AGENDA

Canterbury District Health Board
Te Poari Hauora o Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 6 May 2021 commencing at 1.00pm

Administration			
	Apologies		1.00pm
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 4 March 2021		
3.	Carried Forward / Action List Items		
Presentations			
4.	Public Health Roles / Functions	Evon Currie *General Manager, Community & Public Health*	1.10-1.30pm
5.	LifeCurve	Dr Jacqui Lunday-Johnston *Executive Director of Allied Health, Scientific & Technical*	1.30-1.50pm
Reports for Decision			
6.	Transalpine Health Disability Action Plan 2020-2030	Kathy O'Neill *Team Leader, Planning & Funding*	1.50-2.05pm
Reports for Noting			
7.	Disability Steering Group Update (Oral)	Grant Cleland *Chair, DSG*	2.05-2.25pm
8.	Māori & Pacific Health Progress Report	Janice Donaldson *Portfolio Manager, Māori Health, Planning & Funding*	2.25-2.40pm
9.	Community & Public Health Update Report	Evon Currie	2.40-2.50pm
10.	Planning & Funding Update Report	Ralph La Salle *Acting Executive Director, Planning Funding & Decision Support*	2.50-3.00pm
ESTIMATED FINISH TIME			**3.00pm**

AGENDA

Canterbury District Health Board
Te Poari Hauora ō Waitaha

	Information Items: • CCN Q2 2020/21 • Disability Steering Group Minutes: ○ 22 Jan 2021 • 2021 Workplan		

NEXT MEETING: Thursday, 1 July 2021 at 1.00pm

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

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

Executive Support
(as required as per agenda)

Dr Peter Bramley – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Savita Devi – *Acting Chief Digital Officer*
Dr Richard French – *Acting Chief Medical Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Ralph La Salle – *Acting Executive Director, Planning Funding & Decision Support*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Karalyn Van Deursen – *Executive Director of Communications*

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

COMMITTEE ATTENDANCE SCHEDULE 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	04/03/21	06/05/21	01/07/21	02/09/21	04/11/21
Aaron Keown (Chair)	√				
Naomi Marshall (Deputy Chair)	√				
Catherine Chu	√ (Zoom)				
Jo Kane	√ (Zoom)				
Gordon Boxall	#				
Tom Callanan	√				
Rochelle Faimalo	√				
Rawa Karetai	√ (Zoom)				
Yvonne Palmer	√				
Michelle Turrall	x				
Dr Olive Webb	√ (Zoom)				
Sir John Hansen (ex-officio)	^ (Zoom)				
Gabrielle Huria (ex-officio)	√				

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Aaron Keown **Chair – CPH&DSAC** Board Member	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall **Deputy Chair – CPH&DSAC** Board Member	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Gordon Boxall	**Akaroa Community Health Trust (*ACHT*)** – Chairperson and Trustee A charity established to develop a new model of care that integrated local primary care services with aged care, respite and modern health services fit for the rural community. Its primary goal was to establish a new facility, in partnership with CDHB, to replace the hospital and unviable aged care home, post earthquakes. **Akaroa Health Limited** – Director Wholly owned charity which is the operating arm of ACHT. The new facility accommodates a GP practice, eight aged care beds and four flexi beds. It has contracts with CDHB. **Pathways** – Director National provider of mental health and wellbeing supports and services. It has contracts with CDHB. **People First / Nga Tangata Tuatahi** – National Advisor Volunteer role to support people with learning / intellectual disabilities to govern their own organisation. **Weaving Threads Limited** – Owner / Director Provides mentoring services to leaders in the disability sector and contracts with disability and mental health agencies.
Tom Callanan	**CCS Disability Action** – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing. Receives funding for services from MoH and MSD. **Disability Sector System Transformation, Regional Leadership Group** – Member.

	Project Search Canterbury – Steering Group Member Representing CCS Disability Action as a partner. CDHB current host business. **Southern Centre Charitable Trust** – Trustee and Treasurer
Catherine Chu Board Member	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Rochelle Faimalo	**Christchurch City Council** – Community Development Advisor **Faimalo Limited** – Director & Shareholder
Jo Kane Board Member	**Christchurch Resettlement Services** - 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. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Rawa Karetai	**Christchurch Heroes** – Chair LGBTI inclusive sports trust. Five different sport codes. **Hui Takatapui** – Board Member Organising with Maori kaupapa LGBTI biannual conference. **Kahukura Pounamu** – Volunteer Organising Maori LGBTI events, networks and support for South Island. **ILGA Oceania** – Board Member and New Zealand Representative Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations. **ILGA World** – Bisexual Steering Committee Chair and Board Member Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations.

	Ministry of Health Disability Directorate – Principal Advisor Disability Network - Chair All of Ministry Communications - Director Alternative Formats and Accessible Communications All of Government Disability COVID-19 Response - Director Enabling Good Lives, Governance of the Disability Directorate, stakeholder engagement, strategy, change, leadership, communications, All of Government, and All of Ministry. **Qtopia** – Chair LGBTI youth organisation. Celebrate, educate and advocate for young LGBTI youth.
Yvonne Palmer	No interests to declare.
Michelle Turrall Manawhenua	**Canterbury Clinical Network (CCN) Maori Caucus** – Member **Canterbury District Health Board** - daughter employed as registered nurse. **Christchurch PHO Ltd** – Director **Christchurch PHO Trust** – Trustee **Manawhenua ki Waitaha** – Board Member and Chair **Oranga Tamariki – Iwi and Maori** – Senior Advisor **Papakainga Hauora Komiti – Te Ngai Tuahuriri** – Co-Chair
Dr Olive Webb	**Canterbury Plains Water Trust** – Trustee **Greater Canterbury Forum** - Member **Private Consulting Business** Sometimes works with CDHB patients and services. Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.
Sir John Hansen **Ex-Officio – CPH&DSAC** Chair, CDHB	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner.

	Rulings Panel Gas Industry Co Ltd **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Ex-Officio – CPH&DSAC** Deputy Chair, CDHB	**Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 4 March 2021 commencing at 1.00pm

PRESENT

Aaron Keown (Chair); Tom Callanan; Rochelle Faimalo; Naomi Marshall; and Yvonne Palmer.

Attending via Zoom: Catherine Chu; Jo Kane; Rawa Karetai; Olive Webb; and Sir John Hansen (Ex-Officio).

APOLOGIES

An apology for absence was received and accepted from Gordon Boxall.
An apology for early departure was received and accepted from Sir John Hansen (2.30pm).

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive); Evon Currie (General Manager, Community & Public Health); Ralph La Salle (Acting Executive Director, Planning Funding & Decision Support); Dr Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES

Dr Peter Bramley – for lateness and early departure.
Ralph La Salle; and Dr Jacqui Lunday-Johnstone – for early departure.

IN ATTENDANCE

Full Meeting

Kathy O'Neill, Team Leader, Primary Care

Item 4

Dr Daniel Williams, Public Health Physician
Dr Martin Lee, Clinical Director, Community Dental Service

Item 5

Dr Ramon Pink, Public Health Physician / Medical Officer of Health
Dr Hannah Gordon, Primary Care GP

Item 6

Dr Kiki Maoate ONZM, FRACS Chairperson Pasifika Medical Association/Pasifika Futures Whanau Ora Commissioning Agency
Mrs Debbie Sorensen, CEO, CCT. Pasifika Medical Association/Pasifika Futures Ltd
Mr Amanaki Misa, General Manager, Pasifika Futures Ltd
Mr Hector Matthews, Executive Director, Maori & Pacific, CDHB
Dr Greg Hamilton, General Manager, Specialist Mental Health Services, CDHB
Ms Sandy McLean, Team Lead, Mental Health, Planning and Funding, CDHB
Mrs Finau Heuifanga Leveni, Pacific Portfolio Manager, Planning and Funding, CDHB

Aaron Keown, Chair, opened the meeting welcoming those in attendance. Mr Keown acknowledged the recent passing of Lemalu Lepou Suia Tu'ulua, noting she was an integral part of the pacific community especially here in Christchurch and Canterbury. She had done an incredible amount of work for her community over the years. Our thoughts go out to her family.

Kathy O'Neill, Team Leader, Primary Care, advised she attended Lemalu's funeral and noted that the family spoke at the service specifically about how proud she was to be involved with the Disability Steering Group and CDHB.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Yvonne Palmer – Safer Waimakariri Advisory Group – delete.

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

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES

Resolution (01/21)
(Moved: Aaron Keown/Seconded: Naomi Marshall – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 5 November 2020 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

An update on the Disability Steering Group's visit to Waipapa will be provided to the Committee's May meeting.

The carried forward action list was noted.

4. COMMUNITY WATER FLUORIDATION POSITION STATEMENT

Evon Currie, General Manager, Community & Public Health introduced the paper. Dr Daniel Williams, Public Health Physician; and Dr Martin Lee, Clinical Director, Community Dental Service; were in attendance.

Ms Currie advised that a request had previously been made to revisit CDHB position statements to ensure they continue to reflect best evidence. Review of the evidence reinforces that the original position statement is as powerful today as it was then. It is presented for endorsement by the Board.

Discussion took place around:

- Statistics around tooth decay, abscesses and removal, and whether these have been separated out between ACC related cases versus decay or carries related removals.

- Data analysis between CDHB and other DHBs.
- Reluctance of Ashburton data standing up on its own. Ashburton is relatively small. In addition, when looking at child oral health data, fluoridation status is related to the school the child attends, not where they live.
- Benefits and costs. Expectations as to who will pay – the government or the ratepayer? At the moment the costs of fluoridation sit with Territorial Local Authorities.
- Ashburton and Methven fluoridation experiences.
- How to get the science across to the population.
- Bill before Parliament to amend the Health Act.

Ms Currie advised that when faced with clear evidence of what is the best health outcome for our populations, we must take that stand. We know this is the right thing and it is our role to say it.

Dr Williams noted that fluoridation is an issue that lends itself to misinformation. It is important for people to have good information and to understand the benefits that their children and the people who are least well off in their communities can achieve from community water fluoridation.

Dr Williams noted the final point in the position statement itself, which states the "CDHB supports fluoridating community water supplies to the level recommended by the Ministry of Health". This paper is not asking the Committee to make a call about politically how that should happen, or where the costs should be borne. It is asking members, as a health committee, to say this is an important health issue for our region, for our people, for our least well-off people, and we support the MoH's recommendation that community water fluoridation will help with that.

In response to a query about helping to inform the public, Ms Currie commented that one of the ways to do that is by having a District Health Board that has a position statement saying fluoridation is the appropriate thing to protect the wellbeing of our children's teeth. Dr Williams added that the other component is investment. The messages are simple – there is nothing mysterious about fluoride. It is a natural mineral. It is present in everything we eat and drink. In a glass of water there are 0.1 parts per million. All we are talking about is adjusting that to 0.8 parts per million. This requires some national level investment to get the message clearly to people.

The Committee requested the following addition to the position statement: "CDHB believes fluoridation should be NZ wide".

Resolution (02/21)
(Moved: Aaron Keown/Seconded: Naomi Marshall – carried)

"The Committee recommends that the Board:

i. adopts the reviewed Position Statement on Community Water Fluoridation."

5. COVID-19 UPDATE (ORAL)

Ms Currie introduced Dr Ramon Pink, Public Health Physician / Medical Officer of Health; and Dr Hannah Gordon, Primary Care GP.

Dr Pink provided the following updates:

MIQs

- There are six MIQs in Canterbury – the only ones in the South Island. Guests are received both internationally, and also those who have come through Auckland.
- Since facilities began last year, there is a change in cases. With spread of the virus globally, we are seeing a lot more travellers coming in who have had historic infections. Therefore, the way we manage those cases that test positive has changed. That has meant some changes to the way we do our testing and the way we do our management of cases when identified.
- From a public health perspective, we work alongside a team of stakeholders. Facilities are under the auspices of the Ministry of Business, Innovation and Employment. NZ Defence Forces manage the sites. CDHB has the critical role of providing infection prevention advice and direction.
- From a public health point of view, for any cases identified in those facilities, we take responsibility for how those cases are managed.
- We know the transmissibility has increased in the virus. It is critical that infection control measures are very tightly controlled.
- We need to be very cautious and clear about what impacts ventilation has with the rooms - for staff servicing rooms, nursing staff, defence force – how this gets managed. Makes it a very multi-faceted challenge.
- The stigmatisation of front-line workers. This is depleting our workforces and redlining the numbers of staff who work in these places. This needs to change.
- Sports teams. International sports teams come to Christchurch. We tailor make how we respond to them.

Borders – Maritime and Airport

- We meet anywhere between six and 14 flights per week. This varies depending on alert levels in New Zealand, Australia, as well as capacity in hotels. We also respond to private flights, medivacs, and Antarctica flights. It is a very busy area. Staff have been working on this since January 2020 and are very grateful to have been able to develop and enhance airport relationships.
- Boats come in day and night, which is more difficult. Boats are coming from all over the world. The on-signing and off-signing of crew poses challenges. We now have significant legislative tools to manage these mariners as they come in and as they leave, but it does pose challenges for us and certainly for testing teams when they come in at strange hours.
- Relationships are vital. Everything is a fast moving river. The only constants are the relationships that we build. We need to maintain those, work with those, make sure we water those relationships, because they are critical to achieving our goal of protecting our nation from the entry of this virus.

Getting Through Together

- A campaign in partnership with the Mental Health Foundation and the Health Promotion Agency. The All Right? campaign team have been intimately involved with Getting Through Together. The programme has extended from the focus of the summer, in responding in particular to the stress and anxiety we see in our community for many reasons caused by this pandemic. Our public health involvement in that has been significant from its inception and from its ongoing work.

Dr Gordon provided the following updates:

Testing

- Seen a significant uptake in testing at the port.
- Testing at the border has been stable.

- Good relationships have been built.
- Community testing has seen a maturing of processes.
- This week has seen an increase in testing by six-fold, with relatively little disruption to any other aspects of the health system.
- Working with communication teams about improving communication into our more diverse communities. Front footing this and being proactive has resulted in good engagement in the testing space.

Vaccinations

- Starting with border workers. Next phase is rolling out to their household contacts. As part of that, this will include some high-risk healthcare workers. Beyond that is group 2 – healthcare workers; and then moving onto group 3 – which is the community, which will have specific areas in it.
- A lot of planning is continuing in this space, lots of movement, and very complicated.

In response to a query about feedback from the disability sector, Kathy O'Neill, Team Leader, Primary Care, advised the Disability Steering Group (*DSG*) have had a major focus on hearing from the disability community and using disability community representatives to bring the issues they are hearing from their networks to DSG. A workplan has been developed. One of key areas is around communication.

Ms O'Neill further advised that in the Emergency Response Centre, there are two communities that have sub groups we can go to to enquire about how to reach those communities, how to communicate with them. They are Maori and Pacific. We are now in the process of setting up a Disability Group that we will be able to do the same thing with.

A member noted that communication around the disability sector has much improved. People are feeling connected and better prepared. A number of support services have got to the stage of finding alternative ways of delivering and those have gone into action this year a lot smoother. The member was not sensing as much disruption for people.

Another member commented that there is confidence that disabled voices area being heard right across the board.

A member commented about the older population with disabilities who have not been receiving their cares and this is not being communicated to them. It will be raised as a point of concern at the Canterbury Provider Network meeting scheduled for the end of March. Ms O'Neill undertook to take the issue to the Older Persons Health Team as well.

There was a query about media communications for the COVID-19 vaccine. Dr Gordon advised that a communications campaign has been promised. This will be a proactive campaign coming out from the Centre. Locally, feedback has been received that within the Maori and Pacific communities there is a lot of distrust of the vaccine, so we are working with the CDHB comms team to undertake some targeted comms into those communities. Ms Currie also noted it is a relationship issue and building trust in the system itself.

Dr Pink noted that hesitancy is not new. There will be misinformation. It is important to find a positive and proactive way through.

The Chair thanked Dr Pink and Dr Gordon for their attendance.

6. CDHB PACIFIC HEALTH STRATEGY - IMPLEMENTATION PLAN – TARGETS & INDICATORS

Hector Matthews, Executive Director, Maori & Pacific Health introduced the paper and those in attendance:

- Dr Kiki Maoate ONZM, FRACS Chairperson Pasifika Medical Association/Pasifika Futures Whanau Ora Commissioning Agency
- Mrs Debbie Sorensen, CEO, CCT. Pasifika Medical Association/Pasifika Futures Ltd
- Mr Amanaki Misa, General Manager, Pasifika Futures Ltd
- Mr Hector Matthews, Executive Director, Maori & Pacific, CDHB
- Dr Greg Hamilton, General Manager, Specialist Mental Health Services, CDHB
- Ms Sandy McLean, Team Lead, Mental Health, Planning and Funding, CDHB
- Mrs Finau Heuifanga Leveni, Pacific Portfolio Manager, Planning and Funding, CDHB

Mrs Sorensen provided a presentation to the Committee which highlighted the following:

- Pacific population.
- Vision – Prosperous and healthy Pacific families in Canterbury.
- Values – Families; Shared Responsibility; Integrity; Relationships; and Strengths Based.
- Strategic Priorities.
- Focus Areas – Service Priorities; Workforce Development; Pacific Leadership; Innovation; Partnerships; Research, Data and Evidence.
- Short-term outcomes over the next 18 to 24 months for the focus areas.
- Progress so far.

Mrs Sorensen acknowledged the work of Mr Matthews, noting that the two of them had been partnering for 25 years around this plan and it was indeed a privilege to put the plan in front of the Committee today. She thanked Mr Matthews for championing their cause.

There was a query whether a disability lens had been put across this work. Mrs Sorensen advised that a piece of work is due to commence looking in depth at disability issues and also child poverty issues in their community. She expects to be able to report back more comprehensively in the future. This is in progress.

In response to a query about COVID-19, Mrs Sorensen advised that for the last 12 months a very comprehensive COVID-19 response has been delivered. In the last two weeks, support has been provided in Auckland for the lockdown for nearly 5,000 families. Also, the point of contact for the national contact tracing centre and all Pacific referrals through the contact tracing centre come to the organisation and team, and then are referred out to our partners. We have 52 partners up and down the country, including several partners in Canterbury. Should we have an outbreak here, we have very sophisticated systems and support levels, including funding for packages of care, support for payments of utilities, and support for people who may be in quarantine or self-isolating. We believe we are comprehensively well set up to support any outbreak in Canterbury.

In response to a query around funding, Dr Maoate advised that this is a partnership model in funding. We need to be clear in our minds that if we set our strategies and programmes, that there are two partners in the room who will actually fund it. If the DHB has difficulty funding it, then we will look to provide the resource to add to the DHB value. We would expect that vice versa in other ways, that the DHB would provide resources, not necessarily money, to support the cause. The intent is not about the money. If we focus on the money, it will not work.

Dr Peter Bramley, Chief Executive, thanked those in attendance. He looked forward to strengthening the partnership and expected CDHB will be looking to continue its investment and prioritising its investment for Pasifika health.

Sir John Hansen retired from the meeting at 2.30pm.

7. COMMUNITY & PUBLIC HEALTH UPDATE

Ms Currie presented the report which was taken as read. She drew attention to commentary in the report about Waka Toa Ora, which was previously known as Healthy Christchurch, then Healthy Greater Christchurch. It has over 200 signatory organisations participating and is very active. The Greater Christchurch Partnership is another area hugely important for the DHB to be participating in, and is going incredibly well, including a secondment of one of the Public Health staff into the development of Greater Christchurch 2050.

In response to a query about funding for the All Right? campaign, Ms Currie advised it is a tricky space. We have just received notification that funding will continue until February 2022. The evaluations that come through show that it is absolutely successful. It resonates with the Maori community, with people using particularly Mental Health Services – it is getting great results, which will speak for itself.

There was a query whether the Medical Officer of Health very often opposes an alcohol license for an established premises. Ms Currie advised this does happen, but is not a common occurrence. At the moment there seems to be an upswell in communities to have a voice in this space, which is positive. When the Medical Officer of Health is objecting, it is because there are very good reasons for that.

The Committee noted the Community & Public Health Update report.

8. PLANNING & FUNDING UPDATE

Kathy O'Neill, Team Leader, Primary Care, presented the report which was taken as read.

There was discussion about red status items, noting these are often influenced by positioning and timing. Ms O'Neill advised that from advice she received there is nothing to cause alarm. All of the reds have a reason for being red – a national policy that has been delayed; diversion because of COVID-19 for a number of community and public health initiatives; or a reprioritisation due to either of those things, resulting in dates shifting - rather than this year it will be next. Justifications are provided throughout the report.

Discussion took place around the following immunisation planning priorities:

- Refresh of the current immunisation service model; and
- Develop a process to identify women who have not been vaccinated during pregnancy. The Committee queried how CDHB compared to the rest of the country on this.

The Planning & Funding Update report was noted.

9. 2021 WORKPLAN

There was discussion about the role of the Committee.

The Committee received the 2021 Workplan, noting that this is a working document.

INFORMATION ITEMS

- Remembering a Pacific Community Hero
- CPH 6 Month Report to MoH
- CCN Q1 2020/21
- Disability Steering Group Minutes:
  - 25 September 2020
  - 23 October 2020
  - 27 November 2020

There being no further business the meeting concluded at 2.55pm.

Confirmed as a true and correct record:

_____ _____

Aaron Keown Date of approval
Chair

CARRIED FORWARD/ACTION ITEMS

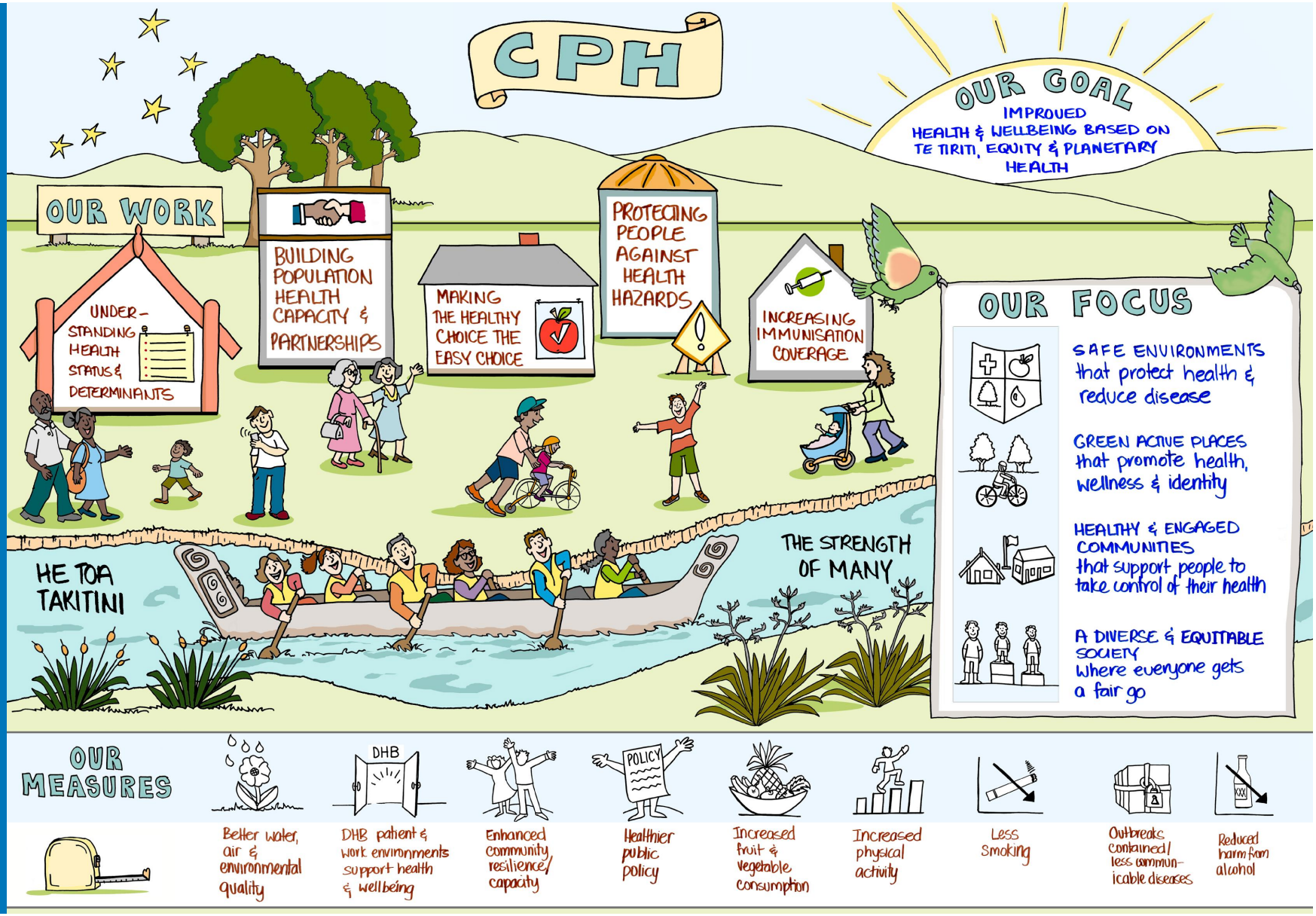
Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 6 MAY 2021

	DATE	ACTION	REFERRED TO	STATUS
1.	05 Nov 20	Lessons learnt from the audit of Outpatients Toilet Rooms	Dr Jacqui Lunday-Johnstone	Verbal Update
2.	04 Mar 21	DSG Waipapa Visit	Dr Jacqui Lunday-Johnstone	Verbal Update
3.	04 Mar 21	Covid-19 – Older population not receiving their cares – poor communication. Raise with Canterbury Provider Network and Older Persons Health Team.	Tom Callanan/Kathy O'Neill	Verbal update

CDHB POSITION STATEMENTS

STATEMENT	DATE ADOPTED	STATUS
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Community Water Fluoridation Position Statement	Mar 2021	
Gambling Position Statement	Nov 2006	
Housing, Home Heating and Air Quality	Apr 2012	
South Island Smokefree Position Statement	Nov 2012	
Unflued Gas Heaters Position Statement	Jul 2015	
Sugar-Sweetened Beverages Position Statement	Nov 2018	
Environmentally Sustainable Health Care: Position Statement	Sep 2019	



Community & Public Health
Te Mana Ora

Community and Public Health

Community & Public Health
Te Mana Ora

Goal

Improved health and wellbeing based on Te Tiriti, equity, and planetary wellbeing.

Structure

Community and Public Health is Canterbury DHB's public health unit, providing public health services in Canterbury, South Canterbury and the West Coast. CPH employ 138 staff across 4 offices.

Principles

The principles of public health work are:

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

Core public health functions

1. **Information**: sharing evidence about our people's health & wellbeing (and how to improve it)
2. **Capacity-building**: helping agencies to work together for health
3. **Health promotion**: working with communities to make healthy choices easier
4. **Health protection**: protecting communities against public health hazards
5. **Supporting preventive care** (e.g. immunisation, stop smoking).

Community & Public Health
Te Mana Ora

Key considerations, challenges and priorities

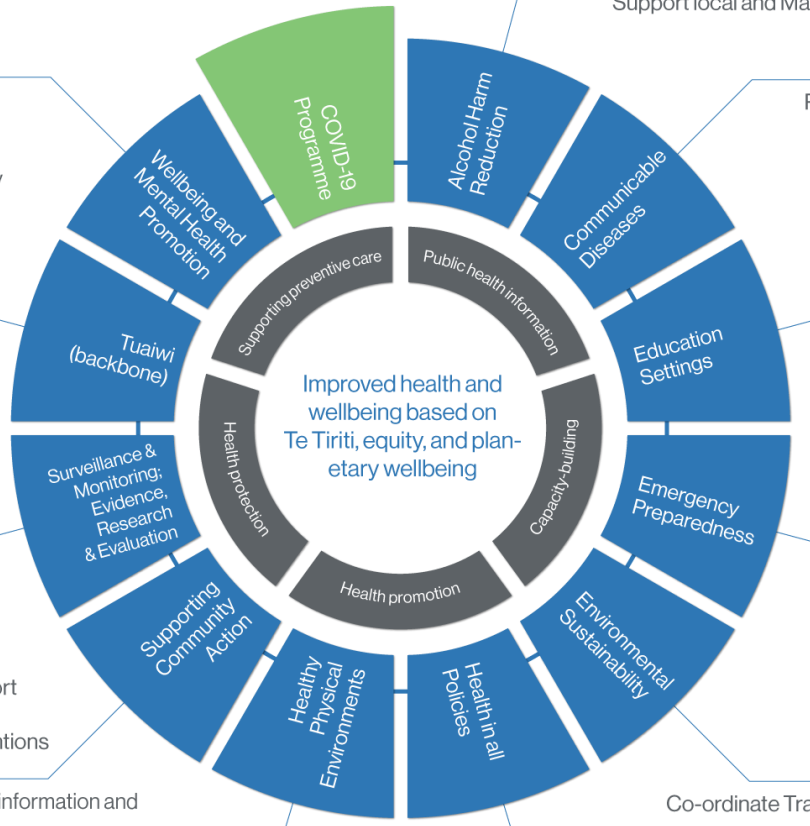
- COVID-19 is placing unprecedented demand on our services.
- Border will re-open, quarantine demands will increase, COVID community spread is ultimately inevitable.
- Other public health priorities remain; all are influenced by COVID-19.
- CPH works within strong local partnerships.
- Health & Disability System Review (HDSR) and Ministry of Health's Population Health Review may impact public health service configuration.

Community & Public Health
Te Mana Ora

CPH Programmes

Community & Public Health
Te Mana Ora

Non-COVID Priorities



Support Christchurch Alcohol Action Plan
Support local and Māori involvement in licensing processes
Monitor licensed premises

Respond to priority notifiable diseases and outbreaks
Develop Cooling Tower Register (Legionnaire's Disease prevention)

Support Healthy Active Learning collaboration
Support Health promotion in early childhood education
Support South Island Tertiary Forum

Develop Heat Health Plan
Deliver CIMS training
Review business continuity plans

Co-ordinate Transalpine Environmental Sustainability Guidance Group
Support CDHB sustainability initiatives
Work with local authorities and regional/national networks

Work jointly with TLAs, Waka Toa Ora, health system groups
Deliver Broadly Speaking training
Promote HiaP via newsletters, seminars, and Integrated Planning Guide

Maintain priority regulatory work (drinking water, disinterments, ECC, housing)
Continue pratique, ship inspections, and mosquito surveillance
Issue pesticide approvals, respond to hazardous substances incidents

Support underserved communities with information and facilitated action
Support health promotion in iwi, hapū, whānau and Pasifika settings
Support Healthy Greater Christchurch health promotion partnerships
Provide Smokefree enforcement

Continue communicable diseases surveillance and reporting
Maintain Canterbury Wellbeing Index including He Tohu Ora
Analyse and present evidence to support public health work
Evaluate public health-focused interventions

Information systems support
Quality assurance and improvement
Planning and reporting

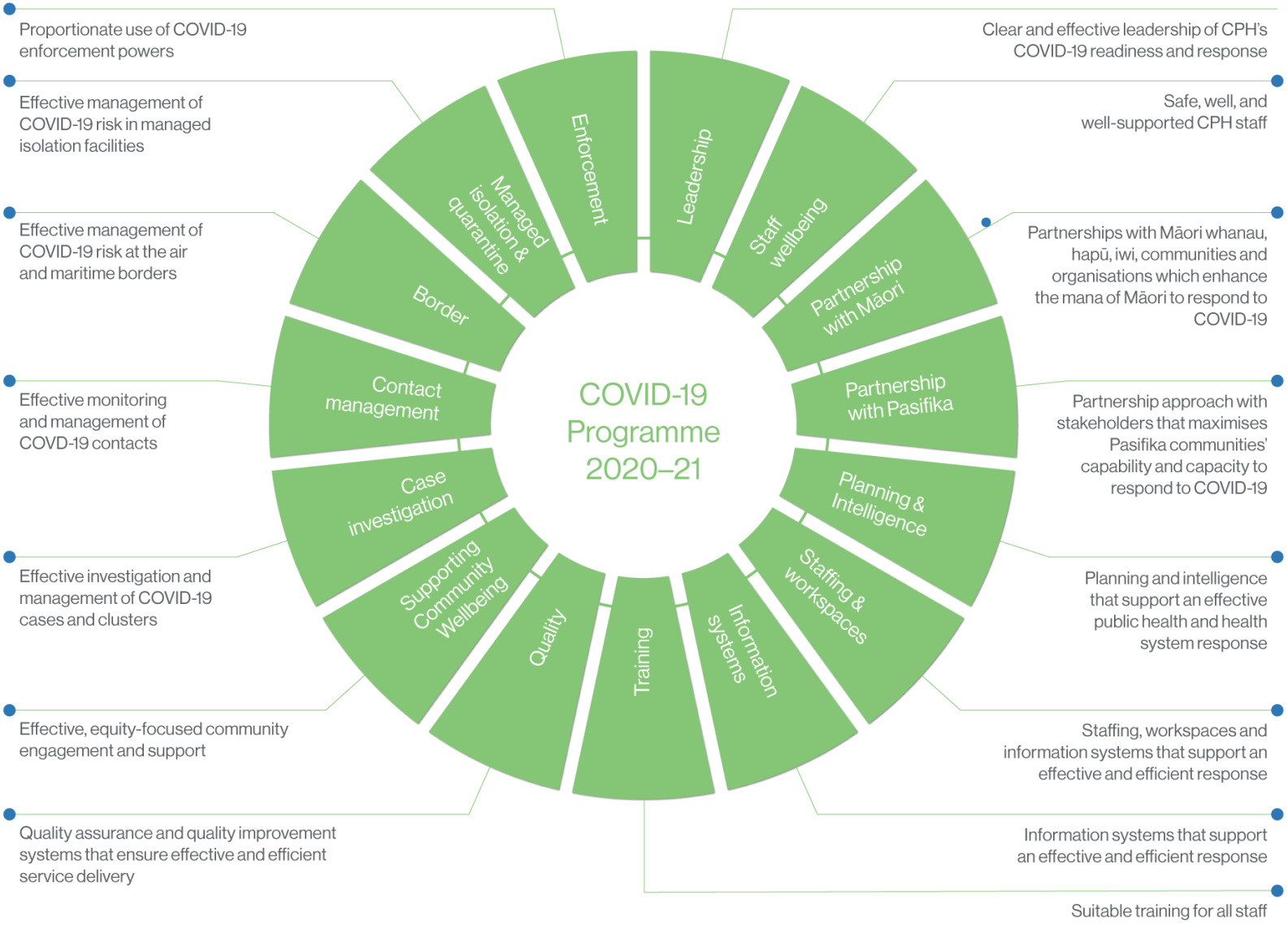
Deliver wellbeing promotion across NZ via 'All Right?' / 'Getting Through Together'
Grow mental health promotion capacity of health and partner organisations.

Community & Public Health
Te Mana Ora

COVID Programme

Community & Public Health
Te Mana Ora

COVID-19 Priorities



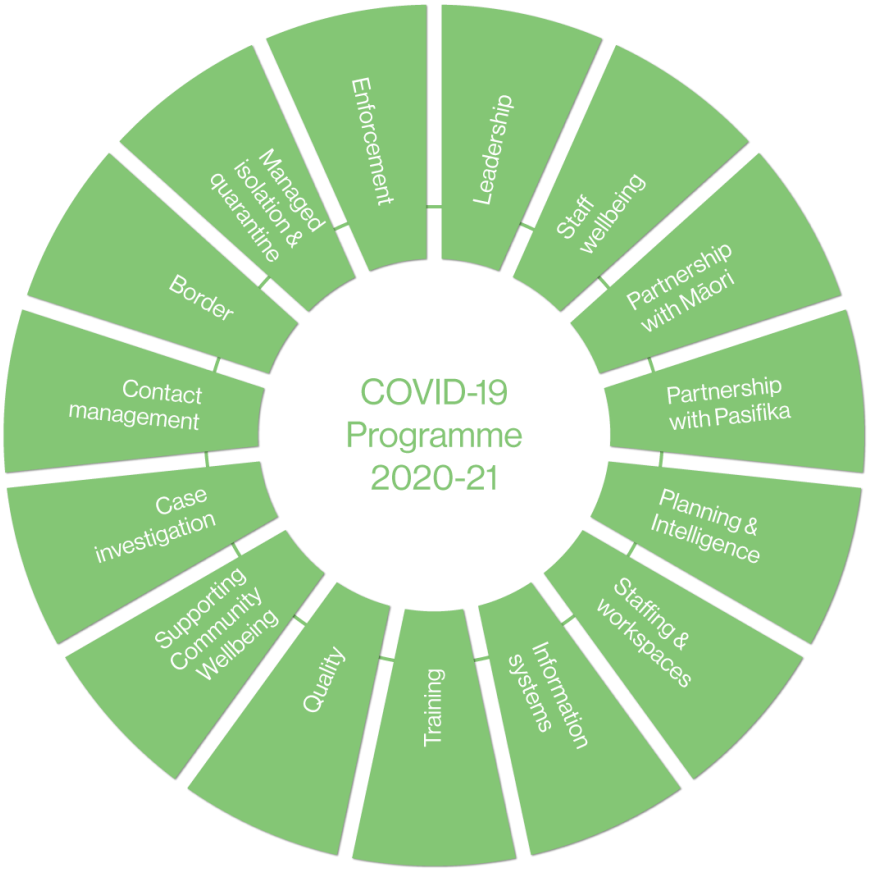
Community & Public Health
Te Mana Ora

Working in Partnership

Community & Public Health
Te Mana Ora

Community and Public Health

Community & Public Health
Te Mana Ora




LIFECURVE™
Canterbury
District Health Board
Te Poari Hauora ō Waitaha

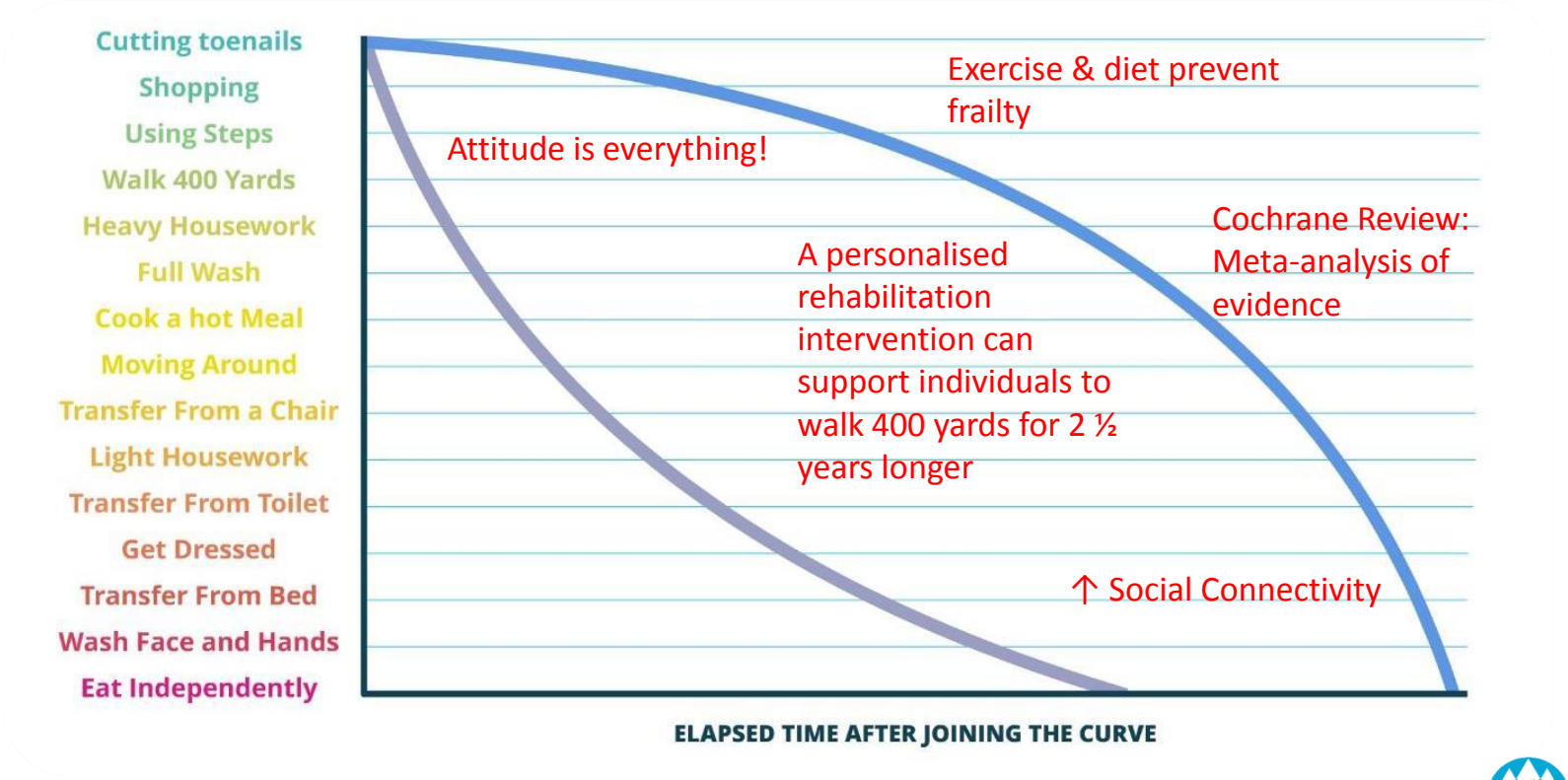
What is the LifeCurve™?

- An easy-to-use app for your phone
- Measures how you are ageing by looking at your ability to do everyday tasks
- Compares your ability to others your age
- Gives useful advice and empowers you to age well

Some background…

- The LifeCurve™ started in the UK
- Bay of Plenty DHB has purchased the LifeCurve™ app and 2 websites
- Working in partnership with Māori co-leads for LifeCurve™
- The LifeCurve™ in NZ is aligned with research that will be taking place in NZ this year

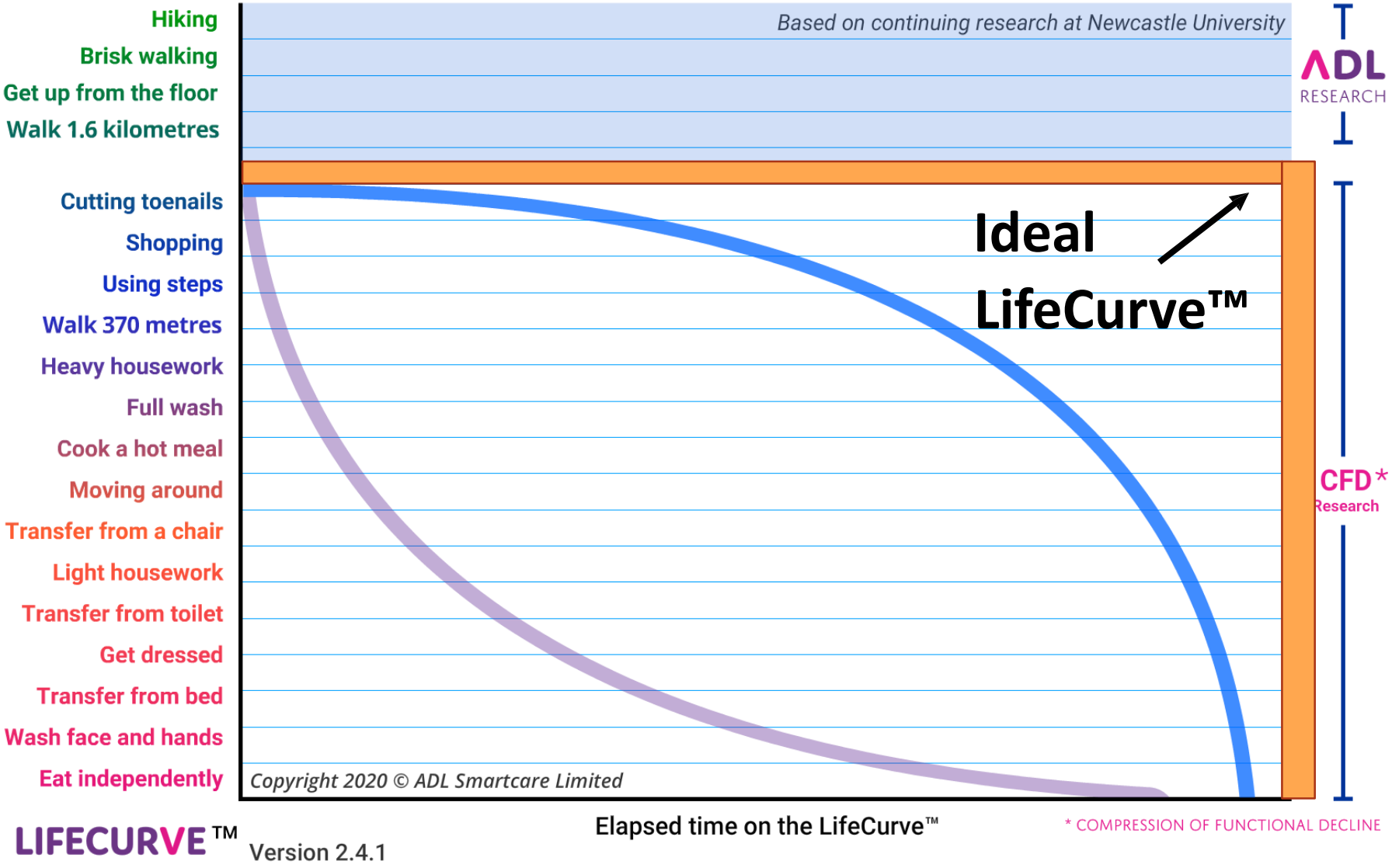
The LifeCurve ™: A Model of Accelerated Function Decline



Frailty is not inevitable, but it is predictable

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

LIFECURVE™

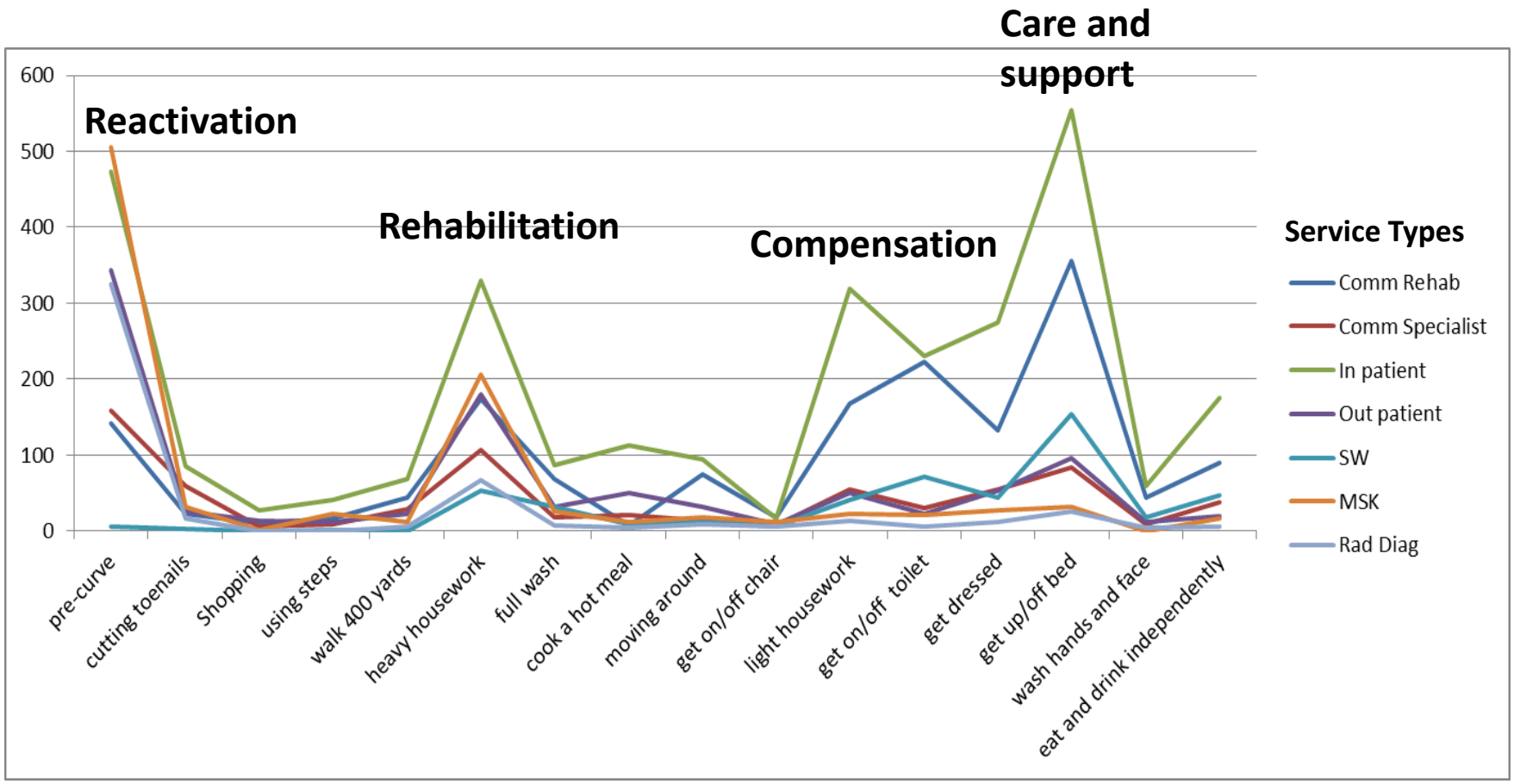

Hiking
Brisk walking
Get up from the floor
Walk 1.6 kilometres
Cutting toenails
Shopping
Using steps
Walk 370 metres
Heavy housework
Full wash
Cook a hot meal
Moving around
Transfer from a chair
Light housework
Transfer from toilet
Get dressed
Transfer from bed
Wash face and hands
Eat independently
Based on continuing research at Newcastle University
ADL RESEARCH
Ideal LifeCurve™
CFD* Research
Copyright 2020 © ADL Smartcare Limited
LIFECURVE™ Version 2.4.1
Elapsed time on the LifeCurve™
* COMPRESSION OF FUNCTIONAL DECLINE

Which professions are intervening at which LifeCurve™ stages?

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total b
Art Therapist	1	1			1	1									1		5
Drama therapist	1	1				1					2	2		1			8
Dietitian	178	17	4	5	18	89	13	31	7	3	35	13	24	33	13	21	504
Occupational Therapist	370	45	32	17	29	222	64	99	60	16	173	203	193	379	52	120	
Orthoptist	39	3	1		1	8	3	4	2			2	2	7	1	1	74
Physiotherapist	754	63	16	47	69	428	87	87	105	21	225	157	194	377	40	115	2785
Podiatrist	207	67	3	10	30	131	14	18	26	12	58	15	44	78	9	26	748
Prosthetist/Orthotist	32	1		3	1	15	6	1	3	2	10	3	6	13	1	2	
Radiographer (diagnostic)	357	13		3	5	73	10	6	12	5	11	4	14	26	2	4	
Radiographer(theraputic)	55	1				9	1				4		2	1		3	
Speech and Language	83	12	5	3	10	57	9	18	6	6	29	9	29	47	15	35	373
Total per Lifecurve stage	**2077**	**224**	**61**	**88**	**164**	**1034**	**207**	**264**	**221**	**65**	**547**	**408**	**508**	**962**	**134**	**327**	7291

0 Precurve
1 Cutting toenails
2 Shopping
3 Using steps
4 400 yards
5 Heavy housework
6 Full wash
7 Cooking a hot meal
8 Moving around
9 On/off chair
10 Light housework
11 On/off toilet
12 Dressing/undressing
13 On/off bed
14 Washing hands/face
15 Eating and Drinking

Services intervening at Lifecurve™ points



The LifeCurve™ App

- Answer 19 questions
- Determine if you are on the LifeCurve™
- Compare your results
- Receive positive messaging
- Maintain or improve your position
- See Hints and Tips
- Set reminders to do tasks of your choice
- Find general healthy ageing information

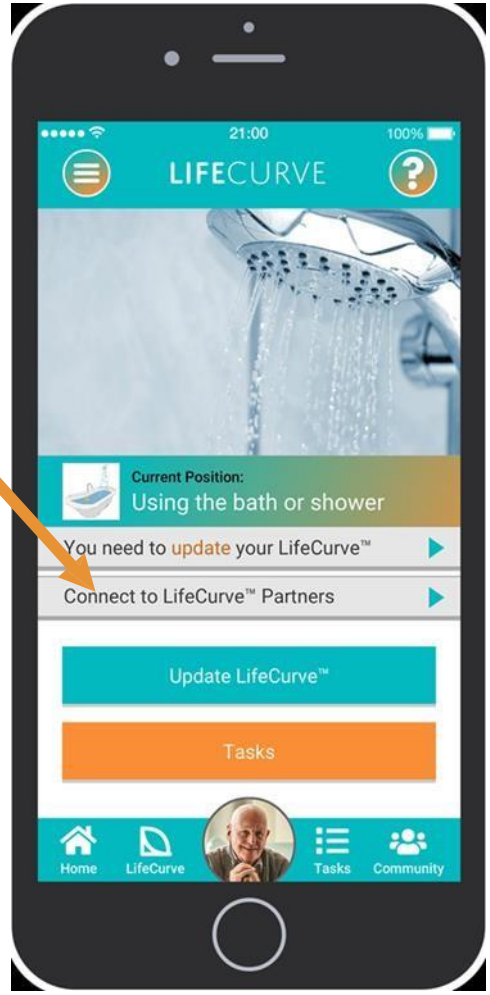
- Can you cut your own toenails without assistance?
- Can you walk up and down steps and stairs?
- Can you fully wash yourself without any assistance?
- Can you cook a hot meal?
- Can you get out of a chair without any assistance?
- Can you get dressed without any assistance?

- See where you are on the LifeCurve™ graph
- Compare your results

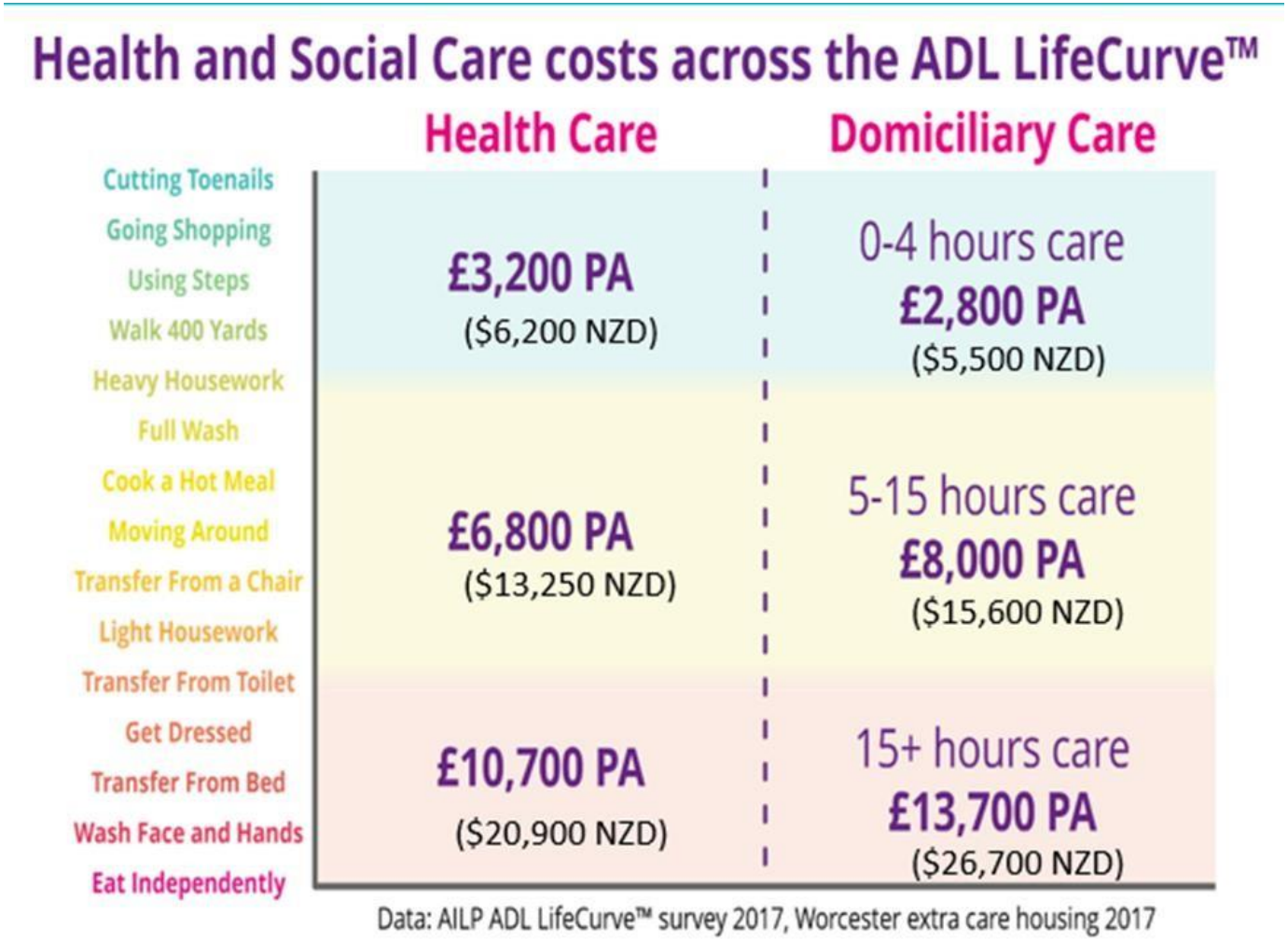
Making Connections - Whanaungatanga

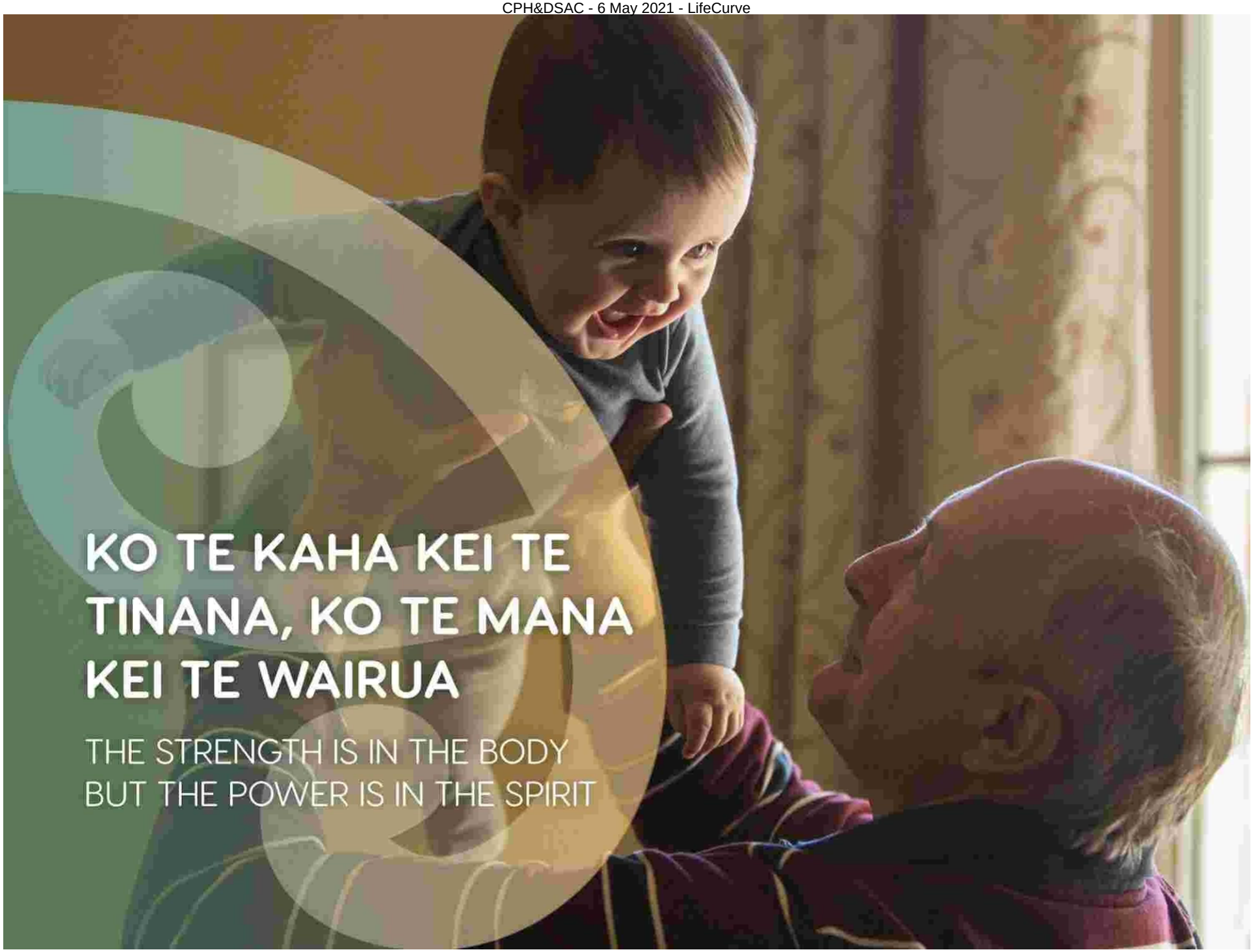
The LifeCurve™ app can connect people to their community through connecting to ‘partners’

A LifeCurve™ partner is an authorised organisation that wants to engage with app users. You choose whether to connect to partners.



Scottish National LifeCurve™ Survey




KO TE KAHA KEI TE TINANA, KO TE MANA KEI TE WAIRUA
THE STRENGTH IS IN THE BODY
BUT THE POWER IS IN THE SPIRIT

TRANSALPINE HEALTH DISABILITY ACTION PLAN 2020 - 2030

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Kathy O'Neill, Team Leader, Primary Care, Planning & Funding**

APPROVED BY: **Dr Jacqui Lunday Johnstone, Executive Director of Allied Health, Scientific and Technical**

DATE: **6 May 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek formal endorsement of the refresh of the Transalpine Health Disability Action Plan 2020 – 2030. The updating of the plan is a required process embedded in the 2016-2026 Disability Action Plan.

2. RECOMMENDATION

The Committee recommends that the Board:

i. formally endorses the Transalpine Health Disability Action Plan 2020-2030; and
ii. notes the actions being undertaken in the Work Plan for 2020 – 2021.

3. SUMMARY

The refreshed Action Plan with Work Plan was developed within the Disability Steering Group (*DSG*) to identify priority actions that will be completed in the next 12 months against the 41 new and revised priorities actions. These actions have been identified following the consultation process with disabled people, their whanau undertaken in the second half of 2019 and disabled peoples organisations and providers, which is regular and ongoing.

4. DISCUSSION

The Plan is aligned with the principles of Enabling Good Lives (identified and approved by disabled people) and of Whanau Ora. Disabled members and the Manawhenua members of DSG required that this alignment be made more explicit and a table has been added into the forward of the Plan to meet this requirement. The Chair and members of DSG have also engaged with Te Matau a Maui who have requested DSG assist them to ensure the update of the Māori Action Plan is inclusive of the needs of disabled Māori and their whanau.

The following changes have been made to the Plan following engagement and feedback:

- Has an increased focus on intervening early with disabled children.
- Reducing the need for disabled people to have to repeat their story through increased shared records and plans.
- Increases disabled peoples' self-determination by giving them more control of their information, through patient portals and knowing what is being communicated about them.
- Plans to employ more disabled people with a target of having the health workforce more reflective of the population, including employing more Māori and Pacific people.
- In the most part disabled people and their whanau have fed back that our communication has not improved over the last few years. In response, the Canterbury DHB has signed up to the

Accessible Information Charter and a Work Group has formed with a separate Work Plan in development.

- Intellectually disabled people have the poorest health outcomes, therefore, actions need to be prioritised to include this population group.
- Raising disability responsiveness through focused training for staff.

5. CONCLUSION

The work plan has been developed to provide an increased structure to implementation of the Action Plan for the next 12 months. Evaluation will be through the Disability Steering Group and its progress against the Work Plan.

6. APPENDICES

Appendix 1: Canterbury and West Coast Disability Action Plan 2020-2030
Appendix 2: CDHB Disability Action Plan – Priority Actions 2020-2021

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

West Coast
– District Health Board –
Te Poari Hauora a Rohe o Tai Poutini

Canterbury and West Coast Health

Disability Action Plan 2020 – 2030

A plan for improving the health system for disabled people and their family/whānau

Contents

Implementing and refreshing our Disability Action Plan: 2016 - 2026

The Canterbury and West Coast Health System Disability Action Plan (the Plan) was launched in July 2016. It was developed after wide consultation with the disability community, including disabled people, their families/whānau, providers of disability services and our Alliance partners from across the health system. The Plan is being implemented with the ongoing engagement of all these key stakeholders using existing processes, and through developing new ways of working together.

The Canterbury DHB Disability Steering Group (DSG) provides a way to deliver outcomes against the identified priority actions. In Canterbury, the DSG now has 22 staff and community members, and includes links with the Canterbury Clinical Network. On the West Coast, the Alliance Leadership Team and the Board's Disability Support Advisory Committee provide governance. The Divisions with transalpine responsibilities e.g. People and Capability, Communications and Quality Safety and Risk, are leading the implementation. It is important to note that the within the updated priority actions there is a plan to include the development of a West Coast Disability Steering Group to support the implementation on the West Coast.

Progress has been made towards the original 16 Priority Actions of the Plan especially in key areas such as:

- highlighting the importance of addressing issues of accessibility
- employing more disabled people in the DHB
- capturing disabled peoples experience of the health system
- having user friendly information through a re-designed web site
- and establishing a foundation for the on-going engagement with the disability community

To revisit the Plan for 2020 -2030 the original priority actions have been reviewed and have been amended or removed as appropriate. New priority actions have been added to incorporate feedback from forums held in August 2019 with the disability community including people with lived experience and that received from other key stakeholder groups. This information is summarized in Appendix A.

We also updated the core documents which influence our obligations (Appendix B). The importance of the United Nations Convention on the Rights of Persons with Disability (UNCRPD) was consistently referred to in the consultation forums, and these remain the underlying core principles (Appendix C).

For the purposes of this Plan, disability is defined according to the UNCRPD. It describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007).

This definition distinguishes the impairment or health condition from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between disabled people and people without a disability. Using this definition the Plan is applicable to all disabled people regardless of age or the type of impairment.

This Plan supports the position taken in the New Zealand Disability Strategy 2016 – 2026. 'For some of us, the term 'disabled people' is a source of pride, identity and recognition that disabling barriers exist within society and not with us as individuals. For others, the term 'people with disability' has the same meaning and is important to those who want to be recognised as a person before their disability'.

This document uses the term disabled people. We do recognize the importance of listening to how disabled people refer to themselves e.g. People First prefer disabled people and people from the Deaf community often identify as Deaf first rather than disabled.

The principles of partnership, participation and protection have been central to the development of the strategic objectives and priority actions in this Plan. These principles are consistent with the Treaty of Waitangi and demonstrate our commitment to working with Māori as treaty partners. This is especially important because Māori have higher rates of disability and poorer health outcomes than non-Māori. While there is a specific objective to achieve equitable outcomes for Māori within the Plan, each of the identified priority actions will have identified actions that are inclusive and culturally appropriate. In addition Phase 2 of the Plan links the strategic objectives to the principles of Whānau ora and Enabling Good Lives as a recognition of the need to move away from a medical model of seeking transformational change to adopting a principled approach that empowers disabled people and whānau.

The Plan is structured around the eight strategic outcomes in the 2016 -2026 NZ Disability Strategy. As District Health Boards, we emphasise the Health and Wellbeing strategic outcome, but also have a wider role, consistent with our Position Statement.

This statement is to inform our population and other agencies of the prevailing organisational view on key issues for disabled people.

The Canterbury DHB Disability Steering Group the West Coast and Canterbury Alliance Leadership Teams and the Advisory Committees to the DHB Boards have the responsibility and the role for ensuring the Plan is implemented consistent with the priorities identified by disabled people and their family/whānau, the following systemic priorities will be assessed by all members of these groups, but is a particular role of the disability community members on these groups, and their networks, as the priority actions are progressed:

- disabled people will have input into design of new or transformed services and processes ('nothing about us without us')
- appropriate communication methods are developed and used to inform and engage the disability community at key points of the implementation process
- the rights of disabled people to have increasing choice and control over the services they receive.

In addition to this, the groups are committed to improving all aspects of the health system and with the governance of the District Health Boards Advisory Committees, we will apply a 'disability in all policies' approach as we endeavor to achieve the inclusion of disability related issues in all aspects of the system as business as usual approach.

Progress on achieving the stated objectives and priority actions in this Plan will be reported back at regular intervals to the disability community through forums, electronic information and written communication.

The key partners in the Canterbury and West Coast health system would like to thank the disability community members who have contributed, and will continue to provide input, in the development, implementation and refresh of the Plan. Without your input there can be no transformational change at the level and degree we need to make our health system truly inclusive and achieve equitable outcomes for all.

Back row from left: Lara Williams (Administrator), Jane Hughes, Sekisipia Tangi, Rāwā Karetai, Rose Laing, Paul Barclay, Kathy O'Neill, Tyler Brummer, Kay Boone, WaikuraTau-McGregor, Maureen Love, Lemalu Lepou Suia Tuula

Front row from left: Joyce Stokell, Thomas Callanan, Grant Cleland (Chair), Allison Nichols-Dunsmuir, Shane McInroe, Harpreet Kaur, Mick O'Donnell

Absent: Simon Templeton, Jacqui Lunday-Johnstone, Catherine Swan, George Schwass, Dave Nicholls, Susan Wood

Position Statement – Promoting the health and wellbeing of disabled people

Purpose

This position statement summarises our commitment to actions aimed at improving the lives of disabled people in Canterbury and on the West Coast. It will be used in making governance, planning, funding, and operational decisions. The Plan reflects this position statement and provides details of how it will be implemented.

Key points

We recognise that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging which will increase the number of people experiencing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes.

We make the following commitments to disabled people, their families and whānau, to:

1. Collect their feedback about the services we deliver
2. Understand their perspectives and needs
3. Deliver appropriate specialist, general and public health services, in a way that suits them
4. Uphold the rights of disabled people, and counter stigma and discrimination
5. Equip and upskill staff to meet their needs

We will also incorporate the perspectives and needs of disabled people when we:

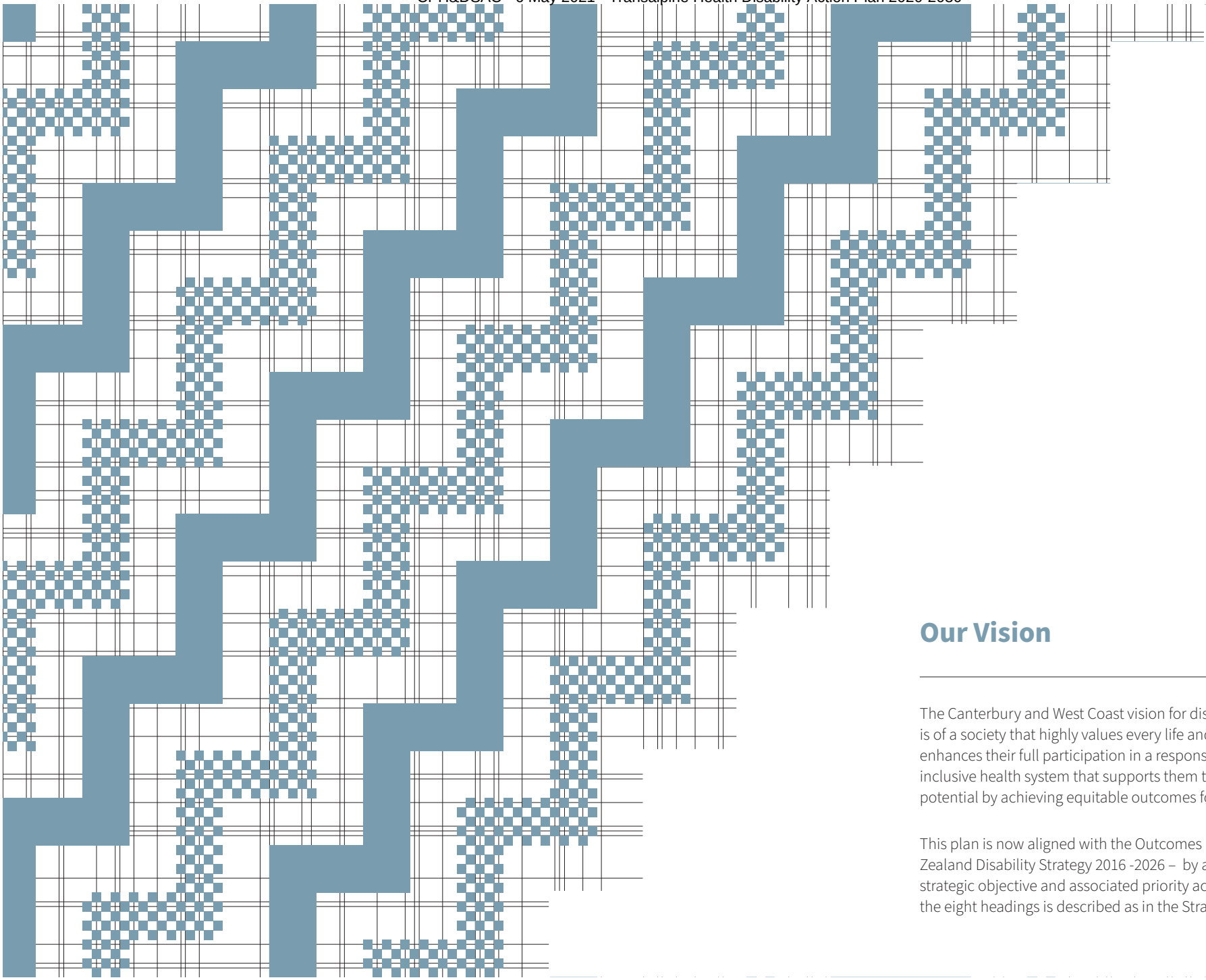
1. Employ disabled people
2. Design and build our facilities
3. Contract other organisations to deliver services
4. Partner with our communities to improve population health and wellbeing
5. Monitor and report on how well we are doing, and plan for improvements

Alignment with Core Principles and Philosophies

The philosophies of whānau ora and Enabling Good Lives (EGL) are compatible with each other, with a mutual emphasis on building whānau capacity, collective leadership, whānau planning and kaitūhono.

The whānau ora outcome goals and EGL principles are outlined in the following table and are shown to be aligned with the UNCRPD Articles and the strategic objectives of this Action Plan:

Whānau Ora outcome goals	Enabling Good Lives principles	UNCRPD Articles	Transalpine Health Disability Action Plan 2020 -2030
Whānau are self-managing	Self-determination	• Self-direction • Clauses N and O in the Preamble	• Improve Health Literacy • Improve access to personal information
Whānau are living healthy lifestyles	Beginning Early	• Health, Article 25 • Habitation, Article 26	• Offer appropriate treatments • Monitor Quality
Whānau are participating fully in society	Person Centred	• Awareness raising Article 8 • Living independently and being involved in the community Article 19 • General obligations – human rights and fundamental freedoms	• Implement a Pasifika disability plan • Develop better approaches for refugee, migrant and culturally and linguistically diverse groups
Whānau are confidently participating in Te Ao Māori	Ordinary life outcomes		• Work towards equitable health outcomes for Māori
Whānau are economically secure and successfully involved in wealth creation	Mainstream first		• Be an equal opportunity employer
Whānau are cohesive, resilient and nurturing	Mana enhancing	• Article 17 - Liberty of movement and nationality • Article 18 - Respect for home and family • Article 23 - Protecting the integrity of the person	• Provide accessible information and communication • Increase staff disability awareness, knowledge and skills • Develop leadership of people with disabilities who have a role in the health system
Whānau are responsible stewards of their living and natural environment	Easy to use	• Accessibility Article 9	• Integrate services for people of all ages with a disability • Services and facilities are designed and built to be fully accessible
	Relationship building	• Living independently and being involved in the community Article 19	• Implement the plan in partnership



Our Vision

The Canterbury and West Coast vision for disabled people is of a society that highly values every life and continually enhances their full participation in a responsive and inclusive health system that supports them to reach their full potential by achieving equitable outcomes for all.

This plan is now aligned with the Outcomes in the New Zealand Disability Strategy 2016 -2026 – by attaching the strategic objective and associated priority actions to each of the eight headings is described as in the Strategy.

Outcomes, Strategic Focus and Priority Actions

1. Education (NZ Disability Strategy 2016-2026)

We get an excellent education and achieve our potential throughout our lives.

Our Strategic Focus and Outcome Sought – Improve health literacy

Improve access to health information in a form that works for disabled people. This includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau. Disabled people contribute to their own health outcomes as they and their family/whānau receive the information and support which enables them to participate and influence at all levels of society.

Priority Actions:

With the involvement of disabled people and their family/ whānau and further explore the potential for electronic shared plans as the repository for information that disabled people want communicated about how best to support them when they are accessing a health or disability service.

1. In Canterbury this includes expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers. Evaluate the potential effectiveness of this with the disability community.
2. In the West Coast work with the Co-ordinated Care Team of the Canterbury Clinical network to explore these opportunities on the West Coast.

2. Employment and Economic Security (NZ Disability Strategy)

We have security in our economic situation and can achieve our full potential.

Our Strategic Focus and Outcome Sought – Be an equal opportunity employer

Disabled people experience equitable workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whānau, carers and staff.

Priority Actions:

3. Increase the numbers of disabled people being employed and supported in their role within the Canterbury and West Coast health system.
4. Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing.
5. Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities
6. Develop and implement affirmative action initiatives that will result in more people with disabilities being employed in the Canterbury and West Coast health system. We will work towards achieving a percentage people employed in the workforce as having a disability that is reflective of the districts population e.g. 24% as identified in the 2013 NZ Disability Survey.
7. Explore and implement ways to engage staff living with disabilities to help identify and inform how Canterbury and the West Coast DHBs can continuously support their wellbeing at work.

8. Utilise updated workforce data to track progress
9. Explore the development, with support from external agencies, of pathways that support people living with disabilities into leadership positions.
10. Undertake an environmental scan of a pilot site within our workplace to assess inclusivity and subtle messages in our environment - with a focus on accessibility.

3. Health and Wellbeing (NZ Disability Strategy)

We have the highest attainable standards of health and wellbeing.

Our Strategic Focus and Outcome Sought – Integrate services for people of all ages with a disability

Disabled people and their family/whānau/carers are listened to carefully by health professionals and their opinions are valued and respected. Individuals are included in plans that may affect them and encouraged to make suggestions or voice any concerns by highly responsive staff.

Priority Actions:

11. Work with disabled people and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live lives to their full potential.
12. Ensure Funded Family Care is implemented equitably across the Canterbury and West Coast health system.
13. Integration of the Mental Health, Pediatric and Child Development Services through a Health Pathways approach as developed in full engagement of these clinical services, the Child and Youth Workstream and Canterbury Initiative. Note that the pathway needs to ensure it has inclusive and equitable responses for those on the autism spectrum. Canterbury Initiative is to explore the applicability of using the same approach on the West Coast.
14. Remain engaged with the Enabling Good Lives System Transformation Canterbury Leadership Group and keep key stakeholders in the health system informed of developments and implications of implementation. Ensure that the West Coast health system is informed of key developments.
15. Implement the recommendations of the Transition Plan for children with complex needs who have been supported long term in the Paediatric Services, when they move to Primary Care as their health home and/or Adult Specialist Services (Canterbury only).

Our Strategic Focus and Outcome Sought – Offer appropriate treatment

Offer interventions with individuals and their family/whānau which are evidence based best practice and that these restorative, recovery focused approaches will result in disabled people living lives to their full potential.

Priority Actions:

16. Explore opportunities and identify how to support a timely response for disabled people and their families/whānau who require:
    - Aids to daily living
    - Housing modifications
    - Driving assessments
17. The geographical equity across NZ of the provision of hearing aids will be explored and options considered.
18. Work with Specialist Mental Health Services and the disability sector to identify how to build capacity and capability across the system in an evidence-informed way for those accessing the Intellectually Disabled Persons Health inpatient services. Explore what is needed to ensure progress can be made based on the Enabling Good Lives 'Try, Learn, Adjust' approach
19. Work with Primary Care and General Practice to adapt the Mental Health Equally Well approach to be able to be implemented for those with an intellectual disability and other disabilities at highest risk of poor health outcomes.

Our Strategic Focus and Outcome Sought – Implement a Pasifika disability plan

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan Faiva Ora 2016 – 2021, – Pacific Health Action Plan (currently under development) and the Canterbury Pasifika Strategy (currently under development) will also be used as a core document to inform the work required.

Priority Actions:

20. As part of the development of a longer-term collective strategy for improving Pasifika health ensure each part of the co-design process is inclusive of those with lived experience of disability and their whānau, the core national documents and that their needs are captured in the Canterbury strategy. Ensure that all the actions of this Plan is inclusive of that strategy.

Our Strategic Focus and Outcome Sought – Develop better approaches for refugee, migrant and culturally and linguistically diverse groups

Work with disabled people and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives.

Priority Actions:

21. Engage with key service providers, established groups and the CALD communities to explore opportunities for including the needs of CALD disabled people in the way we communicate. Use these local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities.

Our Strategic Focus and Outcome Sought – Monitor quality

Develop and use a range of new and existing quality measures for specific groups and services that we provide for disabled people, and develop systems and processes to respond to unmet needs e.g. consumer survey.

Priority Actions:

22. Develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for disabled people.

23. The quality of life for disabled people while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.

24. Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from people identified as having a disability. Where possible this information will be used to target quality initiatives that will improve the experience of the health system for disabled people.

4. Rights Protection and Justice (NZ Disability Strategy)

Our rights are protected, we feel safe, understood and are treated fairly and equitably by the justice system.

Our Strategic Focus and Outcome Sought – Work towards equitable health outcomes for Māori

Work with Māori disabled people, whānau and the Kaupapa Māori providers to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this action plan in order to achieve equitable population outcomes for Māori with a disability and their whānau.

Priority Actions:

25. All the priority actions of this plan are to include culturally appropriate actions tāngata whaikaha* and their whānau, and that this promotes and supports whānau ora and rangatiritanga.

26. Equity is a key consideration in planning and carrying out all priority actions, including making use of the Health Equity Assessment Tool where indicated.

27. As part of the development of a longer-term collective strategy for improving Māori health ensure each part of the co-design process is inclusive of those and tāngata whaikaha their whānau and that their needs are captured in the strategy. Conversely that the actions of this Plan is inclusive of the strategy.

*(tāngata whaikaha is a strength based description that, as defined by Maaka means ‘ striving for enlightenment/striving for enablement)

5. Accessibility (NZ Disability Strategy)

We access all places, services and information with ease and dignity.

Our Strategic Focus and Outcome Sought – Services and facilities are designed and built to be fully accessible

Services and facilities will be developed and reviewed in consultation with disabled people and full accessibility will be enhanced when these two components work together to ensure disabled people experience an inclusive health system that is built to deliver waiora/healthy environments.

Priority Actions:

28. The Canterbury DHB Accessibility Working Group scope is expanded to include the West Coast DHB. And includes engagement with the West Coast Accessibility Coalition and the implementation of the West Coast Accessibility Strategy.
29. Technical accessibility experts will be engaged at key stages of the design and or rebuild, and involve disabled people to remove physical barriers.
30. Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements.

Our Strategic Focus and Outcome Sought – Provide accessible information and communication

Promote and provide communication methods that improve access and engagement with disabled people e.g. use of plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology. Expand the use of sign language.

Priority Actions:

31. Establish Executive Management and Board approval for the national Accessible Information Charter endorsed by all the Public Sector Directors General.
32. Establish an Accessible Transalpine Information Working Group accountable to the implementation groups, to identify and progress actions necessary to meet the objectives of the Accessible Information Charter (endorsed by all Public Service Chief Executives).
33. Upskill DHB Communications Team members in producing easy read documents and as a priority have this Plan made available in Easy Read format.

6. Attitudes (NZ Disability Strategy)

We are treated with dignity and respect.

Our Strategic Focus and Outcome Sought – Increase staff disability responsiveness, knowledge and skills

Develop and implement orientation and training packages that enhance disability responsiveness of all staff, in partnership with the disability sector e.g. disabled people, their family/whānau/carers, disability training providers and disability services. The wellbeing of disabled people is improved and protected by recognising the importance of their cultural identity. Health practitioners understand the contribution of the social determinants of health.

Priority Actions:

34. Support the development of an employee network group for staff living with disabilities to create a sense of community and amplify voices range of employee networks

35. Work with Talent, Leadership and Capability and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou.

36. Work with the Talent, Leadership and Capability, professional leaders and people with lived experience to progress the development of targeted responsiveness trainings

37. Deliver and evaluate a targeted disability equity training programme including telling stories of our workforce who live with disabilities

38. Review and update the Corporate Orientation Package

39. Work with the Maori and Pacific Reference Group who are providing guidance to People and Capability on building a diverse workforce that in turn increases systems capability to meet the diverse needs of our community.

7. Choice and control (NZ Disability Strategy)

We have choice and control over our lives.

Our Strategic Focus and Outcome Sought – Improve access to personal information

Priority Actions:

40. Enable disabled people to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. Disabled people will be given support to do this if they are unable to do this on their own.

8. Leadership (NZ Disability Strategy)

We have great opportunities to demonstrate our leadership.

Our Strategic Focus and Outcome Sought – Develop leadership of people with disabilities who have a role in the health system

Priority Actions:

41. Identify and support opportunities for leadership development and training for disabled people within the health system. This includes further development of peer support as a model of care for people with long term conditions.

42. Engage workforce development training providers from the disability sector to identify opportunities to support disabled people and their family/whānau who are providing a voice for disabled people within the health system. This will include exploring options for appropriate leadership training e.g. Be Leadership.

Our Strategic Focus and Outcome Sought – Implement the plan in partnership

The collective issues that emerge from disabled people' lived experience of the health system are actively sought and used to influence the current and future Canterbury and West Coast health system.

Priority Actions:

43. Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.

44. A West Coast DHB Disability Leaders Working Group is formed consisting of Transalpine Divisional Leads and members for the Consumer Council who identify as having lived experience of disability or as a family/whānau member. The purpose of the group is to progress the priority actions where their division holds the responsibility. The West Coast DHB Disability Leaders Working Group is accountable to the West Coast Alliance Leadership Team. (West Coast only)

45. Monitor progress against the priority actions to be undertaken annually, a report written and endorsed by the responsible implementation groups and communicated to the sector as a key part of the communication plan.

46. The priority actions will be refreshed at a minimum of 3 yearly through engagement with the health system and the disability sector and input from the disabled people, family/whānau and the wider disability sector.

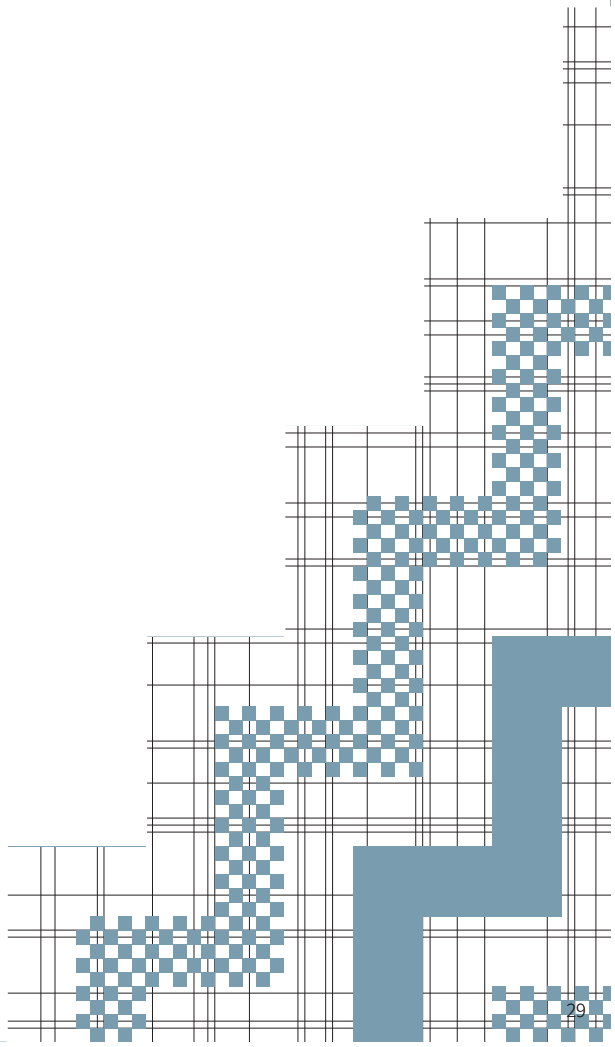
Our Strategic Focus and Outcome Sought – Promote the health, wellbeing and inclusion of people of all ages and abilities

Actively promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society.

Priority Actions:

47. Community and Public Health for both DHBs continues to co-ordinate submissions on behalf of Canterbury and West Coast DHBs. They will use the Plan's underpinning principles to inform their submissions.

48. The Canterbury and West Coast health system hosts, in partnership with the DPOs, a bi-annual forum to show case developments and initiatives to improve the experience of the health system for disabled people and their family/ whānau.



Appendix A

CORE DOCUMENTS

The core documents referenced in the development of this Plan include:

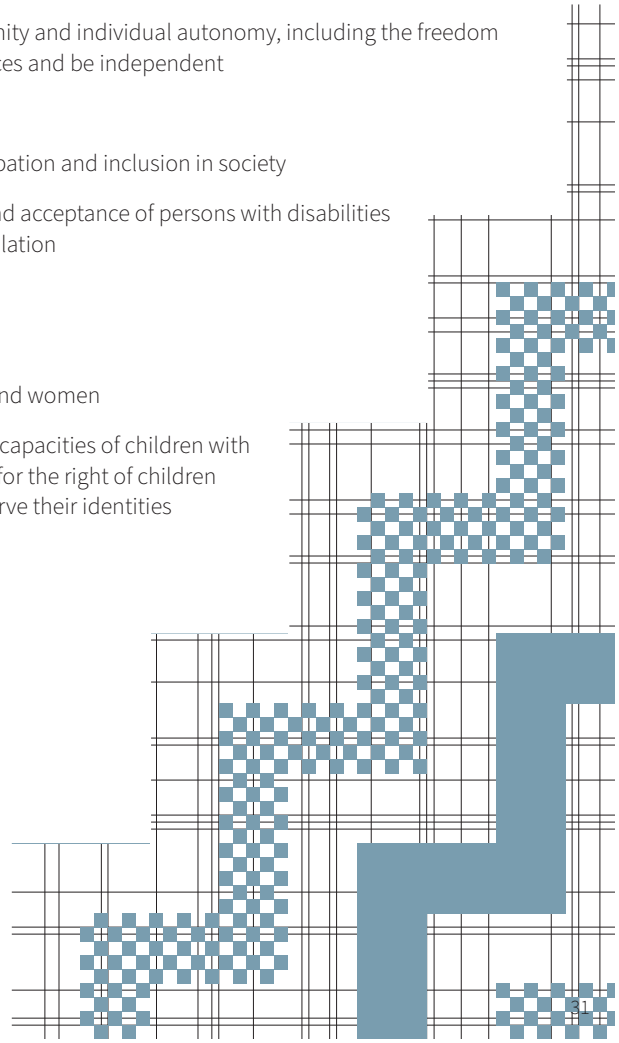
- New Zealand Disability Strategy 2016 - 2026
- New Zealand Disability Action Plan 2019 - 2023
- He Korowai Oranga, Māori Health Strategy
- Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Service 2018 - 2022
- Faiva Ora National Pasifika Disability Plan 2016 - 2021
- Ala Mo'ui: Pathway to Pacific Health and Wellbeing –(currently being updated)
- United Nations Convention on the Rights of Persons with Disability (ratified by New Zealand 2007)
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

Appendix B

GUIDING PRINCIPLES OF THE CONVENTION

There are eight guiding principles that underpin the Convention:

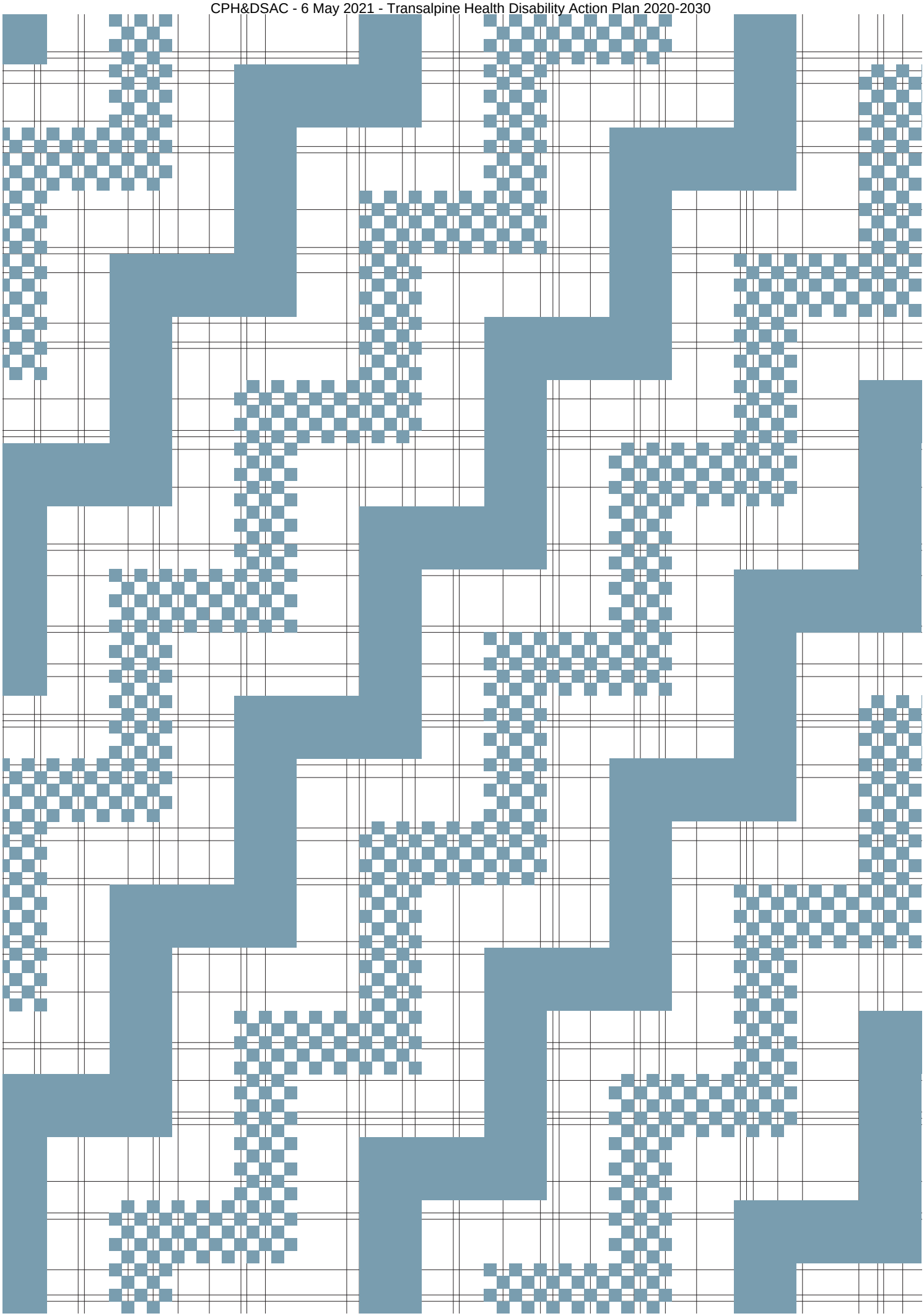
1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices and be independent
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of a diverse population
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities, and respect for the right of children with disabilities to preserve their identities



Appendix C

KEY THEMES FROM THE 2019 CONSULTATION

1. The importance building capacity and services to intervene early.
   - Child Development Service is under-resourced, and is especially hard for those with Autism Spectrum Disorder to access. Autism and ADHD repeatedly came up as under-resourced.
   - There are not enough psychology services, there are gaps in key roles, services need to be integrated and have co-ordinated approaches between agencies.
   - Transition of child to adult secondary care services needs to improve, and needs to include the transfer from specialist to general practice care.
2. There is not enough about learning(intellectual) disability in the Plan. It seems to be more weighted to physical or sensory disability.
3. Disabled people are still expressing their frustration about re-telling their story and what they need when accessing health services. Disabled people want their voice involved in treatment. When described in the forums it was agreed that HealthOne as the electronic shared health record between General Practice and Secondary Care, on its own, doesn't seem to be changing the experience of disabled people and their family/whānau of the health system. Electronic Shared Plans were suggested as a suitable electronic alternative to Health Passport and attendees at the forums saw this as an opportunity that would be crucial to improving experience of health services.
4. A recurring theme is people wanting to have control of their information. This is seen as a key to their self determination. People wanted access to their records through patient portal. They also want to know what is being communicated about them.
5. There was significantly more feedback about General Practice this time compared to the first consultation round in 2015. Specifically, frustration was expressed about cost, not getting timely appointments, GP rooms poorly equipped and often no accessible toilets etc. There were questions about why appointments have to be at the Practice rooms - what about skype or zoom appointments? This was seen as working well for people where physically getting to appointments is challenging or there is a lack of accessibility at the facility.
6. While employing more disabled people in the DHB was still a high priority people communicated what disabled people wanted to see happen is slightly differently this time. People wanted the workforce to reflect the community. Feedback included employing more Maori and Pacific people – 'whānau just know what is needed'. This approach is seen as improving awareness, enhancing equity and shifting the culture of health services to being more responsive and inclusive of diversity more generally.
7. Disabled people repeatedly stated that effective communication at every level was essential in engaging with them and their family/whānau. It was highlighted that the Canterbury DHB is still not using plain language or Easy Read. Deaf Aotearoa also gave useful feedback about having TV's with captions and the increasing the use of technology such as iPads.
8. Every forum raised the challenge of finding what they needed in a complex system. Suggestions were made that a person or a place where they could go to assist them to navigate them to what they needed was necessary. People said that they often don't even know what's out there or what to ask for. Specific suggestions is for a central place that people could go to, within the health system for disability information and/or a dedicated role that could provide advice to people and staff. Alliance type structures between health, disability and social services was seen as crucial in unlocking services and stopping people bouncing from service to service.
9. Issues with getting transport to appointments and parking came up every forum.
10. There is a lack of confidence that new builds were getting people with lived experience of having a disability involved in planning layout and fit out early enough or at all. This was a theme on the West Coast and Canterbury.
11. General feedback that access to equipment had improved but there could still be unacceptable delays.
12. Older People make up the highest proportion of the population with a disability but the current Plan does not seem to recognize this.



CDHB Disability Action Plan - Priority Actions 2020 -2021: Report for Monitoring Progress towards Outcomes

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
Accessibility (NZ Disability Strategy)					
1. Provide accessible information and communication	1.1 Establish Working Group and gain Executive Management Team and Board approval for the National Accessible Information Charter endorsed by all the Public Sector Directors General.	Board endorsed Accessible Information Charter.	Comms Mick O'Donnell, People and Capability Elyse Gagnon, Planning & Funding Kathy O'Neill	Completed May 2021	Accessible Information Charter approved by EMT and Board –November 2020. EMT Sponsors to sign the Charter at event 28 May 2021.
	1.2 Develop accessible information work plan	Work plan completed.	Comms Mick O'Donnell, People and Capability Elyse Gagnon, Planning & Funding Kathy O'Neill	June 2021	Draft Work Plan completed by May 2021
	1.3 Upskill DHB Communications Team to produce easy read documents and as a priority have this plan in Easy Read format	Number of documents/public notices produced in easy read and other accessible formats reported	Comms Mick O'Donnell, People and Capability Elyse Gagnon, Planning & Funding Kathy O'Neill	June 2021	Communications Team has completed some internal training and key staff across CDHB attended MSD Accessible Information Training in November 2020 Producing Easy Read documents

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
	1.4 In conjunction with the Accessible Information Working Group and Quality Team develop a policy that identifies the expected components of accessible information	Policy developed and approved by EMT	Quality and Patient Safety Susan Wood	September 2021	
	1.5 CCN to submit Accessibility Charter to ALT for endorsement	Policy signed by CCN	CCN Elly Edwards	September 2021	
	1.6 Work with DHB Emergency Coordination Committee (ECC) to establish a Disability Reference Group who will ensure communication to and from the disability community is effective. (In line with feedback from the disability community following 2020 COVID lockdown).	Group established Key contacts identified and included in ECC structure Communicate structure to DSS/MOH to ensure who is communicating what at national and local levels	Planning and Funding Kathy O'Neill	June 2021	Lead in Service Continuity Team identified. Disability Community members to be engaged from DSG. May 2021
2. Services and facilities are designed and built to be fully accessible	2.1 Accessibility Charter Working Group (ACWG) paper approved by EMT, setting out the process for physical access audits at design and rebuild stages.	Process approved and \ implementation steps in place.	The ACWG	EMT approved July 2020	EMT approved 'Three Pillars' model that sets out expectation that all building design work will include technical expertise, lived experience, and in-house resourcing to oversee. Implementation continues in 2021.
	2.2 The Canterbury DHB Accessibility Working Group scope is expanded to include the West Coast DHB.	West Coast engaged	Planning and Funding Kathy O'Neill and the ACWG	Ongoing	Communication of work being done out of Christchurch made available to West Coast via DSG minutes. More to do to expand.
	2.3 Technical accessibility experts will be engaged at key stages of design and/or rebuild, and	Report on Technical expert activity prepared six-monthly to DSG	The ACWG	Ongoing	DSG regularly advised on progress. Two new build projects have engaged accessibility auditors – Hillmorton and

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
	involve disabled people to remove physical barriers.				Rolleston projects. The Outpatients accessible toilet rooms were audited; issues identified are being addressed. DSG toured Waipapa February 2021. Report being prepared
	2.4 Information will be sought about accessibility of our services and facilities from patients, family/whānau, and staff. The information gathered will be used to plan services and facilities improvements. See also 9.7.	Process for information collection is identified and ready for implementation	CPH Allison Nichols-Dunsmuir, the ACWG and Quality and Patient Safety Susan Wood.	Ongoing	More integrated work is planned for 2021; information is collected but needs better collation and reporting.
Employment and economic security (NZ Disability Strategy)					
3. Be an equal opportunity employer	3.1 Work towards achieving a percentage of disabled people employed in the workforce reflective of the district's population and track progress using workforce data.	Identify and implement how we measure numbers of disabled staff	People and Capability – Elyse Gagnon	February 2020	As of October 2020, 3.7% of our CDHB workforce and 3.0% of our WCDHB workforce identified as having a disability.
	3.2 Develop and implement a quality tool for current disabled staff, to inform and identify opportunities to improve staff wellbeing.	Tool developed	People and Capability – Elyse Gagnon	August 2020	In partnership with University of Canterbury a diversity survey focussing on disability, was sent out to CDHB staff and was open for two weeks. The data will inform a report produced by end of May 2021 which will inform our learning and development as well as help us prioritise our initiatives.

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
	3.3 Develop & implement affirmative action initiatives that result in more disabled people employed by CDHB.	Affirmative actions identified. Implementation Plan developed with timeline for implementation	People and Capability – Elyse Gagnon	May 2021	
	3.4 Explore & implement ways to engage disabled staff to identify/inform how to continuously support their wellbeing at work.	Establish an engagement plan	People and Capability – Elyse Gagnon	August 2021	
	3.5 Explore support from external agencies, to support disabled people into leadership/jobs.	Produce a report on external agencies engaged and how they will provide support	People and Capability – Elyse Gagnon	October 2021	
Attitudes (NZ Disability Strategy)					
4. Increase staff disability responsiveness, knowledge and skills	4.1 Support the development of an employee network group for disabled staff	Group Established	People and Capability – Elyse Gagnon	August 2021	
	4.2 Work with Talent, Leadership and Capability professional leaders and disabled people to progress targeted disability responsiveness staff training/s, including disabled staff telling their stories.	Plan developed and training implemented	People and Capability – Elyse Gagnon		In collaboration with the Chair of the Disability Steering Group, the Learning and Design team have created a piece of learning entitled “adapting your communication style” for our people to learn ways they can meet the diverse communication needs of our workplace. Additional training is needed to keep increasing staff disability responsiveness, knowledge and skills

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
	4.3 Deliver and evaluate this staff training	Training evaluation	People and Capability – Elyse Gagnon	May 2021	Training has been developed (01/02/2020) but additional information needed
	4.4 Review and update the corporate orientation Package	Updated orientation package	People and Capability – Elyse Gagnon	September 2021	
	4.5 Work with the Māori and Pacific Reference Group to build a diverse workforce.	Increased diversity in the workforce	People and Capability – Elyse Gagnon	Ongoing	We are working with our Māori and Pacific partners and supporting each other in our efforts to build a diverse workforce. We have a new recruitment policy which now allows us more freedom to implement affirmative action initiatives.
Rights protection and justice (NZ Disability Strategy)					
5. Work towards equitable health outcomes for Māori	5.1 All the priority actions of this plan are to include culturally appropriate actions for Māori with a disability and their whānau, that promote and support whānau ora and rangatiritanga.	Engage with mana whenua, Māori provider network Establish and agree a mutual plan which is aligned with the Māori Health Improvement Plan	Network - Waikura McGregor, Rawa Karetai	May 2021	Met with Māori and Pacific Provider Network November 2020. Plan to meet again in March 2021 to ensure alignment between Action Plans Māori members of DSG have provided input into the development of the Canterbury Māori Health Improvement Plan. Attending April provider meeting to progress this.

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
6. Implement a Pasifika disability plan	6.1 Implement a Pasifika disability plan as part of the longer-term collective strategy for improving Pasifika health.	Form an alliance with CCLN Pacific Reference Group Disability is included in the Pacific Health Strategy	Community member Sekisipia Tangi	March 2021 June 2021	Recruit new member to DSG. Join Pacific Reference Group Seki are developing specific actions that will be worked on through DSG for Pasifika people Engage with Pacifika Futures who agree there is a current gap in their strategy.
7. Develop better approaches for refugee, migrant culturally/ linguistic diverse groups	7.1 Engage with key service providers, established groups and the CALD communities to explore opportunities to include the needs of CALD disabled people in the way we communicate.	Meet with the Multicultural Society Establish specific goals that fit within the Accessible information Strategy	Community member Harpreet Kaur	March 2021 June 2021	Met with Multicultural Council 9 March 2021. MC are to provide recommendations for specific actions by end of Q3
Health and wellbeing (NZ Disability Strategy)					
8. Integrate services for people of all ages with a disability	8.1 Integration of the Mental Health, Paediatric and Child Development Services through a Health Pathways approach.	Health Pathway for ADHD completed	Catherine Swan, Jane Hughes, Kay Boone	September 2021	Being progressed by Bruce Penny, Health Pathways. Progress Update provided to DSG in October 2020 Health Pathway for Autism completed December 2020 The Health pathways for Child Development Therapy services has been reviewed and updated in December 2020

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
9. Achieve a more integrated & coordinated approach to improve early intervention services: **Offer appropriate treatment** **Improve health literacy**	9.1 (Aligns with accessible information policy development)		Catherine Swan, Jane Hughes, Kay Boone		
	9.2 Implement recommendations of the Transition Plan for children with complex needs, when they move to Primary Care.	Health Pathways live	Catherine Swan, Jane Hughes, Kay Boone	June 2022	**(Canterbury)** Monthly planning meetings on hold. New virtual ways of working in General Practice and Specialist services need to be explored and implemented as they offer the potential for warm handovers. **(West Coast)** Plans to be progressed within the Child and Youth Work Stream as identified for 2020-22. This is aligned with the rural early years work. Child Development Staff from Canterbury are working with West Coast services to standardise referral pathways , triage and develop health pathways for referrers for children with delayed development and disabilities so they can get support
	9.3 Explore opportunities and identify how to support a timely response for disabled people and	Improved pathway live	EMT member Jacqui Lunday Johnstone	December 2021	An allied health lead has been identified in Canterbury and the West Coast who will explore how to appropriately support improved access and response times for disabled people to these daily living aids.

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
	their families/whānau who require: – Aids to daily living – Housing modifications – Driving assessments				Review and amend Allied Health Ways in line with identified improvements. CDS Canterbury is working with West Coast for Child with developmental needs to ensure whanau have access to housing – ramps , wet area bathrooms, safety things and complex equipment – wheelchairs , mobility equipment etc
	9.4 The geographical equity across NZ of the provision of hearing aids will be explored and options considered.	Access to hearing aids is improved	Planning and Funding Kathy O'Neill	July 2021	An options paper will be presented to Planning and Funding based on the findings of the exploration. Next steps will be reliant on the recommendations made as a result of the options paper.
	9.5 Expanding the current shared plan pilot at New Brighton Health Centre and New Zealand Care to other large residential disability providers by: Specific disability field added to Acute Plan template where patient where clinicians can add details about client needs and risks Work with Health Care Home team to integrate electronic shared care planning into the work flow and standards of the primary care teams they are working with Guideline with a strong disability and equity focus shared with primary care outlining which	Increased planned care and decreased acute care	Canterbury Clinical Network – Rose Laing	Review progress quarterly	Primary care teams continue to be encouraged and supported to create care plans with their most vulnerable patients. Patient cantered care plan brochures have been distributed to primary care, public health and some NGOs.

Objectives	Priority Actions	Measure	Lead Responsibility	Completion Date Target	Progress Updates against measure (any other activity reported here)
	patients could benefit from a shared care plan Evaluate the potential effectiveness of this with the disability community.				
	9.6 Regular reporting occurs to the Disability Steering Group on the analysis of the Patient Experience Surveys response from disabled people. See also 2.4.	Improved environments support health and wellbeing	Quality and Patient Safety – Susan Wood	March 2021	First report to DSG meeting March 2021. Measures and quality improvements that are identified will be added to this Work Plan
Leadership (NZ Disability Strategy)					
10. Develop leadership of people with disabilities who have a role in the health system	10.1 A West Coast DHB Disability Leaders Working Group is formed and local Work Plan developed	Improved environments support health and wellbeing	Planning and Funding Kathy O'Neill	June 2021 October 2021	First call for EOI for members concluded September 2021. Only 2 members found. Re-circulate March 2021
11. Monitor quality	11.1 Develop measures and identify data sources that will provide baseline information about disabled people who are accessing the health system.	No wasted resource (Right care, in the right place, at the right time, delivered by the right person) Improved environments support health and wellbeing	Planning and Funding – Kathy O'Neill	June 2021	Kathy has engaged with Decision Support who will take this to South Island Information Services Alliance for the approval that the Alert button in SI Patient Information System (SIPICS) is used to identify type of impairment and needs.
	The CPHAC/DSAC Board Committee monitor progress against the priority actions.		DSG	Ongoing	Regular reports presented to DSAC

DISABILITY STEERING GROUP UPDATE (ORAL)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Hector Matthews, Executive Director, Māori and Pacific Health**

APPROVED BY: **Dr Peter Bramley, Chief Executive**

DATE: **6 May 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

The Committee recommends that the Board:

i. notes the Māori and Pacific Health Progress Report.

3. DISCUSSION

Māori Health Dashboard

Green – the target has been met for Māori

- Early intervention; ASH children aged 0-4 years, rate per 100,000.
- B4 School Check; children receiving B4SC by age 4 years.
- B4 School Check; children with a BMI > 98th percentile are referred to a health specialist.
- Cancer; women aged 50-69 years who had a breast screen in the previous two years.

Orange – the target has not been met for Māori, however, performance is improving

- Breastfeeding; babies exclusively/fully breastfed at 3 months old.
- Oral health; pre-school children (aged 0-4 years) enrolled with school and community dental services.
- Oral health; children caries free (no holes or fillings) at age 5 years.
- Immunisation; eligible girls receiving final dose of the HPV vaccination.
- Smokefree; women smokefree at two weeks postnatal.
- Cancer; women aged 25-69 years who had a cervical screen in the previous three years.
- Early intervention; ASH adults (aged 45-64), rate per 100 000 people.
- Immunisation - influenza; people aged over 65 who have had a seasonal influenza vaccination.

Red – the target has not been met for Māori and performance is declining

- Breastfeeding; babies exclusively/fully breastfed at LMC discharge.
- Immunisation; eight-month-old children fully vaccinated.
- Mental health; rate of Community Treatment Orders.
- Engagement; population enrolled with a PHO.

The Māori health dashboards continue to show strong performance from B4 school checks and early intervention; Ambulatory Sensitive Hospitalisations for children aged 0-4 years.

Ambulatory sensitive hospitalisations (*ASH*) are mostly acute admissions that are considered potentially reducible through interventions deliverable in a primary care setting. ASH rates can serve as proxy markers for primary care access and quality, with high admission rates indicating difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers.

Breast screening has also been a consistent high performing target.

Alternatively, there are areas where we have not performed well recently.

Babies exclusively/fully breastfed at LMC discharge is an area that has remained at a similar level for many years. Throughout NZ this indicator has been a consistently poor performer, likely due the external economic pressures on women to return to work rather than stay at home to continue breastfeed.

Immunisation; eight-month-old children fully vaccinated has been low this reporting period and normally we are able to catch this up before the child turns one, however, the COVID-19 vaccination roll out may impact further on this indicator. This is a disappointing result because in past years Canterbury has often led the country in this indicator.

PHO enrolment has improved in the past decade, but there is still much work to do.

Mental health - rate of Community Treatment Orders is another consistently poor result.

There are a number of targets that have not been met for Māori, however, performance is showing promise and improvement. Of particular note is the steady improvement in cervical screening rates and the commensurate slow reduction in the equity gap between Māori and non-Māori. Credit must go to Screen South, who have consistently performed well in breast screening and are now the service provider for cervical screen, using a similar delivery model to breast screening.

There has also been steady improvement in the oral health target for pre-school children (aged 0-4 years) enrolled with school and community dental services and children that are caries free (no holes or fillings) at age 5 years.

In immunisation services there has been improvement for eligible girls receiving final dose of the HPV vaccination alongside influenza for people aged over 65 who have had a seasonal influenza vaccination. The influenza vaccination improvement can be credited to Kaupapa Māori providers who received funding last year to improve influenza vaccination because of the COVID-19 threat.

It is equally pleasing to see improvement in smokefree rates of women at two weeks postnatal and the ASH rates for Māori adults (aged 45-64).

Pasifika Health Dashboard

Green – the target has been met for Pasifika

- Early intervention; ASH children aged 0-4 years, rate per 100,000.
- Early intervention; ASH adults aged 44-64 years, rate per 100,000.
- B4 School Check; children receiving B4SC by age 4 years.
- B4 School Check; children with a BMI > 98th percentile are referred to a health specialist.
- Smoking; women who are smokefree at two weeks postnatal.

Orange – the target has not been met for Pasifika however performance is improving

- Breastfeeding; babies exclusively/fully breastfed at 3 months old.
- Oral health; pre-school children (aged 0-4 years) enrolled with school and community dental services.
- Oral health; children caries free (no holes or fillings) at age 5 years.
- Immunisation - influenza; people aged over 65 who have had a seasonal influenza vaccination.
- Cancer; women aged 50-69 years who had a breast screen in the previous two years.

Red – the target has not been met for Pasifika and performance is declining

- Breastfeeding; babies exclusively/fully breastfed at LMC discharge.
- Immunisation; eligible girls receiving final dose of the HPV vaccination.
- Immunisation; eight month old children fully vaccinated.
- Cancer; women aged 25-69 years who had a cervical screen in the previous three years.
- Engagement; population enrolled with a PHO.

There are some very pleasing results for our Pasifika targets in this reporting period. Like our Māori population dashboards, they continue to show strong performance from B4 school checks and early intervention; Ambulatory Sensitive Hospitalisations for Pasifika children (aged 0-4 years) and Pasifika adults (aged 44-64 years) are both pleasing results alongside the target for smoking reduction; women who are smokefree at two weeks postnatal.

There are similarities between both Māori and Pasifika in both the orange and red indicators. It is disappointing to see the drop in PHO enrolment, especially given that in previous reporting periods we frequently exceeded that target. There is also much work to do in Pasifika childhood and HPV immunisation as well as cervical screening.

HQSC Māori Health Equity Report

Also attached to this update (Appendix 3) is an HQSC Māori Health Equity Report from their online tool.

4. APPENDICES

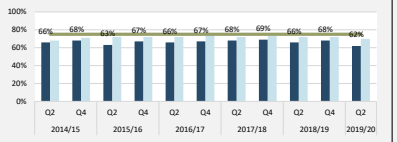
Appendix 1: Māori Health Dashboard April 2021
Appendix 2: Pasifika Health Dashboard April 2021
Appendix 3: HQSC Māori Health Equity Report for CDHB April 2021

Canterbury DHB Māori Health Dashboard
April 2021

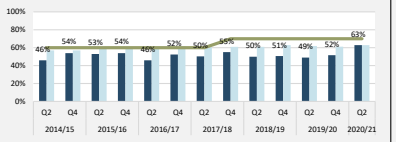
The target is met for Māori
The target has not been met for Māori however performance is improving
The target has not been met and performance is declining

Tamariki Health and Wellbeing

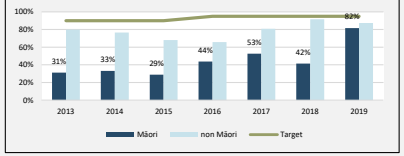
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



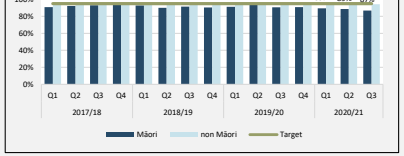
BREASTFEEDING
Babies exclusively / fully breastfed at 3 months old



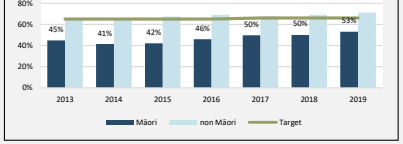
ORAL HEALTH
Pre-school children (aged 0-4 years) enrolled with school and community dental services



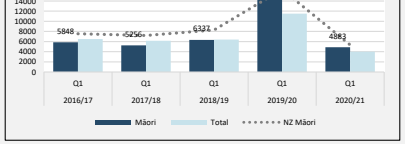
IMMUNISATION
Eight month old children fully vaccinated



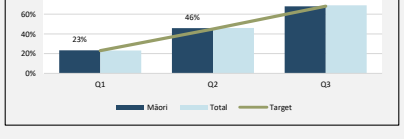
ORAL HEALTH
Children caries free (no holes or fillings) at age 5 years



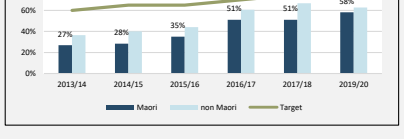
EARLY INTERVENTION
ASH children (aged 0-4), rate per 100 000 people



B4SCHOOL CHECK
Children receiving a B4SC by age 4 years

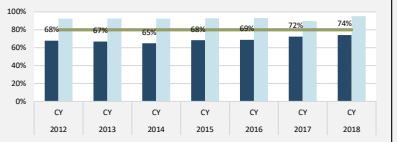


IMMUNISATON
Eligible girls receiving final dose of the HPV vaccination

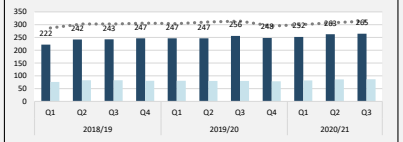


Adult Health and Wellbeing

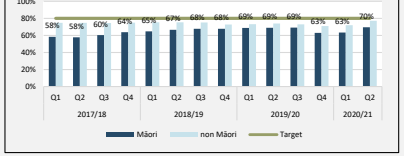
SMOKING
Women smokefree at two weeks postnatal



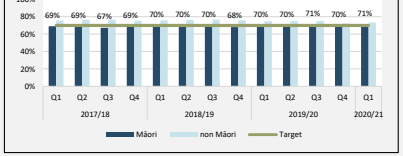
MENTAL HEALTH
Rate of Community Treatment Orders



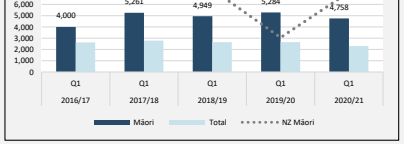
CANCER
Women aged 25-69 years who had a cervical screen in the previous three years



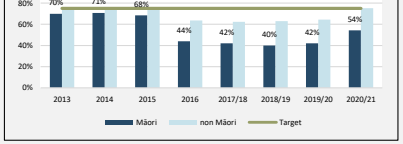
CANCER
Women aged 50-69 years who had a breast screen in the previous two years



EARLY INTERVENTION
ASH adults (aged 45-64), rate per 100 000 people

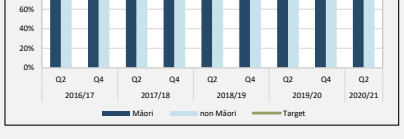


IMMUNISATION - INFLUENZA
People aged over 65 who have had a seasonal influenza vaccination

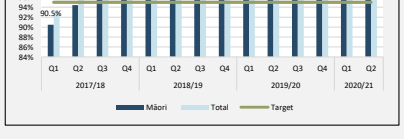


Enablers to support Improved Health and Wellbeing

ENGAGEMENT
Population enrolled with a PHO



B4 SCHOOL CHECK
Children with a BMI >98th percentile are referred to a health specialist

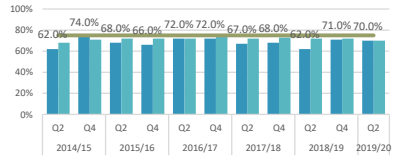


Kia whakakotahi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

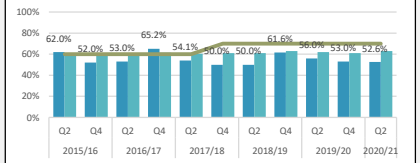
Canterbury DHB Pacific Health Dashboard
April 2021

- The target is met for Pacific
- The target has not been met for Pacific however the trend is improving
- The target has not been met for Pacific and performance is decreasing or there is significant inequity

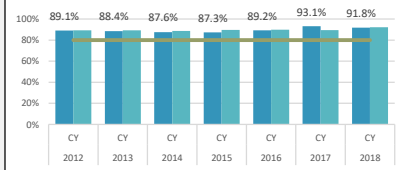
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



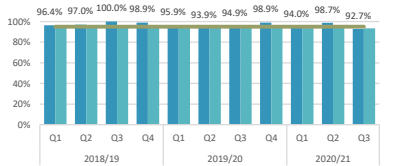
BREASTFEEDING
Babies exclusively and fully breastfed at 3 months



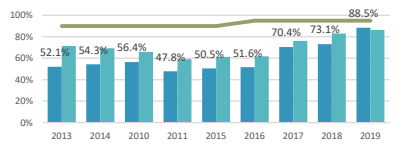
SMOKING
Women who are smokefree at two weeks postnatal



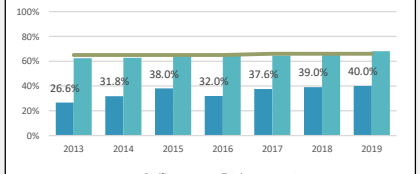
IMMUNISATION
Infants fully immunised by eight months of age



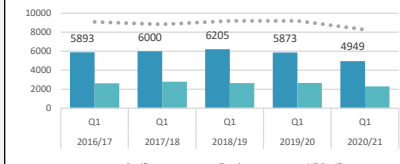
ORAL HEALTH
Children aged under 5 enrolled in DHB community oral health service



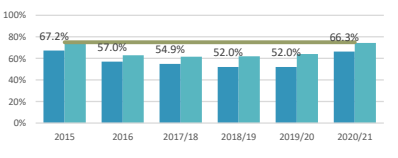
ORAL HEALTH
Children carries-free (no holes or fillings) at age 5



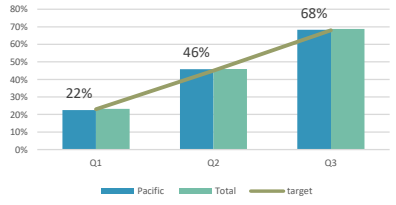
EARLY INTERVENTION
ASH rate for adults 45-64 years old, per 100,000 population



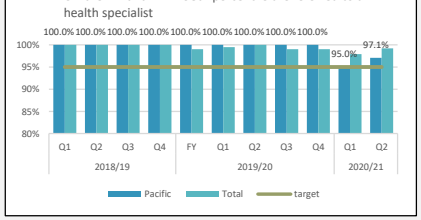
IMMUNISATION
People aged over 65 years who have had a seasonal influenza vaccination



Percentage of children receiving a B4SC by age 4 years

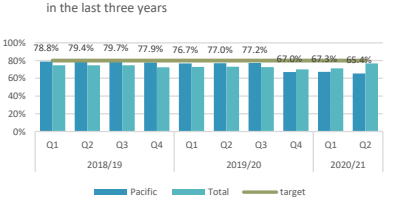


EARLY INTERVENTION
Children with a BMI >98th percentile are referred to a health specialist

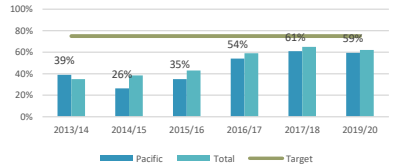


CANCER
Women aged 50-69, who have had a breastscreen once in the last two years

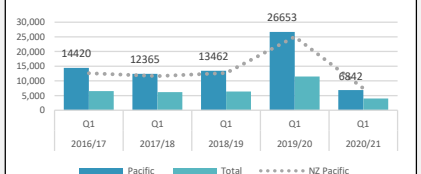
CANCER
Women aged 25-69, who have had a cervical smear once in the last three years



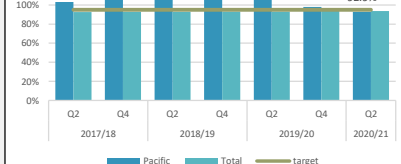
IMMUNISATION
Eligible children receiving final dose of the HPV vaccination



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



ENGAGEMENT
Population enrolled with a PHO

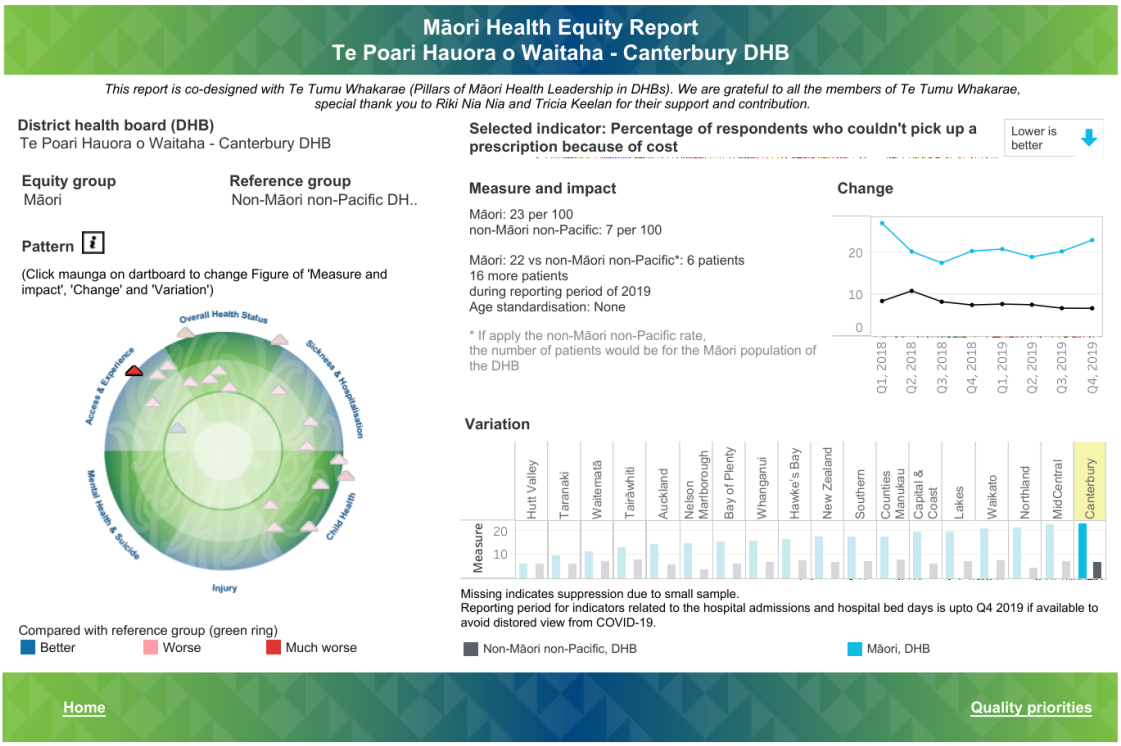


HQSC Māori Health Equity Report

This report is an online tool that enables an insight into equity indicators throughout NZ and by DHB. Below are snapshots of a range of these indicators showing, like all DHBs, there is wide variation in performance. I some areas, CDHB is one of the leading DHBs and in others we have mediocre or poor performance.

The value of such a tool is monitoring progress and providing data to target areas of poor performance. The link to the report is below. It is well worth visiting and exploring the data contained within.

(https://public.tableau.com/profile/hqi2803#!/vizhome/Healthsystemqualitydashboard12Feb2021/1_Home)



Māori Health Equity Report
Te Poari Hauora o Waitaha - Canterbury DHB

This report is co-designed with Te Tumu Whakarae (Pillars of Māori Health Leadership in DHBs). We are grateful to all the members of Te Tumu Whakarae, special thank you to Riki Nia Nia and Tricia Keelan for their support and contribution.

District health board (DHB)
Te Poari Hauora o Waitaha - Canterbury DHB

Equity group
Māori

Reference group
Non-Māori non-Pacific DH..

Pattern

(Click maunga on dartboard to change Figure of 'Measure and impact', 'Change' and 'Variation')

Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Percentage of respondents who couldn't visit a GP or nurse because of cost

Lower is better

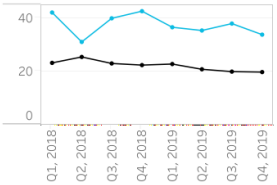
Measure and impact

Māori: 34 per 100
non-Māori non-Pacific: 20 per 100

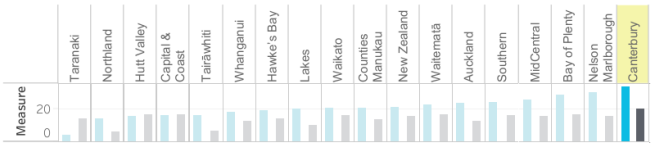
Māori: 43 vs non-Māori non-Pacific*: 25 patients
18 more patients
during reporting period of 2019
Age standardisation: None

* If apply the non-Māori non-Pacific rate, the number of patients would be for the Māori population of the DHB

Change



Variation



Missing indicates suppression due to small sample.
Reporting period for indicators related to the hospital admissions and hospital bed days is upto Q4 2019 if available to avoid distored view from COVID-19.

Non-Māori non-Pacific, DHB Māori, DHB

Home Quality priorities

Māori Health Equity Report
Te Poari Hauora o Waitaha - Canterbury DHB

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District health board (DHB)
Te Poari Hauora o Waitaha - Canterbury DHB

Equity group
Māori

Reference group
Non-Māori non-Pacific DH..

Pattern

(Click maunga on dartboard to change Figure of 'Measure and impact', 'Change' and 'Variation')

Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Percentage of respondents who couldn't get health care from a GP or nurse

Lower is better

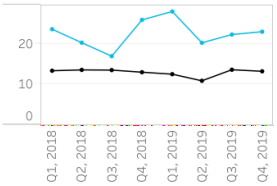
Measure and impact

Māori: 23 per 100
non-Māori non-Pacific: 13 per 100

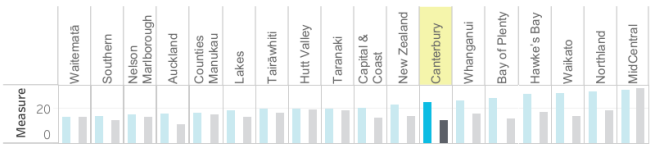
Māori: 29 vs non-Māori non-Pacific*: 17 patients
12 more patients
during reporting period of 2019
Age standardisation: None

* If apply the non-Māori non-Pacific rate, the number of patients would be for the Māori population of the DHB

Change



Variation



Missing indicates suppression due to small sample.
Reporting period for indicators related to the hospital admissions and hospital bed days is upto Q4 2019 if available to avoid distored view from COVID-19.

Non-Māori non-Pacific, DHB Māori, DHB

Home Quality priorities

Māori Health Equity Report
Te Poari Hauora o Waitaha - Canterbury DHB

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District health board (DHB)
Te Poari Hauora o Waitaha - Canterbury DHB

Equity group
Māori

Reference group
Non-Māori non-Pacific DH..

Pattern

(Click maunga on dartboard to change Figure of 'Measure and impact', 'Change' and 'Variation')

Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Percentage of respondents who felt involved in decisions about their care and treatment

Higher is better

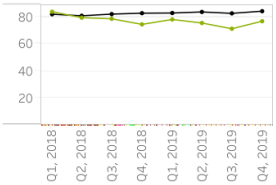
Measure and impact

Māori: 77 per 100
non-Māori non-Pacific: 85 per 100

Māori: 94 vs non-Māori non-Pacific*: 103 patients
9 fewer patients
during reporting period of 2019
Age standardisation: None

* If apply the non-Māori non-Pacific rate, the number of patients would be for the Māori population of the DHB

Change



Variation

Missing indicates suppression due to small sample.
Reporting period for indicators related to the hospital admissions and hospital bed days is upto Q4 2019 if available to avoid distored view from COVID-19.

Non-Māori non-Pacific, DHB Māori, DHB

Home Quality priorities

Māori Health Equity Report
Te Poari Hauora o Waitaha - Canterbury DHB

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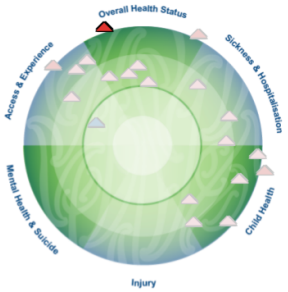
District health board (DHB)
Te Poari Hauora o Waitaha - Canterbury DHB

Equity group
Māori

Reference group
Non-Māori non-Pacific DH..

Pattern

(Click maunga on dartboard to change Figure of 'Measure and impact', 'Change' and 'Variation')



Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Heart failure hospitalisation, 35 plus years, rate per 100,000 population

Lower is better

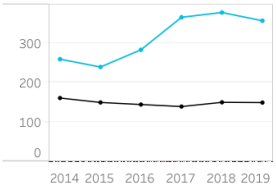
Measure and impact

Māori: 356 per 100000
non-Māori non-Pacific: 148 per 100000

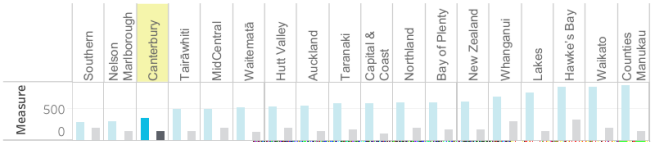
Māori: 67 vs non-Māori non-Pacific*: 28 hospitalisations
39 more hospitalisations
during reporting period of 2019
Age standardisation: Māori population 2013

* If apply the non-Māori non-Pacific rate, the number of hospitalisations would be for the Māori population of the DHB

Change



Variation



Missing indicates suppression due to small sample.
Reporting period for indicators related to the hospital admissions and hospital bed days is upto Q4 2019 if available to avoid distored view from COVID-19.

Non-Māori non-Pacific, DHB Māori, DHB

Home Quality priorities

Māori Health Equity Report
Te Poari Hauora o Waitaha - Canterbury DHB

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District health board (DHB)
Te Poari Hauora o Waitaha - Canterbury DHB

Equity group
Māori

Reference group
Non-Māori non-Pacific DH..

Pattern

(Click maunga on dartboard to change Figure of 'Measure and impact', 'Change' and 'Variation')

Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Age standardised amenable mortality rate per 100,000 population

Lower is better

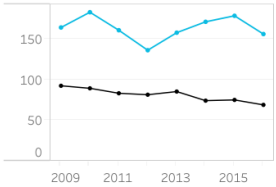
Measure and impact

Māori: 156 per 100000
non-Māori non-Pacific: 69 per 100000

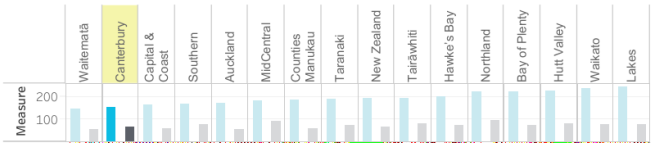
Māori: 62 vs non-Māori non-Pacific*: 27 death
35 more death
during reporting period of 2016
Age standardisation: WHO population

* If apply the non-Māori non-Pacific rate, the number of death would be for the Māori population of the DHB

Change



Variation



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Pattern

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Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Life expectancy at birth 2012

Higher is better

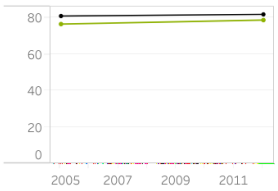
Measure and impact

Māori: 79
non-Māori: 82

Māori: 79 vs non-Māori*: 82 years
3 fewer years
during reporting period of 2012
Age standardisation: None

* If apply the non-Māori rate, the number of years would be for the Māori population of the DHB

Change



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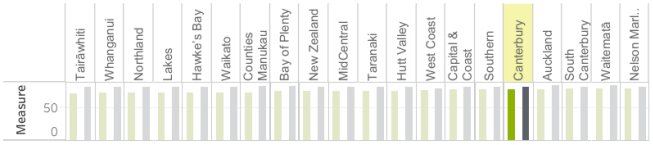

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Non-Māori non-Pacific DH..

Pattern

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Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Total cardiovascular disease mortality rates, 35 plus years, rate per 100,000 population

Lower is better

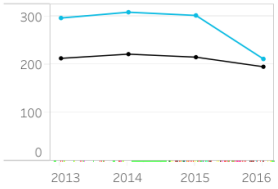
Measure and impact

Māori: 211 per 100000
non-Māori non-Pacific: 195 per 100000

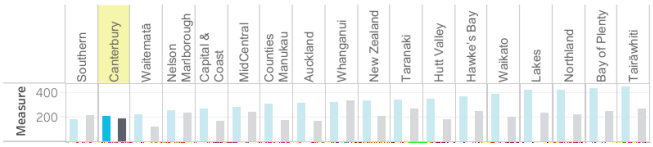
Māori: 36 vs non-Māori non-Pacific*: 33 death
3 more death
during reporting period of 2016
Age standardisation: Māori population 2013

* If apply the non-Māori non-Pacific rate, the number of death would be for the Māori population of the DHB

Change



Variation



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Equity group
Māori

Reference group
Non-Māori non-Pacific DH..

Pattern

(Click maunga on dartboard to change Figure of 'Measure and impact', 'Change' and 'Variation')

Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Average number of decayed, missing and filled teeth per child of 5 years old of areas with water fluoridation

Lower is better

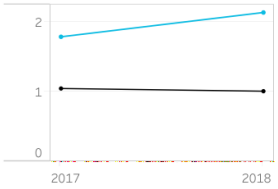
Measure and impact

Māori: 2
non-Māori non-Pacific: 1

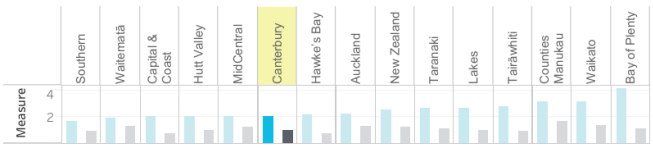
Māori: 17 vs non-Māori non-Pacific*: 8 teeth
9 more teeth
during reporting period of 2018
Age standardisation: None

* If apply the non-Māori non-Pacific rate, the number of teeth would be for the Māori population of the DHB

Change



Variation



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Equity group
Māori

Reference group
Non-Māori non-Pacific DH..

Pattern

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Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Immunisation rate per 100 eligible children at age 2

Higher is better

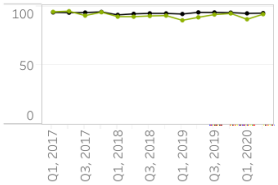
Measure and impact

Māori: 94 per 100
non-Māori: 95 per 100

Māori: 241 vs non-Māori*: 243 children
2 fewer children
during reporting period of quarter 2, 2020
Age standardisation: None

* If apply the non-Māori rate, the number of children would be for the Māori population of the DHB

Change



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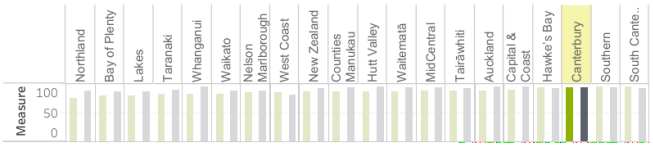

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Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Ambulatory sensitive hospitalisation (ASH) 0–4-year old admissions per 100,000 population

Lower is better

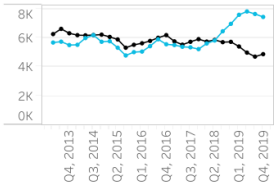
Measure and impact

Māori: 7,466 per 100000
non-Māori non-Pacific: 4,898 per 100000

Māori: 442 vs non-Māori non-Pacific*: 290 hospitalisations
152 more hospitalisations
during reporting period of year end quarter 4, 2019
Age standardisation: None

* If apply the non-Māori non-Pacific rate, the number of hospitalisations would be for the Māori population of the DHB

Change



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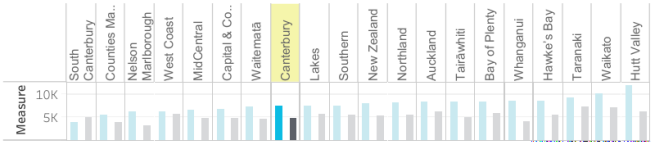

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Pattern

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Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Percentage of children aged 5 years with caries free of areas with non-fluoridated water

Higher is better

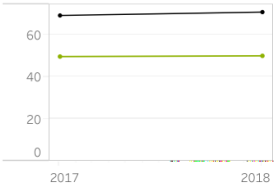
Measure and impact

Māori: 50 per 100
non-Māori non-Pacific: 71 per 100

Māori: 404 vs non-Māori non-Pacific*: 573 children
169 fewer children
during reporting period of 2018
Age standardisation: None

* If apply the non-Māori non-Pacific rate, the number of children would be for the Māori population of the DHB

Change



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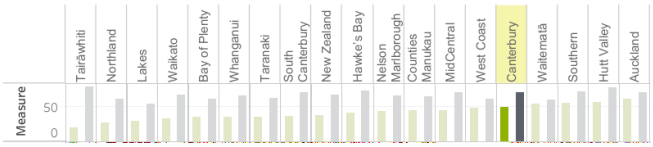

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Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Diabetes prevalence rate per 100 population

Lower is better

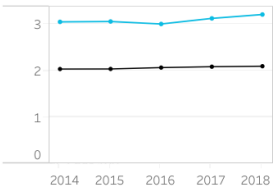
Measure and impact

Māori: 3 per 100
non-Māori non-Pacific: 2 per 100

Māori: 1,643 vs non-Māori non-Pacific*: 1,071 patients
571 more patients
during reporting period of 2018
Age standardisation: Māori population 2013

* If apply the non-Māori non-Pacific rate, the number of patients would be for the Māori population of the DHB

Change



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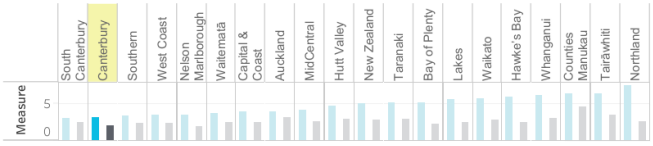

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Better Worse Much worse

Selected indicator: Age standardised amenable mortality rate per 100,000 population

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Measure and impact

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Māori: 62 vs non-Māori non-Pacific*: 27 death
35 more death
during reporting period of 2016
Age standardisation: WHO population

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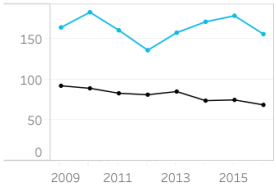

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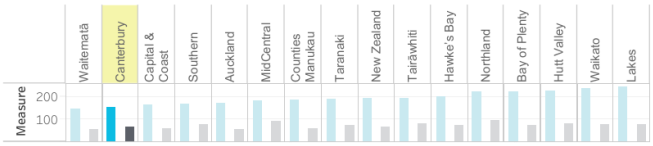

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Pattern

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Compared with reference group (green ring)
Better Worse Much worse

Selected indicator: Total cardiovascular disease mortality rates, 35 plus years, rate per 100,000 population

Lower is better

Measure and impact

Māori: 211 per 100000
non-Māori non-Pacific: 195 per 100000

Māori: 36 vs non-Māori non-Pacific*: 33 death
3 more death
during reporting period of 2016
Age standardisation: Māori population 2013

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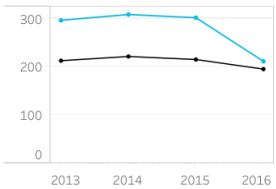

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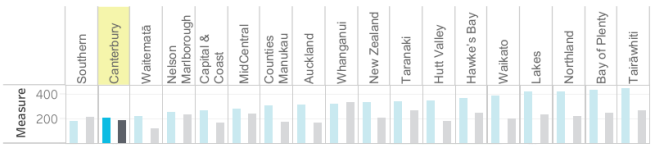

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Māori, DHB

Home Quality priorities

COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **6 May 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the Community and Public Health Update Report.

3. DISCUSSION

COVID-19 Update

The COVID-19 response continues to be our primary focus and on going priority. Significant work areas include: managing arrivals at the air and maritime borders; the provision of public health oversight to our local Managed Isolation and Quarantine facilities by the Medical Officers of Health; and on going involvement in national activities (eg., outbreak involvement as required, user acceptability testing of the new version of the National Contact Tracing Solution). Key concerns are as follows:

- Managing significant demands at the border; ongoing work with partner agencies to manage arrivals/departures at the border (both air and maritime ports).
- Ongoing work with partner agencies around managed quarantine/isolation for incoming international passengers and passengers arriving on air bridge flights from locations within NZ.
- Responding to cases in local Managed Isolation and Quarantine facilities.
- Readiness to rapidly upscale (including staff and equipment) should case numbers significantly increase.
- Readiness to accept cases and/or contacts as delegated by Ministry of Health/PHUs.
- Supporting staff as they continue to manage the ongoing and prolonged implications of the COVID-19 response alongside the challenges of maintaining non-COVID priority work.
- Complacency related to scanning and diarying of locations visited; encourage use of the NZ COVID Tracer App.
- Concern or hesitancy related to COVID-19 vaccination uptake; align local messaging with any national campaign/approach and ensure best-evidence is highlighted.

Christchurch International Airport (*CIAL*) – Current CPH Work at the Airport Border

Since January 2020, Community and Public Health (*CPH*) staff have been involved in managing the public health risks of COVID-19 at the border. The nature of the response has evolved over time and continues to do so, with the main activities recently related to meeting international flights and airbridge flights from Auckland.

In collaboration with the wider Canterbury DHB, CIAL and the Ministry of Health, preparations are now underway ahead of the trans-Tasman 'bubble' due to begin on 19 April 2021. Currently the focus is on establishing a safe travel zone within the airport itself, which is involving significant input from CPH Health Protection staff to assess and manage public health risk.

The Getting Through Together Campaign

The Getting Through Together social marketing campaign is in jeopardy due to repeated funding cuts. Getting Through Together, an All Right? partnership with the Mental Health Foundation of NZ and Te Hiringa Hauora (Health Promotion Agency), is to our knowledge the only population-level mental wellbeing promotion campaign in New Zealand.

Getting Through Together's first contract began in April 2020, expanding the work of Canterbury's All Right? campaign nationally in response to COVID-19. The campaign has achieved impressive results by social marketing standards, with 26% - 37% of people aware of the campaign (largely contingent on media spend); about half of those aware of the campaign have taken action to improve their wellbeing as a result.

The campaign is currently funded to the end of June, and although the Ministry has offered a contract extension through to the end of February 2022, the contract expectations and funding are unrealistic. The Ministry of Health is asking us to deliver Getting Through Together on a budget that is less than a third of the funding provided in our initial contracts and less than two thirds of our current contract. We will soon notify the Ministry that this contract is not workable and determine how to proceed pending their response.

Greater Christchurch Claims Resolution Service (*GCCRS*) Wellbeing Advisory Group

The Greater Christchurch Claims Resolution Service was launched in 2018 to provide homeowners with free, independent support to resolve outstanding residential insurance claims stemming from the 2010-2011 earthquakes.

CPH chairs the Wellbeing Advisory Group of GCCRS, which ensures homeowners working with GCCRS are provided with appropriate wellbeing support. Ten years on from the earthquakes, it is inevitable that those still seeking resolution for their insurance claims and repairs will have experienced significant stress. This is particularly marked for older homeowners being supported by the GCCRS wellbeing programmes, which notes that shame, grief, social isolation and physical challenges are major issues for this group.

Now the anniversary news cycle has moved on, it is worth noting that a significant minority of Cantabrians, including some CDHB staff, are still living with claims yet to be resolved, and homes not yet repaired.

Key Changes to the Provision of Drinking Water Assessor Services

CPH's drinking water regulatory function will transfer to Taumata Arowai at some point midyear. In the intervening period, CPH will be making changes to the Drinking Water Assessor (*DWA*) service delivery effective 29 March 2021.

There will no longer be a dedicated DWA as the first point of contact for each Council or drinking water supplier. Upon receipt, work will be prioritised and assigned to a drinking-water team member for further follow up. CPH will prioritise responding to transgressions/incidents, registration activities, annual compliance and water safety plan activities.

Australasian Health Infrastructure Alliance – Arts in Health Community of Practice

One of CPH's Public Health Specialists, Lucy D'Aeth, has been invited to be the NZ representative on the Australasian Health Infrastructure Alliance Arts in Health Community of Practice (*CoP*). This CoP was established only recently but has already released The Arts in Health Framework, available at: https://aushfg-prod-com-au.s3.amazonaws.com/Arts%20In%20Health%20Framework%201.0_December%202020%20%281%29.pdf.

The Arts in Health Framework offers a simple toolkit to support early and effective integration of arts in the majority of health infrastructure projects across Australasia. So far, Lucy has used this role to begin exploring how the framework can be used to support Māori artists across the regions, as this is one means

to increase equity through creating more welcoming environments. She is also working with national arts and health alliance Te Ora Auaha to grow awareness of the guidelines and their potential, as well as advising the Australian author of the guidelines on the appropriate phrasing of the framework's reference to consultation with Māori.

Canterbury Wellbeing Index

https://www.canterburywellbeing.org.nz/

The Canterbury Wellbeing Index produced by CPH's Information Team is organised into three main sections:

- Our Wellbeing - describing the wellbeing of the greater Christchurch population across 57 indicators.
- **He Tohu Ora - focusing on Māori conceptualisations of wellbeing across 19 indicators.**
- Our Population - describing the population of greater Christchurch across ten indicators.

He Tohu Ora

https://www.canterburywellbeing.org.nz/he-tohu-ora/

He Tohu Ora presents indicators that reflect a Māori view of wellbeing.

He Tohu Ora was developed in liaison with Ngāi Tahu and Te Pūtahitanga o Te Waipounamu (the Whānau Ora commissioning agency for the South Island) and the name was gifted by Ngāi Tahu.

Indicators were selected on the basis of a te ao Māori worldview and the availability of suitable quantitative data. Three different data sources are used in He Tohu Ora: Te Kupenga (2013), a survey of Māori wellbeing across New Zealand conducted by Statistics New Zealand; the Census of Population and Dwellings (2013); and the Canterbury Wellbeing Survey (2012–2019), which is produced by the Canterbury District Health Board.

Health Promotion in Education Settings

This term we have been working with schools who signed up late last year to test drive our new Love Kai programme. This has provided an opportunity to refine the Love Kai processes, resources and tools that CPH's health promoters have developed to support schools to enhance their food and drink policies and practices.

For example, Burnside Primary School has engaged fully with the Love Kai process, taking stock of their current situation and actively exploring what could be possible for their school food environment. The school developed their own 'kai vision statement' at an all staff workshop facilitated by one of our Love Kai health promoters early in March. The 13 school staff members in attendance provided overwhelmingly positive feedback about the workshop - all agreed that they had an opportunity to contribute ideas, gained an understanding of the Love Kai process, and were supportive of the school's involvement in the programme. The workshop resulted in the formation of an in-school working group and the development of a school community survey. This inquiry will inform a school food environment action plan that the working group will lead with ongoing support and advice from our Love Kai Health Promoters.

Initial responses to the Love Kai programme indicate that the programme will offer an effective way to meet the nutrition objectives of the Healthy Active Learning initiative. Public Health Units in other regions have expressed an interest in using our Love Kai programme once we have completed its testing and development.

The Ministry of Health's Healthy Active Learning nutrition resources are not yet available and are likely to focus more on technical nutrition advice. Our Love Kai programme is therefore designed to complement the anticipated Ministry of Health resources by focusing on a process for successfully engaging a school community and how best to support it in taking proactive steps to enhance access to quality food and drink within the school environment.

PLANNING AND FUNDING UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Sarah Fawthrop, Accountability Coordinator, Planning & Funding**

APPROVED BY: **Ralph La Salle, Acting Executive Director, Planning, Funding & Decision Support**

DATE: **6 May 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Committee with an update on progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2020/21.

2. RECOMMENDATION

That the Committee:

i. notes the update on progress to the end of quarter three (January - March) 2020/21.

3. SUMMARY

Project and service teams have made significant efforts to get back on track with activity and programmes that were delayed due to the COVID-19 pandemic, although staff redeployment to get the COVID-19 vaccination programme up and running have unfortunately meant further delays in some areas. Delays and recovery plans have been highlighted and discussed throughout the report.

Key Points to Highlight from Quarter Three

- The DHB's Planning & Funding team have collaborated with University of Otago's Māori Indigenous Health Institute to develop a Hauora Māori Equity Toolkit, for use by DHB hospital departments. This toolkit aims to support and advance the thinking and skill set of our staff in responding to the needs of Māori and their whānau in hospital settings and help to reduce institutional barriers to equity. A first trial of the toolkit is underway, and it will be refined and implemented with other departments over the coming year. (P3).

- A refresh of the current (childhood) Immunisation Service Model was planned for quarter three and four of this year, with a focus on improving data and links between services to ensure Māori, Pacific and vulnerable children are reached. This work has had to be reprioritised to 2021/22 due to the redeployment of key staff onto the COVID-19 and MMR catch-up programmes.

- A checklist was developed to optimise the role of Pukenga Atawhai in supporting the transition of young Māori from youth to adult mental health services. This checklist ensures a collaborative and informed approach is undertaken during the decision making, preparation and planning stages of transfers and aims to improve the experience for young people and their whānau. (P14).

- Canterbury DHB is close to achieving compliance with the recommendation of the National Healthy Food and Drink Policy - regarding the range of products and portion sizes offered in our cafés. A small number of changes are currently being made to ensure full compliance across all campuses. (P19).

- A system-wide approach was been taken to reduce unnecessary hospitalisation and the length of people's stay related to chronic obstructive pulmonary disease (*COPD*), which is a chronic inflammatory lung disease that causes obstructed airflow from the lungs and is one of the leading drivers of hospital admission in Canterbury. This work is being supported through the Integrated Respiratory Development Group under the Canterbury Clinical Network Alliance. Engagement with key partners such as St John, the Acute Demand Management Service and the Integrated Respiratory Nursing Service has increased during quarter three in the lead up to winter. As part of this work we are in the process of establishing a new initiative that will enable our respiratory physician to work with general practice teams providing a virtual review of patients to help reduce readmission rates. (P28).

- Affirmative action measures have been implemented into DHB Recruitment practices and Māori candidates who meet minimum requirements are now automatically progressed to interview stage. New recruitment process training was made available to managers including content on best practice hiring for diversity and guidelines that reduce bias. Work to implement support for Māori, Pacific and people with disabilities who are unsuccessful in applications has been delayed as it requires a cultural programme lead to enable inclusion of specific learning content and external cultural groups (such as Kia Ora Hauora). We anticipated this work will resume in late 2021. (P33).

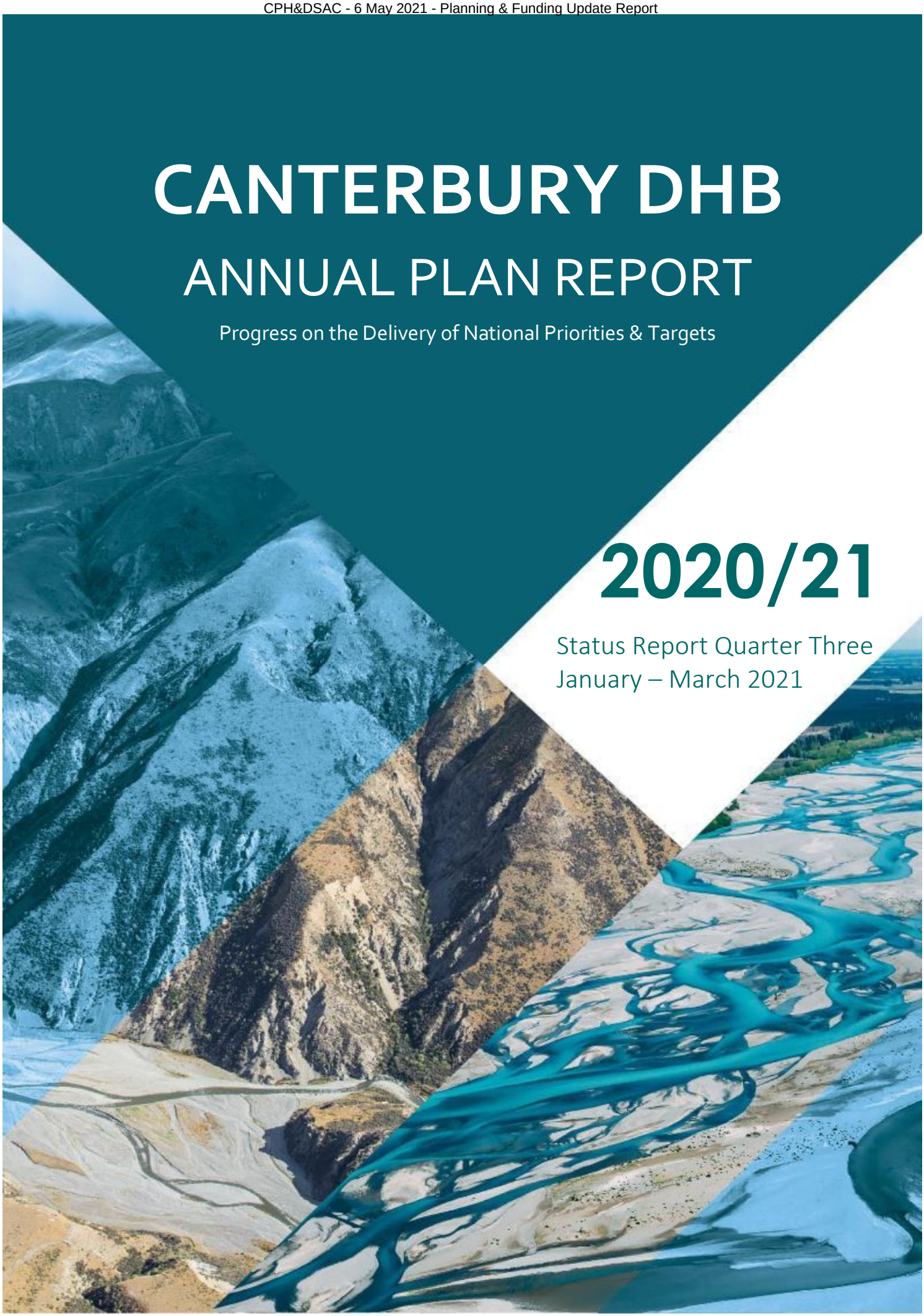
4. APPENDICES

Appendix 1: Annual Plan Report Quarter Three

CANTERBURY DHB

ANNUAL PLAN REPORT

Progress on the Delivery of National Priorities & Targets



2020/21

Status Report Quarter Three
January – March 2021

Give Practical effect to He Korowai Oranga - The Māori Health Strategy

Planning Priority: Engagement and Obligations as a Treaty Partner			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain our strategic relationship with Manawhenua Ki Waitaha and key networks, to promote Māori participation in the design and development of strategies to improve Māori health outcomes.	Q1-Q4: Agreed equity actions reflected in the DHB's Annual Plan and SLM Improvement Plan.	✓	Equity actions have been agreed in both the Annual Plan and SLM Improvement Plan.
In partnership with Manawhenua Ki Waitaha, review the MoU with the DHB Board to ensure it captures shared expectations and strategies to progress health improvement and equity. (EOA)	Q3: MoU reviewed.	↺	MoU review is with the Board and Manawhenua ki Waitaha. This has not yet been fully completed.
Partner with Māori leaders through the CCN to implement a new approach to co-design of strategies that will better capture the voice and aspirations of people that experience inequities. (EOA)	Q2: New co-design approach agreed and in place.	✓	The co-design approach has been developed (now called Partnering in Design) and is with Mana Whenua Ki Waitaha for formal approval.
In partnership with Manawhenua Ki Waitaha, engage with iwi, hapū Whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with the national direction but targeting local priorities. (EOA)	Q2: Strategy development underway.	↺	The start of this work was delayed while key positions were recruited but development of a Māori health profile is now underway, and the Strategy development will follow.
	Q4: Māori Health Improvement Plan developed.		
Design and make publicly available a Māori Health Profile to support progress towards Pae Ora (Healthy Futures) for Māori in Canterbury. (EOA)	Q3. Māori health profile complete.	↺	Maori Health Profile is underway.
	Q4: Pae Ora measures published.		
Prepare a proposal for the DHB's Board on options for training in Te Tiriti o Waitangi, Māori health equity and Māori health outcomes.	Q1: Proposal presented to Board.	✓	A paper on Maori equity and health outcomes was presented to the Board on the 15th of October 2020.
	Q4: Board training program delivered.		

Planning Priority: MHAP- Accelerate the spread and delivery of Kaupapa Māori Services			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Identify opportunities to increase investment in Hapū Wānanga to better promote antenatal health, SUDI prevention, and access to smoking cessation, safe sleep devices and breastfeeding assistance. (EOA)	Q2: Contract Updated.	✓	Contract in place.
Increase Kaupapa Māori investment to expand clinical capacity as part of their lead role, providing additional mental health and wellbeing support to Muslim community following the Mosque attacks. (EOA)	Q1: Additional clinical resource in place.	✓	Clinical FTE has been added to Purapura Whetu's contract for the Muslim Support Work Team established post shooting. This will provide support to the team and help facilitate access to SMHS and/or other clinical services as needed.
Work with Kaupapa Māori providers, to identify learnings from the COVID-19 response and invest national COVID-19 funding (via Te Herenga Hauora) to capture and embed opportunities to build capacity and embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	A report has been written highlighting learnings from the emergency response and the need to embed equity from outset. National COVID-19 funding has been distributed with reporting requirements that will further capture provider learnings.
Invest in the provision of an Evaluation Workshop Series through Te Matau a Māui to support providers to develop capability to evaluate the effectiveness of services in meeting the needs of Māori. (EOA)	Q2: Three workshops delivered.	✓	Three workshops were delivered in 2020.
Work with Te Matau a Māui and Pegasus PHO, to support Māori providers to access HealthOne. (EOA)	Q1: Options for expanded access agreed.	✓	Eight providers now have access to HealthOne to view records. A process is now underway to include referral options into HealthPathways and ERMS

Planning Priority: Planning Priority: MHAP- Shifting Cultural and Social Norms			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to invest in Te Tiriti o Waitangi and Tikanga best practice programmes, to build the knowledge of staff and support our commitment to equity. (EOA)	Q1: Training on HealthLearn	✓	HealthLearn training options in place.
	Q4: Evidence of increased uptake of HealthLearn training.		
Utilise the HSQC's "Bias in Health Care" modules to highlight potential bias in clinical decision making as a learning tool for clinical staff across the Canterbury health system. (EOA)	Q1: Bias in Health Care modules live on HealthLearn.	✓	Modules are now live on HealthLearn.
In partnership with the University of Otago (Māori Indigenous Health Institute) investigate options to develop an educational package for staff to reduce the institutional barriers to equity and advance their skills in responding to the needs of Māori and their Whānau in hospital settings. (EOA)	Q1: Options identified.	✓	In partnership with the Māori Indigenous Health Institute, Planning & Funding have developed a Hauora Māori Equity Toolkit, for use by CDHB hospital departments to promote Māori health equity. Urology will be the first department to trialling the Toolkit beginning in April 2021. The toolkit will then be refined and implemented with other interested departments.
	Q3: Proposal developed.	✓ ★	

Planning Priority: MHAP- Reducing Health Inequities- The Burden of Disease for Māori			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Rangatahi (Child Health and Wellbeing) - *Refer to the Child Health & Wellbeing action tables for further initiatives in this priority area.*			
Develop Oral Health Performance Reporting Programme with a strong focus on equity, to raise the focus of oral health, including regular reports through to the CCN and Māori Advisory Groups. (EOA)	Q1: First of the bi-annual reports delivered.	↺	This work has been delayed while staff have focused on developing a pathway for the transfer of care of year eight students to private dentists. We hope to refocus on this work in Q4.
Refine data processes to identify Māori children lost to recall and re-engage them and their Whānau with school and community oral health services. (EOA)	Q2: Process review complete.	✓	Regular reports are now being run used the National Immunisation Register and the DHBs Oral Health Patient Management System to identify children who have moved into the DHB region, who may not be picked up via LinKIDS. As part of the Child Oral Health Patient Flow process, we are now identifying how best to link with these families.
Collaborate with CPH to advocate for, and support, policies that will improve oral health for our most vulnerable populations, including water fluoridation and reduced sugar/ sugar free policies. (EOA)	Q3: Fluoridation and Sugar-Free Policies refreshed.	✓	These were approved by the CDHB Board in March 2021
Undertake a patient flow project to investigate how Māori with acute dental needs flow through the system and identify opportunities to improve links into earlier dental care. (EOA)	Q4: Opportunities identified.		
Develop an Oral Health Promotion Programme to increase engagement with oral health services and promote good oral health habits. (EOA)	Q4: Promotion Programme in place.	✓	Completed ahead of schedule.
Mental Health and Wellbeing - *Refer to the Improving Mental Wellbeing action tables for further initiatives in this priority area.*			
Engage Māori stakeholders and providers in the implementation of the Te Tumu Waiora, to ensure	Q1: Māori engaged at a leadership level to support the rollout.	✓	Māori are represented on the Sponsors and Implementation groups and two Māori Providers have staff involved in

the new model is responsive to the needs of Māori experiencing mental distress or need support. (EOA)			the roll out of the model across practices.
Track and monitor the local implementation of Te Tumu Waiora to determine equity of access and outcomes. (EOA)	Q3-Q4: Report on progress.	✓	A Canterbury wide dashboard is being developed to monitor equity of access and inform improvement. Based on initial data for the first six months of service, approximately 13% of HIP patients are Māori, 3% Pasifika, and 6% Asian. For Health Coaches approximately 17% are Māori, 6% Pasifika and 3% Asian.
	Q4: 20 HIP and HICs in place.		
Partner with Te Matau a Māui, to enhance our integrated Kaupapa Māori approach to mental health and wellbeing with a successful bid for the next tranche of the national primary mental health and addiction support initiative funding. (EOA)	Q2-Q3: Kaupapa Māori funding bid submitted.	✓	Kaupapa Māori proposals for Integrated Primary Mental Health and Addictions have been submitted and supported by CDHB.
Planned Care			
Identify services with high Māori Did Not Attend (DNA) rates and support the service to take new approach with patients to identify and eliminate barriers to access within our hospital setting. (EOA)	Q1: Priority services identified.	✓	A DNA dashboard has been recently established and shows key priority service areas to be: Diabetology, Specialist Paediatric services (other, neonatal and respiratory) and ENT. The DNA dashboard will begin to be shared with the Hospital Advisory Committee this quarter.
Introduce the tracking of DNA rates as a regular item on the agenda of EMT and DHB Board agendas to support shared learnings and increase viability of opportunities. (EOA)	Q1: DNA reporting in place.	✓	
	Q2-Q4: Opportunities captured.	✓	

Planning Priority: MHAP- Strengthening System Settings			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Through the CCN support an annual process whereby the Māori Caucus will provide input into Alliance workplans to support improve focus on Māori health priorities and for Māori. (EOA)	Q1: Agreed equity actions reflected in the DHB's Annual Plan and SLM Improvement Plan.	✓	Equity actions have been agreed in both the Annual Plan and SLM Improvement Plan.
Promote and provide training in the use of equity assessment tools, identifying options to incorporate and embed them into organisational decision-making processes. (EOA)	Q1-Q4: Report on Progress.	↺	This action is ongoing.
	Q4: Evidence of increased application of equity assessment tools in decision-making.		
Redesign processes within the DHB's Planning & Funding Division to enhance the Māori voice in Resource Allocation and Funding decisions. (EOA)	Q1: New process in place.	✓	Resource Allocation and Funding team includes Maori and Pacific Portfolio Leads to support improved decision making.
Design and make publicly available a Māori Health Profile to progress towards Pae Ora for Māori in Canterbury and regular report against agreed key population health measures to identify and respond to areas of opportunity. (EOA)	Q3: Māori health profile complete.	↺	Although initially delayed due to staff resignations, the Maori Health Profile is now underway.

Improving Sustainability

Planning Priority: Improved Out Year Planning Processes			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Financial Planning			
	Q1: Implementation complete.	✓	

Implement a new finance reporting and forecasting tool to assist with improving financial forecasts and aligning financial forecasts with workforce planning.	Q2: Forecasts aligned to workforce plans.	✓	The tool has been implemented and is being used for development of the 2021/22 Annual Plan. Although the implementation is complete, ongoing refinement of the processes will occur.
Enhance the business partnership model with Finance, to support the delivery of savings targets while ensuring ongoing operational performance.	Q1: New process in place to support delivery of savings targets.	✓	PMO Office established to support the delivery of the Accelerating our Future Programme.
Integrate end-to-end production planning daily, monthly, annually and out to 15 years with associated operational management processes to align resources to forecast activity.	Q1: Projections (daily to out-years) run from single data source.	↺	Forecasts are being generated from the single SFN toolset. The main use over the last year has been supporting the annual operational planning process. This has identified current and future system constraints which are being used across the system to target 'new ways of working' (improvement initiatives). Enhancement is ongoing.
	Q2: Operational management system integrated to forecast demand.	↺	
Workforce Planning			
Work towards full implementation of Care Capacity Demand Management (CCDM), to better align workforce planning with service demand and patient acuity.	Q2: TrendCare Implementation in all inpatient clinical areas.	↺	Trendcare is implemented in 82% of clinical areas. Implementation to ICU and day stay areas has been delayed due to COVID19, the move to new facilities and the clash of training dates. Implementation into maternity areas has been complete.
	Q4: Core data set is monitored, reported and actioned.		
Expand the capacity and capability of people analytics function to provide data, analytics and insights on our employees to enable managers and leaders to make data-informed decisions on all key aspects of our workforce, including the work to be done, the person to do the work and the place where the work is to be performed.	Q1: Increased capacity and capability available.	✓	We have grown the capability and capacity within our people analytics function and have new skills in business intelligence reporting, data visualisation, data modelling, qualitative research and specialisation in HR and organisational psychology metrics. We have established a set of workforce outcomes and KPIs that are provided to each Executive and GM for their operational area each month.
	Q2: Set of reporting routines established including KPIs and performance measures across targeted services.	✓ ★	

Planning Priority: Savings Plans- In-Year Gains			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Work, Working Better: This programme of work focuses on capturing opportunities to streamline and modernise clerical, administration and non-clinical systems and processes across the DHB.	Q1: Stakeholder engagement, identification of opportunities and service change impacts and confirmation of proposals.	✓	Digitising of GP letters is on target for completion. There is ongoing engagement with staff around this process.
	Q2-Q4: Implementation in line with agreed plans.	↺	
Clinical Resourcing: This programme of work is focused on optimising the mix and use of clinical resources to better align resourcing with demand, enhance service efficiency and improve the flow of patients - reducing avoidable expenditure and treatment costs associated with long hospital stays.	Q1: Change in service approach to winter planning.	✓	Winter flex removed and maintained resourced beds NetP graduate nursing positions reviewed against confirmed vacancies. This work is ongoing, engagement with staff continues to review continuous improvement plans and identify where changes could occur. Reconfiguration will begin following confirmation of proposals.
	Q1: Confirmation of reduced graduate nursing recruitments.	✓	
	Q1: Stakeholder engagement, identification of opportunities and service change impacts and confirmation of proposals.	↺	
	Q2-Q4: Reconfiguration in line with agreed plans.	↺	
SMO and Service Reconfiguration: This programme of work is focused on better aligning resourcing with	Q1: Stakeholder engagement, identification of opportunities and	✓	

demand, applying a consistent approach to leave malmanagement and using evidence to appropriately size roles to implement the best mix of staff and support system sustainability.	service change impacts and confirmation of proposals.		Project plan developed and engagement with the SMO workforce continues.
	Q2-Q4: Reconfiguration in line with agreed plans.	↺	
Continuous Improvement: This programme of work is focused on improved thinking and processes to support clinical decision making, modernise service delivery models and reduce duplication of effort and resources.	Q1: Continued review of HealthPathways.	↺	HealthPathway review ongoing with increased equity focus. Choosing Wisely programme is ongoing. National funding is supporting the implementation of virtual models of care in primary care and in the DHB.
	Q1: Continued process mapping and engagement with key Choosing Wisely projects.	↺	
	Q2: Prototype implementation of virtual models of care.	↺	
External Provider Contracts: This programme of work will focus on external provider contracts to optimise revenue, identify operational efficiencies and ensure investment is prioritised towards the areas of greatest need and those services providing the greatest return on investment.	Q1: Stakeholder engagement, identification of opportunities and service change impacts and confirmation of proposals.	✓	Engagement with external providers continues to identify opportunities. Current contract reviews ongoing with operational efficiencies identified and captured and service reconfigurations completed.
	Q2-Q4: Identified service shifts initiated.	✓	
Non-Personnel Cost Management: This programme of work is focused on improved thinking and processes to capture and implement operational efficiencies and savings including patient safety, new medical technologies, new procedures and practice and procurement improvements.	Q1: Continued process mapping and engagement with key projects.	✓	Further work underway around supplies and procurement including delegations. Monitoring of non-catalogue purchasing is on-going with proposed changes to delegations being explored.
	Q3: Audit of projects adopted demonstrates evidence of collective purchasing.	↺	

Planning Priority: Savings Plans - Out-Year Gains			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Work, Working Better: Continued implementation of this programme of work focused on capturing opportunities to streamlining and modernise clerical and administration processes across the DHB.	Q1: Further stakeholder engagement, identification of opportunities, change impacts and confirmation of proposals.	✓	Progress on this action is outlined above. The Accelerating our Future website is now live and offers staff opportunities to contribute ideas and projects.
	Q2-Q4: Continued implementation in line with agreed project plans.	↺	
Clinical Resourcing: Continued implementation of this programme of work focused on optimising the mix and use of clinical resources across services to support operational efficiency and system sustainability.	Q1: Further stakeholder engagement, identification of opportunities, change impacts and confirmation of proposals.	✓	
	Q2-Q4: Continued implementation in line with agreed project plans.	↺	
SMO and Service Reconfiguration: Continued implementation of this programme focused on optimising the mix and use of clinical resources across services to support operational and system sustainability.	Q1: Continued stakeholder engagement, and reconfiguration in line with agreed project plans.	✓	
Continuous Improvement: Continued implementation of this programme of work focused on improving clinical decision making, modernising service delivery models and reducing duplication of effort and resources.	Q1-Q4: Further stakeholder engagement, identification of opportunities implementation of change in line with agreed principles and processes.	✓	
External Provider Contracts: Continued implementation of this programme of work to optimise revenue, identify operational efficiencies and ensure investment is prioritised towards the areas of greatest need and those services providing the greatest return on investment.	Q1: Continued review of external contracts, stakeholder engagement and confirmation of proposals.	✓	
	Q1-Q4: Identified service shifts initiated.	✓	
Non-Personnel Cost Management: Continued implementation of this programme of work including full implementation of the New	Q3: Māori representation on all new treatment and procedure projects.	✓	

Treatment and Technology's Programme by August 2022.	Q3-Q4: ECRI projects monitored for realisation of anticipated benefits.	✓	Electronic notification and access to all projects completed with Pou Whirinaki and cultural support in place. All projects with benefits are entered into the reporting tool, KeyedIn. Monitoring non-catalogue purchasing on going. The Policy has been signed off by the Chief Medical Officer and is in process of implementation with supply and procurement and setting up of Vistab.
	Q3-Q4: Supply department connected to the purchase of all new consumables through ECRI work streams.	↺	
	Q3-Q4: New Visiting External HealthCare Company Representatives Policy in place.	↺	

Improving Child Wellbeing- Improving maternal, child and youth wellbeing

Planning Priority: Maternity			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop a Maternity workplan for 2020-22 identifying, in consultation with the community, priorities to achieve equity across our population and increase the diversity and cultural responsiveness of our maternity workforce. (EOA)	Q1: First Hui held.	✓	Work planning is underway with priority populations being supported to look at the mahi they are doing using the Strategy as a framework. Following approval of the Pasifika Strategy discussions will commence with the Pacific community in regard workforce and parenting. Tangata Whenua continue to consider their first steps with meetings planned throughout 2021. Focus for the year includes increased use of Te Reo in maternity units and consideration of how we grow Māori midwives.
	Q1: Workplan complete.	✓	
	Q2-Q4: Implementation underway.	✓	
Ensure the Maternity Oversight Group is representative of our community with strong Māori and Pacific representation. (EOA)	Q1:	✓	We have re aligned how we work to within the community. The Maternity Operational Group has been reviewed and is now the Maternity Operational Governance Group to oversee the work of the strategy plus MQSP.
Establish a migration plan to support the move of primary birthing unit in Selwyn into the new Rolleston Health and Social Services Hub, to provide services closer to the growing population in a modern integrated health facility.	Q1-Q4: Report on progress.	✓	There have been delays in the construction of the primary birthing unit in Selwyn, completion is still expected in 2021.
	Q4: Primary Birthing Unit operating in Rolleston 2021.	↺	
Collaborate with the local LMC Liaison to support LMC midwives in the region and ensure good access to services for women who are due to birth over the Christmas period.	Q2-Q3:	✓	There was successful collaboration between the Midwifery Resource Centre and LMCs. Over the Christmas holiday the only cover the DHB needed to provide was on Christmas day.
Collaborate with the Ara Midwifery School to offer orientation for new graduate LMCs, with the aim of recruiting around 10 new graduates each year.	Q1-Q4:	✓	We have advertised and connected with Schools in person and via Zoom. We have recruited six graduate LMC's and continue to advertise.
Commence implementation of TrendCare and the Care Capacity Demand Management programme to ensure variance response management is enabled in all DHB Maternity Units.	Q1:	↺	Trendcare has been implemented in 70 of 72 clinical areas with some last delays caused by COVID-19.
Collaborate, through the South Island Workforce Development Hub, to develop a strategy to recruit and retain midwives in rural settings, including developing a pathway to support a dual nursing/midwifery scope of practice. (EOA)	Q4: Dual scope pilot underway in one South Island DHB.	✓	In 2020 the Midwifery Council announced changes to RPL process for any health professional who has registered in NZ in past ten years. The Council approved a shortened programme for applicants who hold

			current registration and practising certificates with other health professional responsible authorities.

Planning Priority: Maternity and Early Years			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Identify opportunities to increase investment in Hapū Wānanga (Kaupapa Māori antenatal education) to promote antenatal health and birthing, SUDI prevention, access to smoking cessation, safe sleep devices and breastfeeding assistance. (EOA)	Q2: Contract Updated.	✓	Contract in place.
	Q4: A minimum of 710 safe sleep devices provided to at risk whānau.		
Collaborate with partner organisations to facilitate ongoing engagement with young Māori wāhine and teen parent units to promote safe sleep and a reduction of risk factor associated with SUDI. (EOA).	Q2:	✓ ★	A Kaiwhakapuawai has been employed to work in the SUDI space. This role will include community engagement particularly with young whānau. They will support the SUDI messaging, appropriate referrals for safe sleep spaces, and the wrap around services that support SUDI prevention.
Develop a Product Buying Guide to inform parents of infant products that pose a SUDI risk, and translate into Te Reo to improve engagement with Māori mothers and Whānau. (EOA).	Q2: Guide complete.	✓	Product guide completed and feedback from Maternity Consumer Council incorporated. This is due to launch in Q4.
	Q4: Translated to Te Reo.		
Agree actions, with the three Canterbury PHOs, to increase the proportion of Māori pepi enrolled in general practice at 3 months of age. (EOA).	Q2-Q4:	↺	As a DHB we continue to have high New Born enrolment rates at this age. However, Māori coverage is 15% lower. Work is underway with the PHOs to identify reasons for this inequity and ensure ethnicity is being coded correctly.
Develop and implement a breastfeeding action plan which prioritises evidence-informed activity with a proven impact on breastfeeding rates for women in Māori, Pacific and high deprivation populations. (EOA).	Q2-Q4:	↺	Revisions are currently being made to the Plan following significant feedback from priority populations at Community Breastfeeding Hui during Q2 and the recent release of the National Breast-Feeding Strategy.
Respond to the recommendation of the Well Child Tamariki Ora Services Review, when released.	Q1-Q4:	×	The national Well Child review report has not yet been released

Planning Priority: Immunisation			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop a process to identify women who have not been vaccinated during pregnancy, to support LMCs and GPs to reach these women and better promote pregnancy vacations, particularly to Māori and Pacific women where vaccination rates are lower. (EOA)	Q1: Process established	↺	Work on this has been reprioritised as the team focus on the COVID-19 Vaccination response. This will be revisited in Q4.
	Q2: Process implemented.	↺	
Refresh the current Immunisation Service Model to better respond to current challenges within the system, with a focus on improving data and links between services to ensure Māori, Pacific and vulnerable children are reached. (EOA)	Q2: Model refreshed.	×	Key staff from the Immunisation Service Level Alliance have been redeployed to the DHBs' COVID-19 Response, MMR catch-up programme and COVID Vaccination programme. This work has been reprioritised to 2021/22.
	Q4: Change implemented.	×	
Review the impact of COVID-19 on the delivery of childhood immunisations, with a focus on prioritising children who missed vaccinations during this time.	Q1: Rates reviewed and catch-up implemented.	✓	We identified a number of children who had not been vaccinated in General Practice. They have been

			picked up by the missed events and outreach immunisation services.
Implement the Immunisation Conversation Programme, to support LMCs, GP teams and Well Child Providers to have difficult conversations with parents who are undecided about vaccinations.	Q4: Programme implemented.	↺	This work has been reprioritised as the wider team focuses on our COVID-19 Vaccination response. This will be revisited in Q4 to understand capacity.
Implement the catch-up MMR programme for those age 15-29, with a focus of reaching Māori and Pacific youth and reducing the equity gap in uptake. (EOA)	Q1: MMR catch-up programme launched.	✓	The programme is underway.
Engage with the ED of Māori and Pacific Health to develop strategies and innovative solutions to maintain high immunisation rates amongst Māori and Pacific children in Canterbury. (EOA)	Q1-Q4: Ongoing engagement with Māori leads.	✓	We have strengthened Māori representation on the Immunisation Service Level Alliance (SLA) with two Māori leads.

Planning Priority: School-Based Health Services			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Monitor and provide quantitative reports on the delivery of SBHS in all decile one to five schools and alternative education settings across Canterbury and provide quantitative reports on service performance to the Ministry in quarters 2 and 4.	Q2-Q4: Reports provided.	✓	Ongoing monitoring and reporting of SBHS is occurring every six months. Following submission of the latest reports a national meeting was held to discuss issues and barriers to delivery of SBHS. Changes to reporting tools are being considered at a national level. We are working closely with providers to ensure there are clear expectations for delivery and reporting of youth health data.
Review service delivery to determine the impact of COVID-19, and work with the school-based nursing team to agree a catch-up plan and prioritise assessments for young people identified by schools as higher need. (EOA)	Q1: Gaps identified and catch-up plan in place.	✓	This has been completed, no key service gaps were identified.
Collaborate with SBHS providers to identify three areas of continuous quality improvement and develop a plan to work towards improving these. At least one of these improvement areas will have an equity focus. (EOA)	Q3: Areas identified.	✓	Areas have been identified. Work will progress during Q4 on how we will respond to these areas.
	Q4: Plan underway.		
Refresh the work plan of the Child & Youth Alliance Workstream's Health and Education Subgroup, to strengthen our youth focus.	Q1-Q2: Plan refreshed.	✓	A refresh of the Child & Youth Workstream plan has been completed. This has resulted in more targeted work plan for Youth being developed.
Facilitate increased collaboration between health services going into schools (PNHS, Public Health, Mana Aka), to ensure a coordinated approach to meeting the needs of young people.	Q1: First collaborative provider hui held.	↺	This work has been delayed due to COVID-19 reprioritisation. We expect the first hui to be held in Q4.
Provide quarterly activity reports to the Alliance Leadership Team (and MoH) on the actions of the Child & Youth workstream and its Health & Education Subgroup, to track progress and performance.	Q1-Q4: Quarterly progress reports provided.	✓	Reports are being provided.

Planning Priority: Family Violence and Sexual Violence			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain investment in the Violence Intervention Programme (VIP) and in line with the agreed	Q1-Q4: Delivery of VIP Core Training continues to meet expectations.	✓	Twelve, 8-hour Core VIP Training sessions have been completed to date

Strategic Services Plan provide all staff in core areas with core, refresher or advanced VIP training.	Q4: Number of DHB staff attending training sessions: baseline 460 staff.	↺	this year, with several more to follow in the next three months. Cancellations occurred due to COVID-19 and it has been problematic to reschedule all of these. Refresher training is offered but many staff repeat the core training if they have not completed the core training in the last two years. Advanced training in respect to Strangulation and Power to Protect have been offered to CDHB staff. All training sessions are evaluated and alterations to the courses are co-ordinated and responsive to trainees learning goals.
Work with Te Matau a Māui to identify and address barriers for Māori service providers to undertake FVSV training, with a specific focus on providers working with Māori parents, caregivers of children and vulnerable pregnant women. (EOA)	Q3: Barriers to access identified.	✓	The Maori Health Team has been involved in VIP policy development. They attend the Gateway Multi Agency Meeting, the Maternal Care and Wellbeing Meeting and the Child Protection Scan Team meeting. Te Pua (the Maori Wellchild Provider) is also invited to the Maternal Care and Wellbeing meeting to assist with dedicated and appropriate services being available for vulnerable Maori pregnant women. The Maori Health Team also attend the CYF/CDHB liaison meetings. Issues are identified, and resolution planning is ongoing.
	Q4: Resolution agreed.	✓	
Review current screening and disclosure processes within Paediatrics, Emergency and Maternity Service areas to identify areas of opportunities for improvement.	Q1: Review of reports of concern, noting actions taken and outcomes.	✓	All Reports of Concern and Family Violence referrals are reviewed prior to uptake on to the Child Protection database, and education and support given individually to practitioners within the CDHB as required.
	Q4: Improved screening, disclosure rates and reporting across services.		
Continue to participate in the Police-led Integrated Safety Response (ISR) Programme, to support a rapid response from government and social agencies to the needs of vulnerable people and families affected by family violence. (EOA)	Q1: Agree ongoing resource allocation to the ISR programme.	✓	CFSS and Mental Health ISR team actively works on ISR cases seven days a week. Health tasks are actioned within a 48-hour period. We include ISR in our staff core training and have several speakers from ISR attend our training.
Take part in a South Island Child Protection Forum, convened by the South Island Child Health SLA, to support staff to gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Q4: Staff attendance at the South Island Forum.	✓	South Island Child Protection Forum was attended by staff in February 2020.

Improving Mental Wellbeing

Planning Priority: Mental Health and Addiction System Transformation			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Placing people at the centre of service planning/implementation/monitoring programmes			
Explore current consumer feedback practices across mental health services, in line with the work on the HQSC consumer experience markers.	Q1-Q4:	↺	A survey has been sent out which once compiled will complete the stocktake. This will contribute to the exploration of consumer feedback practices.
Map the number of lived experience and peer support workers supported or employed across policy, strategy and quality programmes, to identify strengths and gaps, with a focus on supporting Māori peer support and whānau roles. (EOA)	Q3: Stocktake complete.	↺	

Identify pathways for increasing participation and engagement from a wider group of consumers, with a focus on Māori and Pacific service users and those with lived experience and their whānau. (EOA)	Q4:		
Establish joint biannual meetings with mental health and addiction consumer advisors to strengthen our relationships with consumer advisors and support monitoring of observance of the Code of Rights.	Q2: First joint hui held.	✓	Regular meetings between mental health and addiction consumer and peer advisors have strengthened this year negating the need for a wider hui.
Embedding a wellbeing and equity focus			
Establish a "Recovery College" curriculum, in partnership with NGO mental health service providers, to strengthen the focus on health promotion, prevention, identification and early intervention.	Q3:	✓	A Youth Recovery College involving peer input has been co-designed and is well underway. An adult Recovery College summer school was held in January and the curriculum is being tailored to the needs of the participants. Due to COVID-19, Recovery College moved online (Zoom) which has been very effective. A move to blend the two delivery methods is underway.
Identify and promote mental health and addiction training and education for people with lived experience, to increase the capability of peer supporters. (EOA)	Q1-Q4: Three training programmes run.	✓	Four training programmes delivered for peer organisations with ten workshops held in Q2.
Evaluate the pharmacy-based engagement approach to smoking cessation for people with severe mental illness and addiction (piloted in Philipstown Pharmacy), with a view to extending the model.	Q4: 12-month evaluation complete.		
Continue to invest in Equally Well (through our PHOs and Specialist Services) to support the focus on wellbeing and improve physical health outcomes.	Q1-Q4:	✓	Both the PHOs and the DHB continue to provide focused Equally Well responses to consumers with ongoing collaboration aiming to improve outcomes.
Invest in co-existing problems training for community organisations to enhance inter-agency collaboration for this highly vulnerable population group.	Q4: Six training sessions delivered.		
Collaborate with community providers to increase transitional housing options for people experiencing mental health and addictions issues.	Q1: Four additional houses available.	✓	Four new transitional housing properties were made available from July 2020.
Work with MSD and other key agencies to provide increased vocational options and opportunities for people with complex mental health issues.	Q1: Interagency group established.	✓	An interagency group is meeting fortnightly to review cases that involve multiple agencies and generate shared solutions.
Distribute information on Supporting Parents Healthy Children programmes to primary and NGO networks to promote the service options available and increase referral for Māori and Pacific families. (EOA).	Q1:	✓	Information and resources including the Ministry of Health Framework have been distributed to all PHO and NGO Providers in Canterbury.
Increasing Access and Choice of sustainable, quality, integrated services across the continuum			
Maintain the delivery of brief intervention counselling in primary care to support earlier intervention for people with mild to moderate mental health needs.	Q1-Q4:	✓	Delivery of Brief Intervention Counselling continues and is monitored quarterly.
Continue to invest in the community-based peer-led acute residential service (established in 2019), to support the capacity of acute services in Canterbury.	Q1-Q4:	✓	This service is well utilised, an evaluation of the service will commence in Q4.
Evaluate the impact of the Homecare Medical triage for crisis calls, with a focus on responsiveness to Māori and Pacific as high need populations. (EOA)	Q2: 12-month data set evaluated.	↺	Data sets are now available to be reviewed and final evaluation will be undertaken in Q4.
Evaluate the DHB's MindSight programme (for people with personality disorders) with a view to reaching more of our most complex consumers. (EOA)	Q3:	↺	This work has been re-prioritised and will occur in Q4.

Work in partnership to implement the national Te Tumu Waiora model, to support earlier intervention for people experiencing mental distress or who need behavioural advice and support.	Q4: 20 HIP and HICs in place in Canterbury.	↺	17.7 HIP FTE and 12.4 Health coaches have been recruited by Q3 end. Training continues to be dictated by places available nationally.
Track and monitor the implementation of Te Tumu Waiora to determine equity of access and outcomes for people being support by the programme. (EOA)	Q3-Q4:	✓	A Canterbury dashboard has been developed to monitor equity of access.
Undertake an annual review of contract delivery and apply cost pressure funding to support the sustainable delivery of mental health services.	Q1-Q4: Ongoing Contract Review	✓	A review has been undertaken of all Canterbury contracts and a plan to support cost pressure sustainability was approved and implemented.
Suicide Prevention			
Complete a reporting framework aligned to Canterbury's Suicide Prevention Action Plan to track progress against key actions in the Plan.	Q2: Reporting Framework confirmed.	↺	The inter-agency Action Plan will be released in Q4. Development of a reporting framework for CDHB actions is underway.
Evaluate the use of the Canterbury Suicide Prevention Website to identify enhancements to improve the provision of information and support on all aspects of suicide prevention in Canterbury.	Q2: Evaluation complete.	×	The development of the website was initialled delayed due to COVID-19 but design work is now progressing, and the website will go live in Q4. Evaluation of use and subsequent enhancements will be ongoing.
	Q3: Site updated.	↺	
Collaborate with the Mental Health Education Resource Centre to provide access to suicide prevention education and training for health professionals, peer support workers and whānau.	Q1-Q4: 4 Education opportunities provided.	✓	Thirty education sessions supporting suicide prevention and resilience have reached 816 participants in quarter one and two.
Provide annual opportunities for training and networking to support Postvention Coordinators in rural areas. (EOA)	Q1-Q4: 2 networking forums held.	✓	The first of two network forums were completed and a second is being planned for Q4.
Collaborate with the Office of Suicide Prevention and Clinical Advisory Services Aotearoa to implement a new postvention counselling service pathway to improve access for people bereaved by suicide. (EOA)	Q3: Pathway established.	✓	This pathway is now established and CASA's new postvention counselling service, Aoake te Rā, is providing sessions for Cantabrians.
Continue to gather data in support of the implementation of the national suicide prevention strategy 'Every Life Matters' and evaluate local initiatives to better to promote wellbeing, respond to suicidal behaviour and offer support after suicide.	Q1-Q4:	↺	Work is commencing in identifying data sets useful to the strategy and aligning with national work in this space.
Workforce			
In partnership with Te Pou and Mata Raki promote workforce development training to strengthen people capabilities when working with people and whānau experiencing mental health and addiction issues, including promotion of "Let's Get Real" to our staff and networks. (EOA)	Q1-Q4: 20 HIP's trained through Te Pou.	↺	17.7 HIP FTE have been recruited by Q3 end and training continues to be dictated by places available nationally.
Identify and promote mental health and addiction training and education for people with lived experience, to increase peer support. (EOA)	Q1-Q4: 3 training programmes run.	✓	Four training programmes delivered for peer organisations.
Explore the engagement of non-registered health professionals within SMHSs to increase capacity to support the delivery of safe, effective care.	Q4:		
Forensics			
As Lead DHB, collaborate with the Nelson Marlborough, South Canterbury and West Coast DHBs to improve and expand youth forensic mental health service capacity, with a focus on earlier intervention and supported discharge.	Q1: Working group established.	✓	The Canterbury DHB Youth Forensic Team are providing an enhanced service as agreed by all DHBs to provide services across the region.
	Q2: Investment agreed.	✓	
In collaboration with Corrections, review the implementation of the triage pilot at Christchurch Women's prison, supporting earlier identification and	Q3: Review complete.	✓	The pilot was undertaken by Corrections. This is now complete and steps have been taken to appoint a

support for women with mental health issues, with a view to implementing the model. (EOA)			permanent Registered Nurse to continue the triage role. CDHB continues to support Corrections in providing suitable and effective mental health access.
Review the impact of the provision of audio-visual prison assessments, as a means of enhancing capacity by reducing clinicians travel time for face2face assessments.	Q3: Review complete.	↺	Review ongoing with some identified challenges for the Corrections team impacting on use of AVL for assessments.
Provide input into the national Forensic Framework Project to improve the consistency and quality of current and future services as opportunities arise.	Q1-Q4:	✓	Forensic Clinical Director has ongoing involvement through NZ Forensic Psychiatry Advisory Group. The forensic team completed Survey remotely due to COVID-19.
Commitment to quality services and positive outcomes			
Track and monitor service utilisation data, and reporting into national systems, to support improved decision making and service planning.	Q1-Q4:	✓	PRIMHD monitoring is ongoing in CDHB. Anomalies are being investigated and addressed as they arise. Regular analyses explore performance and opportunities for system and service development.

Planning Priority: Mental Health and Addictions Improvement Activities			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Enable project teams to attend and participate in the mental health and addictions improvement programme projects for Safer for All, Connecting Care and Learning from Adverse Events, to ensure a continued focus on minimising restrictive care and improving transitions.	Q1-Q4:	✓	Project teams are supported to participate in the HQSC education programme on an ongoing basis and continue to progress the improvement programme. Connecting Care: HQSC involvement in "Connecting Care" has concluded but the team will remain available to provide support to local initiatives via quarterly online networking sessions. The local project (focusing on transitions from youth to adult services) is continuing with final testing of new processes and embedding and sustaining improvements. Learning from adverse events: The project team is active. Currently focused on strengthening recommendations following an adverse event to improve care processes.
Promote the role of Pukenga Atawhai and Te Kaihapai in minimising the use of restrictive care for Māori and effectively document their involvement in care order to identify gaps and measure impact. (EOA)	Q1-Q4:	✓	FTE for Pukenga Atawhai has been increased with recruitment ongoing to achieve full staffing. Pukenga Atawhai and Te Kaihapai have a direct role in achieving restraint minimisation and are key members of the Restraint Minimisation Committee.
Refocus the working group on addressing reducing seclusion, moving on from reducing incidents but making use of learnings from the 2019/20 programme.	Q1-Q4:	↺	Subgroups are being set up across different areas of the SMHS to explore how each area can address the drivers contributing to over representation of Māori in seclusion rates.
Review the impact of changes made in 2019, to reduce rate of assaults, and spread learnings across the division.	Q2: Review complete.	✓	Impact of changes have been reviewed with significant reduction in assaults on staff achieved. Learnings are being shared through Restraint Minimisation
	Q3: Learnings dispersed.	✓	

			Committee with further developments focusing on the 10-point plan.
Review the impact of the changes made as part of the youth to adult transition programme in 2019, with a view to embedding successful elements of the model to support young people back into the community.	Q3:	✓	The new youth to adult transition process is being applied on a trial basis to actual transitions from Child, Adolescent and Family (CAF) to Adult services. The new process and associated tools are subject to an ongoing review and evaluation process with oversight and governance from the CAF and Adult service leadership teams supported by the SMHS Quality and Patient Safety Team.
Optimise the unique role of Pukenga Atawhai in the transition process for young Māori. (EOA)	Q3-Q4:	✓ ★	A checklist has been developed to optimise the role of Pukenga Atawhai in the transition process for young Māori from youth to adult MH services including the following expectations: • Pukenga Atawhai are informed of possible transfers of young Maori to the adult service as part of the 'decision to transition' stage. • That a transition discussion occurs between the youth and adult Pukenga Atawhai during the 'preparation and planning' stage. • That Pukenga Atawhai from both services attend joint transition planning meetings between CAF and adult teams.
Implement a qualitative discharge/transition plan audit tool to identify gaps and support training and education to improve the use and quality of transition and wellness plans.	Q1:	↺	Clinical audit development is ongoing. The first cycle is complete identifying some areas for improvement which are bring progressed.
Support the mental health services facilities development process to ensure facilities are designed to support patient and safe safety.	Q1-Q4:	✓	Significant work has been undertaken to support the facilities development programme. A high level of involvement from user groups has informed design and model of care principles.

Planning Priority: Addiction			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with community providers of alcohol and other drug services (AOD), through the Central Coordination Service, to streamline AOD pathways and remove access barriers to minimise wait times.	Q1-Q4:	↺	This is ongoing work with routine governance and operational meetings to monitor and review wait times and access issues.
Enhance referral pathways to support increased access to community-based residential care and support for people with co-existing problems. (EOA)	Q1-Q4:	↺	
Identify continuing care/post treatment options to enhance the continue of care in Canterbury, with focus on Māori, Pacific & Youth populations. (EOA)	Q2-Q3:	✓	The rollout of Integrated Primary Mental Health and Addictions services includes community-based services for youth, Māori and Pacific.
Take the lead in developing a regional Hub and Spoke model to build community-based withdrawal management capacity across the South Island.	Q1: Regional agreement on service model.	✓	There is agreement across the South Island regarding this model and work to implement the model is now underway.
	Q4: Pathway in place.		

Reconfigure and consolidate current mental health service options to expand respite capacity and support a more immediate service response for people with addiction issues, with a specific focus on culturally supportive options. (EOA)	Q4: Increased respite capacity available across Canterbury.		

Planning Priority: Maternal Mental Health Services			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Launch the Maternal Health Pathway on HealthPathways documenting links to infant mental health services and early parenting support.	Q1: Pathway Launched.	✓	A Canterbury specific Maternal Mental Health pathway has been launched and is being utilised.
	Q4: Number of 'hits' on the Pathway.		
Coordinate a regional hui with key stakeholders to strengthen links between maternal and infant service providers working with women and their whānau in the first 1,000 days and promote the effective sharing of resources and learnings.	Q3:	✓	A regional hui was held in late 2020 coordinated by the South Island Alliance and work is continuing to confirm outcome actions from this hui.
Using the service mapping completed in 2019/20, identify opportunities to enhance primary and community support for women with maternal mental health issues, including the possible reallocation of resource to focus on earlier intervention and high need populations. (EOA)	Q1: Options identified.	✓	Scoping of potential community based maternal mental health services was completed and has resulted in two additional clinical FTE now operating in Maternal Mental Health services.
	Q3: Proposal delivered.	✓	
Evaluate the extended access timeframes put in place by Plunket to determine its effectiveness in reaching high need Māori and Pacific women, with a view to embedding the framework if successful. (EOA)	Q2:	✓	Increasing extended access timeframes for the Plunket postnatal mental health service has reduced wait times for Māori and Pacific women.
Engage with Canterbury's Well Child Tamariki Ora providers to understand their training and education needs to support a more effective responses to women who may be experiencing mild to moderate mental health issues post pregnancy.	Q2:	✓	Plunket are upskilling their nurses around identifying maternal mental health issues. Discussions have been held with other providers about training and education needs but no specific training has been facilitated.
Partner with general practice, to implement the Te Tumu Waiora model which will support earlier intervention for women and their whānau who are experiencing mental distress pre or post pregnancy.	Q4: 20 HIP and HICs in place in Canterbury.	↺	17.7 HIP FTE have been recruited by Q3 end and training continues to be dictated by places available nationally.

Planning Priority: Mental Health Support in Earthquake Affected Schools			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Embed the Mana Ake Initiative, undertaking regular monitoring to enable schools to flex resources to respond to identified need and clarifying and enhancing pathways for support. (EOA)	Q1-Q4: Report on progress.	✓	Quarterly reporting is shared with schools and the third quarterly cluster forum has been held. Presentations by schools from these forums are shared permanently on Leading Lights.
Maintain active oversight of the Initiative through the CCN Mana Ake Service Level Alliance and provider networks, tracking and monitoring equity of access to ensure culturally appropriate interventions are being accessed across the region. (EOA)	Q1-Q4: Quarterly reports delivered.	✓	Reporting shared with the SLA and Executive Director Maori and Pasifika Health.
Produce and provide an interim evaluation report to the SLA and the Alliance Leadership Team on delivery and outcomes of the Initiative.	Q1:	✓	An overview of the internal interim evaluation report has been shared with the SLA. An evaluation has also been completed by Malatest International, commissioned by Ministry of Health and interim findings have been shared with the SLA and ALT.

Maintain teacher education sessions to build local capacity and capability to meet wellbeing needs within schools.	Q1-Q4: Number of attendees at education sessions.	✓	Education sessions are now held as webinars to increase participation. 212 teachers and other professionals attended the quarter three session. In total 1,641 attendees have participated in 11 sessions.
Implement ERMS online for schools to build communication between education and health.	Q2: Number of schools enrolled with ERMS Online.	✓	178 out of 240 schools have registered for ERMS-Online. Every school has been contacted and some have chosen not to opt in at this time. The team continues to promote engagement and seek opportunities to increase understanding and engagement.
Support the 13 NGO Mana Ake Provider Network to develop a shared workforce development plan to prepare for workforce transitions support the sustainability of the initiative.	Q2: Workforce Plan developed.	↺	This work is now sitting alongside broader work with NGOS, Oranga Tamariki and Ministry of Education local leadership to look at potential for whole of children's workforce approach in Canterbury. This work provides greater opportunity to build a sustainable approach to cultural capability across the sector than our original intention to work with the Mana Ake Provider Network only. It is anticipated that delivery to the workforce will commence in late 2021.
Embed the use of Leading Lights across services and schools to support long term sustainability.	Q4: Increasing use of Leading Lights (page views, % returning visitors).		

Improving Wellbeing through Prevention

Planning Priority: Environmental Sustainability			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Through Transalpine Environmental Sustainability Governance Group, develop an Environmental Sustainability Policy and Implementation Plan.	Q1-Q4:	↺	An Environmental Sustainability Operational Policy has been discussed with the new CEO and we anticipate traction in coming quarters with a presentation being made to the Executive Management Team in April.
Develop intranet sustainability pages to support the sharing of resources, initiatives and projects and encourage staff to make sustainable changes.	Q2: Pages live.	↺	The page has been developed and is awaiting final approvals before going live.
Include environmental sustainably questions in procurement tenders to mitigate future environmental impacts on health.	Q1-Q4:	✓	
Commence reporting on Carbon Offsetting for travel carried out under Senior Medical Officer's Continuing Medical Education agreements.	Q1: Reporting underway.	↺	Carbon offsetting program is established, and reporting set up. However there has been minimal overseas travel by Senior Medical Officers this year due to COVID-19. Work continues this project as time allows but the lack of flying has reduced its urgency.
Use the Energypro Software to monitor energy use across DHB sites and identify areas for improvement.	Q1-Q4:	✓	Monitoring of energy use (at a lot finer level than energypro) is being carried out and areas to improve have been identified.

Planning Priority: Antimicrobial Resistance (AMR)			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Awareness and understanding			
Extend multidisciplinary professional development activities for Antimicrobial Stewardship.	Q4: Antimicrobial Stewardship intranet site live.	↺	Draft intranet site has been established. We are on track to complete this action in Q4.
Share resources generated by the Antimicrobial Stewardship Committee with community healthcare providers including PHOs, the Canterbury Community Pharmacy Group and neighbouring DHBs.	Q1-Q4:	✓	Canterbury Antimicrobial Stewardship (AMS) Strategic Group now includes representation from general practice and community pharmacy.
Share resources generated by the Antimicrobial Stewardship Committee with Te Matau a Māui (our collective of Māori and Pacific providers), emphasising the risk for Māori and Pacific. (EOA)	Q1-Q4:	✓	AMS bulletins shared regionally (and nationally, where appropriate).
Surveillance and research			
Improve access to antimicrobial usage data in "real time" from the electronic prescribing and administration MedChart to inform AMS ward rounds.	Q4: Antimicrobial usage data available.	↺	Antimicrobial prescribing data now enables tracking of antimicrobial stewardship initiatives such as indication documentation. A process for using antimicrobial dispensing data to create quarterly reports on the volume of antimicrobials used in our inpatients is being extended (we have data from 2010 – 2017).
Undertake a Point Prevalence Survey of adult inpatients at Christchurch Hospital, with a view to analysing antimicrobial guidelines, compliance and appropriateness by age sex and ethnicity. (EOA)	Q2: Analysis undertaken.	↺	Audit work was completed in early November 2020. Data entry and analysis is being undertaken to produce a report for next quarter.
	Q3: Report completed.	↺	
Establish a process for the annual development, publication and dissemination of the Canterbury Health Laboratories antibiogram (data) to healthcare providers across the Canterbury health system.	Q3: Process established.	✓	Process is established for publication in the Pink Book guidelines, Hospital and Community HealthPathways, CHL internet site, and the New Zealand Microbiology Network website.
	Q4: Canterbury Health Laboratories antibiogram published.	✓	
Infection prevention and control			
Promote collaboration and coordination across our system, to support prevention activities and the management and control of antimicrobial resistant organisms (in line with the Infection Prevention, Control & Management of Carbapenemase-Producing Enterobacteriaceae (CPE) Guidelines).	Q4: CPE Response Plan developed.		
Monitor adherence to active surveillance, patient screening and transmission-based precautions as outlined in the DHBs Multidrug Resistant Organisms (MDRO) Infection Prevention & Control Guidelines and Admission Assessment Flowchart, and the latest evidence for identification and isolation processes.	Q1-Q4:	✓	Daily review and liaison with clinical areas for multi-drug resistant organisms. Live feed data via CDHB electronic surveillance system (ICNet) reports and monitoring summarised in monthly Infection Prevention Control Surveillance reports.
Undertake an evaluation of Peripheral Intravenous Catheter Hospital-Acquired Bloodstream Infections to identify and address specific risk factors for Māori and Pacific populations. (EOA)	Q1-Q4:	✓	Daily review of possible Peripheral Intravenous Catheter Hospital-Acquired Bloodstream Infections. Live feed data via CDHB electronic surveillance system (ICNet). Individual case review in collaboration with Nurse Consultant- Venous Access. Each case reported in Safety 1st and feedback to clinical leaders in area.
Provide advice on prevention, management and control of Multidrug Resistant Organisms, from dedicated Infection Prevention Control nurses and in	Q1: Education Schedule in place	✓	Education sessions delivered to ARC/LTCF staff by IPC Specialists.
	Q4: Evaluation Report completed		

collaboration with CPH, to Te Matau a Māui and Aged Residential Care providers. (EOA)			
Antimicrobial stewardship			
Establish a policy requiring documentation of antimicrobial indication on prescriptions to support appropriate use of antimicrobials.	Q2: Policy agreed.	✓	Antimicrobial Stewardship policy has been agreed and is under wider consultation currently. CDHB inpatient baseline is still to be confirmed with the point prevalence audit above. A manuscript evaluating the impact of forced indication document is under preparation. This suggests that the number of credible indications has increased from a baseline of 20% to 40% (indication field not forced) or 80% (indication forced) after the initiative. Education material has been developed and used nationally.
	Q3: Baseline of current documentation established to track adherence to the policy Baseline established.	↺	
	Q4: Education initiative developed, and clinical pharmacists enlisted to improve compliance Initiative.	✓	
Take action to reduce unnecessary antimicrobial use for surgical prophylaxis.	Q3: Guidelines for surgical antimicrobial prophylaxis reviewed.	↺	Surgical antimicrobial prophylaxis guideline to be reviewed at the AMS committee in April 2021. Education will follow. Audits of antimicrobial prophylaxis in General Surgery (elective cholecystectomy and colectomy) are underway. Vulval excision audit underway.
	Q4: Education provided to clinical staff of the changes.		
	Q4: Antimicrobial prophylaxis audited in General Surgery to establish compliance with DHB's Pink Book guidelines.	↺	
	Q4: Vulval excision antimicrobial prophylaxis audited to establish the regimen used.	↺	
Engage with the Orthopaedics Service to improve compliance with HQSC Surgical Site Infection Improvement Programme for hip/knee arthroplasty.	Q1-Q4:	✓	Orthopaedic pharmacists at Christchurch and Burwood Hospitals enlisted to help improve guidelines compliance. Infectious Diseases to provide education as part of orthopaedics RMO orientation.
Governance, collaboration and investment			
Establish regular reporting to the Clinical Board on the activities of the Antimicrobial Stewardship Strategic Group and Committee.	Q1: First report provided.	✓	First report (written and verbal) was provided to the Canterbury Health System Clinical Board.
Participate in the development of National Antimicrobial Prescribing Guidelines.	Q1-Q4:	✓	The two leads for antimicrobial stewardship at Canterbury DHB participated in the Steering Group for the scoping part of this project.
Engage with the CPH team, through the Antimicrobial Stewardship Strategic Group, to investigate and consider further avenues of engagement regarding Antimicrobial Stewardship.	Q1: Further areas of engagement considered.	×	Further areas of engagement are deferred while focusing on other regional engagement as outlined above.

Planning Priority: Drinking Water			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Deliver and report on the drinking water activities and measures in the MoH Environmental Health exemplar to ensure high quality drinking water.	Q2: Progress report	↺	The ability to deliver all drinking water activities has been impacted by deferment of CPH staff to the COVID-19 response. Transgression responses and Water Safety Plan processing have been priorities.
	Q4: Progress report		
Provide technical advice on marae drinking water quality to local rūnanga via the ECan Tuia initiative to contribute to Māori health and wellbeing. (EOA)	Q1-Q4: Number of contacts with rūnanga representatives.	×	Work in this space continues remains on hold as resources are directed to the COVID-19 response.

Planning Priority: Environmental and Border Health			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Deliver and report on the activities contained in the MoH Environmental and Border Health exemplar, including undertaking compliance and enforcement activities relating to the Health Act 1956, to improve the quality and safety of our physical environment.	Q1-Q4: Quarterly Border Health report delivered.	✓	There is a strong focus on Border Health due to the COVID-19 response.
Maintain relationships with local rūnanga to support ongoing partnership in addressing environmental health issues. (EOA).	Q1-Q4: Number of contacts with rūnanga representatives.	↺	Rūnanga relationships maintained through recreational water and COVID-19 response planning.

Planning Priority: Healthy Food and Drink			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Audit the implementation of our Healthy Food and Drink Policy, and ensure alignment to national policy, to ensure the DHB is taking a lead in creating supportive environments to promote health eating and healthy choices.	Q4: Audit of DHB sites.	✓ ★	The National CE's group have made a commitment to implement the change to the updated Healthy Food and Drink Policy in full by July 2021. A short life working group within the CDHB has undertaken scoping of our current state regarding implementation of the policy recommendations. We are close to achieving compliance in the range of products and portion size recommendation of the National Policy; however, a small number of changes are currently being made to ensure that the DHB is fully compliant with the National Policy across all campuses. We have begun engagement with RMOs regarding our obligation to provide food/drinks and have included the RDA and STONZ Unions at both National and local levels.
Track and report on the number and proportion of provider contracts that include the clause stipulating providers will develop a Healthy Food and Drink Policy that aligns to national policy.	Q2: Report on progress.	✓	The contracts template has been updated so all new and renewed contracts have a healthy food and drink clause.
	Q4: Proportion of providers with clauses in their service contracts.	✓	
Collaborate with Sports Canterbury and other education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only (including plain milk) and healthy food policies in line with national Healthy Active Learning Initiative. (EOA)	Q2-Q4: Report on adoption of policies and proportion of schools with water-only and healthy food policies.	✓	

Planning Priority: Smokefree 2025			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Provide two training sessions for LMCs to increase stop smoking referrals for Māori and Pacific and women living in low decile areas, using Motivating Conversations techniques. (EOA)	Q2-Q4: Two sessions delivered.	↺	Work was underway to develop a selection of smokefree motivating conversations training videos but is on hold in Q3 due to a staff vacancy and CPH staff diverted to COVID-19 work. This work will recommence again in Q4.

Track and monitor the delivery of ABC across primary and secondary care to ensure consistent messaging around smoking risks and to support more people to stop smoking.	Q1-Q4:	✓	Weekly Decision Support reporting assists us identify areas that are not performing against national target - indicating where more smokefree education is needed.
Track and monitor PHO stop smoking referrals to Te Hā Waitaha by ethnicity to ensure equity of service to Māori and Pacific communities. (EOA)	Q1-Q4:	✓	Stop Smoking Service referrals received for Q3 Jan – March 2021: Total population 1,082 Māori: 257 (23%) Pacific: 45 (4.1%) Ethnicity data has been a focus for the service over the past quarter. This is to capture a more accurate snapshot of who is coming into the service and to enable a better support required for the individual's needs.
Provide training to ChCh hospital staff to ensure understanding of how to use Floview to identify patients who require a smokefree intervention and facilitate referrals to stop smoking support.	Q1-Q4:	↺	Training has been delivered to ensure the smokefree information on Cortex is consistent across the CDHB and staff are familiar with how to use it to capture smokefree information and refer directly into the smoking cessation support service. We are also developing and promoting the SmokeFree Sharepoint site that can be used to access smokefree resources as well as being used as a referral pathway from secondary care in those areas that still don't have access to Cortex.
Engage with ChCh hospital consultants to ensure standardisation of best practice smokefree documentation within the medical notes in Cortex.	Q1-Q2:	↺	Engagement is ongoing to provide a better understanding to all medical staff the smokefree information that is required for the Ministry of Health targets and the standardisation of smokefree documentation.
Collaborate with Stop Smoking Practitioners from primary care and Māori and Pacific provider organisations to share information and skills, and provide wrap around services to at-risk clients, with a focus on Māori and Pacific. (EOA)	Q1-Q4:	✓	Fortnightly face to face peer support, ongoing training and planning is being maintained with the team.
Establish an incentive programme to engage and retain young Māori women in Te Hā Waitaha. (EOA)	Q2: Incentive programme established.	↺	The He Puna Mareikura incentive programme, specifically designed to reach young Maori women (18-30 years) is in the planning stages. The plan is to launch this programme in May 2021.
Through, Smokefree Canterbury inform and prepare submissions on the proposed vaping legislation, with a focus on reducing uptake by young people. (EOA)	Q1:	✓	Submissions on the new vaping legislation were provided to the Health Select Committee by Smokefree Canterbury, the Canterbury DHB, Community and Public Health, and by other local organisations. There were three presentations made to the Select Committee at the hearings stage, which were well received. Encouragement and support were provided by SFC to other local organisations who wished to submit.
Undertake compliance activities relating to the Smokefree Environments Act 1990, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q2: Report on activity	✓	During Q3 there have been: 7 complaints 6 education visits 3 CPOs 2 Smokefree Enquiries
	Q4: Report on activity	✓	

			Note: there has been reduced activity in Smokefree Enforcement for 2021 due to the Enforcement Officer being seconded as a Case Investigator for COVID.

Planning Priority: Breast Screening			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with ScreenSouth to facilitate alignment of the Breast and Cervical Screening Programmes to: capture opportunities for joint promotion and delivery of screening; support the recall of women for both programmes; and provide process-based education to general practices. (EOA)	Q1-Q4: Monthly data matching to support recall of priority women.	✓	Ongoing data matching and recall supports the delivery of the programme.
	Q1-Q4: >40 practices provided with recall support.	↺	
	Q1-Q4: >6 'Top and Tail' clinics held.	↺	Canterbury continues to support top and tail clinics which have been effective in improving access to women in the region. A schedule of clinics for the year is being worked through currently.
Track performance against the national screening targets and facilitate discussion on progress with ScreenSouth, the three PHOs and Pasifika Futures to maintain momentum in reducing the equity gap for pacific women. (EOA)	Q1-Q4:	✓	Performance is monitored and highlighted through 6-weekly PHO meetings, and Board reporting.
Coordinate and facilitate biennial screening appointments for women living in the Chatham Islands, who travel to Christchurch for mammograms. (EOA).	Q1: Screening appointment held in Christchurch.	✓	Planning underway with Screen South for Breast Screening clinics in Christchurch during Q4.

Planning Priority: Cervical Screening			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with ScreenSouth to facilitate the alignment of the Breast and Cervical Screening Programmes. Work will include opportunities for joint promotion and delivery of screening; support for the recall of priority (Māori, Pacific and Asian) women for both programmes; and the provision of process-based education to general practices. (EOA)	Q1-Q4: Monthly data matching to support recall of priority women.	✓	Ongoing data matching and recall supports the delivery of the programme.
	Q1-Q4: >40 practices provided with recall support.	↺	
	Q1-Q4: >6 'Top and Tail' clinics held.	↺	Canterbury continues to support top and tail clinics which have been effective in improving access to women in the region. A schedule of clinics for the year is being worked through currently.
Invest in the provision of free cervical smears to eligible priority women and unscreened and under-unscreened, women. (EOA)	Q4: >560 free smears provided.		
Deliver an annual cervical screening clinic on the Chatham Islands to ensure equitable access for these women. (EOA)	Q3: Clinic delivered.	✓	Clinic delivered during Q3 with another clinic planned for Q4 for women who were unable to attend in March.
Promote He Waka Tapu as the Māori cervical screening service in Canterbury and facilitate collaboration between He Waka Tapu and ScreenSouth to increase the uptake of screening by Māori women. (EOA	Q1-Q4:	✓	He Waka Tapu has been contracted to provide a hard to reach service for cervical screening in priority women. Regular meetings with Screensouth, He Waka Tapu, and the PHOs, have resumed with one held in November.
Track performance against the national targets and facilitate discussion on progress with ScreenSouth, the three PHOs and He Waka Tapu to gain momentum in reducing the equity gap for Māori women. (EOA)	Q1-Q4:	✓	Performance against targets is tracked and monitored at monthly meetings between PHOs, ScreenSouth, and He Waka Tapu.

Planning Priority: Reducing Alcohol Related Harm			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q2-Q4: Report on activity	✓	Regulatory work has been delivered in accordance to the Sale and Supply of Alcohol Act 2012 including submitting written and oral evidence and oppositions where appropriate. 2021 is club's renewal year in which there are 70 clubs on their three-year license renewal cycle.
Deliver against the objectives of the Christchurch Alcohol Action Plan (CAAP) in line with the Canterbury Health System Alcohol Harm Reduction Strategy.	Q2-Q4: Progress report against Alcohol Plan and Strategy objectives.	✓	The implementation of the CAAP and Health System Strategy plans continues to progress, including holding the CAAP network meeting (with about 40 in attendance), developing brief interventions training for migrant and refugee communities and the employment of a Mental Health & Addictions Educator within CDHB emergency departments.
Partner with hapū Māori and Māori organisations to strengthen Māori voice in alcohol licensing decisions in higher Māori population neighbourhoods. (EOA)	Q1-Q4: Number of engagements with local Māori and Pacific communities.	✓	An evaluation is underway focusing on increasing Māori involvement. Awareness of local off licence applications is promoted to Manawhenua ki Waitaha with seven local hapū affiliated to Ngai Tahu iwi. There is early involvement with Lyttelton and Linwood rugby clubs and the local Ngāti Wheke hapū on wellbeing, alcohol and harmful drinking on sports fields and the impacts of whānau violence. Marae Waipiro Management plan templates are being promoted to local marae.
Partner with Tangata Atumotu and the Health Promotion Agency to apply for funding for training for public health staff to increase responsiveness to our pacific population around alcohol-related harm. (EOA)	Q2-Q3: Funding application submitted.	↺	The funding application to reduce alcohol-related harm in Pasifika families is being progressed between Tangata Atumotu and Te Hiringa Hauora HPA.

Planning Priority: Sexual Health			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Promote and provide regular public health promotion education sessions and a regular public health newsletter for staff from the DHB and other organisations who work with sexual health issues.	Q1-Q4: Number of sexual health education sessions provided and number of participants.	✓	A national Sexual Consequences Hui was convened in August 2020. There were 64 participants via zoom and 20 in the person. A Sexual Health Seminar was held at Manawa in November with 25 attendees. Planning is underway for the next Sex and Consequences National Hui, in May 2021.
Provide free sexual and reproductive health consultations in general practice for young people under 17 years and promote access to low-cost Long-	Q1-Q4: Uptake of sexual health consultations and LARC by priority populations.	✓	Youth under 17 have access to free sexual & reproductive consults in all general practices in Canterbury. A provision for youth to attend free consults outside of their normal

Acting Reversible Contraception (LARC) to reduce cost barriers for high need women. (EOA)[1]			general practice is also available to reduce access barriers.
Review utilisation data from Youth Sexual Health Services and general practices across Canterbury to ensure equity of access for priority populations. (EOA)	Q4: Review complete.		
Implement outreach services to increase access to Long-Acting Reversible Contraception for priority populations. (EOA)	Q4: Service in place.		
Establish a Syphilis Working Group with West Coast DHB and CPH to ensure actions to prevent new syphilis cases and congenital syphilis are aligned across the two regions and support the National Syphilis Action Plan.	Q2: Working Group Established.	✓	Syphilis Working Group established with community and public health providing the Chairperson.

Planning Priority: Communicable Diseases			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Monitor and report communicable disease trends and outbreaks.	Q1-Q4:	✓	Monitoring and reporting continued through usual channels. Elevated numbers of Salmonella have been attributed to S enteritidis, which is unusual for this area. CPH is working with ESR to investigate cases in our region using analytical epi tools, other PHU regions are also involved as they have experienced an increase.
Follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	✓	A health determinants approach to a recent rheumatic fever case saw communication between the Communicable Disease Nurse, CPH's health promoter housing and the Etu Pasifika Navigator service. This collaboration between services has resulted in a more culturally appropriate understanding and approach for the whanau involved, showing positive outcomes.
Identify and control communicable disease outbreaks, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	✓	A recent Rheumatic Fever outbreak was identified in a Pasifika family. Home and hospital visits greatly contributed to the positive outcome of early diagnosis and treatment. The team, together with ESR, are working on an attribution study looking at the probable source of elevated numbers of Yersiniosis – this study is scheduled to begin in March and extend through 2022. Canterbury has experienced cases of Vibrio parahaemolyticus being part of a (mainly) South Island outbreak of this illness. Investigations have linked this to Mussel consumption with MPI releasing a public warning.
Develop and deliver public health information and education to improve public awareness and understanding of communicable disease prevention.	Q1-Q4:	✓	Health Education and information continue to be delivered to Border workers regarding COVID-19.

[1] Low costs access to LARC is available to women who are enrolled in a Canterbury general practice and live in quintile 5 areas; or hold a community services card; or are high risk of an unplanned pregnancy and poor health outcomes.

Planning Priority: Cross Sectoral Collaboration including Health in All Policies			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Deliver Broadly Speaking training (including the use of HEAT and other equity tools) to staff from the DHB and other health and social service agencies, to support and grow Health in All Policies work in our region. (EOA)	Q1-Q4: Number of Broadly Speaking training sessions held.	✓	Broadly Speaking was delivered in November and March to a very engaged and diverse group of 33 participants across the two courses. The May course is already fully subscribed. A Ministry of Health staff member came down to attend the March course with a view to supporting this more widely.
	Q4: Number of non-health agencies attending Broadly Speaking training sessions.	✓	
Refresh our Joint Work Plan with Environment Canterbury and the Christchurch City Council to improve health in our region.	Q1-Q4: Number of joint (ECAN, CCC, CDHB) initiatives agreed.	✓	New areas of joint work include co-leading the social workstreams of the Ōtautahi Christchurch Recovery Plan and providing input into CCC's Strengthening Communities policy and spatial planning. Work continues to progress on air pollution, healthy waterways, smokefree 2050 strategy and alcohol-harm reduction.
Through the Waka Toa Ora forum, and in partnership with key Māori and Pacific organisations, provide advice to other agencies and sectors on implementing a Health in All Policies approach in their work with a strong focus on addressing health equity for Māori, Pacific and low decile communities. (EOA)	Q1-Q4:	✓	Waka Toa Ora advisory group meetings support discussions of health impacts of Covid-19 from partner agencies. Weekly newsletters keep sector informed. Face-to-face seminars are occurring again with 2 in the last month. The one on early childhood attracted 55 participants. A meeting was held in Selwyn District and Waimakariri district is also hosting one.
Develop and deliver submissions related to policies impacting on our community's health with emphasis on higher need population groups. (EOA)	Q1-Q4: Number of public health related submissions made.	✓	There were seven submissions prepared in Q3, all taking an equity lens and many benefiting from a public health and wider DHB lens eg Climate Change advice, and early learning regulations.
Collaborate with Healthy Families NZ on wellbeing promotion, including co-convening a wellbeing impact assessment practice group and supporting the Food Resilience Network. (EOA)	Q1-Q4: Community garden workshops delivered.	✓	There is interest in co-convening a wellbeing impact assessment practice group, but this is not currently being pursued due to changed capacity. CPH helped organise and deliver the Edible Canterbury (Food Resilience Network) community gardening workshop for ECE settings and schools in Q2 and again in Q3, 51 teachers and principals were in attendance.

Better Population Health Outcomes Supported by Strong and Equitable Public Health and Disability System

Planning Priority: Delivery of Whānau Ora			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to invest in initiatives to build Māori and Pacific provider capability and capacity through Te Matau a Māui, to influence and shape practice and empower the development of Whānau ora approaches across our community. (EOA)	Q1-Q4:	↺	This work is ongoing.

Continue to strengthen the strategic partnership with Pasifika Futures (the national Whānau Ora Commissioning Agency) and develop a strategy and action plan to improve outcomes in line with the new national Pacific Action Plan. (EOA)	Q1: Local Pacific Health Strategy, development underway.	✓	The Pacific Health Strategy has been developed and aligned with the national Pacific Health Action Plan. An implementation plan is being developed.
Engage with Pasifika Futures, to identify the learnings from the COVID-19 response and invest national COVID funding to capture and embed opportunities to build capacity and embrace new ways of working. (EOA)	Q2: New Whānau ora integrated model implemented.	✓	This work has made up part of the Pacific Health Strategy with a clear strategy for embracing new ways for working being jointly supported by Pasifika Futures and the DHB.
Engage with Te Pūtahitanga to identify opportunities where an aligned Whānau Ora approach would improve support to Māori and their Whānau. (EOA)	Q1: Opportunities identified.	↺	Initial meeting held to discuss direction and opportunities. Joint planning has been delayed due to staff capacity.
	Q2: Joint plan agreed.	✗	

Planning Priority: Ola Manuia 2020-2025: Pacific Health and Wellbeing Action Plan			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop a local Pacific Health Strategy, partnering with Pasifika Futures and in collaboration with the CCN and Māui Collective, to improve health outcomes for our Pacific communities. (EOA)	Q1: Draft Strategy developed and socialised.	✓	The Pacific Health Strategy has been developed and approved by the DHB's Board. An implementation plan is being developed alongside a performance dashboard to track progress over time.
Include actions to support delivery of the new national Pacific Health Action Plan (once agreed and released nationally).	Q2-Q3:	✓	
Commence implementation of the local Pacific Health Strategy. (EOA)	Q4:		

Planning Priority: Care Capacity Demand Management (CCDM)			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Establish permanent governance for Care Capacity Demand Management (CCDM) programme including both the CCDM council and local data councils.	Q1: 25% of wards have local data councils.	✓	55% of wards have local data councils. We are now planning on having 90% of clinical areas with a Local Data Council by Q4 2020/21. We have been delayed by the completion of IRR and the high inpatient numbers.
	Q2: 50% of wards have local data councils.	✓	
	Q3: 75% of wards have local data councils.	↺	
	Q4: All inpatient wards have a local data council established.		
Embed systems, processes and training to ensure the validated acuity tool is used accurately and consistently in daily operational and annual planning activities.	Q1: TrendCare in 86% of inpatient clinical areas.	✓	We have completed the implementation in 100% of our inpatient areas (63, inclusive of ED) We have scheduled our day units (5), for April 22nd, and Dialysis and Oncology day units for May 2021. We have a BAU training model in place for both IRR champions and trendcare basic training
	Q2: TrendCare implemented in inpatient clinical areas.	✓	
	Q1. Implementation in Maternity Units commenced.	✓	
	Q3: BAU training program commenced.	✓	
	Q4: BAU, acuity measures included in the core data set and reported from the floor to the CCDM Board.		
Develop a knowledge base of the reporting required to meet patient cultural / spiritual needs as part of nursing care. (EOA)	Q1: Recommend to vendors the need to have cultural needs indicator as part of reporting for all patient types.	✓	Recommendations have been made by Central TAS with DHB support. We are now awaiting a decision from the vendor.
Enable the use of the core data set to evaluate the effectiveness of care capacity demand management in the DHB and identify improvements.	Q1: Core Data working group agree on a workplan.	✓	We have had a soft launch of our core data set (18 of the 23 measures) and have a full launch planned for the beginning of May.
	Q2: Layout of core data established.	✓	
	Q3: Core date set displayed.	✓	
	Q4: Core data set is monitored, reported and actioned.		

			The CDS display has been introduced to the active LDC and senior nursing for all sites
Establish an integrated operations centre where hospital-wide care capacity and patient demand is visible in real time 24/7 to support variance response management.	Q1: Workstreams and project plans established.	✓	We have confirmed the tools for the launch of the VRM pathway. We are awaiting on the purchase of a Variance indicator system to implement all components of the VRM programme There is a care capacity at a glance dashboard for those areas with complete IRR data. However, the remaining areas are delayed.
	Q2: Standard Operating Procedures and 'Smart Five' operationalised.	↺	
	Q4: Electronic display of care capacity and patient demand available in real time for areas with Trendcare.	↺	
Establish the processes and systems need to use the CCDM staffing methodology to establish staffing numbers, staff and skill mix for each ward/unit (using a validated patient acuity system with 12 months of accurate data).	Q1: Vendor requirements for patient acuity data for the wards who have completed IRR testing met.	✓	We have completed IRR testing in 64% of clinical areas. IRR is in process in the remainder of areas apart from day stay areas. Our schedule for the FTE calculations will commence in May 2021 and progress through all areas over the next 12 months.
	Q2: FTE working group established.	✓	
	Q3: FTE workplan agreed by the Governance Group.	↺	
	Q4: FTE calculations commenced for the wards with 12 months of validated data.		

Planning Priority: Disability Action Plan			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Through the Disability Steering Group, and working with consumers and key stakeholders, complete the refresh of the Transalpine (Canterbury/West Coast) Disability Action Plan to improve health outcomes for disabled people. (EOA)	Q2: Updated Plan published.	↺	Updated Plan completed with Manawhenua input and engagement having occurred. Publishing of the updated plan has been delayed with a paper seeking EMT approval with the Executive Sponsor for Disability.

Planning Priority: Disability			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with the Disability Working Group and other key stakeholders continue to develop the Diversity and Inclusion Framework.	Q1: Diversity and Inclusion Hui held.	✓	Eight huis were held with staff across the West Coast DHB and the Canterbury DHB who expressed their interest. A framework was developed based on the feedback from staff.
Continue to provide disability training (via HeathLearn) for staff on what needs to be considered when interacting with a person with a disability (while the Diversity and Inclusion Framework is developed).	Q1-Q4: Number and percentage of staff completing training.	✓	2,734 disability awareness training sessions have been completed across CDHB and WCDHB in Q2 this has increased to 5,956 in Q3.
Engage with primary care, Māori and residential providers to advocate the use of electronic Shared Care plans for people with a disability, particularly for those with intellectual disability and/or communication challenges. (EOA)	Q1: Engagement held.	✓	Primary care teams continue to be encouraged and supported to create care plans with their most vulnerable patients. Accumulated totals for each quarter to be provided Q4.
	Q2: Joint creation of plans commenced.	✓	
	Q4: Increasing number of Shared Care plans accessible in the system.		
Make key health information available on the front page of the DHB website (including public health alerts). The DHBs website is compliant with the national Web Accessibility Standards and all new content is vetted to ensure it meets this standard.	Q1-Q4: Increasing number of key health information and alerts made available in Easy Read.	✓	We have created several templates and our own set of icons/images for use in relation to common health warnings and immunisation advice.
Train the Communications Team in the use of Easy Read, to improve the accessibility of key health communications provided by the DHB.	Q2: Training delivered.	✓	Members of the communications team along with staff from other areas responsible for producing communications, attended internal

			training and the MSD Accessible Information Training.
Begin to track the number of key public health information messages, public health alerts and warnings the DHB issues each year, and the number translated into New Zealand Sign Language.	Q4: Report on number of key health information and alerts translated into New Zealand Sign Language.		

Planning Priority: Planned Care			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Use key production planning tools including maximum wait lists, increased triage management and patient flow management, to reduce the ESPI 2 wait list to green for ENT services, to contribute to immediate and future service sustainability.	Q1-Q3: Report on progress.	✓	As per the wider Planned Care Improvement Action Plan agreed with the Ministry of Health, a return to green status for ENT is now expected by 31 December 2021. Work is being undertaken to verify the accuracy of patient wait times and to close patients that appear as open in SI PICS but who have been seen/treated or opened inappropriately.
	Q3: Green status for ESPI 2 in ENT by 31 March 2021.	↺	
Establish rural community infusion sites in Amberley and Kaiapoi to provide a range of community infusions closer to people homes, reducing the need to travel and disruption in people's lives. (EOA)	Q2: Sites established.	✓	Sites have been opened in Amberley and Kaiapoi medical centres.
Shift the provision of 100 blood transfusions from the hospital setting into a community infusion centres to optimise sector capacity and capability. These will be distributed around community centres to ensure equity of access amongst our population. (EOA)	Q2-Q3: Shift in service setting implemented.	✓	The community infusion service is well embedded.
Contribute three planned care initiatives to the Ministry of Health for consideration. These will be aligned to national direction but focused on addressing Māori, Pacific and rural inequities in a local context. (EOA)	Q2:	×	Canterbury's Three-Year Planned Care Plan aims to address planned care backlog and waitlists. The gap analysis to identify three equity initiatives will be included in 2021/22 planning.
Hold two meetings with our consumer council and Manawhenua Ki Waitaha during the year to gain a clearer understanding of unmet need, consumer's health preferences, and inequities that care be addressed, with a view to developing the 2021/22 planned care programme. (EOA)	Q1-Q2: Planned care Hui held.	↺	Due to a focus on preparations for the move into Waipapa, no hui has been held. Community consultation is being planned to feed into planning for the coming year.
	Q3: Plan finalised.	↺	
Implement operation plans to reduce any loss of planned care capacity during the migration of services to the new Hagley Building.	Q2-Q4:	✓	A detailed transition plan has been agreed and is being implemented.

Planning Priority: Acute Demand			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Complete the implementation of SNOMED coding in the Emergency Department through the implementation of the new ED at a Glance (EDaaG) Patient Management System.	Q1-Q4: SNOMED coding submitted to NNPAC in 2021.	✓	SNOMED coding is currently being submitted to NNPAC
Provided deep dive sessions exploring the SNOMED data to clinical staff who have been trained in using EDaaG, to identify opportunities for improving demand management.	Q2:	↺	This work has been delayed with the migration into the new emergency department.
Test the integration of EDaaG and South Island Patient Information Care System (SIPICS) systems to	Q1:	✓	Testing and analysis of EDaaG and PICS integration has been undertaken by the DHB with areas for improvement

ensure technical capture of timestamps provides an accurate reflection of performance.			identified and corrective actions initiated.
Through the Urgent Care Service Level Alliance, develop new acute care guidance to maximise the benefits of investment in the community-based Acute Demand Management Service, with a focus on appropriately targeting Māori and Pacific as populations of high need. (EOA).	Q2: New guidance endorsed and on HealthPathways.	↺	Development of the guidance has been delayed as key staff are focussed on COVID-19 response.
Through the Integrated Respiratory Service Development Group, identify opportunities to enhance the system-wide response for people with COPD to reduce unnecessary hospitalisation and length of stay, with a focus on Māori people with COPD as a high need group. (EOA)	Q1-Q4:	✓ ★	Monitoring of COPD admissions is performed regularly with the Community Respiratory Physician and the Integrated Respiratory Service Development Group. Engagement with key partners such as St John and the Acute Demand service is increased in the period leading up to winter. Integrated Respiratory Nursing Service continues to support referred patients with Breathlessness Plans and management strategies, especially those at risk of frequent attendance at hospital. Respiratory Nurses are working to support COPD patients discharged to reduce readmission. A new initiative will enable the respiratory physician to work with the general practice team with a virtual patient review.
Decant and shift ED services into the Hagley facility (acute services building) as the new facility becomes operational, enabling new models of care to be enacted within the hospital setting.	Q2: Decant complete.	✓	Decant has been completed.

Planning Priority: Rural health			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Facilitate the construction and opening, by South Link Health Services, of an IFHC at the DHB's Rangiora Health Hub, with extended operating hours to improve access to urgent care after-hours for people living in North Canterbury. (EOA)	Q4: Rangiora IFHC open.	↺	Preparation of the site is underway including removing the former Rangiora Hospital building. South Link Health Services has revised its project plan. It now expects the new facility to be open in late 2022.
Upgrade the outpatient booking system to have the functionality to identify patient location to enable different options to be made available for rural people to improve access to services. (EOA)	Q4: Functionality operational.		
Through the Rural Health Workstream, develop a new funding model for primary care in rural communities, to ensure sustained local access to emergency and urgent medical care, and promote increased collaboration between providers.	Q2: Proposal for new funding model released.	↺	Development of this new model has begun with a presentation made to the workstream in October 2020. Further progress is expected in quarter four.

Planning Priority: Healthy Ageing			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Building on the success of the automatic (falls prevention programme) referral pathway, collaborate with ACC, ARC and general practice, through the CCN	Q4: Automatic referral process expanded to two further conditions.		

HOP Workstream, to expand the automatic referral process to two more fragility conditions.			
Expand the implementation of ACC non-acute rehabilitation (NAR) bundles of care to target those who are living in rural settings who would benefit from accessing the Community Rehabilitation Earlier Supported Discharge service. (EOA)	Q1-Q4:	✓	
Continue to collaborate with the Technical Advisory Services and the Ministry of Health to aid and inform the development of the National Framework for Home and Community Support Services (HCSS).	Q1-Q3:	✓	Collaboration between the DHB, TAS, and Ministry of Health continues to work well. The Canterbury Model of Care for HCSS has been adopted nationally by the Ministry and has been published.
Track and monitor service delivery to ensure that all clients in receipt of HCSS for more than six weeks (long-term) have had a needs assessment using the InterRAI geriatric assessment tool and progressively implement the proposed national review and re-assessment timeframes for those long-term clients.	Q1-Q4:	✓	Tracking and monitoring of HCSS occurs monthly. There has been an increase in needs assessments completed since the COVID-19 lockdown period ended.
Embed the Kahukura Kaumātua Programme for kaumātua living in Birdlings Flat, and produce an evaluation report reflecting on lessons from the project to support the development of the programme in other rural areas. (EOA)	Q2: Lessons learnt report circulated.	↺	Report is currently being reviewed by stakeholders with wider circulation in quarter four.
	Q4: Six Kahukura sessions held.	✓	
Building on the first Kahukura Kaumātua Programme, undertake a similar process of hui and service development to identify and address service gaps for older rural-based Māori in the Hurunui. (EOA)	Q3: Hui held.	↺	Conversations are currently underway to roll out the Kahukura Kaumātua programme into the Hurunui, Kaikoura and Akaroa This includes scoping costs of related FTE with the intention of tabling report to leadership in Q4.
	Q4: Proposal complete.		
Engage with the Pacific community to identify service gaps and improve awareness of existing community services for Pacific elders and their families. (EOA)	Q3: Hui held.	↺	Preliminary meetings have been held with Pasifika representatives in preparation for a wider meeting and consultation.
Investigate practical solutions to issues raised by the Dementia Stock-take, to promote timely dementia diagnoses - including implementing a new diagnosis (M-ACE) tool in general practice and scoping Specialist Dementia Nurses roles.	Q3: M-ACE tool introduced.	✓	M-ACE tool has been introduced, with training modules on HealthLearn in place to ease this transition for clinical staff.
	Q4: Roles scoped.		
Identify a "frail" cohort of patients (via interRAI) and trial a referral process that supports access to appropriate services to reduce acute demand and restore function, including Strength and Balance programs where appropriate.	Q2: Cohort identified.	✓	Cohort identified. These individuals may be "pre-frail" where early intervention such as referral to falls programme may improve outcomes and arrest decline. A pathway has been established to address early decline through referrals to falls programme, green prescription and nutrition solutions and will be captured on HealthPathways.
	Q3: Pathway developed.	✓	
	Q4: Process in place.		

Planning Priority: Improving Quality			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Improving Equity			
Build on the work begun in 2019/20 to increase Māori and Pacific uptake of the programmes offered by Canterbury's Integrated Respiratory Service by presenting at marae and community health hui and working with community leaders to identify alternative methods of reaching priority groups. (EOA)	Q1: Current access reviewed.	✓	Increased focus on encouraging Māori and Pasifika attendance at Better Breathing programmes has resulted in better engagement, supported by local providers. Discussions continue about supporting providers to deliver
	Q4: Alternative models identified.		

			modified pulmonary rehabilitation modules to their groups.
Continue to invest in the delivery of community-based spirometry testing, to improve earlier diagnosis of asthma and chronic obstructive pulmonary disease with a focus on access for Māori and Pacific populations. (EOA)	Q1-Q4:	✓	Spirometry testing, while paused during the COVID-19 lockdown period, continues to be delivered in the community with a focus on ensuring appropriate access. In the first three quarters of the year over 1,800 tests were provided and we are on track to meet the year-end target.
	Q4: >2,000 spirometry test provided in the community.		
Provide free Better Breathing Pulmonary Rehabilitation programmes for people with COPD to help them to better manage their condition and connect with other people with similar conditions.	Q4: Nine Better Breathing Programmes delivered.	✓	In response to COVID-19 delivery of the Better Breathing Programme has been revised. The team have developed and delivered four "rolling" programmes in Christchurch; trialled a telehealth model of delivery; and reduced the backlog of referrals held over from 2018/2019. The home-based programme has re-commenced. Waitaha PHO continue to assist with delivery of the programme in Rangiora and a local provider in Kaikoura has commenced a programme.
	Q4: >250 people access community-based pulmonary rehabilitation courses.		
Monitor hospital presentations for people with COPD to identify frequent attenders who need individualised respiratory and physiotherapy support to better manage their condition. (EOA)	Q1-Q4:	✓	Monitoring is ongoing and work in the integrated respiratory service is being reviewed to see if new, further gains can be made.
Improving Consumer Engagement			
Following on from the pilot, establish a formal oversight group (staff and consumers) to guide implementation of the quality and safety maker for consumer engagement.	Q1: Oversight Group in formalised.	↺	A terms of reference document has been drafted for endorsement. Consultation is underway for a formal oversight group.
Develop a toolkit (using an equity lens) to communicate the purpose and benefit of the consumer engagement marker to consumers and stakeholders. (EOA)	Q1:	✓	A communication tool, Te Whare was developed with consumer and Maori and Pacific input. Te Whare captures the building blocks of the consumer engagement Framework and the maturity journey in understandable language: thinking about it; building it; doing it; and living it. Canterbury DHB has developed a video telling the story of the journey so far.
Engage with consumer groups and key stakeholder organisations to develop and agree an implementation plan for roll-out of the marker.	Q1:	✓	Consultation with key stakeholders has been held to determine the approach of the implementation plan.
Agree the process for information collection and reporting against the marker.	Q2: Process Agreed.	↺	This is awaiting a decision from the oversight group.
	Q4: Data uploaded to Quality Safety Marker dashboard.		
Include the consumer engagement marker on the agenda of existing forums to raise the focus and improve how we listen, respond and partner with consumers.	Q3:	✓	This forms part of the Clinical Governance Committee and Clinical Board agendas.
Evaluate the impact on the quality and safety of service provision by reporting against the framework.	Q4: Report completed.		
Spreading Hand Hygiene Practice			
Progressively implement and monitor compliance with the Hand Hygiene NZ programme in operating theatres across campuses, focus on preoperative care for day of surgery admissions and post-recovery care for all cases.	Q1: CHCH theatres.	✓	Specific resources have been developed for Operating Theatres. And Theatre Gold Auditors are trained. Compliance data collection commenced in pre-op and Christchurch Theatres. Burwood implementation is next.
	Q2: Burwood theatres.	↺	

Begin implementing the Hand Hygiene NZ programme in Specialist Mental Health Services, evaluating rollout in one ward before applying lessons learnt to the next.	Q1: Rollout underway.	✓	HHNZ programme commenced in the clinical services unit (one ward) at SMHS, learnings reviewed and now in four additional wards.
Progressively implement the programme in all clinics with invasive procedures.	Q3: Rollout underway.	✓	Spread continuing to clinics with invasive procedures seven additional units/clinics Rangiora Hospital.
Collaborate with the health of older people and rural health divisions to introduce a tailored hand hygiene programme for ARC beds in DHB facilities.	Q4:		
Compile an Annual Report of moments across all hospital areas, audited against the National Hand Hygiene Practice performance target, to identify areas where further education is needed to lift rates.	Q4: Report Completed.		

Planning Priority: New Zealand Cancer Action Plan 2019-2029			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Use data/intelligence systems to monitor the 62-day and 31-day wait times for access to cancer treatment and undertake a breach analysis for every patient who waits longer than target, to identify any emergent systems issues and capture opportunities to reduce process delays.	Q1-Q4:	✓	Canterbury continues to meet the Faster Cancer Treatment (FCT) targets of seeing more than 90% of patients within 62 days of receiving a referral and starting treatment for more than 85% of patients within 31 days of agreeing a treatment plan. Breach analysis continues to be a part of the DHBs response to FCT.
Initiate a pilot in the Bone Marrow Transplant Unit to check all patients' personal details, including ethnicity and next of kin to identify where changes are needed to improve the data collection process and the accuracy of our data. (EOA)	Q2: Pilot underway.	✓	The personal detail and ethnicity audit have been completed.
	Q4: Improvement actions identified.		
Disseminate a written resource that supports kōrero about cancer, with substantial use of te reo Māori, plain English, and simple phonetics, based off the resources developed in Nelson Marlborough and West Coast DHBs. (EOA)	Q1-Q2:	↺	The Korero Cancer Booklet update has been to Document Control and is currently with Medical Illustrations for the Te Reo Komiti changes.
Based on the above deliverable, disseminate a written resource that supports our Pacific population with information on cancer, with substantial use of Sāmoan, plain English, and simple phonetics. (EOA).	Q3-Q4:	↺	Once the changes are completed by Medical Illustrations we will get this action underway.
Investigate 62 and 31 day wait times by ethnicity to identify any patterns of inequity and gain insight into areas of focus for 2021/22 planning. (EOA)	Q3:	✓	Our FCT reports now contain ethnicity data which will enable us to analyse trends in service delivery once we have a greater mass of data.

Planning Priority: Bowel Screening and Colonoscopy Wait Times			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Reassess outsourced and outplaced capacity as part of the production planning process, using trend and service demand forecasts to anticipate volumes.	Q1:	✓	Outsourcing and outplacing contracts have been reviewed and rolled over.
Complete recruitment to SMO positions within the service to ensure capacity to meet procedural requirements of the bowel screening programme.	Q1:	✓	Recruitment continues with some issues related relating to COVID-19 interrupting training programmes, however recruitment is set for: SMO (1.0 FTE) starting July 2021,

			SMO (x2 1.0 FTE) starting January 2022 FTE of 0.8 recruited through till 2022 to cover gaps, in conjunction with two Surgical locums expected to cover until full complement has commenced January 2022.
Subject to meeting the prerequisites of the readiness assessment, commence implementation of the National Bowel Screening Programme in Canterbury.	Q1:	✓	Canterbury Bowel Screening programme commenced in November 2020.
Develop and implement an Outreach Programme to follow-up non-participants, with a focus on priority populations. (EOA)	Q1: Programme developed.	↺	An outreach programme has been developed and will be presented to the MOH and CDHB NBSP Bowel Screening Steering Group for approval in Q4.
Track and monitor colonoscopy service wait times to identify and respond to areas of pressure, with a focus on reducing long-waits for non-urgent scans identified in 2019/20 as an area of priority.	Q1-Q4:	✓	This occurs as part of the DHBs regular quarterly reporting and through fortnightly reporting to the Ministry of Health NBSP team.
Track and monitor the incoming workload against production plans to ensure the service is delivering on expectations with regards to access and wait times.	Q1-Q4:	✓	Regular monitoring and analysis of workflow is undertaken to ensure wait times are being addressed and improvement continues.
Engage GP Liaisons to provide education and support to general practice around their role in the implementation of the bowel screening programme, include interaction with Māori and Pacific health services providers to ensure consistent messaging for our priority population groups. (EOA)	Q1-Q4:	✓	Education is provided via webinars, face to face sessions, and drop-in sessions. 116/117 practices have now been visited and have been provided either resources and/or education. Education remains ongoing with the support of the NBSP Nursing team
Launch local marketing informing consumers about the national programme, targeting Māori, Asian, Pacific and Dep 9/10 priority populations. (EOA)	Q3-Q4:	✓	Marketing has been undertaken using a range of solutions including social media, posters, radio, interviews, and resource kits for appropriate organisations. A champion system is currently being used to support local community engagement. All engagement is predominantly focused on our priority populations.
Following on from the Expression of Interest process run in 2019, call for proposals to identify additional endoscopy capacity to support the future demand for services following implementation of the bowel screening programme in Canterbury.	Q4: Additional capacity identified.		

Planning Priority: Workforce – Workforce Diversity			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Workforce Priorities			
Develop our kaiāwhina (support worker) roles and hospital aide/ health care assistant (HCA) roles as an integral step in scaffolding people into the health workforce and onto other healthcare professional roles, with a specific focus on the development of Māori and Pacific Kaiāwhina and HCA roles. (EOA)	Q1-Q4: People in new and existing Kaiāwhina and HCA roles are supported to complete relevant NZQA level training.	↺	Currently there are a total of 15 AHA enrolled in Career Force Training. These are staff who have not already completed training or are newly recruited to service. A role has been established for Māori kaiāwhina. The role is named Kaitautoko which is for the provision of cultural support for staff and whanau support.
	Q2: Māori kaiāwhina roles established as part of the regional redesign of Child Development Services.	✓	
	Q4: Scaffolding career framework developed.		
Building on the work begun in 2019, identify further improvements to our	Q1: Service areas integrate the changes with the NP professional development packages into their services.	↺	EDON and Nurse Manager of Nursing Workforce met with CDHB NP group.

Nurse Practitioner professional development package to support equitable access to professional development.	Q3: Opportunities for further improvement to the NP development package Identified.	↺	Draft guideline for NP professional development package have been created and are currently being reviewed by the CDHB Directors of Nursing.
	Q4: Updated, improved professional development package for NPs approved and in use across all active service areas.		
Use the six targets outlined by Te Tumu Whakarae (the National Māori GMs Group) to inform our actions to improve equity for Māori by increasing participation in our health workforce.			
Build business intelligence infrastructure to track progress towards equity outcomes for Māori, Pacific and other minority groups. (EOA)	Q1: Set of metrics and data requirements to measure progress against Te Tumu Whakarae targets developed and prioritised.	↺	First set of diversity metrics aligned with Te Tumu Whakarae have been scoped with People Analytics. Diversity dashboard implemented and updated quarterly.
	Q2: Dashboards for first set of metrics implemented.	↺	
	Q4: Metrics and dashboards reviewed and refined.		
Implement affirmative action measures to increase the number of Māori, Pacific and people living with disabilities in our workforce. (EOA)	Q1: Process for people who meet minimum requirements to go to interview stage developed and tested.	✓	Initial affirmative action measures have been implemented into DHB Recruitment practices on the 11th January 2021, Māori candidates who meet minimum requirements are now automatically progressed to interview stage. In December 2020 a new recruitment process training was made available to managers. The content includes best practice hiring for diversity and guidelines that reduce bias. All managers will be expected to complete the training by February 2022. Work to implement support for Māori, Pacific and people with disabilities who are unsuccessful in applications has not been completed as it requires a cultural programme lead to enable inclusion of specific learning content and external cultural groups (e.g. Kia ora Hauora), work is likely to resume in late 2021.
	Q2: Hiring managers educated on best practice in hiring for diversity and guidelines that reduce bias in hiring process implemented.	✓	
	Q3: Develop and implement targeted support for Māori, Pacific and people with disabilities who are unsuccessful in applications.	✗	
In partnership with Māori, improve the cultural competency of our workforce and leaders. (EOA)	Q1: Hui held to co-design cultural competency learning pathway.	✓	Consultation occurred with Te Herenga Hauora on the 20th October. We are aiming for a South Island approach to cultural competency. Cultural competency integration has not been completed as it requires further information and advice from Te Herenga Hauora, our Maori workforce and cultural programme leads to enable inclusion of specific learning content. Te Reo Māori has been integrated into all the organisational learning produced from November 2019.
	Q2: Cultural competency integrated into the self-learning pathway.	↺	
	Q3: Additional online learning resources developed to support outcomes of co-designed plan.	↺	
	Q3: Te Reo Māori incorporated into all Talent, Leadership, and Capability-building Learning Material.	✓	

Planning Priority: Workforce - Health Literacy			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Following on from the health literacy review in 2019/20, develop an action plan identifying short, medium and long-term improvements.	Q1-Q4:	✓	An action plan has been completed.
Complete and disseminate a written resource that supports kōrero about cancer, with substantial use of te reo Māori, plain English, and simple phonetics, based off the resources developed in Nelson Marlborough and West Coast DHBs. (EOA)	Q4: Written resource launched to support Health Literacy of cancer patients and their whānau.	↺	The Korero Cancer Booklet update has been to Document Control. It is currently with Medical Illustrations for the Te Reo komiti changes.

Engage consumers and Māori and Pacific providers in the implementation of the cancer written resource, so that it enhances consumers experience of care and supports health literacy. (EOA)	Q2-Q4:	✓	

Planning Priority: Workforce – Cultural Safety			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Facilitate and promote access to "Understanding Bias in Health Care" modules from the Health Quality and Safety Commission (HQSC), to enable nursing staff to confidently and competently respond to clients within a cultural safety and interprofessional framework. (EOA)	Q1: Understanding Bias in Health Care modules live on HealthLearn.	✓	Modules have commenced and are live on HealthLearn. These courses are also mandated to be completed by staff as part of cluster update days. 941 people have completed to date This is to be introduced as a compulsory component Nursing Entry to Practice Programme, enrolled Nurse Support into Practice Programme, and Internationally Qualified Nurses orientation. Currently all NETP/ENSIPP receive face to face education session in relation to diversity and inclusion and Māori Health access and inequities.
Continue to develop staff competency by promoting the education and development of nursing staff in one or more of the following: Takarangi Cultural Competency, Tikanga Best Practice Guidelines, or Cultural Safety. (EOA)	Q4: Cultural safety training options approved.		
Advance the skill development of our clinical staff to confidently and completely engage with and respond to Māori patients and/or whānau by delivering MIHI 401: *Application of the Hui Process/Meihana Model to Clinical Practice* course for post-graduate house offices (PGY1 and PGY2).	Q1-Q4: MIHI 401 course delivered to PGY1 and PGY2 house officers.	×	Delivery of this training was not completed as resources were limited with staff redeployed onto the COVID-19 response. This training is likely to occur in the 2021/22.

Planning Priority: Workforce - Leadership			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop the Hub for the Essentials of Leadership and Management (HELM) and increase uptake from Canterbury audiences.	Q2: Relevant learning packages available on HELMLEADERS.ORG.	✓	Recently completed a communications campaign to boost engagement with HELM content. To date there have been: 5,182 total HELM course completions (year to date). 63% of managers have completed at least 1 HELM course (year to date). 13,200 users have visited HELMLEADERS.ORG (year to date)
Launch 'Leading-Self' leadership pathway to support Leaders and those with leadership potential including links to relevant content and the Our Leadership Koru.	Q2: Leading Self pathway on HELMLEADERS.ORG.	✓	Released the Leading Self Pathway in September 2020. The pathway contains nine eLearning modules and one face to face workshop totalling over 12 hours of development time. 193 Pathway enrolments. Six Pathway Completions.
	Q2: Content review complete.	✓	

Scope the work required for developing a 'Leading-Others' leadership pathway, including determining work with internal and external partners.	Q3: Gap analysis of current learning content complete.	✓	A workshop was held during Q3 and the gap analysis of the leading others pathway was completed.
In partnership with Māori, develop a leadership development programme to progress Māori into leadership roles. (EOA)	Q2: Hui held to co-design programme.	×	Work to develop this programme has not been completed as it requires a cultural programme lead to enable inclusion of specific learning content and external cultural groups (e.g. Kia ora Hauora), work is likely to resume in late 2021.
	Q3: First phase agreed.	×	
Initiate phase 2 of the success and development framework to support succession planning and role progression.	Q3: Tool updated.	↺	Phase two of the Success and Development online service has been delayed due to the capacity of the service now development team. Work to engage with key professional and workforce leaders continues.

Planning Priority: Workforce – COVID-19			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Convene and facilitate an interagency (cross-sector) psychosocial group to develop and deliver on an integrated programme of action to support the psychosocial wellbeing of communities and individuals through and following the pandemic.	Q1: Group convened.	✓	A regional and local psychosocial group is in place, facilitated by Community & Public Health. A programme of action has been developed. More than 15 agencies are engaged in the mahi.
	Q2: Shared programme of action established.	✓	
	Q4: Number of agencies contributing.	✓	
Undertake a debrief of the sector response to COVID-19 to capture learnings and areas for improvement, including greater engagement with community providers.	Q1: Review completed.	✓	The review has been completed. An action/workplan is completed and is being implemented.
	Q2: Action Plan agreed.	✓	
Strengthen Health Emergency Governance with greater participation of Māori and wider health sector organisations.	Q2: Broad membership of Governance Group.	✓	Te Ohu Urupare established, the Māori partner group established to support emergency response activity. A member of this group will sit alongside the Emergency Coordination Centre and in the COVID-19 Oversight Team.
Work with our Kaupapa Māori providers to identify learnings from the COVID-19 response and invest the national COVID funding (via Te Herenga Hauora) to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	Paper written about learnings and changes to emergency response and; national COVID-19 funding distributed with reporting requirements that will capture provider learnings.
Engage with Pasifika Futures, to identify the learnings from the COVID-19 response and invest the national COVID funding to capture and embed opportunities to build capacity and embrace new ways of working. (EOA)	Q2: New Whānau ora integrated model implemented.	✓	This work has made up part of the Pacific Health Strategy. The Whanau Ora testing centre continues its daily operations.

Planning Priority: Data and Digital			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Undertake the following activities to improve our IT security maturity to level 3 (ref: SANS Security Maturity Model): - Implementation of a phishing education tool - Delivery of security awareness training for staff - Moving email environment onto Office 365.	Q1-Q4: Updated on progress.	✓	We continue to promote the security education course and phishing training for our staff. A third phishing email course will be conducted in April before the subscription ends and there is a hiatus while we go back to market. Office 365 technical pre-requisites are largely complete with some security
	Q4: Improved IT security maturity level.	↺	

			work and planning required to update mobile devices with Outlook. A plan around older phones will be put in place. There will be a third pilot to ensure technical pre-requisites are working as expected.
Include approved standards and architecture in all technical documents relating to digital system initiatives and investments.	Q1-Q4:	↺	Approved standards and architecture have been identified for inclusion in digital system technical documents.
Continue to expand HealthOne to allied health, aged care, community nursing, pharmacies, Kaupapa Māori and other non-government organisations to improve the continuum of care for patients. (EOA)	Q1-Q4: Increase in the number of providers with access to HealthOne.	✓	Citrix (Read only) access to HealthOne (H1) and Health Connect South (HCS) has been provided to 64 sites (114 users) across the South Island. These are predominantly in Aged Care sites, but also Maori/Pasifika agencies, Dentists, Urology Clinics and Refugee Services. H1 is currently developing a pilot for a lower cost web access approach. Access for St John paramedics is underway. Service provision to the Dept of Corrections has progressed with the first GPs accessing the system from January this year.
Commence implementation of our faxing replacement solution including completing the RFI process and addressing change management.	Q1:	↺	Resourcing is in place and formal project planning is underway which includes business engagement.
Complete a pilot to digitize the paper 'end of bed-chart' to provide quick and reliable access from multiple sources of clinically critical applications at any given time regardless of location.	Q4:	✓	The pilot project has been completed. While successful, delivery of this project will be placed on hold due to funding constraints.
Implement ServiceNow as a platform to deliver electronic requests to replace existing-paper forms and improve the efficiency of our non-clinical support services.	Q4:	↺	The first tranche functionality has been achieved with the delivery of the IT iSupport incident management and self-service portal on the ServiceNow platform 23 Services are now available from the ServiceNow IT Support Platform.
Complete our robotics process automation proof of concepts in selected non-clinical support services areas, to enable the development of a more comprehensive plan to improve timeliness of service delivery and release time for higher value activities (with a focus on addressing change management).	Q4: Robotics Process Automation PoC completed.	✓	Usage continues to increase with RPA processing approximately 650 tickets per month. Five clinical applications now have access terminated via Robotic processes and a new service to reactivate Health Connect South accounts went live mid-Mach. The clinical document return service has an average resolution time of 16 minutes since implementation.
Improve alignment with national digital services, data collections and governance and stewardship. -	Q2: Plans to implement the National Maternity System Confirmed.	×	This work is delayed, Health Connect South continues to provide an interim solution while the DHB confirms the requirements for the national solutions with the Ministry of Health. ISG has successfully upgraded the Gastroenterology department PC's to run Provation, completing its key role in the implementation. The TrendCare application is used by most of the Christchurch Hospital sites. The CCDM team is progressing with messaging for the Day Units The South Island has agreed to run a feasibility study to formulate options to operationalise the RSPI
	Q2: National Bowel Screening Programme (ICT component) implemented.	✓	
	Q3: Full implementation of TrendCare software complete.	✓	
	Q3: MDM-upgrade and HPI extension (RSPI Project) implemented leading towards phase one and two implementation.	↺	
	Q4: Working with the MoH on HIP implementation.	↺	

			The Ministry of Health and National Data and Digital Forum are working on a joint HIP investment plan.
Implement actions, following our Digital Maturity Assessment in December 2019, that target opportunities for greater integration and efficiencies between the Canterbury and West Coast DHB (e.g. In Tune, MFA, One Drive, Windows 10).	Q1-Q4:	✓	MS Teams has been rolled out to all users in Canterbury DHB and adoption sessions are being held to increase usage. We have implemented Intune to manage our Mobile phones and iPads (to better protect our organisation data at an application level). OneDrive Testing has been completed, and we are getting ready to migrate users' H drives to OneDrive. We are also piloting the MS Teams Walkie Talkie (instant push to talk communication) function with Radiology and Orthopaedics.
Apply for capex funding to the implement ServiceNow Case Management Data Base to maintain our Application portfolio and physical assets to improve asset management.	Q3:	✓	Business Case has been submitted for funding.
Develop an ICT portfolio Asset Management Plan to communicate and justify funding requirements, to comply with regulatory requirements and meet demand forecast and service expectations.	Q3: Plan developed.	↺	We are working with our Corporate Support Team to finalise this plan.
Migrate suitable applications to a Cloud Environment to improve our Application Portfolio asset management.	Q1-Q4:	↺	Our Phonebook, MedChart, Decision Support Data Warehouse and High-Volume Analyser migration activities to the Cloud are underway. Planning has started for the remaining ICNET Rhapsody server migration. The Cloud team is also working closely with our Labs teams on the migration of the Delphic AP environment into the Azure cloud platform.
Through the South Island Information Systems SLA, develop a South Island Data and Digital Health Strategy to ensure local and regional alignment of the Vision and Strategic Principles, Goals and key focus areas.	Q3: Release of South Island Data and Digital Strategy.	✓	The South Island Alliance Leadership Team approved the "Data and Digital Health Strategy 2020-2030" in February 2020. CIOs continue to progress the necessary steps to operationalise the strategy. A workshop was held in February 2021 to continue developing the future model for an integrated digital organisation across the SI. SI DHB CEO's have commissioned a business case to progress this. Initial priorities to be progressed in 2021/22 have been surfaced for consideration.
Through the SIIS SLA, establish Māori data governance and sovereignty including processes and mechanisms incorporate components such as the role of kaitiaki; partnership with tangata whenua; and acknowledging data as a living 'taonga. (EOA)	Q4: Partnership in place to guide and govern the use of data.		This action is on hold pending the release of the response to the Health and Disability review and determining the possible impact that the proposed Māori Health Agency and national approach to Māori data sovereignty and governance could have.
Submit quarterly reports to the MoH on progress against key priorities identified in the DHB ICT Investment Portfolio, to support national alignment.	Q1-Q4:	✓	Regular and ongoing reporting is provided to the Ministry on ICT investment.

Planning Priority: Implementing the New Zealand Health Research Strategy
Status Report for 2020/21

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain our strategic partnership through the Te Papa Hauora Health Advisory Council to provide opportunities for health professionals and researchers to work together to support innovative outcomes for education and health.	Q1-Q4:	✓	Ongoing.
`Develop and document a Canterbury DHB Health Research Strategy, to support implementation of the New Zealand Health Research Strategy and the growth of local health delivery research and innovation capability.	Q1: Health Research Strategy published.	✓	Completed as Planned.
	Q4: Increased number of DHB staff engaged in research and innovation.		
Formalise a Transalpine Research Partnership with the West Coast DHB to support joint innovation and research for the benefit of both populations.	Q2: Transalpine partnership formed.	✓	Completed as Planned.
	Q4: Transalpine Health Research Grant applications submitted.		
Embed Transalpine Health Research NZ Career Development positions in research projects.	Q1-Q4: Report on Progress.	✓	Canterbury DHB was selected by the Health Research Council for the Health Sector pilot collaboration Grant Round. Two Research Activation Grant applications were successful, and five Research Career Development Awards were successful. Once contracting is finalised with the Health Research Council these are expected to begin in quarter four.
	Q4: Five Transalpine Health Research Council of New Zealand career development positions embedded.	↺	
Through the Te Papa Hauora partnership, review consultation processes to establish a continuous process for Māori research consultation. (EOA)	Q3: Review underway.	✓	HRC funded project commenced in March 2021.
	Q4: Proposal for single Māori consultation process developed.		
Review the process for legal review of commercial research in alignment with the national review of clinical trials.	Q4: Review complete.		

Planning Priority: Delivery of Regional Service Plan Priorities & Relevant National Service Plans			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Regional Services Plan – Ageing Population			
Collaborate with Community and Public Health to develop dementia related health messaging and promote brain health throughout life.	Q1: Promotional strategy confirmed.	×	Delays experienced as a result of COVID-19 have meant messaging is still under development. This work is likely to be completed in the 2021/22 year.
Identify service initiatives and opportunities to address delayed dementia diagnosis in primary care settings by improving processes and pathways for assessment, diagnosis and referral of people with dementia.	Q2: Opportunities identified.	✓	The Canterbury Dementia Stakeholders group has met with the explicit intention to address solutions to delayed dementia diagnosis in General Practice. We have recently transitioned to the Mini-ACE dementia assessment (which is a shorter tool that takes less time to deliver) and will work with practices to ensure nursing staff as well as GPs are familiar with this tool, and with the appropriate pathways for referrals on diagnosis.
Streamline the system to support uptake of Carer Support and develop an information package for carers promoting the benefits of taking time out.	Q3: Information package approved.	↺	Development of this package is underway, with anticipated delivery by end of the year.
Identify key actions to achieve a 'Dementia Friendly' status for the Burwood Hospital, to ensure we are providing a best practice environment in alignment with the NZ Framework for Dementia Care.	Q4: Dementia Friendly status achieved at Burwood Hospital.	✓	Burwood Hospital has been recognised as "Working to be Dementia Friendly" – an accreditation from Alzheimer's New Zealand that recognises staff

			commitment to providing a dementia-friendly environment.
Hepatitis C			
Take the lead in the regional Hepatitis C workstream to support the South Island DHBs to deliver against the key actions in the regional Hepatitis C workplan.	Q1-Q4:	↺	Canterbury has taken the lead for roll out of Point of Care Testing program. We will be developing a model of care and operational model for a mobile service.
In partnership with Māori consumers establish a focus group to support the development of strategies to reach and effectively engage with Māori living with Hepatitis C. (EOA)	Q2: Focus group established.	✓	Following liaison with Māori Health Workers, this plan has evolved to direct engagement with Māori Health providers.
	Q4: Identification of initiatives that focus on Māori living with Hep C.		
Review PHO practice data to look at correlations between high volume practices with known Hepatitis C+ patients and general practices with at risk populations to target direct engagement between hepatitis nurses and general practice teams and re-engage with at-risk patients.	Q3:	↺	This has been delayed to Q4 as the team has been focused on the establishment of point of care testing.
In partnership with the Department of Corrections, introduce a pilot testing Hepatitis C awareness focusing on probation clients and people undergoing community work orders. (EOA)	Q3: Pilot underway.	✓	The pilot has been completed 4/46 positive results. This project is scheduled to be reviewed in Q4 with the intention to establishing an ongoing programme.

Better Population Health Outcomes Supported by Primary Health Care

Planning Priority: Primary Health Care Integration			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Partner with Māori and Pacific leaders to design and implement a new approach to the co-design of services that better captures the voice and contribution of people that experience inequities. (EOA)	Q1: New co-design approach agreed.	✓	The co-design approach has been developed in agreement with key Maori stakeholders (now called Partnering in Design) and is with Mana Whenua Ki Waitaha for formal approval. Planning for a trial of the approach is underway.
	Q2: New approach trialled to improve access to healthy lifestyle services.	↺	
	Q4: Approach refined and documented.		
Enable an increased number of different organisations to have access to the shared electronic health record (HealthOne). (EOA)	Q2: Recommendations presented and approved.	✓	Citrix (Read only) access to HealthOne (H1) and Health Connect South (HCS) has been provided to 64 sites (114 users) across the South Island. These are predominantly in Aged Care sites, but also Maori/Pasifika agencies, Dentists, Urology Clinics and Refugee Services. H1 is currently developing a pilot for a lower cost web access approach. Access for St John paramedics is underway. Service provision to the Dept of Corrections has progressed with the first GPs accessing from January this year.
	Q4: Increased number of diverse organisations accessing HealthOne.	✓ ★	
Implement the newly developed best practice guidelines for interpreter services across alliance partner organisations to improve access to health services for people from culturally diverse background. (EOA)	Q1: Best practice guidelines collated and socialised across alliance partners.	✓	The best practice guidelines have been completed and endorsed by the CCN Alliance Leadership Team. Initial communication of the guidelines has occurred through the CCN newsletter with 'follow u' engagement planned for quarter two - four.
	Q4. Alliance partners progressing changes in line with Guidelines.		
In partnership with Kaupapa Māori providers and Corrections, improve access to general practice services for people on release from Corrections facilities or deported from Australia, (EOA)	Q2-Q4: Increased number of people accessing free general practice consultations.	↺	Negotiations with Corrections is underway to gain a better understanding of who and how many people are released from prison into the Canterbury region. Without the

			numerator it is impossible to accurately determine how well this service is reaching the target population.
Review Māori enrolment rates and the quality of ethnicity data following the COVID-19 pandemic and lockdown and work PHOs to develop recovery plans where required. (EOA)	Q1: Rates reviewed and responded to.	✓	Māori enrolment rates have been reviewed post COVID-19 and individual reports provided to the PHOs regarding missed enrolment numbers. An agreement has been made with PHOs that LinKIDSs will contact and arrange for enrolment of the missed children with a focus on Māori.

Planning Priority: Emergency Ambulance Centralised Tasking			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain our commitment to the 10-year plan to achieve a high functioning and integrated National Air Ambulance service and actively participate through the National Ambulance Collaborative to achieve this.	Q1-Q4: Ongoing commitment maintained.	×	The Ministry of Health/ACC/DHB Ambulance Collaborative has not yet been established and a joint national work programme including activity to support the national tasking service has therefore not been developed.

Planning Priority: Pharmacy			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Through the Pharmacy Service Level Alliance, track and monitor the delivery of Medicine Use Review and Medicines Therapy Assessments by ethnicity, to reduce harm from medication, with a focus on people with chronic conditions and on multiple high-risk medications. (EOA)	Q1-Q4: MURs and MTAs reported by ethnicity.	✓	Maori received 5% of MURs and MTAs. Pasifika received 3% of MURs and MTAs.
	Q4: >1,000 people access a Medicine Use Review or Medicines Therapy Assessments.		
Identify opportunities through the Pharmacy Workforce Development programme, to enable training in cultural competence for pharmacy technicians and other pharmacy staff to improve access to pharmacy care and medicines for Māori and Pacific patients. (EOA)	Q4: Options identified and promoted.		
Commission pharmacies to provide funded influenza and MMR immunisations to improve the uptake of vaccinations amongst targeted groups in the community. (EOA)	Q1-Q4: Vaccinations reported by ethnicity.	↺	Agreements are in place with pharmacies. The DHB is not able to pull ethnicity data from the national system.
Complete the evaluation of the opioid substitution treatment (OST) integrated care pilot and share findings with the Ministry of Health, with a view to embedding this model if successful.	Q2: Review complete.	✓	Report on the pilot was completed in September 2020 and endorsed by the Pharmacy Service Level Alliance in November 2020. This report has been shared with the Ministry, and roll-out to other pharmacies now underway.
	Q3: Learnings shared.		
Survey pharmacies on the resilience of their services to pandemics, natural disasters and other civil emergencies, including identified vulnerabilities and mitigating measures, to build on strengths and improve system planning.	Q1: Survey complete.	↺	This work has been delayed as we finalise the survey design. We expect the survey to be completed in Q4.
Engage with general practices to shift further prescription and pharmacy referral flows to digital transmission, using the New Zealand electronic prescription service (NZePS), to enable timely low-contact healthcare.	Q2-Q4: Report NZePS uptake.	↺	74 of 1,16 PHO practices in Canterbury were connected to NZePS by December 2020.

Planning Priority: Long-term Conditions including Diabetes			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Invest in Motivating Conversation Training, to support general practice to engage people in difficult conversations about risk behaviours and provide evidenced based nutrition and physical activity advice including Green Prescriptions.	Q1-Q4: Report on progress. Q4: >100 people engage in Motivational Conversations training.	✓	A new approach was agreed for Green Prescription provider, Sport Canterbury, to motivate their participants. Sport Canterbury will survey participants 6-8 months after the programme to assess the goals of participants having made changes to their diet, being confident about physical activity and continuing to undertake physical activity.
Monitor and use PHO/practice level data to better prevent, identify and manage long-term conditions, and inform quality improvements to better support and wrap care around those with the poorest health outcomes.	Q1-Q4:	✓	Canterbury, PHO and Practice level data is received 6-monthly (July & Dec). Analysis of the data is completed and distributed to the Diabetes Governance Group to plan future initiatives and distributed to PHO and practice to ensure each knows how well they are preforming in comparison to regional levels
Collaborate with the three Canterbury PHOs to implement the new integrated approach to the prevention and management of cardiovascular disease (CVD) to support the introduction of the new national guidelines for CVD Risk Assessment and Management in Primary Care.	Q1-Q2:	↺	The Ministry has advised the new CVD risk tool will be available for Q4 and have waived their requirement for a Q3 report.
Establish systems to collect and monitor performance against the new national guidelines and performance measures (focused on high risk younger aged Māori and Pacific people) once agreed nationally. (EOA)	Q3-Q4:	↺	The project is underway but dependant on the above risk tool being released.
Promote the Better Breathing pulmonary rehabilitation and community exercise programmes to primary care and allied health professionals to increase referrals for priority populations. (EOA)	Q1-Q4:	✓	The Better Breathing Pulmonary Rehabilitation Programme and community exercise programmes are widely promoted to general practice, community pharmacy, hospital and community providers. The team are working with Māori and Pasifika providers, especially, to support these populations to join a programme that suits them, as well as provide support for other exercise programmes to be developed.
Collaborate with the IRSDG, Māori and Pacific providers and community leaders to identify alternate methods of engaging with people with respiratory conditions who find it hard to access services, with a view to designing and delivering alternative rehabilitation programme models. (EOA)	Q4: Alternative model/s agreed.		
Diabetes			
Monitor access to annual reviews, retinal screening and specialist services to ensure the effective management of diabetes and inform quality improvements to better support and wrap care around those with the poorest health outcomes.	Q1-Q4:	✓	Data continues to be reviewed. COVID-19 escalated the retinal screening waiting times and we saw a decrease of testing in the over 65-year age group who were advised to stay home during COVID. Feedback has been provided to general practice
Complete a gap analysis against the national Quality Standards for Diabetes Care to ensure delivery against the standards and effective targeting of those at risk (EOA).	Q1-Q2:	✓	Gap analysis was completed and reviewed in November. New standards will be included, and a further review undertaken in 2021.

Implement the redesigned diabetes self-management education model, to support improved engagement and access to services for priority populations. (EOA)	Q1: Rollout compete.	✓	Community classes are progressing well, additional classes have been scheduled to clear the back log of referrals from cancelled courses due to COVID. A monitoring group has been established to ensure quality improvements. Pacific & Māori classes will commence in February, work is underway to ensure culturally appropriate content.
	Q3: Outcomes framework in place.	✓	
Complete the work begun in 2019/20 to integrate the diabetes nursing workforce, to support service delivery closer to communities of need and improve equity of access (regardless of the complexity of people's diabetes). (EOA)	Q1: Implementation plan agreed.	✓	An Integrated Workshop was held in August. Combined clinical oversight and support is currently being set up and a forum to review case studies and support community providers is scheduled to start in November.

CCN highlights - Q2 2020/21

Each year, the workstreams, Service Level Alliances (SLAs) and working/ development groups that make up the Canterbury Clinical Network (CCN) plan their activities for the year ahead, which forms the basis of an annual work plan.

The work plan aligns with the strategic objectives of the Canterbury Health System - supporting people to take responsibility for their health, stay well in their own homes and access timely and appropriate care when needed.

Here's a look at some of this quarter's hightlights...

CCN enablers, development and working groups

Integrated Respiratory: Improving access for eastern suburbs and rural communities

Work to improve access in the eastern suburbs has been achieved with five community exercise coffee groups running and Better Breathing participants encouraged to join.

Over the next six months the group will be working with Waitaha Primary Health to deliver two pulmonary rehabilitation programmes in Rangiora in 2021 and with Kaikoura to deliver a pulmonary rehabilitation programme starting February 2021.

Workstreams

Integrated Diabetes Services: Diabetes education for Pacifika and Indian women

Community education for people with Type 2 Diabetes is now well established, in addition classes designed for Pacific people commenced in February in collaboration with Sport Canterbury and Tangata Atumoto Trust.

Work is also underway to develop an Indian women's group with a focus on Gestational Diabetes, this will be led by the Indian Community and has been prioritised due to the high prevalence presenting in maternity services.

Mental Health: A boost to youth services

A group of Canterbury youth agencies are recruiting nine FTE to boost youth services, following a successful youth RFP, as part of a Child and Youth Mental Health Service Wellbeing 2025 Service.

Child & Youth: Focus on pregnancy & parenting

Work has been progressed on the development of a breastfeeding action plan following feedback from priority populations. Work has also been carried out to develop a Pacifika Pregnancy and Parenting programme.

Service Level Alliances (SLA)

Population Health & Access: supporting people's health & wellbeing

Progressing the Canterbury Health Systems approach to supporting people's health and wellbeing is a focus for the SLA. A staged approach has been drafted and a working group of the Population Health & Access SLA is being established to progress this work. Implementation of stage one is scheduled for the first half of this year.

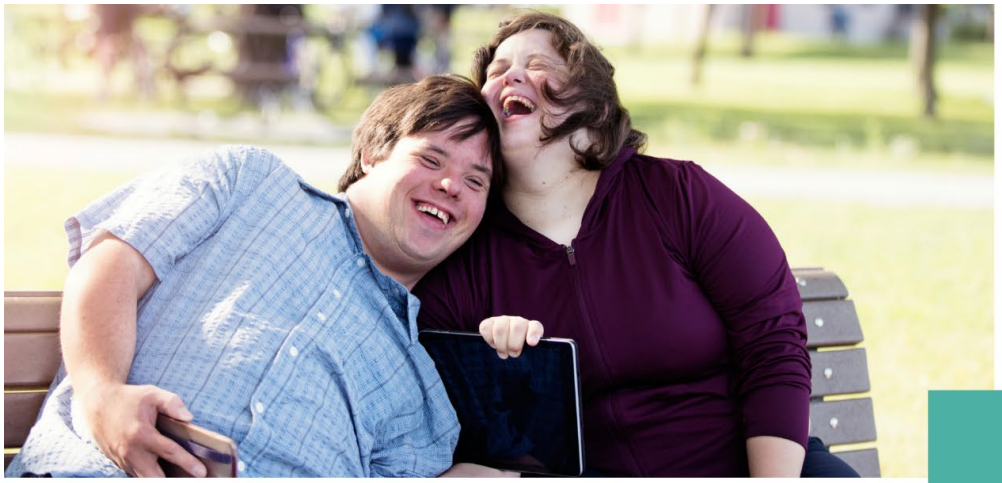
Pharmacy & Mental Health: Enhanced provision of OST

The roll out of the new Opioid SubstitutionTherapy (OST) service across Canterbury is continuing, with 40 pharmacies to start on boarding in February and another 40 pharmacists on boarding in April. The service will provide enhanced care following a recent project to strengthen collaboration between community pharmacists and Canterbury Opioid Recovery Service (CORS). This demonstrated a reduction in administration, so more time can be spent helping clients and provides a safer more user-friendly service for consumers and providers.

Immunisation: Increasing awareness of the MMR vaccination

This quarter the Immunisation Service Level Alliance has been focused on implementing the 'Measles catch up programme'. The employment of a programme coordinator at the end of November and an advertising campaign to raise the awareness of the importance of MMR (measles, mumps and rubella) vaccination planned for Q3 aims to improve the MMR coverage.

Canterbury Clinical Network
Transforming Health Care Whanau Ora ki Waitaha



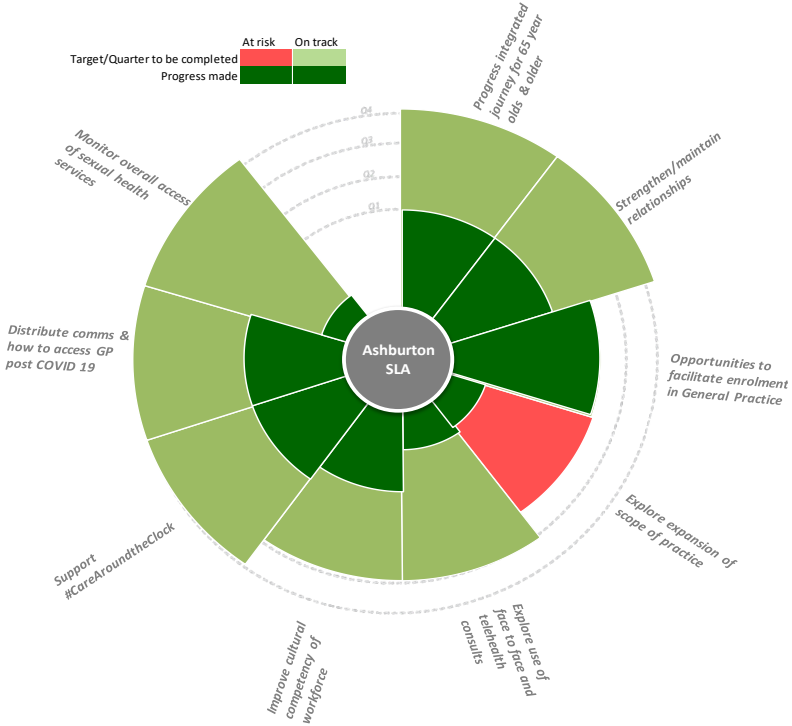
CCN QUARTERLY REPORT

Q2: OCTOBER-DECEMBER 2020

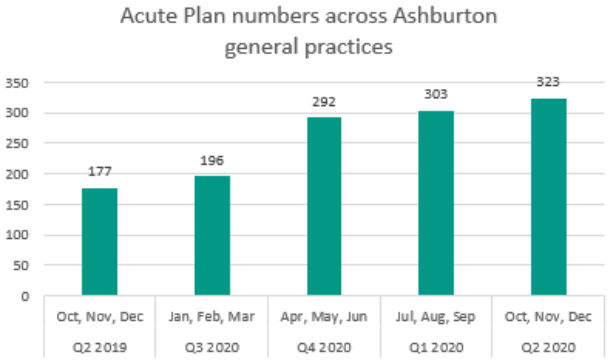
Ashburton Service Level Alliance - Q2 2020-21

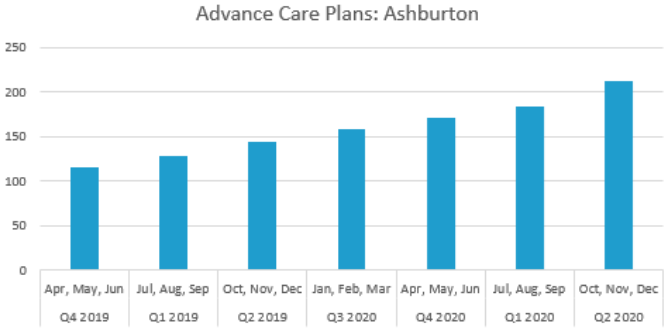
Progress update

- The enrolment process guidelines have been in place since 15 June 2020 to assist with enrolment and transfer of patients between general practices. These guidelines provide a referral pathway, so when an enrolment difficulty arises the PHO will assist with facilitating enrolment with a practice. Since June a total of 46 people have been referred from the Acute Assessment Unit and St John, with 26 assisted to enrol and five in progress to the end of December. Not all people will be eligible to enrol. Avenues to communicate and promote the enrolment process guidelines to providers and whānau have been identified and further communication is ongoing.
- Following the September release of the 'Community and Social Recovery Needs and Capacities in Ashburton District in Covid-19 Times' by Sarah Wylie, the Ashburton SLA is working with the Caring for Communities Welfare Recovery Group to contribute to a planned response model. This model aims to support the community and social sector to address the needs identified in this report – see the report here. An action plan has been developed and the SLA is contributing to areas of existing work plan overlap, including youth and community sexual health, cultural awareness, acceptance and competency and mental health.
- The Cultural Competency Working Group determined the next steps in the cultural competency work would be defined through consultation with invited representatives, including PHOs, at a hui at Hakatere Marae which was held in November. An action plan is currently in draft and the Working Group will reconvene in the New Year. This work is being progressed in line with other work underway with CCN, the Rural Health WS and the Pharmacy SLA.
- An Ashburton SLA Sexual Health Working Group has formed and will undertake a stocktake of existing resources. This working group will reconvene in the New Year. The Hype/BASE Youth Sexual Health Clinic has been launched and provides a free, confidential and caring GP and Nurse Clinic for young people/local rangatahi.
- Work continues to identify the best way to investigate models or changes that improve access to care for Aged Residential Care (ARC) residents and better enable General Practitioners and ARC facility's ability to deliver this care. The Ashburton SLA has discussed some alternative arrangements, including a 'House GP Model' and the use of Nurse Practitioners and continues to seek input from more stakeholders.



Data dashboard





AAU and St John Enrolment Data (Patients referred to Waitaha from AAU or St John for support to enrol in or transfer general practice)

	Q1 2020-21	Q2 2020-21
Total referrals received	39	34
Total patients enrolled	23	19

Child & Youth Workstream - Q2 2020-21

Progress update

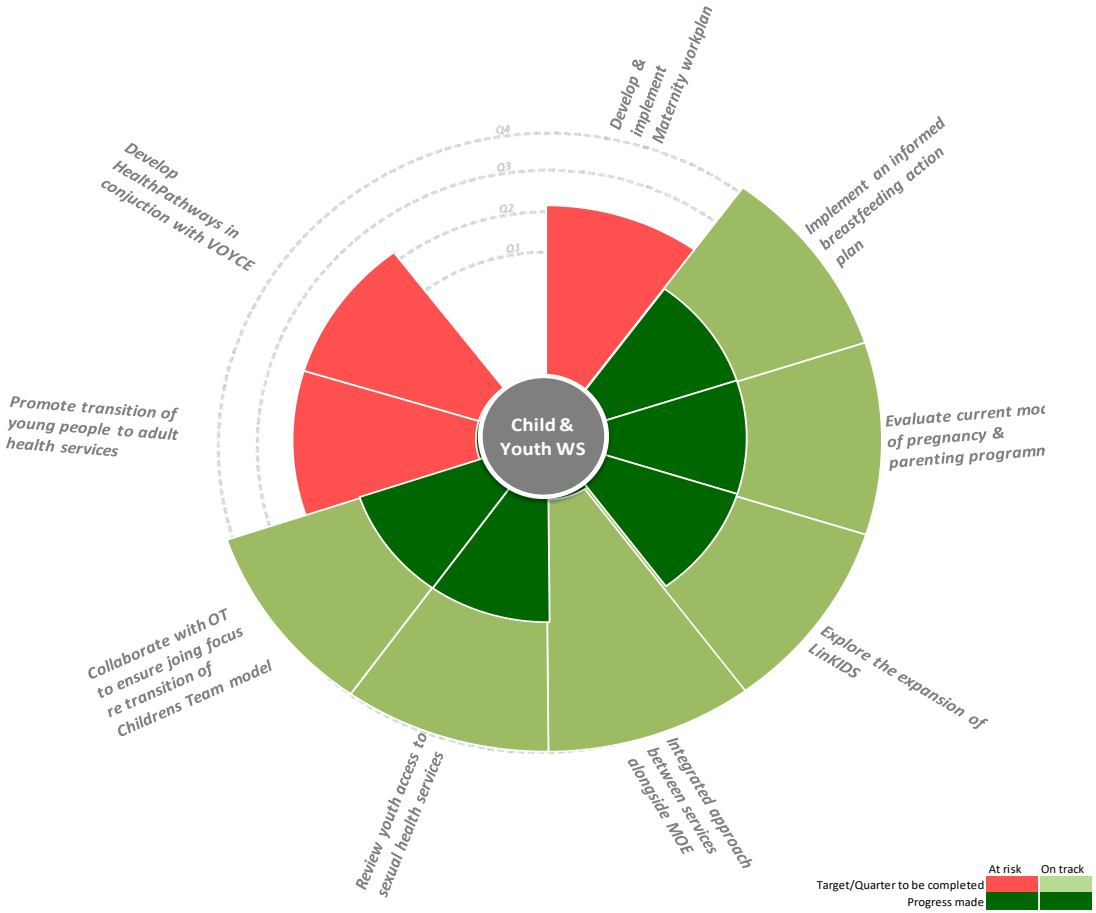
As part of the reset of the Child & Youth Workstream (CYWS) the Co-Chairs met with most members of the CYWS to explore the purpose of the CYWS and opportunities to strengthen how it functions. This cumulated in a report that captures the themes for the kōrero and proposes a change in how the CYWS is structured.

Priority actions progressed over Q2 alongside the CYWS reset include:

- Work on the development of a breastfeeding action plan following feedback from priority populations at Community Breastfeeding Hui (November 20) and the recent release of the National Breastfeeding Strategy (December 20).
- Progress on the development of a Pacifika Pregnancy and Parenting programme.

Other actions have been impacted by the lack of facilitator / lead capacity. This has since been resolved with two staff (Anna Hunter and Hayley Cooper) being appointed to the Child and Youth team at Planning and Funding in Q2; both of whom will be involved in facilitating the work of the CYWS. This will enable progress to be made on the Maternity Strategy over Q3 and Q4.

In Q3 a forum (3 February) will capture any further feedback and launch the reset of the CYWS. Membership of the three work groups within the CYWS and completion of a revised Terms of Reference will also be confirmed.



Community Services Service Level Alliance - Q2 2020-21

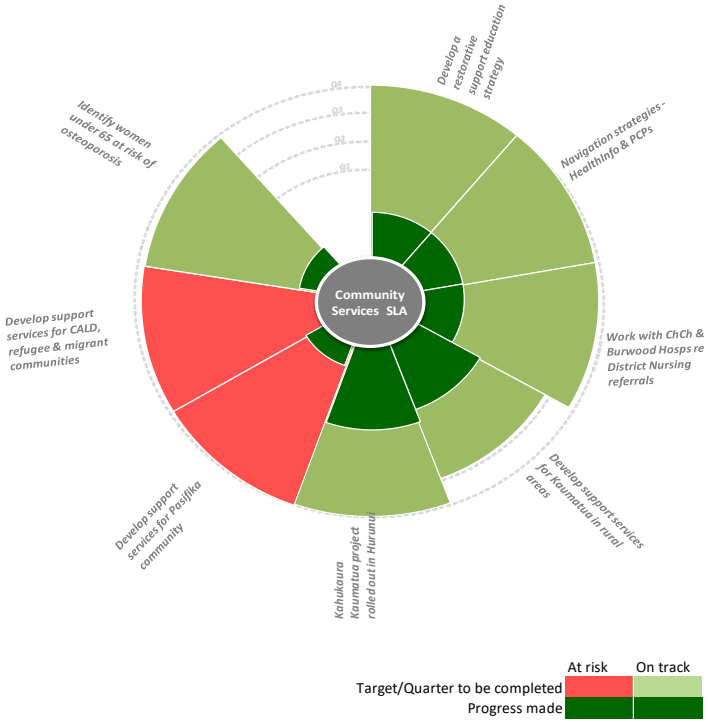
Progress update

Our focus for the new year is greater engagement with Pasifika and CALD (Culturally & Linquistically Diverse) communities. Taking what we have learned from our work on the Kahukura Kaumātua project, we will begin a similar process in terms of developing relationships with, meeting, and adapting services to support the Pasifika and CALD communities. Currently our intention is to carry a falls prevention focus into these meetings, to potentially increase uptake of Strength and Balance classes for people from these communities, although this may not necessarily be what these communities see as a priority, in which case, we will work with them on what they see as most important.

We have picked up some actions from the former Falls and Fractures SLA, and some oversight of this work. While this fits well with the delivery of Home and Community Support Services in people's homes (and the work that is already being undertaken) we have adapted our work plan accordingly to ensure that some of this valuable work continues to be progressed. As such we have extended membership to a Sport Canterbury representative, and will investigate the suitability of further ACC representation.

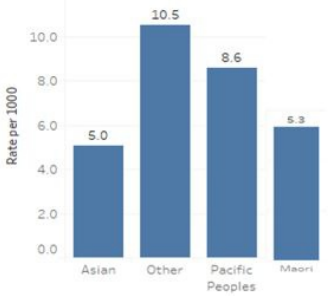
We are currently scoping out the work associated with hospital referrals to rural areas. As part of the roll-out of the Community Services Electronic Referral form, all services have been listed; and will be subsequently compiled into a usable easy-read format and included on the appropriate information pathways.

Clearly, the socialisation of the Restorative Model of Care is an ongoing project that seeks to fundamentally shift people's understanding of the purpose of Community Services, with a focus on goal-based restorative support including a move towards independence where that is appropriate for an individual and their family/whānau. We are following a two-pronged approach where we are working both on overarching messaging for restorative support, and ongoing communication around commonly offered supports (for example, a transition from providing ongoing shopping support to enabling people to seek out and access these supports in their community).

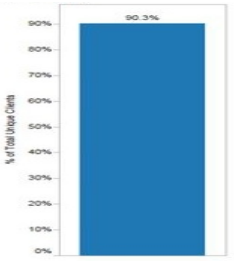


Data dashboard

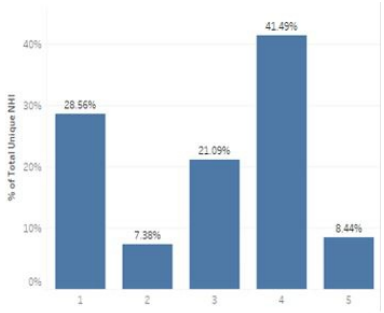
interRAI assessments per 1000 population 65+ (Māori 55+)



Percentage of Home Care Support Services (HCSS) clients 65+ with an interRAI



Percentage of HCSS clients with a Home Care assessment that are MAPLE 5 (receive 24hr supervision)



Percentage of people receiving HCSS that have a cognitive impairment

With cognitive impairment	Without cognitive impairment
14.7%	85.3%

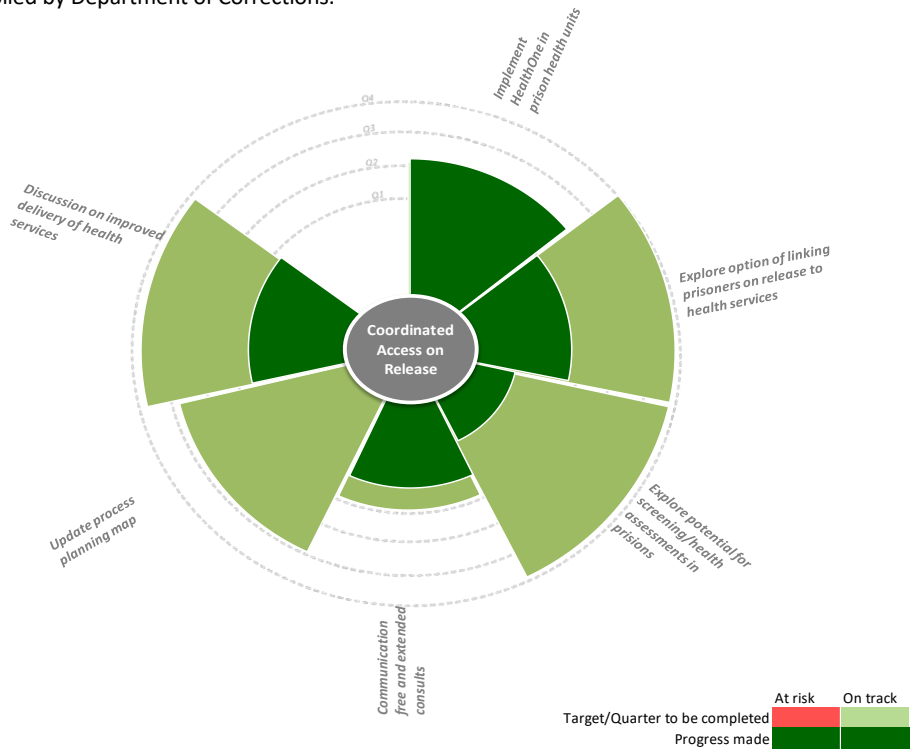
Co-ordinated Access on Release Workgroup - Q2 2020-21

Progress update

In November 2020, members from the group attended a half day visit to Christchurch Women's Prison. The visit was informative and will help put future discussions into context. The visit also highlighted the opportunity to do more for people on remand.

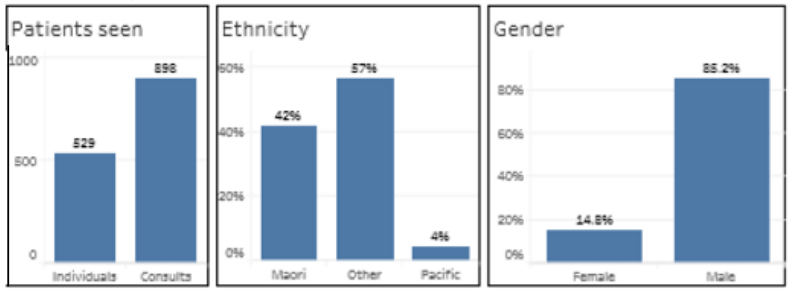
Initial communications to raise awareness amongst Corrections staff, prisoners on release and general practice of the free and extended consultations that are available to people when they are released from prison, has been drafted. The group is also exploring the use of a brochure for the reintegration teams to use when working with prisoners. This will include how to enrol and access general practice and the free and extended consultations that are offered in Canterbury. These consultations target an 'at risk population' and help improve access to primary care. They also ensure that prisoners on release are well supported with planned care whilst integrating back into the community.

A data dashboard has been developed, which provides a snapshot of the consultation claiming data and uptake of these by general practice. Since the closure of Settlers Health Centre, claiming rates have decreased which has prompted the group to raise awareness of the free and extended consultations as mentioned above. The next phase of the dashboard is to explore adding in Canterbury prisoner release data supplied by Department of Corrections.

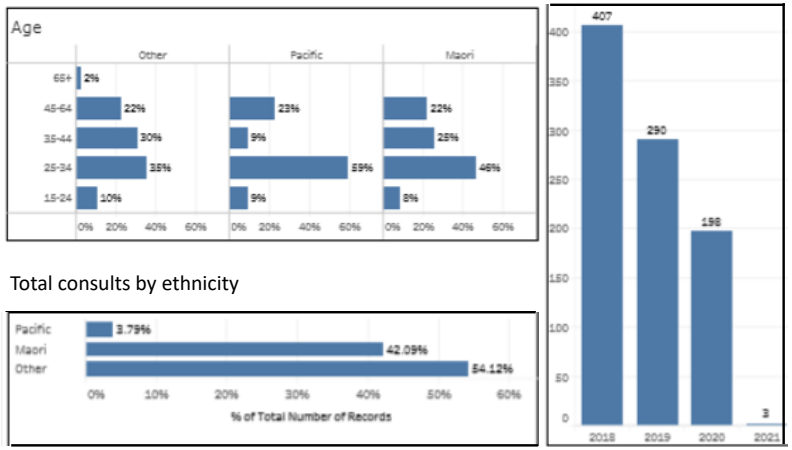


Data dashboard

Release from prison claims data



Annual consults delivered



Total consults by ethnicity

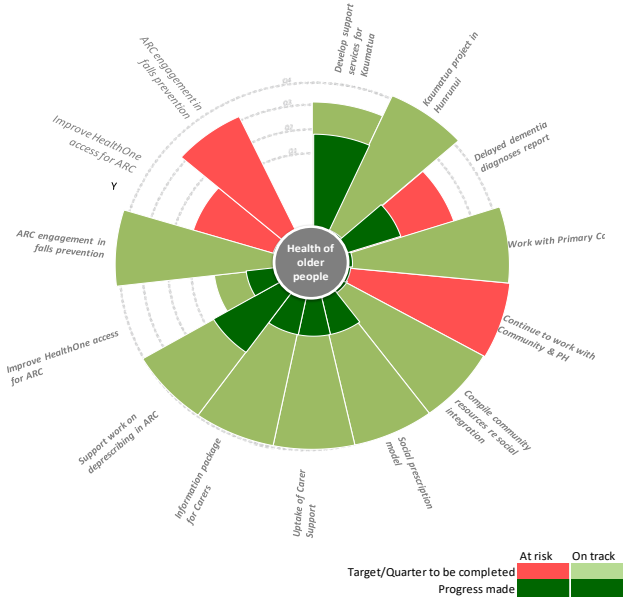
Health of Older People Workstream - Q2 2020-21

Progress update

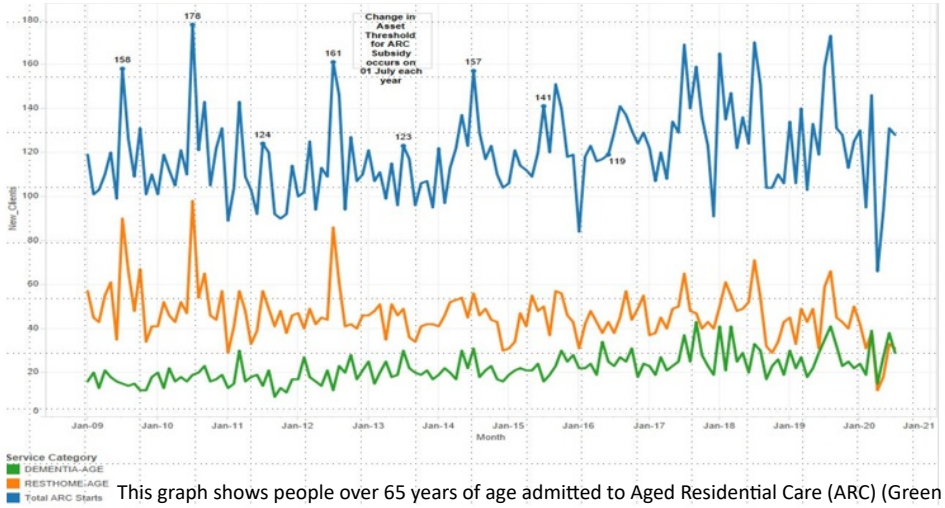
Significant ongoing work has been undertaken across our health system ro prepare and support the COVID-19 response. This is particularly important in reference to Aged Residential Care (ARC), where there are now significant COVID-19 specific plans in place, which take into account the lessons from oubreaks in Canterbury facilities. We are supporting facilities to keep their individual planning current and fresh, as the potential for more transmissable strains to enter NZ from the border is quite high.

Our Kahukura Kaumātua programme continues to be very popular, with attendance growing. We are currently considering how to manage this programme if demand exceeds our ability to accommodate at the Birdlings Flat Community Centre. We have also had very good buy-in from a range of service providers to come and talk with our kaumātua about a range of health issues.

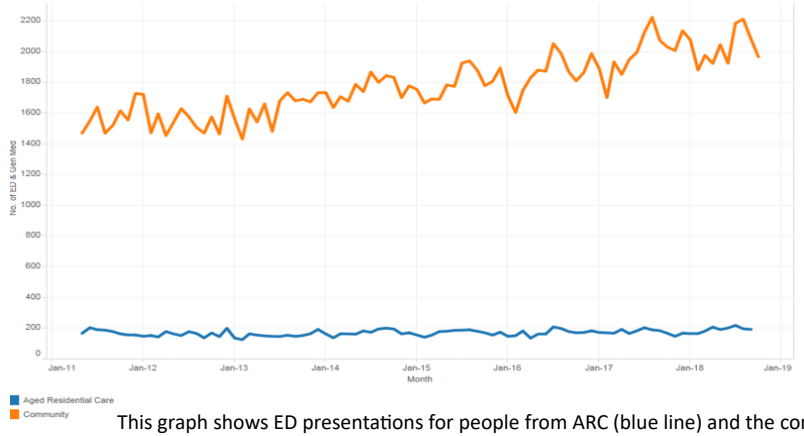
We are working with a group of stakeholders on various actions relating to the NZ Dementia Strategy to ensure that a wide range of voices are heard as we work on proposals for additional support for General Practice to diagnose Dementia early and put support plans in place. This work will be impacted by the adoption across NZ of the Mini-ACE tool (Mini Addenbrooke's Cognitive Assessment, replacing widespread use of the MoCA - Montreal Cognitive Assessment). While this change has been brought about by the monetisation of the MoCA tool, the Mini-ACE is quicker to administer, and can provide a quick and relatively simple way to indicate where further investigation can be required, and may prove a useful tool in early diagnosis.



Data dashboard



This graph shows people over 65 years of age admitted to Aged Residential Care (ARC) (Green - Dementia, Orange - Rest Home, Blue - Total ARC) (for Māori people it is over 50 years of age).



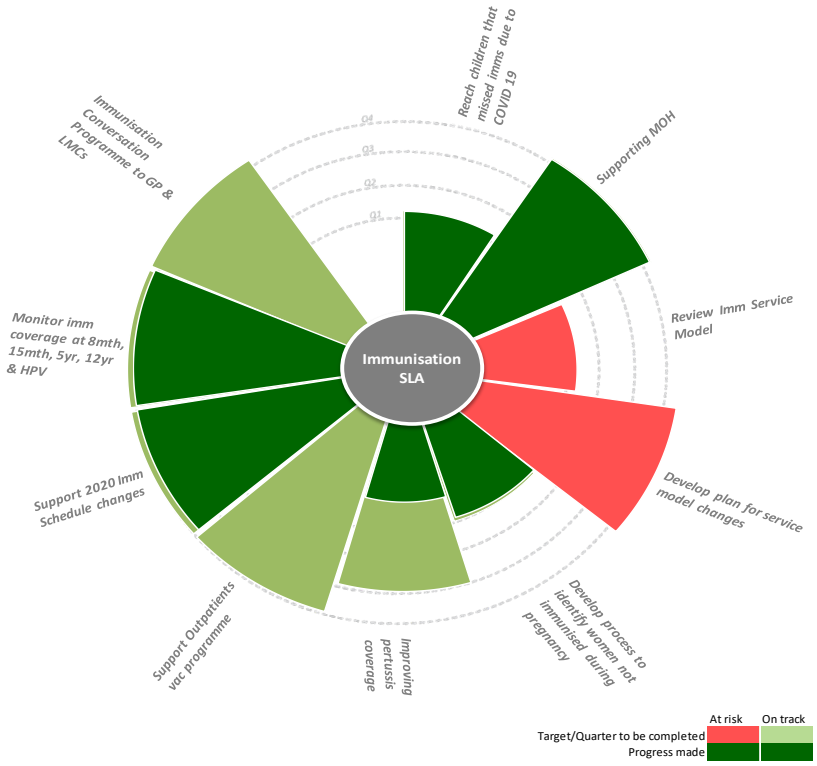
This graph shows ED presentations for people from ARC (blue line) and the community (orange line) over 65 years of age (for Māori people over 55 years of age).

Immunisation Service Level Alliance - Q2 2020-21

Progress update

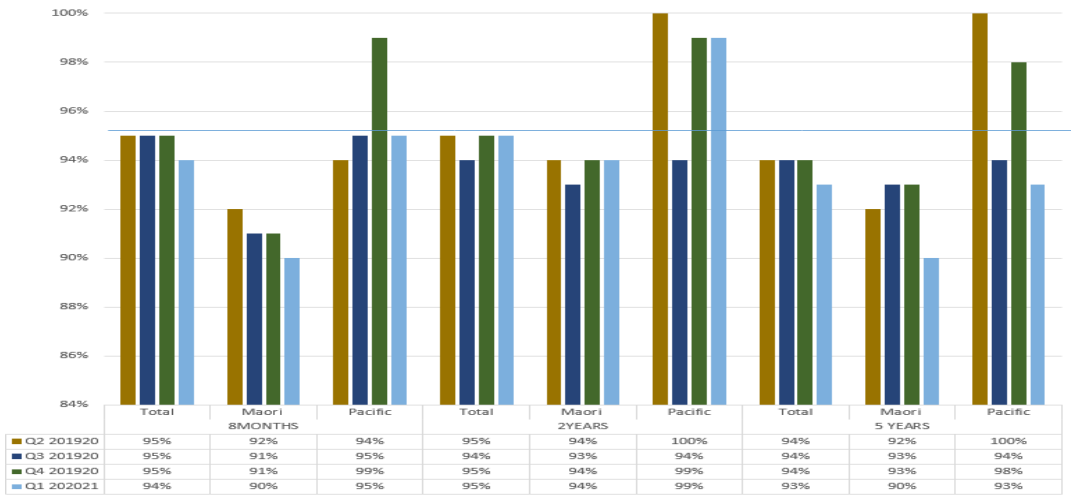
Activity over Q2 focused on implementing the Measles catch up programme as there has been limited uptake of the MMR vaccine with only 770, 15-30 year olds immunised in Canterbury out of the possible 35,000 as at the end of December. This low uptake is a national issue influenced in part by the focus on Covid-19 reducing the awareness or prioritisation on MMR vaccination. In Canterbury, the employment of a programme coordinator at the end of November and an advertising campaign to raise the awareness of the importance of MMR vaccination planned for Q3 aims to improve the MMR coverage.

Limited progress has been made on the review / refresh of the Immunisation Service Model due to key members of the SLA continued involvement in the Covid-19 response. Otherwise all SLA priority actions are on track.



Data dashboard

Canterbury immunisation coverage - Māori, Pacific and total 2019/20 year



	Total	Maori 8MONTHS	Pacific	Total	Maori 2YEARS	Pacific	Total	Maori 5 YEARS	Pacific
Q2 201920	95%	92%	94%	95%	94%	100%	94%	92%	100%
Q3 201920	95%	91%	95%	94%	93%	94%	94%	93%	94%
Q4 201920	95%	91%	99%	95%	94%	99%	94%	93%	98%
Q1 202021	94%	90%	95%	95%	94%	99%	93%	90%	93%

Q1 drop in Māori and Pacific coverage was due to a shift in focus to eight month olds.

	8 months					2 years					5 years				
	Total	Maori	Pacific	Decls / Opt offs	Missed	Total	Maori	Pacific	Decls / Opt offs	Missed	Total	Maori	Pacific	Decls / Opt offs	Missed
DHB	94%	90%	95%	3.10%	34	95%	94%	99%	3.15%	10	93%	90%	93%	5.60%	28
Pegasus Health	94%	90%	97%	3.00%	28	95%	95%	99%	4.30%	8	93%	90%	92%	5.80%	22
Christchurch	96%	80%	100%	2.20%	1	96%	80%	100%	3.30%	1	98%	94%	100%	1.10%	1
Waitaha PHO	94%	96%	92%	3%	2	95%	95%	100%	4.10%	1	93%	93%	89%	5%	4

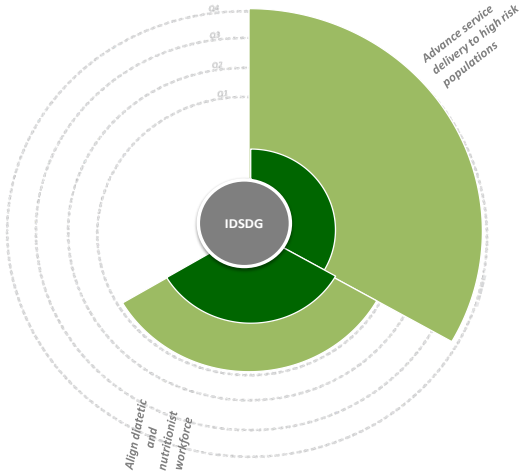
Note the green shaded areas is where the target has been met.

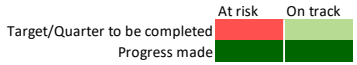
Integrated Diabetes Service Development Group - Q2 2020-21

Progress update

The Integrated Diabetes Service Development Group (IDSDG) has continued to focus on implementing the Diabetes Review recommendations. Of note in Q2 has been:

- Education: Community education for people with Type 2 Diabetes is now well established in the community, in addition classes designed for Pacific people started in February in collaboration with Sport Canterbury and Tangata Atumoto Trust. Work is underway to develop an Indian Women's group with a focus on Gestational Diabetes, this will be led by the Indian Community and has been prioritised due to the high prevalence presenting in maternity services.
- Dietetic Services: A stocktake was completed in Q2 with a proposed new model of care for dietetic services to be presented at the February IDSDG meeting for feedback.
- Nursing Integration: The workshop in August identified a number of opportunities including the establishment of an integrated case review of people with diabetes. The first meeting was held on 3 December 2020 and was well attended by secondary care and community teams including staff in Ashburton. Education on new medications becoming available and the sharing of case studies were presented. The DHB is undertaking a review of outpatient diabetes nursing services as part of a wider review of all Outpatient Services. This is anticipated to influence the Nursing Integration work being led by the IDSDG. A presentation on the diabetes nursing services review was provided to the IDSDG In December, including the following ideas for consideration:
  - The nurse specialists working with type 1 and complex type 2 co-located with specialist services.
  - Specialist services operating as a hub and spoke model with care co-ordinated from a central point.
  - Nurse specialists strengthening their focus on education of practice nurses and inpatient nurses.
  - CDHB supported inpatient nursing services comparably to other centres of similar size would result in a 300 -500% increase in current capacity.
  - Broadening care delivery from rooms of busy GP practices to include other community venues e.g. community centres, DHB hubs, education centres etc.





The IDSDG will continue to connect with work on the review of Outpatient Services review to align this with the work of the IDSDG around nursing integration.

Data dashboard

Diabetes Population HbA1c by Ethicity

Ethnicity	Total	<64mmol	<80 mmol	%<64 mmol	%<80 mmol
European/Other	15,407	11,106	13,717	72.10%	89.00%
Maori	1,616	979	1,285	60.60%	79.50%
Pacific	999	556	762	55.70%	76.30%
Other Asian	1,513	1,207	1,395	79.80%	92.20%
South Asian	641	442	563	69.00%	87.80%
TOTAL	**20,176**	**14,290**	**17,722**	**70.80%**	**87.80%**

Diabetes Population Hba1c by Age

Age Group	Total	<64mmol	<80 mmol	%<64 mmol	%<80 mmol
0-19	328	163	255	49.70%	77.70%
20-44	2,275	1,261	1,754	55.40%	77.10%
45-64	7,346	4,839	6,233	65.90%	84.80%
65+	10,227	8,027	9,480	78.50%	92.70%
TOTAL	**20,176**	**14,290**	**17,722**	**70.80%**	**87.80%**

Retinal Screening

Ethnicity	Coded Patients	Screen	No Screen	% Screened
European/Other	17,258	10,560	6,698	61.20%
Maori	1,868	1,094	774	58.60%
Pacific	1,172	662	510	56.50%
Other Asian	1,773	1,064	709	60.00%
South Asian	733	421	312	57.40%
Total	**22,804**	**13,801**	**9,003**	**60.50%**

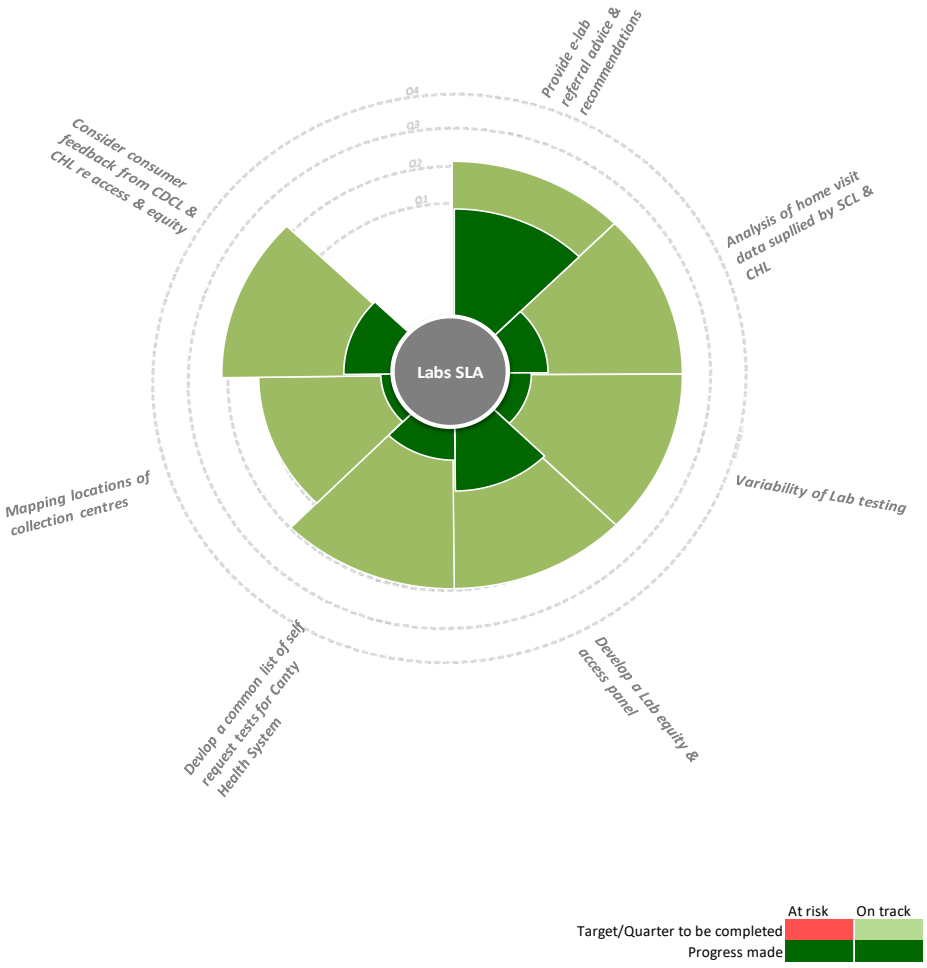
Laboratory Service Level Alliance - Q2 2020-21

Progress update

The subgroups have continued to progress the following key pieces of work:

- To explore whether access to home visit lab tests is equitable, an initial analysis of home visit data from the two Labs was undertaken in Q2. While noting the data set was small, it did suggest there was some inequity, with most home visits made to ARC facilities. The SLA will determine their next steps at their meeting in Q3.
- Labs staff have identified laboratory test markers to reflect variability of testing in Canterbury; these will come back to the SLA for discussion.

In Q1 the Information System Group (ISG) identified a project lead to work alongside Planning and Funding and staff from the two Labs to develop the software needed for the E-Lab Ordering. Current demands on ISG have extended completion of this work until June.



Mana Ake Service Level Alliance - Q2 2020-21

Progress update

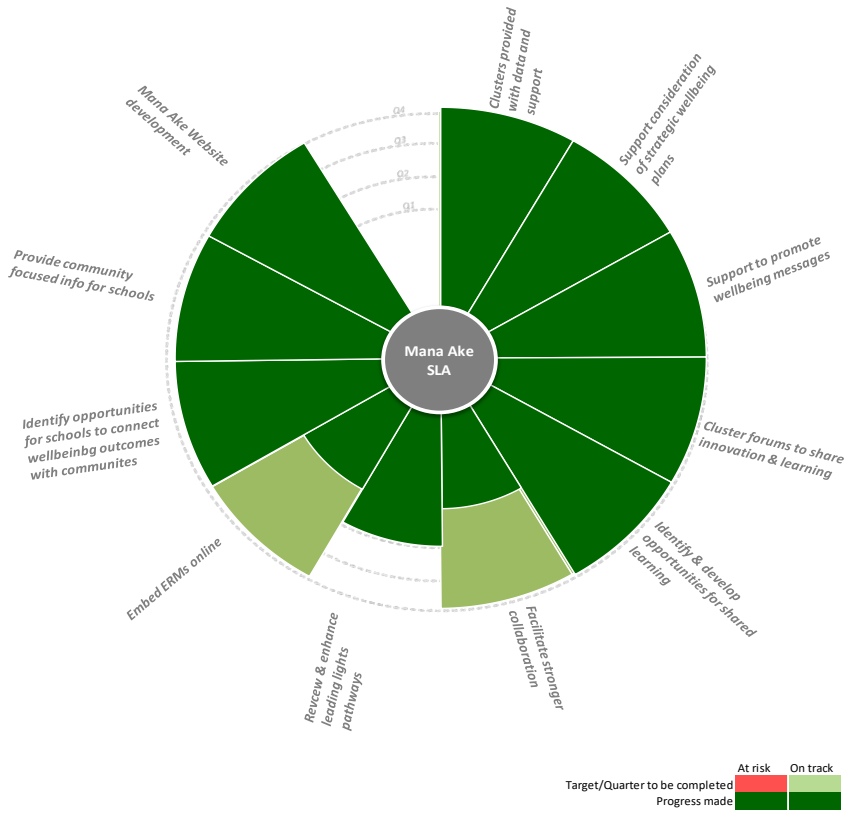
The Impact Lab GoodMeasure Report August 2020 was released in November following delays due to election processes and pre-election period. The Impact Report identified that for every $1 invested in Mana Ake the social return on investment of $13.32 is returned.

Ministry of Health has commissioned Malatest International and Aro Solutions (Auckland) to undertake an external evaluation of Mana Ake. The evaluators presented the Interim Report to the
December SLA meeting, with key points from the report including:

- The most conservative estimate of reach is 7% of the primary age population (55,772);
- the outcome tools show significant increases in wellbeing scores for tamariki supported one to one (assessed by kaimahi and self-assessed);
- schools appreciate Mana Ake, with many having nowhere else to ask for help. Every school and Mana Ake staff member interviewed said how glad they were that they can access Mana Ake;
- that strengthening data collection about groups and classroom activities would enable more
  understanding of reach.

The evaluators will undertake further work with stakeholders, whānau and tamaraki during Q3 ahead of completion of the final report, due with the MoH March 2021.

School Cluster Forums: A further school cluster forum held in November was well attended by Principals and Special Education Needs Coordinators. It is extremely rewarding to observe the number of schools that actively participate and share their learnings across the Mana Ake network.



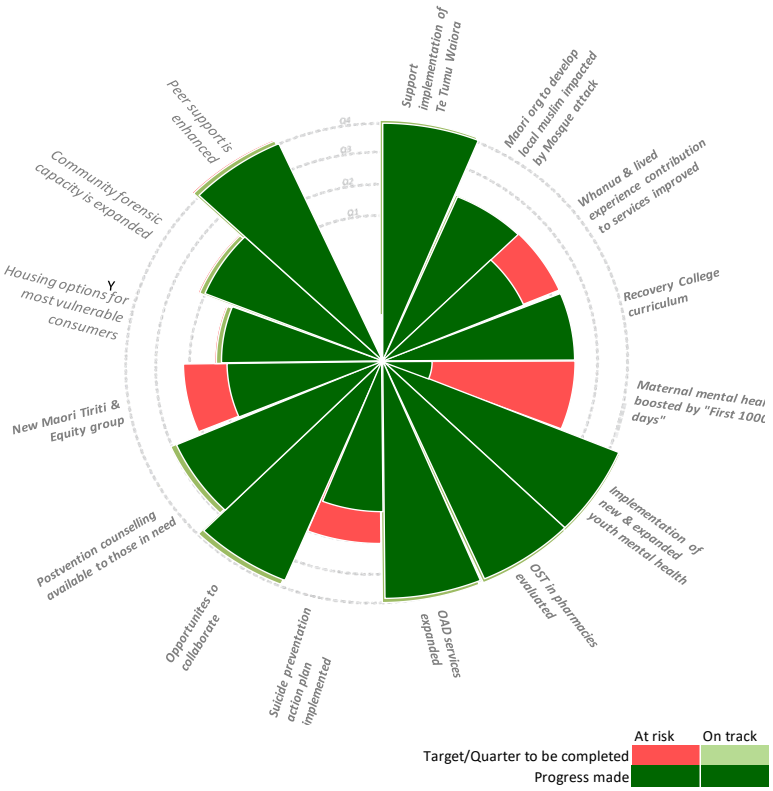
The Government has announced that it intends to nationally implement wellbeing and mental health services in schools, based on the Mana Ake concept. At this stage no decisions have been made about the rollout or future investment in Mana Ake in Canterbury DHB post July 2021. This is beginning to impact staff turnover with an increased number of vacancies occurring across the Provider Alliance in the recent months. While overall the calibre of new kaimahi being employed continues to be high, we are conscious that with uncertainty around the future, people will begin looking for other opportunities. The SLA is monitoring the situation, however the credibility of the programme could be compromised if we are unable to sustain the level of service delivery and expectation of stakeholders while we await any further investment decisions.

Mental Health Workstream - Q2 2020-21

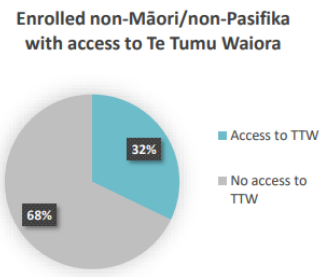
Progress update

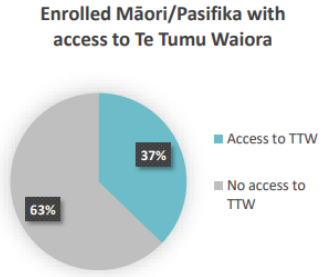
Key highlights from Q2 include:

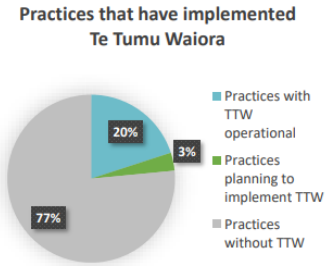
- The Canterbury Te Tumu Waiora Programme data reporting is starting to give a clear picture of the numbers of users assisted and the type of health/mental health concerns that service users are requesting help with in Canterbury.
- A consortium of Canterbury youth agencies are currently recruiting 9 FTE to boost youth services, following a successful youth RFP, as part of a Child and Youth Mental Health Service Wellbeing 2025 Service.



Data dashboard







Top 30 priority practices

- 40% have Te Tumu Waiora
- 71% of Health Improvement Practitioner (HIP) FTE is in top 30 priority practices
- 67% of Health Coach (HC) FTE is in top 30 priority practices

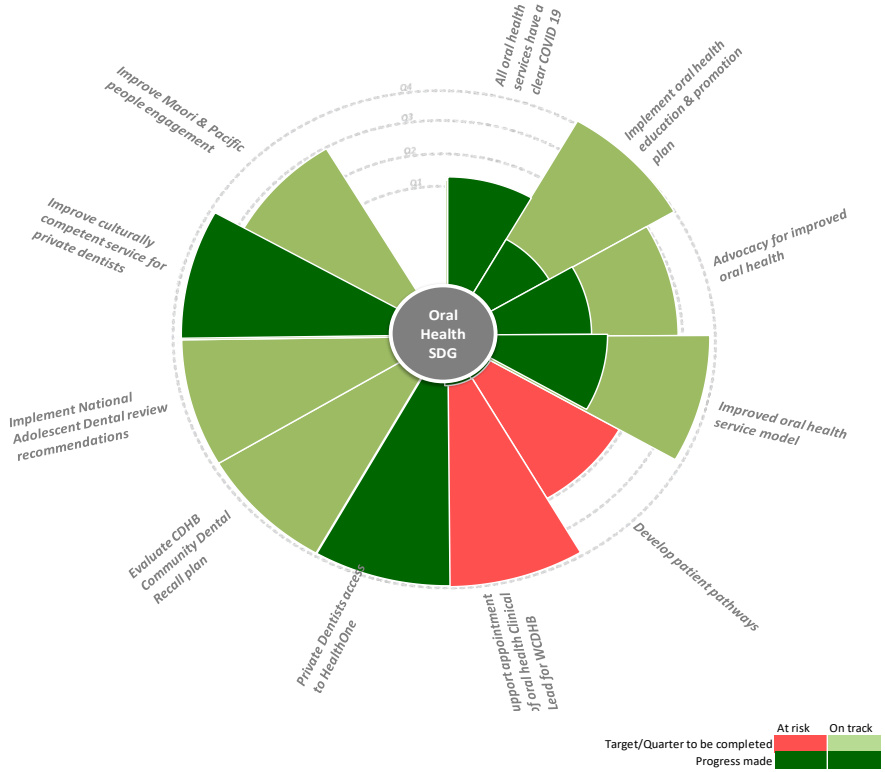
Oral Health Service Development Group - Q2 2020-21

Progress update

Community and hospital dental have returned to pre-Covid-19 service levels, having caught up on all outstanding assessments delayed due to Covid-19. Furthermore, Community dentists have been given a national extension to treat any 18-year olds (new 19 years old), who may have missed their visit.

Other areas of focus for Q2 included:

- Drafting a resource of key health promotion messages for use in primary care.
- Collating draft recommendations emerging from the two patient flow workshops that explored how children access oral health services within our system and how adults access emergency dental services. In Q3 the HEAT will be applied to the proposed Child Patient Flow to ensure it adequately addresses current inequities.



Data dashboard

Data Dashboard		CDHB			WC			
Data Metric Definition	Year	Māori	Pacific	Total	Māori	Pacific	Total	Target
1. Pre-schoolers Enrolled in Community Dental Services	19/20	82%	88%	86%	77%	64%	87.60%	95%
	18/19	41.50%	73.10%	83.00%	90%	76%	101.20%	
	17/18	52.60%	70.50%	76.10%	95.70%	126.70%	108%	
2. Number of enrolled preschoolers and primary school children overdue for their scheduled examinations	19/20	13%	16%	13%	3%	1%	2%	>10%
	18/19	12%		8%	9%		7%	
	17/18	14%	15%	12%			5%	
3. Caries Free at 5 years old	19/20	53%	40%	68%	44%	33%	55%	65%
	18/19	50%	39%	66%	49%	29%	59%	
	17/18	50%	39%	65%	42%	67%	57%	
4. DMFT Score at Year 8	19/20	1.06	1.31	0.73	0.78	0.6	0.84	0.86
	18/19	1.16	1.24	0.77	0.99	0.67	0.94	
	17/18	1.02	1.06	0.84	1.87	0.67	1.12	
5. Adolescent utilisation	19/20							85%
	18/19	40%	44%	67%	55%	49%	74%	
	17/18	33%	40%	67%	55%	53%	76%	

Pharmacy Service Level Alliance - Q2 2020-21

Progress update

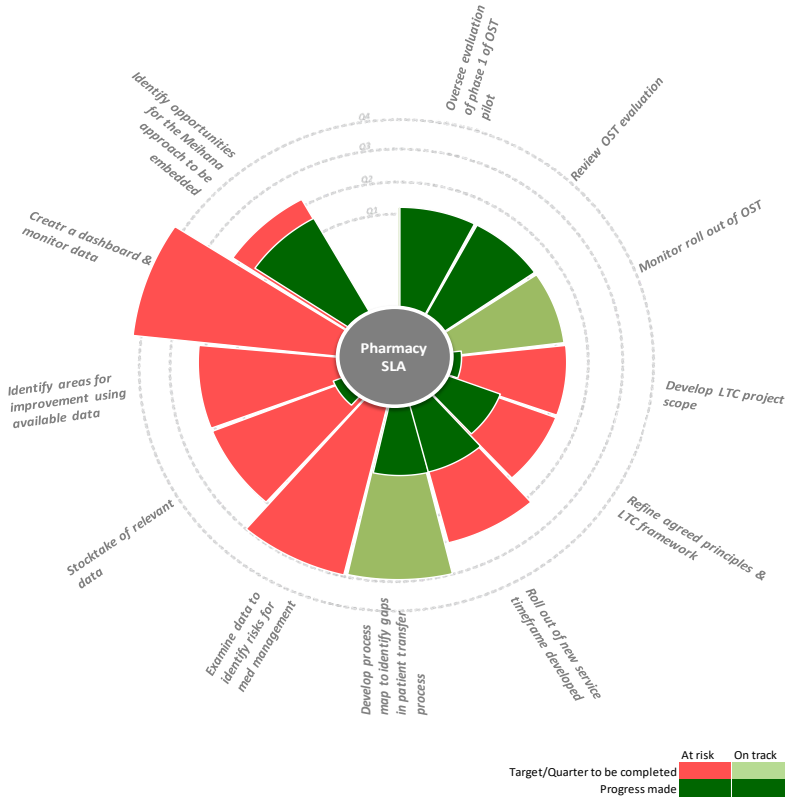
The SLA submitted an application to the Improvement Sustainability fund for the Long-Term Conditions (LTC) project. If successful, it will fund the project lead resource required to progress the project and develop a new pharmacy service that is both equitable and cost-effective. Advice on the outcome of the application was expected in Q2.

The roll out of the new Opioid Substitution Therapy (OST) service across Canterbury is continuing, with 40 pharmacies to start on boarding in February and another 40 pharmacists on boarding in April.

Three pharmacists have been supported by the Canterbury Community Pharmacy Group to train in the Meihana model. The pharmacists attended the practical sessions and are now applying the training principles in their practice. In Q3 a debrief with these pharmacists will: review the training, develop a plan for the wider roll out to pharmacy teams, and complete a case study of one pharmacist applying her learnings in delivering a Medicines Use Review (MUR) to a Māori patient.

The priority areas off track are the LTC project, which is yet to begin as additional resource is required to undertake the proposed work. Also work is yet to begin on exploring what data is available to identify any areas of improvement, including any inequitable access to pharmacy services.

From 1 October LTC has a new cap of 14,466. Suspension of new patient registrations until the DHB notifies all pharmacies that total registrations have fallen to 99% of the cap e.g. 14,311.



Data dashboard

Long Term Conditions Service patient enrolments: 2020

July	August	September	October	November	December
141507	15173	15670	15683	15451	15247

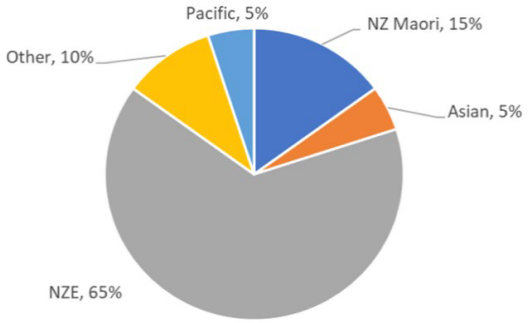
Medicines Use Review (MUR) consultations

	2019/20			2020/21	
	Q2	Q3	Q4	Q1	Q2
Mobile	9	10	23	6	6
Community pharmacy	204	162	288	180	93
Total	213	172	311	186	99

Medication Therapy Assessments (MTA)

	2019/20			2020/21	
	Q2	Q3	Q4	Q1	Q2
Other	3	3	2	0	5
ARC	1	0	0	9	0
Home	50	33	10	0	15
Total	54	36	12	9	20

MTA consultations by ethnicity - Q2



*NZE (New Zealand European)

Population Health & Access Service Level Alliance - Q2 2020-21

Progress update

Key areas of progress:

- Progressing the Canterbury Health Systems approach to supporting people's health and wellbeing in line with strategic objective one is fundamental to meeting Te Tiriti responsibilities and achieving equity of health outcomes. This work is complex and the Population Health & Access Service Level Alliance (PHASLA) has taken time to see how best to progress this work. A staged approach to this work has been drafted and a working group of the PHASLA is being established to progress this work. Implementation of stage one is scheduled for the first half of this year.

- The PHASLA discussed a special COVID-19 related Patient Experience Survey. This survey found that 33% of all respondents (36% of Māori and 40% of Asian) reported that lockdown kept them from seeing their GP. Furthermore 6% of respondents (14% Maori respondents) indicated they were inhibited from accessing after-hours, with the fear of catching Covid-19 and the perception that GPs were too busy being the most common reasons why.

- The Alcohol Harm Minimisation group is continuing to take an across system approach to reducing harm from Alcohol including to influence social norms and behaviour change, promote healthy environments, measure harm and monitor performance and coordinate prevention, identification, treatment and support. The Christchurch Alcohol Action Plan (CAAP) Community forum was held 14 October 2020. The CAAP is a partnership between Canterbury DHB, Christchurch City Council (CCC) and NZ Police, and the alcohol-related harm strategy contributes to this umbrella work. The focus of the forum was on partnership approaches to reducing alcohol-related harm and included speakers from the NZ Drug Foundation, He Waka Tapu and a presentation on Toolkit training, a social enterprise run out of Odyssey House.

- A Smoking Needs Analysis summary based on the Census data from 2018 for Canterbury has been released. This information is used to guide Smokefree priorities in the Canterbury region.

- Completion of the final report on the research project exploring enrolment in general practice has been delayed by access to the Integrated Data Infrastructure during the COVID pandemic response. The release date is unknown.

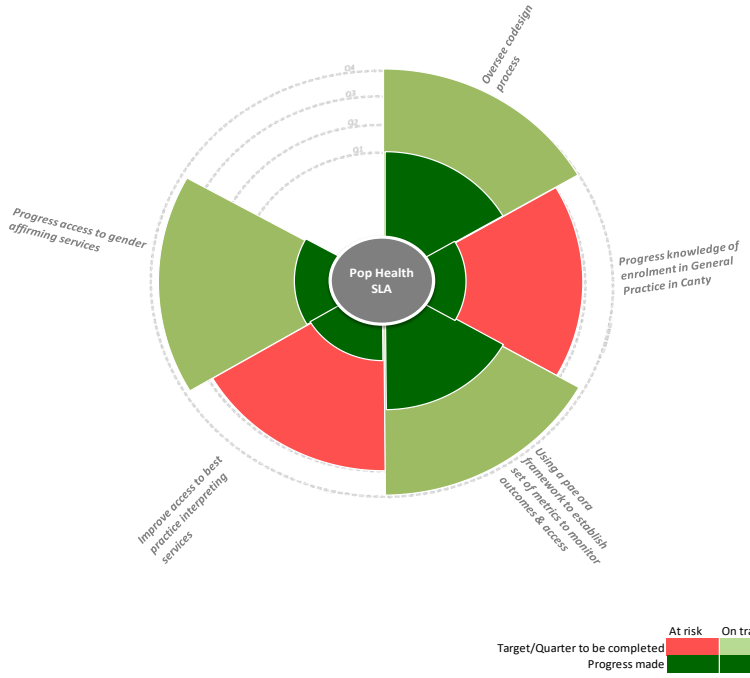
- While the work on the Interpreter Services has been delayed, engagement and feedback from a range of groups on the Best Practice Guidelines is continuing. In addition, work is underway to align the Canterbury DHB Interpreter Services policy with the Best Practice Guidelines.

Data dashboard

Motivating Conversations - attendance records for Q2 2020/21.
*The total for Q2 2020/21 is 25 attendees across three workshops. Due to Covid-19, no general Motivating Conversations Workshops were advertised or held in Q2 2020-21, apart from three essential workshops. One was for B4SC nurses and two were for Health Coaches.

Attendees from three workshops		
Nurse Practitioners	Other primary health care workers	Total
8	17	25

Te Ha Waitaha - Reporting has changed and the Q2 report will be available on 20 February.



Integrated Respiratory Service Development Group - Q2 2020-21

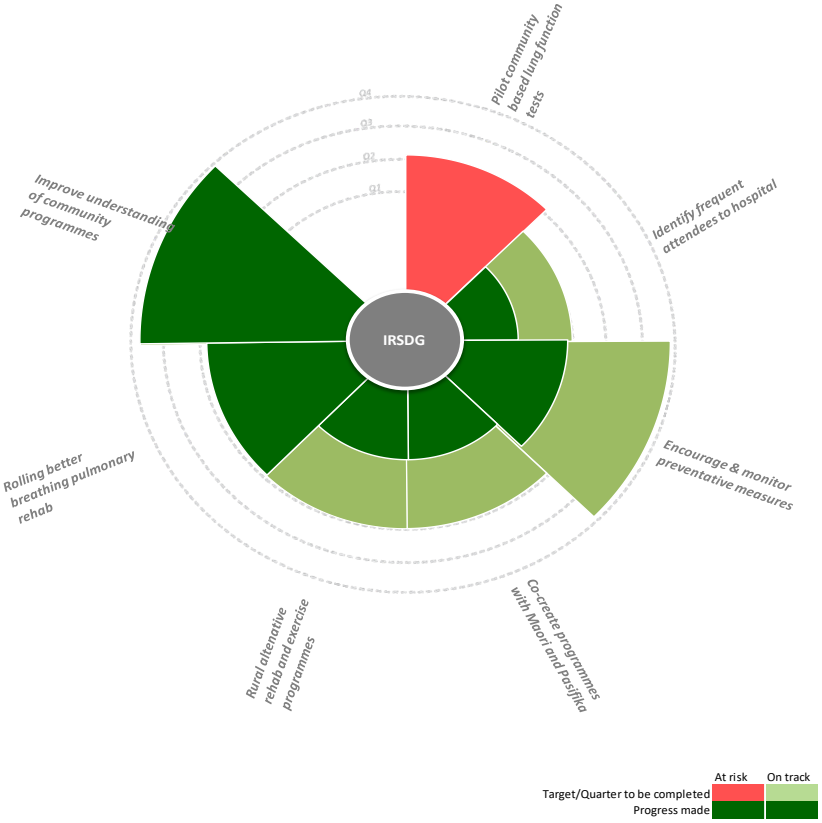
Progress update

Respiratory physicians continue to support virtual ward rounds with COVID-19 positive patients in managed isolation and quarantine facilities with multi-disciplinary teams. Better Breathing Pulmonary Rehabilitation Programme has begun for 2021.

Work to improve access in the eastern suburbs has been achieved with five community exercise coffee groups running and Better Breathing participants encouraged to join.

The work to pilot the community-based FEV6 lung function testing has not progressed with the pharmacist leading this work leaving Canterbury. Agreement has been reached to not pursue this currently.

Over the next six months we will be working with Waitaha Primary Health to deliver two pulmonary rehabilitation programmes in Rangiora in 2021 and with Kaikoura to deliver a pulmonary rehabilitation programme starting February 2021.



Rural Health Workstream - Q2 2020-21

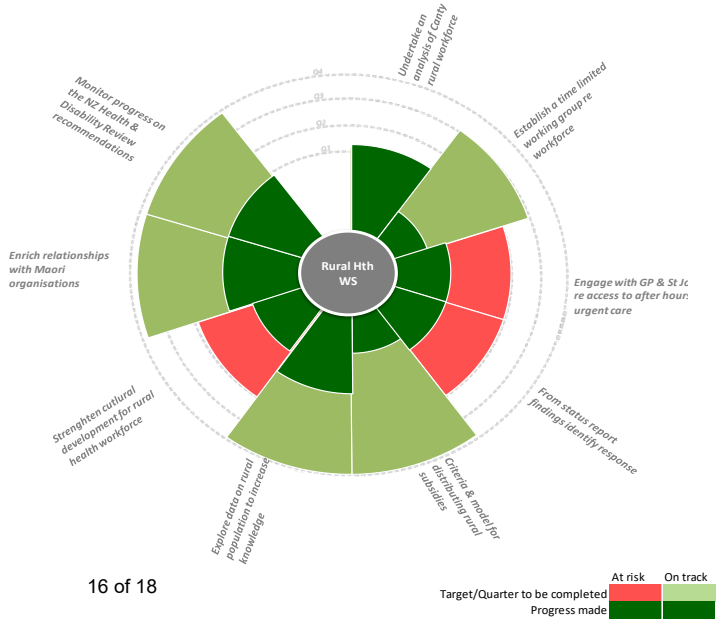
Progress update

Key areas of progress:

- Workforce Sustainability: A table of national, regional, local and international workforce stakeholders identifying where the Rural Health Workstream (RHWS) could add value to; drive, advocate or monitor progress was tabled with the RHWS in December. The Making it Work model (Strasser, 2018) offers a framework for the RHWS to organise how it approaches improving workforce sustainability. A proposal to the RHWS in Q3 will use this framework to identify local opportunities to progress in line with the following agreed principles:
  - Avoid 'reinventing the wheel' when progress is being made elsewhere;
  - collaborate more with other local / regional / national connections where possible;
  - increase advocacy opportunities for rural workforce requirements; and
  - make any expected outcomes from a Working Group to be high value for Canterbury.

Priority actions that are off track:

- After-hours and urgent care: While the formal scope of access to after-hours urgent care and emergency responses has not been completed, significant work has been undertaken in the Hurunui by St John, PHO and Canterbury DHB to maintain the delivery of an urgent and emergency care response. A status report / scope for urgent care and emergency responses (including PRIME (Primary Response in Medical Emergencies) for all rural Canterbury communities will be completed in Q3, to identify further opportunities for improvement.



Data dashboard

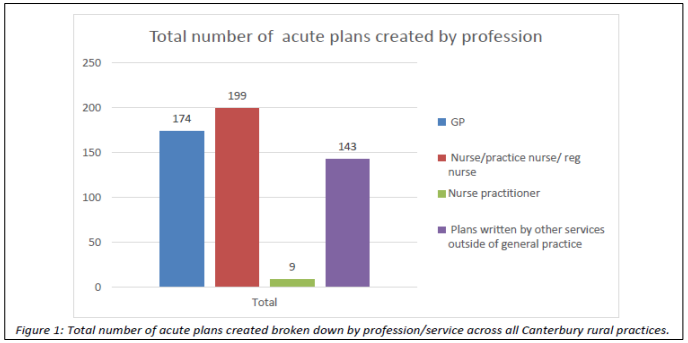


Figure 1: Total number of acute plans created broken down by profession/service across all Canterbury rural practices.

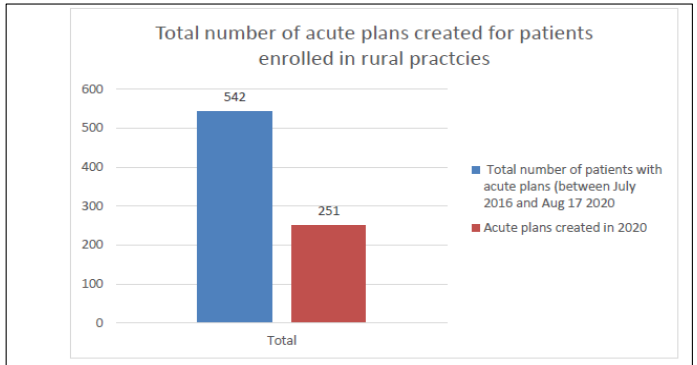


Figure 2: Total number of acute plans created for patients enrolled with Canterbury rural practices.

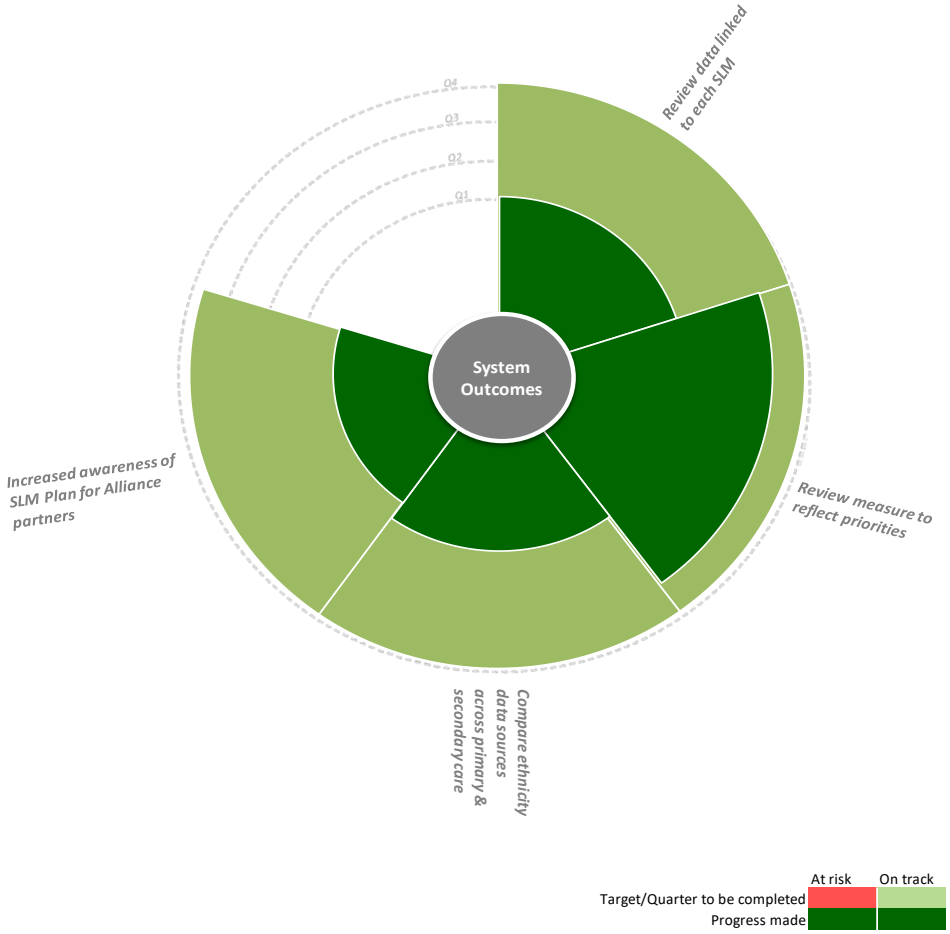
System Outcomes Steering Group - Q2 2020-21

Progress update

The System Outcomes Steering Group (SOSG) are continuing to review data linked to the system level measures. A review of the contributory measures as part of refreshing the Improvement Plan for 2020/21 is also underway.

The SOSG and Population Health and Access Service Level Alliance are working together to explore the development of set of metrics for monitoring access and equity with initial steps being to connect with key people similarly interested in monitoring improvements in equity.

Actions to increase the number of Alliance Partners who contribute to the Improvement Plan was not progressed during Q2 and will be progressed in Q3.



Urgent Care Service Level Alliance - Q2 2020-21

Progress update

Key areas of progress:
Various meetings outside of the SLA in December, involving hospital and community staff and the PHOs, have discussed the system capacity and explored ways to address the high demand being experienced. These issues appear to be multifaceted and include higher than average volumes of ED and some Urgent Care Clinic (UCC) attendances. The ED volumes have increased since the labour weekend average of 2,285 per day, up to 2300 in early November. These volumes that would be expected leading up to Christmas.

The role of the SLA in this work is yet to be determined. A connect meeting, 21 January, will discuss the areas of concerns from the SLAs perspective, explore the relevant data, and identify areas where the SLA may be able to assist. The SLA facilitator will ensure the PHO's are informed of any work occurring to address the issues raised.

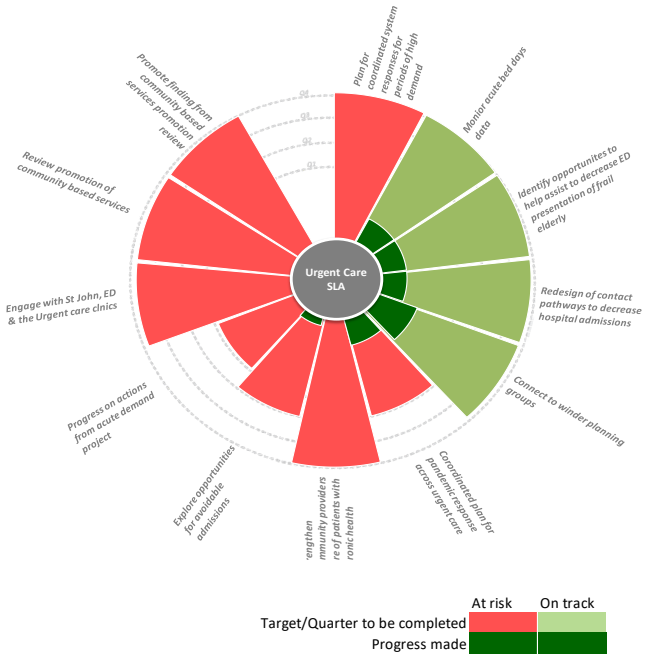
An analyst has now been assigned to the SLA to provide ongoing data.

The SLA now includes a perspective from the Canterbury Initiative with Mike Ardagh joining the group.

In Q3 in addition to the connect meeting in January , the SLA will progress getting regular data from Home Care Medical and continue working on the transports to non-ED facilities.

Priority areas off track:

- No additional work has been done to develop a coordinated plan for the pandemic response due to the focus of the SLA being on the pressure on the health system capacity.
- Limited progress was made prior to Christmas on exploring the virtual ward concept. Canterbury Initiative have indicated that this was due to low numbers of COPD patients being admitted and general practice lack of capacity to take on additional work.
- The review of Acute Demand including work to standardise services and claiming rates due Q1 will recommence in Q3.



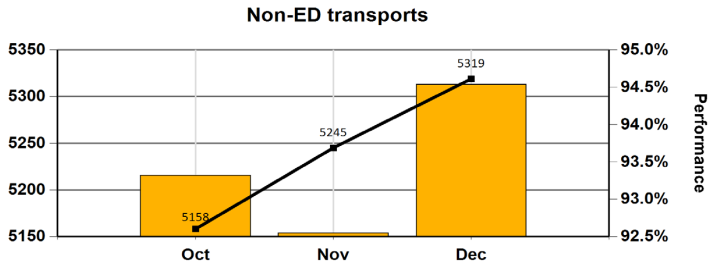
Data dashboard

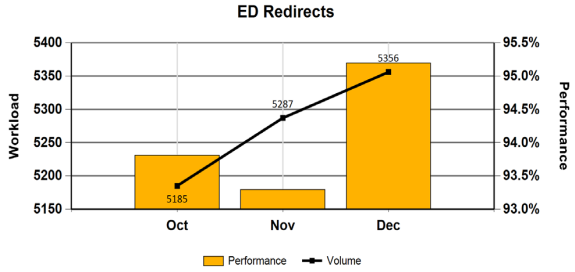
Total Acute Demand Data: Episodes of care by ethnicity

Ethnicity	2019-20				2020-21	
	Q1	Q2	Q3*	Q4*	Q1	Q2*
Māori	859	649	447	800	775	696
Pacific	230	178	204	213	227	176
Asian	564	427	564	603	632	511
European	8,176	6,571	6,576	8,108	7,635	7,225
Other Ethnicity	133	127	115	154	256	247
Not Specified	592	562	614	845	552	520
TOTAL	10,554	8,514	8,520	10,723	10,077	9375

*Provisional data

ADMS Packages of Care - Q1 = 25,971 / Q2 = 24,051
Number of times Acute Demand reaches capacity of 35 patients - Q1 = 3 (Target = 0) / Q2 = 3 (Target = 0)





Canterbury District Health Board
Te Poari Hauora o Waitaha

Minutes – 22 January 2021
Canterbury DHB Disability Steering Group (DSG)

Attendees:
Grant Cleland (Chair), Shane McInroe, Dan Cresswell (Meeting Assistant), Harpreet Kaur, Kathy O'Neill, Allison Nichols-Dunsmuir, Catherine Swan, Lemalu Lepou Suia Tuula, Rose Laing, Paul Barclay, Thomas Callanan, Jacqui Lunday Johnstone (until midday), Mick O'Donnell, Sekisipia Tangi (Zoom), Susan Wood, Kay Boone

Apologies: George Schwass, Simon Templeton, Elyse Gagnon, Waikura McGregor, Joyce Stokell, Rāwā Karetai, Dave Nicholl, Jane Hughes,

Also In Attendance: Lara Williams (minutes)

Item	Action points	Responsibility	Due
1.	Check if there is a CDHB-wide review of the COVID-19 response with an equity lens and that incorporates the DSG Paper. If not check if other reviews (DSG and Irihāpeti's review) can be incorporated.	Kathy O'Neill	23/03/2021
2.	Progress report to group on draft of UN Convention. For March agenda	Allison Nichols-Dunsmuir	23/03/2021
3.	Organise a DSG tour of Waipapa Building in the new year. Friday 26th February 11am – 1pm on a non-meeting day. Discuss wayfinding and silent doors on lifts, Mick confirmed this has been noted in comms plan since Waipapa opening	Dave Nicholl	26/02/2021
4.	Write report on progress of DSG's COVID-19 Response recommendations and circulate to group members.	Kathy O'Neill	23/03/2021
6.	Admin to follow up with speakers to ensure they give a progress update on projects after meeting with DSG	Admin	Ongoing
7.	**CDHB Annual Plan** • Quarterly reporting to capture our success with Monitoring Progress towards the DAP Outcomes • Project Leads to provides measures and deadlines by the 28 January so the report for monitoring progress can be completed for DSAC 5th March.	Kathy Projection Leads	Ongoing
8.	**Disability Action Plan** • Kathy to feedback to illustrations team to make the changes discussed • DAP to be added to DSG Workplan to ensure it's reviewed regularly. • Seki to email Kathy re ideas for actions for implementing a Pasifika disability plan, cc Lepou and invite her to attend the meeting with Finau	Kathy Seki	23/03/2021

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.	• Susan to enquire about live presentation to show InterRai health measurement tool assessment and to further discuss with the DSG how we get regular information and data about the patient experience	Susan Wood	23/03/2021
9	**UN Convention** Send workshop notes to Kathy for March meeting	Allison	23/03/2021
10.	**Covid Planning** • Kathy, Mick & Grant to discuss setting up Disability Reference Group, underneath Covid Response Group similar to the Maori and other reference groups • Mick to send details of Māori Covid reporting group to Jacqui • Kathy and Grant to discuss Health Passports/online Care Plans with AIWG • Kathy to circulate Q2 reporting. • Kathy to circulate action point including IPC for homecare	Kathy/Grant Mick	23/03/2021
11.	**SI PICS** • Kathy and John Wilkinson to meet with Susan and Catherine to progress Disability alert on SIPICS and report back to DSG • Tom, Paul and Grant happy to work with Kathy on what this template might look like as well to come back to the DSG.	Kathy	23/03/2021

	Agenda Item	Summary of Discussion
1.	Karakia Timatanga	Grant welcomed the group and provided a karakia.
2.	Conflicts of Interest	Group reminded to email Lara with updates on interest register. To be added for Rāwā Karetai: • International Initiative for Disabled Leadership. To be added for Tom Callanan: 'CCS Disability Action' probably needs 'Receives funding for services from MOH and MSD.' Added to it. 'Southern Centre Charitable trust'- probably only needs 'Trustee and Treasurer' noted. Not all the information after that.
3.	Apologies/November Meeting Minutes & Actions	Apologies were given. The minutes from the November meeting were approved. **Housekeeping points** Action point for future Agendas. Include papers, numbered beside each point. Pdfs embedded into word file and attached in email. Request made for more lead-in time with agendas and papers, at least one week before meeting to allow for pre-reading. As meetings are now two monthly with full agendas, there will be only 1 speaker. **Action point: Admin to follow up with speakers to ensure they give a progress update on their projects after meeting with the DSG** Review of Actions from November meeting: **Action points completed:** ✓ Tom contacted Carina Duke to ask for DSG representative at Greater Chch Disability Reference Group and for schedule of meetings. Awaiting a response for that. ✓Action plan template has been updated with measurable actions. Still waiting for some measures and deadline from project leads – needed by 28 Jan. ✓DSG Covid-19 paper has been forwarded to Irihāpeti Manuika, Director of Hauora Māori and Equity at Pegasus Health *Kāi Tahu, Kāti Māhaki ki Te Tai Poutini*. ✓11th December meeting with Irihāpeti meeting took place with Waikura ✓Jules followed up regarding Interpreter Guidelines document to see if linked to CDHB policy ✓Grant sent Joyce minutes from the DSG meeting where Interpreter guidelines were discussed ✓Allison emailed draft paper on physical access to the group. ✓Kathy met with John Wilkinson (Decision Support) to discuss SIPICS and disability data capture. Alert for disability, to be discussed with other SI DHBs.
4.	DAP Plan finalised draft – DSG Approval	Feedback on document. Requested for it to be in larger font. Black text rather than grey to make it easy read when printed in black and white.

	Agenda Item	Summary of Discussion
	for EMT and Board Approval	Paul requested a version in word be developed so that sight impaired can increase font. Catherine requested education and accessibility pointed to be checked so their message coincides. **Action point: Kathy to feedback to illustrations team to make these changes** **Action point: DAP to be added to DSG Workplan to ensure it is reviewed at least quarterly.** **Action point: Seki to email Kathy re ideas actions for implementing a Pasifika disability plan cc Lepou, Grant to attend meeting with Finau**
5.	Review the finalised template for monitoring the plan – with Progress Updates inserted Discussion About the Actions for the MoH required Canterbury DHB District Annual Plan	Grant discussed measures and completion dates. How do we monitor progress? Kathy's six monthly report to DSAC measures progress. Kathy can move to quarterly, aligning with our annual plan that is reported quarterly. Jacqui agreed. Seki is meeting with Finau, Planning & Funding Pasifika Portfolio Manager. Seki to email Kathy re ideas for actions for implementing a Pasifika disability plan, cc Lepou and invite her to attend the meeting with Finau. Susan discussed measuring staff learning needs. How do we measure behavioural change when it is qualitative? Susan to enquire about live demonstration to show InterRai health measurement tool assessment and to further discuss with the DSG how we get regular information and data about the patient experience. **Action point: Quarterly reporting to capture our success with Monitoring Progress towards the DAP Outcomes** **Action point: Kathy needs all feedback by 28th February as DSAC is 5th March** **Action points: Seki to email Kathy re ideas for actions for implementing a Pasifika disability plan, cc Lepou and invite her to attend the meeting with Finau** **Action point: Susan to enquire about live presentation to show InterRai health measurement tool assessment and to further discuss with the DSG how we get regular information and data about the patient experience.**
6.	Progress Update on the UN Convention DSG feedback.	Carried forward to March meeting Workshop 1 notes have been written up. Allison asks for this to be on March agenda, report only, not a workshop. **Action point: Allison to send workshop notes to Kathy for March meeting**
7.	Progress Report and next Steps for implementing the Covid paper recommendations, including links with CDHB-wide review.	Feedback given to Kathy for her experience with Covid-19 planning and management, complementing the DSG, with common issues. Kathy advised of action points actioned. Mick confirmed visitor policy has been improved. Policy amended, communications team informed of improvements. Meeting with ECan has taken place to discuss transport issues that arose during lockdown.

	Agenda Item	Summary of Discussion
		ACCessible Information Working Group to progress the use of online heath passport/care plans. This includes contact tracing and using text and email to reach those with a disability quickly. National issues including relaxed purchasing guidelines, shopping support, respite care, Kathy has contacted DSS the national DHB forum. Prudence Walker attended forum to link to DPO structure. Kathy has contacted Sam Johnston at SVE, about shopping needs for those without access to credit cards. Prudence has been invited to DSG meeting to ensure local issues are included in feedback. Kathy, Mick & Grant to discuss setting up Disability Reference Group, underneath Covid Response Group similar to the Maori and other reference groups Mick to send details of Māori Covid reporting group to Jacqui **Action point: Kathy and Grant to discuss Health Passports/online Care Plans with AIWG** **Action point: Kathy to circulate Q2 reporting.** **Action point: Kathy to circulate action point including IPC for homecare** **Action point: Kathy, Mick & Grant to discuss setting up Disability Reference Group, underneath Covid Response Group similar to the Maori and other reference groups**
9.	Allison update paper on physical access	Carried forward to March meeting
10.	Follow up for the next DSAC meeting	Kathy sought endorsement of point 12 of DAP Plan, actions for 2020-2030 for EMT to DSAC to Board. Discussed in point 4 above, DAP Plan.
11.	Review of our progress 2020: Anything we want to do differently in 2021 with our DSG meetings and work, to enhance our progress with implementing the DAP? Discussion on DSG member representation on work groups	There was a good discussion about this and those attending general happy. The following ideas suggested: • Agenda out at least a week before each meeting. • Include an agenda number with each attachment so people know what they relate too on the agenda. • Pdfs embedded into word file and attached in email and agenda. • More lead-in time with agendas and papers, at least one week before meeting to allow for pre-reading. • As meetings are now two monthly with full agendas, there will be only 1 speaker. • Where possible take out jargon. • Monitoring the DAP quarterly. • DSG involvement in project work to be determined on an ongoing basis.

12.	General Business:	
	• Meeting with John Wilkinson re SI PICS and Disability data capture	SIPICS has an alert system. Templates has been sent to other SI DHBs using SI PICS – considering adding a Disability alert. Discussion that Clinicians don't use SI PICS, they use HealthConnect South. Paul requested an alert for booking clerks to not post printed letter to sight impaired. **Action points: Kathy and John Wilkinson to meet with Susan and Catherine to progress Disability alert on SIPICS** **Tom, Paul and Grant happy to work with Kathy on what this template might look like as well to come back to the DSG.**
	• Liaison with Environment Canterbury (Tom)	Tom has contacted ECan. Awaiting confirmation on DSG Representation
	• Interpreter Guidelines - linked to CDHB policy (Kathy)	Guidelines sent to Joyce
	• DSG tour of Waipapa Building (Dave)	Dave Nicholl and George Schwass to confirm 26th February. Placeholder has been sent.
	• Next Meeting with the DSAC	Kathy has emailed Janice Donaldson, CDHB Planning & Funding.
	• Next Meeting with the Māori/Pasifika forum (Kathy)	Kathy updated that it's likely to be July onwards.
	• Next Meeting with the Canterbury Clinical Network and the Alliance Leadership Team (Kathy)	To be confirmed.
	• Plans for signing Accessible Information Charter	To be confirmed
13.	Anything that's different in a disabled person's life since we last met.	Congratulations to Lepou, on her feature on the government's official Covid19 Website. https://covid19.govt.nz/everyday-life/support-your-community/community-heroes/ Paul gave positive feedback to service desk about installing large mouse for staff member requiring. This large mouse will be added as a standard item that can be ordered through service desk. **Meeting closed at 1pm. Next meeting 26 March 2021, 22 May 2021.**

WORKPLAN FOR CPH&DSAC 2021 *(WORKING DOCUMENT)*

	4 March 2021	6 May 2021	1 July 2021	2 September 2021	4 November 2021
Standing Items	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
Standard Monitoring Reports	Community and Public Health Update Report Planning and Funding Update Report – Q2	Community and Public Health Update Report Planning and Funding Update Report – Q3 Maori & Pacific Health Progress Report	Community and Public Health Update Report	Community and Public Health Update Report Planning and Funding Update Report – Q4	Community and Public Health Update Report Planning and Funding Update Report – Q1 Maori & Pacific Health Progress Report
Planned Items	Community Water Fluoridation Position Statement COVID-19 Update CDHB Pacific Health Strategy – Implementation Plan – Targets & Indicators	Disability Steering Group Update Transalpine Health Disability Action Plan 2020-2030 Public Health Roles / Functions Life Curve	CDHB Workforce Update	Community & Public Health Update – Disability Sector	Disability Steering Group Update Transalpine Health Disability Action Plan Canterbury Accessibility Charter – Accessibility Working Group Update Accessible Information Charter
Governance and Secretariat Issues	Draft 2021 Workplan				
Information only items	Remembering a Pacific Community Hero CPH 6 Month Report to MoH CCN Q1 2020/21 Disability Steering Group Minutes	CCN Q2 2020/21 Disability Steering Group Minutes 2021 Workplan	CCN Q3 2020/21 Disability Steering Group Minutes 2021 Workplan	CCN Q4 2020/21 Disability Steering Group Minutes CPH End of Year Report to MoH 2021 Workplan	Disability Steering Group Minutes 2022 Meeting Schedule 2021 Workplan