



27 June 2011

Mr David Meates
Chief Executive
West Coast District Health Board
Corporate Office
PO Box 387
GREYMOUTH 7840

Ref. No _____

Tēnā koe David

I am pleased to approve the West Coast District Health Board's Māori Health Plan for 2011/12. The new structure for Māori Health Plans introduced for 2011/12 will provide a more effective planning mechanism for reducing inequalities and improving the health of the Māori population.

To ensure consistency across DHBs for Ambulatory Sensitive Hospitalisations (ASH) we are preparing additional data to be issued shortly. We ask you to incorporate this information and adjust your ASH target accordingly.

I want to acknowledge the work your DHB has undertaken to prepare its plan and meet the requirements of the Ministry supplied template. Te Kete Hauora appreciates the support and co-operation it has received from your DHB in introducing the new format for Māori Health Plans.

We look forward to working with you in 2011/12 as your plan is implemented and monitored.

Nāku noa, nā



Teresa Wall
Deputy Director-General, Māori Health

cc: Kylie Parkin
Māori Health Portfolio Manager

WEST COAST DISTRICT HEALTH BOARD

Te Poari Hauora a Rohe O Te Tai O Poutini



Te Kaupapa Hauora Māori

MĀORI HEALTH PLAN

2011-2012

Table of Contents

1.0	Purpose of the Māori health plan	3
2.0	Tatau Pounamu Manawhenua Health Group	5
3.0	West Coast DHB Māori population and their health needs	6
4.0	Māori health priorities	9
4.1	National Māori health priorities	10
	Improving ethnicity data recording in PHO registers	10
	Improve Māori maternal health	10
	Improve Māori access to care	10
	Improvements in the impact and incidence of cardiovascular disease for Māori	10
	Improvements in the impact and incidence of diabetes for Māori	10
	Reduce the incidence and impact of cancer	11
	Reduce inequalities with respect to cancer	11
	Increase the uptake of Smoking Cessation services for Māori	11
	Increase Immunisation levels for Māori	11
	Support Māori workforce development to improve the capability of services	12
4.2	Regional Māori health priorities	13
	Review all elective surgery	13
	Increase the number of Māori children aged five who are caries free	13
	Māori Mental Health	13
	Whanau Ora	13
	Māori Health Workforce Development	13
4.3	Local Māori health priorities	14
	Reduce inequalities for Māori living on Tai Poutini	14
	Improve the effectiveness and responsiveness of mainstream services	14
	Reorient Māori Health Services to support mainstream services achieve national targets	14
	Improve access to care for Māori with disabilities	14

1.0 Purpose of the Māori health plan

Ehara taku toa i te toa takitahi Engari, he toa takitini

Success is not the work of one, but the work of many

The aim of this Māori health plan is to provide an overview of the West Coast District Health Board (West Coast DHB) strategies that are intended to contribute to improve Māori health outcomes for our population, and working towards the achievement of whanau ora within the West Coast DHB rohe. Our Māori health plan for 2011-2012 will be limited to the following critical themes/objectives: To ensure that:

- a) The Māori health components of the national health targets are clearly stated and achievable at a local level
- b) Mainstream services are aware of their obligation to meet these targets
- c) The main function of kaupapa Māori service provision is to support mainstream services in achieving targets and to supplement mainstream services in achieving this when it is more appropriate to do so.

The West Coast DHB has statutory objectives and functions set out in the New Zealand Public Health and Disability Act 2000 and has specific objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Māori and other population groups (see New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h)).

The Act requires that DHB's take active steps to reduce health disparities by improving health outcomes for Māori. In this responsibility the West Coast DHB will continue to be guided by Hē Korowai Ōranga; 2002 Māori Health Strategy, and Whakatātaka Tuarua Māori Health Action Plan 2006-2011.

The West Coast – Te Tai O Poutini Māori Health Profile 2008 provides an important overview of the health status of Māori on the West Coast and describes Māori health needs, comparing them to the rest of New Zealand and West Coast non-Māori. The key findings of the Māori Health Profile provide a basis for determining priorities and planning for services over the next 12 months. It indicates there is a disproportionate burden of illness for West Coast Māori compared to the rest of the population. This plan outlines measures to improve Māori health outcomes.

Investing in Māori health and especially in preventing avoidable illness and injury will reduce the overall impact on whānau and the wider society. The health and disability sector requires initiatives to build better outcomes for Māori communities grounded in Māori beliefs and knowledge. It is therefore essential that Māori are part of the decision-making processes for health and disability service development in the West Coast.

The West Coast DHB remains committed to achieving a reduction, and eventual elimination of disparities in health outcomes between Māori and non-Māori living within Te Tai O Poutini. It is intended that the reducing inequalities framework will be used to improve mainstream effectiveness when reviewing staffing or financial decisions the West Coast DHB makes.

Implementation of the Better Sooner More Convenient Primary Care Business Plan will see the realisation of Integrated Family health Centres. This model is a more holistic model of service delivery utilising a greater range of health practitioners, including Whanau ora nurses and Kaiāwhina within multi-disciplinary teams that are in turn more integrated with community and secondary health services.

Māori Provider services will be more closely aligned to the Ministry's 6 Health targets, the national priority areas for Māori and the Better Sooner More Convenient Primary Care Business plan. Linking closely with primary care providers and secondary services will improve access and outcomes for Māori accessing these services.

Māori health workforce development initiatives and programmes will continue to be supported through promotion of Māori health career pathways, health funding and scholarships, including the West Coast DHB scholarships to tertiary students and through the Ministry of Health Kia Ora Hauora programme.

Accurate Māori health information is a significant factor in the planning and monitoring of better health and disability services. The Māori Health Profile provides a benchmark from which we will continue to measure Māori health improvement and to identify gaps and inequalities in health outcomes locally.

How will we achieve this (key activities)?

- implementation of the Better, Sooner More Convenient Primary Care Strategy
- utilise Te Tai Poutini Māori Health Needs Profile and any other available information regarding Māori health to identify gaps and inequalities at a local level
- implementation of Māori Smoke free initiatives through the West Coast Tobacco Control Plan
- strong collaborative relationships with Māori community based groups (. iwi, hapu and whānau)
- obtain and utilise accurate ethnicity data and reports in order to inform effective service delivery for Māori and measure outcomes
- Māori Provider Services will be more closely aligned to mainstream primary and secondary care services to improve access for Māori
- Set targets and implement programmes that aim to reduce Māori health inequality

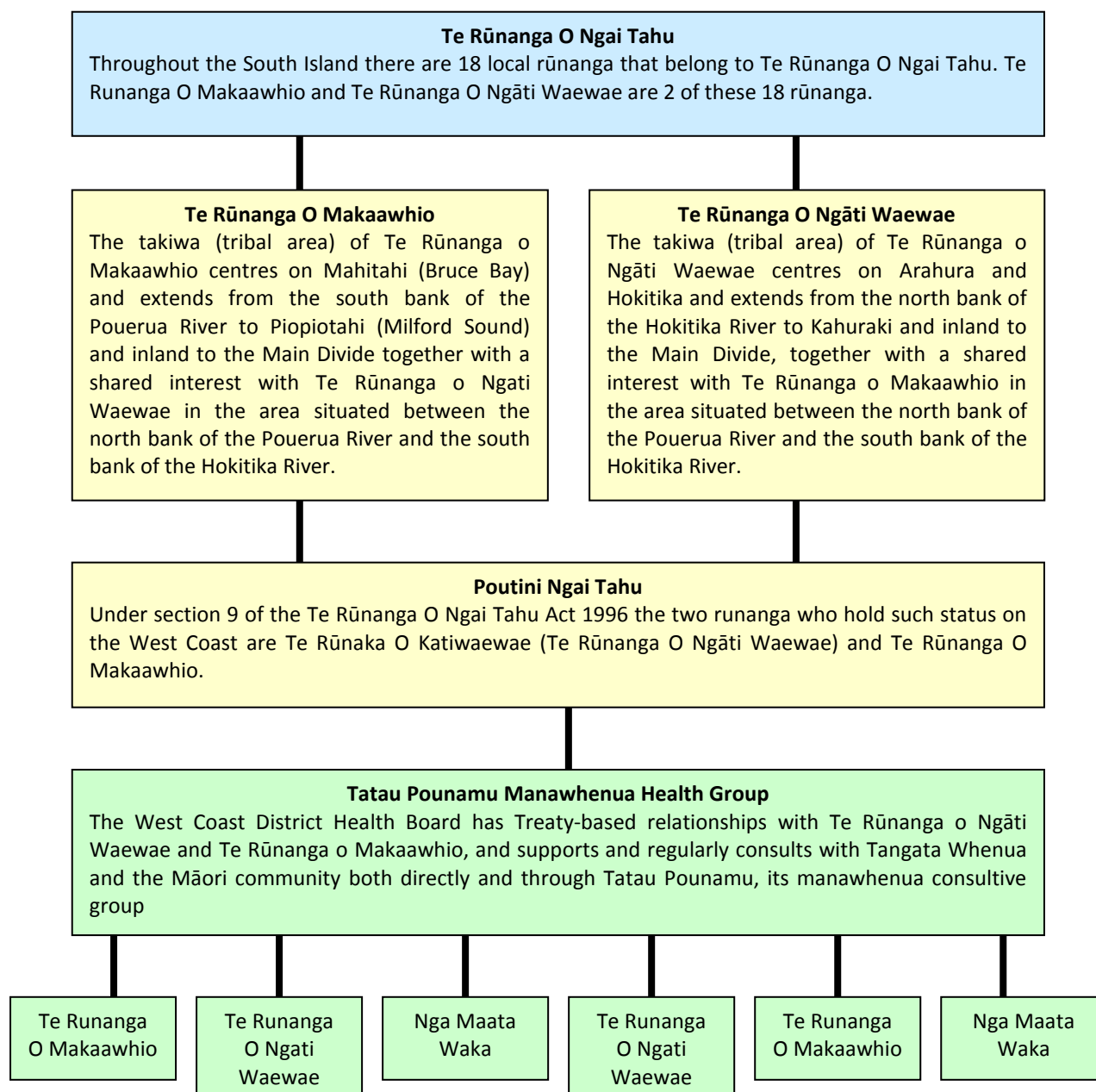
What are the key milestones?

- Employment of Whanau ora Nurses and Kaiāwhina in the Integrated Family Health Care Centers
- Number of Māori involved in smoke free initiatives
- Māori Maternal group established
- Reorientation of Māori health services that will better fit with the kaupapa of Better, Sooner, More Convenient Health services
- Ensure effective ethnicity data collection for all patient enrolments and in collation of health care intervention records
- PHO Māori enrolment rates equal to or better than non-Māori rates for each district by June 2012
- Greater overall access in PHO programmes for Māori
- Advancement of kia ora hauora on Te Tai Poutini
- Greater uptake of scholarships by Māori

2.0 Tatau Pounamu Manawhenua Health Group

The West Coast District Health Board has Treaty-based relationships with Poutini Ngai Tahu; Te Runanga o Ngati Waewae and Te Runanga o Makaawhio. The Board encourages, supports and regularly consults with Tangata Whenua and the Māori community both directly and through Tatau Pounamu. The West Coast DHB will continue to maintain and support consultation with Māori to enable Māori to participate and contribute to strategies for more appropriate health services delivered to Māori to achieve health improvement.

Structure of Tatau Pounamu

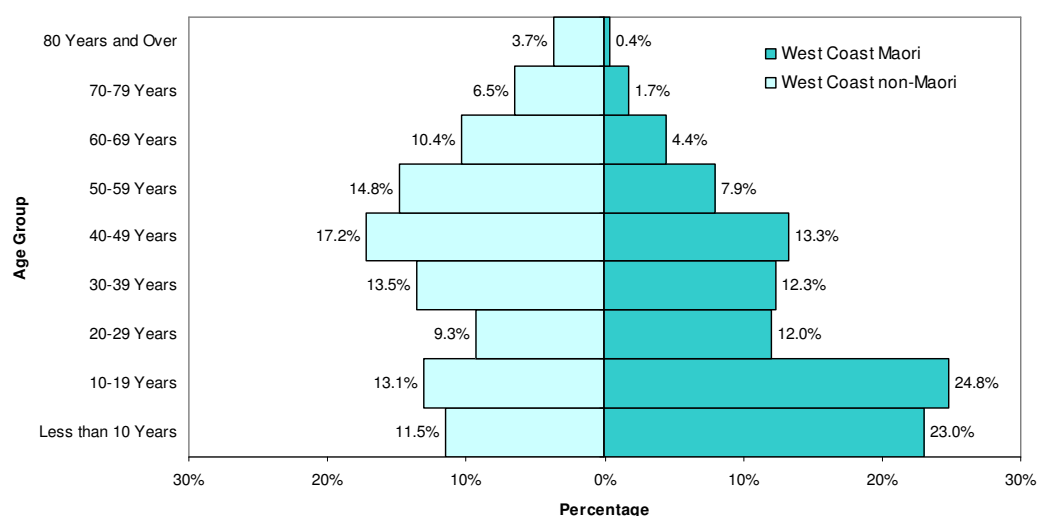


3.0 West Coast DHB Māori population and their health needs

The West Coast DHB has a total population of 31,326 (2006 census), of which 2,916 (9.3%) identify as Māori. Both the total and Māori population increased between the 2001 and 2006 census and the Māori population is predicted to continue to increase as a proportion of the total population.

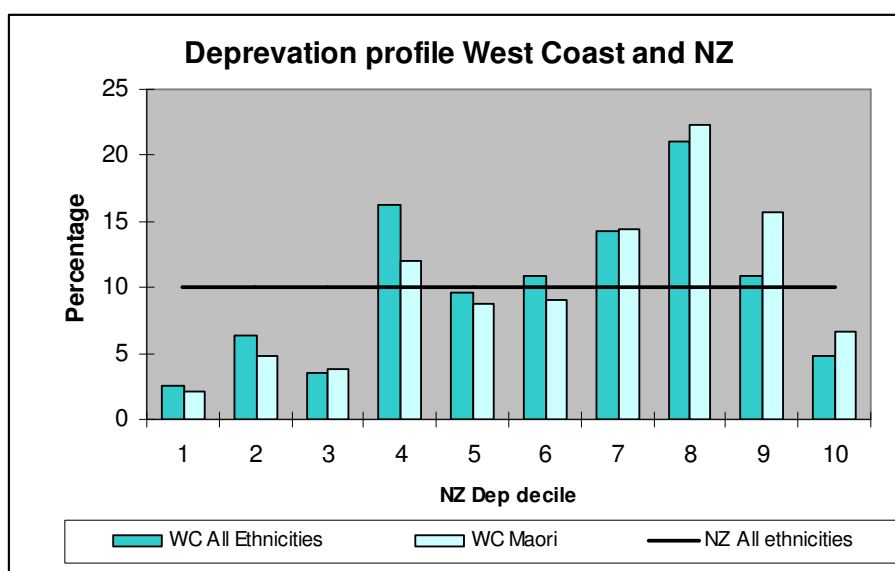
Similar to the national Māori population, West Coast Māori have a younger population age structure. Almost half of West Coast Māori (48%) are under twenty years of age, compared to 27% of non-Māori population. In contrast, 6.5% of Māori on the West Coast are aged 60 years and over compared to 21% of non-Māori in the same age band.

Figure 1. West Coast DHB population pyramid, 2006



The proportion of the population indicating Māori ethnicity increased across all three territorial local authorities and is highest, at 12.1%, in the Westland District, compared to 8.3% in both the Buller and Grey Districts. The Grey District accounts for the largest number of Māori residents (1,098). In comparison, the West Coast has a lower proportion of Māori (9.3%) relative to the total New Zealand population (14.0%).

The socioeconomic determinants of health help explain why Māori experience health inequalities across a wide range of measures particularly, life expectancy, disease burden and access to health services. West Coast Māori are under represented in higher deprivation deciles, and over represented in lower deprivation deciles when compared to the West Coast population. Further, the West Coast population is significantly over represented in the lower deprivation deciles and under-represented in higher deprivation deciles compared to the nationally rate for all ethnicities.



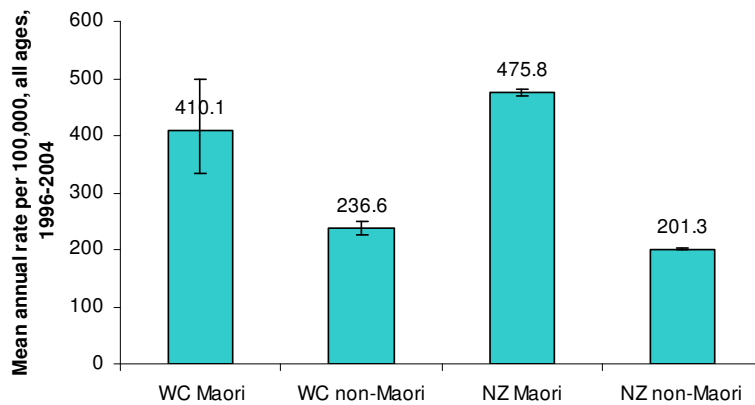
Summary of the West Coast Māori Population

- Māori make up 9.3% of the West Coast population
- The Westland district has the highest percentage of the community identifying as Māori at 12.1%
- The largest number of Māori (1,098) live in the Grey District
- The West Coast Māori population is younger than the non-Māori population (Figure 1)
- Just over 12% of West Coast Māori indicated that they spoke Te Reo at the last Census
- West Coast Māori are significantly over-represented in the lower deprivation deciles

The West Coast Māori Health Profile

The West Coast Māori Health Needs Assessment (2008) identifies that despite West Coast Māori having a similar social profile to the West Coast Non-Māori they continue to have poorer overall health status. Most notably the ‘all cause’ mortality rate for Māori is significantly higher than for non Māori on the West Coast.

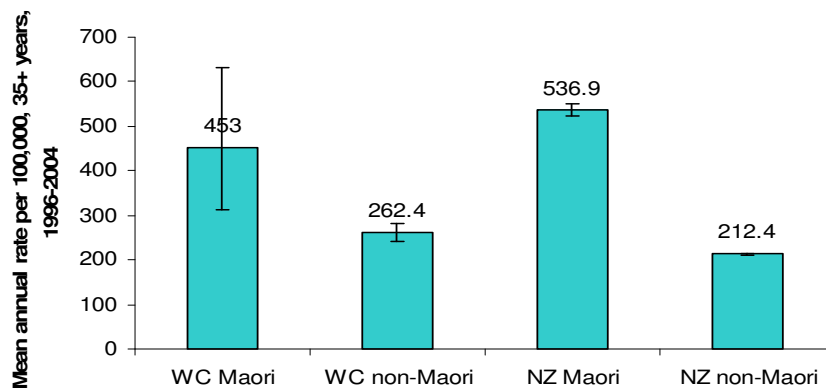
Figure 2. All-cause mortality*



Premature deaths are also significantly higher, 55% of West Coast Māori die before the age of 65 compared with 20% of West Coast non-Māori. The leading causes of premature death are heart attacks and ischemic heart disease, cancers of the breast, lung and colon, chronic obstructive pulmonary disease, suicide and motor vehicle crashes.

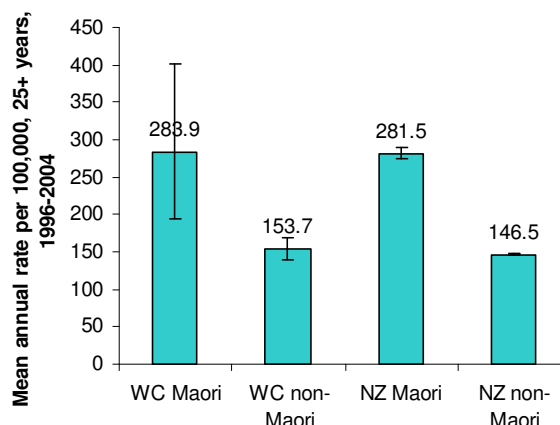
West Coast Māori have a higher burden of cardiovascular disease, including higher mortality rates for cardiovascular disease and higher mortality and hospitalisation rates for stroke. Hospitalisation for cardiovascular and ischemic heart disease however, occur at the same rates as for non Māori suggesting that cardiovascular disease is an important area of unmet need for West Coast.

Figure 3. Cardiovascular disease mortality*



Cancer registration rates are similar for West Coast Māori and non-Māori but cancer mortality is significantly higher among Māori, suggesting a similar incidence of disease but poorer overall outcomes for Māori. Early detection including cervical and breast cancer screening rates are currently similar for West Coast Māori and West Coast non-Māori women however, there have been significant differences in rates in the past and this continues to be an area of focus.

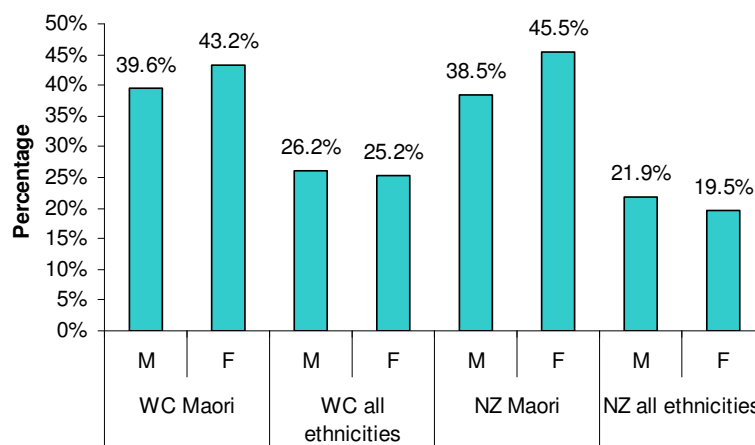
Figure 4. Cancer mortality*



Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of premature death and West Coast Māori have significantly higher rates of hospitalisation for lung disease than West Coast non-Māori.

Concurrently inequalities in the preventative or protective factors against cardiovascular disease, cancer and respiratory disease continue. Smoking prevalence is considerably higher than for the total population, 42% of Māori and 25% of non-Māori West Coast residents were smokers according to the 2006 census. Further, the uptake of smoking among rangatahi Māori continues to be higher than for non Māori youth.

Figure 5. Percentage of current smokers at 2006 Census



Smoking also contributes significantly to complications of chronic conditions such as diabetes. West Coast Māori with diabetes are more likely to smoke than non Māori with diabetes, or receive drug treatment to reduce the risk of complications. Other preventative and protective factors such as CVD and diabetes screening and CVD and diabetes annual reviews are lower for West Coast Māori compared to West Coast non Māori.

Māori do not appear to be over represented among suicide deaths on the West Coast, although small numbers do make it difficult to draw definitive conclusions and suicide is a contributing factor in premature deaths for Māori on the West Coast. West Coast Māori have similar rates of hospitalisation for both mental health treatment and alcohol and other drug related conditions to West Coast non-Māori. However West Coast Māori and non Māori rates are significantly higher than rates nationally.

Tamariki Māori also have a higher burden of disease. Tamariki Māori have significantly lower rate of 5 year olds with no tooth decay, compared to West Coast non-Māori. This rate has been increasing since the Māori Health Needs Assessment was completed however; there is still a significant disparity in disease rates between Māori and non Māori tamariki. Further while there is no significant difference between the rate of hospitalisation for tooth extractions between Māori and non-Māori children, the West Coast has significantly higher rates than the rates nationally.

Inequalities in the rates of preventative and protective factors such as breastfeeding, immunisation and vision/hearing testing are also evident. Although Māori breastfeeding and immunisation rates are increasing and are now comparable to the rates of non Māori tamariki.

Inequalities in access to primary treatment and chronic conditions management services also contribute to the overall poorer health of West Coast Māori. Lower enrolment and access to primary care services remains an area of unmet need, despite West Coast Māori enrolments increasing year on year since the Māori Health Needs Assessment was completed there was still a difference of 8% between enrolment rates at June 2010. Further enrolled Māori continue to access General Practitioner and Practice Nurse services at a lower rate hence participation in screening, annual reviews, chronic conditions management and primary mental health programmes are also at lower rates.

There are also indicators that some secondary services are not meeting the needs of Māori and currently targeted Māori health services are not meeting their full potential to reduce inequalities and improve health status for Māori.

The WCDHB Māori health needs assessment identifies key areas of unmet health need on the West Coast. Namely:

- Access to primary care services
- Smoking,
- Chronic conditions management/education and prevention,
- Child health
- Mainstream service/treatment effectiveness.
- Mental health and Alcohol and Other drug

4.0 Māori health priorities

Whakatataka sets out to achieve change within the District Health Boards. District Health Board activities are directed at improving Māori health rather than efforts being concentrated on ad hoc programmes and initiatives. It seeks to build on the strengths and assets within whanau and Māori communities.

There are four pathways for action:

Te Ara Whakahaere: Pathway Ahead – Implementing Whakatataka

Te Ara Tuatahi: Pathway 1 – Developing whanau, hapu, iwi and Māori communities

Te Ara Tuarua: Pathway 2 – Increasing Māori participation throughout the health and disability sector

Te Ara Tuatoru: Pathway 3 – Creating effective health and disability services

Te Ara Tuawha: Pathway 4 – Working across sectors

The pathways for action in Whakatataka 2006-2011 continue and are integral to the West Coast DHB. The four priority areas that have been identified are building quality data and monitoring Māori health, developing whanau ora-based models, improving Māori participation at all levels of the health and disability sector particularly workforce development and governance, and improving primary health care.

National priority measures include Health Targets and DHB Performance Measures shown in DHB Annual Plans that have either Māori measures or are of significance to Māori health. Regional priority measures include indicators of importance at a regional level and have been determined by Te Herenga Hauora – South Island DHB Māori Health Managers. Local priorities reflect the specific needs of Te Tai o Poutini Māori and have been developed in line with the identified areas of unmet need in the West Coast – Te Tai O Poutini Māori Health Profile and through the implementation of the Better, Sooner, More Convenient Primary Health Care Strategy.

4.1 National Māori health priorities

ACTIONS 2011/2012			
OBJECTIVE	OUTPUTS	EVIDENCE	2011/12 TARGET
<i>What are we trying to achieve?</i>	<i>What action will we take to make this happen?</i>	<i>How will change be evident?</i>	
Improving ethnicity data recording in PHO registers	Kaiāwhina work with West Coast PHO and primary care practices to ensure accurate ethnicity data collection	Percentage of Māori enrolled in PHOs	> 92%
Improve Māori maternal health	Implement the West Coast Breastfeeding Action Plan in conjunction with the WCPHO (HEHA) Support the establishment of a Māori maternal advisory group to develop strategies for increasing Māori breastfeeding rates	Percentage of Māori breastfeeding at 6 months	32%
Improve Māori access to care	Kaiāwhina work across all health services to increase Māori enrolments Māori Carelink Needs Assessor supports Kaumatua and whānau to access appropriate services Development of a Māori team within each IFHC that will focus on improving access and health outcomes Increasing cultural competencies among non-Māori staff	Percentage of Māori enrolled in PHOs Reduction in preventable hospital admissions for Māori per 100,000 for Māori aged 0-4, 45-64 and 0-74. This evidence will include data captured at a district level that will compare non-Māori and Māori ASH admissions	> 92% 0-4 < 95 45-65 <95 0-74 <95
Improvements in the impact and incidence of cardiovascular disease for Māori	Māori involvement into the formation of a multidisciplinary local cardiovascular team Māori communities continue to develop HEHA initiatives which seek to reduce obesity within the Māori population Development of a Māori team within each IFHC that will focus on improving access and health outcomes for those Māori who may be at risk of cardiovascular disease Kaiāwhina work across all health services to increase the Number of Māori being seen for Cardio vascular risk assessment Referral and participation of Māori in Cardiac Rehabilitation Programs	Percentage of the eligible population who have had their CVD risk assessed within the past five years Number of tertiary cardiac interventions	90% Information only
Improvements in the impact and incidence of diabetes for Māori	Implementation of the Local Diabetes Strategy Māori involvement in the Local Diabetes Team Māori community develop HEHA initiatives that aid the reduction of diabetes with the Māori population	Percentage of Māori people who attend their diabetes annual review Percentage of people with diabetes who complete a diabetes annual review and have	70% 80%

West Coast District Health Board Māori Health Plan 2011/12

ACTIONS 2011/2012			
OBJECTIVE	OUTPUTS	EVIDENCE	2011/12 TARGET
<i>What are we trying to achieve?</i>	<i>What action will we take to make this happen?</i>	<i>How will change be evident?</i>	
	Māori nurse led Diabetes clinics Kaupapa Māori Nurses work collaboratively with GP practices, PHO and Secondary care to improve outcomes for Māori with Diabetes Ensure that the Long Term Conditions Programme is responsive to Māori needs	a HbA1c level less than 8%	
Reduce the incidence and impact of cancer Reduce inequalities with respect to cancer	Implementation of the Local Cancer Control Strategy Development of a Māori team within each IFHC that will focus on improving access and health outcomes Effective promotion of Navigation service Māori Cervical Screening Registered Nurse service is better integrated with primary care services	Percentage of eligible women receiving Breast screening examinations Percentage of eligible women receiving cervical screening in the last 3 years	75% 75%
Increase the uptake of Smoking Cessation services for Māori	Māori participate in West Coast Smoke-free Coalition to ensure Māori smoking cessation is a priority Māori targeted through the ABC programme Implementation of the West Coast Smoke-free plan Joint Māori smokefree framework is established to develop collaborative strategies that aim to reduce levels of smoking amongst Māori All Kaiāwhina are trained to provide smoking cessation advice to Māori Implementation of the West Coast Tobacco Control Activity Plan 2010-2011	Hospitalised smokers provided with advice and help to quit Current smokers enrolled in a PHO and provided with advice and help to quit	95% 90%
Increase Immunisation levels for Māori	Māori involvement in Immunisation Advisory Group Outreach Immunisation service Kaitautoko will continue to work with whānau to support Māori uptake of immunisation services Kaiāwhina works with the PHO to increase the uptake of Immunisation services for Māori through Primary practice Kaiāwhina works with PHO in the delivery of seasonal influenza immunisation services	Percentage of two year olds fully immunised Seasonal influenza immunisation rates in the eligible population (65 years and over)	86% 69%

West Coast District Health Board Māori Health Plan 2011/12

ACTIONS 2011/2012			
OBJECTIVE	OUTPUTS	EVIDENCE	2011/12 TARGET
<i>What are we trying to achieve?</i>	<i>What action will we take to make this happen?</i>	<i>How will change be evident?</i>	
Support Māori workforce development to improve the capability of services	<p>Support the implementation of Kia Ora Hauora, the national Māori Workforce Development Service.</p> <p>Hauora Māori training made available to all Māori staff</p> <p>Support Māori Students through DHB Scholarships.</p> <p>Work with HR to improve data quality to identify Māori staff working for the West Coast DHB</p>	<p>Number of West Coast Māori enrolled in the Kia ora Hauora programme</p> <p>Percentage of scholarship recipients in 2011/2012 identifying as Māori</p> <p>Percentage of Māori staff working for the DHB</p> <ul style="list-style-type: none"> • Management • Clinical • Administrative 	<p>6</p> <p>25%</p> <p>Information only</p>

4.2 Regional Māori health priorities

ACTIONS 2010/11		
OBJECTIVE	OUTPUTS	EVIDENCE
<i>What are we trying to achieve?</i>	<i>What action will we take to make this happen?</i>	<i>How will change be evident?</i>
Review all elective surgery (including cardiology & oral health) data to determine whether Māori access rates in Te Waipounamu is comparable to national targets.	<p>Review elective surgery data by DHB in Te Waipounamu to determine bench mark threshold</p> <p>Establish baseline data and definitions for future monitoring</p> <p>Determine if access to elective services is comparable to Te Waipounamu Māori & Non-Māori populations</p> <p>Determine if access to elective services by Māori in Te Waipounamu is comparable to national rates</p>	<p>Elective surgery data reviewed by DHB in Te Waipounamu</p> <p>Baseline data and definitions are established for future monitoring</p> <p>Benchmark for 2012/2013 Māori elective surgery rates established</p> <p>Comparisons developed against national rates</p>
Increase the number of Māori children aged five who are caries free	Measure the percentage of Māori children accessing school dental health services across Te Waipounamu	<p>Percentage of 5 year olds dental caries free</p> <p>Oral health promotional activities delivered to Māori</p> <p>Nutritional health promotional activities delivered to Māori</p>
Māori Mental Health	<p>Improve pathway planning for Māori Mental health service delivery across the region</p> <p>Māori accessing mental health services receive a comprehensive service that supports their health and wellbeing</p>	<p>Establish baseline data using PRIMHD</p> <p>Measure in 2012/13 the level of access by Māori to all mental health services</p>
Whanau Ora	<p>Develop a process that notifies Māori health workers at other DHB's of Māori patient transfers</p> <p>Track the level of care given to Māori whanau transferred from their base hospital to another hospital in Te Waipounamu</p>	<p>Level of care for Māori whanau transferred from their base hospital is tracked</p> <p>Establish baseline data using NHI and IDF's to establish transfer rates</p> <p>Measure in 2012/2013 the level of access by Māori to tertiary services</p>
Māori Health Workforce Development	<p>Develop a network of course and development programmes for Māori Service Providers management staff</p> <p>Develop a governance programme for Māori Service Providers' trustees/directors</p> <p>Review national and local primary health care databases for Māori workforce (PHO, NGO sector)</p>	<p>Baseline data established on the regional Māori Health Provider NGO targeting:</p> <ul style="list-style-type: none"> • Governance • FTE load • Occupation <p>Measure workforce trends in 2012/2013</p>

4.3 Local Māori health priorities

ACTIONS 2011/12			
OBJECTIVE	OUTPUTS	EVIDENCE	2011/12 TARGET
<i>What are we trying to achieve?</i>	<i>What action will we take to make this happen?</i>	<i>How will change be evident?</i>	
Reduce inequalities for Māori living on Tai Poutini	Implement the Better Sooner More Convenient plan including Kaiawhina working across all health services to increase enrolments and access	Reduction on Ambulatory Sensitive Hospital Admissions. This evidence will include data captured at a district level that will compare non-Māori and Māori ASH admissions Percentage of Māori with diabetes who completed a diabetes annual review and who have an Hba1c of >8% Increasing number of Māori enrolled in LTC management programme.	0-4 < 95 45-65 <95 0-74 <95 80% 150
Improve the effectiveness and responsiveness of mainstream services <i>To improve the capability of all staff to deliver appropriate health services for Māori and support Māori health as a career path</i>	Māori patients are considered across all patient pathways Support mainstream staff to understand culturally appropriate approaches through the provision of Te Pikorua and Tikanga recommended Best Practice training. Work with general practice staff to develop methodologies from the Māori health plan 2011-2012 to achieve positive Māori health outcomes	Percentage of patient pathways considering Māori patients Number of DHB staff who have completed Te Pikorua and Tikanga recommended Best Practice training	100% 100
Reorient Māori Health Services to support mainstream services achieve national targets	Work with Māori health providers to implement a whanau-centred system based on individuals, whanau and community empowerment. Increase collaboration between Māori and mainstream providers to implement the <i>Better Sooner More Convenient</i> and better meet the needs of Māori and improve Māori health	Percentage of Māori aged 2 fully immunised. Percentage of eligible Māori have a CVD risk assessment every five years. Percentage of Māori patients hospitalised offered advice to help quit Percentage of discharges for elective surgery for Māori	86% 80% 95% 9%
Improve access to care for Māori with disabilities	Improve access for Māori to the West Coast Disability Support Services Work with the Māori health provider to improve access to services for Māori with disabilities	Māori accessing West Coast Disability Support Services increased by 10%	10%