



OPERATIONAL PLAN 2011/2012

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1. Overview of Creating a Better Future

A concerted co-ordinated approach is required to address the growing and significant burden of disease caused through tobacco use, poor nutrition, lack of physical activity and misuse of alcohol. Four key categories of disease - Cardiovascular Disease, Chronic Respiratory Disease, Type 2 Diabetes and many Cancers - share these four risk factors.

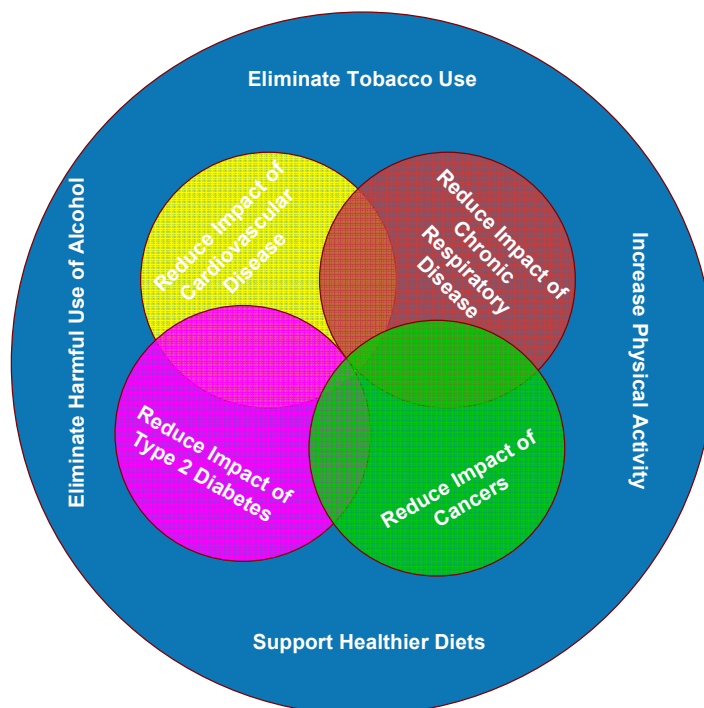


Fig 1: Interlinkages between the risk factors and disease areas

[Adapted from WHO, 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NonCommunicable Diseases]

“Creating a Better Future” is the response from CMDHB with support from Community Partner organisations to this burden. It is a co-ordinated strategic plan aimed at preventing or delaying the onset of diabetes, cardiovascular disease, chronic respiratory disease and cancers, improving health outcomes and quality of life for those affected and reducing health inequalities. The Strategic Plan has been written within an initial five year view that seeks to provide an anchoring platform to support the long term vision of healthier communities.

The goals of the Plan are:

1. The incidence of diabetes, cardiovascular disease, chronic respiratory disease and cancers is reduced overall and in particular rates in those populations experiencing the greatest inequalities in health outcomes are reduced.
2. Those living with diabetes, cardiovascular disease, chronic respiratory disease and cancers experience an improved quality of life, health and wellbeing, particularly amongst those populations experiencing the greatest inequalities in health outcomes.
3. People are inspired and empowered to have increased control of the determinants of their own health and that of their children, interact effectively with health care and support services and be active partners in preventing and managing disease.

4. Health care and support services are built around the needs of the population, fit for purpose, responding effectively to the present disease burden and increasing opportunities for health-promoting activity. This includes appropriate reporting and sharing of information to assess health needs, monitor response and ensure clinical quality.

This Operational Plan has been developed for the second year of implementation of “Creating a Better Future”. All planned activity and areas of focus have been outlined against the following six core components.

1. Enhancing community leadership, capacity and action
2. Developing personal, family and whaanau capacity and leadership for active engagement in being healthy
3. Working with intersectoral partners to create environments that support healthy living
4. Improving the quality of clinical interventions for common diseases
5. Facilitating health and social care integrated around the needs of those affected by diabetes, cardiovascular disease, chronic respiratory disease and cancers and their families and whaanau
6. Advancing the knowledge base for action.

These components are strongly interlinked and are woven together to strengthen individual, family, whaanau and system capacity. This approach aligns with the vision of the DHB Whaanau Ora Plan:
“Whaanau inspired, enabled, resourced and in control of their own health”.

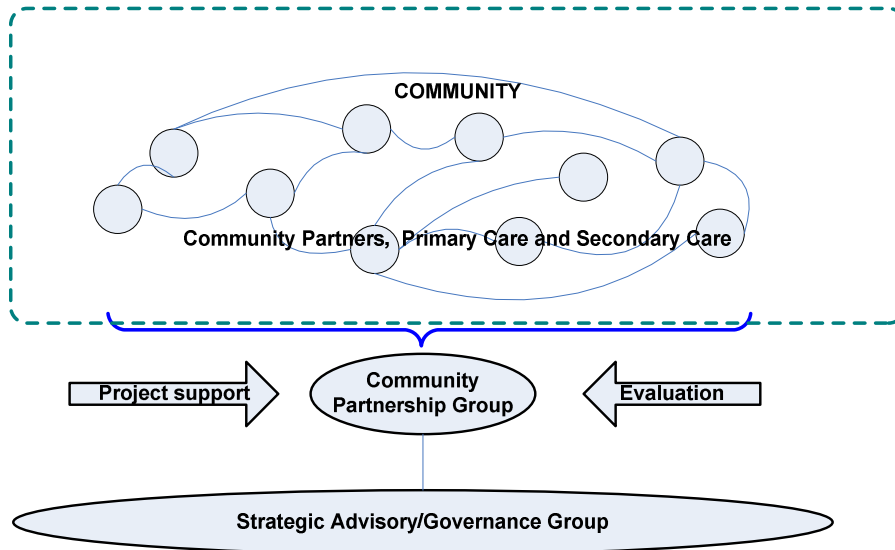
Clear differences exist in the prevalence, age of onset, morbidity and mortality of this group of diseases between ethnicities and between those living within differing socioeconomic areas. There are also gender differences in the prevalence of the modifiable risk factors and the impact of these conditions. A strong focus on reducing inequalities has been explicitly made within the Plan, with an emphasis on developing and tailoring initiatives to work with Maaori, Pacific, South Asian Communities and those that live in our most socioeconomically deprived areas. Gender related issues are also considered during programme development to ensure that inequities are not perpetuated.

“Creating a Better Future” was evolved from the solid design platform of Let’s Beat Diabetes. Learnings from Let’s Beat Diabetes and the first year of operations have been taken into consideration and alignment sought with emerging changes occurring across the health sector, new government policy and primary health care directions. The Plan also has a focus on current health targets and expectations of DHBs.

2 Context for Implementation

2.1 Community Ownership and governance

The Community governance and management structure for Creating a Better Future is demonstrated below. This network structure enables community ownership and ideas at multiple levels, and ensures accountability and clear well-supported decision-making and governance.



Strategic Advisory/Governance Group

The Strategic Advisory /Governance Group's purpose is to:

- Advocate, promote and advance the Creating a Better Future programme in the Counties Manukau region and communities;
- Provide strategic, high-level governance for the inter-agency Creating a Better Future programme;
- Guide the overall strategy, development and direction of the Creating a Better Future programme;
- Identify resources, funding and support for the future operation of Creating a Better Future; and
- Foster collaboration across partners, agencies and communities.

Community Partnership Group

The Community Partnership Group provides a strong community partnership emphasis and an operational focus. It provides guidance on the implementation, coordination and connection of community partners and agencies around the agreed Creating a Better Future Operational Plan and common goals.

Specifically, this includes:

- Facilitating collaboration between partners/stakeholders, and cultivating programme networking;
- Informing priorities and supporting the development of the Creating a Better Future annual Operational plan;
- Influencing operational policy around current Creating a Better Future implementation; and
- Identifying and promoting appropriate avenues for strengthening community empowerment and leadership of Creating a Better Future planning and initiatives.

Comprised of leaders from key partner organisations and sectors and representatives from CMDHB, Maaori and Pacific communities, the Community Partnership Group maintains important connections across partners and initiatives. This operational plan and the future success of Creating a Better Future will be a

reflection of this and a genuine desire of organisations and groups to work together to create better futures in Counties Manukau.

2.2 Outcomes focused management

A logic model outcomes framework is a tool that helps us know if we are achieving our objectives. It is a way of expressing how the various components of the planned work programme contribute to achieving the overall goals, and needs to reflect our priorities such as reducing inequalities. As well as being technically robust, it needs to make sense to all of those involved.

A logic model and performance measurement framework for Creating a Better Future is being developed which incorporates the Results Based Accountability (RBA) approach. RBA is being increasingly used in the health and social sectors and helps to identify performance within initiatives as well as links to the high level population level changes outlined in the more traditional logic model.

Creating a Better Future is a complex programme, covering the continuum from population level initiatives, through primary and community care to specialist services. To be successful it requires actions from multiple organisations and efforts will need to be sustained for many years. It is challenging to capture all of this work in one framework. Also developmental evaluation approaches acknowledge that while identifying clear goals and indicators of progress at the beginning of a process is important to align efforts, outcomes both positive and negative can emerge as programmes are implemented. These outcomes need to be captured to inform ongoing programme development. Stories of success and challenge are also vital to capture the holistic nature of community change.

The practicalities of collecting information for indicators are being carefully thought through, to ensure that appropriate systems and resources are in place to capture the data needed. This aspect of developing an outcomes framework can in fact be the most challenging, particularly if efforts are made to capture some of the less tangible but important gains in individual, family, whānau and community capacity alongside more traditional measures of health gain.

2.3 Whole system co-ordination

Creating a Better Future provides an umbrella strategy for a range of activity occurring across Counties Manukau. Ongoing effort is required to co-ordinate and balance activities in the network of individuals and organisations within the partnership to ensure a genuine whole of system approach.

2.4. Environmental influences

Creating a Better Future is a broad reaching strategy where many external factors can have positive and or negative impacts on achievements. For instance the current economic climate with increasing unemployment will impact the ability of families to afford healthy food. In addition, the increased stresses on our economy and people through the Christchurch earthquakes are having an impact on our population.

There are also opportunities in the wider environment, such as the formation of the Auckland Council and the current process of engagement for the Auckland Plan. Many activities of local government influence how people 'live and work and play' so ongoing engagement with Auckland Council staff and elected representatives at a variety of levels it is important for Creating a Better Future.

2.5 Explicit accountability and performance

CMDHB has an internal programme management team with accountability and a monitoring/support role across the six core components. Reporting requirements for areas of activity will be closely aligned to performance against the milestones identified within this plan and the District Annual Plan reporting

requirements of CMDHB. In addition, all expenditure is monitored and reported monthly to relevant team members to enable monitoring of Creating a Better Future funds and initiative progress.

3. Overview of Operational Plan 2011/2012

The Creating a Better Future Operational Plan for 2011/12 has been developed once again through collaboration with partners and in particular working with primary care representatives to identify their key priorities and gaps in activity. All partner organisations have been provided with the opportunity to provide direction as to planned activity and what they are able to confirm as their own contributions towards achieving the aim of the Plan.

This Operational Plan attempts to capture many of the activities occurring across Counties Manukau that supports the prevention and management of diabetes, CVD, cancers and respiratory disease. There are many providers, community organisations and individual people that contribute to this activity. Whilst not all are explicitly identified within the resources section of this Plan their commitment and passion is acknowledged.

A key focus of 2011/12 is on ensuring that new initiatives, particularly smoking cessation support services commenced in 2010/11 are being as effective as possible. New areas of activity identified for 2011/12 include development of an initiative to support those at high risk of developing diabetes make changes which may prevent or delay the onset of disease. Working in sports clubs and better bridging the links between sport and recreation and health are also areas of focus. An additional new area will include supporting a systems approach to improving the provision of services to those people who are obese and morbidly obese as well as addressing the practical issues concerned with the care of these people when they utilise our health services.

Clinical leadership is vitally important to improve the quality of the services that are provided to identify those at risk, offer support and provide high quality clinical care. Variability in terms of the quality of care does exist and there is the potential for overall quality of care improvements. There is a strong focus on quality through this Plan.

4. Key Activity & Budget 2011/2012

Action areas	Description of 2011/2012 activity	\$ CMDHB Creating a Better Future	\$ MOH – HEHA, Smokefree and Other funding sources	Budget CMDHB
1. Enhancing community leadership, capacity and action	1.1 Community Leadership	50,000	180,000	\$230,000
	1.2 Workforce Development	30,000	100,000	\$130,000
	1.3 Community Action	100,000	356,554	\$456,554
2. Developing personal, family and whaanau capacity for active engagement in being healthy	2.1 Health Literacy for Consumers	50,000		\$50,000
	2.2 Self Management Education			
	2.3 Providing Children with the Best Start to Life		449,485	\$449,485
	2.4 Alignment and co-ordination of health promotion and health education			
	2.5 Risk screening			
	2.6 Intensive Diabetes Prevention	400,000		\$400,000
	2.7 CVD Annual Review			
	2.8 Intensive Smoking Cessation Support		1,246,103	\$1,246,103
	2.9 Education and support for minimising harm through alcohol			
	2.10 Weight Management	30,000		\$30,000
3. Working with intersectoral partners to create environments that support healthy living	3.1 Healthy Cities/Urban Design			
	3.2 Physical Activity Initiatives	115,000	85,000	\$200,000
	3.3 Schools and ECEs	20,000		\$20,000
	3.4 Healthy Food Choices at Events and within the Community			
	3.5 Workplace			
	3.6 Community Gardening		42,696	\$42,696
	3.7 Vulnerable Families		68,750	\$68,750
	3.8 Food Industry Collaboration			
4. Improving the quality of clinical interventions for common NCD	4.1 Structures to support Clinical Governance			
	4.2 "Key Workers" scope of practice			
	4.3 Communication for health	30,000		\$30,000
	4.4 Cardiac rehabilitation	20,000		\$20,000

	4.5 Brief interventions for reducing lifestyle risk factors	20,000		\$20,000
	4.6 Accreditation by Middlemore Hospital within the Baby Friendly Hospital Initiative			
	4.7 Breastfeeding support skills		70,000	\$70,000
	4.8 Compilation of referral point information	20,000		\$20,000
	4.9 Improving the integration of allied health services with long term conditions programmes			
	4.10 Local Health Networks			
	4.11 Systems approach to the care of people with obesity	20,000		\$20,000
5. Facilitating health and social care integrated around the needs of those affected by NCD and their families and whaanau	5.1 Health Promoting Practices			
	5.2 Supporting Whaanau Ora Models			
	5.3 Improving the integration of primary mental health services with long terms conditions programmes			
6. Advancing the knowledge base for action	6.2 Communication Strategy	40,000	30,000	\$40,000
	6.2 Data Collection and utilisation			
	6.3 Building Evaluation Capacity	10,000	50,000	\$60,000
Total		\$955,000	\$2,648,588	\$3,603,588
Clinical Support, Project Management, Management Costs		\$97,605	202,460	\$300,065
Total including HEHA, Smokefree and other		\$1,052,605	\$2,881,048	\$3,933,653

In addition there is some additional ringfenced underspend from both HEHA and Smokefree that will be applied to this budget once notification of the final amounts is confirmed. Some Smokefree underspend has already been applied to this budget.

5. Detailed Operational Plan

1: Enhancing community leadership, capacity and action

The foundations for the long term reduction in diabetes, cardiovascular disease, chronic respiratory disease and cancers require real sustainable change and support from our whole society. It is individuals, within families and whaanau, within communities who make decisions about their lives. Empowered communities change their environments through action, advocacy, local democracy and consumer choice. Significant capacity and leadership already exists within our community, families and whaanau. This Plan will need to support and enhance this capacity, leadership and action.

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources ¹
<p>1.1 Community Leadership</p> <p>Community organisations and groups are supported to further develop leaders within their communities enabling increased community capacity through empowered communities, with increased skills and resources available for them to be able to take effective action</p>	<ul style="list-style-type: none"> • During 2011/12 support Maaori, Pacific and South Asian communities to provide local leadership and direction for community actions supporting healthy choices • During 2011/12 maintain the Maaori Reference Group and Leadership hubs • During 2011/12 seek advice and guidance from appropriate Pacific and South Asian leadership groups • During 2011/12 encourage Maaori, Pacific and South Asian community groups to promote and support local community events that promote key healthy lifestyle messages and whaanau wellbeing 	<ul style="list-style-type: none"> • An increase in Maaori, Pacific and South Asian community leadership focused on supporting healthy choices • The capacity of Maaori, Pacific and South Asian communities to provide local leadership and direction is strengthened 	<p>Creating a Better Future (HEHA) Maaori \$90,000 Pacific \$90,000 Creating A Better Future \$50,000 (South Asian) Project management, contract management, health promotion Maaori Reference Group, South Asian Leadership Group Examples of the types of leadership development already occurring include: Franklin Marae Kaiwhakahaere funded through Huakina Trust and ProCare Network Manukau, Tongan Lifestyles Co-ordinators, Otara Network Action Committee, existing Maaori leadership collectives such as Whaitiaki Maaori Health Collective and Pou Manawa. Lotu Moui Church Infrastructure including the Ministers, Health Committees and Pacific Youth Advisory Committee. PHOs via their HP advisors provide support to develop community leadership within community organisations.</p>

¹ The Resources column includes the budgeted financial contribution from Creating a Better Future as well as contracted resources provided to the strategy, along with in kind resources from CMDHB, partner and other community organisations

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources ¹
<p>1.2 Workforce Development</p> <p>Development of a Creating a Better Future “workforce” representative of the populations with the greatest inequities in terms of the burden of diabetes, cardiovascular disease, chronic respiratory disease and cancer that stretches the continuum from voluntary community champions through to the tertiary qualified</p>	<ul style="list-style-type: none"> • During 2011/12 support Maaori, Pacific and South Asian peoples who are studying in tertiary education in the areas of nutrition and physical activity • During 2011/12 support Maaori, Pacific and South Asian community members to be community champions and empower healthy lifestyle choices within the roots of their community. • During 2011/12 provide opportunities to support Maaori, Pacific and South Asian people to complete train-the- trainer opportunities receive mentoring support and share their knowledge within their community. 	<ul style="list-style-type: none"> • Increased Maaori, Pacific and South Asian workforce including Community Champions who can work with individuals, families and whaanau to support healthy choices • Graduates from Train the Trainer programmes are better supported to actively share their knowledge with the community 	<p>Creating a Better Future (HEHA) Maaori \$50,000 Pacific \$50,000</p> <p>Creating a Better Future \$30,000 (South Asian) CMDHB Workforce Development Team</p> <p>Organisations Providing Train the Trainer Courses including: CM Active – Community Coach, Te Hotu Manawa Maori, Pacific Island Heartbeat, Stanford Self Management Education and Smokefree train the trainer courses.</p>
<p>1.3 Community Action</p> <p>Community action projects focus on specific health topics. For Creating a Better Future communities are asked to focus on supporting healthy choices and greater awareness and management of related diseases.</p> <p>Community action initiatives can use community development methods and contribute to the development of social capital.</p>	<ul style="list-style-type: none"> • During 2011/12 provide development support for community action providers who implement initiatives to support healthy choices • During 2011/12 fund additional community action initiatives that support healthy choices with a focus on appropriate settings such as Marae and faith based settings. • During 2011/12 provide additional developmental support to organisations receiving community action grants 	<ul style="list-style-type: none"> • Community action initiatives that support healthy choices for Maaori, Pacific and South Asian communities 	<p>Creating a Better Future (HEHA) Maaori \$196,652 + roll over 2010/11 Pacific \$159,902 + roll over 2010/11 Creating a Better Future \$100,000 (South Asian) Project and contract management</p> <p>PHOs and NGOs provide significant support for community development and community action work across our communities. Examples of organisations funded or supported to undertake community action include: South Asian Co-ordinator funded through ProCare Network Manukau, East Health, Total HealthCare Otara and CM Active</p>

2: Developing personal, family and whaanau capacity and leadership for active engagement in being healthy

The power of collective small steps towards achieving change

Developing and enhancing personal, family and whaanau capacity and leadership for active engagement in being healthy requires an understanding of the implications of making healthy choices, the ability to make informed decisions and the knowledge, skills, tools and resources to take action to protect and promote their health. These same skills and resources are important in better managing disease and promoting a better quality of life.

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
<p>2.1 Health Literacy for Consumers</p> <p>Health literacy is the ability to read, understand and effectively use basic medical instructions and information. Low health literacy can affect anyone of any age, ethnicity, and background or education level. People with low health literacy have poorer health outcomes (higher hospitalisation rates, higher healthcare costs and worse health status than people with higher literacy).</p>	<ul style="list-style-type: none"> • During 2011/12 support an initiative to improve health literacy for patients, their families and whaanau 	<ul style="list-style-type: none"> • Increased health literacy to support healthy choices and improved health outcomes 	<p>Creating a Better Future \$50,000</p>
<p>2.2 Self Management Education</p> <p>Self-management education (SME) supports the ability for participants to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition.</p>	<ul style="list-style-type: none"> • During 2011/12 an additional 850 people will have participated in SME • During 2011/12 mentoring support will be available to course leaders • During 2011/12 another Stanford Master Training Course will be run. • During 2011/12 at least 8 Maaori, Pacific and South Asian community members will be trained as SME course leaders • During 2011/12 at least 60% of participants will be Maaori, Pacific and South Asian 	<ul style="list-style-type: none"> • Increased self management skills to support healthy choices and improved health outcomes • Improved mentoring for course leaders to support an increase in the number and quality of leaders • Increased number of Maaori, Pacific and South Asian self management course leaders and participants 	<p>CMDHB Primary Care Self Management Course Leaders employed through PHOs, CMDHB and community volunteer course leaders</p>

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
<p>2.3 Providing children with the best start to life</p>	<ul style="list-style-type: none"> • During 2011/12 support increased structured breastfeeding support within the community tailored for those populations with the lowest breastfeeding rates • During 2011/12 resource the 2.8 FTE breastfeeding advocate positions within Middlemore Hospital • During 2011/12 provide increased access to breastfeeding prenatal education to women experiencing shared maternity care • During 2011/12 develop and pilot an initiative to support an increased awareness of breastfeeding friendly places and facilities within the community 	<ul style="list-style-type: none"> • Increased breastfeeding support for mothers and babies • Increased breastfeeding rates 	<p>Creating a Better Future (HEHA) \$449,485 (includes a known \$138,866 of breastfeeding underspend) + additional rollover from 2010/11 CMDHB Kidz First Turuki Healthcare</p> <p>Well Child Providers, PHOs and others with contracts to support mothers and babies</p>
<p>2.4 Alignment and co-ordination of health promotion and health education activity</p>	<ul style="list-style-type: none"> • During 2011/12 maintain alignment of contracts with health promotion and education providers to support a focus on personal, family and whaanau active engagement in being healthy • During 2011/12 review and implement a district PHO health promotion plan 	<ul style="list-style-type: none"> • Health Promotion contracts aligned to key priority areas and reporting provides useful information to inform further developments • Increased PHO collaboration and planning for related health promotion and health education activity 	<p>Creating a Better Future Contract management</p> <p>PHO Health Promotion Working Group with representatives of PHOs and CMDHB</p>

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
<p>2.5 Risk screening</p> <p>CVD risk screening determines the level of risk of an individual having a cardiovascular event within the next 5 years. It also determines whether a person has Type 2 Diabetes. Criteria exist related to age and ethnicity as to at what stage different populations should receive a screen.</p>	<ul style="list-style-type: none"> By June 2011 74% of eligible Maaori and 75% of eligible Pacific peoples will have received a CVD risk screening assessment within the last 5 years. 	<ul style="list-style-type: none"> Increased number of the CMDHB population will be aware of their level of CVD and or diabetes risk and what can be done to reduce that risk Increased identification of those with existing diabetes, CVD or high risk that requires medical intervention 	<p>CMDHB Primary Care PHOs</p>
<p>2.6 Intensive Diabetes Prevention</p> <p>The most effective approach to managing type 2 diabetes is to prevent development in the first place. International trials focusing on the prevention of diabetes have shown that diabetes can be delayed or prevented in individuals with impaired glucose tolerance. These trials demonstrated the potential to reduce the relative risk of developing type 2 diabetes by 58%</p>	<ul style="list-style-type: none"> During 2011/12 develop and pilot an intensive initiative to support those identified as high risk for developing type 2 diabetes. 	<ul style="list-style-type: none"> Increased support to prevent the development of diabetes in those at very high risk of disease 	<p>Creating a Better Future \$400,000</p>
<p>2.7 CVD Annual Review</p> <p>CVD annual reviews are offered to those with a CVD risk assessment greater than 15%</p>	<ul style="list-style-type: none"> During 2011/12 at least 3000 people will receive a CVD annual review 	<ul style="list-style-type: none"> Increased reviews of care and support for those people with CVD and those at increased risk of a cardiovascular event, 	<p>CMDHB Primary Care PHOs</p>

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
2.8 Intensive smoking cessation support	<ul style="list-style-type: none"> • During 2011/12 contract for the delivery of a Maaori Smokefree Service which supports community champions in addition to providing cessation services • During 2011/12 contract for the delivery of a revised Pacific Smoking Cessation service • During 2011/12 continue to deliver intensive smokefree cessation services through Middlemore Hospital • During 2011/12 provide intensive smoking cessation services for pregnant women and their whaanau • During 2011/12 contract and evaluate the smoking cessation service at the Manukau Community Link Office 	<ul style="list-style-type: none"> • Support for those addicted to tobacco to quit • More support for smokefree pregnancies and smoke free environments for babies 	Creating a Better Future (Smokefree) \$1,246,103 CMDHB Maaori Health CMDHB contracted providers MOH funded providers
2.9 Education and support for minimising harm through alcohol	<ul style="list-style-type: none"> • During 2011/12 continue to support the delivery of peer education and support services for minimising harm through excessive alcohol consumption 	<ul style="list-style-type: none"> • Education and or support for individuals, whaanau and families experiencing harm from alcohol related misuse is available 	CMDHB Mental Health contracted providers
2.10 Weight management	<ul style="list-style-type: none"> • During 2011/12 support weight management programmes delivered through primary care referral 	<ul style="list-style-type: none"> • Increased support for patients identified through Primary Care as benefitting from support to manage their weight 	Creating a Better Future \$30,000 PHOs

3: Working with intersectoral partners to create environments that support healthy living.

Working with intersectoral partners to put in place policies and interventions that modify the physical and social environment are crucial for large scale population level support for individuals to make healthy choices. Policies and interventions that modify the environment can support improved nutrition, increased physical activity and decreased smoking and alcohol availability and consumption.

Physical activity can be enhanced through urban design and the increased availability of physical activity opportunities within schools, Early Childhood Education Services, parks and other settings. Urban design through retail planning can also manage the availability and access to healthy food options and tobacco.

The food environment during pregnancy, childhood, adolescence and adult life all contributes to health and can cause disease. The Food Industry itself has recognised that there is an obligation for responsible Corporates to work with health agencies to develop an overall healthier food environment with less fat, sugar and sodium content.

Interventions/ Initiatives	Milestones	Outcomes	Resources
3.1 Healthy Cities / urban design	<ul style="list-style-type: none"> During 2011/12 provide support for incorporation and implementation of Healthy City concepts within the Auckland Spatial plan During 2011/12 input will be actively provided into Auckland Council planning undertaken for Counties Manukau where improvements to design can facilitate increased opportunities for physical activity and promote social cohesion 	<ul style="list-style-type: none"> Orientation of city council policies towards equity, and the protection and improvement of the health and wellbeing of their communities. Improved and increased opportunities for physical activity within Counties Manukau 	Ministry of Health, Auckland Council ARPHS, Auckland Transport Agency
3.2 Physical Activity Initiatives	<ul style="list-style-type: none"> During 2011/12 pilot the CMDHB region modified pilot for the Play for Life with at least two Sports Clubs During 2011/12 contract a position based at CM Sport that leads the development of closer links between physical activity, sport and recreation and health During 2011/12 conduct a comprehensive review of CM Active 	<ul style="list-style-type: none"> Improved health promoting environment within Sports Clubs Increased grassroots activity opportunities in the least active areas in Counties Manukau Increased physical activity workforce within the community, particularly Maaori, Pacific and South Asian 	<p>Creating a Better Future \$115,000 Creating a Better Future (HEHA) \$85,000 CM Sport, NZ Rugby League CM Active is funded by SPARC, Auckland Council Local Boards, Total Health Otara, ProCare Counties Manukau Sport Sport Auckland, Otara Health and ProCare</p>

Interventions/ Initiatives	Milestones	Outcomes	Resources
	<ul style="list-style-type: none"> • During 2011/12 support CM Active to collaborate identify and support new and existing physical activity initiatives within the community • During 2011/12 support CM active to form and lead physical activity collectives in each of the identified activity hubs • During 2011/12 strengthen and improve links with school aged physical activity programmes • During 2011/12 support continued physical activity workforce development opportunities including mentoring • During 2011/12 support will be continued to deliver the group education model of the Green Prescription, Active Families and Getting Started Programmes 	<ul style="list-style-type: none"> • Increased physical activity by those identified by a health professional as requiring more activity • Development of community champions who can inspire and encourage others to be more active 	
3.3 Schools and Early Childhood Education Services	<ul style="list-style-type: none"> • During 2011/12 provide support to restart the Schools Accord group comprised of School Principal representatives and providers working within schools. • During 2011/12 support will be provided to schools and ECEs for improved nutrition and physical activity, such as Get Wize 2 Health, Healthy Tuckshops Fruit in Schools, Fundamental Movement Skills, Healthy Tuckshops, Primary Sports, Food and Beverage classification system and Walking School Bus. 	<ul style="list-style-type: none"> • Provision of education and support to improve the food environment in schools and nutritional knowledge 	Creating a Better Future \$20,000 Secondary School Youth Health Councils, Primary and Intermediate Schools CMDHB Child and Youth Health Team Kidz First Community Health Diabetes Projects Trust, ARPMS, Counties Manukau Sport, 5+ A Day, Ministry of Health, National Heart Foundation

Interventions/ Initiatives	Milestones	Outcomes	Resources
3.4 Healthy food choices at Events and within the Community	<ul style="list-style-type: none"> • During 2011/12 the Nutrition Policy for outdoor events will be utilised with at least 4 events. • During 2011/12 implement the better Vending Policy at Council-run leisure facilities 	<ul style="list-style-type: none"> • Improved food environment and healthy food choices availability 	Creating a Better Future ARPHS Partner Organisations and Contracted Providers Auckland Council
3.5 Workplace	<ul style="list-style-type: none"> • During 2011/12 HeartBeat Challenge will continue to provide support to large workplaces across Counties Manukau with a high proportion of Maaori and Pacific industrial and manual workers. • During 2011/12 the Diabetes Projects Trust Workplace Wellness Programme will also provide support to workplaces focusing on supporting healthy choices. 	<ul style="list-style-type: none"> • Increased support within the workplace for the minimisation of risk factors related to disease 	ARPHS Diabetes Projects Trust Ministry of health Workplaces CM Active
3.6 Community Gardening	<ul style="list-style-type: none"> • During 2011/12 Community Gardening across Counties Manukau and the Auckland region will be co-ordinated and supported through the Gardening 4 Health initiative. 	<ul style="list-style-type: none"> • Increased knowledge about how to garden that can be transferred to home gardening. • Increased consumption of fruit and vegetables. 	Creating a Better Future (HEHA) \$42,696 Diabetes Projects Trust Ministry of Health Auckland Council
3.7 Vulnerable Families	<ul style="list-style-type: none"> • During 2011/12 contract and evaluate the Healthy Nutrition programme based within a budgeting agency • During 2011/12 continue to make available the Healthy Cooking On A Budget recipe book to Social Services Agencies working with vulnerable families 	<ul style="list-style-type: none"> • Increased support for our most vulnerable families to work within their budgets to make healthy choices. 	Creating a Better Future (HEHA) \$68,750 Ministry of Social Development Mangere Family Budgeting Service
3.8 Food Industry Collaboration	<ul style="list-style-type: none"> • During 2011/12 efforts will be made to engage on at least one initiative with the food industry 	<ul style="list-style-type: none"> • Improved food environment 	Creating a Better Future Food Industry

4: Improving the quality of clinical interventions for common disease

Quality can be defined as the degree to which the services for individuals or populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge⁽⁸⁾ Within the context of this core component, improving the quality of clinical interventions includes screening, primary and secondary prevention as well as treatment and taking into account the patients' perspective. Improvements in quality are necessary to support people-centred, equitable, safe and high-quality services that continually improve and that are culturally competent.

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
4.1 Structures in place to support clinical governance	<ul style="list-style-type: none"> During 2011/12 maintain relevant clinical governance structures and systems to support strong clinical governance and be accountable for improving quality and reducing variance 	<ul style="list-style-type: none"> Strong clinical governance to support improved quality of care 	CMDHB Primary Care Co-ordination
4.2 "Key Workers" scope of practice This initiative aims to articulate and strengthen the current and future role of Primary Care Key Workers within CMDHB. This includes defining and strengthening their role as a bridge between primary and secondary care services and individuals, whaanau and communities; and identifying expanded roles and functions of Key Workers in evolving models of primary care.	<ul style="list-style-type: none"> During 2011/12 maintain representation on the steering group for the "key workers" scope of practice to ensure a strong focus on inclusion of skills to support active engagement in being healthy During 2011/12 provide opportunities to support training of "key workers" in line with the scope of practice project 	<ul style="list-style-type: none"> Skills to support active engagement in being healthy are included in the scope of practice for "key workers" Increased skills to support healthy choices by the Key worker workforce 	CMDHB Learning and Development Project Management Steering Group members Community Health Workers
4.3 Communication for Health The intent of developing better patient-provider communications is to make possible better health outcomes	<ul style="list-style-type: none"> During 2011/12 pilot a programme to support the health workforce in their communication of health information to patients, their family and whaanau 	<ul style="list-style-type: none"> Improved communication with patients and their family and whaanau by the health workforce 	Creating a Better Future \$30,000
4.4 Cardiac Rehabilitation	<ul style="list-style-type: none"> By June 2012 review Heart Guide Aotearoa implementation During 2011/12 scope the development of approaches to improving the participation by Pacific populations in cardiac rehabilitation 	<ul style="list-style-type: none"> Improved access and attendance at cardiac rehabilitation particularly by Maaori, Pacific and South Asian peoples 	Creating a Better Future \$20,000 CMDHB Cardiac Rehabilitation team PHOs

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
<p>4.5 Brief interventions for reducing lifestyle risk factors</p>	<ul style="list-style-type: none"> • During 2011/12 support the development of brief interventions and support skills and opportunities by a broad range of health workers • During 2011/12 support the development of cognitive behavioural therapy skills by health workers • By June 2012 at least 80% of primary care enrolled patients that smoke are offered support to quit • By June 2012 95% of hospitalised smokers are offered support to quit • During 2011/12 support the health workforce to access training in ABC and to become quit card trainers and providers • During 2011/12 support nurses and allied health professionals to become Nicotine Replacement Therapy Standing Order certified. 	<ul style="list-style-type: none"> • Increased quality and quantity of brief interventions offered in relation to healthy choices, in particular smoking cessation • Increased number of people encouraged and supported to quit smoking (health target) 	<p>Creating a Better Future \$20,000 Course funding, smokefree training</p> <p>PHOs, NGOs, CMDHB staff time for training and implementation</p>
<p>4.6 Accreditation by Middlemore Hospital within the Baby Friendly Hospital Initiative</p> <p>BFHI is an accreditation that demonstrates that a hospital actively puts in place agreed practices that protect, promote and support breastfeeding</p>	<ul style="list-style-type: none"> • By August 2011 Middlemore Hospital will have undertaken an assessment for Baby Friendly Hospital Initiative accreditation 	<ul style="list-style-type: none"> • Improved support for mothers to exclusively and fully breastfeed prior to discharge 	<p>CMDHB Womens Health (Maternity) Creating a Better Future</p>

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
<p>4.7 Breastfeeding support skills</p> <p>Organisations and consumers across CMDHB have voiced requests for additional training to support breastfeeding within the community.</p>	<ul style="list-style-type: none"> • During 2011/12 continue to provide Breastfeeding training courses to support improved breastfeeding support for women by those community based providers working with women pre and/or postnatally • During 2011/12 support organisations to become Baby Friendly Community Initiative accredited. 	<ul style="list-style-type: none"> • Increased number of health workers are able to provide consistent and quality breastfeeding support and education for women • Increased exclusive and fully breastfed babies at six weeks, three months and six months 	<p>Creating a Better Future (HEHA) \$70,000 La Leche League New Zealand Breastfeeding Authority Raukura, Manukau Family Start, Plunket</p>
<p>4.8 Compilation of referral point information</p>	<ul style="list-style-type: none"> • During 2011/12 develop and distribute a comprehensive list of locality based supports/ interventions that patient can be referred to which support healthy lifestyles and improved care for those with disease 	<ul style="list-style-type: none"> • Comprehensive list of referral points to assist access to support 	<p>Creating a Better Future \$20,000</p>
<p>4.9 Improving the integration of allied health services with long-term conditions programmes</p>	<ul style="list-style-type: none"> • During 2011/12 build stronger linkages with pharmacy services and long-term conditions programmes through compliance support initiatives 	<ul style="list-style-type: none"> • Increased multidisciplinary links and care for people with long term conditions 	<p>CMDHB Primary Care Team Community Pharmacy</p>
<p>4.10 Local Health Networks</p> <p>Local health networks are being piloted using a collaborative learning model. These pilots aim to translate information into increased knowledge and changed practice in order to improve the outcomes of those living with chronic disease.</p>	<ul style="list-style-type: none"> • During 2011/12 continue to pilot and evaluate local health networks 	<ul style="list-style-type: none"> • Improved quality of care within the pilot sites demonstrated by clinical improvements in those enrolled within the Chronic Care Management Programme. 	<p>CMDHB Primary Care (funded by DHBNZ Innovations Fund) Pilot site Practices and PHOs Auckland University School of Population Health CMDHB Quality Improvement Unit</p>
<p>4.11 Systems approach to the care of people with obesity</p>	<ul style="list-style-type: none"> • During 2011/12 scope and implement a systems approach to the health planning requirements and care of patients with obesity 	<ul style="list-style-type: none"> • Improved quality of care provided to patients with obesity 	<p>Creating a Better Future \$20,000 Project management CMDHB Provider Arm Primary Care</p>

5: Facilitating health and social care integrated around the needs of those affected by diabetes, CVD, chronic respiratory disease and cancers and their families and whaanau

Achieving the aim of this Plan to prevent or delay the onset of NCD and to improve health outcomes and quality of life for those with disease and to reduce health inequities requires a combined health sector and intersectoral response involving social support as well as support from the community and voluntary sector.

This combined response must be respectful of, and responsive to the individual and their family and whaanau preferences, needs, and values and ensuring that their values guide decisions.

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
<p>5.1 Health Promoting Practices</p> <p>Health Promoting Practices is a new concept which seeks to bring about organisational and practice changes to create a more health promoting environment both for the staff of the practice but also the patients and their family and whaanau that are enrolled in the practice</p>	<ul style="list-style-type: none"> By June 2012 at least 5% of general practices within the Counties Manukau district will be working towards attaining accreditation as a health promoting practice 	<ul style="list-style-type: none"> General practice adopts a more health promoting environment 	Auckland Region Health Promoting Practices Implementation Group
<p>5.2 Supporting Whaanau Ora models</p>	<ul style="list-style-type: none"> By June 2012 providers will have developed and implemented at least two Whaanau Ora supporting initiatives During 2011/12 encourage providers to align with Whaanau Ora and other key kaupapa Maaori models when working with Maaori and whaanau 	<ul style="list-style-type: none"> Increased knowledge and implementation of Whaanau Ora supporting initiatives that support healthy choices and/or improved health outcomes 	Existing organisations utilising a Whaanau Ora approach including Te Hononga PHO and National Hauora Coalition Funding will be supported through other budget lines within this plan or through other sources of funding
<p>5.3 Improving the integration of primary mental health services with long-term conditions programmes</p> <p>Chronic conditions such as CVD, diabetes, chronic respiratory disease and cancers are often strongly associated with mental health illness. Recognition that there are close associations means that linking with such programmes would have benefits.</p>	<ul style="list-style-type: none"> During 2011/12 develop the capacity to enable primary mental health screening within long-term conditions programmes During 2011/12 promote uptake of POAC mental health package of care where clinically indicated 	<ul style="list-style-type: none"> Increased recognition and services that are responsive to the strong links between mental health illness and many other long term conditions 	CMDHB Primary Care and Mental Health Teams PHOs

6: Advancing the knowledge base for action

The knowledge base for action supports strengthening system capacity through providing a strong base from which to inform decision making, health needs assessment and prioritisation as well to form a basis for setting and monitoring progress against targets, changes in health outcomes and progress towards equity.

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
<p>6.1 Communications Strategy Implementation of the communications strategy</p>	<ul style="list-style-type: none"> • During 2011/12 put in place mechanisms that support the health workforce to be the “sales force” delivering key messages to patients, their family and whaanau • During 2011/12 ensure that the website for health professionals, partners and consumers is operational and relevant with timely updates • During 2011/12 active and timely dissemination of relevant research and evaluations will occur • During 2011/12 work with all partner organisations to leverage media and other promotional opportunities • During 2011/12 proactively link with relevant regional and national campaigns to leverage opportunities • During 2011/12 proactively work with individuals, community groups and partners to “tell their stories” and “celebrate their successes” 	<ul style="list-style-type: none"> • A strong communications infrastructure supporting the strategy • An increased “sales force” delivering consistent key messages • Recognition for grassroots community success stories • Accessible knowledge repositories 	<p>Creating a Better Future \$40,000 Creating a Better Future (Smokefree) \$30,000</p> <p>PHOs, Community Partners</p>
<p>6.2 Data collection and utilisation Review of data collected and reported on</p>	<ul style="list-style-type: none"> • During 2011/12 ensure that data collected and reported on provides benefit to the reporting framework for the strategy to demonstrate achievements and to generate quality improvements. 	<ul style="list-style-type: none"> • Improved capture and utilisation of appropriate data that can be used to further inform decisions 	<p>Creating a Better Future Contracted providers</p>

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
6.3 Building evaluation capacity	<ul style="list-style-type: none"> By February 2012 pilot and evaluate an initiative to build evaluation capacity 	<ul style="list-style-type: none"> Increased evaluation capacity to enable informed investment decisions and improved outcomes 	Creating a Better Future \$10,000 Creating a Better Future (Smokefree) \$50,000

