposed evaluation by Q4	On track	Specific numbers of resources distributed unable to be captured with current Postnatal documentation. However all babies receive a well-child book and the Mama Aroha resource card is given out with these and used as a resource discussion during postnatal stay. Action: New postnatal documentation is in the plans to progress and to incorporate any additions – this will then support electronic reporting
3.1.4	Carry out a review of current breastfeeding services in Q1 to inform better service planning.	Q1	Nicky	Information gathered by Q1, used in redesigning services by Q3		**Complete**	

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
3.1.5	Using the results of the review, the DHB will develop a plan to redesign effective breastfeeding interventions for Māori women by Q3	Q3	Nicky	Service redesign completed and funding confirmed by Q3		On track	Community lactation consultant service proposal under tendering process from Māori Health. Breastfeeding Support Service (DHB based) redesign proposal completed. Dependent on Budget Bid process
3.1.6	The Women, Children and Youth (WCY) directorate to meet with providers of all antenatal classes in Hawke's Bay to investigate what breastfeeding information is given and promote consistent breastfeeding messages	Q2	Jules	Meetings with all antenatal class providers held		**Complete**	All Child Birth education HBDHB staff aware of new Breastfeeding resource for parents birthing at the HBDHB
3.1.7	Maintain Baby Friendly Hospital Initiative (BHFI) and prepare for Accreditation to by February	Q3	Jules		Accreditation Achieved	On track	BFHI accreditation booked for 15-17 February for Ata Rangi, Waioha and Wairoa units All paperwork submitted prior to Xmas.
3.1.8	Provide access to lactation support in the community through drop-in Baby Café sessions.	Quarterly	Liz Banks	Three sessions per week: 31 sessions held 73 babies seen Māori: 7 Pacific Island: 1 European: 51 Other: 14		On track	Poor attendance by target groups reinforcing proposed service redesign to include home visiting support model
3.1.9	WCY directorate to carry out a review of babies that received donor milk and the rate that were still breastfed at 6 weeks, 3 months and 6 months	Q 3	Liz Banks	1 infant received donor milk in the last quarter. Unable to contact the mother to follow up infant's breastfeeding status since then.	Report effectively address the objectives of the review	On track	The policy is in place but there has been difficulty sourcing appropriate donors. Actively recruiting milk donors at present. Appropriate and accurate audit system to be set up prior to June 2017.

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
3.1.10	Build a breastfeeding room at the hospital for staff to express in a comfortable and accessible space	Q3	Jules	Breastfeeding room at the hospital in place	Build meets the breastfeeding privacy of mothers	Behind Schedule	Unlikely to happen by Q3 unless alternative space is found from original proposal in foyer area.
3.1.11	The Population Health Team to develop a communication plan for Hawke's Bay breastfeeding campaign to promote local resources, support and services.	Q1	Tracy	Comms plans delivered		**Complete**	
3.1.12	The Population Health Team will localise content of Breastfed NZ app from the Central Region which will be used as an education and support tool. Availability of the app will be promoted through the campaign above	Q1	Tracy	App available		**Complete**	.
3.2	**Infants are receiving breast milk at 3 months and 6 months**						
3.2.1	The WCY directorate to carry out a 'Plan Do Study Act' (PDSA) cycle on consistent breastfeeding messages amongst Well Child Tamariki Ora (WCTO) providers and LMCs in Hawke's Bay	Q3	Nicky	PDSA Cycles completed		On track	Plunket completed. TToH initiated.
3.2.2	Managers of the WCY and Māori Health portfolios will meet fortnightly from Q1 to progress breastfeeding strategy across Hawke's Bay.	Quarterly	Nicky	# of fortnightly meetings held	The meetings look at current contracts and their utilisation by breastfeeding mothers by ethnicity to ensure we have the best accessible timely support in the right areas of the community	On track	See above 3.1.5

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
3.2.3	The Executive Management Team Sponsor to present a Te Ara Whakawaiora (TAW) report to the various governance committees on progress with Breastfeeding rates and agree on any new activity that is recommended	Q3	Nicky	Annual TAW report		On track	

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4. Sudden Unexplained Death of Infant

Outcome: Reduce the number of SUDI deaths per 1,000 live births - Target <0.5 deaths per 1,000 live births.

Key Performance Measures	Baseline [12]	Previous Result[13]	Actual to Date[14]	Target 16-17	Trend Direction	Time series
Māori	2.09	2.09 (U)	-	≤0.4	*	Safe Sleep programme handed over to Māori Health. Locally woven wahakura will be available in 2017 as part of the safe sleep programme. Awaiting final SUDI deaths for 2016 from the coroner.
Non Māori						
Total	1.16	1.16 (U)	-	≤0.4	*	
Comments:						

Planned Activities and Progress

ID	Actions/Activity	Date	Lead	Quantitative Measures	Qualitative Measures	Progress	Progress Comments
4.1	**REDUCE THE RISK OF SUDI IN HAWKE'S BAY**						
4.1.1	Coordinate quarterly multi-sectoral Safe Sleep Action Group meetings.	Quarterly	Jules	1 meeting held	Participants drawn from Smokefree, Iwi, community providers, Public Health, WCTO, breastfeeding advocates and Women, Children and Youth, PHO & early childhood representatives on safe sleep action group	**Complete**	Safe sleep programme handed over to Māori Health – Maternity will continue to be represented on stakeholder group and part of the programme in partnership with Māori Health One of three Safe Sleep coordinator positions to continue. Representation and format of Safe Sleep Action group going forward to be determined

12 2010 calendar year

13 2010-2014 average annualised

14

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
4.1.2	Provide training and support in the provision of safe sleep education through online resources such as 'baby essentials online' and 'through the tubes' and Safe Sleep Champion Days	Quarterly	Jules	# of training sessions held	- Yearly education planner in place - All new staff receive safe sleep training during orientation - Records of attendance from external agencies to Champion Days	On track	4 Training sessions held with total of 11 more champions trained in the community – (3) ECE teachers, (2) RN's at GP Practice; TTOH – (2) Tamariki Ora; Wairoa hospital (4) RN/MW. 2 further Training sessions held providing safe sleep education & updates to staff M/W & RN's total of 21 participants. Safe Sleep week events held and media coverage by Māori Television and 3 community newspapers. Displays held in 6 locations throughout HB. One on one education given to over 200 whānau during this week.
4.1.3	Complete annual audit of safe sleep messages provided by health services by Q2 and implement recommendations from audit by Q3	Quarterly	Jules	Annual audit report of safe sleep messages	% of mothers and whānau who have safe sleep conversations at discharge	On track	79% (385) of birthing women received safe sleep conversation at discharge. 45.7% (86) of Māori whānau received a Pēpi-pod. 80.7% (88) of Māori Whānau who are not smokefree provided with a Pēpi-pod.
4.1.4	Improve the provision of antenatal education which is responsive to the needs of Māori and includes advice on safe sleep practices and the benefits of breastfeeding and being Smokefree.	Quarterly	Jules	% and number of Māori, Pasifika, teen and those for whom English is a second language attending DHB funded antenatal education		On track	Class 5 and 6 Māori: 21/65 (32%) <20: 5/65 (7%) Newborn class: Māori or <20yrs: 0/26 Twin class: Māori 2/3 (66%)

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							Data from Teen classes not available
4.1.5	Socialise pathway for local health professional response when whānau are identified as requiring supported access to a safe sleep space for their infant's first year, or referral for tobacco cessation support.	Quarterly	Jules	Number of Safe sleep champions trained in a quarter	Safe sleep coordinators to ensure that Safe sleep training covers availability of funding for a safe sleep device (post pēpi pod) through WINZ and links to smoking cessation services	On track	11 more champions trained in community.
4.1.6	Collaborate with Child and Youth mortality Review Committee to provide recommendations on SUDI activities.	Quarterly	Nicky	Attendance at quarterly meeting		On track	MC&Y attendance covered by Child Health Team Leader, Māori Health attend for SUDI
4.1.7	'Early engagement with LMC' Project on the campaign for 5 key things in the first 10 weeks of pregnancy; and education of primary care practitioners to support early enrolment.	Quarterly	Jules	% of women booked with an LMC by week 12 of their pregnancy	Target achieved across ethnicities	On track	Early engagement campaign in progress with visits and resources provided to 12 GP practices in partnership with smokefree team. Programme well received with resources. Booked by week 12 of pregnancy October – Dec 2016 Māori: 49.2% Pacific: 54.5% All ethnicities: 65.7% Funding not secured for Maternity Resource Centres in Hastings/CHB - plan to meet with Wairoa and CHB Health and social care network leads.

Outcome: Caregivers are provided with SUDI prevention information – Target % of caregivers of Māori infants are provided with SUDI prevention information at Well Child Tamariki Ora Core Contact 1

Key Performance Measures	Baseline [15]	Previous Result[16]	Actual to Date[17]	Target 16-17	Trend Direction	Time series
Māori	72.8%	-	-	≥100%	-	*No data available this quarter*
Pacific	78.6%	-	-	≥100%	-	
Total	80.7%	-	-	≥100%	-	

Comments:
The WCTO quality improvement project group (includes HB Iwi providers of WCTO services/LMC rep/Plunket/B4SC/WC&Y portfolio manager/Māori Health programme manager) are working on activities to improve timely provision of core one – as part of recommendations from investigation looking into barriers to timely referrals and engagement for Māori whānau for core 1.

Recommendations included:

1. Improving the timeliness of referrals through improving communication and feedback systems
2. Antenatal referral for teen support or vulnerable women in the antenatal period to appropriate services.
3. Working better together.

Planned Activities and Progress

ID	Actions/Activity	Date	Lead	Quantitative Measures	Qualitative Measures	Progress	Progress Comments
4.2 Caregivers are provided with SUDI prevention information at Well Child Tamariki Ora Core Contact 1							
4.2.9	Support WCTO Quality Improvement group with a focus on timely provision of core contact 1	Q2 & Q4	Nicky	Number and % of referrals to WCTO completed by 6 weeks post-birth	Target across ethnicities	On track	99 % of Māori referrals to WCTO completed by 6 weeks July 1 – December 31st 2016.

15 2014
16 2014
17

12

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
				Number and % of infants receive Core Contact 1 by 6 weeks post-birth Number and % of infants receiving safe sleep information at WCTO Core Contact 1			Not available from the MOH until Q4 Not available from the MOH until Q4
4.2.10	Implement recommendations from WCTO quality improvement group derived from a review of current practices in other DHBs to improve timeliness of referral to WCTO	Q4	Nicky			On track	Review of Transfer of Care investigation and recommendations presented to LMC's and WCTO providers. Collaborative hui aimed at 'Working Better Together' planned for Q4.

5. Oral Health

Outcome: More children enrolled in Community Oral Health Services – Target % of eligible pre-school enrolments in DHB-funded oral health services

Key Performance Measures	Baseline[18]	Previous result[19]	Actual to Date[20]	Target 16-17	Trend direction	Time series
Māori:	65.3%	65.3% (U)	-	≥95%	*	*New data will be available in Quarter 3*
Pacific:	71.7%	71.7% (U)	-	≥95%	*	
Other:	81.3%	81.3% (U)	-	≥95%	*	
Total	73.9%	73.9% (U)	-	≥95%	*	
Comments						

12

182014 calendar year

192015 calendar year

20

Outcome: Improved Oral Health of five year olds – Target % of 5 year old examined who are carries free						
Key Performance Measures	Baseline[21]	Previous result[22]	Actual to Date[23]	Target 16-17	Trend direction	Time series
Māori:	36.0%	36% (U)	-	≥67%	*	
Pacific:	30.5%	30.5% (U)	-	≥67%	*	
Other:	70.1%	70.1% (F)	-	≥67%	*	
Total	54.4%	54.4% (U)	-	≥67%	*	
Comments						

212015 calendar year

222015 calendar year

23

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
5.1	**IMPROVE THE ORAL HEALTH OF 5 YEAR OLDS**						
5.1.1	All babies are seen by an oral health clinician at a HBDHB Community Oral Health Clinic by 12 months of age	Q3	Ruth	PP11: 67% of 5 year old examined who are carries free	Data for Māori, pacific and other Exception report and resolution plan for non-performance		Babies are seen by 12 months of age. It is intended that the Well child providers in the new roles will also monitor and expedite appointments into the service by 12 months of age.
5.1.2	All Māori, Pacific and high risk children have fluoride applications at 6 month intervals	Q3	Ruth				The quality indicators already show an improvement in access to the Prevention programme by Māori high risk clients. Updated data is due for release by February 2017
5.1.3	Implement initiatives from the Improving Access to Oral Health Services for Māori Tamariki (0-4 years) Project	Q3	Ruth				Scoping for a new project addressing <5 inequity is beginning now.
5.1.4	Continue Quadruple New Born Enrolment (National Immunisation Register, GP, Well Child Tamariki Ora, and Oral Health) for all babies born in HBDHB Maternity Services.	Q3	Ruth	PP13: 95% of pre-school children are enrolled in the COHS	Data for Māori, Pacific and other		Quadruple enrolment continues, data expected by calendar year. Enrolment trending upwards
5.1.5	Ensure babies not born in HBDHB Maternity Services are enrolled through Well Child Tamariki Ora providers at Core Check 5 (9 months of age)	Q3	Ruth				This is due to be implemented by the new Well Child contracts (increased visits) under Māori Health Contracts, Patrick Le Geyt

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6. Smokefree

Outcome: Less women smoke during pregnancy – Target: % of Māori women are smoke free at two weeks postnatal

Key Performance Measures	Baseline[24]	Previous result[25]	Actual to Date[26]	Target 15-16	Trend direction	Time series
Māori	53.0%	65.6% (U)	-	≥95%	*	*No data available this quarter*
Pacific	81.0%	97.7% (F)	-	≥95%	*	*Data Source: Tamariki Ora Quality Improvement Framework*
Total	-	79.9% (U)	-	≥95%	*	

Comments:

Our data is based on our discharge data from Maternity Services as we are unable to access data any closer to the 2 week post natal point.

24June 2014

25July to December 2014

26January to June 2015

Planned Activities and Progress							
ID	**Activity/Action**	**Date**	**Lead**	**Quantitative Measure**	**Qualitative Measure**	**Progress**	**Progress Comments**
6.1	**REDUCE THE NUMBER OF PREGNANT WOMEN WHO ARE NOT SMOKEFREE**						
6.1.1	Evaluate recent changes to documentation to ensure accurate data is being captured when being booked into the Maternity Unit.	Quarterly	Penny	HT: 90% of 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 Two study days and one update	Ensure Systems and Processes collect accurate data		Quarterly data is manually audited to compare the IT accuracy against the actual hand held notes.
6.1.2	Scope opportunities to provide smokefree education to LMCs	End of year	Penny		Opportunities to keep LMC's abreast with Smokefree		Ongoing online smokefree training via Ko Awatea. Regular information/latest technology updates on all tobacco related issues to all maternity care providers by the Maternal and Child Health Smokefree Coordinator.
6.1.3	Expand incentivised programme targeting young Māori women and their whānau by implementing recommendations from the recent evaluation of the programme and focussing on improving the proportion of referrals that quit long-term.	Quarterly	Penny	90% of young pregnant Māori women are referred to cessation support		On track	Early intervention programme is being implemented with practise being visited by midwife Smokefree coordinator. Incentives programme had 122 (63 Māori) referral in six month including 18 whānau members (16 Māori).
6.1.4	Continue to screen inpatients, offering support to quit for mothers and whānau and monitor Smokefree Rates at discharge from Maternity Unit	Quarterly	Roisin	% of Women smokefree at discharge from maternity unit			There is an ongoing focus for staff to be confident and competent with the smokefree ABC conversations. 100% of smokers are provided with conversation and brief advice during their admission 47% of Māori women were smokefree at discharge from the postnatal ward in Quarter 2

6.1.5	Continue to monitor the number of Māori Women that are Smokefree at 2 weeks postnatal	Quarterly	Penny	95% of pregnant Māori women are smoke free at two weeks postnatal	SI5: Whānau Ora		This data is not applicable to the DHB due to the average stay in Ata Rangi Maternity being less than 72 hours. A data source is still being identified.

7. Mental Health

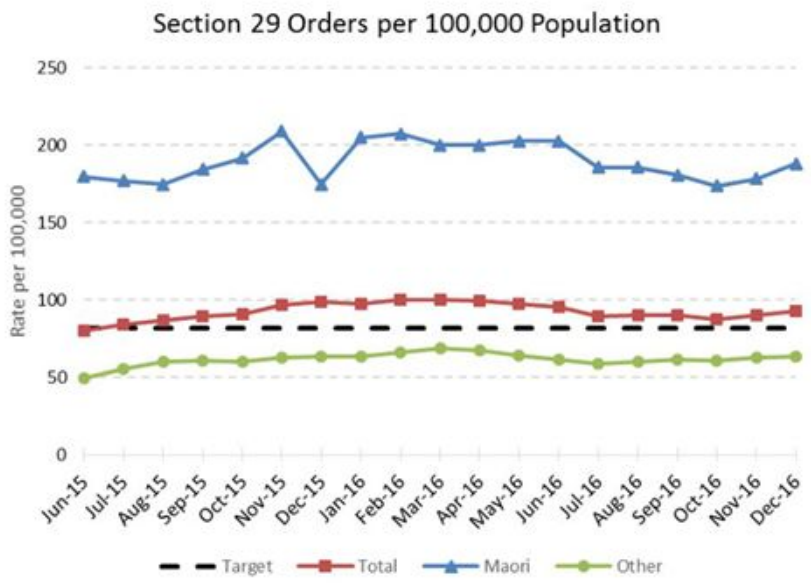
Outcome: Reduced rate of Māori under compulsory treatment orders to < 81.5 per 100,000 (total population)

Key Performance Measures	Baseline[27]	Previous result[28]	Actual to Date[29]	Target 15-16	Trend direction
Māori (per 100,000)	196	183.9 (U)	179.9 (U)	≤81.5	▲
Other (per 100,000)	93.4	60.1 (F)	62.1 (F)	≤81.5	▼
Total (per 100,000)	97	90.1 (U)	89.1 (U)	≤81.5	▲

Comments:

The inequity in this measure remains evident. The wānanga that was signalled in the last quarterly report was held in December and attracted a wide range of stakeholders who reflected on their experiences in respect of contributory factors to the high rate of CTOs amongst Māori.

The key outcome from the wānanga was a renewed commitment to work together across the sector to understand and address the underlying contributory factors. This includes: engaging whānau through the home-based treatment team; communication through the central coordination service for all providers; implementation of the intensive day treatment programme; reduction of restrictive care practices; increasing group interaction options in the community; and more referral and liaison with community providers. Further details are provided in the activity tables below.



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27

28*April to June 2016*

29*July to September 2016*

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
7.1	**REDUCE THE RATE OF COMPULSORY TREATMENT ORDERS (RATE OF COMPULSORY TREATMENT)**						
7.1.1	Home-based treatment team increases family involvement with planning and crisis intervention	Q4	CNM Adult CMH	Compare historical admission data of patients in HBT care	Patient/Whānau survey		Positive patient and whānau feedback to date regarding HBT service. Fully staffed, still too early to capture comparative data around admission rates. HBT attend inpatient morning meetings to enable and assist with early discharge planning.
7.1.2	Ongoing daily step up step down with Ngā Rau Rākau, CMH, HBT, EMHS, Wai-O-Rua and TTOH to improve discharge and admission communication	Q3	CNM Intensive	Audit and compare discharge numbers for first two quarters and measure trends to 'step down' services			Central Coordination Service (the new name of SPOE/step up step down) coordinator appointed and developing the service. 3x weekly meeting with services to coordinate admissions/discharge still occurring. Processes being developed for across service coordination.
7.1.3	Implement intensive day programme	Q1	CNM Intensive	Length of stay trend data			Reduced programme has been developed. Ongoing recruitment to IDP roles in progress. Contingency plans in place if unable to recruit to the coordinator position. Community client attendance to start once fully staffed
7.1.4	Staff education around sensory modulation and trauma informed care to help reduce restrictive models of care	Q3	CNM Intensive	100% of intensive service staff trained			Sensory modulation training has been developed on going out service wide. Nurse Educator is the clinical lead on the training. Trauma informed care training being developed. New SPEC (safe practice and communication training) being

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							rolled out within MH service and security.
7.1.5	Increase availability of treatment options across community mental health services	Q3	CNM Adult CMH	# referrals to specific services			Looking to improve shared provision of resilience groups with CAFS/PHO/NGO's. Increase targeted provision to Parents and whānau. New service in planning stage with increased focus on group interventions in the community
7.1.6	Building networks within the community – increased use and referrals to NGOs within the community for follow up; meetings with NGOs and whānau/families to agree on and document plans & outcomes	Q2	CNM Adult CMH	Referral flow data and regular meeting with Community providers as part of CCS implementation and increased CMH Clinical coordination structure.			Strategic drive to increase flexibility and mobility of CMH into Community settings including nominated clinicians as Community liaison staff. Increased community clinical coordination is being planned with CCS coordinator in place and developing relationships with NGO's and community services. New Parenting and Pregnancy Support Service (PPS), an intensive outreach service, in implementation phase with service delivery beginning 1 July 2017.

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8. Access to Care

Outcome: Increase enrolment in the PHO – Target: % of the population enrolled in the PHO

Key Performance Measures	Baseline[30]	Previous result[31]	Actual to Date[32]	Target 16-17	Trend direction
Māori	97.2%	96.6% (U)	96.8% (U)	≥100%	▲
Pacific	88.7%	89.6% (U)	89.8% (U)	≥100%	▲
Other	96.5%	97.4% (U)	97.5% (U)	≥100%	▲
Total	-	95% (F)	96% (F)	≥80%	▲

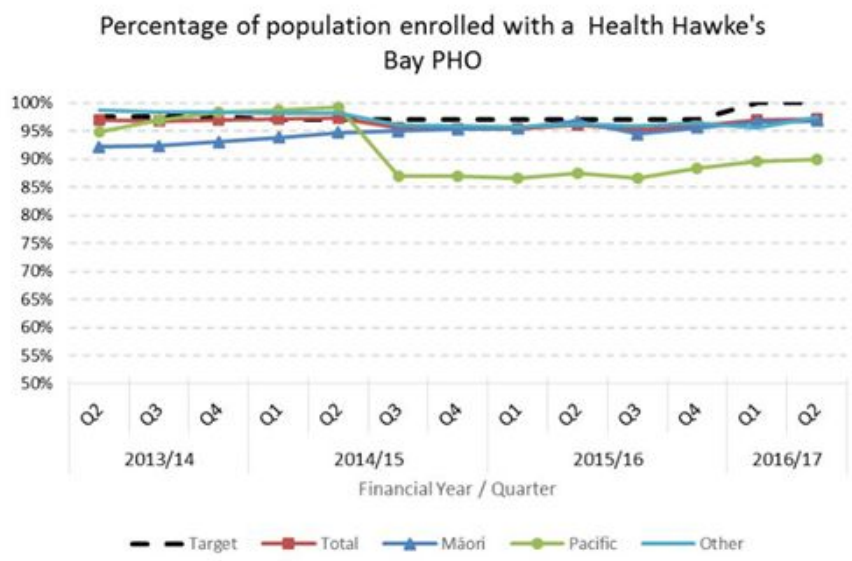
Comment:

Although the enrolment percentage this quarter appears to be low there has been a slight increase.

The HN Enrolment programme is still available for those consumers who are not enrolled to become enrolled and receive a 45 minute health assessment with a nurse and 15minute doctor consultation.

HHB will continue to promote the programme to encourage enrolment with HHB General Practices.

Time series



30 October 2015

31 April 2015

32 July 2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
8.1	**INCREASE ENROLMENTS IN THE PHO**						
8.1.1	Continue focus on new born enrolments	Quarterly		98% of new-borns are enrolled with a PHO by 6 weeks of age			
8.1.2	Encourage people to reconnect with primary care providers when attending ED and provide GP enrolment packs for high needs, Māori and Pacific	Quarterly	Nicola	% of the population enrolled with a PHO		Not on Track	During Q1 HHB and HBDHB commenced engaging with 4 General Practices whereby their enrolled patients were over utilising ED and GP unnecessarily. A Primary Care Emergency Dept. Cooperative project plan was developed between all parties and agreed to. During Q2 3 additional practices joined the cohort of PC-ED Cooperative. The purpose of this project is enable general practices to develop a new model of care to engage with patients who over utilise services and implement MDT process to wrap services around these consumers. From Q2 ED have a contact list for each practice to refer and assist in the enrolment of non-enrolled consumers.
8.1.3	Health HB to audit all Med-Tech General Practices on a quarterly basis to ensure practices are following the right process for new-born enrolments	Quarterly	Nicola			On track	Practices audited in September 2016. Some issues with information being sent through secure network.
8.1.4	All GP practices to have a designated staff member overseeing new-born enrolments	Quarterly	Nicola			Not on Track	PHO Performance Manager is in the process of identifying practice New Born Enrolment champions. The link to the

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							MOH website has been circulated which includes 10 minute video.
8.1.5	All people who identify as Māori, Pacific or live in quintile 5 who are not enrolled with Health Hawke's Bay will be offered a one-hour nurse consultation and a 15 min GP consultation free of charge to remove the cost barrier to enrolment.	Quarterly	Nicola			On Track	Quarter 2 = 44 funded High Needs Enrolments
8.1.6	Work with a number of GP practices to ensure systems adequately identify challenges for enrolment.	Quarterly	Victoria				Health Hawke's Bay is rolling out the new "National Enrolment Service" (NES) over Q2 and Q3. To date 16 practices are on-boarded. Each practice is required to complete an enrolment survey identifying enrolment techniques and how they work with the new MOH requirements of proof of identity.
8.2 Improve access to primary care for Māori							
8.2.1	Engage practices in a formal support quality programme 'He Taura Tieke' to increase the responsiveness to their Māori population	6 monthly	Lillian Ward		13 practices 2016/17 with self-assessment and annual plan	In progress	8 practices have completed their baseline assessment and to develop and implement their Responsiveness to Māori plans in the next 2 reporting periods (and) 6 practices to commence their baseline assessment in during the next reporting period.

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
8.2.2	Implement Health Literacy programme into General Practice over the next 12 months	6 monthly	Lillian Ward	Annual GP utilisation rate by ethnicity	Evaluation of the training and customer service	Not on Track	There has been a delay in start-up of this as it is reliant on DHB supporting log in information being provided to GPs. We have discussed with the Project Manager Health Literacy at the DHB and hope to enable password access in the 2nd Quarter. The qualitative measure cannot be achieved as the online training module and the Ko Awatea platform does not require clinicians to identify their ethnicity therefore this measure is no longer relevant and will not be reported against in future reporting.
8.2.3	Continue to implement Health Literacy Campaign with actions to support more understanding in Māori communities of identified health issues	6 monthly	Andre LeGeyt			In progress	Work has commenced, Project manager employed in Q2. HHB have identified 7 communities to partner and community development resource.
8.2.4	Continue to fund Whānau Wellness programme from SIA funding, providing 12 months of GP services free of charge to up to 300 whānau	6 monthly	Lillian Ward			In progress	- 802 individuals have signed up to participate in the programme from 1 January – 31 December 2017, of this: - There are 173 whānau with access to the programme - 62% are Māori - 30% are Pacific

12

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							- 8% are of other ethnicities living in NZ Deprivation 9-10 (Quintile 5) - 68% of the new cohort are over the age of 13yrs of age - 59% of the cohort are residents of Hastings, of this 36% live in Flaxmere - 28% live in Napier - 8% live in Wairoa s - 3% live in Havelock North - 2% live in rural Hastings i.e. Waimarama and Central Hawke's Bay
8.3	**Improve access to primary care for Youth**						
8.3.1	HBDHB to invest up to $520,000 per annum into zero fees co-payment subsidies for 13-17 year olds in Wairoa and Dep 8-10 geographic regions in HB.	Q4	Patrick	Proposition Paper developed Funding released to general practices that meet criteria and take up programme		On Track	Proposition approved by HBDHB Board in Q2
8.3.2	HBDHB to engage rangatahi Māori and Dep 8-10 youth populations into a co-design of improved access to general practice.	Q1	Patrick	Two hui held in Dep 8-10 communities		**Complete**	Two hui held with rangatahi from Flaxmere/Camberley and Wairoa Feedback included in 'youth friendly' criteria for general practice change of model
8.3.3	Develop a health assessment programme for 0-18 year olds in Hawke's Bay	Q4	Nicky	Assessment Programme developed			

9. Ambulatory Sensitive Hospitalization (ASH)

Outcome: Reduction in Ambulatory Sensitive Hospitalisation (ASH) rates in 0-4 year olds.

Key Performance Measures	Baseline [33]	Previous result[34]	Actual to Date[35]	Target 16-17	Trend direction
Māori	82.1%	91.7% (U)	84.9% (U)	≤82.8%	▲
Other	66.1%	63.8% (F)	66% (F)	-	▼
Total	73.0%	80.3% (F)	77.8% (F)	-	▲

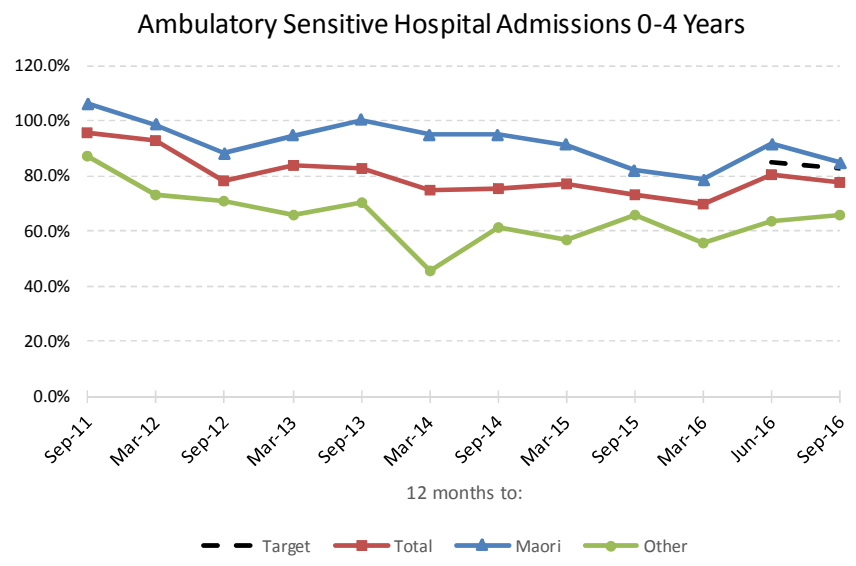
** To focus on equity the Māori target has been set at 'within 5% of the Total'*

As at September 2016 Hawkes Bay tamariki have lower rates of ASH compared to national rates for Māori and similar rates of ASH compared to National Non Māori. There has been a reduction in the gap between the Māori ASH rate and the National rates with a slight increase in the period 12 months to September 2016.

In 2016 the largest differences between Hawkes Bay Māori rates and national rates in the 0-4 year age group are in the conditions Cellulitus and Asthma, improvements have been made in the rates for Asthma over the last 12 months for but there has been a decrease in the performance for Cellulitus.

To September 2016, the Top 3 ASH conditions for Māori in the 0-4 year age group are: Dental Conditions, Asthma and Respiratory Infections- Upper and ENT.

Time series



Source: Ministry of Health

33 12 months to September 2015

34 12 months to September 2015

35 12 months to March2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
9.1	**REDUCE AMBULATORY SENSITIVE HOSPITALISATIONS FOR CHILDREN AGED 0-4**						
9.1.1	Implement and socialise the Clinical Pathway 'Wheeze in Preschool children' to primary care, Breathe HB and Central Health to standardise care for reducing hospital admission	Q2 & Q4	Trish & Nora	Increased number of 0-4 year olds referred to Breathe HB by GPs	SI5: Whānau Ora	**Complete**	CME/CNE has provided
9.1.2	Review Breathe Hawkes Bay respiratory contract and ensure health education services are focused on 0-4 year old children and their whānau	Q4	Patrick	A review report of Hawkes Bay respiratory contract	Reports from Breathe HB include number of referrals by age and ethnicity.	On track	Data not available by age
9.1.3	Paediatric respiratory clinical nurse specialists to hold an education session on paediatric Respiratory conditions for community Pharmacy and one for Māori Providers by Q3	Q3	Nora/Sue Ward	2 sessions held		On Track	1 x session is scheduled for Q3 q – Māori Health providers has delivered to Practice Nurse Champions under the NZO Respiratory Framework Presentation by Sarah Currie Paediatrician on bronchiectasis
9.1.4	Clinical Nurse Specialist Paediatric Respiratory will receive notification of all paediatric patients that have been admitted to hospital for Asthma and wheeze and follow up by linking them to their general practice and any other relevant actions.	Q2 & Q4	Nora	# of children notified to Clinical Nurse Specialist Paediatric Respiratory and linked to GPs		**Complete**	A process has been developed and communicated with all Respiratory Nurse Champions (Breathe HB)
9.1.5	Opportunistic flu vaccinations given to children seen in hospital with chronic respiratory conditions and those living with them	Q4	Nora	# of children treated with opportunistic flu vaccinations		**Complete**	Ongoing priority

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
9.1.6	Review the criteria for referral to the PHO healthy homes programme through SIA funding by Q2 to ensure the households most in need are receiving the funding	Q2	PHO Project manager - equity	Criteria for referral to the PHO healthy homes programme reviewed		**Complete**	The Healthy Homes Programme has been realigned to assess and insulate Whānau Wellness Resource Programme recipients homes due to minimal referrals received via providers and the reluctance of proprietors to contribute towards the cost of the retrofit. Additionally there was a change to the government ECCA programme in July 2016 whereby rental properties were the sole focus which left no funding available to support homeowners. Health Hawke's Bay has entered into a contractual agree with the 'provider' where HHB will: Pay 20% of the insulation cost per rental property, the landlord will be required to pay 30% and ECCA will subsidise the remaining 50%. For homeowners HHB will work with the 'provider' to identify other funding streams to assist in the total retrofit of insulation. In December 2016, HHB referred 74 families to the programme to be assessed for this programme this reporting

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							All families reside in NZ Deprivation 7 – 10.
9.1.7	Public Health nurses to visit all Kohanga Reo to provide advice and education around all leading ASH conditions by end of Q2.	Q2	Liz	All Kohanga visited by end Q2		On track	53/61 Te Kohanga Reo visited. Those not visited rescheduled for early 2017 at Te Kohanga Reo request.
9.1.8	Health Hawkes Bay to distribute bilingual skin resources to general practice for wider communication reach	Q4	Trish	Number of practices displaying and distributing skin resource			Implementation of the project scheduled for Q3 and Q4
9.1.9	Expand the 'Clean It, Cover It, Treat It, Love It' Skin Programme implementation standing orders for skin infections in low decile schools and Kohanga Reo.	Q3	Liz	All 56 decile 1-3 schools and 61 Te Kohanga Reo	Additional 1FTE PHN to work on skin programme	On track	Programme expanded across 56 low decile schools and 61 Te Kohanga Reo. Additional PHN recruited. 66% of all standing orders used were for Māori whānau and 18% for Pacific families
9.1.10	Provide consistent messages regarding health initiatives through Hawkes Bay Child Interagency Network Group with representatives from HBDHB child health team, early childhood centres, kindergartens and home-based childcare.	Q3	Liz		Representatives from HBDHB child health team, early childhood centres, kindergartens and home-based childcare reached with consistent messages regarding health initiatives.	On track	B4SC Clinical Coordinator attends these quarterly meetings

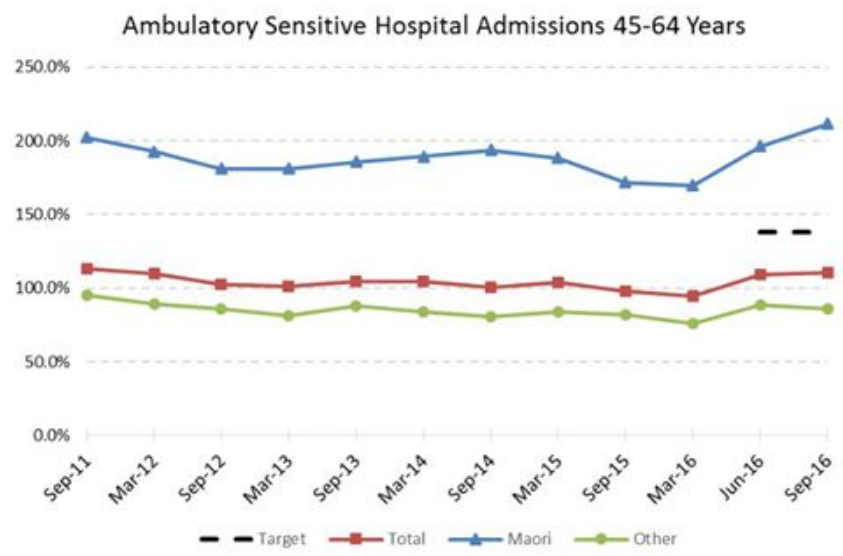
Outcome: Reduction in ASH rates in 45-64 year olds.

Key Performance Measures	Baseline[36]	Previous result[37]	Actual to Date[38]	Target 16-17	Trend direction
Māori	172.0%	196% (U)	211.3% (U)	≤138%	▼
Other	81.8%	88.2% (F)	85.8% (F)	-	▲
Total	98.0%	109% (F)	110% (F)	-	▼

Equity Gap – Sept 2015 – Sept 2016

	Local Equity Gap
Māori vs Other	245% (4625)
Pasifika vs Other	183% ((2647)

Time series



Source: Ministry of Health

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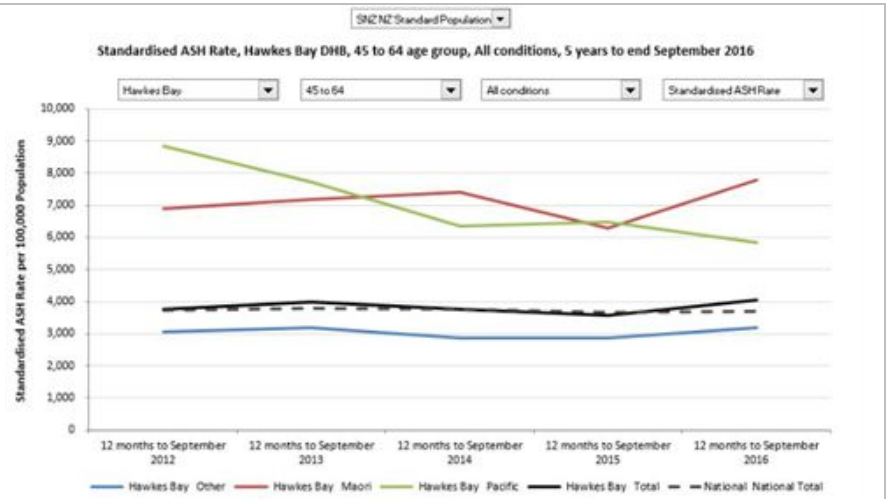
3612 months to September 2015
3712 months to September 2015
3812 months to March2016



		12 months to September	12 months to September	12 months to September	12 months to September	12 months to September 201
Hawkes Bay	Other	3,044	3,198	2,876	2,874	3,176
Hawkes Bay	Maori	6,902	7,178	7,392	6,296	7,801
Hawkes Bay	Pacific	8,851	7,712	6,361	6,465	5,823
Hawkes Bay	Total	3,774	3,987	3,747	3,561	4,063

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
9.2	**Reduce Ambulatory Sensitive Hospitalisations for people aged 45-64**						
9.2.1	Develop a clinical pathway for Cellulitis to standardise practice by Q1	Q1 & Q4	Sonya	ASH rates	Pathways developed and implemented		
9.2.2	Implement and socialise the recently developed clinical pathway for Congestive Heart Failure by Q2	Q2	Gay Brown	ASH rates			The Congestive Heart Failure clinical pathway was completed and published by December 2016. The next step is to socialise the pathway with primary care as part of the implementation plan. To be completed in Q4.

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
9.2.3	Secure sustainable funding to continue to provide nurse led respiratory clinics. The clinics are a joint Health Hawke's Bay and HBDHB initiative which has proven to be effective at encouraging self-management resulting in clinical, financial and organisational efficiency. A reduction in hospital admissions resulting from acute exacerbations of chronic respiratory disease has been noted and may be attributable to the respiratory project. This is currently a pilot so sustainable funding will embed the programme into the community.	Q2 & Q4	Jill G	ASH rates	Funding approved and sustainable service provided	On track	400K approved across the sector (200k @ Primary and Secondary) for the continuation of the respiratory project. The service is being use to Trail the draft HBDHB LTC framework. The framework is supported by an evaluation tool – Service Review Matrix designed to provide evaluation against four Aka: Person-family-whānau centred care, Person centred systems and processes, Workforce development and enablement, and Risk identification and mitigation
9.2.4	Clinical Nurse Specialist and Breathe HB will provide two Respiratory training sessions in Primary care by Q4	Q2 & Q4	Jill G	ASH rates		On Track	Training held in October. 13:35 nurses trained. 9:18 Practices attended
9.2.5	Following allocation of funding through new investment prioritisation process, appoint a Congestive Heart Failure nurse practitioner to work in the community alongside primary care with the aim of supporting Heart failure patients to self-manage and avoid hospitalisations	Q4	Gay Brown		Nurse Practitioner appointed	On track	In November 2016 the Nurse Practitioner (NP) position was advertised but not successful. In Q3 2017, the position will be advertised as a trainee Nurse Practitioner position. The aim is to have an appointment by Q4. It will be approximately twelve months post appointment of an intern until NP status achieved.
9.2.6	Develop a reporting structure by Q2 which provide reports to general practices to show their admission rates to hospital and emergency department attendances. This will allow the DHB and PHO to identify practices where admission rates for particular conditions	Q2	Jill G		Reporting structure in place and link with key practice liaisons	Not on track	A cluster of 4 VLCA practices was formed to analyse ED presentation over a 13 month period. The data to date has been held by the practices. Work is underway to extend this work using those practices

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
	are high and work with the practice to identify causes and solutions.						involved to promote the sharing of DHB data pertaining to ED presentations and admissions

10. Cancer Screening

Outcome: Achieve the National Cervical Screening Programme (NCSP) national – Target: 80% of 25-69 years

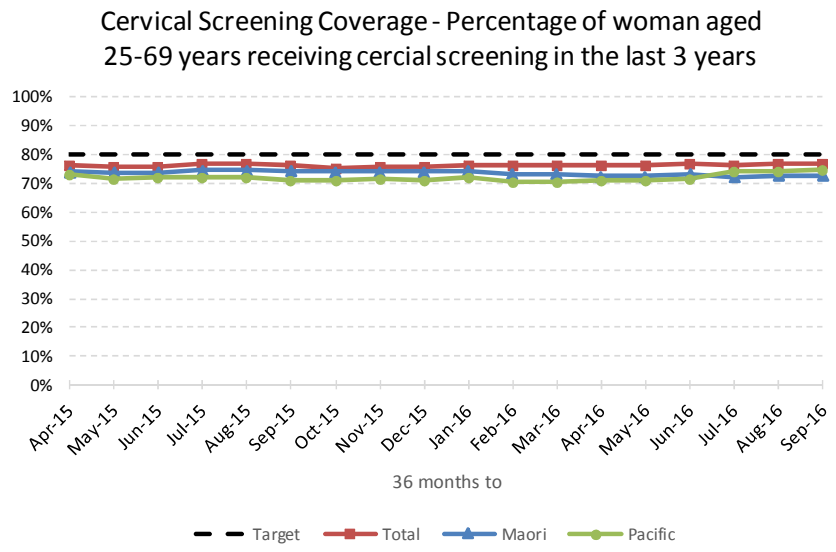
Key Performance Measures	Baseline[39]	Previous result[40]	Actual to Date[41]	Target 16-17	Trend direction
Māori	74.1%	72.7% (U)	72.8% (U)	≥80%	▲
Pacific	71.2%	74.2% (U)	74.8% (U)	≥80%	▲
Other	76.5%	78.2% (U)	78.9% (U)	≥80%	▲
Total	75.8%	76.9% (U)	76.7% (U)	≥80%	▼

Comments:

Although we continue to rank high in coverage out of the 20 DHBs in the country for our Maori women, the increase in coverage is slow, due to the decrease in smears of 28% on Maori women in the last 6 months compared to the same time in 2015. We too are no longer a target for the Ministry of Health so the PHO no longer receives funding for cervical screening.

We are now working in collaboration with Totara Health, our Kaiawhina is supporting nurse smear takers from the practice taking smears in the community, this imitative began late November 2016. We may increase to two days a week when the vacant position for the Pacific Community Support worker is filled. Providing smears in the community is intensive and requires significant time to engage and encourage the women to been screened, but we are encouraged with the feedback received from the women who tell us 'they have only had the smear because it was offered to them in the home'.

Time series



Source: National Screening Unit

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393 years to December 2015

403 years to June 2015

413 years to August 2016

Outcome: Achieve the National Breast Screen Aotearoa (BSA) national – Target: 70% of 50-69 years

Key Performance Measures	Baseline[42]	Previous result[43]	Actual to Date[44]	Target 16-17	Trend direction
Māori	68.4%	67.1% (U)	64.7% (U)	≥70%	▼
Pacific	66.5%	66.6% (U)	65.4% (U)	≥70%	▼
Other	76.0%	74.5% (F)	75% (F)	≥70%	▲
Total	74.7%	73.2% (F)	73.6% (F)	≥70%	▲

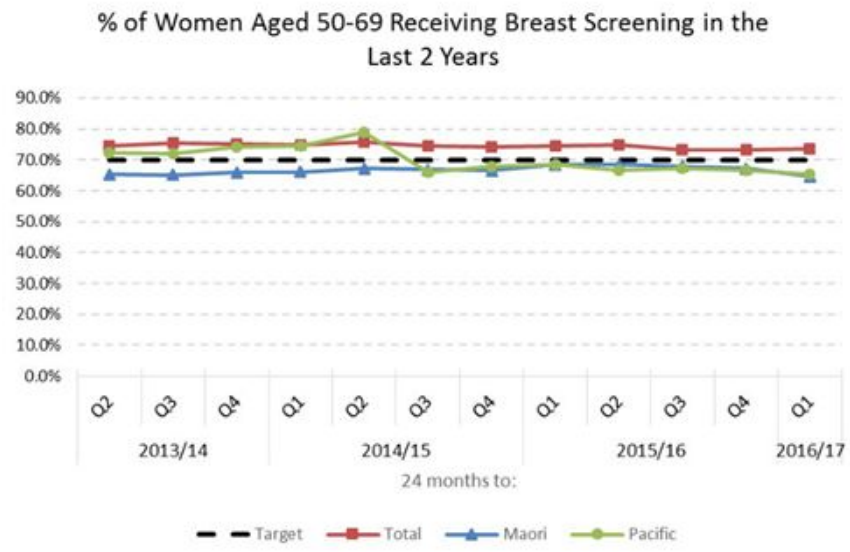
Comments:

Continuing to work with GP practices to improve participation of NCSP priority group women in screening e.g. Best Practice in Primary Care project and data-matching. In addition, contacting Māori and Pacific women who have never had a cervical smear or have not. We've developed a referral process for General Practice to refer our Priority women who are 5years and overdue to our ISP's via Population Screening Team, this will roll out in early 2017.

Continuing to ensure accuracy of participant ethnicity data held on National Cervical Screening Programme Register and ethnicity data on NHI.

Recent population projections released by the National Screening Unit show that in the next five years (2016-2021) Hawke's Bay's NCSP eligible Māori and Pacific populations will increase by 7% and the Asian population will increase by 16%. A challenge to the sector.

Time series



Source: National Screening Unit

4224 months to December 2015

43 24 months to March 2016

44 24 months to June 2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
10.1	**ACHIEVE THE NATIONAL CERVICAL SCREENING PROGRAMME (NCSP) NATIONAL TARGET**						
10.1.1	Continue regional coordination of services across the National Cervical Screening Programme - entailing collaborative partnerships, joint planning, coordination of services and activities, effective communication and strengthening supportive networks	Quarterly	Annette	Four steering group meetings held per annum.	70% of NCSP service providers participate in regional coordination activities.	On Track	Held our November Steering group meeting, updated the Terms of References. We were successful in finding another Consumer representative for our Steering group, who will represent from our Māori and rural community, she will join us at our first meeting in February 2017. 50% participated in our November meeting.
10.1.2	Health Hawke's Bay (PHO) will continue to offer promotional $20 voucher to Māori, Pasifika and Asian women when their cervical smear test is completed.	Quarterly	Victoria	Number of vouchers given to NCSP Māori, Pacific and Asian women.		On Track	Quarter 2 2016/2017 = 158 x $20 Pak N Save Gift Cards issued to Māori, Pacific and Asian women for having a Cervical Smear Promotion of Cervical Screening and all other screening to be promoted at Welcome sessions for the WWRP Cohort to commence on the programme in January 2017. Whānau have been informed that part of their responsibilities while on the programme is to complete all due and overdue screening by 30 March 2017 to ensure they remain on the WWRP.

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							The Pak n Save continues to encourage our Priority women to take up the opportunity to have a smear. Another round of data matching has been almost completed and letters posted to overdue women advising them of the opportunity that they will have a free smear and will receive a $20 P n S gift card.
10.1.3	Encourage nurses to attend smear-taker training and mentor and/or supervise them to pass their assessments, with specific focus on Māori and Pacific nurses and cultural competency.	Annual	Annette	Increased number of Māori and Pacific nurses completing smear taker training and passing their assessments.	Percent increase of Māori and Pacific nurses completing smear taker training and passing assessments.	On Track	Our Kaiwhakahere continues to provide support and encouragement to Nurses in the General Practice and our Independent Providers. We cannot identify the number of Māori nurses working as smeartakers, their ethnicity is not captured on the NCSP-Register. Our next EIT Smear taker training will be in March 2017
10.1.4	Continue recruitment and retention strategies targeting Māori and Pasifika populations using a mix of kanohi ki te kanohi, settings and community development approaches.	Annual	Annette	Number of Māori and Pasifika women able to be identified as completing screening as a direct result of these strategies.			Totara Health are now working in partnership with Population Screening offering smears to their Priority women in the community once a week. Our Kaiawhina or Pacific Health Promoter support a nurse smeartaker in the community. See the stats for first three visits in the community completed in this quarter. The women have

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							feedback that without this service they wouldn't have had a smear. Month | Māori | Pacific | Asian | Unscreened Nov | 8 | 2 | | 2 Dec | 9 | 3 | 1 | 3
10.1.5	Continue recruitment and retention strategies targeting Māori and Pasifika populations using a mix of kanohi ki te kanohi, settings and community development approaches.	Annual	Annette	Number of Māori and Pasifika women able to be identified as completing screening as a direct result of these strategies.			
10.1.6	Manage a campaign during cervical screening month and provide support to community promotional events where there are a high number of Māori women present and where there is involvement of rural communities.	Annual	Victoria/ Annette	Number of events 'supported'. Number of Māori women able to be identified as completing screening as a direct result of campaign and promotional events.		On Track	No events this quarter, but we are preparing to be we present at Te Matatini February 2017, along with a number of other providers who are supporting the Population Screening team: • Breast Screen Coast to Coast • HB Radiology • Central Health • Manawatu NCSP Regional Register Co-ordinator and

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Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							Tairāwhiti Health Promoter Due to a staff vacancy and staff commitments we we're unable to be present at Waitangi. Planning underway for the Breast Screening Mobile visit to Wairoa March – April 2017
10.1.7	Identify unscreened, under screened and priority women on the PHO Cervical Screening Data Match monthly report by Practice. Contact the women through phone, text, letter and/or home visiting to invite them to have a smear test. Arrange appointments and support them to screening.	Quarterly	Annette	Number of general practices data matched. Number of unscreened and under-screened priority women who have a cervical smear after being contacted.	% of general practices data matched. % of unscreened and under-screened priority women who have a cervical smear after being contacted.	On Track	Five lists received from General Practices have been data matched this quarter We've worked with two Practices this quarter and completed 4 visits in the community Twenty eight priority women were screened over the 4 visits: 46% were under screened & 21% unscreened
10.1.8	Identify a range of options to improve screening recall processes for Māori women within General Practice to encourage them to have their smear every three years	Quarterly	Victoria	Increase in number of Māori women having had a cervical smear test in the past three years.	80% of Māori women having had a cervical smear test in the past three years.	On Track	HBDHB undertaking a data match for nine practices with large numbers of enrolled Māori women, prior to promotional Cervical Screening Bulk Mail out for those practices. Three year coverage for Māori women in Hawke's Bay as at November 2016 is 73.1% we are currently 1st out of 21 DHB's

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
10.1.9	Continue the quality improvement initiative 'Best Practice in Primary Care' (BPPC) project, focussing on NCSP systems and processes within general practice including improving access, service quality, data quality, patient management systems, compliance with NCSP Policies and Standards and HPV testing.	Annually	Annette	BPPC established in four new general practices by Q4.		Not on Track	Delayed due to work commitments. Evaluation for the Pilot to be completed in Q3.
10.1.10	Continue focus on improving data quality through data matching between NCSP and general practices, and working with smear takers, laboratories and the NCSP register regarding recording ethnicity data.	6 Monthly	Annette	A reduction in the number of ethnicities corrected each month.	98% of the Priority group women checked monthly have a correct ethnicity	On Track	The number of Māori, Pacific and Asian ethnicities identified through the Health HB PHO monthly reports updated on the NCSP-Register and ECA was (4.0%).
10.2 Improve the timeliness and experience of colposcopy for Māori Women							
10.2.1	Continue to refine the referral process from primary care into colposcopy and work towards reducing DNAs for FSA and follow-up appointment, particularly for Māori women with high grade cytology results (CIN2 and CIN3).	Quarterly	Annette	Reduction in DNA rates for colposcopy FSA and follow-up appointments for Māori women with a high grade cytology result.	90% of eligible Māori women with a high grade cytology result attend colposcopy FSA and follow-up appointments.	Not On Track	There have been data integrity issues with reporting from ECA and missing information on the database the Clinicians use. Meetings have been held and a solution has been identified. Another audit to be completed. We should be able to report in Q3
10.3 Achieve the Breast Screen Aotearoa (BSA) National target							
10.3.1	Continue regional coordination of services for Breast Screen Aotearoa screening pathways - entailing collaborative partnerships, joint planning, coordination of services and activities, effective communication	Quarterly	Annette	Four Population Screening Steering Group meetings held per annum.	70% of BSA service providers participate in Steering Group meetings and ISP provider hui.	On Track	We have contributed to the BSA Regional Communication Plan, and continue to regularly meet with Breast Screen coast to Coast Primary Care Nurse Co-ordinator. Attended the

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
	and strengthening supportive networks.			Two ISP provider hui held per annum. One Regional Action Plan jointly developed by BSA service providers.	100% of BSA service providers contribute to the development of the Regional Action Plan.		Breast Screen Coast to Coast Regional meeting in November
10.3.2	Conduct a health promotion campaign to improve participation rates for Māori and Pacific at the breast screening mobile unit located at the Cook Islands Community Centre, Flaxmere, and Hastings in September.	Q2	Annette	Number of additional Māori and Pacific new screens and rescreens.	% of additional Māori and Pacific women new screens and rescreens.	On Track	A new process for Priority women who do not confirm their attendance to a Mammogram appointment on the Breast Screening Mobile has been developed due to the large number of women who DNA'd their appointments in Flaxmere. if the Priority women do not respond in the required two week timeframe: • they will be referred to Population Screening • Demographic data against ECA • Referred to an ISP for support to services. Planning underway for the BSA Mobile visit to Wairoa in March – April
10.3.3	Continue focus on improving data quality through data matching between BreastScreen Coast to Coast and general practices.	Quarterly	Victoria	Number of general practices data matched.	% of general practices data matched.		One practice was data matched and invites were sent to women inviting them to enrol into the BSA programme

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
	Birthday letters for women turning 45 years and recall letters will be sent to unscreened and under-screened women.						
10.3.4	Hold annual Continuing Medical Education and Continuing Nursing Education session on BSA for practice nurses and general practitioners.	Q4	Annette	One annual CME/CNE session for BSA		On Track	Booked and began organising our next update for 2017

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11. Data Quality

Outcome: Improved collection and reporting of Māori ethnic data.

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
11.1	**IMPROVE THE COLLECTION AND REPORTING OF MĀORI ETHNICITY DATA**						
11.1.1	Provide individual General Practices with monthly reports of patients with an 'unknown' ethnicity to follow up.	Quarterly	Victoria		Training delivered	**Complete**	Practices receive quarterly "Unknown Ethnicity" reports in the Karo Registry Analysis Report including patient list 23/28 practices receive an updated DrInfo Audit "No ethnicity recorded" As at 31 December DrInfo Reported 79 (Decrease of 33 since 30 September 2016)
11.1.2	Provide practices with enrolment training based on the results of the March 2016 Survey	Quarterly	Victoria	% Unknown ethnicity The baseline for unknown ethnicity recorded as at 31 March 2016 is 0.76% (1188		On Track	Practice Managers and administration staff attended a "National Enrolment Service" training session in September 2016. 16 Practices have on-boarded and have received 1:1 training
11.1.3	Health Hawke's Bay will provide a training session to general practice administration staff in the 2016/2017 year. The training will include improving data quality with a focus on ethnicity	Quarterly	Victoria		Training delivered	On track	Practice Managers and administration staff attended a "National Enrolment Service" training session in September 2016. 16 Practices have on-boarded and have received 1:1 training

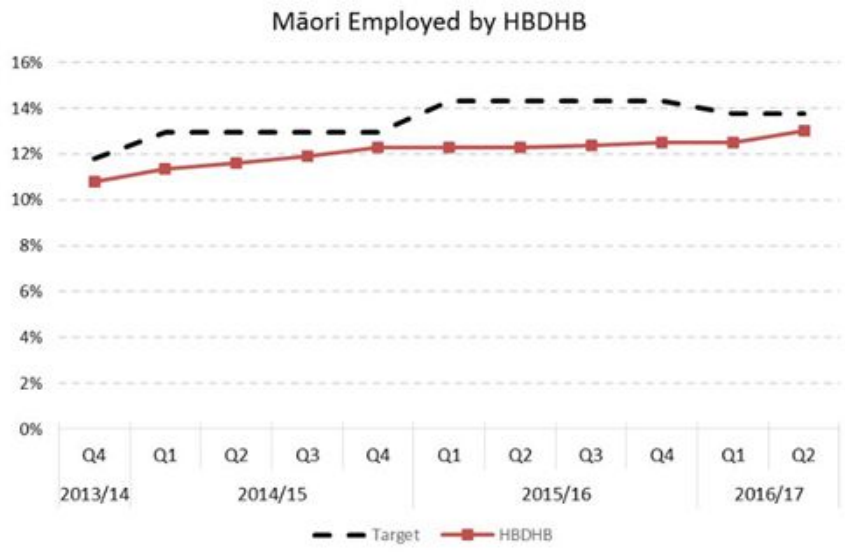
12. Māori Workforce and Cultural Competency

Outcome: Increased proportion of Māori employed by 10% yearly across HBDHB. Target 16/17 year 13.75%

Key Performance Measures	Baseline[45]	Previous result[46]	Actual to Date[47]	Target 16-17	Trend Direction
Medical	2.90%	3.4% (U)	4.2% (U)	≥13.75%	▲
Management & Administration	16.50%	16.5% (F)	17.2% (F)	≥13.75%	▲
Nursing	10.60%	10.8% (U)	11.3% (U)	≥13.75%	▲
Allied Health	12.60%	13.2% (U)	13.5% (F)	≥13.75%	▲
Support Staff	28.20%	27.4% (F)	28.2% (F)	≥13.75%	▲
HBDHB	12.30%	12.5% (U)	13% (U)	≥13.75%	▲

Comments:
Progress is being made with the actual to 31 December 2016 at 13.02% and the gap to our target now 22 staff. Monthly progress reports are being sent to EMT, HS Directorates, Nursing and Allied Health management.

Time series



45 December 2014
46March2016
47June2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
12.1	**IMPROVED RECRUITMENT AND RETENTION OF MĀORI EMPLOYEES IN AREAS WITH HIGH PROPORTION OF MĀORI CUSTOMERS RESULTING IN AN INCREASED PROPORTION OF MĀORI EMPLOYED BY HBDHB TBC TARGET**						
12.1.1	Maintain target focus and promote recruitment of Māori to all hiring managers	Quarterly	Di Wepa Paul Davies	All hiring managers engaged in recruitment programme	Meetings and interactive discussion held with Hiring Managers in all DHB departments	On-Going	Meetings with CNMs, Bipartite, Allied Health, DQIPs, Napier HC Finance/informatics/Planning, Wairoa HC, and Facilities & Operations. Focus on how to improve the recruitment process for Māori and to increase no' of Māori Staff in line with KPIs Recruitment toolkit has been revised to promote targeting of Māori to meet HBDHB KPI.
12.1.2	Develop Māori staff recruitment plan to incorporate nursing, allied health, management and administration	Quarterly	Di Wepa Paul Davies	% of Māori staff employed and retained increased. Variances are explained	Māori Staffing Recruitment plan jointly developed HR and MHS	On-Going	Plan in place and initiatives in place of in development Maori Staffing Recruitment Action I Establishment of governance group to include COO, Chief Nursing Office and Chief Healthcare and Professions will monitor the recruitment plan.
12.1.3	Connect Māori students with opportunities for health sector careers and career development through Tūruki Māori Health Workforce Kia ora Hauora and Incubator programmes	Quarterly	Di Wepa	% of Māori students enrolled in Incubator programme matches the Māori population in Hawke's Bay	Database developed by December 2016	On-Going	Development of online database to be shared between programmes will improve collection of information. Currently 20% of Incubator students identify as Māori.

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Outcome: All staff working in the health sector have completed an approved course of cultural responsiveness training.

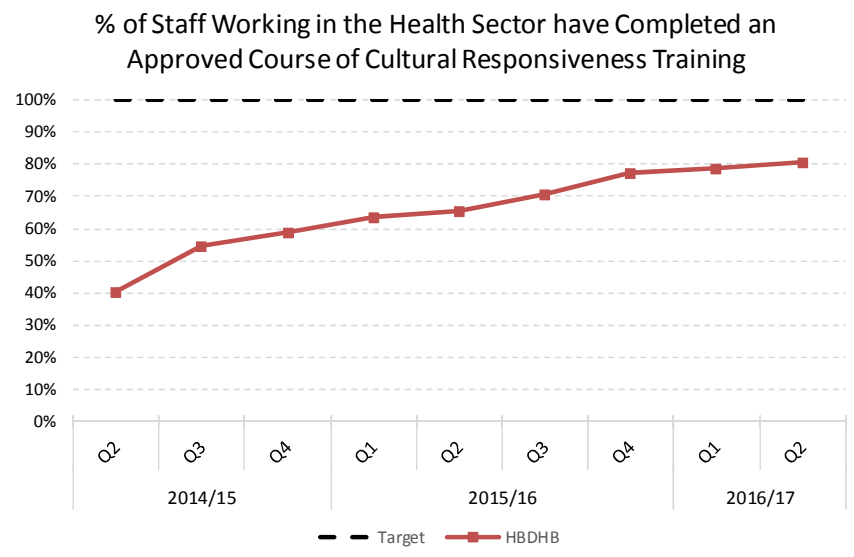
Key Performance Measures	Baseline[48]	Previous result[49]	Actual to Date[50]	Target 16-17	Trend direction
Medical	19.20%	39.9% (U)	37.7% (U)	≥100%	▼
Management & Administration	79.10%	87% (U)	88.4% (U)	≥100%	▲
Nursing	70.00%	82.9% (U)	85.4% (U)	≥100%	▲
Allied Health	77.30%	86.2% (U)	89.2% (U)	≥100%	▲
Support Staff	35.60%	63.3% (U)	64.9% (U)	≥100%	▲
HBDHB	65.60%	78.8% (U)	80.7% (U)	≥100%	▲

Comments:

Current report shows DHB staff who have completed EEWM training or other cultural training.

Managers now have access to reports within PAL$ to monitor staff completion rates of EEWM and Treaty of Waitangi.

Time series



Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
12.4	**Improve Māori cultural competencies employees**						

48 December 2014

49March 2016

50June 2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
12.4.1	Increase online cultural competence training through PHO and NGOs			Two providers are engaged in initiative	Continued engagement of stakeholders	On-Going	Education Forum currently engaged in this objective.
12.4.2	Promote inter-sectorial partnerships in health related industries				Promotion to Hastings Health Centre to engage in imitative	On-Going	Totara Health and WINZ currently engaged with Tūruki initiative. Mid way evaluation underway.

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13. Obesity						
Outcome: Reduce the incidence of Obesity in Hawke's Bay – Target: 95 percent of children with BMI ≥98th percentile identified in the Before School Check (B4SC) programme will be referred on for nutrition, activity and lifestyle interventions.						
Key Performance Measures	Baseline [51]	Previous result [52]	Actual to Date [53]	Target 15-16	Trend direction	Comments
Māori	30.0%	26% (U)	44% (U)	≥95%	▲	We continue to have data issues, with children from the pre target period still included in the second quarter data. There has been a significant increase from quarter 1-2 (18%). All children given advice and support on nutrition, activity and lifestyle interventions and referral to GP by the practise nurse. We will continue to embed process and monitor progress of this indicator.
Other	23.0%	33% (U)	31% (U)	≥95%	▼	
Total	27.0%	27% (U)	40% (U)	≥95%	▲	

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
13.1	**INCREASE AWARENESS OF HEALTHY EATING FOR CHILDREN**						
13.1.1	Support the Big change Starts Small campaign with four local initiatives over the year	July 2017	Pop Health	# initiatives completed		**Complete**	
13.1.2	Delivering the healthy first food programme via a train the trainer approach which targets Māori and Pasifika families	Q2 & Q4	Tracy	# of training sessions held # of trainees attending the sessions	Participants drawn from Māori and Pacific population	On Track	Numbers of Whānau that received first food package and attended workshops: July – Dec 2016:

51 6 months to September 2015

52 6 months to March 2016

53 6 months to June 2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							Plunket 36 (66% Māori) Kahunugnu Executive 21 (100% Māori) WCTO and Family Start contracts Te Tai Whenua O Heretaunga – in-depth train the trainer workshop for 20 staff now all WCTO staff are trained in Hawkes Bay.
13.1.3	Collaborate with a range of stakeholders for the implementation of 'Best Start: Start: Healthy Eating and Activity Plan' Activities: - Increase healthy eating and activity environments by increasing healthy choices in settings where children engage i.e. marae, schools, events - have healthy weights via screening, increased food literacy and whānau programmes - Provide leadership in healthy weight by developing and implementing a DHB healthy Eating Policy	July	Shari	3 decile 1-3 school engaged in a healthy food environment programme	Programme are noting self-reported changes in healthy lifestyle behaviours	**On track**	Health promoter recruited to lead this work. Hukarere have trialled a sugar education programme and report recommending step for ongoing secondary school engagement is being reviewed. Schools environments have been surveyed to gain baseline data. Volumes for Active Families have been increased with a Māori engagement target are 50%- this will provide more programmes for whānau with child 5-12 years.
13.2	**Increase referrals of obese children to support services including clinical assessment, family based nutrition programmes and activity and lifestyle interventions**						
13.2.1	Children identified as obese in B4 School check are referred to services including, clinical support, family based	Quarterly	Pop Health	95 percent of obese children identified in the Before School Check (B4SC) programme will	SI5: Whānau Ora Key Indicator	**On track**	Current increases in referrals are tracking well

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
	nutrition programme and lifestyle interventions			be referred on for nutrition, activity and lifestyle interventions. # of referrals declined by ethnicity			Supporting system and materials are in place. B4 School Check coordinator is providing ongoing support for practises
13.2.2	Increase skills and resources to support referrers to increase whānau knowledge of healthy weight, eating and activity and awareness of referral options	January 2017	Pop Health	100% of practises receive resource pack and training support		On Track	Population Health Team and B4 School Check coordinator are supporting the embedding of the referral system, training and support tools
13.2.3	Develop and implement a kaupapa Māori whānau based nutrition and lifestyle intervention with local providers Engage consultant to work with healthy lifestyle Māori provider collective and develop programme in Q1, Whānau based nutrition and lifestyle intervention programme developed by Q2, Whānau based nutrition and lifestyle programme implemented by Q3	Quarterly	Pop Health Patrick	# of referrals by ethnicity # and % of referrals declined by ethnicity # and % of referrals completed programme by ethnicity # and % of individuals/whānau completed programme with self-reported lifestyle changes by ethnicity	Programme developed and implemented Referral Source	On Track	Consultant engaged with Mananui Collective in Q1 and proposal developed in Q1.
12.2.4	Continue to fund Active Families Under 5 programme/s, targeting high prevalence populations- Māori and Pacific with children under 5 years	Quarterly	Referral Source	# of referrals by ethnicity # and % of referrals declined by ethnicity		On Track	12 referrals for quarter (target 10) Referrals for Pacific Island and Māori account for 75% (9) of referrals for this quarter. 66% (8) of referrals were received through B4SC with the remaining from

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
				# and % of referrals completed programme by ethnicity # and % of individuals/whānau completed programme with self-reported lifestyle changes by ethnicity			Primary Care (2) and self-referrals (2). Total number of clients active in the programme during the quarter 32. Total number of clients active in the programme during the quarter by ethnicity: NZE 5 Māori 22 Pacific 3 Other 2
13.2.5	The population health team will work with the PHO to meet the health target	Dec 2017	Shari		Joint DHB/PHO initiatives	On Track	Monitoring data and referrals regularly – identifying changes and support needed Priority is embedding referral process and new support tool.

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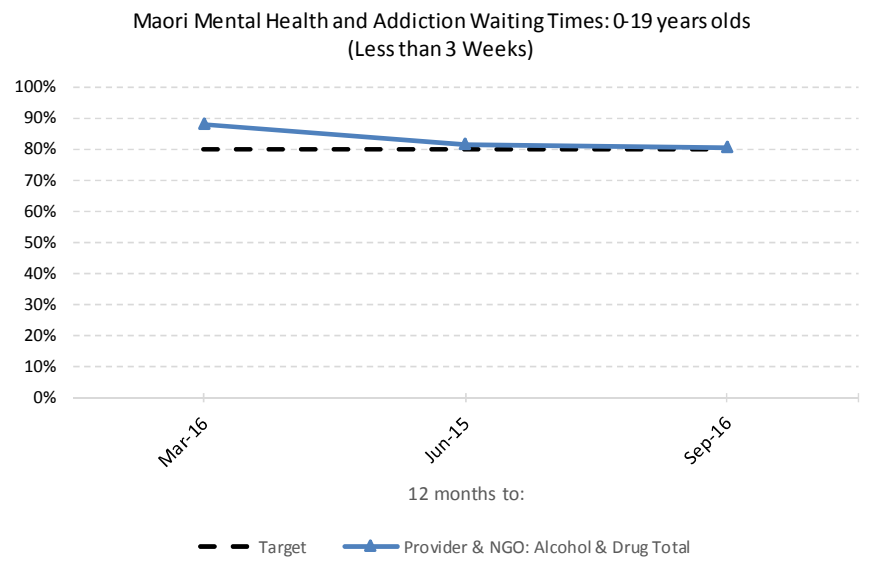
14. Alcohol and Other Drugs

Outcome: % of 0-19 year olds seen within 3 weeks of referral

Key Performance Measures	Baseline[54]	Previous result[55]	Actual to Date[56]	Target 16-17	Trend direction
Provider Arm and NGO: Seen within 3 weeks Ages 0-19					
Māori	90.5%	81.6% (F)	80.5% (F)	≥80%	▼
Pacific	0	0	0	≥80%	*
Other	61.5%	80% (F)	83.9% (F)	≥80%	▲
Total	84.2%	81.2% (F)	81.1% (F)	≥80%	▼

Decreased wait times has been a focus over 2016 and is trending positively, although there has been an increase in referrals over time.

Time series



54 January 2015 to December 2015

55 April 2015 to March 2016

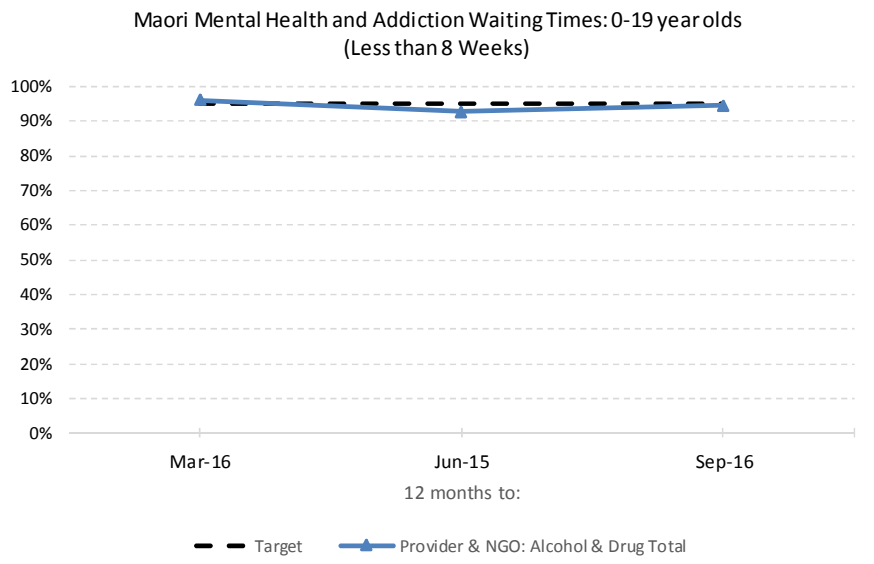
56 July 2015 to June 2016

Outcome: % of 0-19 year olds seen within 8 weeks of referral

Key Performance Measures	Baseline[57]	Previous result[58]	Actual to Date[59]	Target 16-17	Trend direction
Provider Arm and NGO: Seen within 8 weeks Ages 0-19					
Māori	100.0%	100.0%	91.7% (U)	93.6% (U)	≥95%
Pacific	0	0	0	0	≥95%
Other	92.3%	92.3%	93.3% (U)	96.8% (F)	≥95%
Total	99.5%	99.5%	92.8% (U)	94.6% (F)	≥95%

Decreased wait times has been a focus over 2016 and is trending positively, although there has been an increase in referrals over time. We are also focusing on collaborative work with referrer (e.g., schools, CYF) so that we can provide the most seamless service possible.

Time series



Planned Activities and Progress

ID	Actions/Activity	Date	Lead	Quantitative Measures	Qualitative Measures	Progress	Progress Comments
14.1	**WORK TOWARDS DEVELOPING A COMMON AGENDA FOR REDUCING ALCOHOL RELATED-HARM AS A HEALTH ISSUE ACROSS OUR DHB AND WIDER COMMUNITY.**						

57 January 2015 to December 2015

58 April 2015 to March 2016

59 July 2015 to June 2016

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
14.1.1	Develop an 'Engagement and Communications Plan' – Q1	Q1	Rachel Eyre		Position paper signed off in Q2	On track	Initial communication activities with key stakeholders
14.1.2	Develop an Issues paper and present to governance committees (Q1)	Q1	Rachel Eyre			On track	Discussion paper developed and shared with governance committee
14.1.3	Develop a Draft Position paper (detailing DHB commitments) for the Board's consideration and sign-off in October. (Q2)	Q2	Rachel Eyre				
14.1.4	Carry out an investigation to identify current practice of alcohol screening and brief intervention for pregnant women engaged with LMC midwives						
14.2	**Implement new regional model for adult AOD services**						
14.2.1	Complete strategic options analysis of local response to regional model by Q1	Q1	Paul Malan			On track	Local model has been extensively discussed with stakeholders and a regional procurement process has been initiated
14.2.2	Finalise preferred option for all components of new service by Q2	Q2	Paul Malan				Process delayed by introduction of SACAT Bill. Preferred option for most components is clear.
14.2.3	Implement procurement processes in time for commencement in July 2017	Q4	Paul Malan				Delayed. Commencement of some components will be February 2018. Others will be implemented across a 6 month time-frame up to August 2018.

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
14.2	**Improve the follow-up care for those discharged from Child and Adolescent Mental Health Services (CAMHS) and Youth Alcohol and Other Drug (AOD) services**						
14.2.1	Formalise implementation of Transition Planning Checklist as standard practice	Q1	CAFS Team Leader	PP7: 95% of clients discharged with a transition (discharge) plan + Exception reporting		Complete	Now adherent to PP7 KPI.
14.2.2	Amend discharge documentation to include standard prompt to primary referrer	Q1	CAFS Team Leader			Ongoing	Recipients of discharge documentation is discussed with the person and their family, and if consent is given, relevant people included.
14.2.3	Introduce "error flag" in patient administration system to prompt completion	Q2	MH analyst				
14.2.2	Ongoing monthly audit and performance monitoring of compliance with transition plan policy	Monthly	CAFS Team Leader			Ongoing	Ongoing fortnightly audit of adherence with Transition Plan policy. This has facilitated improvement in the KPI over time.
14.3	**Improve access to CAMHS and youth AOD services**						
14.3.1	Trial an initial phone contact by Choice Clinician and implement as standard practice if successful	Q1	CAFS Team Leader	**PP8:** 80% of people referred for non-urgent mental health or addiction services are seen within three weeks and 95% of people are seen within 8 weeks this year + Narrative report		Complete	This is implemented as standard practice based on the helpfulness of this practice.
14.3.2	Liaise with KPI Forum stakeholders and other DHBs regarding "face-to-face" rule for first contact with children and families by Q2	Q2	CAFS Team Leader			Ongoing	Ongoing discussion with KPI forum around how to get the best measure of service responsiveness. No change in KPI but suggestions of other supplementary information.
14.3.3	DNA's and joint appointments – review policy and impact of current practice by Q3. Redesign if necessary	Q3	CAFS Team Leader			Ongoing	Joint appointments with other agencies has been a focus. This has provided significant benefits in terms of continuity of care for whanau, capacity building in the

Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
							community. Some impact on waiting times due to the additional coordination aspect of the joint appointments, which is being addressed presently. Review of this has indicated positive outcomes in terms of keeping care in primary health and NGO's. We will shortly be trailing a further development of this approach targeting NGO's that work more closely with teenagers (e.g., Youth Directions).
14.3.4	Scoping of potential for alternatives to admission for youth to be developed by Q2, e.g. Home-Based Treatment, and the mechanisms by which this would be sustainable.	Q2	CAFS Clinical Manager			Ongoing	Ongoing discussion with HBT around youth access. Older adolescents have accessed HBT very successfully. This has been managed through discussion at daily HBT MDT. Plan for ongoing incremental involvement with youth. Particular focus on young people experiencing first episode psychosis accessing HBT where this is a clinically indicated part of a treatment plan.

15. Whānau Ora							
Planned Activities and Progress							
ID	**Actions/Activity**	**Date**	**Lead**	**Quantitative Measures**	**Qualitative Measures**	**Progress**	**Progress Comments**
15.1	**CONTRIBUTE TO ACHIEVING WHĀNAU ORA ACROSS THE WHOLE OF THE HEALTH SYSTEM FOCUSING ON PROGRESS IN FIVE KEY AREAS - MENTAL HEALTH, ASTHMA, ORAL HEALTH, OBESITY AND TOBACCO – TO ACHIEVE ACCELERATED PROGRESS TOWARDS HEALTH EQUITY FOR MĀORI**						
15.1.1	Form working relationships with local Whānau Ora collectives and support them in the developing their capacity and capability 1. Stocktake of their IT systems to assist in the compatibility and connectivity of the wider IS strategy by Q4 2. Liaise with Te Pou Matakana and Pasifika Whānau Ora Commissioning Agencies to gain an understanding of contracted providers' development needs by Q1 3. Align Māori Provider Development Scheme (MPDS)funding allocation to development needs of providers by Q4	Q4	Patrick		SI5: Report on progress in the 5 priority areas and impact on whānau, and how we are engaging with Whānau Ora commissioning agencies	On Track	Stocktake of IT systems is underway and will be completed by Q3
15.1.2	Define what whānau centric services are to inform a model to influence future service delivery.	Q4	Patrick			Not On Track	No longer relevant as DHB is investing in Patient and Whānau Centred Care and the NUKA Model
15.1.3	Focus on achieving health equity in the Whānau Ora key performance indicators through Māori Health Plan reporting. Specific actions to improve performance in each area can be found in the relevant sections of the Plan	Q4	Patrick	KPIs reported in relevant sections		On Track	Report Writer's Workshops completed in Q1. Equity Workshop for report writers completed in Q2. AMHP Monitoring Tool developed and implemented in Q2

12

HAWKE'S BAY District Health Board Whakawāteatia	**Annual Māori Health Plan Q2 (October - December 2016)Non-Financial Exceptions Report** For the attention of: **Executive Management Team and Māori Relationship Board**
Document Owners:	Tracee Te Huia, General Manager Māori Health
Document Author(s):	Patrick Le Geyt, Programme Manager Māori Health Justin Nguma, Senior Health & Social Policy Advisor Peter Mackenzie, Operational Performance Analyst
Reviewed by:	Executive Management Team
Month:	February 2017
Consideration:	For Monitoring

RECOMMENDATION

MRB, Clinical and Consumer Council and HBDHB Board:

Note the contents of this report.

OVERVIEW

The purpose of this paper is to provide MRB, HB Clinical Council, HB Consumer Council and the HBDHB Board with exception report for Quarter 2 on the implementation of the 2016 – 2017 Annual Māori Health Plan. A quick reference summary dashboard will be supplied prior to the meeting and shows our position as at the end of Quarter 1 for all indicators. The dashboard uses traffic light methodology with detailed information and symbols for all indictors. For example, in a situation where the performance of the indicator for the current quarter is higher than the previous quarter this symbol '▲' will be used to show an upward trend while an opposite symbol '▼' will be used to show a downward trend. In cases where the variance to the annual target for the indicator is greater than 0.5% this symbol **'U'***(indicated on the dashboard in red)* will be used to indicate unfavourable trend and 'F' for favourable trend*(indicated on the dashboard in green colour)*toward the annual target *(see the table below).*

KEY FOR DETAILED REPORT AND DASHBOARD

Baseline	Latest available data for planning purpose
Target 2015/16	Target 2016/17
Actual to date	Actual to date
F (Favourable)	Actual to date is favourable to target
U (Unfavourable)	Actual to date is unfavourable to target
Trend direction ▲	Performance is improving against the previous reporting period or baseline
Trend direction ▼	Performance is declining
Trend direction -	Performance is unchanged

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2016-2017 ANNUAL MĀORI HEALTH PLAN QUARTER 2 PERFORMANCE HIGHLIGHTS

Achievements

1. Access to referral services for alcohol and other drugs for 0-19 year old Māori within 3 weeks has slightly decreased from 81.6% in Q1 to 80.5% in Q2, but still tracking positively above the expected target of ≥ 80% *(For more information see Appendix 1).*

Areas of progress

1. Immunization rates for 8 months old Māori for Q2 has remained unchanged from 94.6% in Q1, tracking positively towards the expected target of ≥ 95%. This rate lowers the disparity gap between Māori and non- Māori from 2.1% in Q1 to 1.8 in Q2. *(For more information see Appendix 2).*

2. The number of Māori enrolled with HHB PHO increased slightly from 96.6% in Q1 to 96.8% in Q2 and trending positively towards the target of ≥ 100%. This brings the disparity gap between Māori and non- Māori for Q2 to less than 1%. Currently HBDHB ranks 4th among all DHBs in the country for Māori PHO enrolments *(For more information see Appendix 3).*

3. The ASH rates for Māori 0-4 year old group has dropped from 91.7% in Q1 to 84.9% in Q2 and trending positively towards the expected rate of ≤ 83%. This lowers the disparity gap between Māori and non- Māori from 11.4% in Q1 to 7.1% in Q2. HBDHB ranks 3rd among the best DHBs in the country for ASH rates among the 0-4 year olds. *(For more information see Appendix 4).*

4. Cervical screening for 25-69 year old Māori women for Q2 is 72.8% up slightly from 72.7% in Q1 with a disparity gap of 6% between Māori and non- Māori compared to 5% recorded in Q1. Nonetheless, this indicator continues to trend positively towards the target of ≥80% putting HBDHB ahead of all other DHBs in the country *(For more information see Appendix 5).*

5. Māori Workforce grew by less than 1% from 12.5% in Q1 to 13% in Q2 trending towards the expected target of 13.8% or 22 employees to the target of 409 Māori staff *(For more information see Appendix 6).*

6. Access to referral services for alcohol and other drugs for 0-19 year old Māori within 8 weeks has increased slightly from 91.7% in Q1 to 93.6% in Q2, tracking positively towards the expected target of ≥ 95%. This lowers the disparity gap between Māori and non- Māori from 1.1% in Q1 to 1% in Q2. *(For more information see Appendix 7).*

Challenges

1. Acute hospitalization for Rheumatic Fever has steadily remained at 7.3% from Q1 and tracking more than 20% away from the expected target of ≤1.5 *(For more information see Appendix 8).*

2. Māori under Mental Health Act compulsory treatment orders (CTO) has decreased from 183.9 per 100,000 population in Quarter 1 to 179.9 per 100,000 population in Q2. However, the indicator is tracking behind the target of ≤ 81.5 with a disparity gap of 117.8.between Māori and non- Māori in Q2 compared to 94.2 in Q1 *(For more information see Appendix 9).*

3. ASH rates for Māori 45-64 years went up slightly to 211.3% in Q2 from 196% in Q1 trailing behind the target of ≤ 138% with a significant disparity gap of 101.3% between Māori and non-Māori *(For more information see Appendix 10).*

4. Breast-screening for 50-69 Māori women dropped from 67.1% in Q1 to 64.7% in Q2 tracking positively towards the target of ≥ 70%. This rate presents a disparity gap of about 11% between Māori and non-Māori compared to 7.4% in Q1 *(For more information see Appendix 11).*

5. The Māori staff cultural competency training shows some slight increase from 78.8% in Q2 to 80.7% in Q2. While the numbers of staff training across professions went up slightly across the service, the number of staff training among the medical staff dropped by 2.2% from 39.9% to 39.7% in Q2 *(For more information see Appendix 12.*

6. The B4SC programme data show an increase of 18% from 26% in the last quarter to 44% this quarter (pg14) for Māori children with BMI ≥98th percentile seen and provided with advice and support on nutrition, activity and lifestyle interventions and referral to GP by the Practise Nurse. We will continue to embed the process and monitor progress of this indicator *(For more information see Appendix 13).*

QUARTERLY PERFORMANCE AND PROGRESS UPDATE

Appendix 1

Alcohol and Other Drugs

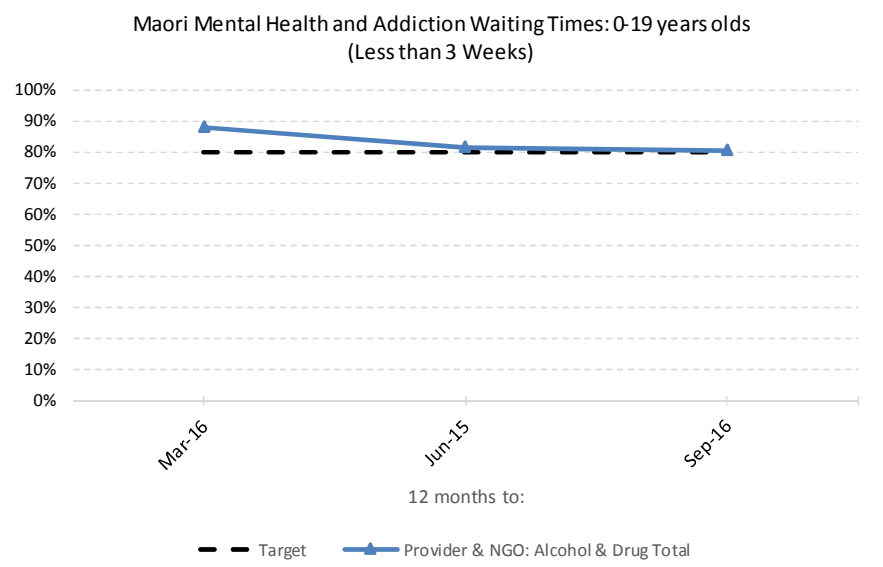
Outcome: % of 0-19 year olds seen within 3 weeks of referral

Key Performance Measures	Baseline[1]	Previous result[2]	Actual to Date[3]	Target 16-17	Trend direction
Provider Arm and NGO: Seen within 3 weeks Ages 0-19					
Māori	90.5%	81.6% (F)	80.5% (F)	≥80%	▼
Pacific	-	-	-	≥80%	*
Other	61.5%	80% (F)	83.9% (F)	≥80%	▲
Total	84.2%	81.2% (F)	81.1% (F)	≥80%	▼

Access to referral services for alcohol and other drugs for 0-19 year old Māori within 3 weeks has slightly decreased from 81.6% in Q1 to 80.5% in Q2, but still tracking positively above the expected target of ≥ 80%.

The trend observed here is a product of collaborative work with referrers (e.g., schools, CYF) in ensuring that we provide most seamless service possible for Māori. There is good and strong commitment among providers to ensure that the response to referrals is timely.

Time series



1 January 2015 to December 2015
2 April 2015 to March 2016
3 July 2015 to June 2016

Appendix 2

12.1

Increasing Immunisation

Outcome: 95% 8 month olds completing primary course of immunisation

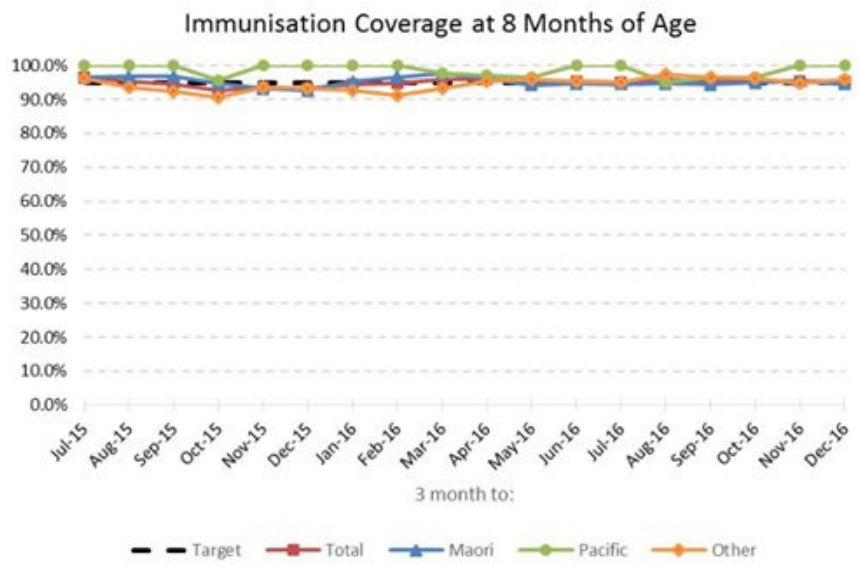
Key Performance Measures	Baseline[4]	Previous result[5]	Actual to Date[6]	Target 16-17	Trend direction
Māori	92.6%	94.4% (U)	94.4% (U)	≥95%	—
Pacific	100.0%	96.4% (F)	100% (F)	≥95%	▲
Other	93.3%	96.5% (F)	96.2% (F)	≥95%	▼
Total	93.3%	95.4% (F)	95.3% (F)	≥95%	▼

Comments:

Immunization rates for 8 months old Māori for Q2 has remained unchanged from 94.6% in Q1, tracking positively towards the expected target of ≥ 95%. This rate lowers the disparity gap between Māori and non- Māori from 2.1% in Q1 to 1.8 in Q2.

This trend is attributed to the effective use of the NIR database and the immunization outreach service team to identify, track down, and immunize children who have missed out on their immunization.

Time series



Source: National Immunisation Register, Ministry of Health

4 October to December 2015

5 April to June2016

6 July to September 2016

Appendix 3

Access to Care

Outcome: Increase enrolment in the PHO – Target: % of the population enrolled in the PHO

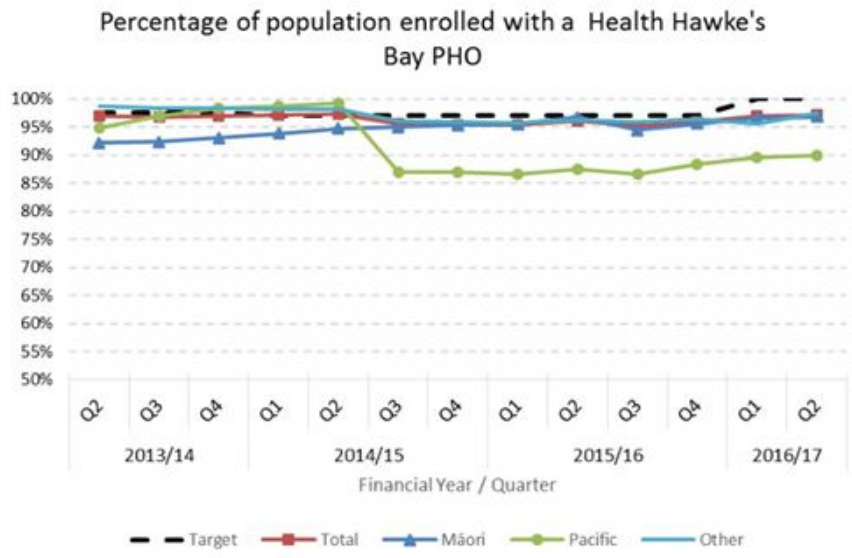
Key Performance Measures	Baseline[7]	Previous result[8]	Actual to Date[9]	Target 16-17	Trend direction
Māori	97.2%	96.6% (U)	96.8% (U)	≥100%	▲
Pacific	88.7%	89.6% (U)	89.8% (U)	≥100%	▲
Other	96.5%	97.4% (U)	97.5% (U)	≥100%	▲
Total	-	95% (F)	96% (F)	≥80%	▲

Comments:

The number of Māori enrolled with HHB PHO increased slightly from 96.6% in Q1 to 96.8% in Q2 and trending positively towards the target of ≥ 100%. This brings the disparity gap between Māori and non- Māori for Q2 to less than 1%.

The HN Enrolment programme is still available for health consumers who are not yet enrolled to become enrolled. New enrolees receive a 45 minute free health assessment with a nurse and 15 minute doctor consultation. HHB will continue to promote this programme to encourage more enrolment with HHB General Practices.

Time series



7 October 2015
8 April 2015
9 July 2016

Appendix 4

Ambulatory Sensitive Hospitalization (ASH)

Outcome: Reduction in Ambulatory Sensitive Hospitalisation (ASH) rates in 0-4 year olds.

Key Performance Measures	Baseline [10]	Previous result[11]	Actual to Date[12]	Target 16-17	Trend direction
Māori	82.1%	91.7% (U)	84.9% (U)	≤82.8%	▲
Other	66.1%	63.8% (F)	66% (F)	-	▼
Total	73.0%	80.3% (F)	77.8% (F)	-	▲

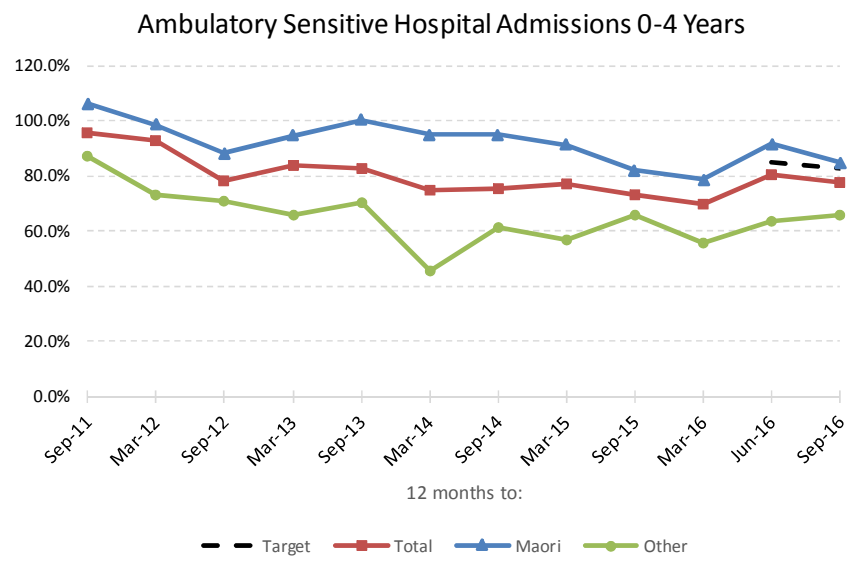
** To focus on equity the Māori target has been set at 'within 5% of the Total'*

The ASH rates for Māori 0-4 year old group has dropped from 91.7% in Q1 to 84.9% in Q2 and trending positively towards the expected rate of ≤ 83%. This lowers the disparity gap between Māori and non-Māori from 11.4% in Q1 to 7.1% in Q2.

In 2016 the largest differences between Hawkes Bay Māori rates and national rates in the 0-4 year age group are in the conditions Cellulitus and Asthma. Improvements have been made in the rates for Asthma over the last 12 months but there has been a decrease in the performance for Cellulitus.

Up to September 2016, the top 3 ASH conditions for Māori in the 0-4 year age group are: Dental Conditions, Asthma and Respiratory Infections- Upper and ENT.

Time series



Source: Ministry of Health

12.1

1012 months to September 2015

1112 months to September 2015

1212 months to March2016

Appendix 5

Cancer Screening

Outcome: Achieve the National Cervical Screening Programme (NCSP) national – Target: 80% of 25-69 years

Key Performance Measures	Baseline[13]	Previous result[14]	Actual to Date[15]	Target 16-17	Trend direction
Māori	74.1%	72.7% (U)	72.8% (U)	≥80%	▲
Pacific	71.2%	74.2% (U)	74.8% (U)	≥80%	▲
Other	76.5%	78.2% (U)	78.9% (U)	≥80%	▲
Total	75.8%	76.9% (U)	76.7% (U)	≥80%	▼

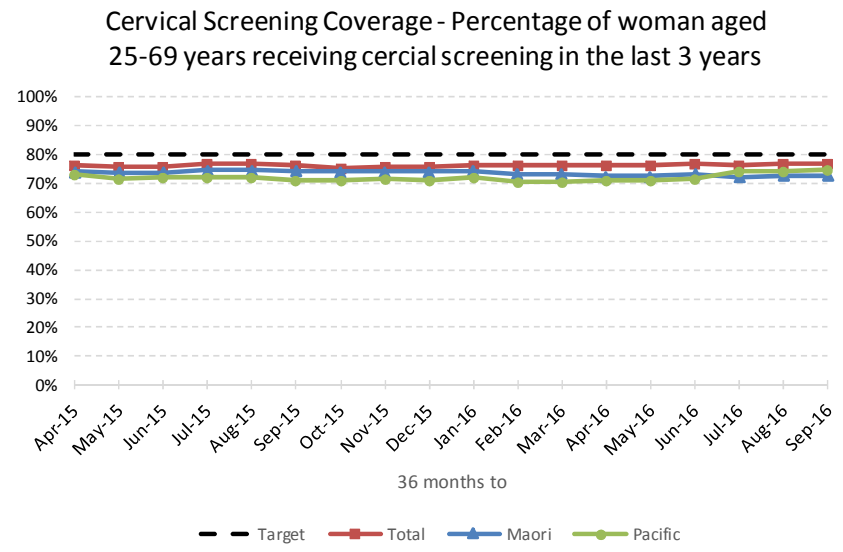
Comments:

Cervical screening for 25-69 year old Māori women for Q2 is 72.8% up slightly from 72.7% in Q1 with a disparity gap of 6% between Māori and non- Māori compared to 5% recorded in Q1. Nonetheless, this indicator continues to trend positively towards the target of ≥80%.

This performance is attributed to the HBDHB integrated service approach across the screening pathways to track down and ensure that women who need these services are attended to. Providing smears in the community is intensive and requires significant time to engage and encourage the women to been screened, but we are encouraged with the feedback received from the women who tell us 'they have only had the smear because it was offered to them in the home'.

Although we continue to rank high in coverage out of the 20 DHBs in the country for our Māori women, the increase in coverage is slow, due to the decrease in smears of 28% on Māori women in the last 6 months compared to the same time in 2015. We too are no longer a target for the Ministry of Health so the PHO no longer receives funding for cervical screening.

Time series



Source: National Screening Unit

133 years to December 2015

143 years to June 2015

153 years to August 2016

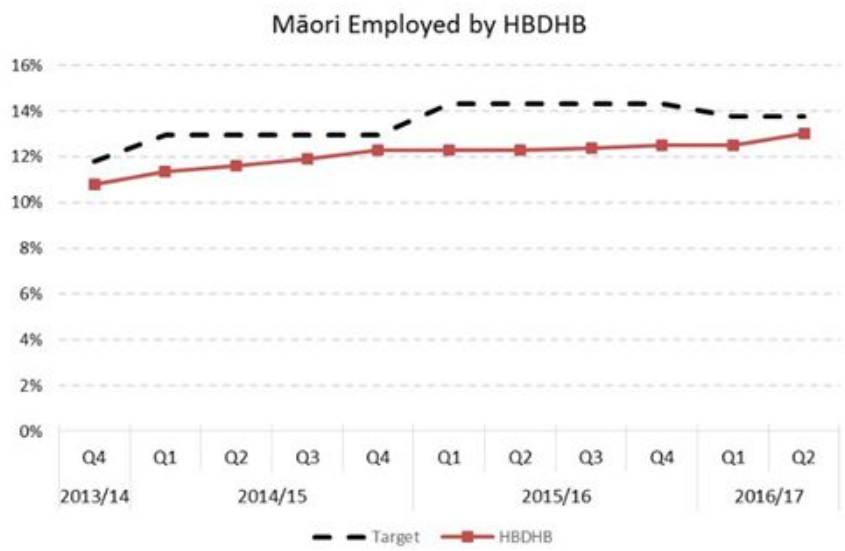
Appendix 6

Māori Workforce Development

Outcome: Increased proportion of Māori employed by 10% yearly across HBDHB. Target 16/17 year 13.75%

Key Performance Measures	Baseline[16]	Previous result[17]	Actual to Date[18]	Target 16-17	Trend Direction
Medical	2.90%	3.4% (U)	4.2% (U)	≥13.75%	▲
Management & Administration	16.50%	16.5% (F)	17.2% (F)	≥13.75%	▲
Nursing	10.60%	10.8% (U)	11.3% (U)	≥13.75%	▲
Allied Health	12.60%	13.2% (U)	13.5% (F)	≥13.75%	▲
Support Staff	28.20%	27.4% (F)	28.2% (F)	≥13.75%	▲
HBDHB	12.30%	12.5% (U)	13% (U)	≥13.75%	▲

Time series



Comments:

Māori Workforce grew by less than 1% from 12.5% in Q1 to 13% in Q2 trending towards the expected target of 13.8% or 22 employees to the target of 409 Māori staff.

Monthly progress reports are now being sent to EMT, HS Directorates, Nursing and Allied Health management.

16 December 2014

17March2016

18June2016

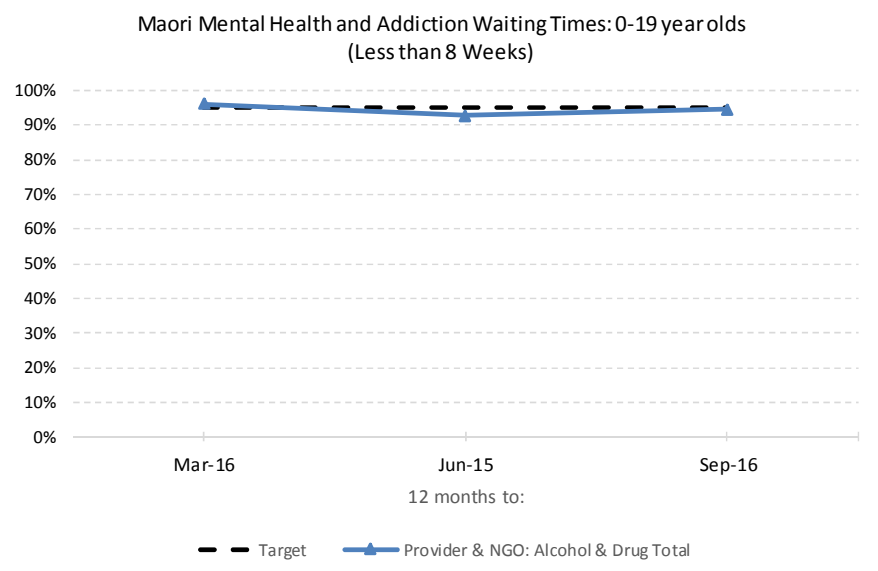
Appendix 7

Alcohol and Other Drugs

Outcome: % of 0-19 year olds seen within 8 weeks of referral

Key Performance Measures	Baseline[19]	Previous result[20]	Actual to Date[21]	Target 16-17	Trend direction
Provider Arm and NGO: Seen within 8 weeks Ages 0-19					
Māori	100.0%	100.0%	91.7% (U)	93.6% (U)	≥95%
Pacific	-	-	-	-	≥95%
Other	92.3%	92.3%	93.3% (U)	96.8% (F)	≥95%
Total	99.5%	99.5%	92.8% (U)	94.6% (F)	≥95%

Time series



Comments:

Access to referral services for alcohol and other drugs for 0-19 year old Māori within 8 weeks has increased slightly from 91.7% in Q1 to 93.6% in Q2, tracking positively towards the expected target of ≥ 95%.

Decreased wait times has been a focus over 2016 and is trending positively, although there has been an increase in referrals over time. We are also focusing on collaborative work with referrer (e.g., schools, CYF) so that we can provide the most seamless service possible.

19 January 2015 to December 2015

20 April 2015 to March 2016

21 July 2015 to June 2016

Appendix 8

Reducing Rheumatic Fever						
Outcome: Reduced incidence of first episode Rheumatic Fever						
Key Performance Measures	Baseline [22]	Previous result [23]	Actual to Date[24]	Target 16-17	Trend direction	
Māori	2.48	7.3 (U)	7.3 (U)	≤1.5	—	**Comments:**
Pacific	-	16.47 (U)	16.47 (U)	≤1.5	—	This will be reported annually (Q4)
Total	0.6	1.86 (U)	2.48 (U)	≤1.5	▼	

12.1

22 July 2014 – June 2015

23 July 2015 – June 2016

24 July 2016 – September 2016

Appendix 9

Mental Health

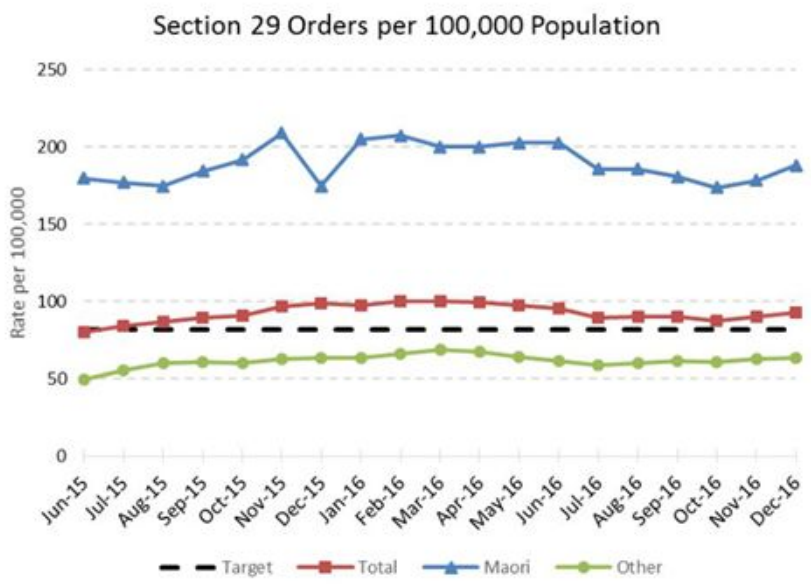
Outcome: Reduced rate of Māori under compulsory treatment orders to < 81.5 per 100,000 (total population)

Key Performance Measures	Baseline[25]	Previous result[26]	Actual to Date[27]	Target 15-16	Trend direction
Māori (per 100,000)	196	183.9 (U)	179.9 (U)	≤81.5	▲
Other (per 100,000)	93.4	60.1 (F)	62.1 (F)	≤81.5	▼
Total (per 100,000)	97	90.1 (U)	89.1 (U)	≤81.5	▲

Comments:

Māori under Mental Health Act compulsory treatment orders (CTO) has decreased from 183.9 per 100,000 population in Quarter 1 to 179.9 per 100,000 population in Q2. However, the indicator is tracking behind the target of ≤ 81.5 and the inequity between Māori (178.9) and non- Māori (62.1) is evident.

As a follow up on the concerns expressed by MRB on the high rates of Māori under CTO, Mental Health Services and Māori Health Service held a wānanga last quarter with wide range of stakeholders to examine the factors behind the high CTO trends among Māori. Among the resolutions from this wānanga was the stakeholders' renewed commitment to work together across the sector to address the underlying factors for high CTO rates among Māori. Among the strategies agreed on included: engaging whānau through the home-based treatment team; communication through the central coordination service for all providers; implementation of the intensive day treatment programme; reduction of restrictive care practices; increasing group interaction options in the community; and more referrals and liaison with community providers.



25

26*April to June 2016*

27*July to September 2016*

Appendix 10

Ambulatory Sensitive Hospitalization (ASH)

Outcome: Reduction in Ambulatory Sensitive Hospitalisation (ASH) rates in 45-64 year olds.

Key Performance Measures	Baseline[28]	Previous result[29]	Actual to Date[30]	Target 16-17	Trend direction
Māori	172.0%	196% (U)	211.3% (U)	≤138%	▼
Other	81.8%	88.2% (F)	85.8% (F)	-	▲
Total	98.0%	109% (F)	110% (F)	-	▼

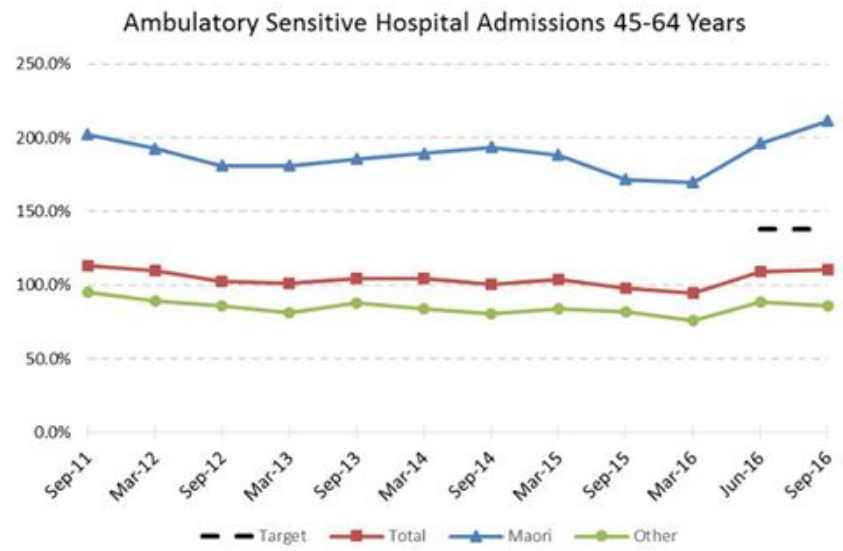
Equity Gap – Sept 2015 – Sept 2016

	Local Equity Gap
Māori vs Other	245% (4625)
Pasifika vs Other	183% ((2647)

Comments:

ASH rates for Māori 45-64 years went up slightly to 211.3% in Q2 from 196% in Q1 trailing behind the target of ≤ 138% with a significant disparity gap of 101.3% between Māori and non-Māori.

Time series



Source: Ministry of Health

12.1

2812 months to September 2015

2912 months to September 2015

3012 months to March2016

Appendix 11

Breast-screening

Outcome: Achieve the National Breast Screen Aotearoa (BSA) national – Target: 70% of 50-69 years

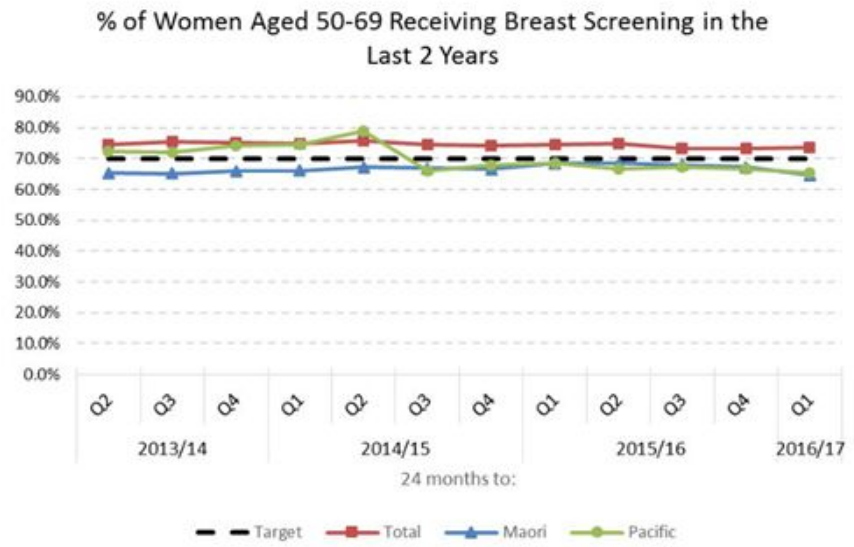
Key Performance Measures	Baseline[31]	Previous result[32]	Actual to Date[33]	Target 16-17	Trend direction
Māori	68.4%	67.1% (U)	64.7% (U)	≥70%	▼
Pacific	66.5%	66.6% (U)	65.4% (U)	≥70%	▼
Other	76.0%	74.5% (F)	75% (F)	≥70%	▲
Total	74.7%	73.2% (F)	73.6% (F)	≥70%	▲

Comments:

Breast-screening for 50-69 Māori women dropped from 67.1% in Q1 to 64.7% in Q2 tracking positively towards the target of ≥ 70%. This rate presents a disparity gap of about 11% between Māori and non- Māori compared to 7.4% in Q1.

We will continue to work with GP practices and participating stakeholders in tracking and screening women at home where need be. Recent population projections released by the National Screening Unit show that in the next five years (2016-2021) Hawke's Bay's NCSP eligible Māori and Pacific populations will increase by 7% and the Asian population will increase by 16%. This is a challenge to our health sector.

Time series



Source: National Screening Unit

3124 months to December 2015

32 24 months to March 2016

33 24 months to June 2016

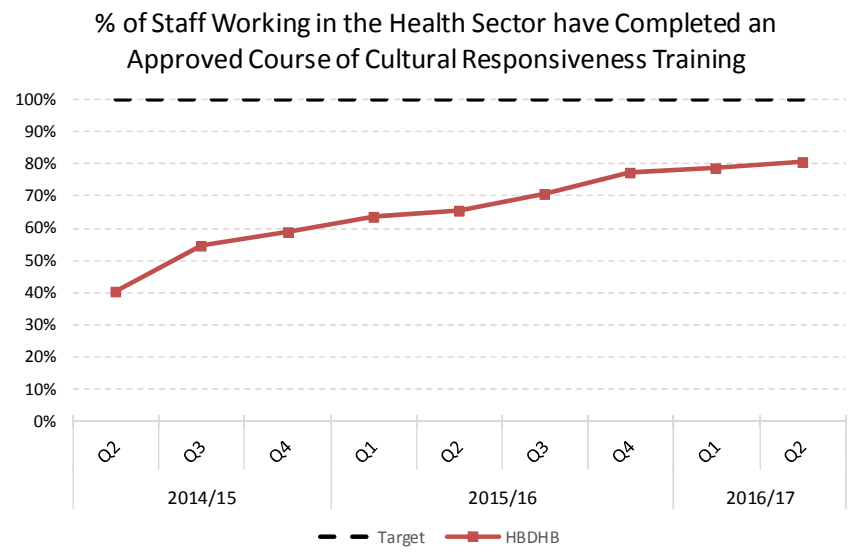
Appendix 12

Māori Staff Cultural Competency

Outcome: All staff working in the health sector have completed an approved course of cultural responsiveness training.

Key Performance Measures	Baseline[34]	Previous result[35]	Actual to Date[36]	Target 16-17	Trend direction
Medical	19.20%	39.9% (U)	37.7% (U)	≥100%	▼
Management & Administration	79.10%	87% (U)	88.4% (U)	≥100%	▲
Nursing	70.00%	82.9% (U)	85.4% (U)	≥100%	▲
Allied Health	77.30%	86.2% (U)	89.2% (U)	≥100%	▲
Support Staff	35.60%	63.3% (U)	64.9% (U)	≥100%	▲
HBDHB	65.60%	78.8% (U)	80.7% (U)	≥100%	▲

Time series



Comments:

The Māori staff cultural competency training shows some slight increase from 78.8% in Q2 to 80.7% in Q2. While the numbers of staff training across professions went up slightly across the service, the number of staff training among the medical staff dropped by 2.2% from 39.9% to 39.7% in Q2 Current report shows DHB staff who have completed EEWM training or other cultural training.

Managers now have access to reports within PAL$ to monitor staff completion rates of EEWM and Treaty of Waitangi.

34 December 2014

35March 2016

36June 2016

Appendix 13

Obesity						
Outcome: Reduce the incidence of Obesity in Hawke's Bay – Target: 95 percent of children with BMI ≥98th percentile identified in the Before School Check (B4SC) programme will be referred on for nutrition, activity and lifestyle interventions.						
Key Performance Measures	Baseline [37]	Previous result [38]	Actual to Date [39]	Target 15-16	Trend direction	Comments
Māori	30.0%	26% (U)	44% (U)	≥95%	▲	
Other	23.0%	33% (U)	31% (U)	≥95%	▼	
Total	27.0%	27% (U)	40% (U)	≥95%	▲	

Comments:

The B4SC programme data show an increase of 18% from 26% in the last quarter to 44% this quarter (pg14) for Māori children with BMI ≥98th percentile seen and provided with advice and support on nutrition, activity and lifestyle interventions and referral to GP by the Practise Nurse. We will continue to embed the process and monitor progress of this indicator.

We continue to have data issues, with children from the pre target period still included in the second quarter data. However, there has been a significant increase from quarter 1-2 (18%). All children have been given advice and support on nutrition, activity and lifestyle interventions and referral to GP by the practise nurse. We will continue to embed the process and monitor progress of this indicator.

37 6 months to September 2015

38 6 months to March 2016

39 6 months to June 2016