Hutt Valley
District Health Board

Māori Health Action Plan

2015 – 16

Whānau Ora Ki Te Awakairangi
Towards a Healthier Hutt Valley

Table of Contents

HE MIHI

Ti Hei Mauriora
He honore he kororia ki te Atua
He maungarongo ki te whenua
He whakaaro pai ki te tangata

E mihi ana tenei ki a Te Atiawa otira ki nga iwi o te motu e noho mai nei i roto i te rohe o Awakairangi ara Te Upoko o te Ika.

Tenei te karanga, te wero, te whakapa atu i a tatou katoa kia horapa, kia whakakotahi o tatou kaha i te whakatikatika o tatou mauiui. He aha ai, he oranga mo te tangata.

Kei i a te Poari Hauora o Awakairangi te mana tiaki putea me ki e rua nga whainga o te Poari. Ko te whainga tuatahi ko te tohaina o te putea ki nga wahi e tika ana.

Tuarua ki a waihangatia katoa nga ratonga he painga mo te iwi.
No reira e raurangatira ma kei roto i a tatou ringaringa te korero.
No reira haere whakamua, pumau ra ki te kaupapa o te Hauora.

Tena koutou katoa.

Greetings

All honour and glory to our maker.
Let there be peace and tranquility on earth.
Goodwill to mankind.

The Hutt Valley District Health Board respectfully recognises Te Atiawa and acknowledges the community of the Hutt Valley.

This is the cry, the challenge to all concerned to collectively unite our efforts in addressing and improving the health needs of the community.

The Hutt Valley District Health Board's Māori Health Plan has specific responsibilities in providing equitable funding in the continual delivery of core services. The ultimate goal of the Hutt Valley District Health Board is the wellness of the community.

Therefore the community collectively needs to grasp with both hands the initiative to be involved and committed.

So let's move forward.

Tena koutou katoa.

Abbreviations

3DHB	3 District Health Board	HHS	Hospital & Health Services
ABC	An approach to smoking cessation requiring health staff to ask, give brief advice, and facilitate cessation support.	HVDHB	Hutt Valley District Health Board
ACPPs	Accelerated Chest Pain Pathways	IGT	Impaired glucose tolerance
ACS	Acute Coronary Syndrome	IHD	Ischaemic heart disease
ALT	Alliance Leadership Team	IMAC	Immunisation Advisory Center
AOD	Alcohol and Other Drugs	ISDR	Indirectly standardised discharge rate
ASH	Ambulatory sensitive hospitalisation	LMC	Lead Maternity Carer
BFHI	Baby friendly hospital initiative	MAKE	Māori Antenatal & Kairaranga Education
BPAC	Best Practice Advocacy Centre	MH&A	Mental Health & Addiction
BSA	Breast Screen Aotearoa	MOH	Ministry of Health
BSC	Breast Screen Central	MQSP	Maternity Quality and Safety Programme
CAMHS	Child & Adolescent Mental Health Service	NCSP	National Cervical Screening Programme
CCDHB	Capital & Coast District Health Board	NGO	Non-Government Organisation
CEP	Co-Existing Problems	NIR	National Immunisation Register
COPD	Chronic obstructive pulmonary disease	NRT	Nicotine Replacement Therapy
CPHAC	Community & Primary Health Advisory Committee	OIS	Outreach Immunisation Service
CPR	Cardiopulmonary Resuscitation	OSA	Obstructive Sleep Apnea
CVD	Cardiovascular disease	PDSA	Plan Do Study Act - Planning tool
CVDRA	Cardiovascular risk assessment	PHO	Primary Health Organisation
CYF	Child Youth & Family	PHOAG	PHO Advisory Group
CYMRC	Child Youth Mortality Review Group	PPIE	Pregnancy And Parenting Information And Education
DCIP	Diabetes Care Improvement Programme	RFPP	Rheumatic Fever Prevention Programme
DHB	District Health Board	RPH	Regional Public Health
DIF	District Immunisation Facilitator	RSS	Regional Screening Services
DMFT	Diseased, Missing, or Filled Teeth	SIDU	Service Integration & Development Unit
DNA	Did Not Attend	SUDI	Sudden Unexpected Death of an Infant
DNR	Did Not Respond	VTC	Vaccinator Training Course
ECE	Early Childhood Education	VWUB	Vulnerable Pregnant Women and Unborn Baby
ED	Emergency Department	WCTO	Well Child Tamariki Ora
GAS	Group A Streptococcus	WDHB WaiDHB	Wairarapa District Health Board
GP	General Practice	YOSS	Youth One Stop Shop
HbA1C	Glycosylated haemoglobin		

Health Needs Assessment

This section provides a summarised analysis of population and health condition data. Where possible the data has been aligned to the national Māori Health Plan indicators and areas identified as local priorities.

The following analysis has been sourced from the Draft Sub Regional Health Needs Assessment and the Draft 2015 / 16 Annual Plan. Data for the Māori Population pyramids has been sourced from Statistics New Zealand.

Population

Hutt Valley DHB has a population of 138,417 people. It includes the Territorial Authorities of Upper Hutt City and Lower Hutt City.

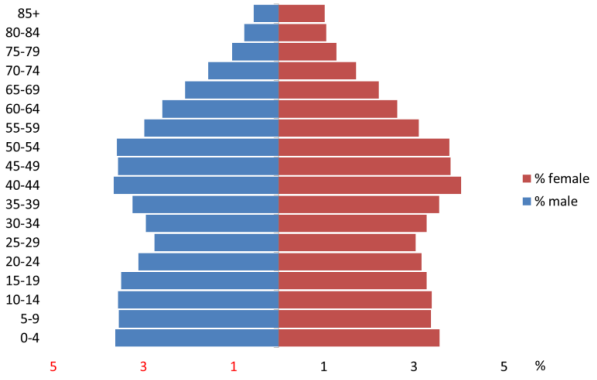
In the Hutt Valley DHB the population is characterised by children, and working aged adults. Just over 20% of the population are under the age of 15 years.

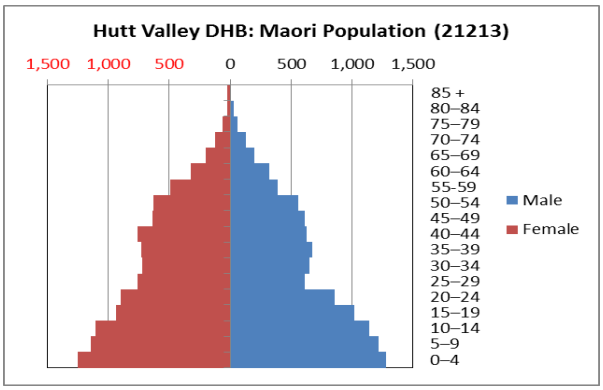
Overall there are slightly more females than males; this trend is present in all age groups apart from those under 25 years, where there are more males than females.

The Māori ethnic group is relatively large in Hutt Valley DHB, making up 15% of the total ethnic distribution, whereas Pacific people make up just 7%. Overall these two ethnic groups are much smaller than the 'Other' ethnic group which dominates this DHB (68% of the population).

The largest percentage of Māori children is in the under 5 age group, and this contributes to the large population of Māori under 15 years (34%) in this DHB.

Hutt Valley population by age and gender, 2013



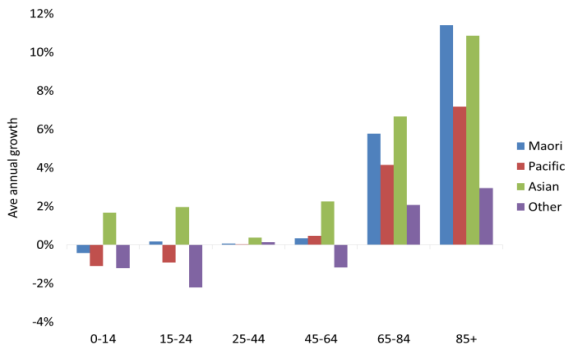


Population Growth

In Hutt Valley DHB:

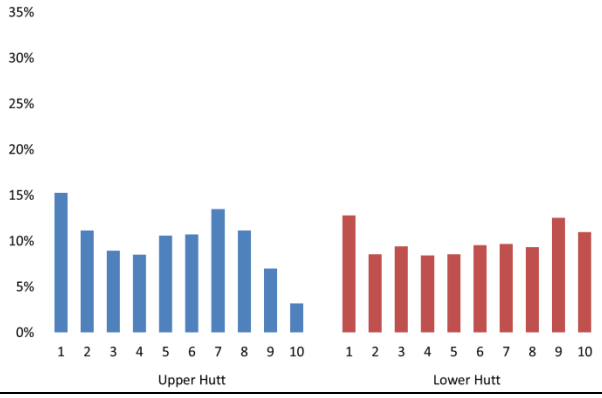
- Overall a small growth is expected in the Māori population, this is mainly in the older population with the under 65 is projected to only grow very slightly, and the population under 14 to decline slightly. Similarly only a 0.1 annual average increase is expected in the Pacific population with most of this being in the over 65 age group.
- The Asian population is projected to increase in all age groups especially under 25, and the other population to reduce overall by 0.2% per year although an overall growth rate of

Hutt Valley average annual growth rates by ethnicity, 2013-1033



more than 2% is projected for the population over 65.	

Deprivation

The NZDep2013 index of deprivation reflects eight dimensions of material and social deprivation. These dimensions reflect lacks of income, employment, communication, transport, support, qualifications, owned home and living space. The most deprived areas are concentrated in Lower Hutt City around areas of Taita, Naenae and Wainuiomata. The Hutt Valley DHB population is distributed reasonable evenly across the deciles.	Hutt Valley population distribution across deprivation deciles, 2013 

Health Service Provision

Public health services

The Ministry of Health provides funding for subregional public health services, via HVDHB, provided by Regional Public Health (RPH).

RPH is a sub-regional public health service, serving the populations of Wairarapa, Hutt Valley, and Capital & Coast DHBs. The services include health prevention, health promotion, preventive interventions, health assessment and surveillance, and public health capacity development. Because many of the strongest influences on health and wellbeing come from outside the health sector, RPH provides services that are coordinated with other sectors such as social, housing, education, and local government sectors, as well as coordinating with other health sector providers.

Hospital Based Services

HVDHB provides a complex mix of secondary and tertiary services via its Hospital and Health Services (HHS) provider arm which is located in Lower Hutt.

Hutt Valley provides a smaller number of regional services, with the specialist plastics and rheumatology services located at its Hutt facility.

Community Based Services

HVDHB has service agreements with a range of providers for the delivery of primary health services, well child services, oral health services, Māori and Pacific health services, community mental health services, community pharmacy and laboratory services, community diagnostic imaging services, aged residential care services, home based support services, palliative care services.

PHO

Primary care services are delivered in the Hutt Valley through Te Awakairangi Health Network (which has 23 practices on 25 sites) and Cosine PHO (a cross-DHB PHO which has one practice in Lower Hutt and one in Wellington).

Health Status

Amenable Mortality

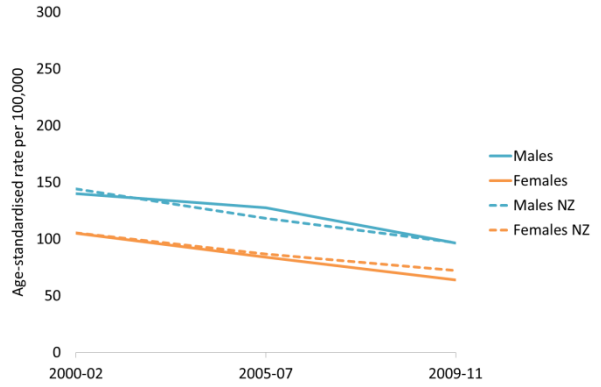
Amenable mortality is defined as premature deaths from those conditions for which variation in mortality rates reflects variation in the coverage and quality of health care. Premature deaths have been defined as deaths under 75 years of age.

The conditions included in amenable mortality fall within six categories: infections, maternal and infant conditions, injuries, cancers, cardiovascular disease and diabetes, other chronic diseases.

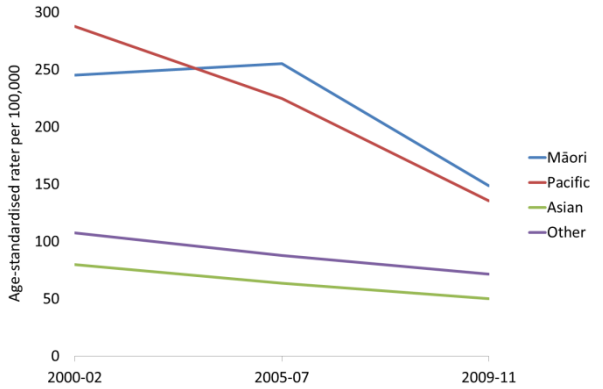
From an equity perspective it is possible to use the amenable mortality construct to ask what contribution to social inequality in health is currently being made by inequality in access to and quality of health care.

Like national, amenable mortality rates in the sub-region declined between 2000-02 and 2009-11: Hutt Valley by 35%. Rates for females were lower than, but not significantly different from males. Māori and Pacific people experienced much higher amenable mortality than Asian, or people of other ethnicities (significantly higher for New Zealand).

Hutt Valley amenable mortality by gender, 0-74 years



Hutt Valley amenable mortality by ethnicity, 0-74 years



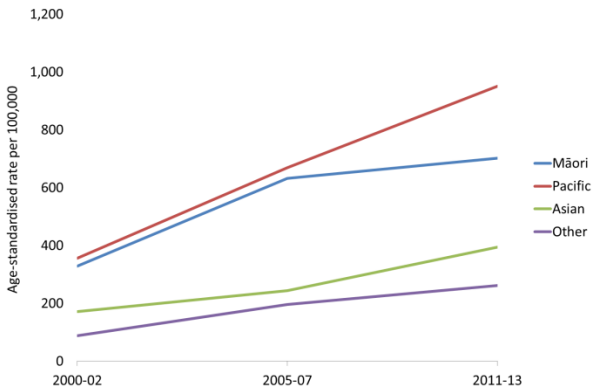
Diabetes

The New Zealand Health Survey estimated the prevalence of diagnosed diabetes to be 7.4% amongst Hutt Valley adults. Adjusted for age, this was not significantly different from the New Zealand average.

The diabetes hospitalisation rate for Hutt Valley was not significantly different from national and nearly tripled between 2000-02 and 2011-13.

Although the rates for Māori and Pacific were variable they were two-and-a-half and three-and-a-half times that of Other respectively.

Hutt Valley diabetes hospitalisation rates by ethnicity, 15+ years



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Acute admissions

Acute admissions are the most significant source of pressure on hospital resources; we are pursuing opportunities to provide acute care in alternative community settings and to reduce overall length of stay by improving patient pathways. Many acute hospital admissions are due to exacerbated or poorly-managed long-term conditions including cardiovascular disease (CVD) and tobacco-related illness: CVD risk assessment and smoking cessation are two of our key Māori Health Indicators. Nationally there is also an acknowledgement that the health outcomes for people with intellectual disabilities are poor in comparison to the rest of the population, irrespective of ethnicity, and this population group are also more likely to die prematurely.

Demand for acute hospital services has increased in Hutt Valley and Capital & Coast DHBs. From 2010 to 2015 the Emergency Department (ED) attendance rate for Wairarapa residents has declined (24%) while attendances to Hutt Valley and Capital & Coast have increased by around 20% (compared to a five % increase nationally). Acute demand rates are highest amongst older adults and young children and growth has been fastest amongst children. Māori and Pacific people have higher rates than people of Asian or other ethnicity.

Gout is the most common inflammatory arthritis; it affects around 4% of the adult population; in elderly Māori and Pacific Islanders the prevalence is over 25%; this is also a significant health issue for Māori males. The development of gout is strongly influenced by hereditary factors and is associated with the metabolic syndrome, renal impairment, diabetes and heart disease. Gout is a curable condition that needs urgent attention, as despite effective treatment being available, a large number of patients continue to suffer attacks of gout severe enough to require hospital admission

National Focus:

PHO Enrolment

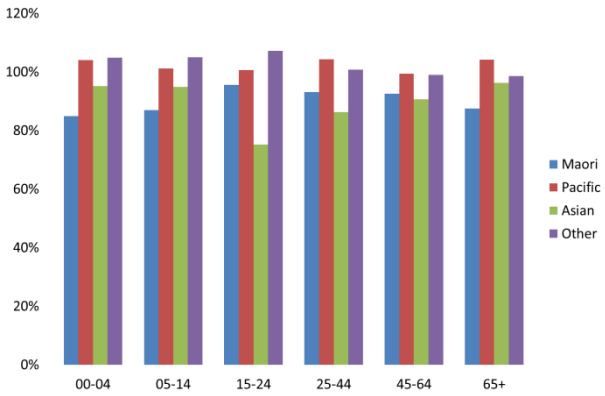
A Primary Health Organisation (PHO) provides primary health services either directly or through its provider members. These services are designed to improve and maintain the health of the enrolled PHO population, as well as having responsibility for ensuring that services are provided in the community to restore people's health when they are unwell. The aim is to ensure GP services are better linked with other health services to ensure a seamless continuum of care.

Primary care services are delivered in the Hutt Valley through Te Awakairangi Health Network (which has 23 practices on 25 sites) and Cosine PHO (a cross-DHB PHO which has one practice in Lower Hutt and one in Wellington).

Estimates of PHO coverage shows:

98% of Hutt Valley residents were enrolled with a PHO. Māori enrolment was lower (91%), particularly for children – 85% for under-fives and 87% for 5-14 year olds. Coverage amongst Asian was lowest at 88%, with the rate for Asian youth only 75%.

Hutt Valley DHB PHO enrolment coverage, Census 2013

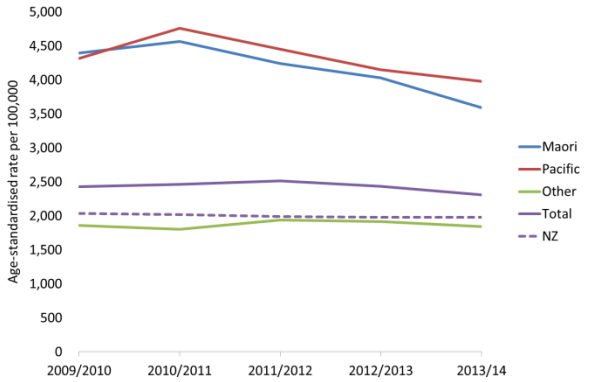


ASH: 0–4, 0-74 and 45–64 years.

Top diagnoses for ASH 0-74 years, 12 months to Sep 2014

Rank	Hutt Valley
1	Cellulitis
	16%
2	Dental conditions
	12%
3	Pneumonia
	11%
4	Gastroenteritis / dehydration
	10%
5	Asthma
	8%

Hutt Valley ASH rates by ethnicity, 0-74 years



Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting (Jackson and Tobias, 2001).

ASH accounts for nearly a fifth of acute and arranged hospital admissions. However, determining the reasons for high or low ASH rates is complex, as it is in part a whole-of-system measure.

This indicator can also highlight variation between different population groups that will assist with DHB planning to reduce disparities.

ASH rates in Hutt Valley were higher than national. Like national, rates in Hutt Valley declined between 2009/10 and 2013/14 (5%)

The disparity in Hutt Valley Māori had 1.7 times the rate of Other.

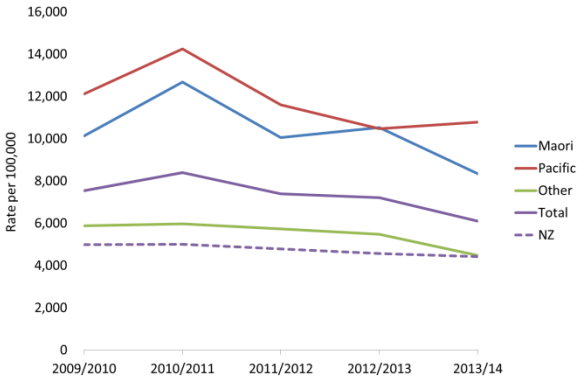
ASH rates in Hutt Valley were higher than national.

ASH rates are highest amongst pre-school aged children.

Top diagnoses for ASH 0-4 years, 12 months to Sep 2014

Rank	Hutt Valley
1	Dental conditions
	20%
2	Gastroenteritis / dehydration
	20%
3	Upper respiratory & ENT infections
	20%
4	Pneumonia
	13%
5	Asthma
	11%

Hutt Valley ASH rates by ethnicity, 0-4 years

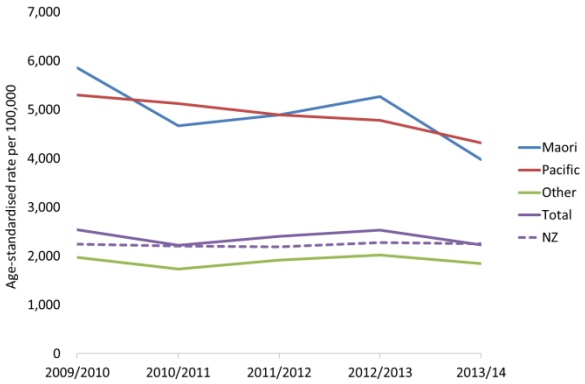


ASH rates for young children in Hutt Valley have been high compared to national; however they declined 19% over five years. Māori children in Hutt Valley were nearly twice as likely to be admitted for an ASH condition as Other, and Pacific children nearly two-and-a-half times as likely.

Top diagnoses for ASH 45-64 years, 12 months to Sep 2014

Rank	Hutt Valley
1	Cellulitis
	16%
2	Myocardial infarction
	11%
3	Angina & chest pain
	11%
4	Pneumonia
	11%
5	Diabetes
	9%

Hutt Valley ASH rates by ethnicity, 45-64 years



ASH rates for Hutt Valley adults (45-64 years) were very similar to the national average.

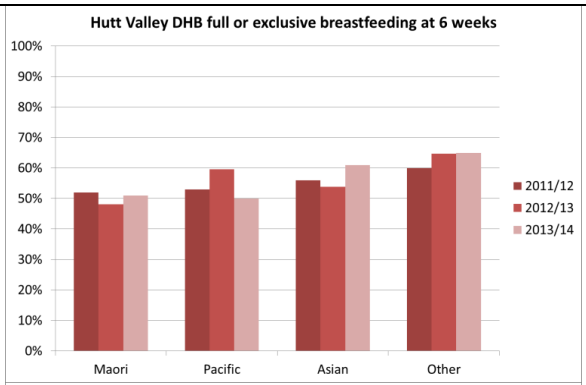
The ASH rate has declined 12% over five years in Hutt Valley, with larger decreases for Māori and Pacific. Māori and Pacific in Hutt Valley were more than twice as likely to be admitted with an ASH condition in 2013/14 than Other.

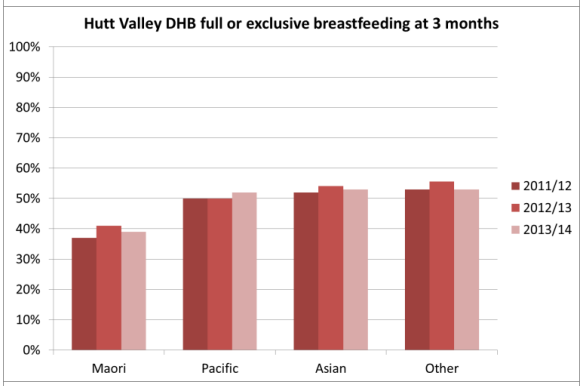
Breastfeeding

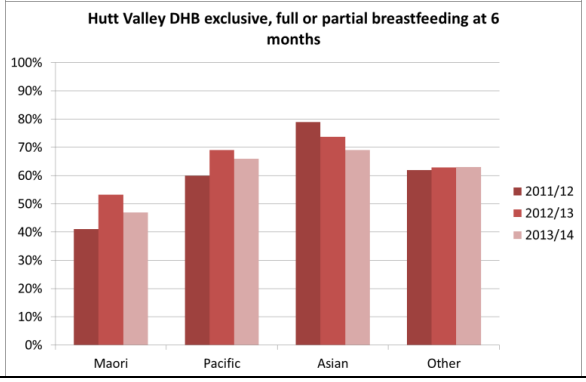
Breast milk is considered the most complete food for babies and it gives children a healthy start in life. The lack of breastfeeding is implicated in childhood obesity, the onset of Type II Diabetes later in life, and many other negative health outcomes.

Research also shows that children who are exclusively breastfed in the early months are less likely to suffer adverse effects from common childhood illnesses like gastroenteritis, otitis media and respiratory tract infections.

Breastfeeding rates in the Hutt Valley are lower than national rates at each of the milestones.







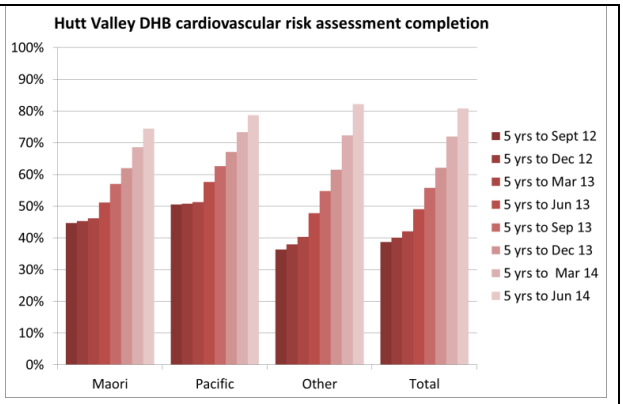
Cardiovascular

CVD Risk Assessment

The Government health target is that 90% of the target population will have a cardiovascular risk assessment (CVDRA) completed. All PHOs in the sub-region have made good progress towards the target over the last two years.

75% of Māori in Hutt Valley had a completed CVDRA (compared with 82% of non- Māori non-Pacific).

An early initiative across the sub-region was the implementation of a 'patient dashboard' into practices that displays key clinical information for patients, allowing clinicians to easily identify and record those due for CVDRA or diabetes review



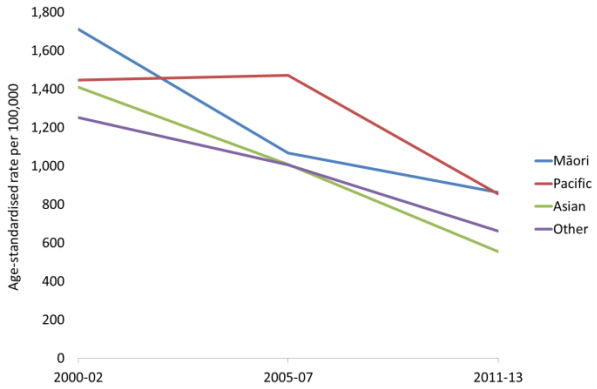
Ischaemic Heart Disease

The Health Survey estimated the prevalence of diagnosed ischaemic heart disease to be 6.0% amongst Hutt Valley adults. Adjusted for age, this was not significantly different from the New Zealand average.

The IHD hospitalisation rate for Hutt Valley declined significantly (47%) between 2000-02 and 2011-13 and was not significantly different from national in the most recent period (whereas it had been significantly higher previously).

Māori and Pacific rates were variable and although not significant were still around 1.3 times the rate of Other in 2011-13.

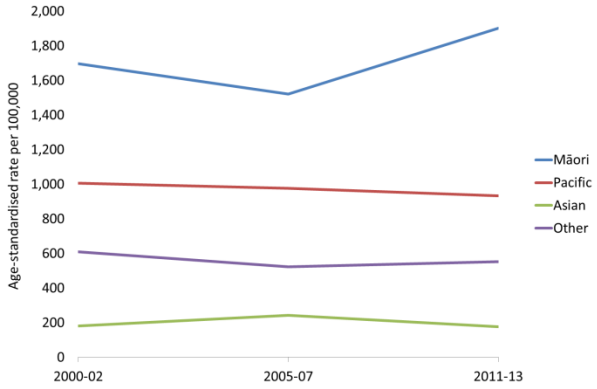
Hutt Valley IHD hospitalisation rates by ethnicity, 25+ years



Chronic Obstructive Pulmonary Disease (COPD)

The COPD hospitalisation rate for Hutt Valley was not significantly different from national and fluctuated between 2000-02 and 2011-13. Māori had a significantly higher rate, more than three times that of Other. The Pacific rate was 1.7 times that of Other. The COPD hospitalisation rate for Asian was significantly lower, only a third of the rate for Other.

Hutt Valley COPD hospitalisation rates by ethnicity, 45+ years

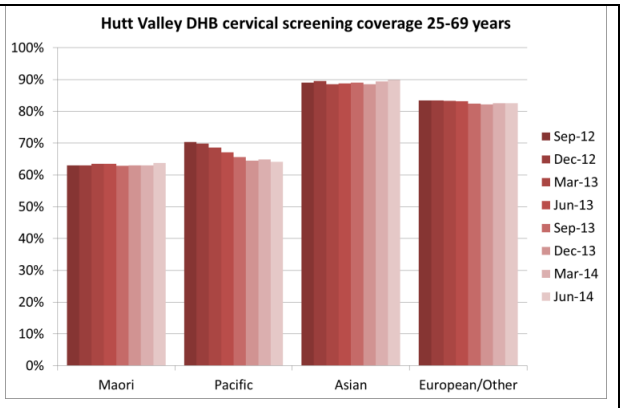


Cancer Screening

Cervical Screening

Cervical cancer is one of the most preventable cancers.

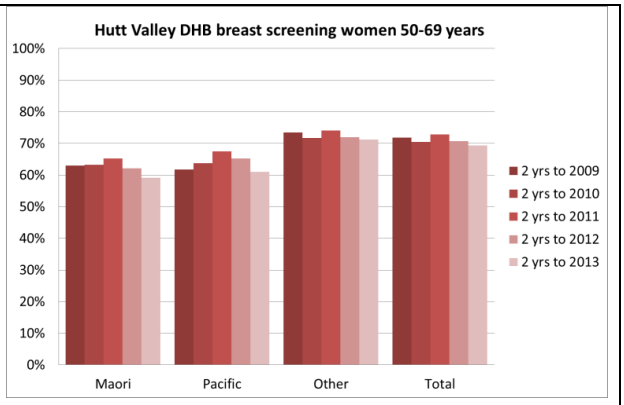
Regular cervical screening reduces the chances of women developing cervical cancer by about 90 percent. The aim of the NCSP is to reduce the incidence and mortality rates of cervical cancer among women within New Zealand by the detection and treatment of pre-cancerous squamous cell changes. The programme is for women aged 20 to 69 years.



Breast Screening

Regular breast screening (mammograms) reduces the chances of dying from breast cancer by about 30 percent for women who are between 50 and 65 years of age, and by about 45 percent for women who are between 65 to 69 years of age. BSA is a national programme that provides free mammograms every two years and follow up for asymptomatic women aged 45 to 69 years.

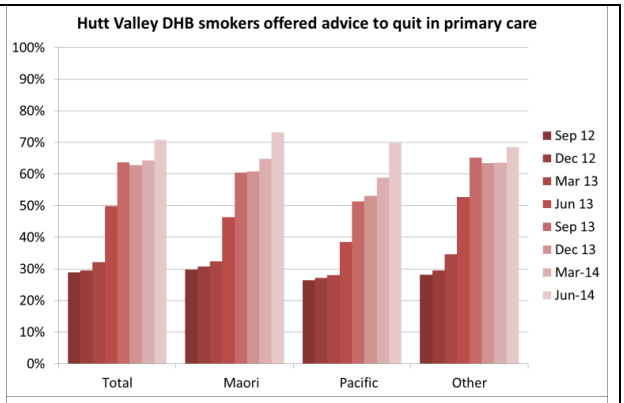
The aim of the programme is to reduce women's morbidity and mortality from breast cancer by identifying cancers at an early stage, allowing treatment to be commenced sooner than might otherwise have been possible. Finding breast cancer early means a woman has a better chance of surviving the disease. There are also more choices for treatment when breast cancer is found early. It also increases the likelihood that surgical options that conserve the breast can be offered.

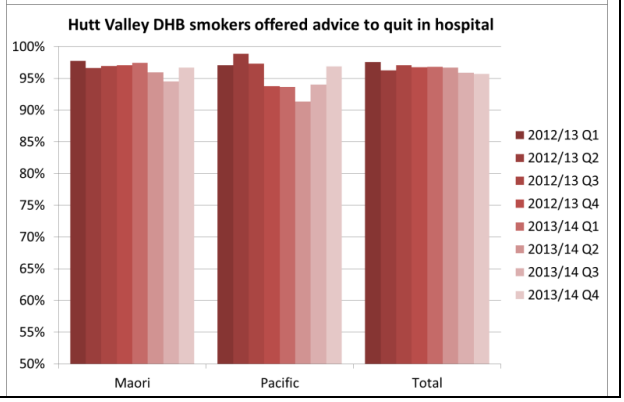


Smoking

At present, tobacco smoking places a significant burden on the health of New Zealander's and on the New Zealand health system. Tobacco smoking is related to a number of life-threatening diseases, including cardiovascular disease, chronic obstructive pulmonary disease and lung cancer. It also increases pregnant smokers' risk of miscarriage, premature birth and low birth weight, as well as their children's risk of Asthma and Sudden Unexplained Death in Infants (SUDI).

A particular focus has been placed on Pregnant Māori women who are smokefree at two weeks postnatal



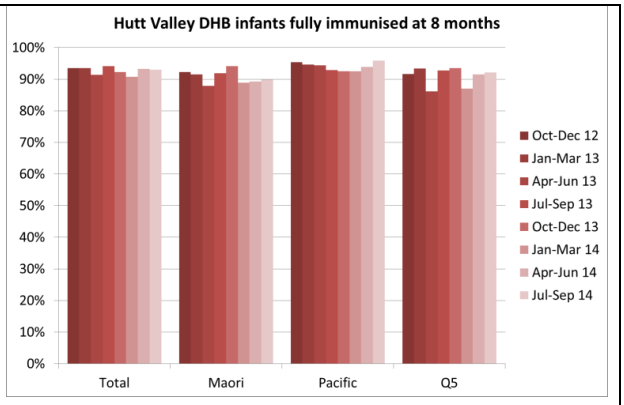


Immunisation

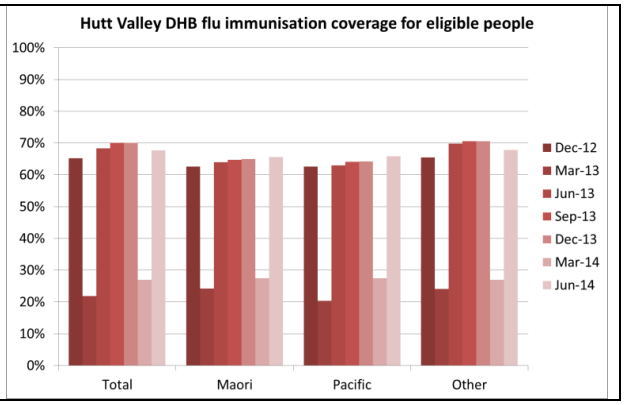
Improved immunisation coverage leads directly to reduced rates of vaccine preventable disease, and consequently better health and independence for children, with the outcome of longer and healthier lives.

The changes required to reach the target immunisation coverage levels will lead to better health services for children, because more children will be enrolled with and visiting their primary care provider on a regular basis.

It will also require primary and secondary health services for children to be better co-ordinated. These actions support and encourage the implementation of the Primary Health Care Strategy, and strengthening of the primary care workforce.



A continuing focus will be on increasing Māori seasonal influenza immunisation rates in the eligible population (65 years and over).



Rheumatic Fever

Rheumatic fever is a serious but preventable illness. It mainly affects Māori and Pacific children and young people (aged 4 and above), especially if they have other family members who have had rheumatic fever. Rheumatic fever can develop after a 'strep throat', a throat infection caused by Group A Streptococcus (GAS) bacteria.

Most strep throats get better and don't lead to rheumatic fever. However, in a small number of people an untreated strep throat leads to rheumatic fever one to five weeks after a sore throat. This can cause the heart, joints, brain and skin to become inflamed and swollen. While symptoms of rheumatic fever may disappear on their own, the inflammation can cause rheumatic heart disease, where there is scarring of the heart valves. People with rheumatic heart disease may need heart valve replacement surgery. Rheumatic heart disease can cause premature death in adults.

Rates at baseline and target rates for rheumatic fever hospitalisations (cases/100,000 population) for Wairarapa, Hutt Valley, and Capital & Coast DHBs:

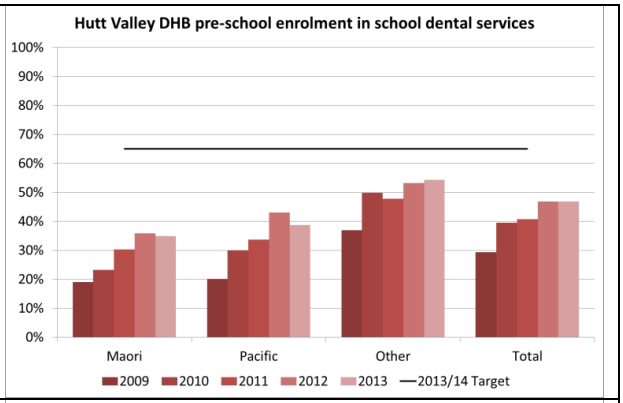
	2009/10-2011/12	**2015/16**	
DHB	**Baseline year (3-year average rate)**	**55% reduction from baseline**	
		Rate	**Numbers**

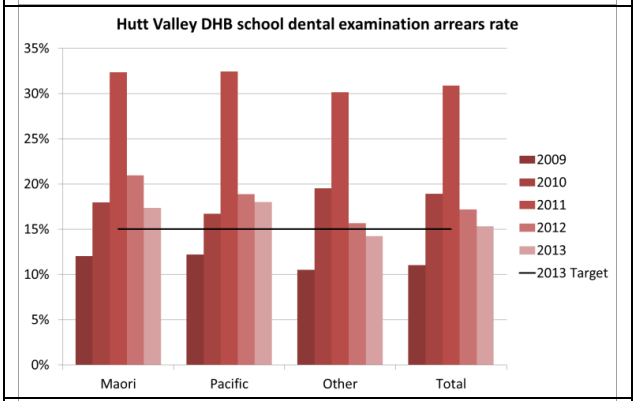
Wairarapa	0.0	0.0	0.0
Hutt	4.9	2.2	3
Capital & Coast	2.9	1.3	4

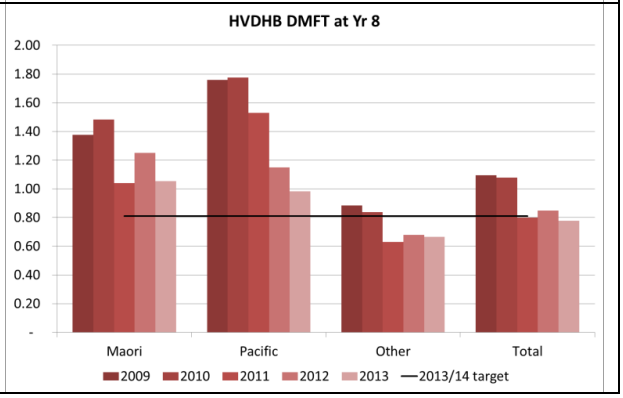
See PP28 (Module 7): Reducing Rheumatic fever; reported quarterly.

Oral Health

Dental admissions are a major contribution to ambulatory sensitive hospitalisations for children. As an example, in the 2013/14 year Hutt Valley DHB alone had 391 ASH admissions for Dental conditions, the majority being in preschool or school aged children. Of the 391 admissions, 138 were in 0-4 year olds, and a further 192 in 5 to 12 year olds. In Hutt Valley DHB, of the 661 ASH admissions for under five year olds, 138 were for dental conditions.[1]







Mental Health

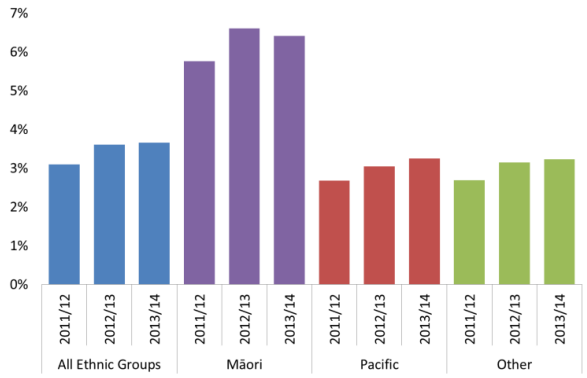
In 2013/14 a total of 17,781 people of all ages (3.7% of the population), were seen for severe conditions by DHB or NGO providers of specialist Mental Health & Addiction (MH&A) services. Among this group, the large percentage of Māori using specialist services reflects the particularly high and complex

Population seen by secondary services by ethnicity

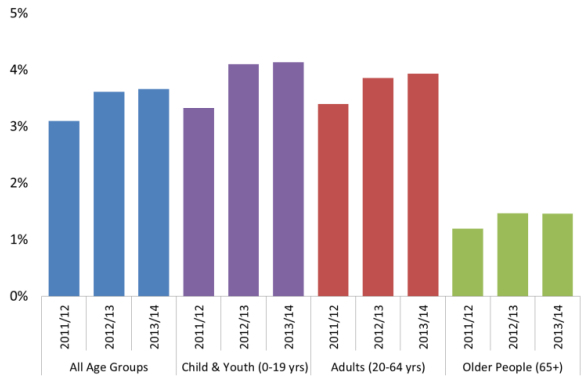
[1] Community Dental Service Improvement Project Plan v2

needs of this population. Individuals and whānau seeking help for mild to moderate issues are most commonly seen in primary health care settings, often as part of a GP consultation, and are not included in this data.

Secondary Services in the sub-region are delivered mainly in clinical teams based in the each of the three DHBs. NGOs provide a diverse range of community support, addictions, Pacific and Kaupapa Māori services which have helped greatly in achieving greater access rates for all populations and age groups over the last three years.



Population seen by secondary services by age-group



NATIONAL INDICATORS

Indicator 1: Data quality

Accuracy of ethnicity reporting in PHO registers

Outcome Sought	Greater accuracy of ethnicity data in PHO enrolment databases.
Measures	Ethnicity data accuracy will increase as measured through implementation of the General Practice self-auditing. At the time of patient enrolment / re-enrolment, General Practice administration requires patients to confirm / re-confirm their ethnicity. Any anomalies are investigated to ensure accurate ethnicity recording. On a regular basis, General Practices check all patient records to ensure ethnicity has been coded correctly and accurately
Notes	It is important to note that where there are commonalities of work programmes between CCDHB, HVDHB and WaiDHB; one programme of work will be developed and agreed as a combined 3DHB approach.
Current Status	

Ethnicity	Current Baseline	Target	Variance to Target
Māori	84.3%	100.0%	15.7%
Other	98.6%	100.0%	1.4%

Planned Actions	Owner	Timeframe
Undertake a Data project to de-aggregate current PHO data at a: - PHO level; and, - Practice level. to identify accuracy and enrolment gaps	PHO DHB	Q1
PHO to work with General Practices to undertake self-audits to ensure the ethnicity is recorded accurately, and as per protocol, on: - Enrolment; and, - Re-confirmation This work will include increasing General Practices understanding of the necessity to record accurate ethnicity data to identify and address the inequalities and health needs of Māori.	PHO	Ongoing
Compare PHO enrolment (numerator) with the 2013 Census (denominator) to identify enrolment gaps stratified by geography, ethnicity, gender, and age.	DHB	Q2
Report at the end of quarter one an update on DHB activity in Data Quality.	DHB	Q1
Monitor and report PHO Enrolment indicator performance by ethnicity including improvement in accuracy and enrolment gaps on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

Indicator 2: Access to care

Percentage of Māori enrolled in PHOs

Outcome Sought	Increased access for the Māori population to primary health care services.
Measures	100% of Māori in HVDHB will be enrolled with a PHO.
Current Status	

Ethnicity	Current Baseline	Target	Variance to Target
Māori	84.3%	100.0%	15.7%
Other	98.6%	100.0%	1.4%

Planned Actions	Owner	Timeframe
Scope an Emergency Department enrolment scheme	DHB	Q1
Work with PHOs and NIR to identify children not enrolled with a PHO.	DHB PHO NIR	Q1-4
PHOs to work with NIR, General Practice, WCTO and other community health providers to locate and encourage PHO enrolment.	PHO NIR	Q1-4
Implement the 3DHB triple newborn enrolment programme	ALL	Q1-4
Use community events (such as Te Ra o te Raukura and Tumeke Taita) to promote and encourage PHO enrolment by Māori	PHO	Q3-4
Track PHO enrolment, by Ethnicity, Age Band and Gender, on a quarterly basis	DHB	Quarterly
Monitor and report indicator performance by ethnicity on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

Ambulatory sensitive hospitalisation rates per 100,000 for the age groups of 0–4, 0-74 and 45–64 years.

Outcome Sought	ASH accounts for nearly a fifth of acute and arranged hospital admissions. However, determining the reasons for high or low ASH rates is complex, as it is in part a whole-of-system measure. This indicator can also highlight variation between different population groups that will assist with DHB planning to reduce disparities. ASH rates were highest in Hutt Valley. Like national, rates in Hutt Valley declined between 2009/10 and 2013/14 (5%) The disparity in Hutt Valley Māori had 1.7 times the rate of Other.
Measures	TBC

Current Status

	Ethnicity	Current Baseline	Māori rate relative to National Total rate as at Sept 2014
0-4	Māori	8337	196%
	Other	4483	
45-64	Māori	3975	197%
	Other	1845	

Planned Actions	Owner	Timeframe
Skin Conditions Continue to implement the Cellulitis programme with a focus on Māori and High Need populations.	PHO RPH DHB	Ongoing
Gastroenteritis Implement a Clinical Pathway to address Gastroenteritis and associated causal factors with a focus on Māori and High Need populations.	PHO DHB	Q2
Oral Health Continue work from the 2014/15 Data Matching project to ensure all pre-schoolers are enrolled with Bee Healthy (refer also to the implementation of the 3DHB triple newborn enrolment programme) with a focus on Māori and High Need populations.	PHO Bee Healthy	Q2
DHB to work with Primary Care and WCTO providers to use the 'Lift the Lip' protocol at each scheduled WCTO visit and each GP/Nurse appointment (as appropriate). Appropriate referrals will be made as required for enrolment or specialist work.	DHB Bee Healthy	Q1-4
Diabetes Assess services against the 20 Diabetes quality standards Develop a service improvement plan to address gaps. This work will reference the Atlas of Healthcare Variation, the 20 quality standards and the Quality Standards for Diabetes Care Toolkit 2014.	DHB DHB	Q1-2 Q3
PHO will use money unspent in 2014/15 to continue implementation of: - Self management group education programmes - Multidisciplinary case reviews	PHO	Q1-4
Transition the DCIP funding model to bulk funding based on practice population plans supporting activities such as: - Subsidised GP visits - Individual education sessions from nurses, dieticians and podiatrists to enable patients to self manage - Regular referral to retinal screening - Management of complications - Support for insulin commencement - Self-management programmes	PHO DHB	Q1-4
HVDHB will report an update on each planned activity in the ASH	DHB	Q1

section of this Māori Health Plan, by ethnicity at the end of quarter one. The report will include performance against any contractual measures highlighting Māori participation and service utilisation. This will be reported to the Hutt Valley Māori Health Services Development Group.		
Monitor and report indicator performance by ethnicity on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

Indicator 3: Child Health

Breastfeeding

- **Exclusive or fully breastfed at LMC discharge (4-6 weeks)**
- **Exclusive or fully breastfed at 3 months**
- **Receiving breastmilk at 6 months**

Outcome Sought	Breast milk is considered the most complete food for babies and it gives children a healthy start in life. The lack of breastfeeding is implicated in childhood obesity, the onset of Type II Diabetes later in life, and many other negative health outcomes. Research also shows that children who are exclusively breastfed in the early months are less likely to suffer adverse effects from common childhood illnesses like gastroenteritis, otitis media and respiratory tract infections.
Measures	75% Exclusive or fully breastfed at LMC discharge (4-6 weeks) 60% Exclusive or fully breastfed at 3 months 65% Receiving breastmilk at 6 months
Current Status	

Breastfeeding: Exclusive or Fully breastfed at LMC discharge				
Ethnicity	**2013 / 14 Result**	**Current Baseline**	**Target**	**Variance to Target**
Māori	57%	56.4%	75%	18.6%
Non-Māori	72%	63.5%	75%	11.5%
Breastfeeding: Exclusive or Fully breastfed at 3 months				
Ethnicity	**2013 / 14 Result**	**Current Baseline**	**Target**	**Variance to Target**
Māori	29%	39.1%	60%	20.9%
Non-Māori	56%	55.2%	60%	4.8%
Breastfeeding: Exclusive, Fully or Partially breastfed at 6 months				
Ethnicity	**2013 / 14 Result**	**Current Baseline**	**Target**	**Variance to Target**
Māori	44%	45.9%	65%	19.1%
Non-Māori	65%	64.7%	65%	0.3%

Planned Actions	**Owner**	**Timeframe**
Universal Activities HVDHB will continue to fund / support WCTO providers to deliver	DHB	Q1-4

the Well Child schedule with a particular focus on improving Māori breastfeeding rates. Each WCTO provider is directly aligned to a PHO. They will support PHOs to implement initiatives aimed at promoting / raising the awareness of breastfeeding.		
Maintain BFHI accreditation.	DHB	Q2
Targeted Activities Work with Maternity Governance Groups to ensure the inclusion of breastfeeding support within the maternity sector and the continuum to primary care as an important clinical focus	All	Q1-4
Fund a Community Lactation position targeted specifically at increasing Māori breastfeeding rates. This work will link with the HVDHB SUDI programme.	DHB	Q1-4
HVDHB will fund BirthEd to provide a series of courses designed to meet the needs of first time parents who want to be informed about the normal birth process and how they can best support the birth of their baby, establish successful breastfeeding and be prepared to become new parents. The Parenting and Pregnancy education which will include a focus on breastfeeding will consist of: - Two modules antenatal - Two modules postnatal HVDHB will fund the Kaupapa Māori Antenatal & Kairaranga Education (M.A.K.E) programme. This is a new initiative that has been developed in partnership primarily with Hutt Valley District Health Board but also with the support of the Hutt Valley Rūnanga, Te Kōhanga Reo, Te Mangungu Marae, Naenae and Ministry of Education. The kaupapa M.A.K.E programme will deliver six courses during the year and will involve: - The course would be hosted by a local marae and taught in a relaxed 'live in' (Noho marae) environment over a weekend. - The initial target group is Māori and Pacific young women under the age of 24 living within Naenae, Taita, Pomare, Timberlea (Māori Bank), Wainuiomata and Stokes Valley and their support partner (their partner, sister, mother, aunty, grandmother, friend). - A Māori educator - who shares her expertise in Māori tikanga and evidenced based information with wahine who are hapu and their whanau. - Antenatal education which covers the '10 Steps to Successful Breastfeeding' and other relevant information (Qualified breastfeeding educator). HVDHB is aiming to achieve coverage of 30% of Māori parents attending DHB funded PPIE services (as per the 2014 Service Specification). In designing innovative education services, the DHB will have opportunities to engage with Māori parents and provide appropriate breastfeeding education, information and linkages to postnatal support services.	DHB	Q1-4

These initiatives will be monitored internally on a quarterly basis.		
Provide additional funding for a Community Breastfeeding Support position targeted specifically at increasing Māori breastfeeding rates. The aim is to increase breastfeeding rates, particularly among Māori, by providing information / promotion / education, accessible services within the community (including in-home support), and follow up services in the community. Monitor internally on a quarterly basis.	DHB	Q1-4
Participate in the Hutt Breastfeeding Network to discuss and identify key areas to improve Māori breastfeeding rates.	All	Q1-4
Monitor and report indicator performance by ethnicity of Well Child/Tamariki Ora provider data and Plunket data (where available) on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC	DHB	Q1-4

Indicator 4: Cardiovascular disease

Percentage of the eligible population who have had their CVD risk assessed within the past five years (Health target).

Outcome Sought	Reduced cardiovascular disease mortality and morbidity through cardiovascular risk assessment (CVDRA) and appropriate management.		
Measures	90% of the eligible population will have had their cardiovascular risk assessed in the last five years.		
Current Status			

Ethnicity	Current Baseline	Target	Variance to Target
Māori	79.80%	90%	10.2%
Other	86.10%	90%	3.9%

Planned Actions	**Owner**	**Timeframe**
Use community events to promote and encourage uptake of CVD Risk Assessment with a particular focus on increasing the number of Māori men aged 35-44 years	PHO	Q2-3
PHOs will continue their current approach which includes: - Provision of BPAC to all practices that support it - Deployment of additional resource nurses - Deployment of point of care testing - Assistance with inviting patients - Use of virtual CVDRA, including development of an active partnership with laboratories to enable capture of test results not currently recorded in practice management systems - Work with community providers to encourage people to attend their assessments - Financial incentives for performance	PHO	Q1-4

– Targeting larger practices with higher numbers of patients requiring assessment		
PHO to provide subsidy for Māori, Pacific and High Needs patients to receive free CVDRA	PHO	Q1-4
Monitor and report indicator performance by ethnicity on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

70 percent of high-risk patients will receive an angiogram within three days of admission ('Day of Admission' being 'Day 0').

Over 95 percent of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI data collection within 30 days.

Outcome Sought	Reduced cardiovascular disease mortality and morbidity through better management of acute coronary syndrome (ACS).
Measures	70% of high-risk Acute Coronary Syndrome patients accepted for coronary angiography have it within 3 days of admission (Day of admission=Day 0). 95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days.
Current Status	**70% of high-risk Acute Coronary Syndrome patients** **Ethnicity** | **Current Baseline** | **Target** | **Variance to Target** Māori | 0% | 70% | 70.0% Other | 69.4% | 70% | 0.6% **95% of patients presenting with Acute Coronary Syndrome** **Ethnicity** | **Current Baseline** | **Target** | **Variance to Target** Māori | 100% | 95% | -5.0% Other | 87.9% | 95% | 7.1%

Planned Actions	**Owner**	**Timeframe**
Sub-Regional Action Provision of a minimum of 38 total cardiac surgery discharges for the local DHB populations	DHB	Q1-4
Achieve standardised intervention rates for the local DHB populations	DHB	Q1-4
Manage waiting times for cardiac services, so that patients wait no longer than four months for first specialist assessment or treatment.	DHB	Q1-4
Continue the introduction of Accelerated Chest Pain Pathways (ACPPs) in Emergency Departments.	DHB	Q1
- Contribute data to the Cardiac ANZACS-QI and Cardiac Surgical registers to enable reporting measures of ACS risk stratification and time to appropriate intervention. - Develop processes, protocols and systems to enable local risk stratification and transfer of appropriate ACS patients.	DHB	Q1-4

- Work with the regional, and where appropriate, the national cardiac networks to improve outcomes for ACS patients.		
Regional Action Monitor, report and resolution of DHB performance of acute coronary syndrome key performance indicators for the Central Region quarterly.	DHB	Q1-4
Improve access to secondary and tertiary cardiac services by ensuring the: - Proportion of patients scored using the national cardiac surgery Clinical Priority Assessment Criteria, and the proportion of patients treated within assigned urgency timeframes - Waiting list for cardiac surgery remains between 5% and 7.5% of planned annual cardiac throughput, and does not exceed 10% of annual throughput - Patients wait no longer than four months for cardiology first specialist assessment, or for cardiac surgery	DHB	Q1-4
Work with primary care to develop clear patient pathways that improve access to cardiac services	DHB	Q2
Develop a regional cardiac service model that delivers sustainable and equitable access	DHB	Q2-3
Improve access to cardiac investigations and build a sustainable workforce by developing an action plan for echocardiography that resolves issues and builds a sustainable workforce.	DHB	Q4
Monitor and report indicator performance on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

Indicator 5: Cancer Screening

Cervical screening: percentage of women (Statistics NZ Census projection adjusted for prevalence of hysterectomies) aged 25–69 years who have had a cervical screening event in the past 36 months.

<table>
<tr><td>Outcome Sought</td><td colspan="3">Lower cervical cancer morbidity and mortality among Māori women through better utilisation of the national cervical screening programme for women aged 25-69 years</td></tr>
<tr><td>Measures</td><td colspan="3">Cervical screening rates for Māori women will have reached the national target of 80%.</td></tr>
<tr><td>Current Status</td><td colspan="3">NCSP coverage (%) in the three years ending 31 March 2015 by ethnicity, women aged 25–69 years
<table>
<tr><th>Ethnicity</th><th>Current Baseline</th><th>Target</th><th>Variance to Target</th></tr>
<tr><td>Māori</td><td>68.8%</td><td>80%</td><td>11.2%</td></tr>
<tr><td>Total</td><td>77.2%</td><td>80%</td><td>2.8%</td></tr>
</table></td></tr>
<tr><td colspan="2">Planned Actions</td><td></td><td>Timeframe</td></tr>
<tr><td colspan="2">Use community events to promote the importance of Cervical Screening and distribute free cervical smear vouchers</td><td>PHO
RSS</td><td>Q2-3</td></tr>
</table>

Provide free cervical smear vouchers to practices for eligible women recalled, in particular Māori, Pacific and High Needs women.	RSS PHO	Q1-4
Assist practices to establish systems that will enable them to reach the targeted population and to establish an efficient and robust recall system.	RSS PHO	Q1-4
Conduct data matching between patient management systems (Medtech) in GP practices and the NCSP register with the aim to decrease the number of women who have not been screened or under screened (not screened in the last 5 years) by providing dedicated resource follow up. Audit and update patient records as required. This work will be linked to Indicator 1: Accuracy of Ethnicity Reporting	RSS PHO	Q2-4
HVDHB will support collaborative working relationships between providers across the cervical screening pathway. - 2x HVDHB, 2x C&CDHB, 2x WDHB NCSP and Colposcopy Clinics meetings per year. Monitor colposcopy DNA's , support initiatives aimed at reducing DNA's - 1x meeting per annum with five specialist Colposcopy Clinics in greater Wellington Region offering support if required - Work with Mana Wahine, HVDHB Pacific Unit, Pacific Navigation Service, 3DHB Colposcopy Clinics, Invitation & Recall Advisors and primary care to ensure a smooth referral process to access 'Support to Services' for NCSP Priority Group Women.	DHB RSS	Q1-4
Continue to fund practice nurses to attend cervical smear taker course to maintain satisfactory levels of qualified smear takers in the region.	RSS PHO	Q1-4
Ensure that Māori and Pacific women are referred to other providers e.g. Mana Wahine and Pacific Health Service for support.	RSS PHO	Q1-4
Monitor and report indicator performance by ethnicity on a quarterly basis to the Hutt Valley Māori Health Services Development Group	DHB	Q1-4
6 monthly report of completed referrals by ethnicity, attendance, DNR, DNA, cancellations and reschedules	RSS	Q1-4

Breast screening: 70 percent of eligible women, aged 50 to 69 will have a BSA mammogram every two years.

Outcome Sought	Lower breast cancer morbidity and mortality among Māori women through better utilisation of the national breast screening programme for women aged 50-69 years.
Measures	Screening rates for Māori women (50-69 years) will have reached the national target of 70%.

<table>
<tr><td>Current Status</td><td>BSA coverage (%) in the two years ending 31 March 2015 by ethnicity, women aged 50–69 years
<table>
<tr><th>Ethnicity</th><th>Current Baseline</th><th>Target</th><th>Variance to Target</th></tr>
<tr><td>Māori</td><td>66.6%</td><td>70%</td><td>3.4%</td></tr>
<tr><td>Total</td><td>74.7%</td><td>70%</td><td>-4.7%</td></tr>
</table></td></tr>
</table>

Planned Actions	**Owner**	**Timeframe**
Engage PHO's to data match General Practices (GP's) with high numbers of priority women in WDHB, HVDHB & CCDHB regions.	RSS PHO	Q2-3
Identify and target BSA eligible women not enrolled or overdue for breast screening	RSS PHO	Q2-3
Promote two combined Breast & Cervical Screening days for priority women through DHB networks	DHB RSS	Q1-4
Promote and support the breast screening mobile unit visits as per the BSC mobile schedule.	DHB	Q1-4
HVDHB will support collaborative working relationships between providers across breast screening pathway: - attend Regional Coordination Group meetings twice a year, or as required. - work with Mana Wahine, Regional Screening Services and Primary Care to ensure a smooth referral process to access Support to Services for BSA priority women.	DHB RSS	Q1-4
Monitor and report indicator performance by ethnicity on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

Indicator 6: Smoking

Smoking cessation: Percentage of pregnant Māori women who are smokefree at two weeks postnatal.

Outcome Sought	The percentage of Māori women who were pregnant and were offered smoking cessation advice and support and who are smokefree at two weeks postnatal will increase over 2015/16 as a result of our efforts.
Measures	95% of pregnant Māori women who are smokefree at two weeks postnatal.
Current Status	Baseline to be determined

Planned Actions	**Owner**	**Timeframe**
Continue to offer ABC and NRT Competency training to Health professionals with a particular focus on LMCs	DHB	Ongoing
Deliver ABC and provide NRT options to pregnant Māori women at - First contact registration - 2 weeks post-partum - Each of the first two Well Child core contacts	PHO DHB	Ongoing
Provide bulk access to Nicotine Replacement Therapy (NRT) for	DHB	Ongoing

health service providers offering cessation services to Māori and Pacific communities within the greater Wellington Region, where at least three providers are accessing the bulk supply of Nicotine Replacement Therapy (NRT) through RPH		
Monitor Smokefree status of pregnant Māori women and, where relevant, provide cessation advice at each antenatal appointment: LMC, General Practice and Specialist Appointments	DHB LMC	Ongoing
Monitor and report by ethnicity smoking cessation advice provision performance and smokefree rates at two weeks postnatal on a quarterly basis to the Hutt Valley Māori Health Services Development Group	DHB	Quarterly

Indicator 7: Immunisation

Percentage of infants fully immunised by eight months of age (ht).

Outcome Sought	Reduced immunisation-preventable morbidity and mortality.
Measures	95% of infants fully immunised by eight months of age
Current Status	

Ethnicity	Current Baseline	Target	Variance to Target
Māori	91.7%	95%	3.3%
Other	95.6%	95%	-0.6%

Planned Actions	Owner	Timeframe
Sub-Regional Action Maintain an immunisation alliance steering group that includes all the relevant stakeholders for the DHB's immunisation services including the Public Health Unit; that identifies service delivery gaps, participates in regional and national forums and takes the lead on monitoring and evaluating immunisation coverage at DHB, PHO and practice level.	DHB	Q1-4
Identify immunisation status of children presenting at hospital and refer for immunisation if not up to date.	DHB	Q1-4
Local Action Implement the 3DHB newborn triple enrolment programme	DHB PHO	Q1-4
The Immunisation Facilitator will coordinate monthly Immunisation Working Party Group meetings to identify areas where performance could be improved and progress opportunities to address specific areas of concern.	RPH WCTO DHB PHO	Q1-4
Datamart reports are reviewed monthly and overdue reports fortnightly with OIS receiving referrals when required.	NIR	Q1-4
Concerto database to be checked each day for inpatients and also checks NIR to see if there are any children due or overdue for immunisation and action as requited.	NIR	Q1-4
IMAC sessions will continue to be held annually for Nurses and Midwives, in addition the DIF goes to Wellington to present at VTC sessions. Additional educational sessions on immunisations	DHB	Q1-4

will be held if required.		
Monitor immunisation performance on a monthly basis within SIDU	DHB	Q1-4
Monitor and report indicator performance by ethnicity on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

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

Outcome Sought	Reduced influenza morbidity through increased seasonal influenza vaccination rates in the eligible population (65 years and over).
Measures	75% of the eligible population (65 years and over) completed Seasonal influenza immunisation.
Current Status	

Ethnicity	Current Baseline	Target	Variance to Target
Māori	70%	75%	5.0%
Other	70%	75%	5.0%

Planned Actions	Owner	Timeframe
HHS, PHO and NGO services to undertake a minimum of two promotional activities to encourage the uptake of influenza immunisation for 65+ with a particular focus on elderly Māori.	DHB RPH PHO NGO	Q1 Q3
Use 'Best Practice Intelligence" as a monitoring tool to identify eligible patients particularly Māori; advise of influenza immunisation; and, administer influenza immunisation.	PHO	Q1-4
Over 65 influenza vaccinations promoted through the PHO and Hutt Valley General Practices.	PHO	Q1 Q3
Monitor immunisation performance on a monthly basis within SIDU.	DHB	Ongoing
Monitor and report indicator performance by ethnicity on a quarterly basis to: - Hutt Valley Māori Health Services Development Group - CPHAC (Equity report)	DHB	Q1-4

Indicator 8: Rheumatic fever

Number and rate of first episode rheumatic fever hospitalisations for the total population

Outcome Sought	In 2014 a sub-regional rheumatic fever plan was developed. The aim is to reduce the incidence of Rheumatic Fever in the region through a programme of work focussed on prevention, treatment and follow-up of rheumatic fever. The plan is part of the Government's Rheumatic Fever Prevention Programme (RFPP) which is working to improve outcomes for vulnerable children and achieve the goal of reducing the incidence of rheumatic fever in New Zealand by two thirds to a rate of 1.4 cases per 100,000 people by June 2017.

<table>
<tr><td>Measures</td><td>55% reduction from baseline in rates of rheumatic fever hospitalisations (cases/100,000 population).</td></tr>
<tr><td>Current Status</td><td>Rates at baseline and target rates for rheumatic fever hospitalisations (cases/100,000 population) for Wairarapa, Hutt Valley, and Capital & Coast DHBs:
<table>
<tr><th></th><th>2009/10-2011/12</th><th colspan="2">2015/16</th></tr>
<tr><th>DHB</th><th>Baseline year (3-year average rate)</th><th colspan="2">55% reduction from baseline</th></tr>
<tr><th></th><th></th><th>Rate</th><th>Numbers</th></tr>
<tr><td>Wairarapa</td><td>0.0</td><td>0.0</td><td>0.0</td></tr>
<tr><td>Hutt</td><td>4.9</td><td>2.2</td><td>3</td></tr>
<tr><td>Capital & Coast</td><td>2.9</td><td>1.3</td><td>4</td></tr>
</table>
See PP28 (Module 7): Reducing Rheumatic fever; reported quarterly.</td></tr>
</table>

Planned Actions	**Owner**	**Timeframe**
1. To prevent the transmission of Group A Streptococcal throat infections in the Wairarapa, Hutt Valley and Capital & Coast DHB region, through: – The implementation of a pathway across the sub-region to identify and refer high risk children to comprehensive housing, health assessment and referrals services – The development of the Housing and Health Capability Building Programme throughout 2015/16 and implementation of insulation referral process for high-risk patients – Raising community awareness throughout 2015/16	PHO RPH	Q4
2. Actions to treat Group A Streptococcal infections quickly and effectively. This will be achieved through: – The provision of training and information for primary care providers, throughout 2015/16 and on-going. – Development and implementation of an audit tool for the treatment of sore throats in primary care	PHO RPH	Q4
3. Actions to facilitate effective follow-up of identified rheumatic fever cases. This will be achieved through: – The tracking of the timeliness of antibiotics through the rheumatic fever register with annual audit and stakeholder meetings – Appropriate mechanisms for annual training of hospital medical staff to be explored and implemented – The implementation of an audit process to follow up on all cases of rheumatic fever (root cause analysis process undertaken) by Regional Public Health. For Hutt Valley and Capital & Coast DHBs, this will include quarterly reporting on the lessons learned and actions taken – The development and implementation of a clinical pathway from diagnosis through to the end of bicillin course	PHO RPH DHB	Q4
In 2015/16 there will be increased focus on consistent communication messages to the public and health professionals,		

education of health professionals in primary and secondary care and antibiotic adherence.		
– Refinement of the walk in sore throat clinics in the Hutt Valley.	PHO RPH	Q4
– Engagement with Pacific Health and Wellbeing Collective – Ensure key messages are reaching Pacific families	PHO DHB	Q4
Monitor and report indicator performance by ethnicity on a quarterly basis to: – Hutt Valley Māori Health Services Development Group – CPHAC (Equity report)	DHB PHO	Q1-4

Indicator 9: Oral health

Percentage of pre-school children enrolled in the community oral health service (preschool enrolments, PP13a).

Outcome Sought	Improved oral health outcomes for Māori children.
Measures	95% Māori by June 2016 (variable DHB targets until then).
Target	85% of pre-school children enrolled in the community oral health service by December 2015
Current Status	

Ethnicity	Current Baseline	Target	Variance to Target
Māori	44%	85%	41.0%
Pacific	51%	85%	34.0%
Other	61%	85%	24.0%

Planned Actions	**Owner**	**Timeframe**
Implement the 3DHB newborn triple enrolment programme	All	Q1-4
Use quality improvement methodology to increase numbers seen and completed, such as: - Value Stream Mapping - PDSA cycles to see more pre-schoolers - Data matching with PHOs - Hub and mobile planning based on demand	Bee Healthy	Q1-4
Early Intervention team to work with targeted high need ECE, including Kohanga Reo, to increase enrolments; deliver oral health education and support the centres with healthy food policies.	Bee Healthy	Q1-4
Data match PHO and Bee Healthy registers to identify under-fives who are not enrolled with Bee Healthy and undertake an 'opt-off' process for enrolment. (HV DHB and CCDHB)	PHO Bee Healthy	Q1-4
Monitor and report indicator performance: - Monthly inhouse with Bee Healthy Service - Quarterly to the Hutt Valley Māori Health Services Development Group - Six monthly to CPHAC	DHB Bee Healthy	Q1-4

Indicator 10: Mental health

Mental Health (Compulsory Assessment and Treatment) Act 1992: section 29 community treatment order. Reduce the rate of Māori on the mental health Act: section 29 community treatment orders relative to other ethnicities.

Outcome Sought	Appropriate rates of use of Section 29 of the Mental Health Act (community treatment order).		
Measures	No targets set for 2015/16		
Current Status	As at March 2015 **Ethnicity** / **Current Baseline**[2] **Māori** 301 **Non-Māori** 120		
Planned Actions		**Owner**	**Timeframe**
Jointly with the Ministry of Health, identify variance in use of Section 29 by establishing consistent data collection processes for this indicator.		DHB MOH	Q3
Analyse the degree of variance in use of Section 29 within the DHB by reviewing the rationale for its use		DHB	Q2
Report findings of analyses to practitioners and a clinically-led multidisciplinary mental health forum.		DHB	Q2
Develop guidelines and regular auditing processes to support standardised application of Section 29		DHB	Q2-4
Monitor and report indicator performance by ethnicity on a quarterly basis to Hutt Valley Māori Health Services Development Group		DHB	Q1-4

Indicator 11: SUDI

Outcome Sought	Reduced SUDI mortality of Māori children.
Measures	1. Most recent five year average annualised SUDI infant deaths by DHB region of domicile, Māori and total population 2. Caregivers provided with SUDI prevention information at Well Child Tamariki Ora Core Contact 1
Targets	1. 0.5 SUDI deaths per 1000 Māori live births 2. All caregivers of Māori infants are provided with SUDI prevention information at Well Child Tamariki Ora Core Contact 1
Current Status	Whānau within the Hutt Valley DHB area have disproportionately experienced higher rates of SUDI since they were reported for the 2003–2007 period through to the current reporting period of 2008–2012. In 2008-2012 there were 14 SUDI deaths among Māori, and 17 deaths among the total Hutt Valley population. The rate of SUDI for

[2] Rate per 100,000

	2008-2012 was 4.36 SUDI deaths per 1,000 Māori births, and 1.59 per 1,000 births in Hutt Valley. As per the MOH WCTO SUDI report 3 March 2013, the baseline percentage of caregivers provided with SUDI prevention information at WCTO Core Contact 1 in 2013 was 50% of caregivers of Māori infants and 77% of caregivers of European/Other infants. 27% of Māori infants in Hutt Valley did not receive WCTO Core Contact 1. The Hutt Valley DHB is investing in programmes to support breastfeeding, Māori antenatal education, tobacco cessation and access to maternity and well child services that support increased knowledge of safe infant care practices including safe sleep. All of these actions contribute to reducing the risk of SUDI.		
Planned Actions		**Owner**	**Timeframe**
Targeted Breastfeeding support service (community) The DHB will continue to deliver the community breastfeeding support service. This service is a nurse led service that works collaboratively across the Well Child services (local Tamariki ora, Pacific Health and Plunket services) to increase knowledge, awareness and clinical skills regarding breastfeeding. The Breastfeeding Support Service aims to target those living in high deprivation areas and Māori, Pacific and teen mothers. Community Health Workers based at various services throughout the Hutt Valley including previously trained Breastfeeding Peer Counsellors will also attend Breastfeeding Education sessions. Information sessions about the Breastfeeding support service and its delivery framework will be delivered to the Primary nurses group and Community/Hospital Midwives at their study days. To date (2014) the Innovation Service sees approximately 14% of total Māori births in the Hutt Valley. To achieve a significant increase of referrals for Māori and Pacific babies born, it will be important to look at ways to increase this reach (increasing referral and utilization rates). Actions increase reach: • Develop guidelines for high risk Māori referred through the HVDHB (Vulnerable Pregnant Women and Unborn Baby Group) VWUB group. • Clearly define referral criteria, targeting high risk Māori mothers.		DHB	Q4
Measures - Increasing referral and utilization rates of Māori mothers. - Increased range of stakeholders referring.			
Māori Ante-natal Kairaranga Education (MAKE) Wananga (Workshops by BirthEd) The Kaupapa Māori Antenatal & Kairaranga Education (M.A.K.E) program is a new initiative that has been developed in partnership primarily with Hutt Valley District Health Board but also with the support of the Hutt Valley Rūnanga, Te Kōhanga		DHB	Q4

Reo, Te Mangungu Marae, Naenae and a representative from the Ministry of Education. The kaupapa M.A.K.E programme will involve: - A Māori educator - who shares her expertise in Māoritikanga and evidenced based information with wahine who are hapu and their whanau. - The whaea - the mother (or childbirth educator) who shares her expertise. This is woven throughout the course with stories and innovative education strategies. - The initial target group is Māori and Pacific young women under the age of 24 living within Naenae, Taita, Pomare, Timberlea (Māori Bank), Wainuiomata and Stokes Valley and their support partner (their partner, sister, mother, aunty, grandmother, friend). - The course would be hosted by a local marae and taught in a relaxed 'live in' (Noho marae) environment over a weekend. - Activities and education specific to becoming a 'new dad' are incorporated into the program for partners for example ipu whenua which is making of an uku (clay) receptacle to bury the whenua (placenta) in. - Postnatal smoking information will be delivered. - Antenatal education covers the '10 Steps to Successful Breastfeeding' and other relevant information (Qualified breastfeeding educator). Six courses will be delivered over the course of the year. The DHB will undertake an interim evaluation to the M.A.K.E programme in Q2 – Q3 and will undertake a final evaluation in Q4. *Note: Māori women and Whanau not eligible for the M.A.K.E programme will be encouraged and supported to access the DHB funded antenatal education provided in the Hutt Valley by birthEd. birthEd offer a series of courses designed to meet the needs of first time parents who want to be informed about the normal birth process and how they can best support the birth of their baby, establish successful breastfeeding and be prepared to become new parents. birthEd run two courses prior to the birth of the baby ("Getting ready for the Birth" and "After the Birth") and an additional two courses post birth ("Your new Baby" and Baby Safety"). Each course group sets up a 'Coffee time' so mums, dads and Whanau can meet for ongoing support and friendship when their courses have ended. All courses delivered by birthEd are free to attend.* *Based on provider reporting, in 2013, 16.5% of those who attended DHB funded pregnancy and parenting education were Māori (an increase from 15.8% in 2012). This is below the 30% target outlined in the Māori Health Plan and service coverage expectations. Both the 2015/16 Annual Plan and Māori Health Plan have incorporated actions to provide pregnancy and*		

parenting education services to a minimum of 30% of pregnant woman. The DHBs have been working actively with the DHB funded pregnancy and parenting education providers to enable increased access and improved data collection and reporting. DHB funded programmes will be monitored to assess utilisation by ethnicity		
Measures - Improved rates of Māori attending Antenatal education. - Increased range of stakeholders referring. - Level of satisfaction by participants as noted via the evaluation. - Six courses will be delivered with 10 – 12 participants attending each course.		
Targeted Baby Safety Courses (BirthEd) BirthEd is currently contracted with HVDHB to provide Pregnancy and Parenting education, this includes a Baby Safety programme which runs for a minimum of ten times per year in the Hutt Valley. BirthEd runs these class in conjunction with the Red Cross and it well received by the participants. At times there is a waitlist for the classes due to the high demand. Increasing the number of courses with a targeted focus to Māori mothers would extend the knowledge of safe practices for babies and also equip these mothers with practical skills, such as safe sleeping positions and creating an overall safe environment. Course content includes: - SUDI (Sudden Unexpected Death in Infancy) - Pre and Postnatal smoking education - Promotion of early enrolment of WCTO - Breastfeeding - Infant CPR and infant choking (Co-taught with a Red Cross Trainer) - Anger and Stress Management - Immunisation - Car safety - Baby carriers - Baby safety at home Four courses will be delivered over the year. *Note: Those who attend the MAKE programme will not be eligible to attend the Baby Safety Course.* *Note: Entry criteria for the additional courses will be targeted for high risk Māori mothers.*	BirthEd	Q4
Measures - Improved rates of Māori attending Antenatal baby safety courses. - Increased range of stakeholders referring. - Four courses will be delivered. - 10 – 12 participants will attend each course.		
Training – Whakawhetu, National SUDI prevention for Māori, Protecting our Mokopuna Seminar	DHB	Q1

SUDI Prevention training will be organized and delivered to ensure health practitioners including Lead Maternity Carers, Community / DHB Midwives, Primary Care, Well Child Tamariki Ora and all Paediatric ward staff are competent in giving Safe Sleep messages. The training will also be open to Whanau in the Hutt Valley. The SUDI Seminar is planned in partnership with Whakawhetu and will be delivered in Q1. The Whakawhetu seminar will include three key work streams covering Te Auahatanga (Innovation), Nga Tohu Papori o te Hauora (Social Determinants) and Whakapangia ki nga Whanau (communicating with Whanau). The work streams will run in conjunction to the Raranga Wahakura who will welcome individuals to participate and ask questions at any time throughout the day. Two key note presentations will be delivered; these include an overview of Māori SUDI and also the SUDI Risk Calculator. A panel discussion with lead researchers and a Call for Action will also be delivered toward the end of the seminar. All attendees will be encouraged to also complete the Whakawhetu SUDI Online workshop and/ or the online workforce development tools available through Ministry of Health Learn Online Website.		
Measures - The SUDI Seminar is planned in partnership with Whakawhetu and delivered by Q1. - Communications plan is developed to communicate the new online accredited SUDI prevention course Q1 2015. - Numbers of workforce trained are monitored.		
Clinical Pathway for access to safe sleep space and/or tobacco cessation A clinical pathway will be developed under the Clinical Pathway process and uploaded to the Health Pathways site. The clinical pathway will direct health professionals to safe sleep resources for Whanau who meet the criteria for needing so. The pathway will also encourage delivery of tobacco cessation, and breastfeeding support. The Pathway will be developed by the Health Pathways team and will be monitored by the allocated clinical pathway editor and subject matter expert. Refer to the indicator 3 Child Health breastfeeding section and indicator 6 smoking/tobacco cessation section of the 2015/2016 Māori Health plan for additional actions contributing to the DHBs efforts to reduce SUDI.	DHB	Q4
Measures - Pathway is live Q4. - Monitoring of site visits. - Pathway education sessions are provided.		

Environment The DHB will support safe sleep day with activities and resources (Q2). The DHB will put a contract in place (Q1) to stock safe sleep brochures in the Mediboards in high deprivation sites including the DHB and afterhours. Uptake will be monitored and the number of sites will be increased / altered based on the utilization. The DHB will ensure Safe Sleep brochures are available at HV DHB in all child health services. The DHB will display a safe sleep DVD on all revolving health promoting televisions in all HVDHB child health services. DVDs are currently in place in DHBs across the country, this DVD will be localised to the HVDHB prior to display (Q2). The DHB will introduce the HVDHB emergency department as a place to ask Mothers and Whanau about safe sleeping practices, offering a safe sleep brochure to all pregnant women or mothers. The DHB will develop a communication strategy.	DHB	Q2 Q1 Q2 Q2 Q4 Q1-2
Measures - Increased knowledge and access to information about safe sleeping.		
Quality improvement and Evaluation The HVDHB will continue to monitor progress and quality improvement of SUDI interventions. The HVDHB will also continue to engage with key stakeholders in order to inform and support the activities to reduce SUDI. Stakeholders include; WCTO, Non DHB led Maternity Care services, Work and Income New Zealand, CYF, Police Family Safety Team, Primary Health Care and NGO agencies working with children and their families, Regional Public Health and the Child Mortality Review Group (CYMRC). The DHB will complete a clinical audit of the safe sleep documentation in the Special care baby Unit (SCBU), maternity and the children's ward. The DHB will run an evaluation of the referral rate to the Breastfeeding support service (community).	DHB	Q4
Measures - Evidence of documentation in clinical notes. - Audits complete and recommendations documented.		
Policy Extend the current HVDHB safe sleep policy to the emergency department, including safe sleep advice and the option to refer vulnerable women during pregnancy to HVDHB Social Work for support.	DHB WCTO LMC	Q4

The HVDHB will engage with health services in Q2 to ensure safe sleep polices are in place. If no plan has been developed the DHB will support the service to do so. The HVDHB will work with WCTO providers and LMCs to ensure all policy is current regarding the checking of all babies sleep environments at the first home visit (as per the Well Child Schedule). WCTO providers and LMCs will be encouraged to complete the online workforce development tools available through Ministry of Health Learn Online Website and/or to also complete the Whakawhetu SUDI Online workshop. WCTO providers will be supported by the DHB via the supply of SUDI brochures to WCTO providers, presentations by subject matter experts to WCTO governance and the inclusion of WCTO staff attending the Whakawhetu training. WCTO will also be encouraged to provide families with the provided SUDI information at every Core Contact in the first three months.		Q2 Q4 Q4 Q1
Measures - Internal SUDI policy DHB approved and implemented across all child health services including ED. - Key stakeholders have safe sleep policies in place. - Increase of safe sleep engagement and intervention within WCTO providers for all Core Contacts in the first three months. - High attendance rates of WCTO staff at the Whakawhetu training.		
PHO involvement and joint delivery development Early access to an LMC will be promoted by primary care as many women confirm their pregnancy with a GP in the first instance. Safe sleep discussions at the 6 week check are delivered in the general practice setting. Primary care will also: - Access the Clinical Pathway for access to safe sleep space and/or tobacco cessation - Be encouraged to attend the training – Whakawhetu, national SUDI prevention for Maori, Protecting our Mokopuna Seminar - Be provided with the Safe Sleep brochures in all practices - Refer patients to the Targeted Breastfeeding support service (community) (Hutt Valley).	PHO	Q4
Measures - Ensure the PHO continues to focus on increasing breastfeeding and reducing smoking rates (aiming to reach the government targets), with an increased effort placed on pregnant women and their Whanau.		
LMC and WCTO early enrolment and service quality The DHB will work with primary, secondary care and LMC	DHB PHO	Q4

networks through the Capital & Coast integrated care collaborative child health work streams and the Hutt Valley Child Health Clinical Network to develop a strategy to enable more effective engagement and access to services and information particularly for Māori, Pacific and vulnerable women. The DHB will continue promotion of the "Find a Midwife" website, and continue to implement the communications strategy which includes social and visual media. The DHB will continue to advocate for Māori and Pacific representation on the HVDHB MQSP Governance Group. The DHB and PHOs will continue to work with LMCs to promote pregnancy and parenting education, and provide up-to-date information on how to access the service. The DHB will continue to monitor and promote the timely completing of the Newborn Enrolment forms through already established communication networks, ensuring mothers and newborns have timely access to Core 1 appointments (at 4 – 8 weeks). This will include implementing the agreed actions from the recent Newborn Enrolment Scheme review.	LMC	
Measures - 95% of pregnant women receive continuity of primary maternity care through a community or DHB LMC - 80% of women who register with an LMC do so in their first trimester, with a focus on Māori and Pacific women living in areas of high deprivation - 30% of funded pregnancy and parenting education is provided free through DHB-based services - The newborn enrolment forms will be closely monitored over the next year due to the recent implementation. The DHB is confident this action will have a positive impact for pepe Māori born in the Hutt Valley as 100% of pepe born in the hospital or at home with an LMC will have a form completed, enrolling them to a WCTO provider who will contact the Whanau.		
Monitor and report indicator performance: - Quarterly to the Hutt Valley Māori Health Services Development Group - Six monthly to CPHAC	DHB	Q1-4

LOCAL PRIORITIES

Māori Men's Health

Outcome Sought	Increased promotion of health to Māori men	
Planned Actions	**Owner**	**Timeframe**
A targeted Health promotion/Education campaign for Māori Men	DHB	Q3
Undertake three Māori Men's Health Wananga in appropriate venues throughout Te Awakairangi	DHB	Q1-4

Māori Mental Health

Outcome Sought	Increased access to Mental Health services with a particular focus on Suicide prevention; AOD and Respite	
Planned Actions	**Owner**	**Timeframe**
Implementation of the New Zealand Suicide Prevention Strategy 2006-2015 - Implement the agreed two year Sub Regional Suicide Prevention & Postvention Plan across Wairarapa, Hutt Valley and Capital Coast populations.	DHB	Q1-4
Youth Evidence-Based Vocational Outcomes - Development of a service model to improve Youth access to Evidence-Based Vocational Outcomes across 3DHB's (CCDHB, HVDHB and Wairarapa) - Co-design service model for Youth Evidence-Based Vocational Outcomes for services across 3 DHB's	DHB	Q1-4
Reducing harm from alcohol and improving treatments: CEP Youth Exemplar - Establish a new system of care for 'co-existing enhanced' outpatient youth alcohol and other drug services (Youth AOD) across the 3DHB (Wairarapa, Hutt Valley, Capital and Coast) mental health, alcohol and other drugs services in partnership with 3 DHB's clinical services and NGO alcohol and other drugs service providers at a local and sub regional level. - Implement recommendations in the Youth AOD Exemplar Plan for the delivery of improved performance for exemplar youth focused alcohol and other drug (AoD) and coexisting mental health services.	DHB	Q1-4
Respite Service for youth - Develop and implement improved access to both planned and unplanned respite services across 3 DHB's (Wairarapa, Hutt Valley, Capital and Coast) for youth. - Co-design a service model to improve access and enhanced wellbeing within the family/ Whānau, and supports families to care for the child or young person with mental health needs.	DHB	Q1-4

Prime Minister's Youth Mental Health Project

Outcome Sought	Increased access to Youth Mental Health services	
Planned Actions	**Owner**	**Timeframe**
Implement service initiatives to support Youth Transitioning from adolescence Mental Health Services (12-25 year old) services to Primary Care that best support young people and their recovery beyond specialist service delivery. – Assess the gaps, service barriers – Explore potential opportunities to reconfigure and realign services.	DHB	Q1-4
Enhance primary care service – Enhance primary care service to address 'moderate plus' MH and AoD issues within a primary care setting and to meet the needs of those young people with more severe presentations who choose to remain with their primary care provider. – Assess opportunities to enhance primary care service for youth by addressing workforce capacity and capability issues. – Outreach psychiatric and psychological services within primary care and YOSS Services (more free ranging clinics). – Assess joint training opportunities.	DHB PHO	Q1-4
Review and improve the follow-up care for those discharged from CAMHS and Youth AOD services – Improve follow-up in primary care of youth aged 12-19 years discharged from secondary mental health and addiction services by providing follow-up care plans to primary care providers.	DHB PHO	Q1-4
Improve access to CAMHS and Youth AOD services through wait times targets and integrated case management – Implement actions to meet the waiting time targets	DHB	Q1-4
Provide follow-up of young people presenting to Hutt ED with AOD issues – Base on project identifying people of all ages who would benefit from brief interventions and further support.	DHB	Q1-4
Workforce development to support primary care to build skills and knowledge to enable them to recognise and respond effectively to the alcohol issues of young people. – Provide support for primary care and other agencies developing responses to youth (including AOD problems), including training coaching, mentoring, supervision, consultation/liaison – Collaboration with services across the region (including PHOs and ED's) and ensuring assertive engagement-focused service provision in settings involved with children and young people	DHB PHO	Q1-4

Did Not Attend

Outcome Sought	Decrease in DNA rates for Māori via increased attendance to Hospital appointments	
Planned Actions	**Owner**	**Timeframe**
Scope the development of a suite of common information to improve written Health Literacy.	DHB	Q3-4
Ensure appointment information is provided in a way that meets patients' literacy levels.	DHB	Q1-4
Understand and address where possible barriers that impact on attendance lie, with a special focus on three specialties that have the highest DNA rates.	DHB	Q1-4
Support all clinics to have a DNA focus on children 0-4 years	DHB	Q1-4
Monitor and report indicator performance on a quarterly basis to Hutt Valley Māori Health Services Development Group	DHB	Q1-4

Respiratory

Outcome Sought	Reduced admissions / re-admissions for respiratory conditions	
Planned Actions	**Owner**	**Timeframe**
Develop and implement a 'Follow Out to Community' referral process specifically targeted at Paediatric Respiratory	DHB	Q1-2
Three respiratory pathways will be completed and implemented; COPD, Cough, Pneumonia and OSA, with additional pathways will be prioritised by the ALT	DHB	Q1-4
Improving and embedding pathways for primary care access to specialist nurse and/or doctor advice, by progressing the Sub-regional alignment of respiratory pathways	DHB	Q1-4