

# AGENDA



## COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch  
Thursday, 3 September 2020 commencing at 1.00pm

Administration			
	Apologies		1.00pm
1.	<a href="#">Conflict of Interest Register</a>		
2.	<a href="#">Confirmation of Minutes – 2 July 2020</a>		
3.	<a href="#">Carried Forward / Action List Items</a>		
Presentations			
4.	<a href="#">CALD Presentation</a>	Sally Carlton <i>Community Languages Information Network Group</i>	1.05-1.30pm
5.	<a href="#">A Public Health Approach to Disability</a>	Allison Nichols-Dunsmuir <i>Health In All Policies Advisor</i>	1.30-1.50pm
Reports for Noting			
6.	<a href="#">Community &amp; Public Health Update Report</a>	Evon Currie <i>General Manager, Community &amp; Public Health</i>	1.50-2.00pm
7.	<a href="#">COVID-19 Update - Presentation</a>	Dr Anna Stevenson <i>Public Health Physician</i>	2.00-2.15pm
8.	<a href="#">CDHB Workforce Update</a>	Paul Lamb <i>Acting Chief People Officer</i>	2.15-2.25pm
9.	<a href="#">End-of-Life Service Update</a>	Kathy O'Neill <i>Team Leader, Primary Care</i>	2.25-2.35pm
ESTIMATED FINISH TIME			2.35pm
	Information Items <ul style="list-style-type: none"> <li>Disability Steering Group Minutes:               <ul style="list-style-type: none"> <li><a href="#">22 May 2020</a></li> <li><a href="#">26 June 2020</a></li> </ul> </li> <li>Community &amp; Public Health End of Year Report to MoH</li> <li><a href="#">2020 Workplan</a></li> </ul>		

**NEXT MEETING: Thursday, 5 November at 1.00pm**

**ATTENDANCE****COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE**

Aaron Keown (Deputy Chair)  
 Catherine Chu  
 Jo Kane  
 Naomi Marshall  
 Gordon Boxall  
 Tom Callanan  
 Rochelle Faimalo  
 Rawa Karetai  
 Yvonne Palmer  
 Michelle Turrall  
 Dr Olive Webb  
 Sir John Hansen (Ex-officio)  
 Gabrielle Huria (Ex-officio)

**Executive Support**

David Meates – *Chief Executive*  
 Evon Currie – *General Manager, Community & Public Health*  
 Mary Gordon – *Executive Director of Nursing*  
 David Green – *Acting Executive Director, Finance & Corporate Services*  
 Ralph La Salle – *Acting Executive Director, Planning Funding & Decision Support*  
 Paul Lamb – *Acting Chief People Officer*  
 Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*  
 Hector Matthews – *Executive Director Maori & Pacific Health*  
 Dr Sue Nightingale – *Chief Medical Officer*  
 Karalyn Van Deursen – *Executive Director of Communications*  
 Stella Ward – *Chief Digital Officer*

Anna Craw – *Board Secretariat*  
 Kay Jenkins – *Executive Assistant, Governance Support*

**COMMITTEE ATTENDANCE SCHEDULE 2020****Canterbury**

District Health Board

Te Poari Hauora o Waitaha

NAME	05/03/20 Informal Mtg	07/05/20 Mtg Cancelled	02/07/20	03/09/19	05/11/20
Jo Kane (Chair) (Resigned as Chair 14 Aug 20)	√		√		
Aaron Keown (Deputy Chair)	#		√		
Sally Buck	#		#	** 08/07/2020	
Catherine Chu		* 16/04/2020	√		
Naomi Marshall	√		√		
Gordon Boxall		* 01/06/2020	^		
Tom Callanan	√		√		
Wendy Dallas-Katoa	√	** 01/06/2020			
Rochelle Faimalo	#		#		
Dr Susan Foster Cohen	√	** 01/06/2020			
Rawa Karetai		* 01/06/2020	x		
Yvonne Palmer	#		√		
Michelle Turrall		* 01/06/2020	x		
Dr Olive Webb	#		x		
Hans Wouters	#	** 01/06/2020			
Sir John Hansen (ex-officio)	√		^		
Gabrielle Huria (ex-officio)	#		#		

- √ Attended  
 x Absent  
 # Absent with apology  
 ^ Attended part of meeting  
 ~ Leave of absence  
 \* Appointed effective  
 \*\* No longer on the Committee effective

# CONFLICTS OF INTEREST REGISTER COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE (*CPH&DSAC*)

**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

*(As disclosed on appointment to the Board/Committee and updated from time-to-time, as necessary)*

<p><b>Aaron Keown</b> <b>Deputy Chair – CPH&amp;DSAC</b> Board Member</p>	<p><b>Christchurch City Council</b> – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.</p> <p><b>Christchurch City Council</b> – Chair of Disability Issues Group</p> <p><b>Grouse Entertainment Limited</b> – Director/Shareholder</p>
<p><b>Gordon Boxall</b></p>	<p><b>Akaroa Community Health Trust (ACHT)</b> – Chairperson and Trustee A charity established to develop a new model of care that integrated local primary care services with aged care, respite and modern health services fit for the rural community. Its primary goal was to establish a new facility, in partnership with CDHB, to replace the hospital and unviable aged care home, post earthquakes.</p> <p><b>Akaroa Health Limited</b> – Director Wholly owned charity which is the operating arm of ACHT. The new facility accommodates a GP practice, eight aged care beds and four flexi beds. It has contracts with CDHB.</p> <p><b>Pathways</b> – Director National provider of mental health and wellbeing supports and services. It has contracts with CDHB.</p> <p><b>People First / Nga Tangata Tuatahi</b> – National Advisor Volunteer role to support people with learning / intellectual disabilities to govern their own organisation.</p> <p><b>Weaving Threads Limited</b> – Owner / Director Provides mentoring services to leaders in the disability sector and contracts with disability and mental health agencies.</p>
<p><b>Tom Callanan</b></p>	<p><b>CCS Disability Action</b> – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing. Receives funding for services from MoH and MSD.</p> <p><b>Disability Sector System Transformation, Regional Leadership Group</b> – Member.</p> <p><b>Project Search Canterbury</b> – Steering Group Member Representing CCS Disability Action as a partner. CDHB current host business.</p> <p><b>Southern Centre Charitable Trust</b> – Trustee and Treasurer</p>

<b>Catherine Chu</b> Board Member	<p><b>Christchurch City Council</b> – Councillor Local Territorial Authority</p> <p><b>Riccarton Rotary Club</b> – Member</p> <p><b>The Canterbury Club</b> – Member</p>
<b>Rochelle Faimalo</b>	<p><b>Canterbury Youth Workers Collective</b> – Committee Member</p> <p><b>Faimalo Limited</b> – Director &amp; Shareholder</p> <p><b>Hurunui District Council</b> – Community Team Leader</p>
<b>Jo Kane</b> Board Member	<p><b>Christchurch Resettlement Services</b> - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes.</p> <p><b>HurriKane Consulting</b> – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.</p> <p><b>Latimer Community Housing Trust</b> – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p><b>NZ Royal Humane Society</b> – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.</p>
<b>Rawa Karetai</b>	<b>To be advised.</b>
<b>Naomi Marshall</b> Board Member	<p><b>Riccarton Clinic &amp; After Hours</b> – Employee Employed as a Nurse. Riccarton Clinic &amp; After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.</p>
<b>Yvonne Palmer</b>	<p><b>Age Concern Canterbury</b> – Project Coordinator Staff member responsible for education courses and events.</p> <p><b>Safer Waimakariri Advisory Group</b> – Member</p>
<b>Michelle Turrall</b> Manawhenua	<b>To be advised.</b>
<b>Dr Olive Webb</b>	<p><b>Canterbury Plains Water Trust</b> – Trustee <b>Greater Canterbury Forum</b> - Member <b>Private Consulting Business</b> Sometimes works with CDHB patients and services.</p> <p>Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.</p>

<p><b>Sir John Hansen</b>  <b>Ex-Officio – CPH&amp;DSAC</b>  Chair, CDHB</p>	<p><b>Bone Marrow Cancer Trust</b> – Trustee</p> <p><b>Canterbury Clinical Network Alliance Leadership Team</b> - Chair</p> <p><b>Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group</b> - Member</p> <p><b>Canterbury Cricket Trust</b> - Member</p> <p><b>Christchurch Casino Charitable Trust</b> - Trustee</p> <p><b>Court of Appeal, Solomon Islands, Samoa and Vanuatu</b></p> <p><b>Dot Kiwi</b> – Director and Shareholder</p> <p><b>Judicial Control Authority (JCA) for Racing</b> – Appeals Tribunal Member  The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner.</p> <p><b>Ministry Primary Industries, Costs Review Independent Panel</b></p> <p><b>Rulings Panel Gas Industry Co Ltd</b></p> <p><b>Sir John and Ann Hansen’s Family Trust</b> – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.</p>
<p><b>Gabrielle Huria</b>  <b>Ex-Officio – CPH&amp;DSAC</b>  Deputy Chair, CDHB</p>	<p><b>Nitrates in Drinking Water Working Group</b> – Member  A discussion forum on nitrate contamination of drinking water.</p> <p><b>Pegasus Health Limited</b> – Sister is a Director  Primary Health Organisation (PHO).</p> <p><b>Rawa Hohepa Limited</b> – Director  Family property company</p> <p><b>Sumner Health Centre</b> – Daughter is a General Practitioner (GP)  Doctor’s clinic.</p> <p><b>Te Runanga o Ngai Tahu</b> – General Manager  Tribal Entity.</p> <p><b>The Royal New Zealand College of GPs</b> – Sister is an “appointed independent Director” College of GPs.</p>

**MINUTES**

**DRAFT**  
**MINUTES OF THE COMMUNITY & PUBLIC HEALTH**  
**AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch**  
**on Thursday, 2 July 2020 commencing at 1.00pm**

**PRESENT**

Jo Kane (Chair); Aaron Keown (Deputy Chair); Catherine Chu; Naomi Marshall; Gordon Boxall; Tom Callanan; Yvonne Palmer; and Sir John Hansen (Ex-officio).

**APOLOGIES**

Apologies for absence were received and accepted from Sally Buck; Rochelle Faimalo; and Gabrielle Huria.

An apology for early departure was received and accepted from Sir John Hansen (2.00pm).

**EXECUTIVE SUPPORT**

Evon Currie (General Manager, Community & Public Health); Jacqui Lunday Johnstone (Director of Allied Health, Scientific & Technical); and Anna Crow (Board Secretariat).

**EXECUTIVE APOLOGIES**

David Meates and Carolyn Gullery

**IN ATTENDANCE****Full Meeting**

Allison Nichols-Dunsmuir, Health In All Policies Advisor  
 Kathy O'Neill, Team Leader, Primary Care

**Item 4**

Lucy D'aeth, Public Health Specialist  
 Sue Turner, Public Health Manager

**Item 5**

Dr Ramon Pink, Medical Officer of Health

**Items 6 & 7**

Grant Cleland, Chair, Disability Steering Group

Jo Kane, Chair, opened the meeting welcoming all present.

**1. INTEREST REGISTER****Additions/Alterations to the Interest Register**

Catherine Chu: Bank of New Zealand – delete  
 Keep Christchurch Beautiful - delete

Aaron Keown: Christchurch City Council, Chair of the Disability Issues Group – addition.

Yvonne Palmer: Canterbury Community Justice Panels - delete  
 Canterbury Justice of the Peace Association Incorporated – delete  
 Styx Living Laboratory Charitable Trust - delete

There were no other additions/alterations to the interest register.

**Declarations of Interest for Items on Today's Agenda**

There were no declarations of interest for items on today's agenda.

**Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

**2. CARRIED FORWARD / ACTION LIST ITEMS**

The carried forward action list was noted.

**3. UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES AND THE CANTERBURY DISTRICT HEALTH BOARD**

Allison Nichols-Dunsmuir, Health In All Policies Advisor, presented to the Committee on the UN Convention on the Rights of Persons with Disabilities (*UN Convention*) and the CDHB. The presentation highlighted the following:

- The Convention
- Article 1 - Purpose of the Convention
- What is Disability
- The Convention and the CDHB
- Article 25 – Health
- Article 26 – Habilitation and Rehabilitation
- Article 9 – Accessibility
- NZ Health & Disability Sector

Discussion took place on the following:

- The difference between habilitation and rehabilitation
- Differing standards country to country
- Building Code versus best practice Building Code
- Employment and equity in society
- Need for greater consultation to ensure all people have access to equipment and facilities
- Greater education for primary care facilities

A member noted that the UN Convention is the benchmark that we need to meet so anything we can contribute is important. The refreshed action plan will be built up against the UN Convention. It will be interesting to see the result of New Zealand's assessment due to be held later in the year, and whether the independent monitoring mechanism is as supportive as it has been in the past.

Ms Jacqui Lunday Johnstone, Executive Director, Allied Health, Scientific & Technical, advised that the UN Convention is a good guide for CDHB, but is not a directive - there is no requirement for countries to do things specifically. We are well aware of the differentials between building to code, what we are required to do, and what actually makes a difference for people with a variety of disabilities. There are competing challenges. There are all sorts of tensions hidden in what we are required to do as opposed to what we might like to do. Some of those are financial. Where we have facilities that are less than optimal by modern standards what we might need to do to them may be prohibitive financially. The Accessibility Group is working through a process to be proactive and upstream in the co-design component when commissioning projects, before they start, or with any future fitout of a new facility. The requirement to be involved at the earliest possible stage in the project is important. Another



important component is the involvement of people with lived experience of disability in helping to influence why we have to do things in a particular way.

Ms Lunday Johnstone further noted that as a public sector, we should be an exemplar of employing people with disability. Project Search whilst great, is one project. People & Capability are starting to look at the learnings taken from Project Search and how this can be moved forward into the business, along with removing unintentional barriers to employment.

The Committee requested an update from People & Capability on progress against the CDHB's Diversity, Inclusion and Belonging Policy, to include what is working well and where there are gaps.

#### **4. COVID-19: POPULATION WELLBEING UPDATE**

Lucy D'aeth, Public Health Specialist; and Sue Turner, Public Health Manager, presented the COVID-19 Population Wellbeing Update. The presentation highlighted the following:

- Statutory requirement under the Civil Defence Legislation to lead psychosocial recovery. There are nine sub-functions of welfare, of which psychosocial support is one. The Ministry of Health leads it nationally, and DHBs lead locally.
- National Psychosocial Plan
- COVID-19 Psychosocial and Mental Wellbeing Recovery Framework
- Conditions for mental wellbeing
- Pae Ora Framework
- Local initiatives gone national – Getting Through Together; Sparklers At Home; and Reconnect

*Sir John Hansen retired from the meeting at 2.00pm.*

There was discussion on the following:

- Importance of language and messaging
- Accessible messaging for the young, old, and rural sector
- Vulnerability of middle-aged men and identity issues
- The role of social media and TV
- Measuring success of the recovery plan

It was noted that the psychosocial plan is being designed for an 18 month period. At this stage, funding for the campaign is in place until the end of September 2020.

The Committee acknowledged the work being undertaken. A member noted that some families are having earthquakes every week and some families are having COVID-19 (or the equivalent) every week. Any support to a trauma informed way of practicing, teaching or parenting has to be a good thing.

There was discussion around why society waits for major events to occur before we start to talk to people about how we can become stronger emotionally and how we can be more resilient. Such discussions need to be normalised.

## 5. **FUTURE OPERATIONAL PLAN**

Evon Currie, General Manager, Community & Public Health, referenced a document that Mayor, Lianne Dalziel presented to the Christchurch City Council (CCC) at its meeting on 25 June 2020. The paper was about leading Christchurch COVID-19 recovery. CDHB has strong linkages and partnerships with CCC. CCC and CDHB are both partners in the Greater Christchurch Partnership. The Greater Christchurch Partnership is Environment Canterbury, CCC, Waimakariri, Selwyn, CDHB, Ngai Tahu, and the NZ Transport Agency. The paper talked a lot about the Greater Christchurch Partnership. It talked an incredible amount about Public Health approaches – breaking down silos within our organisations and between them; the repositioning of our city; the four wellbeing pillars (social, economic, environmental and cultural); promoting equity, valuing diversity and fostering inclusion. Talked a lot about collaboration, employment, home ownership, education, enabling communities and enterprises to be self-sufficient and adaptive.

Ms Currie noted that the Council is a member of the Canterbury Psychosocial Committee, an interagency group that came into existence in September 2010 to plan, coordinate, promote and monitor the psychosocial recovery and wellbeing of the population of greater Christchurch. The Committee focuses on identifying emerging or ongoing wellbeing issues and how to address them. The Committee is convened by Community & Public Health (CPH) and includes the Mental Health Education Centre, MSD, MOE, Red Cross, Te Puni Kokiri, Ministry of Pacific Peoples, and the University of Canterbury. It is important to draw on the expertise, capability and resource of the Committee and its members organisations.

Ms Currie advised that it is very encouraging that our Council is so connected to what is fundamentally public health ways of operating and thinking. Sometimes we can almost forget that the promotion and protection of health is also the mandate for the DHB. We often become so overwhelmed by the demands of the public health service delivery model that we can forget the bigger picture. The world in which our communities are born, live, work and play are accountable for the wellbeing of our communities. Ms Currie noted that we are working in a very good manner with our partners and we should always be encouraging those linkages and strengthening them.

In terms of the Future Pathway for CPH, Ms Currie advised that we have not got that sorted yet as it is not the right time to sort it. We need to be on a journey – a journey with our local authorities, with all state sector enterprises, working together. Our future will be dictated by that type of collaborative and overarching health determinants approach.

COVID-19 has given us the chance to stop and think and relook at what is needed. In terms of the day to day reality of what we are involved in, that is very operational and very busy. We are not doing much about future planning. We are really focused on creating the response (Uplift Plan) for a potential second wave outbreak of COVID-19.

Dr Ramon Pink, Medical Officer of Health, addressed the Committee providing an update on work underway in relation to being prepared should a second wave eventuate. Three areas being focused on are the border; managed isolation and quarantine facilities; and the Uplift Plan as referenced by Ms Currie.

The border includes Air and Port. With Air we are looking at different types of flights:

- International flights that are either charter or commercial.

- Bridging flights, where passengers arrive in Auckland, go through boarder processes and a health check, then come down to Christchurch. Christchurch is the second biggest catcher of inbound travellers from overseas.

Operational functions include being there for bridging flights, looking at PPE and the like. For the international flights we have to do the health checks and then assist travellers to managed facilities.

Management of isolation and quarantine facilities involves a multi-agency response - Defence, DHB, Public Health, Primary Care - working together with very short notice to get things organised.

Dr Pink spoke about the Uplift Plan. Planning has been underway for a while now for a second wave of up to 1,000 cases per day. This modelling was done three months ago. It requires all Public Health Units around the country to be able to case investigate and contact trace a number of cases as reported to the population we serve. For CPH this is three regions – West Coast, South Canterbury, and Canterbury. This requires the ability to case investigate up to 67 new cases per day and the associated contacts that have been identified with those, which could be anywhere between 20 and 40 contacts per case. This is a significant challenge. Resourcing of this is very challenging and we are working closely with People & Capability to assist in identifying people to do that. It is not easy to try and engage people with something that might not happen.

Dr Pink advised that the Port is a challenging area. There have been changes to requirements for those travelling to New Zealand by vessel. They must now be in New Zealand waters for 14 days before they can leave their vessel. This is going to create some challenges, which are being worked through with the MoH.

In response to a query around testing, Dr Pink advised that currently all travellers who come into our facilities get tested at Day 3 and Day 12. Further, for those close contacts, in addition to Day 3 and Day 12 testing, they also receive testing on Day 6.

There was a query on the potential strain on hotels and infrastructure to support people, given the number of returning travellers to New Zealand. Dr Pink advised that this process is going to be happening for the next 18 months to two years at least. A lot of the folk coming in are on chartered flights and it is important to ensure that the numbers coming in are able to be managed in quarantine. This will be closely monitored.

*The meeting moved to Item 7.*

## **7. COVID-19: ISSUES AND ACTIONS IDENTIFIED BY MEMBERS OF THE DISABILITY STEERING GROUP**

Ms Kane welcomed Grant Cleland, Chair, Disability Steering Group (DSG).

Kathy O'Neill, Team Leader, Primary Care, advised it was the DSG itself, which after standing down for two meetings, wanted to focus on capturing issues that they had known about or experienced themselves during the COVID-19 Levels 2-4 period. The diversity of the group became the opportunity to understand the impact within the DHB. In response to the issues raised, proposed actions have been identified. Ms O'Neill noted the intention for the issues raised to be circulated wider.

Mr Cleland highlighted issues raised in the paper, both positives and negatives.

There was discussion around the importance of telling it as it is and the need to be open about it. It was also noted that responsibility does not just sit with the DHB, the community has a role to play as well. How we use this community, which has such diversity and expertise in the room, to be able to channel that energy and effort, and communicate it in a way through that single point of contact seems to be one of the key things coming through.

The Committee noted the content of the paper as a record of the issues raised by DSG members about the experience of disabled people during the period of COVID-19 Levels 2 -4; and noted that CPH&DSAC will receive updates on progress against the proposed actions via DSG.

*The meeting moved to Item 6.*

## **6. TRANSALPINE HEALTH DISABILITY ACTION PLAN**

Ms Lunday-Johnstone introduced this report noting that it is the next step in consolidating the DHBs approach. The Transalpine Health Disability Action Plan (the *Plan*) is in the process of being refreshed and this is being done in partnership with the DSG.

Kathy O'Neill, Team Leader, Primary Care, advised new members that this is the next phase. We have been building a foundation over the last few years on all of the actions and objectives contained within the Plan. The workplan is an addition under the Plan, to make it more transparent and more accountable in terms of what we are working on and achieving at any point in time. It also identifies which area in the DHB holds responsibility for progressing each of the actions. It is a big piece of work and cannot sit with one particular area – it is across both DHBs. Whilst we have reported on the Plan before in a similar way, we have not had such a specific workplan that is a living part of the document.

Ms O'Neill highlighted the addition of aligning the Plan with Whanau Ora. Enabling Good Lives and our commitment to equity and the Treaty is at the front of the Plan. This is an important and valuable addition that shows how we have moved in the last three years.

*Gordon Boxall retired from the meeting at 3.15pm.*

The Committee noted this was a good piece of work. Implementation will be key. Ms O'Neill advised that the workplan will come back to the Committee regularly as actions are progressed.

A member raised the point that babies/antenatal – early life focus – was not well represented in the Plan. Ms O'Neill undertook to give further consideration to this area.

Ms O'Neill highlighted that an Accessible Information Working Group has been started. A paper will be coming to a future meeting seeking endorsement of the Accessibility Information Charter, a national document.

The Committee noted the report.

## **INFORMATION ITEMS**

- Notes from Informal Meeting – 5 March 2020
- CPH&DSAC Terms of Reference
- Disability Steering Group Minutes - 28 February 2020
- 2020 Workplan

## **GENERAL BUSINESS**

There was a request for a report on End of Life Care – an overview, access to funding, and impacts of any changes.

There being no further business the meeting concluded at 3.30pm.

Confirmed as a true and correct record:

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Jo Kane  
Chair

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Date of approval

## CPH&DSAC MEETING 2 JULY 2020 ACTION NOTES

Clause No		Action Points	Staff
	Apologies	Sally Buck; Rochelle Faimalo; and Gabrielle Huria – for absence. Sir John Hansen – for early departure (2.00pm)	Anna Craw
1.	Interest Register	<u>Catherine Chu</u> <ul style="list-style-type: none"> <li>Bank of New Zealand – delete</li> <li>Keep Christchurch Beautiful - delete</li> </ul> <u>Aaron Keown</u> <ul style="list-style-type: none"> <li>Christchurch City Council, Chair of the Disability Issues Group – addition.</li> </ul> <u>Yvonne Palmer</u> <ul style="list-style-type: none"> <li>Canterbury Community Justice Panels - delete</li> <li>Canterbury Justice of the Peace Association Incorporated – delete</li> <li>Styx Living Laboratory Charitable Trust - delete</li> </ul>	Anna Craw
2.	Carried Forward Items	Nil	
3.	UN Convention on the Rights of Persons with Disabilities and the CDHB	<p>People &amp; Capability to report on progress against the CDHB's Diversity, Inclusion and Belonging Policy, to include what is working well and where there are gaps. Also learnings from Project Search and how these are being moved into the business, as well as work around the removal of unintentional barriers to employment.</p> <p><b>Report to 3 September 2020 meeting – report due to Anna Craw on 24 August 2020.</b></p>	Tyler Brummer / Michael Frampton
4.	COVID-19: Population Wellbeing Update	Nil	

5.	Future Operational Plan	Nil	
6.	Transalpine Health Disability Action Plan	Further consideration be given to “early life focus” in the Plan (ie, antenatal/babies).	Kathy O’Neill
7.	COVID-19: Issues and Actions Identified by Members of the Disability Steering Group	Nil	
	Info Items	Nil	
	General Business	Report on End of Life Care – overview, access to funding, and impacts of any changes. <b>Report to 3 September 2020 meeting – report due to Anna Crow on 24 August 2020.</b>	Kathy O’Neill

**Distribution List:**

Michael Frampton  
Tyler Brummer  
Kathy O’Neill

CC. Sarah Connell

**CARRIED FORWARD/ACTION ITEMS**

**COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE  
 CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS  
 AS AT 3 SEPTEMBER 2020**

	<b>DATE</b>	<b>ACTION</b>	<b>REFERRED TO</b>	<b>STATUS</b>
1.	29 Aug 19	CALD presentation on availability and accessibility of health information in the community.	Evon Currie	Today's agenda – Item 4.
2.	29 Aug 19	The First 1,000 Days – update on development of South Island Plan.	Carolyn Gullery	TBA.
3.	02 Jul 20	People Report – progress against Diversity, Inclusion and Belonging Policy	Michael Frampton	Today's agenda – Item 8.
4.	02 Jul 20	Report on End of Life Care	Kathy O'Neill	Today's agenda – Item 9.



**CDHB POSITION STATEMENTS**

<b>STATEMENT</b>	<b>DATE ADOPTED</b>	<b>STATUS</b>
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Fluoridation Position Statement	Jul 2003	
Gambling Position Statement	Nov 2006	
Housing, Home Heating and Air Quality	Apr 2012	
South Island Smokefree Position Statement	Nov 2012	
Unflued Gas Heaters Position Statement	Jul 2015	
Sugar-Sweetened Beverages Position Statement	Nov 2018	
Environmentally Sustainable Health Care: Position Statement	Sep 2019	

NB: Position Statements may be accessed via Diligent's Resource Centre

# CLING (Community Languages Information Network Group)

<https://www.facebook.com/CLINGCanterbury>

[clingcanterbury@gmail.com](mailto:clingcanterbury@gmail.com)



Pegasus Health, Interpreting New Zealand (Canterbury),  
Christchurch Resettlement Services, Immigration New  
Zealand, Lebern and Associates, Citizens Advice Bureau,  
Christchurch City Council, CDHB Community and Public  
Health, Plains FM, New Zealand Red Cross



## CLING's work

- *Best Practice Guidelines: Engaging with Culturally and Linguistically Diverse (CALD) Communities in Times of Disaster*  
<https://www.ccc.govt.nz/assets/Documents/Services/Civil-Defence/BestPracticeGuidelinesofDiverseCommunitiesDisasterMarch2012.pdf>
- Contribution to IOM publication *Migrants in Disaster Risk Reduction*  
<https://publications.iom.int/books/migrants-disaster-risk-reduction-practices-inclusion>
- Canterbury Earthquakes Symposium - Communicating with CALD communities <https://quakestudies.canterbury.ac.nz/store/object/524931>
- Communicating with Culturally and Linguistically Diverse (CALD) communities during disaster: Observations and recommendations from New Zealand's COVID-19 response

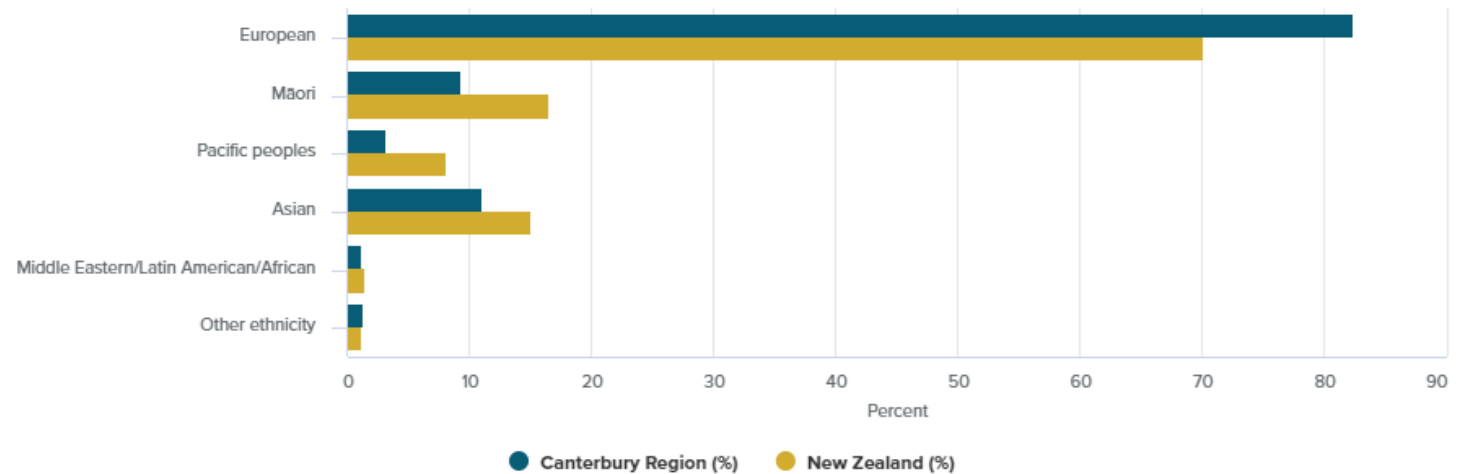
# CALD communities in Canterbury: Ethnicity

GRAPH

TABLE

METADATA

Ethnic groups for people in Canterbury Region and New Zealand, 2018 Census



Category	Canterbury Region (%)	New Zealand (%)
European	82.4	70.2
Māori	9.4	16.5
Pacific peoples	3.2	8.1
Asian	11.1	15.1
Middle Eastern/Latin American/African	1.2	1.5
Other ethnicity	1.4	1.2

# CALD communities in Canterbury: Place of birth

## Quick stats about birthplace for **Canterbury Region** (2018 Census)

Born in New Zealand

76.6%

Born overseas

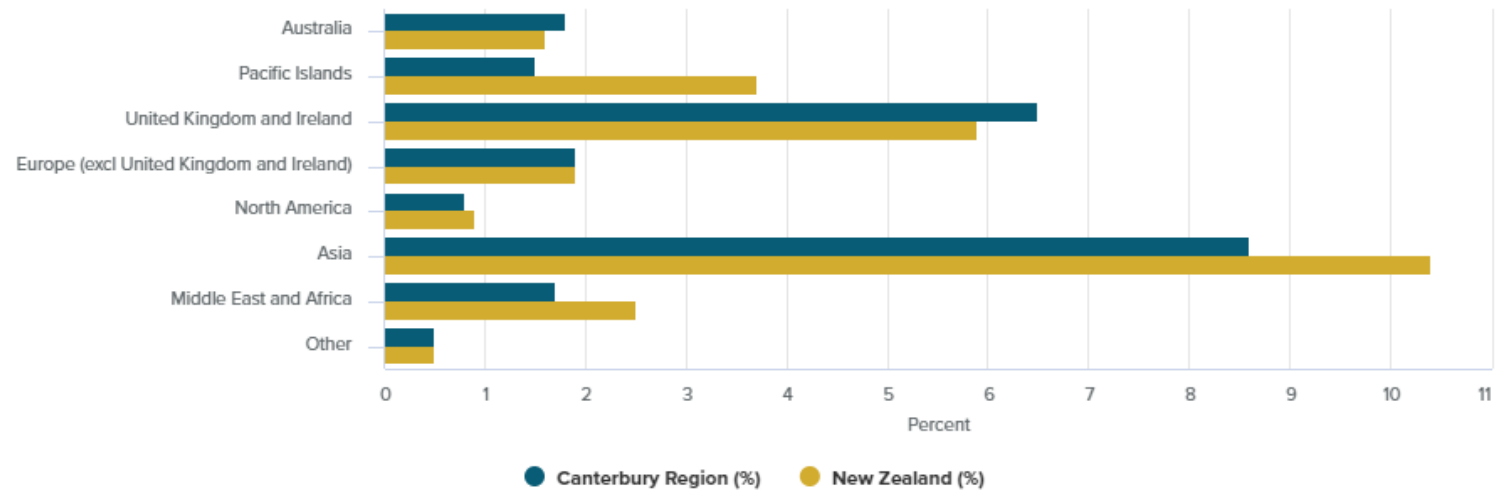
23.4%

GRAPH

TABLE

METADATA

Birthplace for people in Canterbury Region and New Zealand, 2018 Census



# CALD communities in Canterbury: Languages

## Quick stats about languages spoken for **Canterbury Region** (2018 Census)

Te reo Māori speakers  
1.9%

New Zealand Sign Language  
0.5%

English speakers  
96.5%

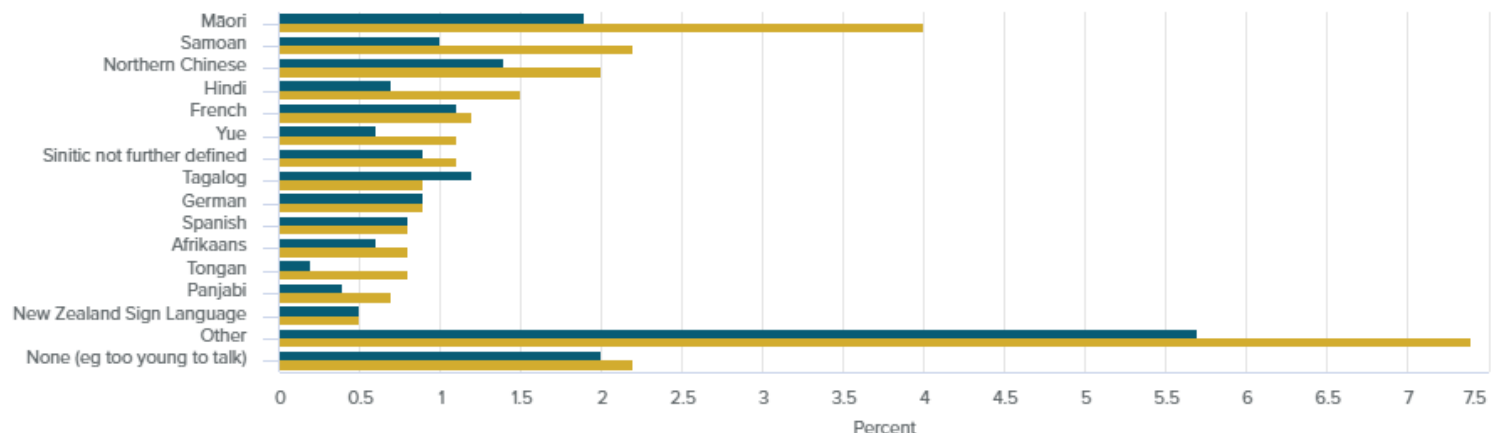
### Commonly spoken languages

GRAPH

TABLE

METADATA

Languages spoken by people in Canterbury Region and New Zealand, 2018 Census



# CALD communities in Canterbury: Religion

## Quick stats about religion for Canterbury Region (2018 Census)

No religion

51.0%

Christian

37.1%

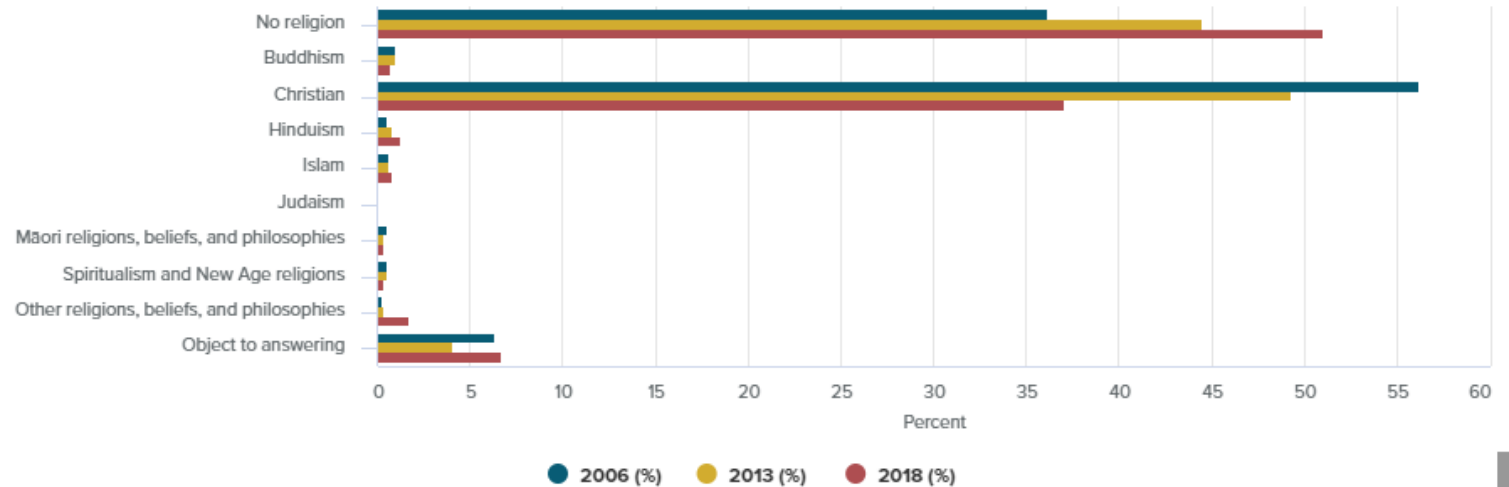
### Religious affiliation

GRAPH

TABLE

METADATA

Religious affiliation for people in Canterbury Region, 2006–18 Censuses



What is working well to support CALD communities access services/information?  
Strengths in the communities?

- Networks among service providers and communities (e.g. CLING, INFoRM - especially since 15 March 2019)
- Communities often close-knit and share information
- Community leaders
- NB Community strengths can somewhat mitigate barriers



# Barriers for CALD communities accessing services/information

- Language
- Access to / use of professional interpreters
- Channels through which information is disseminated to CALD communities – importance of community language newspapers and radio
- Lack of cultural competence among service provision staff
- Lack of ethnic diversity among service provision staff

# COVID-19 issues for CALD communities

- Racism (especially Chinese and Asian populations)
- Unemployment (especially hospitality and tourism sectors)
- Border closures – difficult and expensive to travel home / cannot return to NZ
- Border closures and wellbeing e.g. separation from family, worried about family overseas
- Visa status
- Exacerbation of existing social isolation?

## Further steps

- Ask CALD Health Advisory Group (CHAG) to present



## A public health approach to disability

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- Allison Nichols-Dunsmuir – Health in All Policies Advisor
- Community & Public Health update highlights of our work 'out and around'
- Partnerships, advice, projects, submissions
- Bird's eye view



# CDHB Transalpine Health Disability Action Plan

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CDHB will incorporate the perspectives and needs of disabled people in our work to:

- Promote the health and wellbeing of the population
- Address inequalities
- Advocate for inclusion and better built environments



## Approaches

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- Health/Disabilities in All Policies – social determinants of health, equity
- Social model of disability
- New Zealand Disability Strategy
- UN Convention on the Rights of Persons with Disabilities
- CDHB Transalpine Health Disability Action Plan

*Barriers to access are barriers to wellbeing*



## National

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- Submission on employment for disabled people draft plan
- Submission on draft road users hierarchy
- Advice on bus stop design guidelines



## Christchurch City Council

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- Disability Advisory Group (facility accessibility, various bus stops, working with Community Boards)
- Disability Issues Working Group
- KiwiAble Network
- Strengthening Communities strategy refresh
- Hagley Park Reference Group – proximity
- Re-design of Horseshoe Lake Dog Park
- Advice to Parks on accessible drinking fountains
- Kids Fest listings now have accessibility information





## Environment Canterbury

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- CDHB-ECAN Joint Work Plan
- Have a go bus day – moved from April 2020 to 2021
- “Getting to the hospital is easy by bus” brochure



## Earthquake Disability Leadership Group

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Formal linkage to Access Alliance – Cabinet support for development of framework for legislated accessibility

Network meeting on Covid 19

Legacy project



## Child and youth friendly cities

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- Advice on universal design of playgrounds



## Out in the community

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- Bush Inn mobility parking - Colleague referred







## Research

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- CWS Impact of questioning approach on identification of disabled people – BAIL, U Otago, CPH

### Possible projects

- Models of integrating the views of disabled people into policy and programmes – BAIL, U Otago, CPH, wider
- CWS analysis of harmful drinking question and disability questioning approach



- 
- Substantive work
  - Profile of CDHB and CPH
  - “I never thought about that before”

Mā ngā huruhuru, ka rere te manu  
It is the feathers that enable the bird to fly



# COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

**TO:** Chair and Members, Community & Public Health and Disability Support Advisory Committee

**PREPARED BY:** Nicola Laurie, Public Health Analyst

**APPROVED BY:** Evon Currie, General Manager, Population and Public Health

**DATE:** 3 September 2020

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing exception reporting against the Canterbury DHB's Strategic Directions and Key Priorities as set out in the District Annual Plan and the Core Directions.

## 2. RECOMMENDATION

That the Committee:

- i. notes the Community and Public Health Update Report.

## 3. DISCUSSION

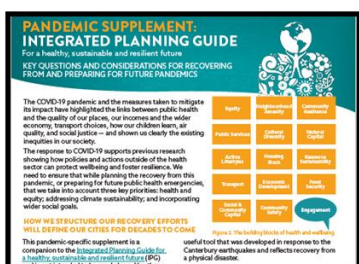
### COVID-19 Update

Community and Public Health continues to focus on the management of cases identified at the border and to ensure staff are fully trained in the necessary platforms for managing cases and contacts. Community and Public Health has continued to devote significant resource to meeting the Ministry of Health's requirements that we be ready to support any surge in COVID-19 cases locally and nationally.

Extensive local follow up has been necessitated following the identification in South Korea of a COVID-19 positive recent arrival from New Zealand (Christchurch, via Singapore). Locally this situation has involved following up a significant number of people from different settings who may have been in contact with the case to offer them testing and information (as at 3 August no positive tests have been associated with this case).

Community and Public Health has played a central role in the establishment of regional psychosocial responses. In addition, the *All Right?* team almost completely reoriented its work towards supporting psychosocial wellbeing locally and nationally through the 'Getting Through Together' (GTT) campaign. GTT is proving popular, with a significant increase in social media activity and orders of collateral.

The most recent evaluation of the reach and impact of the *All Right?* campaign in Greater Christchurch shows a 90% awareness rate among those surveyed, with 40% of these respondents recalling that they had taken some form of action as a result of seeing the campaign.



While the COVID-19 response has dominated, work with HiAP partners continued as possible and was often driven by the pandemic response. Early on CCC approached C&PH to support their COVID response. The outcome was a collaboratively developed Pandemic Supplement to the Integrated Planning Guide (IPG). Produced, peer reviewed and [published](#) in a short space of time, the supplement is designed to be used alongside the IPG with questions and thinking prompts that came to the fore during the pandemic response.

### **Risk Management**

- Managing increasing demands at the border; ongoing work with partner agencies to manage arrivals/departures at the border (both air and maritime ports).
- Ongoing work with partner agencies around managed quarantine/isolation for incoming international passengers and passengers arriving on air bridge flights from locations within NZ.
- Responding to cases in local Managed Isolation and Quarantine (*MIQ*) facilities.
- Ongoing work in relation to National Contact Tracing Solution (*NCTS*), including training, data entry and reporting.
- Readiness to rapidly upscale (including staff and equipment) should case numbers significantly increase.
- Managing staff availability for COVID-19 work together with demands associated with increasing BAU (ie. non-COVID priority work).

### **COVID-19 – Visit to Community and Public Health by Prime Minister Jacinda Ardern**

We were privileged to welcome Prime Minister the Rt Hon Jacinda Ardern to Community and Public Health on Thursday 25 June. Following karakia, waiata and speeches, the Prime Minister visited staff in their work areas – the Prime Minister spoke with those working in the COVID-19 response including those involved in case and contact management, staff managing CPH's border response, the planning and intelligence team, and the *All Right?* Team whose work has been profiled nationally over the last months.

“As well as our Medical Officers of Health and Health Protection team, Community and Public Health is also home to health promoters, smokefree coaches and analysts who, among other things, prepare submissions on policies and laws that impact upon health. The *All Right?* wellbeing campaign is also based at Community and Public Health, and the Prime Minister continues to take a real interest in its Sparklers toolkit (a free online wellbeing resource for students in years 1–8, which is now used in schools all over New Zealand). It's great having the Prime Minister's backing for a tool that is helping young people all over the country learn the skills they need to manage worries and feel good. The Prime Minister's visit coincided with the temporary expansion by Community and Public Health into a neighbouring office. While physical distancing is no longer a requirement for the majority of businesses, it is essential for Community and Public Health which needs to be able to quickly mobilise and expand its capacity if there is another surge in COVID-19 cases.”

Please see the 29 June 2020 CEO Update for further detail about this visit. <https://www.cdhb.health.nz/ceo-update/ceo-update-monday-29-june-2020/>

### **Canterbury Health System Alcohol-Related Harm Reduction Strategy**

The Canterbury Health System Alcohol-Related Harm Reduction Strategy was endorsed by the Canterbury DHB Executive Management Team in early 2018. The Alcohol Strategy Working Group, developed in July 2018, is a working group of the CCN Population Health and Access SLA that oversees and monitors the Strategy's implementation. The working group has evolved over its period of operation and has identified the need to introduce additional expert perspectives and links to CDHB People and Capability, ACC and St John, and to guide how to better engage with Youth and Māori communities on alcohol harm.

Priority actions for the coming year are to: develop and implement a communications plan to increase awareness of the health risks associated with alcohol; improve understanding of individual and population level alcohol data across the health system to build a multi-dimensional picture of the impact of alcohol; and, promote healthy environments. At their meeting Monday 15 June the ALT:

- Noted the progress to date and deliverables planned for the next 12 months.
- Endorsed the membership/perspective changes for the Alcohol Strategic Working Group and associated financial implications.
- Endorsed the revised Terms of Reference.

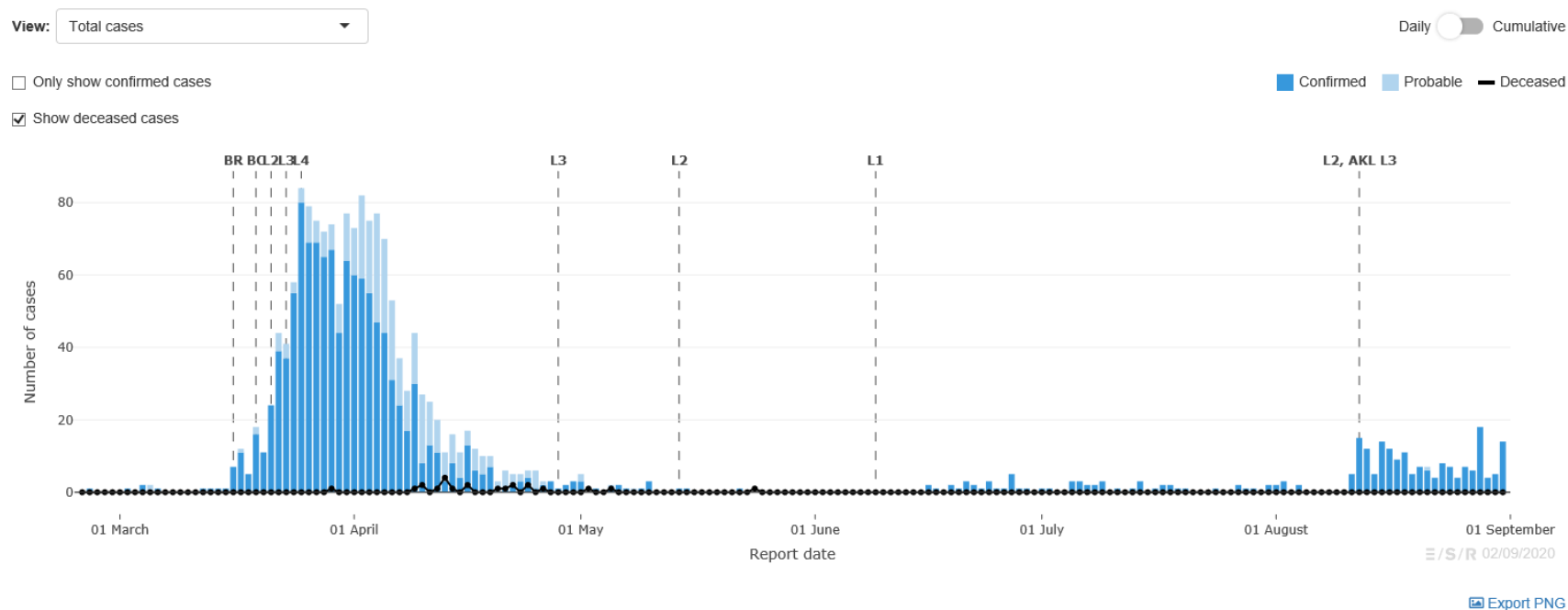


## **Briefing to CPHAC**

Dr Anna Stevenson – CDHB Medical Officer of Health

3 September 2020

# COVID-19 in NZ

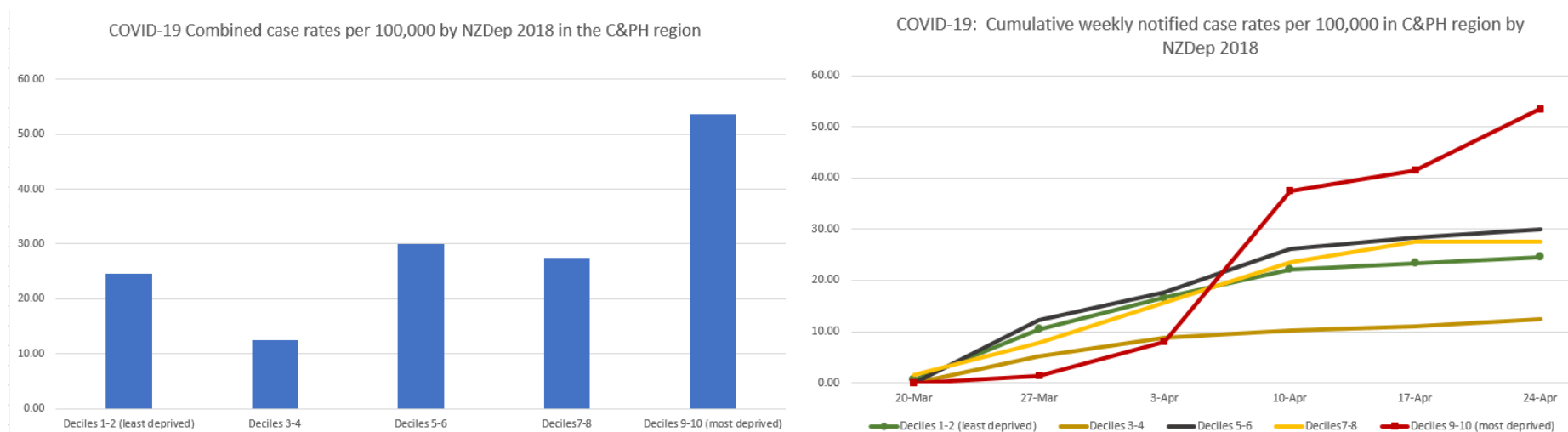


## Control dates

- 16 Mar 2020 (BR): Border restrictions, compulsory self-isolation, cruise ships prohibited
- 19 Mar 2020 (BC): Border closed to all but New Zealand citizens and residents
- 21 Mar 2020 (L2): Alert Level 2 - Reduce
- 23 Mar 2020 (L3): Alert Level 3 - Restrict
- 25 Mar 2020 (L4): Alert Level 4 - Lockdown
- 28 Apr 2020 (L3): Alert Level 3 - Restrict
- 14 May 2020 (L2): Alert Level 2 - Reduce
- 9 Jun 2020 (L1): Alert Level 1 - Prepare
- 12 Aug 2020 (L2, AKL L3): Auckland Alert Level 3 - Restrict, New Zealand Alert Level 2 - Reduce

Source – ESR Ministry of Health, NZ, accessed 02 August 2020

# COVID in Canterbury – by domicile and NZDep 2018



Source – ESR Ministry of Health, NZ, accessed 17 August 2020

# Airports

- Approximately 4000 staff
- All international and bridge flights met by Public Health staff
- Aircrews tested for last four months
- Surveillance testing started end July
- Aiming for minimum monthly swabbing
- By end of August tested 25% staff.

# Ports

- All incoming ships/boats quarantined for appropriate period several months now
- Approximately 400 staff at Lyttelton
- Swabbing clinics 4 days a week
- All highest risk groups tested (pilots etc)
- Second cycle has begun

# Managed Isolation and Quarantine facilities

- Focus is on best practice IPC/PPE
- Regular surveillance testing offered on site
- All staff tested at least fortnightly
- Working in 'pods'- no more than three hotels



## Managed Isolation and Quarantine: Daily Fact Sheet

Released at: 01/09/2020

### MANAGED ISOLATION & QUARANTINE OCCUPANCY

AS AT 2359 31 August 2020

Region	Number of facilities	Effective Capacity	Occupancy	Vacancy
Auckland	18	4,776	3,304	1,472
Hamilton	3	374	212	162
Rotorua	3	613	315	298
Wellington	2	218	120	98
Christchurch	6	1,384	1,084	300
<b>TOTAL</b>	<b>32</b>	<b>7,365</b>	<b>5,035</b>	<b>2,330</b>

Total available capacity is 7,920. Effective capacity allows for 24 hour room turn-around between guests to allow for health and cleaning requirements between arrivals and departures. These requirements are much more thorough than a standard hotel room clean, and include the use of PPE equipment, sanitising and deep cleaning.

### PROJECTED OCCUPANCY FOR NEXT 14 DAYS

Next 7 days									
	2-Sep	3-Sep	4-Sep	5-Sep	6-Sep	7-Sep	8-Sep	7 day forecast	14 day forecast
Arrivals	451	534	295	521	412	389	370	2,972	2,203
Departures	317	236	378	462	378	312	192	2,275	2,746
Projected change	+134	+298	-83	+59	+34	+77	+178	+697	-543
Total	5,105	5,403	5,320	5,379	5,413	5,490	5,668	5,668	5,125
<b>Total planned capacity</b>								<b>7,396</b>	<b>7,407</b>

The 'total planned capacity increase' includes only those facilities that we have finalised formal arrangements with at the date of this report. We track forecast arrivals and are able to stand up additional facilities quickly to meet demand.

### RETURNEES INTO NEW ZEALAND

	LAST 24 HOURS	LAST 3 DAYS		
FORECAST	398	1,083	<b>44,413</b>	<b>24,997</b>
ACTUAL	300	973	Total number of people through MI & Q facilities since 26 March 2020	People through MI & Q facilities since 17 June 2020

### INCIDENT REPORTS

This section reports on any incidents in the last 24 hours that present a potential or actual risk to public health.

01 September 2020 – No incidents to report.

### MINISTRY OF HEALTH COVID-19 TESTING DATA

AS AT 2359 31 August 2020

<b>8,599</b>	<b>505</b>	<b>130</b>	<b>33</b>
Total number of tests conducted nationwide in the past 24 hours	Total Day 3 and Day 12 swabs recorded in MI & Q facilities in the past 24 hours	Total confirmed cases identified at MI & Q facilities	Current active cases identified at MI & Q facilities

Find out more at  
**Covid19.govt.nz**

New Zealand Government

Unite  
against  
**COVID-19**

# Community Based Assessment and testing

## COVID-19 testing - Updated 1 September 2020

**Testing is only available for people with symptoms of COVID-19.** People without symptoms will not be tested at the moment – with the exception of border workers or others directed to be tested by Community and Public Health Officials.

You should [contact your GP](#) first if you are unwell and they will likely be able to offer you testing. If this is not available you can attend a testing centre instead. You will only be tested for COVID-19 at a testing centre – they won't do a health assessment, so it is important that if you are unwell and need to see a doctor or be assessed, you should [contact your GP](#) team as normal.

People with [symptoms](#) do not need a [referral](#) to attend a CBAC testing centre. You can drive-up or walk-in. Testing is free for people who have [symptoms](#) that meet the [case definition](#). If you are unsure if you have [symptoms](#) please [contact your GP](#) or Healthline for FREE on [0800 358 5453](#)

### COVID-19 Community Based Testing Centres (CBACs):

Please be aware that due to high demand, you may have to wait a long time. Please arrive at least half an hour before the testing centre closes.

- **Orchard Road CBAC (near Airport),** [174 Orchard Road, \(Off Harewood Road\), Christchurch](#). Open 9am-4pm, 7 days a week until further notice. (Walk-in/no referral required).
- **Whānau Ora Community Clinic CBAC (Wainoni),** [250 Pages Road, Wainoni, Christchurch](#). Open 9am-4pm, 7 days a week. (Walk-in/no referral required)
- **Ashburton Hospital site CBAC -** [28 Elizabeth Street, Ashburton hospital site](#), Open 10am-2pm, Tuesday, Thursday and Saturday only. (Walk-in/no referral required)

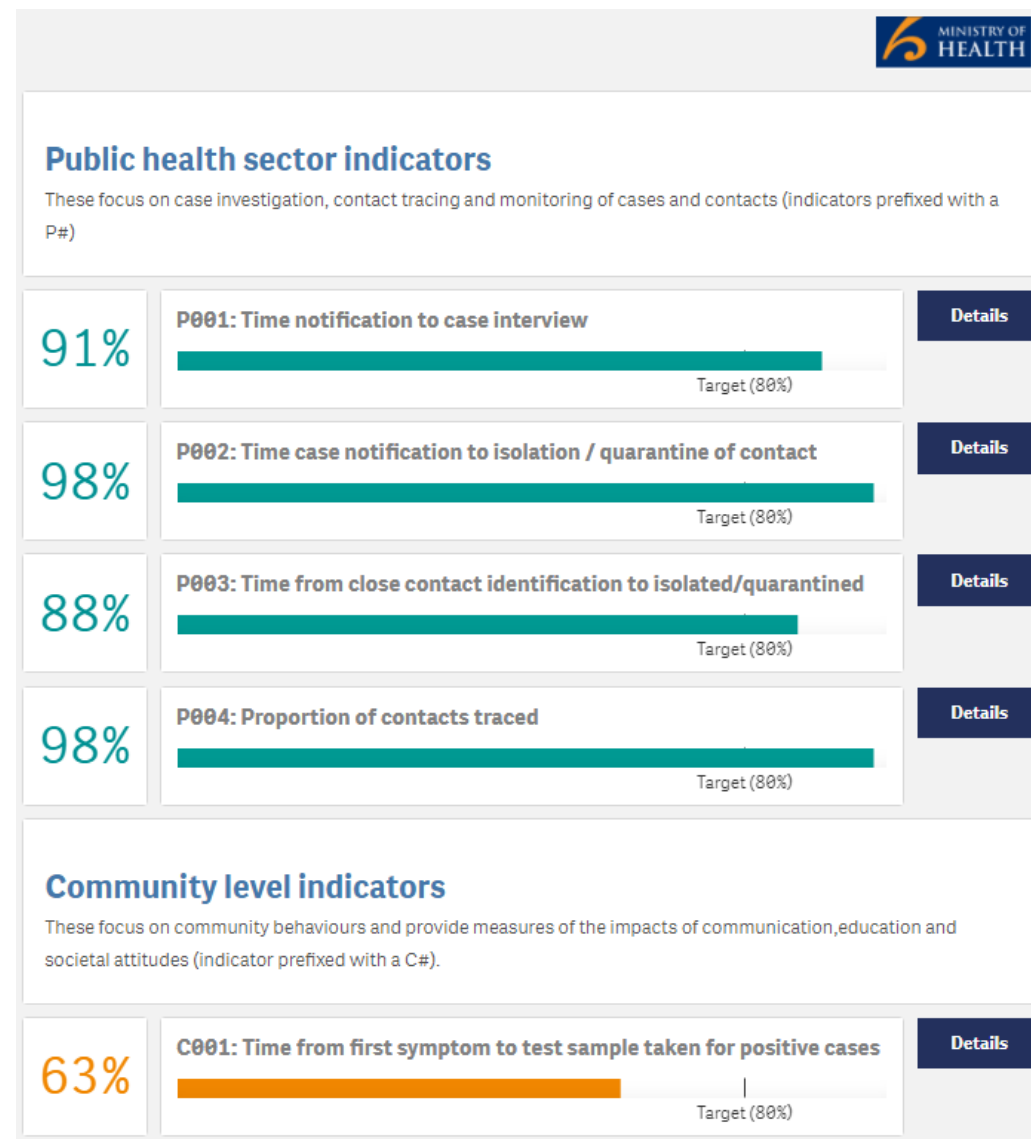
*No on-demand or walk-in COVID-19 testing is being carried out at Christchurch Hospital.*

More information about COVID-19 testing is available on the [Unite Against COVID-19 website](#)

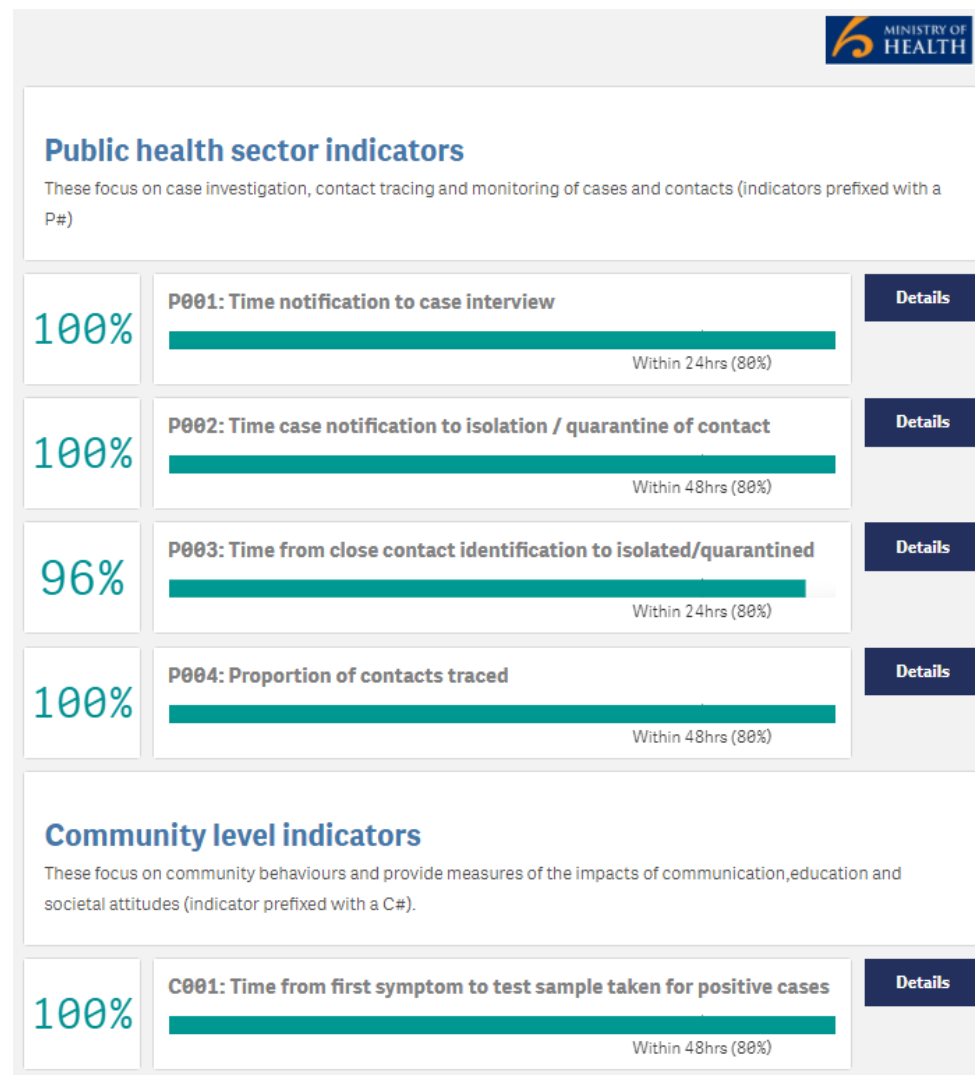
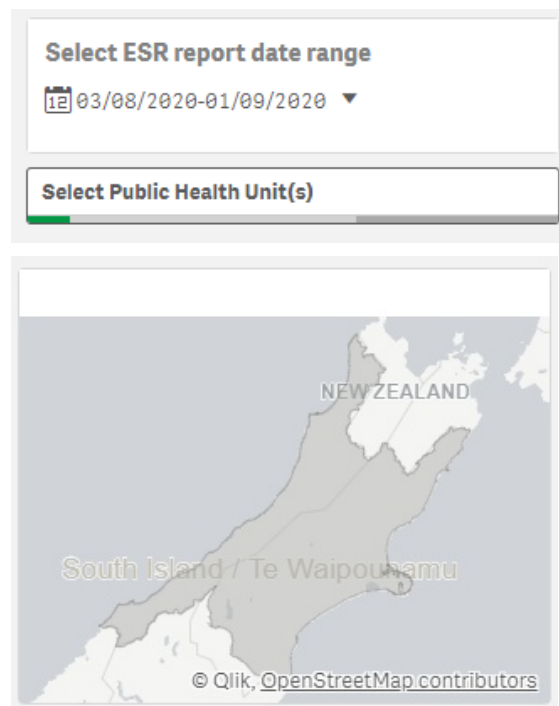
# Laboratories

- Workloads fluctuate wildly
- Virology staff working 24/7
- Approximately 10,000 swabs a week (including Auckland)
- Approximately 30,000 swabs being done weekly (NZ)
- CDHB Labs clocked 100,000 tests yesterday

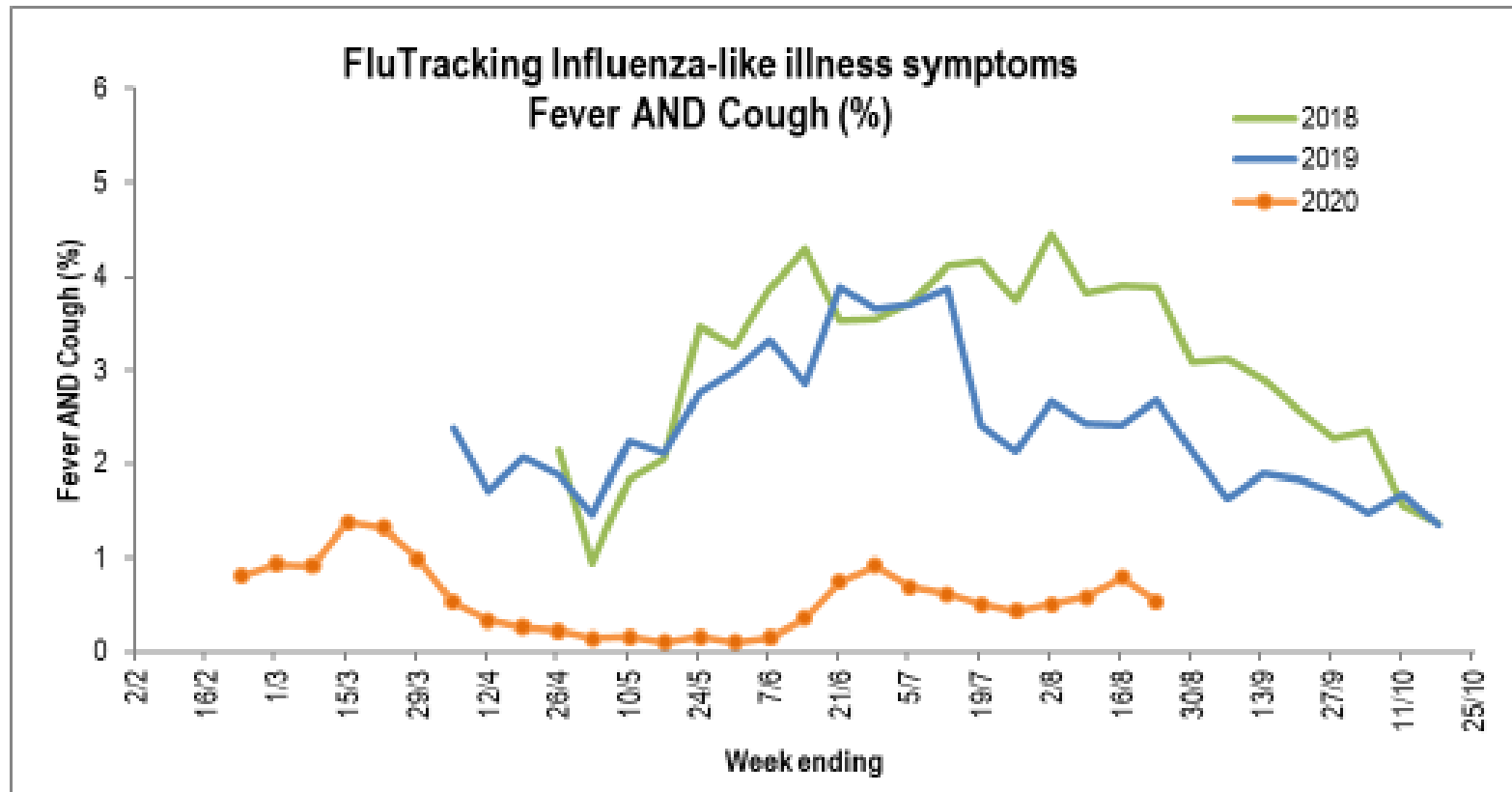
## NCTS Monitoring Dashboard 13/4/2020 – 16/05/2020



## NCTS Monitoring Dashboard 03/8/2020 – 01/09/2020



# Is it working?



Source <https://info.flutracking.net/>

# What can you do?

- Stay home if you're unwell
- Masking in crowded places
- Wash/sanitise your hands often
- Physically distance from people not in your bubble
- Improve ventilation if possible
- Use the COVID app
- Join flutracker
- Only spread known facts
- Support people doing the right thing

# COVID riskfactors

- Elderly
- Non-communicable Diseases
- Obesity
- Smoker
- Immune suppressed
- Māori/Pacifika



# A resilient future

- Affordable housing for all
- Living wages for all
- Improve air quality
- Urban design that supports physical activity
- Build community cohesion
- Fix health equity outcomes – Wai 2575
- Stay focused on climate change

**CDHB WORKFORCE UPDATE**

**TO:** Chair and Members, Community & Public Health and Disability Support Advisory Committee

**SOURCE:** Tyler Brummer, Head of Talent Leadership and Capability, People and Capability

**APPROVED BY:** Michael Frampton, Chief People Officer

**DATE:** 3 September 2020

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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**1. ORIGIN OF THE REPORT**

In 2017 we launched our *People Strategy 2017-2022*, which reflects our commitment to putting people at the heart of all we do. This report provides an update on the People Strategy and the Disability Action Plan priorities for People and Capability for 2020/2023.

**2. RECOMMENDATION**

That the Committee:

- i. notes the Canterbury Workforce Update.

**3. DISCUSSION**

As part of the Disability Action Plan, People and Capability has responsibility for actions under two of the objectives:

- be an equal opportunity employer; and
- increase staff disability awareness, knowledge and skills.

**Diversity, Inclusion and Belonging**

Our People Strategy is about putting our people at the heart of all we do, and this includes embracing diversity of thought so everyone feels they have real purpose and value and are part of shaping the future. This means having a diverse workforce and an inclusive culture where everyone is respected, treated equitably, valued and has the opportunity to grow.

**Recent Progress**

- We are continuing to collect disability status based on a definition in line with the Washington Group question recommendations. We have had 8,396 of our people complete the disability question, of which 312 (3.7%) have identified as living with a disability. Previous reporting methods recorded only 20 people as identifying as living with a disability, demonstrating a marked improvement on how we understand the diversity of our people.
- A partnership with University of Canterbury is underway to research our manager's view towards employing people with disabilities. The survey will launch in August 2020 and will be open for two weeks. The data will inform a report produced by December 2020 which will inform our learning and development as well as help us prioritise our initiatives.

- The Accessibility Information working group is continuing to meet every four weeks. The group will help inform learning requirements.
- We are currently consulting with unions and the wider organisation on a new recruitment policy. The new policy will allow us to be more intentional when recruiting for diversity and where inequity is identified, develop and implement affirmative action initiatives.
- In collaboration with Grant Cleland, the Chair of the Disability Steering Group, the Learning and Design team have created a piece of learning entitled “adapting your communication style” for our people to learn ways they can meet the diverse communication needs of our workplace. To date, 72 people have completed the learning.
- We are currently partnering with MSD to have a work broker assigned to the CDHB to support filling vacancies. There has been an explicit expectation set that we would like to favour those facing barriers to employment, including people living with disabilities.

### **Project SEARCH Programme**

The second year of the programme is ongoing, with the eight interns having two weeks left on their 2<sup>nd</sup> internship rotation. Despite an increase in anxiety around the uncertainty with COVID-19, the interns are coping well. We continue to look at new opportunities, especially around administration tasks for future internships.

On 24 June 2020, the interns helped host an open house to give the opportunity to prospective schools, parents and young people to ask questions about the program. The open house was a great success, with over 45 people attending.

The skills assessment day for the third cohort is being held on 27 August 2020. We received 13 applications for next year’s programme. We are looking to recruit an additional eight interns for 2021.

**END-OF-LIFE SERVICE UPDATE**

**TO:** Chair & Members, Community & Public Health and Disability Support Advisory Committee

**PREPARED BY:** Rachel Thomas, Service Development Manager

**APPROVED BY:** Carolyn Gullery, Executive Director, Planning Funding & Decision Support

**DATE:** 3 September 2020

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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**1. ORIGIN OF THE REPORT**

This report has been prepared in response to the Committee's request for an update on the DHB funded End-of-Life service.

**2. RECOMMENDATION**

That the Committee:

- i. notes the End-Of-Life Service Update report.

**3. SUMMARY**

In 2019 a review of the utilisation of the End-of-Life service identified discrepancies between the service that was being delivered by general practice and the service specifications. There was agreement between the Primary Health Organisations (PHOs), general practice representatives and the DHB's Planning & Funding team that the service specifications were still fit for purpose and targeted appropriately to ensure people had access to their general practice team in the last days of their lives.

Improved guidelines were developed by the PHOs to ensure general practice were clearer about the service intent and specifications. This includes clearer messaging that the intent of the service is that it is made available in the last 90 days of life, when most beneficial. Extensions to the timeframe can be made where needed, at the discretion of the PHO.

The budget for the service was increased to better meet the cost of service delivery and PHO reporting was enhanced to provide a higher level of detail to ensure the service is reaching the target population, funding allocations are appropriate and areas for future improvement can be identified.

Prior to the review, service utilisation data showed that a significant number of people were enrolled with the service for over 180 days and some over 365 days, which was never the intention of the service. More recent feedback from the PHOs shows the changes have been accepted and claiming is now more in line with the intention of the service.

**4. DISCUSSION**

The DHB funds (via the three PHOs) an End-of-Life Services that allows patients in the community with a terminal diagnosis to access free general practice care at the end of their lives. Any patient with a prognosis or life expectancy of less than 90 days who is residing in the community can be enrolled in the service. The service aims to increase equity of access to general practice and remove barriers for patients to access support at the end of their life, enabling them to stay at home, with additional care from their general practice team and avoiding the need for admission to hospital.

On average 1,800-2,000 people are enrolled in the service annually. Analysis of the service data and a consultation process with general practice, aged residential care and the PHO's showed that a significant proportion of patients were being enrolled in the service at diagnosis and not when life expectancy was less than 90 days. Around 20% of the service claims were outside of the timeframes.

In determining what was a reasonable timeframe for enrolment, a survey of national programmes identified Canterbury as an outlier; most DHBs had a shorter than 90-day eligibility period for End-of-Life services. However, the 90-day period aligns with the national aged residential care End-of-Life agreement which is also 90 days, giving an element of consistency which was viewed as positive.

When both the PHO and ARC data sets were analysed they showed that when a person is enrolled in their last 90 days of life, the average number of general practice visits required were between 3-4 (which was what was anticipated in the service specifications). This reinforced we did not need to change eligibility timeframes, but to ensure the target population was accessing services when they most needed them. We improved the process of enrolment and supported general practice with education and tools to determine when someone is in their last weeks of life.

### Steps Taken

In September 2019 an additional \$100,000 was added to the End-of-Life service, to ensure that the funding was adequate to support the more intensive support being provided in the last 90-days. The Planning & Funding team worked with PHOs to align service delivery with the service specifications without comprising the intent of the service, this included providing education and resources to assist general practitioners to assess when to enrol patients. Agreement was also reached with PHO's to provide additional service utilisation data to help inform future decision making.

The service remains available to people beyond 90-days in specific circumstances, but extensions are determined and monitored by the PHOs to ensure the intent of the service is maintained. Small variations continue to be present across the service, which is consistent with the different populations and local environments of each PHO such as urban versus rural and PHOs with older and younger population bases.

Through the period of the current agreement, general practice behaviour has changed. In most cases, patients are being enrolled in their last weeks of life when the most intensive support is required and not at the point of being diagnosed as palliative. Individual enrolment numbers have remained consistent with the volume prior to the review, so the number of people accessing the service has not dropped away, but we have seen a change in the average number of claims (consultations delivered) per person. This pattern is more aligned to the expectation that people are supported in the last 90 days of life, as intended.

A further review will be undertaken in October 2020, using the new and more in-depth data set being provided by the PHOs. This will enable us to analyse the service distribution, ensure people are able to access services when they most need them and identify quality initiatives to ensure we are able to maintain coverage of the End-of-Life service for our population going forward.

<b>Canterbury</b> District Health Board Te Poari Hauora o Waitaha		Minutes – 22 May 2020 Canterbury DHB Disability Steering Group (DSG)	
Attendees by Zoom: Grant Cleland (Chair), Kathy O’Neill, Allison Nichols-Dunsmuir, Jane Hughes, Catherine Swan, Susan Wood, Paul Barclay, Maureen Love, Rose Laing, Thomas Callanan, Kay Boone, Sekisipia Tangi, Joyce Stokell with Evelyn Pateman and Elizabeth Kay Interpreters, Dan Cresswell Meeting Assistant), and Shane McInroe (Rāwā Karetai, Lemalu Lepou Suia Tuula, Simon Templeton, Jacqui Lunday Johnstone, George Schwass, Tyler Brummer, Dave Nicholl, Jo Kane, Lara Williams (Administrator). Apologies: Waikura McGregor, Mick O’Donnell			
	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Rāwā provided a karakia.  Jo Kane, CDHB Board Member from DSAC dialled into the Zoom meeting. Jo confirmed she would like the karakia sent for DSAC.	<b>Action point from February meeting:</b> Waikura to provide karakia to Jo Kane for DSAC.
2.	Apologies to date, as above  Previous minutes, matters arising and any conflicts of interest for today’s agenda items	Action points from February meeting. March and April meeting not held due to Covid-19 lockdown.  No conflicts of interest for this meeting. Conflicts of interest register updated annually. Circulated at February meeting. Updates have been made. Any further updates to Lara. Register to be updated at each February meeting. Minutes passed as correct.	<b>Action point from February meeting:</b> Lara to circulate conflicts of interest register with May minutes.

3.	<p>Update on Disability Action Plan 2020-2030</p> <p>Next Steps</p> <p>Introduce Work Plan</p>	<p>Kathy can receive submissions as Annual Plan hasn't been confirmed yet.</p> <p>Kathy confirmed Enabling Good Lives and Whanau Ora principles have been included in DAP.</p> <p><u>Item 1</u></p> <p>Outstanding action point from February minutes requested by Maureen. Ability to meet the expectation of ongoing training for front line staff and clinicians. Tyler gave update that work is continuing on this.</p> <p><u>Item 2</u></p> <p>Thanks given to the group for information sent during Covid-19 lockdown period, enabling Kathy to keep working on document.</p> <p>Kathy requested the group to each take a lead on items in the Work Plan.</p> <p>Kathy will send DAP to Medical Illustrations after 10 June, to make document user friendly.</p> <p>There will be an easy read version for this document and all our key communications in future.</p> <p>Shane requested update on partnering with BE to arrange CDHB jobs for disabled people. Tyler confirmed this, however with Covid-19 delay this will be picked up in next quarter.</p> <p>Timeframes are being updated.</p> <p>Grant suggested the use of other employment agencies involved with Project Search to provide this support would make more sense for arranging jobs within the CDHB for disabled people. This includes CCS Disability Action, Blind Low Vision NZ and Workbridge. Grant made the point that BE. is not an employment placement agency or have local staff, like these other agencies. These other agencies also already have a relationship with the CDHB.</p>	<p><b>Action point:</b></p> <p>Feedback on DAP to Kathy by 10 June</p> <p>Contributions to Work Plan to be finalised by 19 June. Kathy co-ordinating</p>
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		<u>Item 3</u> Pasifika section. Lemalu and Seki positive with Pasifika inclusion in outcomes. Kathy will contact Lemalu and Seki for meeting to discuss actions over next 12 months.	<b>Action point:</b> Kathy to contact Lemalu to setup meeting
4.	<p>Summary of Issues Faced by disabled people, their whanau and providers during Covid 19 Lockdown:</p> <p>Thomas and Lemalu provided a summary from their direct observations.</p> <p>Subsequent to the meeting Kathy sent out the notes and other discussion around the issues identified for the disability community and Covid 19.</p> <p>General Discussion occurred and the following action points were identified to bring to the Canterbury DHB</p>		
		Grant – Zoom and phones consultations with health professionals and outpatients has been great. This is something the disability community has wanted for a long time and it would great if this could continue. Gets around transport and parking issues for some disabled people.	
		Catherine – Lockdown required moving Paediatrician appointments. Catherine will talk with Kathy about Primary Care in transition.	<b>Action point:</b> Catherine will contact Kathy
		Harpreet – Need identified to develop better cultural approaches for migrants when engaging with key service providers. Are there particular key service providers.  Kathy confirmed there are key providers keen to work together in identifying key groups and getting their input.	<b>Action point:</b> Kathy will contact Harpreet
		Shane – Covid-19 lockdown period highlighted the importance of Health Passports and this information being online.	



		<p>Kathy discussed Health Passports, a nationally led initiative, aren't as supported by CDHBs due to them not being online.</p> <p>Preference is for electronic Care Plans, as confirmed by Rose.</p>	
		<p>Rose - updated during the Lockdown period there has been a huge increase in Care Plans, and Health Passports have been translated into Care Plans and Advanced Care Plans.</p>	
		<p>Rāwā – Accessible Information Charter. Rāwā asks for his name to be put to this.</p>	
		<p>Tom – positive feedback from CCS on the Ministry of Health's resources explaining Covid-19. Resources have been available in accessible formats.</p> <p>MoH have provided a continued connection to providers allowing a flexible approach with purchasing guidelines, enabling clients to use their own budgets. Timelines on level changes have been communicated well. It would be good if the flexibility with funding could continue.</p> <p>Respite care – going forward the funding needs to respond to people's needs. Mental health will be a concern.</p> <p>CCS clients have fed back that food shopping online has improved. It was unclear about PPE distribution. Contact tracing with shared carers could potentially be difficult for clients.</p> <p>Budget announcement included employment support.</p>	
		<p>Lepou – risk of redundancies in the economic climate causing need for food parcels and vouchers.</p> <p>Success during lockdown accessing Whanau Ora funding for a client requiring a bathroom.</p> <p>Facilities sourced to solve immediate need.</p>	<p><b>Action point:</b> Jacqui and Lepou to talk after meeting</p>

		Jacqui will discuss with Lepou to ascertain if this was a CDHB client and all needs were met.	
		George – not all appointments were deferred during lockdown. Problems identified with lack of transport options. For example St John transfers were not available.	
		Shane – feedback that some in the community are less stressed being in their home environment, without the stress of going to their day bases that are closed.	
5.	Anything that's different in a disabled person's life since we last met.	Positive response with disabled communities' uptake for Zoom and telephone consultations with GPs and Outpatients. Moving into Level 2 requires kindness by the public with safe distancing. Awareness needed that we are all reintegrating back into our communities. Wheelchair users need to be able to move with safe distancing in shared areas.	
6.	Deciding on future structure of meetings	Continue with Zoom meetings.  Rāwā gave closing karakia.	
	Next Meeting	<p><b>Next meetings:</b></p> <p><b>29 May 2020 By Zoom – extra meeting to continue post Covid-19 discussion</b></p> <p><b>Invitation has been emailed</b></p> <p><b>12-1.30. Later start time</b></p> <p><a href="https://cdhbhealth.zoom.us/j/92017549437">https://cdhbhealth.zoom.us/j/92017549437</a></p> <p>Meeting ID: 920 1754 9437</p> <p><b>26 June 2020 By Zoom – usual June scheduled meeting</b></p>	

<div>Canterbury</div> <div>District Health Board</div> <div>Te Poari Hauora o Waitaha</div>		<div>Minutes – 26 June 2020</div> <div>Canterbury DHB Disability Steering Group (DSG)</div>	
<div>Attendees by Zoom:</div> <div>Grant Cleland (Chair), Jacqui Lunday Johnstone, Allison Nichols-Dunsmuir, Shane McInroe and Dan Cresswell (Meeting Assistant), Jane Hughes, Catherine Swan, Dave Nicholl, Mick O’Donnell, Susan Wood, Simon Templeton, Sekisipia Tangi, Tyler Brummer, Thomas Callanan, Rose Laing, Joyce Stokell with Interpreters, Rāwā Karetai, Lemalu Lepou Suia Tuula, Harpreet Kaur, Lara Williams (Administrator).</div> <div>Apologies:</div> <div>Kathy O’Neill, Kay Boone, George Schwass, Waikura McGregor, Paul Barclay, Maureen Love. Jo Kane invited didn’t Zoom in.</div> <div>Speakers:</div> <div>Beverley Palliser and Len Fleete, ECan</div> <div>Emelia Winter, People &amp; Capability, CDHB</div>			
	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Grant provided a karakia.	
2.	Apologies to date, as above  Previous minutes, matters arising and any conflicts of interest for today’s agenda items	Action points  No conflicts of interest for this meeting.  May minutes passed as correct.	
3.	Discuss, amend and endorse proposed local and national actions identified in the COVID-19 ‘lessons learnt’ paper.	Kathy has circulated notes from Zoom calls with actions identified. Grant then combined both meeting notes into one paper with suggested follow up.  Key points:  Where do disabled people families/whanau go with issues at a local level. Could there be a single local point of contact?  The visitor policy for disabled people and their families during an emergency or pandemic to be clarified and advised e.g ability to have interpreter, a support or family member.	<b>Action point:</b>  Mick O’Donnell has picked up issue of CDHB contact and taken it to the Emergency Control Centre (ECC).

	Agenda Item	Summary of Discussion	Action/Who
		<p>Need to clarify and advise process for provision of PPE to those living in the community with carers visiting homes.</p> <p>Shopping poses an issue for those without credit cards and online access.</p> <p>Key messages need to reach to those without online access. National Covid website main source of information but does not have local info.</p> <p>Lack of respite care.</p> <p>Deaf community being contacted for contact tracing by phone rather than email or text.</p> <p>It has been reported that some with mobility issues had difficulty accessing transport for hospital appointments.</p> <p>Rawa and Shane felt the paper needed to stress more that some people with learning disability had and still have high anxiety. There is a need for easily understood and accessible information for people with learning disabilities and migrant communities.</p>	<p><b>Action point:</b></p> <p>Grant has included this point in the final paper.</p> <p><b>Action point:</b></p> <p>Rawa to send through links to mental health resources.</p> <p><b>Action point:</b></p> <p>Invite Prudence Walker from DPA and the DPOC to discuss this paper.</p>
4.	<p>ECAN – clarify role of ECAN for transport issues</p> <p>- identify and discuss transport issues identified for disabled people during Levels 3&amp;4 COVID-19</p> <p>Actions that will be followed up on</p>	<p><b>Beverley Palliser</b> Community Engagement Advisor</p> <p>And <b>Len Fleete</b>, Senior Strategy Advisor, Environment Canterbury</p> <p>Discussion: Some disabled people had difficulty getting transport to hospital appointments during lockdown.</p> <p>ECan provides funding for total mobility services. From discussing the issue it was ascertained that it may have been the lack of available taxis that may have led to this issue. It was outside ECan's control.</p> <p>Difficulty in getting on buses with front door entrance blocked</p> <p>ECan confirmed that drivers were able to open front doors for those requiring mobility access.</p> <p>Feedback was given that this wasn't promoted to the public. The message promoted was that buses were only operating back door. This gave the impression to mobility impaired people not to attempt travel in case buses would not stop or they would have difficulty with boarding via the back. ECan have taken this message with them for future planning if we do go back into lockdown.</p>	<p><b>Action point:</b></p> <p>Beverley and Len are available for future discussions</p> <p>Email feedback attached with minutes</p>

	Agenda Item	Summary of Discussion	Action/Who
		<p>Ecan also confirmed there is a Have a Go Day on the buses planned to encourage disabled people to take the bus. Probably late 2020.</p> <p>Ecan has a disability advisory group with wide representation.</p>	
5.	Update on Disability Responsiveness Training Framework	<p><b>Emelia Winter</b> Learning Design Lead Talent, Leadership and Capability – P&amp;C</p> <p><b>Josh Dickson</b>, Organisational Development Specialist, wasn't able to Zoom in.</p> <p>Disability Responsiveness training is being developed as part of the Diversity and Communication modules. Emelia confirmed that P&amp;C are building the capability within the CDHB and WCDHB in the training product design as a first step rather than disability specific resources.</p> <p>In the first instance the aim is to meet the needs of the disability community in general resources for all staff, rather than having a specific disability module that only interested staff see. Scenarios and more specific disability information will also be included in these and other training modules.</p>	<p><b>Action point:</b></p> <p>Members invited to advise their interest in being involved in this work.</p>
6.	Using technology to support children and their whanau project	<p>Jacqui gave an update on new funding for Child Development services, including how to make information and communication accessible. Catherine gave feedback the success with use of Zoom with rural consults. There has been positive feedback from parents where whanau/CDHB/Ministry of Education Teams have all been able to attend for assessments. Less travel equals less stress for the family.</p>	
7.	Presentation to Alliance Leadership Team on System wide Disability Action Plan	<p>Kathy and Grant presented and this was positively received. The Alliance is interested in being part of the Accessibility Charter work and is keen to get resources on the employment of disabled people. Grant and Kathy to also meet with Alliance staff about other actions that the Alliance may be interested in.</p>	
8.	Any other business	<p>Request that we alternate Zoom and face-to-face meetings.</p> <p>July to be Zoom</p> <p>August to be face-to-face</p>	
9.	Anything that's different in a disabled person's life	<p>Various members included some great examples throughout the meeting.</p>	

	Agenda Item	Summary of Discussion	Action/Who
	since we last met.		
	Next Meeting	24 July 2020, 32 Oxford Terrace, 2.11 Face to face meeting. Zoom is available as a backup if you can't attend in person, if you need this link email Lara.	

# **Canterbury District Health Board Public Health Report January to June 2020**

**Community and Public Health**

**Christchurch Office**

**353617/0**

<b>1.</b>	<b>Introduction</b>	<b>3</b>
<b>2.</b>	<b>COVID-19 Response</b>	<b>4</b>
<b>3.</b>	<b>Surveillance / Monitoring</b>	<b>5</b>
<b>4.</b>	<b>Evidence / Research / Evaluation</b>	<b>6</b>
<b>5.</b>	<b>Healthy Public Policy</b>	<b>7</b>
<b>6.</b>	<b>Health Promoting Health System</b>	<b>8</b>
<b>7.</b>	<b>Supporting Community Action</b>	<b>9</b>
<b>8.</b>	<b>Education Settings</b>	<b>10</b>
<b>9.</b>	<b>Communicable Disease Control</b>	<b>11</b>
<b>10.</b>	<b>HHealthy Physical Environment</b>	<b>12</b>
<b>11.</b>	<b>Emergency Preparedness</b>	<b>13</b>
<b>12.</b>	<b>Sustainability</b>	<b>14</b>
<b>13.</b>	<b>Wellbeing And Mental Health Promotion</b>	<b>15</b>
<b>14.</b>	<b>Alcohol Harm Reduction</b>	<b>16</b>
<b>15.</b>	<b>Tuaiwi</b>	<b>17</b>



## 1. INTRODUCTION

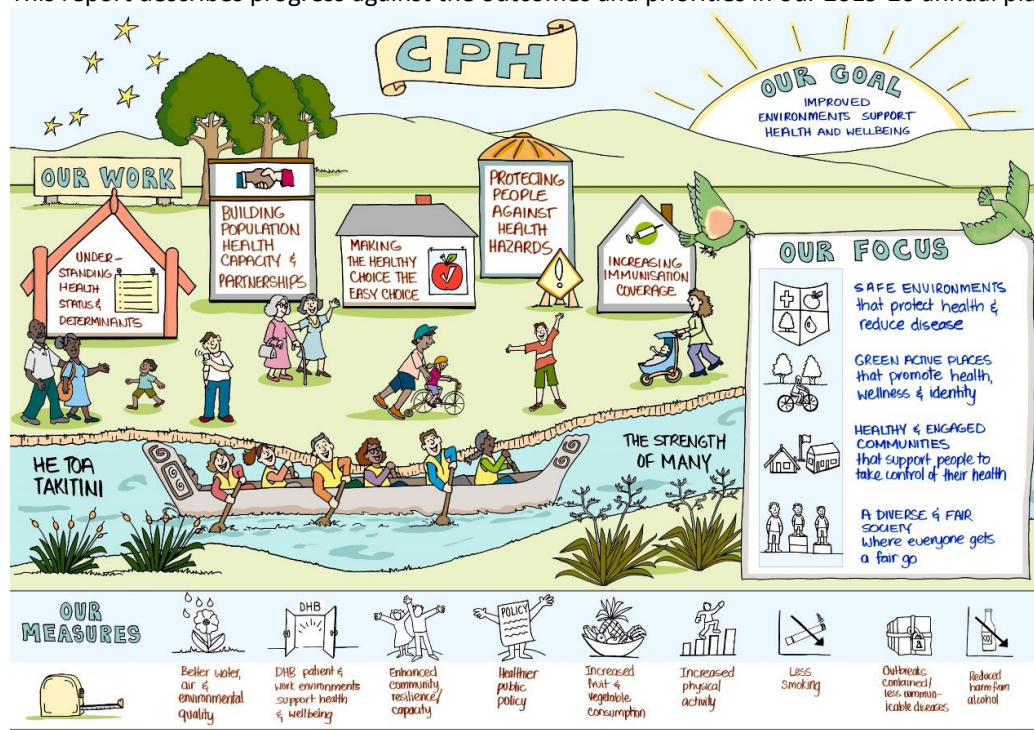
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions<sup>1</sup>:

1. Information: sharing evidence about our people's health & wellbeing (and how to improve it)
2. Capacity-building: helping agencies to work together for health
3. Health promotion: working with communities to make healthy choices easier
4. Health protection: organising to protect people's health, including via use of legislation
5. Supporting preventive care: supporting our health system to provide preventive care to everyone who needs it (e.g. immunisation, stop smoking).

The principles of public health work are: focusing on the health of **communities** rather than individuals; influencing **health determinants**; prioritising improvements in **Māori health**; reducing **health disparities**; basing practice on the best available **evidence**; building effective **partnerships** across the health sector and other sectors; and remaining **responsive** to new and emerging health threats.

Public health takes a life course perspective, noting that action to meet our goal must begin before birth and continue over the life span.

This report describes progress against the outcomes and priorities in our 2019-20 annual plan.



<sup>1</sup> Williams D, Garbut B, Peters J. Core Public Health Functions for New Zealand. NZMJ 128 (1418) 2015.  
<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015/6592>

## 2. COVID-19 RESPONSE

The focus during this reporting period has been our COVID-19 response. An Incident Management Team was established in January and the global situation was closely monitored. CPH began conversations across the health sector as we encouraged readiness in the face of the possible spread of the novel coronavirus/SARS-CoV-2.

Border controls were introduced in-line with Ministry advice in late January. CPH work across the health sector regarding the potential for COVID-19 cases was further escalated. Activities at this time included working with hospital and primary care-based colleagues, initiating discussions with CDHB Decision Support the CDHB's Infection Prevention Control team, and laboratory regarding opportunities/mechanisms for reporting, and supporting the establishment of a CDHB Technical Advisory Group.

CPH has played a central role in the establishment of regional psychosocial responses. In addition, the '*All Right?*' team almost completely reoriented its work towards supporting psychosocial wellbeing locally and nationally through the 'Getting Through Together' campaign.

Staff from all programme areas have supported CPH's COVID-19 response, including taking on roles and responsibilities within the CIMS team structure, contributing to the Uplift project plan and its ongoing implementation; and participating in further training in case investigation, contact tracing, and in the use of the National Contact Tracing Solution (NCTS). CPH staff continue to provide support and advice at the border, to manage cases identified, and to have significant input into the processes employed in local managed isolation and quarantine facilities.

Although this report is primarily focused on providing an update about non-COVID work that has occurred during this reporting period, it is important to acknowledge the extensive contribution that staff from each programme area have made, and continue to make, to CPH's COVID-19 response.

### 3. SURVEILLANCE / MONITORING

#### *“Tracking and sharing data to inform public health action”*

Our key surveillance/monitoring priorities for 2019-20 are:

- To monitor and report communicable disease trends and outbreaks.
- To review and update the Canterbury Wellbeing Index with a focus on consistency of content and on sharing its findings and approach.
- To implement the recommendations of our monitoring/ surveillance processes review, with a focus on effective information sharing.

The team has been focused on the provision of Planning and Intel support to CPH’s COVID-19 response. This has included the provision of regular intel updates (daily when required), regular summary reports, leading the Incident Action Planning process (weekly or fortnightly as required), sending public health alerts to health professionals, profiling potentially useful literature, updating the COVID-19 protocol and flowcharts, and responding to requests for information including OIAs and parliamentary questions.

Weekly and monthly reporting of notifiable diseases (for South Island DHBs) has continued throughout this period; notifications were significantly lower during lockdown levels three and four; a number of reasons are likely to explain this including a significant change in health-seeking behaviour during lockdown as well as lower rates of illness generally, potentially attributable to COVID-19 messaging.

Although some practices from each of the CPH regions are contributing to ESR’s national sentinel ILI surveillance this year, CPH is not currently involved in this process. We initially approached practices on behalf of ESR but in light of COVID-19 withdrew from this activity. We do, however, note that as of 17 July no influenza positive swabs have been identified by the surveillance programme.

A report on CPH’s 2019 measles outbreak has recently been resubmitted to NZMJ incorporating the recommendations of the reviewers.

Some aspects of the Canterbury Wellbeing Index work have continued over this period, although with limited capacity. Due to the COVID-19 lockdown the Canterbury Wellbeing Survey was delayed from April/May. It is now proposed to be in the field in October/November.

The most recent Public Health Update newsletter for health professionals included a summary of COVID-19 cases across the CPH region and profiled the Āwhina App.

## 4. EVIDENCE / RESEARCH / EVALUATION

### *“Providing evidence and evaluation for public health action”*

Our key evidence/research/evaluation priorities for 2019-20 are:

- To identify priority areas for public health evidence, using equity and Hauora Māori lenses.
- To conduct and support evaluation of public health-focused initiatives.
- To provide evidence reviews and synthesis to support the work of other programmes and other public health focused work.
- To collect/access, analyse and present data to inform public health action.
- To implement the agreed review process for Canterbury DHB position statements.

The team has been focused on the provision of Planning and Intel support to CPH’s COVID-19 response. This has included the provision of regular intel updates (daily when required), regular summary reports, leading the Incident Action Planning process (weekly or fortnightly as required), sending public health alerts to health professionals, profiling potentially useful literature, updating the COVID-19 protocol and flowcharts, and responding to requests for information including OIAs and parliamentary questions.

A quality assurance activity was undertaken with the COVID-19 case and contact management team to ascertain the experience of those contacted and called regularly by the CPH team. An out of scope letter was received from HDEC and the survey was sent to those who were in managed isolation during April and May. Over 30% of those contacted responded to the survey. A report of the findings is currently being finalised.

Team members have been trained in the use of new document templates – ‘beautiful by default’. The templates have been developed to ensure consistency in the appearance and formatting of team outputs.

A rapid review of evidence for group and individual healthy lifestyle support services was recently completed for the CDHB/CCN. The report provides planners, funders and decision makers with a synthesis of the most relevant evidence relating to individual and group-level healthy lifestyle support interventions that might be suitable for implementation in the Canterbury DHB context.

A paper has been drafted and will be submitted to Health Promotion International (with *All Right?* and Mental Health Advocacy and Peer Support (MHAPS)) which focuses on the reach and impact of *All Right?* specifically for tangata whaiora / mental health service users. The paper concludes that population-wide wellbeing campaigns post disaster, when done well, can positively impact the wellbeing of the overall population, including tangata whaiora / mental health service users. There were indications that mental health service users were more actively engaged with the wellbeing messages than the general population. Motivating factors for mental health service users to engage with a wellbeing campaign included: constant reminders to manage their wellbeing, focus on wellbeing rather than mental illness, and providing reassurance that their response to disaster was normal. Engagement with a wellbeing campaign post-disaster can result in some behaviour change, including for mental health service users.

The team is currently reactivating work associated with requests that were put on hold prior to lockdown e.g. supporting an evaluation of a pilot toothbrushing programme which is due to start soon in South Canterbury, and reviewing requests recently received e.g. a request to carry out an evaluation of a project designed to support former refugees and migrants who wish to learn to ride a bike, gain confidence riding, learn bike maintenance skills and purchase a bike via the BuyCycles purchase model.

The ongoing review of CDHB and South Island-wide position statements is currently on hold.

## 5. HEALTHY PUBLIC POLICY

### ***“Supporting development of health-promoting policies and approaches in other agencies”***

Our key healthy public policy priorities for 2019-20 are:

- To build Health in All Policies (HiAP) capacity in the CDHB and beyond, with a focus on delivering the Broadly Speaking training programme and supporting use of the new Integrated Planning Guide.
- To undertake collaborative project work with partner organisations, including implementation of the Christchurch Alcohol Action Plan, and our joint work plans with Christchurch City Council and Environment Canterbury.

While the COVID-19 response dominated this period, work with our HiAP partners continued as much as possible and in many cases was driven by the pandemic response. Early on the Christchurch City Council approached CPH to help support their COVID response. The outcome was a collaboratively developed Pandemic Supplement to the Integrated Planning Guide (IPG). Produced, peer reviewed and [published](#) in a very short space of time, the supplement is designed to be used alongside the IPG with prompts for questions and thinking that came to the fore during the pandemic response.

Work has continued with Environment Canterbury to support air quality improvements across the wider Canterbury region with a focus on Timaru. While stalled for a while, the project still has a high level of partner commitment. We are also working alongside our CPH West Coast Office on the National Standards on Air Quality (the Standards) to support a mini HIA to better understand the impact of the Standards on West Coast communities.

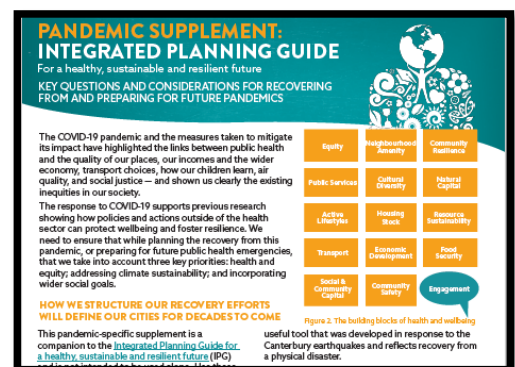
The Policy Team scoped 68 submission opportunities since January, developing 32 submissions as result. Seventeen had a public health focus and were developed within CPH. Fifteen submissions were coordinated on behalf of the wider CDHB with different specialities consulted. Organisational submissions were approved by EMT (and in the case of parliamentary submissions, the CDHB Board). One submission was stopped at Board level.

Some submission recommendations have already resulted in change, such as local speed limits to improve safety. We have received positive feedback from external agencies we worked with. For example, an email from an NGO stated, *“We think it is encouraging to see your DHB speaking into this issue and having the awareness of the harm that gambling causes. Many people simply assume it is only financial impacts but as you are obviously aware that the harm is far wider to individual’s family and whanau.”*

Cross health sector work continues on a number of issues with oral health being a current focus – specifically, bringing an equity lens to health promotion in this area and fostering collaborative working in order to address oral health inequities in Canterbury, particularly for Māori and Pasifika children and low-income adults.

Accessibility audits within the DHB are now occurring routinely as a result of our involvement. Two have been completed so far and the results show constructive ways to improve and meet our Accessibility Charter obligations. There is also a focus within the CDHB’s Disability Support Advisory Committee on the United Nations accessibility requirements and the compliance requirements.

Broadly Speaking was delivered in February to a very engaged group from across a wide range of sectors. Subsequent courses have been postponed until later in the year.



## 6. HEALTH PROMOTING HEALTH SYSTEM

### *“Supporting development of health-promoting policies and approaches across our health system”*

Our key health-promoting health system priorities for 2019-20 are:

- To support joined-up PHU, DHB, CCN, and South Island Alliance planning that reflects a population health approach, prioritising equity and improving hauora Māori.
- To develop and support effective partnerships between the Canterbury Health System and other agencies influencing health determinants.
- To support our health system in making the healthy choice the easy choice for patients, families, staff and visitors.

CPH's GM has been appointed the CDHB representative on the Covid Oversight Group (COG) initiated by the Canterbury Mayoral Forum. The committee is chaired by the Canterbury TA CE's Group Chair and includes representatives from ECAN, Public Service Reform, MCDEM, MSD, Te Puni Kōkiri, Ngai Tahu and ChCh NZ. The group is responsible for oversight of all local recovery processes and provides an interface between national and local activity.

Additionally, CPH continues to provide CDHB representation on the local GCP (Greater Christchurch Partnership) committee at the Senior management team level as well as through several policy staff linking into the development of Greater Christchurch 2050 project team developing the city strategic direction for the next 30 years. A Health in All Policies approach, the Broadly Speaking programme and the Integrated Planning Guide (IPG) all initiated via CPH continue to be utilised within this development programme.

The emphasis on Covid-19 has seen the Hauora Alliance (intersectoral group with wellbeing and equity as major focus) take a three-month hiatus. The Alliance members will meet again in September to continue exploring joined up ways of operating.

The response to COVID-19 has been an across sector one. It has required close and coordinated activities between primary care, secondary care, public health & Planning and Funding. Relationships with these different parts of the system have been built over many years. Moving into a coordinated response has been greatly facilitated by these established relationships.





## 7. SUPPORTING COMMUNITY ACTION

### *“Supporting communities to improve their health”*

Our key supporting community action priorities for 2019-20 are:

- To support under-served communities to identify and address their health priorities e.g. housing, workplaces, active transport, food security, sexual health, smokefree environments.
- To partner with Marae, churches and priority Māori and Pacific settings to deliver culturally appropriate health promotion.
- To support Healthy (Greater) Christchurch/Te Waka Ora o Waitaha to promote and co-ordinate intersectoral action on health determinants in Ōtautahi.
- To undertake regulatory functions required under the Smokefree Environments Act 1990.

Significant staff involvement in the COVID-19 necessitated a creative approach in the delivery of programme area priorities. Our focus was on connecting with and supporting our communities, including a lockdown psychosocial scoping exercise across community networks. Highlights include:

Processing 7,464 orders, providing communities with 520,652 pieces of information (Mental health ((114,070), nutrition (38,487), AOD and safety (27,513), sexual health (9,166). Health Information stands at 14 priority sites.

19 Smokefree Compliance visits completed. April CPOs postponed due to COVID-19 lockdown, retailers informed of planned future CPOs, without indicating dates. Responded to one complaint and seven smokefree enforcement enquires.

Facilitated improvements in housing information provided on HealthInfo and HealthPathways. Housing conversations with key players - MSD, Tenants Protection Association, Local Authorities and TLAs. Key foci include hoarding research and Pasifika communities.

Supporting Pasifika in ECE settings; successful advocacy for Pasifika on CCC Multicultural Advisory Group; provided public health voice for Pasifika Churches Network; coordinating community discussions on oral health, alcohol initiatives, budgeting, and home ownership. Diabetes resource for Pasifika communities developed.

‘Learn 2 Ride’ programme for Former Refugee and Migrant women continues; development of BuyCycles bike ownership programme, and initiation of Bike Bridge project, to provide wraparound cycling service to migrants and former refugees. Peace train event cancelled due to lockdown.

WorkWell silver accreditation completed for ACL Workplace. Presented to National WorkWell group on Alcohol Harm Minimisation. Ensured 18 WorkWell sites had psychosocial support through lockdown.

Hosted UC Student intern; reviewing work with LGBTQIA+ communities; convened Sexual Health network meetings; facilitated discussions on sexual health and Pasifika communities: Syphilis posters developed and distributed; developing health promotion approaches for Syphilis working group.

Leading strategic planning for Food Resilience Network; developing food security focus with Food Bank Canterbury, MSD, Tangata Atumotu Trust; supporting Paddock to plate (national food initiative).

Supporting seven local marae with their COVID-19 wellbeing response plans and accessing influenza vaccine. Lyttelton Health hub held in February, suspended in March; co-facilitated two eight-day courses (February and May) with Jade Associates Courses for Māori men at Christchurch prison.

Waka Toa Ora Advisory Group (Healthy ChCh) reflected on strategic focus in light of COVID-related circumstances. The group remains committed to further exploring the human impacts of climate change and how we can collaborate to understand and respond to issues in this area.

Contributed to submissions on Kaikoura Māori Wardens Submission, Sexual Violence Legislation Bill, review of Student Housing, Accessible Streets, and position statement co-written with Active Canterbury Network on safe walking and cycling during lockdown.

## 8. EDUCATION SETTINGS

### *“Supporting our children and young people to learn well and be well”*

Our key supporting education setting priorities for 2019-20 are:

- To continue delivery of the Health Promoting Schools initiative in low decile schools, kura kaupapa Māori, and priority Kāhui Ako.
- To support student-led school health and wellbeing leadership forums.
- To prioritise and deliver health promotion initiatives in early childhood settings, with a focus on oral health and staff wellbeing.
- To develop, promote and evaluate wellbeing promotion resources for education settings, e.g. Sparklers.
- To continue development of the South Island Tertiary Forum and related activities.

With the Health Promoting Schools service ceasing at the end of December 2019 we have transitioned our attention to the healthy food and drink component of the Healthy Active Learning initiative. We attended the national hui for the Healthy Active Learning workforce in February. While waiting for the final Healthy Food and Drink Guidelines and the curriculum and workforce toolkits to be developed and released we undertook to review the health promotion literature on what works to engage schools to improve their food and drink environments.

We have participated in three Sport Canterbury Healthy Active Learning Steering Group meetings to guide development and implementation of the initiative in our region. Prior to the COVID-19 disruptions we were developing our database of priority schools and planning engagement with schools from the second term. Planning has now re-started for engaging schools from early in term three.

Alongside this work, we have continued to support the Food Resilience Network’s ECE and School gardening workgroup and the collaborative Healthy Ōpāwaho project. These will provide an avenue for engaging with ECEs and schools and student-led action in order to support them in developing and implementing their food and drink policies.

As part of the COVID-19 response we worked with the Canterbury regional Ministry of Education office to clarify and document the process for responding to and managing a case in an ECE/School setting, including the single point of contact in each organisation.

Worked with the CCN Education and Health Sector Subgroup and Futures Network to develop and launch a ‘Navigating Services for staff in ECE settings’ guide. CPH has maintained supportive connections with the leadership of priority Early Childhood Centres throughout the COVID response and recovery phases.

Health promotion work in the tertiary education sector continued with the development of a national resource for Campuses and COVID-19 to support student wellbeing and distance learning; convening of TWANZ, the Tertiary Wellbeing Aotearoa New Zealand network; participation in the International Health Promoting Universities and Colleges working group; supervision of UC and Ara Health Science and Nutrition students on internships; working to reduce alcohol-related harm of students; and writing a submission on the pastoral care of students in accommodation.



## 9. COMMUNICABLE DISEASE CONTROL

### *“Preventing and reducing spread of communicable diseases”*

Our key communicable disease control priorities for 2019-20 are:

- To follow up communicable disease notifications (with protocol review for high-volume).
- To identify and control communicable disease outbreaks.
- To support improved HPV vaccination uptake in young Maori and Pacific people.
- To improve public awareness and understanding of communicable disease prevention.
- To contribute to intersectoral work to improve housing quality as an important contributor to infectious diseases, particularly in Maori and Pacific people.

Team work during this period has been almost exclusively focused on CPH’s COVID-19 response with Health Protection Officers undertaking COVID-19 investigations and/or carrying out work at the borders.

The years of relationship building at Christchurch International Airport has once again served us well with regard to initiating and maintaining border controls for the COVID-19 response. These well-established relationships have allowed us to effectively navigate the changing requirements with airport/border staff.

There have been 186 (164 in Canterbury DHB) confirmed or probable cases of COVID-19 in the CPH region (excluding cases identified at quarantine/isolation facilities). 87 percent of all cases and contacts were isolated within the first 48 hours of notification. More than 9000 direct interactions were made with cases and close contacts involving up to 300 daily calls.

The team is now focused on the provision of our border response, and on managing cases identified in managed isolation and quarantine facilities.

By Feb 2020, a CPH HPO and Christchurch City Council EHO visited 16 premises with cooling towers in Canterbury. The joint project with CCC and Worksafe seeks to establish a register of water-based cooling towers. The majority of cooling tower owners have contracted a third party to maintain their cooling towers. Due to COVID-19, this project is currently on hold.

Hepatitis A outbreak January 2020 - a major food premises was involved in this outbreak. Media releases encouraged potential contacts to phone CPH. This proved a particularly challenging time with many concerned callers contacting the team. 184 contacts were established in total, of which 173 were referred for prophylactic vaccination. MPI was also involved with the premises.

A small outbreak of ciguatera fish poisoning occurred in May. Imported Fijian reef fish was identified as the source. Two unrelated households with five adults were affected, with one hospitalisation.

The households had purchased frozen reef fish “Kawa Kawa” (Camouflage Grouper) from an Indian speciality grocery store in early May. Subsequently, fish curry and fried fish dishes were prepared and eaten. Over the next few days a variety of neurological symptoms developed, resulting in one case being admitted to hospital.

MPI investigated the outlet and a recall was instigated. One GP had advised her patient to retain and freeze left over fish which CPH collected and then submitted to Cawthron Institute Nelson for analysis as part of a research project they were undertaking into ciguatera toxin detection - ciguatera toxins were detected in the fish samples provided (Cawthron report available).

## 10. HEALTHY PHYSICAL ENVIRONMENT

### *“Supporting communities to improve their health”*

Our key physical environment priorities for 2019-20 are:

- Effective risk assessment, management and communication of identified public health environmental issues, including planetary health.
- To undertake regulatory functions required under the Health Act 1956 including drinking water.
- To maintain Border Health surveillance and core capacity programmes.
- To implement the Hazardous Substance Action Plan and regular requirements under the Hazardous Substance legislation.
- To collaborate with external agencies including ECan, Territorial Authorities and Drinking Water suppliers.



New drinking water bore

The Healthy Physical Environment team has been heavily involved in the COVID-19 response with most Health Protection Officers undertaking COVID-19 investigations and/or carrying out work at the borders.

The maintenance of Border Health surveillance and core capacity programmes at Christchurch International Airport has served us well during the response to COVID-19 and allowed a seamless transition into the emergency response mode. The amount of time CPH staff have spent at the airport carrying out border health screening has increased the confidence and competence of staff when working in this area. The team has worked closely with Lyttelton Port through the COVID-19 response ensuring Border Advisory information has been provided and responding to notification of sick crew.

The team has continued to undertake non-COVID-19 work where there is a clear public health risk and/or legislative requirements. VTA operators were advised early on that we would need additional time to complete applications so they were requested to submit applications well in advance. This has worked well and applications have been processed in time for operations to commence.

Critical drinking water functions have been maintained with transgressions and incidents being responded to. The team has also undertaken work on the annual drinking water survey. Implementation visits have been severely affected due to the inability to visit water supplies resulting in a high number of outstanding implementations. Twelve Water Safety Plans have been submitted under the new framework which is a significant number for the DWAs to manage. Both of these issues have been raised with the Drinking Water manager at the Ministry of Health.

The team has completed high priority public health submissions including two short Annual Plan submissions regarding water supplies for CCC and SDC. CPH has also submitted on the NES for Tyre Storage and a submission is planned for the NES Air Quality standards. The team has reviewed an application for a waste management facility in Christchurch City and received expert air quality advice from Emission Impossible Limited.

There has been on-going involvement in the proposed remediation of a contaminated land site in Christchurch. We have again sought expert advice from the ESR service to assess the proposal to reduce the depth of remediation at the site. CPH continues to work closely with Ecan and CCC on this issue.

## 11. EMERGENCY PREPAREDNESS

### *“Minimising the public health impact of any emergency”*

Our key emergency preparedness priorities for 2019-20 are:

- To review our Emergency Response plans to ensure alignment with DHB Health Emergency Plans.
- To ensure all staff have appropriate emergency response training.
- To participate in local and national emergency response exercises.
- To build and strengthen relationships in the community and with other key stakeholders, with a focus on District Health Boards and Local CDEM.
- To work with Ngāi Tahu and Papatipu Rūnanga to support emergency response capacity of iwi Māori.



Finalisation of the Heatwave Response Plan, being compiled by CPH on behalf of CDHB, was interrupted by the COVID-19 pandemic. Our other Emergency Response plans are up to date and aligned with the relevant CDHB/WCDHB plans.

Collaborated with CDHB Emergency Response Planners to plan CIMS 3 training for DHB and CPH staff. We intend to compile a short on-line introductory CIMS in Health learning module, followed by a two-and-a-half-hour interactive course co-facilitated by the CPH Emergency Preparedness Coordinator (EPC) and CDHB Emergency Planner and run at appropriate time intervals. The COVID-19 response has delayed drafting of course content. However, an on-line preliminary CIMS in Health training package was prepared and delivered for newly recruited Contact Tracing staff.

Prior to COVID-19 cases in Canterbury, the EPC compiled and delivered a COVID-19 presentation to a wide range of audiences, including Mental Health Education and Resource Centre, Canterbury Region Joint Committee, Canterbury CDEM, Ashburton District Council, St Andrew's College, local Afghan community, bus and taxi companies, accommodation providers, and CPH staff. When appropriate, he was accompanied by a member of the CDHB Infection Prevention and Control team. This presentation was also shared with and used by the West Coast DHB Emergency Planner.

One external exercise had been scheduled this year (a gas industry one) but CPH staff were unable to participate because of the COVID-19 response. No internal exercises took place for the same reason.

Well-established relationships with all the following enabled CPH to respond expediently and effectively to COVID -19 in Canterbury, South Canterbury, and the West Coast. CDHB Senior Management, Service Manager for Emergency Management, Infection Prevention and Control, Laboratory, Planning and Funding, and Communications.

Canterbury and the West Coast CDEM

Border control agencies, St John Ambulance, Police, FENZ, Christchurch City Council, and Territorial Authorities

Ngāi Tahu and Papatipu Rūnanga

The EPC linked in with Ngāi Tahu at daily COVID-19 CDEM teleconferences, while the Emergency Response Manager engaged with Ngāi Tahu and Papatipu Rūnanga, both before and during the COVID-19 response.

Moreover, a strengthening of these relationships, forged during the response, combined with the development of new relationships with additional responders (nursing personnel, Defence staff, Hotel staff, Airline Management, Shipping Agents, and independent coordinators) proved crucial to CPH overcoming subsequent challenges in our ongoing COVID-19 response and achieving our response objectives.

## 12. SUSTAINABILITY

### *“Increasing environmental sustainability practices”*

Our key sustainability priorities for 2019-20 are:

- To convene a Transalpine DHB Environmental Sustainability Governance Committee.
- To help build capacity of regional and national sustainability networks, including South Island Public Health Partnership sustainability workstream, and Sustainable Health Sector National Network.
- To raise awareness of local government partners of the health impacts of environmental (planetary health) issues, and to support their mitigation/adaptation strategies.
- To support environmental sustainability work across and within CPH teams.

A survey has been sent to members of the Transalpine Environmental Sustainability Governance Committee (TESGC) in order to identify the impacts and opportunities arising from the impact of COVID-19 on the DHB. The results of this survey will help drive future actions.

An annual report was prepared for EMT to showcase the progress of the group against identified actions. Many of the actions related to getting TEGSC working effectively and this has been achieved along with some of the key actions. These include prior to COVID, attending conferences via Zoom, looking at travel offsets for RMOs, input into key submissions and presenting at the grand round in Christchurch.

The CDHB has had a further CEMARs audit. Emissions this year were 35,815.46 tCO<sub>2</sub>e, which is 9% higher than last year's total of 32,916.74 tCO<sub>2</sub>e and 15% lower than the base year total of 42,287.40 tCO<sub>2</sub>e. A reduction in emissions intensity of 5.22 tCO<sub>2</sub>e/\$M has been achieved (based upon a 5 year rolling average). We are currently behind with our conversion from coal to biomass at Christchurch hospital which is a Ministry of Health controlled project, so we are expecting further increases in emissions to heat the new hospital buildings until the new energy centre is completed, after which time there will be a big reduction.

We continue to support the West Coast DHB and interested staff who met again just prior to COVID-19 lockdown. They identified areas in relation to waste and recycling to work on. A local RMO has shown interest in supporting this locally given there is limited capacity for Christchurch staff to go to the Coast at this time.

Work on the intranet page for West Coast DHB and Canterbury District Health Board has been unable to be progressed during the COVID response, but it is currently being reviewed and we hope to have this actioned in the next few months.

Within CPH's Christchurch office, the Zero Heroes group has continued its support and promotion of local sustainability actions including recognising individual efforts of staff members.

### 13. WELLBEING AND MENTAL HEALTH PROMOTION

#### *“Improving mental health and wellbeing”*

Our key wellbeing and mental health promotion priorities for 2019-20 are:

- To continue development, delivery, and evaluation of the All Right? campaign, including a new strategic plan and funding strategy.
- To support psychosocial recovery bodies (Greater Christchurch Psychosocial Committee and Governance Group) in their transition from a psychosocial recovery focus to supporting broader population wellbeing.
- To conduct a randomised controlled trial of the Kākano Parenting Resource.
- To grow the capacity of health and partner organisations (particularly local government) to ensure a wellbeing focus is embedded across policy and practice by delivering appropriate training and workshops.



Early in the year, the programme team was winding down the psychosocial earthquake recovery work, organising the above-the-line ‘All Right?’ campaign targeted at the LGBTQIA+ population, developing He Waka Eke Noa activities to commemorate one year since the 15-March mosque attacks in Christchurch, finalising contributions to the Kākano Parenting Resource, building cross-team mental health promotion capacity at CPH, and completing Mental Wellbeing Impact Assessment Training with colleagues at Healthy Families and a local Council.

As the COVID situation escalated, our work pivoted to respond to emerging wellbeing and mental health needs. Under the Civil Defence Welfare legislation, MoH/DHBs are required to lead the Psychosocial Support sub-function. Canterbury DHB has therefore stood up a Regional Psychosocial Steering Group to coordinate psychosocial support across South Canterbury, West Coast and Canterbury, and has also convened a Canterbury Psychosocial Committee, made up of representatives from Iwi, Ministries, NGOs and key social networks.

Canterbury DHB, in conjunction with Christchurch City Council, submitted on the draft national COVID-19 Mental Wellbeing and Psychosocial Recovery Plan. CPH is exploring how the organisation’s wellbeing and mental health promotion capacity are being used or could be used to implement the plan.

‘All Right?’ almost completely reoriented its work towards supporting psychosocial wellbeing locally and nationally through the ‘Getting Through Together’ (GTT) campaign. GTT is proving popular, with a significant increase in social media activity and orders of collateral.

Many local ‘All Right?’ initiatives are also continuing. The Te Waiorotanga team developed a Matariki activity for Sparklers, which has received positive feedback. The team also redeveloped the Te Maramataka resource to be more user-friendly (the resource highlights the connection between the moon and our wellbeing).

The ‘All Right?’ tem continues to be approached for presentations and professional development. The team has been inundated with requests since lockdown and is working to prioritise and respond to these.

The most recent evaluation of the reach and impact of the ‘All Right?’ campaign in Greater Christchurch shows a 90% awareness rate among those surveyed, with 40% of these respondents recalling that they had taken some form of action as a result of seeing the campaign.

## 14. ALCOHOL HARM REDUCTION

### *“Reducing alcohol-related harm”*

Our key alcohol priorities for 2019-20 are:

- To develop health promotion initiatives that support alcohol harm reduction, including working in tertiary institutions, sports clubs and strengthening community input into licence applications.
- To support and partner with priority populations to access information and resources that address alcohol-related harm e.g. work around FASD, the Good One Party Register with students.
- To contribute to implementation of the Christchurch Alcohol Action Plan (CAAP) in partnership with the CAAP working party and focus on the relationship between mental health and alcohol, and social supply to young people.
- To undertake regulatory functions required under the Sale and Supply of Alcohol Act 2012.
- To undertake regulatory functions required under the Sale and Supply of Alcohol Act 2012.



Alcohol health promotion work is continuing with communities with regard to all new off-licence applications and some higher risk renewal applications. A more direct, personalised process of engaging with rūnanga and Māori organisations to strengthen Māori voice has recently been used for a new off-licence application in Kaikōura.

The Canterbury Rugby Union were engaged to run a successful sports club and alcohol workshop to share experiences, information, resources and policies/ management plans to increase adherence to the Act, while improving safety and family friendliness at games and club events.

Convening the Good One Party Register with Police, Council Noise Control, UC, Lincoln University and Ara has included updating statistical reporting and securing further funding.

National and regional planning is taking place to activate the whole-school approach to alcohol and drug harm minimisation with Tūturu into Canterbury secondary schools.

Along with the Christchurch City Council and Police, the CDHB are partners in the Christchurch Alcohol Action Plan (CAAP). This year we successfully recruited a new CAAP Coordinator, activated relationships in the sector and updated the workplan for the CAAP.

Convened by CPH, the Canterbury Health-System Alcohol Harm Reduction Strategy working group has developed an implementation plan, with improved data collection and communicating alcohol harm to the CDHB workforce. Working group membership includes ACC, St John and has achieved better engagement with youth and Māori communities on alcohol harm.

Regulatory work has completed the overhaul of multiple systems to improve management of high workload volumes; specials' processes; new Alcohol Regulatory Procedure; templated submissions; and a Case Law Index for health submissions and evidence.

Targeted monitoring of high-risk premises and special events continues.

DLC and ALRA hearings continue to decrease in frequency and complexity. CPH does not attend all hearings, e.g. if not opposed.



## 15. TUAIWI

### ***“Providing infrastructure and support for effective public health action”***

Our key priorities for 2019-20 are:

- The continued roll-out and embedding the revised Healthscape throughout CPH and other organisations using Healthscape.
- A highly accessible and well-utilised CPH website.
- Effective IT use by CPH staff.
- To support and coordinate the 2019-20 Operational Quality Improvement Plan.
- To support and coordinate the 2019-20 Workforce Development Plan.
- Effective reporting and profiling of CPH’s work with Ministry and DHBs.

Major upgrades and migrations of our content management system and hosting platforms for publicly facing websites and web applications have been undertaken. The Umbraco Content Management System was updated and converted sites in detail to the new CMS version. At the same time all sites and web applications were migrated from their old host to a completely new virtual machine-based server environment. This enhances stability and security for publicly facing sites and applications, as well as placing the entire hosting environment in a favourable position for future updates and upgrades. We anticipate the old web server environment will be completely retired in the next reporting period.

On the basis of change and feature requests, primarily from Waikato Public Health, we developed a set of 12 additional features for Healthscape, including additional data export, personalisation, GIS, and bulk communications options, as well as new and modified data attribute types. The COVID-19 response has prevented this Healthscape version (4.2.6) from being widely deployed, but it has been deployed to production at Waikato and at CPH.

Viewership to the CPH website remains steady – with 97,566 pageviews and 55,081 sessions from 1<sup>st</sup> January to 30<sup>th</sup> June 2020 – an average monthly increase of 4 to 6% for this period. The most visited pages on the site were Mental health and illness (10,048 pageviews), the homepage (7,597) and the revised resource “Easy recipes for one or two” (3,632) distributed by CPH on behalf of Pegasus Health’s Senior Chef programme. A document on the Te Pae Māhūtonga Māori health framework continues to be the most downloaded PDF from the site (598 downloads). The most searched term on the site was “handwashing” (138 searches).

Anticipating possible requirements for COVID-19, a case and contact follow-up management module was developed for CPH’s existing CCAT communicable disease case and contact information system. Using the module, this regionally-based system successfully supported CPH’s COVID response from March through to May 2020, managing and reporting on 600+ individual records and over 9,000 separate follow-ups, during isolation and quarantine, for cases, household and other complex case contacts in the CPH region. In order to conform with nationally mandated requirements, we have now transitioned to use of the NCTS for COVID case and contact management.

Tuaiwi has obtained and deployed IT devices and infrastructure to CPH’s extended workspaces, as well as providing extensive support for CPH staff remote-working during the COVID response. Tuaiwi has also managed planning, purchase and configuration of additional IT hardware kits to support uplift in case and contact management capacity in case of a resurgence in COVID-19 within New Zealand.

On request from the Public Health Clinical Network, a dedicated COVID-19 Public Health group was created on the SIPHAN platform. This includes a secure online document library where public health services can share – on a peer to peer basis – planning and forecasting documents, protocols, procedures and forms, as well as public health communications and other material.

Quality - during this period the focus has been on assisting with the development of quality processes and documentation for CPH’s COVID-19 response.

**WORKPLAN FOR CPH&DSAC 2020 (WORKING DOCUMENT)**

	<b>5 March 2020</b>	<b>7 May 2020</b>	<b>2 July 2020</b>	<b>3 September 2020</b>	<b>5 November 2020</b>
<b>Standing Items</b>	Interest Register Confirmation of Minutes	Meeting Cancelled	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes
<b>Standard Monitoring Reports</b>	Community and Public Health Update Report Planning and Funding Update Report – Q2			Community and Public Health Update Report	Community and Public Health Update Report Planning and Funding Update Report – Q4 Planning and Funding Update Report -Q1 Maori and Pacific Health Progress Report
<b>Planned Items</b>	Health In All Policies ( <i>HIAP</i> ) Coronavirus 2020 Influenza Vaccine Campaign  Transalpine Strategic Disability Action Plan Refresh Update Step-Up Programme Update CDHB Workforce Update		COVID-19: Population Wellbeing Update Future Operational Plan UN Convention on the Rights of Persons with Disabilities and the CDHB Transalpine Health Disability Action Plan COVID-19: Issues and Actions Identified by Members of the Disability Steering Group	CALD - availability & accessibility of health information in community Community & Public Health Update – Disability Sector End-of-Life Service Update CDHB Workforce Update COVID-19 Update	Oral Health Update (EC/CG) Disability Steering Group Update CDHB Workforce Update Project Search Canterbury Accessibility Charter – Accessibility Working Group Update Accessible Information Update First 1,000 Days – development of South Island Plan
<b>Governance and Secretariat Issues</b>	Draft 2020 Workplan Terms of Reference Review				
<b>Information only items</b>	Disability Steering Group Minutes CCN Q2 2019/20		Notes from Informal Meeting – 5 March 2020 CPH&DSAC Terms of Reference – Amended Disability Steering Group Minutes 2020 Workplan	Disability Steering Group Minutes CPH End of Year Report to MoH 2020 Workplan	Disability Steering Group Minutes CCN Q4 2019/20 2021 Meeting Schedule 2020 Workplan