

# Statement of Objectives and Service Performance

The Statement of Objectives and Service Performance sets out Counties Manukau DHB's achievement of the performance measures and objectives as described in the Statement of Intent for the period 1 July 2007 to 30 June 2008.

The 2007/08-2009/10 Statement of Intent was based on the revised District Strategic Plan which provided an increased focus on longer term health outcomes. The structure of this section is based on the District Strategic Plan's six medium term outcomes to achieve the DHB's strategic vision and 2007/08 annual objectives that sit within these six outcomes. Only those performance measures from the District Strategic Plan which can be measured frequently (at least every three years), or where there is an expectation that the measure will change within a year were included in the Statement of Intent.

Due to the availability of data at different times, some measures can only be reported by calendar year (rather than financial year). For example, some data may be reported for the year ended 31 December 2007, rather than for the year ended 30 June 2008. Where reporting has been based on calendar year, this is noted below the table or graph. Additionally, calendar year is reported using only the year (e.g. 2007), whereas financial data is reported with reference to both years (e.g. 2007/08).

## The cost of the outputs

The Statement of Service Objectives comprises three main output classes, reflecting the DHB's three main functions: governance and funding administration, funding of health services, and provision of health and disability services. The cost of these outputs for 2007/08 is as follows:

	Actual 2006/07 (\$m)	Budget 2007/08 (\$m)	Actual 2007/08 (\$m)
<b>Governance &amp; Funding Administration</b>	12.1	10.4	10.8
<b>Funder*</b>	437.6	475.1	482.5
<b>Provider Arm (Hospital)</b>	498.4	529.8	560.1
<b>TOTAL</b>	948.1	1,015.3	1053.4

\* Priority initiatives included in the funder budget.

## National Health Targets

As described in the Minister of Health's 2007/08 'Letter of Expectations', the 2007/08 year sees the introduction of ten health targets aligned to national strategic priorities. One target is to reduce the percentage of the health budget spent on the Ministry of Health and DHBs are not expected to provide direct contribution to achieving this. Two further targets; improving HEHA, and improving tobacco control are health sector targets, but it is expected that DHB activity will support achievement of each target. DHBs are expected to directly contribute to the achievement of the remaining seven targets. All targets, except the final target related to Ministry of Health expenditure, are summarised with results for 2007/08 in the following section.

## Improving immunisation coverage

Health Measure		CMDHB Target	Achieved
Improving immunisation coverage	95% of two year olds are fully immunised with at least 4 to 6 percent point increase on 2005 national immunisation coverage survey baseline	2007/08 CMDHB target 75%	x

### Immunisation coverage for children who have fully completed age-appropriate immunisations by the age of two years in CMDHB, 2007/08

Overall, 2007/08 coverage for children who have fully completed age-appropriate immunisations by the age of two years in CMDHB was 74%. It is very encouraging to note that the immunisation coverage for CMDHB has risen to within 1% of the 2007/08 target. Significant discrepancy in immunisation coverage by ethnicity continues to be observed, although over 2007/08 these discrepancies have narrowed. Note that the original target was set against 2005 National Immunisation Coverage Survey (NICS) results, and progress for the 2007/08 year has been measured using reporting from the National Immunisation Register (NIR).

	Immunisation coverage at two years
<b>NZ European</b>	82%
<b>Maaori</b>	64%
<b>Pacific</b>	71%
<b>Asian</b>	81%
<b>Other</b>	72%
<b>Total</b>	74%

Source: National Immunisation Register

## Improving oral health

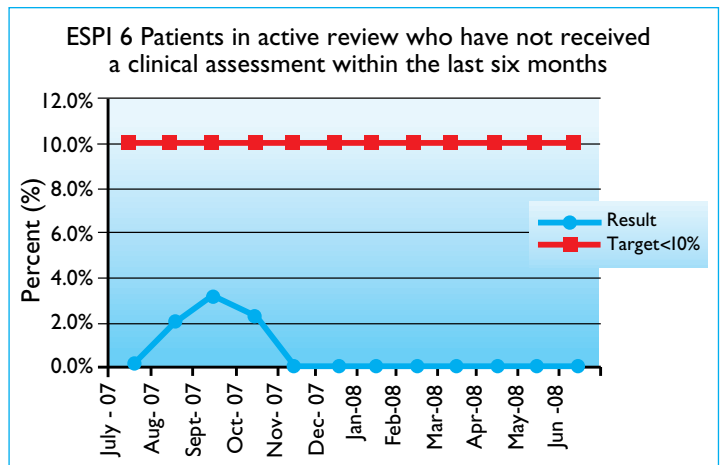
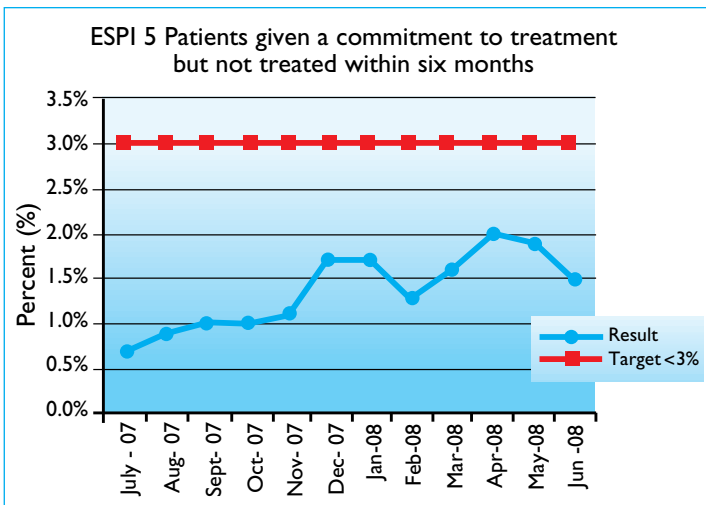
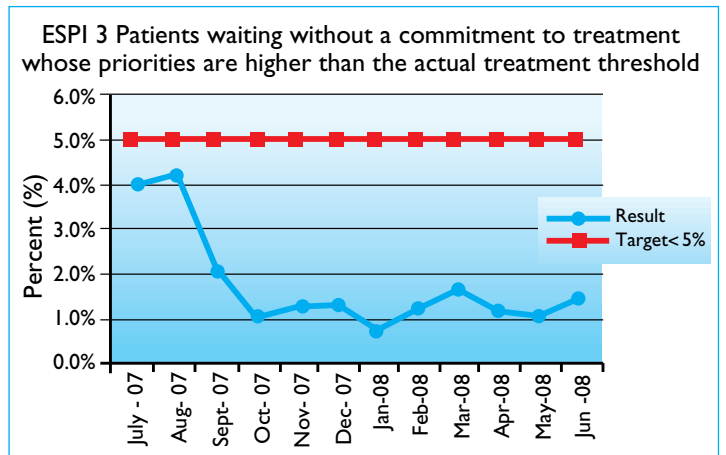
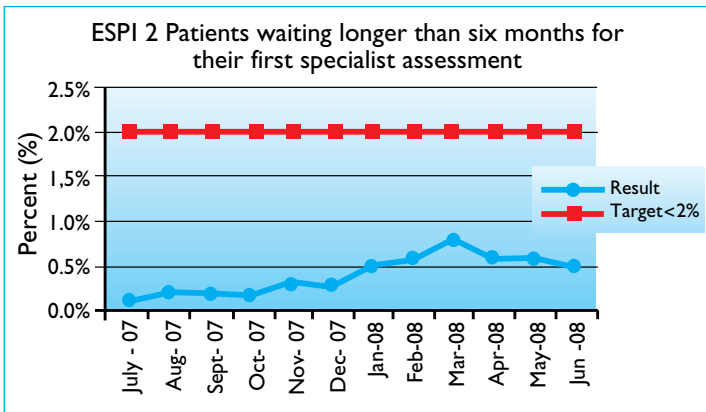
Health Measure		CMDHB Target	Achieved
Improving oral health	Progress is made towards 85% adolescent oral health utilisation	2007/08 CMDHB target 52%	✓

It is pleasing to see that CMDHB achieved 54% adolescent oral health utilisation in 2007/08, exceeding the target by two percent.

## Improving elective services

Health Measure	CMDHB Target												
<p>Improving elective services</p> <p>Each DHB will maintain compliance in all Elective Services Patient Flow Indicators (ESPIs).</p> <p>Each DHB will set an agreed increase in the number of elective service discharges, and will provide the amount of service agreed</p>	<p>2007/08 CMDHB targets</p> <p>ESPI 1 – 97%</p> <p>ESPI 2 – &lt;2%</p> <p>ESPI 3 – &lt;5%</p> <p>ESPI 4 – NA</p> <p>ESPI 5 – 3.0%</p> <p>ESPI 6 – 10%</p> <p>ESPI 7 – 3.0%</p> <p>ESPI 8 – 97%</p> <table border="1"> <thead> <tr> <th></th> <th>Base</th> <th>Add.</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Elective caseweighted discharges</td> <td>14,389.4</td> <td>2,155</td> <td>16,544.4</td> </tr> <tr> <td>Estimated elective discharges</td> <td>15,650</td> <td>1,979</td> <td>17,629</td> </tr> </tbody> </table>		Base	Add.	Total	Elective caseweighted discharges	14,389.4	2,155	16,544.4	Estimated elective discharges	15,650	1,979	17,629
	Base	Add.	Total										
Elective caseweighted discharges	14,389.4	2,155	16,544.4										
Estimated elective discharges	15,650	1,979	17,629										

All targets for Elective Services Patient Flow Indicators (ESPI's) were achieved in the 2007/08 financial year. 100% success was achieved each month for ESPI's one and eight in 2007/08. ESPI seven has been reported on in Outcome Five. ESPI four is not reported on in this document. Monthly data for the remaining ESPI's is presented graphically below.



Source: Elective Services, Ministry of Health

## Reducing cancer waiting times

495 CMDHB patients received courses of radiotherapy treatment at ADHB in the 2007/08 financial year, of which 375 (76%) met the target criteria for receiving radiotherapy treatment within eight weeks. Of these 375 people, over 96% received radiotherapy treatment within eight weeks of the decision to treat, as described in the table below. The average waiting time from 'decision to treat' to the initiation of radiotherapy treatment was 6.3 weeks in 2007/08. Eighty seven people who met the target criteria were awaiting treatment at the end of the reporting period.

### Radiotherapy waiting times for cancer patients who met the criteria for treatment within eight weeks in 2007/08

Waiting period	Number of patients in priority categories A to C
4 weeks	209
4 to 8 weeks	152
8 to 12 weeks	12
12 weeks	2
<b>Total</b>	<b>375</b>

Source: Oncology and Haematology, ADHB

Health Measure		CMDHB Target
Reducing cancer waiting times	All patients wait less than 8 weeks between first specialist assessment and the start of radiation oncology treatment (excluding category D)	The DHB acknowledges that the Health Target that all patients (100%) to wait less than 8 weeks between first specialist assessment and the start of radiation oncology treatment and will work with the provider DHB towards achieving this target. The Auckland region has a very strong relationship with the ADHB provider with regular operational meetings held with issues discussed. Where the target is in danger of not being met, the DHB will discuss this with the provider as soon as possible with a view to looking at feasible solutions.

## Reducing ambulatory sensitive hospital admissions

It is encouraging to see that all ambulatory sensitive hospitalisation targets for children aged 0 to 4 years were met in 2007. This is largely due to a reduction in hospitalisations for infectious conditions such as respiratory and ENT infections. Results for adults aged 45 to 64 years were less encouraging. It is difficult to interpret these results, as many ASH admissions were for conditions such as angina and diabetes and some of these may have represented appropriate admission in the context of improved primary care access. Further work is being undertaken to identify the drivers behind adult ASH admissions. Several community-based interventions have been implemented to address ASH admissions and these are expected to make an impact in coming years. Note that absolute target numbers for ASH admissions were also provided in the 2007/08 SOI, however these numbers have not been reported in the annual report as they were later found to be incorrect.

## Improve maternal wellbeing

Health Measure		CMDHB Target			
Reducing ambulatory sensitive (avoidable) admissions (ASH)	There will be a decline in admissions to hospital that are avoidable or preventable by primary health care for those aged 0 - 74 years across all population groups	2007/08 CMDHB ASH admissions (as a percentage above or below national ASH rates)			
			Maaori	Pacific	Other
		0-4 y	Remain below	7.6% above	Remain below
		45-64 y	20.5% above	Remain below	8.6% above
		Total	8.1% above	5.9% above	Remain below

### Percentage above (+) or below (-) target ambulatory sensitive hospitalisation numbers in CMDHB for 2007

	Maaori	Pacific	Other
0 to 4 years	✓(-6.0%)	✓(-7.4%)	✓(-13.3%)
45 to 64 years	x(+10.2%)	x(+8.9%)	x(+6.0%)
<b>Total</b>	<b>x(+9.0%)</b>	<b>x(+6.6%)</b>	<b>✓(-0.5%)</b>

Source: NMDS (calendar years to 31 December 2007 rather than 30 June 2008)

## Improving diabetes services

Health Measure		CMDHB Target				
Improving diabetes services	There will be an increase in the percentage of people in all population groups <ul style="list-style-type: none"> <li>■ Estimated to have diabetes accessing free annual checks</li> <li>■ On the diabetes register who have good diabetes management</li> <li>■ On the diabetes register who have had retinal screening in the past two years</li> </ul> There will be improved equity for all population groups in relation to diabetes management	2007/08 CMDHB targets				
			Total	Maaori	Pacific	Other
		Detection & Follow-up volumes	11,866	1,934	4,306	5,626
		Diabetes Follow-up %	83%	60%	118%	75%
		Diabetes Management %	68%	60%	54%	82%
Diabetic retinopathy screening	68%	68%	68%	68%		

### CMDHB Get Checked results for 2007/08

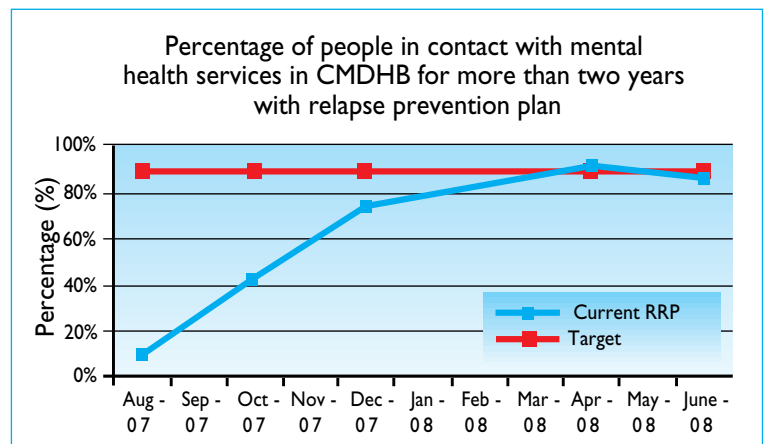
	Total	Maaori	Pacific	Other
<b>Detection &amp; Follow-up volumes</b>	14,402	2,299	5,046	7,057
<b>Detection &amp; Follow-up % (current prevalence rates)</b>	✓100%	✓77%	✓156%	✓102%
<b>Detection &amp; Follow-up % (new prevalence rates)</b>	62%	69%	64%	58%
<b>Diabetes Management %</b>	✗ 62%	✗ 55%	✗ 48%	✗ 74%
<b>Diabetic retinopathy screening</b>	✓68%	✓69%	✓64%	✓71%

CMDHB has met its Detection and Follow-up targets for all ethnicities in 2007/08. Note that prevalence estimates for diabetes in CMDHB have changed recently, and Detection and Follow-up estimates using these new prevalence estimates have also been included in the above table. Only 62% of people with an annual diabetes review had HbA1c values of 8% or less recorded, compared with a target of 68%. None of the case management targets by ethnicity were achieved. These case management outcomes reflect (to some extent) the high level of acuity within CMDHB, given that 8,430 Get Checked patients (i.e. 59%) are also enrolled in CCM Diabetes. Rates would be improved if more people with stable diabetes were enrolled in the Get Checked programme. A number of initiatives aimed at improving performance in 2008/09 will be jointly undertaken with PHOs. All retinal screening targets were met.

## Improve mental health services

Health Measure		CMDHB Target
Improving mental health services	At least 90% of long-term clients have up-to-date relapse prevention plans (NMHSS criteria 16.4)	2007/08 CMDHB Target 90% of long-term clients have up-to-date relapse prevention plans
		75 client files audited per quarter for clients over two years registered. The DHB has defined 'up-to-date' as input made within a 3 month period.

1,547 people within CMDHB had been in contact with mental health services for two years or more in 2007/08. Of these people, 89% were found to have up-to-date relapse prevention plans in the most recent quarterly audit of 75 client files, undertaken in June 2008. The results of successive audits are presented below, with a clear improvement noted over the last year.



## Improve nutrition, increase physical activity and reduce obesity

Health Measure		CMDHB Target	Achieved
Improve nutrition Increase physical activity Reduce obesity	DHB activity supports achievement of these health sector targets	Proportion (percent) of infants exclusively and fully breastfed:	
		<ul style="list-style-type: none"> <li>■ 74% at six weeks</li> <li>■ 57% at three months</li> <li>■ 27% at six months</li> </ul>	<ul style="list-style-type: none"> <li>x</li> <li>x</li> <li>x</li> </ul>
		Proportion (percent) of adults (15+ years) consuming at least three servings of vegetables per day, and proportion (percent) of adults (15+ years) consuming at least two servings fruit per day:	
		<ul style="list-style-type: none"> <li>■ 70% for vegetable consumption</li> <li>■ 62% for fruit consumption</li> </ul>	<ul style="list-style-type: none"> <li>x</li> <li>✓</li> </ul>

### Proportion of infants exclusively and fully breastfed in CMDHB

	Proportion of breastfed infants	Target
Age - six weeks	50%	x 74%
Age - three months	41%	x 57%
Age - six months	18%	x 27%

Source: Plunket (July to December 2007)

CMDHB has developed an extensive Breastfeeding Action Plan, which was completed in June 2008. The most significant steps in this plan include implementation of The Baby Friendly Hospital Initiative (BFHI) and the Baby Friendly Community Initiative (BFCl). These initiatives support antenatal, birthing, postnatal and primary care services to provide promotion, encouragement, support, as well as accurate and consistent information for mothers, fathers and whaanau. This in turn will assist in improving breastfeeding rates for babies in Counties Manukau DHB.

Note: the data presented may not be a true representation of breastfeeding in CMDHB. Plunket currently enrol around 90% of the new baby population and Maaori and Pacific infants may be under-represented in enrolments. Further, the timing of the data collection does not always neatly fit the ages quoted. The Breastfeeding Action Plan aims to improve the collection of breastfeeding data in CMDHB.



### Proportion of adults in CMDHB consuming at least three servings of vegetables per day and proportion of adults consuming at least two fruit servings per day

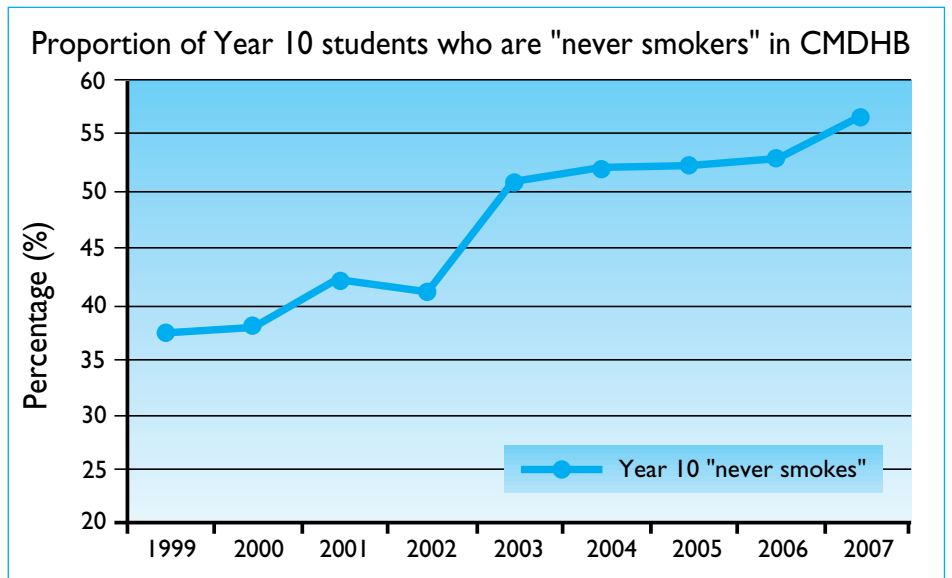
	Percentage (%)	Target
Adults consuming 3+ vegetable servings per day	x 30%	x 70%
Adults consuming 2+ servings of fruit per day	68%	✓ 62%

Source: LBD Benchmark Survey

## Reduce the harm caused by tobacco

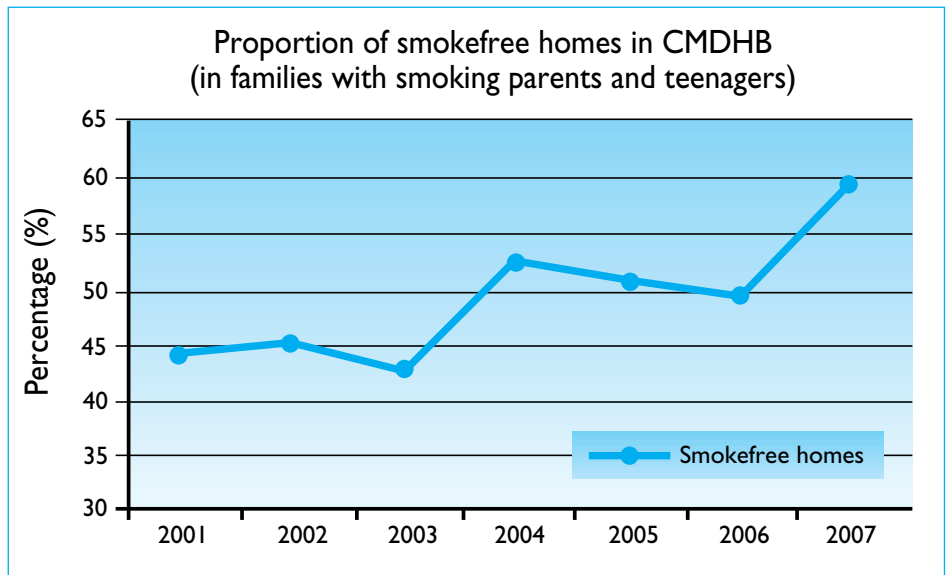
Health Measure		CMDHB Target	Achieved
Reduce the harm caused by tobacco	DHB activity supports achievement of health sector targets around tobacco use	To increase the proportion of "never smokers" among Year 10 students by at least 2% over 2007/2008	✓
		To increase the proportion of smokefree homes with one or more smokers and one or more children to over 75% in 2007/2008	✗

The proportion of Year 10 students who were "never smokers" in CMDHB increased by almost seven percent on the 2006 result, in the 2007 ASH Year 10 Survey. This favourable increase was well in excess of the two percent target. The proportion of "never smokers" has increased steadily since 1999.



Source: ASH Year 10 Survey (calendar years to 31 December 2007 rather than 30 June 2008)

The proportion of smokefree homes (in households with one or both parents who smoked and children who participated in the 2007 ASH Year 10 Survey) was 60%, well below the target of 75%. However, it is pleasing to see that the proportion of smokefree homes has steadily increased by over 15% since 1999. This deliverable is similar to the smokefree environments objective in Outcome One. Both indicators have been reported as there are differences between the two.



Source: ASH Year 10 Survey (calendar years to 31 December 2007 rather than 30 June 2008)

## Outcome I – Improve Community Wellbeing

Health outcomes for the Counties Manukau population can be significantly improved only by a ‘whole society’ approach. CMDHB works with our communities (in particular Maaori and Pacific communities) and other agencies (in particular Manukau City Council through Tomorrow’s Manukau, and Franklin and Papakura district councils; the Ministry of Social Development; and Housing New Zealand) to encourage healthy behaviours, and to improve the environments in which people live, work and play. CMDHB also works closely with the Ministry of Health, a major funder of services in this area, through the regional Public Health Service Alignment Group to ensure alignment of CMDHB and Ministry of Health priorities and outcomes.

### Increase smoke free environments

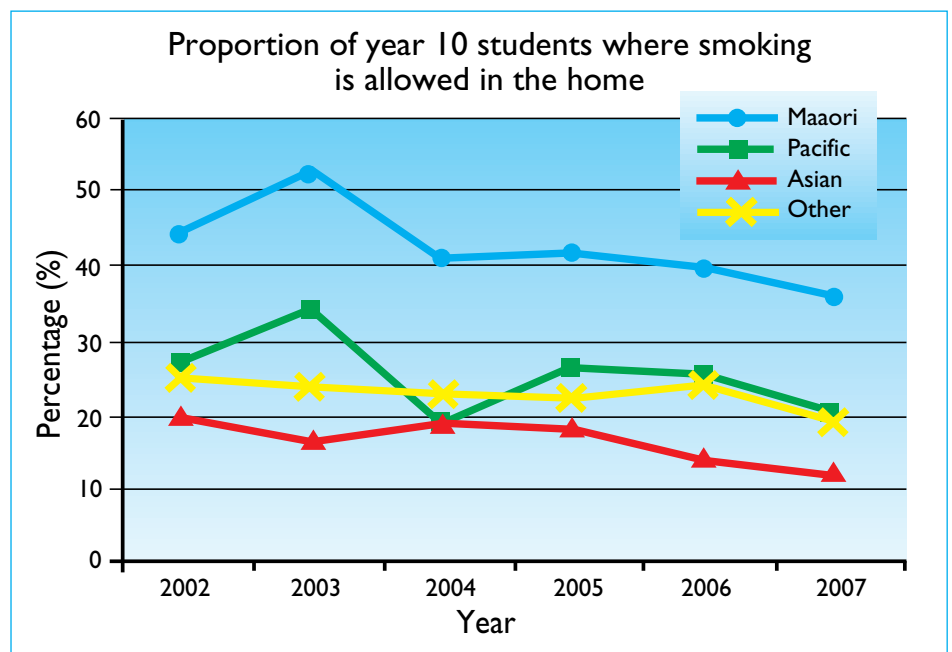
Objective	Performance Measure	Achieved
Reduce the proportion of year 10 students where smoking is allowed in the house.	Numerator Number of students where smoking is allowed within the house	✓
	Denominator Number of year 10 students surveyed in CMDHB schools	

	2002	2003	2004	2005	2006	2007	Target
<b>Maaori</b>	46	54	42	43	41	37	41 ✓
<b>Pacific</b>	28	35	19	27	26	21	23 ✓
<b>Asian</b>	20	18	20	19	15	13	19 ✓
<b>Other</b>	25	24	24	23	25	20	21 ✓

Source: ASH Year 10 Survey (calendar years to 31 December 2007 rather than 30 June 2008)

#### Comment

There has been a gradual decline in the number of homes where smoking is allowed. All 2007 targets were achieved. Smoking is more likely to be allowed in the homes of Maaori children. Further progress will be made in this indicator as the Living Smokefree Framework and Implementation plan is rolled out over the next few years.



Source: ASH Year 10 Survey (calendar years to 31 December 2007 rather than 30 June 2008)

## Increase levels of physical activity

Objective	Performance Measure
Increase the proportion of adults who do at least 2.5 hours physical activity per week	<p><i>Numerator</i> Number of adults who do at least 2.5 hours of physical activity per week</p> <p><i>Denominator</i> Number of adults surveyed in CMDHB</p>

	Baseline (SPARC Survey)	LBD survey 2006/07	Target 2006/07	Reached target	Target 2007/2008
<b>Total</b>	65%	67%	67%	✓	
<b>Maaori</b>	62%	73%	65%	✓	No survey
<b>Pacific</b>	63%	70%	65%	✓	
<b>Asian</b>	NA	60%	NA	NA	
<b>Other</b>	43%	69%	48%	✓	

Source: LBD Baseline Survey

### Comment

The 2006/07 Let's Beat Diabetes Baseline Survey was used to report on this measure as it provides a relatively recent representation of physical activity in CMDHB. The survey will be repeated in the 2009/10 financial year and no new data is available for this indicator in 2007/08. No target has therefore been set for 2007/08 and the results have been left unchanged from the 2006/07 annual report.

Note, the European category was not used in the LBD survey and was included in Other. This study shows Asian people as less active than the rest of the population. However, no targets were set for this ethnic group in the Statement of Intent. All other targets were achieved. It is expected that the Let's Beat Diabetes programme and other population-level interventions will help further progress this indicator over the next three to ten years.

## Increase healthy school environments

Objective	Performance Measure	Achieved
Increase the proportion of schools that are health promoting schools	<p><i>Numerator</i> The number of health promoting schools</p> <p><i>Denominator</i> The total number of schools eligible and appropriate for being enrolled in the health promoting schools programme within the DHB</p>	✓

This has been successfully achieved. Note however, that this differs from the target for health promoting schools documented in the 2007/08 SOI, which was 100 out of 185 schools.

	2007/08	Target
<b>Health promoting schools</b>	64/195	40/195 ✓

Source: Health Promoting Schools

### Comment

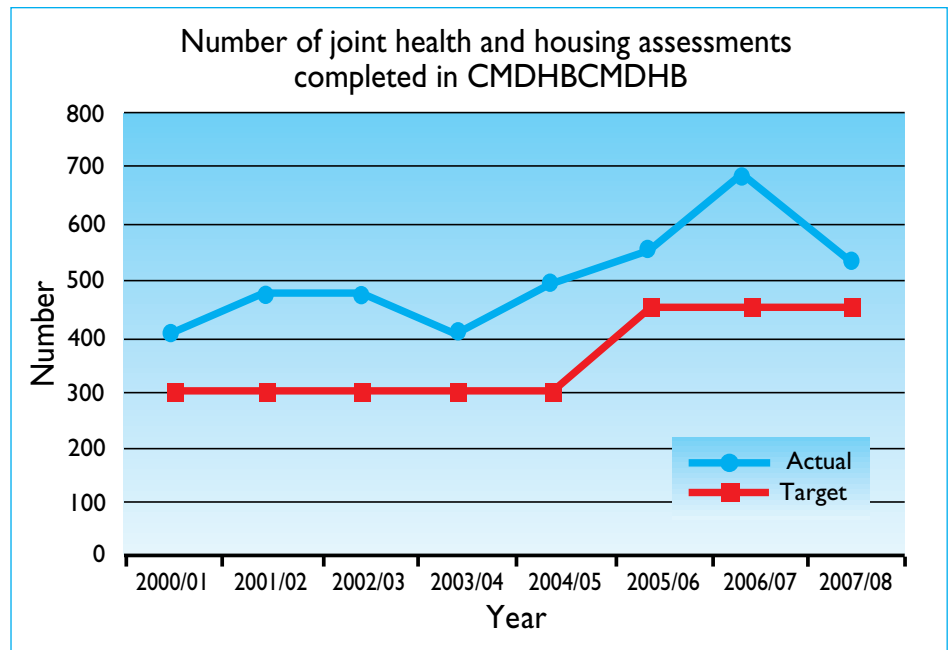
Inconsistency in the definition of health promoting schools in past years has meant that this indicator has been reported in a different fashion previously. This inconsistency has meant that results for 2007/08 are not comparable to previous years. The target of 40 health promoting schools comes from the 2007/08 District Annual Plan. This has been successfully achieved.

## Develop healthy communities

Objective	Performance Measure	Achieved
Complete the target number of joint health and housing assessments done for the Healthy Housing Programme	Absolute number of health and housing assessments completed in financial year, compared with target number	✓

### Comment

The number of joint health and housing assessments completed has exceeded target each year since 2000/2001. The staff involved in the assessment process have a history of over-delivering due to their passion for the Healthy Housing project. Evaluation of this project has shown that it is associated with a 34% reduction in acute hospital admissions for conditions that are related to poor housing.



Source: Healthy Housing Project

## 2007/08 Annual Objectives

Objective	Deliverable	Timeframe	Achieved	Comment
Promote behaviour change through social marketing	Implement coordinated social marketing activities across Counties Manukau	30/06/08	✓	
Develop a Schools Accord to support 'fit and healthy' schools	Extension of Healthy Tuck Shop model to 8 other Counties Manukau schools	30/06/08	✓	
Using LotuMoui churches as health promoting environments to the Pacific community	250 church members to complete physical activity module	30/06/08	✓	
Develop and pilot the Whare Oranga concept	Implement the Whare Oranga pilot in two venues	30/06/08	Partial	RFP process completed in May 2008 and contract negotiations near finalisation for four Whare Oranga marae – Manurewa Marae, Ooraeroa Marae, Mangatangi Marae and Nga Hau e Wha Marae

Objective	Deliverable	Timeframe	Achieved
Community liaison role contributes to distribution of DHB information including: ■ Regular attendance at public fora	Summary report outlining: ■ Public fora attended	30/06/08	✓
	■ Community liaison, engagement and consultation activities		✓
■ Communication on specific plans	■ Specific plans communicated.		✓

**Comments**

<p>Expectations of the Community Liaison role is that you are on call 24 / 7. The mana reputation, pride, triumphs and developments of the organisation is up-held at all times.</p> <p>The distribution of DHB information has been through formal and informal channels as projects, collaborative strategies, plans, sponsorship, workshops, events, committee representation and networks.</p> <p>Key topics and forums include:</p> <ul style="list-style-type: none"> <li>■ Breast Screening</li> <li>■ Breast Feeding</li> <li>■ Oral Health</li> <li>■ Primary Care planning</li> <li>■ Child Epilepsy</li> <li>■ Community Panel</li> <li>■ Clinical Advisory Group</li> <li>■ Strategic Steering Group MCC</li> <li>■ Maternity Services Review</li> <li>■ Arthritis – Maaori Gout</li> <li>■ Lotu Moui grant assessment</li> <li>■ Renal Services</li> <li>■ Lets Beat Diabetes planning</li> <li>■ LBD Partnership Steering Group</li> <li>■ Whare Oranga</li> <li>■ Hauora Marae</li> <li>■ Community Action Funding</li> <li>■ Whanau Ora – Maaori Ora plan</li> <li>■ Asian Health inequalities</li> <li>■ Rural Health</li> <li>■ Older Peoples Health Alcohol Harm Reduction</li> <li>■ Mangere Integration Community Health</li> <li>■ Franklin transportation</li> <li>■ Disability Planning</li> <li>■ Entitlements for Pacific Peoples</li> <li>■ Reducing Health Inequalities for Asian communities</li> <li>■ Consultation Policy review</li> <li>■ Maaori Cancer</li> <li>■ Papakura Physical Activity Strategy</li> <li>■ Franklin Physical Activity Strategy</li> <li>■ Progress Papakura</li> </ul>	<ul style="list-style-type: none"> <li>■ Whaitiaki Maaori Health Outcomes in Papakura</li> <li>■ Webhealth</li> <li>■ Healthpoint</li> <li>■ Pacific One Stop Youth Shop</li> <li>■ Bi-Polar &amp; Depression in Franklin</li> <li>■ Positive Ageing in Franklin</li> <li>■ Takanini Health Impact Assessment</li> <li>■ Kiwi Life – New Migrant presentations</li> <li>■ Te Ora o Manukau</li> <li>■ Tomorrows Manukau – Health Outcomes</li> <li>■ Health &amp; Wellbeing Outcome Group Tomorrows Manukau – Manukau Apopo</li> <li>■ Papakura Community Network</li> <li>■ Clendon Community Network</li> <li>■ Nga Manga o Mangere Community Network</li> <li>■ Manukau East Council of Social Services</li> <li>■ Te Kaahui Ora – Whakawhanaungatanga</li> <li>■ MECOSS</li> <li>■ Manukau East Transportation</li> <li>■ DNA projects</li> <li>■ Marketing plans for elective surgery</li> </ul> <p>The CMDHB Community Panel is made up of 18 community representatives. Their backgrounds and opinions are diverse and complimentary to good community input and opinions.</p> <p>The Community Panel umbrella a process for greater, more effective community engagement at all levels of the District Health Board (DHB). The intention is to support a forum where CMDHB staff can access community perspectives on a range of issues, plans and documents. The intention is not to duplicate DHB decision making, but rather to better inform it through input of community perspectives.</p> <p>Over the past year a range of topics have been tabled before this panel including:</p> <ul style="list-style-type: none"> <li>■ After Hours Primary Care &amp; Emergency Care</li> <li>■ Amputation &amp; Rehabilitation</li> <li>■ Building Tomorrow's Health Services</li> </ul>	<p>Conference</p> <ul style="list-style-type: none"> <li>■ Carer Support Subsidy Documents</li> <li>■ Child and Youth Health</li> <li>■ Clinical Alerts - National Medical Warnings &amp; Local Clinical Alerts</li> <li>■ CMDHB Consultation Policy &amp; Guidelines</li> <li>■ Community IS System Project</li> <li>■ Corridors and Tunnels project at Middlemore Hospital</li> <li>■ Elective Services</li> <li>■ Flu Strategy Primary Care</li> <li>■ Health Services Plan Stage Two Workstreams</li> <li>■ Human Papillomavirus Immunisation (HPV) Programme</li> <li>■ Inclusion of disabled women in the Cervical Screening Awareness month</li> <li>■ Let's Beat Diabetes Bench Mark Survey</li> <li>■ Maternity</li> <li>■ Medicine</li> <li>■ Mental Health-Adult &amp; Mental Health</li> <li>■ MMH New Ward Block – Concept Design</li> <li>■ Northern Region RISSP project</li> <li>■ Palliative Care / End of Life strategy</li> <li>■ Pregnancy Blood Test Pamphlet and distribution</li> <li>■ Primary &amp; Community Health (PCHC) Services</li> <li>■ Regional Food Services Project</li> <li>■ Rehabilitation – ATR and Spinal</li> <li>■ Releasing Time to Care Meeting (Whai Maanaki)</li> <li>■ Speech Language Therapy Pamphlet</li> <li>■ Think Pink – Medication Errors</li> <li>■ Tobacco Control Plan</li> <li>■ Keeping Kids Safe conference</li> <li>■ Visitors Policy Update</li> <li>■ Chronic Care Management Alignment Group (CCMAG)</li> <li>■ Clinical Advisory Group (CAG)</li> <li>■ Clinical Board</li> <li>■ Auckland Disability Providers Network</li> <li>■ Whai Maanaki (Releasing Time to Care) Group – Report &amp; minutes attached</li> <li>■ Kidslink+ Group – Minutes attached for information</li> <li>■ Health System Visioning Workshop 09 April 08</li> <li>■ IS System Project</li> </ul>
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## Outcome 2 – Improve Child and Youth Health

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

### Decrease the number of preventable hospitalisations of children aged 0-14 years

Objective	Performance Measure
Reduce the rate of potentially avoidable hospitalisations for children	<p><i>Numerator</i> Total number of hospital discharges considered potentially avoidable, in children aged 0-14 years</p> <p><i>Denominator</i> Total number of CMDHB residents aged 0-14 years</p>

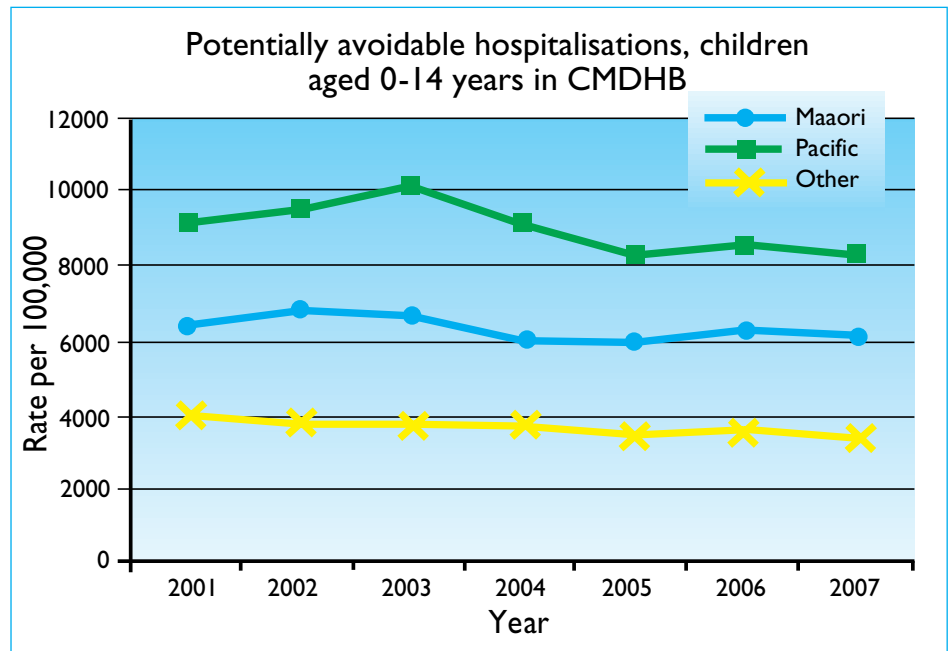
Note that this measure is reported as rate per 100,000 people

	2001	2002	2003	2004	2005	2006	2007	Target
<b>Maaori</b>	6415	6766	6673	6041	5905	6280	6095	5713 x
<b>Pacific</b>	9174	9525	10141	9193	8253	8597	8268	8134 x
<b>Other</b>	3885	3845	3755	3640	3469	3549	3371	3709 ✓

Source: NMDS, age-standardised (calendar years to 31 December 2007 rather than 30 June 2008)

#### Comment

Potentially avoidable hospitalisation (PAH) is a sensitive measure of health inequalities. This measure is an indication of access to, and the effectiveness of, primary care. A downward trend in childhood PAH has been observed for those of Pacific and Other ethnicities over the past five years. Unfortunately however, PAH for children of Maaori ethnicity has been relatively static in recent years.



Source: NMDS, age-standardised (calendar years)

### Decrease the proportion of CMDHB children admitted in the first year of life (excluding birth)

Objective	Performance Measure	Achieved
Decrease the admission and readmission rate for infants.	<p><i>Numerator</i> Number of these babies who are admitted to hospital in their first year of life (other than at delivery)</p> <p><i>Denominator</i> Total number of babies born at CMDHB born in one year</p>	✓

	2001	2002	2003	2004	2005	2006	Target
<b>Maaori</b>	27.1	26.1	26.1	24.5	23.2	23.0	24.0 ✓
<b>Pacific</b>	32.6	30.1	28.7	27.8	25.8	27.4	28.0 ✓
<b>Other</b>	12.8	13.1	14.3	11.6	11.9	11.9	15.0 ✓
<b>Total</b>	22.2	21.3	21.3	19.2	18.7	18.8	22.0 ✓

Source: NMDS (calendar years to 31 December 2006)

### Comment

Note that readmissions for children born in 2006 are measured for one year following birth, meaning that readmissions data is available through to the end of calendar year 2007. Readmissions for children born in 2006 are compared against targets for 2007/08 set in the 2007/08 SOI.

Many interventions are expected to positively impact on this indicator and the full impact of these activities should be apparent in future years.

## Decrease the mean number of DMFT (decayed, missing, or filled teeth) in five year-olds

Objective	Performance Measure	Achieved
Decrease the mean number of Decay, Missing or Filled (DMF) teeth in 5 year olds	<i>Numerator</i> Total number of DMF teeth  <i>Denominator</i> Total number of children enrolled with the Dental Service in CMDHB	x

### Mean number of DMFT in five year-olds enrolled in Auckland Regional Dental Service in CMDHB

	2002	2003	2004	2005	2006	2007	Target
<b>Asian</b>	1.39	1.47	1.8	2.05	1.89	2.29	2 x
<b>European</b>	0.8	0.7	0.69	1.02	0.95	1.10	1 x
<b>Maaori</b>	2.23	1.94	2.32	2.99	3.4	3.10	3 x
<b>Pacific</b>	2.32	2.54	2.29	3.11	3.71	3.75	3.1 x
<b>Total</b>	1.51	1.42	1.56	2.1	2.27	2.41	2.1 x

Source: Auckland Regional Dental Service (calendar years to 31 December 2007 rather than 30 June 2008)

### Comment

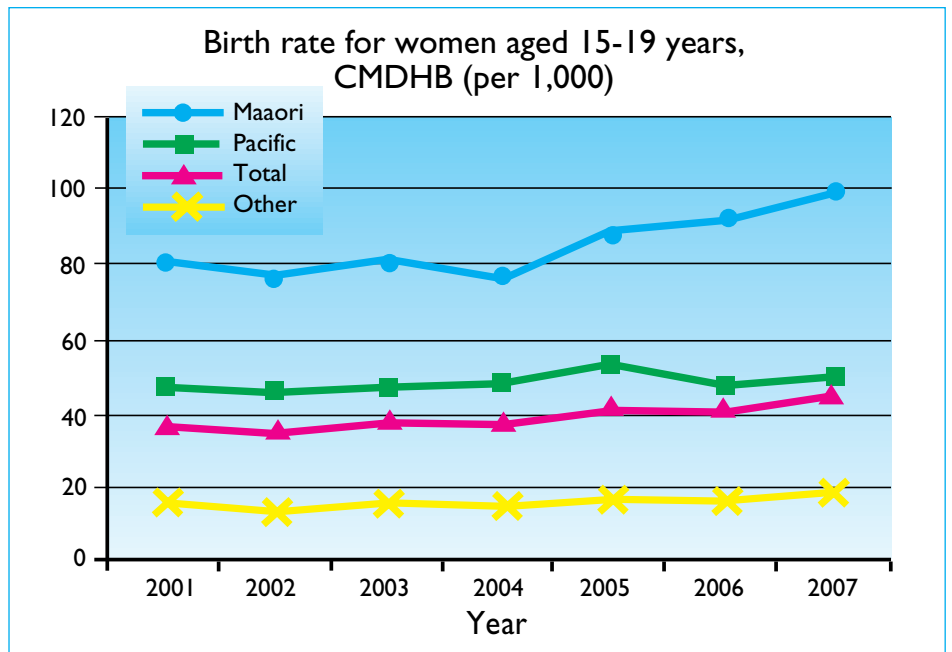
There has been significant worsening of oral health status for five year-olds over the last few years. This is a national decline which is not limited to CMDHB. Much of the deterioration has been seen in Maaori and Pacific children, with marked inequity in oral health status between those of Maaori and Pacific ethnicities and those of European ethnicity. Further oral health inequity exists between children of Asian ethnicities and European children. Five year-old children in CMDHB have the highest average DMFT in the region.

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

Objective	Performance Measure
Reduce the number of births to teenage mothers (15-19 years)	<i>Numerator</i> Total number of babies born to women 15-19 years old who reside in CMDHB  <i>Denominator</i> Total number of women aged 15-19 years in CMDHB

**Comment**

The teenage birth rate has been steadily increasing in CMDHB with rates being particularly high for Maori. Only the target for Pacific was met in 2007. There have been improvements to primary care and contraception, which should have an impact on this indicator. This effect may become more apparent in the coming years. However, there is significant anecdotal information to say that the increasing teenage parenting rate is also reflective of young people identifying having children as a solution and a life pathway.



Source: Healthy Housing Project

	2001	2002	2003	2004	2005	2006	2007	Target
<b>Maori</b>	80.5	75.4	81.2	76.4	87.9	91.8	99.0	87 x
<b>Pacific</b>	45.4	44.3	45.4	47.4	51.1	45.6	48.8	50 ✓
<b>Other</b>	14.5	14.1	15.4	14.8	16.2	15.9	17.9	16 x
<b>Total</b>	35.9	34.5	37	36.3	40.6	40.5	43.7	40 x

Source: NMDS, age-standardised (calendar years to 31 December 2007 rather than 30 June 2008)

