



**Wairarapa District Health Board
System Level Measures Improvement Plan
2018/2019**



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Introduction

Background

In 2016, the Ministry of Health introduced the System Level Measures Framework, which was developed with a system-wide view of performance and built on the previous Integrated Performance Incentives Framework. Leading up to its introduction, the Ministry of Health worked with the Public Health sector to co-develop a suite of system level measures to support this whole-of-system view of performance.

In response to this, Tihei Wairarapa, an Alliance between Wairarapa DHB and Tū Ora Compass Health, submitted a System Level Improvement Plan which was approved by the Ministry of Health in November 2016. Tihei Wairarapa's plan was recognised by the Ministry as being an action-focused plan that made good use of data.

The Tihei Wairarapa Alliance, and the Alliance Executive Team (AET) has committed to work in partnership to refresh and further develop the plan, and to agree the 2018/19 Improvement Plan to be submitted to the Ministry of Health. This updated plan includes the following:

- Improvement Milestones for six System Level Measures (SLMs),
- Activities to meet the SLM milestones,
- A set of contributory measures aligned to the activities and milestones, and
- District AET agreement to the planned activities, milestones and measures.

In addition, the DHB has a local reporting and accountability framework.

There are activities underway in Wairarapa DHB that will lead to improvements in a number of SLM areas. Not all of these have been replicated across each SLM in this plan. The plan is focused on priority areas, to ensure on-going manageability. Where contributory measures are available in the Health Quality Measures New Zealand, they have been prioritised for use. Non-availability of contributory measures in this library has not precluded the use of other local contributory measures, as per Ministry guidance. Tihei Wairarapa is committed to including such measures in the library in future.

Māori health

Māori health is a key strategic priority for the Wairarapa DHB and Tū Ora Compass Health. Along with Te Oranga O Te Iwi Kainga, the Wairarapa DHB is committed to making practical and effective changes to the system to achieve positive outcomes for Māori. It is important that this document be read in conjunction with the DHB's Annual Plan and Tū Ora Compass Health's Māori Health Plan, where more specific activities that focus on positive outcomes for Māori are recorded.

All contributory measures will be monitored by Māori, Pacific and Total populations. Where this data is not currently collected, the Wairarapa DHB will ensure that steps are put in place to start collecting this data by ethnicity.

Wairarapa DHB SLM Plan Development 2018/19

Collaborative Development

Wairarapa DHB hosted a workshop attended by a range of relevant community agencies (including DHB clinical and senior management staff and Board members, Compass Health, local Member of Parliament, private hospitals, Aged Residential Care providers, Hospice, Regional Public Health, Wellington Free Ambulance, Iwi Kainga, and Pharmacists) to inform the development of the 2018/19 Annual Plan, of which the 2018/19 SLM Improvement Plan is part.

The development of the SLM Improvement Plan specifically has been led by a collaborative SLM Development Group comprising Executives and Clinical Leads in the PHO and DHB.

Other Groups that have been engaged with and/or provided with progress updates:

- Alliance Executive Team
- Te Iwi Kainga
- Compass Health Clinical Quality Board
- Compass Health Board
- Wairarapa DHB Executive Leadership Team
- Director of Māori Health, WrDHB
- Director of Pacific Health, WrDHB

Links with Strategic Priorities

The SLM development team agreed that the milestones for the SLMs should consider and align with strategic priorities across the sector, should focus on reducing inequity, and should be attainable while supporting the current performance of Wairarapa DHB. These principles remain appropriate and relevant for the 2018/19 Plan. The milestones are also aligned with the National Health Strategy, and DHB performance measures as reflected in the DHBs 2018/19 Annual Plan.

2018/19 System Level Measures

From 1 July 2018 the System Level Measures are:

- Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds
- Acute hospital bed days per capita
- Patient experience of care
- Amenable mortality rates under 75 years
- Youth access to and utilisation of youth-appropriate health services
- Proportion of babies who live in a smoke-free household at six weeks postnatal

In 2018/19, 25% of PHO incentive pool funding will be paid on Quarter 4 achievement of the following three SLM improvement milestones and two primary care targets:

- Acute hospital bed days per capita
- ASH rates for 0-4 year olds
- Patient experience of care
- Primary Care Target: Better help for smokers to quit
- Primary Care Target: Increased immunisation for eight month olds.

The 25% incentive funding is equally weighted across all five incentivised measures.

An Overview to Our 2018/19 Plan

Wairarapa DHB recognises that we are in a rebuilding phase following the dissolution of the 3DHB planning and funding unit and the 2DHB management structure. During the 2017/18 year the emphasis was on the recruitment of key managers and clinicians, reestablishment of systems and processes (including human resources and IT), and building relationships with the local community and health providers again (including establishing a consumer council and intersectoral group). At the same time Tū Ora Compass Health restructured local management to better support the seven practices, each of which is facing capacity challenges. Collectively we acknowledge that during this time the Alliance has not been operating as effectively as we would like.

We are realistic about the challenges we face as a health system. We have a comparatively large population of older people with 22% over 65 years. We are also experiencing rapid population growth as people relocate from the major cities. In both the hospital and primary care there has been significant growth in acute demand, our workforce is aging, and we struggle to recruit the clinicians we need. We recognise that our current model of service provision is not sustainable and are committed to addressing this by taking a partnership approach to improving patient experiences, population health and system efficiency. One of our strengths as a district is that we are innovative, focussed and nimble. We have a small and discrete population, strong community support and a single PHO with sophisticated capability. We aim to capitalise on these strengths.

Our 2018/19 plan outlines several key actions that we believe are required to lay the foundation for future service development. Collectively we are committed to renewing the Alliance Leadership Team and establishing local Service Level Alliances to replace previous sub regional arrangements. This will provide us with an operational framework to effectively monitor and evaluate our performance, and agree priorities and service improvement actions.

Together we will develop a clinical services plan, a district-wide health promotion plan, and will be developing business cases for an integrated urgent care centre and an integrated midwifery model of care.

Crucially, we recognise that we need to modernise and free-up capacity in primary care so that we can improve the management of patients in the community. Starting in January 2019, Tū Ora Compass Health will be implementing the Health Care Home Model (HCH) across all seven Wairarapa practices. The DHB acknowledges that this is a major commitment for the PHO and practices over the next three years and limits the extent to which other service developments may be possible.

Table 1 below summarises the headline actions that have been agreed as priorities for the 2018/19 year, and the intervention logic behind them.

Our 2018/19 Priority Projects

Table 1: Our priority projects and the milestones they will impact on

	ASH 0-4	Acute bed days	Patient Experience	Amenable mortality	Youth access to service	Babies in smoke free households
The Tihei Wairarapa Alliance membership and terms of reference will be refreshed to reflect the scope of the SLM plan. The Alliance Leadership Team (ALT) will be more clearly responsible for the development and implementation of the system level measures and will be accountable to the Board for performance and to Te Iwi Kainga for equity.	✓	✓	✓	✓	✓	✓
The Healthcare Home (HCH) model will be implemented in all seven Wairarapa practices commencing January 2019. The HCH model represents a fundamental shift in the way care is provided in general practice. It is evidenced to deliver: <ul style="list-style-type: none"> • Improvements in patient experience of healthcare • Improved satisfaction and sustainability of the workforce • Improved quality of care through improved access and a focus on prevention and early intervention • A reduction in the downstream impacts on the broader health system such as hospitalisation, emergency presentations and amenable mortality. 	✓	✓	✓	✓		
A Service Level Alliance (SLA) will be established to drive system improvement in the management of long term conditions in the district. The SLA will monitor quality indicators including: <ul style="list-style-type: none"> • the SLM contributory measures, • the Atlas of Healthcare Variation, • Health Roundtable data and • the Compass Health quality indicators, and will make recommendations to the ALT on system improvements to improve population health outcomes and equity. <p>The SLA will have an initial focus on diabetes, respiratory conditions, falls and palliative care.</p> <p>The SLA will have primary responsibility for the implementation of the acute bed days and amenable mortality measure improvement plans.</p>	✓	✓		✓		✓

	ASH 0-4	Acute bed days	Patient Experience	Amenable mortality	Youth access to service	Babies in smoke free households
<p>A Service Level Alliance will be established to drive system improvement in child and youth health services. The SLA will monitor quality indicators including:</p> <ul style="list-style-type: none"> the WCTO quality framework the SLM contributory measures, and the Tū Ora Compass youth health quality indicators <p>and will make recommendations to the ALT on system improvements to improve child and youth health outcomes including increasing equity.</p> <p>The SLA will have an initial focus on implementing a targeted fluvax and respiratory health campaign, developing culturally appropriate antenatal options for Māori, reconfiguring services to provide more support for high needs families and better understanding our strengths and challenges for youth health.</p> <p>The SLA will have primary responsibility for the implementation of the ASH 0-4, babies in smoke-free households and youth measure improvement plans.</p>	✓			✓	✓	✓
<p>A district wide health promotion plan and platform will be developed to align community communications and health promotion activities and support the DHBs vision of Well Wairarapa. This will pull together the current small and separate investments in health promotion and better target resources to district priorities.</p>	✓	✓		✓	✓	✓
<p>A business case will be presented to the Board for the development of an integrated urgent care centre. Streamlining after hours and urgent care arrangements is expected to improve the patient experience, reduce hospital admissions and reduce costs.</p>	✓	✓	✓		✓	
<p>The DHB wishes to develop an integrated and sustainable model of midwifery care more appropriate to a DHB with a small population. The Alliance will work with local stakeholders and the Ministry of Health to develop options during 2018/19.</p>						✓
<p>The Alliance believes there are opportunities to improve the patient experience of the health system as a whole by sharing PES results and combining quality improvement initiatives. We will implement quarterly combined reviews of survey results and commit to an integrated quality improvement approach.</p>			✓			

The Wairarapa DHB/Tihei Wairarapa agreed Improvement Milestones for 2018/19 are:

System Level Measure	Key Improvement Milestones	Date	2017/18 Target and latest results	2018/19 Target
ASH rates for 0-4 year olds	Wairarapa Māori 0-4 years non-standardised ASH rate per 100,000	End of Q4	Target - Māori 0-4yrs ≤ 8,060 Dec 2017 baseline: Māori 0-4yrs = 8,851 Other 0-4yrs = 6,254	Reduce non-standardised Māori 0-4 years ASH rate to 8,060 per 100,000 population
Acute bed days per capita	Wairarapa acute bed day rate per 1,000	End of Q4	Target - ≤ 320 per 1,000 March 2018 baseline DHB of service = 400	Reduce actual Māori acute bed days for DHB of service from 435 to 350 per 1,000 population
Patient Experience Survey	Wairarapa primary care and inpatients composite score (note national definition currently unavailable in library) Practices participating in the primary care PES Māori participation in the primary care PES.	End of Q4	Target - ≥ current baseline in all four domains – minimum of 8.0 for inpatient survey. 75% of practices participating in the primary care PES June 2018 – all 7 practices participating.	Increase the inpatient survey score for communication to 8.0/10 Increase the Māori participation rate in the primary care survey to 10%
Amenable mortality rates	Wairarapa total 0-74 standardised AM rate per 100,000	End of Q4	Reduce standardised rate to 120 per 100,000 by 2020/21 Baseline 2015 =89.8 5 year average = 110.7	Maintain AM rate at or below 89 per 100,000
Youth access to and utilisation of youth-appropriate health services	Access to preventative services: Increase Māori and Pacific adolescent dental coverage Intentional self-harm hospitalisations (including short-stay hospital admissions through ED) for 15 - 19 year olds	End of Q4	Access to preventative services – Adolescent oral health utilisation for school year 9 – 17 years of age: 2016/17 baseline: coverage = 64% total, Māori 48%, Pacific 40% Intentional self-harm hospitalisations: 2018 Wairarapa rate of admissions for 15 – 19 year olds ≤ the national rate March 2018 = 73.1 (national rate = 73.6)	Access to preventative services: Increase Māori and Pacific adolescent dental coverage from 48% /40% to 55% by 30 June 2019. Mental Health and Wellbeing: Maintain rate of self-harm hospitalisations for 15 – 19 year olds at or below the national average rate.
Babies in smoke-free households	Percentage of babies that are six weeks old, who live in a household with no smoker present	End of Q4	Smoke-free home data field is completed by WCTO providers for 90% of babies. March 2018: Data available for 72% of babies. 64% living in smoke free homes 27% Māori living in smoke free homes	Accurate data is available for 95% of babies. Increase the % of babies living in smoke free homes to 70% and Māori babies to 40% by 30 June 2019

Improvement Plan

The following sections outline the agreed 2018/19 Wairarapa SLM Improvement Plan.



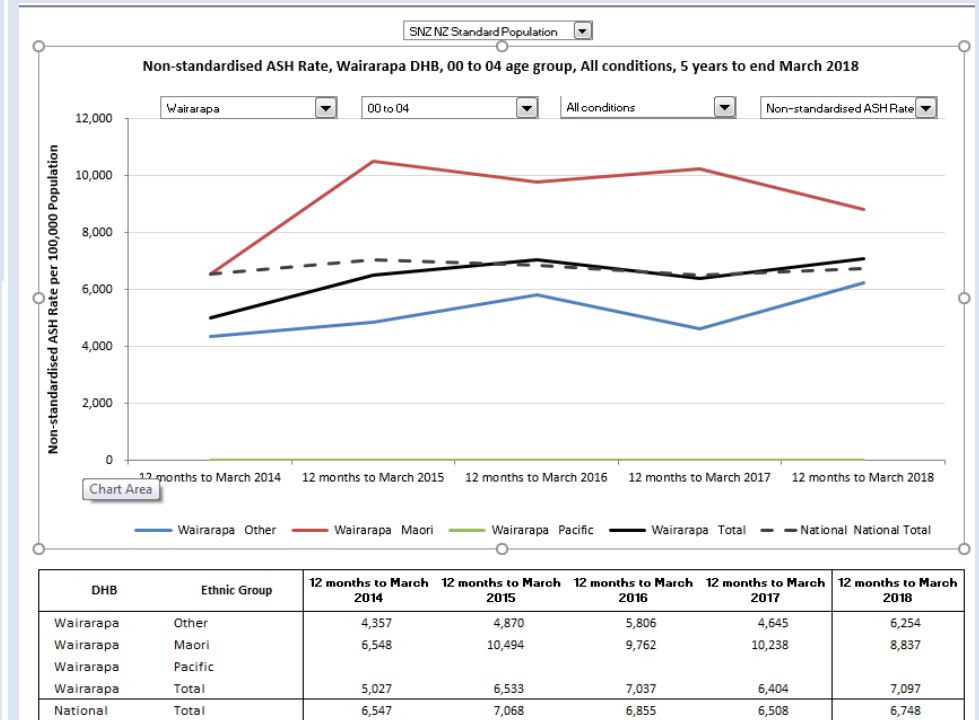
Ambulatory Sensitive Hospitalisations 0-4yo

As a Wairarapa DHB system we want all our children to have a healthy start in life. One of the DHBs strategic goals is to improve child health and child health services in the Wairarapa Region. Our system will support all families to maximise their child's health and potential. In 2018/19 Wairarapa DHB will retain its goal of reducing the Māori ASH rates for 0 – 4 year olds to 8,060, a 5% reduction from the September 2016 rate of 8,488.

While the rates for Māori are reducing, the overall rates are increasing.

Inequities are evident particularly with Māori children. Comparative data is not available for Pacific children due to the small population, but we intend to monitor hospitalisations for Pacific children at an individual level.

Respiratory conditions, including infections, asthma /wheeze and pneumonia are by far the largest driver of admissions, especially for Māori children. Gastroenteritis and dental conditions are also significant.



Milestone	Actions	Contributory Measures
Reduce Māori ASH rate for 0-4year olds from 8837 to 8,060 per 100,000 population	Establish a child and youth service level alliance, to monitor system level performance including the Well Child, Tamariki Ora Quality Framework indicators	All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
	Implement enhanced whānau ora services for families of children identified through LMC/WCTO needs assessment and those booked for dental treatment on the surgical bus	<ul style="list-style-type: none"> SLA quarterly monitoring framework process established and implemented by 30 June 2019 % preschool children enrolled with oral health service Hospital admissions for children under 5 years with dental as primary diagnosis
	Regional Public Health will undertake housing assessments for families of children with repeat respiratory admissions	<ul style="list-style-type: none"> Number of housing assessments completed and results discussed with the Intersectoral forum
	Implement a targeted fluvax and respiratory health campaign (including outreach) for children admitted for respiratory conditions	<ul style="list-style-type: none"> Hospital admissions for children under five years with a primary diagnosis of respiratory disease Fluvax under 5 years
	Develop a district wide health promotion plan and platform to align community communications and health promotion activities, including health literacy and support the DHB's vision of Well Wairarapa.	<ul style="list-style-type: none"> District wide health promotion plan agreed by ALT by 30 June 2019

Patient Experience of Care

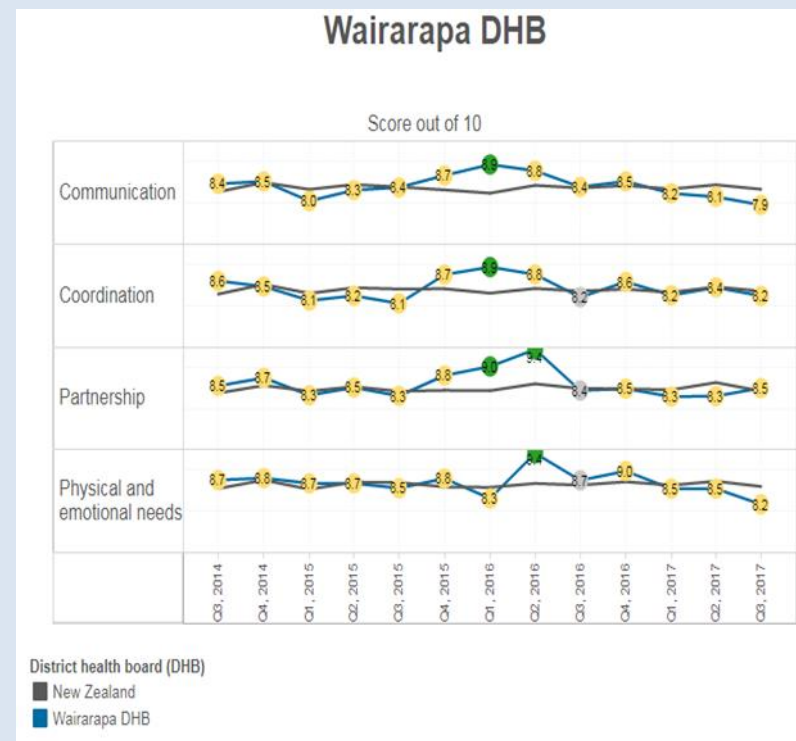
The Wairarapa health system encourages patients to provide feedback about their experience of care through our complaints and compliments process and by participating in the Adult Inpatient and Primary Care Patient Experience Surveys. Involvement and feedback to support initiatives that will lead to improved patient experience of care. One of our priorities is to monitor results and feedback and use them to inform initiatives that will lead to improved patient experience and outcomes.

The Primary Care PES will provide improvement opportunities for practices implementing the Health care Home model. We aim to have 100% of practices participating in the PES and will maintain or improve on current domain composite scores.

All seven Wairarapa general practices are now participating in the PES. However, as the final practices have only just joined the programme we do not have reliable baseline data for participation or satisfaction. Māori participation in the primary care survey in May 2018 was 8%.

WRDHB inpatient survey is just below the NZ average for communication, coordination and physical & emotional needs, and on the national average for partnership. As with our regional DHB partners, our lowest scoring question is medication education at hospital discharge. As at q4 2017, the participation rate in the inpatient survey was 32%.

Māori consumers experience in health services appears to be less satisfactory than for non-Māori. Scores from Māori respondents are lower than non-Māori in all domains except communication in the Primary Care survey.



Milestone	Actions	Contributory Measures
<p>Better Patient Experience and Outcomes</p> <p>Primary Care Milestone Increase Māori participation in PES to 10%</p> <p>Adult Inpatient Milestone: Increase participation rates in the inpatient PES to 40%</p> <p>Increase inpatient PES communications score to 8</p>	Implement the Health Care Home model across all Wairarapa practices with expectations for year of care planning and appointment availability	<p>All contributory measures will be monitored by Māori, Pacific & Total Population where data allows</p> <ul style="list-style-type: none"> Number of practices implementing HCH Māori and Pacific response rates for the primary care PES Primary care scores in the four domains Quarterly reviews completed and improvement opportunities identified Email collection rate
	PHO will work with HQSC to develop and test Māori and Pacific language flyers in practices to promote participation in the survey	
	Establish baseline for all domains in the primary care survey	
	Implement quarterly review of combined inpatient and primary care survey results to identify focus for continuous quality improvement	
	Investigate the use of relationship centred care learning modules to become part of mandatory training for DHB staff	
Cease SMS collection and increase collection of email contacts at admission to hospital		



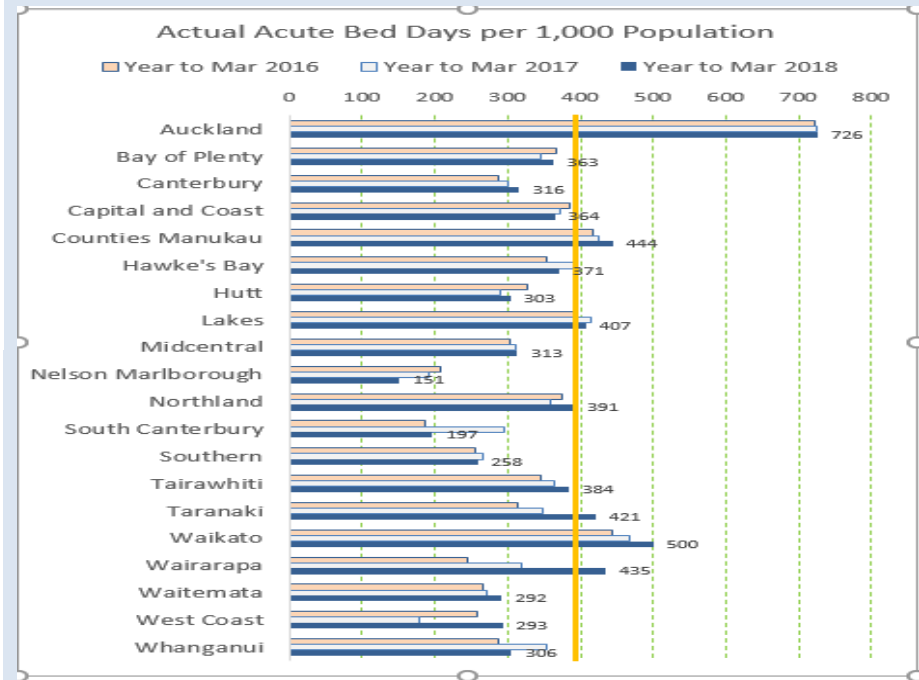
Acute Bed Days

Better health for all is the WrDHB vision. We want our population to be well in the community and to receive appropriate care when they are not well. Our aim is to reduce acute bed days (in DHB of service) to 350 per 1000, in 2018/19. A short-term goal for 18/19 is to better manage respiratory conditions in primary care, and for general practices to use stratification tools to identify populations at risk of admission. Further focused work is required on understanding drivers of acute bed days for the 70+ years age band. Advanced care planning and shared care plans will assist in addressing this in 2018/19 and beyond.

The rate of acute bed days in WrDHB was historically low but has increased sharply in the last 12 months (from 349 to 400 from March 2017 to March 2018).

Actual bed days for all ethnicities have increased in the past year, with the biggest increase being Māori (from 318 to 435).

Respiratory conditions, especially in the very young, elderly and Māori, cerebrovascular disorders and fractures especially in the elderly are the largest drivers of acute bed day usage.



Milestone	Actions	Contributory Measures
Reduce Māori standardised acute bed days (DHB of service) to 350 per 1000 population.	Present DHB Board with a business case for integrated urgent care provision, including streaming of patients to the appropriate care and avoiding admissions	<ul style="list-style-type: none"> Business case completed
	Implement the falls prevention programme to reduce the incidence of falls and fragility fractures	<ul style="list-style-type: none"> Number of people 65+ years with low impact fragility fractures who have been registered by the fracture liaison service
	Establish LTC Service Level Alliance, with an initial focus on improved management of diabetes and respiratory conditions	<ul style="list-style-type: none"> Māori HbA1c test results
	Implement Health Care Home model focused on providing proactive, preventative and acute care to keep people well and prevent the requirement for them to attend hospital.	<ul style="list-style-type: none"> Number of practices implementing HCH
	Review current processes and develop a plan for increasing CVDRA and CVD management plans for Māori	<ul style="list-style-type: none"> Māori CVD risk recorded within the last ten years Māori CVD risk >20% and prescribed a statin
	Extend multidisciplinary meetings in primary care for patients identified through risk stratification as being at risk of hospital admission.	<ul style="list-style-type: none"> Number of practices using a tool that identifies population at risk of admission
	Implement the DHB's 2018/19 Tobacco Control Plan, including increasing referrals from primary and hospital to smoking cessation services	<ul style="list-style-type: none"> Māori Quit rate (PHO data)



Amenable Mortality

We want to have an effective WrDHB health system, for individuals and the population as a whole. Wairarapa DHB aims to maintain its amenable mortality rate at less than 100 per 100,000. Our focus in 2018/19 and beyond is on reducing the Māori amenable mortality rate. Suicide continues to have a large relative impact on the rate at WrDHB. We are continuing to develop an improved understanding (including by age and ethnicity), so effective solutions can be developed and implemented in future years.

Wairarapa DHB's amenable mortality rate dropped significantly between 2013 – and 2015. However, large fluctuations over the last few years reflect the small population size.

Inequities remain with the Māori population continuing to have the highest AM rates.

Coronary disease, cerebrovascular disease, COPD, suicide and female breast cancer are the most prevalent conditions for Wairarapa DHB

Amenable mortality deaths, age standardised rates, 0-74 year olds, 2015

Calculated using estimated resident population as at June 30

	2015		2011-2015
	Number of deaths	Age standardised rate	Average 4 highest
Northland	277	106.7	127.1
Waitemata	472	62.9	71.7
Auckland	415	74.0	79.9
Counties Manukau	617	101.2	106.4
Waikato	528	102.5	108.1
Lakes	181	130.4	127.2
Bay of Plenty	322	103.6	107.7
Tairāwhiti	88	138.4	142.7
Hawkes Bay	243	104.9	108.0
Taranaki	161	97.9	101.5
Midcentral	242	104.0	109.7
Whanganui	126	133.2	130.9
Capital & Coast	261	70.0	76.1
Hutt Valley	183	98.0	95.2
Wairarapa	61	89.8	110.7
Nelson Marlborough	166	68.9	77.2
West Coast	61	127.0	128.6
Canterbury	602	85.3	87.5
South Canterbury	68	78.2	111.1
Southern	412	96.9	95.5
Overseas and undefined	63
Total New Zealand	5549	90.8	95.2

Milestone	Actions	Contributory Measures
Maintain 0-74 years age standardised AM rate at or below 89 per 100,000	Establish a LTC Service Level Alliance to monitor system level performance and lead integrated service development (with an initial focus on diabetes and respiratory conditions)	<p>All contributory measures will be monitored by Māori, Pacific & Total Population where data allows</p> <ul style="list-style-type: none"> SLA quarterly monitoring framework process established and implemented by 30 June 2019 HbA1c results
	Review current processes and develop a plan for increasing CVDRA and CVD management plans for Māori	<ul style="list-style-type: none"> CVDRA within last year CVD >20% and prescribed a statin
	Evaluate the benefits of group consultations for people with LTCs through a trial	<ul style="list-style-type: none"> Number of group consultations
	Implement the DHBs 2018/19 Tobacco Control Plan, including increasing referrals from primary and hospital to smoking cessation services	<ul style="list-style-type: none"> Referral to smoking cessation services Primary care quit rates
	collaborate with iwi to develop specific actions to improve equity in Māori rates of breast, cervical and bowel screening	<ul style="list-style-type: none"> Māori breast cervical and bowel screening rates
	Implement the recommendations of the local mental health and addictions review	<ul style="list-style-type: none"> Recommendations approved by Board and implementation plan agreed by 30 June 2019
	Implement the Wairarapa Community Alcohol Initiative which is focused on reducing alcohol related harm among young people	<ul style="list-style-type: none"> % data collected for alcohol related ED presentations



Youth access to and utilisation of youth appropriate health services

As a Wairarapa DHB system we want all our youth to have access to, and to utilise, appropriate services that meet their age-specific health needs. One of the DHBs priorities is to engage young people with health services where they are comfortable and receive youth friendly health care. We will focus on engaging youth in the development of youth health services, and on improving youth engagement with health services in the 2018/19 year. This will inform priority areas for future years' activities.

Self-Harm

In 2017, the rate of hospitalisations for intentional self-harm for Wairarapa 15-19 year olds was higher than the national average at 88 per 10,000 compared to the national rate of 75 per 10,000.

There has been a marked reduction in self harm hospitalisations for this age group in 2018, especially among Māori females. However, consultation conducted for the mental health review highlighted considerable concern about youth mental health, so the Alliance will continue to focus on this domain.

Youth Oral Health

Between 2010 and 2017 adolescent oral health utilisation dropped from 82% to 64%. In 2017, coverage was 48% for Māori, 40% for Pacific and 75% for other ethnic groups.



Milestone	Actions	Contributory Measures
Maintain intentional self-harm ED presentations /hospitalisations 15-19 year olds at or less than the national rate.	Establish a Child and Youth Service Level Alliance to monitor youth health indicators and lead youth health service development	<p>All contributory measures will be monitored by Māori, Pacific & Total Population where data allows</p> <ul style="list-style-type: none"> SLA quarterly monitoring framework process established and implemented by 30 June 2019
Increase Māori and Pacific oral health utilisation to 55% by 30 June 2019	Implement the recommendations of the local mental health and AOD review, including increasing mental health support in schools as part of implementation of universal School Based Health Services	<ul style="list-style-type: none"> Practice utilisation of PMHI extended consultation and packages of care for young people 15 – 24 yrs Intentional self-harm presentations 10-24 years (Maori /Other)
	Review local oral health service delivery model and develop options for increasing utilization especially for Māori and Pacific.	<ul style="list-style-type: none"> Year 9 enrolments with dentists (Māori /Pacific / other)
	Develop mechanisms for increasing access to the Youth Kinex clinic.	<ul style="list-style-type: none"> Number of Youth Kinex consults



Babies in smoke-free households

As a Wairarapa DHB system we want all our children to have a healthy start in life. Babies and children who have a smoke free home have better outcomes. One of our priorities is to reduce the rate of infant exposure to cigarette smoke. Maternal smoking is associated with a range of poor child health outcomes such as sudden unexpected death in infancy (SUDI) and low birth weight. This measure seeks to go beyond maternal smoking, focusing on the home and family/whānau environment. In addition to the benefits to babies of no smoke exposure, other members of the population would benefit from a change in households' smoking behavior. There is also potential for positive impact at a broader system level, due to the integrated approach required between maternity, community and primary care services.

The baseline from the WellChild Tamariki Ora dataset at March 2018: % of babies for whom the smokefree home field is completed was 72%.

Of those for whom data was available, 27.3% of Māori babies and, 64% of all babies were living in smokefree homes.



Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Increase the percentage of babies for whom the smoke free home data field is completed from 72% to 95% by 30 June 2019.	Provide WCTO providers with education and training support on the implementation of the Smokefree SLM data standard	<ul style="list-style-type: none"> Quarterly progress on data quality
	Establish a Child and Youth Service Level Alliance to monitor WCTO quality indicators and lead maternal and child service development	<ul style="list-style-type: none"> SLA quarterly monitoring framework process established and implemented by 30 June 2019
Increase the proportion of babies living in smoke free homes to 70% (total) and 40% (Māori).	Develop antenatal wananga, including smoke free messaging, targeted to young Māori women and their whānau	<ul style="list-style-type: none"> Number of hapu mama attending wananga
	Increase support for the Hapu Mama programme, including further incentives and alternative NRT	<ul style="list-style-type: none"> Hapu Mama programme referrals, enrolments, and quit rates
	Implement the DHB's 2018/19 tobacco control plan, including implementing processes for increasing referrals to cessation support services from LMCs and WCTO providers	<ul style="list-style-type: none"> Pregnant women who identify as smokers upon registration with an LMC LMC referrals to cessation support Number of mothers smoke free at first core contact
	Increase referrals from primary care to Stop Smoking Services by using primary care data set to target households with babies	<ul style="list-style-type: none"> Primary care quit rates for households with babies