Counties Manukau District Health Board

District Strategic Plan 2006-2011

Healthy Futures

COUNTIES MANUKAU DISTRICT HEALTH BOARD
A Community Partnership

‘Koru’

(Life, growth, movement)

“Ko te ohonga ake o aku moemoea, ko te puawaitanga o nga whakaaro”

“The awakening of dreams and aspirations comes from the blossoming of ideas, thoughts and innovation”

Na Te Puea Herangi

The koru, or fern frond, reaches towards the light, striving for perfection, encouraging new positive beginnings…
The koru represents the unfolding of new life, that everything is reborn and continues. It represents renewal and hope for the future.

The significance of the koru to Maaori relates back to Ranginui and Papatuuaanuku and the arrival of Maaori ancestors (Manawhenua) to this area. As the koru spirals it reflects the special relationships Manawhenua has with their descendents and other New Zealanders in Counties Manukau.

The koru was chosen to represent the shape of the future health system in Counties Manukau because it reflects the principles that will underpin that system:

- the continuum of the healthcare system – the movement from the base of the frond to the tightest spiral at the top
- the importance of individuals and their family/whanau in the system, which exists to support and serve the community – the frond represents new growth and life
- the emphasis on wellness and prevention and the DHB’s role in supporting the community to lead healthy lifestyles – the main stem supporting the smaller fronds
- the proportionate use of the system and the resources required to support it – the size of and distance between the smaller fronds growing from the main stem become tighter as the frond spirals
- the cyclical nature of the journey through the system, with people able to move back along the continuum as their health improves – the circular growth of the smaller fronds
- the infrastructure (‘enablers’) that is required to support the system including community participation, workforce, information, and facilities – the root system of the plant and the environmental factors that enable the frond to grow.

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Counties Manukau DHB's shared vision

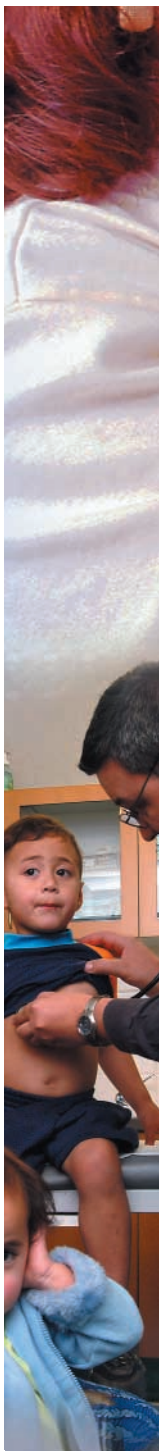
To work in partnership with our communities to improve the health status of all, with particular emphasis on Maaori and Pacific peoples and other communities with health disparities

- We will do this by leading the development of an improved system of healthcare that is more accessible and better integrated
- We will dedicate ourselves to serving our patients and communities by ensuring the delivery of both quality focussed and cost effective healthcare, at the right place, right time and right setting
- Counties Manukau DHB will be a leader in the delivery of successful secondary and tertiary health care, and supporting primary and community care.

Values

Care and Respect	Treating people with respect and dignity: valuing individual and cultural differences and diversity
Teamwork	Achieving success by working together and valuing each other's skills and contributions
Professionalism	Acting with integrity and embracing the highest ethical standards
Innovation	Constantly seeking and striving for new ideas and solutions
Responsibility	Using and developing our capabilities to achieve outstanding results and taking accountability for our individual and collective actions
Partnership	Working alongside and encouraging others in health and related sectors to ensure a common focus on, and strategies for achieving health gain and independence for our population

From the Chairman



We get much of our personal sense of security from our experience of health services. By definition almost, we only use them when we are at a point of some kind of vulnerability in our families' lives. That is why we are so demanding of health services and why our expectations are so clear and so high during these times. However we also need to consider how we contribute to our own and our families' health and what we can do on a daily basis, not just when we need specific health services.

As your District Health Board (DHB), our job is to meet your expectations, within reason. It is the 'within reason' aspect to health service delivery where the black and white of expectations meet the grey areas of accessibility, availability and affordability. In truth we can only do what we can do with the wonderful resources of people, finances and facilities we have.

I want to reassure you that Counties Manukau DHB is serious about meeting your expectations 'within reason'. To do this we have a plan. Our District Strategic Plan is designed to show how we aim to make a difference to the health of Counties Manukau people in the next five years. We have been out in the community talking about this plan and getting your feedback. The Government has given us a clear steer on what it wants us to achieve and we are required by law to pay attention to what it asks of us. Together, what you tell us and what the Government asks of us, go into how we decide on the critical areas for future service development aimed at improving your health.

Below is a summary of what we will concentrate on in this plan. You will notice that a significant part of it relies on your actions. For example, 'Let's Beat Diabetes' will only succeed if we eat healthier foods and exercise more. It is these simple but profound steps we all take that will determine when we need to build new hospital facilities to attend to the negative effects of an overweight, unfit population.

Similarly taking the right kind of care of ourselves in the bright sun will ultimately determine how many of us get skin cancer in years to come. The evidence is really clear that if we pay attention to the simple matters of self-care, this will make a huge difference to where we can afford to spend the future health resource. We as a DHB will be doing our share in working with our communities and partner agencies to support the people of Counties Manukau to live healthier lives.

We know that life expectancy for Maaori and Pacific communities is much lower than for the rest of our population. This kind of basic unfairness can only be addressed jointly by the DHB and the affected communities. We will ensure that happens and we will do our best to improve their outcomes during the period of this plan.

So, in summary the key areas of focus for your DHB are:

- We are adopting a 'whole of society' approach to improving health outcomes including working with partner organisations and communities through Let's Beat Diabetes, and with Housing New Zealand in promoting healthy housing. We also work with people who have been off work with sickness to get them re-employed under the PATHS programme with the Ministry of Social Development (Work & Income)
- We are determined to reduce inequalities in health by including affected groups in DHB decision making and by working with providers to implement Maaori and Pacific Health plans
- We are committed to making the best use of the resources we have available: more than $840million revenue, over 5,200 DHB staff (3,800 full-time equivalents); and significant facilities on the Middlemore and Manukau sites plus other satellite locations including Botany, Papakura, Pukekohe and Waiuku
- We will implement prevention strategies such as well child checks and immunisation programmes, and programmes to increase physical activity and nutrition to improve the health of children and young people
- We will support and value our staff within the DHB and the wider health sector by implementing workforce development strategies (particularly recruitment, retention and wellness programmes)
- We acknowledge the role of primary care in delivering improved health outcomes and will take a partnering approach in supporting Primary Health Organisations (PHOs) to improve quality and change the model of care to focus on these deliverables
- We will reduce the community's need for hospital services for conditions that are able to be managed by community and primary care services through programmes like Primary Options for Acute Care (POAC), Chronic Care Management (CCM), integrated community based mental health services, secondary specialists holding clinics in primary care, and hospital-led training sessions in primary care
- We will continue to ensure the delivery of safe and effective health services, particularly focusing on reducing the number of avoidable injuries and deaths which occur in the hospital setting
- We will improve access to hospital based services so they match national rates, including increased elective surgical (gynaecology, cataracts, hips and knees etc) and diagnostic procedures (gastroscopy, endoscopy etc)
- We will develop our facilities to meet the future needs of the community.

Pat Snedden
Chairman

Strategic Direction

Counties Manukau DHB, and its predecessor South Auckland Health, has a strong history of striving to 'make a difference' for the community we serve. The DHB's strategic direction has been developed based on many years of innovative activity with primary and community providers, local and national government agencies, and community groups, which has provided a strong foundation for the DHB moving forward.

CMDHB is committed to working in partnership with our communities and health professionals to provide services that meet the needs of people at the right time and in the right place, whether that be in hospital, in the community or at home.

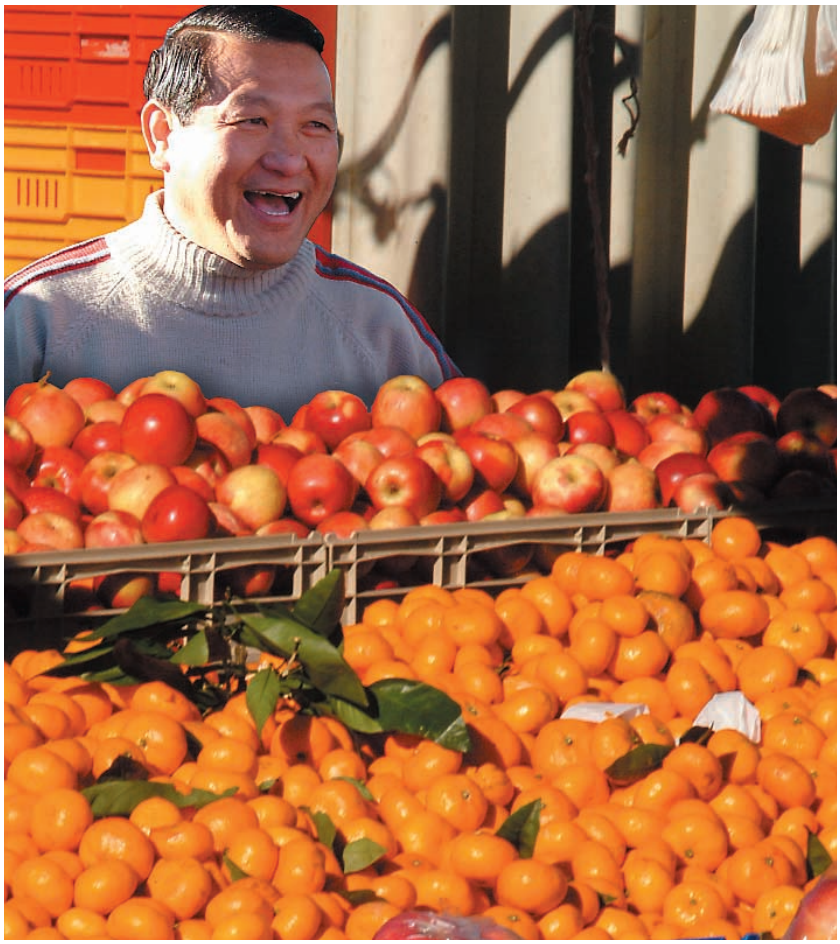
Whilst we will always strive to ensure excellent hospital services are available for people who are sick or injured, we are increasingly shifting our focus to support people to keep healthy, and access services earlier and in community settings. This shift in focus is reflected in our priorities. Increased investment in primary care and community services is already resulting in reduced hospital admissions when compared with population growth and historical demand. Investment in our priorities has been assisted by the movement to funding equity compared with the rest of New Zealand, based on the population based formula used to distribute funds to DHBs.

Counties Manukau faces some unique health challenges:

- Our population has high deprivation, is ethnically diverse with high health needs, and is growing faster than anywhere else in New Zealand
- The historic focus of health services investment and delivery has been on hospital (secondary) care
- Demand for acute services (such as emergency and medical care) was growing through the 1990's by an average of 9% per year, an unsustainable rate.

In response to these challenges, CMDHB has:

- Invested in new or improved facilities, including the SuperClinics, KidzFirst, Emergency Care and Manukau Surgery Centre
- Invested in development of mental health services, with particular emphasis on community-based early intervention and support services
- Invested in primary health care to support integration with specialist services, lower fees for patients, and new services to promote wellbeing and improved access



- Begun investment in home-based and community services for older people, to support 'ageing in place'
- Maintained funding increases to hospital services to below inflation rates to increase productivity and allow investment in high priority primary and community services.

What are the results?

- Growth rates in acute hospital admissions at Middlemore Hospital and Kidz First have reduced to levels the same as, or below, population growth
- Cost growth has been contained within the DHB's provider arm, and the DHB overall has achieved a break-even or better financial position in 2004/05 and 2005/06, and is forecasting to maintain this in 2006/07
- Improved access to mental health services
- Improved access to primary health care services
- Improved health outcomes for people with chronic conditions enrolled in our Chronic Care Management programme
- Improved processes to ensure that elective services are provided to those most in need, and for the first time the level of elective services provided to our community is in line with national averages
- Multi-agency, 'whole community' action to improve community well-being (such as the Let's Beat Diabetes, Healthy Housing, AIMHI and PATHS programmes).

What is next?

The DHB revised its District Strategic Plan (DSP) in 2005, based on the health issues identified, achievements to date and initiatives currently underway. This document is the revised DSP, and uses as its framework six outcome areas that will be the focus for health sector activities over the next 5-10 years.

1. **Improve community wellbeing** - a whole society approach involving the community and other agencies to support healthy lifestyles (physical activity and nutrition, and smokefree); improve environments such as homes, schools, marae and churches and improve access to information to support people to make informed decisions about their health.

2. **Improve child and youth health** - improving care from conception through to adolescence where evidence shows the greatest impact can be achieved, including breastfeeding support, increased coverage of well child checks and immunisation, implementation of best practice guidelines, reducing obesity, and reducing the impact of risk taking behaviour in young people.

3. **Reduce the incidence and impact of priority conditions** - focussing on those conditions which are the leading causes of ill-health in Counties Manukau, implementing structured programmes, pre-

vention strategies and co-ordinated services across community, primary, secondary and tertiary services.

4. Reduce health inequalities - working to ensure those groups within the community with the highest need and lowest health status receive health and disability services which lift their life expectancy to the level enjoyed by the rest of the Counties Manukau community and New Zealand

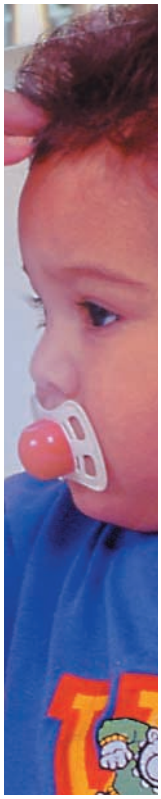
5. Improve health sector responsiveness to individual and family/whaanau need - a commitment to improving our community's access to timely and appropriate health and disability services in line with the rest of New Zealand; focussing on hospital and specialist services, elective services, primary care, services for older people and the integration between community based and hospital services.

6. Improve the capacity of the health sector to deliver quality services - to achieve the above 5 outcomes the DHB needs to ensure the appropriate infrastructure is in place, particularly workforce, facilities, information and quality systems, that all resources are efficiently applied, and all services provided from our hospital and by other contracted providers are safe.

This strategic direction - an emphasis on prevention, and primary and community services, focused within the six outcome areas - will be reflected in resource allocation each year through our District Annual Plans. In general terms, our distribution of funding is based on the following approach:

- Existing services receive an annual increase to partially compensate for inflation. This increase, which for many providers will be considerably less than their actual cost increases, means they must pursue efficiency gains
- New funds - demographic growth funding and any other remaining unallocated funds - are targeted to development of new services in the action areas that support our District Strategic Plan, including any volume increase in existing services required to meet increased health needs or population increases.

We are now starting to see clear evidence that this strategic approach is making a difference for the people of Counties Manukau.



Counties Manukau District Health Board

1. Introduction

Counties Manukau District Health Board
Back row: Arthur Anae, Bob Wichman, Ross Keenan (Regional Deputy Chair), Donald Barker, Pat Snedden (Chairman), Paul Cressey.
Front row: Jillian Dooley, Miria Andrews, William Mudgway, Airini Tukerangi, David Collings.

Counties Manukau District Health Board (CMDHB) was established on 1 January 2001 under the provisions of the New Zealand Public Health & Disability Act 2000 (NZPH&D Act). CMDHB is responsible for the funding of health and disability services and for the provision of hospital and related services for the people of Counties Manukau (Manukau City, and Franklin and Papakura Districts) as set out in the DHB functions and objectives in the Act.
Section 38 of the NZPH&D Act requires each DHB to develop a District Strategic Plan. The District Strategic Plan outlines how the DHB will fulfil its objectives and functions over the next 5 to 10 years and must consider:

- the health status of the community
- the needs of the community for health services
- the expected impact of health services on improving health outcomes
- the overall direction set out in the New Zealand Health and Disability Strategies.

The DHB's role is a complex one, and the District Strategic Plan is a good mechanism for ensuring the DHB considers the desired longer term health outcomes for its community, the medium term programmes and initiatives that will contribute to achieving those outcomes, and the short term activities that are part of the DHB's daily operations.
The District Strategic Plan has been developed in consultation with our communities, our strategic partners such as other Government agencies, primary care health and support services and our staff. It was important that we listened to your views on what we should be doing into the future.

We will continue to have conversations with the people who live within the Counties Manukau area as we move together through the five year life of the plan.

This CMDHB District Strategic Plan has been approved by the Ministry of Health and signed by Hon Pete Hodgson, the Minister of Health

Geraint Martin
(Chief Executive Officer)

Treaty of Waitangi

The Treaty of Waitangi as the founding document of our nation establishes a partnership between Maaori and the Crown to work together under the auspices of Kaawanatanga (governorship), Tino Rangatiratanga (self determination) and Ooritetanga (equal entitlement).

This is reflected in the New Zealand Public Health & Disability Act 2000, and all key strategic health documents. CMDHB has undertaken to express its commitment to the Treaty of Waitangi in the following ways:

- Establishment of POU as a committee of the Board has provided Maaori with a forum to be involved in the decision making processes of the Board. The inclusion of members from the Board, Maaori providers, Tainui MAPO and Manawhenua provides a base for an inclusive decision making process.
- Development of the Whaanau Ora Plan with its aspirational vision:

Whaanau Ora - Maaori Ora

Kia whai kaha, whai mana painga, ki ngaa kawenga oranga iwi, ki tua o rangi

Whaanau inspired, enabled, resourced and in control of their own health

- Increasing delivery of health services by Maaori provider organisations to Counties Manukau residents from a kaupapa Maaori base
- Increasing capacity of the CMDHB Maaori health team to provide Maaori strategic and operational impetus for the organisation
- Involvement of Maaori communities in the development, implementation and evaluation of new and existing services.

CMDHB have identified the following concepts to guide the enactment of Treaty obligations, as identified in the Whaanau Ora Plan:

- Sharing responsibility for Maaori health and disability gain, with Maaori taking a lead role
- Inspiring whaanau to be educated, knowledgeable and motivated about their own health and disability
- Encouraging whaanau to adopt healthy lifestyles
- Facilitating Maaori participation in decisions about resourcing priority health and disability goals
- Developing the health and disability sector workforce, with a particular focus on Maaori capacity and capability
- Measuring and reducing inequalities
- Increasing whaanau choice and use of quality kaupapa Maaori providers and generic providers
- Continuously improving the DHB's funding, planning and service delivery roles to proactively respond to Maaori health and disability need.

2. Environment – Influences on the Future

Our people

Counties Manukau has been and remains one of the fastest growing areas in New Zealand. It has a diverse population with complex health needs and service requirements. In developing its funding infrastructure and strategies, CMDHB takes note of the following characteristics of the Counties Manukau population:

- a high proportion of Maaori
- a high proportion of Pacific people
- a high proportion of Asian people
- the relative youthfulness of the population
- a high proportion of those who are socio-economically deprived.

Our communities' health needs

- Hospital discharges have increased by 5% per year since 1999. Of all hospitalisations, 33% might be considered potentially avoidable (37% of Maaori, and 39% of Pacific admissions). This compared with 32% for New Zealand. Much of the scope for prevention of these hospital admissions lies in the primary health care sector.

- Infectious disease rates for Counties Manukau people, particularly children, have been very high, for example, meningococcal meningitis, respiratory illnesses, cellulitis, otitis media (glue ear), gastroenteritis, and immunisation preventable disease. Important risk factors for the increased prevalence of these diseases in Counties Manukau include environmental factors such as income/poverty, overcrowding, and access to primary health care.

- Lifestyle risk factors for disease are of increasing importance in Counties Manukau and nationally, and include smoking, hazardous drinking, poor nutrition, and inadequate physical activity. In particular, the effect of poor nutrition and inadequate exercise has resulted in a growing epidemic of Type 2 diabetes that is predicted to be socially and economically devastating. Over the next 20 years the number of people with diabetes is forecast to double as a result of population growth, and the ethnic, youthful, and low socio-economic composition of the Counties Manukau population.

- Adolescent health is a key area of concern. Birth rates among teenage mothers are very high for Maaori (80 per 1000 16-19 year olds) and Pacific (45 per 1000) young people in 2005/06, in marked contrast to their European and other (15 per 1000) counterparts, and compared with New Zealand rates (27 per 1000). Counties Manukau adolescents also had higher rates of injury and of death due to injury, particularly resulting from motor vehicle crashes.

- Counties Manukau has the highest proportion of working age people on an Invalids' or Sickness Benefit with the most common cause of disability being psychiatric or psychological, followed by musculoskeletal disorders.

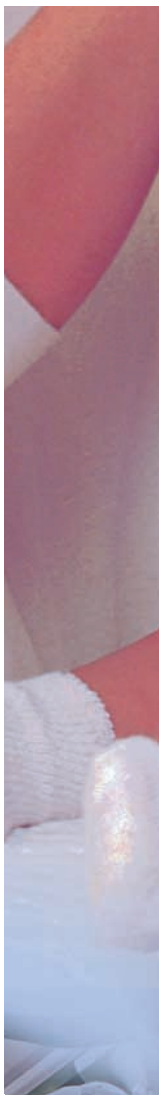
- Those aged 75 years and over, and especially 85+ can be high users of health and disability services. The rapid increase in the over 85 population in the next 20 years will require additional integrated service provision to meet these needs and facilitate ageing in place. Most people want to remain in their own homes as much as possible - wider development of community based services including a greater range of supported-housing options are important strategies to support this.

- Cancer is a leading cause of death in Counties Manukau, accounting for 26% of all deaths. The burden of cancer falls disproportionately on the elderly, Maaori, and socio-economically disadvantaged, and thereby continues to contribute to health inequalities. The cancer mortality rate in Maaori is highest in Counties Manukau (487/100,000). Prostate and breast cancers are the most common cancers both nationally and in Counties Manukau, followed by lung cancer. High rates of lung cancer in Counties Manukau are due to the high levels of smoking among Maaori and Pacific people.

- Children's oral health in Counties Manukau lags behind other DHBs. The 2004 hospitalisation rate for dental conditions in under 5 year-olds in Counties Manukau was twice the rate for the rest of Auckland and higher than the national rate. Counties Manukau has fewer children caries free at age 5 compared with those living elsewhere in Auckland.

- Elective surgery access has been low in Counties Manukau relative to the rest of New Zealand, but increases in provision in the past 3 years means that we have now reached the national intervention rate.

- A regional needs assessment for people with mental illness and high support needs has been completed by Auckland University. For Counties Manukau the results showed a reduction in unmet need in some areas. The report has provided useful data to inform planning for Mental Health service development.



Every day for the people of Counties Manukau

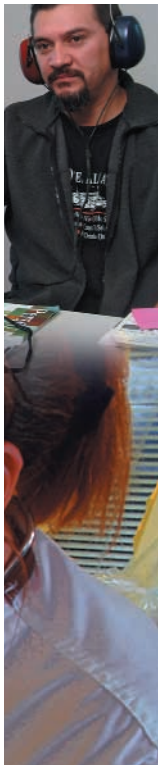
- 6 people die
- 1 of the 6 deaths is tobacco-related
- 3 people die under the age of 75, 2 of them from potentially preventable conditions
- 22 babies are born, 5 by Caesarean section, 1-2 are low birthweight (<2500g), 1-2 have a teenage mother, and 5 of the babies will be admitted to hospital in their first year of life
- 100 women have cervical smears performed
- 240 people are admitted to a public hospital
- 50 of these are aged 0-74 and have potentially preventable conditions (excluding injury)
- 2 are admitted for mental health conditions
- 45 are admitted electively
- 20 are admitted to private hospitals for surgical procedures
- 140 people have meals on wheels delivered
- 4800 people consult their general practitioner
- 8800 prescription items are dispensed
- 5000 laboratory tests are performed

Every day in Counties Manukau DHB facilities:

- 220 people are admitted to an inpatient bed
- 60 theatre procedures are performed (excluding maternity)
- 640 people are seen in outpatients
- 210 are seen in Middlemore Emergency Care
- 21 babies are born
- 270 people are visited by Home Health community workers

3. The Outcomes We Seek

1. **Improve community well being.** We will work with our community and partner agencies on initiatives such as Let's Beat Diabetes, Healthy Housing and healthy schools.
2. **Improve child and youth health.** We will improve health during pregnancy, keep up our good 'Well Child' check and immunisation rates, and improve access to dental care for children and young people.
3. **Reduce the incidence and impact of priority conditions.** Reduce the rates of diseases such as diabetes, heart disease, lung disease, and cancer, and improve access to mental health care.
4. **Reduce health inequalities.** We will support workforce and provider development that increases the capacity of the health sector to deliver services to populations with high health needs. We will maintain our inclusive board and committee structures and fully implement our Maaori and Pacific Health plans.
5. **Improve health sector responsiveness to individual and family /whaanau need.** We will ensure that people have the care they need, when they need, including respecting their culture.
6. **Improve the capacity of health sector to deliver quality services.** We want people in our community to consider health as a career choice and our facilities to be the best we can afford. We will increase the services we offer so people don't have to wait long for treatment, we will improve the quality of health services within our hospitals and the community, and the information available to the staff who provide services.



To work in partnership with our communities to emphasis on Maaori and Pacific peoples and

Long term outcomes

Outcome 1 **Improve community wellbeing**	Outcome 2 **Improve child and youth health**	Outcome 3 **Reduce the incidence and impact of priority conditions**

Medium term outcomes

Achieve the outcomes in the Let's Beat Diabetes Plan	Improve maternal wellbeing	Increase access to structured programmes to reduce the impact of disease for the priority conditions
Increase levels of physical activity	Improve health outcomes for infants and pre-school children	Reduce the incidence and impact of diabetes by implementing the Let's Beat Diabetes Plan
Increase healthy school environments	Improve weight management in children and young people	Reduce the incidence and impact of cancer
Increase smokefree environments	Decrease the incidence and impact of risk taking actions by young people	Improve outcomes for people severely affected by mental illness
Develop healthy communities by working intersectorally		
Improve access to information to enable the community to make informed choices		

Health sector strategic inputs – existing detailed plans

District Annual Plan Statement of Intent Let's Beat Diabetes Plan	Youth Health Plan Child Health Plan Sexual & Reproductive Health Plan Let's Beat Diabetes Plan Oral Health Plan	Let's Beat Diabetes Plan Primary Health Care Plan Mental Health and Addictions Plan Chronic Care Management Plan

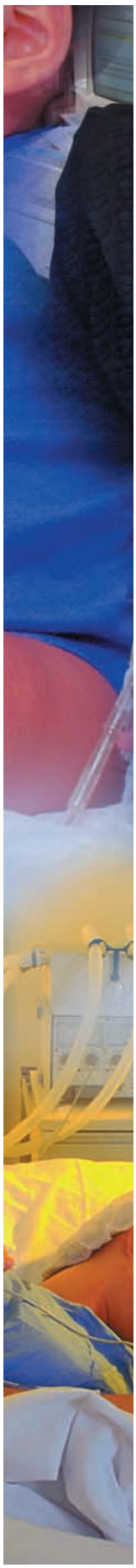
improve the health status of all, with particular other communities with health disparities

Outcome 4 **Reduce health inequalities**	Outcome 5 **Improve health sector responsiveness to individual and family/whaanau need**	Outcome 6 **Improve the capacity of the health sector to deliver quality services**
Address the systemic origins of inequalities	Increase access to services so they align with national levels	Ensure the health workforce meets the community's need for services
Implement specific initiatives to reduce inequalities	Improve access to and management of elective services	Improve health professionals' communication skills in their dealings with patients and their families/whaanau
Improve the capacity of all providers to deliver services to the populations they serve	Increase primary care utilisation	Ensure that services and facilities are planned to meet the future needs of the community
Improve ethnicity data collection	Improve the continuum of care for services provided to older people	Support information exchange amongst health professionals
	Reduce the number of people admitted to hospital who could have been cared for in the community	Ensure the delivery of safe and effective services
		Ensure the efficient use of resources

A set of medium term outcome measures is described in Part 4. Page 22

Maaori Health Plan Pacific Health Plan Regional Maaori Mental Health Plan	Primary Health Care Plan Chronic Care Management Plan Palliative Care Plan	Health Services Plan Facilities Modernisation Plan Long Term Financial Plan Workforce Plan Quality Plan

Outcome 1. Improve community wellbeing



Health outcomes for the Counties Manukau population can be significantly improved by a 'whole society' approach. CMDHB will work with our communities (in particular the Maaori and Pacific communities) and other agencies (in particular Manukau City Council, and Franklin and Papakura district councils; the Ministry of Social Development; and Housing New Zealand) to encourage healthy behaviours, and to improve the environments in which people live, work and play.

CMDHB aims to:

1. Achieve the outcomes in the Let's Beat Diabetes Plan by taking a whole society approach to the implementation of the Plan, and specifically the following key action areas:

- Supporting Community Leadership and Action
- Promoting Behaviour Change through Social Marketing
- Changing Urban Design to Support Healthy, Active Lifestyles
- Supporting a Healthy Environment through a Food Industry Accord
- Strengthening Health Promotion Co-ordination and Activity
- Developing a Schools Accord to Ensure Children are 'Fit, Healthy and Ready to Learn'
- Enabling Vulnerable Families to Make Healthy Choices

2. Increase the levels of physical activity and improve nutrition to reduce obesity and improve weight management through:

- Increasing healthy school environments by supporting schools to implement strategies to increase physical activity and healthy eating in school-aged children
- Aligning Ministry of Health and PHO health promotion activities with DHB priorities
- Working with service providers and other agencies whose focus is health promotion and support for healthy lifestyles
- Supporting marae to become healthy, active environments/health promoting environments
- Increase healthy church environments by supporting churches through implementation of the Lotu Moui strategy

3. Reduce smoking in Counties Manukau through:

- Supporting our own DHB sites and other public facilities, including homes and churches, to become smokefree
- Supporting smoking cessation through DHB programmes, eg Chronic Care Management
- Working with the public health funders and providers to implement initiatives to reduce smoking

4. Develop healthy communities by working intersectorally (ie with local government and other agencies) including:

- Improving housing in Counties Manukau by working in partnership with Housing New Zealand to:
  - Implement the Healthy Housing programme in Counties Manukau
  - Increase the available housing stock for people with mental illness
  - Ensure appropriate supported housing is available for older people, in conjunction with housing developers and local councils
- Working in partnership with education providers to:
  - Increase the availability of education to support wellness and recovery from mental illness
  - Improve clinical support to students in alternative education and the Teen Parent Units
- Working in partnership with Ministry of Social Development (Work & Income) to:
  - Implement the PATHS programme to improve employment opportunities for people on Invalid or Sickness benefits
  - Improve uptake of the Child Disability Allowance
- Working collaboratively with the Ministry of Health and other agencies to develop services for people with disabilities in Counties Manukau
- Working in partnership with public health funders to:
  - Develop a multi-agency plan to decrease alcohol and drug use in our community
  - Implement initiatives to improve community mental health and wellbeing
- Working in partnership with other agencies, including Police, ACC and the Ministry of Health, to implement initiatives to improve safety in the home, including reducing family violence, and reducing unintentional injuries
- Working with local government to ensure alignment between the DHB's strategic direction and the Councils' Long Term Community Plans
- Acknowledging and supporting the volunteer and not-for-profit sectors

5. Improve access to health and disability services by:

- Improving access to information to enable the community to make informed choices about health care and healthy behaviours including information about the health sector, the role of key organisations and how to access services:
  - Encourage the use of care plans
  - Promote the use of www.webhealth.co.nz and www.healthpoint.co.nz

- Implement the social marketing actions of the Let's Beat Diabetes Plan
- Reviewing transport to health and disability services in Counties Manukau:
  - Support volunteer driver services
  - Work with local government to review public transport to health services in Counties Manukau
  - Ensure CMDHB's patient shuttle service is being used optimally.
- Promoting the inclusion and participation, and independence of people with disabilities through:
  - Developing and implementing a disability plan
  - Supporting providers to implement disability plans.

Outcome 2. Improve child and youth health

The population of Counties Manukau has a high proportion of children and young people, a significant number of whom live in areas of high deprivation. CMDHB will meet the health needs of children and young people through improving their access to health care services and by developing and implementing policies, programmes and initiatives which improve their health status.

CMDHB aims to:

1. Improve maternal wellbeing through health promotion strategies to improve antenatal care and reduce the number of low birth weight babies, including:

- Pregnancy and childbirth classes
- Antenatal nutrition
- Smoking cessation programmes
- Working with the Ministry of Health and other groups to improve the access to antenatal care
- Working with the Ministry of Health to improve primary maternity services, including compliance with s88 post-natal requirements

2. Improve health outcomes for infants and pre-school children by:

- Achieving Baby Friendly Hospital accreditation for all Counties Manukau DHB sites and support specific breastfeeding programmes focusing on high needs populations, eg B4Baby initiative
- Maintaining the Kidslink programme to ensure high coverage rates for immunisation services and well child checks, including hearing and vision checks
- Developing infant mental health programmes for at-risk families
- Providing support for parents and caregivers through specific parenting programmes, and education and information to assist with health decisions
- Supporting co-ordinated implementation of the Family Start programme in Counties Manukau, funded by the Ministry of Social Development
- Continuing to support initiatives to reduce the incidence and impact of infectious diseases
- Improving oral health status through:
  - Increasing enrolment of pre-school and youth populations with a dental provider
  - Working with the Auckland Regional Dental Service (Waitemata DHB) to improve access and availability of the service to Counties Manukau children
  - Improving access and availability of dental services to youth and low income adults
  - Re-establishing a seamless child and youth oral health service, integrated with other community providers as required

3. Reduce obesity, improve nutrition and increase physical activity through initiatives focussing on children and young people, and the following action areas from the Let's Beat Diabetes Plan:

- Supporting Community Leadership and Action
- Promoting Behaviour Change through Social Marketing
- Strengthening Health Promotion Coordination and Activity
- Enhancing Well Child Services to reduce Childhood Obesity
- Developing a Schools Accord to ensure children are 'Fit, Active and Ready to Learn'
- Implementation of the Adolescent Diabetes and Obesity Prevention programme in the AIMHI secondary schools

4. Decrease the incidence and impact of risk taking behaviour by young people:

- Implementing the recommendations of the Sexual & Reproductive Health Action Plan, and specifically:
  - Improving access to sexual and reproductive health services
  - Enabling workforce development and training
  - Improving the quality of services
  - Facilitating the prevention of adverse health outcomes
  - Improving clinical support to students in alternative education and the Teen Parent Units
- Maintaining existing school based resources/services (eg school nurses) and further developing school based health services in secondary schools
- Continuing to support the development of hauora whaanau teams
- Developing youth participation models in schools
- Enhancing youth specific health services (including mental health services).

Outcome 3. Reduce the incidence and impact of priority conditions

CMDHB has identified the following priority conditions for focus as they are the leading causes of death and illness for our population, and particularly for Maaori and Pacific people in Counties Manukau. Strengthened delivery of primary and community-based care, and improved linkage to specialist services are key to reducing the adverse impact of these and associated conditions, and reducing reliance on hospital-based care:

- Diabetes
- Cardiovascular disease
- Chronic respiratory disease
- Cancer
- Mental health.

CMDHB aims to:

1. Increase access to structured programmes to reduce the impact of disease and the incidence of avoidable complications through implementing the Chronic Care Management programme, a structured case management programme (incorporating Diabetes Get Checked and Care Plus) to improve health outcomes for people with the following conditions:

- Diabetes
- Cardiovascular disease
- Congestive health failure
- Chronic obstructive pulmonary disease
- Depression.

2. Reduce the incidence and impact of diabetes by implementing the Let's Beat Diabetes Plan, specifically:

- Supporting community leadership and action
- Promoting behavioural change through social marketing
- Strengthening health promotion coordination and activity
- Enhancing Well Child Services to reduce childhood obesity
- Developing a Schools Accord to ensure children are 'Fit, Active and Ready to Learn'
- Implementation of the Adolescent Diabetes and Obesity Prevention programme in the AIMHI secondary schools
- Supporting primary care-based prevention and early intervention
- Improving service integration and care for advanced disease

3. Reduce the incidence and impact of cancer by implementing the Counties Manukau Cancer Control Action Plan:

- Implementing the national Breastscreen Aotearoa programme in Counties Manukau
- Supporting the national Cervical Screening programme in Counties Manukau
- Implementing smoking cessation programmes
- Implementing the Healthy Eating and Action initiatives in the Let's Beat Diabetes Plan
- Increasing local delivery of oncology specialist clinics
- Supporting the cancer control continuum from prevention to treatment, rehabilitation and palliative care

4. Improve outcomes for people severely affected by mental illness by improving access to and engagement with:

- Alcohol and drug services
- Support for living in the community
- Peer supports
- Recovery-orientated services
- Responsive community-based acute treatment options
- Services for older people with particular emphasis on Maaori and Pacific people.

Outcome 4. Reduce health inequalities

A key indicator of health status is life expectancy at birth. People living in Counties Manukau can on average expect to live one year less than the rest of New Zealand based on this measure. Maaori people living in Counties Manukau have a life expectancy at birth 8 years less than their European and Other counterparts, and for Pacific peoples in Counties Manukau the difference is 5 years. Similar differences are seen in other measures that the DHB monitors including immunisation rates, use of hospital services and breastfeeding rates. Other groups with high health needs include refugees and migrants and those living in areas of high deprivation (decile 9 and 10). CMDHB will strive to lift life expectancy for our people to the level enjoyed by the rest of New Zealand.

Utilising the Intervention Framework to Improve Health and Reduce Inequalities, CMDHB aims to:

1. Address the systemic origins of inequalities by implementing organisational initiatives including:

- Increasing community participation on key DHB decisionmaking groups (eg, Board Committees, Clinical Advisory Group, Clinical Board), developing pathways for Maaori and Pacific involvement in decision making processes, and increasing use of community groups to improve participation in health system planning and delivery
- Ensuring all DHB plans and funding proposal decisions are reflective of the need to reduce inequalities
- Supporting other providers to adopt similar strategies (eg, assist in the development of Maaori and Pacific health plans for PHOs)

2. Implement specific initiatives to reduce inequalities including:

- Re-writing the DHB's Whaanau Ora Plan to strategically position Maaori health initiatives for the next five years
- Developing and implementing a Maaori mental health and addiction plan
- Developing and implementing the Pacific Health Plan focusing on the following areas to improve health outcomes and reduce inequalities:
  - Child and youth health including the well child framework and school based services (see also Outcome 2)
  - Community development
  - Primary care
  - Prevention and screening programmes
  - Developing policies and training modules across both the CMDHB provider arm and NGO providers that assist in the delivery of services in an inclusive manner.

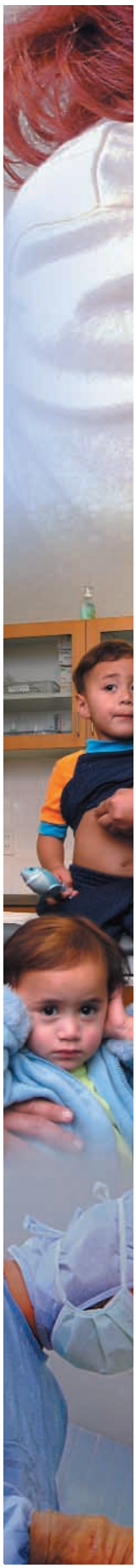
3. Improve the capacity of all providers to deliver services to the populations with high health needs:

- Providing input into the Ministry's Maaori Provider Development Scheme process
- Implementing the Pacific Provider Development Scheme
- Supporting PHOs to develop and implement Maaori and Pacific health plans
- Implementing workforce development initiatives to increase the proportion of Maaori and Pacific people in the health sector
- Implementing models of care by providers which support service delivery to Maaori and Pacific people
- Implementing the recommendations of the regional Asian Mental Health Strategy
- Reducing inequalities in access to hospital based services

4. Improve ethnicity data collection by:

- Ensuring all service areas, including primary health and NGO providers, capture ethnicity data consistently, and annually updating the Counties Manukau Health Profile taking into consideration Maaori and Pacific health indicators as a key input into planning and decisionmaking processes.

Outcome 5. Improve health sector responsiveness to individual and family/whaanau need



Health services must be available when people need them. This applies to the services people most commonly use – primary and community health care – and to those hospital and specialist services that must be there for those less frequent occasions when a major health event occurs. CMDHB is committed to improving our people's access to timely and appropriate services.

CMDHB aims to:

1. Increase access to hospital and specialist services so they align with national levels:

- Particularly where intervention rates for Counties Manukau people are significantly below national levels, and where there are significant waiting lists or where other access targets are not being met.

2. Improve access to and management of elective services through:

- Compliance with the national Elective Services Strategy by developing Continuous Quality Improvement (CQI) plans for Elective Service Patient Flow Indicators, and continuing to improve prioritisation processes, patient flow management, level of service and order of service.

3. Increase primary care utilisation through implementation of the national Primary Health Care Strategy by including:

- Supporting the ongoing development of Primary Health Organisations (PHOs)
- Services to Improve Access initiatives
- Multi-disciplinary teams
- Reduced fees
- Community participation
- Implementing initiatives between secondary and primary care which enable primary care to build their specialist skills (eg management of malignant skin lesions)

4. Improve the continuum of care for services provided to older people in order to respond to the increasing demand for services as the population ages, including:

- Developing and implementing a service mix model to inform planning and investment by the DHB and providers
- Supporting development of more flexible and higher capacity home-based and community support services to support older people to remain living at home ('ageing in place')
- Continuing to support and develop Needs Assessment and Co-ordination (NASC) services to ensure accurate assessment of clinical needs, including the use of universal assessment tools
- Continuing to improve the management of degenerative conditions associated with ageing and the services available to support older people and their family/whaanau
- Identifying and targeting barriers to well health for older people
- Increasing opportunities for the use of gerontology skills across primary and secondary care
- Implementing goals and habilitation based model across the continuum of care

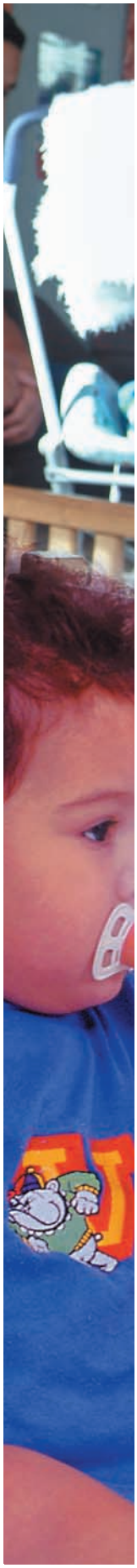
5. Reduce the number of people requiring hospital or specialist care by strengthening services provided in the community, including:

- Implementing acute demand programmes including Chronic Care Management (CCM), specialist clinics in primary care, and Primary Options for Acute Care (POAC)
- Encouraging the community to build a sustained relationship with a single primary health care team
- Implementing initiatives to improve attendance of people referred for an outpatient visit
- Ensuring timely access to cost-effective medications
- Developing and implementing an integrated after hours plan (10pm-8am)
- Working with PHOs and other community organisations to proactively manage clients and provide shared education opportunities
- Encouraging integration between PHOs, community organisations and DHB community services to ensure treatment, follow-up and after-care is co-ordinated.

Community Panel Members


SOUTH WALK
TOILETS
redrat
redrat
redrat

Outcome 6. Improve the capacity of the health sector to deliver quality services



The people that work in the health sector are the DHB's biggest and most valued resource. To be successful, CMDHB must attract and retain health professionals by fostering an environment which is supportive of effective service delivery. A key ingredient of this supportive environment is the infrastructure that supports it, including facilities, information systems, quality systems and processes, and workforce development activities.

CMDHB aims to:

1. Ensure that the health sector workforce meets the community's needs for services by:

- Enhancing the size, skills and competence of the workforce
- Encouraging people into health professions who reflect the community being served
- Encouraging people to remain in the health sector in Counties Manukau, eg through provision of wellness programmes, and training and development opportunities
- Encouraging partnerships between the organisations in the health sector to share knowledge and information, eg between hospital based services and primary care

2. Improve health professionals' communication skills in their dealings with patients and their families/whaanau by:

- In-house training programmes
- Input into the development of training school curricula
- Supporting health education opportunities for patients
- 'Bringing back the basics of caring'

3. Ensure that services and facilities are planned to meet the future needs of the community by implementing the Health Services Plan and the Facilities Modernisation Plan:

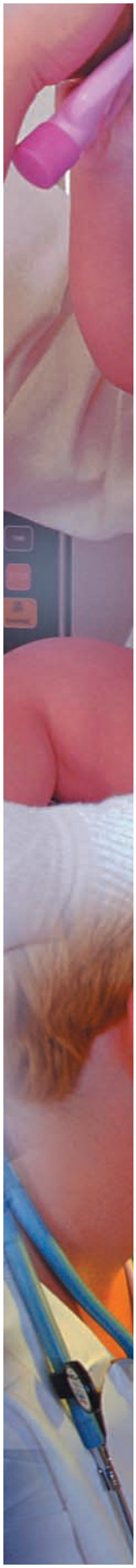
- Completing the facilities projects currently underway
- Focusing the longer term future facilities development on ensuring that facilities are located and designed to promote effective patient flow, effectively utilising scarce work force resources, and incorporating disability access design features
- Specialised services have specific diagnostic and clinical support services co-located on the Middlemore and Manukau campuses
- Adopting proven new technologies and clinical practice to facilitate migration from a predominately inpatient activity model to an ambulatory and day procedure model
- Enhancing continuum of care support through DHB provided community based service delivery, and partnerships with other primary care providers, non government organisations, and DHB services provided by other metro-Auckland DHBs

4. Support information exchange amongst health professionals

- Enhancing patient clinical records through:
  - Integration of the clinical record and clinical images
  - Ongoing enhancement of core systems, eg Concerto, EDS, Meddocs and Éclair
  - Secure and seamless access to clinical information at the point of care (including mobile and bedside)
- Implementing systems to improve patient outcomes including:
  - Systems to support care co-ordination and case management in community services
  - Pharmacy information
- Improving integration between primary and secondary care through:
  - Expanding the regional results repository to include private laboratory results and then provide access for primary care to the repository
  - Developing and implementing health event summaries, eg electronic referrals and discharge summaries
  - Developing and implementing a consistent and integrated regional chronic care management solution incorporating clinical decision support tools

5. Ensure the delivery of safe and effective services through the implementation of the CMDHB quality plan:

- Reducing the number of avoidable injuries and deaths which occur within the hospital setting, with particular attention in the first instance to:
  - Pressure areas and ulcers
  - Falls
  - Hospital acquired infections, including surgical site and blood stream infections, and those due to multi-resistant organisms
  - Adverse drug events, including those which occur at the interfaces of clinical care provision
  - Acutely unwell patients with conditions such as heart attacks
- Implementing programmes to encourage quality improvement in the health sector including:
  - Credentialing of health professionals
  - Leadership and professional development
  - Complaints, incident reporting and management systems
  - Compliance to the Health & Disability Standards
  - Evidence-based decisionmaking



- Monitoring and audit
- Evaluation and research

- Continuing to work within the DHB, and with providers and other agencies at a local, regional and national level to develop and implement Emergency Management Plans to meet the Civil Defence Emergency Management Act 2002 requirements including:
  - Participation in regional cross-sector emergency planning
  - Activating identified emergency response protocols
  - Assisting communities to develop immediate response capacity.

6. Ensure effective management of the resources available to the DHB, including:

- Improving performance and efficiency through healthAlliance and regional collaboration
- Implementing strategies to ensure the DHB manages within its population based funding.

4. Monitoring Progress

The strategic direction described in section 3 provides a set of six long term outcomes for the DHB to focus on. To ensure progress against these long term outcome areas it is important to monitor progress against the medium term outcomes.

A set of medium term outcome measures for CMDHB is described in the table below. These outcome measures have been chosen based on the following principles:

- Measurable – in that accurate data is available to be measured
- Meaningful - in that they reflect the intervention logic chain from service output to the six long term outcomes
- Motivational - that they should inspire action towards changing the outcome
- Sensitive - in that they are likely to change over the period of the District Strategic Plan (1-5 years) as a result of DHB actions
- Strategic - in that they reflect priorities and core service areas of the DHB
- Balanced - the medium term outcomes for each of the long term outcome areas should together form a set of measures that provide a balanced picture of issues that shape the long term outcome
- Few - that there are no more than six medium term outcomes for each outcome area (a total for 36 for the DHB).

Where data are available, these measures will be reported by ethnicity groups: Maaori, Pacific and Other.

The measures will be updated (either substituted or added to) when more suitable information becomes available to track progress towards the outcomes.

Medium Term Outcome Measures

Outcome 1
Improve community wellbeing

Achieve the outcomes in the Let's Beat Diabetes Plan

Reduce the proportion of people who are classed as obese (BMI scale)

Increase healthy school environments

Increase the proportion of schools that are implementing a healthy food policy

Increase levels of physical activity

Increase the proportion of adults who do at least 2.5 hours physical activity per week

Increase smokefree environments

Reduce the proportion of year 10 students where smoking is allowed in the house

Develop healthy communities by working intersectorally

Complete the target number of joint health and housing assessments

Improve access to information to enable the community to make informed choices

Increase the number of hits and information viewed on webhealth

Outcome 2
Improve child and youth health

Improve maternal wellbeing

Decrease the percentage of babies born who have low birth weight (<2500g)

Improve health outcomes for infants and pre-school children

Decrease the admission and readmission to hospital rates for infants <12 months

Decrease the mean number of DMF (decayed, missing or filled) teeth in 5 year olds

Increase the percentage of caries free teeth in 5 year olds

Improve weight management in children and young people

Reduce the proportion of year 9 students in AimHi schools that are classed as obese (BMI scale)

Decrease the incidence and impact of risk taking actions by young people

Reduce the number of births per 100,000 to teenage mothers (15-19 years)

Reduce the suicide mortality rate for 15-24 year olds

Outcome 3
Reduce the incidence and impact of priority conditions

Increase access to structured programmes to reduce the impact of disease

Increase the number of Chronic Care Management programme enrolments (based on the targets set each year) for all 5 modules

Increase the percentage of adults 40 years or older who have been prescribed a statin

Decrease the number of bed days for people over the age of 50 (age standardised) for chronic respiratory diseases

Reduce the incidence and impact of diabetes by implementing the Let's Beat Diabetes Plan

Increase the proportion of estimated number of people with diabetes who had a annual Get Checked free check

Reduce the incidence and impact of cancer

Reduce the incidence of the following cancers for people under 75:

- Lung
- Cervix
- Bowel

Increase the 2 year breast screening coverage for women aged 45-69 years

Increase the 3 year cervical screening coverage for women aged 20-70

Improve outcomes for people severely affected by mental illness

Increase the proportion of the Counties Manukau population with severe mental illness accessing mental health services

Outcome 4
Reduce health inequalities

Address the systemic origins of inequalities

Reduce the rate of avoidable hospitalisations per 1,000 by ethnicity for all ages

Reduce the mortality rates for Maaori and Pacific men aged 45-64

Increase the percentage of children passing the school entry hearing test

Implement specific initiatives to reduce inequalities

Increase the uptake of LotuMoui grants to support health outcomes in Pacific churches

Increase the number of Marae/Urban Marae which implement healthy, active environments/health promoting environment

Improve the capacity of providers to deliver services to the populations they serve

Improve overall patient satisfaction with CMDHB's inpatient services

Improve ethnicity data collection

Reduce the number of patients in primary and secondary care with ethnicity recorded as 'Not stated' or 'Not defined'

Outcome 5
Improve health sector responsiveness to individual and family/whaanau need

Increase access to services so they align with national levels

Decrease the proportion of services which are below the national access levels

Improve access to and management of elective services

Decrease the number of patients who have not been managed according to their assigned status and who should have received treatment

Increase primary care utilisation

Increase the age standardised rate of GP consultations for PHO enrolled populations for high needs people (Maaori, Pacific or living in decile 9 or 10 area) compared with non-high needs people

Improve the continuum of care for services provided to older people

Increase the ratio of older people receiving home based care to the number of people in residential care

Reduce the number of people admitted to hospital who could have been cared for in the community

Reduce the rate of ambulatory sensitive hospitalisations per 1,000 people for all ages by ethnicity

Increase the number of people who are cared for through POAC

Outcome 6
Improve the capacity of the health sector to deliver quality services

Ensure the health workforce meets the community's needs

Increase the number of GP FTEs per 100,000 population
Increase the number of primary healthcare nurses per 100,000 population
Increase the ratio of midwives to births

Improve health professionals' communication skills with patients and their families/whaanau

Reduce the ratio of patient communication-related complaints to the number of admissions

Ensure that services and facilities are planned to meet the future needs of the community

Reduce the percentage of days where occupancy is greater than 90% in CMDHB facilities

Support information exchange amongst health professionals

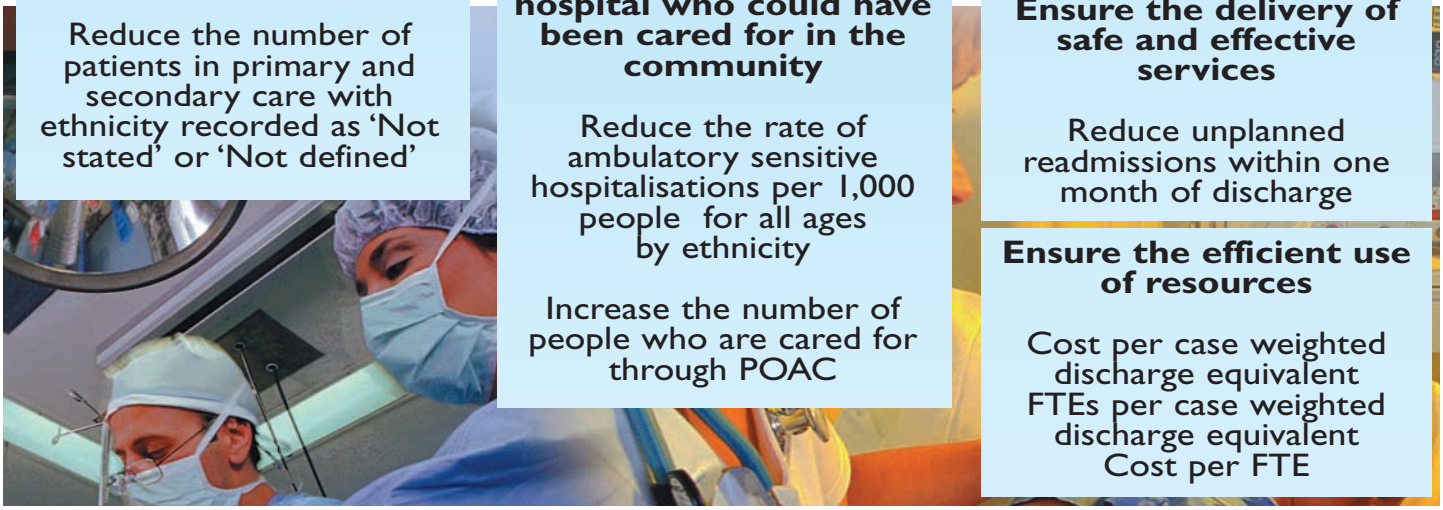
Increase the percentage of discharges from CMDHB inpatient services using electronic messaging

Ensure the delivery of safe and effective services

Reduce unplanned readmissions within one month of discharge

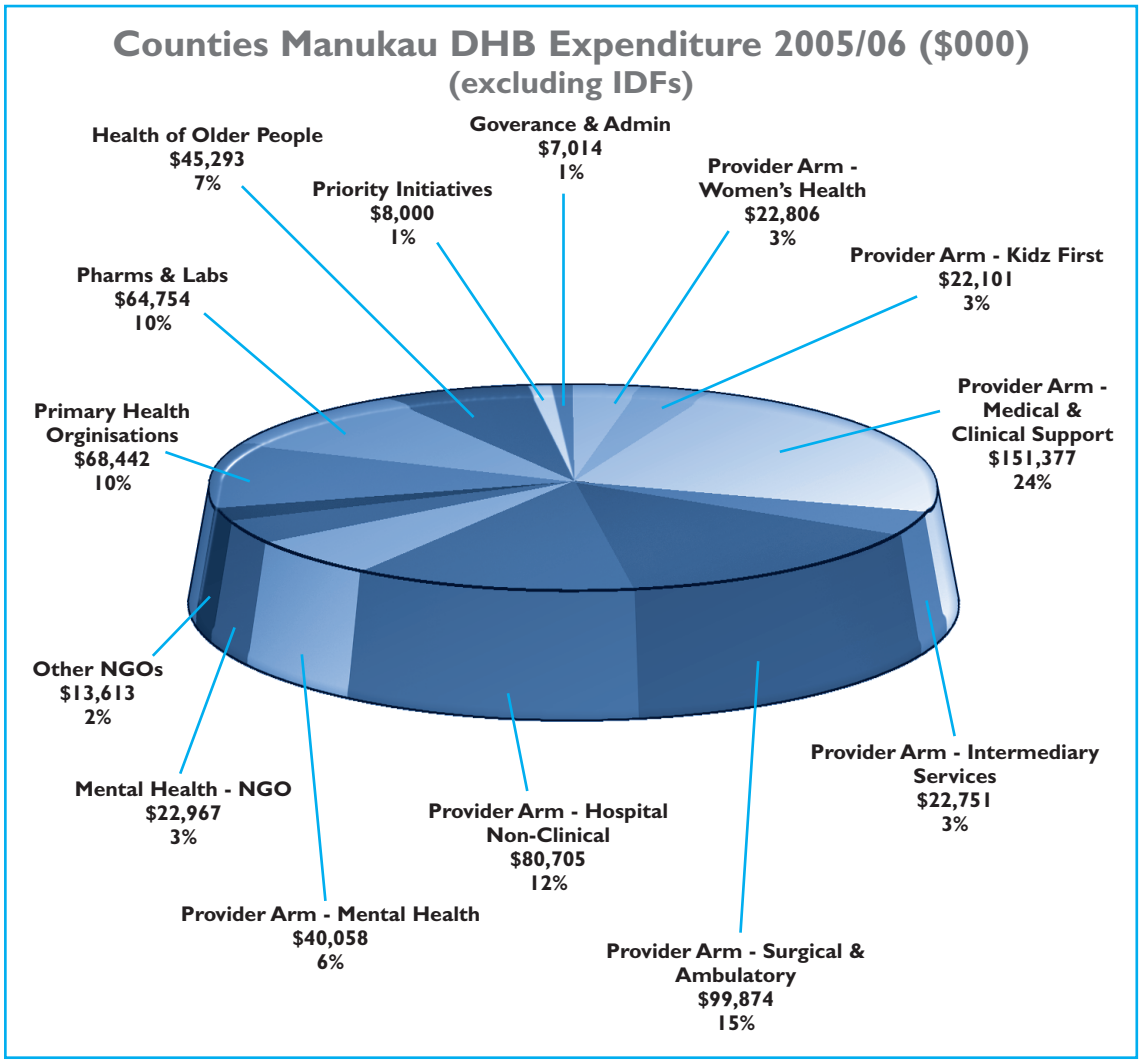
Ensure the efficient use of resources

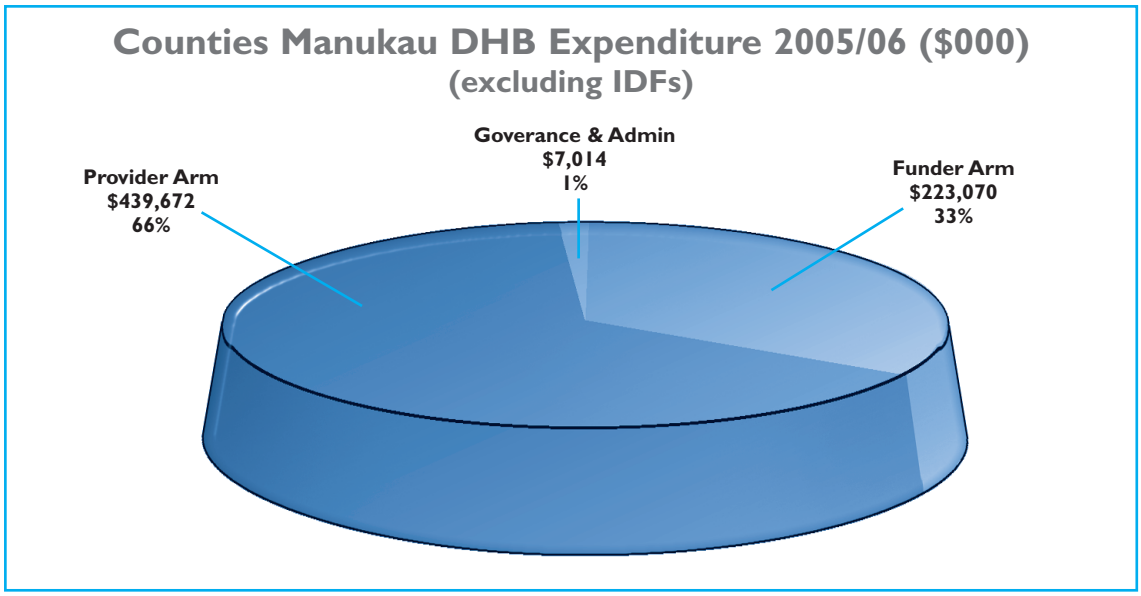
Cost per case weighted discharge equivalent
FTEs per case weighted discharge equivalent
Cost per FTE



5. Funding and Priority Setting

CMDHB's expenditure in 2005/06, excluding inter-district flows (IDFs), was $670m. (IDF outflow expenditure was approximately $170m in 2005/06). The 2005/06 budget as included in the District Annual Plan provides the base year for this District Strategic Plan. The chart below provides an overview of how this budget is distributed across the organisation.





Prioritisation

This District Strategic Plan has been based on significantly enhanced information, compared with its predecessor. Key local CMDHB inputs include:

- the detailed service development plans for each priority area
- the Facilities Modernisation Plan and accompanying Counties Manukau Health Service Plan (under development)
- the Long Term Financial Plan.

Work with the other northern region DHBs (Auckland, Northland and Waitemata) that has influenced this Plan includes:

- the inter-district flow review
- the funding framework (which benchmarks medical and surgical specialities against national intervention rates)
- regional capital and service planning.

Subject to reasonable assumptions below CMDHB is forecasting a relatively stable financial operating position for the 5-year period of this District Strategic Plan. It is within this financial context that the following approach to prioritisation will be used by the DHB:

1. Setting priorities

Medium term outcomes have been identified in this plan through health needs assessment and community input.

2. Allocating resources

The CMDHB Board has identified 10 action areas that will be the focus of new investment over the term of this Strategic Plan. For each of the action areas identified below, a three-year business plan and budget will be approved by the Board.

Service development

- Maaori health
- Pacific health
- Child & youth health
- Electives
- Let's Beat Diabetes
- Mental health
- Primary health care

Enablers

- Service redesign*
- Workforce
- Quality & safety

**assoicated with the Counties Manukau Health Services Plan*

Existing services will not be systematically considered for disinvestment, but rather will be subject to ongoing scrutiny during the annual budgeting process to ensure their efficiency and appropriateness.
This approach to prioritisation or priority setting is appropriate given that CMDHB does not expect to incur significant financial deficits during the 5-year planning period, and hence will not be required to disinvest from existing services. This is based on the following assumptions:

- There will be no significant adverse changes in the funding levels received from or advised by Government
- The growth of acute services and population remains in line with the Ministry of Health's calculations for the DHB's population based funding
- Cost growth, particularly wage and salary costs and the DHB's exchange rate exposure on clinical supplies and equipment, can be contained within forecast funding levels
- Funding increases associated with demographic growth and maintenance of CMDHB at the PBF target level will create discretionary funds that can be allocated to the priority action areas (including allocation of additional volumes to existing services)
- Future funding track increases (to compensate for cost growth) will be available for existing services, together with other funds to compensate for compliance with specific government decisions (eg, 'Pay Jolt', Holidays Act), with CMDHB having the option each year to direct some of this funding to priority action areas
- Benchmarking against national norms will remain an important facet of priority setting, in respect of setting not only overall strategic priorities, but also medical and surgical volume targets
- Evidence-based guidelines and scoring systems (ideally with electronic decision support) will be used as prioritisation tools at the micro level within clinical practice
- In respect of facilities development, CMDHB has lodged the facilities core consolidation business case ($95.0m over three years) with the National Capital Committee for approval. The funding streams necessary are forecast to be provided by internal cash generation, existing Crown Health Funding Agency loans and agreed Government equity/debt injections. However, anticipated capital requirements beyond this are forecast to be significant and may require both equity and finance related operating cost support.

Long Term Financial Plan

CMDHB has developed a financial planning model to support the District Strategic Plan. The financial model has been used in this Plan to forecast a 10-year budget for health services in Counties Manukau. The assumptions described in the section above have been incorporated in the model, and specifically:

- Forecast volume growth for each of the major service areas
- Salary and wage growth based on negotiated increases where known, and forecast growth in later years
- Population based funding from 2006/07 will incorporate capital charge, FRS3, Holidays Act compensation and 'Pay Jolt' compensation
- The Core Consolidation phase of the Facilities Modernisation Project is included, together with allowance for longer term capital investment to provide facilities to house delivery of the forecast DHB provider arm service volumes
- Allowance for further investment in priority initiatives.

The table below summarises the forecast financial performance of the organisation for the 5 years included in the model (year one being 2005/06). While small deficits can be seen between 2007/08 and 2009/10, these are less than 0.2% of the overall budget, and it would be expected that as revenue and expectations for each of these years is confirmed there would be opportunity to improve the financial performance to achieve break-even. Despite the minor inter-year fluctuations over the 5-year period, CMDHB remains in a small surplus operating position.

Risk mitigation strategies

Risk mitigation strategies, to minimise the negative impact of any changes to the base assumptions, will include:

- Continuing collaboration with other DHBs within the region regarding planning, funding and providing health services to ensure services are delivered in the most financially efficient and safe environment for the district and at a regional level
- Continuing investment in prevention, primary and community initiatives to reduce the need for more specialist health and disability services
- Development continues on audit, evaluation and monitoring systems to ensure that CMDHB is receiving value for money
- Development continues on a robust expenditure forecasting monitoring tool.

Explanatory notes to indicative financial forecast

- The revenue projected is based on indicative and latest available Government funding packages that apply to CMDHB at the time of this Plan's completion. Where indications have not been given CMDHB has made assumptions based on historical trends and maintaining and meeting all service growth requirements
- Operating Costs have been forecast on maintaining all existing services
- Capital Charge has been reduced from 11% to 8% and is being charged on the asset revaluations, with an assumed revenue reimbursement
- CMDHB goes into a small deficit in years three to five as the Core Consolidation project comes online and then in the years six to ten as volumes increase, but returns to a surplus again at year ten
- In summary over the next five years the financial indications are the CMDHB will produce a $0.518m surplus
- Due to the continuing service and growth demands in the next ten years CMDHB will have to invest in strategic site development to meet these future needs
- Clinical capital requirements will be achieved within forecast depreciation level
- Cash from operational activities continues to be strong.

Statement of Financial Performance

$m	2005/06 DAP	2006/07 Forecast	2007/08 Forecast	2008/09 Forecast	2009/10 Forecast
Revenue	670.794	719.566	752.053	785.932	821.262
Operating Costs	631.035	669.504	700.402	730.705	764.520
EBITDA	39.759	50.061	51.650	55.227	56.742
Depreciation	22.205	25.686	28.286	31.986	33.886
Interest	8.145	9.004	11.155	11.589	9.824
Operating Results before Capital Charge	9.408	15.371	12.209	11.652	13.031
Capital Charge	9.292	12.557	12.928	13.079	13.233
Surplus / (Deficit)	**0.116**	**2.814**	**(0.719)**	**(1.428)**	**(0.202)**

Summary by Output

$m	2005/06 DAP	2006/07 Forecast	2007/08 Forecast	2008/09 Forecast	2009/10 Forecast
Funder- Arm	1.008	(0.879)	(1.708)	(2.477)	(2.826)
Governance	(0.973)	(0.941)	(0.907)	(0.870)	(0.831)
Provider-Arm	0.081	4.634	1.896	1.919	3.456
DHB	**0.116**	**2.814**	**(0.719)**	**(1.427)**	**(0.202)**

Statement of Financial Position

$m	2005/06 DAP	2006/07 Forecast	2007/08 Forecast	2008/09 Forecast	2009/10 Forecast
Current Assets					
Bank Account	0.522	1.022	1.590	2.649	2.333
Other Current Assets	17.959	17.959	17.959	17.959	17.959
Total Current Assets	18.481	18.981	19.549	20.608	20.292
Current Liabilities	117.865	117.865	117.865	117.865	117.865
Working Capital	(99.384)	(98.884)	(98.316)	(97.257)	(97.573)
Non-Current Assets	385.149	418.462	437.176	424.689	449.803
Net Funds Employed	285.764	319.578	338.860	327.432	352.230
Non-Current Liabilities					
Term Loans - Private	70.000	70.000			
Term Loans - Crown	50.540	81.540	171.540	161.540	186.540
Other Non-Current Liabilities	8.228	8.228	8.228	8.228	8.228
Total Non-Current Liabilities	128.768	159.768	179.768	169.768	194.768
Crown Equity	156.996	159.810	159.092	157.664	157.462
Net Funds Employed	285.764	319.578	338.860	327.432	352.230

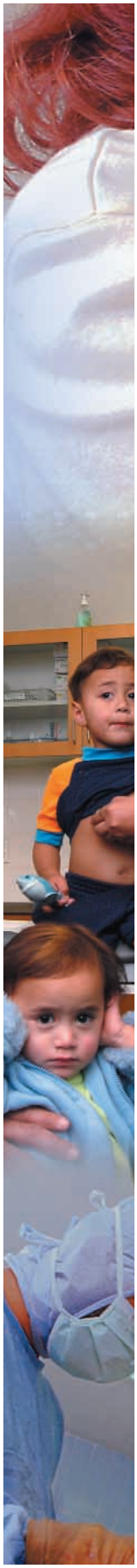
Statement of Movement in Equity

$m	2005/06 DAP	2006/07 Forecast	2007/08 Forecast	2008/09 Forecast	2009/10 Forecast
Opening Balance	86.112	156.996	159.810	157.092	157.664
Surplus / (Deficit)	0.116	2.814	(0.718)	(1.428)	(0.202)
Revaluation Assets	70.768				
Closing Balance	**$156.996**	**$159.810**	**$159.092**	**$157.664**	**$157.462**

Statement of Cash Flow

$m	2005/06 DAP	2006/07 Forecast	2007/08 Forecast	2008/09 Forecast	2009/10 Forecast
Operating Activities					
Total Revenue Received	670.794	719.566	752.053	785.932	821.262
Total Expense Payments	648.472	691.065	724.485	755.373	787.578
Net Cash flow from Operating	22.322	28.500	27.568	30.559	33.685
Investing Activities					
Net Capital Expenditure	(69.600)	(59.000)	(47.000)	(19.500)	(59.000)
Financing Activities					
Net Private Debt Increase	(5.133)	-	(70.000)	-	-
Net RHMU Debt Increase	50.540	31.000	90.000	(10.000)	25.000
Equity Injections	-	-	-	-	-
Net Cash flow from Financing	45.407	31.000	20.000	(10.000)	25.000
Net Cash flow	(1.871)	0.500	0.568	1.059	(0.315)
Plus Opening Cash (Bank Account)	2.393	0.522	1.022	1.590	2.649
Equals Closing Cash (Bank Account)	0.522	1.022	1.590	2.649	2.333

6. References



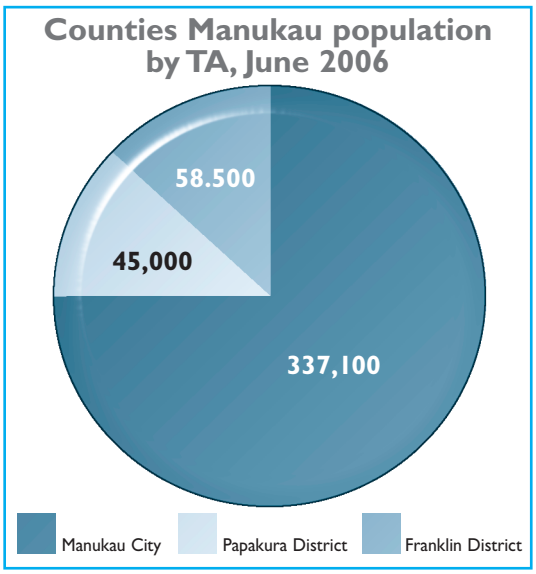
The following documents are referred to in the District Strategic Plan and are available on the DHB's website www.cmdhb.org.nz or from the DHB's office telephone (09) 262 9500:

- Counties Manukau Health Profile
- Counties Manukau Health Indicators 2005
- Chronic Care Management Plan
- Counties Manukau Primary Health Care Plan
- 'Let's Beat Diabetes' Plan
- Whaanau Ora Plan
- Regional Mental Health plans
- Oral Health Plan
- Sexual & Reproductive Health Plan
- Youth Health Plan
- Mental Health & Addictions Plan
- Health of Older People Plan
- Disability Plan
- Cancer Control Plan
- Pacific Health Plan
- Child Health Plan
- Palliative Care Plan
- Clinical Services Plan

Appendices

Population size

- Counties Manukau DHB includes the territorial authorities (TAs) of Franklin, Papakura and Manukau.



- The projected Counties Manukau population for 2006 is 440,600, 10.6% of the total New Zealand population.

Population Demography and Needs

The Counties Manukau Population Health Indicators (2004) and the Counties Manukau Health Profile (2001) documents provide information on the health needs and priorities of Counties Manukau's people (refer to www.cmdhb.org.nz). Information is also available in various planning documents mentioned on the previous page.

Population Composition

- Counties Manukau has high numbers of Maaori, Pacific peoples and a relatively youthful population.
- Twenty-six percent of the population is aged 14 or under; 12.7% of New Zealand children live in Counties Manukau.
- Fertility rates in New Zealand have been reducing in recent years. In Counties Manukau the birth rate has been increasing, possibly due to inward migration of young people intending families seeking affordable housing. This has placed pressure on maternity and neonatal facilities.
- Life expectancy at birth in Counties Manukau in 2005 was similar to that the New Zealand average, 83 for females and 78 for males.

Ethnic breakdown of the Counties Manukau population by number, percentage (and as a percentage of the NZ population), fertility rate, and life expectancy.

Ethnic Group	Population (prioritised)*	% of CM population	CM as % of NZ population	Fertility Rate (TFR)**	Life Expectancy Male	Female
Maaori	76,000	17%	12%	2.8	71	74
Pacific	91,000	21%	36%	3.5	75	79
Asian	68,000	15%	18%	1.9	80	85
Other	206,000	47%	7%			

** Prioritised population = each person is allocated to one ethnic group only, in order: Maaori, Pacific, Asian, Other.*
***TFR = Total Fertility Rate - the number of children an average female would have over their lifetime based on age-specific fertility rates.*

Maaori in Counties Manukau

- Counties Manukau has a high proportion of Maaori (17%); 12% of all New Zealand's Maaori live in Counties Manukau.
- Maaori are more likely to live in the relatively poorer areas of Counties Manukau such as Manukau/Manurewa (26% of the Manurewa population), Otara (23%), Takanini/Papakura (25%), and Maangere/Papatoetoe (21%).
- Maaori women had the highest fertility rates for women aged 20-24 years and for teenagers aged 15-19 years in Counties Manukau between 1999 and 2003. These rates were higher than for all NZ Maaori.
- Maaori life expectancy at birth in Counties Manukau is 71 years for males and 74 years for females, lagging 8-9 years behind Asians and Others (80 males, 85 females).

Pacific peoples in Counties Manukau

- Counties Manukau has a high proportion of Pacific peoples (20.6%); 36% of all New Zealand's Pacific peoples live in Counties Manukau.
- Pacific peoples are more likely to live in the relatively poorer areas of Counties Manukau. Forty-six percent of Pacific live in Mangere or Papatoetoe (36% of the population of those suburbs), 28% in Otara (53%) and 19% in Manukau or Manurewa.
- Pacific women in Counties Manukau had the highest fertility rates for all women aged 25

years and above between 1999 and 2003. The Pacific fertility rate in Counties Manukau was higher than for all NZ Pacific.

- Life expectancy at birth is 73 years for males and 78 years for females, 5 years lower than for Asian and Other (78 and 83 respectively).

Asian people in Counties Manukau

- Counties Manukau has a high proportion of Asians (15%); 27% of all New Zealand's Asian people live in Counties Manukau. 'Asian' here refers to people of ethnic Pakistani and Indian origin, through to Southeast Asia and East Asia, including the Philippines, Indonesia and Japan.
- Asian women had the lowest fertility rates for teenage women aged 15-19 years in Counties Manukau between 1999 and 2003. The Asian fertility rate in Counties Manukau was higher than for all NZ Asians.
- Life expectancy at birth is is similar to European and Others at 78 years for males and 83 years for females.
- Along with Europeans, Asian people are more likely to live in less deprived areas (as measured by NZDep 01) than the Counties Manukau aver age – 22% live in areas with a NZDep01 decile of 9 or 10 (relatively high deprivation) compared with 35% for Counties Manukau overall.

Population Growth

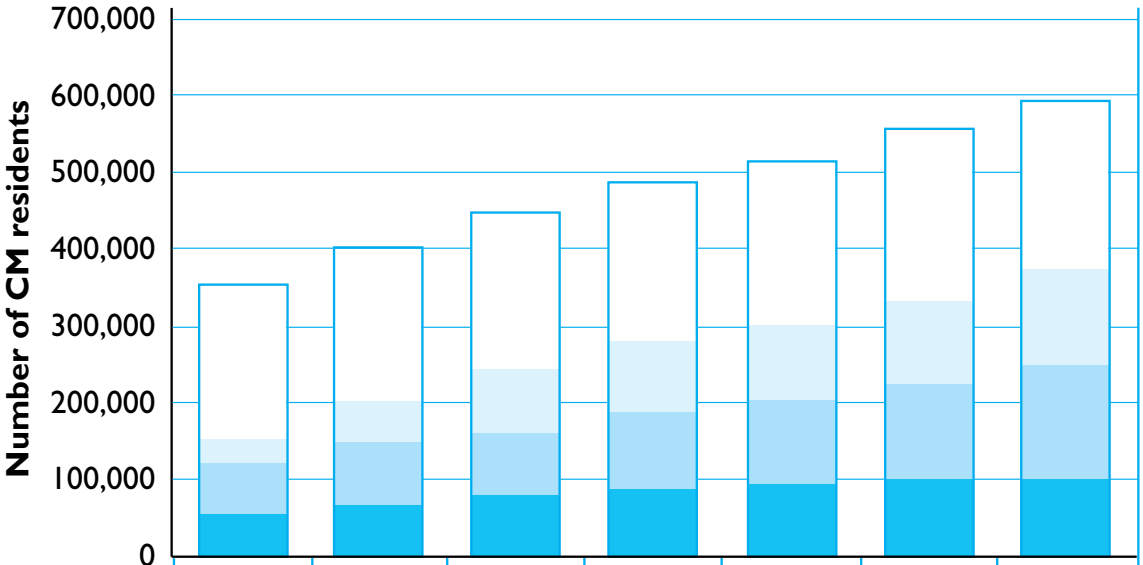
- The Counties Manukau population is growing at 2-3% per year, an additional 8-12,000 or so residents each year. This rapid growth mirrors growth in the metro-Auckland region, and places a significant load on health service provision.
- The population aged over-65 is projected to more than double from 33,800 in 2001 (39,500 currently in 2005) to 76,000 by 2021. It is this group who will place the highest demands on health services.
- Total Maaori and Pacific populations are growing and ageing. In addition, diabetes, obesity, smoking and other health issues will increase demands on health services. Counties Manukau has a higher 45-64 year old mortality rate than all New Zealand.

Counties Manukau DHB projected population growth by age group, Statistics NZ (SNZ) medium assumptions.

Year	0-14	15-44	45-64	65+	Total
2001	104,480	174,410	81,030	33,790	393,710
2006	113,300	191,750	96,980	41,140	443,170
2011	117,160	203,590	112,940	50,390	484,080
2016	119,700	211,100	124,700	63,200	518,700
2021	122,400	222,000	132,900	76,400	553,800
2026	127,700	232,000	137,200	92,000	589,000
% change 2001-2026	**22%**	**33%**	**69%**	**172%**	**50%**

Source: MoH ethnic-specific projections Jun 2004

Counties Manukau projected population growth by ethnicity



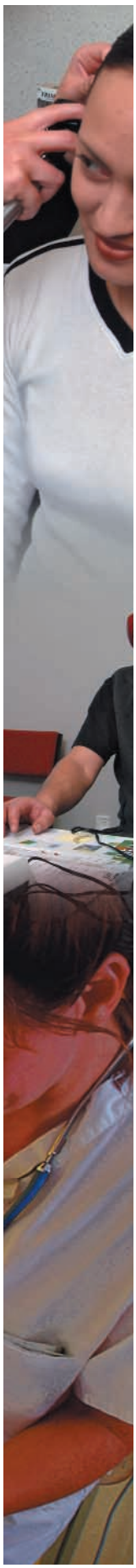
	1996	2001	2006	2011	2016	2021	2026
Other	204,800	198,230	203,050	211,040	213,930	215,670	216,140
Asian	28,800	47,700	73,700	88,300	100,600	113,000	125,000
Pacific	58,700	78,550	90,410	102,100	114,470	127,790	142,290
Maori	61,700	69,230	76,010	82,640	89,700	97,320	105,570

Year	Maaori	Pacific	Asian	Other	Total
% change 2001-2026	52%	81%	162%	9%	50%

Source: MoH ethnic-specific projections Jun 2004

Socio-economic Status

- Nearly 37% of the Counties Manukau population (ie 160,000 people) are living in areas that are very deprived, (based on the NZ Deprivation Index 2001 (NZDep01) with deciles 9 and 10 being the 20% relatively most deprived areas in New Zealand).
- Maaori and Pacific residents of Counties Manukau are concentrated in decile 9 and 10 areas – 58% of all Counties Manukau Maaori and 78% of Counties Manukau Pacific people.
- Fifty percent of the 0-4 year olds in Counties Manukau live in decile 9 and 10 areas.
- The high proportion of the Counties Manukau population living in deprivation has a significant impact on health and health service provision. For example, Counties Manukau has a high rate of illness related to overcrowded housing and this has resulted in the highest number of hospitalisations for these illnesses in New Zealand. Maaori and Pacific residents of Counties Manukau DHB have relatively higher rates of hospitalisation that the NZ average while Asian and Europeans have a lower rate than the NZ average.



DHB achievements over the past five years

- ✔ Life expectancy in Counties Manukau increased 1.4 years over the past five years. For Maaori the increase is 2.2 years. Pacific people have gained 2.6 years.
- ✔ 10% drop in the numbers of children (0-14) requiring to be admitted to hospital. This is partly due to higher immunisation rates being achieved between 2001/02 - 2005/06. In the past Counties Manukau has had a low rate of immunisation for young children (64%).
  In the last five years, since establishment of the DHB, that figure has risen. Now 90% of all children aged 3 and under have been are fully immunised.
- ✔ 93% MeNZB vaccination rates in under -18 year olds have dramatically reduced deaths from meningitis.
- ✔ We have supported child health services that are responsive to specific population groups, such as 'Kids in Action' which is delivered through TaPasefika PHO and the B4Baby breast feeding service delivered through Te Kupenga o Hoturoa PHO.
- ✔ 80% of 13 year old children in Counties Manukau high priority secondary schools have had a 'wellness check' and problems identified have been followed up.
- ✔ Over 8,500 people are now enrolled in Chronic Care Management and Care Plus programmes. These programmes offer planned care where the patient, their family and health professionals work together to support the patient and stop or delay the progression of disease. Over 75% of all general practices are taking part in the Chronic Care Management programme.
- ✔ Increased use by general practice of the Primary Options for Acute Care (POAC) programme, which provides additional care for people in the community and avoided the need for 4,795 hospital admissions.
- ✔ Successful implementation of the Primary Care Strategy with nearly 100% of the population enrolled in PHOs and a majority receiving access to low cost primary care.
- ✔ Counties Manukau DHB has successfully turned around its $50m deficit in 2002/03 to a healthy 'break-even' since then.
- ✔ Because we recognise that good health depends on other influences like adequate housing, CMDHB has worked with Housing NZ to improve houses for families. 3,000 houses have been assessed and improved as a result of this intersectoral collaboration and 245 house extensions have been completed. 'Healthy Housing' was a winner of the 2005 Health Innovation Awards.
- ✔ Development and implementation of the PATHS programme in partnership with the Ministry of Social Development, whereby people on Sickness and Invalid benefits receive tailored health care to assist their return to employment.
- ✔ Implementation of a 5-year 'Let's Beat Diabetes' plan in partnership with communities and local and national agencies. This programme aims to reduce obesity through healthy eating and exercise, and improve care for people with diabetes.
- ✔ Elective surgery intervention rates for Counties Manukau residents reached the national average in 2004/05 for the first time, with increased numbers of people receiving elective surgery, and capacity increased through development of the Manukau Surgery Centre.
- ✔ We have achieved a dramatic fall in the number of people waiting longer than 6 months to see a specialist. In 2002 there were 11,000 people waiting, now there are only 400 people waiting more than 6 months for a first outpatient appointment.
- ✔ Medical staff numbers have increased by 42% in the past five years whilst management and administration staff numbers fell by 4% over the same time frame.
- ✔ CMDHB is proud that its accreditation status as a high quality organisation was renewed in 2006 by the independent assessment organisation, Quality Health New Zealand.
- ✔ Services for older people in Franklin district have been improved with significant community involvement.
- ✔ In the past five years, Counties Manukau has opened:
  - The National Burn Centre
  - New Neonatal Intensive Care Unit within KidzFirst
  - Two new medical wards
  - The new Adult Medical Centre
  - The Manukau Surgery Centre
  - A new radiology facility at Middlemore
- ✔ The new breast screening facility at Manukau SuperClinic has screened 7,500 women in its first year. When operating at full capacity it will screen 15,000 women per annum.
- ✔ Successful implementation of Lotu Moui, with 50 Pacific churches funded to provide programmes spanning nutrition, physical activity, smoking cessation and healthy lifestyles.
- ✔ Access to mental health services has increased by 55% since 2003. Four community mental health centres have opened and over 30 support workers have been funded to help people with a mental illness to live successfully within their community.
- ✔ CMDHB is committed to encouraging local students to enter a career in health. In 2006 CMDHB won a 'Health Innovation Award' for its promotion of health careers in secondary schools.

We have made a DVD that aims to show how we are developing and improving services for you and your family.

If you would like a copy or you would like to give us your views on our services and our ideas for the future, please contact:

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Community Liaison Manager

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Mob: 021 784680

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"Ko te ohonga ake o aku moemoea, ko te puaawaitanga o ngaa whakaaro"

"The awakening of dreams and aspirations comes from the blossoming of ideas, thoughts and innovation"

Na Te Puea Herangi

Counties Manukau District Health Board, 19 Lambie Drive, Manukau City