CANTERBURY DHB BOARD

Thursday, 17 May 2018
11:00am

Board Room
Level 1
32 Oxford Terrace
Christchurch

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 17 May 2018 commencing at 11:00am

ADMINISTRATION			**11.00am**
	Apologies		
1.	**Conflict of Interest Register** *Update Board Conflict of Interest Register and Declaration of Interest on items to be covered during the meeting*		
2.	**Confirmation of the Minutes of Previous Meetings** • **Public Meeting** *19 April 2018*		
3.	**Carried Forward/Action List Items**		
4.	**Patient Story**		
REPORTS			**11.05am**
5.	**Organ Donation & Transplantation – Presentation**	Nick Cross *Clinical Director, National Renal Transplant Service and Nephrologist*	11.05-11.30am
6.	**Chair's Update (Oral)**	Dr John Wood *Chair, CDHB*	11.30-11.35am
7.	**Chief Executive's Update**	David Meates *Chief Executive*	11.35-12.10pm
8.	**Finance Report**	Justine White *Executive Director, Finance & Corporate Services*	12.10-12.20pm
9.	**Draft CDHB Public Health Plan**	Evon Currie *GM, Community &Public Health*	12.20-12.30pm
10.	**Submission – Local Government (Community & Well-being) Amendment Bill**	Evon Currie	12.30-12.40pm
11.	**Submission – Residential Tenancies (Prohibiting Letting Fees) Amendment Bill**	Evon Currie	12.40-12.50pm
12.	**Presentation of CEMARS Certificate for CDHB Environmental Management/ Carbon Emissions**	Dr Belinda Mathers *GM Technical* *Enviro-Mark Solutions Limited*	12.50-1.00pm
LUNCH			**1.00-1.45pm**
13.	**Delegations for Annual Accounts**	Justine White	1.45-1.50pm
14.	**Write-Off Report**	Justine White	1.50-1.55pm

15.	**Disposal of CDHB Land at 135 Maddisons Road, Templeton**	Justine White	1.55-2.00pm
16.	**Advice to Board**		2.00-2.05pm
	• **CPH&DSAC – Draft Minutes** *3 May 2018*	Dr Anna Crighton & Tracey Chambers *Co-Chairs, CPH&DSAC*	
17.	**Resolution to Exclude the Public**	Justine White	2.05pm

INFORMATION ITEMS

- Nil

ESTIMATED FINISH TIME – PUBLIC OPEN MEETING **2.05pm**

NEXT MEETING: Thursday, 21 June 2018 at 11.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

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

Executive Support

David Meates – *Chief Executive*
Mary Gordon – *Executive Director of Nursing*
Sue Nightingale – *Chief Medical Officer*
Stella Ward – *Chief Digital Officer*
Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Michael Frampton – *Chief People Officer*
Justine White – *Executive Director Finance & Corporate Services*
Kay Jenkins – *Executive Assistant - Governance Support*
Anna Craw – *Board Secretariat*

CANTERBURY DISTRICT HEALTH BOARD MEMBERS' CONFLICTS OF INTERESTS REGISTER

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

DR JOHN WOOD (CHAIR)

Advisory Board NZ/US Council – Member
Chief Crown Treaty Negotiator for Ngai Tuhoe
Chief Crown Treaty Negotiator for Ngati Rangi
Chief Crown Treaty Negotiator, Tongariro National Park
Chief Crown Treaty Negotiator for the Whanganui River
College of Arts – External Advisory Committee Member
Governing Board, Economic Research Institute for ASEAN and East Asia (ERIA) – Member
Kaikoura Business Recovery Grants Programme Independent Panel – Member
Member of the Governing Board of the Office of Treaty Settlements, Ministry of Justice – Ex-officio (as Chief Crown Treaty of Waitangi Negotiator) – Ex-officio member.
School of Social and Political Sciences – Adjunct Professor
Te Urewera Governance Board – Inaugural Member
University of Canterbury - Chancellor
University of Canterbury Foundation – Ex-officio Trustee
Universities New Zealand – Chair, Chancellors' Group

TA MARK SOLOMON (DEPUTY CHAIR)

Te Waka o Maui – Independent Representative
Oaro M Incorporation - Member
Ngāti Ruanui Holdings - Director
Pure Advantage - Trustee
He Toki ki te Rika / ki te Mahi - Patron
Te Ohu Kai Moana - Director
Deep South NSC Governance Board - Member
Sustainable Seas NSC Governance Board - Member
Liquid Media Operations Limited - Shareholder
Greater Christchurch Partnership Committee - Member
Police Commissioners Māori Focus Forum - Member
Royal NZ Police College – Patron of Wing 312
SEED NZ Charitable Trust – Chair and Trustee
Rangitane Holdings Limited & Rangitane Investments Limited - Chair/Director
Claims Resolution Consultation – Senior Maori Leaders Group – Member
QuakeCoRE – Board Member

BARRY BRAGG

Ngai Tahu Property Limited – Chairman
Potential for future property development work with the CDHB. Also, Ngai Tahu Property Limited manage first right of refusal applications from the CDHB on behalf of Te Runanga o Ngai Tahu.

Canterbury West Coast Air Rescue Trust – Trustee
The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.

New Zealand Flying Doctor Service Trust – Chairman
The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB.

CRL Energy Limited – Managing Director
CRL Energy Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.

Farrell Construction Limited – Chairman

SALLY BUCK

Christchurch City Council (*CCC*) – Community Board Member
Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.

Registered Resource Management Act Commissioner
From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.

TRACEY CHAMBERS

Chambers Limited - Director
Arohanui Trust - Trustee
Rata Foundation - Trustee

Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise.

DR ANNA CRIGHTON

Christchurch Heritage Trust – Chair - Governance of Christchurch Heritage
Christchurch Heritage Limited - Chair - Governance of Christchurch Heritage
Heritage New Zealand – Honorary Life Member

ANDREW DICKERSON

Accuro (Health Service Welfare Society) - Director (from 9 December 2016)
Is a not-for-profit, member owned co-operative society providing health insurance services to employees in the health sector and (more recently) members of the public. Accuro has many members who are employees of the CDHB.

Maia Health Foundation - Trustee
Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital.

Canterbury Health Care of the Elderly Education Trust - Chair
Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB.

Canterbury Medical Research Foundation - Member
Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB.

Heritage NZ - Member
Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings.

No Conflicts of Interest are envisaged for the following interest, but should a conflict arise this will be discussed at the time.

NZ Association of Gerontology - Member
Professional association that promotes the interests of older people and an understanding of ageing.

JO KANE

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.

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.

AARON KEOWN

Christchurch City Council – Councillor and Community Board Member
Elected member and of the Fendalton/Waimairi/Harewood Community Board.

Grouse Entertainment Ltd – Director and Shareholder
Grouse Films Ltd – Director
O3 Productions – Writer/Director
Road Accident Trauma Trust – Deputy Chair

No conflicts of interest are anticipated from these roles but will be discussed at the appropriate time should they arise.

CHRIS MENE

Canterbury Clinical Network – Child & Youth Workstream Member

Core Education – Director
Has an interest in the interface between education and health.

Wayne Francis Charitable Trust - Board Member
The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.

Regenerate Christchurch – General Manager, Partnerships and Engagement
Regenerate Christchurch (*RC*) - established to lead regeneration activities across Christchurch. RC will work with strategic partners, including the Canterbury DHB, the community, iwi and other stakeholders to plan and drive development in key areas of the city.

DAVID MORRELL

British Honorary Consul
Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time.

Nurses Memorial Chapel Trust –Chair
(CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.

Heritage NZ – Subscribing Member
Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance.

Canon Emeritus - Christchurch Cathedral
The Cathedral congregation runs a food programme in association with CDHB staff.

Great Christchurch Buildings Trust – Trustee
The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.

Hospital Lady Visitors Association - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.

Friends of the Chapel - Member

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held at 32 Oxford Terrace, Christchurch
on Thursday 19 April 2018 commencing at 9.00am

BOARD MEMBERS

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

APOLOGIES

Apologies for lateness were received and accepted from Tracey Chambers (9.10am) and Jo Kane (11.30am).

EXECUTIVE SUPPORT

David Meates (Chief Executive); Michael Frampton (General Manager, People & Capability); Carolyn Gullery (General Manager, Planning & Funding and Decision Support); Mary Gordon (Executive Director of Nursing); Hector Matthews (Executive Director, Maori & Pacific Health); Sue Nightingale (Chief Medical Officer); Karalyn van Deursen (Strategic Communications Manager); Stella Ward (Executive Director, Allied Health); Justine White (General Manager, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Ta Mark Solomon asked that the following items be removed from his interests:

- Canterbury Recovery Learning & Legacy Sponsors Group – Member
- Post Settlement Advisory Group – Member

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 OF THE PREVIOUS MEETING

Resolution (21/18)
(Moved Aaron Keown/seconded Ta Mark Solomon – carried)

"That the minutes of the meeting of the Canterbury District Health Board held at 32 Oxford Terrace on 15 March 2018 and the Special Meeting held on 27 March 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. PATIENT STORY

The Patient Story was viewed.

5. CHAIR'S UPDATE

The Chair advised that the Minister of Health took the opportunity to come to Christchurch for the opening of the expansion of Oddessy House which he and the Chief Executive also attended. Clients put on a performance of Kapahaka and the effort they had gone to was extraordinary.

A query was made regarding progress on the projects for which responsibility was shifted to the HRPG by way of a letter from the Minister of Health and Minister of Finance in June 2015. It was noted that the Energy Centre project was out for RFP; Parkside repairs are now part of the Christchurch Campus Business Case; there is no update on long term car parking; and in regard to the bridge links the Ministry chose to repair the tunnel so this will not proceed.

The Chair's update was noted.

6. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read and highlighted the following:

- The DHB Certification process will commence in June which is part of a three yearly cycle. This covers from Kaikoura to Ashburton and also the Chatham Islands.
- In Older Persons Health there is a 64% reduction in restraints. This is partly to do with the support of the new facility at Burwood which is starting to bring to life the importance of the environment in managing these people.
- A number of changes across the system over recent years for stroke services are combining significantly to improve outcomes for people experiencing strokes.
- Changes in the Schools Based Dental Service have seen dental teams now providing capacity through the school holidays.
- Work is continuing in Hurunui, Oxford and Akaroa around Integrated Family Health Services and Community Health Hubs as detailed in the report.
- South Island PICs - preparations continue for the rollout of the software into the main Christchurch Hospital. Nelson Marlborough will go live at the end of April and all others will go live throughout June. This will be one of the largest data migration programmes in the country.

A query was made regarding Ophthalmology in regard to follow up of Glaucoma patients. A report will be provided to the Hospital Advisory Committee regarding this.

Discussion took place regarding the Certification process.

Discussion also took place regarding the clinical coding backlog and it was noted that there is a plan in place to resolve this.

Resolution (22/18)
(Moved David Morrell/seconded Barry Bragg – carried)

"That the Board:

i. notes the Chief Executive's Update."

7. FINANCE REPORT

Justine White, General Manager, Finance & Corporate Services, presented the Finance Report which was taken as read. The consolidated Canterbury DHB financial result for the month of February 2018 was a deficit of $0.093M, which was $1.845M unfavourable against the draft annual plan surplus of $1.752M. The year to date position is $2.757M unfavourable to the draft annual plan.

In regard to March results the Board noted the interim result of $900k unfavourable for the month and $3.5M unfavourable for the year.

Ms White advised that the drivers continue to be the same: the cost of outsourcing; pharmaceuticals and Aged Residential Care costs.

Resolution (23/18)
(Moved Ta Mark Solomon/seconded Aaron Keown – carried)

"That the Board:

i. notes the financial result and related matters for the period ended 28 February 2018."

8. APPROVAL OF TRUST FUND EXPENDITURE

(Andrew Dickerson re-iterated his interest in regard to Maia Health Foundation)

There was no discussion on this report.

Resolution (24/18)
(Moved Aaron Keown/seconded Sally Buck – carried)

"That the Board:

i. approves the expenditure of trust/donated funds from Countdown Kids of $55,193 to purchase a Breast Milk Analyser."

9. CPH&DSAC TERMS OF REFERENCE

Justine White, General Manager, Finance, presented the revised Terms of Reference for CPH&DSAC. She advised that there were slight changes to these.

Discussion took place regarding the term and it was agreed that the Terms of Reference would be reviewed at the end of 2018.

Resolution (25/18)
(Amendment to resolution: Moved: Anna Crighton/seconded Sally Buck – carried)

"That the Board:

i. adopts the Terms of Reference, with a review scheduled for the end of 2018."

10. SUBMISSION – SALE AND SUPPLY OF ALCOHOL AMENDMENT BILL

(Tracey Chambers and Aaron Keown declared a conflict of interest for this item)

Evon Currie, General Manager, Community & Public Health, presented this report. She advised that the Bill would go the Select Committee.

Discussion took place regarding the Christchurch City Council Local Alcohol Policy and it was agreed that this would be raised with the Council in the meeting with them.

Resolution (26/18)
(Moved Sally Buck/seconded Chris Mene – carried)

"That the Board:

i. approves the draft submission on the Sale and Supply of Alcohol (Renewal of Licences) Amendment Bill."

The meeting moved to Item 12

12. ADVICE TO BOARD

Hospital Advisory Committee (*HAC*)
Andrew Dickerson, Chair, HAC, presented the draft minutes from the Committee meeting held on 29 March 2018.

Resolution (27/18)
(Moved Andrew Dickerson/seconded Ta Mark Solomon – carried)

"That the Board:

i. notes the draft minutes from the Hospital Advisory meeting held on 29 March 2018."

13. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (28/18)
(Moved: Dr John Wood/Seconded: Ta Mark Solomon – carried)

"That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 15 March 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	High Care Area for AT&R	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

4.	Diagnostic Colonoscopy Targets	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	S9(2)(a) s9(2)(j) s9(2)(h)
7.	Advice to Board: • Facilities Committee Draft Minutes *12 Apr 2018* • HAC PX Draft Minutes *29 Mar 2018* • QFARC Draft Minutes *27 Mar 2018*	For the reasons set out in the previous Committee agendas.	

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

INFORMATION ITEMS

- Hanmer Surplus Land – Letter from Minister of Health
- Hillmorton Surplus Land – Letter from Minister of Health

The Public meeting concluded at 9.50am, with the meeting to return to Public at 11am for Item 11.

The meeting returned to a Public forum at 11am.

11. MENTAL HEALTH SUPPORT IN SCHOOLS INITIATIVE – PRESENTATION

Sir John Hansen, Chair, Canterbury Clinical Network, introduced the speakers for this presentation: Ken Stewart (Deputy Chair, Canterbury Clinical Network); Clare Shepherd (Programme Manager); and Greg Hamilton (Planning & Funding).

The presentation provided the Board with information around the Canterbury context; school and stakeholder perspectives; deliverables and progress to date.

The Chair thanked the presenters and added that this Board absolutely supports this initiative.

This part of the Public meeting concluded at 11.50am.

_____ _____

Dr John Wood, Chair Date

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 17 MAY 2018

DATE	ISSUE	REFERRED TO	STATUS
16 Nov 17	Organ Donation and Transplantation Update		Today's Agenda – Item 5.
15 Mar 18	Maternity Strategy Update	Carolyn Gullery	To be scheduled.

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Chief Executive**

DATE: **17 May 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

PUTTING THE PATIENT FIRST – PATIENT SAFETY

Patient Safety

- Canterbury DHB surveys all inpatients fortnightly for Older Persons Health and Ashburton Hospitals. A sample of 600 patient discharges are surveyed at the Christchurch Campus. Patient experience is a good indicator of the quality of health services. Better experience, stronger partnerships with consumers, and patient and family-centred care have been linked to improved health, clinical, financial, service and satisfaction outcomes.[1] The data below compares one fortnight responses with all other NZ DHB's. Canterbury DHB results are similar to the t National Average.

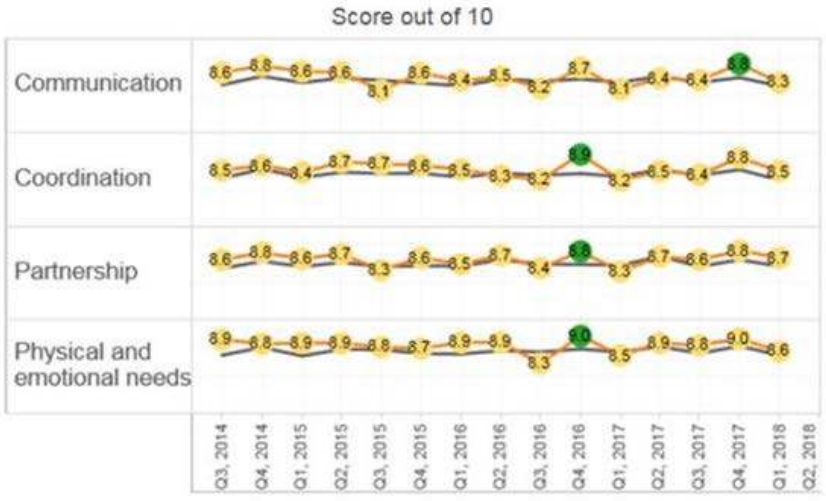


Figure 1 National Patient Experience for patients treated in February 2018

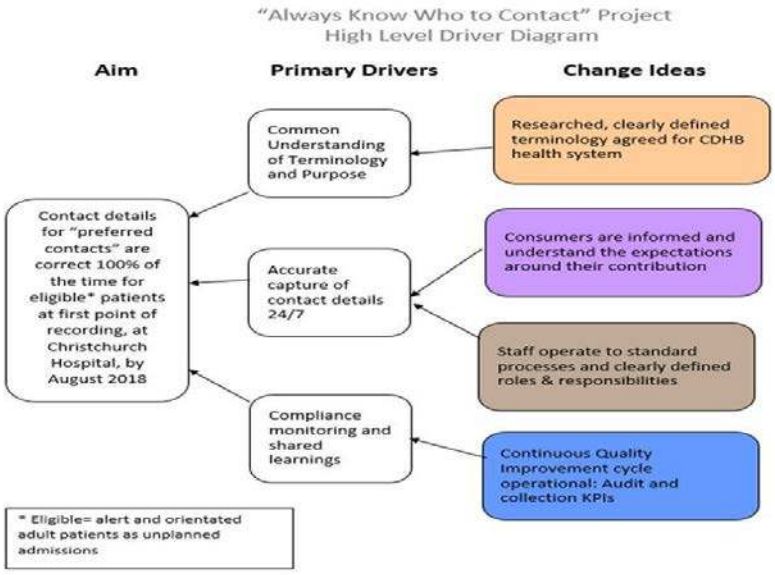
[1] *https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/patient-experience/*

- **18 April Falls Campaign:** There were local displays and activities in the Hospitals and services during April, examples include the Burwood Hospital photo booth for staff to share strategies on how they are helping to reduce falls and the Christchurch Hospital competition to guess who many leaves were in the box, designed to engage staff and visitors in a conversation about preventing falls. There were weekly feature pieces in the CEO update, the last one promoting the new Hospital guidelines for the use of appropriate footwear to promote safe mobility and functional recovery.

- **Canterbury DHB Certification Audit dates confirmed for June 2018:** The date for our next audit against the New Zealand Health and Disability Services Standards (NZS 8134.1:2008) across the DHB is set for the week of the 18 June 2018. This will be the full audit with 14-16 auditors onsite for the week. The self-assessment report (desk audit) has been sent to the audit agency.

- **Deteriorating Patient: Patient and Family/Whanau Escalation of Care (HQSC):** The mechanism for patients and families/whanau to use to escalate care has been co-designed with consumers. The proposal for the initial testing in paediatrics high dependency unit has been developed and is awaiting final approval by the clinical team; Testing is planned for May.

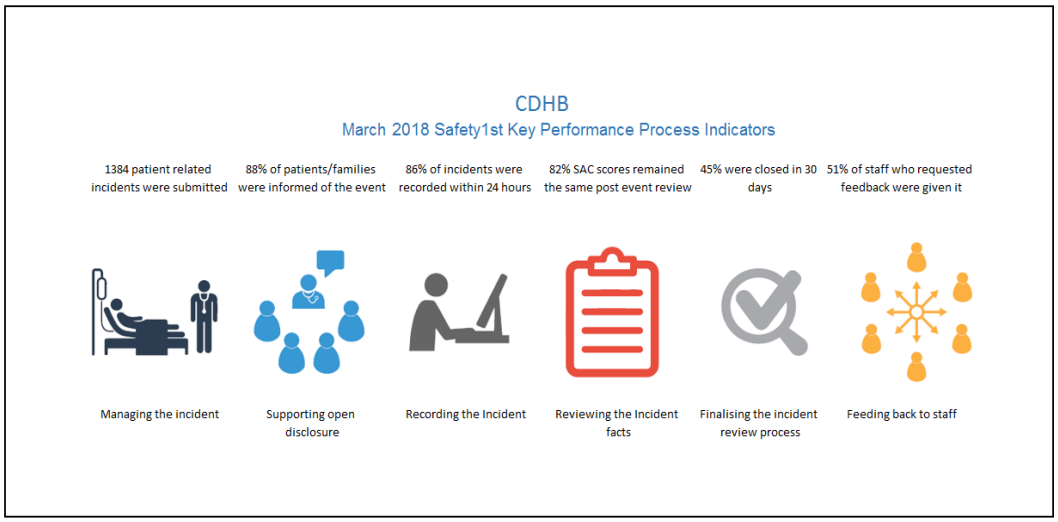
- **Always Event (HQSC):** In the discovery phase of the Always Event Project aimed at improving the patient experience of family involvement in care found that the details of 'contact' people were not always accurate. Change Idea 1 has been the recent focus of work on the Always Event project, i.e. "Clearly defined terminology is agreed for the CDHB health system when requesting details for a "contact person". This is important for Change idea 2 which introduces a method for briefing the patient's contact person on how they can assist and be involved.



- **NEW HQSC Quality & Safety Markers being introduced:** *Deteriorating Patient:* Data collection of the new quality and safety measures commenced in April. The majority of the data required is already captured electronically in Patientrack, and the existing standardised nursing early warning score audit tool has been modified to collect the other data. The HQSC atlas of variation with the outcome measures has been received for comment.

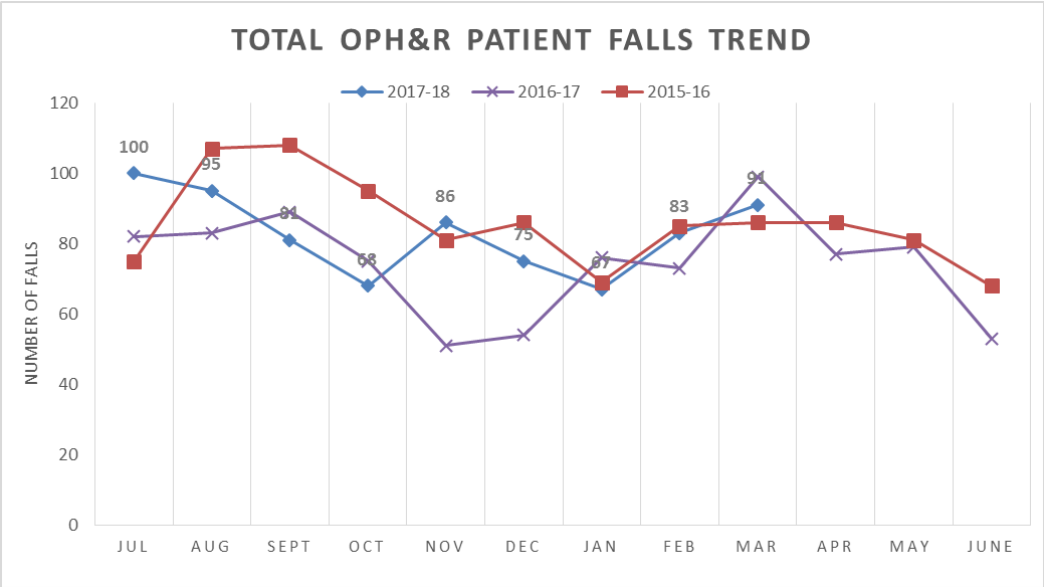
- *Pressure Injuries*: The revised HQSC 'How to Guide' and data collection templates were released early April. Work has commenced on incorporating the measures into the standardised nursing Pressure Injury audit tool and we are working on setting up a report to generate the random sample each month. Testing the tool and new process is planned for May/June ahead of the official data collection from July 2018.

- *Opioids*: The HQSC deferred the process and balance markers data collection – collection will now commence from 1 October 2018. The plan is to capture the data for the process markers electronically in Patientrack. The outcome measure will be sourced from the national minimum dataset and commences 1 July 2018 - a draft HQSC dashboard has been circulated for feedback by 3 May.
- **Incident Management:** The open disclosure whereby patients and families are informed of the event continues to improve, 79% in November 17 to 88% in March 2018.
- **Closing of first line managers completed incidents** reviews by the service is the next area for improvement.



Note: *KPI's are reported one month after months end to allow to allow for complete data set*

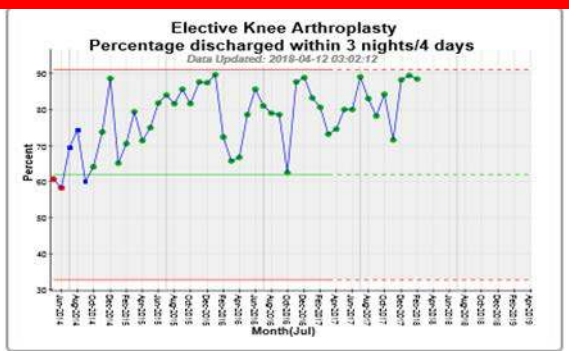
- **Releasing Time to Care (RT2C):** Following the CDHB Medication Safety Module in November 2017, Ashburton Hospital and Christchurch Women's Hospital Medication Safety workshops in April/May 2018. The focus will be on medication safety at all stages of the administration process. Staff will be able to discuss medication incidents, and staff survey and patient engagement results. Burwood, Ashburton and Kaikoura hospitals are continuing to focus on standardisation, geographical/team nursing and bedside handover. E-Handover training is underway in Burwood and Ashburton.
- **Community Dental Service**: Five moments of hand hygiene was not in practice when the community clinics were designed. To improve our outcomes in community dental we are working with maintenance and engineering to install several more hand sanitizers in the correct place to improve visibility and opportunities and therefore improve audit results. We are working towards four handed dentistry: This enables greater involvement of the dental assistants. We are training champions to promote four handed dentistry, look at common ground, and possibility of creating training/support video.
- Working with the Quality team to organise Consumer and Family/Whanau Satisfaction Survey(s) to ensure as we develop our service development plan we are able to keep the consumer of our services at the centre of our changes. Recent audit of feedback has shown no complaints received YTD which is a positive outcome of ongoing changes within the service.
- **Older Persons Health & Rehabilitation (OPH&R) Falls**: There were 106 reported falls for the month of April 2018, an increase of 15% (14) over March 2018. Year to date there have been 853 reported falls, an increase of 12% (94). This increase is spread across all the OPH Inpatient Wards.

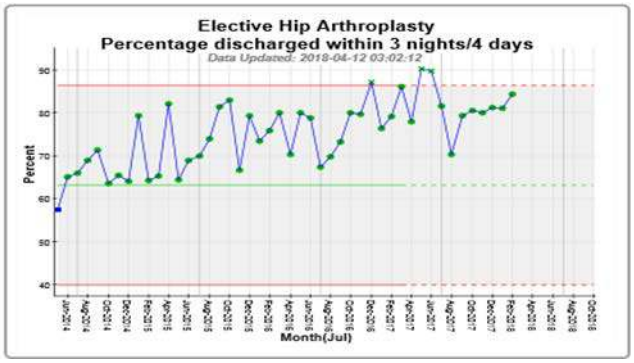


- **Filter systems keeping patients on dialysis safe**: Water in Christchurch is temporarily being chlorinated in order to keep people safe from potential contamination of our water supplies by bacteria. This important public health action does have some risk of harmful side effects for people on home haemodialysis. During dialysis very large volumes of water are used and even very small amounts of chlorine present in water can enter the bloodstream. It can cause haemolysis (damage to red blood cells) which makes patients feel unwell In order to protect against this the dialysis service has worked hard over the past two months to install pre-filtration trolleys to their dialysis machines. All home haemodialysis patients now have protection against the effects of chlorine and will be able to safely dialyse. This required the rapid sourcing of 50 filtration systems, many of them coming from Australia. The team has worked with staff from the City Council to ensure that units were installed in the right order – as chlorination of water supplies was carried out in a phased manner. The service's Biomedical Technicians have worked heroically to ensure that this work was completed in time and that other time critical tasks have also been completed.

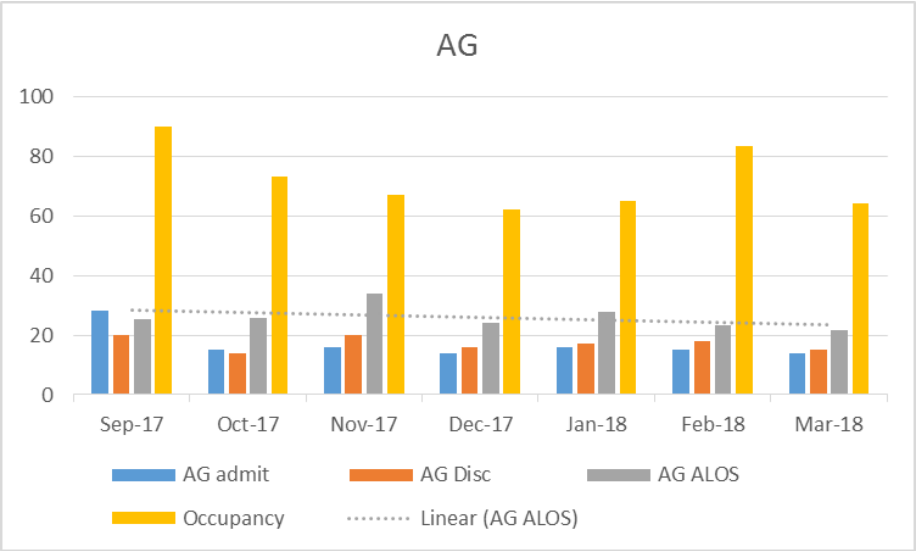
IMPROVING FLOW IN OUR HOSPITALS

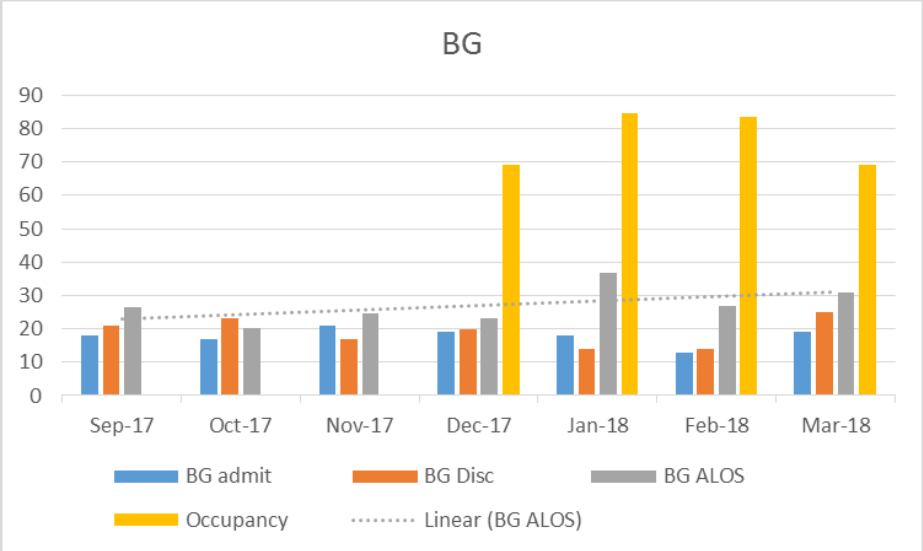
Enhanced Recovery After Surgery (ERAS) – Overall trend for both Elective Hips and Knees seeing improvement in the percentage of patients discharged within the target. Still some variation however variation on the positive line of improvement.





- Older Persons Mental Health continue to focus on the flow within the inpatient environment. Current development of dashboards are providing the service with visibility of activity.





- **FloView as a tool to improve flow within General Medicine:** Flow of acute frail elderly people within our hospitals has been a focus for some time now. There are several pathways into hospital, for many people this involves presentation at the Emergency Department for brief assessment so that they can be placed under the care of the right service. Many older people are admitted under the care of the General Medicine Service and the first step in their stay is usually the Acute Medical Assessment Unit. Over the past 18 months the average time spent in the Emergency Department by these patients has consistently been less than four hours. In order to maintain or shorten the time spent in the Emergency Department once a bed is requested for a patient the bed needs to be allocated and patient "pulled" to the unit in a timely manner. During those 18 months, apart from one week in August 2017, patients have left the Emergency Department in an average of less than 60 minutes. In recent months this has sat between 35 and 50 minutes.

- Achieving this requires that the Acute Medical Assessment Unit has sufficient capacity to accept patients in a timely way, which in turn relies on timely flow of patients to the inpatient wards. Improving this part of our patient journey has been hampered by a lack of time stamps to monitor and inform fine tuning of improvements.

- Introduction of the electronic tool called FloView, coupled with the use of an electronic handover document in Health Connect South has enabled us to make changes to the way that transfers from the Acute Medical Assessment Unit are arranged. Patients are transferred to the wards following allocation of a ward bed in FloView and electronic provision of handover information. This means that we no longer need to wait until nurses at both ends of the transfer have time to speak with one another to provide a verbal handover and should shorten the time taken for transfer of patients to the ward. It also ensures the quality of information provided is appropriate and consistent. This system also allows us to measure the time taken to arrange transfers – and use this as one measure of whether changes to the way we work are providing the intended benefits. A number of improvements will be explored over the coming weeks and updates provided as these are put in place.

REDUCING THE TIME PEOPLE SPEND WAITING

Medical & Surgical and Women's & Children's Services

- **Key Outcomes - Faster Cancer Treatment Targets: 62 Days Target.** For the period January, February and March 2018 Canterbury District Health Board submitted 140 records to the Ministry. 19 of these missed target due to patient choice or clinical reasons. Eight of the remaining 121 patients breached meaning that performance against the **62 days** target was 93% against the target of 90%.
- **31 Days measure.** For the same period Canterbury District Health Board submitted 323 records with 87% of eligible patients (280 people) meeting the 31 day measure against a threshold of 85%.
- **Elective Services Performance Indicator Target Outcomes:** At the time this update was written, latest preliminary reporting from the Ministry of Health shows that Canterbury District Health Board achieved a red result for elective services performance indicator two (covering first specialist assessment) at the end of February. This follows a yellow report in January. 12 of the 26 services that contribute to this measure had no patients waiting longer than 120 days, six services had five or fewer, four services had between six and ten and four services had more than ten.
- The same report shows that Canterbury District Health Board achieved a red result for elective services performance indicator five (covering waiting time for surgery) for the seventh month in a row at the end of March. Data issues associated with the transition of data between patient management systems is one cause for this ongoing apparent failure to make target. The Ministry of Health has provided Canterbury District Health Board with dispensation for Elective Services Performance Indicator achievement related to data issues until the end of June, agreeing that we will use a notional buffer of 35 people failing to meet target time to define transition from yellow to red, and report against this manually. Reports distributed to District Health Boards will continue to be published using the usual methodology with manual reporting used to inform discussions about improvements required.
- In addition to this the number of operations provided at Christchurch Hospital was reduced throughout January and February because work to form a link between the Parkside and Acute Services Buildings required that two theatres were closed down. This closure lasted much longer than originally estimated. Accordingly the Ministry of Health has provided a dispensation in relation to the delay caused by this work that covers January and February, requiring that we will once again exit red status before the end of June. This will allow four months for a recovery plan to eliminate the backlog.

- **Elective Health Target Delivery:** Internal reporting shows that at the end of March Canterbury District Health Board has provided close to 370 elective discharges less than planned. In house delivery is sitting above planned levels with the deficit entirely explained by a current under-run in outsourced surgery. We are confident that this will be corrected prior to the end of June 2018 meaning that Canterbury District Health Board is on track to achieve the Elective Health Target volumes. Note however that there is a mismatch between target and delivery in the various sub-categories (i.e. arranged versus elective and between specialties). Canterbury District Health Board is working through this with the Ministry of Health.

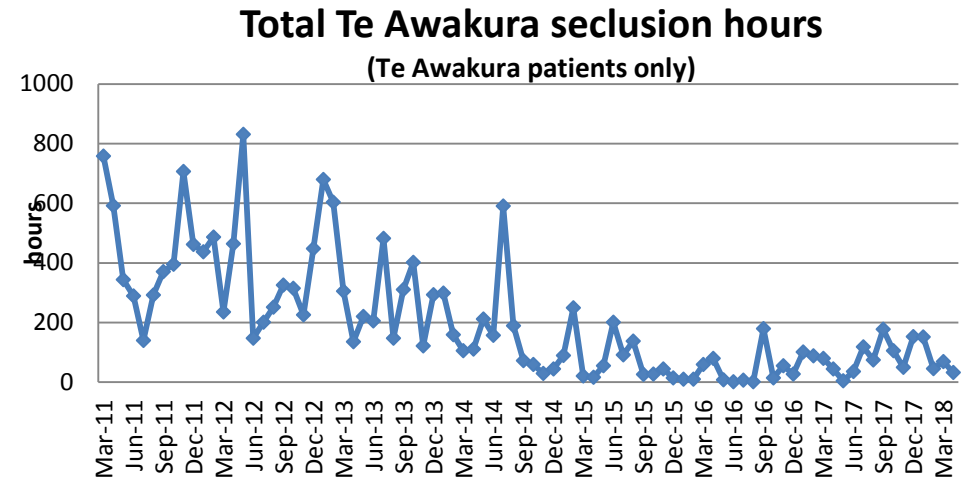
- **Midwifery Council praises quality of midwife education:** Having an effective programme in place for ongoing education is essential to support midwives to provide the quality of care that the women and babies in Canterbury deserve. Not only does it support the provision of safe practice, but it is important in helping us to ensure that competent and motivated midwives see Canterbury as a good place to work. The Council has just re-approved Canterbury DHB as an accredited continuing midwifery education provider, and has praised the quality and diversity of the education provided and the number of midwives engaging in this education, which is well above the minimum required.

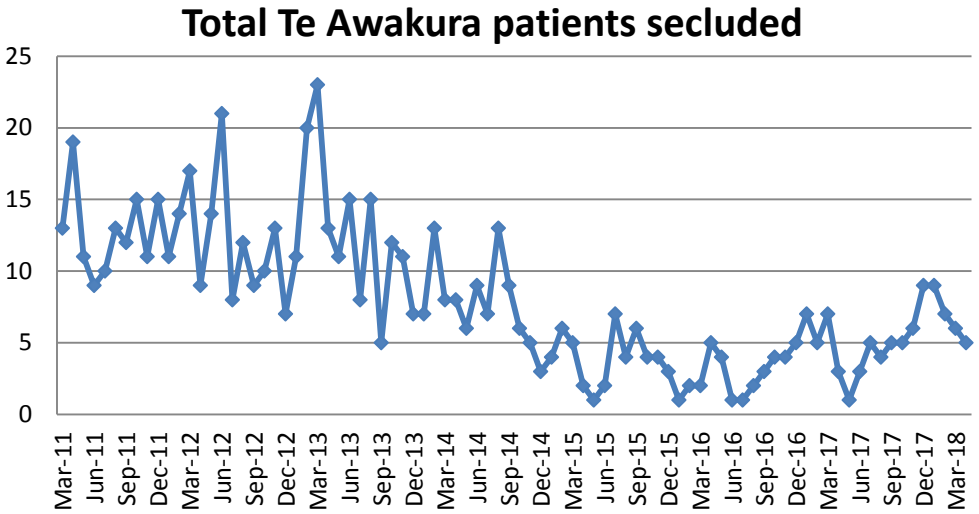
- A feature of the programme is that we work as a system to provide education to all midwives in Canterbury – not just those employed by the District Health Board. The effect of this is that standard approaches to provision of care are encouraged across the district and that relationships between staff working in different areas are created and maintained. Feedback provided by midwives supports the view that education provided is at a high standard. This and the comprehensive nature of our programme has led to the midwifery council expressing a high level of trust in the systems in place – reducing the need to seek permission when new material is being developed. Examples of recent education involve sessions focussing on emergency skills, new-born assessment, perineal repair and new-born life support. Alongside this continuing education core competency education is provided. The next session includes Canterbury District Health Boards Executive Director of Māori and Pacific Health providing education on cultural competency and some video interviews with women providing positive feedback about the value of our recently introduced bedside handovers.

- **Paperlite Gynaecology Clinics:** Gynaecology has become one of the expanding group of services that is on the pathway to running paperlite clinics. There is an average of 23 gynaecology clinics running per week, each of these currently requires around 40 minutes of administrator time to obtain, collate and return paper records to the medical records department – a total of over 15 hours per week just within the service. This is time that could be usefully employed to improve booking practices and communication with patients or support implementation of the Patient Information Care System within the service. Along with the need to free up administrator time for other purposes the journey towards paperlite supports our strategy of ensuring that relevant information is available where and when it is needed anywhere in our health system. Recognising this, the service is working to reduce the need for paper records to run its clinics to the bare minimum. This has required some changes in practice to ensure that information that we need to keep is recorded within our electronic systems rather than on pieces of paper. In order to ensure that we're supporting clinicians to continue to successfully provide safe, effective and timely care we are putting changes in place in a staged manner with nearly three quarters of consultants committed to providing clinics on a paperlite basis. For this transition phase we have continue to order paper notes but not provide them to clinicians unless requested to ensure that we do have a "safety net". The signs are currently positive and it appears likely that we will be able to dispense with this practice, at least for the majority of patients, within the coming months.

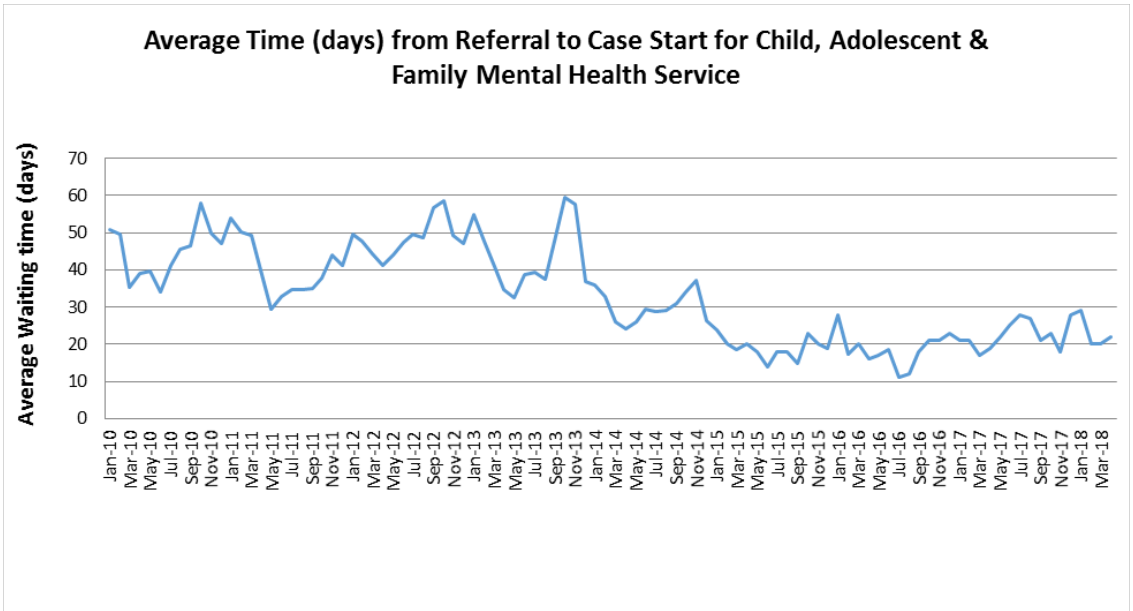
Specialist Mental Health Services (SMHS)

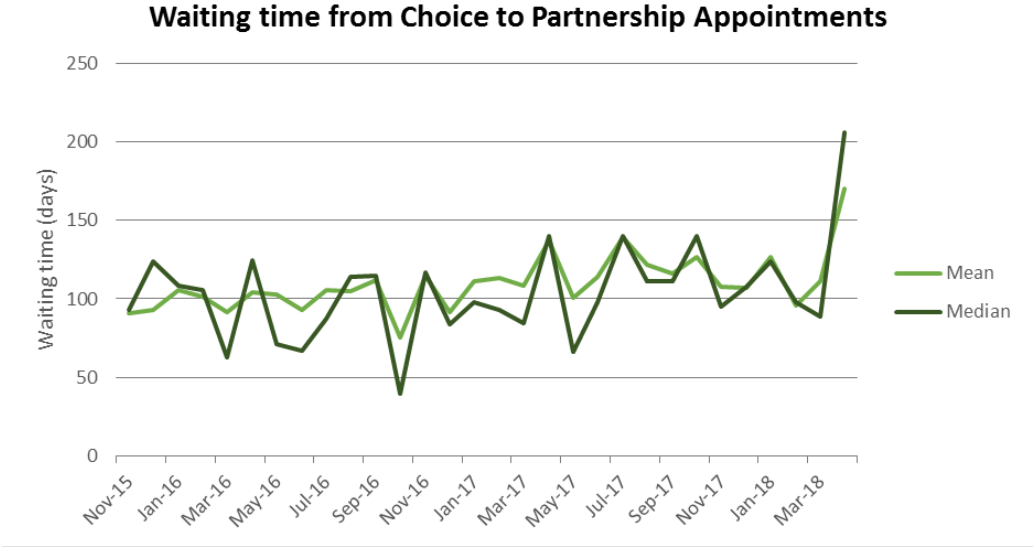
- Demand for Specialist Mental Health Services: The Specialist Mental Health Services divisional leadership team and Planning & Funding continue to closely monitor use of Mental Health Services. Demand for adult general services is continuing to grow. Our staff work exceptionally hard to provide the best care possible in some very challenging circumstances and we are continuously looking for ways to make the environment as safe as possible for consumers and staff. A range of initiatives are contributing to ongoing improvements. These include:
    - Plans are underway for a building modification designed to contain a high care area (HCA) to assist with addressing significant health and safety concerns that exist in the AT&R unit. This is the inpatient service for people with intellectual disability and challenging behaviour. An interim environmental modification has seen a significant improvement in seclusion reduction and improved safety for patients and staff.
    - Nurse Coaches were established within Te Awakura (the adult acute inpatient service) in late 2017. These roles were established to support practice for both registered and enrolled nurses in their first year of Mental Health practice. A formal 3-stage evaluation of the impact of the role is underway. Stage 1 has been completed with positive feedback.
    - There are currently several AT&R staff on ACC due to serious work related injuries. Strategies have been put in place to maintain staffing levels for the unit through using pool staff familiar with the area and a short term staff secondment to assist in continuity of care. Maintaining this level of staffing is an ongoing challenge.
- We acknowledge the great work of inpatient staff is being complemented by the new entry to specialist practice (NESP) groups. The recent commencement of forty five nurses and fourteen allied health new graduates add to the work that we do.
- Occupancy of the **adult acute inpatient service** has been high at 97% in April 2018. Such high occupancy is unsustainable and does not allow for increased demand over time. Planning and Funding are leading the development of community services that will provide an alternative to an acute inpatient admission.
- **Demand for Adult Services** increased slightly over the summer period. There were 207 new crisis case starts in April 2018. New crisis case starts require an assessment and response within a day of referral. The adult general service is exceeding national targets with respect to wait times for adult Specialist Mental Health Services. The wait time targets are 80% of people seen within 21 days and 95% within 56 days. In April 2018, 96.2% of people referred to the Adult Community Service were seen within 21 days and 99.7% were seen within 56 days. The percentages for April 2018 were 83.35% and 96.82% respectively when other adult services i.e. Specialty, Rehabilitation and Forensic were included.
- Our focus on **least restrictive practice** continues to result in reduced seclusion. Within Te Awakura there were five seclusion events for April 2018 for a total of 42.4 hours. This was comprised of four unique individuals. The monthly average for the previous 12 months is currently 85.4 hours.





- **Child, Adolescent and Family (CAF):** Wait times for Child, Adolescent and Family services remains a concern. National targets require 80% of young people to be seen within 21 days and 95% within 56 days. Our results for March 2018 show that 77% of children and adolescents were seen within 21 days and 91% within 56 days. Child, Adolescent and Family Services had 200 new case starts in April 2018.





- Child, Adolescent and Family Services has been identifying consumers with possible ADHD and sending them straight to a Partnership appointment in an effort to reduce their waiting list. In April 2018 the majority of CAF North consumers who attended a Partnership appointment had not attended a Choice appointment (only five CAF North consumers are included in the April 2018 figure above). This was not the case for the CAF South team, who have a greater number of consumers waiting, and a longer average waiting time from Choice to Partnership. CAF South have been actively trying to target their consumers waiting the longest. As a result there is a marked increase in waiting time shown in the graph above for April 2018.

- **Schools based Mental Health Team** has continued to be approached by a number of new schools across Canterbury requesting engagement which is commencing. The regular workshops and support to over 150 schools across Canterbury continue. The team has continued to respond to the requests from schools, providing an individualised approach for all. As well as attending regular pastoral care meetings in many schools, the team also participates in Rock On meetings where attendance issues are discussed. Networking and fostering strong relationships across schools and with the Ministry of Education continues to play a major role. The team has recently allocated a liaison clinician for each Communities of Learning | Kāhui Ako (school cluster).

Older Persons Health & Rehabilitation (OPH&R)

- The Clinical Nurse Specialist (CNS) role has provided significant benefits for the health system, and most importantly benefits to the older patients and their families. Since the beginning of August 2017 the CNS has received 1092 referrals. As this is a dedicated role, the CNS liaises with patients and their families ensuring the patient voice is heard. The position means that patients are given a clear understanding of what is the most appropriate discharge or transfer options for them, and help come to a decision about what is right for them. A key function of the role is to provide clinical leadership for rehabilitation nursing practice and act as a mentor and resource person for assessment, treatment and rehabilitation of the older person in the acute environment of Christchurch Hospital. If the patient requires transfer to Burwood Hospital then the CNS is proactive about providing patients with information about transferring to Burwood. The CNS is able to appropriately prioritise patients with highest clinical need for transfer. Patients are more often coming to Burwood ready to rehab.

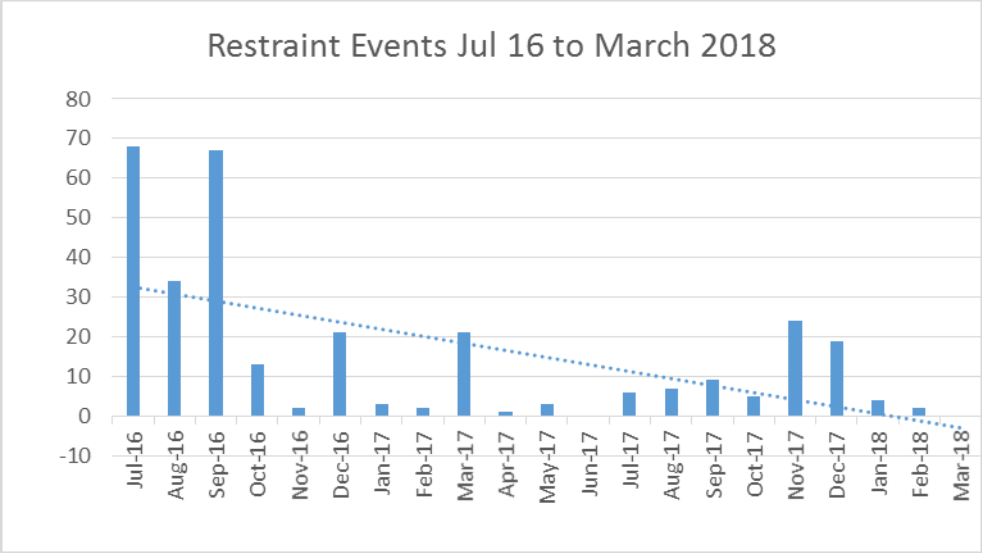
- The role also enables more of a clinical perspective and overview once patients are on the waitlist. The CNS will pro-actively follow up patients on the list, making sure that transfer is still the best option - on occasion she has noted improvements and arranged for CREST discharge, or deterioration which means transfer is no longer appropriate.

- SMO's have noted that the CNS role allows them to make better use of their time and clinical skills, for example, to spend time managing a complex family meeting at Burwood, rather than spending that time driving to Christchurch Hospital finding notes/patients/RMOs in order to make what is often a relatively straightforward decision. The background work that the CNS does saves a significant amount of SMO time, and many weeks now consults which would have normally spent 4-5 hours being seen by an SMO are able to be managed over the phone with the CNS's assistance.

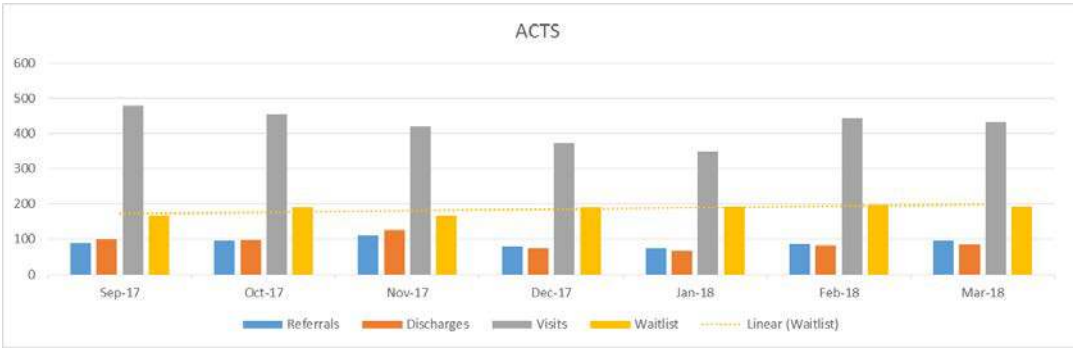
- Older Persons Mental Health (OPMH) has actively worked to meet the aims of the Restraint Minimisation and Safe Practice Standards (NZS 8134.2:2008). After a certification audit in 2015 the Canterbury DHB was given corrective actions regarding restraint and seclusion which have led to changes in practice and a significant reduction in the use of restraint. Specifically:
    - Whether the approved restraint is necessary, safe, of an appropriate duration, and appropriate in light of consumer and service provider feedback and current accepted good practice.
    - If individual plans of care/support identified alternative techniques to restraint and demonstrate restraint evaluation.
    - Whether changes to policy, procedures or guidelines are required and
    - Whether there are additional education or training needs or changes required to existing education.

- This led to the removal of certain restraint devices such as five point chair belts and the introduction in partnership with SMHS of SPEC Training for all hands on staff to ensure that only safe approved methods of personal restraint were used.

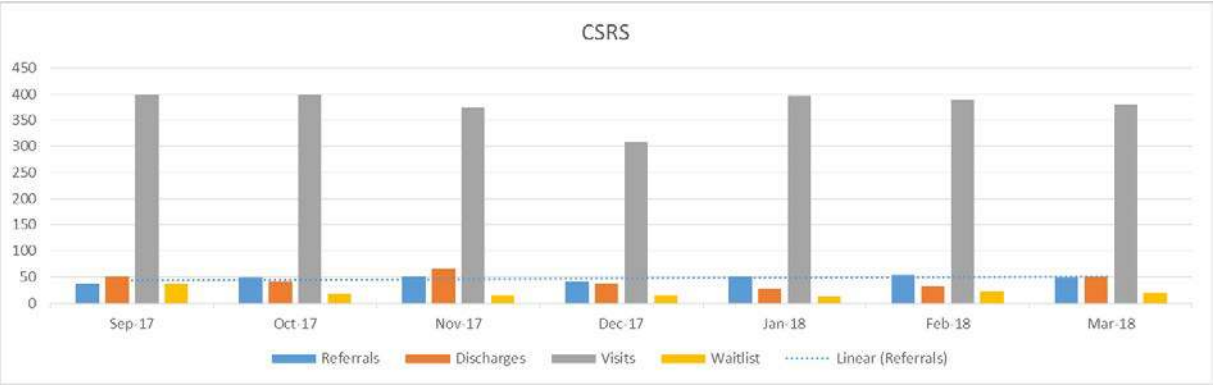
- The Older Persons Mental Health wards at Burwood Hospital are less than two years old and provide a purpose built, light filled, pleasant and spacious ground floor environment which has had massive benefits for the patient group and the ability of staff to respond to challenging behaviour in a more therapeutic manner. While seclusion was never a big feature within the ward environment it has only been used on four occasions and for brief periods since the wards were commissioned.



- **Older Persons' Health:** The Adult Community Therapy service (ACTs) continues to see overall growth. As part of the adult rehabilitation quality improvement programme we will be looking to how we support our adult population rehabilitation.



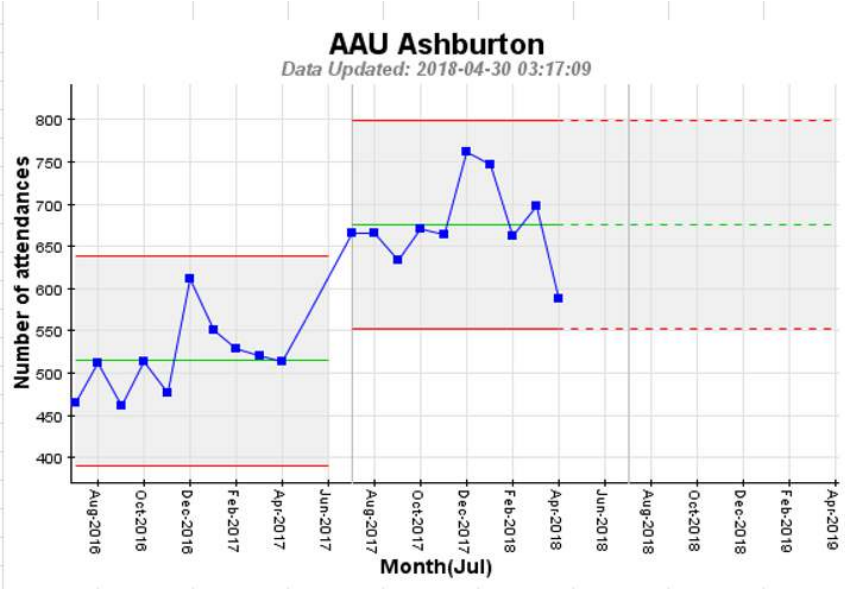
- Canterbury DHB provides a range of specialised rehabilitation services, but does not have a generalist rehabilitation service. There is a comprehensive spinal impairment service and a neurorehabilitation service (BIRS), however there are groups of patients that fall in to other cohorts that are managed under a range of different specialities, but lack coordination.
- The group of patients that have a range of complex health issues, including social and mental health, but generally not related to one particular specialty. They are estimated to be about 20% of the overall group and need holistic and individualised overview and coordination of their needs.
- There is also the cohort of general rehab patients, such as, amputee, multi trauma, pain management cohort that currently is managed under Older Persons Health, General Medicine or another specialty because there is no specific service to manage them. The data shows that we need a greater coordination and pathways to improve the outcomes, alongside the introduction of a generalist service. This is an ongoing piece of work which will extend to stroke pathway. Community Stroke rehab Service are also providing all age rehabilitation and will form part of the improvement programme.



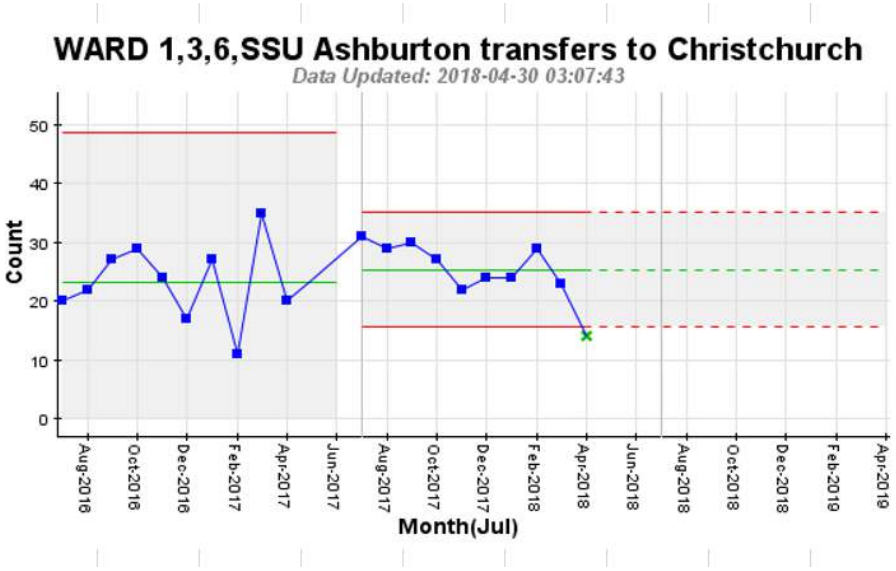
- **Winter Planning:** Recent meeting held across South Island DHB through the SI Alliance, a series of principles were agreed for how South Island would work together for winter planning. These being:
  - Patients will be treated as close to home as possible
  - Pull rather than push
  - Plan and do in parallel rather than sequentially
  - Every patient needs a planned date of departure
  - Handbacks to primary care need to be done well – reverse ERMS
  - Specialists will manage the programme of care from available data via available technology and request tasks/roles of others in the system including surveillance
  - Education/training/communications will be readily available to support the system continuum
- Key focus areas include pandemic planning, patient flow and how we ensure recruitment levels are maintained throughout the winter periods.
- **Burwood Spinal Unit** is underway in final preparation for its decant to allow refurbishment, demolition and rebuild as part of earthquake repairs. The date for ward move is 26th June 2018. Admin/back corridor staff move 20 June. Outpatients start in new areas 11 June. Recruitment for temporary staff approved and recruitment underway. A major piece of work is being undertaken around a communication strategy that provides appropriate information for patients across our catchment area (Hawkes Bay to New Plymouth and down the centre of North Island and South Island). Alongside this are our partner DHB and ensuring the understanding of the impacts of the move.

Ashburton Health Services

- **Acute Assessment Unit (AAU) flow/changes:** AAU continues to have fluctuations in presentation numbers. From the graph presented we can see the AAU has consistently more than 100 increased presentations from the same time last year.



- The Guardian published an article on Ashburton Hospital after a discussion with Clinical Director John Lyon and the Acting DON Jane Harnett. The article discusses a high presentation rate to AAU over summer. Thoughtful of what winter might bring John Lyons wanted to ensure that only those people who were acutely ill came into the Unit. The message was reiterated that unless it is an emergency, the first call for someone who is ill should be the person's general practice– night or day.



- When comparing transfer to Christchurch data we can see there is no dramatic increase or decrease. What we can see is our blue dots (count of transfers) are closer to the green line (average). This is showing less extreme variation.

- **Frail Elderly Pathway:** Ashburton Service Level Alliance are coming together to support health professionals of the Ashburton region to work together to benefit the whole health system as well as our elderly population. Workshop planning is underway to have a whole health service approach to look at ways of exploring a fully integrated frail elderly pathway looking particularly at referral pathways to and from secondary care services. Ashburton Service Level Alliance are committed to a team approach developing a vision for Ashburton as a whole.

- **Winter Planning:** Winter planning preparation has been underway for some time now. There has been strong commitment to following the Canterbury DHB winter planning initiatives. Ashburton has made these initiatives applicable to our division. Some of these include

introducing a weekend cross shift nurse to assist in the AAU winter pressures provided by weekend sports and winter illnesses. This will improve patient flow and reduce waiting times in the AAU. We have established a fortnightly bed-management/winter planning meeting. Here we will review pressure points over the past fortnight – occupancy, volume of discharges / challenges, inpatients requiring close observation. Reports that will be provided to the meeting will be annual leave/sick leave reports, using the Sfn tool to projected demand, & AAU presentation – trends in time/day. There is dedication to closing the feedback loop, a winter planning communications document has been created focusing on a winter planning checklist for staff working on the floor. We are confidently getting prepared for the winter ahead.

- **First 1000 days:** The first meeting was held 21 March to ascertain the needs of the Ashburton District in relation to 0-1000 days of childhood. The meeting was called and facilitated by Advance Ashburton Community Foundation. This was attended by 15 NGO's, community based and Canterbury DHB staff plus police representative from the Child Health Team, including Dr Nicola Austin, Norma Campbell, Executive Director of Midwifery and Nicki Smythies, Planning & Funding. The main aim is to identify and engage with women to encourage healthy choices and lifestyle decisions, which will lead to healthy outcomes for all whanau. We are using the previous experiences and expertise of a multi-disciplinary team to ensure that this will work and are focusing on grouping and delivering services in a different manner so women and their families do not have to engage with the services individually. It has been identified that our current model of care is not cohesive as there is a wide and growing in number of woman and families that are feeling isolated in our community. Some suggestions were mentoring, antenatal classes in homes, teaching and encouraging self-pride, respect, and achievement and thus leading to social engagement and better outcomes.

- **E-handover:** E-handover is a tool that was developed in Christchurch Hospital to increase nursing efficiencies. A one size fits all with specific sections to ensure each speciality gets the information that they need. The new tool minimises 'phone tag' and streamlines the handover process. There will be reduced noise in the AAU department due to the decreased phone conversations. E-Handover is preparing to go live for Ashburton and an implementation plan has been designed where we sufficiently engage with all necessary personnel. The initial launch will be a soft launch locally before being extrapolated to transfers across sites.

- **SIPICS preparation:** Process mapping regarding inpatient and outpatient flow is underway. A lean coach has been identified to assist Ashburton in the SIPICS change over in the Outpatient services. Over a period of several months now staff have been orientating over a variety of locations and departments to enable to provide seamless administration support whilst training is taking place and once we go live in June. A number of administration staff are already entering the data in SIPICS for the majority of the rural hospitals. This exposure is helping Ashburton administrators have increased readiness for SIPICs go live.

- **Medication management workshop:** The Releasing Time to Care group is holding a medication management workshop in Ashburton. The aim is for patient outcomes to be improved by safer and more reliable medication practise and processes. The workshop will discuss strategies for improving patient and staff experiences with medicine ordering, administration and supply processes.

Laboratory Services

- Work continues around developing the facilities plan in line with Treasury's Better Business Case model. The Strategic Assessment document has been submitted to the Capital Investment Committee in the MoH for consideration and feedback.

- Ongoing planning for winter and potential strike contingency service coverage is well underway. This has included services within Canterbury Health Laboratories, as well as linking into our alliance partners, Canterbury Southern Community Laboratories.

INTEGRATING THE CANTERBURY HEALTH SYSTEM

Acute Demand Management

- The Urgent Care Service Level Alliance (SLA) is focusing on supporting people to remain well and healthy in their own homes over winter. There has also been significant focus on ensuring systems are working together to implement the plans across primary and hospital care.
- In the first nine months of this financial year there have been 24,566 referrals to Acute Demand Management Services. This service continues to operate efficiently, however we continue to adjust elements to make sure there is improved usability for general practice. St John's continue to divert nearly 40% of their 111 calls away from ED to other community supports (largely general practice).
- The Primary Pandemic Group's plans are well advanced for the impending influenza season which is expected to reach a greater peak than the last few years which have been mild seasons.

SUPPORTING OUR VULNERABLE POPULATIONS

Older Persons' Health

- **CREST review:** The CREST service improvement project continues with some staff visiting the Waikato DHB early supported discharge service (START). There have been learnings in terms of service delivery, particularly to rural areas and the use of the contact InterRai assessment within the service.
- **Age Concerns Everyone Conference:** Key DHB staff attended the 'Age Concerns Everyone' Conference in Wellington with the aim of building connections and improving learnings across the sector. Though the main focus for ageing initiatives remains within the health sector, community initiatives are being considered locally in the North Island as well as overseas. Insights were also made into the ageing of diverse communities, for example LGBTI individuals and those living within prisons. Presentations from the Healthy Ageing National Science Challenge included projects addressing the needs of the pre-frail and the impact of changes in Housing tenure over time. A main focus of the conference was addressing social connection and loneliness in older people, alongside wellbeing and the changing face of ageing.

Mental Health

- **School Based Mental Health Services:** This initiative has been rebranded 'Mana Ake: Stronger for tomorrow'. The team started on 30 April, meeting leaders in both of the two piloted school clusters (Kahui Ako). An induction and engagement plan is in place. Further work is ongoing within schools to help develop systems to strengthen pastoral support networks that the Mana Ake team can integrate with. The team is getting to know the schools and their pastoral care team and identifying opportunities for them to support groups of students as well as individual children and their whanau.
- **Adult Acute Mental Health Services:** Continuous demand, significant workforce challenges and environmental constraints are placing strain on Specialist Mental Health Services, particularly the acute inpatient service. The community based acute alternative advanced this

month with a framework agreed and an RFP being prepared. Discussion about the role of a service for distressed people who can be supported by peers with clinical backup continues.

Vulnerable Children

- **SUDI (Sudden Unexplained Death in Infancy):** Work has commenced on developing the Canterbury DHB SUDI Prevention Plan for 2018/19. A planning session was held on10 May. Canterbury DHB, NGOs, and other members will identify ways to implement key activities within the community to reduce SUDI. These include the provision of safe sleep devices (pepi pods and wahakura), establishment of a mobile community based breastfeeding support service, promotion of smoking cessation programmes, and tailoring SUDI education and other services to young mothers.

Primary Care

- **Pharmacy:** Consultation on a proposal by DHBs for future pharmacist services and contracts closed on 10 April. DHBs are assessing the feedback received and further developing their approach with on-going conversations with interested stake-holders

Secondary Care

- **Elective Surgery (ESPI) Dispensation:** On 30 April, the Ministry of Health confirmed that dispensation from financial penalties for ESPI 5 has been extended to June 2018. This extension allows for the implementation of the new patient administration system (PICS), progress updates will be provided to the Ministry during this time. The new dispensation will cover all ESPI financial penalties (from January to June 2018) across all specialties.

Integrated Family Health Services and Community Health Hubs

- Closer integration of health services is being pursued in several rural areas.
- **Hurunui**: Recommendations of the Hurunui Health Services Development Group (HHSDG) will be the subject of a separate paper to the Board. Work is continuing with the five general practices towards a trial of new arrangements for rostered after-hours urgent care from July 2018.
- **Oxford:** The Oxford and Surrounding Area Health Services Development Group (OSHSDG) is continuing to develop a proposal for improved access to health services. Feedback from the community will be sought in mid-2018. Key areas of focus are: transportation, 24 hour medical cover, improved emergency response times, mobile/telehealth clinics with specialists in Christchurch, and restorative care for people following hospital care.
- **Akaroa**: Jenni Masters, the Akaroa Health Ltd General Manager, commenced her role on 9 April. Jenni has been undertaking a number of visits as part of her orientation. Ground works are well underway on the Hospital site and the contract with the builders has been agreed. The draft building timeline indicates the Health Centre will be functional from June 2019. Jenni is working with Planning and Funding staff and the Canterbury Director of Nursing on an implementation plan for the Model of Care. This will involve the local Akaroa Health Services Committee.

Maori and Pacific Health

- **Pūrongorongo Hauwhā PHO Māori Quarterly Report – Q3 Jan 18 – Mar 1:** Pūrongorongo hauwhā is a quarterly update from data and information from the PHOs in three key operational areas:
  - Raraunga whakauru – Enrolment data

- Arai mate – Immunisation
- Tamariki ora e waru – B4 School Checks

- The PHO Māori Quarterly report is attached as **Appendix 1**.

- **Mana Ake:** Mental Health workers in Primary Schools was launched on 26 April. There is strong support and involvement from Māori providers, community and Manawhenua across our health system. Children in Greater Christchurch, North Canterbury and Kaikoura schools living with the legacy of earthquakes will have access to additional people to support their wellbeing. Seven mental health professionals, counsellors and community workers have begun working in schools in East and West Christchurch under the first stage of the Government's initiative, Mana Ake – Stronger for Tomorrow. These seven include health professionals, community workers and counsellors. Mana Ake will allow us to focus on supporting the wellbeing and positive mental health of children who, along with their families, have been impacted by earthquakes.

Promotion of Healthy Environments & Lifestyles

- ***All Right?*** **social marketing campaign update:**
  - **Kaikoura/Hurunui:** Opinions Market Research Ltd has been contracted to evaluate the work of *All Right?* in the Kaikoura and Hurunui districts. *All Right?* received some funding from the Lotteries Commission Earthquake fund for health promotion work in both districts. A representative sample of people aged 15 and over living in both districts will be invited to participate in the research and eight key informants will be interviewed. The objectives of the research are to assess the awareness and impact of the campaign as well as attitudes towards it.
  - **Māori Resilience:** Ihi Research and Development have carried out an investigation into Māori resilience with the final report now being edited. It will be available through the *All Right?* website on completion. The research, which took a strengths-based approach, was informed by kaupapa Māori theory and research principles. The research had two main aims, firstly, to investigate how Māori in Christchurch identified resources and processes which enabled individual and community recovery after the earthquakes. Secondly, to understand whether a connection to Māori cultural values played a part in how whānau responded to the earthquakes. Overall the research findings demonstrate that core cultural values related to being Māori were significant to Māori participant's earthquake recovery and resilience.

- **Chlorination of Christchurch Water – an update:** The project to chlorinate Christchurch city water supplies is rolling out as expected. Most of the city supplies have now been chlorinated with some areas in central Christchurch completed the last week of April. Complaints regarding chlorination are not at the levels that were anticipated. Community and Public Health is working with the Council on a number of issues, including:
  - Determining the specifics of what is required to bring the well heads up to an acceptable standard (i.e. to meet the current Drinking Water Standards)
  - What monitoring is required across the city in the interim
  - The compliance details relating to a proposal to install 12 UV treatment units at pump stations where it is likely the wells will be scheduled for replacement rather than repair.

- **Measles outbreak – South Island-wide Measles Outbreak declared:** 14 individuals (12 adults, one toddler) have been confirmed with measles in the South Island since 4 April 2018 - seven in the Canterbury DHB region, one in the Nelson Marlborough DHB region, and six in the Southern DHB region. Given the geographical spread of those affected, Public Health officials across the South Island are urging anyone with symptoms suggestive of measles to phone for health advice in the first instance. Public Health staff have been unable to trace the

source of the outbreak. The person may have had a relatively mild illness and will now be fully recovered. Staff have been able to determine that the first three confirmed cases all visited Queenstown Airport on 22 March and those cases, and others infected since, travelled on domestic flights within the South Island and have visited supermarkets, restaurants, camp grounds, various recreational facilities and other public places. Investigations are continuing and close contacts are being identified for follow up. Nelson Marlborough DHB, Southern DHB and Canterbury DHB Public Health Units (Community and Public Health) are working with affected work places to provide advice to staff. Community and Public Health's Health Protection Officers have followed up/are currently following up notifications to identify contacts (and their immunisation status) and the whereabouts of notified cases during their respective infectious periods. An outbreak can have a significant impact in the community not only due to the illness itself, but also the significant social disruption caused by the necessity of isolating susceptible contacts.

- Dr Pink says, "People are infectious from five days before the onset of the rash to five days after the rash starts and should stay in isolation during this time. This means staying home from school or work and having no contact with unimmunised people. If your vaccinations are up-to-date, you will have the best protection available. If you are unsure, you can check your vaccination status with your family doctor or general practice, although there is no harm in getting an additional dose." People are considered immune if they have received two doses of MMR* (measles, mumps, rubella) vaccine, have had a measles illness previously, or were born before 1969. **MMR vaccine is funded for all children from 12 months of age and adults, born on/after 1 January1969, who have not completed a two dose course of MMR vaccine.*
- The South Island Measles Outbreak Group (SIMOG) has been established to implement a South Island-wide approach to the outbreak. Public health intervention aims to prevent further cases developing. This is to be achieved by:
  - Identifying any who are symptomatic and referring them for treatment
  - Identifying close contacts
  - Providing information on the nature and severity of the disease
  - Recommending early referral of anyone who develops possible symptoms for assessment by a doctor or nurse specialist
  - Advising on infection prevention measures including hand hygiene, cough etiquette, education and isolation of anyone with symptoms while infectious
  - Providing advice on vaccination.
- **Te Mana Ora:** The first edition of Te Mana Ora has been published for 2018. It reflects on work undertaken alongside Māori communities and highlights a range of initiatives, activities and opportunities.

SUPPORTING OUR TRANSFORMATION

Effective Information Systems

- **Acute Services Building**
  - Final marked up hardware plans are now in progress.
  - Validation of Application requirements ongoing and the team have met with the migration planner to understand the preferred approach for migration and analyse resourcing and BAU impacts.
  - The project team are working to ensure there is effective comms and visibility on dependant projects to ASB.
  - The budget is tracking well and procurement activities are on track.

- Risks remain around multiple facilities projects having a similar timeframe and competing for resources.

- **Amadeus (new patient data repository)**
  - Discussions ongoing with Orion on using Amazon Web Services for hosting the data, and privacy requirements with Ministry of Health are being worked through before we can start to receive data.
  - All input from Canterbury DHB and HealthOne now completed, Orion working through technical proposal and costs.
  - Paper to go to EMT with recommendations.

- **Christchurch Outpatients**
  - The team are finalising the marked up plans detailing hardware and have shared with operational leads how the devices will be distributed.
  - Awaiting the plan from operational leads regarding the desk layout to finalise detail on plans and progress is being made with validating application requirements.
  - Met with the migration planner to understand the preferred approach for migration and analyse resourcing and BAU impacts with the ISG leadership team.
  - The budget is tracking well at this stage. Risks remain around several projects competing for limited resources.
  - The programme team are working to ensure robust communication from the operational working groups to ensure effective planning.

- **Cardiac Test Repository**
  - Vendor Contract (FujiFilm) and Financial Plan process completed.
  - Regional delivery framework and Governance agreed and in place between all participating DHB's.
  - Network design, device audit and test plan development in progress, but slow.

- **Electronic Medicines**
  - Meetings are ongoing with the vendor, DXC, to work through what is required to upgrade the MedChart software.
  - A business case has been progressed for a larger software upgrade in 2018.
  - ePharmacy go-live was 1 May

- **Health Connect South**
  - Independent report into service improvements completed, and a plan to implement recommendations is being prepared.
  - A release to bring in new functionality is planned for May.

- **South Island Patient Information Care System (SIPICS)**
  - Preparations continue for the rollout of the software into the main Christchurch Hospital.
  - Work flows are being documented for each service that provide assistance for detailed planning.

COMMUNICATION AND STAKEHOLDER ENGAGEMENT

Communications and Engagement

- WellNow is coming together, with approvals, final edits and design work this week and next. It goes to the printers mid-May and reaches mailboxes during the week commencing with Queen's Birthday.

- Communications has been part of the contingency planning team in the event NZNO nurses vote for industrial action as proposed for early July.
- We are working on a number of media packs for the Emerging Tech in Health component of NZ Tech Week being hosted in Christchurch from 19-27 May to include print media stories, short videos and internal newsletter pieces, all to be publicised through Christchurch NZ/Health Informatics NZ as lead agencies for the event.
- We have been liaising with Christchurch City Council and Environment Canterbury on how to improve our medicines and medical sharps collection initiative through community pharmacies.
- During April, the importance of preventing falls has been extensively promoted internally, through leveraging the national April Falls campaign. It was also an opportunity to promote the multi-agency Live Stronger for Longer initiative which enables people to access accredited strength, balance and activity classes without having to be referred to a falls prevention programme.
- Public influenza vaccination campaign - work is continuing on the public campaign to encourage Cantabrians to get their flu vaccinations. A mini-campaign was launched in Kaikōura and the Hurunui to promote the free vaccinations for under 18s during the school holiday period.

Media

- April was another busy month for media enquiries with close to 100 queries submitted. The media team also provided extensive communications assistance to Community & Public Health, much of it pertaining to an outbreak of measles which, at the time of this report, is ongoing. Interviews with Canterbury Medical Officers of Health were sought by numerous media outlets and media releases and updates were issued. Medical Officers also responded to media queries on suggested links between eczema exacerbation and the chlorination of Christchurch's public water supply. National media also reported on the assault of a student nurse not far from Christchurch Hospital. There have been numerous media queries about parking and security since the attack.
- Other issues media enquired about were:
    - The provision of parking and condition of the Park & Ride car-park, and other parking options being considered
    - Over-capacity in the neonatal intensive care unit
    - Progress of the Outpatients build and ongoing effects of road-works in the vicinity
    - Influenza Immunisation programme for staff and the public
    - Elective surgery waiting list and the impact of operating theatres being out of use for a period of time
    - TVNZ's Seven Sharp filmed a story on Maia Health's fundraising drive for a helipad on the roof of the new Christchurch Hospital acute services building.
- Media releases were issued on the measles outbreak; the lifting of health warnings for Lake Pegasus and Lake Forsyth; the Local Government (Community Well-being) Amendment Bill and the opening of an Odyssey House extension.
- Live radio interview – Canterbury Mornings with Chris Lynch – featured Dr Nick Cross on organ donation.
- **Facilities Redevelopment**: Our regular communications channels have been kept up to date.
- Ongoing work communicating site activity related to the Acute Services and Outpatients builds, mostly via the daily global and weekly CEO updates. Content has also been produced on the

facilities development for Canterbury DHB's quarterly WellNow magazine, and the next facilities newsletter.

- Current roadworks in the vicinity of the hospital have been communicated extensively to staff, working with Downers and Otakaro communications advisors and traffic planners around road closures, including the beginning of the "Oxford Gap" roadworks in front of the Outpatients building.

- **Acute Services building:** Grand Round general presentation on facilities progress to medical staff on April 27. Beginning work on staff orientation including new intranet pages.

- **Outpatients building:** Staff orientation work is underway including orientation manual.

- **Health Research Education Facility:** Planning underway with a combined team from Ara, University of Canterbury and Canterbury DHB for the blessing of the site, a public open day and the official opening. Communication channels include a facebook page and a newsletter (in development)

- **CEO Update stories**

- Some long serving staff retired in April
    - Director of Allied Health, Older Persons Health and Rehabilitation (OPH&R), Wendy Fulton, who has spent her whole career in the Canterbury Health System, retired. Wendy, whose first job was as a physiotherapist, worked under 10 hospital managers and differing organisational structures. She says there was huge satisfaction in her job, making sure that the right care is delivered to the right patients at the right time. Seeing staff progress through their careers and go on to various fields of research was also gratifying.
    - Senior mental health nurse Sally McPherson retired after 45 years. She was an active participant in Professional Supervision for Role Development since 1985. Sally was one of the drivers behind the formation of Alzheimers Canterbury (now Dementia Canterbury) and gave her own time to educate carers and sufferers of dementia.
    - Registered Nurse Marianne Scott retired after a 40-plus year career, working in several areas of the health system, including the Spinal Unit, and most recently many years in Ward 19. She was known for being always generous in sharing her knowledge ready to teach anyone, patients, family or staff.
    - Much loved Christchurch Women's Hospital Chaplain Hilary Barlow retired after 14 years in the role. Hilary, aged 80, will be missed for her cheery listening presence which has given staff, patients and their families, much encouragement, renewed hope, healing and comfort, especially during our most challenging times.

- American surgeon Caprice Greenberg was in Christchurch addressing a breast cancer seminar and speaking at a symposium on gender equity in medicine. Caprice is a tenured Professor of Surgery and the Morgridge Distinguished Chair in Health Services Research at the University of Wisconsin. She spoke at the seminar on optimising post-treatment surveillance for breast cancer. Her symposium topic was "We are all responsible: gender inequities in medicine, and why that must change'. Her talk tackled questions around the culture of medicine, especially as it pertains to unintentional biases against women, and that it is a problem perpetuated by both genders.

- Christchurch Women's Hospital (CWH) was short of knitted woollen items for babies and has put out an SOS for help. CWH Midwife Mary Campbell, who organises woollens all year round for babies, said newborn sized hats, singlets, cardigans and bootees were in short supply. She organised an evening at Knitworld, and invited staff members and the public to come along and knit for the hospital.

- Administrative Professionals Day was celebrated around Canterbury DHB with our much valued administration staff in various wards and departments acknowledged for the work they do. They were spoilt with gift bags, flowers, cards and cake.
- Much needed school and office equipment is on its way to schools in Samoa thanks to the vision of a Canterbury DHB staff member and his wife. Registered Nurse in the School Based Mental Health Team, Jason Watson and his wife Sandy were on holiday in Apia when they ended up visiting the Manumalo Baptist School. They later heard it had been severely flooded by Cyclone Gita and decided to ask Canterbury schools for donations of any unwanted items. Jason co-ordinated their transport to the school in Samoa.

FACILITIES REPAIR AND REDEVELOPMENT

General Earthquake repairs within Christchurch campus

- Parkside Panels: Detailed planning is continuing for disconnecting the Chemo Day Ward for Parkside. This may require partial decanting of the ward. Design work for replacing confined corner panels has finished. Applications for consent exemption have been lodged, and contract documentation is being prepared. Pricing negotiations care ongoing with the ASB link main contractor.
- Clinical Service Block roof strengthening above Nuclear Medicine: Current delivery dates for the equipment are forecast for the end of Sept 2018. The programme for construction is reliant on this date. Design consultants are reviewing detailed user requirements. Registrations of Interest for main contractors' responses received and value engineering the design to bring within budget.
- Lab stair 3 2 week behind programme for completion end of May. Lab stair 4 initial / scoping work to begin. Some work to the plant room will need to be undertaken before the completion of Lab Stair 3 and when the Eye Department are still in the Portacoms.

Christchurch Women's Hospital

- Stair 2: Awaiting review from fire engineer to enable planning as part of the overall Women's Risk analysis. This continues to be delayed due to the release of the master plan which is required to determine available space for decanting of clinical spaces.
- Level 4: Crack injection around core to be undertaken. Parent room, kitchen and toilet areas complete. Difficulties gaining access to area due to patient levels, but will endeavour to pick this up during Women's Passive fire works.
- Level 5: Small amount of work to corridor unable to commence due to operational constraints (NICU). Working with teams to identify a suitable time, but will endeavour to pick this up during Women's Passive fire works.
- Level 3: All areas complete except reception, which is to be done at same time as stair strengthening to minimise disruption.

Other Christchurch Campus Works

- **Passive Fire/Main Campus Fire Engineering**
    - Database designs complete and in use by Site Redevelopment on current passive work. Currently developing brief for digitalization of the passive fire system and database and within the digitalization programme the forms and documents will be updated to e-forms. Awaiting M&E senior management to approve / comment on draft policies.

- Test rig complete and installer testing has commenced. RFP for materials complete, primary and secondary suppliers in final contract preparation stage.
- Continue to identify more non-compliant areas as other projects open walls/ ceilings.

- **Christchurch Hospital Campus Energy Centre**: This is managed by the Ministry of Health (MoH)
  - Service Tunnel: Complete. Steam provided by coal boilers. Final connection for Outpatients and ASB still to be completed.
  - Energy Centre: ROI for boilers under evaluation.
- **235 Antigua St and Boiler House (Demolition).** No work to be undertaken until new energy centre commissioned.
- **Parkside renovation project to accommodate clinical services, post ASB (managed by MoH):** Health planners appointed and planning underway. This project is being managed by the MoH with close stakeholder involvement from the CDHB. Still waiting on advice from MoH as to outcome of master planning process. Draft master plans have been provided for review. The SRDU team are having regular meetings with the MoH project managers (Projex) to assist in their information gaps.
- **Back up VIE tank:** Proposed strengthening scheme under review. Balancing operational and post-disaster requirements against cost and build ability is a key focus for this work.
- **New Outpatient project (managed by MoH**) Façade 99% complete. Architectural / services fit out on all floors well underway. Rev 5.3 programme rejected. Construction completion still to be confirmed.
- **Avon Generator Switch Gear and Transformer Relocation**. Design work underway. Due to the small size and engineering component this is now being managed by M&E.
- **Otakaro/CCC Coordination.** Otakaro programme slipped – Antigua St open 19th April. Oxford Gap closed 7th April to Dec 2018. Land swap discussion still with LINZ.
- **Parkside Canopies:** Temporary repairs to plastic wrap have been made. Planning underway to replace the wrap at the main entry.
- **Hagley Outpatients 2 Storey demolition:** Demolition contractor ROI is currently on GETS.

Burwood Hospital Campus

- **Burwood New Build**: Defects are being addressed as they come to hand which includes noncompliance of passive fire.
- **Burwood Admin old main entrance block:** Feasibility study complete and work to commence on repurposing building to accommodate community teams for TPMH. Awaiting availability of internal project management resource to take this work forward.
- **Burwood Mini Health Precinct:** Internal project management resource has been identified to scope out options for detailed business case (new build vs relocatable). Programme is dependent on demolition of Birthing Unit.
- **Spinal Unit:** Design and user group process continues. ROI process completed. 5 building contractors identified. Schedule of Quantities being prepared. RFP process scheduled for 1st May 2018.
- **Burwood Birthing/Brain Injury Demolition**: Methodology to be agreed. External Project managers commissioned to undertake work. Programme from commencement of demolition

could take up to 12 months to complete due to the complex nature of asbestos removal and the proximity of other clinical facilities. Existing switch board work, servicing other parts of the campus, 90% complete. Design work commenced in early February. ROI process completed. 5 demolition specialist companies identified. RFP tenders received. Evaluation held 30th April. Decommissioning of building main switchboard and ISG systems under way with completion due by May 2018.

- **Burwood Tunnel Repairs:** Work has been scoped and priced. Expected start is May 2018.
- **2nd MRI Installation:** Design work and planning continues. MRI scanner temporarily relocated from Merivale to storage at Print Place. Faraday cage installation is being repriced by another provider. A new MRI has now been sourced with the original Merivale MRI traded in as part of the procurement process. Scope of works being finalised and costed with Siemens.
- **Decision making frame work**: Workshops have been completed. Planning and Funding to complete final report.

Hillmorton Hospital Campus

- **Earthquake Works:** No earthquake works currently taking place. This will be reviewed once the outcome of the TPMH mental health business case has been advised.
- **Food Services Building** Previously completed strengthening schemes have been reviewed and concept cost estimates updated. Recommendation to strengthen to 67% IL2 required endorsement from EMT Sub-committee.
- **Cotter Trust** on-going occupation being resolved as part of overall site plan requirements.
- **Mental Health Services:** Review of all Forensic services including PSAID, AT&R, Roko being completed, including refurbishment verses rebuild cost and logistic process. Awaiting results of clinical review. Concept design for AT&R built at Design Lab has been reviewed by staff. All Design Lab work complete. Business case approved. RFP for design consultants prepared and signed off. Loading up onto GETS week commencing 30th April 2018.
- **Decision making frame work**: Workshops have been completed. Planning and Funding to complete final report.

The Princess Margaret Hospital Campus

- **Older Persons Health (*OPH*) Community Team Relocation:** The Feasibility study is now complete and work is to commence shortly on repurposing the old Burwood Administration building to accommodate community teams.
- **Mental Health Services Relocation:** Indicative Business case approved by Ministers in Sept 2017. The next step is the development of Detailed Business Case which is planned for July 2018 for submission.

Ashburton Hospital & Rural Campus

- Stage 1 and 2 works are both complete. Final claims have been agreed with the contractor. Final defects resolution and retention release expected by June 2018.
- **Tuarangi Plant Room**: Concept drawing completed and safety consultant report received. Now looking to hand over to M&E to implement.
- **New Boiler and Boiler House**: Project process commenced. This is being managed by M&E.

Other Sites/Work

- **Decision Making Frame Work:** This work is now being led by Planning and Funding. Workshops have been scheduled to occur Feb to April 2018 for both the Burwood and

Hillmorton campuses. Resilient Organisation Ltd have been contracted by Planning and Funding to assist with this process. SRU will continue to be heavily involved to ensure a streamlined process is achieved. Workshops have been completed and final report is currently being compiled.

- **Akaroa Health Hub**. Construction progressing. Retaining walls and major earthworks are in progress.
- **Kaikoura Integrated Family Health Centre**: Code compliance received. Scoping of cosmetic damage due to November's earthquake is complete. Estimates provided to Corporate Finance. Driveway repair completed. Sound proofing underway. Beca working on repair strategy.
- **Rangiora Health Hub**: Value engineering has shown some area for cost saving. Minor work to the design of some elements taking place to realise possible savings. Main contractor ROI closed and ready for evaluation. Availability of Hagley Outpatients building has been set as 1st Oct 2018.
- **Home Dialysis**. Business case approved by Board. Detailed design commencing. Programme forecast completion in Feb 2019.
- **SRU**. Project Management Office manuals re-write and systems overview. Approximately 60% complete. Aligning with P3M3 process and documentation where appropriate.
- **Seismic Monitoring**: Business Case approved. RFP documentation being developed.
- **New Laundry:** SRU continuing to assist CLS with procurement of construction advice for the new design / build / lease laundry facility.
- **HREF:** SRU continues to be involved in providing construction and contract administration / interpretation advice to the HREF project. Completion expected in early June.
- **Annual Damage reviews:** Planning is underway for the 2018 repeat damage assessment of the DHB's building stock.

Project Programme Key Issues

- The recent notification of Fletcher Construction closing down their building and interiors division will have effects on current work programmes and pricing. SRDU continue to review outstanding work faces and projects to identify the risks and issues for delivery of these projects. Meetings held with Fletchers senior management.
- The lack of a detailed Master Plan for the Hillmorton campus is still affecting our ability to provide a comprehensive EQ decision making assessment. We continue to use the framework adopting a more granular approach to determine outcomes.
- Additional peer reviews of Parkside and Riverside structural assessments, being undertaken by the MoH, are now complete. Clarity on the direction of the Master Planning process is required to plan the next stage of the POW.
- Delays to the programme of works continue to add risk outside the current agreed Board time frames. Key high risk areas of Panel replacement are starting, as instructed by the Facilities Committee and CDHB Board.
- Access to NICU to undertake EQ repairs to floors continues to be pushed out due to access constraints. The urgent works undertaken to facilitate the MoH run link corridor works has further affected this. Restricted access has been given to one area.

- Passive fire wall repairs continue to be identified. Repairs to these items are being completed before the areas are being closed up but the budget for this has not been formalised. On-going repairs of these items, while essential, continue to put pressure on limited budgets and completion time frames.
- Uncertainty of delivery of MoH projects continues to affect our ability to programme projects and allocate resources efficiently. Rangiora is one example in this space. A firm date from the MoH is still not able to be provided with any level of confidence. A date of 1 October is currently being used for programming and contract documents.
- Proposed ASB Western Link – a number of constraints and issues have been identified by CDHB and these are being worked through with assistance from SRU. The requirements of additional decant space, the responsibility for undertaking the work and payment of costs is still to be addressed by the MoH as they are an ASB related project work face. Additional passive fire noncompliance has been found in areas of the proposed new links during opening works. Site Redevelopment have provided support and design details to mitigate risks to service provision for the theatres. Due to the limited timeframe certain noncompliance areas will be temporary filled, photographed and recorded for future repair.
- Burwood 2nd MRI. Delays to the procurement of the faraday cage installation contractor and the change of procurement strategies continue to push this project out. This is currently being managed by procurement. The use of an alternative contractor will create additional budget pressure due to existing agreements.
- Impact of changes to the Building Act and Seismic assessment methodology continue to be assessed in relation to DHB buildings. Some buildings will be assessed at a higher % NBS than previously, but it is likely that more buildings will be deemed to be EQ prone than is currently the case. There are significant cost implications arising from these changes as strengthening schemes are likely to cost more and existing engineering reports are no longer valid as a basis for consentable strengthening work. SRDU have started work on assessing these items.
- Work is underway on reconciling CDHB buildings that have been placed on the National EQ prone buildings register with those that we understand to be EQ prone.

LIVING WITHIN OUR FINANCIAL MEANS

Live Within our Financial Means

- The consolidated Canterbury DHB financial result for the month of March 2018 was a deficit of $9.186M, which was $0.993M unfavourable against the draft annual plan deficit of $8.193M. The year to date position is $3.750M unfavourable to the draft annual plan. The table below provides the breakdown of the March result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Governance	(0.316)	-	**(0.316)**	(1.424)	-	(1.424)
Funder	(2.985)	(2.854)	**(0.131)**	(15.932)	(14.808)	(1.124)
DHB Provider	(5.884)	(5.339)	**(0.545)**	(17.569)	(16.367)	(1.202)
Canterbury DHB Group Result	**(9.186)**	**(8.193)**	**(0.993)**	**(34.925)**	**(31.175)**	**(3.750)**

Appendix 1: Pūrongorongo Hauwhā PHO Māori Quarterly Report - Q3 Jan–Mar 18

Report prepared by: David Meates, Chief Executive

DELIVERING AGAINST THE NATIONAL HEALTH TARGETS – PRELIMINARY RESULTS ONLY		Q1	Q2	Q3	Q4	Target	Status
 **Shorter Stays in ED** Patients admitted, discharged or transferred from an ED within 6 hours	Canterbury DHB met the health target in quarter three with 95% of patients admitted, discharged or transferred from ED within 6 hours The Acute Demand Management Service continues to play a critical role in keeping people well in the community and avoiding unnecessary presentations to ED. More than 7,806 acute demand packages of care were provided in quarter 3.	94%	95%	95%		95%	✓
 **Improved Access to Elective Surgery** Canterbury's volume of elective surgery	Canterbury's preliminary quarter 3 results are not yet available. Results to February indicate we have completed 13,274 surgical discharges (553 discharges below target). This result is affected by clinical coding delays. A recovery plan is in place to address the backlog.	4,989 (90%)	10,344 (96%)	TBC		21,330	✗
 **Increased Immunisation** Eight-month-olds fully immunised	Canterbury DHB achieved the health target with 95% of eligible children fully vaccinated at eight months. Only 2% (32 children) were not immunised on time (excluding declines and opt-offs of). Coverage was high across all population groups, meeting the health target for most ethnicities (96% Asian, 95% Pacific, and 96% New Zealand European). Māori coverage increased this quarter to 93%.	95%	95%	95%		95%	✓
 **Better Help for Smokers to Quit** Smokers enrolled in primary care receiving help and advice to quit	Canterbury DHB achieved the health target in quarter three with 91% of smokers enrolled with a PHO offered advice and help to quit smoking against the 90% target. Canterbury DHB's cessation support indicator is again the highest in the country at 56%. This indicator shows the percentage of current smokers who have taken the next step from brief advice and accepted an offer of cessation support services in the last 15 months.	91%	90%	91%		90%	✓
 **Faster Cancer Treatment** Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	Canterbury DHB achieved the target in quarter 3 with 91% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. This is the second quarter under the new target and definition.	95%	94%	91%		90%	✓
 **Raising Healthy Kids** Percent of children identified with obesity at their B4SC offered a referral for clinical assessment and healthy lifestyle intervention	Canterbury DHB achieved the health target in quarter 3 with 98% of four-year-olds identified as above the 98th centile for their BMI (height and weight measurement) referred for clinical assessment and healthy lifestyle intervention. This is a 2% increase on the previous quarter. 'Referrals declined' fell slightly to 26% this quarter.	93%	96%	98%		95%	✓

Pūrongorongo Hauwhā **PHO Māori Quarterly Report – Q3 Jan 18 – Mar 1**

Tirohanga whānui **OVERVIEW**

Pūrongorongo hauwhā is a quarterly update from data and information from the PHOs on three key operational areas:

1. Raraunga whakauru – Enrolment data
2. Arai mate – Immunisation
3. Tamariki ora e waru – B4 School Checks

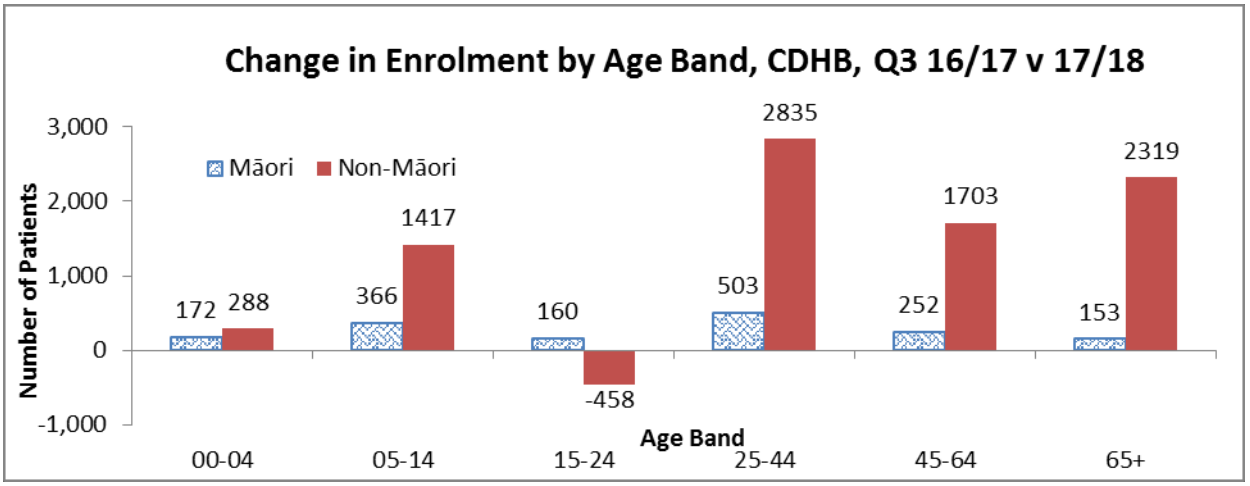
Raraunga whakauru[1] **ENROLMENT DATA**

Patient enrolment data held within each PHO is instrumental in monitoring the Māori population in Canterbury. Trends across the PHOs and between Māori and non-Māori can be charted each quarter.

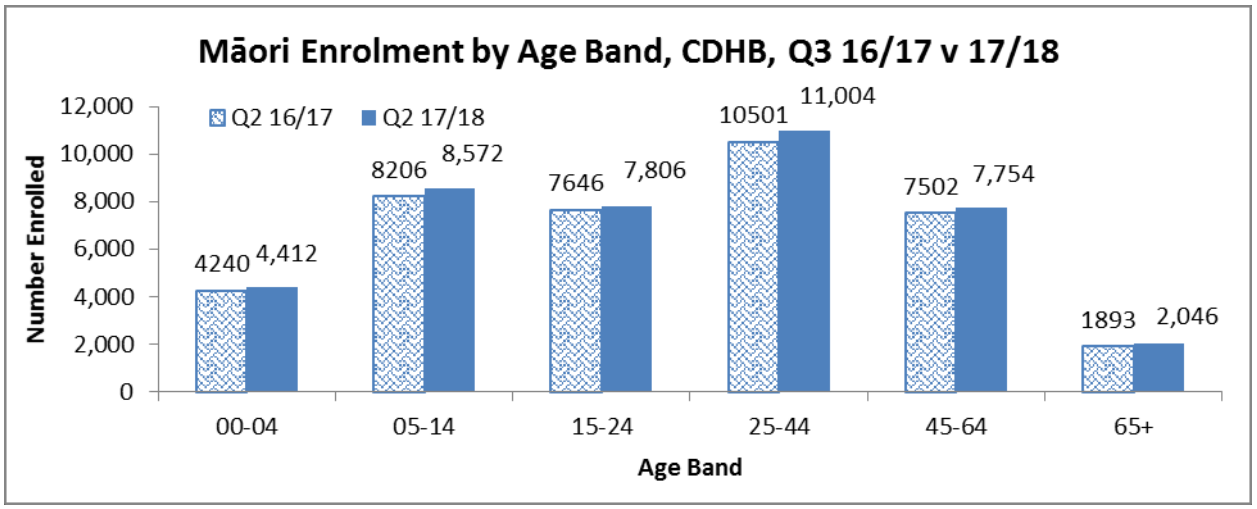
Another positive increase in Māori enrolment (+1.1%) within the DHB this quarter, along with relative increases in enrolments of non-Māori (+0.3%). The graphs that follow over page compare the changes in enrolment by age band from Q3 2016/17 to Q3 2017/18 between Māori and non-Māori

Pegasus Health			
	Previous Quarter Oct – Dec 2017	Current Quarter Jan – Mar 2018	Variance
Māori	**33,627**	**34,733**	**+1,106**
Non-Māori	385,105	393,209	+ 8,104
Total Pop	418,732	427,942	+9,210
Rural Canterbury PHO			
	Previous Quarter Oct – Dec 2017	Current Quarter Jan – Mar 2018	Variance
Māori	**4,868**	**4,217**	**-651**
Non-Māori	56,682	50,175	-6,507
Total Pop	61,550	54,392	-7,158
Christchurch PHO			
	Previous Quarter Oct – Dec 2017	Current Quarter Jan – Mar 2018	Variance
Māori	**2,640**	**2,644**	**+ 4**
Non-Māori	32,519	32,344	-175
Total Pop	35,159	34,988	-171
TOTAL MĀORI	**41,135**	**41,594**	**+459**

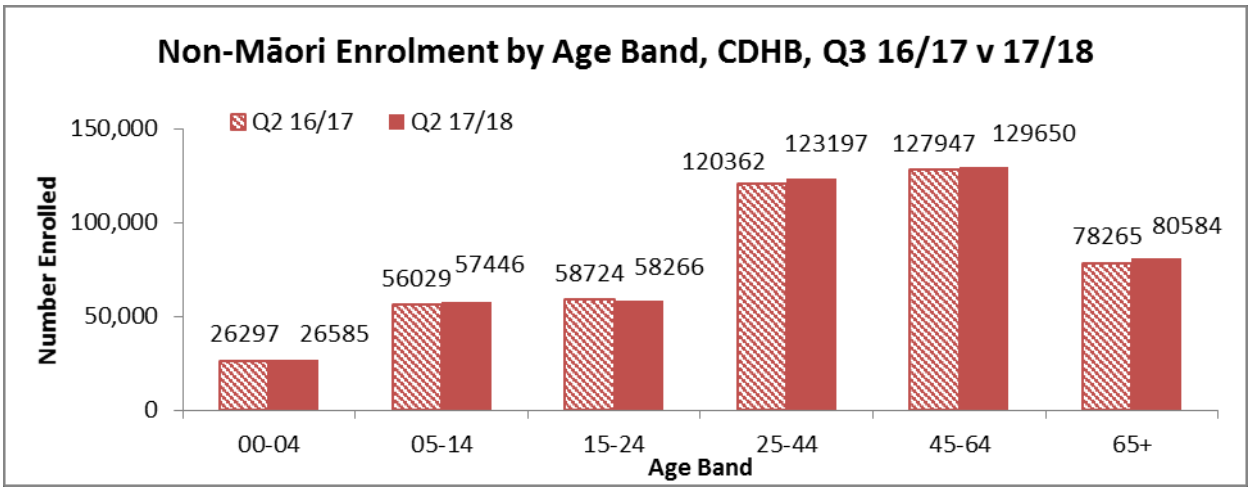
[1] MOH 2018 PHO Enrolment Demographics 2018 Q3 – Jan – Mar 2018



GRAPH 1: Māori enrolments have risen in all age bands, whilst the non-Māori population has seen another small fall in 15 to 24. Overall, Māori enrolment is up 4.0% compared to +1.7% in non-Māori.



GRAPH 2: The highest increase for Māori enrolments in absolute numbers is again the 25 to 44 age band (+503) whilst the biggest % change is again the 65+ age band (+8.1%) whilst the lowest % increase is in the 15-24 age band (+2.1%)



GRAPH 3: Non-Māori enrolments show slight losses in only the 15-24 age band (-458). The highest % growth is in the 65yrs+ group (+3.0%), but the biggest increase in absolute numbers is the 25-44 age band (+2,835)

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Arai mate IMMUNISATIONS

The immunisations for this report include the National Childhood Schedule, Human Papiloma Virus (HPV) and the influenza vaccine for over 65 years and people with long term conditions.

The 8 month fully immunised coverage has increased this quarter to 93%. While it is not back to target rates, positive increase continues towards the target. Coverage at 2 year old has dropped, however Maori coverage was higher than the DHB coverage which is positive. There however was a huge drop in the 5year old coverage from 93% to 88%, this was largely due to an increase in declines. This will be monitored during the next quarter to see if there is a pattern or if this is a one-off issue. HPV coverage remains consistent and Influenza coverage is not yet available.

Measure	12 months to 31 Dec 2017	Previous Quarter (Oct–Dec2017)	Quarter: Jan – Mar 2018		Target Coverage (Māori)
	Coverage (Māori)	Coverage (Māori)	Coverage (Māori)	Coverage (Total)	
8 months fully immunised children	92%	92%	93%	95%	95%
2 years fully immunised children	94%	95%	94%	93%	95%
5 years	91%	93%	88%	93%	95%
12 years	69%	64%	72%	68%	
HPV total (Dose1) Cohort 2004		59%	59%	70%	75%
HPV total (Dose2) Cohort 2004		50%	50%	64%	75%
Influenza (>65 & LTC)	n/a	**n/a**	**n/a**	n/a	**75%**

* this is new data shown in the datamart report and the parameters around this are not yet known.

* = girls born in 2003

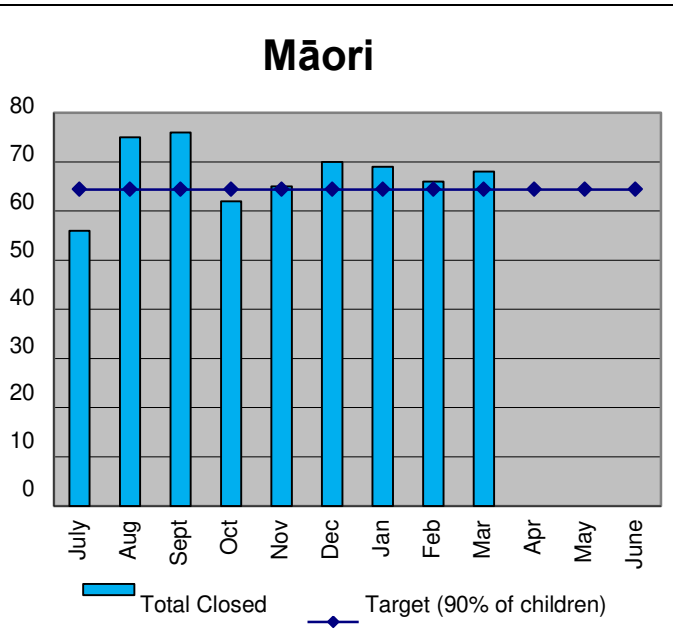
Tamariki ora e waru **BEFORE SCHOOL CHECK**

The Canterbury Before School Check (B4SC) programme comprises two parts; the nurse component, carried out by B4SC trained nurses in general practice and Public Health and the vision & hearing testing component by the CDHB.

A good result for Māori this quarter. 105% of the target population had the full (Nurse and VHT) B4SC, which gives a total of 105% of the target population checked this financial year to date.

Canterbury DHB Completed Checks (VHT & Nurse Component)

Māori			
Month	No Children	Target (90% of children)	Total Closed
July	72	64	56
Aug	72	64	75
Sept	72	64	76
Oct	72	64	62
Nov	72	64	65
Dec	72	64	70
Jan	72	64	69
Feb	72	64	66
Mar	72	64	68
Apr	72	64	
May	72	64	
June	72	64	
2017/18	859	773	**607**



Nurse component Completed Checks by Provider Q3

Pegasus Health (Charitable) Ltd		
Month	Target (90% of children)	Nurse Closed
Jan	42	38
Feb	42	56
Mar	42	35

Rural Canterbury PHO		
Month	Target (90% of children)	Nurse Closed
Jan	6	4
Feb	6	7
Mar	6	10

Christchurch PHO		
Month	Target (90% of children)	Nurse Closed
Jan	2	1
Feb	2	1
Mar	2	2

Public Health Nursing Service		
Month	Target (90% of children)	Nurse Closed
Jan	14	25
Feb	14	18
Mar	14	14

FINANCE REPORT – AS AT 31 MARCH 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **17 May 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result for the period ended 31 March 2018.

3. DISCUSSION

Overview of March 2018 Financial Result

The consolidated Canterbury DHB financial result for the month of March 2018 was a deficit of $9.186M, which was $0.993M unfavourable against the draft annual plan deficit of $8.193M. The year to date position is $3.750M unfavourable to the draft annual plan.

The table below provides the breakdown of the March result.

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(5.993)	(5.382)	**(0.612)**	(17.440)	(16.358)	(1.082)
Community & Public Health	(0.045)	(0.023)	**(0.022)**	(0.356)	(0.081)	(0.275)
Total In-House Provider excl Subsidiaries	**(6.039)**	**(5.405)**	**(0.634)**	**(17.796)**	**(16.439)**	**(1.357)**
Add: Funder & Governance						
Funder Revenue	132.039	132.402	(0.363)	1,187.872	1,191.497	(3.625)
External Provider Expense	(57.736)	(58.026)	0.290	(507.996)	(511.226)	3.230
Internal Provider Expense	(77.289)	(77.230)	(0.059)	(695.809)	(695.079)	(0.730)
Total Funder	**(2.985)**	**(2.854)**	**(0.131)**	**(15.932)**	**(14.808)**	**(1.124)**
Governance & Funder Admin	(0.316)	-	(0.316)	(1.424)	-	(1.424)
Total Canterbury DHB (Parent)	**(9.341)**	**(8.259)**	**(1.082)**	**(35.151)**	**(31.247)**	**(3.904)**
Add: Subsidiaries						
Brackenridge Estate Ltd	0.017	0.016	**0.002**	0.039	(0.019)	0.058
Canterbury Linen Services Ltd	0.138	0.050	**0.088**	0.188	0.091	0.096
Canterbury DHB Group Surplus / (Deficit)	**(9.186)**	**(8.193)**	**(0.993)**	**(34.925)**	**(31.175)**	**(3.750)**

4. APPENDICES

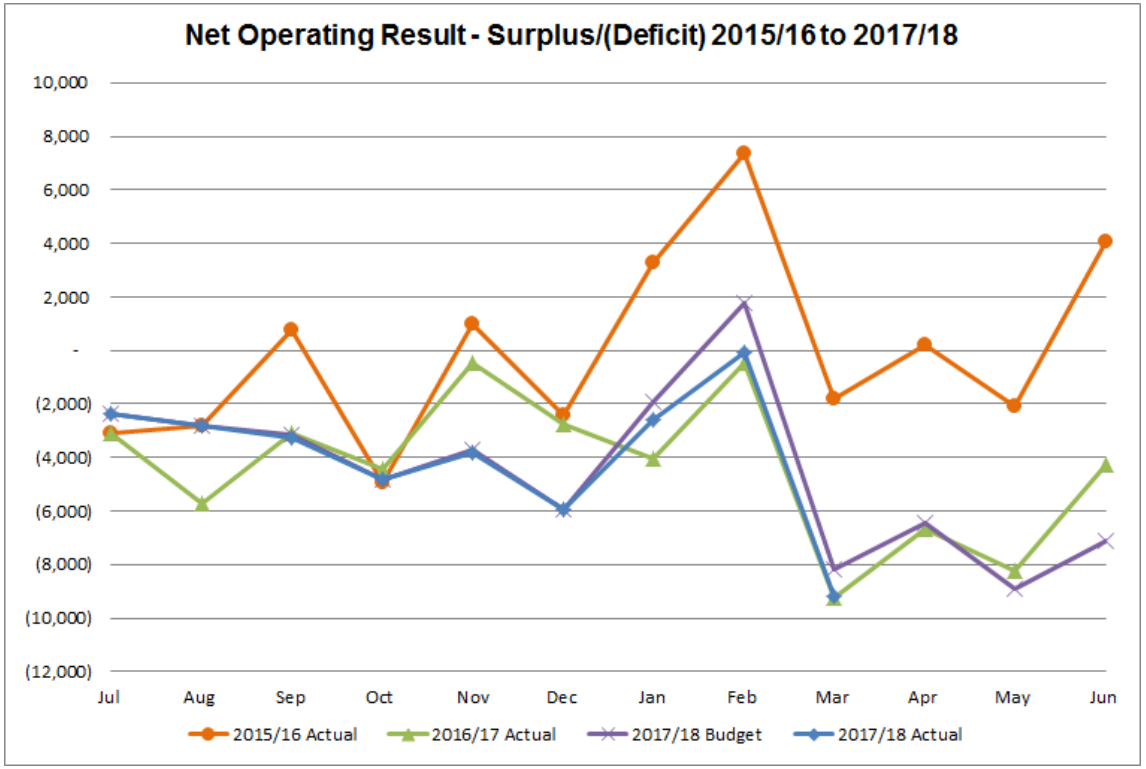
Appendix 1: Financial Result
Appendix 2: Statement of Comprehensive Revenue & Expense
Appendix 3: Statement of Financial Position
Appendix 4: Cashflow

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

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – YTD MARCH 2018

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(9,186)	(8,193)	(993)	12% ✗	(34,925)	(31,175)	(3,750)	12% ✗



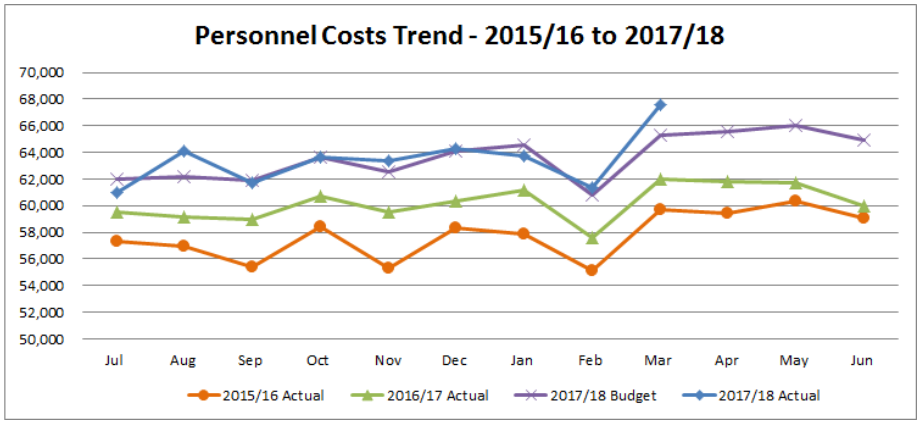
Our 2017/18 Annual Plan was submitted with a deficit of $53.644M - this is still going through the MoH approval process.

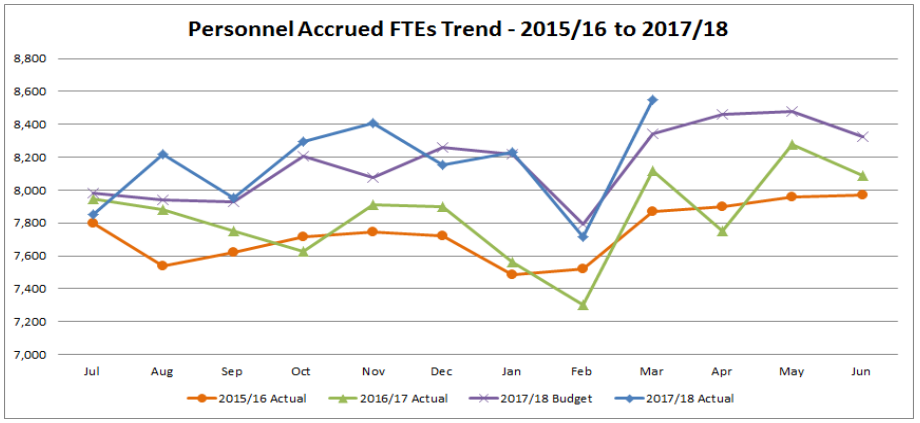
The year to date earthquake related costs (excluding the Kaikoura earthquake costs) are estimated at $9.575M, offset by insurance revenue drawdown from the MoH of $2.187M.

KEY RISKS AND ISSUES

We expect to continue to incur earthquake related repair and maintenance expenditure and the depreciation impacts of quake related capital spend for a significant number of years into the future. There will be variability between the expected and actual timing of these costs. MECA settlements over and above our planned amount will impact on our results.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

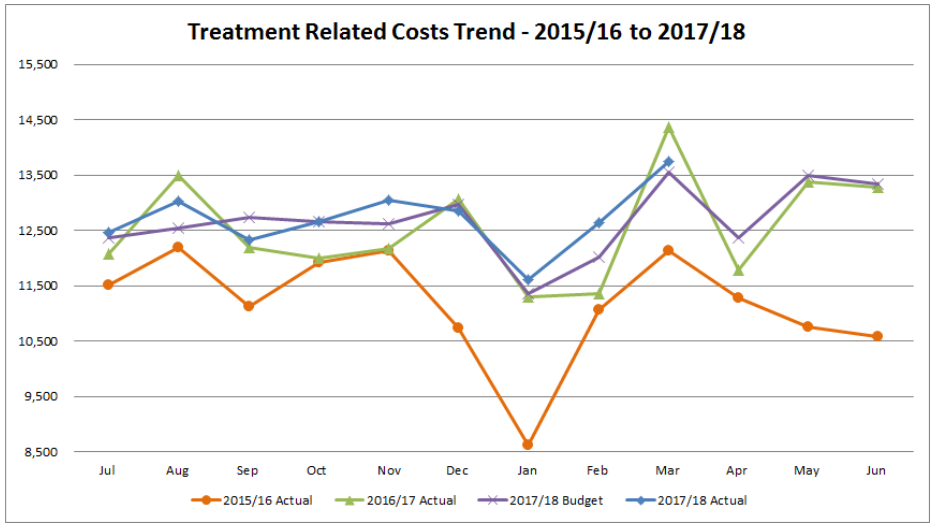


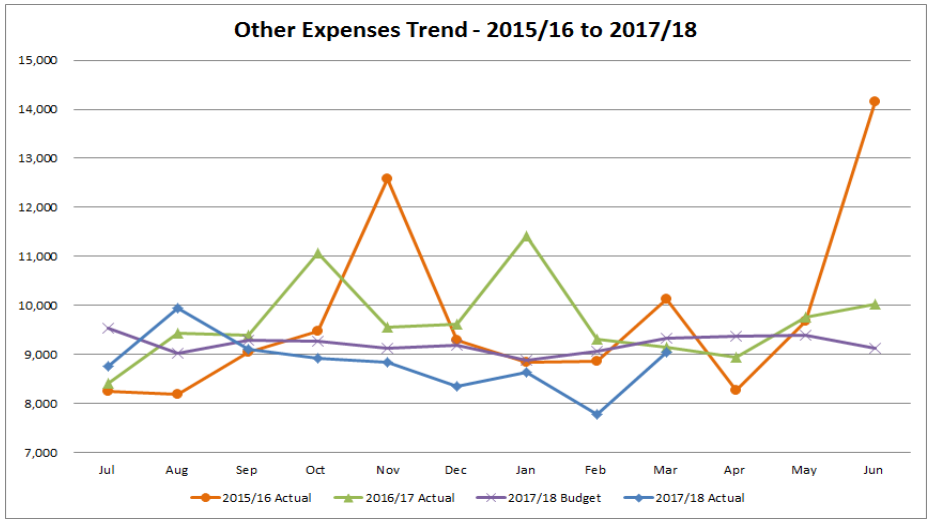


KEY RISKS AND ISSUES

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

TREATMENT & OTHER EXPENSES RELATED COSTS





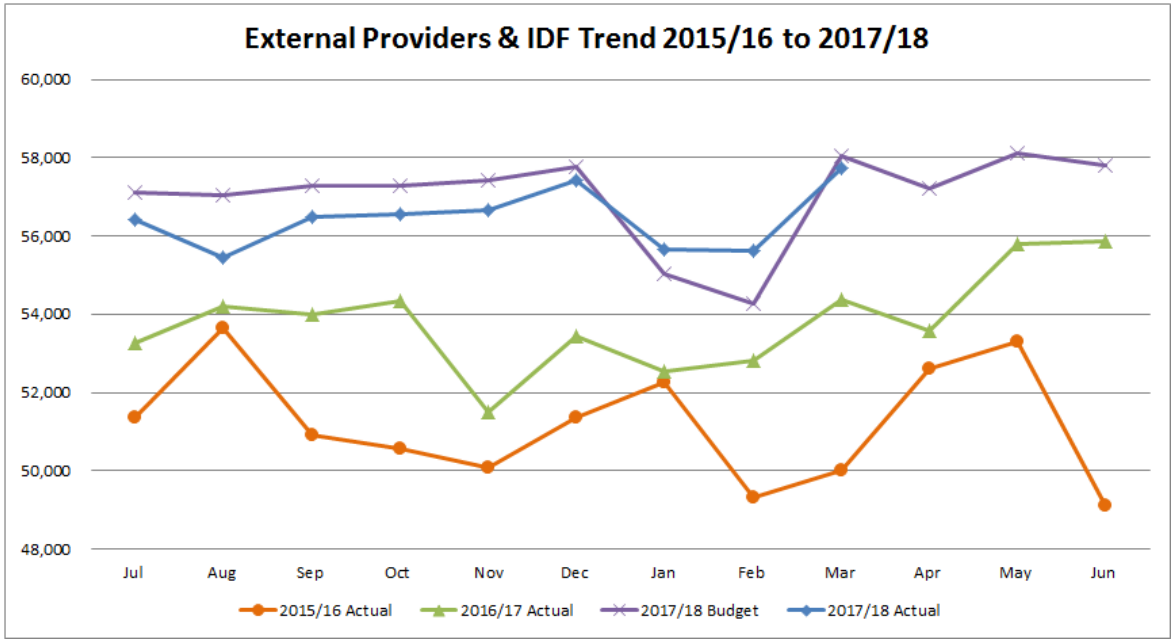
KEY RISKS AND ISSUES

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

Additional facility costs continue to be incurred in relation to The Princess Margaret Hospital campus. Some of these additional costs are in relation to a number of mental health services that remain stranded at that site.

EXTERNAL PROVIDER COSTS

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Pay Equity	1,769	2,142	373	17%	✓	15,269	18,933	3,664	19%	✓
IDF Expenditure	2,416	2,416	-	0%	✓	21,611	21,745	134	1%	✓
Other External Provider Costs	53,551	53,468	(83)	0%	✗	471,116	470,548	(568)	0%	✗
Total External Provider Costs	57,736	58,026	290	0%	✓	507,996	511,226	3,230	1%	✓



The external provider's expenditure was $3.230M favourable YTD (primarily pay equity expenditure).

Monthly community pharmaceutical spend is favourable for the month, reversing part of the recent trend.

ARRC expenditure (Hospital and Rest Home Level, including Pay Equity) was $0.576M above budget in March, which represents a 4.4% variance to budget. The budget anticipated a decreasing trend in volume for rest Home and dementia care; however, actual bed day volumes for the year to date show a 1.5% increase on prior year volumes. It is expected that Rest Home bed day volumes will not decrease as they have been over the last few financial years but will remain steady for Rest Home and have up to a 1% increase for Dementia.

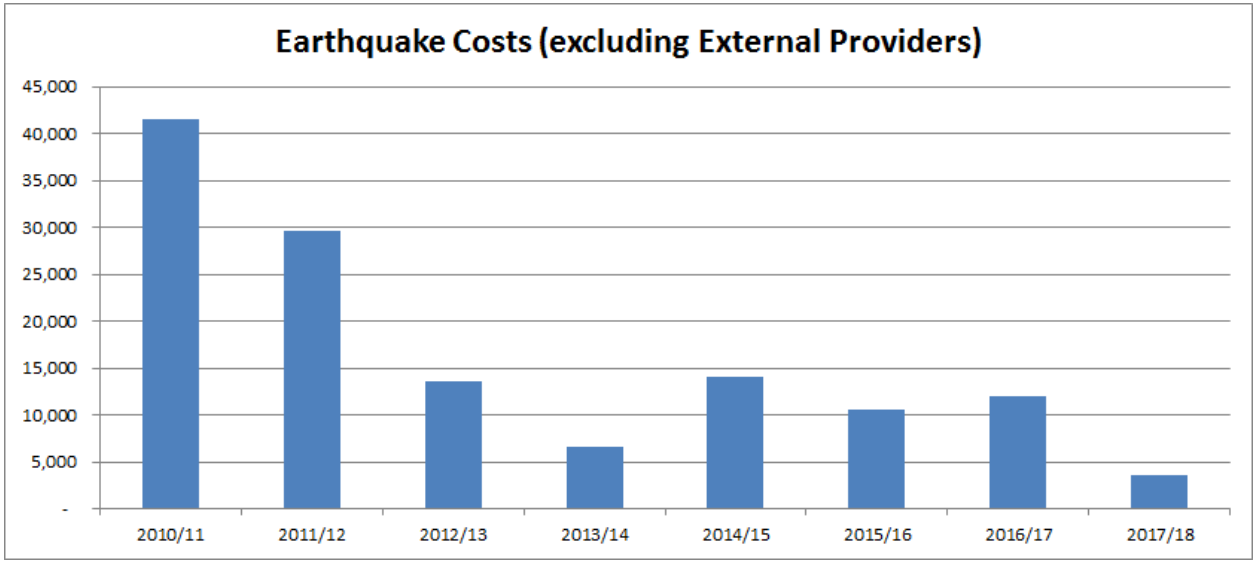
Refer to the Planning and Funding section of the report for further information.

KEY RISKS AND ISSUES

Any catchup on favourable expenditure areas (mainly community pharmaceuticals) will unfavourable impact on our overall result.

EARTHQUAKE

Data in this table excludes the Kaikoura earthquakes	Month Actual	Month Budget	Month Variance			YTD Actual	YTD Budget	YTD Variance		
	$'000	$'000	$'000			$'000	$'000	$'000		
Total Earthquake Revenue (Draw Down)	317	642	(325)	100%	✗	2,504	5,378	(2,874)	100%	✗
Earthquake Costs - Repairs	285	642	357	100%	✓	2,466	5,378	2,912	100%	✓
Earthquake Costs - External Provider	809	809	-	100%	✓	7,279	7,279	-	100%	✓
Earthquake Costs - Non Repairs	139	114	(25)	100%	✗	1,063	960	(103)	100%	✗
Total Earthquake Costs	**1,233**	**1,565**	**332**	**100%**	✓	**10,808**	**13,617**	**2,809**	**100%**	✓



Earthquake (EQ) operating costs include EQ repair works and other non-repair related costs such as additional security and building leases.

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

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

KEY RISKS AND ISSUES

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

FINANCIAL POSITION

	YTD Actual $'000	YTD Budget $'000	Variance $'000		
Equity	492,167	549,491	(57,324)	-10%	✗
Cash	(19,309)	24,309	(43,618)	-179%	✗

The sweep account was overdrawn at the end of March with a balance of $20.628M. The YTD budget has assumed that the deficit funding was received in March. Our closing forecast for June 2018 is for an overdrawn position, but is still based on receiving $50.833M 16/17 deficit support before the end of May 2018. If 16/17 deficit support is not received, we would expect an overdraft position of over $60M, rising to over $100M by calendar year end. This is over the maximum facility that we have available to us under the OPF. As with any forecast, there is expected to be variability, including unexpected expenditure, so a small but reasonable buffer needs to be maintained.

Canterbury DHB is relying on deficit funding for future cash flows. This will be critical towards the end of the current financial year. A formal application to the MoH is still under review, and we do not yet know how much deficit funding will be available, and when we may receive it. This will leave little scope for unplanned costs, and if full deficit funding of 16/17 is not provided, the DHB will have serious cash capacity issues for future operational needs.

KEY RISKS AND ISSUES

16/17 deficit funding will be dependent on our cash requirements over the 17/18 year, and our application for deficit funding may not be fully approved – we are awaiting confirmation of the level that will be funded. Our cash forecast will be impacted should the full amount of deficit funding not be received. Additionally, earthquake costs continue to be difficult to predict with certainty.

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

The Group financial results include Canterbury DHB and its subsidiaries, Canterbury Linen Services Ltd and Brackenridge Services Ltd
For the 9 months ended 31 March 2018

Month					Year to Date				Annual
17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget		17/18 Actual	17/18 Budget	16/17 Actual	Variance to Budget	17/18 Budget
137,111	137,788	127,977	(677) ✗	MoH Revenue	1,232,979	1,240,088	1,174,962	(7,109) ✗	1,653,435
4,662	3,830	3,839	832 ✓	Patient Related Revenue	36,486	34,270	31,137	2,216 ✓	45,765
3,058	3,083	3,348	(25) ✗	Other Revenue	25,592	27,194	32,473	(1,602) ✗	36,947
144,831	**144,701**	**135,164**	**130**	**Total Operating Revenue**	**1,295,057**	**1,301,553**	**1,238,572**	**(6,496)**	**1,736,147**
67,555	65,290	62,032	(2,265) ✗	Personnel Costs	570,698	566,955	539,006	(3,743) ✗	763,497
13,747	13,548	13,692	(199) ✗	Treatment Related Costs	114,328	112,789	109,689	(1,539) ✗	151,996
57,736	58,026	58,026	290 ✓	External Service Providers	507,996	511,226	480,439	3,230 ✓	684,378
9,049	9,331	6,186	282 ✓	Other Expenses	79,378	82,583	89,667	3,205 ✓	110,657
148,087	**146,195**	**139,936**	**(1,892)** ✗	**Total Operating Expenditure**	**1,272,400**	**1,273,553**	**1,218,802**	**1,153** ✓	**1,710,528**
(3,256)	**(1,494)**	**(4,771)**	**(1,762)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**22,657**	**28,000**	**19,770**	**(5,343)** ✗	**25,619**
611	611	450	- ✓	Capital Charge Funding for Revaluation & Rate Change	5,499	5,499	2,700	- ✓	7,332
(24)	135	172	(159) ✗	Interest	1,093	983	1,571	110 ✓	1,579
687	138	1,739	549 ✓	Donations	1,732	1,442	2,423	289 ✓	1,860
5	-	1	5 ✓	Profit / (Loss) on Sale of Assets	(20)	-	719	(20) ✗	-
1,279	**884**	**2,362**	**395** ✓	**Total Indirect Revenue**	**8,303**	**7,924**	**7,414**	**379** ✓	**10,771**
2,470	2,487	1,823	17 ✓	Capital Charge	22,789	22,869	12,270	80 ✓	30,330
4,738	5,096	5,009	358 ✓	Depreciation	43,036	44,030	43,533	994 ✓	59,704
-	-	-	- ✓	Interest Expense	60	200	4,055	140 ✓	-
7,208	**7,583**	**6,833**	**375** ✓	**Total Indirect Expenses**	**65,885**	**67,099**	**59,858**	**1,214** ✓	**90,034**
(9,186)	**(8,193)**	**(9,242)**	**(993)** ✗	**Total Surplus / (Deficit)**	**(34,925)**	**(31,175)**	**(32,675)**	**(3,750)** ✗	**(53,644)**

APPENDIX 3: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

As at 31 March 2018

Audited 30-Jun-17 $'000		Group Actual 31-Mar-18 $'000	YTD Group Budget 31-Mar-18 $'000	Annual Group Budget 30-Jun-18 $'000
199,933	Opening Equity	517,833	517,833	517,833
372,224	Net Equity Injections / (Repayments) During Year	9,259	62,833	114,618
(1,491)	Reserve Movement for Year	-	-	-
(52,833)	Operating Results for the Period	(34,925)	(31,175)	(53,644)
517,833	**TOTAL PUBLIC EQUITY**	492,167	549,491	578,807
	Represented By:			
	Current Assets			
1,985	Cash & Cash Equivalents	1,319	24,309	-
1,350	Short Term Investments	750	1,350	1,350
63,240	Trade and Other Receivables	72,609	63,238	116,882
9,629	Prepayments	9,345	9,411	9,411
9,119	Inventories	9,670	9,119	9,119
11,815	Restricted Assets	9,709	11,815	11,815
97,138	**Total Current Assets**	103,402	119,242	148,577
	Less Current Liabilities			
16,505	Overdraft	20,628	-	2,250
107,154	Trade and Other Payables	116,908	101,400	93,937
12,111	Restricted Funds	9,725	12,110	12,110
156,703	Employee Benefits	159,712	156,700	156,700
292,473	**Total Current Liabilities**	306,972	270,210	264,997
(195,335)	**Working Capital**	(203,570)	(150,968)	(116,420)
	Non Current Assets			
296	Restricted Funds	16	296	296
5,936	Investment in NZHPL	5,936	5,936	5,936
713,091	Fixed Assets	695,974	700,382	695,150
719,323	**Term Assets**	701,925	706,614	701,382
	Non Current Liablilties			
6,155	Employee Benefits	6,188	6,155	6,155
6,155	**Term Liabilities**	6,188	6,155	6,155
517,833	**NET ASSETS**	492,167	549,491	578,807

APPENDIX 4: CASHFLOW

Audited 30-Jun-17 $'000		Actual 31-Mar-18 $'000	YTD Budget 31-Mar-18 $'000	Budget 30-Jun-18 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
	Cash was provided from:			
15,897	**Net Cash from Operating Activities**	19,079	7,316	(6,940)
	CASHFLOW FROM INVESTING ACTIVITIES			
	Cash was provided from:			
(55,202)	**Net Cash from Investing Activities**	(33,127)	(31,320)	(41,762)
	CASHFLOW FROM FINANCING ACTIVITIES			
	Cash was provided from:			
1,861		-	-	1,861
11,239	**Net Cash from Financing Activities**	9,259	62,833	60,972
(28,066)	Overall Increase/(Decrease) in Cash Held	(4,789)	38,829	12,270
13,546	Add Opening Cash Balance	(14,520)	(14,520)	(14,520)
(14,520)	**Closing Cash Balance**	(19,309)	24,309	(2,250)

DRAFT CDHB PUBLIC HEALTH PLAN 2018-19

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Community and Public Health**

DATE: **17 May 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

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

i. endorses the draft Canterbury DHB Public Health Plan, 2018-19.

3. SUMMARY

The draft Canterbury DHB Public Health Plan 2018-19 is prepared as part of the Community and Public Health (*C&PH*) contract with the MoH. The Plan is based on a template developed by the South Island Public Health Services and is structured around 13 programme areas. The Plan was considered by Canterbury DHB's Executive Management Team (*EMT*) on 28 March 2018 and will be provided to the MoH as a draft late May 2018.

4. DISCUSSION

This draft Canterbury DHB Public Health Plan 2018-19 has been prepared by C&PH.

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

The Plan has two functions:

- as a companion document to the Canterbury DHB Annual Plan 2018-19, as the Canterbury DHB Public Health Annual Plan; and
- as the basis of the C&PH contract with the MoH.

The draft Public Health Plan will go to the Ministry of Health as a draft late May 2018.

5. APPENDICES

Appendix 1: Draft Canterbury DHB Public Health Plan 2018-19.

Report prepared by: Annabel Begg, Public Health Specialist, C&PH.

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

Canterbury District Health Board Public Health Plan 2018-19

Community and Public Health

Draft 3 May 2018

CONTENTS

1. INTRODUCTION

a. Keeping our people well

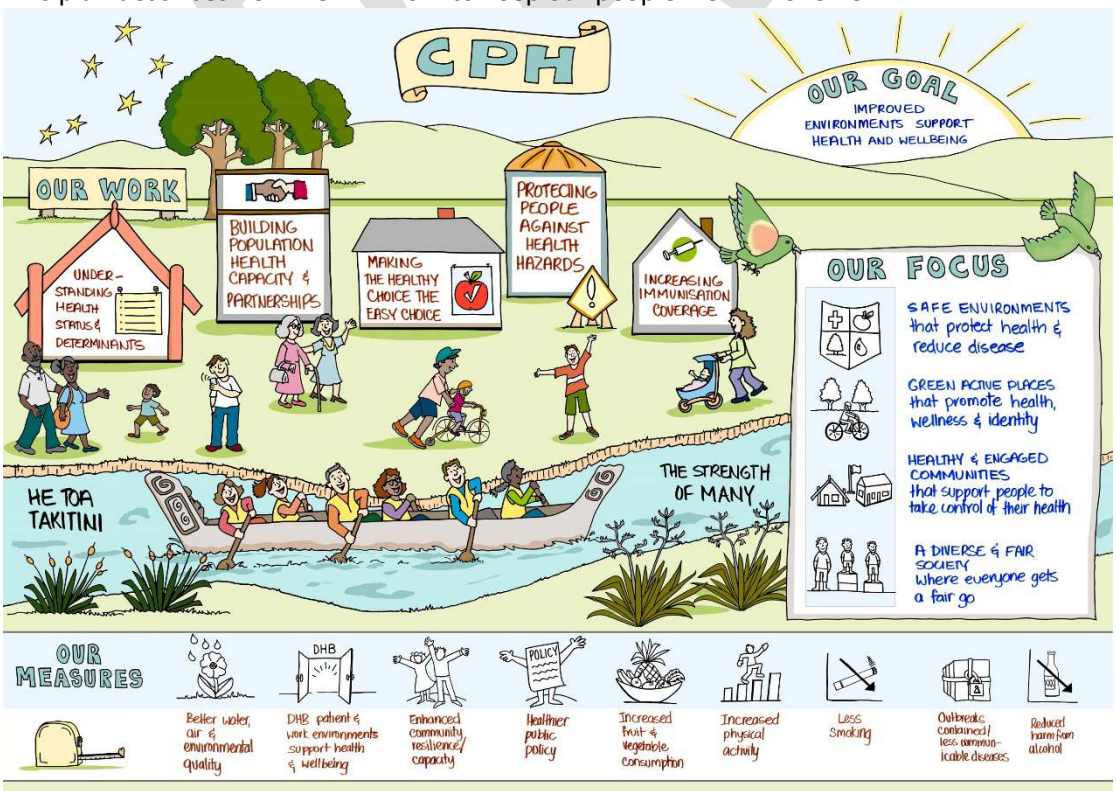
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions[1]:

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

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

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

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



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

b. Public health and the New Zealand Health Strategy

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

People powered

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

Closer to home

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

Value and high performance

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

One team

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

Smart system

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

c. Regional context and priorities

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

CPH 's principal role in regional activity is as a member of the South Island Alliance's South Island Public Health Partnership Workstream (SI PHP), which aims to "Improve, promote and protect the health and well-being of populations and reduce inequities".

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

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

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

d. District Health Board priorities

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

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

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

> The development of services that support people to stay well and take greater responsibility for their own health and wellbeing.

e. Statutory responsibilities

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

f. Working in partnership

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

- CDHB Planning and Funding
- the Canterbury Clinical Network
- Ngāi Tahu / Iwi agencies
- Local authorities

- Government agencies
- Non-Government Organisations / networks
- Educational institutions, and
- Private sector agencies.

g. Key challenges/ priorities for keeping our people well

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

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

h. Quality improvement

Our work is underpinned by a Quality Strategy that prioritises:

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

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

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

i. Reporting

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

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

2. SURVEILLANCE / MONITORING

"Tracking and sharing data to inform public health action"

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

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

The surveillance/monitoring **outcomes** we work towards are:

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

3. EVIDENCE / RESEARCH / EVALUATION

"Providing evidence and evaluation for public health action"

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

- To conduct and support evaluation of public health-focused initiatives.
- To provide evidence reviews and synthesis (both on a request basis and self-initiated) to support the work of other programmes and other public health focused work.
- To collect / access, analyse and present data to inform public health action.

The evidence/research/evaluation **outcomes** we work towards are:

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

4. HEALTHY PUBLIC POLICY

"Supporting development of health-promoting policies and approaches in other agencies"

Our key healthy public policy priorities for 2018-19 are:

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

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

5. HEALTH-PROMOTING HEALTH SYSTEM

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

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

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

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

6. SUPPORTING COMMUNITY ACTION

"Supporting communities to improve their health"

Our key supporting community action priorities for 2018-19 are:

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

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

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

7. EDUCATION SETTINGS

"Supporting our children and young people to learn well and be well"

Our key supporting education setting priorities for 2018-19 are:

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

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

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

8. COMMUNICABLE DISEASE CONTROL

"Preventing and reducing spread of communicable diseases"

Our key communicable disease control priorities for 2018-19 are:

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

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

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

9. HEALTHY PHYSICAL ENVIRONMENT

"Supporting communities to improve their health"

Our key physical environment priorities for 2018-19 are:

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

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

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

10. EMERGENCY PREPAREDNESS

"Minimising the public health impact of any emergency"

Our key emergency preparedness priorities for 2018-19 are:

- To review our Emergency Response plans to ensure alignment with DHB Health Emergency Plans.
- To ensure all staff have appropriate emergency response training.
- To participate in local and national emergency response exercises.
- To support improvements in community emergency response capacity and resilience.
- To work with Ngāi Tahu to support emergency response capacity of iwi Māori.

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

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

11. SUSTAINABILITY

"Increasing environmental sustainability practices"

Our key sustainability priorities for 2018-19 are:

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

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

12. SMOKING CESSATION SUPPORT

"Supporting smokers to quit"

Our key smoking cessation support priorities for 2018-19 are:

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

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

13. WELLBEING AND MENTAL HEALTH PROMOTION

"Improving mental health and wellbeing"

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

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

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

14. ALCOHOL HARM REDUCTION

"Reducing alcohol-related harm"

Our key alcohol priorities for 2018-19 are:

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

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

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

SUBMISSION – LOCAL GOVERNMENT (COMMUNITY WELL-BEING) AMENDMENT BILL

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Community and Public Health**

DATE: **17 May 2018**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Approval is sought for the attached submission (Appendix 1) on the Local Government (Community Well-being) Amendment Bill (the *Bill*).

As per the CDHB Submissions Procedure, any submissions to a Select Committee must be approved by EMT, the Board and the Minister's Office. This consultation closes on 25 May 2018.

2. RECOMMENDATION

That the Board:

i. approves CDHB's submission on the Local Government (Community Well-being) Amendment Bill.

3. SUMMARY

The Governance and Administration Select Committee is currently consulting on the Bill, whose purpose is to restore the purpose of local government "to promote the social, economic, environmental, and cultural well-being of communities"; to restore territorial authorities' power to collect development contributions for any public amenities needed as a consequence of development; and to make a minor modification to the development contributions power. The Bill is attached (Appendix 2).

This submission has been drafted by Community and Public Health following consultation with wider CDHB services.

4. DISCUSSION

The CDHB submission supports the Bill's intent and reinforces the importance of local government in achieving positive health outcomes. The submission also highlights the ways in which the CDHB already works collaboratively with local government to promote health and wellbeing for the population.

5. APPENDICES

Appendix 1: Draft CDHB Submission on the Local Government (Community Well-being) Amendment Bill.
Appendix 2: Local Government (Community Well-being) Amendment Bill.

Report prepared by: Kirsty Peel, Health in All Policies Advisor, Community and Public Health
Report approved for release by: Evon Currie, General Manager, Community and Public Health

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission on Local Government (Community Well-being) Amendment Bill

To: Governance and Administration Committee

Submitter: Canterbury District Health Board

Attn: Kirsty Peel
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

SUBMISSION ON LOCAL GOVERNMENT (COMMUNITY WELL-BEING) AMENDMENT BILL

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

Details of submission

3. We welcome the opportunity to comment on the Local Government (Community Well-being) Amendment Bill (the Bill). The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.

4. While health care services are an important determinant of health, health is also influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health[1]. The Barton and Grant[2] health map shows how the various influences on health are complex and interlinked.

5. Local government is one of the most important and powerful influences on the health and wellbeing of communities and populations.[3][4] The decisions that local authorities make about land and transport use and the built and natural environment significantly affect health as do the myriad of other activities that many local authorities currently undertake to support the environmental, cultural and social wellbeing of their populations.

[1] *Public Health Advisory Committee. 2004. The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health. Public Health Advisory Committee: Wellington.*
[2] *Barton, H and Grant, M. (2006) A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health 126 (6), pp 252-253. http://www.bne.uwe.ac.uk/who/healthmap/default.asp*
[3] *Public Health Association. 2013. Getting into the Act. Local Government and Public Health in 2013 and Beyond.*
[4] *Ministry of Health (2009) Public Health in New Zealand: Local Government's Contribution to Wellbeing.* https://www.health.govt.nz/system/files/documents/publications/public-health-local-government-oct09.pdf

6. The CDHB acknowledges the Local Government Act as legislation with significant implications for the health of communities and welcomes the amendments set out in this Bill. The CDHB opposed the Local Government Act 2001 Amendment Act 2012, which restricted the role of local authorities to providing "*good quality local infrastructure, local public services and performance of regulatory functions in a way that is most cost effective for households and businesses*".

7. The CDHB supports *Clause 4* of the Bill, which reinstates the purpose of local authorities to "*play a broad role in promoting the social, economic, environmental, and cultural well-being of their communities, taking a sustainable development approach*". As outlined above, the actions of local authorities play a key role in shaping community health and wellbeing, and the proposed change confirms this role with a legislative mandate.

8. The CDHB is pleased to see the focus on a sustainable development approach within the Bill and also supports *Clause 6* of the Bill which repeals the previous wording that refers to meeting needs of communities "*in a way that is most cost-effective for households and businesses*" to focusing on "*promoting well-being of communities in the present and for the future*". A long-term intergenerational focus is important, and this change enables a focus on actions that may not seem cost-effective in the immediate term but will deliver significant longer term benefits for the community, such as actions to address climate change and housing.

9. The CDHB supports *Clause 10* of the Bill, which repeals the requirement for core services to be considered in performing the local authority's role. The removal of this requirement will allow for the provision of potentially innovative services that promote the social, economic, environmental and cultural wellbeing of the population as well as local autonomy to determine the ways in which the community's wellbeing is best provided for. Involving the community in making these decisions for themselves can strengthen community networks, build resilience and influence positive behaviour change.

10. Some populations face significant barriers to positive health and wellbeing. These inequities require innovative and linked up strategies to address. The proposed legislative changes enable greater opportunities for collaborative solutions to these inequities to be worked on across organisations.

11. The CDHB wishes to highlight to the Committee the significant benefits for the health sector of working together with local government to influence public health. The *Health Act 1956* explicitly states that "*it shall be the duty of every local authority to improve, promote, and protect public health within its district*". The reintroduction of the four well-being's into the Local Government Act will better align these pieces of legislation and reduce barriers for agencies to work together to improve community wellbeing.

12. In the Canterbury region, the CDHB has positive and formalised working relationships with local authorities who are already working to improve the wellbeing of the population. The changes proposed in the Bill will align legislation to this intent and current practice and will ensure any potential challenge to this activity is averted. Extensive Joint Work Plans are in place between the CDHB, Christchurch City Council (CCC) and Environment Canterbury Regional Council (ECan) in areas including reducing alcohol harm, smokefree, sustainable water supply and waterways, waste and contaminated land, transport and accessibility, air quality, healthy food environments and healthy housing initiatives. The CDHB is encouraged that this Bill will facilitate further opportunities to work collaboratively with local authorities in the promotion of community health and well-being.

13. The CDHB supports *Clause 12* and *Clause 13*, which remove restrictions on a local authority's power to collect development contributions for public amenities. High quality public amenities are an important contributor to the health and wellbeing of the population and this change will provide a local authority the flexibility to provide a range of facilities and reserves for growth areas.

Conclusion

14. The CDHB does not wish to be heard in support of this submission.

15. Thank you for the opportunity to submit on the Local Government (Community Well-being) Amendment Bill.

Person making the submission

Date:

Contact details

Kirsty Peel

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Local Government (Community Well-being) Amendment Bill

Government Bill

Explanatory note

General policy statement

The Local Government (Community Well-being) Amendment Bill has the following 3 main objectives:

- first, it will restore the purpose of local government to be "to promote the social, economic, environmental, and cultural well-being of communities"; and
- second, it will restore territorial authorities' power to collect development contributions for any public amenities needed as a consequence of development. This will assist in the provision of facilities such as sports grounds, swimming pools, and libraries; and
- finally, the Bill will make a minor modification to the development contributions power so that it is clear that advances of financial assistance from the New Zealand Transport Agency that are recoverable do not affect the power of territorial authorities to collect development contributions for projects financed using that mechanism.

Departmental disclosure statement

The Department of Internal Affairs is required to prepare a disclosure statement to assist with the scrutiny of this Bill. The disclosure statement provides access to information about the policy development of the Bill and identifies any significant or unusual legislative features of the Bill.

A copy of the statement can be found at http://legislation.govt.nz/disclosure.aspx?type=bill&subtype=government&year=2018&no=48

Regulatory impact assessment

The Department of Internal Affairs produced a regulatory impact assessment on 5 March 2018 to help inform the main policy decisions taken by the Government relating to the contents of this Bill.

A copy of this regulatory impact assessment can be found at—

- https://www.dia.govt.nz/diawebsite.nsf/wpg_URL/Resource-material-Regulatory-Impact-Statements-Index?OpenDocument
- http://www.treasury.govt.nz/publications/informationreleases/ria

Clause by clause analysis

Clause 1 is the Title clause.

Clause 2 is the commencement clause. The Bill will come into force on the day after the date on which it receives the Royal assent.

Clause 3 provides that the provisions of the Bill amend the Local Government Act 2002 (the **principal Act**).

Part 1
Reinstatement of 4 aspects of well-being

Clause 4 amends the purpose section of the principal Act (section 3). It provides that a purpose of the Act is to provide for local authorities to play a broad role in promoting the social, economic, environmental, and cultural well-being of their communities (the **4 aspects of well-being**), taking a sustainable development approach. This reinstates the position that applied before the amendments made by the Local Government Act 2002 Amendment Act 2012 (the **2012 Amendment Act**).

Clause 5 amends the following definitions in section 5 of the principal Act:

- community outcomes—the definition that applied before the enactment of the 2012 Amendment Act, which includes reference to the 4 aspects of well-being, is reinstated:
- good-quality—this definition is relocated from section 10(2) of the principal Act, which is repealed by *clause 6(2)*:
- significance—the definition that applied before the enactment of the 2012 Amendment Act, which includes reference to the 4 aspects of well-being, is reinstated.

Clause 6 amends section 10 of the principal Act, which sets out the purpose of local government. *Subclause (1)* replaces subsection (1)(b) of section 10 to reinstate the reference to the 4 aspects of well-being that existed prior to the enactment of the 2012 Amendment Act. Subsection (2) of section 10, which defines the term good-quality, is repealed and the definition is moved to the main interpretation section (*see clause 5*).

Clause 7 amends section 14 of the principal Act, which sets out principles that a local authority must act in accordance with when performing its role. The amendment rein-

states the principle that a local authority, when making decisions, should take account of the likely impact of any decision on the 4 aspects of well-being. It also reinstates a requirement to the effect that if any of the 4 aspects of well-being conflict in a particular case, the local authority should resolve the conflict in an open, transparent, and democratically accountable manner. Again, this reinstates the position that applied before the enactment of the 2012 Amendment Act.

Clause 8 amends section 101(3) of the principal Act, which specifies certain matters that a local authority must consider when determining sources of funding to meet its needs. The amendment reinstates a reference to the 4 aspects of well-being that was removed as a result of amendments made by the 2012 Amendment Act and the Local Government Act 2002 Amendment Act 2014.

Clause 9 amends Schedule 10 of the principal Act by reinserting references to the 4 aspects of well-being in clauses 2(1)(c) and 23(d) of that schedule.

Part 2
Other amendments

Clause 10 repeals section 11A of the principal Act, which requires a local authority, when performing its role, to have particular regard to the contribution that specified services make to its communities.

Clause 11 amends section 197 of the principal Act by replacing the definition of community infrastructure. A territorial authority may require development contributions in respect of capital expenditure to provide for community infrastructure (*see* section 199(1)(c) of the principal Act). The amendment reinstates the broad definition of community infrastructure that applied before a narrower definition was inserted by the Local Government Act 2002 Amendment Act 2014.

Clause 12 repeals section 198A of the principal Act, which imposes restrictions on a territorial authority's power to require contributions for reserves.

Clause 13 amends section 200 of the principal Act, which imposes limits on a territorial authority's ability to require development contributions. Section 200(1)(c) provides that a development contribution cannot be required for network infrastructure (which includes the provision of roads and transport) if a third party has funded the same infrastructure.

The amendments will facilitate territorial authorities' entry into funding agreements with the New Zealand Transport Agency that provide for the territorial authority to receive funding from the national land transport fund that is higher than the amount of funding (if any) that would otherwise be provided, on the basis that the additional funding will be offset by reduced funding for other projects or programmes.

The effect of the amendments is to ensure that the prohibition on imposing development contributions for third-party-funded infrastructure—

- does not apply to any amount of additional funding that is provided under such a funding agreement (because that additional funding will in effect be repaid by the territorial authority); and
- applies, in the case of any reduced amount of funding for another project, as if the amount of funding provided were the amount that would otherwise have been provided, not the reduced amount.

Hon Nanaia Mahuta

Local Government (Community Well-being) Amendment Bill

Government Bill

Contents

The Parliament of New Zealand enacts as follows:

1 Title

This Act is the Local Government (Community Well-being) Amendment Act **2018**.

2 Commencement

This Act comes into force on the day after the date on which it receives the Royal assent.

3 Principal Act

This Act amends the Local Government Act 2002 (the **principal Act**).

Part 1
Reinstatement of 4 aspects of community well-being

4 Section 3 amended (Purpose)

Replace section 3(d) with:

(d) provides for local authorities to play a broad role in promoting the social, economic, environmental, and cultural well-being of their communities, taking a sustainable development approach.

5 Section 5 amended (Interpretation)

(1) In section 5(1), replace the definition of **community outcomes** with:

community outcomes means the outcomes that a local authority aims to achieve in order to promote the social, economic, environmental, and cultural well-being of its district or region in the present and for the future

(2) In section 5(1), replace the definition of **good-quality** with:

good-quality, in relation to local infrastructure, local public services, and performance of regulatory functions, means infrastructure, services, and performance that are—

(a) efficient; and

(b) effective; and

(c) appropriate to present and anticipated future circumstances

(3) In section 5(1), definition of **significance**, replace paragraph (a) with:

(a) the current and future social, economic, environmental, or cultural well-being of the district or region:

6 Section 10 amended (Purpose of local government)

(1) Replace section 10(1)(b) with:

(b) to promote the social, economic, environmental, and cultural well-being of communities in the present and for the future.

(2) Repeal section 10(2).

7 Section 14 amended (Principles relating to local authorities)

(1) Replace section 14(1)(c)(iii) with:

(iii) the likely impact of any decision on each aspect of well-being referred to in section 10:

(2) In section 14(1)(h)(i), replace "interests" with "well-being".

(3) In section 14(2), after "principles", insert ", or any aspects of well-being referred to in section 10, are in".

8 Section 101 amended (Financial management)

Replace section 101(3)(b) with:

(b) the overall impact of any allocation of liability for revenue needs on the current and future social, economic, environmental, and cultural well-being of the community.

9 Schedule 10 amended

(1) In Schedule 10, replace clause 2(1)(c) with:

(c) outline any significant negative effects that any activity within the group of activities may have on the social, economic, environmental, or cultural well-being of the local community:

(2) In Schedule 10, replace clause 23(d) with:

(d) describe any identified effects that any activity within the group of activities has had on the social, economic, environmental, or cultural well-being of the community.

Part 2
Other amendments

10 Section 11A repealed (Core services to be considered in performing role)

Repeal section 11A.

11 Section 197 amended (Interpretation)

In section 197(2), replace the definition of **community infrastructure** with:

community infrastructure—

(a) means land, or development assets on land, owned or controlled by the territorial authority for the purpose of providing public amenities; and

(b) includes land that the territorial authority will acquire for that purpose

12 Section 198A repealed (Restrictions on power to require contributions for reserves)

Repeal section 198A.

13 Section 200 amended (Limitations applying to requirement for development contribution)

After section 200(4), insert:

(5) **Subsection (6)** applies if a territorial authority has entered a funding agreement with the New Zealand Transport Agency under which—

(a) a specified amount of additional financial assistance is to be provided from the national land transport fund to the territorial authority to fund a specified network infrastructure project; and

(b) that specified amount of additional financial assistance is to be offset by reduced funding for 1 or more other projects or programmes.

(6) If this subsection applies, the specified amount of additional financial assistance must not be treated as third-party funding for the purposes of subsection (1)(c).

(7) **Subsection (8)** applies if a funding agreement referred to in **subsection (5)**—

(a) provides for some or all of the specified amount of additional financial assistance to be offset by the provision of a reduced amount of financial assistance for 1 or more other network infrastructure projects; and

(b) specifies the amount of financial assistance for each other network infrastructure project that would otherwise have been provided.

(8) If this subsection applies, to the extent that a network infrastructure project receives a reduced amount of financial assistance, subsection (1)(c) applies as if the amount of financial assistance provided for that project were the amount that would otherwise have been provided, and not the reduced amount.

(9) In this section, **additional financial assistance** means an amount of financial assistance for a network infrastructure project that is greater than the amount (if any) that would otherwise be provided from the national land transport fund in respect of that project.

(10) **Subsections (5) to (9)** prevail over subsection (1)(c).

Wellington, New Zealand:
Published under the authority of the New Zealand Government—2018

SUBMISSION – RESIDENTIAL TENANCIES (PROHIBITING LETTING FEES) AMENDMENT BILL

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Community and Public Health**

DATE: **17 May 2018**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Approval is sought for the attached submission (Appendix 1) on the Residential Tenancies (Prohibiting Letting Fees) Amendment Bill (the *Bill*).

As per the CDHB Submissions Procedure, any submissions to a Select Committee must be approved by EMT, the Board and the Minister's Office. This consultation closes on 23 May 2018.

2. RECOMMENDATION

That the Board:

i. approves CDHB's submission on the Residential Tenancies (Prohibiting Letting Fees) Amendment Bill.

3. SUMMARY

The Social Services and Community Select Committee is currently consulting on the Bill, which aims to ensure that costs associated with letting a rental property are met by the landlord, who benefits from letting a rental, rather than the tenant. The Bill is attached (Appendix 2).

This submission has been drafted by Community and Public Health following consultation with wider CDHB services.

4. DISCUSSION

The CDHB submission supports the Bill's intent. It describes the link between health and income and housing, and highlights the fact that already disadvantaged, transient people are most likely to be impacted by the removal of letting fees paid by tenants.

5. APPENDICES

Appendix 1: Draft CDHB Submission on the Residential Tenancies (Prohibiting Letting Fees) Amendment Bill.
Appendix 2: Residential Tenancies (Prohibiting Letting Fees) Amendment Bill.

Report prepared by: Kirsty Peel, Health in All Policies Advisor, Community and Public Health

Report approved for release by: Evon Currie, General Manager, Community and Public Health

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission on Residential Tenancies (Prohibiting Letting Fees) Amendment Bill

To: The Social Services and Community Select Committee
Parliament Buildings Wellington

Submitter: Canterbury District Health Board

Attn: Kirsty Peel
Community and Public Health
C/- Canterbury District Health Board
PO Box 1475
Christchurch 8140

Proposal: The Social Services and Community Committee is seeking submissions on the Residential Tenancies (Prohibiting Letting Fees) Amendment Bill. The bill aims to ensure that costs associated with letting a rental property are met by the landlord, who benefits from letting a rental, rather than the tenant.

SUBMISSION ON Residential Tenancies (Prohibiting Letting Fees) Amendment Bill

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and for improving, promoting and protecting their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

3. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

4. The CDHB welcomes the opportunity to comment on the Residential Tenancies (Prohibiting Letting Fees) Amendment Bill .

5. While health care services are an important determinant of health, health is also influenced by a wide range of factors beyond the health sector. Health care services manage disease and trauma and are an important determinant of health outcomes. However health creation and wellbeing (overall quality of life) is influenced by a wide range of factors beyond the health sector.

6. The CDHB supports the proposed Bill and believes it would be a positive change which would improve health outcomes for the community.

Specific comments

7. Housing and income are two major factors that can impact on an individual, family, and whanau wellbeing[1]. This bill addresses both of these, and rightly considers how income-related barriers associated with letting fees can affect access to housing and housing choice.

[1] http://www.occ.org.nz/assets/Uploads/OCC-submission-CPR-Bill-Apr-2018.pdf

8. The CDHB agrees that letting fees are a cost that should be borne by the landlord. Tenants having to find this additional cost on top of advanced rent and bond when signing a tenancy is an unnecessary burden.

9. The burden of letting fees is also inequitable. Those most affected by letting fees are those on low incomes and who are transient or do not have secure tenure in their homes. This group ends up paying this cost multiple times.

    a) We note that those in social housing do not pay these fees, however, low income families not in social housing may seek an accommodation supplement to make housing affordable. If they are struggling to pay letting fees, they can apply to cover the fees but this must be repaid, still creating a financial burden.

10. With regard to transient populations in particular, Superu published information in February this year. They identified that for transient populations, "The factors that stand out in all three specifications (adult, youth and child) are being Māori; being associated with a benefit spell; experiencing social housing; having a mental health event; and an ED visit"[2]. This population has likely been the most disadvantaged by letting fees, and we support alleviating this inequitable burden through the amendments to this bill.

11. The CDHB encourages the Committee to continue to look at other factors that can improve health and wellbeing outcomes for Tenants. A wider review of the Residential Tenancies Act could include longer tenancy contracts that offer greater tenure security, clearer information in the initial agreement about when rental increases will occur, and progressing the possibility of a rental WOF.

Conclusion

12. The CDHB does not wish to be heard in support of this submission.

13. Thank you for the opportunity to submit on Residential Tenancies (Prohibiting Letting Fees) Amendment Bill.

Person making the submission

Date:

[2] http://www.superu.govt.nz/sites/default/files/Transient%20population%20report%20FINAL.pdf

Contact details

Kirsty Peel

For and on behalf of
Community and Public Health
C/- Canterbury District Health Board
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Residential Tenancies (Prohibiting Letting Fees) Amendment Bill

Government Bill

Explanatory note

General policy statement

This Bill amends the Residential Tenancies Act 1986 (the **principal Act**) to prohibit the charging of a letting fee, or any other fee charged to a tenant, in respect of charges for services rendered by a letting agent, solicitor, or any person in relation to a tenancy.

Under the principal Act, letting agents (including property managers), and solicitors, are able to charge letting fees to tenants to cover the administrative costs of listing and advertising a rental property, conducting open homes, and vetting prospective tenants at the beginning of a tenancy.

By paying a letting fee, tenants are bearing the costs associated with letting a rental property, where the benefit ultimately rests with the landlord. The amendments made by this Bill aim to ensure that costs associated with letting a property rest with the beneficiary of the service, and to reduce the upfront costs that some tenants can face in renting a new rental property. The Bill also ensures that other fees cannot be charged to tenants in place of a letting fee.

To achieve this, the Bill prohibits the charging of a letting fee, or any other fee to a tenant, by any person in relation to the—

- grant, continuance, extension, variation, or renewal of any tenancy agreement; or
- assignment of a tenant's interest under any tenancy agreement; or
- subletting of the whole or any part of the premises by a tenant.

Landlords, or their agents, will remain able to seek reimbursement from a tenant for expenses reasonably incurred as a result of a tenant assigning, subletting, or parting with possession of their interest in a tenancy. The Bill creates a new unlawful act for

charging a tenant a letting fee (with a maximum level of exemplary damages of $1,000). The new unlawful act is based on the current unlawful act of charging a tenant key money due to the similarity in harm caused. The Bill also limits the Tenancy Tribunal's authority, in that it will not have jurisdiction to consent to a person requiring a tenant to pay a letting fee.

Departmental disclosure statement

The Ministry of Business, Innovation, and Employment is required to prepare a disclosure statement to assist with the scrutiny of this Bill. The disclosure statement provides access to information about the policy development of the Bill and identifies any significant or unusual legislative features of the Bill.

A copy of the statement can be found at http://legislation.govt.nz/disclosure.aspx?type=bill&subtype=government&year=2018&no=36

Regulatory impact assessment

The Ministry of Business, Innovation, and Employment produced a regulatory impact assessment on 16 March 2018 to help inform the main policy decisions taken by the Government relating to the contents of this Bill.

A copy of this regulatory impact assessment can be found at—

- http://www.mbie.govt.nz/info-services/housing-property/residential-tenancies/letting-fees
- http://www.treasury.govt.nz/publications/informationreleases/ria

Clause by clause analysis

Clause 1 relates to the Title.

Clause 2 provides that the Act comes into force 3 months after the date on which it receives the Royal assent.

Clause 3 provides that the Bill amends the Residential Tenancies Act 1986 (the **principal Act**).

Clause 4 amends section 2 of the principal Act by inserting a definition of letting fee based on section 17(1) of the Act (which states the matters for which key money cannot be required). A letting fee—

- is any fee or charge (however described) in respect of services rendered by the letting agent or any other person that relate to—
    - the grant, continuance, extension, variation, or renewal of any tenancy agreement; or
    - the assignment of a tenant's interest under any tenancy agreement; or
    - the subletting of the whole or any part of the premises by a tenant:

- does not include any expenses recoverable under section 44(5) of the Act (which provides that, on giving consent to any assignment, subletting, or parting with possession of the premises by the tenant, the landlord is entitled to recover from the tenant any expenses reasonably incurred by the landlord in respect of the proposed transaction).

Clause 5 amends section 13A of the principal Act, which relates to the contents of a tenancy agreement. Section 13A(1)(m) requires a tenancy agreement to include a statement (if applicable) that the tenant pay any fee or other charge for services rendered by any solicitor or letting agent relating to the grant or assignment of the tenancy. This clause repeals that provision because it would be inconsistent with the policy of prohibiting letting fees.

Clause 6 repeals section 17(4)(c) of the principal Act. The effect of that provision is that the prohibition against requiring the payment of key money does not apply to letting fees. This clause repeals that provision because it would be inconsistent with the policy of prohibiting letting fees.

Clause 7 inserts *new section 17A* to prohibit any person from requiring a tenant to pay a letting fee.

New section 17A(1) prohibits a letting agent or any other person (for example, a lawyer or property manager) from requiring a tenant to pay a letting fee.

New section 17A(2) provides that the prohibition in *subsection (1)* does not apply to expenses that are recoverable under section 44(5) of the principal Act. Section 44(5) applies if the landlord consents to the tenant's assigning, subletting, or parting with possession of the premises. In such a case, the landlord is entitled to recover from the tenant any expenses reasonably incurred by the landlord in respect of the proposed transaction.

New section 17A(3) makes a contravention of the prohibition an unlawful act for the purposes of the principal Act. The effect of this and the associated amendment in *clause 10* is to enable the Tenancy Tribunal to order the payment of up to $1,000 in exemplary damages if the prohibition is contravened. In such a case, the application would be made by the tenant or the chief executive of the Ministry acting on behalf of the tenant.

Clause 8 amends section 77 of the principal Act, which relates to the jurisdiction of the Tenancy Tribunal. This amendment provides that the Tribunal does not have jurisdiction to consent to a person charging a tenant a letting fee.

Clause 9 amends Schedule 1AA of the principal Act by adding the transitional provision set out in the *Schedule* of this Bill. The provision relates to the application of *new section 17A* and provides that *new section 17A* does not apply to—

- any fee or charge paid or payable before the date of commencement of that section:
- any tenancy agreement entered into before the commencement date (whether the tenancy agreement took effect before or takes effect on or after that date):

- any assignment or subletting, if the landlord consented to the assignment or subletting before the commencement date (whether the assignment or subletting took effect before or takes effect on or after that date):
- any amount (such as key money in the form of a letting fee) that is charged in relation to a subletting, if the Tribunal consented to the charge before the commencement date.

Clause 10 amends Schedule 1A of the principal Act, which prescribes the maximum amounts of exemplary damages that can be awarded to a person against whom an unlawful act is committed. This amendment prescribes $1,000 as the maximum amount of exemplary damages that may be awarded if the prohibition against letting fees is contravened.

Hon Phil Twyford

Residential Tenancies (Prohibiting Letting Fees) Amendment Bill

Government Bill

Contents

The Parliament of New Zealand enacts as follows:

1 Title

This Act is the Residential Tenancies (Prohibiting Letting Fees) Amendment Act **2018**.

2 Commencement

This Act comes into force 3 months after the date on which it receives the Royal assent.

3 Principal Act

This Act amends the Residential Tenancies Act 1986 (the **principal Act**).

4 Section 2 amended (interpretation)

In section 2(1), insert in its appropriate alphabetical order:

letting fee—

(a) means any fee or charge (however described) in respect of services rendered by the letting agent or any other person that relate to—

(i) the grant, continuance, extension, variation, or renewal of any tenancy agreement; or

(ii) the assignment of a tenant's interest under any tenancy agreement; or

(iii) the subletting of the whole or any part of the premises by a tenant; but

(b) does not include any expenses recoverable under section 44(5)

5 Section 13A amended (Contents of tenancy agreement)

Repeal section 13A(1)(m).

6 Section 17 amended (Requiring key money prohibited)

Repeal section 17(4)(c).

7 New section 17A inserted (Requiring letting fee prohibited)

After section 17, insert:

17A Requiring letting fee prohibited

(1) No letting agent or other person may require a tenant to pay a letting fee.

(2) Nothing in **subsection (1)** limits or affects section 44(5) (which entitles a landlord to recover reasonable expenses on consenting to the tenant's assigning, subletting, or parting with possession of the premises).

(3) Any requirement to pay a letting fee in contravention of **subsection (1)** is an unlawful act.

8 Section 77 amended (Jurisdiction of Tribunal)

After section 77(7), insert:

(7A) The Tribunal does not have jurisdiction to consent to a person charging a tenant a letting fee.

9 Schedule 1AA amended

In Schedule 1AA, after **Part 3**, insert the **Part 4** set out in the **Schedule** of this Act.

10 Schedule 1A amended

In Schedule 1A, after the item relating to section 17, insert:

Section 17A	(Requiring letting fee)	1,000

Schedule
New Part 4 inserted into Schedule 1AA

s 9

Part 4
Provision relating to Residential Tenancies (Prohibiting Letting Fees) Amendment Act 2018

20 Application of section 17A (Requiring letting fee prohibited)

Section 17A does not apply to—

(a) any fee or charge paid or payable before the date of commencement of that section; or

(b) any tenancy agreement entered into before that date (whether the tenancy agreement took effect before or takes effect on or after that date); or

(c) any assignment or subletting if the landlord consented to the assignment or subletting before that date (whether the assignment or subletting took effect before or takes effect on or after that date); or

(d) any amount that is charged in relation to a subletting, if the Tribunal consented to the charge before that date.

Wellington, New Zealand:
Published under the authority of the New Zealand Government—2018

DELEGATIONS FOR ANNUAL ACCOUNTS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **17 May 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to seek a delegation to approve the final audited accounts for the 2017/18 financial year on the Board's behalf, if required, if the timing of these does not fit with Board or Committee meetings.

2. RECOMMENDATION

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

i. authorises either the Quality, Finance, Audit and Risk Committee Chair and the Board Chair or, if one of these should not be available, one of these two and a Board member to approve the final audited accounts for 2017/18 on the Board's behalf if required, should the timetable not fit with a Board or Committee meeting;
ii. notes that if this delegated authority is exercised, the final accounts will be circulated to Committee and Board members; and
iii. notes that the Canterbury DHB Chair, Chief Executive and General Manager Finance and Corporate Services will sign the letter of representation required in respect to the 2017/18 Crown Financial Information System accounts which are required at the Ministry of Health in early August.

3. SUMMARY

The audited Crown Financial Information System (*CFIS*) accounts for the 2017/18 financial year are due with the Ministry of Health in early August to meet the Crown's financial reporting timetable. It should be noted that the Canterbury DHB Board's August meeting is on 16 August.

The CFIS accounts for the 2017/18 financial year will be signed on behalf of the Board by the Canterbury DHB Chair, Chief Executive and General Manager Finance and Corporate Services and their letter of representation will accompany the accounts. Any change to the "bottom line" result as reported to this Committee will be discussed with the Chair of the Quality, Finance, Audit and Risk Committee and/or the Canterbury DHB Chair; with Committee members to be updated via email of any change.

The audit process will begin in late July 2018 and is expected to be finished by early September 2018, with the final full audited accounts expected to be completed by the end of September 2018. In the event that the timing of the completion of these does not fit the Board meeting schedule it is recommended the Board be asked to delegate approval of the final 2017/18 audited accounts as per the recommendations contained in this report.

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

WRITE-OFF REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Finance**

DATE: **17 May 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

This report seeks approval for the write-off of $184,640, being the outstanding balance of a non-New Zealand resident inpatient charge. This request is made on the basis that the Canterbury DHB has taken all reasonable steps to recover the debt and there is no further chance that it will be collected.

Write-offs over $50,000 must be notified to the Quality, Finance, Audit and Risk Committee and write-offs over $100,000 require Board approval.

2. RECOMMENDATION

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

i. approves the write off of $184,640, being the outstanding balance of a non-New Zealand resident inpatient charge.

3. DISCUSSION

The patient's mother was in New Zealand on a one year student visa and was not eligible to receive publicly funded healthcare. She had insurance cover, however, pregnancy was an exclusion under the policy; she did not have a sponsor. The appropriate Embassy was approached for assistance, but none was forthcoming.

The mother was not aware she was pregnant when she travelled to New Zealand. The patient (baby) was born very prematurely in Christchurch Women's Hospital in mid 2017 and was admitted to the neo-natal intensive care unit. The baby was deemed too unwell to fly and remained in the neo-natal intensive care unit for a number of months until well enough to travel. A total of NZ$184,640 was invoiced for the cost of hospital services.

The baby's mother did not want her own parents contacted. Immigration New Zealand have advised that the mother and baby have departed New Zealand.

The outstanding balance of $184,640 has been provided for as doubtful debt. Debt follow ups, reminder letters and a final demand letter were all issued.

4. FINANCIAL SUMMARY

Amount invoiced	Amount Paid	Amount Outstanding
184,640	0.00	184,640

5. STATUTORY REQUIREMENTS

Canterbury DHB fulfilled all responsibilities for acute care for this patient. As required under the Code of Health and Disability Services Consumer Rights, the patient's family was fully informed that there would be a cost for their health services.

The Revenue Team have generated invoices and provided them to the family. Consistent and persistent efforts have been made to recover the debt. We are only able to write off an account when all reasonable steps have failed to recover the debt or is not cost effective to do so.

6. CDHB BAD DEBT WRITE-OFF POLICY

Canterbury DHB's Bad Debt Write-offs Procedure/Policy document specifies that "A debt should be written off as "uncollectable" when there is no chance of collecting it, or the likelihood of recovery is very low."

If an account has been put forward for write-off, the Delegation of Authority is as follows:

- GM Christchurch Hospital: Up to $50,000 (in conjunction with GM Finance and Corporate Services)
- Chief Executive: Up to $100,000

Note: As per the Authorities and Purchasing Delegation of Authority dated 8 August 2008, the Chief Executive is required to report write-offs over $50,000 per item to the Quality, Finance, Audit and Risk Committee.

Report prepared by:	Gerard Thomas, Assistant Revenue Accountant, Christchurch Campus
Report approved for release by:	Justine White, Executive Director, Finance & Corporate Services

DISPOSAL OF CDHB LAND AT 135 MADDISONS ROAD, TEMPLETON

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Legal**

DATE: **17 May 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

On 31 October 2017, the Board resolved:

"That the Board, as recommended by the Facilities Committee:

i. approves the recommendation to transfer 135 Maddisons Road, Templeton to the Christchurch City Council, subject to:
a. statutory clearances;
b. Ministry approval; and
ii. notes that any submissions received following public consultation will be provided to the Board so that the views of the resident population are taken into account before the Board formally declares the property surplus to requirements and obtains Ministerial approval to the disposal."

Pursuant to *(ii)* above, CDHB has now concluded its public consultation. Two submissions were received (Appendix 1). The Board must take into account these submissions before deciding whether to formally declare the property surplus to enable its transfer to Council.

2. RECOMMENDATION

That the Board:

i. notes receipt of, and takes into account, the views recorded in the public submissions; and
ii. declares the land surplus to DHB requirements and, subject to Ministerial approval, transfers it to Council in accordance with the New Zealand Public Health and Disability Act.

3. SUMMARY

CDHB currently owns 135 Maddisons Road, Templeton. It contains a waste water treatment plant that serviced the former Templeton Hospital and now services the Templeton Township. There was agreement in 1978 between the predecessors of the DHB and Council to transfer the treatment plant to Council for nil consideration. Council have been operating the treatment plant since 1978. The parties were under the mistaken belief that the legal transfer had been effected at the time.

The recommendation is that the legal transfer pursuant to the 1978 Agreement now be completed.

4. DISCUSSION

Public Consultation

Public Notices were published in The Press on 10 February 2018 and 17 February 2018. A submission booklet with detailed particulars was hosted on the CDHB website. The notices provided that written and oral submissions could be made. Consultation closed on 23 March 2018.

Sale Process

Once the property is declared surplus to requirements, CDHB will seek Ministerial approval to transfer to Councill. Ngai Tahu have recognised the prior contractual commitment between CDHB and Council and have confirmed by letter of 5 May 2017 that the transfer to Council is an excepted (pre-existing) transaction under s.50(e) Ngai Tahu Claims Settlement Act.

5. CONCLUSION

Taking into account the views of its resident population is a precursor to a DHB declaring crown land surplus to requirements and obtaining Ministerial approval to disposal.

The recommendation is that the Board declare the land surplus to requirements.

6. APPENDICES

Appendix 1: Public Submissions received (2)

Report prepared by: Tim Lester, Corporate Solicitor

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

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission Booklet

Proposal for the disposal of land containing a Council pump station at a 135 Maddisons Road, Templeton, Christchurch Submissions Close: 5 pm, 23 March 2018

Background

When sales of hospital land or buildings are proposed District Health Boards are required, under the New Zealand Public Health and Disability Act 2000, to obtain the Minister of Health's approval for the sale. Before approving any sale, the Minister must be satisfied that the District Health Board has taken into account the views of the resident population.

Proposed disposal of Land

Canterbury District Health Board (*Canterbury DHB*) land at Maddisons Road, Templeton is proposed to be disposed to the Christchurch City Council (*Council*) under the Public Works Act 1981. The land contains a pump station that previously serviced the former Templeton Hospital and now services the Templeton township. The pump station is owned and operated by Council. This disposal is to give effect to a pre-existing agreement to dispose of the underlying land to Council.

Description of the Land

The CDHB land is legally described as Part Lot 4 Deposited Plan 1755 in Gazette Notice 330356.1.

After Submissions Close

All responses will be collated and analysed. A summary of the submissions will be presented to Canterbury DHB's Board as part of the final proposal and recommendation.

The proposal, along with the summary of submissions received, will be presented to the Minister of Health for final approval before any disposal of land goes ahead.

Public Submission Form

Submissions close at 5pm, Friday 23 March 2018.

To make a submission on this proposal, please complete the **attached** form and return it to CDHB using the free post envelope **attached**. Alternatively, you can choose to make an oral submission by telephoning Tim Lester on (03) 364 4128 who will record your views.

We would prefer that you use this booklet or the online submission form to assist us in analysing the submissions. However, submissions in all forms will be considered.

Hard copies of the submission booklets can be downloaded from CDHB's website (www.cdhb.health.nz) or by telephoning Tim Lester on (03) 364 4128. Emailed comments or questions about this consultation process can be sent to tim.lester@cdhb.health.nz.

Tell us about yourself (optional)

Please note: CDHB is a public organisation and your submission may be requested by an individual or an organisation under the Official Information Act 1982. If this happens, CDHB will release your submission without your name or personal contact details. You do not have to answer all the questions or provide the following personal information if you do not wish to.

Name:

Organisation:

Location (town): Templeton Postcode: 8042

Age (please tick): ☐ Under 25 ☐ 25-44 ☑ 45-64 ☐ 65+

Gender (please tick): ☑ Female ☐ Male ☐ Other

Ethnicity: ☐ NZ European ☐ Māori ☐ Asian ☐ Pacific Islander ☐ Other (pls specify):

Do you have any special health needs or disabilities: NO

What best described the context of your submission. Are you submitting as:

☑ Private Individual ☐ Patient/ Service User ☐ Health Professional ☐ Support Group

☐ Government Agency ☐ Local Business ☐ Community Group ☐ Other

Please indicate how many people (other than the writer) contributed to this submission: ☐

Question 1

Do you support the proposal for CDHB to dispose of the Maddisons Road land to Council?

☐ Yes ☑ No

Comments:

Due to the CCC selling Templeton land to Fulton Hogan for a proposed Quarry and the view of another block of land owned by CCC and giving Fulton Hogan exploration licence for mining we as Templeton Residents have serious concerns for the health and safety of our community. Bracklenridge residential community is in close proximity to this pump station. So selling of land and its purpose needs to be discussed with all local parties

Question 2

Do you think CDHB should retain the Maddisons Road land? If so, why?

☑ Yes ☐ No

Comments:

I feel that if the pump station is not needed anymore the landowner adjoining the land should be considered. I propose a park or selling of land for residential use.

Question 3

Do you have any other issues about the proposed disposal you would like to raise?

An open transparent process for the sale of land and the intended use of it be discussed to the Templeton community especially the residents of Azalea Close & Maddisons Road.

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FREEPOST Authority No. BRP 91481

Canterbury
District Health Board
Te Poari Hauora o Waitaha

CARRIED BY NEW ZEALAND POST

>>>>GOT A QUESTION? VISIT WWW.[illegible]ST.CO.NZ

Free

Proposed Disposal of Land – 135 Maddisons Road, Templeton, Christchurch
Canterbury District Health Board
PO BOX 1600
Christchurch 8140
Attention: Tim Lester

Canterbury
District Health Board
Te Poari Hauora o Waitaha

Submission Booklet
Proposal for the disposal of land containing a Council pump station at a 135 Maddisons Road, Templeton, Christchurch
Submissions Close: 5 pm, 23 March 2018

Background

When sales of hospital land or buildings are proposed District Health Boards are required, under the New Zealand Public Health and Disability Act 2000, to obtain the Minister of Health's approval for the sale. Before approving any sale, the Minister must be satisfied that the District Health Board has taken into account the views of the resident population.

Proposed disposal of Land

Canterbury District Health Board (*Canterbury DHB*) land at Maddisons Road, Templeton is proposed to be disposed to the Christchurch City Council (*Council*) under the Public Works Act 1981. The land contains a pump station that previously serviced the former Templeton Hospital and now services the Templeton township. The pump station is owned and operated by Council. This disposal is to give effect to a pre-existing agreement to dispose of the underlying land to Council.

Description of the Land

The CDHB land is legally described as Part Lot 4 Deposited Plan 1755 in Gazette Notice 330356.1.

After Submissions Close

All responses will be collated and analysed. A summary of the submissions will be presented to Canterbury DHB's Board as part of the final proposal and recommendation.

The proposal, along with the summary of submissions received, will be presented to the Minister of Health for final approval before any disposal of land goes ahead.

Public Submission Form

Submissions close at 5pm, Friday 23 March 2018.

To make a submission on this proposal, please complete the **attached** form and return it to CDHB using the free post envelope **attached**. Alternatively, you can choose to make an oral submission by telephoning Tim Lester on (03) 364 4128 who will record your views.

We would prefer that you use this booklet or the online submission form to assist us in analysing the submissions. However, submissions in all forms will be considered.

Hard copies of the submission booklets can be downloaded from CDHB's website (www.cdhb.health.nz) or by telephoning Tim Lester on (03) 364 4128. Emailed comments or questions about this consultation process can be sent to tim.lester@cdhb.health.nz.

Tell us about yourself (optional)

Please note: CDHB is a public organisation and your submission may be requested by an individual or an organisation under the Official Information Act 1982. If this happens, CDHB will release your submission without your name or personal contact details. You do not have to answer all the questions or provide the following personal information if you do not wish to.

Name:				
Organisation:				
Location (town):	TEMPLETON	Postcode:	8042	

Age (please tick):	☐ Under 25	☐ 25-44	☑ 45-64	☐ 65+			
Gender (please tick):	☑ Female	☐ Male	☐ Other				
Ethnicity:	☑ NZ European	☐ Māori	☐ Asian				
	☐ Pacific Islander	☐ Other (pls specify):					

Do you have any special health needs or disabilities:

SEASONAL ASTHMA

What best described the context of your submission. Are you submitting as:

☑ Private Individual	☐ Patient/ Service User	☐ Health Professional	☐ Support Group
☐ Government Agency	☐ Local Business	☐ Community Group	☐ Other

Please indicate how many people (other than the writer) contributed to this submission: 1

Question 1

Do you support the proposal for CDHB to dispose of the Maddisons Road land to Council?

☐ Yes ☑ No

Comments:

DURING / AFTER THE EARTHQUAKE, TEMPLETON WATER DID NOT REQUIRE BOILING AS WAS UNHARMED. GOOD FOR CITY TO HAVE THIS WATER SUPPLY AS A BACK-UP ÷ STRATEGIC IMPORTANCE

Question 2

Do you think CDHB should retain the Maddisons Road land? If so, why?

☑ Yes ☐ No

Comments:

REASONS AS ABOVE.

Question 3

Do you have any other issues about the proposed disposal you would like to raise?

YES, I AM SURE THE REASON YOU ARE CONSIDERING DISPOSAL OF LAND IS YOUR CONCERN OVER PROPOSED QUARRY AFFECTING / CONTAMINATING THE WATER SUPPLY. THE QUARRY PROPOSAL SHOULD NOT BE CONSIDERED AS TOO CLOSE TO SUBURBAN DEVELOPMENT. DUST ETC ARE HEALTH CONCERNS. , NOISE AND TRAFFIC MOVEMENT ARE NOT IN KEEPING WITH RURAL ZONING. OF FINE TEMPLETON SOILS INTENDED FOR FARMING ACTIVITIES (ORIGINAL LIM REPORTS REFER)

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FREEPOST Authority No. BRP 91481

Canterbury
District Health Board
Te Poari Hauora o Waitaha

CARRIED BY NEW ZEALAN Free

>>>>GOT A QUESTION? VISIT WWW.NZPOST.CO.NZ/HELP<<<<

Proposed Disposal of Land – 135 Maddisons Road, Templeton, Christchurch
Canterbury District Health Board
PO BOX 1600
Christchurch 8140
Attention: Tim Lester

CPH&DSAC – 3 MAY 2018

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

DATE: **17 May 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide the Board with an overview of the Community & Public Health and Disability Support Advisory Committee's (*CPH&DSAC*) meeting held on 3 May 2018.

2. RECOMMENDATION

That the Board:

i. notes the draft minutes from CPH&DSAC's meeting on 3 May 2018 (Appendix 1).

3. APPENDICES

Appendix 1: CPH&DSAC Draft Minutes – 3 May 2018.

Report prepared by: Anna Craw, Board Secretary

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch on Thursday, 3 May 2018 commencing at 9.00am

PRESENT

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

APOLOGIES

An apology for absence was received and accepted from Dr Susan Foster-Cohen.
An apology for lateness was received and accepted from Sally Buck (9.50am).
Apologies for early departure were received and accepted from Chris Mene (10.48am); Rochelle Faimalo (11.48am); and Ta Mark Solomon (12.30pm).

IN ATTENDANCE

David Meates (Chief Executive); Evon Currie (General Manager, Community & Public Health); Carolyn Gullery (Executive Director, Planning, Funding & Decision Support); Stella Ward (Chief Digital Officer); Kathy O'Neill (Team Leader, Planning & Funding); Anna Craw (Board Secretariat); and Charlotte Evers (Assistant Board Secretariat).

Item 7

Gordon Boxall, Chair, Disability Steering Group

Item 8

Toni Gutschlag, GM, Specialist Mental Health Services
Sandy Clemett, Director of Allied Health, Specialist Mental Health Services
Paul Kelly, Nursing Director, Specialist Mental Health Services
Claire Roelink, Nurse Consultant, Specialist Mental Health Services

Item 13

Dr Yvonne Crichton-Hill, Chair, Pacific Reference Group
Maria Pasene, Pacific Health Manager, Pegasus Health

Item 14

Bridget Lester, Project Specialist
Melissa Kerdemelidis, Public Health Specialist
Martin Lee, Clinical Director, School & Community Dental Service

Dr Anna Crighton, Chair, CPHAC, opened the meeting, welcoming those in attendance. As this was the first meeting of CPH&DSAC, introductions were made around the table.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Additions

Ta Mark Solomon
- QuakeCoRE – Board Member

Wendy Dallas- Katoa
- RANZCOG – Cultural Advisor, He Hono
- NZBA – Maori Advisory Group
- Victoria University – Women's Health Representative
- Greater Healthy Christchurch – Runanga Representative
- Population Health Alliance SLA – MKW Representative

Deletions

Wendy Dallas-Katoa
- Pegasus Health Community Board – Member

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. MINUTES OF THE PREVIOUS MEETING – DSAC

Resolution (01/18)
(Moved: Chris Mene/Seconded: Tom Callanan – carried)

"That the minutes of the meeting of the Disability Support Advisory Committee held on 1 March 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward action list was noted.

4. OUR PEOPLE

The "Our People" story was viewed.

Jo Kane arrived at 9.05am.
Dr Olive Webb arrived at 9.07am.

5. STEP-UP PROGRAMME UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, presented the update, which was taken as read.

Ms O'Neill gave an example of a client who had gone through the Oranga Mahi Health Navigator service via Step-Up, highlighting various issues faced by the client and the positive outcomes achieved.

Queries were raised about investment versus the context of deficit, and where this plateaus. It was noted that Auckland University of Technology (*AUT*) is currently undergoing a cost analysis of Oranga Mahi, as this is one of seven similar projects in NZ. The programme has been assessed using the Integrated Data Infrastructure (*IDI*) to identify the total cost to the system. Whilst there is access to the IDI within CDHB, there is limited resource to manage further analysis at this time. It was noted that this programme is a small intervention, but has the potential to provide cost savings long term.

There was a query around the exit point from the programme and how long support is available. It was noted that the programme normally runs intensively for 12-16 weeks, with gains seen in this time. Support is provided for up to 12 months, enabling clients to maintain/continue the level of support they receive. There is also the ability to re-refer.

A concern about people getting into work and/or retiring without ID was raised, with it noted that the process to get a Gold Card or 18+ Card is difficult for some people. This poses barriers to entry to the workforce and education. It was noted that the Step-Up Programme focuses on giving people with disabilities the skills to advocate for themselves.

The programme was commended by the Committee.

Resolution (02/18)
(Moved: Anna Crighton/Seconded: Jo Kane – carried)

"That the Committee:

i. notes the Step-Up Programme Update report."

6. EQUALLY WELL PROGRAMME UPDATE

Kathy O'Neill presented the update, which was taken as read.

Ms O'Neill noted she had been in contact with the Chair of the Canterbury Regional Equally Well Committee, as well as the Quality Coordinator at Specialist Mental Health Services (*SMHS*), to maintain a collaborative approach to work, fostering the relationship already developed.

It was noted that the programme has been focusing on healthy lifestyles and smoking cessation, among other health determinants.

There was a query around where additional funding will come from, once the current funding ceases in April 2019. This will be brought up in ongoing discussions with the Ministry of Health (*MoH*).

Ms O'Neill indicated that the SMHS team would be happy to provide an update to the Committee on the programme in around six months' time.

It was noted that in future reports, 'Labour government' should be referred to as 'new government'.

Resolution (03/18)
(Moved: Olive Webb/Seconded: Hans Wouter – carried)

"That the Committee:

i. notes the Equally Well Programme Update report."

7. DISABILITY STEERING GROUP – ORAL REPORT

Gordon Boxall, Chair, Disability Steering Group (*DSG*), presented an update which included the following:

- The group meets monthly and is made up of CDHB management, Canterbury Clinical Network representatives and community representatives.
- Mr Boxall recognised the contribution of all members.
- Conversation at the meetings often does not relate to the roles of the members but the themes do, and it is crucial to keep the meetings cohesive and relevant.
- He reflected on the second year of the group and his wish for it to remain innovative and strategic in its thinking.
- In order to make an impact on an individual's life it is important to get the investment right from the beginning.
- The group desires to see more people with disabilities being employed by CDHB; to suffer no discrimination, have an accessible induction process and no limits to career opportunities.
- It is crucial to create a supportive infrastructure in the organisation.
- Mr Boxall is optimistic about the contributions of the group and the organisation.
- There are several key priorities the group is currently focusing on:
    - creating accessible and user-friendly communications and consultation documentation;
    - improving the experience of people with disabilities in accessing health services (electronic health planning);
    - e-learning modules for staff (currently under development) to engage with people with disabilities and embed this into the induction process;
    - employing more people with disabilities at CDHB; and
    - working with the leadership team on the Accessibility Charter (the *Charter*) – there is a sub-group focusing on this.

Mr Boxall mentioned that with regards to the Disability Support Services Transformation, Cabinet recently approved funding for the mid-central region to be provided in a different form. It is anticipated this new form of funding will apply to CDHB from 2020, and it was noted that this will have a huge impact on the health and social services community. A Regional Leadership Group has been set up, with Kathy O'Neill representing CDHB and Tom Callanan elected as a member. It will be important to stay on top of the planning for this.

There was a query around relationships with the Canterbury Chamber of Commerce and how small/medium employers could employ more people with disabilities without the fear of doing or saying the wrong thing, as well as managing the cost to change the physical environment to support people with disabilities in the workplace. It was noted that there is excellent material produced by the State Services Commission around this. It was noted that a presentation to a future meeting may be of benefit.

It was queried how the Charter fits into work being done by the Christchurch City Council (*CCC*) in the central business district and how this can be supported. It was noted that the signing of the Charter indicates a willingness to commit resources and thinking to work through the challenges experienced by people with disabilities. The question needs to be put to the sub-group working on the Charter and how the shared workplan between Environment Canterbury (*ECan*), CCC and the CDHB can be utilised.

An example was given of how Regenerate Christchurch is mapping out buildings in the central business district to assist people with disabilities accessing them. There was a query about what analytics were being done by CDHB similar to this project. It was noted that the Blind Foundation is currently assisting CDHB in using colours and high contrast to help visually impaired people move around buildings. In addition, Wintec is currently working on technology aids for people with disabilities. An app is also available which shows people with disabilities where there are carparks available, how wide they are, best footpath access etc. Mr Boxall indicated he would share this information with the Committee.

Sally Buck joined the meeting at 9.50am.

There was discussion around the Health and Safety at Work Act 2015 (the *Act*) and how it had impacted on people with disabilities being employed, as the Act was seen as a deterrent by employers.

There was a query about car parking heights, as mentioned in the DSG minutes. This will be followed up by Stella Ward, Chief Digital Officer.

Dr Crighton thanked Mr Boxall for his update.

8. MENTAL HEALTH / INTELLECTUAL DISABILITY - PRESENTATION

Toni Gutschlag, GM, Specialist Mental Health Services (*SMHS*), and Sandy Clemett, Director of Allied Health, SMHS, presented an update on mental health services. The presentation included the following:

- Statistics show that CDHB sits above the MoH targets for SMHS population access.
- Direct access (GP to SMHS) is not counted in the statistics.
- There has been a cumulative increase in demand through to the 2016/17 financial year for both CAF and ACS since the 2010/11 earthquakes.
- Te Awakura (Acute Inpatient Service) has also experienced an increase in demand.

There was a showcase given of some of the family safety initiatives currently being undertaken:

- Supporting Parents Healthy Children – where children of parents with mental health and/or addictions are supported to improve their health outcomes. The MoH has developed guidelines for this service.
- Integrated Safety Response (*ISR*) Pilot – a police-led cross agency pilot programme which commenced in Canterbury in July 2016, to provide a collective response to episodes of family harm and interventions to support perpetrators of violence.

Paul Kelly, Nursing Director, SMHS, and Claire Roelink, Nurse Consultant, SMHS, presented an update on the Intellectually Disabled Person's Health Service. The presentation included the following:

- There has been a significant decrease in adverse events/incidents within the AT&R unit over the past five months, following significant environmental changes.
- This has been a staff-led initiative with strong buy-in and major therapeutic benefits.
- There was a significant reduction in seclusion hours and incidents of restraint for one client in the May 2016-April 2018 period.
- Mr Kelly and Ms Roelink acknowledged the commitment of AT&R staff and the support of the Board in complex and challenging circumstances.

There have been a number of initiatives implemented:

- Increase in FTE for occupational therapy.
- Implementation of voice recognition communication systems.
- Upskilling of clinical staff in behaviour support principles and applied behaviour analysis.

There was a request for the Committee to be provided the Terms of Reference for the ISR pilot, as well as a future report on outcomes.

There was a query whether the incidents in the AT&R unit relate to the same one or two clients. Consistently it is the same clients, as they often struggle with the environment and other clients. It was noted that as a result of environmental changes for one particularly client, incidents of assault have significantly reduced. The Committee expressed concern that whilst this was an excellent outcome, there remain a number of clients in smaller spaces whose potential for volatile behaviour could escalate. Ms Gutschlag advised that work continues with the Executive Team to implement changes.

There was discussion around seclusion versus social isolation.

There was discussion around the future development of facilities and the importance of this being led by CDHB staff/clinicians/consumers.

The level of staff morale was queried, as in mid-late 2017 it was reported as being low. While morale has improved, staff are still dealing with a high level of incidents and a challenging environment. An increase in space will have a positive impact. Staff are committed and engaged.

There was a query around whether additional funding was received from the Crown or other Crown entities for the trialling of new initiatives/strategies. It was noted that there is no additional funding. In fact, funding has reduced despite the positive results from the changes implemented. This is due to funding being based on bed numbers, which have had to be reduced to trial the successful initiative. Work continues with MoH and the CDHB Finance Team on this.

Chris Mene departed the meeting at 10.48am
The meeting adjourned for morning tea at 10.48am, reconvening at 11.05am.

9. MINUTES OF THE PREVIOUS MEETING – CPHAC

Resolution (04/18)
(Moved: Yvonne Palmer/Seconded: Wendy Dallas-Katoa – carried)

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

10. COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

Evon Currie, GM, Community & Public Health presented the update, which was taken as read.

Ms Currie highlighted the impact of the *All Right?* campaign and how this has had a positive outcome on vulnerable people. The campaign will be evaluated for its awareness in mainstream populations and the impact it has had on key informants.

There was a query around the Local Alcohol Policy after the joint Board/CCC meeting. It was noted that putting a policy in place is difficult to achieve due to the alcohol industry being well coordinated and funded. A national approach is required.

It was requested that CDHB Position Statements be reinstated on the Carried Forward sheet going forward.

Resolution (05/18)
(Moved: Tracey Chambers/Seconded: David Morrell – carried)

"That the Committee:

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

11. PLANNING & FUNDING UPDATE REPORT

Carolyn Gullery, Executive Director, Planning, Funding & Decision Support, presented the update, which was taken as read.

Ms Gullery noted the Hurunui Model of Care has recently gone before the Alliance Leadership Team of the Canterbury Clinical Network for signoff. The model focuses on ensuring optimal delivery of care. It was noted that extensive consultation has taken place. There was a query around future use of Waikari Hospital, with it noted that a pilot programme is to be run trialling the Waikari site as an observation unit for acute admissions. There was a query whether success of the Waikari trial would result in the need for capital expenditure or earthquake repair to the site, with it noted that it may and this would be looked at in due course.

It was queried whether children who are identified as being obese are monitored beyond the B4 School Check. It was noted they are not, however, there are programmes in place where children of concern can be referred.

There was discussion around the older person population in rural areas and how elderly people often feel isolated. It was noted that these people often do not want help and isolate themselves. Stella Ward undertook to provide material on a piece of work undertaken by social workers to assist with hoarding issues in the elderly population. This was noted as a very complex issue.

The cost of one-off GP registration fees was questioned. Ms Gullery commented that this is not a common practice, and requested more information from the Committee in order to investigate further.

Resolution (06/18)
(Moved: Rochelle Faimalo/Seconded: Sally Buck – carried)

"That the Committee:

i. notes the Planning & Funding Update report."

12. DRAFT CDHB PUBLIC HEALTH PLAN

Evon Currie presented the Draft Public Health Plan (the *Plan*), which was taken as read.

Ms Currie commented that a new template has been agreed on and adopted by South Island DHBs in preparation of their respective Public Health Plans. This will assist with joint alliance work. As no guidance has been received from the MoH at this time, the Plan has been prepared on what is believed to be the best approach for the 2018/19 year.

The Plan focuses on 13 key determinants of health:

- Surveillance/monitoring
- Evidence/research/evaluation
- Healthy public policy
- Health-promoting health system
- Supporting community action
- Education settings
- Communicable disease control
- Healthy physical environment
- Emergency preparedness
- Sustainability
- Smoking cessation support
- Wellbeing and mental health promotion
- Alcohol harm reduction

It was noted that the joint workplans between CDHB, ECan and CCC, as well as the Healthy Greater Christchurch partnership, will be key to putting the Plan in place.

Dr John Wood joined the meeting at 11.30am.

There was discussion around why the Plan focuses on alcohol harm reduction and communicable disease control only at a local level, when it should be regional and national. It was noted the Plan will be amended to reflect this desire.

There was a query as to why there was not greater focus on "accessibility" and "affordability" in the Plan, both viewed as two core determinants of health. It was noted the Plan will be amended to reflect this desire.

There was discussion around the Plan only showing a basic level of detail. It was noted that this is a high level document, with the desire to keep the Plan short, sharp and concise. The sections are based on work done by many teams and individual workplans, as well as other documents underpinning each issue.

There was discussion around Item 6 – Supporting Community Action, and whether there is the ability to fundraise through the Maia Health Foundation for more gym equipment in parks for older people.

The Health in All Policies approach was discussed, and it was requested that this be kept at the forefront of the Plan.

Resolution (07/18)
(Moved: Anna Crighton/Seconded: Jo Kane – carried)

Subject to greater emphasis being placed on the following:

- "affordability" and "accessibility";
- Health in All Policies approach;
- a local, regional and national approach to Alcohol Harm Reduction and Communicable Disease Control;

"The Committee recommends that the Board:

i. endorses the draft Canterbury DHB Public Health Plan, 2018-19."

Tracey Chambers and Rochelle Faimalo left the meeting at 11.48am.
The meeting moved to Item 14.

14. ORAL HEALTH UPDATE – PRESENTATION

Bridget Lester, Project Specialist; Melissa Kerdemelidis, Public Health Consultant; and Martin Lee, Clinical Director, School & Community Dental Services (*CDS*), presented an update on Oral Health. The presentation included the following:

- There were a number of challenges identified at the last update to the Committee, including newborn enrolment rates, equity of oral health status, accessibility of CDS, and governance and leadership.
- There has been an improvement in enrolment rates with the introduction of the Newborn Enrolment Process in May 2017.
- A process to capture patient transfers in and out of the CDHB was developed, called LinKIDs. This has identified a number of children who would have missed out on dental services in the past.
- There has been an improvement in the data captured by CDS in identifying a child's ethnicity correctly.
- Access to the CDS was improved by trialling new clinic hours; trialling evening calls in the call centre; and trialling an 18 month recall rather than 12 months, to reduce arrears.
- In March 2018, the Oral Health Service Development Group was established as a West Coast and Canterbury DHB joint group. They are currently developing their 2018/19 workplan to focus on understanding the population, being more accessible and providing required hospital dental services.
- There are continued challenges around population growth, a whole of health approach, fluoridation, sugary drinks and key oral health messages.

With regards to continued challenges, Dr Crighton noted a correction to the presentation. A DHB wide policy on sugary drinks has not been approved at this time and in fact is yet to be discussed. Reference in the presentation should have been to a DHB wide management strategy that had been approved. Further, with regards to fluoridation, Dr Crighton noted that this issue is yet to be considered by the Board.

There was discussion around the lack of focus on older person's oral health. It was noted that historically funding is only available for under 18s, apart from special needs patients or emergency dental work. The Committee noted that the University of Canterbury Students' Association has a free clinic for new students.

There was a query around whether there is any emergency care available for homeless individuals in the community. There is a small payment of $300 available through Work and Income NZ.

There was a query around the trialling of changes in clinic and call centre hours and the budget impact of this. The Committee was advised that there are currently a number of vacancies in the service. As such, these funds have been diverted to fund the trials, however, it is acknowledged that this is not a long term solution.

There was discussion around the Service's model of care being many decades old, where the focus has been on a treatment-oriented system. The Service needs to find better ways to work. It was noted that treatment providers are often NZ European or Asian, and this does not reflect the communities they work in. Education is seen as key, as well as changing old ways of thinking.

"That the Committee:

i. notes the Oral Health Update report."

Ta Mark Solomon left the meeting at 12.30pm.
The meeting moved to Item 13.

13. PACIFIC HEALTH IN CANTERBURY – PRESENTATION

Dr Yvonne Crichton-Hill, Chair, Pacific Reference Group, and Maria Pasene, Pacific Health Manager, Pegasus Health, presented an update on Pacific Health in Canterbury. The presentation included the following:

- Highlighting the work of the Tutupu Project, fostering Pasefika health champions in eight Pacific Churches in Canterbury.
- It was a joint collaboration between Pegasus Health, Healthy Families Christchurch, CDHB, Etu Pasifika and Rural Canterbury PHO.
- During the project, there were five workshops held covering 12 health topics, with 23 health champions speaking to just under 1,000 congregation/community members.
- There were also health policies adopted in church settings including water, nutrition and being smokefree.
- A video from the Tangata Atumotu Trust, which highlighted their project to address mental health in Pacific Island people.

There was a query around whether the HPV vaccination should have been included in the project. It was noted that because the project covered 12 topics in a short timeframe, there simply was not time to include it.

A discussion was held around what feedback there was about accessing health services and why this is difficult at times. Often the cost and transport is a major factor, as well as initial interactions with health providers and health literacy. It was important for Pacific Island people to speak up for themselves during health consultations, which is something they often shied away from.

There was a query around whether the project will continue to work with the health champions. It was noted that yes, they will, but at a different level. There are new churches as well as work spaces being identified this year.

Dr Crighton thanked Dr Crichton-Hill and Ms Pasene for their presentation.

The meeting moved to Item 15.

15. ALCOHOL UPDATE - PRESENTATION

This item was deferred to the Committee's next meeting – 5 July 2018.

INFORMATION ITEMS

- CPH&DSAC Terms of Reference
- Disability Steering Group Minutes
  Terms of Reference to be provided to the Committee for information. Check DSG Minutes from 23 March 2018 meeting and provide to Committee for information.
- Influenza Vaccination in Children/Young People
  Dr Crighton noted that Pharmac provided funding for extra vaccinations for people under 18 post-earthquake, however, this was unable to be extended for 2018. Dr Crighton stressed the importance of CDHB signalling early its intention to apply for additional 2019 funding to ensure greater uptake of the influenza vaccination programme by the wider community.
- Drinking Water in Canterbury
- Healthy Homes Investing in Outcomes Report
- Health Target Q2 Report
- CCN Q2 2017/2018
- 2018 Workplan

There being no further business the meeting concluded at 12.55pm.

Confirmed as a true and correct record:

_____ _____

Dr Anna Crighton
Chair, CPHAC

Date

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Tracey Chambers
Chair, DSAC

Date

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Corporate Services**

DATE: **17 May 2018**

Report Status – For: **Decision** ☑ **Noting** ☐ **Information** ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

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

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the public excluded meeting of 19 April 2018	For the reasons set out in the previous Board agenda.	
2.	Chair & Chief Executive's Update on Emerging Issues – Oral Reports	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(a) s9(2)(j)
3.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
4.	Parkside External Panels Restraint (North West Corner of Parkside)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Statement of Intent Draft	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Deficit Support and Equity Drawdown	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	Earthquake Settlement Proceeds – Equity Drawdown	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	2017/18 Year End Forecast	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege	S9(2)(a) s9(2)(j) s9(2)(h)
10.	Advice to Board: • Facilities Committee (Oral) *17 May 2018* • QFARC Draft Minutes *01 May 2018*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

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