

**AGENDA**

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

**To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch  
Thursday, 4 July 2019 commencing at 9:00am**

	Apologies		9.00am
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 9 May 2019		
3.	Carried Forward / Action List Items		
4.	Maori Health Strategy Proposal	Hector Matthews	9.05-9.20am
5.	Community & Public Health Update Report	Evon Currie	9.20-9.35am
6.	Healthscape (Presentation)	Neil Brosnahan Chris Ambrose	9.35-9.55am
7.	Work in Schools (Presentation)	Kerry Marshall	9.55-10.15am
8.	Transgender Health / Gender Affirming Healthcare	Wayne Turp	10.15-10.30am
<b>MORNING TEA</b>			<b>10.30 – 10.50am</b>
9.	Disability Steering Group Update (Oral)	Gordon Boxall	10.50-11.10am
10.	Transalpine Strategic Disability Action Plan – Priority Actions - Refresh	Kathy O'Neill	11.10-11.20am
11.	CDHB Workforce Update	Michael Frampton	11.20-11.30am
12.	Project Search (Presentation)	Michael Frampton	11.30-12.00pm
<b>ESTIMATED FINISH TIME</b>			<b>12.00pm</b>

## AGENDA



	<p>Information Items</p> <ul style="list-style-type: none"> <li>• <a href="#">Disability Steering Group Minutes</a> (3 May 2019 &amp; 24 May 2019)</li> <li>• <a href="#">CCN Q3 2018/19</a></li> <li>• <a href="#">2019 Workplan</a></li> </ul>		
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**NEXT MEETING: Thursday, 29 August 2019 at 9.00am**

**ATTENDANCE****Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**COMMUNITY AND PUBLIC HEALTH  
ADVISORY COMMITTEE**

Dr Anna Crighton (Chair)  
 David Morrell (Deputy Chair)  
 Sally Buck  
 Tracey Chambers  
 Jo Kane  
 Chris Mene  
 Wendy Dallas-Katoa  
 Rochelle Faimalo  
 Dr Susan Foster-Cohen  
 Yvonne Palmer  
 Dr John Wood (ex-officio)  
 Ta Mark Solomon (ex-officio)

**DISABILITY SUPPORT  
ADVISORY COMMITTEE**

Tracey Chambers (Chair)  
 Chris Mene (Deputy Chair)  
 Sally Buck  
 Dr Anna Crighton  
 Tom Callanan  
 Dr Olive Webb  
 Hans Wouters  
 Dr John Wood (ex-officio)  
 Ta Mark Solomon (ex-officio)

**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*

**COMMITTEE ATTENDANCE SCHEDULE 2019****Canterbury**

District Health Board

Te Poari Hauora o Waitaha

NAME	07/03/19	09/05/19	04/07/19	29/08/19	31/10/19
Dr Anna Crichton (Chair, CPHAC)	√	~			
Tracey Chambers (Chair, DSAC)	√	√			
David Morrell (Deputy Chair, CPHAC)	#	√			
Chris Mene (Deputy Chair, DSAC)	√	#			
Sally Buck	√	√			
Jo Kane	√	√			
Tom Callanan	√	√			
Wendy Dallas-Katoa	√	√			
Rochelle Faimolo	#	√			
Dr Susan Foster Cohen	#	√			
Yvonne Palmer	#	√			
Dr Olive Webb	√	√			
Hans Wouters	√	√			
Dr John Wood (ex-officio)	√	#			
Ta Mark Solomon (ex-officio)	√	^			

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

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

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

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

<p><b>Dr Anna Crighton</b> <b>Chair - CPHAC</b> Board Member</p>	<p><b>Christchurch Heritage Limited</b> - Chair - Governance of Christchurch Heritage</p> <p><b>Christchurch Heritage Trust</b> – Chair - Governance of Christchurch Heritage</p> <p><b>Heritage New Zealand</b> – Honorary Life Member</p> <p>CDHB owns buildings that may be considered to have historical significance.</p> <p><b>The Art Registry Company Limited</b> – Shareholder</p> <p><b>Theatre Royal Charitable Foundation</b> - Director</p>
<p><b>Tracey Chambers</b> <b>Chair - DSAC</b> Board Member</p>	<p><b>Chambers Limited</b> – Director</p> <p>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.</p> <p><b>Rata Foundation</b> – Trustee</p> <p>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.</p>
<p><b>David Morrell</b> <b>Deputy Chair - CPHAC</b> Board Member</p>	<p><b>British Honorary Consul</b></p> <p>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 (<i>FCO</i>) may expect Honorary Consuls to become involved in trade initiatives from time to time.</p> <p><b>Canon Emeritus - Christchurch Cathedral</b></p> <p>The Cathedral congregation runs a food programme in association with CDHB staff.</p> <p><b>Friends of the Chapel</b> - Member</p> <p><b>Great Christchurch Buildings Trust</b> – Trustee</p> <p>The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.</p> <p><b>Heritage NZ</b> – Subscribing Member</p> <p>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</p>

	<p>buildings that may be considered to have heritage significance.</p> <p><b>Hospital Lady Visitors Association</b> – Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.</p> <p><b>Nurses Memorial Chapel Trust</b> – Member (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.</p>
<p><b>Chris Mene</b> <b>Deputy Chair – DSAC</b> Board Member</p>	<p><b>Canterbury Clinical Network</b> – Child &amp; Youth Workstream Member</p> <p><b>Core Education</b> – Director Has an interest in the interface between education and health.</p> <p><b>Wayne Francis Charitable Trust</b> - 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.</p>
<p><b>Sally Buck</b> Board Member</p>	<p><b>Christchurch City Council (CCC)</b> – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.</p> <p><b>Registered Resource Management Act Commissioner</b> From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.</p> <p><b>Rose Historic Chapel Trust</b> – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.</p>
<p><b>Tom Callanan</b></p>	<p><b>CCS Disability Action</b> – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing.</p> <p><b>Disability Sector System Transformation, Regional Leadership Group</b> – Member.</p> <p><b>Project Search Canterbury</b> – Steering Group Member Representing CCS Disability Action as a partner. CDHB current host business.</p>
<p><b>Wendy Dallas-Katoa</b> Manawhenua</p>	<p><b>Greater Healthy Christchurch</b> – Runanga Representative <b>IHI Research</b> – Social Change and Innovation Researcher</p> <p><b>Manawhenua Ki Waitaha</b> – Chair, Representative of Onuku Runanga Manawhenua Ki Waitaha is a collective of health representatives of the seven Ngāi Tahu Papatipu Rūnanga that are in the CDHB area. There is a memorandum of understanding between Manawhenua and the CDHB.</p> <p><b>NZBA</b> – Maori Advisory Group</p> <p><b>Population Health Alliance SLA</b> – MKW Representative</p>

	<p><b>RANZCOG</b> – Cultural Advisor, He Hono (Wahine Maori Collective of Obstetrics and Gynaecologists)</p> <p><b>Te Kahui o Papaki ka Tai</b> – Mana Whenua Representative (Cultural Advisor) Maori Advisory Group to Pegasus Health/PHO</p> <p><b>Victoria University</b> – Women’s Health Representative</p>
<b>Rochelle Faimalo</b>	<p><b>Canterbury Youth Workers Collective</b> – Committee Member</p> <p><b>Faimalo Limited</b> – Director &amp; Shareholder</p> <p><b>Hurunui District Council</b> – Community Team Leader</p>
<b>Dr Susan Foster-Cohen</b>	<p><b>Director Champion Centre</b> Receives funding from both the MoH and CDHB.</p> <p><b>Dyspraxia Support Group</b> – Patron Parent Support Group for families/children with dyspraxia.</p> <p><b>Early Intervention Association of Aotearoa New Zealand</b> – Chair Professional association that aims to support early intervention professionals through professional development and information sharing. Has representation on ECAC and Early Childhood Federation.</p> <p><b>New Zealand Institute of Language Brain and Behaviour</b> – Member Researcher with NZILBB through Champion Centre partnership.</p> <p><b>New Zealand Speech Therapy Association</b> – Associate Member Professional body for Speech and Language therapists.</p> <p><b>University of Canterbury</b> – Adjunct Associate Professor Researcher and graduate student supervisor in Linguistics and in Communication Disorders. (Lecturer on short term contracts as needed.)</p>
<b>Jo Kane</b> Board Member	<p><b>Christchurch Resettlement Services</b> - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes.</p> <p><b>HurriKane Consulting</b> – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.</p> <p><b>Latimer Community Housing Trust</b> – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p><b>NZ Royal Humane Society</b> – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.</p>
<b>Yvonne Palmer</b>	<p><b>Age Concern Canterbury</b> – Project Coordinator Staff member responsible for education courses and events.</p>

	<p><b>Canterbury Community Justice Panels</b> – Facilitator/Panel Member/Member Steering Group</p> <p><b>Canterbury Justice of the Peace Association Incorporated</b> – Elected Councillor</p> <p><b>Safer Waimakariri Advisory Group</b> – Member</p> <p><b>Styx Living Laboratory Charitable Trust</b> – Trustee</p>
<p><b>Ta Mark Solomon</b>  <b>Ex Officio–CPH&amp;DSAC</b>  Deputy Chair – CDHB</p>	<p><b>Claims Resolution Consultation – Senior Maori Leaders Group</b> – Member  This is an Advisory Board to MSD looking at the claims process of those held under State care.</p> <p><b>Deep South NSC (National Science Challenge) Governance Board</b> – 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.</p> <p><b>Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu</b> – Chair  Te Putahitanga o Te Waipounamu is a commissioning entity that works on behalf of the iwi in the South Island to support and enable whānau to create sustained social impact by developing and investing in ideas and initiatives to improve outcomes for Māori, underpinned by whānau-centred principles and strategies, these include emergency preparedness and disaster recovery. Te Pūtahitanga o Te Waipounamu also invests in Navigator roles to support and build whānau capability.</p> <p><b>Greater Christchurch Partnership Group</b> – 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).</p> <p><b>He Toki ki te Rika / ki te Mahi</b> – 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.</p> <p><b>Interim Te Ropu</b> – 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.</p>



	<p><b>Liquid Media Operations Limited</b> – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology.</p> <p><b>Maori Carbon Foundation Limited</b> – 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.</p> <p><b>Ngāti Ruanui Holdings Corporation Limited</b> – 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.</p> <p><b>NZCF Carbon Planting Advisory Limited</b> – 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.</p> <p><b>Oaro M Incorporation</b> – 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.</p> <p><b>Police Commissioners Māori Focus Forum</b> – 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.</p> <p><b>Pure Advantage</b> – 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.</p> <p><b>QuakeCoRE</b> – 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.</p> <p><b>Rangitane Holdings Limited &amp; Rangitane Investments Limited</b> - 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.</p>
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	<p><b>SEED NZ Charitable Trust</b> – Chair and Trustee SEED is a company that works with community groups developing strategic plans.</p> <p><b>Sustainable Seas NSC (National Science Challenge) Governance Board</b> – 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.</p> <p><b>Te Ohu Kai Moana</b> – 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.</p> <p><b>Te Waka o Maui</b> – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.</p>
<b>Dr Olive Webb</b>	<p><b>Canterbury Plains Water Trust</b> – Trustee <b>Greater Canterbury Forum</b> - Member <b>Private Consulting Business</b> Sometimes works with CDHB patients and services.</p> <p>Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.</p>
<b>Dr John Wood</b> <b>Ex Officio–CPH&amp;DSAC</b> Chair CDHB	<p><b>Advisory Board NZ/US Council</b> – 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.</p> <p><b>Te Arawhiti, Office for Maori Crown Relations Governing Board, Ministry of Justice</b> – 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.</p> <p><b>Chief Crown Treaty Negotiator for Ngai Tuhoe</b> Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p><b>Chief Crown Treaty Negotiator for Ngati Rangi</b> Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment.</p> <p><b>Chief Crown Treaty Negotiator, Tongariro National Park</b> Engagement with Iwi collective begins July 2018.</p>

	<p><b>Chief Crown Treaty Negotiator for the Whanganui River</b> Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p><b>Chief Crown Negotiator &amp; Advisor, Mt Egmont National Park Negotiations</b> High level agreement in principle reached. Aiming for deed of settlement end of 2018.</p> <p><b>School of Social and Political Sciences, University of Canterbury –</b> Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment.</p> <p><b>Te Urewera Governance Board –Member</b> 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.</p> <p><b>University of Canterbury (UC) Council) – Council Member</b> 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.</p>
<b>Hans Wouters</b>	<p><b>New Zealand Spinal Trust – Chief Executive</b> Provides support services to patients of the Burwood Spinal Unit during and after admission. NZST receives regular funding from CDHB and MoH as a contribution towards services rendered.</p>

**MINUTES**

**DRAFT**  
**MINUTES OF THE COMMUNITY & PUBLIC HEALTH**  
**AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
**held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch**  
**on Thursday, 9 May 2019 commencing at 9.00am**

**PRESENT**

David Morrell (Deputy Chair, CPHAC); Tracey Chambers (Chair, DSAC); Sally Buck; Tom Callanan; Wendy Dallas-Katoa; Rochelle Faimalo; Dr Susan Foster-Cohen; Jo Kane; Yvonne Palmer; Ta Mark Solomon (ex-officio); Dr Olive Webb; and Hans Wouters.

**APOLOGIES**

Apologies for absence were received and accepted from Dr Anna Crighton; Chris Mene; and Dr John Wood.

An apology for lateness was received and accepted from Ta Mark Solomon (10.20am).

**EXECUTIVE SUPPORT**

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); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

**EXECUTIVE APOLOGIES**

David Meates, Chief Executive.

**IN ATTENDANCE****Item 6**

Sue Turner, Public Health Manager, Community & Public Health

**Items 7&8**

Ruth Teasdale, South Island Alliance Programme Office

**Item 9**

Ester Vallero, CALD Health Manager, Pegasus Health (Charitable) Ltd  
 Dr Rebecca Nicholls, GP  
 Wendy Dallas-Katoa, Manawhenua Ki Waitaha  
 Nick McMillan

**Item 10**

Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community and Public Health

*David Morrell, Deputy 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**

Wendy Dallas-Katoa – Item 9 – Ko Awatea Transgender Health Working Group Presentation.

There were no other 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 (07/19)**

(Moved: Sally Buck/Seconded: Jo Kane – carried)

“That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 7 March 2019 be approved and adopted as a true and correct record.”

## **3. CARRIED FORWARD/ACTION LIST ITEMS**

The carried forward action list was noted.

*The meeting moved to Item 5.*

## **5. COMMUNITY & PUBLIC HEALTH UPDATE REPORT**

Evon Currie, General Manager, Community & Public Health, presented the report which was taken as read. Discussion took place on the following:

- Canterbury measles outbreak, including the current position as well as discussion around the cost of additional vaccinations and the funding for this.
- Trial of the Hanmer Springs Smokefree / Vapefree Zone. This led to discussion around the lack of data on the effects of vaping on the unborn child. Ms Currie advised that whilst vaping is less damaging than smoking, it is not actively encouraged. In some instances it is utilised as a transition pathway to becoming smokefree. The ultimate goal is for all people to be both smoke and vape free.

### **Resolution (08/19)**

(Moved: Tracey Chambers/Seconded: Wendy Dallas-Katoa – carried)

“That the Committee:

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

*The meeting moved to Item 4.*

## **4. PLANNING & FUNDING UPDATE REPORT**

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, presented the report. The Annual Plan Quarter 3 report was taken as read. The following points were highlighted:

- Celebrating CDHB's delivery of the Mana Ake programme, a substantive achievement given the Cabinet paper was only signed off in February 2018. Mana Ake now has more than 80 Kaimahi (workers) operating in all 219 schools with year 1-8 students across Canterbury. It has been extremely well received by schools.
- Work is underway to address declining immunisation rates in Canterbury.
- Canterbury achieved the highest flu vaccination rates nationally last year. It is hoped that this will be achieved again in 2019. It was noted that flu cases are already presenting.
- A new program is about to be rolled out in response to CDHB's bed shortage (60 beds). The aim of the programme being to reduce numbers presenting to hospital.

Discussion took place on the following:

- The post-discharge voucher programme.
- Options available to address the bed shortage issue, should presentations not reduce.
- Lack of progress with the Disability Support Services actions. The need for timeframes to be set and met.
- InterRAI assessment wait times. It was requested that a report be provided to a future meeting around current work in this space.
- Steady improvement in children (0-4) enrolled with Community Dental Services.
- Rates for newborns enrolled with general practice by three months of age and possible explanations for CDHB not meeting this performance measure.

#### **Resolution (09/19)**

(Moved: Jo Kane/Seconded: Sally Buck – carried)

“That the Committee:

- i. notes the update on progress to the end of quarter three (Jan-Mar) 2018/19.”

*The meeting moved to Item 6.*

## **6. ALL RIGHT? - PRESENTATION**

Sue Turner, Public Health Manager, provided a presentation on the All Right? Campaign. The presentation focused on an evaluation that had been undertaken on the campaign's Facebook intervention post-disaster in Canterbury. Aims of the evaluation were to:

- explore the extent to which people interacted with All Right? Facebook and the reasons for the interaction; and
- assess the impact that the All Right? Facebook page had on the people who were using it.

The evaluation found that social media can be an effective tool, post-disaster, in the wider public health toolkit. Conclusions from the evaluation included:

- All Right? on Facebook brought people to a collective forum.
- Individuals felt part of a wider social network.
- Trusted and consistent information on wellbeing post-disaster, in particular for wellbeing tips and reassurance that how they were feeling was normal.
- Participation in social media post-disaster can result in some behaviour change.

## **7. PUBLIC HEALTH CLINICAL NETWORK - PRESENTATION**

Ms Currie introduced Ruth Teasdale from the South Island Alliance Programme Office who was in attendance for Items 7&8.

Ms Currie presented on the Public Health Clinical Network, providing information on its background, purpose and goals.

## **8. SOUTH ISLAND PUBLIC HEALTH PARTNERSHIP (SI PHP) - PRESENTATION**

Ms Currie presented on the South Island Public Health Partnership, providing an overview of its purpose and scope, recent achievements, the focus of its 2018/19 plan, and working groups and networks.

There was a query around position statements. It was noted that position statements are endorsed by both DHBs and the SI PHP. This then enables the development of South Island wide action plans.

There was discussion around the Hauora Alliance, an independent cross-sector group working to address South Island hauora from a population perspective.

## **9. KO AWATEA TRANSGENDER HEALTH WORKING GROUP - PRESENTATION**

The Committee received a presentation from the Canterbury Gender Affirming Care Co-Design Group on improving access and health outcomes for transgender people in Canterbury. Members of the group in attendance were: Ester Vallero (CALD Health Manager, Pegasus Health (Charitable) Ltd); Dr Rebecca Nicholls (GP); Wendy Dallas-Katoa (Manawhenua Ki Waitaha); and Nick McMillan.

*Ta Mark Solomon joined the meeting at 10.20am.*

The presentation highlighted:

- Access to health for transgender people.
- The complexity of issues for the person and whanau, and also the health system.
- Needs that have been identified.
- Gaps in the New Zealand health system.
- Canterbury's progress to date.
- Gaps in the Canterbury health system.

The group sought the Committee's support for:

- An ongoing clinical advisory group, so that work may continue in improving services.
- Ongoing and appropriate community mental health support.
- Data improvement.

A member requested that management provide a report to a future meeting detailing what is being done in this space, and what else can be done.

The Committee thanked the group for the enlightening presentation and requested an update in approximately 12 months. This is to be added to the Committee's workplan.



Ms Dallas-Katoa led the room in a *Waiata*.

*The meeting adjourned for morning tea from 10.45 to 11.15am.*

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

## **10. CANTERBURY ACCESSIBILITY CHARTER – ACCESSIBILITY CHARTER WORKING GROUP**

Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health, presented the paper. The following points were highlighted:

- There are ongoing assessments around what is working and ways of making continued improvements.
- Assessing how we are doing is complex, as information comes from a variety of groups and is not necessarily linked. The Accessibility Charter Working Group (ACWG) has identified that a piece of work around this would prove beneficial.
- The need for “accessibility” to be incorporated in DHB project management work, to ensure consistency and best outcomes.
- Proud of the work to date in this space, however, as a society there is a way to go.

The following points were discussed and noted:

- Accessibility is not just an issue for those who have a physical disability, as highlighted in the presentation under Item 9. Accessibility to care is also a factor.
- The need for inclusivity and thinking more broadly. CDHB’s alliancing strengths were acknowledged, and this may provide an opportunity to bring people together for a common purpose.
- The need to maintain a focus on the important issues facing the disability sector right now – a sector seen as fragmenting. Vigilance is required in monitoring Ministry of Health decisions with respect to Disability Support Services and associated funding.

*Rochelle Faimalo retired from the meeting at 11.42am.*

## **11. EQUALLY WELL PROGRAMME UPDATE**

*Dr Susan Foster-Cohen retired from the meeting at 11.43am.*

Jacqui Lunday Johnstone, Executive Director Allied Health, Scientific & Technical, presented the report which was taken as read.

Ms Lunday Johnstone noted that whilst there has not been as much activity in this space as originally intended, work is ongoing. Targeted extended consults in primary care are no longer trackable, as funding has been distributed across practices alongside capitation. Pegasus is undertaking a project to identify opportunities for future work and this will provide a platform for identifying what is working and what else can be implemented to achieve the overall goal.

Ms Gullery advised that a new programme is to be introduced for people with enduring mental health illness, providing access to dental care at no charge. This is in recognition that medications taken by people with enduring mental illness are frequently detrimental to oral health, and recognising that poor oral health leads to poor physical health. It is anticipated that this programme will have a significant impact on the health and wellbeing of those involved.



## INFORMATION ITEMS

- CPH&DSAC Terms of Reference – amended by Board 21 March 2019.
- Process for the Review of CDHB Background Papers and Position Statements
- Food Resilience Network
- Rural Health Promotion
- Disability Steering Group Minutes – Feb 2019
- 2019 Workplan

There being no further business the meeting concluded at 11.48am.

Confirmed as a true and correct record:

\_\_\_\_\_  
David Morrell  
Deputy Chair, CPHAC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tracey Chambers  
Chair, DSAC

\_\_\_\_\_  
Date

**CARRIED FORWARD/ACTION ITEMS**

**COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE  
 CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS  
 AS AT 4 JULY 2019**

	<b>DATE</b>	<b>ACTION</b>	<b>REFERRED TO</b>	<b>STATUS</b>
1.	07 Mar 19	Presentation on “Vaping to Quit” Health Promotion Agency (HPA) campaign, launching in July 19	Vivien Daley	31 October 2019 meeting
2.	07 Mar 19	Report on focus on people with disabilities throughout the DHB system and its plans	Evon Currie / Jacqui Lunday Johnstone	Report to 29 August 2019 meeting
3.	21 Mar 19 (ex Board)	Options around a Maori Health Plan.	Hector Matthews / Carolyn Gullery	Today’s Agenda – Item 4
4.	09 May 19	Update on InterRAI assessment wait times and associated work	Carolyn Gullery	Presentation to 29 August 2019 meeting
5.	09 May 19	Transgender Health	Carolyn Gullery	Today’s Agenda – Item 8

**CDHB POSITION STATEMENTS**

<b>STATEMENT</b>	<b>DATE ADOPTED</b>	<b>STATUS</b>
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Fluoridation Position Statement	Jul 2003	Due to be reviewed.
Gambling Position Statement	Nov 2006	
Housing, Home Heating and Air Quality	Apr 2012	
South Island Smokefree Position Statement	Nov 2012	
Unflued Gas Heaters Position Statement	Jul 2015	
Sugar-Sweetened Beverages Position Statement	Nov 2018	

**MĀORI HEALTH STRATEGY PROPOSAL**

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

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

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

**DATE:** 4 July 2019

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

At CDHB's Board meeting on 21 March 2019, discussion took place regarding the re-introduction of a separate Māori Health Plan. It was agreed that a recommendation would be brought back to a future meeting with developed thoughts on options and consultation with Manawhenua Ki Waitaha and Māori community. This report is in response to that request.

## 2. RECOMMENDATION

The Committee recommends that the Board:

- i. approves the proposal to develop a co-design process to develop a longer-term Strategy for improving Māori health outcomes and reducing Māori health inequity.

## 3. DISCUSSION

After discussion with Manawhenua Ki Waitaha and Planning & Funding, it is proposed that rather than develop an annual Māori Health Action Plan like has been done in the past, CDHB will engage its health system partners in a co-design process to develop a longer-term strategy for improving Māori health outcomes and reducing Māori health inequity.

The proposal would bring to life the Māori Health Outcomes Framework that was developed several years back, by setting the strategic direction alongside the desired outcomes, much like the wider DHB outcomes framework which incorporates both the desired outcomes and the strategy for getting there.

CDHB would then seek to bring a smaller group of people, from its partner organisations, together, in a similar process to that used to develop the System Level Measures (SLM) Improvement Plan. The agreed outcomes and the strategy would be used to establish the immediate focus for the coming year (over a smaller number of prioritised areas), and the key actions that all would take to enable and deliver change.

Like the SLM Improvement Plan, progress on the actions will be tracked quarterly and a dashboard established to track progress against the desired outcomes over time. This would give the DHB a similar improvement focus for Māori Health and allow it to focus on the impact over time, in areas of importance locally, rather than adding in what might end up being another compliance document.

It is anticipated that the engagement and co-design process will begin once Board approval has been gained. It is expected that a strategy will be developed for approval for implementation at the start of the 2020/21 financial year (1 July 2020).

Report approved for release by: Hector Matthews, Executive Director, Māori & Pacific Health

## COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

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

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

**SOURCE:** Community and Public Health

**DATE:** 4 July 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

### 1. ORIGIN OF THE REPORT

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

### 2. RECOMMENDATION

That the Committee:

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

### 3. DISCUSSION

#### ***All Right? Social Marketing Campaign – An Update***

##### **Research with Māori in Hurunui and Kaikoura Districts**

The Lotteries Commission approved the use of a small underspend in the Health Promotion contract for the post-November 2014 Kaikoura earthquake, for research with local Māori. This research will be completed by the end of June and seeks to understand the challenges and strengths of Māori as they relate to psychosocial wellbeing in the post-disaster context. Of particular interest will be any findings which identify areas of unmet need.

The research findings will help to provide an equity lens for planning, funding and service provision for Māori. Additionally, the research will add to the knowledge and evidence base regarding Māori wellbeing and what matters most to Māori living in Kaikoura. The findings will be shared with mana whenua, local and regional stakeholders (such as the Kaikoura District Council, Te Pūtahitanga o Te Wai Pounamu, Te Ahi Wairua o Kaikoura and the Canterbury DHB), and will also be publicly available. It is anticipated that the findings will inform decision-making by providers of services, funders of those services and other supports, as well as inform the direction of future health promotion efforts.

##### **He Waka Eke Noa – we are all in this together**

He Waka Eke Noa is the name of the *All Right?* campaign developed by *All Right?* to respond to the Mosque shootings. This work was partly funded by the Mental Health Foundation who were keen to actively support the mental health and wellbeing of the Canterbury population and other communities around Aotearoa.

This particular campaign took its inspiration from the first phase of *All Right?* campaign post-earthquakes, which was about reassuring Cantabrians that whatever they were feeling was 'all right'. He Waka Eke Noa reminds people that in tough times each of us can go through a range of emotions and often in different ways. The meaning, "we are all in this together" was a reminder that we are all in the same waka and that it is essential that no one is left behind. The campaign encourages people to think about "where they're at" and to reflect on the fact that others may be at different stages, feeling and doing different things - but that's all right.

He Waka Eke Noa draws on the skills and knowledge that the Canterbury community has built up following the earthquakes, and builds on the incredible displays of kindness and compassion that have been evident in the city since 15 March.



The campaign was launched on 1 April with street posters, corflute signs, washroom posters and 8,000 postcards. Requests have come from the Muslim communities for the resources to be translated into seven languages including, Arabic, Somali, Dari, Urdu, Hindi Nepali and Tigrinya and that process is underway. There is also a Te Reo Māori version.

### Social Media

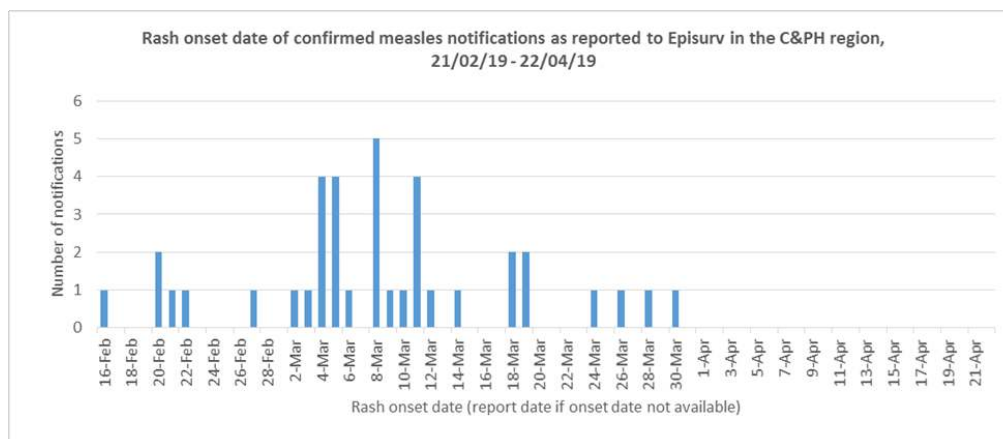
The *All Right?* Facebook page now has 15,359 likes and was a key avenue for reaching out to Cantabrians, following the Mosque attacks. While *All Right?* staff were in lock down they began to respond to the attacks with posts advising people to check on their friends and family, reminders to breathe through the stress to manage the adrenaline overload, advice on caring for kids once the lockdown was over, advice on limiting exposure to media coverage and being kind.

The first post was at 1.34pm on 15 March followed by four more posts that evening. The posts on the following days highlighted reminders of how to care for self and others and included a downloadable poster on managing ongoing

reactions. Once the He Waka Eke Noa campaign had been designed, it was launched on Facebook on 1 April, reaching a total audience of over 80,000 people. That figure has now increased to 122,500. This tells us that the campaign was shared far and wide both within and beyond Canterbury. Facebook continues to be a key vehicle for contributing to a wellbeing conversation with Cantabrians and others.

### **Canterbury Measles Outbreak- Outbreak Declared Over**

The Canterbury measles outbreak was declared over on 16 May. A multidisciplinary incident management team, of Community and Public Health staff was responsible for implementing and supporting effective public health action to limit and stop the spread of measles in the community.



In the period 21 February to 16 May staff investigated 236 measles notifications. Of these notifications, 38 (+1 case not related to the outbreak) were confirmed as measles cases. Case management included

following up 1021 contacts and recommending suitable public health interventions (including vaccination & isolation).

As part of the outbreak strategy approximately 27,000 MMR vaccinations were administered in general practice in an effort to prevent community spread. Limiting the outbreak to 38 cases is seen as a major achievement and illustrates the effectiveness of sound incident management, investigation (of cases and contacts), and judicious application of isolation requirements. It also highlights the benefits of an all of health system approach which encouraged and achieved significant community cooperation and increased MMR vaccination rates.

### **Health Promoting Schools – Canterbury and West Coast**

Health Promoting Schools' (HPS) facilitators work with priority (decile 1-4) primary and secondary schools; staff are working with 75 schools or 27% of all schools in the Canterbury/West Coast region.

HPS facilitators are working with 16 Kāhui Ako/Communities of Learning. Engagement with and support of the Kāhui Ako/Communities of Learning has grown. We continue to work flexibly with these, depending on the unique context of each and the existing relationships we have with them.

Examples of work progressed with Kāhui Ako in this reporting period includes:

- Our Ashburton based HPS facilitator has run a second round of wellness workshops for staff in Opuke and Hakatere Kāhui Ako and continues to be involved in health and wellbeing planning meetings within these Kāhui Ako.
- HPS Team responded to an inquiry from the Wellbeing lead teacher for the Ngā Mātāpuna o Ngā Pakihi Community of Learning who was looking for guidance having just been appointed to the role. Work will begin with a focus on staff wellbeing and HPS facilitators have provided advice on how to go about this.
- The West Coast facilitator is supporting Māwhera Community of Learning to initiate a wellbeing inquiry, with mental wellbeing and staff wellbeing as priorities. One wellbeing lead attended the Positive Education Conference together with an HPS facilitator providing insights into processes and timeframes for creating whole-of-school change to improve wellbeing.

Examples of intersectoral partnerships includes:

- Ongoing participation in the Canterbury Clinical Network's Education and Health Sector steering group, contributing to a shared and coordinated work plan for supporting schools. This group continues to support implementation of the Mana Ake mental health workers in Canterbury schools initiative. HPS have now participated in the final two recruitment rounds of approximately 40 new mental health workers during term 1 2019. These workers are embedded in existing organisations and services meaning there will be linkages across the sector, and with our HPS work with schools.
- Working with the Food Resilience Network (FRN) we supported the running of an Edible Canterbury School Gardening hui that was attended by 40 people from schools across Christchurch. The variety and quality of workshops provided as part of this was commented on. With the FRN, we are building a collaborative and cohesive approach to supporting gardening in schools, in partnership with existing school gardening programme providers such as Garden to Table.
- Community and Public Health presented on HPS to the 30+ Public Health Nurses to ensure they understand the role of HPS and how our services can work alongside and collaboratively with schools.

### **Syphilis Project**

Community and Public Health is working with the Canterbury Syphilis Working Group on the Canterbury and West Coast DHBs Syphilis Reduction Action Plan. Community and Public Health is leading the Prevention and Health Promotion part of the plan, along with staff from the Sexual Health Centre.



Strategies will include using existing networks to promote messages about syphilis such as the SHABBV (Sexual Health and Blood Borne Viruses) Network, sexual health seminars, and articles in newsletters and magazines. In addition, Community and Public Health will contribute to the development of posters and condom packs with messages about syphilis, working with NGOs and community groups to promote the messages to at-risk groups.

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

The Canterbury Health System Alcohol-Related Harm Reduction Strategy was formally launched on 14 May with support from various organisations and individuals involved in alcohol-harm reduction across the health system.

The Strategy has been very well received, and new partnerships formed since the launch have helped raise awareness of the importance of this work - given the significant impact alcohol use has on our health system.

Implementation of the Strategy, which sits within the Canterbury Clinical Network structure, continues to be progressed via the Alcohol Strategy Working Group.



### Healthy Commute Programme

A travel demand management programme to encourage and support Canterbury DHB staff to travel to the Christchurch Campus using alternatives to private car (bus, walking, scootering, car-pooling) has now been successfully completed. In partnership with CCC and ECan, the Healthy Commute Programme is now embedded in the Canterbury DHB's corporate orientation to ensure that alternatives are considered by new staff at the beginning of their employment.

The programme has received excellent feedback, although an ongoing challenge for the Christchurch Campus, which has been identified over the programme's duration, is the availability, capacity and security of cycle parking on and around campus. This is likely to remain an ongoing challenge whilst building development continues on-site.



Report prepared by: Nicola Laurie, Public Health Analyst

Report approved for release by: Evon Currie, GM Population and Public Health



# Presentation to Canterbury DHB CPHAC July 4 2019



An information management and  
accountability tool for Public Health Services

# Summary of Presentation

- ▶ Overview of Healthscape
- ▶ Key features
- ▶ Some other tools based on / related to Healthscape's technical platform

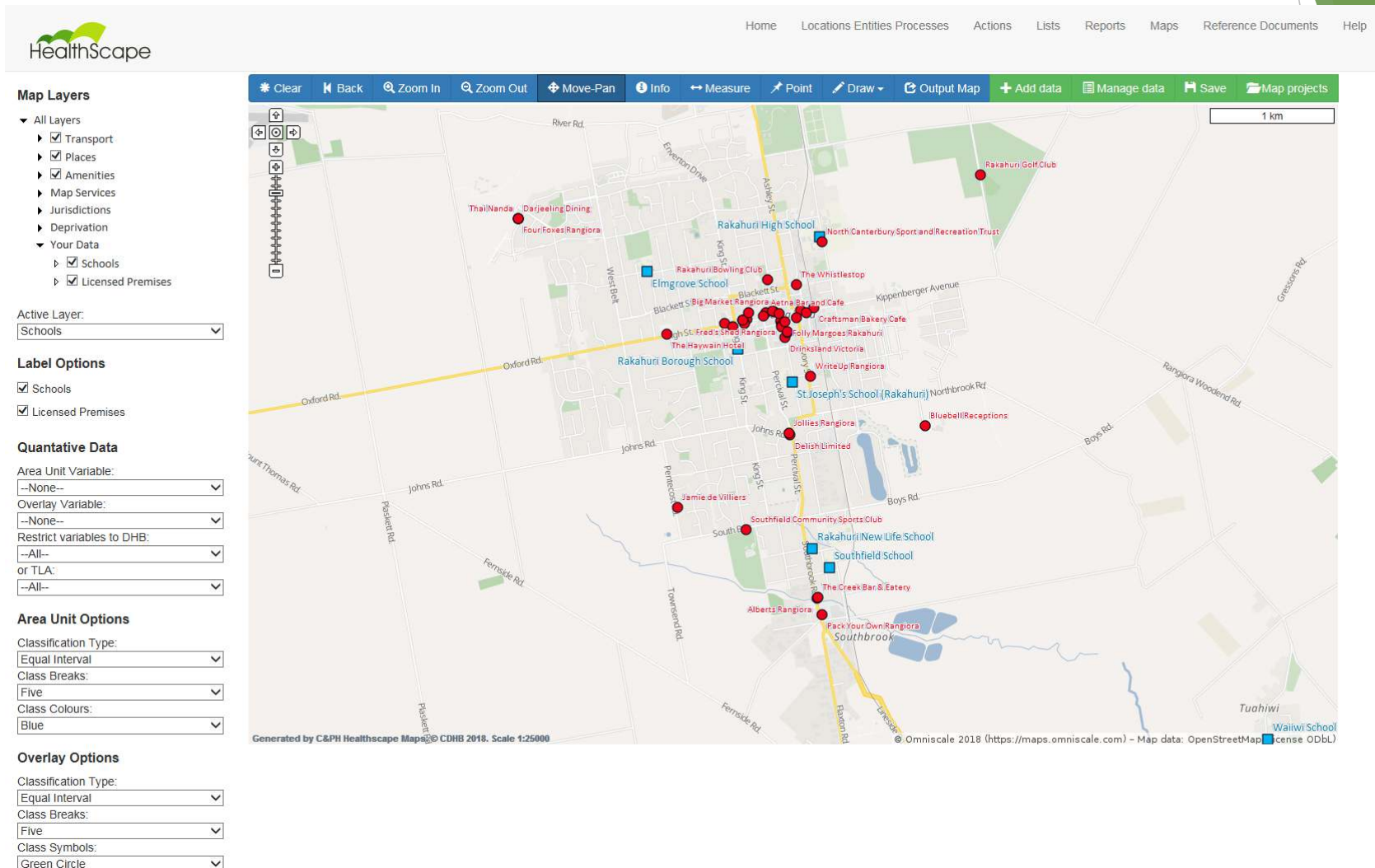
## What is Healthscape for?

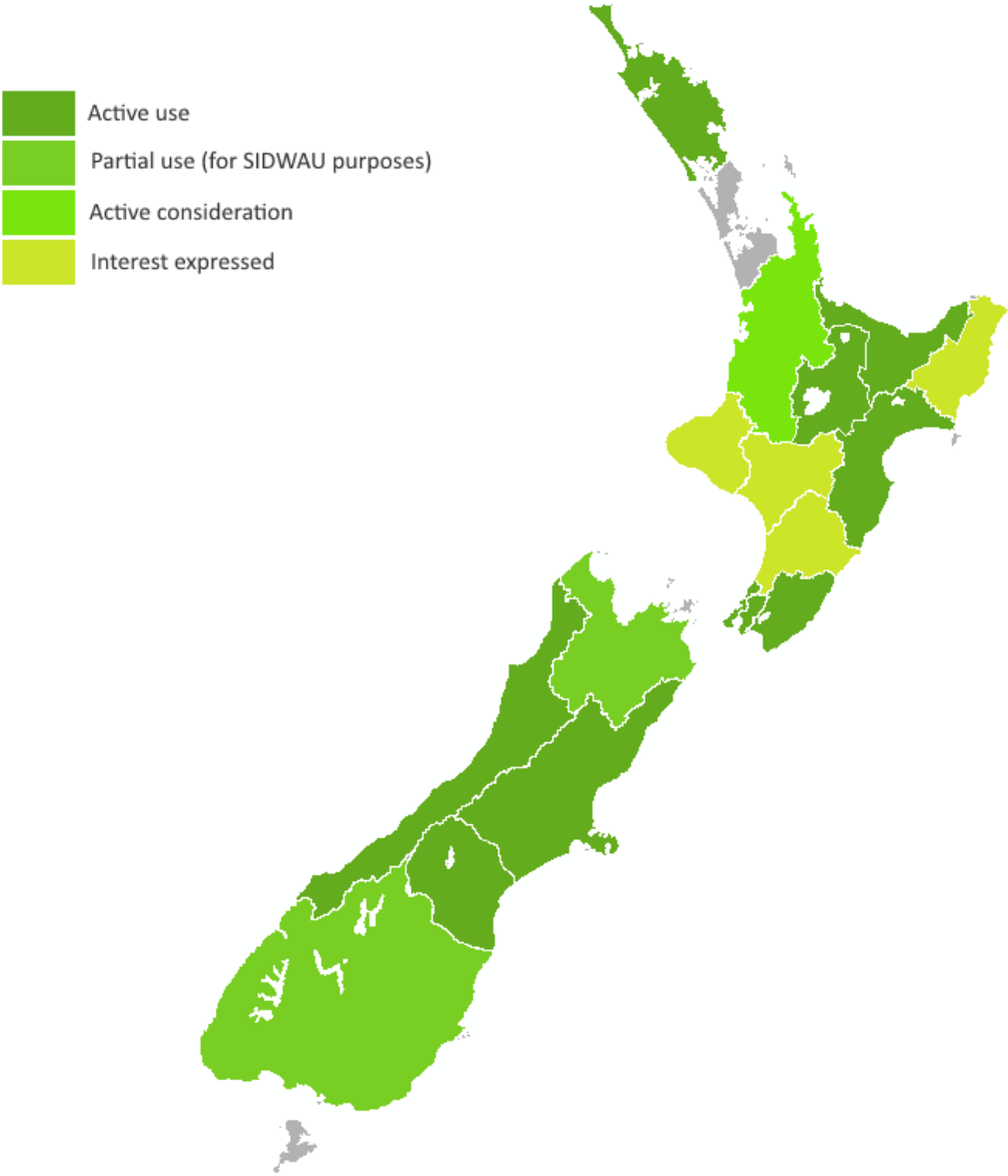
- ▶ **Structured** information management specifically designed for **population and public health requirements**
- ▶ “**who, what, where, when and how**” information system
- ▶ Single **source of truth** for location & contact information about settings;
- ▶ Cumulative **shared history of interactions** with settings;
- ▶ **Tools** for information sharing, reporting, decision support, situational awareness and accountability;
- ▶ Broadcast **communication** and simple **GIS mapping** tools;
- ▶ The ability to **adapt** to changes

# Key features of Healthscape

- ▶ **Healthscape is a multi-tier web application**
  - ▶ Designed to run on DHB intranets, using a commonly available “technology stack”
  - ▶ Browser based. Does not need software to be installed on individual PCs
  - ▶ Designed to be flexible and under the control of public health staff
- ▶ **It models complex relationships between public health “settings” and public health work**
  - ▶ Includes common details (including address validation from integration with MoH) but also fully customisable data fields which capture detailed information specific to particular types of settings
  - ▶ Settings are linked to action records - which hold details about public health work. Action records are also fully customisable to any range of information requirements
- ▶ **Healthscape can produce a variety of outputs**
  - ▶ **Fully searchable records** - forms a “group memory” for public health. Can be viewed online and downloaded in a range of formats
  - ▶ **Customisable lists** of public health settings and their details
  - ▶ **Customisable reports** - which support accountability to (for example) Ministry of Health, OIAs
  - ▶ **Dynamic Maps** - can include both list and map results plotted against demographic and geographic data

# Mapping - examples of maps done for CDHB





Toi Te Ora Public Health (BOPDHB; Lakes DHB)

*Healthscape has given a lot of people an opportunity to **change the way** they've done things but also given them some real tools to **work together** so they can easily see who is doing what and what's been done.*



Regional Public Health (Capital & Coast, Hutt Valley, & Wairarapa DHBs).

*Especially our Health Protection Officers. It's **saved them a lot of time** that they would otherwise have to spend in the office as opposed to actually going out and **doing the work***





#### Hawkes Bay DHB:

*Provides our Information Services team with valuable information on population trends and for **reports**. It ensures maximum preparedness of our staff for any given situation. It is also used to **communicate** public health and wider health sector information with **general practice***



#### Northland DHB:

*It is an **excellent tool** that we use to a large degree to keep on top of **what our team is dealing with**, how they are dealing with it and how I can better support them. So I'm able to run reports when necessary*





## Healthscape - some numbers

- ▶ Healthscape (CPH implementation only) contains information about **18,130** settings (locations / entities / processes) with which there has been a public health interaction;
- ▶ **107,025** records of public health actions;
- ▶ There have been **11,000+** logins (not including development logins) to Healthscape in last 12 months and **165,464** read or update operations on location/entity/process and action records (not including development operations) in the last 12 months.

## SIPHAN Information Base

- ▶ A secure web based information sharing, news group and collaboration system hosted by C&PH
- ▶ **754** user accounts from range of public health services, DHBs, NGO & govt agencies
- ▶ **8,000+** document and library file views p.a.
- ▶ User groups include:
  - ▶ Ministry of Health coordinated groups including Healthy Homes Providers, Smokefree Enforcement
  - ▶ National Medical Officers of Health
  - ▶ Central North Island Drinking Water Units

## Shared Workplan Portals

- ▶ **CCC, ECan, C&PH/CDHB**
  - ▶ Tripartite Workplan
  - ▶ CCC Future Workplan
- ▶ **Greater Christchurch Partnership:** comprises 3 local councils, ECan, TRONT, NZTA, Canterbury DHB, Greater CHCH Group (DPMC), Regenerate

*“The Portal provides a way for the nine agencies to share and view information in a single place and also contribute to the implementation actions that the portal allows you to log and track in that multi-agency space”*

(Keith Tallentire, GCP Partnership Manager)



# Common content management platform

## ► Healthy Greater Christchurch [www.healthychristchurch.org.nz](http://www.healthychristchurch.org.nz)


- **204** signatory organisations ranging from government agencies, businesses, voluntary sector groups, networks and residents associations.
- **87,447** page views in most recent 12 months
- **780** subscribers (groups and individuals) to weekly newsletter, which is automatically generated and sent directly from Healthy Greater Christchurch's content management system.

News - Healthy Christchurch x +

https://www.healthychristchurch.org.nz/news

# Healthy Christchurch

Search



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**News** previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 next

**Rock concert fundraiser for Camp Twitch**  
 Posted: Wednesday, June 19, 2019 in: Signatory Notice Board With tags: music, concert, fundraising, children, young people, disabilities, Community Groups  
 Tiki Taane and Hollie Smith will headline a one-off gig called Brainwaves in Christchurch in July to celebrate neurodiversity while also fundraising for the annual Camp Twitch for kids with Tourette Syndrome. Date and Time: Saturday 6th July 2019, from 7

**Plane passengers exposed to measles on flights**  
 Posted: Friday, June 14, 2019 in: Signatory Notice Board With tags: health, disease, advice, medical  
 Canterbury DHB media release: 13th June 2018 A passenger arriving in Christchurch on Jetstar flight JQ237 from Auckland on Thursday 6th June 2019 has been confirmed as having measles

**Lunchtime Seminar: Air Quality with Environment Canterbury**  
 Posted: Thursday, June 06, 2019 in: Healthy Christchurch Notices With tags: seminar, environmental health, pollution  
 Kia ora koutou. You are invited to this Waka Toa Ora - Healthy Greater Christchurch lunchtime seminar on air quality with staff from Environment Canterbury. Date: Wednesday 26th June 2019. Time: 12.15 to 1.15pm. Please bring your own lunch

**Promote your work at a Healthy ChCh lunchtime seminar**  
 Posted: Wednesday, April 24, 2019 in: Healthy Christchurch Notices With tags: seminar, promotion  
 Book a lunchtime seminar to tell others about your organisation's work! Lunchtime seminars have been an integral part of Healthy Greater Christchurch/ Waka Toa Ora for more than six years

**Support available for those affected by the 15 March Christchurch tragedy**  
 Posted: Thursday, March 21, 2019 in: Resources and Information With tags: mental wellbeing, resources, services, support, finances  
 A variety of support is available to those affected by the 15th March incident in Christchurch. Interpreting services available from Language Line (0800 656 656) when visiting or phoning a Government agency or using a helpline

**Shuttle service to link hospital to central city**  
 Posted: Wednesday, June 20, 2018 in: Signatory Notice Board With tags: health, services, parking  
 Christchurch City Council Newline: 20th June 2018 People heading to Christchurch Hospital will be able to take advantage of a new shuttle service from Monday 2nd July

**2019 Europa Lecture: The Christchurch Call - bringing the conversation home**

**Subscribe to our free weekly newsletter**

**Send news**

**News areas**

- Conferences
- Earthquake
- Healthy Christchurch Notices
- Newsletters
- Resources and Information
- Signatory Notice Board
- Training
- Vacancies

**News tags**

mental health physical activity earthquake vacancies families public health children funding poverty health determinants social Community development planning employment healthy cities volunteers

**newsletter** youth volunteering nutrition employment opportunity housing alcohol and drugs maori community engagement rebuilding wellbeing disabilities Lectures counselling Training earthquake recovery sustainability event community gardens Community seminar Awards stress

**Community Groups** mens health research arts smokefree culture men exercise migrants community event education environment resilience

# Common content management platform

## ► Canterbury Wellbeing Index

- Produced by C&PH - provides information about local wellbeing
- Responsibility for production delegated by MoH from CERA to CDHB in 2016
- Previous versions of index had been print-only publications. Decision taken to deliver the index digitally in 2018
- <https://www.canterburywellbeing.org.nz> delivered as a mobile-capable website from C&PH's content management platform, with a number of innovative features including interactive charting and on-demand generation of downloadable extracts from the index.
- CWI team consulted by Stats NZ as part of development of NZ-wide wellbeing indicator site.





## My Medicines content management system

- ▶ **PILs** (Patient Information Leaflets) is a library of medicines information leaflets created by **CDHB Clinical Pharmacology** and Pharmacy departments. It has been available on a subscription basis to New Zealand health professionals since 1995.
- ▶ PILs library content was maintained in over 400 individual Microsoft Word documents. As the library and the number of distributors grew, it became increasingly difficult to maintain, update and distribute content.
- ▶ Clinical Pharmacology were aware of other similar work by C&PH and approached us to help transform the PILs library into a digitally-capable form.
- ▶ Together, we used our **existing base of technologies** to assist in the creation of an **end-to-end** content management system and publication platform, which includes a mobile-capable website branded as “My Medicines”  
<https://www.mymedicines.nz>
- ▶ My Medicines has served **497,215** PDF downloads, **316,067** print views and **277,360** online views of Patient Information Leaflets for **485** different medicines in the past 12 months



Patient Information Leaflet - War x

https://www.mymedicines.nz/Home/sheet/L\_T2LBgoc8c=?format=inline

My Medicines Home Te Reo Māori Medicines A-C Medicines D-L Medicines M-P Medicines Q-Z Contact

**NZF** New Zealand Formulary  
**PATIENT INFORMATION**

Printable Printable large type (2 pages) A4 Size PDF A5 Size PDF Te Reo Māori PDF

## Warfarin

war-far-in




### What does it do?

Warfarin is used to prevent clots forming in your blood. It reduces your risk of having a stroke and stops new clots forming in your legs or lungs.

### How should you take it?

Take warfarin regularly as directed. Take it with a glass of water at the same time each day. Follow your health professional's instructions carefully to make sure you take the right dose. Warfarin comes in two brands in NZ (Marevan® and Coumadin®). Check which brand you have and stick to it. Warfarin comes in different strengths, with different colours. Most people take the Marevan® brand shown in the picture below. If your tablets look different than usual, check with your pharmacist.

**Marevan® tablets**

 1 mg (brown)  3 mg (blue)  5 mg (pink)

### What if you forget a dose?

Take the missed dose if you remember on the same day. If not, skip the dose and carry on as normal. Do not take two doses on the same day. Record the missed doses in your anticoagulant booklet and tell your doctor on your next visit.

### Can you take other medicines?

Some medicines available without a prescription may react with warfarin including:

- anti-inflammatories, such as diclofenac (e.g. Voltaren®), ibuprofen (e.g. Nurofen®), or aspirin (e.g. Disprin®, in doses used for pain relief). These can also be found in some cold and flu medicines (e.g. Nurofen Cold and Flu®).
- low-dose aspirin (e.g. Cartia®)
- orlistat (Xenical®)
- fluconazole (e.g. Diflucan®) or miconazole (e.g. Daktarin Oral Gel®)


Search My Medicines

Medicines A-Z

A B C D E F G  
H I J K L M N  
O P Q R S T U  
V W X Y Z

**Te Reo Māori**

Te Reo Māori information sheets supported by Health Quality and Safety Commission New Zealand

 HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND  
Kōwhiri Taurangi Hauora o Aotearoa

Te Reo Māori information sheets

**Web links for this sheet in different formats**

Click on buttons to copy web addresses for this leaflet:

**Online:**

https://www.mymedicines.nz/Home/sheet

## Summary

- ▶ Developed by CPH, based on public health needs and ways of working
- ▶ Has become an essential tool throughout many PHUs/DHBs
- ▶ Provides effective and efficient tools for recording, managing, reporting and coordinating action
- ▶ Uses existing IT infrastructure & software, delivering a high degree of functionality with low opportunity cost
- ▶ Designed to support re-use and integration with other systems

Education Programme Area  
Community and Public Health  
Canterbury DHB

July 4<sup>th</sup> 2019

# Early Childhood Health Promotion

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha



**THE**  
**Menemene Mai**  
**TOOLKIT**

An Oral Health Toolkit for early childhood kaiako in Waitaha/Canterbury with activities, games, songs, and strategies

[www.cdhb.health.nz/menemenemai](http://www.cdhb.health.nz/menemenemai) or  
[www.cdhb.health.nz/smile](http://www.cdhb.health.nz/smile)

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



<http://www.cdhb.health.nz/menemenemai>

# Health Promoting Schools

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

- Health Promoting Schools' (HPS) facilitators work with 75 priority (decile 1-4) primary and secondary schools in the Canterbury/West Coast region.
- HPS facilitators are working with 16 Kāhui Ako/Communities of Learning (CoL).
- Health sector partnerships: Mana Ake, CCN Child and Youth Core Group, CCN Health and Education Steering Group, Public Health Nurses, PHO's.



# Health Promoting Schools

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha



# Health Promoting Schools

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





# All Right? - Sparklers

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

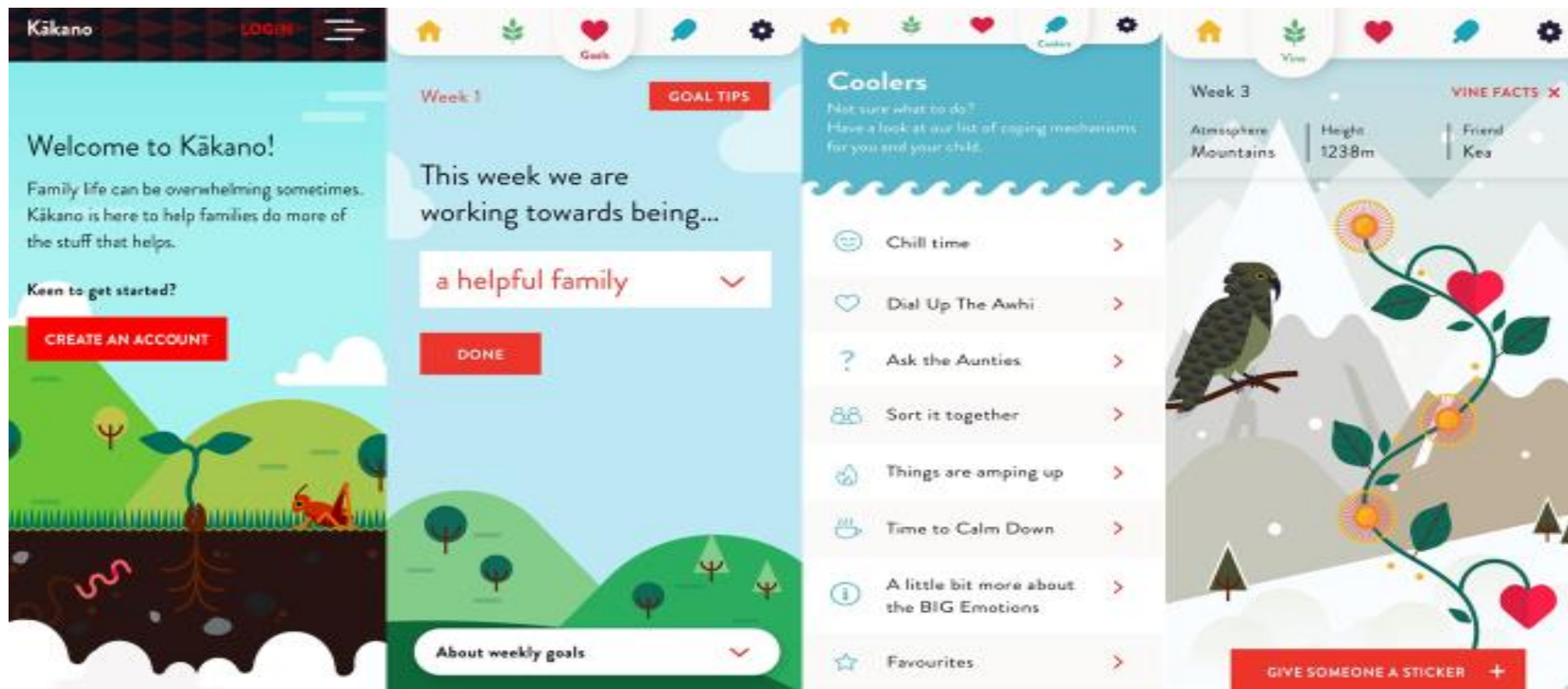




# Kakano

an online support programme for parents

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



## TRANSGENDER HEALTH / GENDER AFFIRMING HEALTHCARE

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

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

**SOURCE:** Planning and Funding

**DATE:** 4 July 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

### 1. ORIGIN OF THE REPORT

This report has been prepared at the request of the Community and Public Health & Disability Support Advisory Committee (CPH&DSAC) following the presentation from the Ko Awatea Gender Affirming Care Co-Design Group on 9 May 2019.

### 2. RECOMMENDATION

That the Committee:

- i. notes the Transgender Health / Gender Affirming Healthcare report.

### 3. SUMMARY

Both the Child and the Youth Health Workstream and Canterbury Initiative have recognised the need to develop a coherent and cohesive approach to meeting the health care needs of gender diverse people within our community. The work undertaken by the Canterbury gender affirming care co-design group through Ko Awatea (as presented to CPH&DSAC in May), has successfully identified and created the conditions and environment to move forward on meeting the health care needs of this small but complex population within our community. Planning and Funding is currently exploring how best to implement the new HealthPathways that will lead to an integrated and coherent delivery of service for those people requiring gender affirming health care.

### 4. DISCUSSION

Gender diverse/transgender are terms used to describe when an individual's sense of gender identity does not correspond with their birth sex. Gender affirmation treatment may include hormone therapy and/or gender affirming surgery to develop the physical characteristics of the affirmed gender.

While there has not been any formal studies of the prevalence of gender diverse/transgender identity in adolescent or adult populations in New Zealand, the Youth 2012 survey identified 1.2% of young people being gender diverse/transgender, 2.5% not being sure about their gender and 1.7% that did not understand the question. The 2013 census identified 106,737 people between the age of 10 and 25 within Canterbury. If we apply the figures of 1.2% and 2.5% from the survey to this number we might anticipate there being 1,280 gender diverse/transgender people in Canterbury and 2,668 people being unsure about their gender.

It is widely recognised that access to health services and health outcomes are worse for gender diverse/transgender people compared to non-transgender (or 'cisgender') people. This group within our communities experience higher levels of exclusion and discrimination, a higher prevalence of anxiety and depression, higher rates of alcohol and other drug use/misuse, and poorer overall health outcomes in general.

At this point in time there is only one District Health Board – Auckland DHB, which provides a dedicated and integrated gender affirmation healthcare service. Through the efforts of the Ko Awatea Gender Affirming Care Co-Design Group (and in collaboration with Auckland DHB), there has been significant progress towards defining the structure and requirements to provide an integrated model of care for Cantabrian gender diverse/transgender people over the past 12 months. This includes a revised set of information on gender identity and Canterbury gender affirming care and support networks on Healthinfo and the development of five new draft HealthPathways that provide guidance on the main aspects of meeting the health care needs to gender diverse/transgender people within our community, including primary health care, mental health, endocrinology, surgery, and wrap around services.

## 5. **CONCLUSION**

The work done to date makes it quite clear that in most cases the services are available, but this vulnerable population needs prioritised access. Due to poor data collection we are unable to identify how much activity is currently happening and we know that to date the pathways have been convoluted and have a number of barriers which unintentionally disadvantaged gender diverse/transgender people. We have identified the key service delivery gaps that will need to be addressed to enable full implementation of the new HealthPathways and are working on how to address them to better meet the health care needs of gender diverse/transgender people within the current resource constrained environment.

The Planning and Funding Team Leaders for Child and Youth Health and the Canterbury Initiative have also engaged in discussion with members of the Ko Awatea Gender Affirming Care Co-Design Group (Dr. Rebecca Nichols and Ester Vallero), to explore how best to support the completion and implementation of the new HealthPathways and provide coordination, visibility and oversight of the delivery of health care services in future.

An update on progress with this initiative will be available for the next meeting of CPH&DSAC in August 2019.

## 6. **REFERENCES**

- a. Information on gender identity and Canterbury gender affirming care and support networks on Healthinfo.

[https://www.healthinfo.org.nz/index.htm?overview-of-gender-identity\\_1.htm](https://www.healthinfo.org.nz/index.htm?overview-of-gender-identity_1.htm)

- b. Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in New Zealand in Aotearoa New Zealand (2018):

<https://researchcommons.waikato.ac.nz/bitstream/handle/10289/12160/Guidelines%20for%20Gender%20Affirming%20Health%20low%20res.pdf>

Report prepared by: Wayne Team, P& F Teamleader Child and Youth Health

Report approved for release by: Carolyn Gullery, Executive Director, Planning Funding & Decision Support

## DISABILITY STEERING GROUP UPDATE

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

### NOTES ONLY PAGE

# TRANSALPINE STRATEGIC DISABILITY ACTION PLAN – PRIORITY ACTIONS - REFRESH

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

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

**SOURCE:** Planning and Funding

**DATE:** 4 July 2019

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

This report is written following a request for an update on the plans to refresh the priority actions of the Disability Action Plan by CPH&DSAC at its meeting on 7 March 2019.

## 2. RECOMMENDATION

That the Committee:

- i. notes the processes for refreshing the priority actions of the Disability Action Plan; and
- ii. notes the process for the seeking of new disability community members of the Disability Steering Group.

## 3. SUMMARY

Section 15 of the Disability Action Plan 2016 -2026 (the *Plan*) states the objective “*to implement the Plan in partnership with the disability sector*”, and it goes on to identify action point 15.4 which states that “*the Plan will be refreshed annually with the health system and disability sector engagement and input*”.

With the Plan launched in July 2016 and the formation of the Disability Steering Group in January 2017, formal engagement with the disability sector did not occur until June 2018 as the Steering Group worked to understand and begin to implement the 40 priority actions identified through the initial consultation phase with people with disabilities, family/whanau and the wider disability sector.

From June 2018, a meeting with Disabled Persons Assembly (DPA), attendance at the Disability Provider forum and an electronic survey occurred and provided feedback on the progress on the priority actions to the sector and asked where the Canterbury DHB should focus its efforts in the coming two years. The most useful feedback was from the attendance at DPA, but there was little or no response via the survey or at the Provider forum.

The feedback from DPA on the priority areas remained consistent with the original actions - particularly around accessibility, raising disability awareness for staff, communication and employing more people with a disability within the Canterbury DHB. No amendments were made as a result of the engagement, however, detail from the DPA forum has been captured and will again be considered as part of the proposed refresh.

A refresh of the priority actions is now required as actions have either been achieved and need removing; are work in progress but stated actions need updating to reflect current focus; or have not progressed and need reviewing. As part of our commitment to work in partnership with the sector this needs to occur through meaningful engagement with the disability sector.

#### 4. **DISCUSSION**

##### **Proposed Process**

Acknowledging that this is a refresh of the priority actions and not a full review of the Disability Action Plan which is active to 2026, the Disability Steering Group have recommended an approach that is focused but remains aligned with the New Zealand Disability Strategy, which states people with lived experience of disability must be engaged in a process where their input is sort and valued when matters that affect them are being planned.

A person with lived experience of disability with the experience and skills to facilitate engagement forums across Canterbury and the West Coast has been identified and will run three forums in Canterbury and two on the West Coast with the disability sector in August 2019.

The Canterbury and West Coast Disability Planning and Funding Portfolio Lead will be present at the forums to capture the feedback and priorities identified and will draft a refreshed Plan for consideration and endorsement by the Disability Steering Group, Executive Management Team, DSAC and the Board.

It is expected the draft refreshed Plan will be presented to CPH&DSAC at its October 2019 meeting and following a parallel process, to the West Coast Advisory Committee meeting on 1 November 2019.

##### **Membership of Disability Steering Group**

When the Disability Steering Group formed it was expected that membership from the Disability Sector would be renewed at least every three years. The membership includes the following perspectives:

- Chair – preferably with lived experience of a disability but must at least be recognised as having credibility within the disability sector.
- People with lived experience of a disability - x2
- Family/whanau of someone with lived experience - x1
- Pacific - x2
- Maori - x2
- Provider - x2, one of which must bring support for those over 65 years.

Current membership has been canvased as to whether they would like to seek a second term, excluding the Chair who will step down. It would be desirable for some members to be retained in order to provide some continuity to the Steering Group. At this stage, of the 10 community members, five have indicated they would like to stay on for a second term and five will step down. This seems a reasonable proportion and it is planned that an expressions of interest process, interview and reference checks will be followed to select new members.

This process will be conducted through September/October 2019, with new members in place for the first meeting in January 2020.

#### 5. **CONCLUSION**

It is important to identify, as we move forward, how we formally acknowledge the contribution of the Chair and current disability community members as inaugural members of the Disability Steering Group. The process is yet to be confirmed, but DSAC will be advised.

Report prepared by: Kathy O'Neill, Team Leader, Planning and Funding  
 Report approved for release by: Jacqui Lunday-Johnstone, Executive Director, Allied Health, Technical & Scientific.



**CDHB WORKFORCE UPDATE**

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

**SOURCE:** People & Capability

**DATE:** 4 July 2019

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

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

### 2. RECOMMENDATION

That the Committee:

- i. notes the Canterbury Workforce Update.

### 3. DISCUSSION

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

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

#### **Diversity, Inclusion and Belonging**

##### Achieving our people strategy with a more diverse and inclusive workforce

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

In the last four months the appointee to the Care Starts Here portfolio took up the role of Programme Manager. The role includes the Diversity, Inclusion and Belonging programme of work. Our vision is to have a workforce that mirrors the communities we serve, and a workplace in which everyone feels they belong. One focus for the Programme Manager has been on reviewing existing core people policies and developing new policies as appropriate. One of those policies is the Diversity, Inclusion and Belonging policy which has been drafted, and is being put through the various processes needed prior to it being approved.

Another area of work is the development of a diversity data framework that will include a question on disability. The question is being worked through with Population Health and the Disability Steering Group to ensure we use best practice. The question will be agreed in the next fortnight.

The draft Maori and Pasifika Health Workforce Plan has enabled us to review our progress for these two sectors and to determine the work that needs to be done to achieve the level of participation and inclusivity we need.

The same level of review and planning has not been done for the Disability sector, however, the CDHB and WCDHB Transalpine Disability Action Plan 2016-2026 will be refreshed in consultation with people with disabilities, their family/whanau and providers of disability services. One of the four priority areas identified by the disability community as part of the Action Plan was that they wanted CDHB and WCDHBs to be leaders in employing more people with disabilities within their organisations, and as large employers in the South Island the DHB's leadership have agreed this must be a priority action.

While the Canterbury DHB is the first organisation to commence an internationally successful internship programme for school leavers with learning disabilities (intellectual disability) - Project SEARCH, there are no other significant changes in place that will specifically lead to more people with disabilities entering the CDHB workforce. Recognising this, a significant amount of focus is occurring within People and Capability to improve systems and processes overall, and these will support a more diverse workforce. However, to make a greater difference a twin track approach is required:

- a. our mainstream human resource processes need to be inclusive and adaptive to people with disabilities and this is being worked towards via our People Strategy including the Care Starts Here programme; and
- b. a focused, targeted approach for people with disabilities, in order to achieve our goal of being a lead employer for people with disabilities.

To identify what the focus and targeted approaches should be, a focus group initiated by the Disability Steering Group, facilitated by the *Care Starts Here* Programme Manager and drawing on internal and external expertise has been arranged for 3 July 2019. It is anticipated that while many of the future options identified through the Maori and Pasifika workshops held last year and focussed on increasing these workforces within CDHB will equally apply to increasing our numbers of staff identifying with disabilities, there may be other factors that prevent participation that need to be addressed differently. The question to be addressed at the forum is "How can the CDHB employ more people with disabilities?" Most of the recruitment team and representatives of MSD industry partnerships will attend and we are working to identify staff who live with disabilities who are willing to share their perspectives. Clear actions will come out of the forum and will be used to inform next steps.

The Disability Support Services goals set out in the CDHB 2018/19 Annual Plan required the following deliverables:

- Q1 Diversity Training Group established (across West Coast and Canterbury);



- Q2 Diversity Education Framework approved, and development of training modules complete;
- Q3 Disability training modules launched on Health Learn; and
- Q4 report on uptake of training modules.

While this work has been delayed, not only because of a number of system constraints within our learning management system, Health Learn, but also because of the tragic events on 15 March 2019 which led to some reprioritisation of the staff who had been committed to do the work to meet the deliverables in order to respond to the immediate, and short to medium term needs of our existing staff and their managers.

It has also lead to a rethink of what approach should be taken to ensure that our leaders and Managers have not only the necessary awareness but are able to embed a change in culture. In May a small group was established through People and Capability to identify for the CDHB context what is appropriate disability awareness training. As part of the process, currently available resources not already on Health Learn, were provided to enable quick deployment of those that will meet needs.

In addition, the group identified the three components of the framework necessary to build change. These are:

- Theme 1 – knowledge and approach i.e. basic etiquette, what to say, what to do, what is equity compared to equality, the benefits of diversity.
- Theme 2 – broader behaviour change, accommodation and what does it mean, unconscious bias, general human behaviours that affect hiring and performance decisions, how to address behaviour that are not appropriate, what are the additional tools needed to manage the behaviours.
- Theme 3 – steps outside of training to embed the changes that are data and lived experience informed.

In May and June an external provider ran Unconscious Bias training at Burwood Hospital based on the programme previously run with Recruitment team. The first workshop at Burwood was a general presentation on unconscious bias, while the second was more targeted to staff who are mentors of the interns in Project SEARCH, and this had more of a disability focus. Both were well received and have significantly increased understanding.

In the previous report it was advised that in Q4 a Diversity Training Group would be established to confirm the user stories that will make up the learning pathways for people, and people leaders, new to our organisation and a broader pathway around Diversity, Inclusion and Belonging. Due to the events of 15 March 2019 there has been some delay to the establishment of the Diversity Training Group.

## **Project SEARCH**

The programme is now well underway with the eight interns having completed their first rotation and are now in their second rotation. The noticeable changes in attitudes, behaviours and skills of the interns have been positively commented on by their mentors (Burwood staff), the skills trainers and their Tutor.

CDHB has already committed to continue its role of host employer next year, and is further developing the physical home base for the programme at Burwood.

The Project SEARCH Steering Committee is continuing to work with Ministers to get a different funding model so that the uncertainty related to funding, which is currently dependent on the individual funding available to each intern and is affected by individual circumstance, is resolved. It is expected to have a decision on the funding model from the relevant Ministers in June 2019.

An evaluation of the programme will be done at the end of its first year, and will be undertaken by Dr Colin Gladstone of Canterbury University. Its purpose is to evaluate the Project SEARCH model in the New Zealand context, as a vehicle for gaining employability skills that provide a pathway into competitive employment for young people with disabilities.

The success of the programme is directly related to the success of the interns in gaining paid employment on completing the programme. CDHB as the largest employer in the South Island and as an employer committed to increasing its disabled workforce will have a key role in enabling the initial success of the programme. It will do this by determining what jobs it has for graduating interns, and by working with other employers to adopt the programme and to assess what employment opportunities they have for the skills that are developed through the programme.

It has been confirmed that we will be able to offer placements to another eight interns at Burwood in 2020. An Open Home will take place on 26 June 2019 at which potential applicants and their teachers and whanau will be provided with information about the programme. To be eligible the interns must be at school and ORS funded in order to maximise the funding available to pay the Skills Trainers and Tutor who are employed through our partners.

Earlier this month, CDHB entered the Project SEARCH programme into the Champions of Canterbury awards to ensure that more people and businesses gain knowledge of the programme and its benefits to the host business and the interns. Attached is that entry (Appendix 1).

To further support new Project SEARCH initiatives in Canterbury and to ensure that our interns are able to get real jobs in other workplaces a Business Advisory group is being established led by Michael Frampton, Chief People Officer. It will bring together a small group of influential leaders in Canterbury with a twofold purpose:

- a. matching skills to paid employment opportunities so that the programme is providing the interns with skills that have them work ready for real jobs on graduation, and

- b. developing knowledge and acceptance of the programme in order for it to become part of other organisations.

The organisations that have committed to learning more about the programme and supporting the employment of the interns include the University of Canterbury, Foodstuffs South Island, and Fonterra. The two largest employers in New Zealand are Fonterra and Foodstuffs so we are delighted they have chosen to come on board. We are awaiting confirmation of participation from The Warehouse Group, Ngai Tahu, Christchurch City Council, and CIAL all of which have expressed interest.

### **Occupational Health Service Improvement**

The Occupational Health Service (OHS) improvement programme builds on a review conducted in 2017 to identify how we might better support the current and future needs of our people. The programme seeks to reduce sickness absence by 17 per cent from our current position. The impact of this would be a workforce that is supported to be and stay well, and a potential \$4,019,241 that could be redeployed into quality patient care.

A key activity for this quarter has been supporting the expansion of the Wellbeing Health and Safety team through reprioritising existing resources to increase internal capabilities of the Occupational Health interdisciplinary team. We have been working with the existing team to support a shared understanding of the team's collective responsibilities, and to confirm the most effective use of existing skills and resources across the team in preparation for expansion of the team.

We have ensured Statements of Accountability for the new positions are aligned with the team's shared responsibility and the vision for OHS. We have also ensured messaging and communications to support recruitment for new positions are aligned with the OHS vision that these are valuable roles within our health system to support our people to be and stay well to provide the best possible care for our patients. We have had a strong response to recruitment with successful appointments to all four positions likely early next quarter.

We have been collaborating with health system partners to establish workstreams for the change management programme. These build on successful collaboration models that exist across our health system. We expect the collaboration model, and the capabilities and experience required of participants to be confirmed by our Advisory Group in the next quarter, with the workstreams established by end of September.

Our Wellbeing Health and Safety team has prioritised work alongside clinical and operational leaders in the business to improve illness-related absence management, which includes:

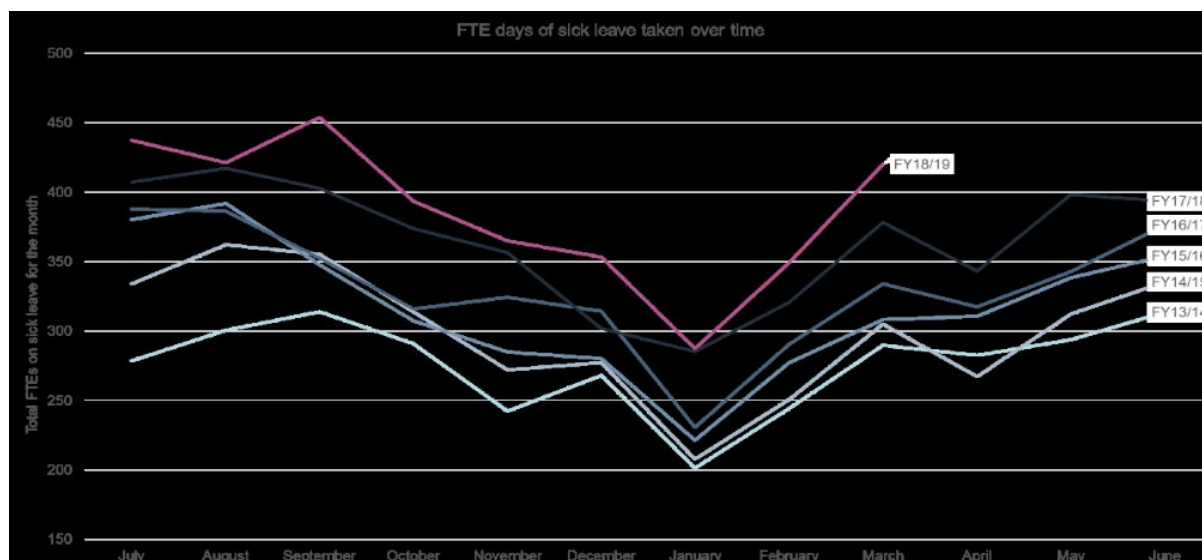
- Establishing clear guidance, tools and education for line managers to effectively manage and escalate illness-related absences.

- Supporting managers with multi-disciplinary 'case management' for more complex cases. This will be a collaborative process involving HR, Health Professionals (Medical, Allied Health, Nursing and Mental Health) and ER experts when required.
- Improving data analytics and reporting capability to identify areas of focus and ensure line managers have the information they need.

It also focuses on key areas of mental health, injury management and wellbeing:

- Development of our Mental Health Wellbeing Strategy and Programme:
  - Mental Health Clinical Lead(s) appointed
  - Two Poutataki / Welfare Advisors being appointed
  - Incorporating our Wellbeing Response and Recovery Plan
- Continue improvements in Injury Management:
  - Roll out programme to reduce the number of manual handling with a focus on musculo-skeletal injuries
  - Continue work on reducing the impact of violence and aggression in the workplace
  - Continue work on Wellbeing Promotion - vaccinations, pre-employment, health promotion, resilience.

We expect sickness absence to continue to be challenging in the post 15 March 2019 environment. The graph below shows annual comparators of sick leave absence.



The full year 2018 / 19 prediction is that the equivalent of 450+ people will be absent from work every day. This compares to FY 2017 / 18 the equivalent of 365 people absent from work every day, and FY 2013 / 14 the equivalent of 277 people absent from work every day.

Our response to 15 March 2019 has been developed by internationally recognised post-disaster clinical experts and is based on:

- developing support and services informed by our people: to ensure it is meaningful;
- using an evidence basis to inform our work by what is already known;
- enabling all our people access to appropriate help: to ensure it is easy and equitable;
- continuing to listen and respond to our people to ensure it is ongoing and sustainable;
- strengthening existing support pathways: to use what is already known and trusted;
- ensuring our approach strengthens and empowers leaders to support leadership capability;
- providing clear, consistent and contextual communications to deliver clear messages; and
- respecting privacy to ensure the safety of our people.

#### **4. APPENDICES**

Appendix 1: Westpac Champion Business Awards (2019) - Entry

Report prepared by: Maureen Love, Strategic HR Business Partner

Report approved by: Michael Frampton, Chief People Officer

**Westpac Champion Business Awards 2019 (2019)**

Champion Business for Good (Award Partner: Christchurch City Council)



PJmdrEmR

# Project Search: Breaking down barriers for people with disabilities

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## Entrant details

Entrant name

| Sarah Carnoutsos

Full Business Name

| Canterbury District Health Board

Key Contact Person

| Sarah Carnoutsos

Key Contact Person Position/Role

| Programme Manager

Key Contact Mobile Number

| 0274727113

Business Street Address

| 32 Oxford Tce

Business Postal Address

| PO Box 1600

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## Entry details

Please confirm you are one of the following:

| ✓

A registered business with the New Zealand companies Office / A registered charity / An incorporated society / Sole Trader / Partnership

Please tick to confirm you are NOT:

| ✓

Under Investigation by any New Zealand or International statutory body (e.g. ACC, New Zealand Police, Health and Disability Commission, Inland Revenue)

Please confirm you are answering these questions openly and honestly

| ✓

and to the best of your ability.

**Activity Summary:** Please summarise (in 20 words or less) your key business activity or purpose, e.g. "The Westpac Champion Business Awards were created to celebrate the excellence, innovation and success of Canterbury businesses and charities."

*This descriptor will be used in the media should you become a Finalist.*

World leader in health system integration and people-centred health care, we plan or provide health services for 560,000 Cantabrians.

Website

<http://www.cdhb.health.nz>

### Business Description:

Please describe (in 100 words or less) the purpose of your business. Your description should also reflect how your business fits into and supports the category you have chosen.

*This descriptor will be used in the media should you become a Finalist*

The largest employer on the South Island, Canterbury DHB employs over 9,500 staff and plans and provides health services for over 560,000 people. A world leader in health system integration and applying a people-centred approach to health care, our scope ranges from primary care, pharmacy and district nursing, to community and public health services as well as operating six large hospitals and numerous rural facilities. We are part way through the largest build and redevelopment programme ever seen in New Zealand.

Number of Full Time Employee's (FTE's)

More than 100 FTE's (Medium/Large)

### Question 1 - Strategy

As the largest employer in the South Island, and in the top 10 in New Zealand - we know how much work matters to people's lives.

It shapes who we are, how we feel, and how we interact with the world. It's where many of us derive our purpose in life, and where we feel our contribution matters. We believe passionately in everybody's right to work.

In New Zealand a quarter of the population lives with a disability, and for those who do they're three times less likely to be in work compared to non-disabled Kiwis. The vast majority of those people – 74 percent – wish they were working.

Barriers to this employment are significant - but at the Canterbury DHB we believe they don't have to be.

In January, we welcomed eight high school leavers with learning disabilities to the Canterbury DHB as interns under our Project SEARCH initiative.

Project SEARCH is global, launched in the US in 1996, with more than 600 around the world. Ours is the first in Australasia and just the second in the Southern Hemisphere. It's a year-long embedded internship programme designed to give school leavers with learning disabilities the skills and experience necessary to compete for a job in today's workforce.

Based at Burwood Hospital, the 2019 interns are working through three internship rotations across the business. They'll work in administration, food service, maintenance, Orderly Services, the physiotherapy and spinal units, in storage, waste management and other areas.

One of the biggest barriers to employment for people with disabilities is overcoming inaccurate perceptions of employers that hiring people with disabilities will be expensive, hard, and no benefit to their business.

When in fact, the opposite is true as the positive links between diversity and outcomes have been widely recorded in New Zealand and abroad.

Our three objectives for Project SEARCH are:

1. Secure employment for each intern with a minimum of 15 hours per week at minimum wage or above;
2. Expand Project SEARCH to an annual programme, and to other organisations in Canterbury and New Zealand;



3. Use our data, experiences and results of Project SEARCH to change perceptions of the value people with disabilities bring to the workforce.

The Project SEARCH framework guides us to establish the internships, but we're also taking our own steps to achieve these goals beyond that framework. Canterbury DHB has long supported people with disabilities through planning, funding and providing health and disability services, now Project SEARCH is helping us truly reflect the communities we serve, and enabling us to provide leadership and guidance for others to do the same.

## Question 2 - Execution

Our impact strategy is ambitious, and we admit we might not have all the answers – which is why we're going beyond the prescribed Project SEARCH framework to ensure ours can be as successful as possible.

As outlined above, we have three main objectives for Canterbury DHB Project SEARCH and are enlisting a number of tactics to achieve these.

- **We've partnered with five other organisations to deliver this programme**

To bridge gaps in resources and expertise, we've partnered with CCS Disability Action, The Blind Foundation, IHC Foundation, Riccarton High School and WorkBridge.

Together, representatives from these groups sit on our Project SEARCH Steering Group along with our Canterbury DHB and Burwood Hospital people.

- **We've established a business advisory group**

Made up of high profile local business figures from large and influential local and national employers, this group helps guide our interns into the workforce armed with the desired skillsets of today.

- **We've created a strategy to raise the profile of our Project SEARCH**

This strategy combines media coverage with showcases of the programme to influential central and local politicians and policy makers.

Over the first year we fully expect to be on a steeper learning curve than our interns - in just getting them to that contract-signing, they had already helped us identify a whole range of our own processes that are barriers to employment. As a practical example, the proof of identification requirements imposed by our own organisation, were greater than those of organisations like the police, and created an unnecessary barrier to undertaking work for us. We were not aware of this until we needed to get security cards for the interns, so have now amended this process.

Others we are working on, and still more represent major challenges – probably the largest of which is changing our own attitudes from within.

To accelerate our progress, we are ramping up the education of our people about working with people with disabilities, organising a wide reaching employment forum that will produce the practical actions we must do to reach our goal of employing more people with disabilities and auditing our recruitment and placement processes to ensure they are truly inclusive.

We're absolutely committed to making Project SEARCH a success. Not just as a provider of eight intern placements in 2019, and expecting to hire two graduates as employees in 2020, but with the anticipated outcome that this programme will grow within the DHB and that other large Canterbury employers will pick it up.

## Question 3 - Performance & Impact

Project SEARCH signals our commitment to supporting and enabling people with disabilities. Importantly too, in breaking ground, we're showing other employers across New Zealand that it can be done and the Project SEARCH template is something they can pick up and run with.

We've been featured on Stuff.co.nz, scoop.co.nz and have further scheduled media coverage with NZME and TVNZ.

Already we've had visits from public servants within the Ministries of Education and Social Development who have expressed interest in learning how a model like Project SEARCH could inform their own initiatives.

We know our Canterbury DHB people are valuing their chance to positively impact our interns' lives by helping them into the workforce.

We also know our patients and their own friends and whanau are benefitting from seeing the interns at work.

We've been told countless times how disheartening it is for people with disabilities to finish high school with high hopes of moving into jobs, only to find themselves effectively locked out of the job market.

As one visitor to a patient at Burwood Hospital told us recently after interacting with an intern in the Spinal Unit:

*"The staff and patients were genuinely interested in the young Lady and what she was doing and after she left the room the comments made were so positive and supportive and they were all very impressed with her and so encouraging. "So as a parent [of a child with a disability] it was lovely to hear the public and staff accepting a person with a disability as a valued staff member who is working in an extremely busy and challenging environment and working to the best of their ability. Gives all us parents something to look forward to for our children."*

For the interns themselves, their work readiness has significantly improved, they're noticeably more confident and their acquisition of skills is exemplified by the long list one of them left for a co-worker regarding the work that would need to be done in her absence. The list was full, accurate and complete.

When the interns have been asked how the programme is going for them, everyone reflects how, "being at work is better than school," and when the equivalent of term breaks arrive they have asked if they can stay at work instead of going on holiday. Who wouldn't want staff like that!

For our mentors and managers, already the learnings are invaluable. It's taught us there's different ways of achieving the same outcomes, to see people for who they are, and to share the pure joy coming from the interns in being able to do work - and that makes for a more engaged workforce.


It's also made us more aware we need to focus on using the experiences of our interns and our mentors to enhance disability awareness training making it more real and relevant, and to look at how we can eliminate unconscious bias.

#### Question 4 - Recognition

- We believe Project SEARCH deserves to be recognised so we can continue to raise the profile of not only the programme and its interns, but also of the wider barriers preventing people with disabilities from entering the workforce.
- Even more than highlighting those barriers, recognition for Project SEARCH would be recognition of the abilities of all people in our communities. At the Canterbury DHB, we believe people should be able to bring all of themselves to work each day. They shouldn't feel they need to leave a part of themselves at the door, or to try and hide away something about themselves they cannot change.
- Instead, it's the rest of us who need to change. We need to change to be a more accepting society, which actively creates opportunity for people with disabilities to participate in sustainable, valuable work.
- Recognition for Project SEARCH is recognition for creating employment opportunities for people with disabilities, which is a critical issue across New Zealand. Currently, people with disabilities earn half the median weekly income of people without disabilities. By reducing the unemployment rate of people with disabilities to be in line with the national average of unemployment, government savings to the tune of \$270 million per year could be achieved from reduced benefit support. Representation of people with disabilities in the workforce helps break down the social stigma, increases empathy and is critical to improving outcomes for a large marginalised group in our society.
- Recognition for Project SEARCH shows other employers how they too can incorporate people with disabilities into their own workforces. Research shows the benefits a diverse and inclusive workforce has on a business's bottom line; yet people with disabilities are still excluded. Real change happens every time a person with a disability gets and retains a job. We believe recognition of Project SEARCH will encourage the business community to embrace people with disabilities and show them a viable way to do so.

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 <p>Canterbury District Health Board Te Poari Hauora o Waitaha</p>	<p>Minutes – Friday 3 May 2019 Canterbury DHB Disability Steering Group (DSG)</p>
<p><b>Attendees:</b> Gordon Boxall (Chair), Sekisipia Tangi, Jacqui Lunday Johnstone, Allison Nichols-Dunsmuir, Maureen Love, Kay Boone, Susan Wood (by mobile), Waikura McGregor, Paul Barclay, Prudence Walker, Lara Williams (Administrator)</p> <p><b>Guests:</b> Project Search team - Linda Leishman Project Search tutor, Ricky Project Search intern Morgan Tait, Joshua Dickson, Marilyn McLeod and Marinda Matthew from People &amp; Capability (P&amp;C)</p> <p><b>Apologies:</b> Ngaire Button, Simon Templeton, Kathryn Jones, George Schwass, Kathy O'Neill, Catherine Swan, Mick O'Donnell, Dave Nicholl, Jane Hughes</p>	

	Agenda Item	Summary of Discussion	Action/Who
1	Karakia Timatanga	Karakia provided by Waikura. Karakia is attached, wording reflects the change of season.	
2	Apologies above  Previous minutes, matters arising and any conflicts of interest for today's agenda items	<p>February minutes passed as correct by email as confirmation was needed for them to go to DSAC. Action points from these minutes will be raised in May 24<sup>th</sup> meeting.</p> <p>There were no minutes for March as this meeting was cancelled.</p> <p>Today's meeting is the April meeting, moved out one week.</p> <p>Gordon acknowledged the events of March 15. Our thoughts are with the victims, and recognition of the first responders and CDHB team, including DSG members George Schwass, Mick O'Donnell and Dave Nicholl to be honoured for their contribution.</p> <p>At the May meeting, DSG plans to discuss of the needs of the Muslim community with disabilities and how we respond to this. If members are aware of needs in the community, please contact Gordon.</p> <p>Interest register - Paul Barclay has been appointed to the Board of Laura Fergusson Trust.</p> <p>Prudence – Consulting on the Access Matters campaign.</p> <p>Prudence also mentioned her links with CCS Disability Action with regards to Disability Awareness Training discussion.</p>	<p><b>Action point –</b> Action points from February meeting to be on May 24<sup>th</sup> agenda.</p> <p><b>Action point –</b> Discussion on Muslim people and disability to be on May 24<sup>th</sup> agenda.</p>
3	Update on Project Search Engagement with at least one intern	<p>Linda Leishman provided an overview. Interns have completed six weeks The aim of Project Search is to develop skills that will enable ongoing success in the competitive workplace. Support continues after completion of the formal intern period. Planning is underway for second cohort to commence in early 2020.</p> <p>It was noted that loosening eligibility criteria beyond having ORRS status) could help ensure doubly-disadvantaged groups (including Māori and Pacific Island communities as well as other minority groups) can participate in Project Search.</p> <p>A Business Advisory Group is being established to advise on the skills that fit other large organisations, so these can be</p>	<p><b>Action point –</b> Allison will follow up with Linda on Burwood site accessibility issues.</p>

	Agenda Item	Summary of Discussion	Action/Who
		<p>integrated by CDHB Project Search and expanded in other sectors where appropriate.</p> <p>Dr Colin Gladstone and Erin Riehle have completed their third visit. Their next evaluation visit will be at the end of the year</p> <p>It is important for ongoing funding to be secured, and a funding proposal has gone to the Minister. This is especially important if the programme is to extend beyond ORRS funded school leavers, which is the hope.</p> <p>Stuart Lloyd-Harris has produced a 30 minute film as a teaching tool, including great feedback from interns. Stuart will be filming another section later in the year.</p> <p>There are a range of challenges in adapting a US model to the NZ context, including different skill requirements, Maori and Pacific cultural components.</p> <p>Ricky provided an update of his experience at Burwood. As a visually impaired person he has identified accessibility issues such as signage and need for a handrail. Ricky's skills trainer has worked with him to develop a 3d printer-produced a tool to help him align labels on envelopes. This, and other similar practical examples help focus on people's abilities and problem-solving skills that help barriers to be overcome.</p> <p>Interns have enjoyed their time at Burwood learning workplace relevant skills, while taking on significant responsibilities such as bussing each day (with one student having a 2 hour bus journey each way). Motivation is high and Burwood staff have been "nice and respectful."</p>	
4	Disability Awareness Training	<p>Susan Wood joined the meeting by phone</p> <p>Josh Dickson is leading diversity initiatives in P&amp;C, including development of 'disability awareness' – one of the Health Disability Action Plan's priorities. This is starting with Managers, but recognises the importance of culture change and an overall framework as CDHB is large and complex.</p> <p>The meeting reminded P&amp;C colleagues of this being on the agenda for a long time with no apparent progress despite ongoing offers from community representatives to assist. There had also previously been an opportunity for CDHB to take a lead role in this area on behalf of all DHB's. The circulated status report prepared by CDHB for DSS indicated that no progress had been made which was very disappointing.</p> <p>It was noted that Auckland DHB had achieved an 'accessibility tick' – see <a href="https://www.adhb.health.nz/about-us/news-and-publications/latest-stories/auckland-dhb-achieves-the-rainbow-tick-and-the-accessibility-tick/">https://www.adhb.health.nz/about-us/news-and-publications/latest-stories/auckland-dhb-achieves-the-rainbow-tick-and-the-accessibility-tick/</a></p> <p>What is needed includes advice on:</p>	<p><b>Action point</b> – Any DSG members who have ideas or materials they think may be useful in CDHB Disability Awareness can send to Joshua.</p> <p><b>Action point</b> – Allison, Prudence and Paul to have a meeting with Joshua to support P&amp;C to get back on track.</p>

	Agenda Item	Summary of Discussion	Action/Who
		<ul style="list-style-type: none"> <li>• Direction/aims for framework</li> <li>• What behaviours need to change?</li> <li>• What resources already exist?</li> </ul>	
5	Occupational Health Service.	<p>Jacqui Lunday Johnstone left the meeting Marilyn and Marinda presented on the newly established Tō Tātou Ora [Our Health] work streams which will guide the transformation of the Canterbury DHB Occupational Health service, systems and processes which will result in better support to our people to <i>be and stay well</i>.</p> <p>The Wellbeing team's work is based on issues identified in the 2016 wellbeing survey. Research shows that if people aren't well mentally or physically, this is not best practice for patients. Increased staff wellbeing and welfare leads to reduced sick leave and better care for patients. Occupational Health is one stream of the work to make improvements.</p> <p>Points from the discussion:</p> <ul style="list-style-type: none"> <li>• No mention was made of disabled people in the presentation.</li> <li>• The links between Occupational Health and disability have not been identified as yet. The CDHB, through its Health Disability Action Plan, has an aim to increase the number of staff with disabilities, so DSG recommends an increased disability focus from an Occupational Health (and wider P&amp;C) perspective.</li> <li>• The DSG has a clear aim to improve equity for people with disabilities; their disadvantage in health, economic and social measures are well documented. Addressing this requires focused steps to be taken. The DSG recommends that P&amp;C consider an approach beyond treating everyone equally, and members are available to advise on specific issues and areas where improvements could be made.</li> <li>• DSG raised the question of whether there is a gap for disabled people who are not sick, as this service is set up with an illness/injury focus. Example, understanding and developing 'accommodations' for disabled people – where does this fit?</li> <li>• DSG asked how might P&amp;C integrate the unique and valuable role of people with lived experience of impairment in carrying out its work? E.g. could there a member of the Occupational Health Advisory Group who has personal experience of disability? The discussion identified this as an area where DSG and P&amp;C differ. Kathy O'Neill is on one of the groups; DSG's view is that while this is good, it is not lived experience representation.</li> <li>• It was noted that P&amp;C is developing a diversity and wellbeing policy. This may assist to apply a 'disability lens' to more of their work.</li> </ul>	<p><b>Action Point:</b> Presentation to be included with minutes.</p>

	Agenda Item	Summary of Discussion	Action/Who
6	General Business	<p>Accessibility Charter Working Group update from Allison. Focus is on EMT approval of implementation plan and update to DSAC. Main work relates to incorporating accessibility into policies, procedures, project management (development of guidelines). Project managers are tasked with building this into their work. There are issues around DHB access to technical advice – either contracted or staff – either one would need funding.</p> <p>Feedback was positive from the group on the Mobility Parking online live time map developed by Matt and shared by Mick. The map can be seen at <a href="http://www.cdhb.health.nz/mobilityparking">www.cdhb.health.nz/mobilityparking</a></p> <p>Not discussed due to time constraints:</p> <ul style="list-style-type: none"> <li>- Annual Plan Report to MOH update – attached to agenda</li> <li>- Health and Disability Review Submission</li> <li>- Website feedback</li> <li>- Given our priorities who would we like to hear from/timetable in?</li> <li>- Questions raised by Ngaire in advance of her presentation</li> <li>- Anything that's different in a disabled person's life since we last met?</li> </ul>	<p><b>Action Point:</b></p> <p>Allison will make some suggestions to Matt on the map</p> <p><b>Action Point:</b></p> <p>DSG members who have suggestions on who they would like to hear from can let Gordon know.</p>
	Next Meeting	<p><b>Next meeting Friday 24<sup>th</sup> May 2019</b></p> <p><b>11am-1pm</b></p> <p><b>32 Oxford Terrace</b></p>	

 <p><b>Canterbury</b> District Health Board Te Poari Hauora o Waitaha</p>	<p>Minutes – Friday 24 May 2019 Canterbury DHB Disability Steering Group (DSG)</p>
<p><b>Attendees:</b> Gordon Boxall (Chair), Allison Nichols-Dunsmuir, Kay Boone, Paul Barclay, Prudence Walker, , Simon Templeton, , George Schwass, Kathy O'Neill, Mick O'Donnell, Dave Nicholl, Jane Hughes, Tyler Brummer, Lara Williams (Administrator)</p> <p><b>Guests:</b> Matt Elliot</p> <p><b>Apologies:</b> Maureen Love (Tyler attending for P&amp;C), Catherine Swan, Jacqui Lunday Johnstone, Waikura McGregor, Sekisipia Tangi, Maureen Love, Susan Wood, Ngaire Button, Kathryn Jones</p>	

	Agenda Item	Summary of Discussion	Action/Who
1	Karakia Timatanga	Gordon welcomed the group. Prudence gave a karakia.	
2	Apologies above Previous minutes, matters arising and any conflicts of interest for today's agenda items	<p>Welcome to Tyler Brummer, Programme Manager, new member from People &amp; Capability, a key partner in progressing our group. Tyler and Maureen will both attend meetings for P&amp;C.</p> <p>Conflicts of interest, none.</p> <p>Correction to January minutes – "USA Project Search visitors". Correction made to "Project Search visitors". Noted that Dr Colin Gladstone is based in NZ, Erin was on visit from USA.</p> <p>Matters Arising</p> <p>Allison is meeting with Linda Leishman next week. What is the best way to convey Project Search's participants' feedback? Morgan Tait and P&amp;C working with Communications Plan.</p> <p>A meeting with Josh, Paul and Prudence has not happened, a reminder has been sent to Josh to meet. Kathy, Allison and Kay have had an initial meeting with Josh and Tyler.</p> <p>Information on the Accessibility Tick provided by Paul. This is another resource out there to help the group. Suggestion for Tanya to present when she is next in Christchurch.</p> <p>There are 4 streams of work feeding into Occupation Health review. Groups are waiting for the 4 streams to be reviewed so an overarching plan can be developed.</p> <p>Allison has collated equity information. Will be sent around group.</p>	<p><b>Action point –</b> Correction to January minutes, actioned.</p> <p><b>Action point –</b> See for information in the Accessibility Tick <a href="https://accessibilitytick.nz/the-accessibility-tick-awarded-to-five-more-organisations/">https://accessibilitytick.nz/the-accessibility-tick-awarded-to-five-more-organisations/</a></p> <p><b>Action point –</b> Allison to send equity info to DSG (completed)</p>



	Agenda Item	Summary of Discussion	Action/Who
3	Identifying the issues for people with disabilities from CALD, Refugee and Migrant backgrounds.	Deferred to next meeting as Esther couldn't attend today's meeting.	<b>Action point –</b> Reinvite Esther to next meeting
4	Viewing the new Webpage, next steps	<p>Matt Elliott presented. Much work has been completed toward a more accessible CDHB website. More can be done. There are challenges in keeping information up to date when it changes regularly.</p> <p>Tyler and Matt discussed user testing of developments applied for visual and hearing impaired. This will be extended to members of the CDHB Consumer Council. Matt will discuss with Karalyn van Deursen before Consumer Council is asked.</p> <p>Simon noted that developments need to include the needs of older people. Research shows that such improvements to fit in with tablet use, will not suit many older people</p>	<p><b>Action point –</b> Presentation to be circulated with minutes</p> <p><b>Action point –</b> Prudence to send Matt info on the Be Welcome programme (completed)</p>
5	Discussion on process for Community Members from January 2020	<p>Kathy presented initial plans for renewals of DSG membership. Maori recruitment is needed of someone living with a disability. We will call for Māori and Pacific families with lived experience to apply to the group. It is important to have turnover of membership, balancing and supporting of current membership when new members join. Feedback from community members is invited to Kathy. They are also invited to indicate whether they want to serve another term.</p> <p>Discussion of good practice for supporting potential members with learning disabilities to apply, interview, carry out their role, link and report back to their network, valuing their input. We can consider discussing with People First via Gordon, and are open to the possibility of providing interview questions ahead of time.</p> <p>Discussion of what is expected of community members and their role. It is not feasible to have 'representatives' of all disability groups, but strong links and communications skills are important in order to be a voice for change in the CDHB. Also discussed the need for an orientation package.</p>	<b>Action point –</b> Community members invited to contact Kathy with feedback on their membership experience and their preference to step down at the end of the year of complete another term.
6	General Business -Accessibility Working Group Update	<p>Ongoing building and renovation on Chch Hospital campus due to Master Plan will mean change is ongoing and accessibility and wayfinding will remain issues. Comms important, also staff being helpful.</p> <p>Work is under way to firm up a link to the Hillmorton building project – first time integrating Accessibility Charter into process.</p>	
	Comms	Improvements of maps recognised as needed. George will discuss with David Meates the implications of Master Planning. Agree that improvements to access and wayfinding, would have positive impact financially re appointments being kept on time, reduce Did Not Attend (DNA) rate. .Comms has a contractor,	<b>Action Point:</b> Shannon and Allison to meet (scheduled)

	Agenda Item	Summary of Discussion	Action/Who
		Shannon, working on patient letters including maps. She will link in with DSG.	
	Updates	<p>Health and Disability Review Submission will be circulated by Kathy in time.</p> <p>Employing Disabilities Forum – 3<sup>rd</sup> July, will include DSG, P&amp;C, external experts, WCDHB to brainstorm how we can employ more people with a disability.</p> <p>DSAC needs a refreshed plan for August meeting.</p> <p>Next DSG meeting – engagement with Pasifika portfolio lead.</p> <p>P&amp;C is hiring a position to focus on diversity, inclusion and belonging. Positive comments from DSG.</p>	<b>Action Point:</b> Kathy to invite Finau Heuifanga Leveni to June meeting
	Given our priorities who would we like to hear from/timetable in?	<p>Three suggestions:</p> <p>HealthPathways</p> <p>HealthInfo</p> <p>Older Person's Health – focus on occupation therapy and physiotherapy.</p>	<b>Action Point:</b> Kathy will follow up for future agenda items and speakers
	What's made a difference to a disabled person's life	<p>Group members pleased to be getting improvements in handling of bus stop changes – cross organisations CDHB, Age Concern, ECAN and Council. Still a work in progress but successful in raising the profile, getting seats installed, and a new brochure to assist people to take the bus to Chch Hospital and Outpatients.</p> <p><b>Noted how resourceful many disabled people are and an example provided of someone from Christchurch who supports a friend he grew up with in residential care and who now lives in Akaroa where there are no services. A great example of mutual support and sharing of skills to enhance both lives and where the community provides an important naturally supportive role.</b></p>	
		<p>Allison tabled a takeaway question –</p> <p>How does the CDHB find out about access issues experienced by patients, clients, staff, families/whanau? How are issues raised, reported resolved, collated? How can we measure our performance?</p>	<b>Action point –</b> Members to bring examples for next meeting
	Next Meeting	<p><b>Next meeting Friday 21 June 2019</b></p> <p><b>11am-1pm</b></p> <p><b>32 Oxford Terrace</b></p>	



## ***Canterbury Clinical Network Work Programme 2018-19***



**Quarter 3 Report (January – March 2019)**

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## Examples of what this activity means for our people, their whānau and community, and the contribution of this activity to Canterbury's health system outcomes in Q3 2018-19

### FOCUS ON: Healthy Lifestyles



#### 1,212 people were referred to Green Prescription in Q3

To help them live a healthier lifestyle through increasing their level of physical activity.

2018-19 TARGET = 4,000  
Total to date = 3325



#### Over 120 people attending community Respiratory Exercise Groups each week

to support their health and wellbeing and the management of their respiratory condition in Q3.

17 classes at 12 locations are delivered weekly, including classes in Ashburton & Amberley.



#### 100% of children

in the 98<sup>th</sup> percentile of obesity were referred to a **family-based nutrition, activity and lifestyle programme** to help their whole family live a healthier lifestyle in Q3

2018-19 TARGET 95%

#### Our Activity Objectives

Networks between general practice, hospital and community services enable people at risk of diabetes and other non-communicable diseases to access healthy lifestyle support to prevent the development of long term conditions or delay the onset of complications.

#### Our Activity Objectives

Support earlier intervention and continuity of care for children to improve long-term health outcomes.

### HOW THIS CONNECTS WITH OUR WIDER HEALTH SYSTEM MEASURES:

#### Our Health System Outcomes

- **Improved health and wellbeing** through increased physical exercise and healthy weight.
- **Delayed burden** of long term conditions.

#### Our System Level Measures

- **System Level Measure:** Amenable Mortality Rates under 75 years.
- **Contributory Measure:** Referrals to health promoting lifestyle services.



## 75 Primary Care Professionals

completed training in Motivational Conversations to support them encouraging their patients to make a change for better health in Q3.

In Q3 this included 34 GPs, 29 Nurses, 12 other health care professionals TOTAL 2018-19 = 198



## Our Activity Objectives

Empowering our population to manage their own health and make positive health changes by training our workforce.



## Our Health System Outcome

- Improved environment supports health and wellbeing.

## Our System Level Measures

- System Level Measure:** Amenable Mortality Rates under 75 years.
- Contributory Measures:** Referrals to health promoting lifestyle services and Motivational Conversations training.

## FOCUS ON: Our older population



## 510 of older people 75+

who are community dwelling with a fractured NOF were referred to the 'in home' Falls Prevention Programme in Q3

2018-19 TARGET: >1,200 referrals to the in-home programme



## Our Activity Objectives

A 'whole of system' integrated falls and fracture liaison service working in conjunction with the Accident Compensation Corporation (ACC), the Health Quality and Safety Commission (HQSC) and the Ministry of Health.



## Our Health System Outcomes

- Decreased Acute Care Rate.
- Decreased Adverse Events.

## Our System Level Measures

- System Level Measure:** Acute bed days.
- Contributory Measure:** Reduced acute admissions following a fall.



## 2,596 people at risk of falling

attended accredited Strength and Balance class to reduce their risk of falling and injuring themselves, and help them stay in their own home in Q3.





### 3,030 people have Acute Plans

helping health professionals and patients **work together and be proactive** in the care of people with complex health conditions at the end of Q3.

In Q3: 131 Acute Plans were created and 332 amended (in the Canterbury and West Coast area).



#### Our Activity Objectives

Promote and further develop collaborative models of care that support improved care and patients self-management of their complex health conditions.

#### Our Health System Outcome

- Delayed and avoided burden of disease & long term conditions and Increased Planned Care Rate and Decreased Acute Care Rate.



### Primary Care Groups

In Q3 staff from 38 different general practices attended a workshop that provided an overview of the Health Care Home framework; this is one tool for practices to explore new approaches to delivering patient-centred care.



#### Our Activity Objectives

Position Integrated Family Health Service (IFHS) groups to be enablers of change in the Canterbury Health System.

#### Our Health System Outcome

- Improving access to care through Increased Planned Care Rate and Decreased Acute Care Rate.



### 20 HUHC registrations

in January - March (reduced from 242 HUHC registrations 12 months ago) has provided general practice with increased flexible funding for the care of their patients with complex needs

By 1 April 2019 this has resulted in an accumulative additional Care Plus funding of \$2.553 M being available to help care for people with complex needs since the initiative was established.



#### Our Activity Objectives

Enhanced Capitation provides flexible funding to general practice teams to better manage their patients with complex care needs.

#### Our Health System Outcome

- Improving access to care through Increased Planned Care Rate and Decreased Acute Care Rate.



## Summary Highlights & Comments

### *Ashburton Service Level Alliances*

Ashburton Hospital Acute Assessment Unit (AAU) has experienced higher than projected attendance numbers from January 2017. The Ashburton SLA are progressing a number of initiatives to understand the contributors to this increase and progress a system wide response to managing this demand. In Q3 this has included:

- Promoting the use of Acute Demand with the Acute Demand team completing visits to most practices, to relieve pressure at AAU.
- Implementing the 'Call your GP 24/7' process to alleviate confusion within the community on how to access after-hours care.
- The completion of General Practice/Ashburton Hospital visits with further discussion to be held on what opportunities exist to improve patient access and health care.
- Progressing the Frail Elderly Pathway by documenting the issues and linking with OPHS to determine common issues across the health sector that affect AAU admissions.

Although a number of priority actions on the work plan remain off track, it is worth noting that there has been a significant increase in the percentage of actions completed compared to Q2.

### *Child & Youth Workstream*

Highlights for Q3 include:

- The Sudden Unexplained Infant Death programme is progressing with the provision of safe sleep devices being distributed through a network of providers with reach into priority populations including Te Ha Waitaha.
- Wrap around services are available for teenage mothers who choose support.
- Enhancement of the range of options available to families enrolling in the lifestyle coordination programme is being explored.

### *Community Services Service Level Alliance*

We have embarked upon a more substantial pilot for our new referral form. Responses about the form are very favourable. Issues, where they arise, tend to be the result of user error - this is an ongoing issue with all sorts of forms and we anticipate it will be fixed when the form moves to an electronic format (as will not be able to be sent if not appropriately completed). This transition is not immediately imminent but we can be confident that the revised form is fit for purpose, and can already be seen as contributing towards restorative packages of care being implemented.

Work on the Ethical Framework is advancing, with documentation nearly ready for wider circulation. This will set out agreed ethical positions for funders, providers, and clients, and provide guidelines for making difficult decisions around safe limits of delivery of support in the community.

Community Services Providers have risen to the challenges posed by supporting mosque shooting victims on their return home, with the needs of this community (including cultural competencies and linguistic challenges as well as complex wound care) met from within existing services. This demonstrates that the person-centred care that our providers deliver is fit for purpose and can be relied on every day, and in a crisis, to provide restorative person-centred care to everybody in the Canterbury district.

### ***Falls & Fractures Service Level Alliance***

Highlights in Q3 included:

- The membership of the group was modified: we welcome a Falls Champion perspective and are recruiting for a second Consumer perspective. A St John (Falls Prevention) role is also being sourced to join the group in Q4 to bridge the gap in strengthening integration of St John role in supporting falls prevention for the community.
- Sport Canterbury exceeded their quarterly target of an additional 3,005 places offered in Community Strength & Balance classes. In Q3 they offered 168 Community Strength & Balance classes throughout Canterbury per week from 32 providers (3,468 places offered per week). The capacity of Strength & Balance classes are growing steadily with another eight classes accredited, five covering East Christchurch which had previously been identified as a 'gap area'.
- Developing culturally-appropriate classes for various culturally and linguistically diverse populations continues, including accreditation for classes supporting Muslim women, Indian community, Māori and Pasifika groups.
- There was a focus on reviewing accredited classes to ensure they met standards; providing feedback to staff, up skilling of instructors on implementing balance and strength exercises, particularly 'dual task' and 'perturbation of balance' exercises.
- An investigation of referral trends from secondary care to the Falls Prevention Programme has resulted in the creation of an automatic referral process pilot, for those with a fracture as a result of a fall. The first report on changes in referral volumes will be received in Q4.

### ***Health of Older Persons Workstream***

The Ministry of Health has invited DHBs to investigate and consider the use of Carer Support payments. They are significantly changing the rules for the delivery of this support payment in the disability sphere, moving to a system called "I Choose" which involves a lump sum payment for the provision of carer supports to be made once or twice a year. The Health of Older People Workstream is responding to this challenge by carefully mapping the current status quo, identifying barriers to equitable delivery of carer supports, and writing a proposal to address these inequities. A careful balance must be struck between accessibility of this important funding, and safeguards to ensure that funding is used in an appropriate way.

Currently we feel that this balance is conservatively tilted: that is, the anxiety about abuse of funds is so high that the ability for families to use the fund is compromised. Our work will include recommending how to loosen the rules without dispensing with oversight completely - for instance, by using IT Self-Directed Funding hosts (such as Manawanui in Charge or MyCare), recommendations around respite budgets, re-considering some of the rules (for example, current state forbids the use of Carer Support when the main carer is at work), and hopefully striking a balance between freedom and utility.

We understand that Carer Stress is a strong driver for premature admission to ARC, also that nationally the amount of benefit that unpaid carers bring to society is in the realm of \$20 billion annually. It is absolutely crucial that we make supports easily accessible, and work to de-stigmatise the use of Carer Support, so that people do not wait until a crisis to allow themselves an important break, which can make a difference at all stages of the caring journey.

### ***Immunisation Service Level Alliance***

This quarter the DHB did not achieve the immunisation health or performance targets with an increase in the percentage of opt off and declines for immunisation. Due to these reasons the Immunisation SLA decided at their February meeting to focus on supporting general practice with declines. This has delayed the SLA's focus on Pregnancy vaccinations which was scheduled to occur in Q3. The work supporting general practice has involved the Immunisation SLA working with the Immunisation Coordinator to identify practices with a high percentage of declines and pulling together an education / support programme for these practices. The programme (which will have a focus on difficult conversations and role playing) will be implemented in Q4. Also during Q3 the DHB has had a measles outbreak; this shifted the focus of those working in Immunisation to responding to the outbreak vaccination programme.

### ***Integrated Diabetes Service Development Group (IDSDG)***

Progress has been delayed on developing a Type II Indian class, post 15 March event. Culturally appropriate education is expected to better support at risk populations, addressing existing gaps and enhancing health literacy. Development of this course, much like the Chinese Type II course, promotes integration, engagement and interconnectedness amongst consumers, community health providers and the specialist service.

Recruitment has been successful for a Māori Registered Nurse, with this person joining the diabetes Māori Clinical Nurse Specialist to provide a Māori nursing team of two FTE.

Some progress has also been made on the Diabetes Service Review with the identification of a person to lead the implementation of the recommendations, and an initial meeting of the community-based patient education subgroup held.

### ***Integrated Respiratory Service Development Group***

The Better Breathing Pulmonary Rehabilitation programmes continue to be well attended with the last programme of the year finishing late December. Two approved providers have delivered two pulmonary rehabilitation programmes this fiscal year, in Kaikoura and Rangiora. Having Better Breathing programmes delivered locally means these populations do not have to travel and builds capacity within the community. The quality of spirometry tests in the community continues to be high and discussions are taking place about better ways to reach Māori and Pasifika. Approved providers of spirometry testing have had staff on leave, which has affected volumes of testing. New testers have been trained which should help maintain the future quantity of tests done. The #WellConnectedNZ project has begun implementation planning and will be communicating with general practice and other community providers about the resource that has been developed; i.e., the Community Map.

### ***Laboratory Service Level Alliance***

The Laboratory SLA met for the first time this year in March; on the ALTs advice the SLA meeting frequency has been reduced to quarterly. Garth Munro (SLA Chair) has resigned, and the deputy chair Peter Davison was unable to attend. The group are yet to finalise their future priorities. In the interim:

- The working groups have been disbanded, but will be pulled together when required.
- Different phases on e-ordering – how it rolls out will clarify SLA monitoring role.
- Collection Centre locations are working well –however the collections group is struggling to meet this.

### ***Mental Health Workstream***

Highlights in Q3 include:

- The dashboard to identify gaps and areas of pressure that includes primary, community and secondary care activity for Māori, Pasifika and non-Māori has been completed and will be operational in May.
- Mana Ake – ‘Stronger for Tomorrow’ is delivering across 19 school clusters through 62 FTE kaimahi (workers). The Leading Lights website is available across all schools in Canterbury and is well utilised.
- The Canterbury Suicide Prevention Coordination Committee (CSPCC) is continuing to meet regularly and the mapping of services across Canterbury is completed.
- The alternative for acute admissions (Te O Marama) has been progressed and will be operational in May.

### ***Oral Health Service Development Group (OHSDG)***

This quarter was the OHSDG’s first full quarter of having an endorsed work plan to implement. While the Group has been actively working to achieve our work plan priorities in the condensed timeframe (7 months instead of 12), a limited number of tasks have not been completed and are being carried over to our next year’s work plan. For Q3 we have focused on the development of the West Coast Model of Care and Youth engagement in oral health services. We have also had a student using geo-mapping to review the patient pathway between Community, Private and Hospital Dental services. This will provide us with some insights and a better understanding of the patient flow. In addition, the Community Dental Service and LinkIDS continue to work together to identify children who have left the DHB or moved to Canterbury, or who are not engaging in the Dental Services, with a focus on connecting these people into the services.

### ***Pharmacy Service Level Alliance***

There are currently no roadblocks for any of the items in the Pharmacy SLA work plan and items remain on track. This quarter the proposal report for the opioid substitution service has been developed and endorsed for implementation by the ALT. In addition good progress has been made towards matching Medication Management Service (MMS) and the fracture liaison service databases. To date, two sample data sets have been provided and a stratification method has been worked out.

No further meetings have occurred for the two work groups that were established last quarter; the e-medication reconciliation group who are on track to complete their work by the end of Q4 and the Long-term conditions work group who is expected to recommence their work in Q1 2019-20.

### ***Population Health and Access Service Level Alliance***

Due to the March 15<sup>th</sup> event the group has only met once in Q3, with the following discussed at the meeting:

- System Level Measures - opportunities for Canterbury Health System.  
The group had a presentation from Nicky Smithies on possible contributory measures to consider for inclusion in the Amenable Mortality System section of the System level Measures Improvement Plan. Also discussed was that an equity lens is applied to all contributory measures.

- Alcohol Harm – Working Group Update

The group had a presentation from the Alcohol Harm Working Group Facilitator, Bronwyn Larsen. Key points covered included:

- That the group has achieved three of the seven recommendations of the Alcohol Harm Strategy and it has the responsibility to develop solutions for the remaining four.
- How do we have an impact? The working group has selected the first target group to be our health workforce. These are our touch point with our communities.
- The Population Health & Access SLA advised that we should avoid the use of the phrase 'target group' we should be talking about 'us, the health workforce'.
- This issue (Alcohol Harm) is not as clear cut as say smoking. This is not about quitting or abstinence from alcohol.

The Alcohol Health Strategy to be launched on 29th March was subsequently postponed to May 2019 due to March 15th event.

### ***Primary Care & Capability Service Level Alliance Progress Report***

The Primary Care Capability SLA (PCC SLA) has continued to provide strategic leadership to a number of enablers across the system. In Q3 this has included increasing member's knowledge of the Health Care Home framework. In addition, from the initial list of six areas of where the PCC SLA focus their efforts, two areas have been identified for further exploration; empowering consumers and the community to be active partners in their health care, and the wellbeing of the primary care workforce. Subgroups of the SLA are completing further exploration of these areas ahead of bringing an update to the group at their meeting in June. In Q4 the PCC SLA will also be contributing to the Enhanced Capitation Report Template to be distributed to general practice.

### ***Rural Health Workstream (RHWS)***

- The RHWS foci compared to five years ago has changed. We remain the central voice advocating for rural health in the system. The bespoke approach required to rural community model of care development demonstrates a meaningful process where each community need is different.
- A Transfer of Care resource has been completed for Hospital HealthPathways 'Transfers to Rural Hospitals and Facilities' with the aim to highlight rural community considerations when patients leave hospital.
- Model of Care implementation across the Hurunui, Oxford and Akaroa communities continues to progress from strength to strength.
- A telehealth stocktake for Canterbury is underway to capture what health services are being provided using the technology, with an aim of creating a coordinated, concentrated and collaborative whole-of-system approach to promoting the use of this tool. Specific opportunities include access to (in order of priority):
  - Planned specialist follow-up appointments;
  - Clinical expertise support in after-hours and urgent care;
  - Education and workforce development opportunities;
  - Peer support.
- Workforce sustainability remains a focus, including RHWS supporting a South Island Rural Nursing and Allied Health Workforce Internship Pathway Establishment (on hold due to changes in Health Workforce NZ). A local response is being explored in Q4.

### ***System Outcome Steering Group***

Q3 has been a busy quarter with the completion of:

- The draft 2019/20 System Level Measures Improvement Plan. The development of the plan involved meeting with 60+ people from across the Canterbury Health System to ensure an alliance approach to the work proposed for the coming year. The key focus in the plan development was ensuring our actions strive for equity. The draft plan has been supported by the Alliance Support Team, Alliance Leadership Team and CDHB Board. It is currently with the Ministry of Health who will provide feedback, before the final plan is submitted at the end of June.
- The 2019/20 System Outcomes Steering Group CCN Work plan. Much of the work plan remains the same due to the key objectives for the System Outcomes Steering Group remaining consistent, however we have specified that in the review of contributory measures that we develop these with equity as a focus. In the 2019/20 plan we have removed System wide visibility and communication of the SLM framework due to the realisation while working on this action during this year that it is not something that is right for the system currently. A new objective for 2019/20 is to understand the accuracy of data, particularly in relation to ethnicity.
- Q3 reporting on each of the 2018/19 Actions to Improve Performance. Review of work to the end of Q3 indicates that we are on track with the implementation of the 2018/19 SLM Improvement Plan.

### ***Urgent Care Service Level Alliance***

A combined winter planning meeting, facilitated by Greg Hamilton, is scheduled for the 16<sup>th</sup> of April. This follows on from a meeting at the end of November and will seek to clarify the system response to winter challenges and to look at the different organisational/service winter planning activity to ensure it aligns with the system level response.

In addition, work is underway by Carol Limber (Canterbury Initiative) and members of the SLA to maximise the use of the acute demand service across the system. A meeting in early February identified some key areas of focus particularly in preparation for winter, including:

- Refreshing general messaging/communication about acute demand and distributing these across the system. This is due to go out to all general practices in the first week of May.
- Using data on acute demand use by GP to generate targeted messaging.
- Providing education sessions. To date education sessions have taken place via Canterbury Initiative and St John education rounds,

A small group has been tasked with exploring the communication link between inpatient teams, Home Care Medical and acute demand, the focus of this piece of work has been how this communication could be improved. An outcome of the work to date has been that there will be some changes made to the patient section of the discharge summary template that will emphasize that general practice teams should be a patients first point of call 24/7 (reinforcing care around the clock messaging).



**WORKPLAN FOR CPH&DSAC 2019 (WORKING DOCUMENT)**

	<b>7 March 2019</b>	<b>9 May 2019</b>	<b>4 July 2019</b>	<b>29 August 2019</b>	<b>31 October 2019</b>
<b>Standing Items</b>	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes
<b>Standard Monitoring Reports</b>	Planning and Funding Update Report Community and Public Health Update Report Maori and Pacific Health Progress Report	Planning and Funding Update Report Community and Public Health Update Report	Community and Public Health Update Report	Planning and Funding Update Report Community and Public Health Update Report	Planning and Funding Update Report Community and Public Health Update Report Maori and Pacific Health Progress Report
<b>Planned Items</b>	Draft CDHB Public Health Plan 2019-20 Influenza – Pharmac Approvals Te Ha – Waitaha Stop Smoking Programme Update      Step-Up Programme Update CDHB Workforce Update	AllRight? – Presentation Public Health Clinical Network (PHCN) – Presentation South Island Public Health Partnership (SIPHP) - Presentation Ko Awatea Transgender Health Working Group - Presentation  Canterbury Accessibility Charter – Accessibility Working Group Update Equally Well Programme Update	Maori Health Strategy Proposal Work in Schools – Presentation Healthscape - Presentation Transgender Health / Gender Affirming Healthcare  Disability Steering Group Update Transalpine Strategic Disability Action Plan – Priority Actions - Refresh CDHB Workforce Update Project Search	Oxford Model of Care Update Communicable Diseases - Presentation Broadly Speaking (HIAP Training Program) - Presentation Water Progress - Presentation  Focus on People with Disabilities Throughout DHB System / Plans Community & Public Health Update – Disability Sector Step-Up Programme Update	Wellbeing Index Update – Presentation Hauora Alliance – Presentation Greater ChCh Partnership - Presentation Vaping To Quit Health Promotion Agency Campaign  CDHB Workforce Update Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group Update Equally Well Programme Update Transalpine Strategic Disability Action Plan Refresh
<b>Governance and Secretariat Issues</b>	Draft 2019 Workplan				
<b>Information only items</b>	Disability Steering Group Minutes CCN Q2 2018/19 CPH 6 Month Report to MoH	CPH&DSAC Terms of Reference – Amended Process for the Review of CDHB Background Papers & Position Statements Food Resilience Network Rural Health Promotion Disability Steering Group Minutes 2019 Workplan	CCN Q3 2018/19 Disability Steering Group Minutes 2019 Workplan	Disability Steering Group Minutes CCN Q4 2017/18 CPH End of Year Report to MoH 2020 Meeting Schedule 2019 Workplan	Disability Steering Group Minutes 2019 Workplan