COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE MEETING (CPHAC)
Wednesday, 26 July 2017

Venue: Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland
Time: 9.00am

Committee Members
Colleen Brown – Committee Chair
Dr Ashraf Choudhary – CMDHB Board Member
George Ngatai – CMDHB Board Member
Dianne Glenn – CMDHB Board Member
Katrina Bungard – CMDHB Board Member
Rabin Rabindran – CMDHB Board Member
Apulu Reece Autagavaia – CMDHB Board Member

CMDHB Management
Gloria Johnson – acting Chief Executive
Benedict Hefford – Director Primary Community and Integrated Care
Margie Apa – Director Population Health Strategy and Investments
Jenny Parr – Director of Patient Care, Chief Nurse & Allied Health Professions Officer
Dinah Nicholas - Secretariat

APOLOGIES

REGISTER OF INTERESTS
• Does any member have an interest they have not previously disclosed?
• Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

PART 1 – Items to be considered in public meeting

AGENDA

1. AGENDA ORDER AND TIMING

2. CONFIRMATION OF MINUTES

9.05am 2.1 Confirmation of Public Minutes of the Community and Public Health Advisory Committee Meeting – 14 June 2017

2.2 Action Items Register/Response to Action Item

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3. BRIEFING PAPERS

9.10am 3.1 Otara/Mangere Locality Briefing (Sarah Marshall)

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10.00am 4. RESOLUTION TO EXCLUDE THE PUBLIC

Morning Tea Break (10.00 – 10.10am)

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## BOARD MEMBER ATTENDANCE SCHEDULE 2017 – CPHAC

<table>
<thead>
<tr>
<th>Name</th>
<th>Jan</th>
<th>Feb</th>
<th>22 Mar</th>
<th>April</th>
<th>3 May</th>
<th>14 June</th>
<th>26 July</th>
<th>August</th>
<th>6 Sept</th>
<th>18 Oct</th>
<th>29 Nov</th>
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<tr>
<td>Ashraf Choudhary (Deputy Chair)</td>
<td>No Meeting</td>
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<td>Colleen Brown (Chair)</td>
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<td>Dianne Glenn</td>
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<td>George Ngatai</td>
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<td>Katrina Bungard</td>
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<td>Rabin Rabindran</td>
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<td>Reece Autagavaia</td>
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<td>External Appointee TBC</td>
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TBC: To Be Confirmed
## CPHAC MEMBERS
### DISCLOSURE OF INTERESTS
**26 July 2017**

<table>
<thead>
<tr>
<th>Member</th>
<th>Disclosure of Interest</th>
</tr>
</thead>
</table>
| Colleen Brown (CPHAC Chair) | - Chair, Disability Connect (Auckland Metropolitan Area)
- Member, Advisory Committee for Disability Programme Manukau Institute of Technology
- Member, NZ Down Syndrome Association
- Husband, Determination Referee for Department of Building and Housing
- Chair, IMuch Trust
- Director, Charlie Starling Production Ltd
- Member, Auckland Council Disability Advisory Panel
- Member, NZ Disability Strategy Reference Group |
| Dr Ashraf Choudhary (CPHAC Deputy Chair) | - Board Member, Otara-Papatoetoe Local Board
- Member, NZ Labour Party
- Chairperson, Advisory Board Pearl of Island Foundation
- Co-Patron, Bharatiya Samaj Charitable Trust |
| Dianne Glenn | - Member, NZ Institute of Directors
- Life Member, Business and Professional Women Franklin
- Member, UN Women Aotearoa/NZ
- President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust
- Life Member, Ambury Park Centre for Riding Therapy Inc.
- Vice President, National Council of Women of New Zealand
- Justice of the Peace
- Member, Pacific Women’s Watch (NZ)
- Member, Auckland Disabled Women’s Group |
| George Ngatai | - Director, Transitioning Out Aotearoa
- Director, The Whanau Ora Community Clinic
- Chair, Safer Aotearoa Family Violence Prevention Network
- Board Member, Manurewa Marae
- Huakina Development Trust (Partnership Clinic)
- Community Organisation Grants Scheme (Auckland)
- Lotteries Community (Auckland) |
| Katrina Bungard | Chairperson MECOSS – Manukau East Council of Social Services.  
| | • Deputy Chair Howick Local Board  
| | • Member of Amputee Society  
| | • Member of Parafed disability sports  
| | • Member of NZ National Party  
| Rabin Rabindran | Chairman, Bank of India (NZ) Ltd  
| | • Director, Auckland Transport  
| | • Director, Solid Energy NZ Ltd  
| | • Director, Swift Energy NZ Ltd  
| | • Director, Swift Energy NZ Holdings Ltd  
| | • Director, Kowhai Operating Ltd  
| | • Director, NZ Liaoning International Investment & Development Co Ltd  
| | • Singapore Chapter Chairman – ASEAN New Zealand Business Council  
| Reece Autagavaia | Member, Pacific Lawyers’ Association  
| | • Member, Labour Party  
| | • Member, Tangata o le Moana Steering Group  
| | • Trustee, Epiphany Pacific Trust  
| | • Trustee, The Good The Bad Trust  
| | • Member, Otara-Papatoetoe Local Board  
| | • Member, District Licensing Committee, Auckland Council  
| External Appointee TBC |
### COMMUNITY and PUBLIC HEALTH ADVISORY COMMITTEE MEMBERS’
### REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 26 July 2017

<table>
<thead>
<tr>
<th>Director having interest</th>
<th>Interest in</th>
<th>Particulars of interest</th>
<th>Disclosure date</th>
<th>Board Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Dianne Glenn</td>
<td>Item 5 on the CPHAC agenda - hazardous alcohol use.</td>
<td>Ms Glenn is a member of the District Licensing Committee of Auckland Council</td>
<td>22 March 2017, 14 June 2017</td>
<td>That Ms Glenn’s specific interest is noted and the Committee agreed that she may remain in the room and participate in any deliberations of the Committee but is not permitted to participate in any decision making, if applicable.</td>
</tr>
<tr>
<td>Ms Margie Apa</td>
<td>Item 3.1 on the CPHAC agenda – Aged Related Residential Care Overview</td>
<td>Ms Apa is Chair of Presbyterian North who provide older people services.</td>
<td>3 May 2017</td>
<td>That Ms Apa’s specific interest is noted and the Committee agreed that she may remain in the room and participate in any deliberations of the Committee but is not permitted to participate in any decision making, if applicable.</td>
</tr>
</tbody>
</table>
Minutes of Counties Manukau District Health Board
Community and Public Health Advisory Committee

Held on Wednesday, 14 June 2017 at 9.00am – 12.30pm
Manukau Boardroom, CM Health Board Office, 19 Lambie Drive, Manukau, Auckland

PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Chair)
Ashraf Choudary
Dianne Glenn
Katrina Bungard
George Ngatai

ALSO PRESENT

Campbell Brebner (Chief Medical Advisor, Primary Care)
Benedict Hefford (Director Primary, Community and Integrated Care)
Karyn Sangster (Chief Nurse Advisor, Primary & Integrated Care)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present.

APOLOGIES

Apologies were received and accepted from Rabin Rabindran, Reece Autagavaia, Gloria Johnson, Jenny Parr and Margie Apa and George Ngatai for lateness.

WELCOME

The Chair welcomed all those present to the meeting.

DISCLOSURE OF INTEREST/SPECIFIC INTERESTS

The Disclosures of Interest were noted with no amendments.

The Committee noted that Ms Glenn had a Specific Interest in regards to Item 3.2 on today’s agenda. This is noted on the Specific Interest Register.
1. **AGENDA ORDER AND TIMING**

Items were taken in the same order as listed on the agenda.

2. **COMMITTEE MINUTES**

Confirmation of the Minutes of the Community and Public Health Advisory Committee meeting held on 3 May 2017.

**Resolution** (Moved: Dianne Glenn/Seconded: Ashraf Choudhary)

That the minutes of the Community and Public Health Advisory Committee meeting held on 3 May 2017 be approved.

**Carried**

**Action Items Register**

Noted.

*Before School Check* - the Chair confirmed she is progressing this work as per the Action Item from the minutes of 3 May 2017. It was noted that the minutes were particularly reflective of the discussion at the meeting.

3. **BRIEFING PAPERS**

3.1 **Q3 Population Health Plans 2016/17**

Marianne Scott presented the report to the Committee.

Plans will be completed by end of June for Board to approve publication in August. Management aims to refine reporting in 2017/18 to reflect the priority health gain action areas and targets.

**New Health Related BPS Targets**

Two new health related Better Public Service Targets have been announced with the detailed guidance from the MoH pending:

1. *Keeping Kids Healthy* - by 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019.
2. *Healthy Mums and Babies* – by 2021, 90% of pregnant women are registered with a LMC in the first trimester with an interim target of 80% by 2019, with equitable rates for all population groups.

The Healthy Mums and Babies target does not take a whole of system view. Locally we would report all provider contributions to this measure compared to LMC only focus of the BPS target. CPHAC recommended that this more complete view be shared with MoH.

Currently the SLM for children 0-4 is Ambulatory Sensitive Hospitalisation (ASH) – robust planning is undertaken around this target regionally. The ‘Potentially Avoidable Hospital Admissions 0-12yrs’ BPS target is a slightly different measure/definition to ASH with some overlap.

Ms Scott was asked whether she could provide both sets of information to the Committee in future reports (ie) one set pertaining to the women registered with an LMC and another set pertaining to
the women registered with a DHB midwife. Ms Scott advised that she will send the Committee the full guidance when it is available.

Q3 Report Discussion

Children - regional work is underway with a focus on reducing accidents in the home and better primary and community support for skin conditions as contributors to ASH rates in children under 5 years. Mana Kidz activity focus in the space of 4-12yrs.

Mr Brebner highlighted the risk that we end up thinking that ASH is a primary care issue, when in fact it is a whole of system issue. There are many providers in the child health services and we need to be constantly vigilant about siloed service. Contracts that we develop need to be cognisant of this issue. An example is nurses with prescribing rights in primary schools - some are employed by Mana Kids, some by CM Health and some by Primary Care but no central reporting point. There is a risk that we are losing valuable data. There needs to be a common information sharing platform, like Shared Care.

(George Ngatai arrived 9.35am)

The Committee requested that Mana Kidz attend the next CPHAC meeting (26 July) to present on what it is they are providing to enable a more focussed discussion around what is done with the information they collect. Dr Brebner to also be in attendance.

The Committee further requested that statistics be collected and presented around Public Nurses in schools according to decile.

Obesity in children - Maaori and Pacific indicator wording needs to be aligned for future reports. Concern was raised regarding the lack of referral follow up outcome measures. Ms Scott was able to advise the Committee that as this is a new target. 2017/18 will start to build this picture.

It was noted that the decline rate for Maaori is sitting at 43% - the Committee requested that future reports include absolute numbers as well as the percentage.

Breast Screening - it was noted that the new Support to Cervical and Breast Screening Service which is focussed on improving coverage for Maaori women has had very good uptake by Maaori women for the free weekend and evening screenings at MSC and other community locations. The Committee agreed to send a letter of congratulations to the team.

Rheumatic Fever - it was noted that 8000 children have access to a school nurse at least once a week and throat swabbing is available by not compulsory. Schools that have the nurse at least once a week are deemed to have low Rheumatic Fever rates.

Rapid response continues to be available across secondary schools in the district. We fund nurses via a MoH contract into secondary schools. There is still some activity occurring in the district; as evidenced by the reporting data from the submission of advanced forms. However, this is not representative of the true level of activity as a) practises are no longer obligated to use the advanced form, and b) PHOs are no longer obligated to provide the data generated from these forms. It was noted that in 2017/18 the MoH no longer has the expectation that we’ll have targets against rheumatic fever in our Annual Plan however, CM Health chooses to retain these targets as we have a responsibility to this community.

Whaanau Ora - approximately 1300 referrals for patients identified with high needs and with complex issues have been received between the 10 Maaori health providers between Q1-Q3. CPHAC wanted to know if that information is spread out into the localities as a recent survey by
Victoria University has identified that Whaanau Ora is one of those services that is not well linked into other services, yet another siloed service. The Committee was advised that there are little to no referral rates to primary care services and this highlights the need for more backing for ISA contracting.

The Committee noted that it is one thing to identify people and get their assessments done but then how do we manage the next steps. Ms Brown will consider this further with a view to making a formal recommendation to the Board.

*Sudden Unexpected Death in Infancy (SUDI)*—if the Government are funding pepi-pods, potentially there might be savings if we are able to half the DHB funding in this area. The Committee asked for further information in regard to the Government funded pepi-pod idea.

The Committee also requested that the quarterly reports have more time on future agendas to enable discussion.

**Resolution**
The Community & Public Health Advisory Committee received the Q3 Population Health Plans noting the summary progress reports.

(Benedict Hefford and Lynda Irvine arrived)

3.2 **Auckland Region Publish Health Service Update (Jane McEntee)**
Jane McEntee, General Manager and Julie Peters, Clinical Director introduced the report.

*Local Alcohol Policy (LAP) Appeal*—ARPHS has appealed two key elements of the LAP in order to strengthen the final policy. The Alcohol Regulatory Licencing Authority (ARLA) set aside four weeks for hearing all parties’ appeals of the LAP in February and March 2017. ARPHS will notify the DHB once the decision is available.

*Typhoid Fever and Mumps Outbreak Update*—the typhoid outbreak (now nearing conclusion) clinical management was successful in containing the outbreak. Two new cases were identified in May but have been linked to the original cases.

*The Mumps Outbreak*—this is currently in the management phase. Fiji does not provide MMR as part of their vaccinations regime. MoH will liaise with the World Health Organisation (WHO) who will work with the Fiji Government in regard to making Mumps part of their immunisation regime.

A question was raised in relation to what information is provided to immigrants around immunisations and its availability and it was suggested that perhaps this information could be provided on the ARPHS website. Mr Hefford also suggested that an update could be provided in the next Primary Care e-mailout.

*Tuberculosis*—have seen an overall increase in water borne diseases this year. APRHS are liaising with Watercare around these.

**Resolution**
The Community and Public Health Advisory Committee received the ARPHS update on key pieces of work that are underway and/or completed since the last update.
3.3 **Manukau Locality**
Ms Irvine (Manukau Locality Manger) gave an overview of Localities for the new Board members highlighting that:

Manukau is the largest of the localities in terms of population. All practices are involved in the Planned Proactive Care programme. Pacific and Maaori populations in the Manukau Locality will get their Long Term Conditions on average 10 years before other ethnicities.

We are starting to see improvements in certain areas where practices are involved in the Planned Proactive Care programme. Mr Hefford confirmed that glycaemic control and some ASH rates are showing improvements although Cellulitis admissions remain an issue. Progress is being made with smoking prevalence, with a drop to 15% prevalence for pregnant women. Alcohol harm is another issue in the Manukau locality and is a big driver in hospital usage.

We have seen increased utilisation and potentially some reduced secondary care utilisation through the free healthcare for up to 13yr olds.

**Next steps:**
- Supporting Planned Proactive Care for children
- Supporting alcohol work with a focus on Manurewa cluster
- Congestive heart failure – treating early and care provided in the community, early supported discharge for inpatients
- Cellulitis/skin infections - prevention through to rapid response and care in the community
- Cluster development – implementation of cluster clinical co-ordinator
- Mental health integration
- Social service integration will continue
- Workplace and employers – opportunity for health promotion

3.4 **System Level Measure Framework**
Benedict Hefford and Kate Dowson, Programme Manager, introduced the report.

The Ministry has been looking at how we can report on outcomes as targets reflect actions. SLMs reflect outcomes and will focus on all the main players on what is important.

There are six measures for all, health system wide view of performance. All DHBs nationally are required, to focus on these SLMs:
- Ambulatory Sensitive Hospitalisations (ASH) 0-4 year olds
- Acute Hospital Bed Days Per Capita
- Patient Experience of Care
- Amenable Mortality
- Youth access to and utilisation of youth appropriate health services
- Babies Who Live in a Smoke-free Household at Six Weeks Post-natal

Measures that sit across primary, secondary and community mean that there is a common drive and integration. Ministry is using a life force approach.

Mr Hefford’s team has done some exceptional work in terms of bringing together a whole lot of disparate organisations - three DHBs and seven PHOs. Six targets also have working groups that involve clinical and non-clinical people. Local activities will be undertaken in CM Health - this is not the same for all DHBs.
A 2017/18 plan is now in the final stages of development. The working groups completed in-depth analytics to inform development of the plan and key stakeholders (including equity partners) have also been engaged through socialisation workshops. The intention is to build on the 2016/17 improvement plan with additional measures and activities, in line with Ministry expectations for 2017/18.

The 2017/18 improvement plan includes:

a) Six SLMs which are mandated by the Ministry of Health.

b) For each SLM, an improvement milestone to be achieved in 2017-18. The milestone must be a number that either improves performance from the baseline or reduces variation to achieve equity.

c) For each SLM, a set of contributory measures which show a clear line of sight to the achievement of the improvement milestones, have clear attribution, and have been validated locally.

The Committee were pleased to see Mental Health, Alcohol and Drugs and Sexual and Reproductive Health included for Youth Health and are looking forward to seeing some baseline data in the next quarterly report.

The Committee congratulated Mr Hefford and his team on all the hard work undertaken to date. It was reiterated that SLMs need to be translatable for those working at the coalface, there is a need to leverage off the current building blocks being laid by Localities and a need to align dashboards.

Resolution

The Community & Public Health Advisory Committee:

Received the System Level Measures Framework Report.

Agreed that the Committee will review the quarterly reporting on the 2017/18 Metro Auckland Improvement Plan going forward. This reporting will outline progress made against SLMs and contributory measures and improvement activities undertaken.

Recommend to the Board that it receive quarterly reporting on progress against the 2017/18 Metro Auckland Improvement Plan.

4. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (Moved Colleen Brown /Seconded Ashraf Choudhary)

That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:
<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
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</thead>
<tbody>
<tr>
<td>2.1 Minutes of CPHAC Public Excluded meeting 3 May 2017</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</td>
<td>Confirmation of Minutes For the reasons given in the previous meeting.</td>
</tr>
<tr>
<td>3.1 Community Hubs – Draft Strategic Assessment</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</td>
<td>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</td>
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Carried

The meeting concluded at 11.20am.


Colleen Brown, Committee Chair
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

**Community & Public Health Advisory Committee Meeting – Action Items/Resolution Register – 26 July 2017**

<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>ACTION</th>
<th>DUE DATE</th>
<th>RESPONSIBILITY</th>
<th>COMMENTS/UPDATES</th>
<th>COMPLETE</th>
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<tr>
<td>19.8.15</td>
<td>Standing Items</td>
<td>Locality Updates: Manukau Otara/Mangere Franklin Eastern</td>
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<td>14 June 26 July 6 September 18 October</td>
<td>Lynda Irvine Sarah Marshall Kathryn du Luc Penny Magud</td>
<td>Refer Item 3.1 on today’s agenda.</td>
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<tr>
<td>14.6.17</td>
<td>3.1 Q3 Population Health Plans Mana Kidz to attend to present on what it is they are providing to enable a more focused discussion around what is done with the information they collect. Dr Brebner to also attend. Statistics to be collected and presented on Public Nurses in schools, according to decile. Further information to be provided on the government funded pepi-pod idea.</td>
<td></td>
<td>6 September</td>
<td>Mr Hefford</td>
<td></td>
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<tr>
<td>14.6.17</td>
<td>3.2 Before School Check – progress regional discussions and work on a standard paper for joint metro-Auckland DHB Board submission highlighting the issues with this programme.</td>
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<td>6 September</td>
<td>Mr Hefford</td>
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<td>14.6.17</td>
<td>17/18 Metro Auckland SLM Improvement Plan – quarterly report.</td>
<td></td>
<td>18 October</td>
<td>Mr Hefford</td>
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<td>14.6.17</td>
<td>14.6.17 ARPHS - six-monthly update.</td>
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<td>29 November</td>
<td>Mr Hefford</td>
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</table>
Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

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<tr>
<td>14.6.17</td>
<td>3.4</td>
<td>SLM Improvement Plan - pleased to see MH, AOD &amp; Sexual &amp; Reproductive health included for Youth Health – provide some baseline data in the next quarterly report.</td>
<td>18 October</td>
<td>Mr Hefford</td>
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Responses to Action Items
Actions previously assigned by the Community and Public Health Advisory Committee are reported back on in this section.

CPHAC Meeting 14.6.2017 – Q3 Population Health Plans
“Provide a brief summary of the two new health related 2017/19 Better Public Service Targets for information purposes”.

The Delivering Better Public Services: A Good Start to Life Result Action Plan sets out the Government’s plans for achieving Better Public Service (BPS) Results 2 and 3. The overall aim is to ensure that every child in New Zealand gets a good start to life. You can view the plan on the Ministry of Health website www.health.govt.nz/publication/delivering-better-public-services-good-start-life.

<table>
<thead>
<tr>
<th>BPS: A Good Start to Life</th>
<th>What is the target?</th>
<th>Why is this important?</th>
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<tbody>
<tr>
<td>Healthy mums and babies</td>
<td>By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups.</td>
<td>Early and continued regular engagement with a Lead Maternity Carer (usually a midwife) is associated with normal healthy births and better pregnancy outcomes. Having a Lead Maternity Carer helps set up children for a good start in life. Lead Maternity Carers also connect mother and child with other core health services, such as general practice, immunisation, Well Child Tamariki Ora, and oral health services. They connect families to other social services that may be needed.</td>
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| Keeping kids healthy      | By 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019. | We want to keep kids healthy and out of hospital. Some hospital admissions could be avoided by government agencies and providers working together to influence the underlying determinants of health. By intervening early, we can stop conditions getting worse to the point where hospitalisation is needed. These avoidable hospitalisations include dental conditions, respiratory conditions (such as bronchiolitis, pneumonia, asthma and wheeze), skin conditions (such as skin infections, dermatitis and eczema), and head injuries. |
**Priorities**

- Look for opportunities to better align health and social services to improve outcomes
- Strengthen core community-based services
- Better target services in line with priority population needs
- Co-design services with the people and communities who use them

**Key Levers**

- Improve information flows across the system to support targeting of services
- Improve cross-sector collaboration in the design and delivery of services
- Ensure that we have a workforce that understands and is responsive to the needs, including cultural priorities, of clients
- Use the System Level Measures Outcomes Framework to drive continuous improvement and system integration
Update to Community & Public Health Advisory Committee

by

Sarah Marshall

General Manager, Integration
Otara-Mangere Locality & Community Health Team

July 2017
<table>
<thead>
<tr>
<th>CMDHB Localities</th>
<th>Maaori</th>
<th>Pacific</th>
<th>Asian</th>
<th>NZ E/O</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>8,900</td>
<td>5,800</td>
<td>54,700</td>
<td>81,900</td>
<td>151,000</td>
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<tr>
<td>Franklin</td>
<td>11,500</td>
<td>2,600</td>
<td>4,200</td>
<td>50,600</td>
<td>69,000</td>
</tr>
<tr>
<td>Mangere/Otara</td>
<td>17,800</td>
<td>60,300</td>
<td>14,100</td>
<td>10,700</td>
<td>104,900</td>
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<tr>
<td>Manukau</td>
<td>42,600</td>
<td>40,400</td>
<td>43,600</td>
<td>59,300</td>
<td>184,400</td>
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<tr>
<td>Total*</td>
<td>80,760</td>
<td>109,050</td>
<td>116,680</td>
<td>202,570</td>
<td>509,060</td>
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</tbody>
</table>
Diseases that Contribute to Preventable Deaths in CMDHB Population

- High prevalence of obesity, diabetes, hypertension, gout, cancer, renal disease, lung disease
- High rates of lower leg amputation
US health care delivery system evolution

Health Delivery System Transformation Critical Path

Acute Care System 1.0
- Episodic Health Care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

Coordinated Seamless Healthcare System 2.0
- Patient/Person Centered
- Transparent Cost and Quality Performance
- Accountable Provider Networks Designed Around the patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care

Community Integrated Healthcare System 3.0
- Healthy Population Centered
- Population Health Focused Strategies
- Integrated networks linked to community resources capable of addressing psychosocial/economic needs
- Population based reimbursement
- Learning Organization: capable of rapid deployment of best practices
- Community Health Integrated
- E-health and telehealth capable

Community Integrated Healthcare

Episodic Non-Integrated Care

### Engaged People, Families & Communities

**Objective:** People, Families and Communities living in Otara and Mangere are champions of our Wellbeing

**Scope:** Maori, Pacific, Asian, Migrants, Refugees, Older People, Adults, Youth, Children, Mothers, Dads, Men, Women, Gay, Lesbian, Bi-sexual, Transgender, Homeless, Disabled

### Locality Leadership Team - Guiding Team of Local Champions

Local Providers & Consumers: CMH Leaders, PHO Leaders, Social Service Leaders, Disability Service Leaders, Community Leaders, Clinical Leaders

<table>
<thead>
<tr>
<th>Healthy Places</th>
<th>Healthy Services</th>
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</table>
| **Objective:** Otara and Mangere are health promoting places  
Scope: Our natural and built environment is health promoting | **Objective:** Local people have access to quality, community integrated care |
| PROMOTING HEALTH & SMS  
- Smoke free  
- Maternal & child Nutrition  
- Locality Integrated Self Management Support  
- Falls Prevention (ACC)  
- Healthy Auckland Together (ARPHS)  
- Local Board Planning (Auckland Council 2018/19)  
- Healthy Families NZ (AH+) | COORDINATED ACCESS TO PRIMARY & COMMUNITY CARE  
- Community Central, Front Door Initiative, Complex Case Management |
| PLANNED PROACTIVE CARE  
- Screening  
- At Risk Individuals  
- Social Service Integration  
- DCIP Collaborative  
- Palliative Care  
- Advanced Care Planning | ACUTE & URGENT CARE  
- After Hours Services Procurement  
- Community Integrated Rapid Response Service  
- Middlemore Central |
| REABLEMENT  
- Reablement Service (CHT)  
- Cardiac Rehab  
- Pulmonary Rehab  
- Stroke Rehab | LONG TERM CARE  
TBA 2018/19 |

### Settings of Care

Settings of care support our ways of working together  
Scope: Home based care, General Practice Clinics, Community Hubs, Hospital

### Information Systems

Our information systems support integrated care  
Scope: Locality Website, Healthpoint, Health Navigator, Patient Management Systems, Patient Portal, E-shared Care, Community Central, Mobility Devices, Clinical Pathways

### Workforce

Our workforce has the capability to integrate care  
Scope: Workforce capacity, Workforce capability, interdisciplinary learning, clinical networks,

### Models of Care

We agree ways of working together as one service level integrated community health team  
Scope: Cluster teams, Named First Points of Contact, Multidisciplinary Team case conferences, Virtual Reviews, Enhanced Primary Care Collaborative

### Collective Impact – Results

**Objective:** We measure the impact of our work and continuously strive for better results  
Scope: System Level Measures, Benefits, Locality Dashboard, Consumer Satisfaction surveys, Localities Evaluation
Locality Leadership Team Meetings
• Monthly meetings held in Otara and Mangere alternating months
• Review results - Locality Dashboards
• Review and progress on Locality service development plans
• Co-design integrated services

“Thriving Otara” collective lead by Otara Health Nga Manga O Mangere
Engaged People, Families & Communities
Objective: People, Families and Communities living in Otara and Mangere are champions of Wellbeing
Scope: Maori, Pacific, Asian, Migrants, Refugees, Older People, Adults, Youth, Children, Mothers, Dads, Men, Women, Gay, Lesbian, Bi-sexual, Transgender, Homeless, Disabled

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Objective: Community Leaders Champion the Achievement of Wellbeing.
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<tr>
<td>Scope: Our natural and built environment is health promoting</td>
<td>PROMOTING HEALTH &amp; SMS</td>
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- Smoke free
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- Locality Integrated Self Management Support
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<table>
<thead>
<tr>
<th>COORDINATED ACCESS TO PRIMARY &amp; COMMUNITY CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community Central, Front Door Initiative, Complex Case Management</td>
</tr>
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<table>
<thead>
<tr>
<th>PLANNED PROACTIVE CARE</th>
</tr>
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</table>
| • Screening
• At Risk Individuals
• Social Service Integration
• DCIP Collaborative
• Palliative Care
• Advanced Care Planning |

<table>
<thead>
<tr>
<th>ACUTE &amp; URGENT CARE</th>
</tr>
</thead>
</table>
| • After Hours Services Procurement
• Community Integrated Rapid Response Service
• Middlemore Central |

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• Cardiac Rehab
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<tr>
<td>TBA 2018/19</td>
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<td>our information systems support integrated care</td>
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<th>Models of Care</th>
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<td>We agree ways of working together as one service level integrated community health team</td>
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<td>Scope: Cluster teams, Named First Points of Contact, Multidisciplinary Team case conferences, Virtual Reviews, Enhanced Primary Care Collaborative</td>
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<td>Objective: We measure the impact of our work and continuously strive for better results</td>
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Engaged People, Families & Communities
Objective: People, Families and Communities living in Otara and Mangere are champions of Wellbeing
Scope: Maori, Pacific, Asian, Migrants, Refugees, Older People, Adults, Youth, Children, Mothers, Dads, Men, Women, Gay, Lesbian, Bi-sexual, Transgender, Homeless, Disabled

Locality Leadership Groups / Teams - Guiding Team of Local Champions
Objective: Community Leaders Champion the Achievement of Wellbeing.
Local Providers & Consumers: CMH Leaders, PHO Leaders, Social Service Leaders, Disability Service Leaders, Community Leaders, Clinical Leaders

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<th>Healthy Places</th>
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| Objective: Otara and Mangere are health promoting places
Scope: Our natural and built environment is health promoting | Objective: Local people have access to quality, community integrated care |

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Scope: Workforce capacity, Workforce capability, interdisciplinary learning, clinical networks, | We agree ways of working together as one service level integrated community health team
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### Healthy Places

**Objective:** Otara and Mangere are health promoting places

**Scope:** Our natural and built environment is health promoting

**Elements:**
- PROMOTING HEALTH & SMS
  - Smoke free
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  - Locality Integrated Self Management Support
  - Falls Prevention (ACC)
  - Healthy Auckland Together (ARPHS)
  - Local Board Planning (Auckland Council 2018/19)
  - Healthy Families NZ (AH+)

### Healthy Services

**Objective:** Local people have access to quality, community integrated care

**Elements:**
- COORDINATED ACCESS TO PRIMARY & COMMUNITY CARE
  - Community Central, Front Door Initiative, Complex Case Management
- PLANNED PROACTIVE CARE
  - Screening
  - At Risk Individuals
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  - Advanced Care Planning
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### Collective Impact – Results

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**Scope:** System Level Measures, Benefits, Locality Dashboard, Consumer Satisfaction surveys, Localities Evaluation
Patients who had an inpatient event
2011/12 Domicile Locality Age 15+

2012/13 Domicile Locality Age 15+

2013/14 Domicile Locality Age 15+

CMDHB out
patient
podiatry
clinics
Integrated Foot Care...

- Developing a strong link between secondary care Foot team and General Practice Teams
- Community podiatrists, practice nurses and GP’s / SMO’s with special interest collaborate on service improvements
- Integrated podiatry service delivered in Toto Ora haemodialysis unit, Mangere Hub
- Further co-design on integrated podiatry services
Engaged People, Families & Communities
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• Screening
• PPC - Case co-ordination
• Complex Case Management
• Integrated Social Services
• DCIP Collaborative
• Integrated Palliative Care
• Integrated Mental Health | ACUTE & URGENT CARE
• After Hours Services Procurement
• Rapid Response co-design
• Community Health Team re-design |

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### Health Services
**Objective:** Local people have access to quality, community integrated care

#### PLANNED PROACTIVE CARE
- Community Central, Front Door Initiative, Complex Case Management
- PPC - Case co-ordination
- Complex Case Management
- Integrated Social Services
- DCIP Collaborative
- Integrated Palliative Care
- Integrated Mental Health

#### ACUTE & URGENT CARE
- After Hours Services Procurement
- Rapid Response co-design
- Community Health Team re-design
- Front Door

### Collective Impact – Results
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</table>
| Sharing settings of care enables our integrated ways of working  
Scope: Patient & Family Homes, General Practice Clinics, Community Health Team “Bases”, Community Hubs | Sharing information supports our integrated ways of working  
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<table>
<thead>
<tr>
<th>Month</th>
<th>Service</th>
<th>Time Rating</th>
<th># Nurse Contacts on Road</th>
<th>#Nurse Clinic Contact</th>
<th>total time rating</th>
<th>total contact hours /month</th>
<th>Average contact hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/05/17</td>
<td>Compression Bandaging</td>
<td>2</td>
<td>162</td>
<td>112</td>
<td>324</td>
<td>108.0</td>
<td>27.0</td>
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<tr>
<td>31/05/17</td>
<td>Compression Bandaging (ACC)</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>1.3</td>
<td>0.3</td>
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<tr>
<td>31/05/17</td>
<td>Continence Therapy (DHB)</td>
<td>2</td>
<td>225</td>
<td>4</td>
<td>450</td>
<td>150.0</td>
<td>37.5</td>
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<td>31/05/17</td>
<td>Continence Therapy (ACC)</td>
<td>16</td>
<td></td>
<td></td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>31/05/17</td>
<td>Doppler Circulatory Assessment</td>
<td>6</td>
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<td>3</td>
<td>0</td>
<td>0.0</td>
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<tr>
<td>31/05/17</td>
<td>Intravenous Therapy (DHB)</td>
<td>1</td>
<td>176</td>
<td>31</td>
<td>176</td>
<td>58.7</td>
<td>14.7</td>
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<tr>
<td>31/05/17</td>
<td>Intravenous Therapy (ACC)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.3</td>
<td>0.1</td>
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<tr>
<td>31/05/17</td>
<td>Rheumatic Fever Assessment (DHB)</td>
<td>3</td>
<td></td>
<td></td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>31/05/17</td>
<td>Rheumatic Fever Medication (DHB)</td>
<td>1</td>
<td>268</td>
<td>154</td>
<td>268</td>
<td>89.3</td>
<td>22.3</td>
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<tr>
<td>31/05/17</td>
<td>Stomal Therapy (DHB)</td>
<td>1</td>
<td>25</td>
<td>1</td>
<td>25</td>
<td>8.3</td>
<td>2.1</td>
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<td>1</td>
<td>0.3</td>
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<td>31/05/17</td>
<td>Other Nursing (DHB)</td>
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<td>45</td>
<td>320</td>
<td>106.7</td>
<td>26.7</td>
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<tr>
<td>31/05/17</td>
<td>Other Nursing (ACC)</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>31/05/17</td>
<td>Palliative Care (DHB)</td>
<td>2</td>
<td>53</td>
<td>1</td>
<td>106</td>
<td>35.3</td>
<td>8.8</td>
</tr>
<tr>
<td>31/05/17</td>
<td>Bladder Scan (DHB)</td>
<td>1</td>
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<tr>
<td>31/05/17</td>
<td>Wound Care (DHB)</td>
<td>2</td>
<td>1868</td>
<td>291</td>
<td>3736</td>
<td>1245.3</td>
<td>311.3</td>
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<tr>
<td>31/05/17</td>
<td>Wound Care (ACC)</td>
<td>2</td>
<td>296</td>
<td>23</td>
<td>592</td>
<td>197.3</td>
<td>49.3</td>
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<tr>
<td>31/05/17</td>
<td>Enteral feeding (DHB)</td>
<td>1</td>
<td>18</td>
<td>1</td>
<td>18</td>
<td>6.0</td>
<td>1.5</td>
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</table>
Mangere Hub
# Mangere Hub Clinics

## 10 Waddon Place

<table>
<thead>
<tr>
<th>Week</th>
<th>Monday AM</th>
<th>Monday PM</th>
<th>Tuesday AM</th>
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### Key
- **CMH Midwives**
- **CMH Public Health Nurses**
- **Vacant**
General Practice teams in a geographical area and community health service providers working together with social and disability service providers to support planned, proactive and coordinated care of adults living with complex long term diseases.

Team members have linkages with a broad range of community service providers who support the self management of people and families at risk of disease progression causing hospitalization.
Mangere Cluster Teams

- General Practice teams in a geographical area and community health service providers working together with social and disability service providers to support planned, proactive and coordinated care of adults living with long term diseases.
- Team members have linkages with a broad range of community service providers who support the self management of people and families at risk of disease progression causing hospitalization.
- 4 Clusters = 4 Cluster orientated Teams
Mangere Cluster MDT Meeting Attendance 2016/17

Number of Attendees by Discipline

- Dietitian
- Social Work
- Physiotherapy
- Pharmacy
- Occupational Therapy
- Nursing
- Medicine
- Management
## Five Levels of Collaboration


<table>
<thead>
<tr>
<th>Networking 1</th>
<th>Cooperation 2</th>
<th>Coordination 3</th>
<th>Coalition 4</th>
<th>Collaboration 5</th>
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<tbody>
<tr>
<td><strong>Relationship Characteristics</strong></td>
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<tr>
<td>- Aware of organization</td>
<td>- Provide information to each other</td>
<td>- Share information and resources</td>
<td>- Share ideas</td>
<td>- Members belong to one system</td>
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<tr>
<td>- Loosely defined roles</td>
<td>- Somewhat defined roles</td>
<td>- Defined roles</td>
<td>- Share resources</td>
<td>- Frequent communication is characterized by mutual trust</td>
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<tr>
<td>- Little communication</td>
<td>- Formal communication</td>
<td>- Frequent communication</td>
<td>- Frequent and prioritized communication</td>
<td>- Consensus is reached on all decisions</td>
</tr>
<tr>
<td>- All decisions are made independently</td>
<td>- All decisions are made independently</td>
<td>- Some shared decision making</td>
<td>- All members have a vote in decision making</td>
<td>- Members belong to one system</td>
</tr>
<tr>
<td>• Provide information to each other</td>
<td>• Somewhat defined roles</td>
<td>• Frequent communication</td>
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Information Systems

- Information systems help providers and consumers to work together
  - Healthpoint – all service providers listed on HealthPoint
  - Health Navigator – a source of information about self management support
  - Actively promoting the update of E-shared care
US health care delivery system evolution

**Health Delivery System Transformation Critical Path**

**Acute Care System 1.0**
- Episodic Health Care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly coordinate Chronic Care Management

**Community Integrated Healthcare System 3.0**
- Healthy Population Centered
- Population Health Focused Strategies
- Integrated networks linked to community resources capable of addressing psycho social/economic needs
- Population based reimbursement
- Learning Organization: capable of rapid deployment of best practices
- Community Health Integrated
- E-health and telehealth capable

**Coordinated Seamless Healthcare System 2.0**
- Patient/Person Centered
- Transparent Cost and Quality Performance
- Accountable Provider Networks Designed Around the patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care

**Episodic Non-Integrated Care**
- Outcome Accountable Care
Resolution to Exclude the Public

Resolution:
That in accordance with the provisions of Schedule 3, Clause 32 and Sections 6, 7 and 9 of the NZ Public Health and Disability Act 2000:

The public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

<table>
<thead>
<tr>
<th>General Subject of items to be considered</th>
<th>Reason for passing this resolution in relation to each item</th>
<th>Ground(s) under Clause 32 for passing this resolution</th>
</tr>
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<tbody>
<tr>
<td>2.1 Minutes of CPHAC Public Excluded meeting 14 June 2017</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</td>
<td>Confirmation of Minutes For the reasons given in the previous meeting.</td>
</tr>
<tr>
<td>3.1 Self-Management Support in Counties Manukau</td>
<td>That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(3)(g)(i)) of the Official Information Act 1982.</td>
<td>Commercial Activities The disclosure of information would not be in the public interest because of the greater need to enable the Board to carry out, without prejudice or disadvantage, commercial activities.</td>
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