COUNTIES MANUKAU HEALTH

Statement of Intent

This Statement of Intent covers the years 2017/18, 2018/19, 2019/20 and 2020/21.
Presented to the House of Representatives pursuant to sections 149 and 149(L) of the Crown Entities Act 2004.

Statement of Responsibility

The Counties Manukau District Health Board (DHB) is one of 20 DHBs established under the New Zealand Public Health and Disability Act in 2011. Each DHB is categorised as a Crown Agent under the Crown Entities Act, and is accountable to the Minister of Health for the funding and provision of public health and disability services for their resident population.

This Statement of Intent has been prepared to meet the requirements of the New Zealand Public Health and Disability Act, Crown Entities Act, and Public Finance Act and the expectations of the Minister of Health. In accordance with sections 100 and 141 of the Crown Entities Act 2004, CM Health will seek the Minsiter of Health's consent to its investment in any shares or interest in a company, trust or partnership.

The document sets out our goals and objectives and what we intend to achieve, in terms of improving the health of our population and ensuring the sustainability of the Counties Manukau health system. This Statement of Intent is extracted from the DHB's Annual Plan and presented to Parliament as a separate public accountability document. This Statement of Intent can be read alongside the Counties Manukau District Health Board Statement of Performance Expectations and Counties Manukau District Health Board Annual Plan (both updated annually) to compare our planned and actual performance during each financial year, and audited results are presented each year in our Annual Report.

In signing this Statement of Intent, we are satisfied that it fairly represents our intentions and commitments. By working together as health system and in collaboration with Northern Region DHBs, we will continue to strive to improve the short to long term health and wellbeing of our community, and deliver against the expectations of Government.

Signed on behalf of the Counties Manukau District Health Board:

Dr Lester Levy
Chair

Rabin Rabindran
Deputy Chair

November 2017

He Pou Koorero

(A Statement of Intention)

Ko te tumanako a tenei poaari he whakarato i teetahi o ngaa taupori Maaori nui, taupori Maaori matatini, puta noa i te motu. Ko te whakakikokiko i te mana-taurite hauora Maaori teetahi o aa maatou tino whaainga.

Ko too maatou hiahia ko te whakamana, ko te whakatinana hoki i te wairua me ngaa maataapono o Te Tiriti o Waitangi hei tuuaapapa i taa maatou e whai nei, me te whakapono nui - maa te aata whakapakari i te ara whakawaiora Maaori e taea ai te whakatutuki i te mana taurite hauora moo te katoa.

As a District Health Board we serve one of the largest and most diverse Maaori populations in the country. Achieving Maaori health equity is a key priority for us.

Our commitment to this is driven by our desire to acknowledge and respect the Treaty of Waitangi and our belief that if we are serious about achieving health equity for our total population, we must first strengthen our commitment and drive to accelerate Maaori health gain in our community.

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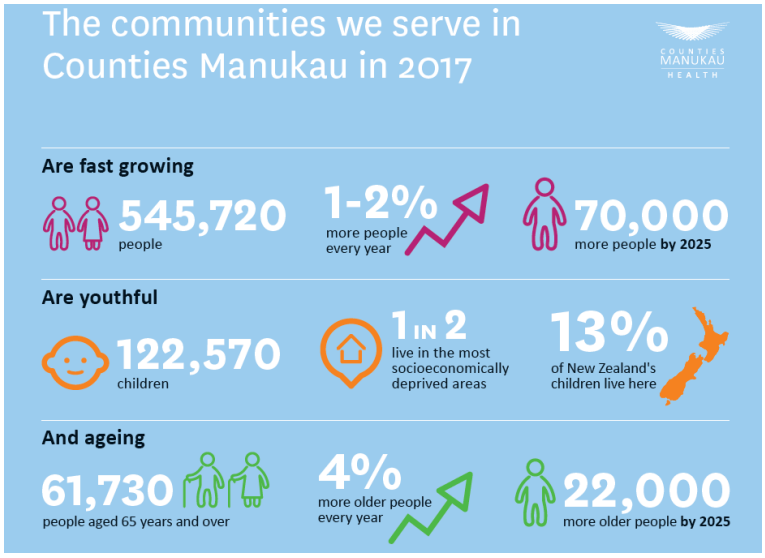
1.0 About Counties Manukau Health

1.1 Who we are

Counties Manukau District Health Board is one of 20 DHBs established under the New Zealand Health and Disability Act 2000 (NZPHD Act 2000) to plan and fund the provision of personal health, public health and disability support services for the improvement of the health of the population.

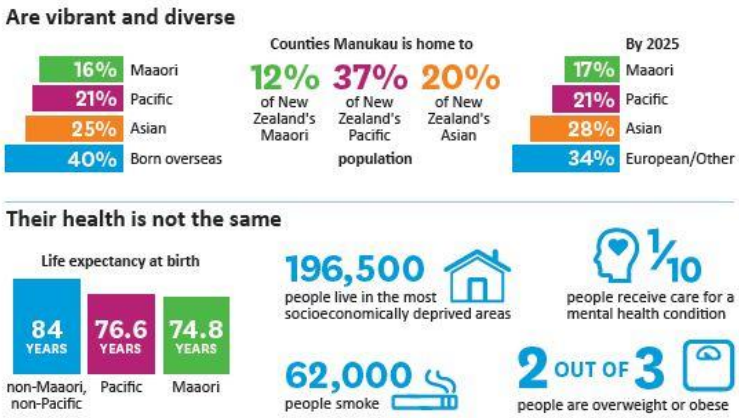
As a collective health system, Counties Manukau Health[1] provides and funds health and disability services to an estimated 545,720[2] people in 2017 who reside in the local authorities of Auckland, Waikato and Hauraki District. We are one of the fastest growing DHB populations in New Zealand with a youthful and ageing population.



Counties Manukau is home to New Zealand's second largest Maaori population, largest population of Pacific peoples, as well as fast growing Asian communities. Our population is diverse and vibrant with strong cultural values. Statistics New Zealand's first survey on Maaori well-being, Te Kupenga (2013), highlighted a number of strengths in our local Maaori. A high level of connectedness with whaanau was reported and 83 percent of people surveyed said it was 'easy' or 'very easy' to get support from their whaanau.

Across our district, the health and circumstances of our communities are not the same. Over 122,000 children live in Counties Manukau, with almost 1 in 2 (approximately 45 percent) living in areas of high socioeconomic deprivation (NZDep2013 9&10[3]). There are persistent gaps in life expectancy between Maaori and Pacific peoples and others living in Counties Manukau.[4] On the basis of the NZDep2013 measure, Otara, Mangere and Manurewa, home to many of our Maaori and Pacific communities, are the most socioeconomically deprived areas in our district.

Related to these inequities, our population experiences relatively high rates of ill-health risk factors (such as smoking, obesity, hazardous alcohol use) for a 'package' of long term physical conditions which are responsible for the majority of potentially avoidable deaths. Increasing the number of people living smokefree and free from the harms of hazardous alcohol use, improving nutrition and physical activity, and reducing obesity are key to improving the health of our population.



[1] To better reflect a health system approach for effective resource planning to meet our population needs and health sector priorities, this document will refer to the collective delivery of all health services and related infrastructure as Counties Manukau Health (CM Health). This reflects the combined Counties Manukau DHB, PHO and related non-government organisation (NGO) service delivery and support resources.

[2] Unless otherwise referenced, population data is sourced from the District Health Board Ethnic Group population projections (2013-Census Base) – October 2016 update.

[3] New Zealand Index of Deprivation (NZDep) is an area-based measure of socioeconomic deprivation. It measures the level of deprivation for people in each small area. It is based on nine Census variables. NZDep can be displayed as deciles or quintiles. Quintile 5, or Deprviation levels 9 and 10, represents people living in the most deprived 20 percent of these areas.

[4] Chan WC, Winnard D, Papa D (2015). Life Expectancy, Leading Causes of Death and Amenable Mortality in Counties Manukau. 2015 update. Auckland: Counties Manukau Health.

1.2 What we do

The Counties Manukau District Health Board acts as a 'planner', 'funder' and 'provider' of health services to our population, as well as an owner of Crown assets. As a DHB, we have an annual budget of over $1.6 billion to cover the provision and funding of health services for the people living in the Counties Manukau district. This includes funding for primary care, hospital services, some public health services, aged care services, and services provided by other non-government health providers including Maaori and Pacific providers. Some specialist services are provided by other DHBs through regional contracts. Collectively, we refer to this as the Counties Manukau Health system. In addition, regionally managed services are provided by the Auckland DHB and Waitemata DHB. These include cardiothoracic, neurosurgery, oncology, forensic mental health and school dental services. We also provide regional and national services for people from other DHBs for specific specialties (e.g. regional spinal service, burns unit). We contribute to regional networks and service planning through the Northern Regional Alliance. Regional public health services are provided by Auckland Regional Public Health Service, under a Ministry of Health contract, managed through Auckland DHB.

Counties Manukau District Health Board operated services are largely delivered from seven inpatient facilities and numerous leased or owned outpatient and community health facilities across the district. Manukau SuperClinic and Middlemore Hospital sites contain the largest elective, ambulatory and inpatient facilities. In addition, a range of DHB and contracted community services are provided across the district, e.g. Community Mental Health, Kidz First Community and others.

Over 6,600 people are employed by Counties Manukau District Health Board in addition to those employed by primary and community health services across the district. Nursing, midwifery and Health Care Assistant staff are by far the largest clinical workforce comprising 45 percent of DHB employed staff, medical 14 percent, and allied health and technical 18 percent. Over half of CM Health's workforce is on casual and part time contracts.

1.3 National, regional and local strategic direction

CM Health operates as part of the New Zealand health system by contributing to national goals and performance expectations alongside local strategic priorities. The 2016 New Zealand Health Strategy provides the health sector with a collective vision for the future, that *"All New Zealanders live well, stay well, get well"*. Translating this vision into improved outcomes for the Counties Manukau population requires alignment and integration of the many health system expectations – local, regional and national. Our strategic priorities and performance expectations closely link, and are guided by, the current and future needs of the people living in Counties Manukau.

The Northern Region Health Plan (NRHP) demonstrates how the Government's objectives and the region's priorities will be met. The overall intent of the 2017/18 NRHP is to achieve gains across the Triple Aim Framework and the themes of the New Zealand Health Strategy, in addition to a strong focus on equity. Given the proximity of the three metropolitan Auckland DHBs - Auckland, Waitemata and Counties Manukau – CM Health will contribute to a collaborative and more integrated and aligned approach to health services planning across Auckland. We will adopt the best of each DHB and create the mindset, capacity and will for enduring change and long term sustainability. We are working with our metro-Auckland DHB partners to plan and align clinical and capital investment requirements for a shared future of integrated health service delivery across Auckland. This regional work will be supported by a stronger focus on investment and asset management locally.

Counties Manukau District Health Board has an established district alliance with the five Primary Health Organisation (PHO) partners operating within the Counties Manukau district, reflecting shared system wide accountability and integration across community and hospital care providers. This includes Alliance Health Plus, East Health Trust, National Hauora Coalition, ProCare and Total Healthcare. Increasingly district Alliances are working together on improving health outcomes through planning and measuring performance through national System Level Measures (SLMs).

1.4 Health and safety

CM Health values our staff and the people with whom we work, and aims to provide a health and safety management system that is adaptable, functional and aligned with our organisational vision and values. CM Health is committed to

achieving excellence in health and safety management and to working together, across our entire organisation, to prevent harm as a result of work activities.

CM Health will achieve this through incorporating and promoting a health and safety culture in the development of standard work practices, complying with, or exceeding the spirit of intent of relevant statutory requirements, codes of practice and other industry guidelines and standards. We encourage workers to participate in the review and improvement of the safety management system and use effective risk management methodologies to manage workplace hazards and risks. CM Health offers the appropriate rehabilitation to any worker who has suffered a work-related injury or illness.

1.5 Organisational health and capability

Refer to section 4 of the 2017/18 Counties Manukau District Health Board Annual Plan for information on how the DHB intends to manage its organisational health and capability.

1.6 Te Tiriti o Waitangi

CM Health recognises and respects Te Tiriti o Waitangi as the founding document of New Zealand. Te Tiriti o Waitangi encapsulates the fundamental relationship between the Crown and Iwi. As a DHB, we aim to fulfil our obligations as agent of the Crown under Te Tiriti o Waitangi. Our relationship with the tangata whenua of our district is expressed through a board-to-board relationship with Mana Whenua i Tamaki Makaurau. Counties Manukau District Health Board has adopted a principles based approach to recognising the contribution that Te Tiriti o Waitangi can make to better health outcomes for all, inclusive of Maaori.

The principles of partnership, protection and participation implicitly recognise the important role the health sector plays in recognising the indigenous rights of Maaori and therefore the status and rights of Maaori to achieve equitable health outcomes in comparison to the rest of the population. Those principles also recognise the responsibility to, and importance of, DHBs enabling Maaori to contribute to decision making on, and to participate in the delivery of, health and disability services.[5]

1.7 Health gain approach

The health inequities for our Maaori and Pacific communities are stark. In addition to our Te Tiriti responsibilities to work to address Maaori inequities, we have nearly 40 percent of the Pacific population of NZ living in our rohe (district) and their well-being is a significant issue for CM Health. Counties Manukau is also home to 20 percent of the Asian population of NZ, and this diverse Asian community is growing faster than any other ethnic group. Health needs vary across our ethnic populations, and it is important to acknowledge our ethnic and health needs diversity to provide a better experience of health care and better health outcomes for our patients, their whaanau and families now and into the future.

While we acknowledge that the healthcare system is not the only determinant of health and wellbeing, we aspire to ensuring a high performing system that is accessible to all and contributes to healthy life years through the interventions we provide in collaboration with others.

1.8 Equity

Not everyone living in Counties Manukau experiences the same health outcomes and we care about achieving health equity for our community. Equity is about fairness; it acknowledges different starting points, and achieving equity requires the allocation of resources according to need. This means we need to plan for evolving workforce health literacy and cultural capabilities to match changing community needs.

The Healthy Together strategic goal is centred on achieving health equity for our community: Together, the Counties Manukau health systems will work with others to achieve equity in key health indicators for Maaori, Pacific and communities with health disparities by 2020. We will measure the impact we have on healthy life years every year.

[5] NZ Health and Disability Act 2000.

This is our commitment to act and be deliberate in our choices and priorities. This means that people will live longer healthier lives in the community.

1.9 Key challenges

In partnership with our primary and community providers, CM Health is one of New Zealand's best performing DHBs. However, there are a number of social and health challenges facing our diverse and growing population that need to be considered in our role as a funder and provider of health services.

Growing and ageing population - Counties Manukau is the second fastest growing DHB and our population is forecast to increase to 615,830 by 2025. Our population is also ageing with an additional 2,500 - 3,000 people aged 65 years and over each year. It is this group who will place the highest demands on health services in the years to come and is particularly significant for the Franklin and Eastern localities.

Large high needs population - Socioeconomic deprivation is a key driver of health inequities. It is estimated that in 2017 196,500 people in Counties Manukau, over a third of all residents, are living in areas classified as being the most socio-economically deprived in New Zealand. This is many more people living in these circumstances than any other DHB in New Zealand and presents a challenge for health and social sector agencies to best support our people to flourish.

Prevention and management of long term conditions and mental health – Long term conditions such as coronary heart disease, diabetes, cerebrovascular diseases and obstructive pulmonary disease are the leading causes of potentially amenable mortality in Counties Manukau. Nearly one in ten adults living in Counties Manukau received care for a mental health condition in 2011,[6] and in 2015 there were over 67,000 people in Counties Manukau living with one or more long term conditions.[7] The increasing prevalence of long term physical and mental health conditions is one of the major drivers of health care demand. Appropriate early detection and management of long term conditions and the associated risk factors are therefore essential to reducing potentially amenable mortality, improving the number of healthy life years and thereby protecting the sustainability of our health system.

Financial sustainability – The increasing demand on our health services presents a substantial financial challenge to CM Health and the broader health sector. The future revenue (inflation and growth) is forecast to be less than what is anticipated to maintain operations. To meet these challenges we have to make deliberate and focused strategic investments decisions through regional collaboration and locally to address the specific needs of our population.

1.10 Our response

While the above represents a significant challenge, our Healthy Together strategy provides the framework for enabling better community, patient, whaanau and family outcomes, improved experience of care and value for the health dollar. We will organise our resources to address these challenges through strategic initiatives and programmes of work (section 2.3) and measure our progress through our outcomes measurement framework (Figure 1) and national performance measurement outlined in each Annual Plan's Statement of Performance Expectations.

Our transformational challenge is *"To systematically prevent and treat ill health as early and effectively as possible for every person every day, so that people in Counties Manukau are healthier and the health system is sustainable and high quality."*

[6] Winnard D, Papa D, Lee M, Boladuadua S, Russell S, Hallwright S, Watson P, Ahern T (2013) Populations who have received care for mental health disorders. Counties Manukau Health. Auckland: Counties Manukau Health.
[7] Chan WC, Winnard D, Papa D (2017) People identified with selected Long Term Conditions in CM Health in 2015. Counties Manukau Health. *Unpublished.*

2.0 Our Direction – Healthy Together

2.1 Introduction

Our Healthy Together strategy is a long term ambition with a transformational focus on integrated care in the community, supported by excellent hospital services. Achieving health equity in key indicators is critical to medium term population outcomes and longer term health system sustainability. Relying on treating people when they become unwell is not enough and will not achieve the health gains needed to achieve healthier longer lives in the community.

"Together, we will work with others to achieve equity in key health indicators for Maaori, Pacific and communities with health disparities by 2020" is our strategic goal and ambition.

We aspire to live and breathe our values every day as the foundation of our strategic actions:

Valuing everyone – we make everyone feel welcome and valued

Kind - we care for other people's wellbeing

Together – we include everyone as part of a team

Excellent - we are safe, professional and always improving

To achieve our Healthy Together strategic goal, we will balance our resource investment and interventions across our three strategic objectives supported by our values as the foundation of our strategic actions.

2.2 Strategic objectives

CM Health's Healthy Together strategy comprises three key objectives: **Healthy Communities, Healthy Services** and **Healthy People, Whaanau and Families.**

Progressing **Healthy Communities** through primary (ill-health) prevention across the life course is important. There is great potential to reduce the prevalence of long term health conditions by reducing risks early in life from conception to the young adult years, e.g. smoking (direct and indirect smoke exposure), unhealthy weight and nutrition, inadequate physical activity, and harmful alcohol consumption.

Healthy Services support improved health outcomes through more collaborative ways of working to make services easier to access and more responsive/personalised to people's needs. This can enable earlier identification of diseases, earlier intervention and better management of health conditions to achieve **Healthy People, Whaanau and Families.** We aim to enable people to take a more active role in their own health and support them to self-manage for longer at home and in the community.

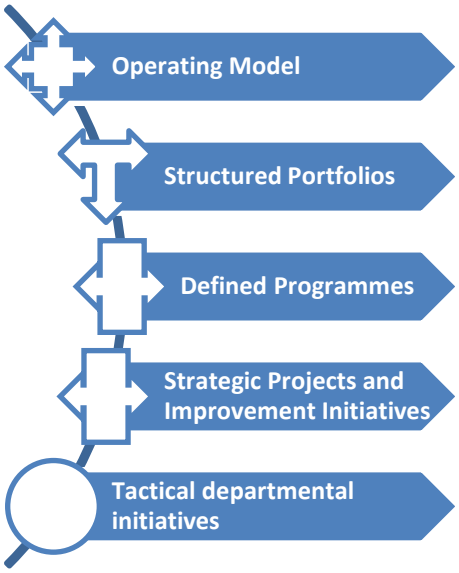
2.3 Delivering on our strategic direction

Our outcomes framework aligns with our strategic objectives and recognises that progress in one strategic objective frequently requires concurrent improvement in others. Our strategic directions do not operate in isolation.

Our **transformation challenge** is to select and clearly describe what, where, how and when we will make changes and how we will know we are progressing in the right direction. In reality this is an iterative process and prudent use of resources means that we need to monitor progress regularly, periodically assess impacts (what difference are we

making) and adapt or change direction when there is evidence to do so. Respecting this, a **single Portfolio Board,** that reports to the Executive Leadership Team, oversees overall strategic activity progress and ongoing portfolio development as we learn what works and consider emerging opportunities.

To deliver on our strategic direction, we have created **three structured portfolios** that will integrate all related programme and project delivery activities. Based upon best practice portfolio management, they will help design and delivery synergies, more effectively allocate resources and link strategic and tactical activities and benefits realisation.



(i) Excellent Care Portfolio

This portfolio promotes whole-of-system coordinated care services (including contracted providers) that transcend traditional divisional and organisational structures. Related programmes and projects focus on improving health outcomes and the patient and whaanau experience through the improvement of care models; improved access to information (and enabling technologies) and services.

(ii) Infrastructure and Assets Portfolio

This portfolio focuses on effective and fit for purpose management (business) processes, information and communication technologies (ICT) upgrades, local and regional planning for major capital developments of facilities and related assets.

(iii) Business as Usual (BAU) Portfolio

This portfolio is designed to ensure that while we are transforming the health system for the future, we are not losing focus on the need to continuously improve services today. The BAU portfolio will therefore encompass all programmes and projects that are seeking to deliver iterative improvements in quality, safety and efficiency of our existing services.

The **operating model** (or blueprint) is a tool to align and 'layer' all the aspects of strategy delivery in a way that includes the 'business as usual' systems, services and interventions. This model was redesigned in 2016 and will be used from 2017 to support the design and planning of operational services. This will enable CM Health to **actively engage and participate in regional** service review and investment forums. Within this model are seven core business capabilities that are most critical to delivery of our Healthy Together strategy. These capabilities will evolve over the Statement of Intent four year period with the following examples of programme activities:

1. **Access**: e.g. ICT to support more mobile and remote access to information systems, community out of hours and rapid response for urgent care, referral processes and protocols for triage and screening
2. **Assess Need**: e.g. integrated multi-disciplinary team assessments, general practice clusters working together, directory of services/interventions, population health data analytics systems
3. **Plan Care**: e.g. evidence based practice for delivering care, case management supported by ICT devices and systems that enable mobile services and portals to access health care plans
4. **Deliver Coordinated Care**: e.g. electronic decision support tools, supported hospital discharge and reablement, systems to coordinate all community services, quality improvement, case management
5. **Monitor and Respond**: e.g. as per Assess, Plan and Deliver to respond to changing needs
6. **Predict and Prevent**: e.g. single accurate information repository, analytic and modelling expertise

3.0 Improving Health Outcomes

3.1 Measuring our performance

To monitor progress towards Healthy Together we require a district wide outcomes framework. This framework of outcomes (medium and longer term) and contributory measures (impacts) needs to join up a complicated system of district wide health resources (inputs) and related services delivered (outputs) by a large number of providers and care setting every day. At the same time, we need to monitor and challenge progress of our Healthy Together portfolio of strategic and system wide transformation while at the same time meeting government performance expectations.

The framework is organised through our three Healthy Together strategic objectives (**Healthy Communities** - **Healthy Services** - **Healthy People, Whaanau and Families**) to provide:

- complementary perspectives in telling our overall strategy performance story,
- underpinned by the national Triple Aim[8] and aligned with the New Zealand Health Strategy (Table 1); and
- performance reporting through the Healthy Together Outcomes Framework (Figure 1)

This measurement framework includes national and local measures that encompass care across a range of district wide acute and planned health services. CM Health's performance against the outcome and contributory measures in this framework is also impacted by our activity towards the other national and local measures that exist within our broader performance context. In addition to those included in this framework, CM Health is committed to meeting and exceeding all our local and national health targets, a full list of which can be found in each year's Annual Plan.

Partnership within and outside health services is critical to achieving equitable health outcomes. For many services, the people living in Counties Manukau rely on regionally delivered services, e.g. radiotherapy, and collaboration across DHB boundaries is essential to a positive experience of care.

The CM Health Alliance Leadership Team is working regionally to implement System Level Measure Improvement Plans as part of a national health sector expectation. These activities are integrated with day-to-day service delivery, health equity campaign and other local strategic initiatives. In addition, CM Health is working with social sector leaders in developing a social investment approach combined with localised decision making to enable greater flexibility to respond to local circumstances in a more integrated way.

Two long term outcomes to monitor progress towards our health equity strategic goal

We know that not everyone in our diverse community experiences the same health outcomes. In Counties Manukau in 2015 the gap in life expectancy (LE) between Maaori (LE=74.8) and the non-Maaori /non-Pacific group (LE=84.0) was 9 years; for Pacific peoples that gap was 7 years. Consistent with most developed countries, New Zealanders are living longer lives, both healthy and unhealthy life years. **Our strategic ambition is longer healthier life years**.

Our two long term outcomes are:

- Quantity of life in terms of mortality measured by **'life expectancy at birth'** – targeting ill health risk factors, e.g. smoking and unhealthy weight, that have multiple impacts on diseases that are the leading causes of amenable mortality. The bigger changes will be in the future decades when those changes means communities will have lower ill-health risk exposure.
- Quality of life in terms of morbidity, measured by **'healthy life years'**[9] – targeting ill health risk factors plus early identification, high quality and collaborative interventions/treatment and effective disease management/self-management are all important for improving healthy life years.

[8] New Zealand Triple Aim for Quality Improvement: i) improved quality, safety and experience of care, ii) improved health and equity for all populations, and iii) better value for public health system resources. Further information is available from http://www.hqsc.govt.nz

[9] Note that recommendations for the development of this measure are being discussed with the Regional Population Health Peer Group. As a result, this measure may evolve over the Statement of Intent period.

Progress towards reducing inequities in these outcomes will require contributions from quality urgent, acute and elective universal services and targeted approaches focused on specific population groups. Our contributory measures need to engage with this scope of activities and be contextualised within physical environment and economic and social realities of our community. We also need to work with whaanau and community strengths that contribute to longer lives, e.g. whaanau support, community connectedness in a way that honours diversity, individual, whaanau and family roles.

Align our medium term outcomes and measures around the Healthy Together strategic objectives

Our outcomes measurement framework outlines the integrated contribution of CM Health's strategic objectives to the two long term outcomes. For example, a 'healthy start in life' requires a combination of health promotion and community engagement to prevent disease, e.g. healthy weight, smokefree pregnant mums, alongside health service delivery, e.g. immunisation in children, reducing potentially avoidable hospital admissions.

There is considerable complexity in the relationship between services/activities and performance measure contribution to health (and health system) outcomes. CM Health's key medium term outcome alignment was based on the medium term outcomes that have the most significant contribution. This simplifies the true contribution story but is necessary to monitor progress, achievements, challenges and opportunities to improve, in a way that enables responsive actions.

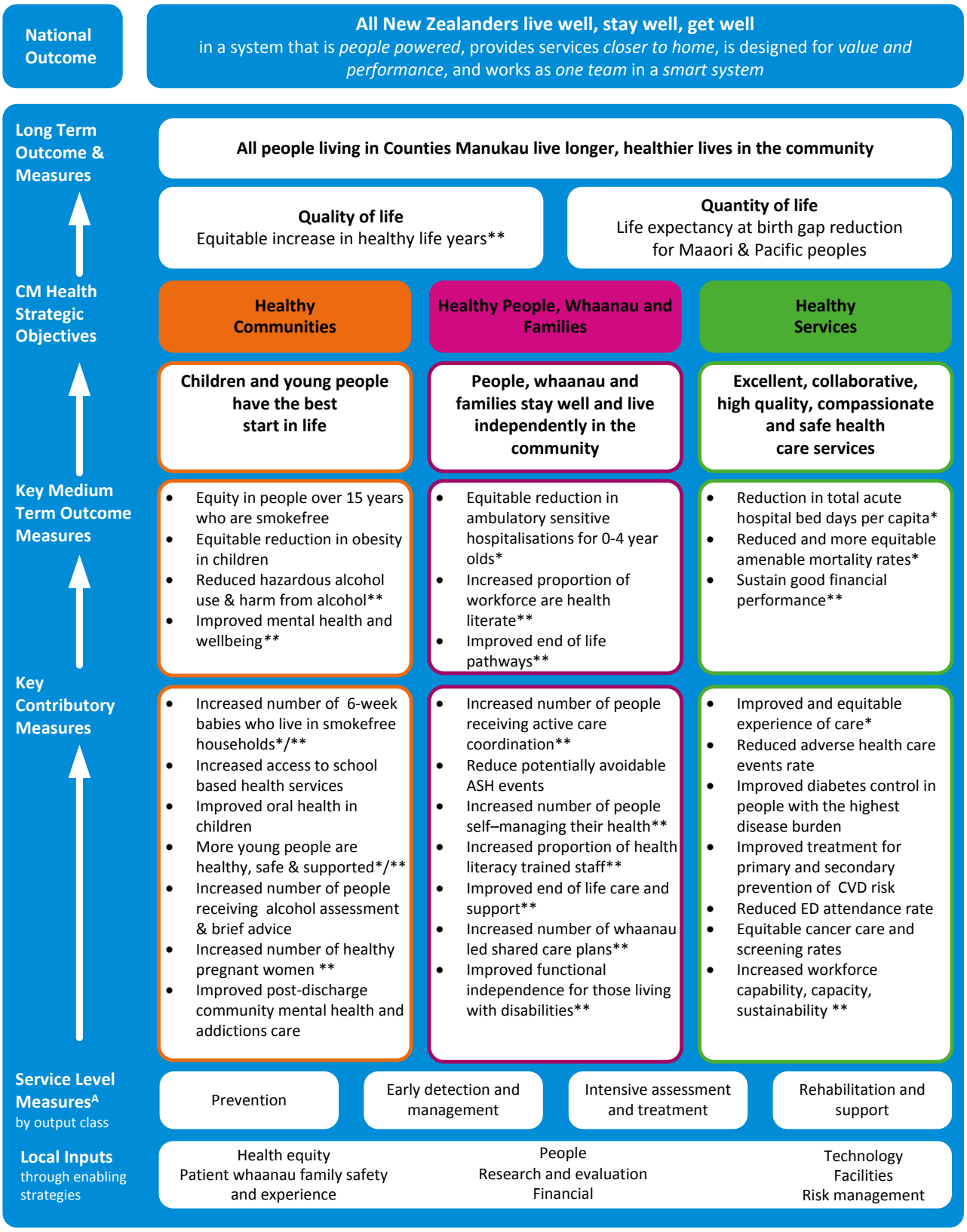
Table 1: National to local strategy and outcome measurement alignment

NZ Health Strategy Theme	CM Health's Key Strategic Objective Alignment	CM Health Medium Term Outcome Alignment[10]
People-Powered – understanding people's preferences, supporting their navigation and enabling individuals to make choices		Children and young people have the best start in life: ▪ Equitable reduction in obesity in children ▪ Equity in adults who are smokefree ▪ Reduced hazardous use and harm from alcohol**
Closer to Home – integrated health services closer to where people live that promote wellness, prevent long term conditions and support a good start in life for children, whaanau and families		Healthy people, whaanau and families stay well and live independently in the community: ▪ Equitable reduction in ambulatory sensitive hospitalisation for 0-4 year olds*
Value and High Performance - delivering better experience of care and equitable health outcomes with a culture of quality improvement and innovative investment approaches.		Excellent, collaborative, high quality, compassionate and safe health services: ▪ Reduced and more equitable amenable mortality rates* ▪ Financial sustainability**
One Team – effective and flexible teams working together with people at the centre of care		Healthy people, whaanau and families stay well and live independently in the community: ▪ Health literate workforce** ▪ Improved end of life pathways**
Smart System – reliable, accurate information at the point of care with systems that improve evidence based decisions and evaluation		Excellent, collaborative, high quality, compassionate and safe health services: ▪ Reduction in total acute hospital bed days per capita*

*Note * indicates national System Level Measures (SLMs). For 2017/18 there are a total of six SLMs, with three identified as key contributory measures in the CM Health Healthy Together Outcomes Measurement Framework. All of the national SLMs align to CM Health's strategic objectives and underpin the NZ Health Strategy theme alignments in Table 1 above.*
*Note ** denotes measures in development over the 2017/18 year*

[10] Refer Healthy Together Outcomes Measurement Framework (Figure 1) for aligned key contributory measures.

Figure 1: Healthy Together Outcomes Measurement Framework



Note denotes a National System Level Measure; each with regionally agreed Improvement Plans*

*Note** denotes measures in development over the 2017/18 year*

Note A: The planned and actual performance of CM Health's services by output class is monitored and reported annually in our Statement of Performance

3.2 Long term outcomes

"More equitable quality and quantity life"

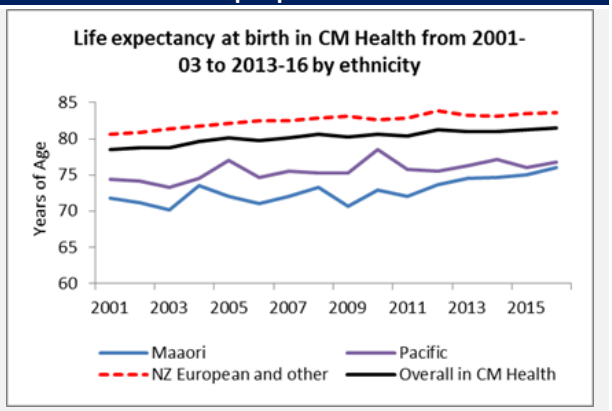
We want to achieve progress towards two long term outcomes to monitor progress towards our health equity strategic goal. What matters is that people live **longer healthier lives in the community**.

Long term outcome: Reduce the life expectancy at birth gap for Maaori and Pacific peoples

Life expectancy at birth is a key long term measure of health

The overall life expectancy at birth in Counties Manukau in 2015 was 81.7 years. Over the last decade life expectancy has shown a consistent upwards trend in Counties Manukau, closely reflecting the national pattern; increasing by 1.9 years from 2006 to 2015. However, not everyone in our diverse community experiences the same health outcomes.

In 2015 the gap in life expectancy between Maaori (life expectancy 74.8 years) and non-Maaori/non-Pacific (life expectancy 84.0 years) was 9 years. The gap between Pacific (life expectancy 76.6 years) and non-Maaori, non-Pacific was 7 years. We are committed to reducing these inequities.[11]



Data source: MOH mortality collection and Estimated population from Stats NZ (2016 edition)

To do so we will reduce ill-health risk factors where it matters most. We will deliver actions to reduce smoking prevalence, reduce the harmful use of alcohol, and prevent and manage cardiovascular and diabetes risk factors. We aim to intervene earlier to improve the quality of life for future generations through better disease management and identifying disease earlier. In addition, we will work to support our communities to address the broader social determinants of health and to ensure that the highest quality health care is accessible and provided to our Maaori, Pacific and other communities with health disparities.

Long term outcome: Equitable increase in healthy life years[12]

The quality of additional years lived impacts the individual, their whaanau, family and demand for health services

As in other countries, the improvement in estimated healthy life expectancy for New Zealand has grown more slowly than the improvement in life expectancy.[11] This means both men and women are living longer with some degree of impairment of their health than previously. This has important implications for the individual, their whaanau,and family with impacts for health and disability service demand due to increased duration of unhealthy life years.

How a "healthy" life is defined is a value judgment and will differ between people and population group. In addition, our definitions of "ill-health" will change over time. Calculating a "healthy life expectancy" is relatively complex.[13] Respecting these complexities, it is important that we measure our progress towards achieving an equitable increase in healthy life years for our population.

CM Health is enhancing approaches that will reduce risk factors and improve management of long term health conditions. Approaches include preventing potentially avoidable ill-health (e.g. smoking cessation, immunisation), delaying onset of disease through early identification of disease (e.g. cardiovascular risk assessment, cancer screening, timely diagnostic services) and effective treatment (e.g. timely elective care, effective cardiovascular and diabetes treatment) and self-management.

[11] Chan WC, Papa D, Winnard D (2015) Life Expectancy, Leading Causes of Death and Amenable Mortality in Counties Manukau. 2016 Update. Auckland: Counties Manukau Health.

[12] As this is a new outcome measure, baseline and trend data is not yet available. Note that recommendations for the development of this measure are currently being discussed with the Regional Population Health Peer Group.

[13] CM Health will use estimates from the Global Burden of Disease (GBD) study for New Zealand applied to the Counties Manukau population.

3.3 Healthy Communities

"Together we will help make healthy options easy options for everyone"

Many of the determinants of ill health are outside the control of the healthcare system. We can, however, exert our leadership role to support our communities in those issues that matter most to them; with particular expertise in population health. By locating more healthcare services that are connected and integrated in community settings, we aim to make it easier for communities to access care and support. Regional and local approaches focus on reducing tobacco use, minimising hazardous use and harm from alcohol, increasing the likelihood of being physically active and providing our community with trusted advice on healthy nutrition. To achieve healthy communities, we will focus on reducing the prevalence of risk factors for ill-health and support the **best start in life for our children and young people that will have benefits for their whaanau, families and community**.

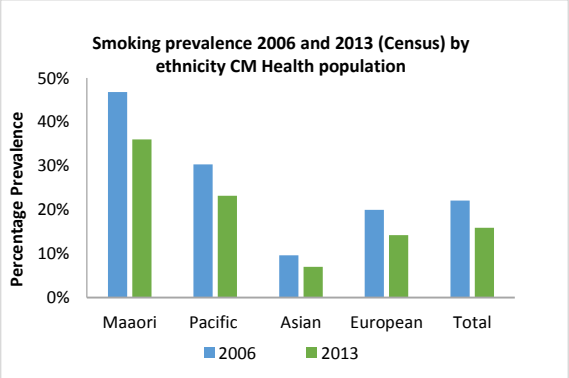
Medium term outcome: Equitable smokefree rates across Counties Manukau

Smoking is a major contributor to preventable illness and long term health conditions

Smoking increases the risk of developing heart disease, respiratory conditions and many types of cancer; all of which contribute to life expectancy inequities. Based on 2013 Census data, we estimate there are 62,000 people that smoke in the Counties Manukau district and clear inequities between ethnic groups. We continue to advance our interventions to improve the chances of people who smoke making a successful quit attempt with targeted actions for ethnic groups with health disparities and working towards achieving equity for our communities and Smokefree New Zealand 2025 (5 percent prevalence).

Data source: Census 2006 and 2013, usually resident population

Total Base	*Total Target*			
2013	*2018*	*2019*	*2020*	*2021*
16%	*10%*	*<10%*	*<10%*	*<10%*

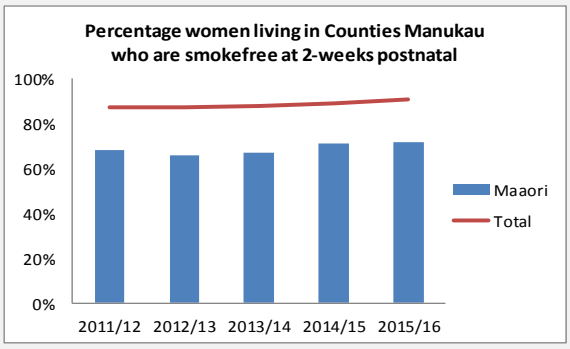


Key contributory measure: increased number of women who are smokefree at 2-weeks post natal[14]

Reducing the proportion of women who smoke during and after pregnancy will have benefits for the woman, her whaanau, family and health of her baby. This will reduce potentially avoidable ill-health and hospitalisation (e.g. respiratory infections, asthma). Smoking in pregnancy also has important risks to the baby (small for gestational age, prematurity) and contributes to sudden unexplained death in infants (SUDI), childhood respiratory infections and asthma. In Counties Manukau an estimated 51 percent of Maaori women smoke at the time of birth (hospital data). We are targeting smoking cessation support during and after birth.

Data source: Well Child Tamariki Ora

Base	*Target (for Maaori)*			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
72%	*95%*	*95%*	*95%*	*95%*



[14] From 2017/18 there is a developmental national System Level Measure focused on the proportion of babies living in smokefree households at six weeks of age. This two week indicator forms part of the national Maaori health indicators prior to 2017/18 and as such, data is available only for Maaori and total population.

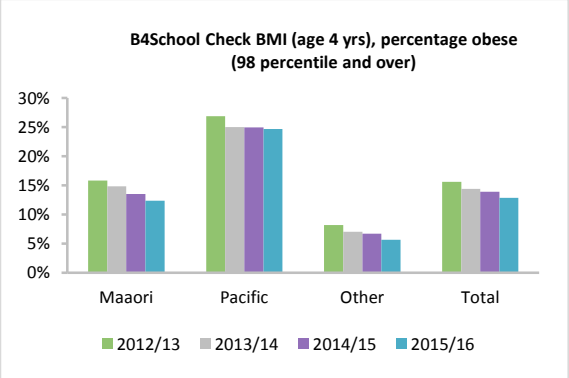
Medium term outcome: Equitable reduction in obesity prevalence in children

Childhood obesity is associated with a wide range of short to long term ill-health impacts that are potentially avoidable

Total Base	*Total Target*			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
13%	*<13%*	*<13%*	*<13%*	*<13%*

Just over 13 percent of 4 year olds living in Counties Manukau are obese, with higher rates in Maaori and Pacific children (12 percent and 25 respectively, compared 6 percent for children of other ethnicities). Obesity impacts on people's quality of life and is a risk factor for many long term health conditions including diabetes, stroke, cardiovascular disease, musculoskeletal conditions and some cancers. Addressing obesity is complex requiring the health sector to work with other sectors to support wider environmental and societal change to reverse the growing prevalence of obesity in our community. CM Health is committed to progressing the national Childhood Obesity Plan and our regional Healthy Weight Action Plan for Children.

Data source: Well Child Tamariki Ora B4School Checks[15]

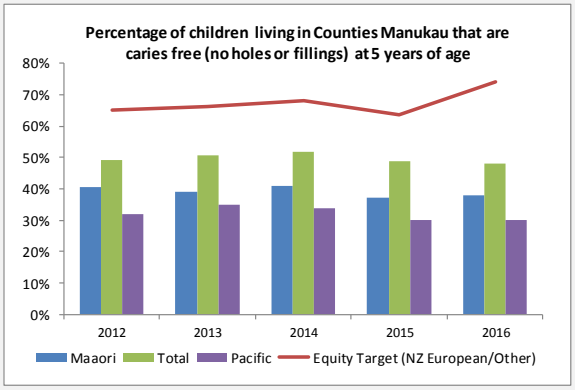


Key contributory measure: improved oral health in children

Total Base	*Total Target*			
2016	*2017*	*2018*	*2019*	*2020*
49%	*60%*	*60%*	*>60%*	*>60%*

Nutrition is an important factor in reducing overweight and obesity. Poor nutrition is also directly linked to oral disease in infants and pre-schoolers and has negative impacts on long term oral health. Rates of early childhood caries (holes or fillings) are high in Counties Manukau with significant disparities for Maaori and Pacific children. The regional dental service and related provider partners are focusing on promoting good oral health (dental pain and caries free) and independence through child oral health programmes (health promotion, prevention and treatments) to reduce the prevalence of oral disease in children of pre-school age. To achieve this, district wide and targeted oral health improvement actions aim to reduce inequities in Maaori, Pacific and Asian children.

Data source: Auckland Regional Dental Service[16]



Medium term outcome: Reduced hazardous use and harm from alcohol[17]

Hazardous alcohol use and alcohol-related harm cause large health, social, and economic burdens.

Alcohol is a contributing factor to many mental health problems, injuries, and more than 200 diseases and conditions, including alcohol dependence, liver cirrhosis, cardiovascular disease, and cancers. The use of alcohol can also result in harm to other individuals, including unborn babies through elevated risk of Foetal Alcohol Spectrum Disorder. There is an inequitable burden of alcohol related harm in Maaori, males, young people and socio-economically deprived populations. There are estimated to be approximately 50,000 hazardous, harmful, and dependent drinkers in Counties Manukau.[18] Addressing this will require broad and comprehensive public health approaches and working with a wide range of agencies and partners within and outside of the health sector.

CM Health is developing a programme of collaborative alcohol harm minimisation actions with a view to working regionally. This includes equitable delivery of the Alcohol ABC approach in general practice and the Emergency Department,[19] working with communities, regional and intersectoral partners to address social determinants contributing to hazardous alcohol use and related harm.[20]

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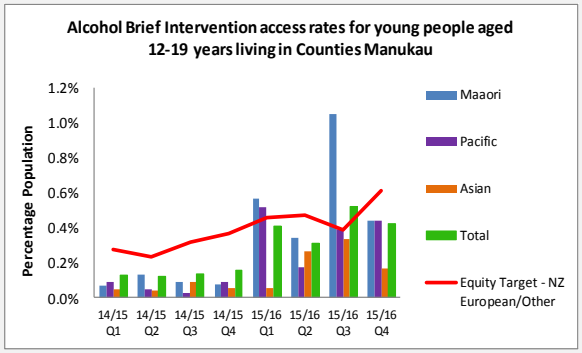
[15] Data sourced from Ministry of Health and is currently being validated (as at June 2017).
[16] This is national performance measure PP11 that includes children aged five years but before their 6th birthday at the time of their first examination.
[17] As this is a new outcome measure, baseline and trend data are not yet available.
[18] Estimated based on Estimated Resident Population Census data and NZ Health Survey prevalence data on hazardous alcohol use (2013).
[19] Some of this work is being progressed as part of CM Health's Health Equity Campaign led by Ko Awatea.
[20] Note that the prevention of alcohol related harm is one of the domains of the developmental 2017/18 youth System Level Measure.

Key contributory measure: increased number of rangatahi Maaori receiving alcohol assessment and brief advice[21]

Good health enables young people to make meaningful contributions to their families and communities. Maaori young people (rangatahi) have higher rates of mental health disorders, present later for treatment and suffer worse health outcomes than non-Maaori in Counties Manukau. CM Health aims to improve access to primary mental health and alcohol brief intervention services in general practice, as well as a focus on 'youth friendly' primary care. We will improve access to assessment and provide more integrated care pathways. We will ensure that school-based health services are widely available to all eligible rangatahi Maaori.

Data source: Quarterly PHO reports[22]

Base	*Target*			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
0.4%	*0.5%*	*>0.5%*	*>0.5%*	*>0.5%*



Medium term outcome: Improved mental health and wellbeing

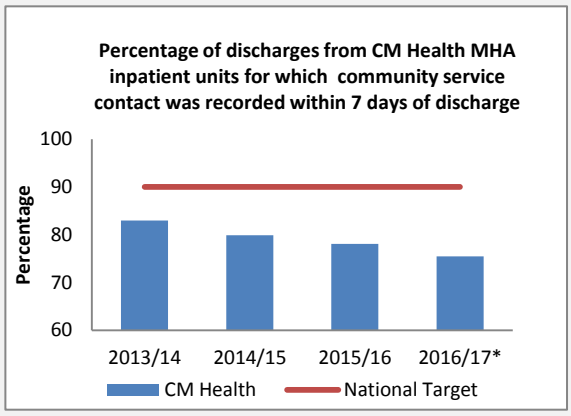
Mental health disorders are common in New Zealand and worldwide. Many New Zealanders will experience a mental illness and/or an addiction at some point in their lives with an estimated one in five people affected every year. Overall, Maaori and Pacific peoples experience higher rates of mental illness than non-Maaori, non-Pacific.

Accessible and responsive mental health and addiction services are a key factor in supporting people who experience mental illness to have an improved quality of life and fewer acute mental health episodes. CM Health's current emphasis is on responsiveness and effectiveness of the specialist interventions, reducing inequities and earlier intervention through service integration between mental health and addictions services and primary and community care.

Mental health access rates have historically been used as an indicator for determining the impact of CM Health mental health service delivery on improving the quality of life for those who are suffering from mental illness or with alcohol or drug addiction. While CM Health will continue to monitor access rates, we are also working to mature our suite of mental health and wellbeing indicators to present a more meaningful picture of the mental health and wellbeing of our community in Counties Manukau.[23]

Source: Key Performance Indicators for the NZ Mental Health & Addiction Sector (www.mhakpi.health.nz)[24]

Base	*Target*			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
78.1%	*90%*	*>90%*	*>90%*	*>90%*



**Note that 2016/17 year data includes only July –December result.*

3.4 Healthy People, Whaanau and Families

"Together we will involve people, whaanau and families as an active part of their health team"

The chief co-ordinator of care may not be, and does not always need to be, a healthcare professional. Where patients agree, whaanau and families need to be part of our planning, conversations about what is possible and are often required to support people at home. It matters that healthcare is more holistic, that our staff and services listen, understand and are responsive to physical, mental, spiritual, and psychological needs.

[21] To note is that this indicator does not form part of the Alcohol Harm Minimisation Programme. Over the course of 2017/18 this indicator will be matured and a more comprehensive suite of meaningful Alcohol ABC indicators (Assess, Brief Advice, Counselling/referral) will be developed.
[22] Ethnicity stratified data has only been available from quarter 1 2014/15
[23] The 2017/18 SLM Improvement Plan includes a developmental youth focused mental health and wellbeing measure.
[24] In the interim and as the suite of mental health and wellbeing measures is being developed, the timeliness of post acute discharge community care contact being made provides a reasonable indication of how our MHA inpatient and community services are performing.

By working better together with patients, whaanau and families, we aim to see to see reduced acute (unplanned) presentations for healthcare, increased use of primary and community services including technology that enables self-management. We want patients, whaanau and family to report improved experiences due to more connected, accessible and co-ordinated care. This will support **people, whaanau and families to stay well and live independently in the community.**

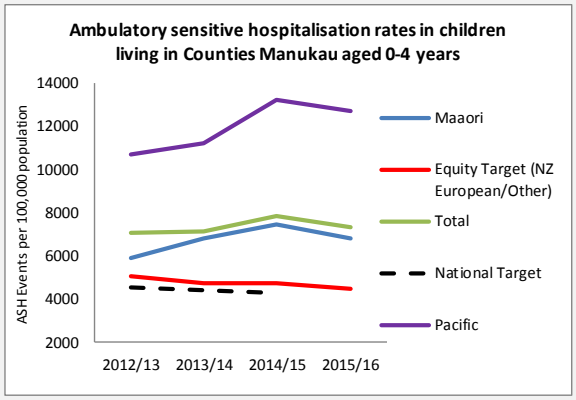
Medium term outcome: Equitable reduction in potentially avoidable hospitalisation in our 0-4 year olds

Ambulatory sensitive hospitalisations (ASH) are acute admissions that are considered potentially avoidable through access to quality, responsive primary health care

Total Base	*Total Target*[26]			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
7,348	*↓ 5%*	*↓ 5%*	*↓ 5%*	*↓ 5%*

Keeping children well and out of hospital is a key priority. Not only is it better for our community, but it frees up hospital resources for people who need more complex and urgent care. Maaori and Pacific babies and children experience health inequities in acute admissions that are considered potentially avoidable (ASH events). Leading causes of ASH events for Maaori and Pacific children in Counties Manukau are respiratory infections, asthma, dental conditions, cellulitis, upper and ear nose and throat infections and gastroenteritis. CM Health will focus on better integrating services and improving engagement with primary health services and condition specific interventions, to reduce inequities with a focus on Pacific and Maaori 0-4 year olds.

Data source: Ministry of Health Performance Reporting[25]

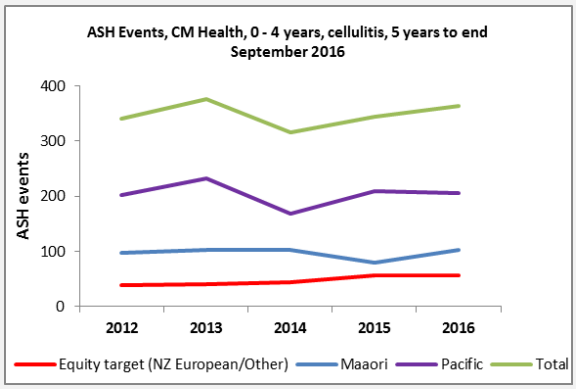


Contributory measure: hospitalisation for serious skin infections

Total Base	*Total Target*[27]			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
360	*↓ 5%*	*↓ 5%*	*↓ 5%*	*↓ 5%*

In 2016 there were over 360 potentially avoidable hospitalisations (ASH events) due to cellulitis in children aged 0-4 years. Counties Manukau Pacific and Maaori children are more likely than children of other ethnicities to be hospitalised with serious skin infections such as cellulitis. CM Health aims to improve access to early treatment of skin infections in primary care and community settings. Actions include providing information for families and whaanau to improve identification and prevention of skin infections. In recognising the impact of social factors, these actions will be complemented with local family group based services such as Whanau Ora and Fanau Ola that aim to engage whaanau and family as part of the health care team.

Data source: Ministry of Health Performance Reporting[25]



Contributory measure: improving immunisation coverage to reduce potentially avoidable hospitalisations

Total Base	*Total Target*			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
95%	*>95%*	*>95%*	*>95%*	*>95%*

Tamariki Maaori have lower immunisation coverage and are disproportionately affected by vaccine-preventable diseases compared with other children in Counties Manukau. Ensuring that vaccination coverage at 8 months exceeds the national target is an important component to enabling Maaori

[25] This is a national performance measure SI1 reflects the Ministerial priorities of timely patient care closer to home and value for money. This is also a national System Level Measure and reports are lagged by one quarter. There were national changes to the calculation of this result from quarter 1 2015/16 onwards impacting the comparability to historic results.

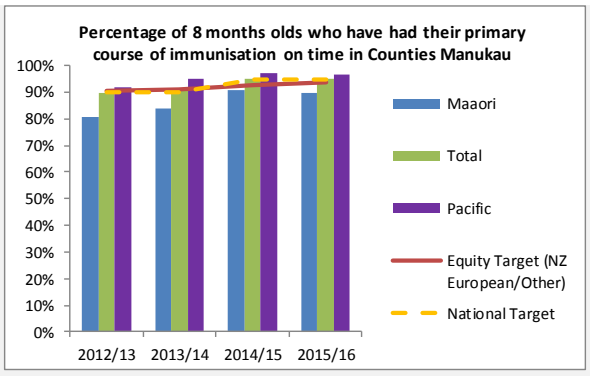
[26] The CM Health and Auckland Waitemata Alliances have committed to an annual five percent reduction in ASH events as part of their shared regional aspiration to reduce ambulatory sensitive hospitalisations. Note that the target for the outer years is a five percent reduction from the previous year's rate.

[27] The CM Health and Auckland Waitemata Alliances have committed to an annual five percent reduction in ASH events due to cellulitis and eczema/dermatitis as part of their shared regional aspiration to reduce ambulatory sensitive hospitalisations. Note that the target for the outer years is a five percent reduction from the previous year's rate.

children to achieve the best possible state of health and avoid potentially avoidable hospitalisations.

CM Health aims to achieve equity by increasing the percentage of pepi and tamariki Maaori who are immunised on time at 8 months, and 2 and 5 years.

Data source: National Immunisation Register Data Mart report



Medium term outcome: Improved end of life pathways for patients and whaanau[28]

Ensuring that the patients, whaanau and family are at the centre of end of life care

The increase in the proportion of people living with chronic health conditions along with the ageing population means there is a gradual increase in the number of deaths. This has impacted on the demand and complexity of palliative care services and the need for more personalised and culturally appropriate advance care planning in a range of health care settings. There are important differences in the place of death between ethnic groups therefore CM Health strategies will engage with hospices, aged residential care facilities, hospital and home based services.

CM Health aims to strengthen the capacity and capability of district wide services to enable living well and dying well regardless of where the patient is in their journey. This means ensuring that patients and whaanau are at the centre of end of life care approaches and that the social, financial, emotional and spiritual needs of patients, families and whaanau are recognised in that care.

3.5 Healthy Services

"Together we will provide excellent services that are well-supported to treat those who need us safely, with compassion and in a timely manner"

People are at the heart of healthcare services. We will add healthy life years and reduce the potentially avoidable rate of acute (unplanned) hospitalisations. To achieve this we need to ensure our workforces across the district are well trained, health literate, knowledgeable and come to work because they want to do their best for patients and whaanau. For the current Counties Manukau residents living with long term health conditions, we will support them to better manage and control their health through **excellent, collaborative, high quality, compassionate and safe health care services to improve experience of care.**

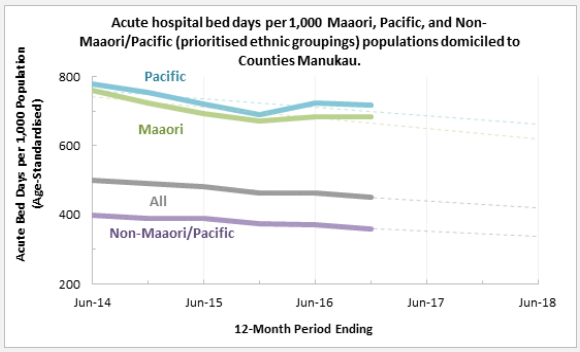
Medium term outcome: Reduction in acute hospital bed days

All of system approach to ensure safe delivery of care and reduce potentially avoidable hospitalisation[29]

Acute hospital bed days per capita is a measure of acute demand on hospital care that is amenable to reduction or avoidance. This is positively impacted by good upstream primary and community care, acute admission prevention, good hospital care and discharge planning, integration of services and transitions between care sectors, good communication between primary and secondary care.CM Health aims to reduce inequities through an 'all of' system experience of care for patients and their families underpinned by teamwork and patient-centred care.

Data source: Ministry of Health Performance Reporting[30]

Total Base	*Total Target[31]*			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
463.6	*↓ 2%*	*↓ 2%*	*↓ 2%*	*↓ 2%*



[28] As this is a new outcome measure, baseline and trend data are not yet available.

[29] The acute hospital bed days (acute inpatient event) per capita rates will be illustrated using the number of bed days for acute hospital stays per 1,000 population (estimated resident) domiciled to Counties Manukau. This will be measured every six months for the preceding (rolling) 12-month period. Age-standardised to overall New Zealand 2013 Census Usually Resident population.

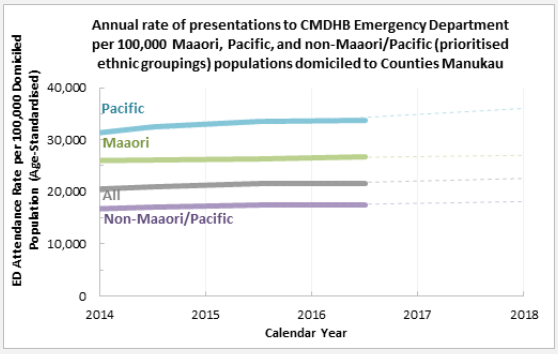
[30] This is a national performance measure SI7 – reporting through PP22. DHBs are expected to provide jointly agreed (by district alliances) System Level Measure improvement plans, including improvement milestones (and related targets).

Key contributory measure: reduced ED attendance rate[32]

Providing high quality, timely and integrated services will help people, whaanau and families stay well and live independently in the community. Improved prevention of risk factors and management of key long term conditions such as diabetes and cardiovascular disease will contribute to an overall reduction in ED presentation rate (residents 0-74 years per 1,000 population). CM Health aims to reduce inequities and overall rates by continuing to address risk factors for long term health conditions, appropriate access to primary options for acute care and expand the range of planned, proactive and more personalised health services.

Data source: CM Health Hospital ED Data & StatsNZ Estimated Resident population

Total Base	*Total Target*[33]			
2016	*2017*	*2018/19*	*2019/20*	*2020/21*
21,640	*↓ 2%*	*↓ 2%*	*↓ 2%*	*↓ 2%*



Key contributory measure: improved and more equitable experience of care

Understanding patients' experience is vital to improving patient safety and the quality of care. Improving their experience reflects the safety and quality of care[34] and contributes to better health outcomes. The aim is to enable patients (and whaanau) to take a more active role in their own health. Current hospital patient surveys provide insights into how to improve patient experiences by focusing on activities to improve the quality of care provided. More than half for our patients say that communication is an aspect of care that can make the most difference to them. Patients want to discuss their care and treatment with us and to have their views respected. In addition to the hospital survey, a primary care survey has been piloted[35] that focuses on coordination and integration of care and will be rolled out further in 2017/18. This will augment our current reporting with 'whole of health' system patient experience insights and opportunities for improvement.

Data source: Health Quality and Safety Commission National Patient Experience Survey Report[36]

Total Base	*Total Target*			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
8.4	*>8.5*	*>8.5*	*>8.5*	*>8.5*

[31] Note that the target for the outer years is a two percent reduction from the previous year's rate.
[32] Rate of presentations to CM Health Emergency Department per 100,000 population (estimated resident) domiciled to Counties Manukau. Age-standardised to New Zealand 2013 Census Usually Resident population.
[33] Note that the target for the outer years is a two percent reduction from the previous year's rate.
[34] Manary M, Boulding W, Staelin R, et al. The Patient Experience and Health Outcomes. N Engl J Med 2013; 368:201-203
[35] Two PHOs in Counties Manukau were involved in the pilot phase in 2016 (Procare Networks, National Hauora Coalition) with roll out to other PHO practices in 2017/18. This primary care survey forms part of the SLM work for 2017/18 and the outer years.
[36] Accessible online with national comparisons from the Health Quality Evaluation page of http://www.hqsc.govt.nz. There are four question domains that are (scored out of 10 with average results reported each period. Targeted overall survey average is greater than 8.5.

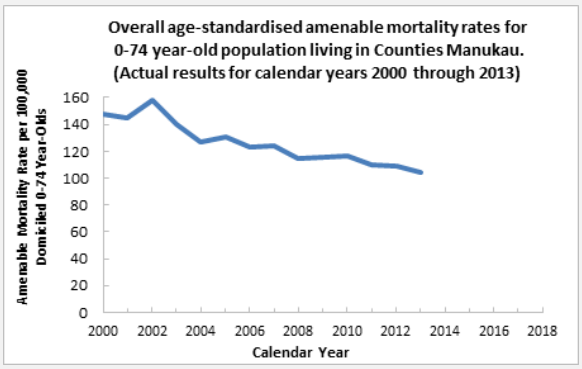
Medium term outcome: Reduced and more equitable amenable mortality rates[37]

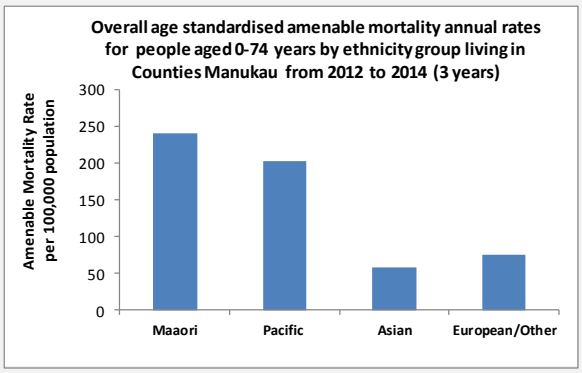
Target improvement in the leading causes of potentially preventable deaths

Total Base	*Total Target*[40]			
2012-14[41]	*2017/18*	*2018/19*	*2019/20*	*2020/21*
109	*↓ 2%*	*↓ 2%*	*↓ 2%*	*↓ 6%*

The four leading causes of amenable mortality Counties Manukau - cancer, cardiovascular disease (particularly heart attacks and stroke), chronic obstructive pulmonary disease (COPD) and diabetes - share common risk factors.[38] Regional and local approaches will focus on delivering actions to reduce unhealthy diet, physical inactivity, smoking and harmful use of alcohol risk factors. Proportionally, Maaori have a higher amenable mortality in smoking-related diseases such as cardiovascular disease and COPD. Pacific people have a higher proportion of diabetes related deaths.

Data source: National Mortality Data Collection[39] *(definition based on MOH Sep 2016 version on defining amenable mortality)*



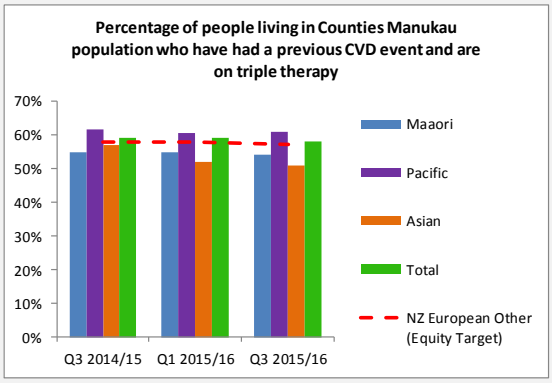


Key contributory measure: better treatment of people with cardiovascular disease (CVD)

Total Base	*Total Target*[44]			
2015/16	*2017/18*	*2018/19*	*2019/20*	*2020/21*
58%	*↑5%*	*↑5%*	*↑5%*	*↑5%*

There is good evidence that for those with a previous CVD event, 'triple therapy'[42] medicines can reduce future risk of CVD events and death. Triple therapy as defined as statins, antiplatelet/ coagulants, and blood pressure lowering medicines dispensed in at least three quarters in the year. While the current percentage of people who have had a previous CVD event who are receiving triple therapy for the CM Health population is at the upper end of results for the Northern Region DHBs, there is considerable room for improvement for people of all ethnicities. As a region, we aim to increase the rates of people who have had a prior CVD event and are on triple therapy by 5 percent each year.

Data source: Northern Region Cardiac KPI Report[43]



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[37] Amenable mortality is defined as premature deaths (before age 75 years) from conditions that could potentially be avoided, given effective and timely care for which effective health interventions exist.

[38] Chan WC, Papa D, Winnard D (2015) Life Expectancy, Leading Causes of Death and Amenable Mortality in Counties Manukau. 2015 Update. Auckland: Counties Manukau Health.

[39] It takes several years for some coronial cases to return verdicts. As a result the Ministry is unable to release provisional cause of death information until around two years after the end of the year. Reports are made available annually with a rolling five years data set.

[40] Consisent with the 2017/18 Auckland, Waitemata and Counties Manukau Alliance System Level Measures Improvement Plan the following reduction in amenable mortality rates targets have been set for CM Health: 2% reduction (on single year baseline) by June 2018 and a 6% reduction (on the 2013 baseline) by June 2020.

[41] Refered to as the "2013 baseline"

[42] Cardiovascular disease (CVD) management as measured by the percentage of Counties Manukau residents aged 30 to 80 who have had a previous CVD event who are on triple therapy. Triple therapy as defined as statins, antiplatelet/coagulants, BP lowering dispensed in at least 3 quarters in the year.

[43] *CVD Prevention Medication Report* based on PHO enrolment for Quarter 4, CV Risk Assessment extracts and TestSafe dispensing data

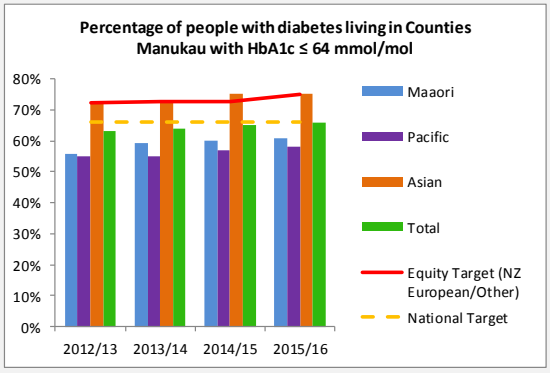
[44] Note that the target for the outer years is a five percent increase on the previous year.

Key contributory measure: improved diabetes control in people with the highest disease burden

Better glucose control will reduce the progression of micro-vascular complications, chronic kidney disease, retinal disease and others. A modified Diabetes Care Improvement Package Programme is being rolled out. The objective is to provide optimal clinical management for all people with diabetes, which includes good glycaemic control (HbA1c ≤ 64 mmol/mol) appropriate cardiovascular risk management, prevention and management of diabetes related complications such as albuminuria, neuropathy and retinopathy. We aim to reduce inequities with a focus on populations with the highest disease burden, i.e. Pacific, Maaori and Indian residents.

Data source: Ministry of Health Performance Reporting[45]

Total Base	*Total Target*			
2009-13	***2017/18***	***2018/19***	***2019/20***	***2020/21***
65%	*69%*	*>69%*	*>69%*	*>69%*

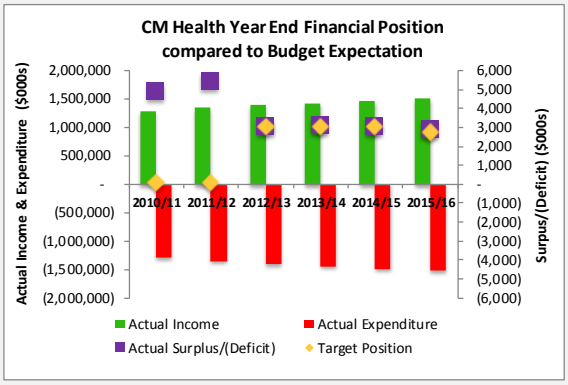


Key contributory measure: living within our means

District Health Boards (DHBs) exist to improve, promote and protect the health of the public and specifically the people that live in their districts. This is achieved through provision and funding of services, the allocation and long-term stewardship. To deliver this, each DHB must responsibly and effectively live within its means and achieve the best possible outcomes within available funding. CM Health works to be efficient in its service delivery now, while at the same time investing in innovation and future health system changes so that we can be financially sustainably in the medium to long term. This includes working collaboratively with the metro Auckland DHBs to provide the full range short to long-term services for our community.

Data source: CM Health Annual Reports[46]

Position Base ($000)	*Position Target ($000)*			
2015/16	***2017/18***	***2018/19***	***2019/20***	***2020/21***
2,870	*(20,012)*	*TBC*[47]	*TBC*	*TBC*



[45] This is a national performance measure PP20 reflects the Ministerial priorities for improvement treatment for people with long term health conditions. Note that CM Health currently uses the PHO CDIP cohort based on the population aged 15-74 years enrolled with Counties Manukau practices as the denominator for this measure. Work is currently underway to mature and refine HbA1c reporting in CM Health.

[46] Accessible online from http://countiesmanukau.health.nz

[47] Note that we are working on a three year recovery plan that will return our organisation to a breakeven position. Accordingly our outer year plans for 2018/19 to 2020/21 should be read as indicative and will be updated once the three year recovery plan has been agreed by the Executive Leadership Team and endorsed by the CM Health Board.