THE CANTERBURY HEALTH SYSTEM
- working together to make it better

Canterbury District Health Board
Public Health Plan 2016-17

Canterbury District Health Board
Public Health Earthquake Recovery Plan 2016-17
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1. CANTERBURY DISTRICT HEALTH BOARD’S PUBLIC HEALTH PLAN FOR 2016–17

- Canterbury DHB Mission:
  To improve, promote and protect the health of the people in the community and foster the well-being and independence of people who experience disabilities and reduce disparities.

- Canterbury DHB Vision - Tā Mātou Matakite:
  To improve, promote, and protect the health and well-being of the Canterbury community.
  Ki te whakapakari, whakamanawa me te tiaki i te hauora mō te oranga pai o ngā tāngata o te rohe o Waitaha.

- Canterbury DHB Values – A Mātou Uara:
  Care and respect for others - Manaaki me whakaute i te tangata.
  Integrity in all we do - Hāpai i ā mātou mahi katoa i ruka i te Pono
  Responsibility for outcomes - Te Takohanga i ngā hua.

- This plan accompanies the CDHB Annual Plan and has been endorsed by the Executive Management Team and Board of the CDHB. It describes public health services provided or funded by the CDHB and its Public Health Unit (PHU) and highlights key relationships with other agencies.

- The plan is based on a South Island planning template utilising the Core Public Health Functions framework.

a. Our Public Health Service

- Community and Public Health (CPH) is the public health division of the Canterbury DHB and provides public health services to Canterbury, the West Coast and South Canterbury.

- Since the period following the February 2011 earthquake, the Christchurch office of CPH has been structured to support a significant focus on Public Health recovery for the foreseeable future. Rather than having a standalone recovery plan, Public Health recovery is considered an intrinsic part of the annual Canterbury DHB Public Health Plan.

- The Christchurch staff of CPH work in a Team structure based on four areas of focus:
  - Information, Analysis and Support (Information Team)
  - Health in All Policies (Policy Team)
  - Health Protection (Protection Team)
  - Community Engagement and Resiliency (Communities Team).

- Public health activities involve working in partnership with health and non-health agencies to improve health outcomes via a determinants approach.

- This plan, while primarily concerned with the work of CPH, also includes other DHB-funded public health activities, in particular those delivered by the Planning and Funding (P&F) division of the CDHB and by the three Primary Health Organisations (PHOs) in the Canterbury region. The plan does not cover the work of non-DHB funded public health providers, such as non-government organisations (NGOs), Māori and Pacific providers and private providers.

- Canterbury is the second largest DHB in New Zealand and in 2016/17 will be home to 543,820 people. Despite a short drop in our population after the earthquakes, 2013 census results, and subsequent estimates, show our population has returned to pre-quake levels and continues to grow. The 2016/17 estimated population is 12.5% higher than the 2006 population of 483,300.

- Canterbury has the largest total population aged over 75 of any DHB. Latest population predictions show 15.8% of our population is aged over 65 - 85,810 people. Of those, 6.8% are aged over 75. By 2026 one in every five people in Canterbury will be aged over 65.
There are currently 49,680 Māori in Canterbury and by 2026 Māori will represent 10.4% of our population. We have the second fastest growing Māori population in New Zealand and the sixth largest in terms of total numbers.

Our Asian population is proportionately the fastest growing, 11.7% of our population will be Asian by 2026.

The Canterbury population was relatively less socioeconomically deprived than the total New Zealand population at the time of the 2013 Census. For example, just over 9% of the population was in the two most deprived deciles (deciles 9 and 10) using NZDep2013, compared to 20% of the total New Zealand population.

Māori and Pacific people are more likely to be living in more deprived areas than the non-Māori, non-Pacific population group. For example, in 2013 50.5% of Canterbury Māori lived in decile 6-10 areas compared to 33.5% of Canterbury non-Māori. This socioeconomic disparity is less pronounced in Canterbury than nationally.

The work of this plan is guided by the following public health principles:
  a. focusing on the health of communities rather than individuals
  b. influencing health determinants
  c. prioritising improvements in Māori health
  d. reducing health disparities
  e. basing practice on the best available evidence
  f. building effective partnerships across the health sector and other sectors
  g. remaining responsive to new and emerging health threats.

b. Our Key Priorities

The strategic direction of the Canterbury DHB is towards transformation of the health system, based around a continuum of care approach where the traditional boundaries within the system are removed, integrating and streamlining service delivery and ultimately resulting in improved outcomes for the population.

The vision is a truly integrated Canterbury health system. A system that keeps people healthy and well in their own homes, by ensuring the right care and support is provided in the right place, at the right time, by the right person.

The first of the three strategic objectives for the Canterbury DHB is the development of services that support people to stay well and take greater responsibility for their own health and wellbeing.

c. Alignment with National and Regional Strategic Health Priorities

This plan aligns with national and regional priorities and includes activities that support strategic health initiatives, including those set out in the refreshed NZ Health Strategy (publication pending), He Korowai Oranga (2014), and Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2014-18.

The five South Island DHBs together form the South Island Alliance, which is committed to “a sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people’s homes as possible.”

A set of high level regional outcomes has been developed by the Alliance, which includes the outcome “Improved environments to support health and wellbeing”.

The plan is aligned with and sits alongside the Canterbury DHB Annual Plan and Statement of Intent 2016-17 and the CDHB Māori Health Action Plan 2016-17. CPH activities are carried out under the public health service specifications as agreed by the Ministry of Health.

Draft South Island Regional Health Services Plan 2015-16.
The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The Canterbury DHB works in partnership with local iwi to reduce inequalities and improve the health status of Māori.

CPH is committed to joined-up working, including via the South Island Alliance and the Canterbury Clinical Network (an alliance of healthcare leaders, professionals and providers from across the Canterbury health system).

CPH is part of the South Island Alliance’s South Island Public Health Partnership (SIPHP), which is a collaboration of the three South Island PHUs.

South Island population health priorities for 16/17 are:

- Supporting and developing a Māori voice within the South Island Alliance
- Increasing awareness of the key Māori public health issues in the South Island
- Development of quality management systems
- Increased awareness around environmental sustainability and the co-benefits of action in this area for population health
- Active promotion of a HiAP approach towards the environmental determinants influencing healthy weight, oral health, clean air, warm homes and alcohol harm reduction
- Monitoring South Island Rheumatic fever cases and supporting DHBs to have mechanisms in place to ensure the Rheumatic Fever Prevention and Management Plan is implemented as intended.

This plan also outlines how CPH will meet the statutory responsibilities of a PHU and its designated officers in Canterbury, as specified by the Ministry of Health.

Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and ‘Vital Few’ reporting as outlined in the planning and reporting package for 2016-17.

d. A Renewed Focus

The five core public health functions agreed by the Public Health Clinical Network and included in the draft revised Ministry of Health Tier Two and Three Public Health Service Specifications are:

1. Health assessment and surveillance
2. Public health capacity development
3. Health promotion
4. Health protection
5. Preventive interventions.

This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.

The appendix outlines how public health strategies from a range of core functions are combined across the CDHB to address the priority health issues of tobacco control and alcohol harm reduction.

2 Available at http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf
2. KEY RELATIONSHIPS

The Public Health work of the CDHB involves partnership with many health and non-health agencies. Some key partners of CPH are listed below. Formal agreements are noted in parentheses.

Local authorities:
- Environment Canterbury (ECan) – (joint work plan)
- Christchurch City Council (CCC) (joint work plan)
- Waimakariri District Council
- Selwyn District Council
- Hurunui District Council
- Kaikoura District Council
- Ashburton District Council
- District Licensing Committee (DLC)
- Regenerate Christchurch

Government agencies:
- Alcohol Regulatory and Licensing Authority
- Department of Prime Minister and Cabinet, Canterbury
- Department of Conservation
- Environmental Science and Research
- Environmental Protection Authority
- Health Promotion Agency
- Health Quality and Safety Commission NZ
- Housing New Zealand
- Ministry of Business, Innovation and Employment
- Ministry of Civil Defence and Emergency Management
- Ministry of Education
- Ministry for the Environment
- Ministry of Health (MoH)
- Ministry of Pacific Island Affairs
- Ministry for Primary Industries
- Ministry for Social Development
- New Zealand Airforce
- New Zealand Customs Service
- New Zealand Fire Service
- New Zealand Police

Māori/Iwi agencies:
- Ngāi Tahu
- Te Runaka o Ngāi Tahu (TRoNT)
- Mana Whenua ki Waitaha
- Te Putahitanga (Whānau Ora Commissioning agency)
Health agencies/networks:
Canterbury Clinical Network (CCN)
South Island Alliance
Pegasus Health
Christchurch Primary Health Organisation
Rural Canterbury Primary Health Organisation

Educational institutions:
Christchurch Polytechnic Institute of Technology
University of Canterbury
University of Otago, Christchurch –(MoU with CDHB)
Schools participating in the Health Promoting Schools initiative
Cognition Education

Non-Government Organisations/networks:
Action on Smoking and Health (ASH)
Cancer Society
Earthquake Disability Leadership Group
Family Planning Association
Disability Information Service
Heart Foundation
Laboratories
Mental Health Foundation – (MoU around wellbeing campaign)
Smokefree Canterbury – (joint MoU with other partners)
Sport Canterbury

Private sector:
Canterbury International Airport Limited (CIAL)
Lyttelton Port Company
International Accreditation New Zealand (IANZ)
3. OUTCOMES FRAMEWORK
4. HEALTH ASSESSMENT AND SURVEILLANCE

a. Strategies

- Monitoring, analysing and reporting on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating disease clusters and outbreaks (both communicable and non-communicable).

b. Outcomes and Activities table

<table>
<thead>
<tr>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
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<tbody>
<tr>
<td>Health assessment</td>
<td>Robust population health information available for planning health and community services</td>
<td>Monitor, analyse and report on key health determinants, including the review of the City Health and Wellbeing Profile issues papers.</td>
<td>CPH (Information, Policy), AHMC, P&amp;F, Primary Care</td>
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<td>Short Term Outcomes (the results that we’re working towards)</td>
<td>Activities (what we’ll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
<td>Key performance measures</td>
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<td>Work with key stakeholders from youth sector to review, update and conduct, if appropriate, the Youth Wellbeing Survey (previously conducted in 2013)</td>
<td>CPH (Information, Policy, Communities)</td>
<td>Review completed by end Q4</td>
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<td></td>
<td>Develop/update health status reports and health needs analyses for specific populations.</td>
<td>CPH (Information), P&amp;F, Primary Care</td>
<td>Number of reports</td>
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<td></td>
<td>Contribute to Massey University CPHR Environmental Health Indicator work around alcohol-related harm indicators.</td>
<td>CPH (Information), SIPHP (Alcohol Workstream), AHMC</td>
<td>Timely response to queries</td>
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<td>Contribute to related work of partner organisations, e.g. DPMC monitoring of psychosocial recovery.</td>
<td>CPH (Policy, Information, Communities), P&amp;F</td>
<td>Effectiveness of contribution.</td>
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<td>Contribute to Canterbury Clinical Network ‘Exercise as medicine’ workstream</td>
<td>CPH (Policy)</td>
<td>Record of contribution</td>
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<td>Improved public understanding of health determinants</td>
<td>Disseminate information in existing and dedicated reports (e.g. CDHB Quality)</td>
<td>Effectiveness of contribution.</td>
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<th>Short Term Outcome Indicators (how we’ll monitor progress towards the results)</th>
<th>Quantity</th>
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<td>Availability of information to public</td>
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<td>Quality of working relationship.</td>
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<td>Activities (what we'll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
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<td>CDHB Communications Team</td>
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<td>Short Term Outcome Indicators (how we'll monitor progress towards the results)</td>
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**Surveillance**  
Prompt identification and analysis of emerging disease trends, clusters and outbreaks  
Accounts; CDHB, CPH, and Healthy Christchurch websites; HiAP newsletter; and print, broadcast and social media) and in one-off reports.  
CDPH Communications Team  
Number of media reports.  
Nature of media reports  
Number of reports.  
Weekly surveillance reports for influenza-like illness (May-September 2015) (23)  
Quarterly Public Health information newsletters  
Accessibility of reports.  
Timeliness and effectiveness of reports for identifying trends and outbreaks of concern  
Review, analyse and report on other disease  
CPH (Information), P&F, Primary Care, AHMC  
Record of progress.
<table>
<thead>
<tr>
<th>Short Term Outcomes</th>
<th>Activities</th>
<th>Responsibilities</th>
<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(the results that we're working towards)</td>
<td>(what we'll do to get the result)</td>
<td>(who will do it and when)</td>
<td>(how we'll monitor progress towards the results)</td>
</tr>
<tr>
<td>and determinants data (e.g. alcohol-related harm, and health outcomes relevant to post earthquake context e.g. mental wellbeing) including via the Environmental Health Indicators.</td>
<td>Write reports on significant outbreaks of communicable diseases and trends of concern</td>
<td>CPH (Information)</td>
<td>Number of reports (0 to several) Accessibility of reports. Formal/informal feedback.</td>
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<td>Provide reports to P&amp;F for MoH on SI Rheumatic fever incidence</td>
<td>CPH (Protection), SIPHP</td>
<td>Quarterly reports</td>
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<td>Develop communicable disease-specific profiles to identify at-risk groups.</td>
<td>CPH (Information)</td>
<td>One report per year Accessibility of reports.</td>
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5. PUBLIC HEALTH CAPACITY DEVELOPMENT

a. Strategies
- Developing and maintaining public health information systems.
- Developing partnerships with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health.
- Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting research, evaluation and economic analysis to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- Planning, managing, and providing expert advice on public health programmes across the full range of providers, including PHOs, P&F, Councils and NGOs.
- Quality management for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

<table>
<thead>
<tr>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
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<tbody>
<tr>
<td>Public health information systems</td>
<td>Review, implement and maintain public health information systems (CFS; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Joint Workplan Portal, GIS systems, Health Pathways, Active)</td>
<td>CPH (Information, Communications), P&amp;F, Primary Care</td>
<td>Level of utilisation Summary of systems reviewed, implemented and updated.</td>
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</table>

“enhancing our system’s capacity to improve population health”
<table>
<thead>
<tr>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
<th>Quantity</th>
<th>Quality</th>
<th>Short Term Outcome Indicators (how we’ll monitor progress towards the results)</th>
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<tr>
<td>Cantebury, Healthy Christchurch, Community Health Information.</td>
<td>Contribute to development and implementation of national, regional and local public health information systems (including proposed disease management system), including providing support to other PHUs that are adopting Healthscape.</td>
<td>CPH (Information Lead, Protection)</td>
<td>Summary reporting of interactions with partner agencies at regional and national level</td>
<td>Nature and effectiveness of systems, including degree of integration or interoperability.</td>
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<tr>
<td>Cantebury, Healthy Christchurch, Community Health Information.</td>
<td>Work with local Māori iwi, hapū, whānau and Māori</td>
<td>CPH (All Teams), Primary Care</td>
<td>Number of initiatives supported.</td>
<td>Formal/informal feedback.</td>
<td>Joint approaches and initiatives</td>
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<tr>
<td>Implement CPH Māori Health Plan.</td>
<td>Implement CPH Māori Health Plan.</td>
<td>CPH (DLT Māori Health Rōpū)</td>
<td>Progress against plan</td>
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<td>Contribute to implementation of</td>
<td>CPH (Māori Health Rōpū), P&amp;F, Primary Care</td>
<td>Progress against plan.</td>
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<td>Partnerships with iwi, hapū, whānau and Māori</td>
<td>Effective partnerships with iwi, hapū, whānau and Māori</td>
<td>CPH (DLT Māori Health Rōpū)</td>
<td>Progress against plan</td>
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<td>Responsibilities (who will do it and when)</td>
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<td><strong>Partnerships with Pacific and other ethnic leaders and communities</strong></td>
<td>Effective partnerships with Pacific and other ethnic communities</td>
<td>Work with local Pacific and other ethnic leaders and communities around: -health information and analysis (including promoting Information Team services) -proposals and policies with health implications -health determinants and outcomes.</td>
<td>CPH (All Teams), Primary Care</td>
<td>Number of initiatives supported.</td>
<td>Formal and informal feedback.</td>
<td>Joint approaches and initiatives</td>
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<td>Short Term Outcomes</td>
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<tr>
<td><strong>Research, evaluation, economic analysis</strong></td>
<td>Information available on priority public health issues and effectiveness of public health interventions</td>
<td>Support public health research and evaluation, (including earthquake recovery research) with a particular focus on improving Māori health and reducing health disparities.</td>
<td>CPH (All Teams, Information Lead)</td>
<td>Record of contribution</td>
<td></td>
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<tr>
<td><strong>Planning and advising on public health programmes</strong></td>
<td>Population health interventions are based on best available evidence and advice</td>
<td>Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, evaluations, GIS analysis.</td>
<td>CPH (Information, Policy), P&amp;F, Primary Care, SIPHP</td>
<td>Number of reports. Number of GIS outputs.</td>
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</table>

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Quality</th>
<th>Short Term Outcome Indicators (how we’ll monitor progress towards the results)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research / evaluation reports and publications</td>
<td>Accessibility of reports. Formal/informal feedback</td>
<td>Planning advice / reports</td>
</tr>
<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
<td>Activities (what we’ll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
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</tr>
<tr>
<td>Quality management A continuous improvement culture and robust quality systems for all public health work</td>
<td>Review and deliver the quality improvement plan, including: policy and procedure maintenance; on-call documents available and accessible electronically and off-site; internal audit plan and schedule progressed, and provision of information, training and support to staff.</td>
<td>CPH (Information)</td>
</tr>
<tr>
<td></td>
<td>Maintain CFS work plan. Complete all remaining CFS team and folder migrations.</td>
<td>CPH (Information)</td>
</tr>
</tbody>
</table>

Accreditation results

Progress against plan, e.g. review of policies and procedures and internal audits. All CPH policies and procedures uploaded and maintained in Electronic Document Management System. Sufficient transfer of On-Call documents for off-site access.

Quality improvement plan and reports

Accreditation results

Internal audits completed as per audit schedule. CFS structure aligns with agreed work plan.
<table>
<thead>
<tr>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete CFS team audits.</td>
<td>CPH (Information)</td>
<td>6 CFS folder audits</td>
<td>CFS audit improvements identified and implemented.</td>
</tr>
<tr>
<td>Present annual quality report to Divisional Leadership Team.</td>
<td>CPH (Information)</td>
<td>1 report annually</td>
<td>Progress against improvement recommendations log.</td>
</tr>
<tr>
<td>Contribute to the CDHB organisation-wide quality programme.</td>
<td>CPH (Information)</td>
<td></td>
<td>Progress towards quality programme</td>
</tr>
<tr>
<td>Applications of Health Excellence for CPH.</td>
<td>CPH (Information)</td>
<td></td>
<td>Health Excellence criteria self-assessed for CPH.</td>
</tr>
<tr>
<td>Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors at all times.</td>
<td>CPH (Information), SIDWAU</td>
<td>Number of accredited Drinking Water Assessors 1 assessment annually</td>
<td>Accreditation maintained Quality Management System continuously improved.</td>
</tr>
<tr>
<td>Monitor accredited DWA levels at Management Review meetings.</td>
<td>CPH (Information), SIDWAU</td>
<td>4 meetings annually</td>
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</tr>
<tr>
<td>IANZ issued Corrective Action Requests (CARs) responded to within allocated timeframes.</td>
<td>CPH (Information), SIDWAU</td>
<td>CARs closed on time</td>
<td>Monthly unit admin meetings review progress of CAR log.</td>
</tr>
<tr>
<td>Effective regional delivery of public health core functions</td>
<td>Contribute to management and work groups as per SIPHP Plan 2015-18:</td>
<td>CPH (All teams)</td>
<td>Progress against plan Partnership evaluation. Reports of SIPHP</td>
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<td>Short Term Outcomes</td>
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<tr>
<td>(how we'll monitor progress towards the results)</td>
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</table>

- SI Public Health Analysts Network
- SI Alcohol workgroup
- SI Smokefree 2025 network
- SI Sustainability workgroup
- SI Obesogenic environments workgroup (to be confirmed)
- Management group.
- Quality framework for PHUs.

Quality framework assessed for a potential common model for public health services.
6. HEALTH PROMOTION

a. Strategies

- Developing public and private sector policies beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural environments supportive of health.
- Strengthening communities' capacity to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, injury, and rational use of health resources

b. Outcomes and Activities table

<table>
<thead>
<tr>
<th>Building Public Policy</th>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
<th>Short Term Outcome Indicators (how we’ll monitor progress towards the results)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities</td>
<td>Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach.</td>
<td>CPH(Policy)</td>
<td>Record of contributions and their impact.</td>
<td>New and reviewed strategies, plans and policies reflect health priorities</td>
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<td></td>
<td>Support health and non-health sector staff with appropriate tools and customised advice to enable a HiAP approach</td>
<td>CPH (Policy)</td>
<td></td>
<td>Record of contributions. Formal/informal feedback</td>
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<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
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<td>e.g. the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED (Health Promotion and Sustainability Through Environmental Design), Broadly Speaking Training, etc. Ensure these tools are available to all partner agencies and support their implementation.</td>
<td>CPH (Communities) Estimate: two workplaces, 50 schools supported</td>
<td>Record of contributions.</td>
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<td></td>
<td>Support settings (i.e. workplaces, schools) to develop strategies/activities which support health.</td>
<td>CPH (Community)</td>
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<td></td>
<td>Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including housing, transport, and earthquake rebuild.</td>
<td>CPH (Policy)</td>
<td>Record of contributions. Formal/informal feedback</td>
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<td></td>
<td>Implement, review and update joint work plans with ECan and CCC.</td>
<td>CPH (All Teams, Policy and Communities Lead) Two joint workplans in place</td>
<td>Formal/ informal feedback, including</td>
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<tr>
<th>Short Term Outcomes (the results that we’re working towards)</th>
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<tr>
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<tr>
<td></td>
<td>Implement, review and update joint workplans including development of a tripartite work plan portal between CDHB, ECan and CCC.</td>
<td>CPH (All Teams, Policy Lead)</td>
<td>Quality</td>
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<td></td>
<td>Engage and input into regional planning documents such as the Urban Development Strategy Refresh, Resilient Cities</td>
<td>CPH (All Teams, Policy Lead)</td>
<td>Regular input is provided and recognised</td>
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<td></td>
<td>Actively contribute to and support the Canterbury HiAP Partnership group</td>
<td>Policy lead, Protection</td>
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<td>Support and co-ordinate development of CDHB and regional position statements on public health issues.</td>
<td>CPH (All Teams), SIPHP</td>
<td>Number of position statements and submissions.</td>
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<td></td>
<td>Support and co-ordinate development of CDHB submissions on public health issues.</td>
<td>CPH (All Teams, Policy Lead), SIPHP</td>
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<tr>
<td><strong>Built Environments</strong></td>
<td>Support or coordinate CDHB-wide submissions on documents with public health implications and/or identified by the CDHB Board as relevant to the CDHB.</td>
<td>CPH (Policy)</td>
<td>Number of submissions. Impact of submissions.</td>
</tr>
<tr>
<td><strong>Creating supportive environments</strong></td>
<td>Encourage the development of well-designed built environments (including transport networks and public spaces and promotion of urban design guidelines) that are universally accessible and promote health.</td>
<td>CPH (Policy -Lead, Protection)</td>
<td>Number of position statements and submissions Impact of position statements and submissions Level of involvement in the drafting of Council plans and policies e.g. HIA work Evidence of Public Health contribution in key decisions</td>
</tr>
<tr>
<td><strong>Education settings</strong></td>
<td>Work across networks to initiate and embed policies and programmes which support healthy choices, e.g. Greater Christchurch Psychosocial Committee, Resilient Cities, Urban Development Strategy.</td>
<td>CPH (Policy, Communities)</td>
<td>Record of contribution Contribution evident in decisions/outputs, including Council plans and policies, e.g. smokefree, psychoactive substances Number and type of settings that embed a systems approach to improving health</td>
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</table>

**Short Term Outcomes** (the results that we’re working towards)  
**Activities** (what we’ll do to get the result)  
**Responsibilities** (who will do it and when)  
**Key performance measures** (how we’ll monitor progress towards the results)
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<tbody>
<tr>
<td>choices and behaviours</td>
<td>direction and service specification.</td>
<td>CPH (Communities)</td>
<td>Number of action plans.</td>
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<tr>
<td></td>
<td>Develop school action plans with strategies to address priority issue areas, e.g. Smokefree, mental health and wellbeing, nutrition, physical activity.</td>
<td>CPH (Communities)</td>
<td>Number of action plans.</td>
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<td>Establish cross-agency, collaborative, school-wide mental health initiatives.</td>
<td>CPH (Communities)</td>
<td>Number of cross agency initiatives.</td>
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<td></td>
<td>Support schools in earthquake recovery context (with information, tailored interventions), e.g. Aranui Campus.</td>
<td>CPH (Communities)</td>
<td>Number of schools supported</td>
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<td>Facilitate and support South Island Tertiary Forum.</td>
<td>CPH (Communities)</td>
<td>Two Tertiary Forums held per year</td>
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<td></td>
<td>Engage with priority ECECs.</td>
<td>CPH (Communities -Lead, Protection)</td>
<td>Number of ECEC’s supported</td>
</tr>
<tr>
<td>Workplaces</td>
<td>Workplaces that support healthy choices and behaviours</td>
<td>Work with priority workplaces and partners/networks to develop health promoting workplace plans.</td>
<td>CPH (Communities), CDHB Smokefree ABC Team</td>
</tr>
<tr>
<td>Marae and other Māori settings</td>
<td>Short Term Outcomes (the results that we’re working towards)</td>
<td>Activities (what we’ll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
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<tr>
<td>Marae and other Māori settings that support healthy choices and behaviours</td>
<td>Parenting Package distributed to priority workplaces.</td>
<td>CPH (Communities), CDHB Smokefree ABC Team</td>
<td>Number of Māori settings/organisations worked with. Number of initiatives supported e.g. Auahi Kore, alcohol, Tane Ora.</td>
</tr>
<tr>
<td>Other community settings</td>
<td>Other community settings that support healthy choices and behaviours</td>
<td>Support communities to address priority issues, including community engagement initiatives and development of health promotion settings e.g. active transport (via initiatives such as ICECycles, Bikewise, bike to work day and walk to work day), food security, wellbeing, Smokefree, and accessible events.</td>
<td>CPH (Communities Lead, Policy)</td>
</tr>
<tr>
<td>Community action</td>
<td>Effective community action initiatives</td>
<td>Coordinate collaborative projects including e.g. Healthy Christchurch, housing, alcohol harm minimisation coordination, community</td>
<td>CPH (Communities, Policy)</td>
</tr>
<tr>
<td>Short Term Outcomes</td>
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<tr>
<td>(the results that we’re working towards)</td>
<td>resilience projects, “All right?” mental wellbeing campaign, integration of migrant workforce, Smokefree parks and playgrounds, and Te Wai Pounamu Māori Leadership Group for Cancer.</td>
<td>CPH (Policy, Communities)</td>
<td>Website statistics.</td>
</tr>
<tr>
<td></td>
<td>Provide information about community engagement initiatives, community resilience activities, etc to community organisations through the Healthy Christchurch and All Right? websites.</td>
<td>CPH (Policy, Communities)</td>
<td>Website statistics.</td>
</tr>
<tr>
<td></td>
<td>Actively participate in the implementation of the Resilient Cities framework</td>
<td>CPH (Policy)</td>
<td>Record of contribution</td>
</tr>
<tr>
<td></td>
<td>Support the planning and implementation of Healthy Families NZ in Spreydon-Heathcote, Christchurch including realigning activities where appropriate, increasing the focus on</td>
<td>CPH (Communities)</td>
<td>Contributions recorded in Healthscape</td>
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<tr>
<td>Short Term Outcomes</td>
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<tr>
<td><strong>Short Term Outcomes</strong> (the results that we’re working towards)</td>
<td>settings-based health promotion, and supporting the evaluation of strategic health promotion activities.</td>
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<tr>
<td><strong>Activities</strong> (what we’ll do to get the result)</td>
<td>Where appropriate support the professional development of the Healthy Families Spreydon-Heathcote workforce, and proactively share learnings from current and previous health promotion activities.</td>
<td>CPH (Communities)</td>
<td>Contributions recorded in Healthscape</td>
</tr>
<tr>
<td><strong>Responsibilities</strong> (who will do it and when)</td>
<td>Support the implementation and monitoring of the Community in Mind Shared Programme of Action.</td>
<td>CPH (Communities)</td>
<td>Six-monthly reports to the Psychosocial Governance Group</td>
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<td>Contributions recorded in Healthscape</td>
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<tr>
<td><strong>Key performance measures</strong></td>
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<tr>
<td><strong>Short Term Outcome Indicators</strong> (how we’ll monitor progress towards the results)</td>
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</tbody>
</table>

**Develop personal skills**

- People with skills to enable healthy choices and behaviours
- Engage with the implementation of the new tobacco control provider framework.

- CPH (Communities), Primary Care

| | Number of referrals from CDHB to cessation providers |
| | | |

- Strengthen the referral pathway between hospitals and cessation providers.

- CDHB Smokefree ABC Team

| | Progress against cessation provider contract specifications |
| | | |

- Smoking quit rates
- Evaluation of other initiatives
<table>
<thead>
<tr>
<th>Short Term Outcomes</th>
<th>Activities</th>
<th>Responsibilities</th>
<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(the results that we're working towards)</td>
<td>(what we'll do to get the result)</td>
<td>(who will do it and when)</td>
<td>(how we'll monitor progress towards the results)</td>
</tr>
<tr>
<td><strong>Develop and deliver other lifestyle intervention support</strong> (e.g. Appetite for Life, Green Prescription, nutrition/cooking and/or physical activity programmes for Māori and Pacific people, seniors, children and young people, and new migrants, fall prevention programmes, breastfeeding support)</td>
<td>CPH (Communities), Primary Care, Other CDHB Teams / Services (e.g. Oral Health, Mental Health)</td>
<td>Record of interventions.</td>
<td>Formal/informal feedback, including evaluation findings.</td>
</tr>
<tr>
<td><strong>Deliver safe sexual health education and resources to priority groups.</strong></td>
<td>CPH (Communities)</td>
<td>Number of resources distributed. Number of education sessions delivered.</td>
<td>Formal and informal feedback.</td>
</tr>
<tr>
<td><strong>Communities aware of health issues and healthy choices and behaviours</strong></td>
<td>Develop and implement CDHB public health communications strategies.</td>
<td>CPH (All Teams, Communications Lead)</td>
<td>Progress against strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Communications Plan, record of campaigns and information delivered</td>
</tr>
<tr>
<td><strong>Deliver/support relevant and timely public health information and campaigns</strong> (including ‘All Right?’ Mental Wellbeing Campaign, White Ribbon Day, the ‘It’s not OK’ campaign, World Health Day)</td>
<td>CPH (All Teams, Communications Lead), AHMC</td>
<td>Number and type of public health messaging distributed.</td>
<td>Evaluation of reach and impact of individual campaigns</td>
</tr>
<tr>
<td>Reorient health service</td>
<td>Short Term Outcomes (the results that we’re working towards)</td>
<td>Activities (what we’ll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
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<tr>
<td></td>
<td>Smokefree Day, Stoptober, Mental Health Awareness Week, alcohol harm awareness/minimisation initiatives, cycling events, CTV slots, video, Voice of Pacific Women, HPS magazine.</td>
<td>Support achievement of Smokefree Health target in Secondary and Primary care</td>
<td>CDHB Smokefree ABC Team</td>
</tr>
<tr>
<td></td>
<td>Preventative and population approaches support healthy choices and behaviours in healthcare settings</td>
<td>Work with hospital and community healthcare providers to develop health promoting settings (e.g. promoting support for travel planning with a focus on modal shift from cars).</td>
<td>CPH (Communities, Policy), Primary Care, CDHB Wellbeing Coordinator, CDHB Sustainability Advisor</td>
</tr>
<tr>
<td></td>
<td>Plan, promote and implement targeted wellbeing initiatives for CDHB staff.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Short Term Outcome Indicators (how we’ll monitor progress towards the results)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC coverage in primary and secondary care.</td>
</tr>
<tr>
<td>Healthcare initiatives and evaluation reports.</td>
</tr>
<tr>
<td>Short Term Outcomes</td>
</tr>
<tr>
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<tr>
<td>(the results that we’re working towards)</td>
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<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
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</tbody>
</table>
| | Top 3 physical activity priorities:  
- Adopt a HiAP approach to physical activity through strategic partnerships, e.g. Sport Canterbury  
- Support increased access to active transport through ICEcycles initiative.  
- Settings based approach to physical activity promotion e.g. ‘All Right?’ walking posters | CPH (Communities) | Record of contribution  
Impact of contribution, formal and informal feedback  
Record of contribution  
Impact of contribution, formal and informal feedback  
Record of settings based activities  
Impact of activities, formal and informal feedback |
<table>
<thead>
<tr>
<th>Short Term Outcomes</th>
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<th>Responsibilities</th>
<th>Key performance measures</th>
</tr>
</thead>
</table>
| (the results that we’re working towards) | Top 3 nutrition priorities:  
- Adopt a HiAP approach to healthy nutrition and beverage promotion through strategic partnerships, e.g. Primary Care  
- Participate in ‘Christchurch Food Resilience Network’  
- Promote healthy food and beverages through education environments. | CPH (Communities) | **Quantity**  
- Record of contribution  
- Record of contribution  
- Record of contribution | **Quality**  
- Impact of contribution, formal and informal feedback  
- Impact of contribution, formal and informal feedback  
- Impact of contribution, formal and informal feedback | **Short Term Outcome Indicators**  
( how we’ll monitor progress towards the results) |
7. HEALTH PROTECTION

a. Strategies

- Developing and reviewing public health laws and regulations³.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

b. Outcomes and Activities table

<table>
<thead>
<tr>
<th>Communicable disease control</th>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilties (who will do it and when)</th>
<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reduced incidence of notifiable diseases</td>
<td>Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and</td>
<td>CPH (Protection)</td>
<td>Disease rates and trends</td>
</tr>
<tr>
<td></td>
<td>Reduced incidence of influenza</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

³ Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.
<table>
<thead>
<tr>
<th>Short Term Outcomes (the results we're working towards)</th>
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<tr>
<td>short-term outcomes</td>
<td>activities</td>
<td>responsibilities</td>
<td>performance measures</td>
</tr>
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<td>responsibilities</td>
<td>performance measures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>investigation of notifiable diseases and outbreaks.</th>
<th>CPH (Information)</th>
<th>Estimate: 10 protocols reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review communicable disease protocols.</td>
<td>CPH (Protection)</td>
<td>Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report are on or above national average.</td>
</tr>
<tr>
<td>Quality data entry in EpiSurv in a timely manner.</td>
<td>CPH (Protection)</td>
<td>Data quality as outlined in the ESR Annual Data Quality Report.</td>
</tr>
<tr>
<td>Carry out internal audits of selected cases for adherence to protocols.</td>
<td>CPH (Protection)</td>
<td>4 audits annually</td>
</tr>
<tr>
<td>Deliver education to hospital based practitioners and nursing staff about timely notification on clinical suspicion: -input to Health Pathways portal -house surgeon training programme -work with quality leader/MOH.</td>
<td>CPH (Protection), Primary Care, Infection Control Committee Immunisation Committees, including ISLA</td>
<td>Number of presentations given to CDHB/NGO community groups</td>
</tr>
<tr>
<td>Provide public information and advice, including promoting</td>
<td>CPH (Protection)</td>
<td>Number of media releases and promotional opportunities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short Term Outcome Indicators (how we’ll monitor progress towards the result)</th>
</tr>
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<tbody>
<tr>
<td>Quantity</td>
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<tr>
<td>Quality</td>
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<tr>
<td>Advocacy for public health outcomes in above forums as evidenced by meeting minutes.</td>
</tr>
</tbody>
</table>

Advocacy for public health outcomes in above forums as evidenced by meeting minutes.
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<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunisation and hand hygiene.</td>
<td>Work with priority settings and communities to increase immunisation and improve infection control.</td>
<td>Infection Control Committee, Immunisation committees, including ISLA</td>
<td>Numbers of network groups, liaison and interagency meetings attended.</td>
</tr>
<tr>
<td>Work with the refugee and migrant community to facilitate health screening and FIVs.</td>
<td>CPH (Protection)</td>
<td>Number of network groups, liaison and interagency meetings attended.</td>
<td>Impact of contribution as evidenced by meeting minutes</td>
</tr>
<tr>
<td>Routinely offer Communicable Disease Information to Culturally and Linguistically Diverse (CALD) communities.</td>
<td>CPH (Protection)</td>
<td>Number of network groups, liaison and interagency meetings attended.</td>
<td></td>
</tr>
<tr>
<td>Provide vaccinator and programme authorisations as per Medicines Regulations.</td>
<td>CPH (Protection)</td>
<td>Documented numbers of authorised vaccinator &amp; programme applications and approvals.</td>
<td></td>
</tr>
<tr>
<td>Progress to an electronic processing platform enabling accurate processing data reporting.</td>
<td>CPH (Protection)</td>
<td>Progress towards establishment of system.</td>
<td></td>
</tr>
<tr>
<td>Contribute to development and implementation of SI Rheumatic Fever</td>
<td>CPH (Protection)</td>
<td>Progress against Plan.</td>
<td></td>
</tr>
<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
<td>Activities (what we’ll do to get the result)</td>
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<td>Key performance measures</td>
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</tr>
<tr>
<td>Prevention Plan (reported through SIPHP).</td>
<td>Maintenance plan.</td>
<td>CPH (Protection)</td>
<td>Six-monthly review carried out and data provided to South Island Alliance and MoH</td>
</tr>
<tr>
<td>Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.</td>
<td>Provide pratiue.</td>
<td>CPH (Protection)</td>
<td>Number of practiques granted.</td>
</tr>
<tr>
<td>Border health protection Reduced international spread of infectious disease</td>
<td>Issue ship sanitation certificates.</td>
<td>CPH (Protection)</td>
<td>Number of ship sanitation certificates granted.</td>
</tr>
<tr>
<td>Issue ship sanitation certificates.</td>
<td>CPH (Protection)</td>
<td>Attendance at meetings with airport 2-monthly, and with port 3-monthly.</td>
<td>Border Health Return submitted to MoH by 31 January each year.</td>
</tr>
<tr>
<td>Assess port and airport compliance with IHR and Health Act requirements.</td>
<td>CPH (Protection)</td>
<td>Record of results on the National Mosquito Surveillance Database.</td>
<td>MoH notified of interception within 2 hours.</td>
</tr>
<tr>
<td>Undertake routine monitoring for exotic mosquitoes at port and airport.</td>
<td>CPH (Protection)</td>
<td>Record of result actions and investigations.</td>
<td>Exotic mosquito surveillance reporting</td>
</tr>
<tr>
<td>Respond and investigate interceptions of pests and cases of imported disease as per protocols.</td>
<td>CPH (Protection)</td>
<td>Record of response to border health incidents.</td>
<td></td>
</tr>
<tr>
<td>Maintain 24 hour coverage to respond to border health incidents.</td>
<td>CPH (Protection)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Short Term Outcome Indicators (how we’ll monitor progress towards the results) |
| Quantity | Quality | |
| Border health protection Reduced international spread of infectious disease | Evidence of imported or exported disease |
| Port and airport compliance with IHR and Health Act quarantine requirements |
| Exotic mosquito surveillance reporting |</p>
<table>
<thead>
<tr>
<th>Short Term Outcomes (the results that we’re working towards)</th>
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<th>Responsibilities (who will do it and when)</th>
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</thead>
<tbody>
<tr>
<td>Incidents and emergent issues as per protocol.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide assistance with incursions as requested by MoH.</td>
<td>CPH (Protection)</td>
<td>Record of assistance provided during incursions.</td>
<td></td>
</tr>
<tr>
<td>Maintain strong relationships with border and other relevant agencies and organisations on matters relating to border health protection.</td>
<td>CPH (Protection)</td>
<td>Record of liaison visits, incidents, training, etc.</td>
<td></td>
</tr>
<tr>
<td>Provide advice to relevant agencies and organisations on matters relating to border health protection.</td>
<td>CPH (Protection)</td>
<td>Record of advice in Healthscape</td>
<td>Professional level of advice given.</td>
</tr>
<tr>
<td>Drinking water quality Optimised adequacy, safety and quality of drinking water in Canterbury</td>
<td>Support local authorities to maintain catchment protection.</td>
<td>CPH (Protection)</td>
<td>Records of interactions recorded in Healthscape</td>
</tr>
<tr>
<td>Prevention of spread of disease to the public through reticulated water supplies</td>
<td>Provide technical advice on public health aspects of drinking water supplies, including the implications of the Health Act 1956 and the DWS NZ to water suppliers,</td>
<td>CPH (Protection)</td>
<td>Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).</td>
</tr>
<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
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</tr>
<tr>
<td>councils and organisations.</td>
<td>Carry out functions and duties of a DWA as defined under the Health Act.</td>
<td>CPH (Protection)</td>
<td>DWA activities completed within legislative timeframes.</td>
</tr>
<tr>
<td>Undertake Annual Survey.</td>
<td>CPH (Protection)</td>
<td></td>
<td>Annual Survey data provided by required date.</td>
</tr>
<tr>
<td>Carry out public health grading of drinking water supplies on request.</td>
<td>CPH (Protection)</td>
<td></td>
<td>Gradings completed and entered on WINZ</td>
</tr>
<tr>
<td>Provide drinking water input into RMA submissions. (See Resource Management activities)</td>
<td>CPH (Protection)</td>
<td></td>
<td>Record of input into submissions (See Resource Management)</td>
</tr>
<tr>
<td>Undertake enforcement activities and investigations in consultation with the MoH.</td>
<td>CPH (Protection)</td>
<td></td>
<td>Number of investigations undertaken</td>
</tr>
<tr>
<td>Provide advice on the benefits of water fluoridation to health professionals, TAs, community groups who are promoting the extension or maintenance</td>
<td>CPH (Protection)</td>
<td></td>
<td>Number of submissions or opportunities taken (see Resource Management) Number of times advice provided.</td>
</tr>
<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
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</tr>
<tr>
<td><strong>Sewage</strong></td>
<td>Respond to respond to transgressions and suspected water borne disease outbreaks and cases. (See Communicable Disease activities)</td>
<td>CPH (Protection)</td>
<td>Timely professional investigation reports produced. Recommendations provided that will prevent recurrence of incident suspected/confirmed water borne disease outbreaks</td>
</tr>
<tr>
<td><strong>Sewage</strong></td>
<td>Work with councils to promote and ensure safe sewage disposal including making submissions on regional plans and policies, district plans and policies, resource consents. (See also Resource Management activities)</td>
<td>CPH (Protection)</td>
<td>Record of external meetings attended and agreed actions. (See Resource Management for submissions)</td>
</tr>
<tr>
<td><strong>Sewage</strong></td>
<td>Work with councils to manage risks of unplanned contamination events.</td>
<td>CPH (Protection)</td>
<td>Record of overflow notifications received.</td>
</tr>
<tr>
<td><strong>Sewage</strong></td>
<td>Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and</td>
<td>CPH (Protection)</td>
<td>Record of contribution.</td>
</tr>
</tbody>
</table>

- Quantity
- Quality
- Short Term Outcome Indicators (how we’ll monitor progress towards the results)
<table>
<thead>
<tr>
<th>Short Term Outcomes</th>
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<tr>
<td></td>
<td></td>
<td>CPH (Protection)</td>
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</tr>
<tr>
<td>Recreational water</td>
<td>Reduced incidence and impact of environmental hazards associated with recreational waters (RW).</td>
<td>CPH (Protection)</td>
<td>Agreed protocol in place</td>
</tr>
<tr>
<td></td>
<td>Agree RW protocols with councils annually.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work with councils to provide public information and advice, including health warnings and media releases and gradings where there is a potential public health risk from RW, shellfish growing waters or shellfish.</td>
<td>CPH (Protection)</td>
<td>Number of media releases produced in relation to RW including micro quality and algal bloom events.</td>
</tr>
<tr>
<td></td>
<td>Respond to RW (including swimming pools) and shellfish cases of illness.</td>
<td>CPH (Protection)</td>
<td>Timely investigation reports produced.</td>
</tr>
</tbody>
</table>

**Short Term Outcomes**

**Activities:**
- Investigate clusters and cases of illnesses associated with non-occupational exposure to sewage. (See Communicable Disease)
- Work with councils to provide public information and advice, including health warnings and media releases and gradings where there is a potential public health risk from RW, shellfish growing waters or shellfish.
- Respond to RW (including swimming pools) and shellfish cases of illness.

**Responsibilities:**
- CPH (Protection)

**Key performance measures:**
- Quantity
- Quality
- Short Term Outcome Indicators (how we’ll monitor progress towards the results)

- Waterways contamination.
- Timely professional investigation reports produced. Recommendations provided that will prevent recurrence of incident. (See Communicable Disease)
- Agreed protocol in place
- Number of media releases produced in relation to RW including micro quality and algal bloom events.
- Timely investigation reports produced.
<table>
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</tr>
</tbody>
</table>

**Housing**

<table>
<thead>
<tr>
<th>Housing</th>
<th>Less disease caused by inadequate housing</th>
<th>Identify and enable referral pathways for vulnerable households.</th>
<th>CPH (Protection)</th>
<th>Number of referrals documented in Healthscape</th>
</tr>
</thead>
</table>

*Also see Communicable Disease*

Recommendations provided that will prevent recurrence of incident.

Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations.

CPH (Protection), Record of information on NZS5862 provided during investigations.

Work with relevant national, local and community organisations to ensure that population, especially vulnerable groups, has warm, dry, affordable housing (including ensuring health and non-health agencies are aware of appropriate channels for identification and referral of vulnerable households). *(also see Air Quality, under Resource Management)*

CPH (Protection, Communities, Policy), Primary Care.

Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.

Housing quality improvements.
<table>
<thead>
<tr>
<th>Resource management</th>
<th>Short Term Outcomes (the results that we’re working towards)</th>
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<th>Responsibilities (who will do it and when)</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contribute to planning processes that impact on improved housing for Canterbury.</td>
<td>CPH (Policy, Protection)</td>
<td>Record of contribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments</td>
<td>Submit on local government policies and plans including policy statements, regional plans, district plans, long term plans, sanitary works infrastructure planning and resource consent applications to ensure public health aspects are considered.</td>
<td>CPH (Protection -Lead, Policy)</td>
<td>Number of applications assessed (scoped). Number of submissions made. Number of hearings where evidence presented.</td>
</tr>
<tr>
<td></td>
<td>Review council decisions in terms of uptake of health submissions.</td>
<td>CPH (Protection)</td>
<td>Number of decisions reviewed.</td>
<td>% of submissions for which the outcome has been reviewed</td>
</tr>
<tr>
<td></td>
<td>Liaise with partners and stakeholders, other agencies and the public on matters of public health relating to sustainable resource management.</td>
<td>CPH (Protection)</td>
<td>Record of networking opportunities taken (external meetings, presentations, joint projects, advice given)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continue to progress agreed actions outlined in CDHB/ECan Joint Work</td>
<td>CPH (Protection, Policy)</td>
<td></td>
<td>Progress and completion of actions is recorded in CDHB/ECan reporting and CDHB/CCC reporting.</td>
</tr>
<tr>
<td>Short Term Outcomes</td>
<td>Activities</td>
<td>Responsibilities</td>
<td>Key performance measures</td>
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<td>Short Term Outcome</td>
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<td>Indicators</td>
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<td></td>
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<td></td>
<td>(how we’ll monitor progress towards the results)</td>
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</tr>
<tr>
<td>Plan and CDHB/CCC Joint Work Plan.</td>
<td>Work with stakeholders to identify and address potential health issues relating to air quality.</td>
<td>CPH (Protection)</td>
<td>Record of community meetings attended and any agreed actions.</td>
<td>Air quality monitoring results</td>
</tr>
<tr>
<td></td>
<td>Liaise with stakeholders, other agencies and the public on matters of public health relating to sustainable resource management.</td>
<td>CPH (Protection)</td>
<td>Record of external meetings (other than community meetings) attended and agreed actions.</td>
<td></td>
</tr>
<tr>
<td>Hazardous substances</td>
<td>Public protected from exposure to hazardous substances</td>
<td>Implement the Hazardous Substances Action Plan, including working with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints.</td>
<td>CPH (Protection)</td>
<td>Record of external (including HSTLC) meetings attended and agreed actions. Record of formal advice given.</td>
</tr>
<tr>
<td>Conduct investigations where required, including entry into HSDIRT and response to HSDIRT notifications.</td>
<td>CPH (Protection)</td>
<td>Number and outcome of investigations. Provide summaries for the past year (to 30 June) and estimates for the coming year (1 July to 30 June) of the nature and</td>
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<td></td>
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<td>Completion of investigations in HSDIRT by required timeframe.</td>
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<tr>
<td>Short Term Outcomes</td>
<td>Activities</td>
<td>Responsibilities</td>
<td>Key performance measures</td>
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<tr>
<td>(the results that we’re working towards)</td>
<td>(what we’ll do to get the result)</td>
<td>(who will do it and when)</td>
<td></td>
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</tr>
<tr>
<td><strong>Short Term Outcome</strong></td>
<td><strong>Indicators</strong> (how we’ll monitor progress towards the results)</td>
<td></td>
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</tr>
<tr>
<td>Early childhood education centres</td>
<td>Reduced incidence and impact of health issues in early childhood education centres (ECECs)</td>
<td>Visit, assess for pre-licensing and provide advice to ECECs.</td>
<td>CPH (Protection)</td>
<td>Number of ECECs assessed in terms of meeting requirements of ECC 1998/2008 Regulations.</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>Canterbury district prepared for emergencies impacting on public health</td>
<td>Develop and maintain emergency plans.</td>
<td>CPH (Protection)</td>
<td>Emergency plans are current. Related plans are jointly reviewed and interoperable.</td>
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</tbody>
</table>

Provide public information and advice (e.g. regarding asbestos and contaminated land). CPH (Protection) Record of advice given, including website utilisation.

Process applications for vertebrate toxic agents under HSNO legislation and audit operations. CPH (Protection) Number of VTA applications processed and audited. % of permissions peer reviewed. 100% of permissions are audited either by desk top or field audit (with % of field audits and % of desk top audits reported).

Visit, assess for pre-licensing and provide advice to ECECs. CPH (Protection) Number of ECECs assessed in terms of meeting requirements of ECC 1998/2008 Regulations. Compliance with ECEC Regulations, including infection control and lead exposure.

Work with councils to ensure appropriate placement of new ECECs. CPH (Protection) Number of meetings held with MoE and TAs. Emergency plans are current. Related plans are jointly reviewed and interoperable. Effective emergency responses as required.
<table>
<thead>
<tr>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in emergency response(s) on an as-needed basis.</td>
<td>CPH (All Teams)</td>
<td></td>
<td>Debrief reports</td>
</tr>
<tr>
<td>Deliver MoH Emergency Management Training to new staff and refresher training to established personnel (e.g. CIMS in Health, Health EMIS)</td>
<td>CPH (Protection, Information)</td>
<td>Record of training</td>
<td>Evaluation of training</td>
</tr>
<tr>
<td>Complete CPH Business Continuity Plan and share with other PHUs</td>
<td>CPH (Protection, Information)</td>
<td>Progress towards plan completion, implementation.</td>
<td>Feedback from other PHUs</td>
</tr>
<tr>
<td>Maintain relationships with ECAn, CCC, DHB Emergency Planner, Regional Emergency Management Advisor, and Civil Defence Emergency Management Group.</td>
<td>CPH (Protection, Information)</td>
<td>Record of meetings attended</td>
<td>Impact of contribution to meetings as evidenced in meeting minutes.</td>
</tr>
<tr>
<td>Engage with Māori in terms of CPH aspects of emergency planning.</td>
<td>CPH (Protection)</td>
<td>Record of progress</td>
<td></td>
</tr>
<tr>
<td><strong>Short Term Outcomes</strong> (the results that we’re working towards)</td>
<td><strong>Activities</strong> (what we’ll do to get the result)</td>
<td><strong>Responsibilities</strong> (who will do it and when)</td>
<td>Key performance measures</td>
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<tr>
<td><strong>Sustainability</strong></td>
<td>Greater understanding of and action on sustainability</td>
<td>Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies, e.g. planning for water supplies.</td>
<td>CDHB Sustainability Advisor, CPH (Protection), SI Sustainability Workgroup</td>
</tr>
<tr>
<td></td>
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<td>Lead CDHB advocacy group ‘Sustainable Health 4 Canterbury’.</td>
<td>CPH (Policy)</td>
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<tr>
<td></td>
<td></td>
<td>Develop and deliver CDHB sustainability policy and Sustainability Advisor’s workplan.</td>
<td>CDHB Sustainability Advisor, CPH (Policy)</td>
</tr>
<tr>
<td><strong>Tobacco</strong></td>
<td>Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke</td>
<td>Respond to public complaints.</td>
<td>CPH (Communities)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complete education visit/compliance check prior to CPO/complaint.</td>
<td>CPH (Communities)</td>
</tr>
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<td>Inspect licensed premises for compliance in response to complaints</td>
<td>CPH (Communities)</td>
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<td></td>
<td></td>
<td>Conduct CPOs.</td>
<td>CPH (Communities)</td>
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<td>CPO compliance.</td>
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</table>

**Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.**
<table>
<thead>
<tr>
<th></th>
<th>Short Term Outcomes (the results that we’re working towards)</th>
<th>Activities (what we'll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
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<tbody>
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<td></td>
<td></td>
<td></td>
<td>CPH (Communities)</td>
<td>Record of advice, information given.</td>
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<tr>
<td>Alcohol</td>
<td>Less alcohol-related harm</td>
<td>Provide public and retailer information and advice.</td>
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<td></td>
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<td></td>
<td>CPH (Protection)</td>
<td>Number of licensed premises monitored.</td>
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<td>Inquire into all on-, off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.</td>
<td>CPH (Protection)</td>
<td>Number of licence applications processed.</td>
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<tr>
<td></td>
<td></td>
<td>Support CPOs.</td>
<td>CPH (Protection)</td>
<td>Number of CPOs conducted (target 6). Number of premises visited during CPOs.</td>
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<td></td>
<td>Contribute to training of Duty Managers.</td>
<td>CPH (Protection)</td>
<td>Record of contribution. Estimate: 16 sessions.</td>
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<td></td>
<td>Work with Police and DLC to support community alcohol initiatives, e.g. alcohol accords.</td>
<td>CPH (Protection), AHMC</td>
<td>Record of tri-agency meetings attended.</td>
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<td></td>
<td>Support councils’ implementation of Local Alcohol Policies.</td>
<td>CPH (Protection), AHMC</td>
<td>Impact of Local Alcohol Policies.</td>
</tr>
<tr>
<td>Other psychoactive substances</td>
<td>Improved compliance with Psychoactive Substances Act 2013’</td>
<td>Work with police and other agencies to undertake regulatory activities in line with the</td>
<td>CPH (Protection)</td>
<td>Number of licensed retail premises and/or manufacturers assessed for compliance.</td>
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<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
<td>Activities (what we’ll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
<td>Key performance measures</td>
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<tr>
<td><strong>Psychoactive Substances Act 2013 and Regulations.</strong></td>
<td>Support Local councils to develop Local Approved Products Policies (LAPPs).</td>
<td>CPH (Protection)</td>
<td>Number of premises visited during CPOs.</td>
<td></td>
</tr>
<tr>
<td><strong>Support Local councils to develop Local Approved Products Policies (LAPPs).</strong></td>
<td>CPH (Protection)</td>
<td>Record of submissions made and meetings attended. (see Resource Management )</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Public protected from other health hazards</td>
<td>Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria.</td>
<td>CPH (Protection)</td>
<td>100% of solaria contacted and visited every six months. Solaria reports produced in accordance with MoH requirements Evidence of harm to public</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Respond to requests for Offensive Trade Approval for registration.</td>
<td>CPH (Protection)</td>
<td>Requests and responses recorded in Healthscape</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Disinterments to be processed and carried out in accordance with protocol.</td>
<td>CPH (Protection)</td>
<td>Disinterments recorded in Healthscape</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Appoint Medical Referees, Deputy and Second Deputy’s Medical Referees in accordance with Environmental Health Protection Manual.</td>
<td>CPH (Protection)</td>
<td>Appointments recorded in Healthscape</td>
<td></td>
</tr>
<tr>
<td>Short Term Outcomes (the results that we’re working towards)</td>
<td>Activities (what we’ll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
<td>Key performance measures</td>
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<tr>
<td>Radiation Protection Act and Regulations - Give formal advice on request and respond to radiation incident on request of the MoH’s Office of Radiation Safety.</td>
<td>CPH (Protection)</td>
<td>Requests and responses recorded in Healthscape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respond to section 126 referrals (Aged infirm and neglected persons).</td>
<td>CPH (Protection)</td>
<td>Requests and responses recorded in Healthscape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine infection control practices in nail bars and provide education.</td>
<td>CPH (Protection)</td>
<td>Inspections and findings recorded in Healthscape</td>
<td>Questionnaires completed in full</td>
<td></td>
</tr>
</tbody>
</table>
8. PREVENTIVE INTERVENTIONS

a. Strategies

- Developing, implementing and managing primary prevention programmes (targeting whole populations or groups of well people at risk of disease: e.g. immunisation programmes).
- Developing, implementing and managing population-based secondary prevention programmes (screening and early detection of disease: e.g. cancer screening).

b. Outcomes and Activities table

<table>
<thead>
<tr>
<th>Short Term Outcomes (the results we’re working towards)</th>
<th>Activities (what we’ll do to get the result)</th>
<th>Responsibilities (who will do it and when)</th>
<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunisation Increased immunisation coverage, especially for priority groups</td>
<td>Immunisation co-ordination e.g. contribute to Immunisation Service Level Alliance (ISLA) implementation of immunisation promotion plan.</td>
<td>Primary Care, ISLA, CPH (Protection), P&amp;F</td>
<td>Progress against plan. Evaluation of immunisation programmes. Immunisation rates</td>
</tr>
<tr>
<td>Lifestyle interventions Systematic identification of and response to risk factors</td>
<td>Implement the ABC Smoking Cessation Strategy in primary care and the community.</td>
<td>Primary Care, CDHB Smokefree ABC Team</td>
<td>Number of ABC training sessions provided in primary care and in the community. Completeness of practice and hospital information on smoking, alcohol intake, and physical activity</td>
</tr>
<tr>
<td>Short Term Outcomes</td>
<td>Activities (what we’ll do to get the result)</td>
<td>Responsibilities (who will do it and when)</td>
<td>Key performance measures</td>
</tr>
<tr>
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</tr>
<tr>
<td>Ensure maternity smokefree health target continues to be met.</td>
<td>Primary Care, CDHB Smokefree ABC Team, Lead Maternity Carers</td>
<td>Health target quarterly reports.</td>
<td></td>
</tr>
<tr>
<td>Meet smokefree health target, including smoking status documentation and delivery of brief advice and cessation support to smokers.</td>
<td>Primary Care, CDHB Smokefree ABC Team</td>
<td>Health target quarterly reports</td>
<td></td>
</tr>
<tr>
<td>Develop training and resources to facilitate alcohol screening in primary care and other settings.</td>
<td>AHMC (Lead), Primary Care</td>
<td>Number of staff trained.</td>
<td></td>
</tr>
<tr>
<td>Update and continue to use analytical tool for alcohol monitoring using routinely collected health system data.</td>
<td>AHMC, CPH (Information), Decision Support</td>
<td>Record of use of tool.</td>
<td></td>
</tr>
<tr>
<td><strong>Screening and early detection</strong> Early detection of cancer</td>
<td>Undertake activities to increase uptake of cervical screening.</td>
<td>Primary Care</td>
<td>Record of strategies and outcomes.</td>
</tr>
<tr>
<td></td>
<td>Undertake activities to increase uptake of breast screening.</td>
<td>Primary Care</td>
<td>Record of strategies and outcomes.</td>
</tr>
<tr>
<td>Early detection of health, behavioural, social, or</td>
<td>Implement, and/or undertake activities to</td>
<td>Primary Care</td>
<td>Target quarterly reports</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Short Term Outcomes</th>
<th>Activities</th>
<th>Responsibilities</th>
<th>Key performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>(the results that we’re working towards)</td>
<td>(what we’ll do to get the result)</td>
<td>(who will do it and when)</td>
<td>Quantity</td>
</tr>
<tr>
<td>developmental concerns.</td>
<td>increase uptake of, Before School Checks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early detection of diabetes and cardiovascular disease</td>
<td>Deliver against the Integrated Performance and Incentive Framework (IPIF) target for heart and diabetes checks.</td>
<td>Primary Care</td>
<td>IPIF quarterly reports.</td>
</tr>
</tbody>
</table>
9. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

AHMC – Alcohol Harm Minimisation Co-ordinator

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CALD – Culturally and Linguistically Diverse

CAR - Corrective Action Request

CCC – Christchurch City Council

CERA – Canterbury Earthquake Recovery Authority

CFS – Common File Structure

CPHR – Centre for Public Health Research

CTV – Canterbury Television

CWI – Canterbury Wellbeing Index – An initiative of CERA, which will measure the progress of earthquake recovery, and inform the activities of CERA and other agencies.

CIAL – Christchurch International Airport Limited

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CPH – Community and Public Health

CPO – Controlled Purchase Operation

CVD – Cardiovascular Disease

DHB – District Health Board

DLC – District Licensing Committee

DPMC – Department of the Prime Minister and Cabinet

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECan – Environment Canterbury

ECC – Early Childcare Centre

ECECs – Early Childhood Education Centres

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

FIV – First Introductory Visit

GIS – Geographical Information Systems

Health EMIS – Emergency Management Information System

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy Christchurch – A collaboration of over 200 organisations in Christchurch who are all working together to promote, protect and improve the health and wellbeing of the people of Christchurch.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population.

HiAP – Health in All Policies

HP5 – Health Promoting Schools

HPSTED – Health Promotion and Sustainability Through Environmental Design
HPV – Human papillomavirus
HSNO – Hazardous Substances and New Organisms
HSDIRT – Hazardous Substances Disease and Injury Reporting Tool
HSTLC - Hazardous Substances Technical Liaison Committee
IANZ – International Accreditation New Zealand
IHR - International Health Regulations
IPIF - Integrated Performance and Incentive Framework
IRPG – Integrated Recovery Planning Guide
ISLA – Immunisation Service Level Alliance
LAPPs - Local Approved Products Policies
MoH – Ministry of Health
MOH – Medical Officer of Health
MoU – Memorandum of Understanding
NGO – Non-government organisation
NZDep2013 – New Zealand Deprivation Index (2013)
P&F – Planning and Funding
PHN – Public Health Nurse
PHO – Primary Health Organisation
PHRMP – Public Health Risk Management Plan
PHU – Public Health Unit
Pratique – The license given to a ship to enter a port which states that it is free from contagious disease.
Primary care – Primary care is the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. General practice and PHOs are a mainstay of primary care, but not exclusively so as it also involves services such as midwifery, pharmacy, services that support positive behaviour change such as smoking cessation support programme, green prescription and so on and other roles that provide navigation, coordination, and education roles in community settings.
Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation used its money
RMA – Resource Management Act
RW – Recreational Water
SI – South Island
SIDWAU – South Island Drinking Water Assessment Unit
SIPHP - South Island Public Health Partnership
SIPHAN – South Island Public Health Analysis Network
SFEA - Smokefree Environments Act
SLA – Service Level Alliance
Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.
TA – Territorial Authority
VTA – Vertebrate Toxic Agent
WINZ – Water Information for New Zealand drinking water database
**10. APPENDIX**

A comprehensive approach to Public Health issues

The main tables in this plan are based on the five core Public Health functions. This appendix is included to suggest the way strategies from multiple agencies and all the public health functions are combined in comprehensive approaches to individual public health issues, such as tobacco control or alcohol harm reduction.

**Tobacco Control**

<table>
<thead>
<tr>
<th>Core function</th>
<th>Strategies</th>
<th>CDHB Delivered/ Funded Activities</th>
<th>Responsibility</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Health assessment and surveillance: understanding health status, health determinants and disease distribution</strong></td>
<td>Monitoring, analysing and reporting on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori. Detecting and investigating disease clusters and outbreaks (communicable and non-communicable).</td>
<td>Report on smoking prevalence and trends using routinely collected data e.g. Census and NZ Health Survey (such as City Health Profile, health status reports) highlighting disparities by ethnicity and/or deprivation. Contribute to national and regional monitoring, analysis and mapping of tobacco sales volumes, outlet distribution, etc. National and local analysis of the impact of tobacco-related disease, including impact on specific population sub-groups and on health disparities.</td>
<td>CPH, P&amp;F, Primary Care CPH, P&amp;F, Primary Care CPH, P&amp;F, Primary Care</td>
</tr>
<tr>
<td><strong>2. Public health capacity development: ensuring services are effective and efficient</strong></td>
<td>Developing and maintaining public health information systems.</td>
<td>Use local system (Healthscape) to monitor tobacco outlets, SFEA complaints, enforcement activities, CPOs. Use local system to monitor smoking status of patients in primary and secondary care. Use local systems to monitor cessation support activities (e.g. ABC).</td>
<td>CPH CPH Primary Care, P&amp;F, CDHB Smokefree ABC Team CPH, Primary Care, CDHB Smokefree ABC Team</td>
</tr>
<tr>
<td><strong>3. Health promotion: health gain through health policies, programmes and environment</strong></td>
<td>Developing partnerships with iwi, hapū, whānau and Māori to improve Māori health.</td>
<td>Engage with the implementation of the new tobacco control provider framework. Support Māori communities to deliver Auahi Kore initiatives. Work in partnership with iwi, hapū and whānau to ensure cessation services meet Māori needs.</td>
<td>CPH CPH CPH, Primary Care, CDHB Smokefree ABC Team CPH, CDHB Smokefree ABC Team</td>
</tr>
<tr>
<td>Core function</td>
<td>Strategies</td>
<td>CDHB Delivered/ Funded Activities</td>
<td>Responsibility</td>
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<td>Develop, implement, evaluate new Māori-specific Smokefree initiatives.</td>
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<td>Developing partnerships with Pacific leaders and communities to improve Pacific health.</td>
<td>CPH, Primary Care</td>
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<td>Work with Pacific leaders and communities to ensure cessation services are accessible and appropriate for Pacific people. Develop, implement, and evaluate Pacific Smokefree initiatives.</td>
<td>CPH, Primary Care</td>
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<td>Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions.</td>
<td>CPH, P&amp;F, Primary Care, CDHB Smokefree ABC Team</td>
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<td>Workforce planning, recruitment, training and ongoing professional development of staff involved in primary and secondary care, cessation support, enforcement, policy analysis and informatics.</td>
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<td>Conducting research, evaluation and economic analysis to support public health innovation and to evaluate the effectiveness of public health policies and programmes.</td>
<td>CPH, P&amp;F, Primary Care</td>
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<td>Research studies, including original research, evidence review and synthesis and project/programme evaluation to develop and assess innovative ways to decrease smoking initiation and effectively support cessation.</td>
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<td>Planning and managing public health programmes across the full range of providers, including PHOs, P&amp;F, Councils and NGOs.</td>
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<td>Develop reports and advice to support robust tobacco control interventions, including evidence reviews, project/programme evaluations, needs assessments, GIS analysis. Contribute to/develop national and regional tobacco control strategies. Develop and support development of tobacco control plans for CDHB, PHOs (Pegasus, Christchurch, Rural Canterbury), and CPH, ensuring integration of local plans. Contribute to relevant national, regional and local public health infrastructure, e.g. NZ Public Health Association, Health Promotion Forum, Cancer Society, Heart Foundation, Healthy Families NZ.</td>
<td>CPH, Primary Care, CDHB Smokefree ABC Team</td>
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<td>Quality management for public health, including monitoring and performance assessment.</td>
<td>CPH, CDHB Smokefree ABC Team</td>
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<td>Continue standard-setting, reporting and audit of all tobacco control activities to ensure targets are achieved.</td>
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<td><strong>3. Health promotion: enabling people to increase control over and improve their health</strong></td>
<td>Developing public and private sector policies beyond the health sector that will improve health, improve Māori health and reduce disparities.</td>
<td>Advocate for fiscal policies to support tobacco sales reductions. Advocate for and support local council smokefree policies (e.g. smokefree playgrounds and sports venues, smokefree public events). Support businesses and organisations to develop tobacco policies (e.g. smokefree marae, employer support for smoking cessation, tobacco-free retailers). Support the implementation of the CDHB Smokefree Aotearoa 2025 position statement.</td>
<td>CPH, CPH, CDHB Smokefree ABC Team, CPH, CDHB Smokefree ABC Team</td>
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<td></td>
<td>Creating physical, social and cultural environments supportive of health.</td>
<td>Develop and deliver smokefree and smoking cessation initiatives in a range of settings including schools, alternative education providers, marae, and workplaces. Work with partner organisations, e.g. Smokefree Canterbury and Smokefree mid-Canterbury, to increase the number of smokefree places (e.g. playgrounds, other public places and events, marae, clubs, homes). Contribute to national, regional and local education and marketing campaigns to highlight the dangers of tobacco, encourage cessation and promote smokefree as a positive choice, including sponsorship and promotion of the “Smokefree” brand (e.g. World Smokefree Day).</td>
<td>CPH, CPH, CPH</td>
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<td></td>
<td>Strengthening communities’ capacities to address health issues of importance to them, and to mutually support their members in improving their health.</td>
<td>Support local communities to develop local smokefree policies (e.g. marae, playgrounds). Support community initiatives and events to raise tobacco awareness (e.g. World Smokefree Day). Contribute to the Te Wai Pounamu Māori Leadership Group for Cancer.</td>
<td>CPH, CPH, Primary Care</td>
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<td></td>
<td>Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.</td>
<td>Support delivery of ABC programmes in primary and secondary care. Provide community cessation services with a particular focus on those least able to access mainstream services. Promote Quitline. Work to progress the maternity smokefree health target.</td>
<td>CDHB Smokefree ABC Team, Primary Care, CPH, CDHB Smokefree ABC Team, Lead Maternity Carers</td>
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<td>Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, and injury, and rational use of health resources.</td>
<td>Collaborate to address local tobacco issues (e.g. developing smokefree campuses, co-ordinating tobacco control initiatives, recording of ABC delivery in hospitals and primary care, promoting smokefree pregnancies, ensuring accessible cessation support).</td>
<td>CPH, P&amp;F, CDHB Smokefree ABC Team, Primary Care</td>
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<tr>
<td>4. Health protection: protecting communities against public health hazards</td>
<td>Developing and reviewing public health laws and regulations.</td>
<td>Contribute to development and updating of SFEA and other regulatory controls on tobacco use, sales, and sponsorship.</td>
<td>CPH</td>
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|               | Supporting, monitoring and enforcing compliance with legislation.                                                                                                                                         | Educate retailers and employers about SFEA responsibilities.  
Support compliance (e.g. providing advice and signage).  
Receive and investigate complaints about SFEA breaches.  
Conduct CPOs.  
Support partner agencies with prosecutions for breaches of legislation.                                                                 | CPH, CPH, CPH   |
<p>|               | Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.                                                       | Publicly highlight tobacco use as an important risk factor for certain communicable diseases (e.g. meningococcal disease, legionnaire’s disease).                                                                                       | CPH            |
|               | Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.     | Highlight tobacco smoke as key indoor air pollutant. Work to increase the number of smokefree places (e.g. playgrounds, other public places and events, marae, clubs, homes).                                                   | CPH            |
|               | Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.       | Monitor and address post-disaster smoking relapses as part of disaster recovery plans, through information, education and cessation support.                                                                                       | CPH, CDHB Smokefree ABC Team, Primary Care |</p>
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<tr>
<td>5. Preventive interventions: population programmes delivered to individuals</td>
<td>Developing, implementing and managing primary prevention programmes (targeting whole populations or groups of well people at risk of disease: e.g. immunisation programmes).</td>
<td>Implement the ABC Smoking Cessation Strategy in primary care and the community. Meet the smokefree health target and IPIF smokefree target. Deliver smoking cessation education and training in primary care.</td>
<td>Primary Care, CDHB Smokefree ABC Team Primary Care</td>
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<tr>
<td>1. Health assessment and surveillance: understanding health status, health determinants and disease distribution</td>
<td>Monitoring, analysing and reporting on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori. Detecting and investigating disease clusters and outbreaks (communicable and non-communicable).</td>
<td>Report on alcohol intake and trends using routinely collected data e.g. NZ Health Survey (in reports such as City Health Profile, health status reports, CDHB Quality Accounts, SI alcohol-related harm indicators) highlighting disparities by ethnicity and/or deprivation. Contribute to national and regional monitoring, analysis and mapping of alcohol sales, outlet distribution etc. National and local analysis of the impact of alcohol-related disease, including ongoing collection of ED data regarding alcohol and update and implementation of an analytical tool for alcohol harm monitoring using routinely collected hospital data. This analysis will highlight the impact on specific population sub-groups and on health disparities. Develop/implement alcohol communications plan to inform stakeholders and the public about alcohol-related harm.</td>
<td>CPH, P&amp;F, AHMC, Primary Care, CPH, AHMC, AHMC (Lead), CPH, P&amp;F</td>
</tr>
<tr>
<td>2. Public health capacity development: ensuring services are effective and efficient</td>
<td>Developing and maintaining public health information systems.</td>
<td>Use local system (Healthscape) to record and monitor license applications and licensed premises, Sale and Supply of Alcohol Act complaints, enforcement activities, CPOs. Use local system(s) to monitor alcohol utilisation of patients in primary and secondary care.</td>
<td>CPH, AHMC, P&amp;F, Primary Care</td>
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<td></td>
<td>Developing partnerships with iwi, hapū, whānau and Māori to improve Māori health.</td>
<td>Support Māori communities to deliver alcohol harm reduction initiatives. Work in partnership with iwi, hapū and whānau to ensure alcohol support services meet Māori needs. Contribute to the Te Waipounamu Māori Leadership group for Cancer.</td>
<td>CPH, AHMC, CPH, CPH</td>
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<tr>
<td></td>
<td>Developing partnerships with Pacific leaders and communities to improve Pacific health.</td>
<td>Work with Pacific leaders and communities to ensure alcohol harm reduction services are accessible and appropriate for Pacific people.</td>
<td>CPH, AHMC</td>
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<td>Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions.</td>
<td>Workforce planning, recruitment, training and ongoing professional development of relevant health system staff to undertake alcohol screening; brief interventions and support for individuals; enforcement; policy analysis and informatics.</td>
<td>CPH, AHMC, P&amp;F, Primary Care</td>
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<td>Conducting research, evaluation and economic analysis to support public health innovation and to evaluate the effectiveness of public health policies and programmes.</td>
<td>Conduct research studies, including original research, evidence review and synthesis and project/programme evaluation, to develop and assess innovative ways to reduce alcohol harm.</td>
<td>CPH, AHMC</td>
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<td>Planning and managing public health programmes across the full range of providers, including PHOs, P&amp;F, Councils and NGOs.</td>
<td>Develop reports and advice to support robust alcohol harm reduction interventions, including data analysis and presentation, evidence reviews, project/programme evaluation, needs assessments, gap analysis, GIS analysis. Facilitate the development of regional alcohol harm reduction strategies, with associated outcome framework(s). Contribute to Massey EHI Team work on Alcohol Harm Reduction Indicators. Develop a Canterbury/Christchurch alcohol strategy in partnership with Police and CCC. Contribute to relevant national, regional and local public health infrastructure, e.g. NZ Public Health Association, Health Promotion Forum, Cancer Society.</td>
<td>CPH, AHMC, P&amp;F, Primary Care</td>
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<td>Quality management for public health, including monitoring and performance assessment.</td>
<td>Continue standard setting, reporting and audit of all alcohol harm reduction activities to ensure targets are achieved.</td>
<td>CPH, AHMC, Primary Care</td>
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<td>3. Health promotion: enabling people to increase control over and improve their health</td>
<td>Developing public and private sector policies beyond the health sector that will improve health, improve Māori health and reduce disparities.</td>
<td>Advocate for national, regional and local policies that support alcohol harm reduction, including fiscal policies to support sales reductions. Work with Police and DLC to support community alcohol initiatives, e.g. alcohol accords, input to licence applications. Support businesses and organisations to develop alcohol policies.</td>
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<td>Support and promote the CDHB position statement on alcohol. Support local authorities to implement LAPs.</td>
<td>CPH, AHMC, P&amp;F, Primary Care</td>
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<td></td>
<td>Creating physical, social and cultural environments supportive of health.</td>
<td>CPH, AHMC</td>
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<td>Developing and support HPS, including supporting alcohol harm reduction initiatives. Work with tertiary education settings on alcohol harm minimisation e.g. Good One party register. Promote alcohol harm reduction messages to education settings and communities. Contribute to national, regional and local education and marketing campaigns to highlight the dangers of alcohol and encourage reduction/cessation.</td>
<td>CPH</td>
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<td></td>
<td>Strengthening communities’ capacities to address health issues of importance to them, and to mutually support their members in improving their health.</td>
<td>CPH, AHMC</td>
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<td>Supporting local organisations (e.g. marae) to develop alcohol policies. Support community initiatives and events to raise awareness regarding alcohol-related harm. Co-ordinate collaborative alcohol harm minimisation projects, including under the Healthy Christchurch umbrella.</td>
<td>CPH</td>
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<td></td>
<td>Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.</td>
<td>Primary Care, AHMC</td>
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<td></td>
<td>Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, and injury, and rational use of health resources.</td>
<td>CPH, AHMC, Primary Care, P&amp;F</td>
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<tr>
<td>4. Health protection: protecting communities</td>
<td>Developing and reviewing public health laws and regulations.</td>
<td>CPH, AHMC</td>
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<td><strong>against public health hazards</strong></td>
<td>Supporting, monitoring and enforcing compliance with legislation.</td>
<td>Educate retailers and employers about Sale and Supply of Alcohol Act responsibilities, including contributing to training of Duty Managers. Inquire into all on-, off-, club and special licence applications and provide Medical Officer of Health Reports to DLC where necessary. Support compliance (e.g. providing advice and signage). Receive and investigate complaints about Sale and Supply of Alcohol Act breaches. Support CPOs. Support partner agencies with prosecutions for breaches of legislation.</td>
<td>CPH CPH CPH CPH</td>
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<td>Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.</td>
<td>Publicly highlight alcohol use as an important risk factor for certain communicable diseases (e.g. sexually transmitted infections, pneumonia, and tuberculosis).</td>
<td>CPH</td>
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<td>Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.</td>
<td>Address post-disaster alcohol use as part of disaster recovery plans, through information, education and reduction/cessation support.</td>
<td>CPH, AHMC, Primary Care</td>
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<tr>
<td><strong>5. Preventive interventions: population programmes delivered to individuals</strong></td>
<td>Developing, implementing and managing primary prevention programmes (targeting whole populations or groups of well people at risk of disease, e.g. immunisation programmes).</td>
<td>Develop training and resources to facilitate alcohol screening in primary care settings.</td>
<td>AHMC, Primary Care</td>
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<td>Developing, implementing and managing population-based secondary prevention programmes (screening and</td>
<td>Develop (i) a programme of alcohol brief interventions training for appropriate clinical staff and other professional groups and (ii) a database of trained staff.</td>
<td>AHMC, P&amp;F, Primary Care</td>
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<td>early detection of disease: e.g. cancer screening)</td>
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