AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora o Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 21 March 2019 commencing at 9.00am

	Karakia		9.00am
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 21 February 2019		
3.	Carried Forward / Action List Items		
4.	Energy Mark Presentation		
5.	Canterbury Health System Quality Improvement Showcase 2018 – Video Clips Category: Best Value for Public Health System Resources		
6.	Chair's Update - Oral	Dr John Wood	9.15-9.20am
7.	Chief Executive's Update	David Meates	9.20-9.50am
8.	Finance Report	Justine White	9.50-10.00am
9.	CPH&DSAC - 2019	Justine White	10.00-10.05am
10.	Policy on Appointment of Directors – CDHB Subsidiary Companies	Justine White	10.05-10.10am
11.	Funding (Equity) Drawdown – SMHS DBC	Justine White	10.10-10.20am
12.	Maori & Pacific Health Progress Report	Hector Matthews	10.20-10.30am
13.	Draft CDHB Public Health Plan 2019/20	Evon Currie	10.30-10.40am
14.	Advice to Board: CPH&DSAC – 7 March 2019 – Draft Minutes	Dr Anna Crighton Tracey Chambers	10.40-10.45am
15.	Resolution to Exclude the Public		10.45am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.45am**

Morning tea to be held at conclusion of Public Meeting

NEXT MEETING: Thursday, 18 April 2019 at 9.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

Dr John Wood (Chair)
Ta Mark Solomon (Deputy Chair)
Barry Bragg
Sally Buck
Tracey Chambers
Dr Anna Crighton
Andrew Dickerson
Jo Kane
Aaron Keown
Chris Mene
David Morrell

Executive Support

David Meates – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Michael Frampton – *Chief People Officer*
Mary Gordon – *Executive Director of Nursing*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Sue Nightingale – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*
Stella Ward – *Chief Digital Officer*
Justine White – *Executive Director Finance & Corporate Services*

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

BOARD ATTENDANCE SCHEDULE – 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	21/02/19	21/03/19	18/04/19	16/05/19	20/06/19	18/07/19	15/08/19	19/09/19	17/10/19	21/11/19	12/12/19
Dr John Wood (Chair)	√										
Ta Mark Solomon (Deputy Chair)	√										
Barry Bragg	√										
Sally Buck	√										
Tracey Chambers	√										
Dr Anna Crighton	√										
Andrew Dickerson	√										
Jo Kane	√										
Aaron Keown	√										
Chris Mene	√										
David Morrell	√										

√ 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 CANTERBURY DISTRICT HEALTH BOARD (*CDHB*)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Dr John Wood **Chair CDHB**	**Advisory Board NZ/US Council** – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director. **Te Arawhiti, Office for Maori Crown Relations Governing Board, Ministry of Justice** – Ex-Officio Member Te Arawhiti, Ministry of Justice, are responsible for negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations. **Chief Crown Treaty Negotiator for Ngai Tuhoe** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Treaty Negotiator for Ngati Rangi** Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment. **Chief Crown Treaty Negotiator, Tongariro National Park** Engagement with Iwi collective begins July 2018. **Chief Crown Treaty Negotiator for the Whanganui River** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations** High level agreement in principle reached. Aiming for deed of settlement end of 2018. **School of Social and Political Sciences, University of Canterbury** – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment. **Te Urewera Governance Board** –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee. **University of Canterbury (*UC*) Council** – Council Member The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation.

Ta Mark Solomon **Deputy Chair CDHB**	**Claims Resolution Consultation – Senior Maori Leaders Group** – Member This is an Advisory Board to MSD looking at the claims process of those held under State care. **Deep South NSC (National Science Challenge) Governance Board** – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities. **Greater Christchurch Partnership Group** – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work). **He Toki ki te Rika / ki te Mahi** – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury. **Liquid Media Operations Limited** – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology. **Maori Carbon Foundation Limited** – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country. **Ngāti Ruanui Holdings** – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki. **NZCF Carbon Planting Advisory Limited** – Director NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited. **Oaro M Incorporation** – Member 'Oaro M' Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at 'Oaro M', Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations. **Police Commissioners Māori Focus Forum** – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The

	forum plays a governance role and helps oversee the strategy's implementation. **Pure Advantage** – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth. **QuakeCoRE** – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission. **Rangitane Holdings Limited & Rangitane Investments Limited** - Chair The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne's settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members. **SEED NZ Charitable Trust** – Chair and Trustee SEED is a company that works with community groups developing strategic plans. **Sustainable Seas NSC (National Science Challenge) Governance Board** – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding. **Te Ohu Kai Moana** – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity. **Interim Te Ropu** – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019.

Barry Bragg	**Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CRL Energy Limited** – Managing Director CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB. **Farrell Construction Limited** - Chairman Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Chairman The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Property Limited** – Chairman Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.
Sally Buck	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Tracey Chambers	**Chambers Limited** – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise. **Rata Foundation** – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.
Dr Anna Crighton	**Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage **Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage **Heritage New Zealand –** Honorary Life Member CDHB owns buildings that may be considered to have historical significance.

Andrew Dickerson	**Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
Jo Kane	**HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board.
Chris Mene	**Canterbury Clinical Network** – Child & Youth Workstream Member **Core Education** – Director Has an interest in the interface between education and health. **Wayne Francis Charitable Trust** - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.
David Morrell Board Member	**British Honorary Consul** Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time

	to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time. **Canon Emeritus - Christchurch Cathedral** The Cathedral congregation runs a food programme in association with CDHB staff. **Friends of the Chapel** - Member **Great Christchurch Buildings Trust** – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing. **Heritage NZ –** Subscribing Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have heritage significance. **Hospital Lady Visitors Association** - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time. **Nurses Memorial Chapel Trust** – Member (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday, 21 February 2019 commencing at 9.00am

BOARD MEMBERS

Dr John Wood (Chair); Ta Mark Solomon (Deputy Chair); Barry Bragg; Sally Buck; Tracey Chambers; Dr Anna Crighton; Andrew Dickerson; Jo Kane; Aaron Keown; Chris Mene; and David Morrell.

APOLOGIES

Apologies for lateness were received and accepted from David Morrell (9.10am); and Tracey Chambers (9.25am).
An apology for early departure was received and accepted from Aaron Keown (2.40pm).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (Chief People Officer); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Executive Director of Communications); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

Mary Gordon (Executive Director of Nursing); and Becky Hickmott (Acting Executive Director of Nursing).

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or 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. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (1/19)
(Moved: Chris Mene/seconded: Barry Bragg – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 13 December 2018 be approved and adopted as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. CANTERBURY HEALTH SYSTEM QUALITY IMPROVEMENT SHOWCASE 2018 – VIDEO CLIPS

Four video clips from The Canterbury Health System Quality Improvement Showcase 2018 were viewed.

5. CHAIR'S UPDATE

Dr Wood commented that it has been a very busy time and is likely to get even busier as the year progresses.

Dr Wood tabled the presentation he had made yesterday to the Health Select Committee at Parliament. A copy of the final document will be provided to Board members. It was noted that members of the Select Committee were particularly interested in: the deficit and drivers behind this; and the Mana Ake programme as it is rolled out. It was also noted that the Committee showed an interest in visiting the Canterbury Health System and the Chair will extend an invitation to them.

Dr Wood advised that he had attended the Chairs and Chief Executives national meeting in Wellington last week where the main focus was a presentation from the Minister of Health dealing with his Letter of Expectation, and re-emphasising that this was his primary focus and that there is also a focus on funding. He also made particular mention of the improved relationship between the Canterbury DHB and the Ministry of Health.

It was noted that the final version of the Annual Plan has been submitted and is currently with the Minister.

The update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, presented his update which was taken as read. He also updated the Board as follows:

- The Junior Doctors industrial negotiations continue and indications are that there will be further strikes.
- Demand and pressure within the sector is not reducing and the concerning thing about this is that it is summer, our normally quiet time, and the impact of capacity restraints will remain.
- Emergency Department volumes are increasing in the triage 1 – 3 area.
- Mana Ake is becoming increasing important with initial outcomes and feedback from schools showing some impressive results.
- The Emergency Department has put in place a series of "Guerilla Sim" team simulation exercises which are occurring without announcement and at any time within the Emergency Department as a part of testing and improving process and facilities in environments used within the department and improving the ability of team members to work together.

Discussion took place regarding the neo-natal service and the need for patients to go outside Canterbury. It was noted that the Ministry of Health are currently reviewing this. It was also noted that NICU's capacity is very tight with the unit here running at 98% capacity each day.

A query was made regarding the high volumes in Christchurch hospital and the work that has been undertaken around analysing this. The Chief Executive advised that: trauma is up; CDHB undertake 60% of the national spinal cord impairment; the number of births is up; there is a general sense of increased acuity, complexity and associated co-morbidities; and in restrained capacity this is magnified.

Discussion took place regarding Health & Safety in Specialist Mental Health and it was noted that correspondence from the General Manager, Specialist Mental Health Services would be circulated to the Board.

Discussion also took place regarding the Chair's presentation to the Health Select Committee and the reference to the inequities between Maori & non-Maori. The Chief Executive advised that the outcomes for Maori in Canterbury are better than for the rest of New Zealand and whilst we are making progress at a faster rate there is still a lot of work to be done.

A query was made regarding the ambulatory model for people requiring acute general surgery care and it was noted that more detailed information would be provided around this at a future Hospital Advisory Committee meeting.

Concern was expressed regarding the Rangiora Health Hub and the possibility of misinformation in the Community. It was noted that a public meeting is proposed for the end of April/early May 2019.

Resolution (2/19)
(Moved: Ta Mark Solomon/seconded: David Morrell - carried)

"That the Board:

i. notes the Chief Executive's Update."

7. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the Finance Report which was taken as read. The report stated that the consolidated Canterbury DHB financial result for the month of December 2018 was a net operating expense of $8.677M, which was $0.885M unfavourable against the draft annual plan net operating expense of $7.792M. It was noted that the January 2019 result is $1.3M unfavourable against budget year to date.

It was noted that $30M equity support was received in January, leaving $33.9M unfunded.

Discussion took place regarding an estimated year-end result and it was noted that the DHB would remain under extreme pressure financially. A request was made for information regarding costs imposed on the DHB from wage settlements to be provided to QFARC.

Resolution (3/19)
(Moved: Ta Mark Solomon/seconded: David Morrell – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 31 December 2018."

8. CPHAC / DSAC 2019

This item was deferred for discussion in the Public Excluded part of the meeting at the request of a Board member.

9. POLICY ON APPOINTMENT OF DIRECTORS – CDHB SUBSIDIARY COMPANIES

Ms White presented this paper which was taken as read, advising that changes were mostly of an administrative nature.

Discussion took place regarding the Brackenridge Services Limited constitution stating its Board required a minimum of "one" Director. It was clarified that this should read "four".

The paper and policy are to be amended and represented to the Board's March 2019 meeting.

10. OXFORD AND SUROUNDING AREAS MODEL OF CARE

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, presented this paper and advised that the request to the Board was to support the general direction of travel outlined in the paper.

Carol Horgan, Planning & Funding, provided the Board with some background around the project, including the eight community meetings and four provider meetings held.

Resolution (4/19)
(Moved: Dr Anna Crighton/seconded: Barry Bragg – carried)

"That the Board:

i. notes that feedback from health professionals and the community regarding the proposed Model was supportive, and that the feedback was incorporated into the final Model of Care;
ii. notes that the final Model of Care proposal was endorsed by the CCN Alliance Leadership Team in November 2018; and
iii. approves development of the proposed recommendations to determine how these services might be delivered locally in order to implement the proposed Model of Care."

11. ADVICE TO BOARD

Andrew Dickerson, Chair, Hospital Advisory Committee (*HAC*), provided the Board with an update from the Committee's meeting held on 31 January 2019.

Resolution (5/19)
(Moved: Andrew Dickerson/seconded: Sally Buck – carried)

"That the Board:

i. notes the draft minutes from HAC's public meeting on 31 January 2019.

12. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (6/19)
(Moved: David Morrell/seconded: Ta Mark Solomon – carried)

"That the Board:

i. resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and the information items contained in the report;
ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 13 December 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Facilities Committee Review	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Specialist Mental Health Services – Detailed Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Quarterly Facilities/Earthquake Programme of Works Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Demolition of Diabetes Centre and Squash Court Block	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	2019/20 Annual Planning Expectations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Chief Digital Officer Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
11.	Advice to Board: • HAC Draft Minutes *31 Jan 2019* • QFARC Draft Minutes *29 Jan 2019*	For the reasons set out in the previous Committee agendas.	

iii notes that this resolution is made in reliance on the Act, Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982."

The Public meeting concluded at 10.50am.

Dr John Wood, Chairman _____ Date of approval _____

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 21 MARCH 2019

DATE	ISSUE	REFERRED TO	STATUS
20 Sep 18	Presentation on IT systems; continual enhancement & ongoing use of data throughout the health system.	Stella Ward	Today's agenda – Item 6 PX

CANTERBURY HEALTH SYSTEM QUALITY IMPROVEMENT SHOWCASE 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

The Canterbury Health System Quality Improvement Awards recognise, reward and publicly acknowledge excellence in quality improvements and innovations. The Awards are open to all Canterbury DHB staff and providers whose services are funded by Canterbury DHB.

The 2018 Awards, held on 6 December, featured speeches, presentations, and an exhibition of all 48 poster entries. Entries came in from organisations across the Canterbury Health System, covering topics ranging from radiology, improving mental wellbeing, reducing appointment and waiting times, streamlining services, and more.

CATEGORY: BEST VALUE FOR PUBLIC HEALTH SYSTEM RESOURCES

Winner: ***The customised variant testing service: A family-specific genetic testing service in New Zealand*** **(Hospital Support and Laboratories/Canterbury Health Laboratories/Genetics)**
This project introduced a local customised service which allowed genetic testing of families with any known genetic variant at Canterbury Health Laboratories (CHL). The average turnaround time for CHL services is 22 days, as opposed to three to six months for overseas laboratories, with a cost of around $355.00, compared with $270.00 – $1600.00+ for overseas laboratory services — reducing anxiety for parents and their families, as well as saving money.

Runner-up: ***Where are my pumps?! Reducing the time spent looking for clinical equipment using WiFi asset tracking and an easy-to-use website*** **(Medical Physics & Bioengineering, Clinical Engineering Emergency Department) (video not available)**
The Emergency Department's (ED) supply of infusion pumps often end up scattered around the hospital as their patients are transferred to wards. The aim was to provide a system enabling non-techie users to instantly find their clinical equipment, increasing the number of pumps available in ED, and decreasing the amount of time staff spend looking for them through WiFi and an easy-to-use website.

Finalist: ***Radiology one-stop-shop for MRI general anaesthetic:*** **A** ***comprehensive*** **solution (Radiology Department)**
Young children having an MRI scan are required to stay very still for up to two hours and might require a general anaesthetic, adding to the inefficiency in a patient's journey. The team wanted to come up with a better way to manage this. The aim of this project was to have a one stop shop for children and families, to reduce the number of stakeholder interactions, improve communication, reduce delays and reduce the movement of patients around the hospital. Patients now only visit Radiology and are discharged having seen all key staff. Pre-admission, patient care during treatment and recovery were streamlined, valuing both patient and staff time.

Finalist: ***Keeping cool – a CDHB team project [resolving medical and laboratory refrigeration faults]*** **(Canterbury DHB Clinical Engineering)**
This project's aim was to identify and resolve medical and laboratory refrigeration faults in real time to prevent product wastage, improve patient safety, and reduce the impact of temperature-controlled equipment faults. The project started in May 2014, and, over the next three years, the team fitted temperature monitoring tags to all 622 fridges, freezers and other temperature-controlled devices and rooms. Now, all critical Canterbury DHB medical and laboratory temperature-controlled equipment is continuously monitored. Clinical staff no longer need training to troubleshoot equipment problems as the system is identifying faults and prescribing an appropriate action to resolve it. The efficacy of monitoring has reduced critical monthly events from over 5,000 per month in September 2015 to under 200 in August 2016.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Chief Executive**

DATE: **21 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the Canterbury DHB.

2. RECOMMENDATION

That the Board:

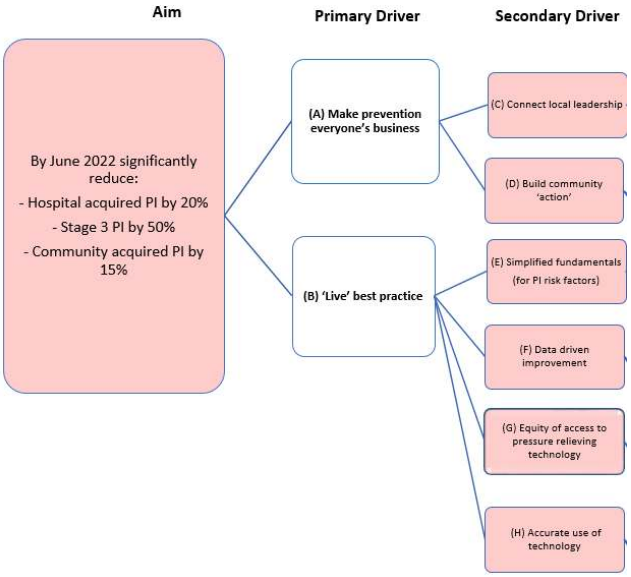
i. notes the Chief Executive's update.

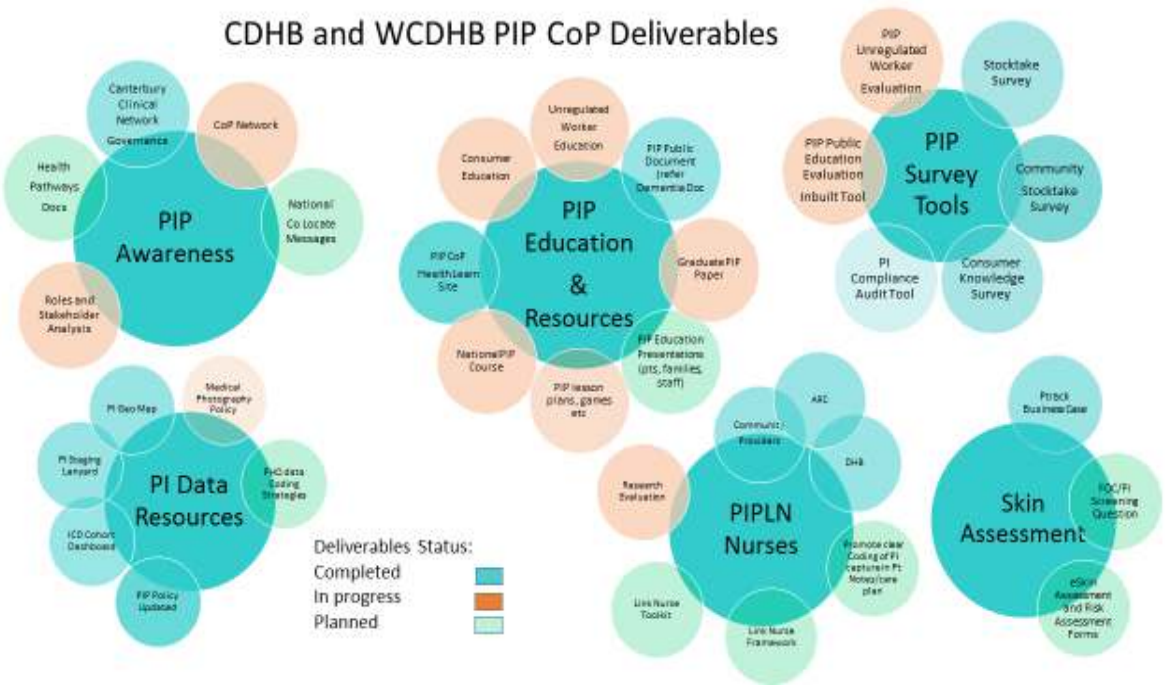
3. DISCUSSION

PUTTING THE PATIENT FIRST – PATIENT SAFETY

Quality & Patient Safety

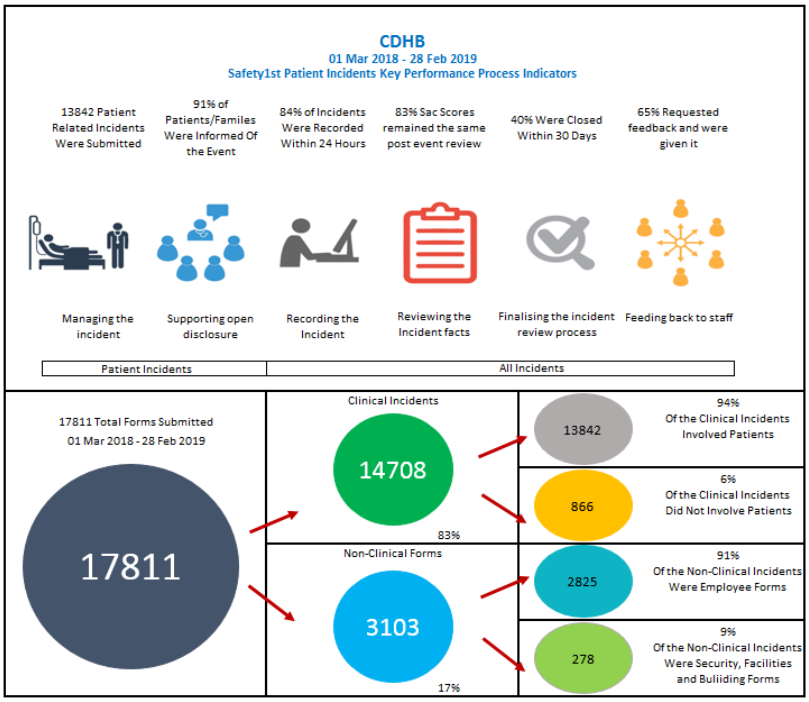
- **Canterbury DHB ACC Pressure Injury Prevention Programme:** The second workshop for the Canterbury DHB and West Coast DHB Pressure Injury Prevention Link Nurse Programme was held on 22 February. The nurses are completing a current state assessment of their practice areas against the ACC pressure injury guidance and presented their findings. Synergia contracted by the ACC Programme to conduct the programme evaluation were able to attend and see the quality improvement process in action.
- The Programme is designed to build a community of practice that leads and improves by example.





- **interRAI admission assessment:** The Canterbury DHB interRAI admission assessment completed by nurses is ready to go live in the electronic observation application. This will replace the purple paper forms that are currently used. The assessment will be visible in Health Connect South and available to the clinical team, providing valid and reliable scales for early detection of problems. For example sales include: delirium, dementia, short term memory loss, undernutrition, incontinence, activity of daily living decline, previous falls and pressure injury as well the risk of delirium, falls and pressure risk. ACC are funding the design work for the skin assessment, wound management and bundles of care that will be trigger by an abnormal finding in the admission assessment.

- **Policies and Procedures:** Testing of the new policy and procedure library in PRISM (SharePoint 2016) is underway. The new library will offer a review workspace for each document with an allocated document owner. This will reduce the amount of email traffic and manual collation work in policy review and development.
- **Incident Management Process indicators:** 17811 events are recorded for the last 12 month period; 13842 were patient's related events.



- The closure within 30 days of submissions remains a challenge and work is underway to address this.

Christchurch Campus

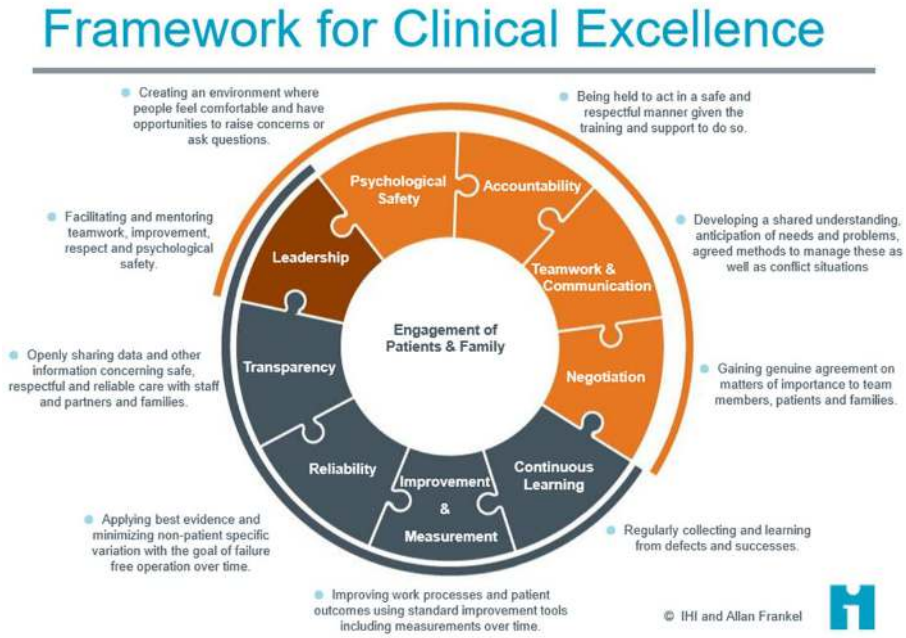
- **Improved Central Line insertion continues to provide benefits for patients:** The June 2018 report included information about the implementation of a product called SecurAcath which is used to prevent both internal and external migration of peripherally inserted central catheters from patients' blood vessels. This product was shown to effectively reduce migration and had reduced the number of hospital acquired bloodstream infections associated with these catheters.
- This improvement has been sustained. The number of peripherally inserted central catheters increased to 1,711 in 2018, 80 more than the previous year. The associated bloodstream infection rate over the past two years has remained between 0.6%-0.8%, well below the accepted threshold for healthcare acquired blood stream infections of 2%. Migration of these catheters has also been shown to be a thing of the past which no longer affects patients in Christchurch Hospital.
- Also, a series of improvements is being put in place in relation to management of peripheral catheters:
  - The first is that many patients on chemotherapy are susceptible to developing allergies to chlorhexidine and some adhesives, which results in dermatitis, so the team in Oncology has evaluated a new dressing to be used with peripherally inserted central catheters. This has proven to be very effective with minimal dermatitis reported. It has provided a significant benefit for patients.

- The introduction of the new peripheral IV cannula, that Canterbury District Health Board has had design input into, is entering stage two with implementation occurring throughout the remainder of Canterbury District Health Board hospitals this month.
- In order to accurately assess the stages of phlebitis and to make our policy congruent with international best practice standards, cannulae will no longer be routinely changed every 72hours and will only be changed 'when clinically indicated'.

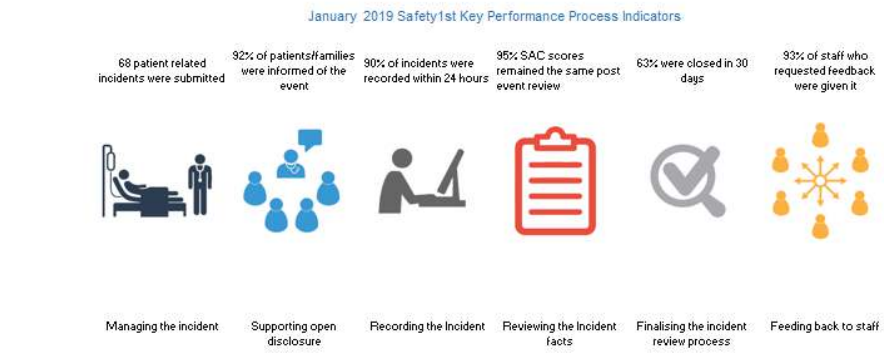
- There are financial benefits from the latter two of these changes.

Older Persons Health & Rehabilitation (OPH&R)

- We are keeping a focus on our falls. The strategies as part of safe recovery programme have been focusing on what activity we can improve during night shift. This includes how we work as a team on admission. New Admissions are (where possible), cohorted in close proximity to where the nurses will be stationed at night. They are subject to closer attention for the first few days. We ensure new arrivals go into a room which has sensors in use.
- Increasing medication errors is currently a focus and we are using a partnership approach with members of the New Zealand Nursing Organisation (NZNO) to ensure we embed a culture change to support reporting of never events with medication. We are using the framework for clinical excellence to support our change.



- Intentional Rounding education has been completed in all wards. All wards are now embedding this into their practice on all shifts and with a current focus on continence. This is one of the causes of falls when mobilising for toileting. To reduce this we are highlighting that intentional rounding includes toileting.



IMPROVING FLOW IN OUR HOSPITALS

Christchurch Campus

- **Human Milk Bank:** The Human Milk Bank was set up to support those mothers wishing to exclusively breastfeed, to bridge the gap between birth and development of the mother's own breastmilk supply. Statistics over the past four years show that for babies in the neonatal unit this support is required from the milk bank for six days on average. Since the introduction of the milk bank the proportion of babies admitted to the neonatal intensive care unit able to be supported in this way has continued to increase.

Some Statistics	2014	2015	2016	2017
No receiving PDM	158	266	244	387
No of admissions	839	1002	853	902
%	18%	26%	28%	43%

- Previous reports have highlighted the Human Milk Bank's success in providing pasteurised donor milk to babies being cared for in the neonatal intensive care unit. Since the end of 2017 this service has been expanded to high risk infants on the Maternity ward and community when supplies allow, with the objective of keeping mother and baby together and to support, value and encourage breastfeeding. . The lactation consultants and staff in maternity have worked very hard to design a dispensing system that balances and determines the genuine requirements of pasteurised donor milk with the minimum of wastage while supporting the mother's commitment to transition to full breastfeeding. So far babies in the Maternity Unit have been supplied with 91 litres of pasteurised donor milk.
- **Patient Surgical Journey Video:** Members of the Anaesthesia and Theatre teams have recently worked together to produce a video to explain to patients what will happen along their surgical journey. It covers pre-admission, anaesthetics, the consent process, admission, the surgery and recovery. The team producing the videos worked hard to ensure that language was appropriate to the audience, including working with the Department of Internal Affairs to create a version of the video with Māori subtitles. This was done in response to patient requests and can be found on www.healthinfo.org.nz. Plans are developing to have

this video played in the pre-surgery assessment area and to be part of an education package available to patients pre-operatively at home. This is just one part of our communication with patients that aims to ensure that they feel as comfortable as possible about their time in hospital. Ensuring that patients know what to expect helps them to be prepared for their surgery, reducing cancellations and ensuring effective use of patient and staff time.

- **Treatment now available to all people with Hepatitis C**: There are an estimated 50,000 people in New Zealand living with Hepatitis C, and half of them don't know they have it. If left unchecked, up to a quarter of infected individuals will develop cirrhosis of the liver. Without successful treatment, 2–5% of those with cirrhosis will progress to life-threatening liver cancer or liver failure each year. Hepatitis C is the leading cause of liver transplantation in New Zealand. 1 February heralded the arrival of a new fully-funded treatment, Maviret, for all patients with untreated hepatitis C. Maviret has several distinct advantages over the previous regimen, the most significant being that it treats all genotypes (G1-6) with a 98 % cure rate. Other advantages include:
  - It is a once a day, tablet only regimen
  - Significantly fewer interactions with other medications
  - Patients without more advanced liver disease can be easily and safely managed by primary care, as this patient group requires no blood tests or additional visits to GP whilst on treatment. The patient has a single blood test at 3 months post treatment for test of cure.
- The funding of Maviret is such a significant event that there is national backing and resources for this treatment. The Health Promotion Agency has launched a national, multimedia, awareness campaign, with a focus on undiagnosed New Zealanders.
- Canterbury has a strong collaborative approach to Hepatitis C, as evidenced by our region having the highest number of patients treated with Maviret's predecessor (Viekira Pak) in the country. As an extension of previous work on Hepatitis C locally we are working hard to find the undiagnosed and/or untreated patients in the Canterbury DHB. Strategies include:
  - Nurse specialists from Gastroenterology, Infectious Diseases and the Hepatitis C Community Clinic working collaboratively to support PHOs throughout Canterbury in identifying and treating Hepatitis C.
  - Holding various clinics in the community to facilitate easy access to a fibroscan, a simple scanning tool which identifies whether a person has liver damage.

  - Supporting corrections staff to identify and treat affected prisoners.
  - Looking back to identify patients who can now be treated.
  - Following up on lost or hard to find patients.
  - Spreading awareness and encouraging testing.
- Availability of this treatment means that people with Hepatitis C can be treated and avoid the risk of serious liver damage along with its implications for their quality of life and impact on health system resources.
- **Avoidance of unnecessary intravenous antimicrobial therapy at Canterbury District Health Board hospitals:** The Infectious Diseases Department works alongside other services and groups, such as the Antimicrobial Stewardship Committee to help CDHB clinical staff use antimicrobial agents appropriately (right agent, right route, right dose and right duration). This helps improve treatment of infections and reduce adverse consequences of antimicrobial use including development of multidrug resistant organisms and *Clostridium*

difficile-associated diarrhoea. A key antimicrobial stewardship theme has been to avoid unnecessary intravenous administration of antimicrobial therapy to:

- avoid preventable complications from IV access, e.g. phlebitis,
- improve patient mobility and comfort, and facilitate discharge,
- reduce nursing time for drug administration,
- decrease cost.

- This report updates information about two successful initiatives that produced a sustained reduction in intravenous antimicrobial use, and a substantial decrease in cost. The initiatives are:
  - Changing the mix of macrolides used to treat community acquired pneumonia, encouraging the use of oral azithromycin instead of intravenous clarithromycin
  - Using two, rather than three, doses of metronidazole daily, with a preference for oral administration.

- In order to facilitate changes the relevant services agreed to proposed guideline changes. The two initiatives were staggered, with macrolides commencing December 2013 and metronidazole in October 2015. Guideline changes were publicised online, verbal education was provided at multidisciplinary and multiservice teaching, written information was provided via bulletins and posters and ability to access the various agents was altered in clinical areas. Ward and dispensary pharmacy staff provided support of the initiatives on an ongoing basis. Ongoing success of the changes was regularly assess using data extracted from the ePharmacy dispensing software.

- Since initiation of these changes:
  - **Macrolides**. Mean total annual macrolide use in CDHB hospitals decreased by 21% in the four years following the changes, compared with the prior four years
  - Intravenous Clarithromycin use decreased by 72%, with ~2,600 intravenous doses avoided per year. Use of oral clarithromycin and roxithromycin (another macrolide antimicrobial) also decreased, by 91% and 71%, respectively. Azithromycin use increased by 833%.
  - Direct cost savings were approximately $105,000 per year
  - **Metronidazole**. Mean total annual metronidazole use (all routes) decreased by 14% in the two years following the change compared with the five prior years
  - Intravenous metronidazole use decreased by 43%, with approximately 11,800 intravenous doses avoided per year. Administration via oral or rectal routes increased by 104%.
  - Direct cost savings were approximately $111,000 per year.

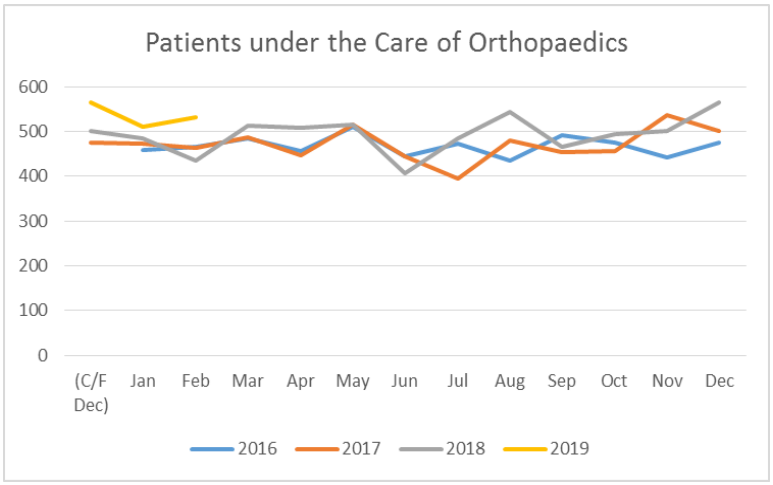
- **Cortex implementation continues:** Late in 2017 this report provided information about the launch and uptake of Cortex in General Surgery. Cortex has been designed by clinicians for clinicians, to improve the quality of patient care and the efficiency of hospital care teams It is a care coordination platform that provides documentation of clinical notes, team and individual task management, electronic ordering of diagnostic tests, notification of results availability, and direct access to the results themselves – all at the patient's bedside. Expanding the use of the platform within Canterbury District Health Board has produced impressive results that confirm Cortex is already making a measurable difference. At the time of the last report, between June and November 2017, the District Health Board had saved patients more than a thousand nights in hospital, achieving an almost 20 percent reduction in the average length of stay. The new Acute Services Building, Christchurch Hospital Hagley, has been designed to be 'paperlite' from day one, ensuring that notes are legible, handovers are clearer

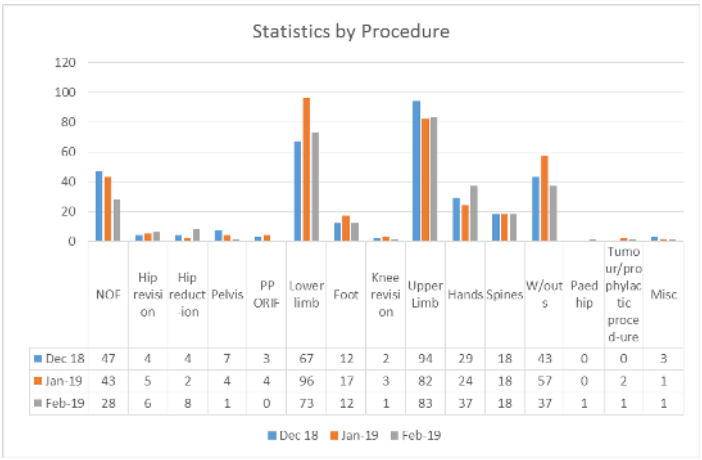
and critical clinical information is always available to the right people at the right place and at the right time. Cortex is a key component of Canterbury District Health Board's emergent paperless and world class mobile environment in its hospitals.

- As at November 2018, a further year on, this system has been embedded in General Surgery with a median of 160 unique users per day, a total of 1.5 million patient views, 86,000 notes made, 50,000 tasks sent and 35,000 orders raised. The Orthopaedic Spinal team is in the process of deploying the system and Paediatrics will follow in April 2019. Further rollout is dependent on the required devices being available and significant effort will be required to have full deployment before the opening of Christchurch Hospital Hagley.

Older Persons Health & Rehabilitation (OPH&R)

- **Orthopaedics:** Activity for Orthopaedics continues to result with multiple additional theatres being made available to cope with volumes. There have been 533 patients admitted under Orthopaedic's care in February with 307 acute procedures undertaken. Of note:
  - Increased volume of patients admitted in February 2019 compared with Feb 2018 (436) and Feb 2017 (464).
  - Average length of stay has decreased from 3.46 days in January to 3.09 days in February.
  - Average wait for theatre in February has reduced to 0.81 days, a reduction from January where average was (1.07 days).
  - There were 45 acute procedures of the 307 procedures transferred to Burwood for surgery.





- The impact that spine cases continue to have on overall flow of acute orthopaedic cases continues. However a noticed drop in the number of fractured neck of femur (#NOF) procedures during February.
- The number and type of surgery we are transferring to Burwood includes:

Lower limb	13
Upper Limb	17
Foot	3
Hands	1
Spines	-
Hip NOF	-
Hip revision	-
Knee revision	-

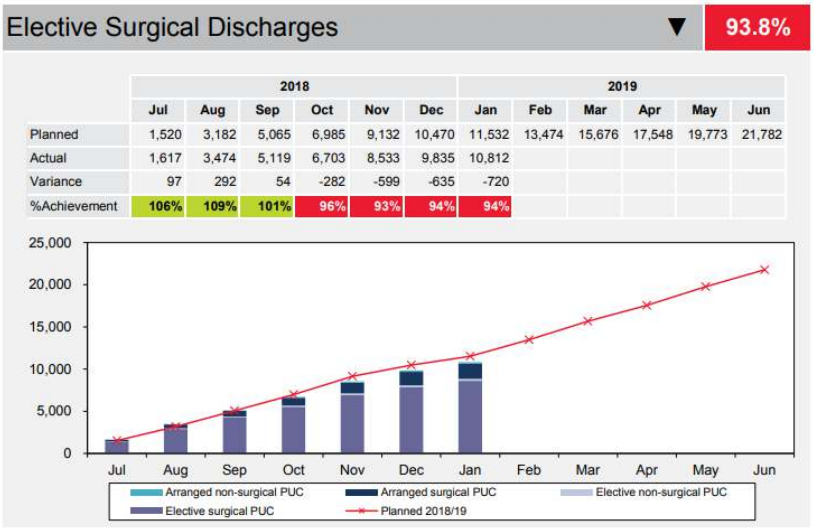
REDUCING THE TIME PEOPLE SPEND WAITING

Christchurch Campus

- **Faster Cancer Treatment Targets: 62 Day Target:** For the three months of November, December 2018 and January 2019, Canterbury District Health Board submitted 138 records to the Ministry of Health. Of the 21 who missed the 62 days target, 19 did so through patient choice or clinical reasons and are therefore excluded by the Ministry in compliance calculations. This leaves 119 patients eligible for inclusion in the target calculations. With two of the 131 patients missing the 62 days target through capacity issues, our compliance rate was 98%, once again meeting the 90% target.
- **31 Day Performance Measure:** Canterbury District Health Board submitted 350 records towards the 31 day measure in the same three month period. Unlike the 62 days target, all reasons for missing the target are included: there are no exceptions made for patient choice or clinical considerations, but the threshold is lower, at 85%. With 314 of the 350 (89.7%) eligible patients receiving their first treatment within 31 days from a decision to treat, Canterbury continues to meet the 85% target.
- **Physiotherapy group sessions reducing waiting times:** Women referred for physiotherapy for support with continence issues or prolapse have previously waited between five and six months for their first appointment. A review of waiting lists and referrals recommended that the initial appointment could be replaced with a group session, in line with current practice in other areas. This new way of working was launched in early October; 20 women are invited to each session. The group is being evaluated through an anonymous satisfaction survey and results so far are promising. The waiting time has already reduced to less than four months. A formal review and audit will be carried out during 2019.
- **Children's Respiratory Outreach Nurse can now prescribe:** The Respiratory Outreach Nurse provides oversight of patient care while in hospital to expedite early discharge and then provides home visits to monitor treatment and modify when needed. This service enables children to be assessed in their home setting and for advice to be provided to the child and their whānau. In the past engagement with a doctor was still required in order to make changes to the medication the child was prescribed. This meant that children had to wait before they could obtain the required medication, and the outreach nurse and doctors involved spent time liaising and making the required arrangements. In addition to this many pharmacies charge additional fees to families to cover the increased work required to process faxed prescriptions. The Respiratory Outreach Nurse has completed a master's degree and

post graduate diploma in order to be allowed to prescribe medication from a set list that is relevant to her field of practice. This prevents the need for patients to wait for their prescription as it can be written for them while the nurse is visiting in their home. In addition it avoids wasteful double handling of work and the need for whānau to pay faxed prescription fees. Additionally, the nurse is a point of contact for the families who have a child with a chronic respiratory illness. This means that they have ongoing direct contact with her to enable assessment and treatment to be commenced more quickly, preventing complications.

- **Elective Services Discharges**



- Reporting from the Ministry shows that Canterbury DHB met its elective discharges objectives at the end of the first quarter (until the end of September 2018), but indicates a significant under delivery by the end of January. However internal reporting shows that at the end of February over 13,150 elective and arranged discharges have been completed. While this is a shortfall of around 300 cases compared with our agreed target, it is expected that data corrections will reduce this shortfall significantly.

- **Improved processes for nursing employee allocation and availability:** Duties for the majority of staff working for the DHB are transacted utilising Microster. The way this task is done for both permanent and casual nursing staff at Christchurch Hospital has been updated from the beginning of December, with additional coding of staff availability being utilised. This coding enables much better analysis of staffing patterns, including trends in the reasons for requests for casual and permanent pool utilisation and capacity. This now enables us to understand how many people are taking different types of leave and the dates and time that people are available to cover. Knowing which days we have the hardest job filling all shifts lets us target these high need shifts to recruit to unplanned and/or planned vacancy. Whilst this means that Microster entry takes slightly longer, this new system enables us to more effectively monitor and manage the way that we utilise our staff.

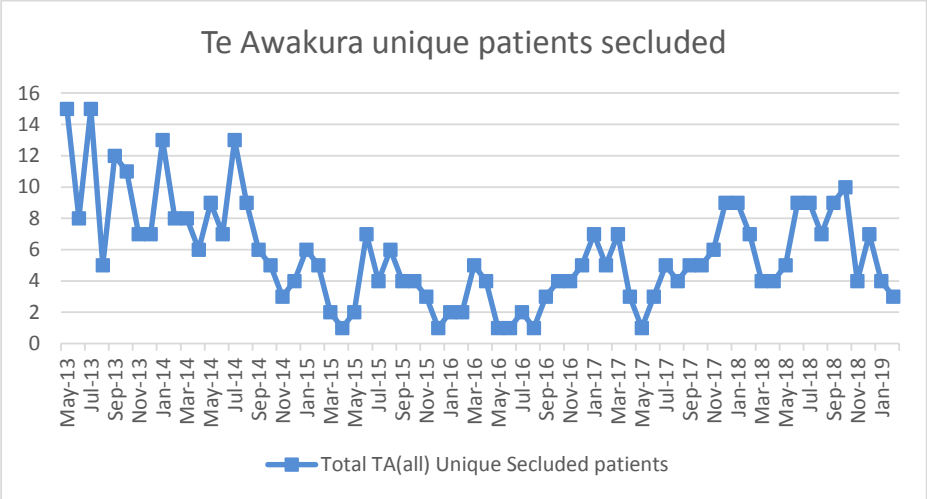
- Alongside this change a Roster Manager/ Administrator from Roster Support has worked in partnership with staff from the Department of Nursing to develop a system in Microster that improves the processes utilised to fill vacant shifts. Both casual pool and permanent staff now provide a text to the pool administrator showing their availability. This is entered into Microster, providing a repository of information that enables the Duty Nurse Manager and Administration staff to quickly identify available staff when roster gaps emerge. This new system has released Duty Nurse Manager time from ringing a long list of staff to ascertain staff member's availability at short notice when a rapid and often urgent response is required.

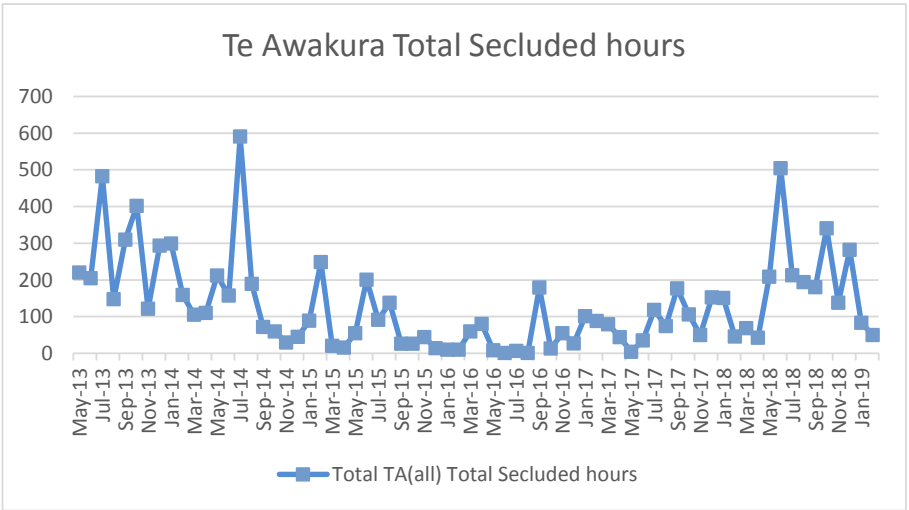
It also reduces risk to the organisation by enabling timely replacement of staff and addressing staffing gaps to ensure safe patient management.

- **Overseas Chargeable Patients:** Diligent work on the Christchurch campus has resulted in an increase in revenue from overseas chargeable patients in January 2019. This requires the Campus Finance team and staff working closely with the clinical units throughout the campus. During January 2017 overseas chargeable revenue was $252,958 and January 2018 was $327,493. During January 2019 the Christchurch Campus raised over 130 invoices for overseas chargeable patients. Net total revenue for the Campus was approx. $530k (including credits). Of these:
  - 123 invoices were under $10k each. Totalling $176k
  - 10 invoices were $10k and over totalling nearly $379k including $62k potentially delinquent accounts.
  - 13 credits totalling $25k issued in January
- The trend appears to be an increase in insured parents or adult family members travelling to New Zealand. While the increase in numbers is never a positive, the increase in the numbers of insured patients is.
- **Changed arrangements for night shift and first year House Officers:** All house officer runs are assigned a category that determines the payment that employees receive when they are carrying out those duties. These categories incorporate expected working hours of each run. Historically all first year house officers have been paid according to the assigned category despite not being able to participate in night shifts for the first six months. All run description documents were reviewed during the schedule 10 implementation, as a part of this all run descriptions now include categories with and without night shifts. Accordingly Canterbury District Health Board was recently able to correctly assign 54 House officers unable to provide night shift duties to a lower category. This change saves the District Health Board $89,918 per annum.
- Another cost associated with house officers being unable to provided night shift duties has been the need to pay other doctors extra duties to fill the vacant shifts. From the beginning of the 2018 Resident Medical Officer year, a House Officer Elective nights run has been included in our system. This enabled two third year House Officers to cover 24 night shifts each that would have previously been paid as extra duties. During the time that they weren't rostered on nights they were able to be assigned to runs that they would otherwise not have had access to (during 2018 these were Sexual Health and Anatomical Pathology). When the cost of the avoided extra duties allowance is set off against the cost of the salary for the elective nights run this is close to cost neutral. It provides benefits with RDST coordinators not having to continually advertise and manage extra duties, it enables house officers to gain experience in a service they would not normally have access to and enables the services involved to access additional resource and expose their service as a career option to the involved house officers.
- **Appropriate payment for first year house officers during orientation:** First year house surgeons are provided with a four day orientation period when they begin work at Canterbury District Health Board. In the past these employees have been paid at the rate assigned to the run they will be entering following completion of the orientation. However as the run category incorporates the expected working hours associated with the run, this is not appropriate during the orientation period. For next year's orientation all first year house officers participating in the orientation will be paid at a rate appropriate for the orientation, rather than the subsequent run. This will save an estimated $20,000 per annum.

Specialist Mental Health Services (SMHS)

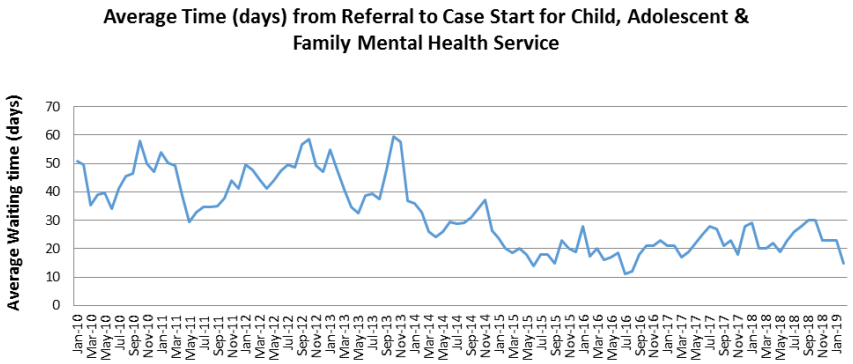
- **Demand for Specialist Mental Health Services**: We continue to closely monitor use of Mental Health Services. Our staff are working exceptionally hard to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff.
- Occupancy of the **adult acute inpatient service** was 89% in February 2019. The Te Awakura building poses a number of challenges that limit our ability to care for acutely unwell people in a contemporary way. Our staff are doing an incredible job in very challenging circumstances. Planning and Funding are leading the development of a community service that will provide an 8 bed alternative to an acute inpatient admission which is anticipated to open in April .
- **Least restrictive practice:** Staff remain committed to least restrictive practice. In February 2019, three people experienced seclusion for a total of 49.9 hours.

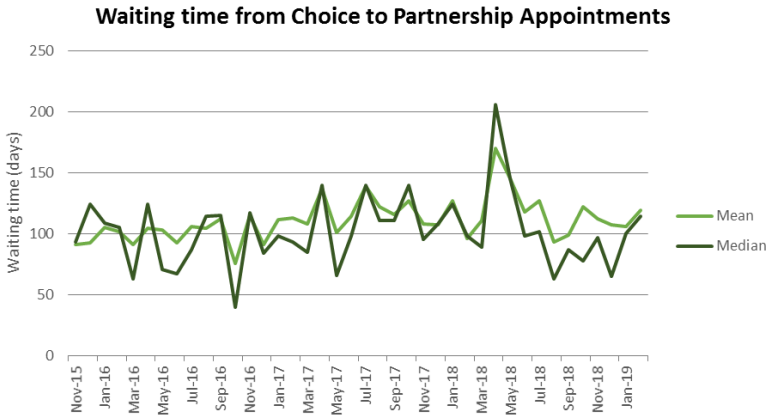




- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remain a concern although improvements are occurring. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for February 2019 show 88.3% of children and adolescents were seen within 21 days and 91.4%

within 56 days. Child, Adolescent & Family Services had 315 new case starts in February 2019.There are ongoing challenges with reducing the wait times while at the same time continuing to receive high numbers of referrals (averaging 63 per week). We are working on improving Health Pathways and responsiveness to young people with Attention Deficit Hyperactivity Disorder (ADHD).





- Child, Adolescent and Family Services have applied a comprehensive approach to managing the waitlist. There have been multiple streams of clinician contact, with an increased capacity to take on new partnership appointments. This, combined with the provision of alternate treatment pathways for consumers has resulted in a marked decrease in reported waiting time (as shown in the graph above) for partnership appointments.
- **The School Based Mental Health Team (SBMHT):** The team is currently working with **168** schools across the region.

Older Persons Health & Rehabilitation (OPH&R)

- **Community Dental Service:** Distraction Therapy: We are currently trialling the effects of vibration stimuli on pain experienced during local anaesthetic injections. The "gate control" theory suggests pain can be reduced by simultaneous activation of nerve fibres that conduct stimuli. This very simple technique makes local anaesthesia much more pleasant because it becomes almost imperceptible. We are hoping that by using this technique patients may accept local anaesthesia without the need for referral to sedation, by using a simple mini-massager held on the same side of the face that the Local Anaesthetic is being placed. Patients can also continue to hold the massager on their tummy or sternum during care or while the drill is being used. This piece of work was documented in the ADJ 2009. We plan to roll this out by firstly training the Clinical Leadership team, then looking at trialling a couple of

clinics and providing massagers. We also intend to provide a training video with Medical illustrations. We will be looking at this rollout to see if it influences the rate of referrals for Sedation.

- **Older Persons Mental Health (OPMH):** Te Pou o te Whakaaro Nui (2011) explain in the mental health and addiction sector it is an expectation that those working in this setting receive some form of supervision. "Professional supervision is essential for nurses who support people experiencing mental health and addiction problems, along with their families and whānau, to thrive and experience wellbeing wherever they live and whatever their circumstances. It allows space and time to reflect on practice and professional identity" (Te Pou o te Whakaaro Nui, 2019).

- Historically, OPMH has not engaged in access of clinical supervision for nursing staff. This is due to a number of factors including geography. OPMH is primarily based at both The Princess Margaret Hospital (TPMH) and Burwood Hospital with SMHS mainly working from both Hillmorton Hospital and TPMH. Furthermore, OPMH sits within the Older Persons Health and Rehabilitation (OPH &R) sector, separate from the SMHS. While alignment with OPH& R remains necessary for OPMH, it is imperative that the unique challenges within mental health are recognised and explored within the specialist nursing supervision context.

- SMHS have a current and well established supervision model. This includes the opportunity for regular training and refreshers. A service wide database is maintained by a Nurse Consultant (Anna Mahuika) and reviewed regularly by the Nursing Directorate. All nurses working with SMHS have the ability to access supervision with the support of their Line Manager and Nurse Consultant.

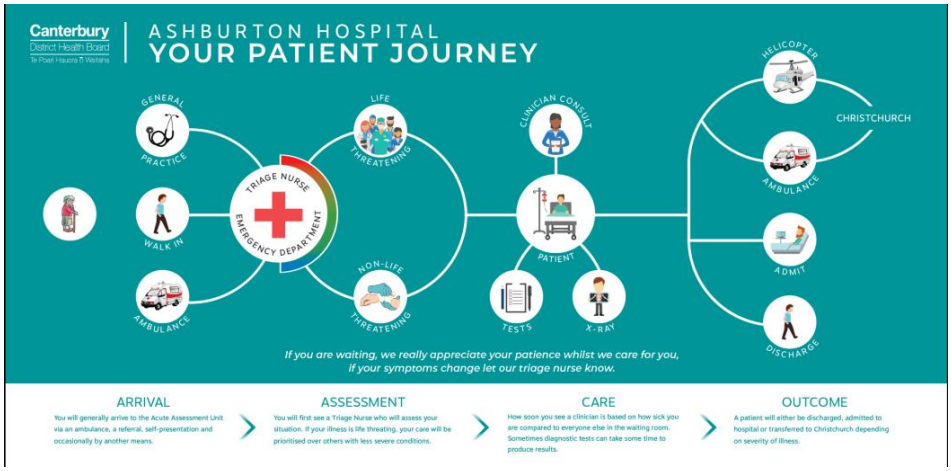
- Our aims are to:
  - To encourage and support the engagement of OPMHS nurses in professional supervision.
  - To support the existing SMHS model of provision of clinical supervision for nurses by increasing supervision capacity via OPMHS nurses.

- **Project Search Burwood Hospital**: During week one we had informal presentations from Burwood Hospital Department Managers and Mentors (Food Services/Cafe, Spinal, Physiotherapy, Orderlies). This gave interns more insight into the internships they began on the 4th of March. We followed this up with individual interviews in week two with the relevant department manager for each internship placement. The time put into preparing for the interviews produced good results and we are gathering feedback to see where improvements can be made and goals set. Rae and Simon (Skills Trainers) continue to develop internships in different areas and are shadowing staff to identify the skills that will be taught in this rotation.

- **Community Dental Services:** The Canterbury DHB's regional public health service, Community and Public Health (CPH) appointed a health promoter with a specific focus on ECE in 2018. Early discussions with teachers in equity-funded centres revealed significant levels of concern regarding oral health and nutrition. A series of visits to centres by the CPH health promoter and a public health dentist from the Community Dental Service (CDS) captured further information. Centres were eager to work with CPH and CDS and common themes in the discussions include:
  - Concerns about poor oral health (and nutrition)
  - Tooth brushing programs in early learning centres
  - Better avenues for communication regarding individual children
  - Need for support to provide education focussing on oral health, and
  - Provision of oral health services at centres.

- Work has started on developing information sharing agreements and resources to support oral health teaching. Oral health resources have been developed by CPH and CDS and 14 are nearly ready for distribution to the centres using the CDHB website.

Ashburton Health Services



- With increased volume in presentations to the Acute Assessment Unit (AAU), one of the core challenges for the clinical teams is managing expectations about wait times and the order in which patients receive treatment and whom is best to provide this care. Working with the nursing team in the unit, the above banner has been developed to support communication with patients as they are sitting in the waiting rooms. As well as a large banner set displayed in the unit, we are developing small brochures for distribution in the primary care practices, pharmacies and other key community partners. The objective is to improve our community knowledge of the processes that are underway and why it may be taking longer than patient and their family expected. We are also working with Home Care Medical regarding the script they utilise when they are referring patients to us, setting the expectation that the facility may already be busy. Ideally, our change project objective is to ensure patients are accessing care early from their local primary care provider. We are receiving feedback via our consumer forum and the patients presenting that are unable to get an appointment in the practices for up to a week, resulting in patients presenting late to the hospital, which in turn impacts the flow. We continue to work with primary care to identify how we could collectively refocus our system for acute care, planned acute care and management of long term conditions, working with the care plans and other tools established.
- The Director of Nursing and an RN from AAU, along with clinical representation from the PHOs is meeting with all the practices this month. Providing each practice their unique data set of six months of presentations, this opens an opportunity for discussion on new service delivery models or how we can partner some of the specialist nursing and allied health service delivery with the practice nursing team, with a focus on management and preventative care, particular for 75+ cohort.
- Six general practitioners recently attended the morbidity and mortality (M&M) meeting with the hospital specialist team. This provides the opportunity for collective discussion on specific cases, shared learning and system changes are recommended from this process. Recent discussion has identified a need to review the process for aged residential care facilities to engage with the on-call general practice after hours.
- We have recently re-focused our community interdisciplinary meeting (IDT) for older person's health. This meeting brings together gerontology specialist, gerontology nurse

specialist, allied health, district nursing team and primary care representation to collectively discuss next steps for patients to support best outcome for their care. We are building this IDT with the opportunity of it being a key platform for personalised care plans and engagement with primary care.

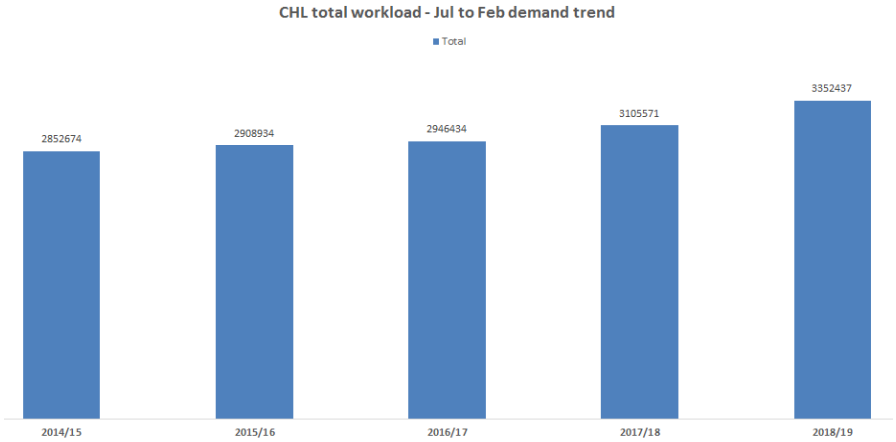
- As we embed our one-service across two sites' principle, we are identifying many opportunities to improve our partnership with the specialist services based in Christchurch. From a system perspective we have implemented a 'true single waitlist" with SI PICS, our next phase is working with the service managers to explore how best to utilise the clinical resource of Ashburton hospital and move away from a geographical limitation of the Ashburton boundary only. In addition to this, with the recent submission process for Capex, we were very proactive with the specialist services asking them to lead on the specialist equipment bid and redistribute equipment for their service as they see fit. Gastroenterology was a great example of success in this space, moving away from the history of Ashburton defining and submitting a bid in isolation. The collective approach gives a much stronger approach to a pool of equipment, replacement and efficiency.

- Palliative care has also provided an opportunity for improvement. Working with Lee Anderson, Palliative Care Consultant and Jane Smith Palliative Care Clinical Nurse Specialist located in Ashburton our aim is to strengthen the local Palliative Care services to align with health pathways whilst keeping patient care as the central focus. We are working with The Resource and Capability Framework for Integrated Adult Palliative Care in New Zealand 2013, and any alteration/adjustment to the current services would be with these guidelines at the forefront. A particular area of concern is consistency in applying referral criteria. The criteria for referral to specialist palliative care is clearly documented on Hospital Health Pathways and on Community Health Pathways. To date the referrals being received and accepted in Ashburton have had no clear distinction between those patients requiring specialist input, and those whose needs are more appropriately met by primary palliative care providers. In order to best utilise resources, and provide services which are in line with those provided in Christchurch. It has become evident that our service needs to assess our processes and provide clear guidelines for district nursing and referrers.

- Our integration focus continues with the orientation of a new wound and stoma care Clinical Nurse Specialist. We have taken the opportunity to align closely with Nurse Maude whom provide this service in Christchurch. Sharing information on services, education and resources e.g. assessment paperwork reduces duplications and saves clinical time that can be better spent on patient care. Review of complex wounds and Negative Pressure Wound Treatment is now a 5 week rotation with district nursing. Gathering of information around this cohort of patients has started, patients wound and care-plans will be reviewed with Clinical Nurse Specialist, District nursing and primary care, moving away from previous approaches off continuing long term delivery of care by district nursing alone. Alliances with Podiatry, dietetics and the wound care CNS will also join together to provide education to staff both in the hospital, primary care and community in the preventative care for diabetic patients. The objective is to enhance planned care in the community and reduce presentations and hospitalisation. We are investigating our opportunity to map this change in a clear data set.

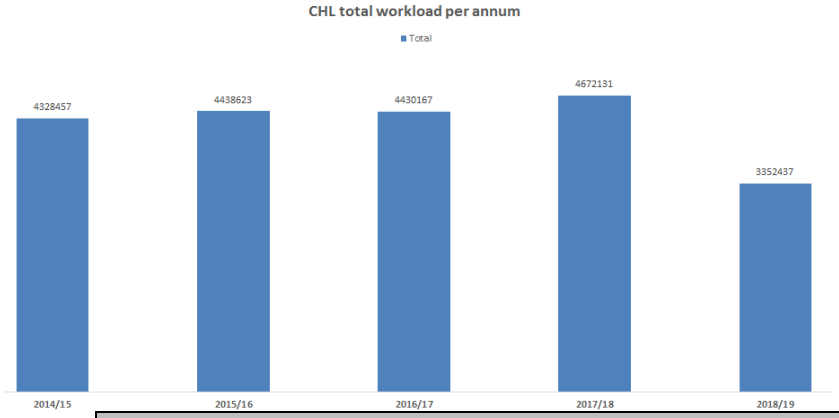
Laboratory Services

- **CHL volume activity reports**: Activity year to date (8 months July-Feb) demonstrates accelerating growth in demand for laboratory services:



	Historical comparisons of 8 months (July-Feb) demand				
F/Y	14/15	15/16	16/17	17/18	18/19
Test volumes	2,852,674	2,908,934	2,946,434	3,105,571	3,352,437
Percent change		1.97%	1.29%	5.40%	7.95%

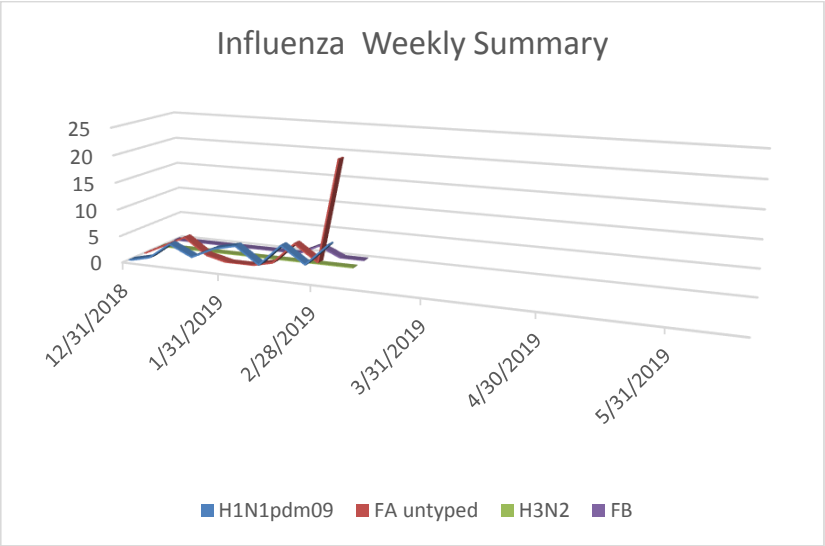
- Extrapolated data, forecasting through to end of 18/19 indicates consistency with this accelerating growth in demand for services.



	12 months volumes				
F/Y	14/15	15/16	16/17	17/18	18/19 pro-rated volumes
Test volumes	4,328,457	4,438,623	4,430,167	4,672,131	5,028,656
Percent change		2.55%	-0.19%	5.46%	7.63%

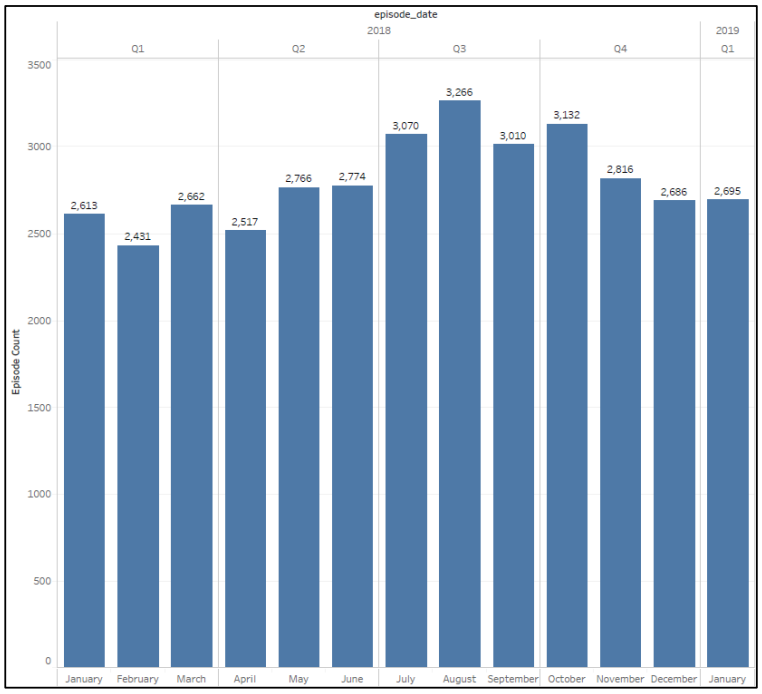
- CHL continues to work with the regional alliance partner and internal referrers on ways to manage this growth and opportunities for any appropriate mitigations in service demand.
- **Facilities:** Activity is underway to repurpose the vacated space in the old eye outpatient facility for a temporary relocation of non-laboratory based supports staff. The space in which CHL can occupy is limited due to a considerable portion of the mobile offices needing to be removed from site while the stairwell repairs are completed. This temporary relocation will help to generate some space within the laboratories which will demonstrate some short term positive moves to laboratory staff and the accreditation agency IANZ.
- **Winter planning:** Activity around winter planning and influenza response using rapid flu testing is underway.

- **Measles outbreak in Canterbury:** Currently there is an uncontained measles outbreak in Canterbury with 22 confirmed cases and 7 cases under investigation affecting different parts of Christchurch as well as Rangiora and also now Amberley and Cheviot. Several cases were hospitalized and nosocomial transmission to staff and other patients occurred. This is placing significant pressure on the virology service with the surge in activity requiring an additional staff member to be called in on Sunday to cope with the workload. The service is also expecting to test the immune status of hospital staff, including cleaning staff, with unknown vaccination history and who are suspected of contact with confirmed cases.
- In addition there are also pockets of Influenza in Canterbury and CHL is supporting responses to Influenza in other regions with the numbers of influenza positive samples increasing from 22 in the whole of February to 28 alone in the first 2 weeks of March. This appears to be a very unusual early start for the influenza season this year. The general flu vaccination for eligible adults and children aged 3 years or older does not usually start before the 1st of April.
- The Measles outbreak and unusually early increase in influenza activity is placing significant pressure on Microbiologist and a small laboratory team.



INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management



Acute Demand Management

The Christmas period provided a peak in hospital occupancy for an extended period. An increase in acute orthopedics has been a feature. Clinical staff have spoken of increased complexity among their patients. Community and ED volumes have been steady but reflect summer, rather than the winter peaks. This is reflected in the figure showing Acute Demand Management Services. We continue to work with rural partners to address the sustainability of our rural services.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **Dental Care in ARC:** Dental health for older people (particularly in an environment where dentistry remains prohibitively expensive for many older people living on a pension) and its associated health implications continues to be an area of risk in Canterbury. The Gerontology Nurse Specialist team have organised four dental study sessions through the NZ Dental Association to promote better dental care for people living in Aged Residential Care, these will take place in Rangiora, Christchurch, and Ashburton. Dental care in ARC is an important health issue (it is also relatively new as the incidence of people going into ARC with most or all of their own teeth has greatly increased over time). The Health and Quality Safety Commission are interested in the association between poor oral health and aspiration pneumonia in the older population and in ARC in particular. Similar issues are likely to exist in hospital – a number of studies from Japan suggest that this is the case. Solutions to this issue include appropriate training, support and education. Ongoing work will include further promotion of dental health in ARC, including basic messaging around healthy drinks (offering water rather than fruit juice, for example) as a mode of prevention.
- **Dementia Services in Canterbury:** Dementia New Zealand held a Knowledge Exchange on 13 March. This brings together local and national providers of dementia services as well as DHBs to discuss developments in Dementia care. Dementia Canterbury, our local NGO responsible for many of our dementia services, is at the forefront of developing new services for those with Dementia, representing a shift away from concentrating only on carer relief to actively promoting living well with Dementia. Dementia Canterbury's Community Activity Respite programme involves people with Dementia meeting in public places to follow mutual

interests (for example, art appreciation at Christchurch Art Gallery – "Artzeimers"; community gardening; swimming groups; a baking group who meet at Ronald McDonald House to bake for families who are staying there). As the World Health Organisation anticipates a doubling in numbers of dementia diagnoses by 2050, it is essential that we continue developing services that help people live well with dementia and help keep them well at home. The Health of Older People Workstream have prioritised three areas of the dementia journey for their 2019-20 workplan: Dementia prevention (promoting healthy lifestyles which have been proven to reduce the incidence of cognitive decline); Early diagnosis of dementia (targeting general practices, many of whom are still reluctant to diagnose dementia); and Supporting those with dementia (investigating the possibility of dementia specialist nurses whose role – like diabetes specialist nurses – would be to support general practices in dementia best practice).

Mental Health

- **Primary and Community Mental Health and Addictions:** Initiatives are being explored to increase mental health and addiction responsiveness in primary and community settings. This includes embedding clinicians into general practice teams, increasing the role of pharmacy in Opioid Substitution Treatment and increasing access to peer support for people engaging with specialist teams. Out of hours phone triage for calls to crisis services is expected to be in place in the coming months and the community based acute alternative facility will open on 1 April.

- **Mana Ake – Stronger for Tomorrow:** The eight kaiarahi (team leaders) now on board and supporting clusters are making a significant difference to the consistency of support and communication with kaimahi (workers), schools, and key stakeholders. The Kaiarahi are responding to concerns rapidly and building positive relationships in their communities.

- There have been changes in staffing in the last couple of weeks, which provides an opportunity to engage kaimahi whose values are better aligned to Mana Ake. Providers are working to address these vacancies, while recruiting for phase five. In some instances, kaimahi engaged for phase five are being reallocated to current vacancies. We are working on contingency plans to ensure that coverage is provided across clusters that are impacted by these changes. We appreciate the goodwill of the Kaiarahi, kamiahi, and providers who are willing to lend staff on a short term basis to other clusters to help alleviate pressure. Keeping the schools well informed of the changes and the reasons for change are an important part of our communications strategy.

- We are seeking to minimize the impact of vacancies by recruiting two 'floating' kiamahi to cover vacancies and extended leave for the next 12 months. We have yet to agree a process to implement this. This will be a priority in the coming weeks. We have been working to refine and populate the Mana Ake evaluation framework. The framework has five domains (child, whanau, school, community, and system) that overlay five wellbeing indicators (safety and security, wairua/wellness, equity, connectedness and engagement). The evaluation framework, with relevant data, will be presented to the service level alliance in March.

- The Minister of Health visited Fendalton Open Air School on 28 February to hear how Mana Ake is working in the Waimari-iri cluster. He was welcomed by a Kapa haka group from the school and had time to meet with Dr John Wood, David Meates, Carolyn Gullery, the Mana Ake team, principals, Special Educational Needs Coordinators, and students.

Primary Care

- **Low cost access:** From April 2019 a further twelve practices will offer low-cost consultations for people enrolled with the practice and holding a Community Services Card (CSC). This will bring the number of practices offering low-cost access in Canterbury to 100.

- The sixteen practices yet to agree to offer low-cost access for people with a CSC are relatively widely spread. There are a few areas however where people have little or no low-cost access from local practice(s) – principally New Brighton, Darfield, Lincoln, and Diamond Harbour. We are working with Pegasus Health, the primary health organisation for these practices, to encourage practices in these areas to offer low-cost access for people holding a CSC.
- Families have access to free visits for any children under 14 years to their regular general practice, and to free urgent care after-hours from recognised urgent care providers. They also have access to prescribed medicines for their children without the normal $5 prescription co-payment, and without any additional after-hours dispensing fee otherwise charged after-hours by pharmacies at recognised urgent care clinics.

Secondary Care

- **Bowel Screening:** Canterbury submitted its business case for the bowel screening programme to the Ministry on 4 March. The information will assist the Ministry in its preparation of the National Bowel Screening Programme Business case for 2019/20 Implementation. Canterbury is scheduled to roll out the bowel screening programme in May 2020 dependent on the National Screening Solution IT system being in place. Over the next few quarters, considerable activities will get underway in preparation.

Maori and Pacific Health

- **Tangata Atumotu Trust (Pasifika provider):** Tangata Atumotu Trust enrolments for their Disease State Management (mobile nursing) contract are currently at an all-time high. The staff have worked hard to promote the organisation and build solid links with other health providers as well as build on their well-established links in the Pasifika community. A new strategic direction, staff changes, collaborative practice and considerable support from the community all ensure that this small NGO continues to provide exceptional services for the Pasifika community.
- Tangata Atumotu's radio programme, Polyhood, provides a vehicle to promote health and wellbeing and discuss topics relevant to our Pasifika community. The English-language Pasifika programme has received impressive support from the community with 1,250 podcasts uploaded in their first five months. The programme airs on Plains FM 96.9 at 4pm each Tuesday and Friday.
- **Ngā Ratonga Māori (Christchurch Hospital):** Ngā Ratonga Māori staff provide periodic Tikanga Training for our Canterbury DHB staff. This half day training was run at Rehua Marae recently with very positive feedback from participants. Staff often acknowledge the valuable learning these workshops provide and the changes it leads to in their practice. Ngā Ratonga have supported the latest mihi whakatau for social work students coming to the CDHB on Placement/work experience. Of note was the growing use of te reo Māori by these students. In February, Ngā Ratonga, including the CRISS Māori Health team and Māori Chaplain, supported a mihi whakatau for a visiting contingent of health service professionals who were First Nations of Canada, visiting Canterbury on a fact finding mission and travelling throughout Aotearoa. The mihi was very well received and the visitors were very interested in how we support indigenous health.
- **Community and Public Health Advisory Committee Report:** The six-monthly Māori and Pasifika update report to the Community and Public Health Advisory Committee went to the committee in March. The report had a great deal of information in it but highlighted some key points. Although we have much more work to do, the data showed some improvement trending in areas that have been a struggle for our DHB:

- **Children's oral health**. For the first time ever we have crossed the 50% mark for both indicators that we monitor and have now had slow, steady improvement each year for three consecutive years.
- **Māori women cervical screening**. We have now had improvement in screening rates for Māori women for each of the past four quarters and are now a full 10% higher than 2016/17.

Promotion of Healthy Environments & Lifestyles

- ***All Right?* social marketing campaign update: Communicating by colour** - The *All Right?* badges have been our most popular resource, and now they're helping to open up new channels of communication. The Science Communicator's Association recently used our badges to help autistic people indicate their willingness or inability to communicate at their conference. *All Right?* badges were used in a traffic light system, with all attendees encouraged to take part if they thought using the badges would benefit them.
  - Green: Go – 'Hi! Let's chat'
  - Orange: Slow please – 'I'd prefer to only chat now if we've met previously'
  - Red: Stop – 'Not able to interact currently'
- The team at SCANZ also added in a "blue light", which indicated you would like to chat to people but weren't sure where to start. Attendee Dr Susan Rapley said this was a subtle way of asking for a little extra help, without having to explicitly do so, out loud.
- **The power of Downtime Dice:** Trustpower's Safety and Wellbeing Manager Angelique ordered Downtime Dice for her staff in December. 'The dice helped us share the message of the importance of a good break, encouraging our employees to spend some quality time with loved ones, enjoy that time off and to really connect with family and friends,' Angelique said. The dice were well received - Angelique was inundated with emails from staff who were very grateful for the gift.
- **Measles Outbreak: Update provided at the meeting**
- **Biosecurity Activities – 'Mega Survey' undertaken:** Biosecurity activities undertaken by Community and Public Health staff help to reduce adverse health effects and optimise positive health effects of the global environment, including, import control, international travel and vector control (e.g. mosquito control). The primary aim of the 'mega survey' is to:
  - check for the arrival and/or establishment of exotic mosquitos (of public health significance),
  - identify mosquito breeding sites and arrange for these sites to be eliminated or controlled, and to
  - record the distribution and habitat preference of mosquito species in New Zealand.
- The mega survey was conducted by Community and Public Health, with assistance from Southern Monitoring Services (SMS), the Ministry for Primary Industries (MPI), the Lyttelton Port Company (LPC) and the Christchurch International Airport Company (CIAL). Twenty-two sites tested positive at the airport and five at the Lyttelton port. The mosquito samples were processed and sent to SMS for further identification. The mosquitos have been identified as culex pervigilans and culex quinquefasciatus, a local species of no concern. As a result of the findings, recommendations to both CIAL and LPC regarding ongoing local mosquito control have followed the survey.
- **Hanmer Springs Smokefree/Vapefree Zone – launch of trial:** On 14 February the Hanmer Springs Smokefree/Vapefree Main Street trial was launched. The six month pilot was the result of an ongoing relationships with the Hurunui District Council and local

businesses and residents. The pilot is an initiative between the Canterbury DHB, the Cancer Society, and the Hanmer Springs Community Board with the support of the Hurunui District Council. The aim of the pilot is to encourage people to choose not to smoke or vape on specific streets within Hanmer Springs. The purpose of this is to reduce the visibility of addictive behaviours to the next generation, as well as the environmental advantages such as reducing cigarette butts and fire danger.

- Hanmer Springs is one of the first townships where an entire retail area has gone Smokefree/Vapefree and, as such an evaluation framework is in place to capture feedback from local residents, visitors and business. Locals will have the chance to give feedback on whether they wish the trial to be extended beyond the six months phase and become a permanent feature. Significant work has been invested in the communications for the trial, with the Canterbury DHB, the Hurunui District Council, and the Cancer Society working closely to ensure the values and interests of each organisation are reflected in communications to the general public and local residents and business owners in the area.
- An analysis of the responses to press releases and Facebook postings has been undertaken. While the overall responses to these have been favourable, there have been some challenges within the area of communications: early access to the information regarding the pilot (via publicly available council minutes) led to the pilot being discussed in the media earlier than anticipated - ensuring the media accurately presented information provided in media releases required significant follow up; dealing with misinformation regarding the level of public consultation prior to the pilot has also required follow up. All these issues have been worked through by Cheryl Ford of the Cancer Society.
- Preparation is underway to ensure those visiting the area will have a platform to express their views on the Smokefree/Vapefree Main Street trial. A 'Have your say' card has been prepared in both English and Mandarin and the main accommodation providers in the area have agreed to have these available in visitor's rooms. While the majority of visitors to the area come from the domestic market, the Chinese market is of particular interest to businesses in the area, as they typically spend more per person. It is hoped that the feedback received, will help allay the concerns of local businesses regarding any economic impact this trial might have. Having reviewed overseas data on Smokefree spaces, the expectation is that it will be generally well embraced by those visiting the area and have a positive impact on the local economy.
- A full evaluation of the trial is being undertaken by the Information Team at Community and Public Health in collaboration with the Cancer Society. A report of the findings will be available later this year.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Projects, including facilities and redevelopment**
  - **Hagley Building:** Currently collating and validating equipment and network ID, configuration and location data. A skeleton network is in place and migration planning is well underway.
  - **Christchurch Outpatients:** IT work is largely complete. Patient Kiosks are operational and have been working in a test environment, with go live occurring on 7 March.
- **Digital Transformation**
  - **Cardiac Test Repository:** Pilot in development.

- **End of Bed Chart (Clinical Cockpit):** Project to collate information from a number of systems on a hand-held device, including Medchart, Patientrack and Éclair results. The Business Case has been approved and the project will move to the implementation phase.
- **Cortex:** Digital progress notes across Nursing, Allied Health and Doctors which will be accessible from point-of-care devices (iPads) so that the care team has immediate access to accurate information about our patients. The Business Case is in the final stage of the approval process. We intend to commence this project in the current financial year subject to approval.
- **Health Connect South:** The next release version is in the test phase. The full release plan for the rest of the year has been approved by the South Island Information Systems Alliance.
- **South Island Patient Information Care System (SIPICS):** Three general releases are scheduled for 2019. The 18.3 release went live on 6 March and the next is scheduled for the end of May. The scope of the releases will include the key functionality needed to complete foundation requirements for the region (with the main focus for 2019 on theatre related functionality), and provide improvements to enhance the end user experience and improve data quality for DHBs live on the system. We are also continuing to engage with specific service areas to provide additional support, and to ensure that the downstream benefits of SIPICS can be realised.
- Activity is ongoing to transition this programme to the new way of working following the completion of key activities such as data and reporting improvements, implementation to maternity services and supporting the West Coast DHB implementation in 2019.
- **ED at a Glance (EDaaG):** This application, originating from Nelson Marlborough DHB was introduced to Christchurch and Ashburton Hospital Emergency Departments late last year to align with SIPICS, and to cater for the particular requirements of ED workflow. Several modifications have been made to the original version that allow for the higher volume of patients specifically coming through Christchurch Hospital ED. We are continuing to work closely with the emergency departments while the software is being embedded into daily process and optimising the application to suit Christchurch ED work-flow.
- **Microsoft G2018 License:** With the agreement being signed in December of 2018 we are now in the planning phase to ensure we deliver value and the new functionality available. This is being coordinated at both a regional and national level.

Integrated Family Health Services and Community Health Hubs

- Improving access and closer integration of health services is being pursued in several rural areas.
  - **Hurunui:** Implementing the service improvements endorsed by the Board at its meeting in July continues, including a six month trial of new collaborative urgent care after-hours arrangements by Hurunui practices and St John.
  - **Oxford:** Having received the Board's endorsement the Oxford and Surrounding Area Health Services Development Group is now beginning work on planning the implementation of the recommended service improvements.
  - **Akaroa:** The community-owned provider of primary care and district nursing, Akaroa Health, is preparing to takeover rest home care from Pompallier House in May, and to begin operating all services from the new Akaroa Health Centre in July.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- **Canterbury DHB's new website:** Canterbury DHB's new website was launched in October 2018. The website has been designed to provide the right health information to people when and where they need it and features some major improvements, including electronic forms, strong security, mapping, easy feedback, Search Engine Optimisation, social media integration and promoting health information from partner organisations.
- The website is also fully adaptive and mobile friendly, much more cost effective, and easier to improve. With the help of experts Access Advisors (NZ Blind Foundation) we believe that our Website Content Management System is now one of the most accessible in New Zealand. The website is in a position to keep on improving by providing practical solutions that meet our strategic objectives, and makes it easier for people to find the information they need. The table below provides a snapshot of usage of our website

Approx. 2500 pages	Active users: 3K a day, 15K weekly, 50K monthly	Monthly Page views 135K	Monthly Sessions 70K	Average Session Duration: 1m 30s	Mobile use 58% (trending upwards)

Top 10	***Pages***	***Health Services***	***Documents/Publications***	***Cities/Towns***	***Countries***
1	Homepage	Sexual Health	Purchase Order T&Cs	Christchurch	New Zealand
2	Christchurch Hospital	Community Dental	Official Information Responses	Auckland	USA
3	For Staff (Access to email, Max etc)	Orthopaedic Outpatients	Wellbeing Report	Wellington	Australia
4	Contact Us	Maternity	Annual Plan	Dunedin	UK
5	Burwood Hospital	Emergency Department	Reports	Tauranga	India
6	Careers at Canterbury DHB	Eye Outpatients	OIA response 9804 relating to wait lists	Greymouth	Canada
7	Christchurch Women's Hospital	Respiratory Services	Annual Report	Nelson	Philippines
8	Christchurch Sexual Health Service	Blood tests	Maori Health Action Plan	Sydney	Malaysia
9	Hillmorton Hospital	Diabetes Clinic	Board Agendas	Hamilton	Saudi Arabia
10	Community Dental Service	Radiology	Statement of Intent	Ashburton	Singapore

- **Commentary:** Engagement is up, with more pages being read by people for longer, indicating a general qualitative improvement in our information and design. Iterative improvements continue to be made on the basis of data analysis, user feedback and stakeholder input.
- **Recent feedback from people who have used our website:**
  - Advising which gate to go in to get to outpatients worked well
  - Your website covered most of my questions will phone with other enquiry re needing to know if it's possible to stay overnight with my daughter before long drive home
  - Well set out, with the facility to print
  - The whole system for making a complaint worked surprisingly well with no hiccups or time-outs so I was very impressed with the whole thing overall
  - Needed social workers number - got it :)
  - User friendly, an easy form to complete
  - The detailed map is very useful
  - Very clear instructions for finding parking
  - Well presented on the pages, information can be clearly read
  - The form was convenient, easy to use, there is plenty of room to explain yourself
  - The new CDHB Internet site is amazing, great information and clearly able to be read. I feel confident in directing patients to this now
  - I liked not having the frustration of answerphones
  - Very easy to find the information and contacts I was looking for
  - Great! Really easy to access information
  - Useful to have a list of actual services in the new outpatient hospital in CHCH
  - Excellent information, with the changes to Burwood and Princess Margaret Hospitals since I left 2 years ago. It was helpful for me to orientate to where the services are now located.
- **Hepatitis C:** On 25 February, the Health Promotion Agency (HPA) started a national campaign on hepatitis C, which will run until the end of May. Canterbury DHB will support the HPA's campaign with some local awareness work. A Hepatitis C workstream is currently working in partnership with the Canterbury Initiative and primary health organisations to provide a subsidy for General Practice team visits for people requiring treatment.
- **WellNow Canterbury:** The process of story gathering for the winter edition of WellNow Canterbury has started, with the mail-out to begin the first week of June.
- **Midwifery Employee Representation and Advisory Service (MERAS) Strike Action:** Communications staff provided support for contingency planning for the 12-hour strike of hospital midwife members of MERAS held on 13 February 2019. This strike coincided for 12 hours of the second 48-hour RMO strike held on 12 and 13 February. Where appropriate, we provided combined messaging to those affected by both strikes. Communications included preparing information for: women who were due to give birth around that time and their families, lead maternity carers and hospital midwives who were not MERAS members, general DHB staff, the 0800 strike info line, media releases, responses to media queries, social media, as well as communicating with other members of our health system such as private hospitals, GPs and pharmacies.
- **Resident Doctors' Association Strike Action:** A fourth Resident Medical Officers strike was issued for 26 and 27 February. A similar communications approach to the previous three strikes was taken along with the addition of some targeted Facebook and local radio

advertising to promote Urgent After Hours Clinics or Care around the Clock as alternatives to Emergency Department which was under increased pressure at the time.

Media

- During February the most dominant topic of media enquiries was our planned deficit and the progress of our Annual Plan. This included follow-up questions about the DHB's presentation to the Health Select Committee. Some of the other topics of media interest included:
  - The current measles outbreak
  - Attention Deficit Hyperactivity Disorder (ADHD) diagnosis wait-times
  - Roll-out of the DeloitteASSIST voice-activated service at Burwood Hospital
  - Synthetic drug use at the Electric Avenue Festival and Emergency Department's preparedness
  - Impacts of the Junior Doctors' Strikes
  - Merivale Retirement Village's notification to residents re the rebuild of facilities
  - Capacity in our Neonatal Intensive Care Unit
  - Hospital Parking
  - The PM's announcement of new funding for new facilities at Hillmorton Hospital for the relocation of specialist mental health services from Princess Margaret Hospital
  - Algal blooms throughout Canterbury
  - The Clinical Prioritisation Assessment Criteria for cataract surgeries
  - Process for Australian deportees being referred to specialist mental health services
  - After-hours services in Rangiora

- CEO David Meates was interviewed by John McCrone of the Press for a feature piece about the Canterbury Health System and how it has coped post-quake, and the remarkable progress being made throughout our integrated system.
- David was also interviewed by a range of media outlets about the draft annual plan and deficit. He spoke of our challenge in balancing the unprecedented demand across the health system with the capacity constraints experienced with our current facilities.
- A media stand-up was held with Medical Officer of Health Dr Ramon Pink who briefed media on the measles cases in the Canterbury region. He provided general health advice regarding the illness; including the associated symptoms, the best course of action for those who have these symptoms, and advice on protection against the disease.
- Our one live radio interview for Canterbury Mornings with Chris Lynch featured Dr Edward Coughlan from the Sexual Health Clinic speaking about the increase in syphilis cases in Canterbury and NZ and what people should do to avoid catching the sexually transmitted infection.

Facilities Redevelopment

- **Christchurch Hospital – Hagley / Acute Services building:** With a date for the migration into the building now set (18-26 November) we are beginning to work on the communications aspects of the migration process, including participation in appropriate workstreams and creation of videos and other information as part of the staff online HealthLearn orientation materials. The building will be known as "Christchurch Hospital – Hagley" rather than the working title "Acute Services building".
- We are also starting to plan the building's blessing and staff/public open day events. These are major events that will require a lot of logistical planning and communications.
- Several site visits have been possible this month, with new photos taken and routes for the open days sketched out.
- **Hillmorton campus:** A major funding announcement by the Prime Minister Jacinda Ardern and Minister of Health Dr David Clark was held at the Hillmorton campus on 26 February. The $79 million project will enable services currently at The Princess Margaret Hospital to be relocated to Hillmorton.
- Behind-the-scenes communications work included full event planning, from invitations and run sheets to food and display materials. Around 100 people attended the event, including the Minister for Christchurch Redevelopment Dr Megan Woods and key staff from The Princess Margaret Hospital.
- The Prime Minister and Minister of Health held a media stand-up after the event, followed by a closed-door session to meet staff.
- **CEO Update stories**
  - The Maui Collective warmly welcomed their first Māori NetP Nurse, Hayley Lotter, at a powhiri held recently. NetP is the Nursing Entry to Practice Programme which supports nursing graduates as they begin their careers in clinical practice. The kaupapa Māori and Pasifika health non-governmental organisations (NGOs) based in Ōtautahi/Christchurch are known as the Maui Collective. Hayley is part of 'Korimako', a new workforce development initiative developed in partnership with Pegasus PHO, the Maui Collective and Canterbury DHB to enable a graduate nurse who is Māori the opportunity to complete a NetP year working in both primary care and the community.
  - The Scientific Director of the Respiratory Physiology Laboratory at Christchurch Hospital Maureen Swanney passed away peacefully on Sunday 17 February at her home

in Christchurch surrounded by her family and friends. She was diagnosed late last year with an aggressive sarcoma. Maureen gave over four decades of dedicated service to respiratory health and remained engaged with her work right to the end. She is described as a loving and generous person who put others first in both her professional and personal life. She is remembered as being a role model to many within in our health system and the world. She was a driving force in developing the scope and accreditation of respiratory physiology laboratories.

- On Sunday 24 February the Urgent Pharmacy on Bealey Avenue closed its doors having served the medicinal and primary health needs of the Christchurch public for over a century. The venture started during World War One in a bid to rationalise the shortage of medicines. Initially located in New Regent Street, the Pharmacy moved to the corner of Bealey Ave and Colombo Street in the mid-1980s. Chair of the Urgent Pharmacy, Des Bailey says with the recent relocation of the 24 Hour Surgery to larger premises at 401 Madras Street, it is time to write an end to the Urgent Pharmacy's chapter of service to the community. Pharmacy services will continue to be available after-hours to Christchurch's community from various other pharmacies associated with after-hours medical care providers.
- The plain brown paper bags that cancer patients store their clothes in while having treatment are now colourful thanks to art work by pupils from Selwyn, Christchurch, Mid Canterbury, South Canterbury and West Coast schools.
- Children in year one to eight at Lincoln Primary School are among those painting the bags with a range of vibrant pictures and interesting designs. The school was contacted by the Cancer Society to ask if they would take part in the project. Patients say the bags make them feel special and happy.
- Services Engineer Dave Watson, who retired in February, is well known and respected within the building services industry for his vast knowledge and experience of the engineering complexities that make a major hospital operate efficiently and safely '24/7', 365 days a year. He has an encyclopaedic knowledge and been dedicated and selfless in his service to Canterbury DHB. Dave says one of the nicest things about working at Canterbury DHB is that everybody has a real interest in, and is very focused on, developing health services and good health outcomes for the people of Canterbury.

Te Panui Runaka: February issue

- The Ōtautahi Māori Health Services Directory has been created by All Right? with support from Te Putahitanga o Te Waipounamu and 'Tū Pono - Te Mana Kaha o te Whānau. All Right? Mental Health Promoter Vaea Coe says the directory is the first of its kind in the South Island and is about providing people with access to Māori service and activity providers that they can connect to that has value and meaning for them. It includes arts and crafts, health and fitness and healthy food contacts. Mainstream medicine is picking up on the directory and a practitioner based at Rehua Marae had already received her first referral from a Christchurch general practitioner.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- **Parkside Panels:** Cost estimate and programme for restraint of all panels on Parkside have been prepared. Design Fees for detailed design are currently being negotiated. Contractor is on site for removal / restraint of North West corner panels.

- **Clinical Service Block Roof Strengthening Above Nuclear Medicine:** Stage 1 and 2 underway for completion mid-Feb. CT camera installed and being commissioned. Final completion is forecast to be mid-May 2109.
- **Lab Stair 4:** RFP documentation being readied for issue. Programme start date to be in 2nd quarter 2019 following completion of Diabetes building demolition. Relocation of Labs staff and other associated planning underway.
- **Riverside L7 water tank relocation:** Handed across to Maintenance & Engineering for completion. SRU to continue to provide assistance.
- **Riverside full height panel strengthening:** Business case for design funding approved.

Christchurch Women's Hospital

- **Stair 2:** Draft review completed by fire engineer as part of the overall Women's risk analysis. Strategic assessment process has been finalised and presented to facilities committee of board for information. "It was noted that an assessment of Parkside D is to be undertaken and will be treated as a type of trial. Stakeholder engagement and a final report are expected to be completed by the end of 2018. It is anticipated that this trial will establish a baseline for moving forward." The balance of fire analysis work is awaiting master plan before works can be programmed to complete strengthening works.
- **Level 4:** Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels, actively working with staff to look at options to commence the remedial and passive fire protection works.
- **Level 5:** Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time, but will endeavour to pick this up during Women's Passive fire protection works.
- **Level 3:** All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering:**
  - Passive fire issues continue to be identified and advised at Burwood, Outpatients, ASB and existing facilities.
  - Materials database is currently in use and is midway through annual review
  - Digitalization of the inspection and maintenance programme system is due to be completed mid-Feb. This will allow for onsite recording of all works integration to Maintenance & Engineering management software.
  - Continue to identify non-compliant areas as other projects open walls / ceilings.
  - Second Stage RFP for installer fixed costs is in final stage of procurement progressing.
  - Passive program continues to receive positive support from wider industry representatives. Southern DHB, Auckland and Capital Coast DHB's have requested visits to our test facility and advice on how to begin the process.
  - Testing of new installers and annual evaluations of current installers to recommence mid-Feb.
  - Supply of material continue to improve on site works and cost / waste reductions
  - Risk analysis and recommendation progressing slowly due to delay in releasing the master plan details. Works may need to be stopped until information is available.

- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (*MoH*):
  - Service Tunnel: Complete. Steam provided by coal boilers to Outpatients and Hospital. Final connection for ASB still to be completed.
  - Energy Centre: ROI for boilers completed. Preferred Boiler supplier identified and to be advised shortly.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre constructed and commissioned.
- **Temporary Accommodations on Antigua/Tuam St.** Practical completion achieved. Last of the data to be installed and swipe card access initiation due this week. Staff relocating from 11th February.
- **Parkside Renovation Project to Accommodate Clinical Services, Post ASB (managed by MoH):** Planning ongoing. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on formal advice from MoH as to outcome of master planning process.
- **Back Up VIE Tank** Business case pending approval. Primary VIE tank is operational.
- **Antigua St Exit Widening:** CDHB work completed in advance of Otakaro requirements.
- **New Outpatient Project (managed by MoH**): All migration shifts complete
- **Avon Switch Gear and Transformer Relocation**. Design complete. Business approved. Project is being managed by Maintenance & Engineering.
- **Otakaro/CCC Coordination.** Oxford Gap works complete and opened December 2018. Land swap agreed in principal however we are still waiting for formal approval before any documentation can be formalised with LINZ. Liaison with contractor has commenced around planning for Bus Super Stop works on Tuam St.
- **Hagley Outpatients 2 Storey Demolition:** Building removal complete. Foundation removal complete. Handover to MOH completed on time and on budget.
- **New Outpatients Cafeteria:** Fit out complete and on budget.
- **Diabetes Demolition**: Demolition to occur after Home Dialysis Training Centre has relocated to refurbished leased facility. Business case for additional funding submitted and approved. Contractor appointed. Start date approx. May 2019 once Home Dialysis relocation is complete.
- **Co-ordinated Campus Program:** Work has begun on a co-ordinated programme to tie together the demolition of Riverside West, the relocation of clean and dirty loading docks, demolition of the Avon generator building, Parkside Panel replacement/ repairs, relocation of food services building and clinical support staff requirements in the LGF of The Hagley Christchurch (ASB). This will provide insight into timing, relocation requirements and potential sequencing issues.

Canterbury Health Labs

- **Anatomical Pathology:** Initial planning on options for repatriating AP from School of Medicine has commenced. Business case for pre-concept has been approved and the Architect is currently being engaged.
- **Core Lab (High Volume Automation) Upgrade:** SRU to commence procurement of design consultants to develop scope for required building of infrastructure changes. Business case for seed funding approved.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand.
- **Burwood Admin Old Main Entrance Block:** Meeting held onsite to review the area and requirements narrowed down. QS has visited site and is now preparing costs for a business case.
- **Burwood Mini Health Precinct:** Project delivery options, funding options and lease agreements are currently being discussed and need to be resolved before the project can proceed any further. An updated paper will be prepared in Feb outlining a recommended delivery method.
- **Spinal Unit:** Good progress being made. Work continues in existing areas. Timber framing being installed with roof trusses being erected.
- **Burwood Birthing/Brain Injury Demolition**: Main demolition completed. Work to clad and waterproof attached buildings being carried out. Soil testing being undertaken prior to levelling ground and sowing grass.
- **2nd MRI Installation:** MRI 2 works complete and fully operational.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building:** Business case pending review and approval.
- **Cotter Trust:** On-going occupation being resolved as part of overall site plan requirements. Meeting on site with Cotter Trust representatives
- **Mental Health Services:** New High Care Area for AT&R is in scheduling stage with all consultants working well. Resource consent due soon with only 4 landscape conditions. New High Care Area AT&R EOI submission for contractors complete. Final co-ordination of design completed. Building consent, full tender to be submitted mid-Feb. Currently working on development for building 1 and 2 and temporary High Care Area for building 3. These include options for additional space in the PSAID area and opportunity's for a low stimulus area retrofitted into existing spaces.

The Princess Margaret Hospital Campus

- **Older Persons Health (*OPH*) Community Team Relocation:** The feasibility study is now complete and work is to commence shortly on the options for repurposing the old Burwood Administration building to accommodate community teams.
- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in September 2017. Letter received from Minister of Health in late Dec 2108 transferring project back to the CDHB. Tenders for consultants went out to the market on the 18th Jan 2109 and close on Feb 22nd 2019.

Ashburton Hospital & Rural Campus

- **Stage 1 and 2 Works are Complete.** Final claims have been agreed with the contractor. There are four outstanding items to be resolved before retentions can be released.
- **Tuarangi Plant Room**: Concept drawing completed and safety consultant report received. Now looking to hand over to Maintenance & Engineering to implement.
- **New Boiler and Boiler House**: Consultants engaged and concept design complete. Will go out to the market shortly. Currently being managed by Maintenance & Engineering.

Other Sites/Work

- **Akaroa Health Hub:** In construction. Brick cladding is due to commence shortly and internal lining will also begin. Some extension of time has been granted due to inclement weather. Completion is anticipated by mid-May 2019.
- **Kaikoura Integrated Family Health Centre:** Repair strategy received from Beca. Minor repairs to be undertaken by Maintenance & Engineering.
- **Rangiora Health Hub:** Hagley Outpatients building has been transported to site and lowered on to new foundation.
- **Home Dialysis Relocation:** Programme forecast completion March 2019, but various delays have led to completion being pushed out to mid-April.
- **SRU:** Project Management Office manuals re-write and systems overview. Scope has increased as understanding of documentation required has been realised to approximately 3 times original size. Main documentation is now 100% complete and is in use daily by the SRU team. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring:** Business case submitted, pending approval.
- **Manawa (Formerly HREF):** SRU continues to be involved in providing construction and contract administration / interpretation advice to the Manawa project. Building has been blessed and is occupied. Currently in defect liability stage.

Project/Programme Key Issues

- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Additional peer reviews of Parkside and Riverside structural assessments, being undertaken by the MoH, are now complete. Clarity on the direction of the Master Planning process is required to plan the next stage of the POW.
- Delays to the POW continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. SRU is looking at options to decant teams to adjacent spaces to allow works to commence. This will, however, not be possible until the ASB project is complete and space in Parkside becomes available.
- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up, but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames. Risk analysis progressing slowly due to delay in releasing the master plan details. Works may need to be stopped until information is available.
- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. The programme of works and business as usual projects are currently being reviewed in conjunction with the approved revised decision making framework in an attempt to identify tranches of work for commencement.

This process is still largely dependent on master planning. Guidance from the Board will be required as to the timing and suitability of any proposed projects to mitigate ongoing risks to the CDHB.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of January 2019 was a net operating expense of $6.290M, which was $.001M unfavourable against the draft annual plan net operating expense of $6.289M. The table below provides the breakdown of the January result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	0.120	-	**0.120**	0.612	-	0.612
Funder	(2.576)	(4.163)	**1.587**	(29.491)	(29.704)	0.213
DHB Provider	(3.834)	(2.126)	**(1.708)**	(18.708)	(16.456)	(2.253)
Canterbury DHB Group Result	**(6.290)**	**(6.289)**	**(0.001)**	**(47.587)**	**(46.160)**	**(1.428)**

Report prepared by: David Meates, Chief Executive

Canterbury DHB national performance measures report

Quarter 2: October- December 2018/19

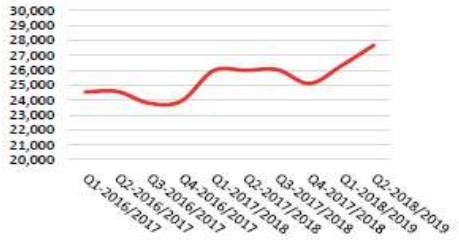
What are the national performance measures?

This report presents current performance against the national performance measures formerly referred to as national health targets. A new set of high-level measures are being developed, however these have not yet been released.

These measures still reflect Canterbury's performance in areas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place . Three of the measures focus on patient access and three focus on prevention.

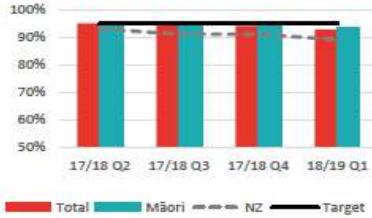
Supplementary indicators

The number of people presenting to Ashburton and Christchurch



Shorter stays in ED — n/a

Patients admitted, discharged or transferred ED within six hours. Target: 95%



The introduction of two new patient management systems has disrupted the data capture for Canterbury. The SI PICS system does not have a suitable ED module and the decision has been made to implement EDaaG for the medium term.

Unfortunately the linkages between these systems require further development to provide a stable measurement of time in ED.

Improved access to elective surgery — 89%

Patients receiving planned surgery Year-end target: 21,782

Issues following the introduction of South Island PICS in October 2018 as well as coding delays have impacted the DHBs reporting of this target.

Internal resutls suggest that as of 11 Jan 2019, Canterbury is currently 10 surgical discharges ahead of target for the year to date for elective surgery.

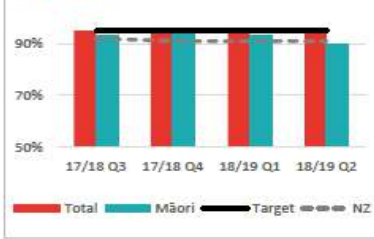
Faster cancer treatment — 95%

Patients getting their first cancer treatment within 62 days. Target: 90%

Canterbury DHB achieved the cancer target in quarter two with 95% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Of the 301 patients within the 62 day cohort 13 did not meet the target due to capacity issues.

Increased immunisation — 94%

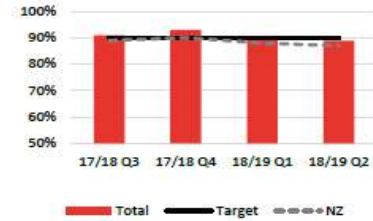
Eight-month-olds fully immunised Target: 95%



Canterbury DHB did not achieve the increased immunisation target with only 94% of eligible children fully vaccinated at eight months. The target was reached for New Zealand European (96%) Asian (96%) and Pacific (97%) populations. The target was just missed for Maori, with 90% of infants fully immunised at eight months. The target was missed by just five children with six children vaccinated after milestone age.

Better help for smokers to quit — 89%

Patients in the community who smoke are offered help to quit Target: 90%



Canterbury DHB did not achieve the smoking target in quarter one with 89% of smokers enrolled with a PHO offered advice and help to quit smoking.

Canterbury DHB's cessation support indicator (the percentage of current smokers who have been given or referred to cessation support services in the last 15 months) is again the highest in the country at 54%.

Raising healthy kids — 100%

Children with obesity referred for support Target: 95%

In Canterbury, 100% of children, identified as obese at their Before School Check (B4SC), were offered a referral to a health professional in quarter one. The number of referrals declined' by families fell to 17% this quarter.

Produced by Canterbury and West Coast DHB Planning and Performance team.

FINANCE REPORT 31 JANUARY 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Finance**

DATE: **21 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters to the Board of the Canterbury DHB. A more detailed report is presented to and reviewed by the Quality, Finance, Audit and Risk Committee monthly, prior to this report being prepared.

2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 31 January 2019.

3. DISCUSSION

Overview of January 2019 Financial Result

The consolidated Canterbury DHB financial result for the month of January 2019 was a net operating expense of $6.290M, which was $.001M unfavourable against the draft annual plan net operating expense of $6.289M. The table below provides the breakdown of the January result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(3.785)	(2.040)	**(1.745)**	(18.717)	(16.375)	(2.342)
Community & Public Health	0.017	(0.023)	**0.040**	(0.060)	(0.115)	0.055
Total In-House Provider excl Subsidiaries	**(3.768)**	**(2.063)**	**(1.705)**	**(18.777)**	**(16.490)**	**(2.287)**
Add: Funder & Governance						
Funder Revenue	139.150	138.131	1.019	970.234	966.427	3.807
External Provider Expense	(61.318)	(61.912)	0.594	(436.872)	(433.439)	(3.433)
Internal Provider Expense	(80.409)	(80.382)	(0.026)	(562.853)	(562.692)	(0.161)
Total Funder	**(2.576)**	**(4.163)**	**1.587**	**(29.491)**	**(29.704)**	**0.213**
Governance & Funder Admin	0.120	-	0.120	0.612	-	0.612
Total Canterbury DHB (Parent)	**(6.224)**	**(6.226)**	**0.002**	**(47.656)**	**(46.194)**	**(1.462)**
Add: Subsidiaries						
Brackenridge Estate Ltd	(0.054)	(0.037)	**(0.017)**	0.046	0.058	(0.012)
Canterbury Linen Services Ltd	(0.012)	(0.025)	**0.013**	0.023	(0.024)	0.047
Canterbury DHB Group Surplus / (Deficit)	**(6.290)**	**(6.289)**	**(0.001)**	**(47.587)**	**(46.160)**	**(1.427)**

4. APPENDICES

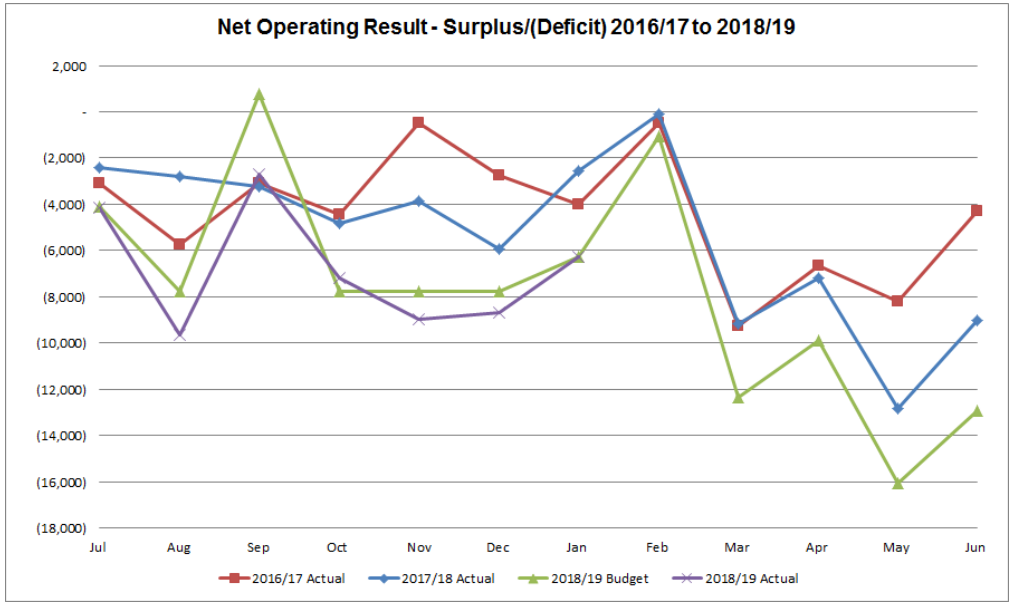
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

Report prepared by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED 31 JANUARY 2019

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(6,290)	(6,289)	(1)	0% ✗	(47,587)	(46,160)	(1,427)	3% ✗



Our revised draft 18/19 Annual Plan is a net operating expense position of $98.475M, and was submitted to the MoH in November. The significant changes include a reduction in the nursing MECA funding; a reduction to the annual capital charge; and a change to our depreciation rates on assets.

The YTD budget has been adjusted to pick up these changes.

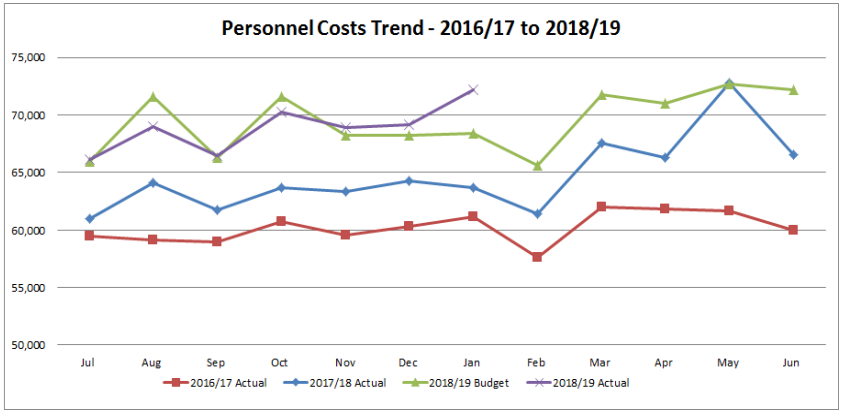
Pressure remains on personnel costs with the average cost of settlement of MECAs above the average uplift in funding. Additionally, acute throughput continues to be higher than expected, placing further pressure on employee costs, as well as operating under our constrained capacity, with the ASB facility significantly behind schedule.

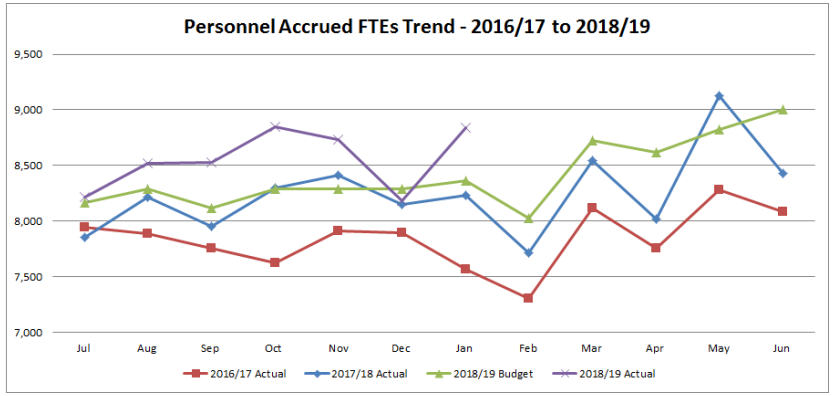
The original agreed plan was for the DHB migrating into new ASB facilities in September 2018. This will now not occur until September/October 2019 and is having a major impact on the DHB and its cost profile. Mental Health remains under huge pressure with exceedingly high volumes each month.

KEY RISKS AND ISSUES

We expect to continue to incur earthquake related repair and maintenance expenditure and the depreciation impacts of quake related capital spend for a significant number of years into the future. There will be variability between the expected and actual timing of these costs. New facilities coming on stream will attract additional capital charge and depreciation expense.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE





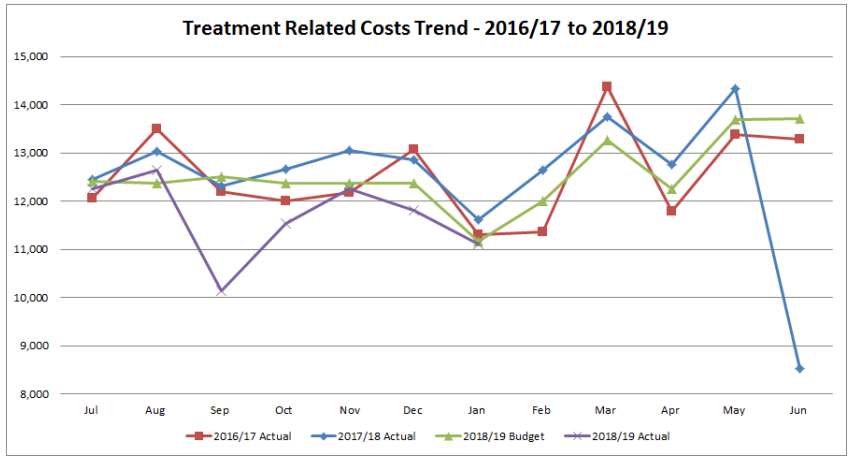
KEY RISKS AND ISSUES

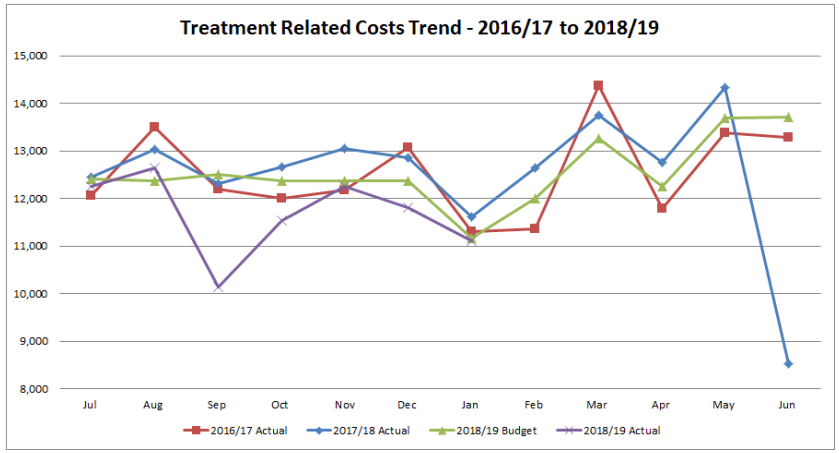
Pressure will continue on personnel costs into the foreseeable future, as a result of settlements as well as additional resource required for the new ASB redevelopment.

The full implication of potential minimum wage increments, including the timing that is proposed for these, and the relativity impacts that this will create on other workforce groups that are not otherwise directly impacted, continues to be a financial risk.

We have not made any provision for Holidays Act compliance issues that the Sector is currently working through. The impact for CDHB is at this stage unquantifiable, given the complexity of the current interpretation in regard to the sector.

TREATMENT & OTHER EXPENSES RELATED COSTS





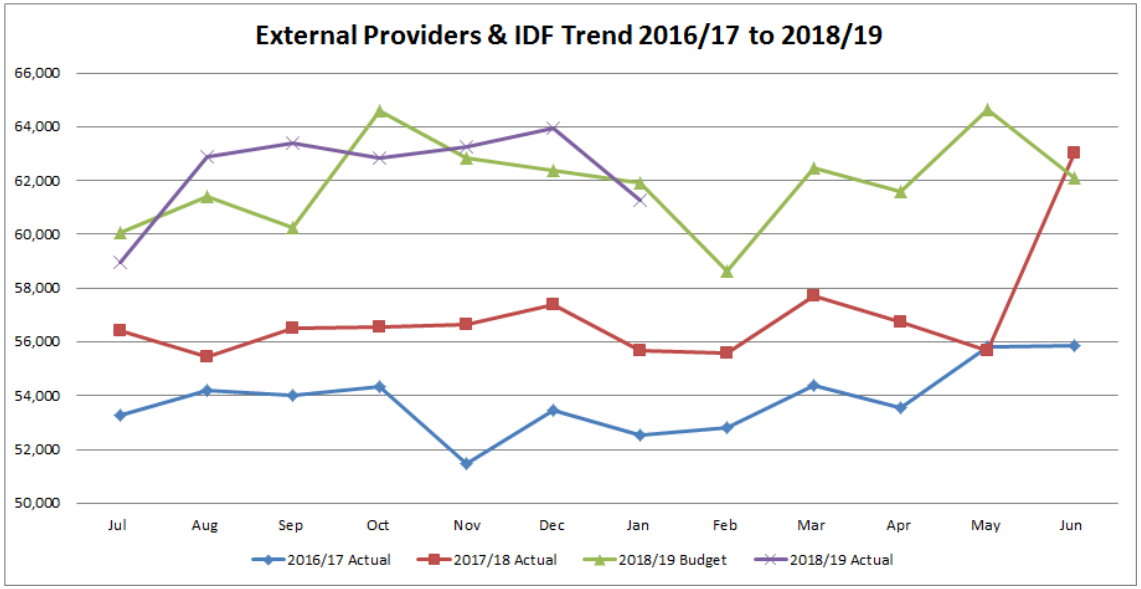
KEY RISKS AND ISSUES

Treatment related costs are influenced by activity volume, as well as complexity of patients.

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital campus. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site. Earthquake expenditure is lower than planned due to the timing of the repairs, and the split between capex and opex repairs. Although we have Ministerial approval to progress a shift of services to Hillmorton, TPMH is still unlikely to be fully vacated until the 22/23 financial year.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
External Provider Costs	61,318	61,912	594	1%	436,872	433,439	(3,433)	-1%	✗



YTD pharmaceutical spend in relation to PCT costs is reflected in external provider costs this year, as we have changed our accounting treatment from 1 July.

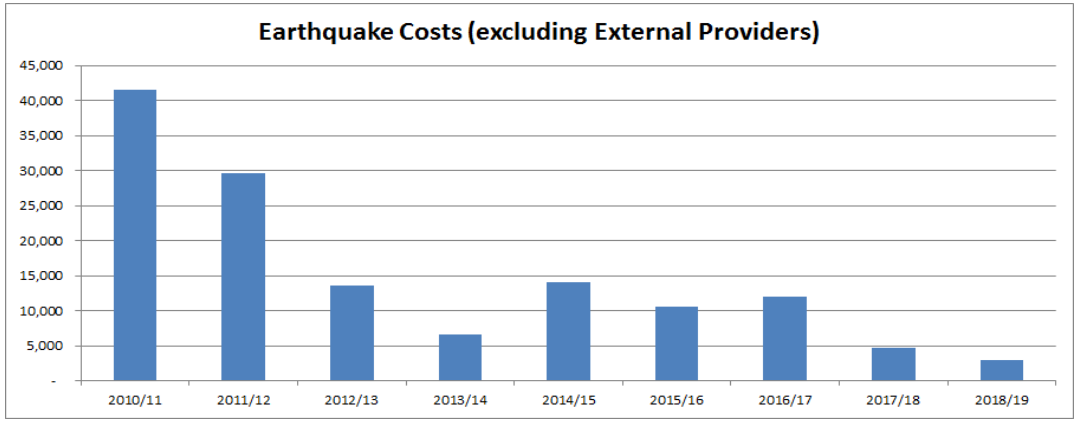
Additionally, the reimbursement of hospital pharmaceutical spend from the combined pharmaceutical budget rebate pool has resulted in an unfavourable variance in external provider costs, which should be offset by lower pharmaceutical costs in the internal provider. We will adjust this budget in 18/19.

KEY RISKS AND ISSUES

Additional outsourcing to meet electives targets may be required. Additionally, there is uncertainty on the impact on community rebates as a result of recent PHARMAC changes.

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Total Earthquake Revenue (Draw Down)	**630**	**250**	**380**	**100%**	✓	**2,005**	**2,350**	**(345)**	**100%**	✗
Earthquake Costs - Repairs	702	250	(452)	100%	✗	2,129	2,350	221	100%	✓
Earthquake Costs - External Provider	1,431	1,431	-	100%	✓	10,016	10,016	-	100%	✓
Earthquake Costs - Non Repairs	123	123	-	100%	✓	868	868	-	100%	✓
Total Earthquake Costs	**2,256**	**1,804**	**(452)**	**100%**	✗	**13,013**	**13,234**	**221**	**100%**	✓



Earthquake (EQ) operating costs include EQ repair works and other non-repair related costs such as additional security and building leases. EQ repair (integral part of the DHB EQ Programme of Works) costs are offset by an equivalent amount of insurance revenue that will be progressively drawn down to minimise the impact of EQ repair costs on the net result. The insurance revenue relates to the portion of earthquake insurance settlement amount that was repaid to the Crown in 2013/14 for future draw down by the DHB as and when appropriate to fund the earthquake repairs and programme of works.

Note: 'Quake' costs associated with additional funder activity such as increased outsourced surgery are captured under external provider costs.

KEY RISKS AND ISSUES

The variability and uncertainty of these costs will continue to put pressure on meeting our monthly budgets in future periods.

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	540,535	601,070	(60,535)	-10%	✗
Cash	(37,434)	678	(38,112)	-5621%	✗

KEY RISKS AND ISSUES

If future deficit funding is less than the expected amount, cash flows will be impacted, and the ability to service payments as and when they fall due will become a potential issue.

APPENDIX 2: CANTERBURY DHB GROUP STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd
For the month of January 2019

Month					Year to Date				Annual
18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget		18/19 Actual	18/19 Budget	17/18 Actual	Variance to Budget	18/19 Budget
144,945	143,913	137,526	1,032 ✓	MoH Revenue	1,012,340	1,006,903	963,264	5,436 ✓	1,726,350
4,339	3,917	3,688	422 ✓	Patient Related Revenue	27,322	29,186	27,929	(1,865) ✗	37,172
3,587	3,022	2,524	565 ✓	Other Revenue	22,833	22,058	19,764	775 ✓	52,497
152,871	**150,852**	**143,738**	**2,019**	**Total Operating Revenue**	**1,062,494**	**1,058,148**	**1,010,957**	**4,346**	**1,816,019**
72,162	68,400	63,694	(3,762) ✗	Personnel Costs	482,082	476,928	441,744	(5,154) ✗	830,258
11,113	11,172	11,602	59 ✓	Treatment Related Costs	81,744	84,182	88,023	2,438 ✓	149,097
61,318	61,912	58,153	594 ✓	External Service Providers	436,872	433,439	394,654	(3,433) ✗	742,871
10,126	9,102	6,171	(1,023) ✗	Other Expenses	67,739	65,183	62,464	(2,556) ✗	114,720
154,718	**150,586**	**139,619**	**(4,132)** ✗	**Total Operating Expenditure**	**1,068,437**	**1,059,732**	**986,886**	**(8,705)** ✗	**1,836,946**
(1,847)	**266**	**4,120**	**(2,113)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(5,942)**	**(1,584)**	**24,071**	**(4,359)** ✗	**(20,927)**
126	148	269	(22) ✗	Interest	602	1,036	1,042	(434) ✗	1,778
252	290	249	(38) ✗	Donations	3,136	2,075	709	1,061 ✓	4,027
-	-	-	- ✓	Profit / (Loss) on Sale of Assets	14	-	(24)	14 ✓	-
377	**438**	**519**	**(61)** ✗	**Total Indirect Revenue**	**3,752**	**3,111**	**1,727**	**641** ✓	**5,805**
2,079	2,085	2,470	6 ✓	Capital Charge	14,556	14,562	17,849	6 ✓	24,994
2,702	4,870	4,747	2,168 ✓	Depreciation	30,695	32,859	33,538	2,164 ✓	57,909
39	38	-	(1) ✗	Interest Expense	144	266	58	122 ✓	450
4,821	**6,993**	**7,217**	**2,172** ✓	**Total Indirect Expenses**	**45,396**	**47,687**	**51,444**	**2,291** ✓	**83,353**
(6,290)	**(6,289)**	**(2,579)**	**(1)** ✗	**Total Surplus / (Deficit)**	**(47,587)**	**(46,160)**	**(25,646)**	**(1,427)** ✗	**(98,475)**

The variance between Patient Related Revenue and Other Revenue relates to a split in our budget. We will review this when we next submit a revised budget to the MoH.

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 31 January2019

Audited 30-Jun-18 $'000		Group Actual 31-Jan-19 $'000	YTD Group Budget 31-Jan-19 $'000	Annual Group Budget 30-Jun-19 $'000
517,833	Opening Equity	496,272	496,272	496,272
42,398	Net Equity Injections / (Repayments) During Year	91,850	150,959	149,098
(63,959)	Operating Results for the Period	(47,587)	(46,161)	(98,475)
496,272	**TOTAL PUBLIC EQUITY**	540,535	601,070	546,895
	Represented By:			
	Current Assets			
1,677	Cash & Cash Equivalents	3,987	678	-
750	Short Term Investments	750	750	750
87,165	Trade and Other Receivables	77,871	85,839	85,839
4,554	Prepayments	10,963	4,554	4,554
11,171	Inventories	11,555	11,171	11,171
10,561	Restricted Assets	12,718	14,576	14,577
115,878	**Total Current Assets**	117,844	117,568	116,891
	Less Current Liabilities			
17,376	Overdraft	41,421	-	48,920
111,189	Trade and Other Payables	119,492	113,277	111,192
10,577	Restricted Funds	12,875	14,591	14,591
172,699	Employee Benefits	164,168	163,361	163,361
311,841	**Total Current Liabilities**	337,956	291,229	338,064
(195,963)	**Working Capital**	(220,112)	(173,661)	(221,173)
	Non Current Assets			
16	Restricted Funds	16	16	16
5,186	Investment in NZHPL	6,333	5,186	5,186
693,197	Fixed Assets	760,642	775,706	769,043
698,399	**Term Assets**	766,991	780,908	774,245
	Non Current Liablilties			
6,164	Employee Benefits	6,344	6,177	6,177
6,164	**Term Liabilities**	6,344	6,177	6,177
496,272	**NET ASSETS**	540,535	601,070	546,895

Prepayments are expected to reduce over the year to the level of the annual budget.

APPENDIX 4: CASHFLOW

Audited 30-Jun-18 $'000		Actual 31-Dec-18 $'000	YTD Budget 31-Dec-18 $'000	Budget 30-Jun-19 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(5,124)	**Net Cash from Operating Activities**	(20,317)	(19,881)	(48,565)
	CASHFLOW FROM INVESTING ACTIVITIES			
(38,453)	**Net Cash from Investing Activities**	(18,035)	(25,106)	(61,754)
	CASHFLOW FROM FINANCING ACTIVITIES			
42,398	**Net Cash from Financing Activities**	-	21,000	77,098
(1,179)	Overall Increase/(Decrease) in Cash Held	(38,352)	(23,987)	(33,221)
(14,520)	Add Opening Cash Balance	(15,699)	(15,699)	(15,699)
(15,699)	**Closing Cash Balance**	(54,051)	(39,686)	(48,920)

CPHAC/DSAC – 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Corporate Support**

DATE: **21 March 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

In March 2018, the Board endorsed the merging of the Community and Public Health Advisory Committee (*CPHAC*) and the Disability Support Advisory Committee (*DSAC*) into the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*) for the remainder of 2018. The purpose of this paper is to seek the Board's support for these two committees to remain merged as one for the remainder of the Board's current term – ie, through until December 2019.

2. RECOMMENDATION

That the Board:

i. endorses CPHAC and DSAC continuing as a temporarily merged Committee (CPH&DSAC) for the remainder of 2019;
ii. approves CPH&DSAC's amended Terms of Reference (Appendix 1); and
iii. notes that Committee structures will be reviewed early 2020 by the newly constituted Board.

3. DISCUSSION

At its meeting on 15 March 2018, the Board endorsed the merging of CPHAC and DSAC meetings for the remainder 2018. This was in response to a request from the Board Chair to review committee workplans to ensure the Board and its committees were best placed to succeed in the ongoing key focus areas of the CDHB.

It is proposed that CPHAC and DSAC continue as a merged committee (CPH&DSAC) for 2019. A clear distinction on meeting agendas will remain between DSAC and CPHAC items, with the current co-chairing arrangement to continue.

CPH&DSAC Terms of Reference have been updated to reflect this ongoing merger. Changes are of an administrative nature and are shown as tracked in Appendix 1.

Post the 2019 elections, the newly constituted Board will review ongoing Committee structures.

4. APPENDICES

Appendix 1: CPH&DSAC Terms of Reference – amended (tracked)

Report prepared by: Anna Craw, Board Secretariat

Report approved for release by: Justine White, Executive Director, Finance & Corporate Services

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (*CDHB*), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from ~~19 April 2018~~21 March 2019.

The CDHB has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint Committee shall include some members with a specific interest in disabilities and some with a specific interest in community and public health. For ease of reference, the Committee shall be referred to as the "Community and Public Health and Disability Support Advisory Committee" (*CPH&DSAC*).

FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the Act (Schedule 4, Clauses 2 & 3). These apply to the roles of the two separate advisory Committees, which form the joint Committee, and exist in addition to these Terms of Reference. A summary of these functions and aims is set out below.

"The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are to provide advice and recommendations to the Board of the DHB on:

- *the needs, and any factors that the committee believes may adversely affect the health status, of the resident population of the DHB; and*
- *priorities for use of the health funding provided.*

The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Disability Support, are to provide advice and recommendations to the Board of the DHB on:

- *the disability support needs of the resident population of the DHB, and*
- *priorities for use of the disability support funding provided".*

The aim of this advice is to assist the disability support services that the CDHB provides or funds, along with the policies it adopts, to promote the inclusion and participation in society, and maximise the independence of people with disabilities within the resident population of the CDHB.

The Committee will effect these functions by:

- Ensuring the health and disability support needs of the community are reflected in the CDHB strategic planning process by contributing to and reviewing the draft Annual Plan, SI Regional Services Plan, and make recommendations to the Board.
- Providing input into the development of strategies and policies related to the health needs and disability support issues of the community, and make recommendations to the Board in respect to these.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- Identifying Key Priority Actions from the Annual Plan and other strategic plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions.)
- Monitoring and reporting to the Board on performance against the Canterbury Health System Framework, with a particular emphasis on public health issues, including those related to earthquake recovery, housing, environmental issues (especially drinking water, clean air) and other issues relating to the determinates of health. The Committee will also monitor health services contracted or provided by the CDHB, but noting the primary responsibility of the Hospital Advisory Committee in respect to monitoring of provider arm services. Management will assist in this process by providing appropriate reports and briefings aligned to the CDHB Outcomes Framework. (Responsibility for the monitoring of individual contracts rests with management.)
- Monitoring and supporting the implementation of the Canterbury and West Coast Health Disability Action Plan.
- Reviewing information regarding environmental and demographic changes within which the CDHB is working.
- Monitoring and reporting to the Board on progress against strategies and plans in respect to Maori and Pacific health and progress on reducing disparities in Maori and Pacific health.
- Advocacy on health need related issues and health related disability issues, including establishing relationships with other organisations and disability support service providers within the CDHB area, where relevant and appropriate to the work of the Committee.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Board's accountability documents.

SUBMISSION PROCESS

In addition to the above functions, the Community and Public Health and Disability Support Advisory Committee will have a role in the preparation of submissions on health issues by the CDHB to Territorial Local Authorities (*TLAs*), Select Committees, Central Government and other organisations, noting the primary role of the CDHB Board in approving such submissions. In the event that meeting dates do not allow for formal Board approval then the Committee may consider such submissions and provide its support.

KEY PROCESSES

- The Board approves the Annual Plan and associated Regional Plans and any individual strategies developed to meet the health and disability needs of our population.
- The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy; the New Zealand Disability Strategy; and the Canterbury and West Coast Health Disability Action Plan.
- Reports being presented to the Committee should identify how they link to the CDHB Outcomes Framework.
- Any paper or piece of work being presented to the Committee should identify how it links to the Annual Plan (the annual workplan of the CDHB).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.
- The Committee will prepare an annual workplan designed to implement its Terms of Reference.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board, and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role, but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available), for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the CDHB's Media Policy; its Conflict of Interest, Probity and Gift Policy; and with its Standing Orders.
- The Committee Chair(s) will annually review the performance of the Community and Public Health and Disability Support Advisory Committee and members.

WELLBEING HEALTH AND SAFETY

Support, promote and monitor the continuance of a culture of wellbeing health and safety at the CDHB and ensure that the wellbeing health and safety risks faced by the Board are appropriately understood, mitigated and monitored, and ensure that the Board receives regular reports in regard to meeting its wellbeing health and safety obligations.

LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board Committees to those Committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors (from both within a meeting and external to it), should be made via the Committee Chair(s) and directed to the Chief Executive or their delegate. Such requests should fall within the District Annual Plan and the District Strategic Plan.
- There will be no alternates or proxy voting of Committee members.
- All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
  - The term of members not exceeding three years.
  - A conflict of interest statement being required prior to nomination.
  - Remuneration.
  - Resignation, vacation and removal from office.
- The management team of the CDHB makes decisions about the funding of services within the Board approved parameters and delegations.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

- The Board.
- Consumer groups.
- Management of the CDHB.
- Clinical staff of the CDHB.
- Manawhenua Ki Waitaha.
- The community of the CDHB.
- Other Committees of the CDHB.

This will also be achieved through the sharing of agendas and the regular meetings of the Chairs of the Committees.

TERM

~~These Terms of Reference shall apply for the remainder of 2018, at which time they will be reviewed. Should a major issue arise prior to this date an earlier review of the Terms of Reference may be undertaken.~~

These Terms of Reference shall apply for the remainder of 2019, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

Should a major issue of public health arise prior to this date, an earlier review of the Terms of Reference may be undertaken.

MEMBERSHIP OF THE COMMITTEE

The Community and Public Health and Disability Support Advisory Committee will ordinarily comprise a mix of Board members and appropriate members selected from the Community. The Board, in selecting members, will have regard to the need for the Committee to comprise an appropriate skill mix, including people with special interests in community and public health, disability, Maori and Pacific health issues. It will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Board may also appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee. Such advisors will not be members of the Committee and will not have voting rights.

Members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board, who will comply with the requirements of the Act.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

The Chair(s) of the Community and Pubic Health and Disability Support Advisory Committee will be members of the Board and will be appointed by the Board, who may also appoint a Deputy Chair(s) of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board will be ex-officio members of the Community and Public Health and Disability Support Advisory Committee and will have full speaking and voting rights at all meetings of the Committee.

The Chair(s), Deputy Chair(s) and members of the Community and Public Health and Disability Support Advisory Committee shall continue in office for a period specified by the Board, or until such time as:

- The Chair(s), Deputy Chair(s) or member resigns; or
- The Chair(s), Deputy Chair(s) or member ceases be a member of the Community and Public Health and Disability Support Advisory Committee in accordance with Clause 9 of Schedule 4 of the Act; or
- The Chair(s), Deputy Chair(s) or member is removed from that office by notice in writing from the Board.

Board members who are not members of the Committee will receive copies of the agendas and minutes of all meetings upon request, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for re-appointment, it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the Committee and allow for a diverse and representative cross-section of the community to have input into the Committee's deliberations.

MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board, with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the CDHB's Standing Orders.
- In addition to formal meetings, Committee members may be required to attend workshops or fora for briefing and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or TLAs that may affect the health status of the resident population of the CDHB.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- Management will provide such reports and information as necessary to enable the Committee to fulfil its statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Ministerial direction and Board resolutions, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings per annum, total payment per annum ($2,500). The Committee Chair(s) will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum ($3,125). These payments may be reviewed by Ministerial directive. Ex-officio members (if appointed) are not remunerated.

These payments are made for attendance at public meetings and do not include workshops.

- Any officer or elected representative of an organisation who attends Committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie., reasonable travel-related costs) for Committee members may be paid. Members should adhere to the CDHB's travel and reimbursement policies.

Adopted by Board: 19 April 2018.

Amended by Board: [insert date]

POLICY ON APPOINTMENT OF DIRECTORS – CDHB SUBSIDIARY COMPANIES

Canterbury District Health Board
Te Poari Hauora o Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Corporate Support**

DATE: **21 March 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to amend the policy for the appointment of directors to Canterbury District Health Board (*CDHB*) subsidiary companies as adopted by the Board in June 2010.

2. RECOMMENDATION

That the Board, as recommended by the Quality, Finance, Audit and Risk Committee:

i. adopts the amended policy for the appointment of directors to Canterbury DHB subsidiary companies, attached as Appendix 1.

3. DISCUSSION

In June 2010, the Board adopted a policy for the appointment of directors to CDHB subsidiary companies. It was considered best practice for CDHB to have such a policy, defining the appointment process, allowing for management succession and ensuring the appointment of directors with an appropriate skills mix to its subsidiary companies.

Since adoption of the policy, CDHB's two subsidiary companies have experienced changes, mostly of an administrative nature, that require the policy to be updated. These are as follows:

a. Canterbury Laundry Services Limited is now called Canterbury Linen Services Limited.
b. Brackenridge Estate Limited (*BEL*) is now called Brackenridge Services Limited (*BSL*).
c. BEL's constitution provided for a minimum of four and maximum of five directors, whereas BSL's constitution allows a minimum of four and maximum of six directors.
d. Of the BSL directors, at least one is to have direct experience of disability (either being a person with a disability or as a family member of someone with a disability) provided that such person has the necessary skills to hold that office.

These changes are reflected in the attached amended policy.

4. APPENDICES

Appendix 1: Policy on Appointment of Directors – Canterbury District Health Board Subsidiary Companies – amended

Report prepared by: Anna Craw, Board Secretariat

Report approved for release by: Justine White, Executive Director, Finance & Corporate Services

POLICY ON APPOINTMENT OF DIRECTORS
CANTERBURY DISTRICT HEALTH BOARD SUBSIDIARY COMPANIES

PURPOSE
The purpose of this policy is to set out an objective and transparent process for:

- The appointment and replacement of directors to a Canterbury DHB Subsidiary Company.
- The tenure and remuneration of directors of a Canterbury DHB Subsidiary Company.
- The policy will apply to the two existing Canterbury DHB Subsidiary Companies and to any other subsidiary companies that may be formed.

PRINCIPLES / OBJECTIVES
The following principles under lie this policy:

- Appointments should be made on the basis of merit.
- The Canterbury DHB will follow corporate governance best practice.
- Directors of a Canterbury DHB Subsidiary Company will be appointed on the basis of the contribution they can make to the organisation, their ability to guide the organisation and contribute to the achievement of the objectives of the organisation.

SKILLS CRITERIA
Directors appointed to a Canterbury DHB Subsidiary Company should clearly demonstrate the following skills:

- Intellectual ability
- Commercial experience or other experience, or other skills or qualifications that are relevant to the activities of the organisation (or both).
- Sound judgement.
- High standard of personal integrity including:
  - Commitment to the principles of good corporate citizenship.
  - Understanding of the wider interests of the publicly accountable shareholder.
- Ability to work as a team member.
- Understanding of governance issues.
- Understanding of accounting, finance and legal matters.

APPOINTMENT OF DIRECTORS
The Canterbury DHB as the sole shareholder has the right in terms of the Constitution of Brackenridge ServicesEstate Ltd (*BSEL*) and Canterbury Linenaundry Services (*CLS*) to appoint and remove directors. The constitution of BSEL provides for a minimum of four and maximum of sixfive directors and in the case of CLS a minimum of two and maximum of seven directors. The process for the appointment of directors will be as follows:

Canterbury Linenaundry Services Ltd
The Board will consist of up to four directors comprising:

- One external independent Chairperson (an experienced director ideally with a background in finance and/or manufacturing).
- At least Oone internal director (from Canterbury DHB senior management in order to create the link to the key customer and for leadership development).

- Up to two other directors as required to allow for succession and/or any other skills requirements for the Board as may be required from time to time.

Brackenridge Services~~Estate~~ Ltd
The Board will consist of up to six~~five~~ directors comprising:

- An experienced Chairperson with a skills mix appropriate to the needs of the Company.
- At least one Director who has direct experience of disability (either being a person with a disability or as a family member of someone with a disability) provided that such person has the necessary skills to hold that office.
- Up to four other directors with a skills mix appropriate to the needs of the Company, which may include one Canterbury DHB senior management staff member, ~~and one other person able to present a family (intellectual disability) perspective if possible,~~ noting also the need to allow for succession.

PROCESS

Appointment of Directors

In considering the appointment of directors to fill any vacancies on the Board of a Canterbury DHB subsidiary company the Canterbury DHB Chief Executive (*CE*) will consult with the Chairperson of the relevant Board to assess the skills mix required. For external appointments a candidate profile will then be drawn up and the connections, networks and knowledge of the Canterbury DHB and the relevant Company Board Chairperson and members of the QFARC Committee will be utilised to prepare a shortlist of applicants for interview by a subcommittee comprising; the Canterbury DHB CE (or his nominee), the Company Chairperson and the QFARC Chairperson (or their nominee). A preferred applicant will then be appointed from the interview process by the CE (subject to endorsement of the QFARC Committee).

In the case of an internal appointment as a director, from the Canterbury DHB senior management team, a similar process as above will be followed except that the shortlist for interview will be prepared by the Canterbury DHB CE.

In assessing the needs of the subsidiary companies to ensure there is a range of skills represented and in identifying a preferred person for appointment as a director, the following factors (including but not limited to) will be considered:

- The range of skills currently represented on the Company's Boards.
- The time required by a director to effectively discharge their duties to the Company.
- The number of other existing directorships and other commitments that may demand the attention of the appointee.
- The nature of existing positions, directorships or other relationships and the impact that each may have on the appointees ability to exercise judgement without conflicts of interest.
- The extent to which the appointee is likely to work constructively with the existing directors and contribute to the overall effectiveness of the Board.

It is expected that all appointees as directors to Canterbury DHB subsidiary companies will undergo, or already have undergone, formal corporate governance training, or have the requisite experience in this area.

Reference is made to current governance best practice in this area, as encapsulated in the Institute of Directors' guidelines and other relevant material.

A public announcement of the appointment will be made as soon as practicable thereafter.

Appointment of Chairperson
The Canterbury DHB, as the sole shareholder, has the right to appoint one of the directors of its subsidiary companies as a Chairperson, either arising from a vacancy, or as a replacement appointment. The procedure as outlined in the relevant parts of this policy and the Chairperson Succession Policy will be followed for the appointment of a Chairperson.

Reappointment
Where a director's term of appointment has expired and he or she is offering him/herself for reappointment, the Chief Executive will consult on a confidential basis with the Chairperson of that Company with regard to:

- Whether the skills of the incumbent add value to the work of the Board.
- Whether there are other skills which the Board needs.
- Succession issues.

The subcommittee comprising the Canterbury DHB CE, Company Chairperson and Chairperson of QFARC (or their nominee) will consider the information obtained and, taking into account the director's length of tenure (see below), form a view on the appropriateness of reappointment or of making a new replacement appointment.

Where reappointment is considered appropriate the CE will report this to QFARC to seek its endorsement of his/her decision to a further term.

Where it is not intended to reappoint the existing incumbent, the appointment process outlined above will apply.

LENGTH OF TENURE

Directors will normally be appointed for periods of three years. Subject to a review of the director's performance after each three year period, by the Chair of the Company and the Canterbury DHB CE, the normal tenure for a director will be for a maximum of nine years (three terms of three years). Following nine years of service, a director may be re-appointed for a further three years (a maximum of twelve years in total), but only in special circumstances.

An appointment may be made for a lesser time as considered appropriate by the subcommittee of the Canterbury DHB CE, the Company Board Chairperson and Chairperson of QFARC (or their nominee). Terms of tenure should be staggered to ensure that not all director terms expire at the same time. On the adoption of this policy a programme to achieve this shall be put in place by the Canterbury DHB CE, in association with the Chairperson of QFARC.

The length of tenure for a Chairperson will not normally be for more than nine years (three terms of three years), with a review of performance after each three year period by the Canterbury DHB CE and the Chair of QFARC Previous service as a director need not, however, count against the time of tenure as a Chairman. Following nine years of service, a Chairperson may be re-appointed for a further three years only in special circumstances. The total length of service for a Chairperson, as both a director and Chairperson, should not, however, exceed 12 years.

SUCCESSION PLANNING

A copy of the Chairperson's Succession Policy is attached as Appendix 1~~A~~. The policy is to ensure that there can be continuity of knowledgeable and capable leadership of the Canterbury

DHB subsidiary companies. The policy envisages that work commences to identify a successor to the chairperson at least a year before the planned retirement of the incumbent and that in making any director appointments that consideration be given as to whether there is sufficient potential on the company board for a replacement chairperson should one be needed unexpectedly.

REMUNERATION OF DIRECTORS

The Chairperson of each subsidiary company and external directors will be paid appropriate director's fees as endorsed by QFARC on the advice of the Canterbury DHB CE, who will firstly consult with the Company Chairperson and Chairperson of QFARC, as for the appointment process.

The requirements of any relevant Cabinet Office Circulars, as may be updated from time to time, or other relevant legislation or policies will be taken into account in setting the remuneration levels of directors.

No payments will be made to Canterbury DHB staff members appointed to the board of a subsidiary company or for state servants appointed and attending as part of their employment.

Periodically, normally every three years, but more frequently if considered appropriate, the Canterbury DHB CE together with the Chairperson of QFARC will review the level of remuneration being paid to the Chairpersons and directors of the subsidiary companies and determine if any amendments to the scale of fees paid is appropriate. The Canterbury DHB CE may (subject to the endorsement of QFARC), revise the level of fees paid to the Chairpersons and directors.

The subsidiary companies will arrange and pay for director's liability insurance, and indemnify each of the directors if that is not already covered by the Canterbury DHB.

In performing its review of remuneration, the following factors will be taken into account:

- The need to attract and retain appropriately qualified directors.
- The levels of remuneration paid to comparable companies in New Zealand.
- The performance of the Company and any change in the nature of its business.
- The performance of an incumbent.
- Cabinet Office Circulars
- Any other relevant factors.

Professional advice will be sought where necessary.

Formatted: Right

APPENDIX 1

CANTERBURY DISTRICT HEALTH BOARD
SUBSIDIARY COMPANY CHAIRPERSON SUCCESSION PLANNING POLICY

Introduction

In line with best practice, and following development of the Canterbury DHB's Director Appointment Policy, this policy has been developed.

Rationale for a succession plan

To provide for:

- Smooth transition through a planned approach.
- Knowledgeable leadership of a subsidiary company board in the event of planned or unexpected retirement of the incumbent Chairperson.
- Recognition that the term of any chairperson in that role is limited.
- A Chairperson's desire to step down at any time, knowing that there is a person who is prepared to take over the role.
- Appointment of a new Chairperson who should generally have knowledge of the Company.

Principles

- Chairpersons, as with directors, would not normally be reappointed for more than three terms of three years on a board, but in exceptional circumstances this may be extended to twelve years in total.
- Any previous service as a director should be considered in the reappointment/succession process, but need not necessarily count against the length of service as a chairman.
- The need for a potential successor will be considered as director appointments are made to ensure a possible successor from existing board members.

Process

Ideally the CE together with the relevant Board Chairperson will work through succession planning using the following process:

- Ensure that planning starts at least one year before planned retirement.
- Discuss with the current Chairperson their views on the date of their retirement and who would be a good successor.
- Compose a list of required skillsets for the position following discussion (as appropriate) with the Chairperson and individual Board members and ascertain whether there is any obvious leader amongst the existing board directors.
- Agree a timeframe of the new appointments allowing a bedding-in time of at least one year if the newly proposed Chairperson is new to the Board.
- Interview/discussions with the preferred candidate by the Canterbury DHB CE and current Company Board Chairperson to ascertain their availability and suitability for the Chairperson role.
- Recommendation by the Canterbury Board CE to QFARC for endorsement of an appointment.
- Preliminary discussions will not guarantee appointment but give an indication that all things being equal, they will be the next Chair.

General Skill Sets Required

- Able to maintain the trust of the Canterbury DHB Board.
- Able to maintain close, but independent, working relationships with CE.
- Ability to harness the collective skills of the Companies' Board and executive team to achieve the business objectives and maintain the full confidence of the shareholders.
- Ability to encourage all directors to have full participation in Board deliberations.
- Ability to lead Board evaluation process.
- Ability to demonstrate leadership and good interpersonal skills.
- Ability to efficiently conduct Board meetings.
- Ensure timeliness and relevance of information to the Board.
- Ability to be the spokesperson for the company.
- Integrity and credibility within the business community.
- Ability to retain the confidence and able to build relationships within the Canterbury DHBs networks

Adopted by Board: 11 June 2010

Amended by Board: [insert date]

FUNDING (EQUITY) DRAWDOWN – SMHS DBC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Finance**

DATE: **21 March 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The Detailed Business Case (*DBC*) for the relocation of Specialist Mental Health Services (*SMHS*) from The Princess Margaret Hospital (*TPMH*) site was approved jointly by the Ministers of Health and Finance on 19 December 2018 (refer Appendix 1). The Crown will provide $79M funding for the estimated capital cost of the project.

Canterbury DHB will be managing the project and will draw down the $79M progressively for the capital spend. This report is to request that the Quality, Finance, Audit and Risk Committee recommend the Board approves the drawdown of up to $79M of the approved funding for the project as and when required.

2. RECOMMENDATION

That the Board, as recommended by the Quality, Finance, Audit & Risk Committee:

i. notes approval of the Detailed Business Case;
ii. approves the drawdown of approved funding (equity) up to $79M for the project;
iii. notes that funding will increase the Crown's equity in Canterbury DHB and effective treasury management processes will be applied to ensure the timing of the drawdown is managed appropriately to minimise capital charge; and
iv. notes that management will ensure the approval conditions are complied with.

3. DISCUSSION

In 2016 the Older Persons Health and Rehabilitation Services based at TPMH were relocated to the new Burwood facility. This resulted in the Specialist Mental Health Services at TPMH being isolated. An indicative business case for the relocation of these services was approved in 2017 and the DBC was approved in December 2018 with approved Crown funding (equity) of $79M, being the capital cost of the recommended option[1].

The management of the project is to return to Canterbury DHB. We will be liaising with MOH to streamline the progressive drawdown process (and supporting information) to ensure timely receipt of funds. As the funding will increase the Crown's equity in Canterbury DHB, it will attract capital charge and it is essential that effective treasury management processes will be undertaken to ensure that the timing of the drawdowns is managed appropriately to minimise capital charge.

[1] Clinically and 'whole of life cost considerations, from the CDHB's perspective, the preferred investment option is to include relocating Child & Family (CAF) outpatient services, based at TPMH, to Hillmorton. However recognising that capital is a constraint (both locally and nationally), CDHB supported the "CAF outpatients excluded' option being carried forward as the recommended option. As such, the advancement of CAF outpatients and related workspace siting will be subject to a separate planning and business case process, which will be advanced by CDHB independently of this project.

4. APPENDICES

Appendix 1 Ministerial Approval Letter

Report prepared by: David Green, Financial Controller

Approved for release by: Justine White, Executive Director Finance & Corporate Services

Hon Dr David Clark

MP for Dunedin North
Minister of Health

Associate Minister of Finance

Appendix 1 - Ministerial Approval Letter

19 DEC 2018

Dr John Wood
Chair
Canterbury District Health Board
blue-duck@xtra.co.nz

Dear Dr Wood

Canterbury DHB Specialist Mental Health Services – Detailed Business Case

The Minister of Finance and I have considered the Detailed Business Case for the above project (final version dated 16 November 2018) and approve the Detailed Business Case's preferred option for the relocation of Specialist Mental Health services from The Princess Margaret Hospital (TPMH) to the Hillmorton site, at an estimated capital cost of $79 million funded by $79 million of Crown capital funding.

The scope of this project is:

Integrated Family Services Centre
- Child, Adolescent and Family , 16 bed inpatient service
- Eating Disorders and Mothers & Babies, 13 bed and space for 5-7 cot inpatient and outpatient services and associated workspace
- Southern Regional Health School

High and Complex Unit
- providing a specialist 24 bed inpatient mental health rehabilitation service

The Child, Adolescent and Family outpatient service and community building is not within the approved scope of this project.

The conditions of approval that apply to this project are attached as **Appendix One**

I have been advised that this is a straightforward construction project with full design to be completed prior to tendering for construction. As such, management of the project is to return to Canterbury DHB, with quarterly reporting to the Ministry of Health and monthly reporting and oversight through the Hospital Redevelopment Partnership Group.

Congratulations on your work to date and look forwards to hearing of future progress with this important project.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc: David Meates, Chief Executive, Canterbury District Health Board

+64 4 817 8709 Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand d.clark@ministers.govt.nz beehive.govt.nz

Appendix One: Approval Conditions

Implementation Business Case

1) The DHB will complete an Implementation Business Case which will include the proposed new management structure, an updated section on construction risk in the market and an update on how the next design phase has mitigated some of the issues raised in the Detailed Business Case review. This business case will be submitted to the Hospital Redevelopment Partnership Group for approval.

2) At the time of the Preliminary Design a clinical and architectural review of the Preliminary Design is to be undertaken. This review is to ensure that the DHB has addressed the concerns raised by the review of the Detailed Business Case and the review will be submitted to the Hospital Redevelopment Partnership Group for approval.

Pre-Build

3) The DHB will supply to the Ministry of Health the quantity surveyor reports and the review report and the information will be to the satisfaction of the Ministry of Health.

Monthly Reporting

4) The DHB will submit monthly project reports to the Hospital Redevelopment Partnership Group.

Quarterly Project Assurance

5) The Senior Responsible Officer will submit quarterly project assurance reports for this project to the Ministry of Health (DHB Capital Investment Management Team, DHB Performance, Support and Infrastructure). A template is available from the DHB Capital Investment Management Team. The quarterly assurance report will include the following:
   a) progress against project milestones
   b) confirmation of project costs against the approved budget, including a project cash flow
   c) notification of significant and/or material risks
   d) change management progress (including health services and models of care)
   e) details of any project scope changes (note, material scope changes may require the approval of the Minister of Health)
   f) assurance that the Board has considered the quantity surveyor and project director's reports
   g) any other information as requested by the Ministry of Health.

6) Access to Crown capital funding is dependent upon timely submission of the quarterly assurance report to the Ministry of Health.

7) A finalised Benefits Realisation Plan must be provided to the Ministry of Health.

8) At the completion of the project the DHB is to submit a completed Post Implementation Review and after 12 months a Post Occupancy Evaluation.

Funding

9) The project budget for Specialist Mental Health Services project is not to exceed $79.0 million (excluding GST).

10) The Crown will provide $79.0 million from the Health Capital Envelope.

11) A cash profile for the draw down of equity is to be submitted and agreed with officials. The DHB will be expected to manage expenditure within the agreed profile or provide timely notification of any re-phasing.

12) The final draw down of equity will be made no later than twelve months after work is completed, or the remaining funds will be forfeited.

13) Any surplus capital funds from this project are to be returned to the Crown.

MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Executive Director, Māori & Pacific Health**

DATE: **21 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report provides an update on progress and activities pertaining to Māori and Pacific Health.

2. RECOMMENDATION

That the Board:

i. notes the Māori and Pacific Health Progress Report.

3. DISCUSSION

Canterbury Māori Health Dashboard Report

Attached (Appendix 1) to this report is the latest Canterbury Māori Health Dashboard Report. The Māori Health Dashboard Report is primarily a monitoring document and we measure our performance across a range of targets, although it represents a small part of the actual targeted activity for our Māori population in Canterbury.

The Canterbury DHB focuses on priority areas that show how the system is working towards Pae Ora. We seek to reduce and eliminate the health inequities that have long persisted in the Māori population as a step towards Pae Ora for Māori in our community.

Although we have much more work to do, the dashboard shows some improvement trending in areas that have been a struggle for our DHB:

- Children's oral health. For the first time ever we have crossed the 50% mark for both indicators that we monitor and have now had slow, steady improvement each year for three consecutive years.
- Māori women cervical screening. We have now had improvement in screening rates for Māori women for each of the past four quarters and are now a full 10% higher than 2016/17.

Canterbury Pacific Health Dashboard Report

Also attached (Appendix 2) to this report is the latest Canterbury Pacific Health Dashboard Report. The Pacific Health Dashboard Report, like its Māori sibling, is primarily a monitoring document and we measure our performance across a range of targets, although it represents a small part of the actual targeted activity for our Pacific population in Canterbury.

The Canterbury DHB focuses on priority areas that show how the system is working towards reducing and eliminating the health inequities that have also long persisted in the Pacific population.

Again, although we have much more work to do, the dashboard continues to show successive improvement trending in children's oral health enrolment, which is encouraging. There are also encouraging signs in the continuing improvement of HPV immunisation.

Please note Appendices 1 and 2 show both the Māori and Pacific dashboards which describe the measure, data source and period of latest results for each indicator. There is a lag time between some of the data being received and the Ministry of Health (*MoH*) publishing the data. These dashboards represents the latest data.

National Māori Health Indicators Dashboard Report

Also attached (Appendix 3) is the latest National Māori Health Indicators Report (sourced from http://trendly.co.nz), which enables us to compare performance by ethnicity (Māori vs non-Māori), and by DHB.

The target field is blank where there is no target, or the indicator assigned by the MoH is a specific target tailored for each DHB. Rheumatic fever is not displayed in the dashboard table because the MoH reports total population and South Island data is aggregated.

The report demonstrates that although Canterbury is one of the better performing DHBs for our Māori population, there are still stark differences between Māori and non-Māori across all DHBs, but we are making progress towards improving. Such comparisons provide compelling data as to why we should be targeting Māori to reduce inequity in our system.

Kia Ora Hauora – Māori Workforce Development

Kia Ora Hauora (*KOH*) the 'Māori Health as a Career Programme' is a national Māori health workforce development programme that was established in 2009 to increase the overall number of Māori working in the health and disability sector. KOH supports growth in the Māori health workforce that is more reflective of the communities the workforce serves and supports.

KOH engages with Māori students, current health workers, and community members seeking a career in health. KOH promotes health careers, both clinical and non-clinical. KOH are an information hub that provides knowledge, tools and resources to get Māori started on a health career pathway.

The service has four regional hubs (northern, midlands, central and Te Waipounamu) and a national co-ordination centre. Canterbury is the lead DHB for Te Waipounamu and the service is delivered by our Māori provider, Mokowhiti. In October last year, Mokowhiti took over the national co-ordination centre because of its innovation and leadership in the programme over many years.

Attached (Appendix 4) is the KOH Te Waipounamu dashboard as at December 2018. Also attached (Appendix 5) is the KOH National dashboard as at December 2018. The dashboard gives a quick overview of Māori registered and supported through the KOH programme in both Te Waipounamu region and nationally. The dashboards also show a breakdown of information such as gender, iwi, age, study pathway, tertiary institute and te reo Māori fluency.

KOH has had very good success in supporting the growth of Māori into health career pathways.

Action Points from November 2018

CPH&DSAC sought background information regarding CDHB's Maori Health strategic direction, position on Maori Health Plans, legislative requirements, and CDHB's current and future priorities.

The previous government removed the requirement for DHBs to produce annual Māori Health Plans and the current government has not changed this. The last year we were required to produce a Māori Health Plan was 2016/17. CDHB carried on to produce a Māori Health Plan in 2017/18, using a similar model and indicators.

The CDHB still recognises the need to improve in Māori health and particularly to address the areas where inequity exists. The current government has expressed that equity is a key focus and it is therefore incumbent upon DHBs to work to reduce health inequity.

Health Inequity

Internationally, the pattern of ethnic inequalities in health is repeated over and over. Research, both in New Zealand and overseas, shows a complex, layered spectrum of factors associated with these inequalities that need to be addressed in order to eliminate inequalities and prevent their re-creation. National and international human rights conventions recognise the injustice of these inequalities as well as how they, in turn, generate further injustices.

Disparities in health status between different groups within a population are found worldwide. These include disparities by age, gender, socioeconomic position, ethnicity, impairment and geographical region. In Aotearoa, ethnic inequalities between Māori and non-Māori are the most consistent and compelling inequities in health (Ajwani et al 2003; Ministry of Health and University of Otago 2006).

Health inequalities, or more correctly health inequities, are defined as "differences which are unnecessary and avoidable, but in addition are considered unfair and unjust" (Whitehead 1992, p. 431). The word 'inequities' is preferred as not all inequalities are unexpected or unfair. For example, men get prostate cancer but women cannot and women get cervical cancer and men cannot. These are inequalities (differences) but not inequities (unfair). Equity, like fairness, is an ethical concept based in a model of justice where distribution of resources ensures everyone has at least their minimum requirements. It does not necessarily mean that resources are equally shared; rather, it acknowledges that sometimes different resourcing is needed in order that different groups enjoy equitable health outcomes.

Health equity is defined as 'the absence of systematic disparities in health (or in the determinants of health) between different social groups who have different levels of underlying social advantage/disadvantage – that is, different positions in a social hierarchy' (Braveman and Gruskin 2003, p. 254). This concept of health equity focuses attention away from the individual and her/his health. Instead, it monitors how resources, including health services, are distributed to the community (services). This includes evaluating the processes that determine how resources are shared (planning and funding) and the underlying values of society.

The word 'inequalities' is widely used in New Zealand to mean inequities, as are the terms disparities and gaps. The challenge for the CDHB and all health service providers is how to determine resources to deliver to address ethnic inequalities between Māori and non-Māori, which are the most consistent and compelling inequities in health.

Many Māori in the wider community feel one of the most recognisable ways to demonstrate a commitment to addressing Māori health inequity is to have a Māori Health Plan, because it at least provides a point of focus and accountability to address Māori health inequity. Without a government requirement it is left to boards to determine if this is to occur.

If we have one in future, it ought to be: strategic, perhaps with a longer term than one year; focused on what is meaningful, impactful and measurable locally rather than necessarily just the

MoH indicators (though not necessarily excluding national priorities); centred on what matters for whānau, hapū and iwi Māori; encompassing of work across the health system and beyond.

4. APPENDICES

Appendix 1:	Canterbury Māori Health Dashboard Report, February 2019.
Appendix 2:	Canterbury Pacific Health Dashboard Report, February 2019.
Appendix 3:	National Māori Health Indicators Dashboard Report, February 2019.
Appendix 4:	Kia Ora Hauora Te Waipounamu dashboard, December 2018.
Appendix 5:	Kia Ora Hauora National dashboard, December 2018

Report prepared by: Hector Matthews, Executive Director, Māori & Pacific Health

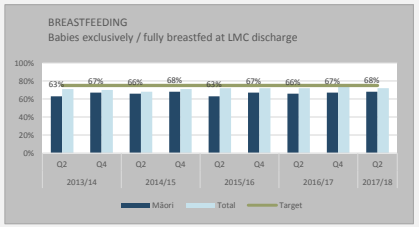
Canterbury DHB Māori Health Action Dashboard Report

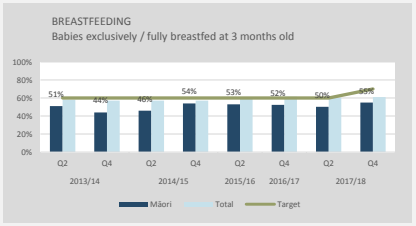
February 2019

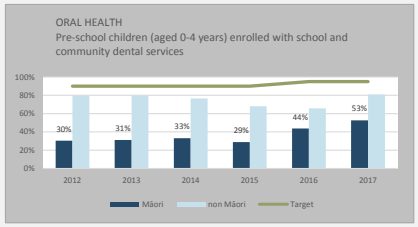
Kia whakakotahi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

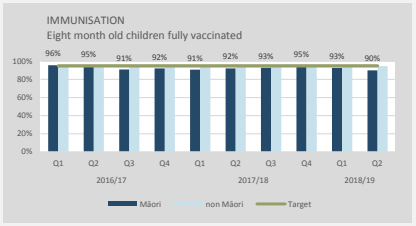
The difference between Māori and non Māori is less than 5% or the target is met
The difference between Māori and non Māori is between 5% and 10%
The difference between Māori and non Māori is greater than 10%

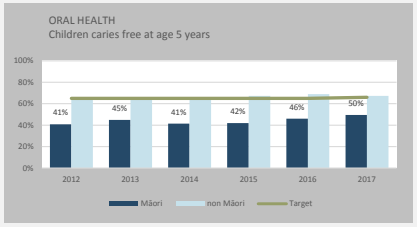
Tamariki Health and Wellbeing

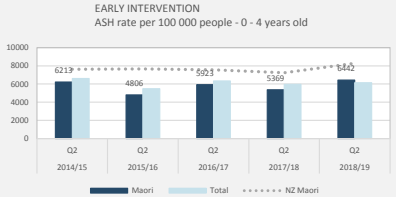


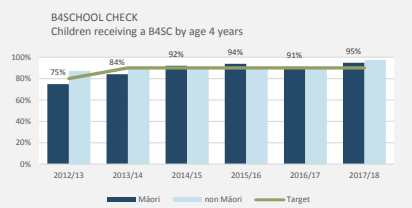


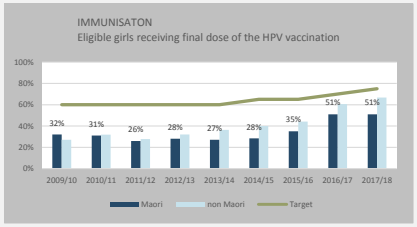


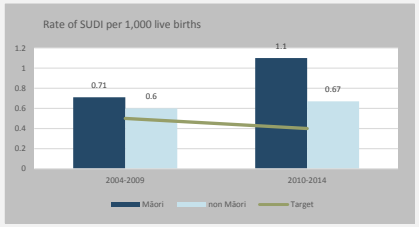




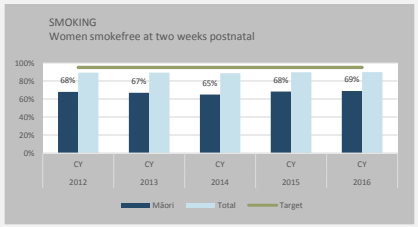


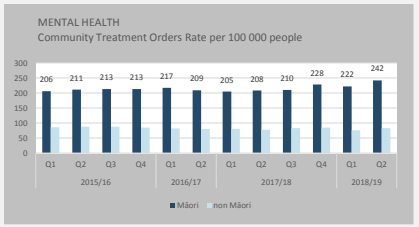


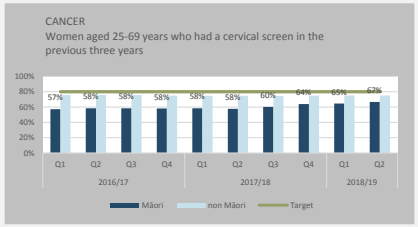


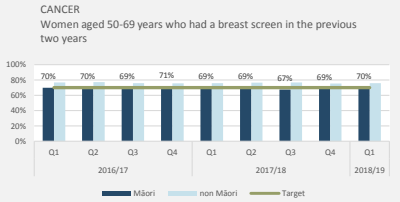


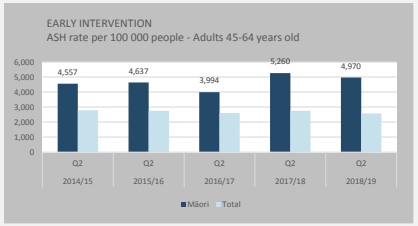
Adult Health and Wellbeing

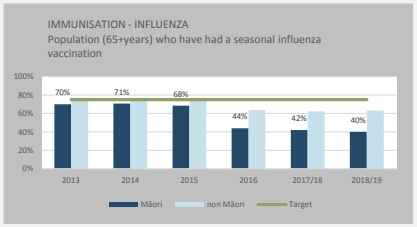




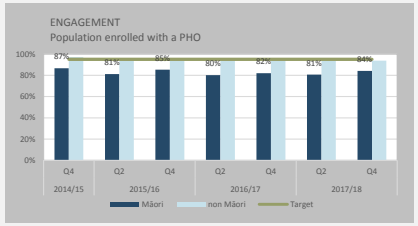


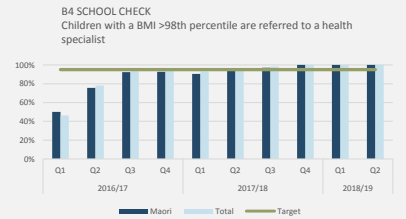






Enablers to support Improved Health and Wellbeing



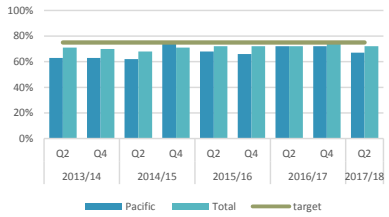


Indicator Full Name	Data Source	Latest Reporting Period	Data Release Date	Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Apr - Jun 2017	Mar 2018	Data may be incomplete, excluding data where records have no status
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	Apr - Jun 2018	Jun 2018	
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	Oct - Dec 2018	Dec 2018	
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Mar 2018	Results are provided annually in line with the school year. The next release is expected in March 2019
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Dec 2018	
B4SCs are started before children are 4½ years	B4 School Check	Jul 2017 - Jun 2018	Jul 2018	
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Apr 2018	Results are provided annually in line with the school year. The next release is expected in March 2019
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	Apr - Jun 2018	Jul 2018	
Rate of SUDI per 100,00 live births	The Mortality Collection (MORT)	Jan 2010 - Dec 2014	Jan 2017	Due to small numbers, SUDI data is release every five years. Release of next series is expected in 2019
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	Jan - Dec 2016	Apr 2018	MAT data can take up to two years to show all events which may explain deviation between reports
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Jul 2017- Dec 2018	Dec 2018	Data is provided 3 months in arrears for each reporting quarter
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Oct - Dec 2018	Jan 2019	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	Jul - Sep 2018	Nov 2018	
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)	Jun 2014 -Jun 2018	Oct 2018	
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	Mar - Sep 2018	Oct 2018	This meausre has changed from using PHO enrolled populaiton data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar- Sep where previously this was Jan-Dec. Results are not directly comparible between 2017 and previous years.
Percentage of the population enrolled with a PHO	Canterbury DHB data Q2 onwards PHO Enrolment Collection	Apr - Jun 2018	Jul 2018	
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	Jul - Sep 2018	Oct 2018	

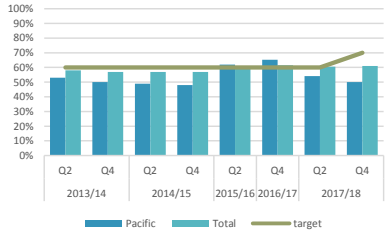
Pacific Health Dashboard

February 2019

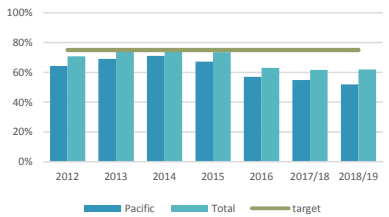
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



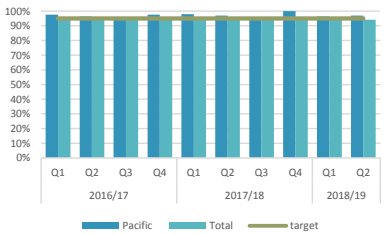
BREASTFEEDING
Babies exclusively and fully breastfed at 3 months



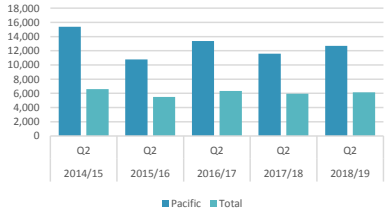
IMMUNISATION
Eligible population (aged 65y+) who have had a seasonal influenza vaccination



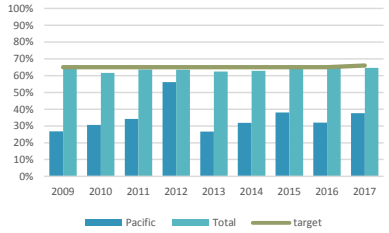
IMMUNISATION
Infants fully immunised by eight months of age



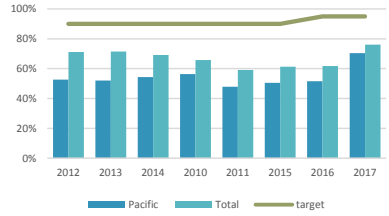
EARLY INTERVENTION
ASH rate for children 0-4 years old, per 100,000 population



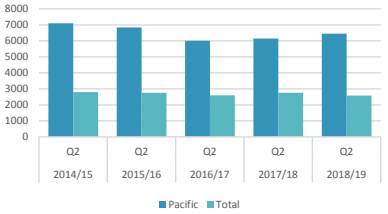
ORAL HEALTH
Children carries-free (no holes or fillings) at age 5



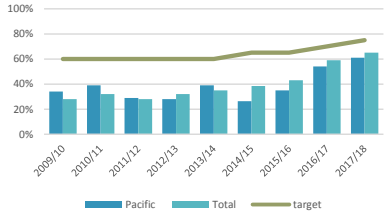
ORAL HEALTH
Children aged under 5 enrolled in DHB community oral health service



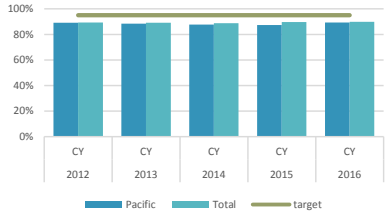
EARLY INTERVENTION
ASH rate for adults 45-64 years old, per 100,000 population



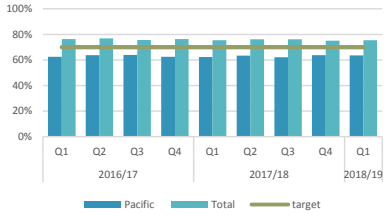
IMMUNISATION
Eligible girls receiving final dose of the HPV vaccination



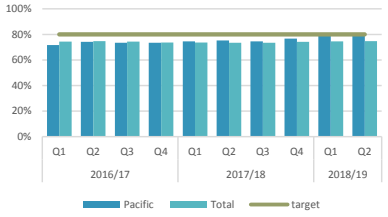
SMOKING
Women who are smokefree at two weeks postnatal



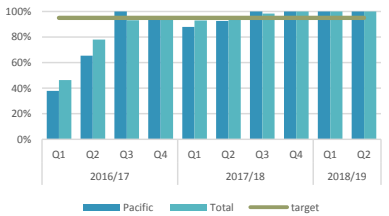
CANCER
Women aged 50-69, who have had a breastscreen once in the last two years



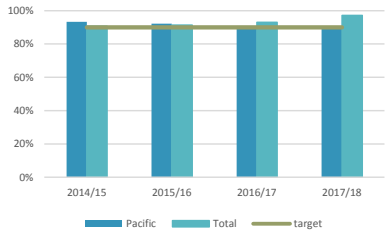
CANCER
Women aged 25-69, who have had a cervical smear once in the last three years



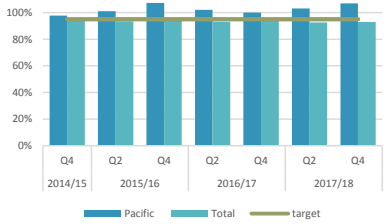
EARLY INTERVENTION
Children with a BMI >98th percentile are referred to a health specialist



B4SC
Children receiving a B4SC by age 4 years



ENGAGEMENT
Population enrolled with a PHO



Indicator Full Name	Data Source	Latest Reporting Period	Data Release Date	Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Oct - Dec 2017	Nov 2018	Data may be incomplete, excluding data where records have no status
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	Apr - Jun 2018	Jun 2018	
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Jan 2019	
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	Oct - Dec 2018	Jan 2019	
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	Apr - Jun 2018	Jul 2018	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	Jan - Dec 2016	Apr 2018	MAT data can take up to two years to show all events which may explain deviation between reports
ASH rates per 100,000 Children 45-64 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Jan 2019	
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	Mar - Sep 2018	Oct 2018	This measure has changed from using PHO enrolled population data to census population data. As such the results are not directly comparable between 2016 and previous years.
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	Oct - Dec 2018	Jan 2019	
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Mar 2018	Results are provided annually in line with the school year. The next release is expected in March 2019
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Apr 2018	Results are provided annually in line with the school year. The next release is expected in March 2019
B4SCs are started before children are 4½ years	B4 School Check	Jul 2017 - Jun 2018	Jul 2018	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	Jul - Sep 2018	Nov 2018	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Oct - Dec 2018	Jan 2019	
Percentage of the population enrolled with a PHO	Canterbury DHB data	Apr - Jun 2018	Jul 2018	

National Māori Health Indicators Dashboard Report, February 2019
Māori

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jan-Mar 2019	90%	76.0%	96.0%	85.0%	85.0%	93.0%	98.0%	89.0%	99.0%	87.0%	90.0%	102.0%	83.0%	86.0%	100.0%	88.0%	94.0%	99.0%	83.0%	86.0%	99.0%
ASH (0-4 yrs)	Yr to Jun 18	-	7099	8158	5823	8029	6578	7490	10451	10226	6366	3933	9646	3387	6936	7205	9882	10531	8851	6323	10000	10153
ASH (45-64 yrs)	Yr to Jun 18	-	7067	7167	5552	6225	9041	8302	8406	8582	6488	3742	8706	3727	4921	6271	9161	9213	6383	7358	3974	11567
Breastfeeding (6 wks)	Jan-Jun 2017	75%	71.0%	72.0%	66.0%	70.0%	67.0%	62.0%	61.0%	65.0%	67.0%	67.0%	76.0%	63.0%	68.0%	66.0%	63.0%	65.0%	55.0%	71.0%	94.0%	67.0%
Breastfeeding (3 mths)	Jan-Jun 2017	70%	44.0%	48.0%	52.0%	47.0%	39.0%	40.0%	46.0%	42.0%	49.0%	45.0%	45.0%	46.0%	49.0%	37.0%	43.0%	45.0%	48.0%	53.0%	57.0%	45.0%
Breastfeeding (6 mths)	Jan-Jun 2016	65%	57.6%	53.6%	53.8%	54.9%	48.8%	50.2%	44.4%	57.7%	44.3%	62.3%	61.7%	37.5%	48.2%	55.4%	46.8%	49.1%	56.1%	61.5%	64.7%	57.1%
Breast Screening (50-69 yrs)	Jul-Sep 2018	70%	58.9%	62.3%	69.6%	67.7%	66.1%	70.4%	69.5%	64.7%	66.8%	72.8%	70.4%	66.0%	67.8%	67.4%	59.9%	59.0%	69.8%	63.1%	68.7%	73.8%
Cervical Screening (25-69 yrs)	Apr-Jun 2018	80%	53.6%	70.6%	63.8%	61.5%	65.8%	75.5%	67.6%	74.9%	65.1%	72.4%	69.3%	65.5%	67.5%	71.8%	76.3%	68.3%	69.8%	61.2%	64.7%	71.9%
Immunisation (8 mths)	Oct-Dec 2018	95%	83.7%	76.4%	90.1%	86.4%	82.8%	90.2%	82.0%	79.3%	89.2%	83.5%	82.4%	91.3%	89.1%	82.2%	81.9%	80.6%	95.9%	88.2%	80.0%	79.1%
Immunisation (Influenza)	Mar-Aug 2017	75%	33.1%	53.8%	41.9%	45.5%	40.0%	55.8%	46.4%	32.0%	47.9%	50.6%	50.2%	41.7%	43.9%	53.8%	42.1%	47.4%	50.9%	32.9%	48.9%	64.6%
Mental Health	Year to Sep 2018	-	473	183	242	482	366	392	205	342	286	165	455	155	281	260	214	478	344	293	254	274
Oral Health	Jan-Dec 2017	95%	69.1%	71.1%	52.6%	66.5%	70.5%	76.1%	77.7%	83.7%	72.3%	65.3%	77.4%	42.6%	67.6%	103.8%	78.7%	58.5%	83.6%	72.8%	95.7%	121.7%
SUDI	2012-2016 combined	-	0.73	0.61	0.92	1.92	2.15	1.54	1.36	1.18	1.49	-	1.03	-	1.96	2.37	1.55	1.75	-	-	-	2.97

Target attained | Within 10% of target
10-20% away from target | More than 20% away from target

National Māori Health Indicators Dashboard Report, February 2019
non-Māori

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jan-Mar 2019	90%	81.0%	99.0%	93.0%	93.0%	91.0%	97.0%	100.0%	93.0%	94.0%	98.0%	98.0%	99.0%	92.0%	95.0%	96.0%	95.0%	99.0%	92.0%	95.0%	98.0%
ASH (0-4 yrs)	Yr to Jun 18	-	5623	6323	5873	5517	4539	5498	7844	7815	5388	3106	5881	3972	5666	4937	6583	8327	6781	4618	6242	6037
ASH (45-64 yrs)	Yr to Jun 18	-	2661	2805	2380	2467	2902	3435	4008	3950	4005	1786	3478	3179	2916	2435	4585	3329	3489	3624	3281	5115
Breastfeeding (6 wks)	Jan-Jun 2017	75%	75.0%	79.0%	73.0%	75.0%	69.0%	78.0%	70.0%	77.0%	71.0%	73.0%	82.0%	75.0%	76.0%	85.0%	73.0%	73.0%	71.0%	77.0%	74.0%	73.0%
Breastfeeding (3 mths)	Jan-Jun 2017	70%	65.0%	66.0%	63.0%	67.0%	51.0%	62.0%	56.0%	59.0%	60.0%	63.0%	69.0%	61.0%	64.0%	65.0%	59.0%	60.0%	54.0%	65.0%	62.0%	60.0%
Breastfeeding (6 mths)	Jan-Jun 2016	65%	78.8%	72.4%	67.2%	78.9%	66.3%	68.4%	69.5%	62.5%	58.3%	72.3%	77.1%	63.3%	64.9%	69.5%	68.0%	67.3%	72.1%	73.9%	62.0%	52.2%
Breast Screening (50-69 yrs)	Jul-Sep 2018	70%	63.6%	73.4%	75.7%	71.9%	72.1%	74.3%	75.1%	71.5%	78.2%	79.6%	69.9%	77.8%	76.1%	72.8%	75.9%	70.9%	77.7%	65.2%	76.4%	80.3%
Cervical Screening (25-69 yrs)	Apr-Jun 2018	80%	65.5%	83.4%	75.0%	78.2%	70.3%	76.5%	76.3%	78.3%	77.5%	81.5%	77.0%	78.2%	78.3%	78.9%	82.8%	77.7%	78.3%	71.8%	75.7%	77.6%
Immunisation (8 mths)	Oct-Dec 2018	95%	95.9%	84.8%	96.4%	95.3%	91.9%	95.0%	96.3%	87.8%	93.3%	91.7%	80.3%	95.9%	96.3%	88.0%	93.3%	92.2%	92.4%	90.7%	92.7%	92.5%
Immunisation (Influenza)	Mar-Aug 2017	75%	50.9%	58.2%	61.6%	57.3%	46.0%	59.0%	51.3%	37.5%	59.8%	60.5%	51.6%	59.9%	51.5%	53.4%	52.7%	52.7%	62.1%	45.7%	55.6%	55.5%
Mental Health	Year to Sep 2018	-	135	46	83	139	93	120	96	78	102	83	145	86	99	107	89	111	103	94	130	114
Oral Health	Jan-Dec 2017	95%	95.6%	110.0%	81.5%	103.4%	90.3%	105.2%	103.5%	115.7%	121.3%	91.8%	80.9%	80.8%	82.9%	113.7%	99.1%	86.6%	86.0%	102.0%	111.1%	120.2%
SUDI	2012-2016 combined	-	-	-	0.63	-	-	-	0.51	-	-	-	-	-	0.3	-	0.6	0.46	-	0.11	-	-

Target attained | Within 10% of target
10-20% away from target | More than 20% away from target

- Target field is blank where there is either no target for the indicator assigned by the Ministry of Health, or where there are specific targets tailored to each DHB.
- Rheumatic fever is not displayed on this table as the Ministry of Health reports Total Population data, and data for South Island DHBs is aggregated.

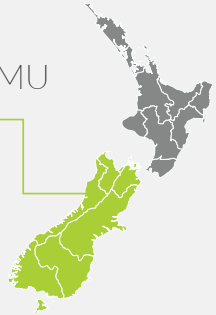
Kia Ora Hauora
Supporting Māori into Health

TOTAL CUMULATIVE PROGRAMME STATS - DEC 2018

716

MĀORI REGISTERED WITH KOH IN THE

TE WAIPOUNAMU REGION:



GENDER:

77% 554

23% 162

AGE:

UNDER 25	26-40YRS	41+YRS
82% 556	11% 77	7% 48

TE REO FLUENCY:

56%	BEGINNER 379
18%	CONVERSATIONAL 121
26%	NO/DIDN'T ANSWER 173

YEARS REGISTERED WITH KOH

1 YEAR	2 YEARS	3 YEARS	4 YEARS	5+ YEARS
38% 549	28% 409	17% 255	11% 155	7% 96

CURRENT STATUS:

EMPLOYED - HEALTH SECTOR	70
EMPLOYED - OTHER SECTOR	26
SECONDARY STUDENT	172
TERTIARY STUDENT	345
TBC	103

HEALTH STUDY PATHWAY:

YES	493 / 69%
INTERESTED	107 / 15%
NO	116 / 16%

	NURSING	OCCUPATIONAL THERAPIST	PHYSIOTHERAPY	MIDWIFERY	SOCIAL WORK	PSYCHOLOGY	ORAL HEALTH	SURGEON	PSYCHIATRIST	PHARMACIST	PARAMEDIC
AREA OF STUDY: (TERTIARY)	47	4	24	8	9	12	27	17	2	10	0
AREA OF INTEREST: (SECONDARY)	29	3	14	9	9	12	1	5	2	0	0

DISTRICT HEALTH BOARD:

Nelson Marlborough Health	99
West Coast District Health Board	34
Canterbury District Health Board	214
South Canterbury District Health Board	33
Southern District Health Board	326

EMPLOYMENT:

96 STUDENTS EMPLOYED

49 CLINICAL ROLES

19 NON-CLINICAL ROLES

65 FULL-TIME

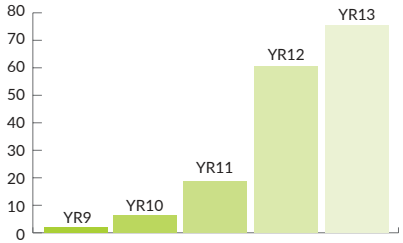
4 PART-TIME

63 DHB

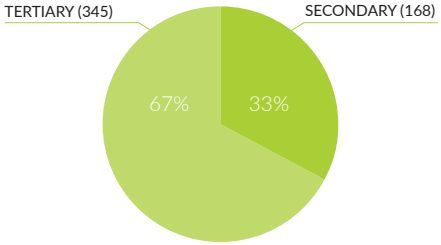
17 PHO / NGO

16 OTHER EMPLOYER

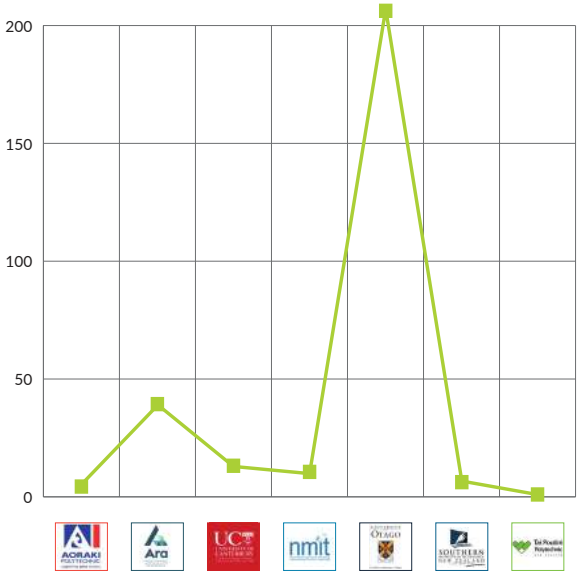
SECONDARY STUDENTS:



EDUCATION LEVEL:



TERTIARY INSTITUTE:

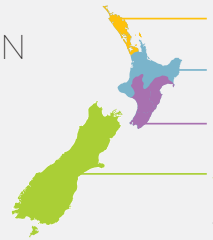


Kia Ora Hauora
Supporting Māori into Health

PROGRAMME STATISTICS DECEMBER 2018

3,235
MĀORI REGISTERED ON THE PROGRAMME

REGION INFO:



- 1,168 / 36% NORTHERN
- 526/ 16% MIDLAND
- 785 / 4% CENTRAL
- 716 / 22% TE WAIPOUNAMU
- 40 / <1% OVERSEAS

GENDER:
81% 2,636 | 19% 599

AGE:
- UNDER 25: 65% 2,088
- 26-40YRS: 21% 668
- 41+YRS: 10% 326

TE REO FLUENCY:
- 54% BEGINNER 1,752
- 24% CONVERSATIONAL 772
- 22% NO/DIDN'T ANSWER 711

TOP 5 IWI:

TAHI	NGĀPUHI	640
RUA	NGĀTI PŌROU	349
TORU	NGĀI TAHU	218
WHA	NGĀTI KAHUNGUNU	164
RIMA	NGĀTI RAUKAWA	163

YEARS REGISTERED WITH KOH

1 YEAR	2 YEARS	3 YEARS	4 YEARS	5+ YEARS
11% 799	17% 1,222	22% 1,592	24% 1,806	27% 1,968

CURRENT STATUS:

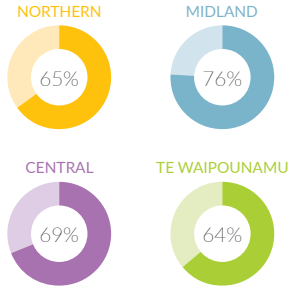
- EMPLOYED - HEALTH SECTOR 437 — 14%
- EMPLOYED - OTHER SECTOR 96 — 3%
- SECONDARY STUDENT 841 — 26%
- TERTIARY STUDENT 1,464 — 45%
- TBC 397 — 12%

HEALTH STUDY PATHWAY:

YES	2,430 / 81%
INTERESTED	524 / 17%
NO	41 / 1%

NURSING	MEDICINE	PHYSIOTHERAPY	MIDWIFERY	SOCIAL WORK	PSYCHOLOGY	ORAL HEALTH	SURGEON	HEALTH PROMO	PHARMACIST	PARAMEDIC
AREA OF STUDY: (TERTIARY)										
666	224	65	94	110	108	50	52	27	24	8
AREA OF INTEREST: (SECONDARY)										
133	136	94	41	27	44	20	39	12	9	9

STUDENT CONTACT:
PERFORMANCE AGAINST TARGET



TARGET # OF CONTACTS	ACTUAL
NORTHERN 1,712	1,117
MIDLAND 789	602
CENTRAL 1,440	993
TE WAIPOUNAMU 1,010	648

EMPLOYMENT:
533 STUDENTS EMPLOYED

276 CLINICAL ROLES
88 NON-CLINICAL ROLES

FULL-TIME | PART-TIME

213 DHB
137 PHO / NGO
182 OTHER EMPLOYER

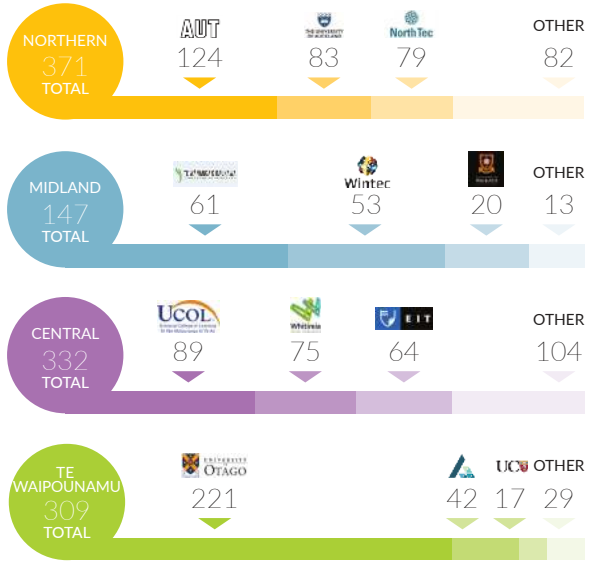
SECONDARY STUDENTS:

YEAR LEVEL	YR9	YR10	YR11	YR12	YR13	TOTAL
NORTHERN	19	56	138	134	131	478
MIDLAND	0	1	2	43	37	83
CENTRAL	14	12	24	31	89	170
TE WAIPOUNAMU	3	7	19	63	76	168
TOTAL	36	76	183	272	333	899

TERTIARY STUDENTS:

- 142 | BEYOND FIFTH YEAR
- 66 | FIFTH YEAR
- 148 | FOURTH YEAR
- 457 | THIRD YEAR
- 426 | SECOND YEAR
- 571 | FIRST YEAR

TERTIARY INSTITUTE BY REGION:



DRAFT CDHB PUBLIC HEALTH PLAN 2019-20

Canterbury District Health Board
Te Poari Hauora o Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Community and Public Health**

DATE: **21 March 2019**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The Public Health Plan is generated as a Ministry of Health (*MoH*) requirement.

2. RECOMMENDATION

That the Board, as recommended by the Community & Public Health and Disability Support Advisory Committee:

i. endorses the draft Canterbury DHB Public Health Plan, 2019-20.

3. SUMMARY

The draft Canterbury DHB Public Health Plan 2019-20 is prepared as part of the Community and Public Health (*C&PH*) contract with the MoH. The Plan is based on a template developed by the South Island Public Health Services and is structured around 14 programme areas. The Plan was approved by Canterbury DHB's Executive Management Team (*EMT*) on 26 February 2019 and will be provided to the MoH as a draft by 5 April 2019.

4. DISCUSSION

This draft Canterbury DHB Public Health Plan 2019-20 has been prepared by C&PH.

The Plan is based on a new template which was developed in 2017 by the South Island Public Health Services and agreed by the MoH. The majority of outcomes in the Plan are shared across the South Island Public Health Services, with priorities tailored to the Canterbury DHB.

The Plan has two functions:

- as a companion document to the Canterbury DHB Annual Plan 2019-20, as the Canterbury DHB Public Health Annual Plan; and
- as the basis of the C&PH contract with the MoH.

The draft Public Health Plan will go to the Ministry of Health as a draft by 5 April 2019.

5. APPENDICES

Appendix 1: Draft Canterbury DHB Public Health Plan 2019-20

Report prepared by: Daniel Williams, Public Health Specialist, C&PH

Report approved for release by: Evon Currie, General Manager, C&PH

Canterbury District Health Board Public Health Plan 2019-20

Community and Public Health

Draft 25 February 2019

CONTENTS

1. INTRODUCTION

a. Keeping our people well

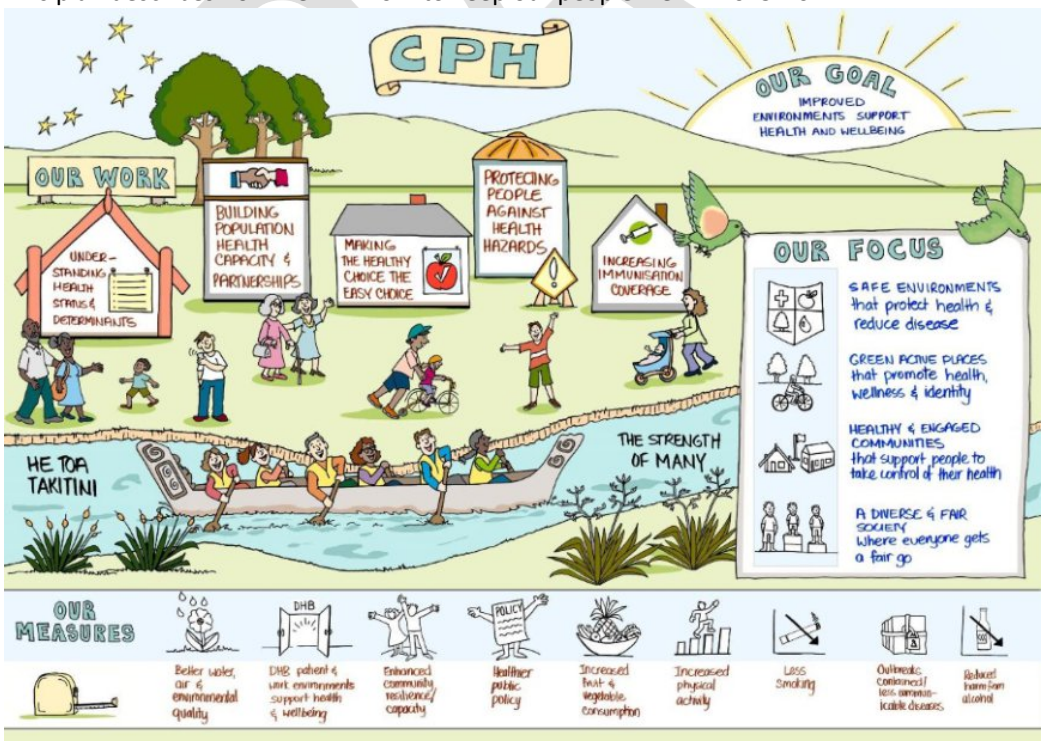
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions[1]:

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: using the law to protect people's health
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 plan describes how we will work to keep our people well in 2019-20.



[1] 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

b. National context and priorities.

Guidance for public health unit planning is included in the Ministry of Health's *2019/20 DHB Annual Plan and Priorities Guidance*. It acknowledges the value of PHU work and the importance of PHUs' role in supporting greater integration of public health action and effort. PHU annual plans are to be included as Appendix 3 of DHB annual plans.

The Director-General's key message for strengthening public health action is to increase collaboration and integration to address determinants of health and achieve health equity and wellbeing.

The Government priorities included are: improving Maori health, achieving equity in health and wellness, child and youth wellbeing, mental health, and primary health care.

c. Regional context and priorities

The five South Island DHBs together form the South Island Alliance, which is committed to the vision of "A connected and equitable South Island health and social system that supports all people to be well and healthy".

CPH plays an active role in development of public health services at regional and national levels, building on our local experiences and successes. CPH 's principal role in regional activity is as a member of the South Island Alliance's South Island Public Health Partnership Workstream (SI PHP), which aims to "Improve, promote and protect the health and well-being of populations and reduce inequities".

The SIPHP has identified the following regional priorities for public health in 2019-2020:

- Collective impact and partnerships
- Cross-sector and inter-health capacity development and initiatives to improve outcomes in the first 1,000 days
- Partnership with Te Herenga Hauora to improve equity for Māori
- Facilitating a health promoting health system
- A "Health in All Policies" approach toward the social determinants influencing oral health, housing, environmental sustainability and water.
- Strategic and operational alignment of South Island public health units
- Consistent and coordinated regional strategic and operational approaches to key public health concerns, with particular foci on : planning; community resilience and psycho-social well-being; alcohol harm reduction; healthy eating and active lifestyles and regional systems to support on call, after- hours health protection services.

d. District Health Board priorities

CPH's work aligns with the CDHB vision, "to improve, promote, and protect the health and well-being of the Canterbury community", and the Canterbury Health System outcome "Improved environments that support health and wellbeing."

e. Statutory responsibilities

As a public health unit, CPH employs and trains medical officers of health, health protection officers, and other public health designated officers. Our staff fulfil a range of statutory responsibilities and requirements as set out in the national Public Health Service Specifications. This includes meeting statutory reporting requirements.

f. Working in partnership

In addition to our partnership with the other South Island Public Health Units, our work is based on strong partnerships with other parts of our health system and with other key agencies, including:

- CDHB Planning and Funding
- the Canterbury Clinical Network
- Ngāi Tahu / Iwi agencies
- Local authorities
- Government agencies
- Non-Government Organisations / networks
- Educational institutions, and
- Private sector agencies.

g. Key challenges/ priorities for keeping our people well (tbc)

The Canterbury DHB covers a large geographical area. Population growth has exceeded statistical predictions and the population is both ageing and increasingly diverse. We face challenges as a result of our post-disaster context and acknowledge the impact of recent events (including the 2016 North Canterbury earthquakes and the 2017 Port Hills fires). In terms of risk factors, our rates of smoking (15% of adults) and obesity (27% of adults) are comparable to the national rates. Rates of self-reported mood and anxiety disorders are higher than those for New Zealand overall.[2]

Key challenges for public health work in Canterbury include transition from earthquake recovery to a broader wellbeing focus; addressing Māori health inequities; the quality of both drinking and recreational water; housing quality and affordability; alcohol harm reduction; and the food environment.

h. Quality improvement

The following key components of health excellence will be managed by our Divisional Leadership Team in 2019-20:

- The Treaty of Waitangi
- Leadership (including culture & communications)
- Strategy
- Partnerships
- Workforce
- Operations
- Results

i. Tuaiwi

Our Tuaiwi ("backbone") team provides infrastructure and support for effective public health action, including developing and supporting Healthscape, websites, and other online tools within and beyond CPH, supporting and co-ordinating our Operational Quality Improvement and Workforce Development Plans, and supporting planning and reporting of all our work.

[2] 2011-14 New Zealand Health Survey Regional Data Tables: Results for adults aged 15 years and over.

j. Reporting

- We will provide full details of statutory activities required by the Ministry of Health.
- We will provide formal reports to the Ministry of Health and our DHBs in January and July. Reports will relate to the priorities and outcomes described in this plan, and will outline key achievements for the previous six months and describe any challenges and emerging issues.

2. 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 surveillance/monitoring **outcomes** we work towards are:

- Prompt identification and analysis of emerging communicable disease trends, clusters & outbreaks.
- Robust population health information available for planning health and community services.

3. 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 evidence/research/evaluation **outcomes** we work towards are:

- Population health interventions are based on best available evidence and advice
- Robust evaluation for public health initiatives

4. 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 .

The healthy public policy **outcomes** we work towards are policies, practices and environments support health and wellbeing, improve Māori health, and reduce disparities

5. HEALTH-PROMOTING HEALTH SYSTEM

"Supporting development of health-promoting policies and approaches across our Canterbury 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

The health-promoting health system **outcomes** we work towards are policies, practices and environments in healthcare settings support health and wellbeing, improve Māori health, and reduce disparities.

6. 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.

The supporting community action **outcomes** we work towards are:

- Workplaces, Marae and other community settings support healthy choices and behaviours.
- Effective community action supports healthy choices and behaviours.
- Social housing improves health outcomes.

7. 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.

The education setting **outcomes** we work towards are:

- Education settings make the healthy choice the easy choice for students, whānau and staff.
- Education settings have the skills and resources to enable students to learn well and be well.

8. 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. .

The communicable disease control **outcomes** we work towards are:

- Reduced spread of communicable diseases.
- Outbreaks rapidly identified and controlled.
- Improved immunisation rates.

9. HEALTHY PHYSICAL ENVIRONMENT

"Improving the quality and safety of our physical environment"

Our key physical environment priorities for 2019-20 are:

- Effective risk assessment, management and communication of identified and emerging public health environmental issues, including quarrying, and 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 regulatory requirements under the Hazardous Substance legislation.
- To develop joint initiatives with external agencies including ECan, Territorial Authorities and Drinking Water suppliers.

The healthy physical environment **outcomes** we work towards are:

- Improved air quality.
- Improved quality and safety of drinking water.
- Improved quality and safety of recreational water.
- Protection against introduction of communicable diseases into NZ.
- Improved safeguards and reduced exposure to sewage and other hazardous substances.
- Urban environments support connectivity, mental health, and physical activity.

10. 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.

The supporting emergency preparedness **outcomes** we work towards are:

- Plans, training and relationships in place.
- Public health impact of any emergencies mitigated.

11. 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.

The sustainability **outcome** we work towards is reduced environmental impact within and outside our health system.

12. SMOKING CESSATION SUPPORT

"Supporting smokers to quit"

Our key smoking cessation support priorities for 2019-20 are:

- To deliver quality stop smoking services to people in Canterbury who smoke.
- To enhance health professional and community understanding of how to effectively motivate, mentor, and refer people who smoke to Te Hā – Waitaha.
- To improve referral pathways for mental health service users.
- To streamline Te Hā – Waitaha data and client flow systems.
- To promote vaping as a cessation tool.
- To support workplaces and education settings to provide smokefree environments and support staff to stop smoking

The smoking cessation support **outcomes** we work towards are:

- Lower prevalence of smoking, particularly in the priority groups
- Equitable smokefree outcomes across all ethnicities and age groups
- Increasing numbers of smokefree environments

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.

The wellbeing and mental health promotion **outcome** we work towards is co-ordinated intersectoral action to improve mental health and wellbeing.

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 new CAAP co-ordinator, including interagency co-ordination, and focusing 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.

The alcohol harm reduction **outcomes** we work towards are:

- Effective working relationships with other agencies and organisations to reduce alcohol harm.
- Reduced risk of alcohol harm at premises and events.
- A culture that encourages a responsible approach to alcohol.

CPH&DSAC – 7 MARCH 2019

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Community & Public Health and Disability Support Advisory Committee**

DATE: **21 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 7 March 2019.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 7 March 2019 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 7 March 2019.

Report prepared by: Anna Craw, Board Secretariat

Report approved by: Dr Anna Crighton, Chair, Community & Public Health Advisory Committee
Tracey Chambers, Chair, Disability Support Advisory Committee

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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, 7 March 2019 commencing at 9.00am

PRESENT

Dr Anna Crighton (Chair, CPHAC); Tracey Chambers (Chair, DSAC); Chris Mene (Deputy Chair, DSAC); Sally Buck; Tom Callanan; Wendy Dallas-Katoa; Jo Kane; Ta Mark Solomon (ex-officio); Dr Olive Webb; Dr John Wood (ex-officio); and Hans Wouters.

APOLOGIES

Apologies for absence were received and accepted from Rochelle Faimalo; Dr Susan Foster-Cohen; David Morrell; and Yvonne Palmer.
Apologies for lateness were received and accepted from Jo Kane (9.07am); Dr Olive Webb (9.10am); and Sally Buck (9.12am).

IN ATTENDANCE

David Meates (Chief Executive); Evon Currie (General Manager, Community & Public Health); Carolyn Gullery (Executive Director, Planning Funding and Decision Support); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Hector Matthews (Executive Director Maori & Pacific Health); Kathy O'Neill (Team Leader, Planning & Funding); Justine White (Executive Director, Finance & Corporate Services); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

Item 8

Vivien Daley, CDHB Smokefree Manager, Community & Public Health.

Item 12

Mark Lewis, Head of Talent Leadership and Capability, People & Capability.

Dr Anna Crighton, Chair, CPHAC, chaired the first part of the meeting.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no 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. MINUTES OF THE PREVIOUS MEETING

Resolution (01/19)
(Moved: Wendy Dallas-Katoa/Seconded: Tom Callanan – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 1 November 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward action list was noted.

4. 2019 DRAFT WORKPLAN

The Committee received the 2019 Workplan, noting that it was a working document.

It was noted that further Project Search updates would be provided in the CDHB Workforce Update reports scheduled for the Committee's July and October 2019 meetings.

5. MAORI & PACIFIC HEALTH PROGRESS REPORT

Hector Matthews, Executive Director, Maori & Pacific Health presented the report, highlighting:

- Maori children's oral health, for the first time ever, has crossed the 50% mark for both indicators (enrolment and caries free). This is the result of steady improvement each year for three consecutive years.
- Improvements in Maori women cervical screening rates – now 10% higher than 2016/17.
- Successive improvement trending in Pacific children's oral health enrolment.
- Encouraging signs in the continuing improvement for Pacific HPV immunisation rates.

Jo Kane joined the meeting at 9.07am.

There was discussion around HPV immunisations and the ongoing shift in perceptions from this being a sexual health issue to one of a preventative vaccination issue. Education is ongoing in this area.

Olive Webb joined the meeting at 9.10am.
Sally Buck joined the meeting at 9.12am.

Discussion took place around the requirement to no-longer have a specific Maori Health Plan. It was noted that this has led to a significant change in what is now required in the DHB's Annual Plan, with every part of the plan now requiring an equity action, noting that an equity action does not include conversations or counting numbers, but must be an action folded into every element demonstrating an integrated approach.

The background around Maori Health Plans was discussed. History shows frequent pendulum swings between having a separate plan and not. It was noted that neither approach has worked perfectly.

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, advised that a proposal had been made last year to put a long term CDHB Maori Health Strategy in place, with

yearly measures. CCN is considering a similar approach. It was believed that putting effort into this would provide good outcomes.

Resolution (02/19)
(Moved: Chris Mene/Seconded: Ta Mark Solomon – carried)

"That the Committee:

i. notes the Māori and Pacific Health Progress Report."

6. DRAFT CDHB PUBLIC HEALTH PLAN 2019-20

Evon Currie, General Manager, Community & Public Health (*CPH*), presented the report, highlighting that the Plan operated from a South Island perspective, personalised for each individual DHB. Inequity, wellbeing and climate change are well reflected in the Plan.

A Committee member referenced an interview yesterday with a public health expert on Radio NZ. The link for this interview is to be forwarded to Committee members.

There was discussion around links with the business community and the importance of strengthening relationships in this area (eg, Chamber of Commerce). This is to be progressed.

It was requested that emphasis be given under the "Emergency Preparedness" section of the Plan to the expectation that the community will need to be prepared for up to two weeks with no support in the event of an emergency.

There was discussion around resilience and varying ways this can be built. Community resilience was stressed, as was the importance of building it now, as opposed to waiting.

There was a request for additional information on the Food Resilience Network.

There was a request for information on CPH work in rural areas, mainly from an education perspective.

It was noted points raised during today's discussions will be incorporated into the programme plans for delivery of the Plan.

Resolution (03/19)
(Moved: Hans Wouters/Seconded: Wendy Dallas-Katoa – carried)

"The Committee recommends that the Board:

i. endorses the draft Canterbury DHB Public Health Plan, 2019-20."

7. COMMUNITY & PUBLIC HEALTH UPDATE REPORT

Ms Currie presented the update.

There was discussion around the All Right? campaign. A business case has been submitted to the Ministry of Health (*MoH*) requesting a further three years of funding. The success of the campaign locally, nationally and internationally was noted. There was discussion around campaigns having a finite life and ensuring that messaging remains relevant and effective.

Resolution (04/19)
(Moved: Ta Mark Solomon/Seconded: Jo Kane – carried)

"That the Committee:

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

8. TE HA – WAITAHA STOP SMOKING PROGRAMME UPDATE - PRESENTATION

Vivien Daley, CDHB Smokefree Manager, presented an update on the Te Ha – Waitaha Stop Smoking Programme.

Discussion took place around the new challenge of vaping. It was noted that whilst vaping is safer than smoking, it is not completely safe. A "Vaping to Quit" Health Promotion Agency (*HPA*) campaign will commence in July, with regulations developed by the end of 2019.

The Committee invited Ms Daley to provide a further update to its October 2019 meeting.

9. PLANNING & FUNDING UPDATE REPORT

Kathy O'Neill, Team Leader, Planning & Funding, presented the report.

There was a query around the status of the Greater Christchurch Settlement Pattern Review – Our Space 2018-2048. Ms Currie advised that public hearings have been held and whilst CPH has been involved throughout the process, it took the opportunity to present to the hearing panel to highlight the issues of climate change, wellbeing and equity. CPH has subsequently been requested to put words together around this for consideration.

There was robust discussion on having an overarching disability lens across all DHB work. The Committee noted that it closely monitors the Transalpine Disability Action Plan, which provides a ten year plan with overarching objectives, from which priority actions are identified. It was further noted that the current priority actions are due for review this year, with a refreshed plan scheduled to come before the Committee later in the year. As an aside to this, the Committee requested that without undermining work in this space, a report be provided on the focus on people with disabilities throughout the DHB system and its plans.

Resolution (05/19)
(Moved: Dr Anna Crighton/Seconded: Sally Buck – carried)

"That the Committee:

i. notes the update on progress to the end of quarter two (Oct-Dec) 2018/19."

10. INFLUENZA – PHARMAC APPROVALS

Ms O'Neill presented the report. There was no discussion.

Resolution (06/19)
(Moved: Jo Kane/Seconded: Chris Mene – carried)

"That the Committee:

i. notes a population–wide influenza vaccination campaign is not supported by Pharmac."

The meeting adjourned for morning tea from 10.55 to 11.16am.

Ms Tracey Chambers, Chair, DSAC, chaired the remainder of the meeting.

11. STEP UP PROGRAMME UPDATE

Ms O'Neill presented the report.

The success of the programme was discussed, noting its flexible and responsible approach. It does not perpetuate dependency, but rather builds confidence, resilience and self-efficacy.

There was a query around general practice participation. Whilst initially this has been Pegasus practices, a Christchurch PHO is now on board, with future practices to join as capacity permits.

The importance of targeting those most in need was discussed. It was acknowledged that there are other programmes that support return to work and it was seen as important that Step Up focused on those most in need of its intensive programme

The Committee noted that the measuring of outcomes will be important. The Ministry of Social Development (*MSD*), as funder of the programme, will be undertaking an evaluation process and has issued an RFP for an independent evaluation to be conducted. The evaluation will be important in changing expectations.

There was a query around costing out the programme. It is assumed that this will be addressed as part of MSD's evaluation process.

The Committee noted the report.

Jo Kane retired from the meeting at 11.40am.

12. CDHB WORKFORCE UPDATE

Mark Lewis, Head of Talent Leadership and Capability, presented the report.

An update was provided on the Project Search internship programme which was launched at Burwood Hospital on 24 January 2019, including learnings to date and the incorporation of these into improvement processes.

The challenge of gaining sustainable funding was discussed, which will be necessary to enable the programme to operate over the longer term and in multiple organisations, enabling transferable skills to be developed.

Whilst initially focused at school leavers, future internships may be opened to a wider audience. CDHB continues to work with the MSD and the Ministry of Education to ensure maintaining the programme in a sustainable manner.

There was a query around capturing staff feedback on the internship programme. Whilst no structured programme is in place at this time, it is certainly the intent to do so.

Project Search Staff from the United States are expected for a further visit in April 2019.

The Committee noted the report.

INFORMATION ITEMS

- Disability Steering Group Minutes – (Sep/Oct/Dec 2018 and Jan 2019)
- CCN Q2 2018/19
- CPH Six Month Report to MoH

There being no further business the meeting concluded at 11.58am.

Confirmed as a true and correct record:

_____	_____
Dr Anna Crighton Chair, CPHAC	Date
_____	_____
Tracey Chambers Chair, DSAC	Date

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair and Members**
Canterbury District Health Board

SOURCE: **Corporate Services**

DATE: **21 March 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the *Act*), Schedule 3, Clauses 32 and 33, and the Canterbury DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 and the information items contained in the report;

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting on 21 February 2019	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	Review of Assets Economic Useful Life & Depreciation Rates	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Health Finance Procurement & Information Management Business Case	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Electricity Supply Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	CDHB IT Systems Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	S9(2)(a) s9(2)(j) s9(2)(h)
9.	Annual Plan Approval & Delegations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Advice to Board: • QFARC Draft Minutes *5 Mar 2019*	For the reasons set out in the previous Committee agendas.	

iii notes that this resolution is made in reliance on the Act, Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982.

In addition Clauses (b) (c) (d) and (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and form part of the minutes of the Board.

Approved for release by: Justine White, Executive Director, Finance & Corporate Services