

# Canterbury District Health Board Public Health Plan 2018-19

## Community and Public Health

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# 1. INTRODUCTION

## a. Keeping our people well

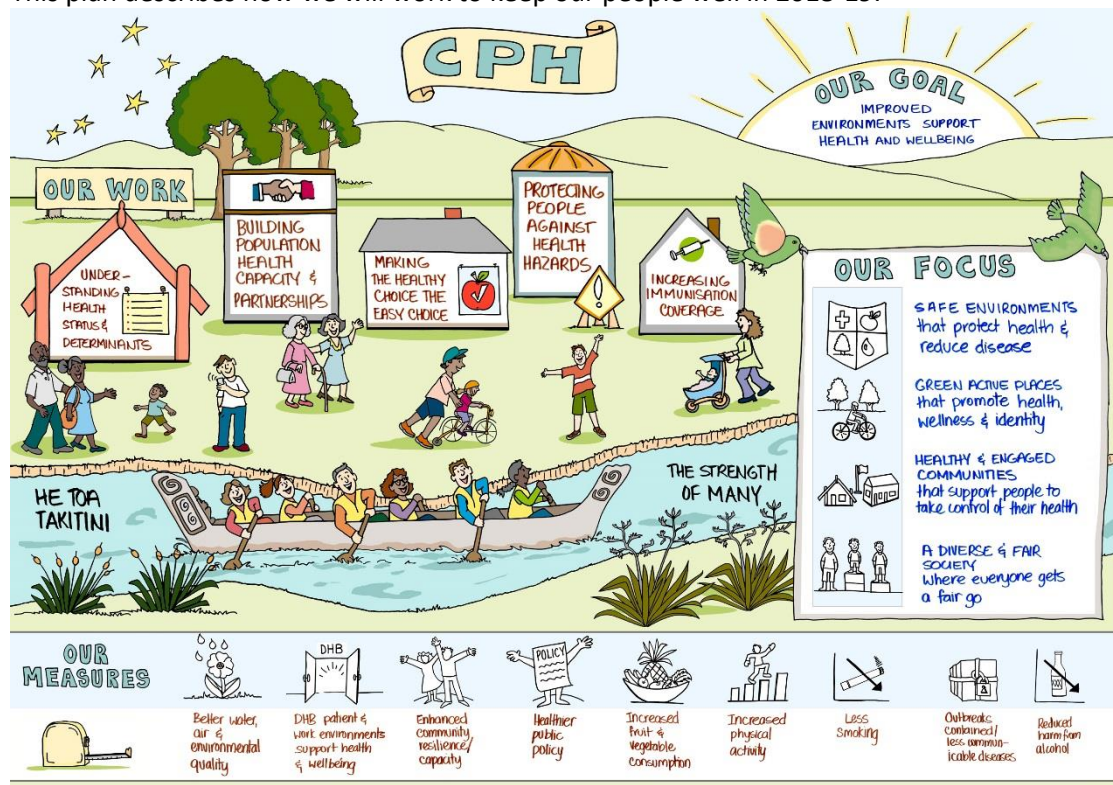
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions<sup>1</sup>:

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

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

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

This plan describes how we will work to keep our people well in 2018-19.



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

## b. Public health and the New Zealand Health Strategy

Public health supports the “all New Zealanders live well and stay well” component of the NZ Health Strategy’s central statement. We aim to be:

### *People powered*

- Greater integration of prevention and population health services with treatment services planning and delivery, building on the strengths of both.
- More effective interventions by the full range of local public health providers through the application of health promotion skills that align evidence-based practice with an understanding of local needs and context.
- Public health skills help to mobilise local communities to engage with the design and development of health systems that meet their needs.



### *Closer to home*

- Public health systems that address local environmental risk factors, such as healthy housing, working alongside personal care interventions, such as smoking and nutrition advice by health practitioners.
- Small public health and health care providers, including Māori providers, better able to call on specialist public health skills for application to local problems.
- Communities, community organisations and other agencies and community leaders better supported to develop local solutions to causes of health problems for their communities.

### *Value and high performance*

- Effective delivery of public health initiatives with proven value, with cost-saving or cost-benefit ratios equal or better than treatment interventions.
- Improved marshalling of information and resources to address health inequalities and improve Māori health.

### *One team*

- Improved leadership in developing prevention and population health skills and capability in local organisations, including DHBs, PHOs, Māori providers and NGOs.
- Improved capacity to support a highly-skilled prevention and population health workforce across the health system.

### *Smart system*

- A network of capable health assessment and surveillance units across the South Island, linked to a core Ministry intelligence function, leading to better understanding of local needs.
- Effective evaluation of interventions and sharing of learnings across organisational and professional networks.

## 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'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 SI PHP includes the manager and clinical director of each South Island PHU, a Māori public health specialist, representatives from the South Island Alliance and the Ministry of Health, and a South Island Alliance sponsor.

The SIPHP has identified the following regional priorities for public health in 2018-2019:

- Collective impact and partnerships
- Cross-sector capacity development and initiatives to improve outcomes in the first 1,000 days
- Partnership with Te Herenga Hauora to improve Māori health
- Facilitating a health promoting health system
- An emphasis throughout on a "Health in All Policies" approach, including to the social determinants, influencing oral health, safe and warm homes, and environmental sustainability
- Strategic and operational alignment of South Island public health units
- Consistent and coordinated regional strategic and operational approaches to: drinking water; community resilience and psycho-social well-being; a sustainable on call/after-hours system for South Island health protection services; and regional approaches to both alcohol harm reduction and the promotion of healthy eating and active lifestyles.

#### **d. District Health Board priorities**

CPH's work aligns with the CDHB outcome "Improved environments that support health and wellbeing."

The CDHB vision is an integrated health system that keeps people healthy and well in their own homes and communities: a connected health system, centred around the patient, that doesn't waste their time.

Our public health work especially aligns with the first of the three strategic objectives towards achieving this vision:

The development of services that support people to stay well and take greater responsibility for their own 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**

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.<sup>2</sup>

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**

Our work is underpinned by a Quality Strategy that prioritises:

- A continuous improvement culture and robust quality systems
- Accessible public health information for staff and other workers
- A highly skilled, culturally appropriate public health workforce.
- Clear, robust planning and reporting.
- Effective communication to staff & communities.

The following key components of health excellence will be managed by our Divisional Leadership Team in 2018-19:

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

#### **i. 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.

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<sup>2</sup> 2011-14 New Zealand Health Survey Regional Data Tables: Results for adults aged 15 years and over.

## 2. SURVEILLANCE / MONITORING

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

Our key surveillance/monitoring priorities for 2018-19 are:

- To monitor and report communicable disease trends and outbreaks.
- Development and publication of the Canterbury Wellbeing Survey report 2018 and Canterbury Wellbeing Index 2018
- Development of the inaugural South Island Population Health Report, in collaboration with other South Island public health units
- A review of our monitoring / surveillance processes and products (excluding the Canterbury Wellbeing Index and Survey, which were reviewed in 2017).

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.
- Improved public understanding of health determinants.

## 3. EVIDENCE / RESEARCH / EVALUATION

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

Our key evidence/research/evaluation priorities for 2018-19 are:

- To conduct and support evaluation of public health-focused initiatives.
- To provide evidence reviews and synthesis (both on a request basis and self-initiated) 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.

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 2018-19 are:

- To build capacity in the CDHB and beyond in terms of understanding of the role of the social determinants of health and disease and developing Health in All Policies (HiAP) skills.
- To continue to build and manage relationships, recognising that professional relationships are essential for a successful HiAP approach.
- To undertake collaborative project work with partner organisations to positively impact the social determinants of health.

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 health system”*

Our key health-promoting health system priorities for 2018-19 are:

- To define Health Promoting Health Systems, from literature review and examples of case studies.
- To undertake a stocktake of activities, in Canterbury DHB and primary care, that support the working definition.
- To develop a story or narrative, that promotes Health Promoting Health Systems as a way of engendering wellbeing as a focus across the system.
- To link actively with the Sustainability programme where appropriate, seeking synergies between the two programmes.

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 2018-19 are:

- To support communities to access health information resources.
- To partner with Marae, churches and priority Māori and Pacific settings to deliver culturally appropriate health promotion initiatives.
- To support under-served communities to identify and address their health priorities e.g. workplaces, active transport, food security, sexual health.
- To deliver Smokefree Enforcement requirements.
- To develop partnership initiatives to enable social housing residents and priority renters to address their health needs, including housing affordability.
- To support Healthy (Greater) Christchurch signatory groups to develop and deliver health promotion partnership initiatives.

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 2018-19 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.
- Prioritisation and delivery of health promotion initiatives in early childhood settings.
- 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 2018-19 are:

- Notifiable disease follow-up (with protocol review for high-volume).
- Outbreak detection and control.
- Promotion of immunisation.
- To develop a communication plan on infection prevention / control and immunisation in various community settings.
- To span national, regional and local approaches and issues.

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

- Reduced spread of communicable diseases.
- Outbreaks rapidly identified and controlled.
- Protection against introduction of communicable diseases into NZ.
- Improved immunisation rates.

## 9. HEALTHY PHYSICAL ENVIRONMENT

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

Our key physical environment priorities for 2018-19 are:

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

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.
- 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 2018-19 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 support improvements in community emergency response capacity and resilience.
- To work with Ngāi Tahu 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 2018-19 are:

- To work to develop a Sustainability Governance Committee to oversee recommendations from the Health Promoting Health Systems paper endorsed by EMT and the Clinical Board in 2017.
- To continue to support the Canterbury DHB Energy Manager with CEMARs and Enviro-mark work.
- To maintain and build the Zero Heroes sustainability group at CPH.
- To re-build and nurture the Sustainable Health 4 Canterbury staff advocacy group.
- To maintain links with the National green hospitals group and with Ora Taio – NZ Climate and Health Council.
- To link actively with the Health Promoting Health system programme where appropriate, seeking synergies between the two programmes.

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 2018-19 are:

- Effective and efficient delivery of quality stop smoking services to all Cantabrians who smoke.
- More efficient data and client flow systems, including identification and implementation of an appropriate database.
- Enhanced health professional and community understanding of how to motivate quit attempts and make quality referrals to Te Hā – Waitaha stop smoking service.
- To obtain National Training Service Alliance authorisation as smokefree training partners with six authorised training programmes.

The smoking cessation support **outcome** we work towards is for more smokers to stop smoking.

## 13. WELLBEING AND MENTAL HEALTH PROMOTION

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

Our key wellbeing and mental health promotion priorities for 2018-19 are:

- Ongoing development and delivery of the All Right? campaign, including a new strategic plan and funding strategy.
- Continued evaluation and publication of All Right? campaign impact.
- Ongoing development and maintenance of psychosocial recovery bodies (Greater Christchurch Psychosocial Committee and Governance Group).
- Delivery of the Canterbury Parenting Resource Project.
- Development and delivery of initiatives which increase capacity for mental health promotion.

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 2018-19 are:

- Ongoing development of health promotion initiatives that support alcohol harm reduction.
- Alignment with South Island priorities that address alcohol-related harm.
- To support priority communities to access appropriate information and resources that address alcohol-related harm.
- Ongoing development and implementation of policy initiatives that address alcohol-related harm.
- To undertake appropriate regulatory functions required under the Sale and Supply of Alcohol Act 2012.
- To span national, regional and local approaches and issues.

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.