



OPERATIONAL PLAN 2010/2011

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Executive Summary

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.

“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 and improving health outcomes and quality of life 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 first 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 system capacity. A kaupapa Maaori approach has been embedded in the foundations of this Operational Plan and will align the work of this plan 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 deprived areas; gender issues will also need to be considered in programme development.

“Creating a Better Future” has evolved from the solid design platform of Let’s Beat Diabetes. Learnings from Let’s Beat Diabetes 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.

Creating a Better Future

1 Background

There are four main categories of disease responsible for a substantial proportion of deaths, long term illness or disability and reduced quality of life within Counties Manukau; they are diabetes, cardiovascular disease (CVD), cancers and chronic respiratory disease. Gout and renal (kidney) disease are closely related conditions that also contribute significantly to ill health in the Counties Manukau community.

The burden of illness associated with all of these conditions is expected to increase further with an ageing population. A concerted, co-ordinated action is required to address these largely preventable conditions, all of which share common risk factors. The following (fig1) demonstrates their interlinkages. Addressing these risk factors means working to support healthier diets, increasing physical activity, eliminating smoking and eliminating the harmful use of alcohol. In addition, improved care for those with these diseases can lead to improved health outcomes and can reduce morbidity, disability and death⁽¹⁾.

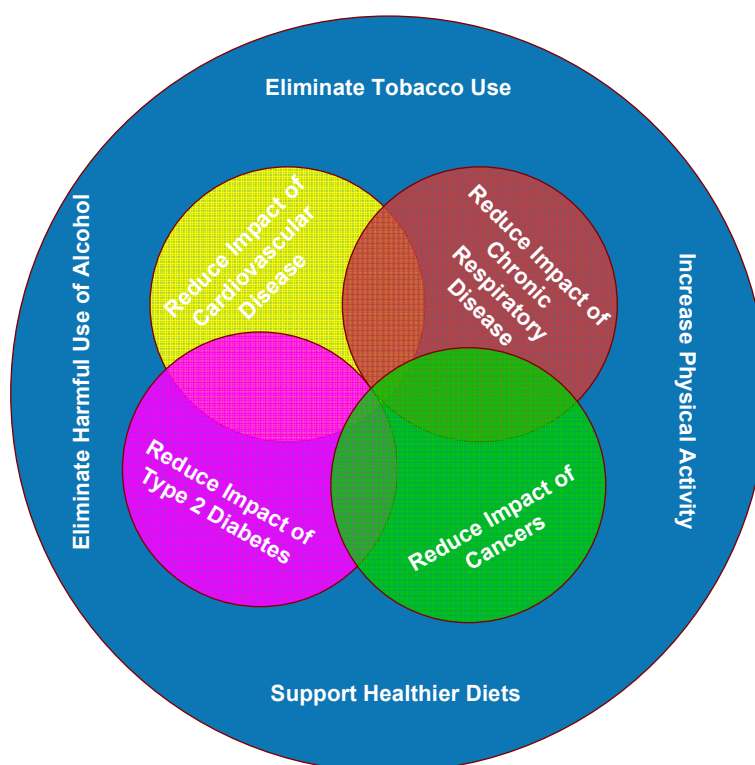


Fig 1: Interlinkages between the risk factors and NCD

Adapted from WHO, 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NonCommunicable Diseases (1)

Mental health disorders constitute the other major category of conditions contributing to long-term illness or reduced quality of life. While the risk factors for mental health disorders do differ from those for diabetes, CVD, cancers and respiratory disease, there are common links through the importance of early intervention in the social and physical environments of infants and young children, and the contribution of alcohol to cancers and obesity as well as violence and injury. The coexistence of mental health disorders and other diseases is also being increasingly acknowledged. This plan does not underestimate the importance of mental health issues for the Counties Manukau community but it will have a more limited impact on those disorders than on diabetes, CVD, cancers and respiratory disease.

Preventing this group of diseases and mediating health consequences are essential to making our health system work both for the reduction in health care expenditures and the achievement of positive health outcomes, thereby reducing the need for expensive secondary and tertiary care. Currently growth in expensive interventions including dialysis is exceeding population growth rates and is likely to do so fuelled by an ageing population.

Dying from, or living with, long term illness or disability has economic and personal and or social implications for families and society beyond the direct health costs⁽¹⁾. Increasingly these diseases are affecting people in their “bread-winning” years with direct and indirect financial burden to the individual, his or her whaanau, and society more broadly. This contributes to the disparities present between populations within the Counties Manukau community.

Effective interventions already exist for the prevention and control of diabetes, cardiovascular disease, chronic respiratory disease and cancer. It is possible to prevent or modify risk factors, prevent the onset or progression of disease and prevent early death. Health outcomes can be improved through early detection, appropriate treatment and effective rehabilitation⁽¹⁾. There is also increasing recognition of the importance of improving in utero and early childhood environments and experiences in setting the path for the future physical and mental health outcomes. Children and young people can also be important agents for change in their families and communities. All these interventions require both an informed, motivated and willing population and effective committed intra and intersectoral collaboration.

Inequalities

There are clear differences in the prevalence, age of onset, morbidity and mortality of disease between ethnicities, with Maaori, Pacific and for diabetes and CVD, South Asian people having considerably higher burden of disease. These differences in burden of disease are reflected in the life expectancy gaps for Maaori and Pacific peoples living in Counties Manukau. Over the past decade, the difference between life expectancy at birth for Maaori and non-Maaori/non-Pacific peoples in Counties Manukau has been in excess of 10 years. The gap for Pacific has been 5 – 7 yrs⁽²⁾.

A study of disease areas contributing to those life expectancy gaps identified

- lung diseases related to smoking,
- cardiovascular diseases,
- cancer (non-lung),
- diabetes, and
- infant mortality

as the main causes of death that contribute to differences in life expectancy⁽²⁾. Note that as well as causing lung disease, smoking also influences rates and outcomes of conditions in the other categories, and many people with diabetes die from cardiovascular disease which is worsened by their diabetes.

There are social gradients in the prevalence of illness, with those living in more socioeconomically deprived areas having higher rates⁽⁴⁾. Within Counties Manukau nearly 34% of the population are living in very deprived areas (NZ Deprivation Index deciles 9 and 10). The majority of our Maaori (57%) and Pacific peoples (73%) live within these areas. In addition many of our young people aged 0-14 years (43%) live within these areas of high deprivation⁽²⁾. These demographics further accentuate the risk of serious disease and premature death.

There are also gender differences in the prevalence of the modifiable risk factors and the impact of these conditions. Over all ethnicities females fare better on healthier nutrition, and misuse of alcohol, are less likely to be overweight but similarly likely to be obese. Maaori women are more likely to smoke than Maaori men, while for Pacific and Asian communities male smoking rates are higher than female. Males fare better on regular physical activity but are more likely to be admitted to hospital from avoidable causes (male:female ratio 1.1:1) and considerably more likely to die prematurely from avoidable causes (male:female ratio 1.6:1).

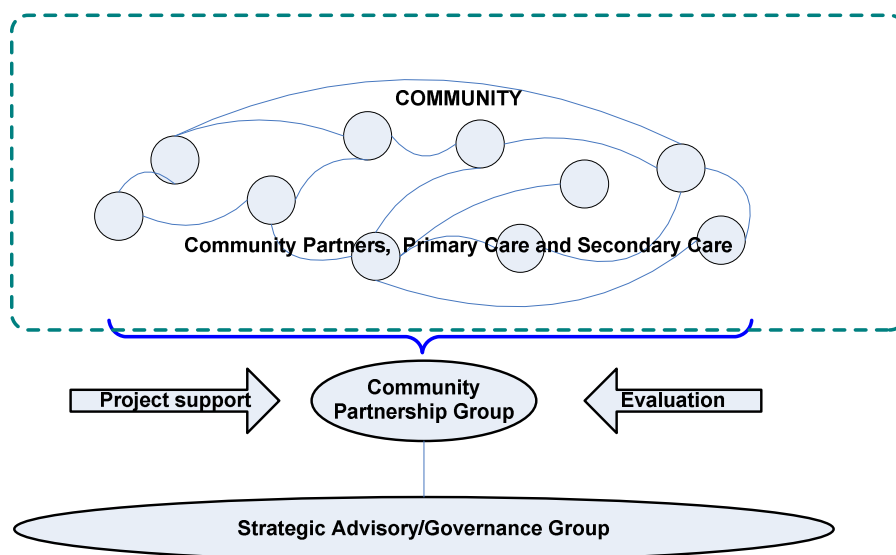
The “Creating a Better Future” plan builds on the Let’s Beat Diabetes programme to facilitate a more coordinated, strategic and effective approach to the development and implementation of strategies and interventions to reduce the burden of diabetes, CVD, cancer and respiratory disease within Counties Manukau. The Plan provides:

- Linkages with existing national and regional plans related to the prevention and management of diabetes, cardiovascular disease, chronic respiratory disease and cancer;
- Priority areas for funding prevention and treatment services within the region;
- A clear aim, goals, principles and strategic objectives for those engaged in achieving a reduced burden of disease.

2 Context for Implementation

2.1 Community Ownership and governance

The Community governance and management structure has evolved from the Let's Beat Diabetes Programme. The following diagram represents the network approach that Creating a Better Future will support. This network structure enables community ownership and ideas at multiple levels, and ensures tight accountability and clear well-supported decision-making and governance.



Strategic Advisory/Governance Group

The Strategic Advisory Group/Governance group was established to support the evolution of the Let's Beat Diabetes Programme. Its purpose in relation to Creating a Better Future 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.

Current Strategic Advisory/Governance Group members and organisations are listed in [Appendix 1](#).

Community Partnership Group

This group has evolved from the Partnership Steering Group (PSG) first formed for Let's Beat Diabetes in April 2005. 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 /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;
- Guiding and monitoring implementation of the Creating a Better Future 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 Creating a Better Future programme management group), 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. Current Community Partnership Group members and organisations that are integral to Creating a Better Future design and implementation are listed in [Appendix 2](#).

2.2 Outcomes focused management

The need to ensure the interventions/initiatives are well designed effectively implemented and tightly focused on outcomes that help prevent and manage non-communicable disease.

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.

Like Let's Beat Diabetes, 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 will require 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. Collecting 'non-attributable', high-level outcomes indicators helps those organising an intervention to keep focused on how what they are doing contributes to the achievement of 'the bigger picture', but it is also important to collect indicators that can be attributed to programme activity so that activity can be reviewed, critiqued and improved.

Both process and outcome indicators are useful, providing different sorts of information. Process indicators are an important source of information about quality of care and are often able to identify actions needed to improve care. However, the use of process indicators requires good evidence that the process being measured is related to outcomes of interest, or where this evidence is absent, strong programme logic based on current best practice. Similarly an outcome indicator is of no use for monitoring performance unless there is a clear link to the processes of the programme.

It is also important that the practicalities of collecting information for indicators are 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, whaanau and community capacity alongside more traditional measures of health gain.

Considerable effort went into designing the outcomes framework and KPIs for the Let's Beat Diabetes programme. In that framework the Year 1 indicators were simply the agreed action outcomes from the plan, with acknowledgement that without achievement of these actions, the other improvements would not follow. The Year 2-5 year indicators were a mixture of programme uptake measures and measurable changes in clinical, psychological and behavioural indicators, while the 5+ year indicators related more strongly to behavioural, risk and disease management changes. The long-term 20 year indicators related to changed outcomes for core risk, disease and mortality measures.

This framework can be built on and modified for Creating a Better Future but it is important to acknowledge that the process of developing the framework and engagement of the various parties is as important as the final product. This process will take some months and for this reason, indicators for the

2010/11 operational plan are primarily outputs and process measures. These will be incorporated into the wider outcomes framework as it is developed.

LBD invested heavily in evaluation as a way to support a learning environment and to determine whether LBD was achieving its objectives. In developing Creating a Better Future, more emphasis will be placed on building evaluation capacity within the DHB, the community providers and organisations involved and communities themselves. Establishing that capacity is an important goal in itself under core component six, Advancing the Knowledge Base for Action, and should enhance the sustainability of the programme. It also means the outcomes framework will need to evolve as we collectively get improved information and better measures.

2.3 Whole system co-ordination

The need for whole system co-ordination across the plan's core components to ensure integration and alignment

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

2.4 Environmental influences

The ability to isolate and ascribe changes in population behaviour patterns and outcomes specifically to Creating a Better Future itself; may be somewhat limited given the broader combination of programmes/factors will likely be very limited.

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 may well have an impact on families feeling that they are unable to put healthy food on the table.

In addition, the launching, implementation and then in some cases uncertainty associated with or removal of national policies and initiatives such as "Healthy Eating, Healthy Action", as well as regional/local programmes, such as the "Find your Field of Dreams" initiative launched in May 2008 by Manukau City Council, are all examples of this.

2.5 Explicit accountability and performance

The need to ensure that there is clear accountability for Creating a Better Future and that there are good processes for performance reporting; and that CMDHB funds are being used wisely and prudently invested.

CMDHB has an internal programme management team with accountability and a monitoring/support role across the six core components. During 2010/11 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 will be 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 2010/2011

The Creating a Better Future Operational Plan for 2010/11 has been developed with close collaboration with representatives from Primary Care reflecting the evolving partnership between Primary Care and CMDHB. In addition, 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 much of the activity 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 will be identified within the resources section of this Plan their commitment and passion is acknowledged.

A key focus of 2010/11 is on strengthening the capacity and capability. For example our existing health workforce will be offered additional training to respond to the increased focus on risk factor reduction as well as enhancing the communication and supports provided to patients, their family and whaanau. Our communities within Counties Manukau already have individuals and groups within which make a significant contribution to supporting healthy choices. Additional supports are provided through this plan to help provide for the further development of community champions that are willing to take up the call to support their family, whaanau and community members in their attempts to promote their own wellness. This will range from the development of more Maaori, Pacific and South Asian community coaches to support people to be more active to community members actively supporting people to quit smoking.

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. A strong focus on quality will be delivered through this Plan.

4. Key Activity & Budget 2010/2011

Action areas	Description of 2010/2011 activity	\$ CMDHB Creating a Better Future 2010/2011	\$ MOH – HEHA, Smokefree and Other funding sources 2010/2011	Budget CMDHB 2010/11
1. Enhancing community leadership, capacity and action	1.1 Community Leadership	50000	170000	\$220,000
	1.2 Workforce Development	50000	100000	\$150,000
	1.3 Community Action	127395	563000	\$690,395
2. Developing personal, family and whaanau capacity for active engagement in being health	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	100,000	415,000	\$515,000
	2.4 Alignment and co-ordination of health promotion and health education			
	2.5 Risk screening	420000		\$420,000
	2.6 CVD Annual Review			
	2.7 Intensive Smoking Cessation Support	100000	592,000	\$692,000
	2.8 Education and support for minimising harm through alcohol	10000		\$10,000
	2.9 Weight Management	100000		\$100,000
3. Working with intersectoral partners to create environments that support healthy living	3.1 Healthy Cities Framework			
	3.2 Physical Activity Initiatives	100000		\$100,000
	3.3 Schools	150,000		\$150,000
	3.4 Urban Design			
	3.5 Healthy Food Choices at Events and within the Community		58333	\$58,333
	3.6 Workplace			
	3.7 Community Gardening	55,000		\$55,000
	3.8 Vulnerable Families	180,000		\$180,000
	3.9 Food Industry Collaboration	100,000		\$100,000
4. Improving the quality of clinical interventions for common NCD	4.1 Structures to support Clinical Governance			
	4.2 "Key Workers" scope of practice	10,000		\$10,000
	4.3 Communication for health	30,000		\$30,000
	4.4 Cardiac and pulmonary rehabilitation	50,000		\$50,000
	4.5 Brief interventions for reducing lifestyle risk factors	60,000		\$60,000
	4.6 Accreditation by Middlemore Hospital within the Baby Friendly Initiative			
	4.7 Breastfeeding support training		100000	\$100,000
	4.8 Compilation of referral point information	10,000	5000	\$15,000
	4.9 Structures put in place to support quality			

	4.10 Improving the integration of allied health services with long term conditions programmes 4.11 Local Health Networks			
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	6.1 Communication Strategy 6.2 Data Collection and utilisation 6.3 Patient Resources 6.4 Building Evaluation Capacity 6.5 Contracting for Outcomes	80,000 5000 15000 50000	92,819 5000	\$172,819 \$5,000 \$20,000 \$50,000
Total		\$1,902,395	\$2,101,152	\$4,003,547
Clinical Support		97605		\$97,605
Contract Overheads			105955	\$105,955
Total including HEHA, Smokefree and other		\$2,000,000	\$2,207,107	\$4,207,107

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

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
<p>1.1 Community Leadership</p> <p>Community organisations and groups are supported to further develop and 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 2010/11 support Maaori, Pacific and South Asian Communities to provide local leadership and direction for community actions supporting healthy choices • During 2010/11 establish a Maaori leadership forum/ reference group • During 2010/11 review the structure and membership of the current Pacific Reference Group • During 2010/11 the South Asian Leadership Group will continue to meet two monthly • During 2010/11 support the development and sharing of kaupapa Maaori methodologies and cultural norms aimed at reducing key lifestyle risk factors amongst Maaori, whaanau and Maaori communities 	<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>HEHA (MOH) Maaori \$85,000 Pacific \$ 85,000 Creating A Better Future \$ 50,000 (South Asian) Project management, contract management, promotion PHOs participation, HP advisors advice and support to community organisations. CM Active Examples of the types of leadership development already occurring include: Franklin Marae Kaiwhakahawere funded through Huakina Trust and ProCare Network Manukau Tongan Lifestyles Co-ordinators Otago Network Action Committee South Asian Co-ordinator funded through ProCare Network Manukau, Otago Health, Total HealthCare Otago and CM Active Existing Maori leadership collectives such as Whaitiaki Maori Health Collective, Pou Manawa, Lotu Moui Church Infrastructure including the Ministers and Health Committees</p>

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
	<ul style="list-style-type: none"> During 2010/11 encourage Maaori, Pacific and South Asian community groups to promote and support local community events that promote key healthy lifestyle messages and whaanau wellbeing 		
<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 2010/11 scope the development of the healthy lifestyles Maaori, Pacific and South Asian work force journeys aimed to increase the workforce at all levels and across the voluntary and paid workforce During 2010/11 support Maaori, Pacific and South Asian peoples who are studying in tertiary education or seeking to get their qualifications recognised in the areas of nutrition and physical activity During 2010/11 support Maaori, Pacific and South Asian community members to be community champions and empower healthy lifestyle choices within the roots of their community. During 2010/11 review existing processes for identifying and referring people to complete ‘train-the-trainer’ programmes and update and/or revise these where appropriate. During 2010/11 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 that 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>HEHA (MOH) Maaori \$ 50,000 Pacific \$50,000</p> <p>Creating a Better Future \$50,000 (South Asian)</p> <p>Organisations Providing Train the Trainer Courses including: CM Active – Community Coach, Te Hotu Manawa Maori, Pacific Island Heartbeat, MIT South Asian Community Leadership Course, Stanford Self Management Education and Smokefree train the trainer courses.</p> <p>South Auckland Health Foundation manages Scholarship processes.</p> <p>CMDHB Workforce Development Team</p>

Interventions/ Initiatives	Milestones	Outputs / Outcomes	Resources
	<ul style="list-style-type: none"> During 2010/11 target Maaori and Pacific youth in secondary school setting to have increased awareness of training and education which supports healthy choices 		
<p>1.3 Community Action</p> <p>Community action projects focus on specific health topics. For Creating a Better Future communities will be 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 2010/11 provide development support for community action providers that implement initiatives to support healthy choices During 2010/11 fund additional community action initiatives that support healthy choices with a focus on appropriate settings such as Marae and faith based settings. During 2010/11 scope the development of an evidenced-based weight management programme to ensure Pacific youth are better supported to be healthy 	<ul style="list-style-type: none"> Community action initiatives that support healthy choices for Maaori, Pacific and South Asian communities 	<p>HEHA (MOH) Maaori \$308,000 Pacific \$355,000 Creating a Better Future \$127,395 (South Asian) Project and contract management</p> <p>PHOs and NGOs provide significant support for community development and community action work across our communities.</p> <p>Examples of organisations funded or supported to undertake community action include: Otara Alcohol Action Group, Whare Tiaki Hauora, Mangere Mountain Education Trust, MUMA, Otara Health Counties Manukau Sport Foundation, Papatuanuku Marae, Manurewa Marae Trust Board, Te Roopu Waiora, Edmund Hillary School on behalf of Whaitiaki, Huakina Trust, Stairways Trust,</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 2010/11 scope 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>Primary Care Coalitions</p>
<p>2.2 Self Management Education</p> <p>Self-management education 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 2010/11 850 people will have participated in self management education During 2010/11 mentoring support will be available to course leaders During 2010/11 at least 15 Maaori, Pacific and South Asian community members will be trained as self management education course leaders During 2010/11 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</p> <p>Self Management Course Leaders employed through PHOs and community volunteer course leaders</p>

<p>2.3 Providing children with the best start to life</p>	<ul style="list-style-type: none"> • During 2010/11 increase opportunities for high quality breastfeeding support within the community tailored for those populations with the lowest breastfeeding rates • During 2010/11 provide more intervention opportunities for infant mental health support (includes identification of post natal depression) • During 2010/11 increase smokefree support for pregnancy and early postnatal period 	<ul style="list-style-type: none"> • Increased breastfeeding support for mothers and babies • Increase opportunities to support infant mental health • More support for smokefree pregnancies and smoke free environments for babies 	<p>Creating a Better Future \$100,000 HEHA (MOH) \$250,000 Smokefree \$165,000 CMDHB Kidz First</p> <p>Well Child Providers, PHOs and others with contracts to support mothers and babies Mangere Community Health Trust (MOH contract to support pregnant women to stop smoking)</p>
<p>2.4 Alignment and co-ordination of health promotion and health education activity</p>	<ul style="list-style-type: none"> • During 2010/11 review and implement a regional PHO health promotion plan • By March 2011 contracts with health promotion and education providers will be reviewed to ensure alignment and co-ordination to support personal, family and whaanau active engagement in being healthy 	<ul style="list-style-type: none"> • Increased PHO collaboration and planning for related health promotion and health education activity • Health Promotion contracts aligned to key priority areas and reporting provides useful information to inform further developments 	<p>PHO Health Promotion Working Group with representatives of PHOs and CMDHB</p> <p>Creating a Better Future Contract management</p> <p>Contracted Providers</p>
<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.</p> <p>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. • During 2010/11 scope an initiative to support those identified as high risk for developing diabetes. 	<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 steps they can make to reduce that risk • Increased identification of those with existing diabetes, CVD or high risk that requires medical intervention 	<p>Creating a Better Future \$420,000 PHOs</p>

<p>2.6 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 2010/11 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>
<p>2.7 Intensive smoking cessation support</p>	<ul style="list-style-type: none"> • During 2010/11 deliver intensive support for smoking cessation through a range of community based services and within the Provider Arm 	<ul style="list-style-type: none"> • Support for those addicted to tobacco to quit 	<p>Creating a Better Future \$100,000 Smokefree \$592,000</p> <p>MOH funded providers</p>
<p>2.8 Education and support for minimising harm through alcohol</p>	<ul style="list-style-type: none"> • During 2010/11 deliver 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 	<p>Creating a Better Future \$10,000 CMDHB Mental Health contracted providers</p>
<p>2.9 Weight management</p>	<ul style="list-style-type: none"> • During 2010/11 review the learnings of current weight management pilots and investigate opportunities for wider roll out. • During 2010/11 review funded obesity treatment services • During 2010/11 scope and pilot an initiative which reinforces awareness of a healthy weight 		<p>Creating a Better Future \$100,000</p>

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 Framework	<ul style="list-style-type: none"> During 2010/11 advocate for the new Auckland Council to adopt the Healthy Cities framework 	<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. 	Ministry of Health, Manukau City Council
3.2 Physical Activity Initiatives	<ul style="list-style-type: none"> During 2010/11 support Counties Manukau Active to reach contracted outputs including increasing the number of new physical activity opportunities and expanded community workforce. During 2010/11 strengthen links with other school aged and youth focused physical activity programmes. During 2010/11 support will be continued to deliver the group education model of the Green Prescription Programme 	<ul style="list-style-type: none"> 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 Increased physical activity by those identified by a health professional as requiring more activity. Development of community champions that can inspire and encourage others to be more active 	<p>Creating a Better Future \$100,000 CM Active is funded by SPARC, Manukau City Council, CMDHB, Franklin District Council, Papakura District Council, Total Health Otara, ProCare Network North, Counties Manukau Sport</p> <p>PHOs, Sport Auckland, Ministry of Health, Manukau Leisure</p> <p>Find Your Field of Dreams CM Sport</p>

	<ul style="list-style-type: none"> During 2010/11 Green Prescription graduates will be provided with opportunities to participate in community coach courses. 	.	
3.3 Schools and Early Childhood Education Services	<ul style="list-style-type: none"> During 2010/11 facilitate a hui with Student Health Councils to identify key priority actions that can be led by youth. During 2010/11 work with Health Promoting Schools to support linkages with other organisations that can work with schools to address areas of concern related to supporting healthy choices. During 2010/11 support will be provided to schools and ECEs to support improved nutrition and physical activity, such as Get Wize 2 Health, Healthy Tuckshops Fruit in Schools and Walking School Bus. 	<ul style="list-style-type: none"> Youth led initiatives to support active engagement in being healthy Additional support provided to Schools that identify that they wish to address particular areas of concern. Provision of education and support to improve the food environment in schools and nutritional knowledge 	<p>Creating a Better Future \$150,000 Secondary School Youth Health Councils CMDHB Child and Youth Health Team</p> <p>Kidz First Community Health Primary and Intermediate Schools within CMDHB</p> <p>Diabetes Projects Trust, ARPHS, Counties Manukau Sport, 5+ A Day, Ministry of Health</p>
3.4 Urban Design	<ul style="list-style-type: none"> During 2010/11 input will be actively provided into Health Impact Assessments undertaken in Counties Manukau where improvements to urban design can facilitate increased opportunities for physical activity and promote social cohesion. During 2010/11 significant investment is planned into new cycleways, pathways, parks and leisure centres. 	<ul style="list-style-type: none"> Improved opportunities for physical activity within Counties Manukau 	<p>ARPHS Manukau City Council – Wiri HIA Papakura District Council Franklin District Council</p>
3.5 Healthy food choices at Events and within the Community	<ul style="list-style-type: none"> During 2010/11 a Food Policy will be adopted for Council run and sponsored events across the Auckland region 	<ul style="list-style-type: none"> Improved food environment and healthy food choices availability 	<p>Creating a Better Future via MOH \$58,333 Ministry of Health, Manukau City Council, Papakura District Council, Franklin District Council</p>

	<ul style="list-style-type: none"> • During 2010/11 a review of food available at Council run public facilities will be undertaken and suggestions provided to improve healthy choices. • During 2010/11 Healthy Kai within Otago and Dunedin town centres will continue to support improved healthy food choices within retail food outlets. 		Mangere Community Health Trust, Otago Health, ProCare Network South, National Heart Foundation, ARPHS, Retailers in Otago and Dunedin
3.6 Workplace	<ul style="list-style-type: none"> • During 2010/11 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 2010/11 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
3.7 Community Gardening	<ul style="list-style-type: none"> • During 2010/11 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 which can be transferred to home gardening. • Increased consumption of fruit and vegetables. 	Creating a Better Future \$55,000 Diabetes Projects Trust Ministry of Health Manukau City Council At the end of 2009/10 30 communities gardens were active across Counties Manukau with a large number of school and ECE gardens also active.
3.8 Vulnerable Families	<ul style="list-style-type: none"> • During 2010/11 work with social agencies to put in place at least one initiative that supports our most 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 \$180,000 MSD
3.9 Food Industry Collaboration	<ul style="list-style-type: none"> • During 2010/11 at least one initiative with the food industry will be undertaken. 	<ul style="list-style-type: none"> • Improved food environment 	Creating a Better Future \$100,000 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 2010/11 put in place and 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 DCAG members
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 2010/11 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 2010/11 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 	Creating a Better Future \$10,000 CMDHB Learning and Development Project Management Steering Group members Community Health Workers input
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 2010/11 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 CMDHB Learning and Development
4.4 Cardiac and pulmonary rehabilitation	<ul style="list-style-type: none"> By October 2010 review Heart Guide Aotearoa implementation and further scope the possible roll out ensuring links with current rehabilitation programmes During 2010/11 scope the development of similar programmes appropriate for Pacific and South Asian populations 	<ul style="list-style-type: none"> Improved access and attendance at cardiac and pulmonary rehabilitation particularly by Maaori, Pacific and South Asian peoples 	Creating a Better Future \$50,000 TKOH CMDHB Cardiac and Pulmonary Rehabilitation teams PHOs

	<ul style="list-style-type: none"> By November 2010 scope ways to improve access and attendance at all cardiac and pulmonary rehabilitation programmes 		
<p>4.5 Brief interventions for reducing lifestyle risk factors</p>	<ul style="list-style-type: none"> During 2010/11 support the development of brief interventions and support skills and opportunities by a broad range of health workers During 2010/11 support the development of cognitive behavioural therapy skills by health workers By June 2011 80% of primary care enrolled patients that smoke are offered support to quit By June 2011 85% of hospitalised smokers are offered support to quit During 2010/11 support the health workforce to access training in ABC and to become quit card trainers and providers During 2010/11 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 \$60,000 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 June 2011 Middlemore Hospital will have achieved 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</p>

<p>4.7 Breastfeeding support training</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"> By June 2011 at least 4 Breastfeeding support training courses will have been held to support improved breastfeeding support for women by those community based providers working with women pre and/or postnatally 	<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>HEHA (MOH) \$ 100,000</p>
<p>4.8 Compilation of referral point information</p>	<ul style="list-style-type: none"> By January 2011 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 \$10,000 HEHA (MOH) \$5000</p>
<p>4.9 Structures put in place to support quality</p>	<ul style="list-style-type: none"> During 2010/11 encourage general practices to participate in Cornerstone or Te Wana and Health-Promoting Practices During 2010/11 explore measures to strengthen responses to cultural competency quality standards 	<ul style="list-style-type: none"> An increased number of general practices have a quality framework in place to support quality improvements An increased focus on cultural competency across general practice setting 	<p>PHOs and General Practices</p> <p>Learning and Development</p>
<p>4.10 Improving the integration of allied health services with long-term conditions programmes</p>	<ul style="list-style-type: none"> During 2010/11 explore stronger linkages with podiatry and pharmacy services and long-term conditions programmes 	<ul style="list-style-type: none"> Increased multidisciplinary links and care for people with long term conditions 	
<p>4.11 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 2010/11 continue to pilot and evaluate local health networks in at least two localities 	<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>

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 2011 10% of practices within the Counties Manukau region will have attained 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 2011 providers will have developed and implemented at least two Whaanau Ora supporting initiatives During 2010/11 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 Funding will be supported through other budget lines within this plan
<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 2010/11 explore the ability for primary mental health screening within long- term conditions programmes During 2011/11 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"> • By August 2010 develop and test a set of key communications messages for the Programme • By September 2010 put in place mechanisms that support the health workforce to be the “sales force” delivering key messages to patients, their family and whaanau • During 2010/11 ensure that the website for health professionals, partners and consumers is operational and relevant with timely updates • During 2010/11 active and timely dissemination of relevant research and evaluations will occur • During 2010/11 work with all partner organisations to leverage media and other promotional opportunities • During 2010/11 proactively link with relevant regional and national campaigns to leverage opportunities • During 2010/11 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 • Accessible knowledge repositories • Recognition for grassroots community success stories 	<p>Creating a Better Future \$80,000 HEHA (MOH) \$83,108 Smokefree \$9711</p> <p>PHOs, Community Partners</p>

	<ul style="list-style-type: none"> • During 2010/11 actively seek feedback to support quality improvement and intervention design 		
6.2 Data collection and utilisation Review of data collected and reported on	<ul style="list-style-type: none"> • During 2010/11 review of data collected and reported & put in place actions to improve appropriate and timely data collection and utilisation, diversity within Pacific and/or South Asian populations 	<ul style="list-style-type: none"> • Improved capture and utilisation of appropriate data that can be used to further inform decisions 	Creating a Better Future \$5000
6.3 Patient resources Undertake a review of available resources that can be used to support patients, their families and whaanau	<ul style="list-style-type: none"> • By December 2010 undertake a review and report on the available resources which can be recommended to support patients, their families and whaanau 	<ul style="list-style-type: none"> • Increased access to high quality patient resources with consistent messaging 	Creating a Better Future \$10,000 HEHA (MOH) \$5000
6.4 Building evaluation capacity	<ul style="list-style-type: none"> • By February 2011 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 \$50,000
6.5 Contracting for Outcomes	<ul style="list-style-type: none"> • During 2010/11 efforts will be made to incorporate performance based contracting i.e. contracting for outcomes 		

Appendix 1: Creating a Better Future Strategic Advisory Group as at May 2010

Group / Committee Name: Strategic Advisory/Governance Group – Creating a Better Future			
Group / Committee Function: The objective of the Governance Group (GG) is to provide stewardship for the <i>Creating a Better Future</i> plan in Counties Manukau			
Member	Group Role	Position	Organisation
Colin Dale	Chairperson	Independent	
His Worship Mayor Len Brown		Mayor – Manukau	Manukau City Council
Geraint Martin		CEO	Counties Manukau DHB
Frank Booth		CEO	Auckland Regional Public Health
Stuart Middleton		Director External Relations	MIT
Richard Jeffrey		CEO	Counties Manukau Pacific Trust
Isabel Evans		Regional Commissioner	Ministry of Social Development
Mark Ball		Mayor	Franklin District Council
Peter Goldsmith		Deputy Mayor	Papakura District Council
Professor Peggy Fairbairn-Dunlop			Representing Pacific Peoples
Olo Elise Puni			Representing Pacific Peoples

Appendix 2: Community Partnership Group Membership as at Feb 10

Group / Committee Name: Community Partnership Group – Creating A Better Future			
Group / Committee Function: The purpose of the Community Partnership Group (CPG) is to guide and strengthen the collective implementation of <i>Creating a Better Future</i> and related activities in Counties Manukau.			
Member	Group Role	Position	Organisation
Colin Dale	Chair	Independent	
Andrew Moor	Member	Parks Officer	Franklin District Council
Annette King	Member		Plunket
Arthur Anae	Member	Councillor	CMDHB Board (Community & Public Health Advisory Committee Rep)
Cheryl Hamilton	Member		Auckland Regional Public Health Service
Jacinta Fa'alili-Fidow	Member	Portfolio Manager	Ministry of Health
John Heyes	Member	Principal, Mangere College	Counties Manukau Secondary Schools Principals' Assn
Karen Pickering	Member	Manager	Diabetes Projects Trust
Leora Hirsh	Member	Manager	Papakura District Council
Manu Pihama	Member	Regional Relationship Manager, Family and Community Services	Ministry of Social Development
Maria Rehu	Member	Te Kaiwhakahaere/Health Promoter, Te Kupenga o Hoturoa PHO	PHO Health Promotion Working Group
Russell Preston	Member	CM Active	Counties Manukau Sport
Sam Noon	Member		Manukau City Council
TBC			Chair, Diabetes Cardiovascular

			Advisory Group
TBC			South Asian representative
Miria Andrews			CMDHB Board (Community & Public Health Advisory Committee Rep)
Elizabeth Farrell			CMDHB Board (Community & Public Health Advisory Committee Rep)
Te Aomarama Wilson			CMDHB Board (Disability Support Advisory Committee - Manawhenua)
Sam Cliffe			CMDHB (Director Service Integration)
Bernard Te Paa			CMDHB (GM Maaori Health)
Manu Sione			CMDHB (GM Pacific Health)
Tracey Barron			CMDHB (Group Mgr, Healthy Lifestyles)
Brandon Orr-Walker			CMDHB (Clinical Director, Creating a Better Future)
Doone Winnard			CMDHB (Public Health Physician, Creating a Better Future)