AGENDA

Canterbury District Health Board
Te Poari Hauora o Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 5 November 2020 commencing at 1.00pm

Administration			
	Apologies		1.00pm
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 3 September 2020		
3.	Carried Forward / Action List Items		
Reports for Decision			
4.	Accessible Information Charter	Dr Jacqui Lunday Johnstone *Executive Director, Allied Health, Scientific & Technical*	1.05-1.15pm
Presentations			
5.	Working Matters – Ministry of Social Development	Anne Hawker *Ministry of Social Development*	1.15-1.45pm
6.	Disability Steering Group Update (Oral)	Grant Cleland *Chair, Disability Steering Group*	1.45-2.05pm
7.	Canterbury Accessibility Charter – Accessibility Working Group Update	Allison Nichols-Dunsmuir *Health in All Policies Advisor*	2.05-2.25pm
8.	Oral Health Update	Bridget Lester *Child & Youth Team Leader, Planning & Funding*	2.25-2.50pm
Reports for Noting			
9.	First 1,000 Days Report Update	Evon Currie *General Manager, Community & Public Health*	2.50-3.00pm
10.	Community & Public Health Update	Evon Currie	3.00-3.10pm
ESTIMATED FINISH TIME			**3.10pm**

AGENDA

Canterbury District Health Board
Te Poari Hauora ō Waitaha

	Information Items: • Disability Steering Group Minutes: 24 July & 28 August 2020 • Maori Population, Partnership, Health & Equity (ex Board – 15 Oct 20) • CCN Q3 & Q4: Jan-Jun 2020 • 2021 Meeting Schedule • 2020 Workplan		

NEXT MEETING: Thursday, 4 March 2021 at 1.00pm

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

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

Executive Support

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

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

COMMITTEE ATTENDANCE SCHEDULE 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	05/03/20 Informal Mtg	07/05/20 Mtg Cancelled	02/07/20	03/09/19	05/11/20
Aaron Keown (Chair) (Effective 17 Sep 20)	#		√	√	
Naomi Marshall (Deputy Chair) (Effective 17 Sep 20)	√		√	√	
Sally Buck	#		#	** 08/07/2020	
Catherine Chu		* 16/04/2020	√	√	
Jo Kane (Resigned as Chair 14 Aug 20)	√		√	√	
Gordon Boxall		* 01/06/2020	^	√	
Tom Callanan	√		√	√	
Wendy Dallas-Katoa	√	** 01/06/2020			
Rochelle Faimalo	#		#	√	
Dr Susan Foster Cohen	√	** 01/06/2020			
Rawa Karetai		* 01/06/2020	x	√	
Yvonne Palmer	#		√	√	
Michelle Turrall		* 01/06/2020	x	#	
Dr Olive Webb	#		#	√	
Hans Wouters	#	** 01/06/2020			
Sir John Hansen (ex-officio)	√		^	#	
Gabrielle Huria (ex-officio)	#		#	#	

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

	Southern Centre Charitable Trust – Trustee and Treasurer
Catherine Chu Board Member	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Rochelle Faimalo	**Christchurch City Council** – Community Development Advisor **Faimalo Limited** – Director & Shareholder
Jo Kane Board Member	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Rawa Karetai	**Christchurch Heroes** – Chair LGBTI inclusive sports trust. Five different sport codes. **Hui Takatapui** – Board Member Organising with Maori kaupapa LGBTI biannual conference. **Kahukura Pounamu** – Volunteer Organising Maori LGBTI events, networks and support for South Island. **ILGA Oceania** – Board Member and New Zealand Representative Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations. **ILGA World** – Bisexual Steering Committee Chair and Board Member Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations. **Ministry of Health** Disability Directorate – Principal Advisor Disability Network - Chair All of Ministry Communications - Director Alternative Formats and Accessible Communications All of Government Disability COVID-19 Response - Director

	Enabling Good Lives, Governance of the Disability Directorate, stakeholder engagement, strategy, change, leadership, communications, All of Government, and All of Ministry. **Qtopia** – Chair LGBTI youth organisation. Celebrate, educate and advocate for young LGBTI youth.
Yvonne Palmer	**Safer Waimakariri Advisory Group** – Member
Michelle Turrall Manawhenua	**To be advised.**
Dr Olive Webb	**Canterbury Plains Water Trust** – Trustee **Greater Canterbury Forum** - Member **Private Consulting Business** Sometimes works with CDHB patients and services. Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.
Sir John Hansen **Ex-Officio – CPH&DSAC** Chair, CDHB	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Ministry Primary Industries, Costs Review Independent Panel** **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Ex-Officio – CPH&DSAC** Deputy Chair, CDHB	**Nitrates in Drinking Water Working Group** – Member A discussion forum on nitrate contamination of drinking water. **Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company

	Sumner Health Centre – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Runanga o Ngai Tahu** – General Manager Tribal Entity. **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 3 September 2020 commencing at 1.00pm

PRESENT

Aaron Keown (Deputy Chair); Naomi Marshall; Gordon Boxall; Tom Callanan; Rochelle Faimalo; Yvonne Palmer; and Olive Webb.

Attending via Zoom: Catherine Chu; Jo Kane; and Rawa Karetai.

APOLOGIES

Apologies for absence were received and accepted from Michelle Turrall; Sir John Hansen (Ex-officio); and Gabrielle Huria (Ex-officio).

EXECUTIVE SUPPORT

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

EXECUTIVE APOLOGIES

David Meates

IN ATTENDANCE

Full Meeting

Melissa Macfarlane, Team Lead, Planning & Performance
Allison Nichols-Dunsmuir, Health In All Policies Advisor
Kathy O'Neill, Team Leader, Primary Care

Item 4

Sally Carlton, Community Languages Information Network Group
Tony McNeill, Community Languages Information Network Group

Item 7

Dr Anna Stevenson, Public Health Physician

Items 8

Paul Lamb, Acting Chief People Officer

Item 9

Rachel Thomas, Service Development Manager

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Yvonne Palmer - Age Concern Canterbury – delete.

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

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

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

2. CONFIRMATION OF MINUTES

Resolution (01/20)
(Moved: Aaron Keown/Seconded: Yvonne Palmer – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 2 July 2020 be approved and adopted as a true and correct record, subject to noting that Olive Webb was an apology for the meeting."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward action list was noted.

4. CALD (PRESENTATION)

Sally Carlton and Tony McNeill from the Community Languages Information Network Group (*CLING*) presented to the Committee. The presentation highlighted the following:

- CLING's work.
- Culturally and Linguistically Diverse (*CALD*) communities in Canterbury – data broken down into ethnicity, place of birth, language, and religion.
- What is working well to support CALD communities access services/information. Strengths in the communities.
- Barriers for CALD communities accessing services/information.
- COVID-19 issues for CALD communities.

There was discussion about the use of modern technology for translation purposes. It was noted that in areas such as health and law there is a strong preference to use professional interpreters. When trying to get important information across it is not just about the words – context and nuance are also important.

There was discussion around the engagement of CALD communities with GP services. Kathy O'Neill, Team Leader, Primary Care, noted from our Refugee Services we have offered free consultations for refugees right across all of our general practices. Used to have the free provision only in a small number of practices, but that disadvantaged access for a number of people in different geographical localities. Now people have choice and that is a much better provision.

The Chair thanked Ms Carlton and Mr McNeill for their attendance.

5. A PUBLIC HEALTH APPROACH TO DISABILITY (PRESENTATION)

Allison Nichols-Dunsmuir, Health In All Policies Advisor, presented on the Community and Public Health's approach to Disability. The presentation highlighted:

- A public health approach to disability.
- CDHB Transalpine Health Disability Action Plan.
- Different approaches and key documents.

- National opportunities to submit.
- Various relationships, initiatives and pieces of work with Christchurch City Council (*CCC*), Environment Canterbury, and the earthquake Disability Leadership Group.
- Research.

With regards to national opportunities to submit, there was discussion around MSD's Employment for Disabled People Draft Plan. It was noted the initial draft plan had a tone of blaming disabled people for not taking up opportunities. A member noted there is now an across government action plan around employment called "Working Matters", released a couple of weeks ago and available on MSD's website. It uses a different language and is a good example of how submissions from CDHB and others can assist in influencing future direction. There was a request to invite Anne Hawker from MSD to a future Committee meeting to present on the "Working Matters" plan.

There was discussion around Christchurch's conference facilities and accessibility issues for people with a disability. Mr Keown suggested this should be picked up by the CCC's Disability Issues Work Group (the *Group*), as half of the facilities are owned by CCC, with the other half privately owned. Mr Keown noted that one of the goals of the Group is for Christchurch to become the number one destination in the world for the access dollar – for conferences, for holidays, for lifestyle.

Dr Jacqui Lunday Johnstone, Executive Director, Allied Health, Scientific & Technical, noted there is great work underway in this space. Connectivity was stressed and it is hopeful that when people have thought about it once, they will think about it again - self perpetuating.

There was discussion around facilities. Ms Lunday Johnstone noted we should be an exemplar in this area and it is in our best interests to ensure that our buildings are accessible for an aging population, as well as the inclusive needs of the people who use our services.

Mr Keown thanked Ms Nichols-Dunsmuir for the update.

6. COMMUNITY & PUBLIC HEALTH UPDATE REPORT

Evon Currie, General Manager, Community & Public Health, presented the report which was taken as read. Ms Currie noted a lot of attention at the moment is focused on COVID-19.

There was a query whether CDHB had enough contact tracing people. Ms Currie noted it has been a very difficult process to genuinely identify our workforce. It has been agreed to look at the various parts of the DHB where operations will not be continuing in the way that they are should a COVID-19 outbreak occur. We have reached out to those areas and identified staff who are willing to undertake the up-surge capacity we would need and are in the process of ensuring that each one of those individuals is trained so as to meet the expectation of being able to respond to 67 cases a day occurring in Canterbury, or throughout New Zealand. The training programmes are very good and CDHB's trainers have been requested to go to Auckland because they believe that our involvement in the contact tracing process and training is exemplary. Ms Curried advised we are positioned well if needing to respond and believes that within three to four days CDHB would be able to surge up to required levels.

The Community & Public Health Update Report was noted.

7. COVID-19 UPDATE (ORAL)

Dr Anna Stevenson, Public Health Physician, presented a COVID-19 update. The presentation highlighted:

- COVID-19 in NZ.
- COVID-19 in Canterbury.
- Airports.
- Ports.
- Managed isolation and quarantine facilities.
- Community based assessment and testing.
- Laboratories.
- COVID-19 risk factors.
- A resilient future.

There was discussion about the testing of airport staff. Dr Stevenson said the main difficulty was with getting a suitable site for the testing. There is a testing centre on Orchard Road, but as it is not right on site we are reliant on airport staff coming to Orchard Road for testing. In addition, like any facility where there is shift work, it is sometimes difficult to remind shift workers of the times the testing centre is open. There is a strong desire to get a testing site based at the airport.

Ms O'Neill advised she has been working with the Pegasus testing team and a site is identified within the terminal of the building. CDHB has been working hard with airport management around that. The stumbling point is that the airport is wanting a lease and contract, however, Minister Hipkins has stepped in and advised that the revenue we receive is not for leasing. At the moment, we continue to work with airport management, Ministry of Health, and the Minister of Health, as to how we can get that site operational. We do not want to jeopardise our relationship with airport management by taking a more directive approach, because we are going to have to be there for months. This relationship is really critical for the long term. Ms O'Neill advised that the site identified in the terminal is clean and ready to go, we just await final agreement – very close and have been working very hard to secure this. Ms O'Neill undertook to discuss further with Dr Peter Bramley, Acting Chief Executive, with a view to facilitate and ensure a sensible outcome.

Dr Stevenson noted it is really easy to normalise things, but it is important to remember that COVID-19 is still extremely new. A huge operation has had to kick into action almost overnight and it really is phenomenal the work that has gone on by everyone involved.

There was discussion around the social determinants of health and high risk factors for any infectious disease, particularly COVID-19.

Mr Keown thanked Dr Stevenson for her attendance.

8. CDHB WORKFORCE UPDATE

Paul Lamb, Chief People Officer, presented the report which was taken as read. Mr Lamb highlighted CDHB's relationship with the University of Canterbury, noting a partnership is underway to research our manager's view towards employing people with disabilities. The survey will launch in August 2020 and will be open for two weeks. The data will inform a report produced by December 2020 which will inform our learning and development, as well as help us prioritise our initiatives.

There was discussion around the Project SEARCH programme and its success. A member noted it was disappointing that in the Health and Disability Review, whilst Heather Simpson picked up on Project SEARCH as an initiative and related it to other countries, she did not pick up that here in New Zealand, in Christchurch, there is such a successful example of it.

It was noted that last week the Project SEARCH programme had a skills session for prospective interns for 2021.

There was discussion that moving forward there is a need to start talking to organisations such as CCC to get them running Project SEARCH programmes as well, as there are real opportunities for people to fit in and excel.

The Committee noted the CDHB Workforce Update report.

9. END-OF-LIFE SERVICE UPDATE

Kathy O'Neill, Team Leader, Primary Care, presented the report. Rachel Thomas, Service Development Manager, was in attendance.

Ms O'Neill advised that in response to a query at a previous meeting, this paper has been provided to clarify changes to the service and the rationale behind them.

There was a query whether there were issues with different areas in Canterbury getting different levels of access. Ms O'Neill advised there is agreement with all three PHOs for this provision and believes it is a very equitable provision from both a geographic and cultural perspective.

There was a query whether this funding was available to all DHBs. Ms O'Neill advised this comes out of CDHB's discretionary funding – funding that we make a decision about where it can best be used. It was noted that the provision of end-of-life services by other DHBs is provided at varying levels.

The End-Of-Life Service Update report was noted.

INFORMATION ITEMS

- Disability Steering Group Minutes:
  - 22 May 2020
  - 26 June 2020
- Community & Public Health End of Year Report to MoH
- 2020 Workplan

GENERAL BUSINESS

In response to a query, Jo Kane confirmed she was staying on as a member of CPH&DSAC. Ms Kane's commitment to the work of the Committee was acknowledged, along with her passion for equity.

There being no further business the meeting concluded at 3.00pm.

Confirmed as a true and correct record:

_____	_____
Aaron Keown Deputy Chair	Date of approval

CPH&DSAC MEETING 3 SEPTEMBER 2020
ACTION NOTES

Clause No		Action Points	Staff
	Apologies	For absence – Michelle Turrall, Sir John Hansen, and Gabrielle Huria	Anna Craw
1.	Interest Register	Yvonne Palmer – Age Concern Canterbury – delete	Anna Craw
2.	Confirmation of Minutes – 2 July 2020	Adopted: *Aaron Keown / Yvonne Palmer*	Anna Craw
3.	Carried Forward Items	Nil	
4.	CALD- presentation	Nil	
5.	A Public Health Approach to Disability - presentation	• Invite Anne Hawker, MSD, to present to future meeting on "Working Matters" plan. • Christchurch's conference facilities and accessibility issues – raise this with CCC Disability Issues Work Group.	Kathy O'Neill / Anna Craw Allison Nichols-Dunsmuir
6.	Community & Public Health Update Report	Nil	
7.	COVID-19 Update	Securing airport terminal site for testing – discuss issues and way forward with Acting Chief Executive.	Kathy O'Neill
8.	CDHB Workforce Update	Nil	
9.	End-of-Life Service Update	Nil	
	Info Items	Nil	

Distribution List:
Kathy O'Neill
Allison Nichols-Dunsmuir

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 5 NOVEMBER 2020

	DATE	ACTION	REFERRED TO	STATUS
1.	29 Aug 19	The First 1,000 Days – update on development of South Island Plan.	Evon Currie	Today's agenda – Item 9
2.	03 Sep 20	MSD – Working Matters Plan – Presentation	Kathy O'Neill	Today's Agenda – Item 5

CDHB POSITION STATEMENTS

STATEMENT	DATE ADOPTED	STATUS
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Fluoridation Position Statement	Jul 2003	
Gambling Position Statement	Nov 2006	
Housing, Home Heating and Air Quality	Apr 2012	
South Island Smokefree Position Statement	Nov 2012	
Unflued Gas Heaters Position Statement	Jul 2015	
Sugar-Sweetened Beverages Position Statement	Nov 2018	
Environmentally Sustainable Health Care: Position Statement	Sep 2019	

NB: Position Statements may be accessed via Diligent's Resource Centre

ACCESSIBLE INFORMATION CHARTER

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

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

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

DATE: **5 November 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to propose actions that will align with Objective 10 of the Canterbury and West Coast Disability Action Plan.

2. RECOMMENDATION

The Committee recommends that the Board:

i. endorses the New Zealand Government Accessible Information Charter (the *Charter*);
ii. approves a signed copy of the Charter being forwarded to the Office of Disability Issues and the Charter's founder within the Ministry of Social Development to recognise CDHB's commitment;
iii. notes the Terms of Reference for the Accessible Information Working Group; and
iv. notes that six monthly updates will be provided to CPH&DSAC on actions undertaken to meet the objectives of the New Zealand Government Accessible Information Charter.

3. DISCUSSION

Background

Objective 10 of the Transalpine Health System Disability Action Plan states that the Canterbury and West Coast DHB's will provide accessible information and communication by ***'promoting and providing communication methods that improve access and engagement with people with disabilities e.g. use of plain language and Easy Read, ensuring all computer systems and websites are fully accessible'***

While the Canterbury and the West Coasts DHB's have demonstrated their commitment to delivering against this objective by undertaking an accessibility audit on the public facing website and rebuilding the website to comply with the audit recommendations, this is only one component of the intent and scope of this objective. There would not appear to be any other DHB in New Zealand who is ahead of CDHB in this journey. Most DHBs are similarly considering how their work can be more inclusive and responsive to those with communication difficulties, sensory impairments or other disabilities which make getting the information they need more challenging. Our biggest risk is in failing to address these needs, in that disabled people may miss out on receiving the services they need or have bad experiences because they did not receive the information they needed to know where to go, what to expect and what will happen next.

To identify what the approach needed to be, a group of interested CDHB staff have been meeting monthly to explore the scope of this objective and what the next steps needed to be. They have developed a draft Terms of Reference for an Accessible Information Working Group and the group have identified potential actions they would undertake in the 12-month work plan described below.

Proposal

a. The Board formally endorses the New Zealand Government Accessible Information Charter (Appendix 1). Public Service Chief Executives have already signed the Accessible Information Charter and it is anticipated that getting the Board's approval to sign up to the Charter is an important step in demonstrating the DHB's commitment to actions that will deliver on Objective 10 of our Disability Action Plan.

b. Formalise the Establishment of an Accessible Information Working Group. An initial group of invested CDHB staff have met monthly since December 2019 (except from February to June 2020) with the objective of identifying opportunities within their work areas that would achieve improvements in providing accessible health information to the public and to staff. Note the membership in the Terms of Reference, noting that all those present have transalpine responsibilities and it is the intent that actions that are to be developed and implemented will be as a transalpine approach. The working group will operate as a subgroup of the Disability Steering Group and as such will have Dr Jacqui Lunday Johnstone as Executive Sponsor. There will also be strong connection with the Diversity Inclusion and Belonging Steering Group for Maori and Pacific hosted by People and Capability.

c. Potential Areas of focus within a Work Plan to be developed by the Accessible Information Working Group.

d. To ensure the standards of accessible information are aligned with best practice recommendations, the Ministry of Social Development (*MSD*), sponsor of the Accessible Information Charter, is scheduled to deliver free accessible information training to 25 staff from within the CDHB on 5 November 2020. This is deliberately scheduled to coincide with the CPH&DSAC meeting where the MSD sponsor is on the agenda and will be available to speak to the Advisory Committee about Accessible Information. It is hoped they will support the endorsement of the Charter by the CDHB Board.

To support this paper the draft Terms of Reference for the Accessible Information Working Group are attached (Appendix 2). Note the input for all areas of work being actioned in the Work Plan will secure input from disabled people, drawn from the Disability Steering Group community members and their networks.

Budget Implication

Signing the Charter does not commit the DHBs to meeting all the strategic goals of the Charter from day one. Rather it communicates our positive intent to the disability community in striving towards inclusive and accessible communication with all our service users.

Initially we would expect the work programme to prioritise those elements which can be incorporated through existing work streams within the system, such as the programme to support evolution of digital correspondence for both GPs and Patients. Any ongoing work, and the resources required, would then be prioritised in the context of other programmes across the system (ie. Accelerating our Future). Any future proposal that has budget implications outside of existing divisional resources will be considered on a case by case basis.

4. CONCLUSION

This Accessible Information Charter was tabled at EMT's meeting held on 21 October 2020. This approach was endorsed in principle and the report has also been updated to reflect the discussion regarding aspects of risk to the organisation and potential financial impact.

5. APPENDICES

Appendix 1: Accessibility Charter
Appendix 1: Terms of Reference, Accessible Information Working Group

APPENDIX 1

Accessibility Charter

Our organisation is committed to working progressively over the next five years towards ensuring that all information intended for the public is accessible to everyone and that everyone can interact with our services in a way that meets their individual needs and promotes their independence and dignity.

Accessibility is a high priority for all our work.

This means:

- meeting the New Zealand Government Web Accessibility Standard and the Web Usability Standard, as already agreed, by 1 July 2017
- ensuring that our forms, correspondence, pamphlets, brochures and other means of interacting with the public are available in a range of accessible formats including electronic, New Zealand Sign Language, Easy Read, braille, large print, audio, captioned and audio described videos, transcripts, and tools such as the Telephone Information Service
- having compliance with accessibility standards and requirements as a high priority deliverable from vendors we deal with
- responding positively when our customers draw our attention to instances of inaccessibility in our information and processes and working to resolve the situation
- adopting a flexible approach to interacting with the public where an individual may not otherwise be able to carry out their business with full independence and dignity.

Our organisation will continue to actively champion accessibility within our leadership teams so that providing accessible information to the public is considered business as usual.

Chief Executive	Manager Communications	Manager IT

Date _____

New Zealand Government

Appendix 2

Canterbury District Health Board Te Poari Hauora o Waitaha	**TERMS OF REFERENCE** Accessible Information Working Group, Canterbury DHB
Scope	The Accessible Information Working Group of the Canterbury DHB is to action and influence the priorities of the Accessibility Charter, (New Zealand Government) of which the Canterbury DHB will be a signatory. Members of the Working Group are tasked with working within their divisions and areas of influence on specific projects and actions identified within the group that will deliver on the Charters specific objectives.
Purpose	By delivering on the Charters Specific objectives the health system will achieve the strategic objective of the Transalpine Disability Action Plan 2016-2026 **Strategic Objective 10: Provide accessible information and communication** which states the following: *Promote and provide communication methods that improve access and engagement with people with disabilities, such as using plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology, and expanding the use of sign language*
Objectives	• Development, implementation and evaluate an annual work plan which will identify the priorities to be delivered on for that period • Facilitate linkages and information sharing to clinical, operational and professional groups of the Canterbury DHB to ensure having accessible information is universally adopted across the organisation • Research best practice and where to source resources required to facilitate accessible information and seek organisational approval whenever required • Effectively link to the disability community to ensure disabled people are involved in the development and review of the core elements of accessible information as described in the Charter.
Accountability	The Accessible Information Working Group is accountable to the Canterbury DHB Disability Steering Group who will endorse the annual Work Plan and receive regular updates on progress.
Membership	Communications Quality and Patient Safety People and Capability Health Info Information Services Group Planning and Funding Community and Public Health Canterbury Clinical Network 2 Community Members of Disability Steering Group (including 1 Māori member)

Chairperson	Chair of Disability Steering Group
Quorum	50% membership
Meetings	Monthly (11 per year)
Agenda	Approved by the chair and circulated 1 week prior to the scheduled meeting date
Minutes	Minutes will be circulated within 5 working days following the meeting

WORKING MATTERS – MINISTRY OF SOCIAL DEVELOPMENT (PRESENTATION)

Canterbury District Health Board
Te Poari Hauora o Waitaha

NOTES ONLY PAGE

Working Matters

An Action Plan to ensure disabled people and people with health conditions have an equal opportunity to access employment

July 2020

New Zealand Government

Published July 2020

Ministry of Social Development
PO Box 1556
Wellington 6140
New Zealand

Telephone: +64 4 916 3300
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Web: www.msd.govt.nz

ISBN: 978-0-473-50680-3 (print)
ISBN: 978-0-473-50681-0 (PDF)

Note: This Action Plan is available in a range of formats (HTML, braille, audio, large format) to ensure it is accessible to everyone with an interest in it. A summary is available in Easy Read and New Zealand Sign Language (NZSL).

Ministers' Foreword

The COVID-19 pandemic has changed things for the whole economy and for all communities. However, it has not changed Government's commitment to improve employment outcomes for the many people in New Zealand who have disability or health needs. It will help ensure an inclusive economic recovery from COVID-19 where disabled people and people with health conditions can participate as they want to, on an equal basis with others. Through this and the broader kaupapa in this plan we recognise international human rights and Te Tiriti o Waitangi.

Early in 2020 we asked stakeholders about this plan, including representatives of disabled people and people with health conditions and their whānau as well as employers, unions and service providers. We heard about their priorities and how important the plan is to them.

While action details have needed adjustment to address a post-COVID-19 economic context, the agreed objectives and priorities remain relevant and important. This plan will provide critical guidance for all agencies and industries currently working on employment initiatives. It will help to ensure opportunities to improve outcomes for disabled people and people with health conditions are sought, recognised and prioritised as new ways of working are developed across all of New Zealand.

Hon Carmel Sepuloni
Minister for Social Development

Working matters for all people and I welcome this Action Plan to support our disabled whānau, where they are able, to access employment opportunities and sustainable work. Work can be an important way in which we contribute to our communities, make social connections, learn new skills and support our health and wellbeing. Work is also key to transforming our economy and we need to ensure all people, including our disabled whānau, are supported to realise their full potential in order to build a successful and inclusive economic future.

This all-of-government action plan is one of several plans that will support the Government's Employment Strategy. We want everyone working together to deliver a productive, sustainable and inclusive New Zealand. This is the promise of our Government's Employment Strategy and of this underpinning Action Plan.

Hon Willie Jackson
Minister for Employment

Contents

Working Matters

Section one:

Introduction

Who this plan is for

This plan is for all of us

All of us have a right to equal opportunities to get a job, stay in work and reach our career aspirations. And any of us have our employment affected by issues related to disability access needs or disability support options, or our health status, during our lifetime.

This plan sets out actions to improve employment outcomes and wellbeing for people who experience disadvantages in labour markets due to disability or health issues (including physical, sensory, learning, neurological, and mental health related issues) that may be visible, hidden, permanent, temporary, acquired or experienced from birth.

This plan also relates to people who experience multiple disadvantage in labour markets. To address this, the plan will align with employment action plans for Māori, Pacific People, refugees, recent migrants and ethnic communities, older people and young people.

This plan is for New Zealand businesses

Businesses benefit from employing and retaining people with diverse life experiences. And employers benefit from creating inclusive workplaces that help to attract and retain disabled people and people with health conditions.

Demand is changing for workforce and workplaces. On one hand we need to increase workforce participation to support a larger, older population. On the other hand, there are increasing numbers of older workers and with this an increasing number of workers and jobseekers living with health conditions or disability. We are also rapidly adjusting our ways of working and business models to accommodate new health and safety conditions, new technological opportunities and new economic demands in a post COVID-19 world.

It is ever more important for businesses to be equipped to offer flexible working arrangements and support the upskilling of workers as circumstances change. This will help businesses retain effective workforces and stay relevant with new technologies in a rapidly changing world of work.

There is an untapped talent pool amongst disabled people that can be harnessed to meet increasing workforce demands. There are some businesses and entrepreneurs who make good use of this potential and who have grown work opportunities for disabled people. We need more.

74%
of disabled people not in paid work would like to work if a job was available.

Employers benefit from having a diverse workforce that includes disabled people and people with health conditions. Evidence shows diversity increases business performance and sustainability. A pro-diversity attitude can help businesses to:

- access untapped skills and talents
- gain new and valuable knowledge and experience
- get the best person for the job
- show customers and other staff that diversity is valued
- mirror the market
- improve workplace culture
- capitalise on improved accessibility and an inclusive workplace culture for all employees.

Why this plan is important

Equal access to good work matters

Being employed or owning a business offers financial benefits, a sense of purpose and social connection. Not only is employment good for the economy, it also lifts the wellbeing of people, their families and their communities.

When consulting on this plan people told us...

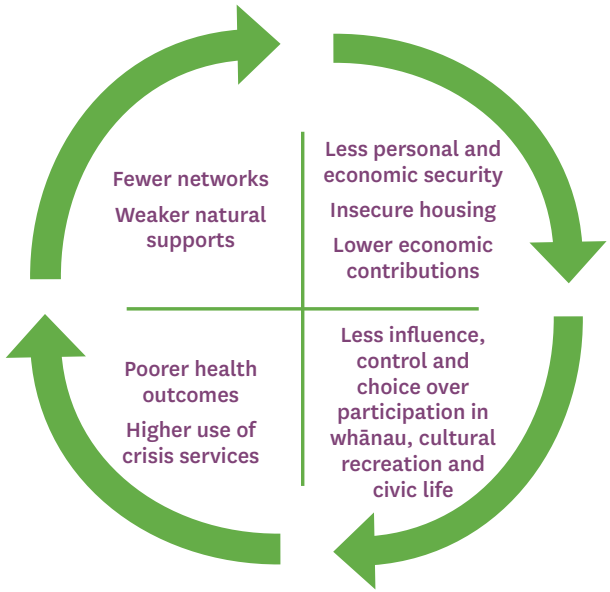
"promoting inclusive and diverse workplaces where people thrive is a priority"

"how important it is to support disabled people and their families to be aspirational when it comes to their employment futures"

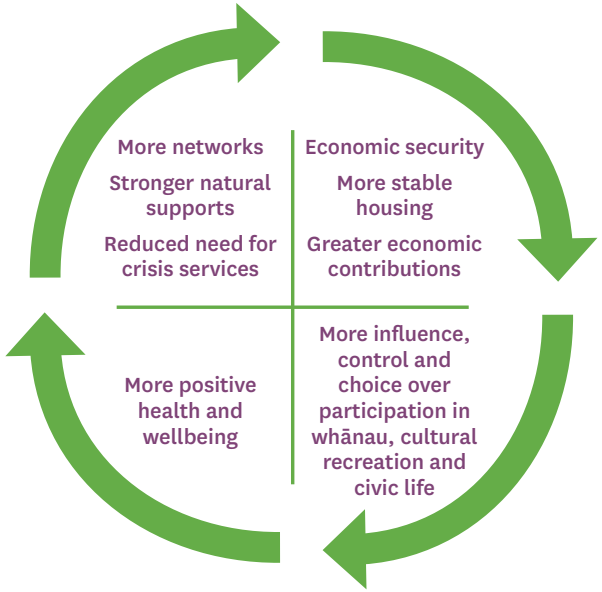
"we want an opportunity to try work and to show employers our value"

"to innovate and do things differently"

Unemployment can be part of a cycle of disadvantage



Employment can be part of a cycle of wellbeing and productivity



What success looks like

Good employment outcomes are diverse

All of us, including people living with disability or health issues have varied skills and work aspirations and the employment outcomes that suit us will look different for each person.

Good employment outcomes that this action plan is aiming for can include part-time work, full-time work, intermittent work, self-employment, business ownership and other work arrangements. A range of different approaches are required to achieve these diverse outcomes – this is not a 'one size fits all' plan.

To ensure the plan is working for all people and their diverse aspirations we need to measure success carefully. We especially need to check progress for people who experience multiple disadvantage and people with high disability support needs.

Closing the gap in labour market statistics

There is a large gap in employment outcomes between disabled people and non-disabled people. Disabled people are more than twice as likely to be unemployed and young disabled people are more than four times as likely to not be in employment, education or training as their non-disabled peers. We will know the plan is succeeding when these gaps start to close. However, this will take time and we need to measure progress along the way to be sure we are on track.

Indicators that show progress along the way

A first step to implement this plan will be the development of a concise set of indicators of progress, in consultation with stakeholders. These need to include the immediate outcomes from actions (such as participant numbers in services) as well as the longer-term wellbeing and employment statistics.

These indicators should drive, measure and inform us about progress as we collectively implement the plan. They will sit within a monitoring framework that helps government and other stakeholders to improve the plan and refresh the kaupapa as we learn more about what works.

Based on our initial consultation we know that these indicators will:

- draw on annual Statistics New Zealand surveys that show the gap between disabled people and non-disabled people for:
  - labour market participation rates
  - employment rates
  - unemployment rates
  - utilisation rates
  - income
- aim to break down some outcome data for different groups:
  - people with higher support needs (including people with intellectual disability)
  - people who access mental health or addiction services
  - Māori
  - Pacific People, refugees, recent migrants and ethnic communities, older people and young people
- aim to draw on or develop broader data sets that measure:
  - wellbeing
  - vocational education participation and outcomes
  - sense of belonging
  - employer attitudes.

How we implement the plan

A call to action – this is a joint venture

Employers, disabled people and people with health conditions told us they want this action plan to be a joint venture with government. It is very clear that we must work together on the actions in this plan to create more inclusive labour markets. Each objective and priority in the plan has a role for all stakeholders to do their bit in making it happen. Whether it be improving funding, adjusting systems (e.g. referral or human resource systems), providing information, busting myths, testing new approaches, taking a chance, monitoring and advocating for progress, learning new skills or taking up a great job to reach your potential.

Cross-government teamwork that fosters and builds on progress

This action plan does not act alone. It is a part of the Government's Employment and Disability Strategies. The plan identifies actions in several other government priorities including: the Reform of Vocational Education; the Welfare Overhaul; the Careers System Strategy; the Learning Support Action Plan; Transformation of the Disability Support System and the recovery and revitalisation of our economy in the post COVID-19 world.

The fast pace of change in economic, social and health circumstances in 2020 has been met with a swift Government response and many new policy and service settings are emerging. These changes create both challenges and opportunities to progress employment priorities for disabled people and people with health conditions.

Continuous improvement – a 'living plan' in the post-COVID-19 context

The role of the plan, and of monitoring processes, in the context of on-going change is to ensure new opportunities are recognised and progressed and potential new barriers prevented. The plan will provide a disability employment lens across government's work programme.

Monitoring processes will offer a constructive and ambitious focus for regularly reviewing how to best address the priorities identified in the plan across government.

The key mechanisms for this monitoring include:

- regular reporting to Ministers by the agencies with responsibilities outlined in the plan
- a dashboard of indicators of progress to check whether the actions and outcomes are on track
- regular review to allow the plan to evolve as opportunities arise
- coordination and synergy with monitoring of the Government's employment strategy implementation
- contributions to regular reporting to the Disability Ministers group and the Independent Monitoring Mechanism (which includes Disabled People's Organisations, the Human Rights Commission and the Office of the Ombudsman).

Section two:

The kaupapa guiding this plan

The following insights and principles shaped the plan. Some are longstanding principles that reflect and drive change across government such as those found in **Te Tiriti o Waitangi** and the **United Nations Convention on the Rights of Persons with Disabilities**. Others are insights that strongly resonate with the goals and circumstances of disabled people, people with health conditions and employers.

When consulting on this plan people told us...

"a whānau-centred approach requires more than looking at the person as an individual, it is about understanding the person in their whole context"

"we must ground the plan in a rights-based approach"

"to recognise the diversity of disabled people"... and to "have both bottom up (employment support) mixed with top down (good employers) actions"

Guiding insights from research and consultation:

- **Raising expectations and visibility of success is critical.** Seeing more disabled people in work improves expectations and understanding about what is possible and builds employer and employee confidence.
- **Timely, personalised and flexible employment services** are effective, especially when it is easy to talk about what people and their whānau can do with support (a strengths focus).
- **Place-based and community or industry driven initiatives and partnerships are often effective** as they can link with local resources and employers. Strong local relationships between various service sectors and labour markets are key.
- **Paid work is a good way to gain and improve skills.** A focus on employment and further education early on in life contributes to good employment outcomes later in life.

Guiding principles include:

- **Mana motuhake:** supporting self-determination.
- **Equity:** which means an equal opportunity to thrive consistent with the core principles of the United Nations Convention on the Rights of Persons with Disabilities and the New Zealand Disability Strategy.
- **Diversity:** acknowledging and addressing diverse circumstances and need. Some groups need targeted ongoing support, others only need freedom from prejudice.
- **Mana manaaki:** building the mana of others and uplifting them in a way that honours their dignity.
- **Whānau-centred:** seeing the person in the context of their whānau – a culturally-grounded and holistic approach.
- **Whole of life:** seeing the whole person in the context of all areas and stages of their life – accessibility in all domains.
- **Kotahitanga:** partnering for greater impact – unity, togetherness, solidarity and collective action – joint ventures.
- **Kia takatū tātou:** supporting long-term social and economic development.

Section three:

The Action Plan

An overview of the action plan

The long-term aspiration of this plan is to help ensure disabled people and people with health conditions **have an equal opportunity to access good work**. The plan is organised around three objectives that address both sides of the labour market and the kaupapa guiding the plan.

Objectives	Areas of action	Priorities	Kaupapa
Supply			
1. Support people to steer their own employment futures	• Education and training • Apprenticeships and internships	1. Positive expectations for disabled school leavers 2. Career pathways at all stages of life and for diverse needs and aspirations	• Mana motuhake – self determination • Equity • Diversity • Whole of life accessibility
Match			
2. Back people who want to work and employers with the right support	• Referral pathways • Employment services • Partnerships with employers • Information	3. More and better employment services 4. Information and support for employers	• Mana Manaaki – Mana enhancing • Strengths-focussed • Whānau-centred
Demand			
3. Partner with industry to increase good work opportunities for disabled people and people with health conditions	• Workplace health and safety • State sector exemplars • Future of work	5. Inclusive and wellbeing-enhancing workplaces 6. Innovative labour market support and business development	• Kotahitanga – partnering for greater impact • Kia takatū tātou – supporting long-term social and economic development

Objective 1:
Support people to steer their own employment futures

All people and their whānau can benefit from an equal opportunity to pursue their aspirations for earning, learning, caring and volunteering – on their own terms.

To support people to hold 'the reins' in their own working lives they need equal access to quality and life-long education and training alongside diverse career pathways and work opportunities.

Priority 1:
Positive expectations for disabled school leavers

Kaupapa: Low expectations about the lives of young disabled people is identified as a major barrier to building positive futures.

Many young disabled jobseekers lack the work experience that many of their non-disabled peers gain through an after-school or holiday job. And we know that early work experience and on-the-job training significantly improves education and employment outcomes.

Another barrier, particularly for people with learning disabilities or autism, is low expectations of their ability to work. Yet we know that many can thrive in open employment with good support. Transitions from school for these students are most successful when started by age 14; where their goals are at the centre of decision-making; and where whānau are included in these decisions and in building confidence and aspirations to work.

Building on existing services the government is progressing the following actions:

Initial actions 2020–2022	Links	Responsibility
Support young people who live with significant disability to access work experience while still at school (This action involves access to employment services that work alongside the young person with families, schools and employers)	Youth Employment Action Plan	Ministry of Social Development + Ministry of Education
Start career building support including whānau-centred education at year seven	Learning Support Action Plan	Ministry of Education
Explore work experience, shadowing options and pathways into employment for young people who live with significant disability and learning disabilities in particular. (This action will be informed by an evaluation of the 'Project Search' pilot)	Disability System Transformation	Ministry of Education + Ministry of Social Development
This plan is a living document and new actions will be developed that address this priority alongside Government's broader work programme, guided by the kaupapa and informed by monitoring.		

Priority 2:
Career pathways at all stages of life and for diverse needs and aspirations

Kaupapa: We know that successful participation in post-school education is a strong predictor of improved longer-term employment outcomes. We also know that a range of personal circumstances require a range of support and education approaches to ensure successful pathways into work for all abilities and at all stages of life.

People often seek guidance and ways to explore career options in situations when they move into work following education; return to work after time away; seek to progress in a career; or when they need to adapt the way they work because of acquiring disability or health needs.

Guidance tools are particularly important for disabled people who may face additional career challenges related to their support networks, discrimination or simply not having enough relatable role models.

Also, we know that there is likely to be an increasing need for tools to help all people manage their careers or career change and labour market risks in the post-COVID economic recovery, and as the nature of work transforms.

Building on existing services the government is progressing the following actions:

Initial actions 2020–2022	Links	Responsibility
Explore how to ensure more disabled people and people with health conditions access career transition initiatives such as: • Apprenticeships and related support such as Mana in Mahi • He Poutama Rangatahi • Re-training options (This action will consider access to new initiatives designed to assist with the post-COVID economic recovery)	Reform of Vocational Education + Welfare Overhaul	Ministry of Social Development + Ministry of Business, Innovation and Employment + Ministry of Education
Offer more paid internships to assist with transitions from tertiary education and training in diverse sectors	Welfare Overhaul	Ministry of Social Development
Ensure the refreshed careers.govt.nz website and related tools and products are accessible to disabled people (From mid-2021 'Tiro Whetū' will replace careers.govt.nz. This is a personalised and targeted system to support all New Zealanders to build a fulfilling career. The system will ensure that everyone, including disabled people, is able to use and get value from the site. It will be accessible by design, 'mobile first', and bilingual wherever possible)	Career System Strategy + Tiro Whetū	Tertiary Education Commission
This plan is a living document and new actions will be developed that address this priority alongside Government's broader work programme, guided by the kaupapa and informed by monitoring.		

Objective 2:
Back people who want to work and employers with the right support

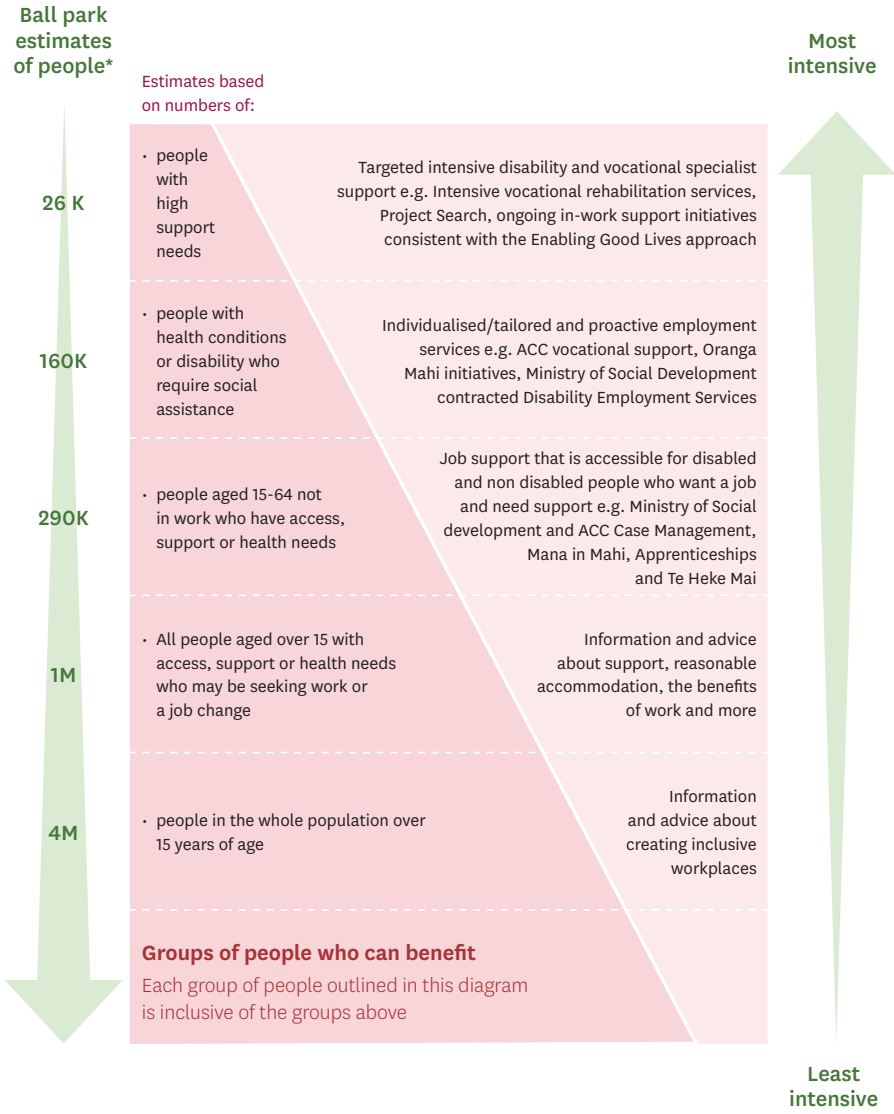
Effective employment services are different for different groups, different individuals in those groups and different employers.

Some people need personalised support to help them find a job, or to stay in work due to an array of complex barriers that may be in the labour market and/or in their personal circumstances. Others only need for their employer to receive good advice to support them better. Everyone can benefit from more inclusive workplaces.

The range of employment services available in New Zealand are not currently accessed by all disabled people or people with health conditions that could benefit from them.

This action plan aims to improve both the coverage and take-up of effective employment services at all levels of intensity.

Figure A: Types of disability employment services, support and information



* The 'ball-park' numbers are rounded estimates and indicative only. They are based on a mix of 2018–19 administrative data, the 2013 Disability Survey, the June 2019 Household Labour Force Survey and 2018-19 population estimates from Statistics New Zealand

Priority 3: More and better employment services

Kaupapa: It makes social and economic sense to invest in support for people who want to work. In particular, services that have the flexibility to tailor their support, and have a 'do what it takes' approach, are known to be effective at supporting people with significant barriers into employment.

To ensure that people who can benefit from these services can access these services, we need to ensure referral and eligibility systems are mana enhancing and promote positive work aspirations. It is particularly important that systems do not mistakenly create barriers to employment or to employment support through a focus on the severity of an impairment, rather than strengths and the potential to fully participate with reasonable accommodations.

Whānau-centred coordination between different service systems also needs to be managed carefully and recognise strengths in natural support networks or other existing support arrangements. It is important to acknowledge that many disabled people and people with health conditions and their whānau have significant concerns about the potential loss of financial assistance, or other support they rely on.

Building on existing services the government is progressing the following actions:

Initial actions 2020–2022	Links	Responsibility
Extend the period Supported Living Payment recipients can work more than 15 hours a week from 6 months to 2 years (this action involves changes to legislation)	Welfare Overhaul	Ministry of Social Development
Value diverse work outcomes and pathways to work within MSD systems (including part-time and intermittent work)		
Expand specialist disability employment services		
Scale up integrated health and employment services (developed by MSD in partnership with health sector organisations such as District Health Boards or Primary Health Organisations, including Individualised Placement Services for people who access mental health and addiction services)		
Develop a Diploma in Employment Support (building on Employment Support Practice Guidelines)		+ Careerforce
Explore opportunities to strengthen integration between primary mental health and addiction services and employment services	Government response to *He Ara Oranga*	Ministry of Social Development + Ministry of Health

This plan is a living document and new actions will be developed that address this priority alongside Government's broader work programme, guided by the kaupapa and informed by monitoring.

Priority 4: Information and support for employers

Kaupapa: A multi-pronged approach will be adopted to build employer confidence in recruiting and retaining disabled people and people with health conditions, including:

- disseminating knowledge of successful work arrangements, busting myths and revealing the potential and talent amongst disabled jobseekers
- disseminating knowledge of appropriate and lawful hiring and recruitment practices
- offering industries recruitment and training support where there are opportunities to match skill shortages with the talent amongst disabled jobseekers
- promoting 'social procurement' options where purchasers ask suppliers to support employment for disadvantaged job seekers in their tenders for work.

Building on existing services the government is progressing the following actions:

Initial actions 2020–2022	Links	Responsibility
Disseminate information that raises the visibility of disabled people and people with health conditions as a talent pool Disseminate good practice stories	Disability Strategy and Action Plan	Ministry of Social Development + Ministry of Business, Innovation and Employment
The Public Service leads by example with the recruitment and retention of disabled people, and improved data collection on disabled employees across the public sector to support inclusive workplaces		
Development of regional employer hubs with a focus on improving disability employment		
Develop and expand partnerships between employers and Government with a focus on improving disability employment. (This action will include employer-led initiatives such as: • the development of pipelines for jobseekers with disability or health needs into recruitment and training • tailored practical support for employers to help them ensure their Human Resource systems are inclusive)	Industry partnerships Skills for Industry Te Ara Mahi	

This plan is a living document and new actions will be developed that address this priority alongside Government's broader work programme, guided by the kaupapa and informed by monitoring.

Working Matters

Objective 3:
Partner with industry to improve work opportunities for disabled people and people with health conditions

The Government will partner with businesses and innovators to grow employment opportunities (including part-time, full-time and intermittent work) for people with diverse support, access, or health needs.

This is critical to kia takatū tātou – supporting the long-term social and economic development of New Zealand because:

- businesses need know-how and networks so they can benefit from recruiting, retaining and working with disabled people and people with health conditions – particularly as the population ages
- it is important to support good employers with the information and tools that will allow a fully inclusive labour market to thrive, and to stop people from falling out of work when they acquire support, access or health needs
- the economy needs new businesses (including self-employment) that respond to new post-COVID-19 economic drivers, take advantage of new technologies and future work trends and that offer new opportunities for disabled workers
- local employment initiatives are known to be effective where they build on high-trust relationships and strengths amongst local businesses, education and support providers and other community organisations such as iwi trusts, councils or churches to respond to local needs. These partnerships or 'place-based' initiatives are an emergent and unique sector that needs nurturing and development.

Priority 5: Inclusive and wellbeing enhancing workplaces

Kaupapa: Growing numbers of employers want to foster disability-inclusive and mentally healthy workplace cultures to capitalise on employment practices that benefit everyone. This includes health-promoting practices as well as accommodating the individual needs of people with diverse support, access or health needs.

There is also a role for health services alongside employment services and employers to help ensure that employers and workers are better equipped to adapt appropriately when an employee becomes ill or acquires disability support or access needs.

Building on existing services the government is progressing the following actions:

Initial actions 2020–2022	Links	Responsibility
Promote accessibility, including in workplaces as well as to and from workplaces	Accessibility + Disability Strategy + Better Later Life Strategy	Ministry of Social Development
The Public Service leads by example with inclusive and wellbeing enhancing workplaces (This will include the following: • Implementing SSC flexible work guidance to support employment accessibility • Giving effect to SSC guidance on addressing bias in the Public Service • Supporting the refresh of the government jobs website to ensure it attracts and is accessible to diverse communities • Supporting the refresh of Public Service online induction module to reinforce diversity and inclusiveness)	The Public Service Legislation Bill creates an obligation for Chief Executives to promote diversity and inclusiveness + The State Services Leadership Team's work programme to ensure discrimination is eliminated; and the Public Service is fully accessible, with everyone able to participate	State Services Commission (SSC)
Promote the health benefits of good work to health practitioners	Royal Australasian College of Physicians Consensus on the Health Benefits of Good Work	Ministry of Social Development
Clarify guidance on lawful hiring and recruitment practices and promote lawful and best practice	Human Rights Act	Human Rights Commission
This plan is a living document and new actions will be developed that address this priority alongside Government's broader work programme, guided by the kaupapa and informed by monitoring.		

Priority 6: Innovative labour market support and business development

Kaupapa: Self-employment, micro enterprises, co-operative or social enterprises and customised employment are all business models that can make good and safe use of emerging labour market opportunities as well as assistive and digital technologies, such as:

- remote work options for people who cannot travel easily
- gig economy platforms for people who need to, or want to, work flexibly or intermittently
- job platforms that provide easier and more accessible ways for disabled people to match, showcase or develop talent
- specific tasks in a business where an individual worker with unique strengths can be most productive, and which capitalise on niche markets, often operating on a global rather than national scale (e.g. software bug checking).

Care needs to be taken to harness these new options and business models while also protecting workers.

There are also opportunities to co-design innovative approaches to labour market support and business development with Māori and iwi, disability groups, employers and support providers.

Building on existing services the government is progressing the following actions:

Initial actions 2020–2022	Links	Responsibility
Policy work on employment products and services, will include consideration of support options that promote: • micro enterprise and self-employment • new businesses that promote disability employment • disabled people to take up work opportunities created by new assistive and digital technologies • innovative job design including customised employment	Welfare Overhaul + Future of work	Ministry of Social Development + Ministry of Business, Innovation and Employment + Ministry of Education
Explore the use of digital platforms to support disabled people and people with health conditions to get employment and to support them while they are in employment		
Policy work on the first principles of the active labour market policy system will include consideration of the needs of disabled people and people with health conditions		
Explore social procurement options as a mechanism for government to support disadvantaged jobseekers in partnership with employers	Procurement for broader outcomes	

This plan is a living document and new actions will be developed that address this priority alongside Government's broader work programme, guided by the kaupapa and informed by monitoring.

New Zealand Government

DISABILITY STEERING GROUP UPDATE (ORAL)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

What has been happening with the Accessibility Charter?

Allison Nichols-Dunsmuir – Health in All Policies Advisor

Jacqui Lunday Johnstone – Executive Director Allied Health

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

The Big Picture - Progress to Date

- CDHB among six foundation signatories (Nov 2017)
- Barrier Free NZ Trust and Earthquake Disability Leadership Group (EDLG) were to set up an infrastructure to implement
- One joint meeting held to gather ideas of what would be useful to support signatories in 2018, nothing further done nationally
- BFNZ has gone solo, applying for funds
- CDHB has carried on regardless

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Accessibility Charter Strategic Issues

Barriers to access are barriers to wellbeing

CDHB facilities will better meet the needs of an ageing, increasingly disabled population

Fit for purpose, future-proofed, minimum re-work costs

Think sustainability and accessibility together!

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Accessibility Charter Strategic Challenges

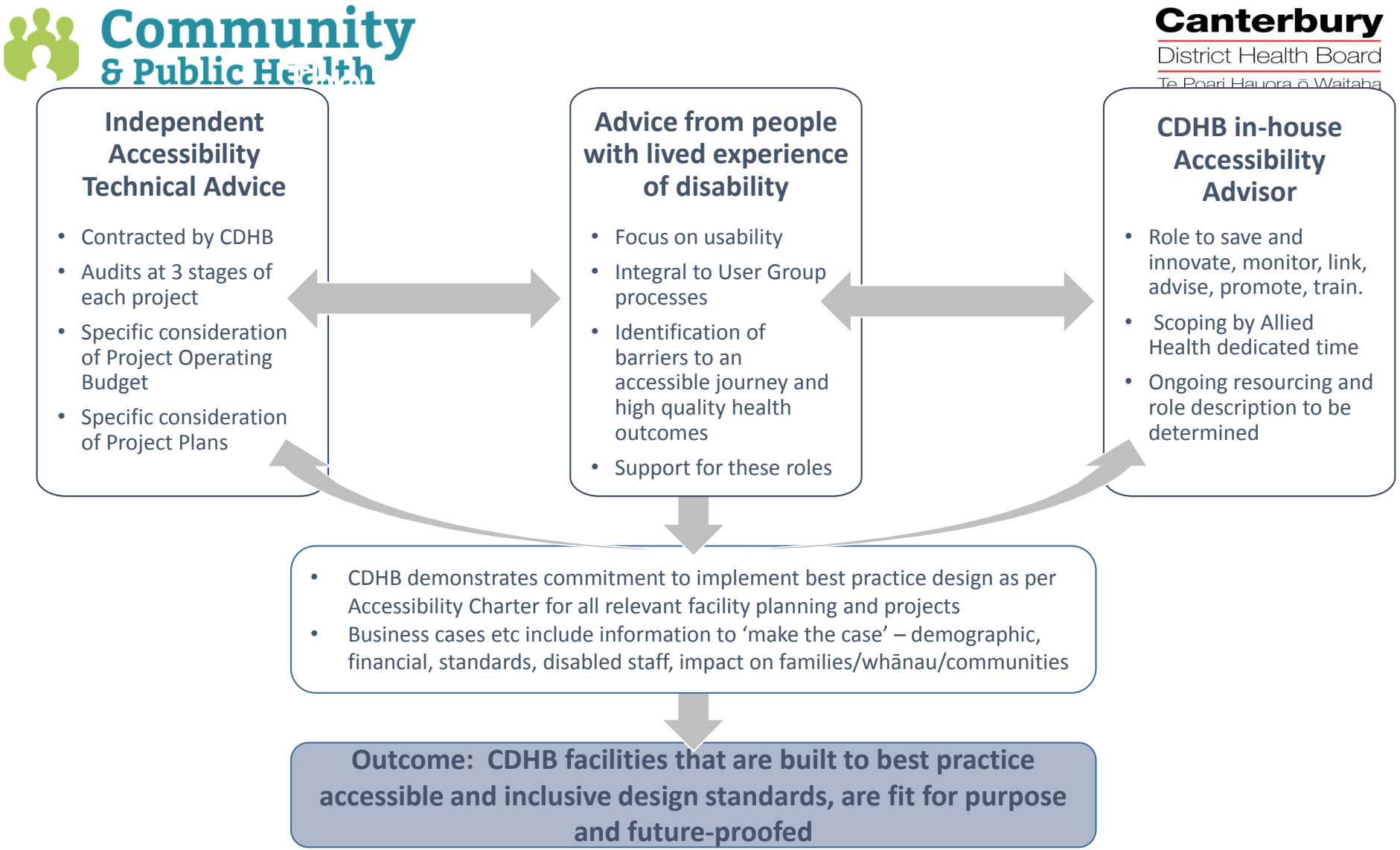
- Vision of robust, long term investment in high quality facilities
- Convincing our funders, partners of the positive net benefits
- Recognising and advocating for the value of technical expertise and lived experience

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Accessibility Charter

- Terms of Reference for the Accessibility Charter Working Group (ACWG)
- Implementation Plan (July 2019)
- Meeting monthly aligned to the Disability Steering Group
- Update Report to EMT
- One–pager includes Three Pillars Model
- Busy work programme


Community & Public Health
Canterbury District Health Board
Te Poari Hauora ō Waitaha
Independent Accessibility Technical Advice
• Contracted by CDHB
• Audits at 3 stages of each project
• Specific consideration of Project Operating Budget
• Specific consideration of Project Plans
Advice from people with lived experience of disability
• Focus on usability
• Integral to User Group processes
• Identification of barriers to an accessible journey and high quality health outcomes
• Support for these roles
CDHB in-house Accessibility Advisor
• Role to save and innovate, monitor, link, advise, promote, train.
• Scoping by Allied Health dedicated time
• Ongoing resourcing and role description to be determined
• CDHB demonstrates commitment to implement best practice design as per Accessibility Charter for all relevant facility planning and projects
• Business cases etc include information to 'make the case' – demographic, financial, standards, disabled staff, impact on families/whānau/communities
Outcome: CDHB facilities that are built to best practice accessible and inclusive design standards, are fit for purpose and future-proofed

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

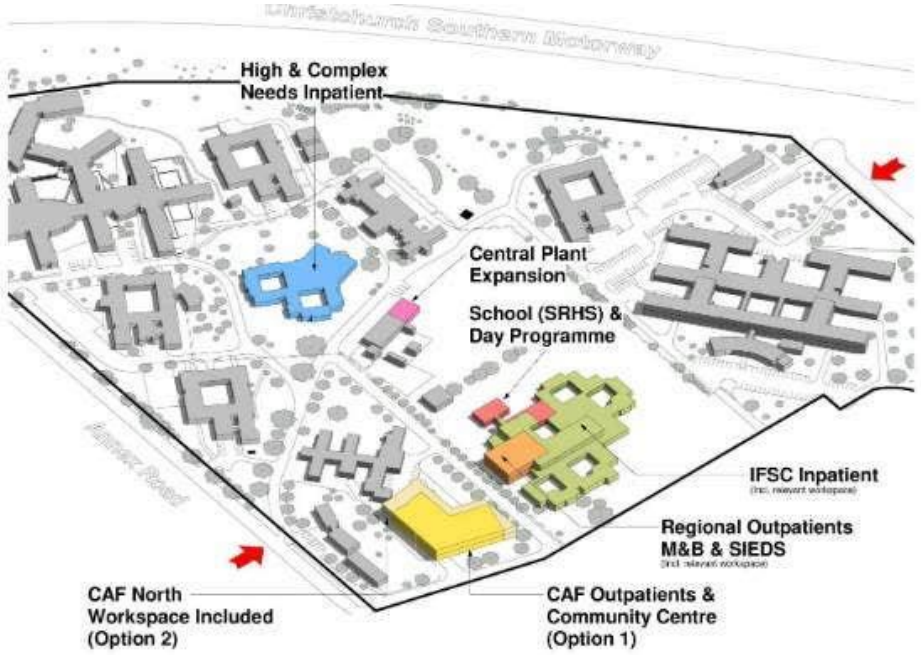
Accessibility Charter

- Influencing processes via specifications
- Report to Ministry Disability Support DDG
- Why this makes sense nationally
- Specification framework
    - a) commitment to accessibility MoH and DHBs
    - b) tender documents
    - c) project management
    - d) specific areas eg toilets, car parking

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Hillmorton new buildings



Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Hillmorton new buildings

- Auditor engaged from mid-design stage; will be involved until completion
- Good relationships between CDHB project team, architect and auditor
- Now assisting with Building Consent

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Outpatients Audit of Toilet Rooms

- Member of the public complained about the ground floor disabled toilet
- Concern this may not be the only one with technical probs
- Technical auditor engaged to assess sample of 10 rooms
- Found many deficits, some with potential safety issues
- Now being costed – low cost to fix the complaint
- Issue that BFNZ audit had been done before fittings chosen
- Room sizes smaller than NZS4121, Australisian HC Stds

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Car Parking Building

- Propose ACWG write a Specification
- DSG to consider
- DSAC/CPHAC to consider (via email)
- Request CDHB representatives put forward to those contracting for the building

Community & Public Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Car Parking Building

Four points in specification

- Use technical auditor to advise from beginning to completion
- Include cost of this into budget
- Incorporate lived experience advice
- Where possible, ensure access to some Mobility Car Parks includes additional height considerations.

Oral Health Update

CPH&DSAC, 5 Nov 2020

Dr Martin Lee, Clinical Direction Community Dental Service

Dr Lester Settle, Clinical Director Hospital Dental Service

Bridget Lester, Child & Youth Team Leader, Planning and Funding

Oral Health System in Canterbury

- Community Dental
- Adolescent Dental
- Hospital Dental
- Low income adults
- Oral Health Service Development Group, Priority Area
- Population Health interventions

Community Dental Services (*CDS*) outcomes

Data Metric Definition	Year	Maori	Pacific	Total
Pre-schoolers enrolled in Community Dental Services	19/20	82%	88%	86%
	18/19	42%	73%	83%
	17/18	53%	71%	76%
Preschool and primary school arrears	19/20	13%	16%	13%
	18/19	12%		8%
	17/18	14%	15%	12%
Caries frees at 5years old	19/20	53%	40%	68%
	18/19	50%	39%	66%
	17/18	50%	39%	65%
Decayed, Missing or Filled Teeth at Year8	19/20	1.06%	1.31	0.73
	18/19	1.16	1.24	0.77
	17/18	1.02	1.06	0.84

CDS, Challenges and Opportunities

2019/20 gains

- Changes in Dental Therapist (*DT*) Employment agreement
- Clarification process for a child's ethnicity
- Changing recall timeframes to 6 months, 12 months and 18 months
- Training to assist DT to work with children with dental anxiety
- Working to remove barriers to access services, and re-engage with families not accessing the service

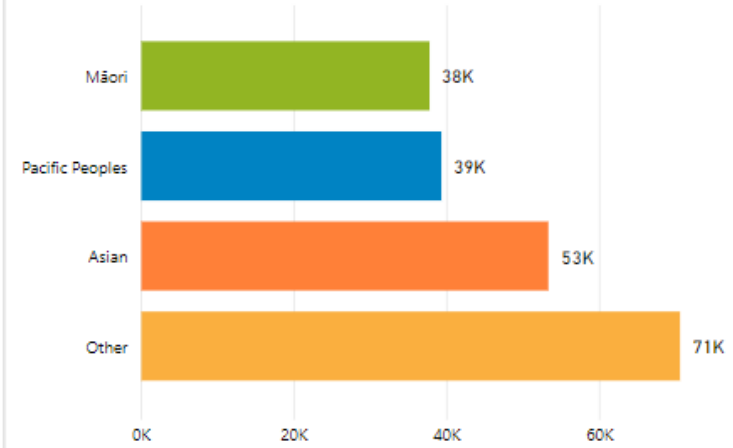
2020/21 Focus

- Equity
- Patient Flow, and where are children dropping out of the system

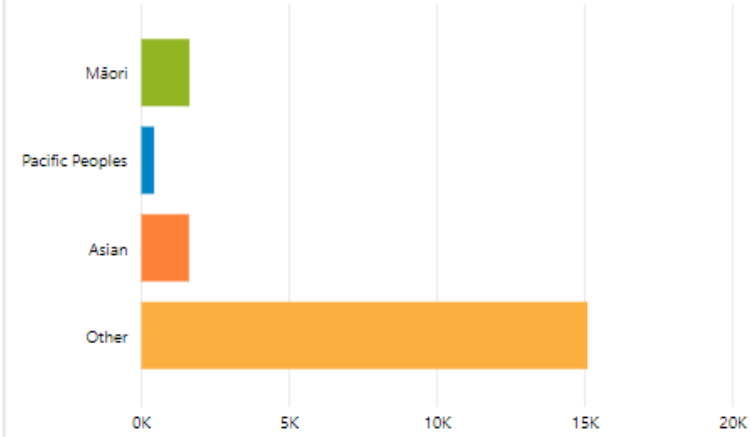
Patient Demographics Adolescent Oral Health

Visualise TAS
Interactive health insights from

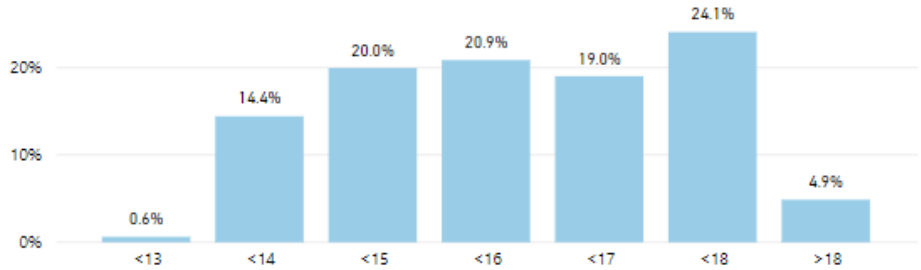
Rates of Patients per 100,000 Eligible Population



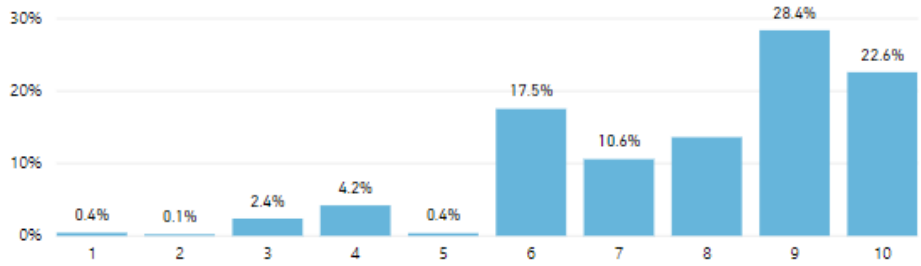
Count of Patients by Ethnicity



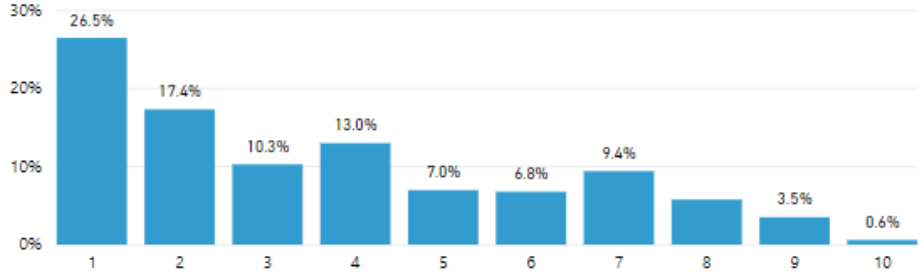
Percentage of Patients by Age Group



Percentage of Patients by School Decile



Percentage of patients by NZ Index of Deprivation



Adolescent dental – challenges and opportunities

Challenges

- Year 8 – Year 9 handover, timing and engagement
- Access to timely data make it difficult to understand who is not engaging in the service
- Understanding why people are not engaging. Have done focus groups, but need to also identify parental barriers
- Low coverage for Maori and Pacific adolescents
- Ease of access and ease of booking dental appointments

Opportunities

- Working to access better data to match PHO vs NHI level data to identify who is not engaging
- Improved process for hand over at Year 8 - Year 9 with text instead of letter
- Cultural awareness sessions with Private Dentists
- Teenage awareness session, how to "engage with a Youth" for Private Dentists
- Relationship with Private Practices and high schools

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Key Findings from Talking to Year 10-11 Students about Dental Health

Finding #1: They want EDUCATION

- For them and their parents, about WHY dental care is important at their age. WHEN they should go, and about the fact that it is FREE
- They suggested this could be achieved through advertising publicly (TV/Radio, Social Media (Instagram is a current favourite rather than Facebook), Buses and Bus stops
- It could also be done through schools – notices to go home, notices that go around the classroom, and the School App and website

Finding #2: They want RELATIONSHIPS

- Between Dentists and Schools. They want the local dentist to visit them in schools, to have a relationship with the school nurse.
- They want dentists to raise their profile in the community

Finding #3: They want COMMUNICATION

- A recurring theme to the answers is that Dentists do not communicate well.
- Students want to know what is happening, what the machine is, why you are going to give them an injection etc...
- Comparisons were drawn stating that General Practitioners and Nurses are better at doing this consistently.

Finding #4: LOGISTICAL Issues cause Stress

- Some reported issues with access due to location and lack of public transport. Others noted issues with hours they can access the care (after school/after work).
- Most of them rely on parents for booking, and transporting them to the appointment.
- Which dentists offer free care? How do they find that out? What do they do if they can't get into one of the dentists?
- The mobile buses go to schools... but only for the year 7 and 8s

Finding #5: APATHY is a Huge Issue

- It appears to be compounded by a discrepancy in how we use different health services: Dentists for an annual check up vs GPs for when there is a problem.
- It is also compounded by the lack of information and education that is put in front of people.
- Families do not know what to look for to find the information. General health literacy around this topic seems very low.

Completed 11/06/2019

Hospital Dental Services

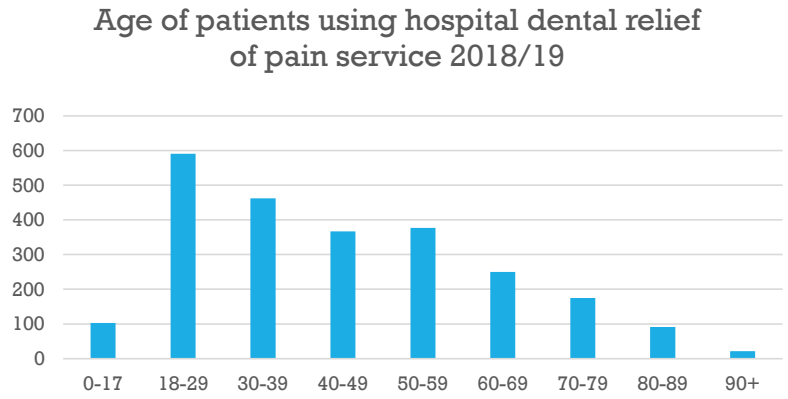
Hospital inpatients	In acute medical / surgical wards and acute mental health units
	Emergency dental treatment for ED presentations with head/ neck trauma, severe oral-facial infections and uncontrolled oral bleeding.
Hospital Outpatients	Those who require pre specialist medical or surgical treatment: • Organ transplant • Bone marrow transplant • Cardiac valve surgery • Pre-head and neck cancer treatment • Supporting patient care for those receiving medical/surgical care in tertiary hospitals
	Medically complex people requiring hospital based medical support when dental treatment is provided. Including: • Endocrine disorders • Severe or complex cardiac conditions • Complex haematology • Complex oncology • Dialysis • Severe stroke • Organ transplant patients
High needs/ particularly vulnerable, requiring special care	People with severe physical and/or intellectual disabilities: • People with complex medical comorbidities • People in long-term mental health units • Children and adolescents attending special schools
	Children and adolescents needing secondary care: • Complex medical, developmental or congenital conditions • Have high uncontrollable caries rates • Require dental treatment under GA in day surgery or inpatient settings

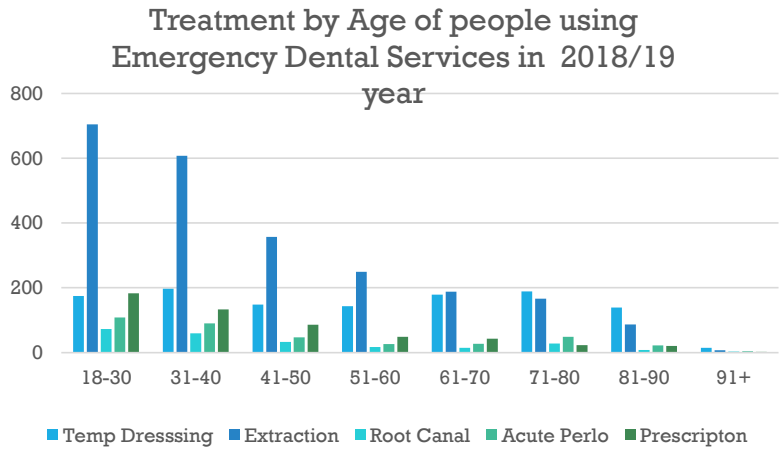
Tertiary Level Services & Relief of Pain

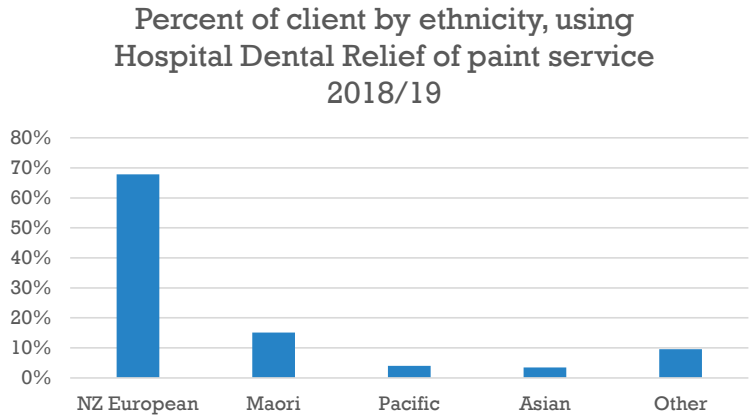
TERTIARY SERVICES higher specialist services	
High needs and vulnerable people requiring high-end specialised oral health care	• Oral Maxillo-Facial Assessment and surgery • Head and neck trauma • Head and Neck cancer oral rehabilitation • Oral medicine • Treatment of cranio-facial abnormalities • Orthodontic, restorative and prosthodontics specialist support

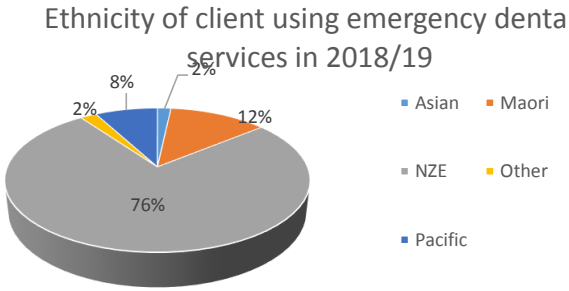
AS CAPACITY ALLOWS AND AS A PROVIDER OF LAST RESORT	
Vulnerable adults with high oral health needs i.e. people on drug and alcohol programmes, refugees, adults with low incomes accessing emergency or essential oral health care.	Services should be provided as a last resort where provision of services in primary health care settings is limited or not available and capacity exists within the DHB. This would include: • Urgent relief of pain and essential dental treatment • Urgent treatment of significant infection of oral origin • Full dental clearance (extraction of remaining teeth in a terminal dentition)

Relief of Pain services 2018/19









Hospital Dental 2019/20 data

Outpatients

- Approximately 16,000 dental appointments for children and adults per year

Inpatients

- Approximately 780 paediatric GA's per year
- Approximately 160 paediatric patients treated under sedation per year

Emergency Dental Presentations

- 1 Oct 2018 – 30 Sept 2019 - 969
- 1 Oct 2019 – 30 Sept 2020 – 1129

Oral Health Service Development Group 2020 – 2022

- Recovery
- Oral Health Education and Promotion
- Patient Flow Project – Children and Emergency Dental
- Evaluation of the CDHB CDS Recall Programme / focus on equity
- Continued focus on improving access to Adolescents
- Cultural Awareness training
- Advocate for Fluoride in our water
- Equity focus needs to be applied each project, to ensure needs are met

Oral Health Promotion

- The need for a Canterbury and West Coast DHB Oral Health Promotion Plan was identified, as improving oral health outcomes requires a multi-strategy approach to health promotion
- Sector wide workshop held in Nov 2018
- A draft Canterbury and West Coast DHB Health Promotion and Education Plan was developed in 2019
- Progress on this plan:
  - Menemene Mai Toolkit
  - Methadone Project (targeted provision of toothbrush packs and oral health info via pharmacies)
  - Stocktake of oral health promotion activities 2020
- 2. Gaps for further focus
  - Coordination of projects and initiatives
  - Oral Health to be promoted as part of general health
  - Improved whanau engagement

Summary

- Access to oral health services, and poor oral health remain an issue for Maori and Pacific within the CDHB region
- We need to look at oral health across the life span, and not just focus on children. Adults also have poor oral health
- Oral Health needs to be integrated into general health
- We cannot improve oral health status by receiving regular check ups – we need to look after our teeth everyday – oral health promotion and good public health interventions
- All new oral health projects need to have an equity assessment to ensure they are meeting the needs of those who need access the most

FIRST 1000 DAYS REPORT UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Ruth Teasdale, Programme Facilitator, South Island Public Health Partnership**

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

DATE: **5 November 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The First 1000 Days – A South Island report for the Hauora Alliance was launched in September 2018. This report was commissioned by the South Island Public Health Partnership, prepared by the Information Team at Community & Public Health Partnership and presented as a koha to the Hauora Alliance. An update has been requested by the Committee regarding how this report has influenced any actions, plans etc from these areas.

2. RECOMMENDATION

That the Committee:

i. notes the *First 1000 Days* Report update.

3. SUMMARY

The *First 1000 Days* Report has been adopted as a foundation document for key pieces of work undertaken at both South Island level and District Health Board levels. The report has also informed initiatives that were already underway and is recognised as identifying issues that were under discussion, in particular highlighting the need for key stakeholders to better coordinate their approaches.

4. DISCUSSION

The purpose of the *First 1000 Days* report was to inform inter-sectoral planning, action and monitoring to support the best start in life for every child in the South Island/Te Waipounamu. The report was widely distributed and has been well received at national, regional and local levels. This included the report being tabled at the National Public Health Clinical Network, and its inclusion as a key paper at the South Island Alliance's Strategic Planning Day in 2018.

Particular areas of work where the report has been of influence include:

Hauora Alliance. The report has been used extensively by the steering group of this collaborative cross- sector partnership between NGOs and agencies working collectively to address South Island hauora from a population perspective. The report has been adopted as the foundation document for the group's work exploring opportunities for "joined up ways of working" regarding the *First 1000 Days*. The group has consequently undertaken some shared work on breast-feeding friendly work environments and discussed the development of whānau-friendly work environments.

South Island Alliance. The First 1000 Days is a priority focus area of the Alliance. The report was very timely in terms of the Alliance's work programme development. The Child Health Service Level

Alliance (who lead the First 1000 Days work within the Alliance) have used the report extensively as a key resource.

Te Pa Harakeke: Nurturing Care in the First 1000 Days. This working group (established under the auspices of the South Island Child Health Service Level Alliance) is using the report to inform their thinking and consider it to be a foundation document.

Canterbury Maternity Strategy Review. Feedback was received that the report was useful in identifying many of the issues discussed during the course of the review, including the need to more fully coordinate services.

The report was also well received by the South Island Well Child Tamariki Ora Steering Group, where it was fully discussed and by whom it was further distributed to networks throughout the South Island /Te Waipounamu.

COMMUNITY AND PUBLIC HEALTH UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **5 November 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the Community and Public Health Update Report.

3. DISCUSSION

COVID-19 Update

Community and Public Health continues to focus on the management of cases identified at the border and to ensure staff are fully trained in the necessary platforms for managing cases and contacts. Efforts to recruit staff (via redeployment) for case investigation and contact management continues. Training continues for identified staff and additional work space has been identified. We continue to devote significant resource to meeting the Ministry of Health's requirements that we be ready to support any surge in COVID-19 cases both locally and nationally.

Most recently Community and Public Health has been delegated responsibility for local contacts with links to confirmed cases elsewhere in the country. This ensures staff retain familiarity with national systems (e.g. NCTS – the National Contact Tracing Solution) and also allows local processes to be well tested and embedded.

Risk Management

- Managing increasing demands at the border; ongoing work with partner agencies to manage arrivals/departures at the border (both air and maritime ports).
- Ongoing work with partner agencies around managed quarantine/isolation for incoming international passengers and passengers arriving on air bridge flights from locations within NZ.
- Responding to cases in local Managed Isolation and Quarantine facilities.
- Readiness to rapidly upscale (including staff and equipment) should case numbers significantly increase.
- Readiness to accept cases and/or contacts as delegated by Ministry of Health/PHUs.

The Getting Through Together Campaign

The Getting Through Together Campaign, a partnership with the Mental Health Foundation of NZ and Te Hiringa Hauora (Health Promotion Agency) completed its latest campaign a few weeks ago. The campaign invited people to 'Reimagine Wellbeing Together, He Tirohanga Anamata,' as part of Mental Health Awareness week (21-27 September), in response to the challenges of 2020 – a year where many of us have

had to reconsider the experiences, actions and surroundings that make us feel good, function well, and relate to others.

Evaluation from early September demonstrates the campaign's effectiveness, with 33% awareness of the campaign at a population level and 86% of respondents believing the campaign valuable for their community. The campaign's effectiveness extends to its equity of impact, with Pasifika populations significantly likelier to take action as a result of the campaign, and Māori, Pasifika, and Asian populations more likely to find the campaign valuable for themselves personally and for their family, friends, and workmates.

The Getting Through Together campaign was funded until the end of September – a decision about future funding is in progress.

Drinking Water Assessment Function for the Christchurch City Council

Responsibility for the Drinking Water Assessment function for the Christchurch City Council has been taken over by Wai Comply Ltd. Wai Comply Ltd have also taken over Drinking Water Assessment functions for the Auckland, Wellington and Dunedin City supplies.

The Ministry of Health has worked with Wai Comply Ltd to define their delivery of services in regard to Drinking Water Assessment functions. Coming into effect on 1 September 2020 Wai Comply Ltd has been contracted to perform the functions of Drinking Water Assessors for the Christchurch City Council under the Health Act 1956. Community and Public Health's Drinking Water Assessors will continue to carry out all designated functions and assessment activities for all other suppliers, specified self-suppliers and water carriers within our region. Community and Public Health will continue to be responsible for any enforcement activities for all suppliers (including those now being managed by Wai Comply Ltd).

New Online Toolkit: Addressing Sexual Harm on Campus

A new online toolkit to support tertiary institutions prevent and reduce student sexual harm has been developed. Called 'Addressing Sexual Harm on Campus', it follows about three years of development work by students and staff from Canterbury organisations: Ara Institute of Canterbury, the University of Canterbury, Lincoln University and Community and Public Health (Canterbury DHB).

The project has partnered with Universities New Zealand (*UNZ*), who are webhosting the toolkit and moderating its future content. The toolkit complements the priority work being done by UNZ to reduce sexual harm on campus. While university websites and webpages on sexual harm can increasingly be found, this is the first internationally known toolkit available to all tertiary education institutions within a country.

The comprehensive toolkit is orientated to those working in tertiary institutions (rather than directly to students) and incorporates campus policies; monitoring, reporting and evaluation; disclosures and complaints; upstander or bystander interventions; healthy relationships; consent; communications; awareness campaigns; alcohol and drug; key groups; staff training; and support services. The toolkit can be accessed at https://www.notonmycampus.nz/.

Rheumatic Fever and Housing – a recent example

Following a recent case of Rheumatic fever in a member of our Pacific Whānau, the Communicable Disease Nurse made a home visit establishing a working relationship with the family and also identifying serious housing condition issues including dampness, mould, inadequate heating and broken plumbing. CPH's Health Promoter for Housing arranged a site visit with the CCC Environmental Health Officer. The report confirmed the premises as unsuitable for habitation. The CPH health promoter coordinated a team (CCC, Etu Pasifika, Tenancy Services, Ministry of Social Development and Kāinga Ora) to search for new

accommodation as well as initiate actions against the landlord who had failed to meet the Healthy Home Standards and Residential Tenancy requirements.

CPH wrote a letter of support to MSD which has lifted this whānau to a high priority for social housing. With 106 Pacific families on the MSD housing register, we are still waiting for a home for the whānau mentioned above. It is, however, pleasing to note that all identified agencies are working together with this whānau in mind.

CPH has subsequently been able to discuss housing with the Pegasus Reference Group and the Ministry for Pacific Peoples in the hope of supporting their Housing Initiative.

Multi-Disciplinary Clinics for Rheumatic Fever – 'One Stop Shop' for Patients

The recent multi-disciplinary clinics for rheumatic fever have once again proven a great success with 15 of 18 adult patients attending, and 100% attendance at the paediatric clinic. This is primarily due to CPH's Communicable Diseases nurse maintaining relationships with families. As a result, the clinicians are seeing desired outcomes met due to appointments being met by families. Feedback from families proves the appropriateness of having all appointments in one place catering for the various family situations. The clinics involve public health, an infectious diseases specialist, echocardiogram technician, cardiologist, and the hospital dental service all coming together in one clinic to see patients who have rheumatic fever and rheumatic heart disease. This allows collaboration between the services and means patients do not have to attend multiple appointments.

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 24 July 2020 Canterbury DHB Disability Steering Group (DSG)

Attendees by Zoom:
Grant Cleland (Chair), Jacqui Lunday Johnstone, Shane McInroe and Dan Cresswell (Meeting Assistant), Catherine Swan, Dave Nicholl, Mick O'Donnell, Sekisipia Tangi, Tyler Brummer, Thomas Callanan, Rāwā Karetai, Lemalu Lepou Suia Tuula, Harpreet Kaur, Kathy O'Neill, Kay Boone, George Schwass, Paul Barclay, Lara Williams (Administrator).

Apologies: Waikura McGregor, Allison Nichols-Dunsmuir, Jane Hughes, Susan Wood, Simon Templeton, Maureen Love, Rose Laing, Joyce Stokell

Speaker: Nicole Rosewarne, Social Work and Counselling Service Neonatal Unit, Christchurch Hospital

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Jacqui provided a karakia.	
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Action points No conflicts of interest for this meeting. July minutes passed as correct. Action points actioned. Outstanding action point; Invite Prudence Walker from DPA and the DPOC to discuss the paper.	
3.	Follow up on Covid-19 – lessons learned, endorse proposed actions circulated as a document	Shane raised example of Sir Robert's experience at a CBAC, no access to communication or welfare checks in alternative formats. Discussion on autism needs when patients present for testing. Catherine will email Rāwā for resource at national level on testing. Catherine asked is there a video available.	**Action point:** Contact Shane for alternative formats for communicating testing processes Rāwā to contact Catherine with national level resources on

	Agenda Item	Summary of Discussion	Action/Who
			testing, links or video
		Covid-19 Lessons Learned Paper well received by DSAC. Feedback is keep monitoring the important points. DSAC will continue to seek ongoing feedback. Kathy has prepared paper with timeframes. The DSG endorsed Covid-19 paper. Resurgence planning discussed. Ministry of Health is concerned about low testing rates in the community. Kathy provided Primary Care update. Locally based free testing will be implemented, that meets case definition criteria. Isolation facilities are testing and maritime borders will be added in. Communications have taken onboard feedback from Pak n Save CBAC testing sites. George confirmed that DSG members feedback will be used in training in ED next year.	**Action point:** Rāwā will provide resources relating to taking away testing anxiety
		Follow up on ECan email. Follow up needed about complaints of not getting mobility taxis during Lockdown. Difference in opinion of if issue lies with owner/drivers declining availability. ECan says taxis were available but wait times when ordering from Hospital showed otherwise. Paul also asked for advice for people who can't drive. What are their options if they have to wait in cars at testing stations?	**Action point:** George will followup with another transport group for clarification on taxi availability during lockdown
4.	Social Work and Counselling Service Neonatal Unit, Christchurch Hospital What are we doing for parents when a baby is identified as having a serious congenital issue?	Nicole Rosewarne presented. Brochure of services attached with minutes. 1 of 3 Social Workers at Chch Women's Neonatal Unit. 45-50 babies often in NICU. Referrals received from foetal medicine unit and also diagnosed at birth. Challenges are waitlists on counselling and gaps with criteria. Some may fit into palliative care counselling. Brief Intervention Counselling through GP is offered. Dads are often in NICU at night (after work) when Social Workers aren't on shift. Nicole's team follows up with phone calls. Discussion on defining their needs with BIC that is available. Suggestion for GPs to know about private providers that could be available.	

	Agenda Item	Summary of Discussion	Action/Who
		Discussion on cultural needs. Nicole confirmed they ask for consent before connecting with cultural groups. In follow up to this Waikura can offer advice on Whanau Ora services. Pasifika needs discussed. In the past there have been NICU babies, there aren't any families currently in the NICU. *Wishlist, a psychologist in NICU*. One FTE to help everyday families that might fall through the cracks. Discussion led to challenges with budgeted resources and Youth section in DAP. Community groups are available to link parents to parents. Is there an opportunity to bring these groups together? Kathy will link with Nicole with links and service for early intervention. Tom also offered links. Paul added sight is often picked up post-birth discharge. How can this be linked into Counselling services and referrals? Lemalu highlighted Pasifika may decline offers of help due to cultural needs. Pasifika providers are available to be included in the helping process. Kay confirmed there is a link to Etu Pasifika. Nicole is invited to this. Nicole confirmed all families are met with an Outreach Nurse on discharge, then Discharge Facilitators.	**Action point:** Connect Waikura with Nicole for Whanau Ora services. **Action point:** Kathy to contact Nicole to follow up on social work resources available in the community. Tom also has offered links. **Action point:** BIC hours from GPs for target counselling in Primary Health
5.	At the request of DSAC - What is needed in the Action Plan (if anything) to ensure we have responses in place at the antenatal and newborn stages when someone diagnosed with a serious congenital issue.	Grant spoke in Allison's place re UN Convention. In order to meet outcomes on health and education, DSAC have advocated a workshop between DSAC and DSG. Sir John Hanson, CDHB requires us to report on what we *don't* do well, over what our achievements are. What are our gaps? What we should be adding into our timeframe Action point to include this in our minutes as this is our reporting forum to DSAC. Rāwā requested a gap analysis between the plan and UN convention articles. Then prioritise the gaps to bring us up to spec. Collective knowledge is there, such as MSD is working on a document to help with supported de4cision making. Group requested this from Rāwā. Rāwā asked for staff to be encouraged to use MoH's App Awhina for latest clinical information.	**Action points:** Allison's UN Convention presentation to be circulated with minutes. Minutes to include gaps and additions to timeframe, for DSAC reporting Rawa to distribute MSD working document to group

	Agenda Item	Summary of Discussion	Action/Who
6.	Review Terms of Reference – it does not reflect our current accountability practises or how we are going to monitor the Work Plan	Need to be amended. Kathy raised meetings going to every two months. This increased timing between meetings would give capacity for more input from community members into work groups. - Suggestion to break into Sub-Cpmmittees. - Concerns about longer time gap between meetings. - To prevent lag, we need to be clear about preparing key points as action points.	**Action point:** Kathy/Grant, to be discussed at next meeting or canvassed via email
7.	Update on Refresh of Disability Action Plan	Trans Alpine Disability Action Plan update. Nomination paperwork is being prepared for formation of WCDHBSG.	
8.	Any other business	None	
9.	Anything that's different in a disabled person's life since we last met.	Shane shared positive feedback on the "People First New Zealand" page. Positive feedback on Covid-19 testing experience. George updated about plans for new carpark area in Sales Yards. Will have shelters.	
	Next Meeting	28 August 2020, 32 Oxford Terrace, 2.11 **Face to face meeting.** Zoom is available as a backup if you can't attend in person. If you need this link email Lara.	

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 28 August 2020 Canterbury DHB Disability Steering Group (DSG)

Attendees by Zoom:
Grant Cleland (Chair), Jacqui Lunday Johnstone, Shane McInroe and Dan Cresswell (Meeting Assistant), Dave Nicholl, Sekisipia Tangi, Tyler Brummer, Thomas Callanan, Rāwā Karetai, Suia Tuula, Harpreet Kaur, Kathy O'Neill, Kay Boone, George Schwass, Paul Barclay, Allison Nichols-Dunsmuir, Jane Hughes, Simon Templeton, Rose Laing, Joyce Stokell, Lara Williams (Administrator).
Apologies: Mick O'Donnell, Catherine Swan, Elyse Gagnon (P&C represented by Tyler), Lemalu Lepou, Susan Wood, Waikura McGregor.
Speaker: Prudence Walker, National CEO, Disabled Persons Assembly (DPA)

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Kathy provided a karakia.	
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Action points No conflicts of interest for this meeting. July minutes passed as correct. Action points to be carried over to next meeting: **Action point:** George will follow up with another transport group for clarification on taxi availability during lockdown. **Action point:** Kathy to Connect Waikura with Nicole for Whanau Ora services. **Action point:** Kathy to contact Nicole to follow up on social work resources available in the community. Tom also has offered links. **Action point:** Terms of Reference. Kathy/Grant to discuss at next meeting. **Action point:** Workshop to be scheduled at next face to face meeting to discuss gaps between services and UN Convention.	
3.	Lessons Learned – COVID 19 Lockdown – Actions followed	Summary of paper given. Key needs/issues - accessible information, virtual consultations positive, relaxed purchasing guidelines from MOH positive, access to technology and credit cards hard for home shopping, lack of	

	Agenda Item	Summary of Discussion	Action/Who
	Our connection with national feedback and action	respite care, contact tracing for deaf needs to be more than phone calls.	
	In attendance. Prudence Walker. National CEO Disabled Persons Assembly	Prudence confirmed DPA had identified the same issues at the national level. DPA involved in the first wave, part of Rāwā 's team in disability response team. Rāwā 's team response commended. Issues raised in this second wave show we are better prepared in system response to disability community. Communications have been improved in this latest wave, disability sector now included in messages. DPA members and social media positive feedback on height of QR posters. 130cm was initial MOH advice. Dr Ashley Bloomfield responded in daily standup to adjust to lower height. Feedback is this was first time disabled people have felt acknowledged in Covid response. Mask use – concerns about bus drivers awareness that some disabled people can't wear masks. Concerns they may be excluded from public transport. Daily standup has acknowledged that there will be situations when disabled can't wear masks. Now that mask use are becoming mainstream, this will help disabled community when social distancing isn't an option. CCS DA will link DSG into group run by Environment Canterbury regarding transport needs. Approved that Prudence can share paper with wider network to share Canterbury experience nationally. One single point of contact needed – Canterbury disabled community. Tom was contact. Grant confirmed this wasn't clear where queries should go across different agencies. Civil Defence has single point of contact, this could be a model to base DHB contact on. Kathy suggests DSS could be better to coordinate a network of contacts. Feedback from Rāwā is agencies involved are DPMC, all of government team, government agencies. Community teams have been invited in to get the feedback loop correct. Regional approach could be better to gauge on the ground issues. Info in accessible format. Government responsiveness is not where it's commitment is, gap still there. Our community needs this information so it is creating anxiety. Every part of	**Action point:** Tom to contact Kathy with link to group run by Environment Canterbury **Action point:** Prudence can use paper at national level

	Agenda Item	Summary of Discussion	Action/Who
		the system can play their part in improving their comms to disabled. Pegasus are proactive. Internet access is a barrier for health consultations. Equity in Telehealth is needed. Systems need flexibility. Issues are device, technology literacy, data connection, videoconferencing uses lots of data. Internet is listed as an essential service, how is the government supporting this? Shane complemented this that internet usage is a human right to ensure inclusiveness.	
	Level 2 issues currently:	Shane reported people having difficulty with old phones. Placement of posters for blind people, too high up. Consistently inside a door is best. Concern with places of worship, numbers at public functions in Level 2. Harpreet needed to call several people to confirm. Feedback is anxiety in the community at level 2.	
4.	Work Plan Priorities Using Grants summary as a guide what are DSG's priorities from the Plan for next 6 - 12months	Work plan priorities emailed to group prior to meeting. a. Working Group for Accessible Information Charter - key information in alternate formats e.g. NZ Sign Language, Easy Read, Braille, Audio, Large Print. b. Integrating disability responsiveness training into staff diversity training. c. Increase the numbers of disabled staff employed by the CDHB, surveying and developing a network of existing disabled staff to identify their support needs. d. Expanding the current New Brighton Shared Plan pilot. Rosie noted that Shared Care Planning has been positive during Covid lockdown. A large number of acute care plans have been prepared. HealthOne team, NGOs, Primary Care working together on shared records. e. Improve transition from inpatient services for people with intellectual disability and adapt the Mental Health Equally Well approach for this group. f. Work with disabled people, family/whānau/carers and key partners to achieve a more integrated & coordinated approach to improve early intervention services: • Funded Family Care implemented equitably. • Health Pathways Approach between different health services – Canty/WC. • Thinking about the needs of at risk groups e.g. those with Autism.	**Action point:** Priority points agreed on. Kathy/Grant to discuss how progress with these priorities will be monitored. Discuss at upcoming meetings.

	Agenda Item	Summary of Discussion	Action/Who
		g. Thinking about how to implement Enabling Good Lives across the system. h. Implement the recommendations of the Transition Plan for children with complex needs when they move to Primary care. i. Form a West Coast DHB Disability Steering Group. Kathy noted nominations open, first meeting will be in December. j. Other priorities: • Maori, Pasifika and CALD lens over all actions. • Identify base data and the DSG monitor patient experiences (Quality and Safety team) • Implement the Three Pillars approach to accessible and inclusive design in building projects. • Timely response: Living aids, housing modifications, driving assessments. • Review provision of hearing aids. • The DSG monitors priority actions annually.	
5.	Hospital Shuttle Changes	Feedback on poster sent from Mick on www.cdhb.health.nz/parking Looks fine. Issue is in CDHB web info on Mobility Parking. CDHB info needs to say that there are mobility car parks in Deans Ave, but shuttle cannot carry wheelchairs. Most people who have permits are not wheelchair users and Deans Ave is good option.	**Action point:** Feedback to Mick on Deans Ave carpark
6.	Articles of UN Convention and Assessment of CDHB against the Articles.	Update on Workshop planned for next face to face meeting	**Action point:** Kathy to schedule Workshop
7.	Update on Accessibility Working Group	EMT have approved the accessibility charter paper. Allison will circulate one page summary to DSG. EMT are committed to prioritising audits and lived experience in the creation of new buildings so that we will deliver on physically accessible health services.	**Action point:** Allison to circulate one page summary to DSG
8.	Latest Proof of Refreshed Disability Action Plan with more culturally appropriate imaging –	Culturally approved images, feedback invited to Kathy. Rāwā and Waikura will be consulted. Kathy is meeting with GM Maori West Coast in September. Harpeet updated Indian community being consulted.	**Action point:** Feedback to Kathy asap.

	Agenda Item	Summary of Discussion	Action/Who
9.	Future meetings	Feedback positive about alternating full DSG meetings, so DSG members can be part of subcommittees and projects.	**Action point** Kathy to send working groups and schedule, Lara will distribute
10.	Any other business	Deaf appointments at hospital. Joyce reported she has learned of situations where there is no interpreter provided despite booking and file stating interpreter is required, no confirmation from interpreter booking team, no text number to confirm on booking letters. If deaf people don't have internet, they rely on text messages. CDHB has sign language policy/guidelines so issues need to be followed up. **Suggestion from Hospital** Free text number essential Photos of interpreters on website so they can recognise them.	**Action point** Dave Nicholl to provide interpreter bookings contact to Lara for Joyce
	National accessibility legislation	Grant updated Government commitment to develop accessibility legislation. Access Alliance is leading advocacy.	
11.	Anything that's different in a disabled person's life since we last met.	Tom met with Project Search new interns at Burwood. MSD have put out RFP to build links with young disabled people. Acknowledgement given to CDHB team for their professionalism during what must have been a difficult time for staff.	
	Next Meeting	25 September 2020 **Once the Covid 19 Level has been confirmed we will decide if this will be a Face to Face or Zoom Meeting**	

MĀORI POPULATION, PARTNERSHIP, HEALTH AND EQUITY

Canterbury District Health Board
Te Poari Hauora o Waitaha

TO: **Chair & Members, Canterbury District Health Board**

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

APPROVED BY: **Peter Bramley, Acting Chief Executive Officer**

DATE: **15 October 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The Acting Chief Executive has requested a Board paper on Māori based on request from a Board member.

This paper was to include what is working well and what is not, and to include partnerships, particularly the role of Manawhenua ki Waitaha, contracts with Māori providers, national targets, especially where improvements are needed, better ways of working together, and benchmarking against others DHBs.

2. RECOMMENDATION

That the Board:

i. notes the Maori Population, Partnership, Health and Equity report.

3. SUMMARY

The report is comprehensive and looks thoroughly at a range of issues that impact on our performance as a DHB with regard to our Māori population and Māori health equity.

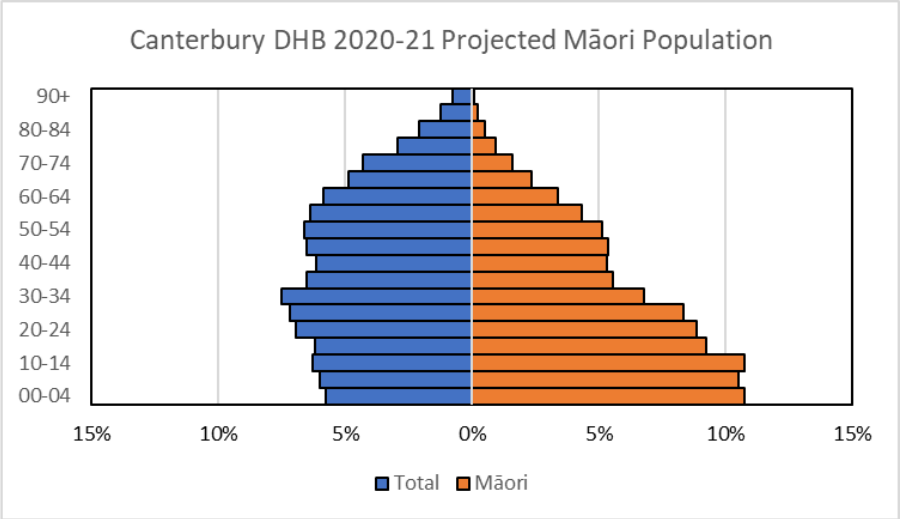
4. APPENDICES

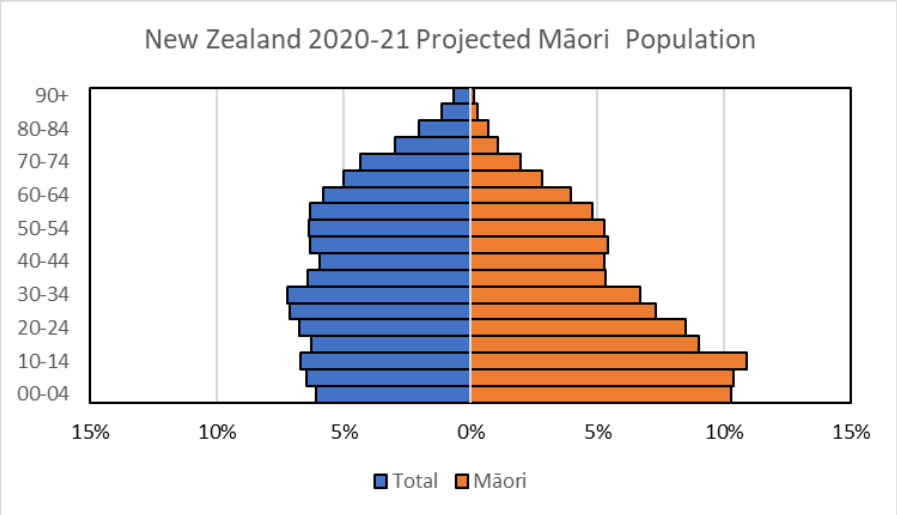
Appendix 1: Maori Population, Partnership, Health and Equity

Māori Population, Partnership, Health and Equity

Māori make up 10% of the Canterbury population with a population of 56,710. The age demography of our Māori population closely mirrors the national demography.

- 32% Under 15 years old, compared to 16% of non-Māori (excl. Pacific and Asian)
- lower life expectancy; less than 6% are over 65-years-old, compared to 18% of non-Māori (excl. Pacific and Asian).
- median age 24.4 years compared to 38.7 years overall population





In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

This definition of equity was signed-off by Director-General of Health, Dr Ashley Bloomfield, in March 2019.

Māori experience health inequities and poorer health outcomes, than the general population. This is long-standing and pervasive throughout the country and our health system, and Canterbury is no exception.

Māori receive[1]:

- fewer referrals
- fewer diagnostic tests
- less effective treatment plans than non-Māori
- are offered treatments at substantially decreased rates
- interviewed for less time
- prescribed fewer secondary services
- Māori encounter a different health system to non-Māori

The evidence for Māori receiving less access to and lower quality of health care services than other New Zealanders is now large and compelling:

Decades of Disparity 1999-2000[2]

- A series of three bulletins published by Ministry of Health on ethnic and socioeconomic inequalities in mortality in NZ, that analysed data from 1981 to 1999
- The ethnic disparity in life expectancy at birth increased from 6 - 7 years in the early 1980s to 8 - 9 years by 1999
- Throughout the 1980s and 1990s, the mortality rates between low-and-high-income groups increased over time
- Inequalities rooted in historical social processes that entrench the privileged position of dominant groups
- Māori and non-Māori inequalities in mortality persist within socioeconomic strata
- Widening inequalities between Māori and non-Māori during the 1980s and 1990s explain approximately half of the widening in the mortality disparity between these ethnic groups

WAI 2575 – Waitangi Tribunal Health Services and Outcomes Inquiry June 2019[3]

- The NZ health framework fails to consistently state a commitment to achieving equity of health outcomes for Māori

[1] Bacal, Jansen & Smith, NZ Family Physician, 2006

[2] https://www.moh.govt.nz/notebook/nbbooks.nsf/0/37A7ABB191191FB9CC256DDA00064211/$file/EthnicMortalityTrends.pdf

[3] https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf

- The funding arrangements for primary health disadvantage Māori primary health organisations and providers
- The Crown has been aware of these failures for well over a decade but has failed to adequately amend or replace the current funding arrangements

New Zealand Health and Disability System Review June 2020[4]

- Māori experience of hospital services is characterised by poorer access, poorer outcomes and being exposed to institutional racism
- Hospital appointments are less accessible for Māori adults compared to non-Māori adults
- 16% of Māori adults DNA specialist appointments between 2011 and 2014 compared with 6% of non-Māori
- For Māori, deaths preventable by health care are 2.5 times as frequent as for non-Māori
- Specialist appointments happen less frequently for Māori
- Māori health outcomes are significantly worse than those for other New Zealanders; this represents a failure of the health system

Determinants of Health

Various factors have either negative or positive effects on health. Many root causes of ill-health lie beyond the span of control of individuals in their day-to-day lives, and beyond the health system.

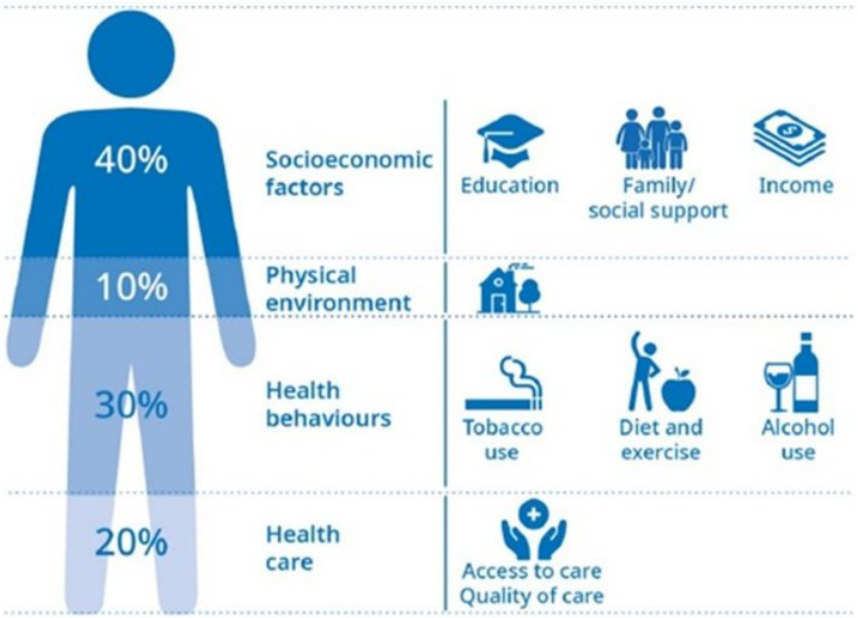
The factors affecting health are collectively known as the determinants of health. These can support or be barriers to good health and broader wellbeing. The determinants of health include:

- socioeconomic factors, such as employment, income and education
- physical environment, such as access to clean water and housing
- health behaviours, such as tobacco use, alcohol, diet and exercise
- access to and quality of health care

Socioeconomic factors (40 %) and the physical environment (10 %) constitute half of the factors that determine our health. Our health behaviours account for just under a third (30 %) and the health care environment is responsible for one fifth (20 %) – (*Institute for Clinical Systems Improvement 2014)*.

[4] *https://systemreview.health.govt.nz/final-report/download-the-final-report/*

The Determinants of Health and Their Relative Contribution to Health Outcomes



Source: Adapted from the Institute for Clinical Systems Improvement (2014).

It has become clear that the cumulative failures of our health system to respond appropriately to Māori, particularly in the access to and quality of health care, over many decades, are a significant factor in the failure to achieve Māori health equity. In short, our system is designed by non-Māori, for non-Māori and therefore frequently affords privilege to non-Māori in the system.

The Treaty of Waitangi and Our Treaty Relationship

The New Zealand Public Health and Disability Act 2000 in Part 1, Section 4 states that DHBs are required to "recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori, Part 3 provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services.

Part 2, Section 21 states an objective of DHBs "to reduce health disparities by improving health outcomes for Māori".

Schedule 3 of the Act also obliges all board members to be familiar with "Māori health issues, Treaty of Waitangi issues, or Māori groups or organisations in the district of the DHB concerned; must fund and, to the extent practicable, ensure the member or members undertake and complete, training approved by the Minister relating to whichever of those matters the member or members are not familiar with." In addition, the "board must keep an up-to-date record of any familiarity each member of the board has at that date with the

obligations and duties of a member of a board, Māori health issues, Treaty of Waitangi issues, and Māori groups or organisations in the district of the DHB"

The Public Service Commission and the Office for Māori Crown Relations - Te Arawhiti, expect that the key instrument with which DHBs give effect to their Treaty obligations is through a relationship agreement with their Treaty partner(s).

When the CDHB was established, Ngāi Tahu was the sole iwi in our district boundaries, although we now have two other iwi on Rekohu/Wharekauri, the Chatham Islands. The CDHB approached Te Rūnanga o Ngāi Tahu in 2004 to negotiate a treaty partnership agreement. We were told that Te Rūnanga o Ngāi Tahu did not believe it was appropriate to have a treaty relationship with the CDHB because we were not the crown but an agent of the crown. Their treaty relationship was with the crown and they pointed us towards papatipu rūnanga as the appropriate place. At the time, Manawhenua Ki Waitaha was a fledgling entity, that comprised of membership from each of the seven Ngāi Tahu papatipu rūnanga in the Canterbury DHB boundaries, that had been mandated as the group responsible for health.

At that time, Te Rūnanga o Ngāi Tahu was still quite newly established and had created the Ngāi Tahu Development Corporation to support development of iwi, hapū and rūnanga. Ngāi Tahu Development Corporation had helped set up Manawhenua groups throughout the Ngāi Tahu takiwā (tribal area). For numerous reasons, Ngāi Tahu Development Corporation was later disestablished and many of the groups they were supporting, such as Manawhenua Ki Waitaha were required to fend for themselves.

Following that, Manawhenua had to find other methods to support their aims and continue to operate. The Ngāi Tahu Development Corporation had negotiated some funding support from the Ministry of Health before they disestablished, and this helped Manawhenua groups operate for a short time.

It was through the efforts at that time, of Dr. Matea Gillies, a Christchurch GP, the Rāpaki representative and chair on Manawhenua Ki Waitaha that significant steps were made by Manawhenua Ki Waitaha to formalise a relationship with the CDHB. He later became a ministerial appointment to the CDHB. Dr. Gillies led the push for a Treaty partnership agreement, which eventually led to the current Memorandum of Understanding (MoU) that the CDHB has with Manawhenua Ki Waitaha. That MoU was originally signed by the chairs of each papatipu rūnanga and the chair of the CDHB and represented a significant step forward for the CDHB and its Treaty partner. The signing also involved a gift of pounamu by Manawhenua Ki Waitaha to the CDHB. The pounamu has two pieces one held by each party to the MoU that were intended to symbolically come together when working in partnership. The CDHB pounamu is displayed at our corporate office reception.

The MoU has been reviewed a number of times over the years since signing and the latest version is attached as Appendix 1.

Manawhenua Ki Waitaha have done an exceptional job as a treaty partner, considering their limited resources and comparative size to the CDHB. Manawhenua Ki Waitaha, through the application of the MoU, have been engaged by the Canterbury health system at multiple points to provide a Māori perspective across many important decision and advisory groups. Where Manawhenua Ki Waitaha have not had the people or resources to support, they've been engaged to provide a Māori perspective from the wider Māori community. The Manawhenua Engagement graphic at Appendix 2, shows just how wide and deep the influence of Manawhenua Ki Waitaha is within our Canterbury health system.

It has taken more than a decade but over the years Manawhenua Ki Waitaha have been key partners in the development of our Māori Health Plans, alliances, CCN, PHOs, CDHB advisory committees and capital developments among many other things. At almost every part of our Canterbury health system, our leaders, committees, alliances and other groups are aware of the importance of equity and partnership with Manawhenua. However, the demands from a $1.5+ billion health system on a small organisation like Manawhenua Ki Waitaha are vast and can become overwhelming.

To support the demanding requests of the CDHB, Manawhenua Ki Waitaha became a charitable trust in 2015. This enabled the CDHB to demonstrate a fiscal commitment and supported Manawhenua Ki Waitaha to meet the many demands placed on it in partnering with the Canterbury health system.

Te Tiriti o Waitangi and the health and disability system

The Ministry of Health have expressed a framework for Te Tiriti o Waitangi in Whakamaua: Māori Health Action Plan 2020–2025[5], published in June 2020. The framework is attached at Appendix 3 and expresses Te Tiriti in terms of Mana. For practical purposes the framework describes how the principles of Te Tiriti o Waitangi apply to the health system.

The principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal,[6] underpin the Ministry's commitment to Te Tiriti, and guide the actions outlined the action plan. The 2019 Hauora report4[7] recommends a series of principles be applied to the primary health care system.

These principles are applicable to wider health and disability system as a whole. The principles that apply to our work across the health and disability system are:

[5] https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025

[6] *New Zealand Maori Council v Attorney-General* [1987] 1 NZLR 641; *New Zealand Maori Council v Attorney-General* [1989] 2 NZLR 142; *New Zealand Maori Council v Attorney-General* [1991] WL 12012744; *New Zealand Maori Council v Attorney-General* [1992] 2 NZLR 576; *New Zealand Maori Council v Attorney-General* [2013] NZSC 6; *The Ngai Tahu report 1991* (Waitangi Tribunal 1991); *Report of the Waitangi Tribunal on the Orakei claim* (Waitangi Tribunal 1987); *Report of the Waitangi Tribunal on the Muriwhenua fishing claim* (Waitangi Tribunal 1988).

[7] *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Waitangi Tribunal* 2019).

- **Tino rangatiratanga** - Providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services.
- **Equity** - Being committed to achieving equitable health outcomes for Māori.
- **Active protection** - Acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Treaty partner under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options** - Providing for and properly resourcing kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership** - Working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services – Māori must be co-designers, with the Crown, of the primary health system for Māori.

As a DHB, funder and provider of services, we should be authentically exploring how we're able to give effect to these principles as a pathway to support Māori equity and to improve health outcomes for Māori.

Kaupapa Māori (NGO) Services

A response of the health system to address poor Māori access to services, has been to create what has become known as kaupapa Māori services. These services tend to be far more successful at engaging with Māori and producing more equitable health outcomes for those Māori whanau that utilise them. But it is a mistake to think that this is a success for the whole health system. The quantum of vote health in NZ is more than $20 billion and kaupapa Māori investment is a fraction of 1% of this. The vast majority of investment in health goes to non-Māori services and the failure to achieve equity lies squarely at the feet of these services.

However, our Māori Health services, albeit humble in size, punch significantly above their weight in terms of equitable access and outcome for Māori. Our Kaupapa Māori (NGO) providers currently represent a total annual investment of $10,027,410 (less than 1% of CDHB funding), with the services we contract as follows:

Provider	Service
He Waka Tapu	MH Community Support Services
	Regional AOD Services
	AOD Community and Tāne ora/Whānau ora Services
	AOD Services for Offenders
	Senior AOD Clinician
	Whaiora Online

	Mana Ake Programme
	Te Tumu Waiora
	Stop Smoking Service
Purapura Whetu	MH Community Support Services
	MH Day programme activities and community clinic
	Youth MH&A
	Clinical position
	Muslim Services
	Mana Ake
	Stop Smoking Service
	Te Tumu Waiora
Te Puawaitanga ki Ōtautahi Trust	Tamariki Ora
	Mobile Disease State Management
	Workforce development support for Tamariki Ora nurse training
	Stop smoking service
	Pregnancy and parenting education
	Wahakura and weaving wananga
	SUDI Prevention Coordination
Te Whatu Manawa Māoritanga o Rehua	Community health services, including Kaumātua services
	Health hui
Te Kakakura Trust	MH Community Support and Residential Programme
Te Runanga O Nga Maata Waka Inc	Mother and Pēpi
Ha O Te O Wharekauri Trust	Community Health Access and Promotion
Te Tai O Marokura	Community Services for Māori in Kaikoura area

DHB Māori Services

The CDHB also has Māori services within its provider arm that have evolved over many years to support Māori patients and whānau that use our services. A total 51.7 FTE spread across our provider arm services:

Campus	**Service**	**FTE**	**Breakdown**
Christchurch	Hauora Māori	1.0	Team Leader
		0.5	Trainer/Educator
		5.0	Māori Heath Worker
		1.0	Māori Heath Worker at CWH
	Diabetes	1.0	Māori Diabetes CNS
		1.0	Māori Diabetes RN
	CRISS	2.0	Māori Heath Worker
SMHS	Te Korowai Atawhai	0.5	Pou Whirinaki
		0.4	Kaiārahi Matua

		22.3	Pūkenga Atawhai
		1.0	Consumer Advisor
		0.5	Whānau Advisor
Burwood/OPHS/Rehab	OPHS/Rehab	0.2	Pou Whirinaki
	Ranga Hauora	1.0	Kaiwhakahaere
		1.0	Kaiāwhina
	OPHS	1.0	Kaumatua Clinical Assessor (RN)
		1.0	Māori Heath Worker
Community and Public Health		1.0	Māori Relationship Manager
		3.0	Health Promotor
		4.0	Stop Smoking
		1.2	Stop Smoking (West Coast)
		1.3	Health Promotor (South Canterbury)
		0.8	Health Promotor (West Coast)
Community and Public Health also have Māori health FTE as part of their WCDHB and SCDHB responsibilities.			

In addition to these FTE, Planning and Funding have a Māori Portfolio Manager and EMT have the Executive Director, Māori and Pacific Health.

National Indicators

In 2010 the Ministry of Health created a set of National Indicators. Following on from this, Tumu Whakarae (the national collective of DHB Māori Health General Managers), set about creating an easily accessible repository of these indicators, comparing Māori with non-Māori.

Trendly is the resulting health performance monitoring website (https://trendly.co.nz/). The major transformative purpose of Trendly is monitor the health indicators and enable easily accessible comparisons between Māori and non-Māori by DHB. Monitoring the same health indicators by DHB and comparing the same indicators between Māori and non-Māori over a sustained period of time has given tremendous insight into the equity performance of the NZ system and individual DHBs.

Attached to this report are some key measurables that monitor and compare our performance against these national indicators:

- Appendix 4 - National Indicators Dashboard - Sep 20
- Appendix 5 - National Indicators Rank by DHB - Sep 20

Below is a snapshot from Trendly as at 25 Sep 20 comparing Canterbury non-Māori with Māori across the health indicators. In addition it shows the gap between Māori and non-

Māori for that target and the trend line. It then has the Māori data for the large metro DHBs which are a helpful comparison group for the CDHB.

Indicator	Target	Period	Canterbury (European /Other)	Canterbury (Maori)	Gap	Change	Trend	Waitemata (Maori)	Auckland (Maori)	Counties Manukau (Maori)	Waikato (Maori)	Capital & Coast (Maori)	Hutt Valley (Maori)	Southern (Maori)
PHO Enrolment	90	Jul-Sep 2020	95.5	84.4	11.1	0.4		83.4	82.1	88.8	86.7	88.6	88.0	81.8
ASH (0-4 yrs)	-	Sep 19	4726	7670	2944	1192		6758	6826	6053	10757	7236	10966	7762
ASH (45-64 yrs)	-	Sep 19	2306	5272	2966	302		8391	6804	9148	9799	6854	8203	5745
Breastfeeding (3 mths)	70	Jul-Dec 2018	63.0	50.0	13	-4		50.0	54.0	42.0	45.0	48.0	46.0	49.0
Breast Screening (50-69 yrs)	70	Oct-Dec 2019	75.1	70.8	4.3	0.4		66.1	58.9	65.2	58.4	67.8	68.6	69.6
Cervical Screening (25-69 yrs)	80	Jan-Mar 2020	72.9	69.0	3.9	-0.1		60.1	50.1	59.4	68.3	65.2	69.0	68.8
Immunisation (8 mths)	95	Apr-Jun 2020	95.9	90.8	5.1	0.2		83.6	83.1	82.2	81.6	84.7	88.7	90.0
Immunisation (Influenza)	75	Jan-Dec 2019	65.2	41.6	23.6	2.6		36.0	33.0	42.8	48.1	45.4	49.8	43.9
Mental Health	-	Year to Mar 2020	78	258	180	2		322	450	321	472	495	327	261
Oral Health	95	Jan-Dec 2018	92.7	41.5	51.2	-11.1		71.4	67.2	67.7	85.0	68.0	81.6	0.0
Rheumatic Fever	-	2018/19		0	0	-1.3		2.7	2.8	13.8	3.1		2.7	
SUDI	-	2012-2016 combined	0.63	0.92	0.29	-0.2			0.73	2.15	1.75	1.92	1.36	1.96

Trendly Promoting High Performance in Health

There is clearly an equity gap between Māori and non-Māori across these indicators and that has been the case since these indicators have been monitored. There have been gains over the years and the gap has closed but it is still there.

When we compare our Māori indicators with other large metro DHBs, it is clear we are a well performing DHB for our Māori population compared with these other DHBs in some areas but not all. For example we are the only large metro DHB that has achieved the breast screening for Māori women and we have consistently done well at this indicator for the past decade. We are 1% away from moving to yellow for cervical screening for Māori women and we are the best performing of the metro DHBs in this indicator. This is however a very new development. For 8 of the last 10 years the CDHB had languished as one of the poorer performing DHBs but in the past two years, Screen South, who also have responsibility for breast screening, have taken over responsibility for cervical screening. They have made huge improvements in engagement with wāhine Māori and significantly shrunk the existing equity gap. Given the performance of Screen South in breast screening, there is reason to be confident that this will improve over time.

Among the large metro DHBs we are also the best performer at childhood immunisation but Southern DHB and Hutt Valley are following closely. Influenza immunisation is a different story and all these DHBs traditionally do very poorly. In the aftermath of the COVID-19 pandemic, the MoH set aside equity funding for influenza immunisation using kaupapa Māori services. That has shown almost immediate success and points to what the evidence has often show; by Māori for Māori frequently is more successful than (so-called) mainstream services.

National Indicators Dashboard and by Rank

The snapshot of the National Indicators Dashboard at Appendix 4 shows that CDHB is one of the best performing DHBs in the country for its non-Māori population. But it also reiterates the body of evidence referred to earlier that Māori people receive different care and the results are stark. Despite some gains over the years, New Zealand has an equity gap for Māori people in their access to and the quality of health care they receive; and it's across almost every part of our health system.

Despite this equity gap between Māori and non-Māori for all DHBs, when comparing performance for Māori populations between DHBs, Canterbury is performing better than most for these indicators.

This is more clearly illustrated in the National Indicators Rank by DHB at Appendix 5. Of the 11 indicators ranking DHBs for their performance for their respective Māori populations, CDHB is in the top quartile for 5 of the indicators; ASH 45-64 years, breastfeeding at 3 months, breast screening, immunisation at 8 months and SUDI. CDHB is in the top half of DHBs for a further two indicators; ASH 0-4 years and mental health. We are in the third quartile of performers for PHO enrolment, cervical screening and influenza immunisation. There is a single indicator which we are among the worst in New Zealand for Māori, oral health.

Health Workforce

Diversity in the health workforce is an important factor in understanding and catering for the needs of a diverse population. Māori and Pacific peoples are currently under-represented.

The tables below, from the Health and Independence Report (Ministry of Health 2018) shows the proportion of Māori and Pacific peoples in the health workforce. Māori account for 16.5 percent of the population in 2018, and Pacific peoples account for 8.1 percent but they make up a much smaller proportion of the health workforce.

Health Workforce Statistics

Regulatory authority	Health profession and year	Proportion in the total workforce	
		Māori	Pacific
Dental Council (2017)	All oral health practitioners (includes dentists, dental specialists, dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians)	4%	2%
Medical Council of New Zealand (2017)	All doctors (resident medical officers and specialists, including general practitioners)	4%	2%

Midwifery Council of New Zealand (2018)	Midwives	9%	2%
Nursing Council of New Zealand (2019)	Nurses (includes enrolled nurses, registered nurses and nurse practitioners)	8%	4%
Pharmacy Council (2018)	Pharmacists and pharmacy interns	3%	2%
Physiotherapy Board (2018)	Physiotherapists	5%	2%
New Zealand Psychologists Board (2018)	All psychologists (includes clinical psychologists, counselling psychologists, educational psychologists, neuropsychologists, psychologists and trainee psychologists)	5%	1%

Notes: Health practitioners who identify as both Māori and Pacific are counted only as Māori in this table.
Data are based on workforce surveys by regulatory authorities of health practitioners with annual practising certificates. Source: Ministry of Health 2019

Domestic students completing qualifications by field of study and ethnic group, 2018

Fields of study*	**Proportion of Māori among 2018 New Zealand graduates**	**Proportion of Pacific peoples** among 2018 New Zealand graduates**
Dental Studies	12%	6%
Medical Studies	12%	5%
Nursing & Midwifery	14%	9%
Pharmacy	6%	4%
Rehabilitation Therapies	13%	5%
Behavioural Science	11%	6%

* Ministry of Education fields of study do not necessarily correspond exactly to clinical scopes of practice.
** Total response ethnicity data. People who identify as both Māori and Pacific are counted in both categories in this table (this differs from the previous table).
Source: Education Counts 2019

Māori Workforce Targets

A key national strategy to support a responsive health system for Māori is to grow our Māori workforce, so that it accurately reflects our society by ethnicity. Māori are 16.5% of our population but this proportion varies immensely around the country with DHBs like Tairawhiti at almost 50%, Waikato at approximately 25% and most in Te Waipounamu at 10%.

Given the wide variations in Māori population proportion, Te Tumu Whakarae developed a position paper on Māori workforce targets in early 2019 which, under the sponsorship of

the Workforce Strategy Group (WSG), was endorsed by the National DHB CE group in June 2019. The targets are designed to grow the Māori Workforce across occupational groupings and ensure the wider workforce can demonstrate cultural competence in their interactions with Māori patients and whanau. The targets are:

1. All DHBs will actively grow their Māori workforce to achieve a Māori workforce that reflects the proportionality for their Māori population.
   Target One:
   Each DHB will have 0% of employees who have their ethnicity recorded in their employee profile as "unknown" by 30 June 2020. ***Report quarterly.***

   This activity will be led by GMs HR/People and Capability and supported by training which conveys the importance of collection of staff ethnicity data as a component of improving the experience and outcomes of health care for Māori**.**

   Target Two:
   Each DHB will employ a Māori workforce that reflects the Māori population proportionality for their region by 2030. ***Report annually.***

   Target Three:
   Each DHB will employ a Māori workforce with occupational groupings that reflect the Māori population proportionality for their region *by 2040*. ***Report annually.***

2. All DHBs will set in place steps to significantly and meaningfully realise cultural competence for all clinical staff, the Board and other staff groups that have regular contact with patients and whānau.

   Target Four:
   All DHB staff (clinical and non-clinical) who have contact with patients and whānau, Board members and those in people management or leadership roles will demonstrate participation in cultural competence training by 2022.
   Report staff and Board member participation in cultural competence training as a percentage of these groups over the last 3 years by 30 June 2020 then monitor annually.

3. All DHBs will measure and report on the recruitment and retention of Māori staff in clinical and non-clinical occupations.

   Target Five:
   In each DHB 100% of Māori applicants who meet the minimum eligibility criteria for any role are shortlisted for interview. ***Report by October 2019, then monitor quarterly.***

   Target Six:
   In each DHB, turnover for Māori staff will be no greater than the DHB turnover for all staff.
   Report by October 2019, then monitor quarterly.

The target of employing a Māori clinical workforce that reflects the Māori population proportionality for each DHB region is very dependent on the training pipeline in addition to the actions of DHBs. We are therefore heavily reliant on the education sector if we are to

achieve these targets. Programmes such as Whakapiki Ake[8] (Auckland University), Mirror on Society[9] (Otago University), Kia Ora Hauora[10] (Ministry of Health and DHBs), among many others, grow the pipeline of Māori coming through to study health careers and eventually grow our health workforce.

To enable accurate reporting, it is necessary to reduce the number of employees whose ethnicity is unknown to 0% so that ethnicity information is reliable. Further targets will be developed when progress, supported by additional training and processes, has been demonstrated.

WSG agreed a critical enabler to support the development of cultural competence was the presence of an environment supportive to and which values cultural competence, as training on its own does not result in changes in behaviours and beliefs. This includes acknowledging and working to eliminate structures and processes which support institutional racism and the associated privileges they reinforce.

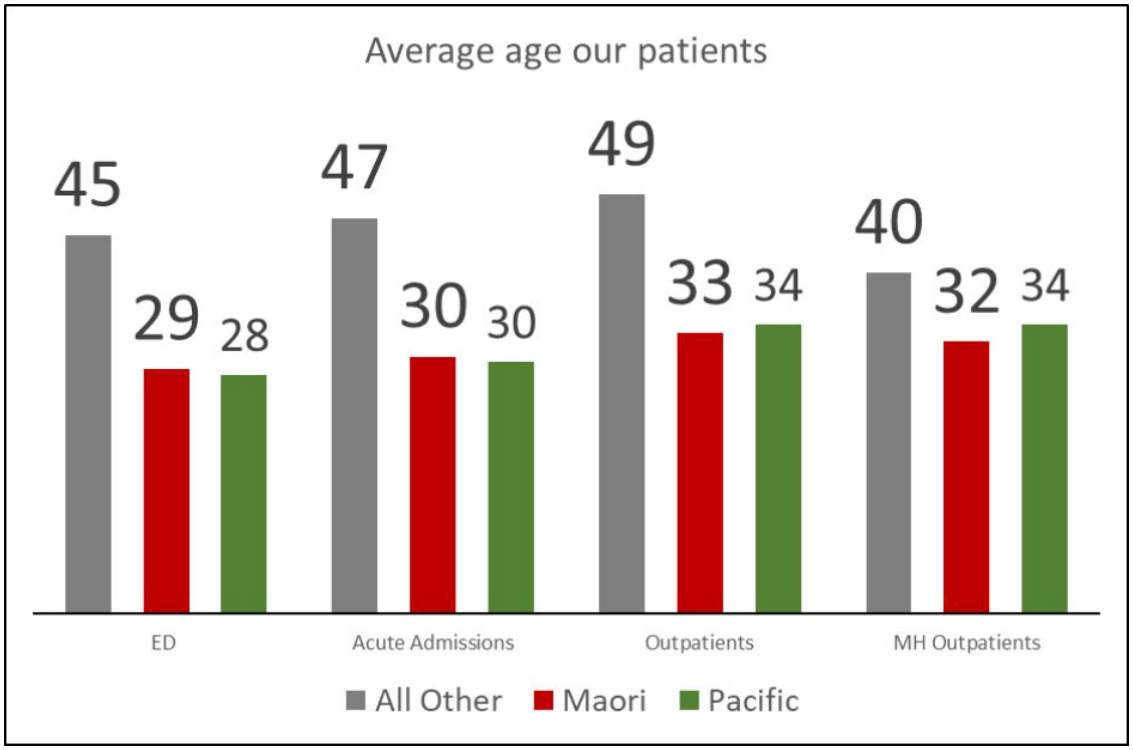
Appendix 6 - Māori Workforce Dashboard June 2020, was prepared by the central DHBs shared agency TAS, to monitor progress towards the agreed national Māori workforce targets. The COVID-19 lockdown has meant the pandemic response was prioritised so many of the target dates will need to be revisited.

The dashboard shows that the entire country is performing very poorly and as a country we have much work to do over many years, and probably decades. These targets are very aspirational.

Māori and Our Services Day to Day

On average, Māori attending ED, Acute Admissions or seen by Outpatients are nearly 15 years younger compared to non-Māori. This fits with the age demography of the Māori population in Canterbury where the median age for Māori is nearly 15 years younger than non-Māori.

[8] https://www.auckland.ac.nz/en/fmhs/study-with-us/vision-2020/whakapiki-ake-.html
[9] https://www.otago.ac.nz/healthsciences/students/professional/otago686979.html
[10] https://www.kiaorahauora.co.nz/



This has important implications for equity and access to services because it illustrates that for many episodic events as well as chronic conditions, Māori are becoming unwell at a much younger age, but our system tends to treat everyone the same by age.

For example, CDHB is currently rolling out the National Bowel Screening Programme (NBSP), which treats all ethnicities equally with a screening age of 60-74 years of age. At least half of Māori bowel cancer (60% female and 50% male) is diagnosed before the age of 60 years compared to less than a third (30%) of non-Māori bowel cancer (male and female). The NBSP screening age of 60-74 year age range will mean that most bowel cancer in Māori will not be diagnosed by this screening programme. Non-Māori bowel cancer mortality will fall as intended because the age range of the screening suits detection of bowel cancer in non-Māori and most cancers will be detected[11].

The decision by the Ministry of Health and the National Screening Unit to roll out a NBSP which knowingly exacerbates Māori health inequity and privileges Pākehā lives over Māori is deeply concerning.

Listed below are expert parties who are in support of lowering the age range for Māori, but who have to date, been ignored by the Ministry of Health and the National Screening Unit:

- Hei Āhuru Mōwai,
- Cancer Control Agency Advisory Board,

[11] https://teora.maori.nz/wp-content/uploads/2020/01/Position-Statement-Bowel-Screening.pdf

- Bowel Cancer NZ,
- National Screening Advisory Committee,
- RNZCGPs,
- General Practice NZ,
- National BCS Network,
- the National BC Working Group,
- Te Tumu Whakarae and various DHBs

Equity Responses in Primary Care

There is momentum both nationally and in Canterbury to refocus our health system to provide more equitable access to healthcare. The most recent Health and Disability Review highlights the need to change the driver of the health system to focus on population health through a collaborative and cohesive system which puts the intentions of Te Tiriti o Waitangi at the centre and enables equitable access and outcomes for all.

With this on mind, in September 2020, staff at Pegasus Health authored an Equity Strategy to help guide their future actions to achieve equity.

The Pegasus Health Equity Strategy will prioritise equity in every aspect of their work and will be embedded in the fabric of how they work.

The strategy is bold and innovative for a PHO and supports the findings of both the Wai 2575 Waitangi Tribunal Health Services Enquiry and the New Zealand Health and Disability Review. The Strategy is attached at Appendix 7.

Appendices

Appendix 1	MOU with Manawhenua - signed December 2015
Appendix 2	Manawhenua Engagement Sept 2020
Appendix 3	Whakamaua Tiriti o Waitangi Framework -Aug 20
Appendix 4	National Indicators Dashboard - Sep 20
Appendix 5	National Indicators Rank by DHB - Sep 20
Appendix 6	Māori Workforce Dashboard June 2020
Appendix 7	Pegasus Health Equity Strategy Sep 20

December 2015

Te Poari Hauora Waitaha

Manawhenua Ki Waitaha

Memorandum of Understanding

between
Manawhenua Ki Waitaha Charitable Trust and Canterbury District Health Board

Parties

1. Manawhenua Ki Waitaha Charitable Trust

1.1 Manawhenua Ki Waitaha is a charitable trust mandated by the seven Papatipu Rūnanga of Waitaha, within whose takiwā Canterbury District Health Board ("CDHB") operates.

The Waitaha Rūnanga are;

Te Rūnanga o Kaikōura Incorporated
Te Ngāi Tūāhuriri Rūnanga Society Incorporated
Ōnuku Rūnanga Incorporated
Te Taumutu Rūnanga Incorporated
Te Hapū o Ngāti Wheke Incorporated

Te Rūnanga o Koukourārata Incorporated
Wairewa Rūnanga Incorporated

1.2 Manawhenua Ki Waitaha is the Ngāi Tahu and Rūnanga representative body in Canterbury for health issues.

1.3 Manawhenua Ki Waitaha and CDHB Board work collaboratively across the health system in Canterbury to facilitate the participation of Ngāi Tahu through its 7 Waitaha Papatipu Rūnanga.

2. Canterbury District Health Board (CDHB)

CDHB is established and constituted under the New Zealand Public Health and Disability Act 2000. The statutory role of CDHB is to improve the health outcomes for the people of its region. CDHB funds and provides health services in Canterbury.

3. Purpose

Manawhenua Ki Waitaha will take a proactive approach to the consolidation of a Treaty-based relationship, to assist CDHB in its responsibilities under the New Zealand Public Health and Disability Act 2000 with emphasis on equitable health outcomes for all Māori living in the Canterbury region, This MOU outlines agreed principles and guidelines for an enduring collaborative relationship between Manawhenua Ki Waitaha and CDHB.

4. Acknowledgements of parties

4.1 The parties acknowledge:

a. that Te Tiriti o Waitangi/The Treaty of Waitangi, is a founding document of Aotearoa/New Zealand, and lays an important foundation for the relationships between the Crown and Māori;

b. that the role of CDHB as defined by statute, benefits from the input of its relevant stakeholders, in this case, Manawhenua Ki Waitaha (Ngāi Tahu) in the Canterbury region;

c. that the relationship created by this MOU is not an exclusive one and that both parties reserve the right to create or maintain relationships with any

other group that may assist them in the furtherance of their respective objectives;

d. that this MOU does not alter or diminish CDHBs statutory powers and obligations under the New Zealand Public Health and Disability Act 2000; nor does it alter or diminish the statutory powers and obligations of Te Rūnanga o Ngāi Tahu, under the Te Rūnanga o Ngāi Tahu Act 1996, or any other statute in any way;

e. that the relationship developed in this MOU may also lead to the development of contracts for the provision of relevant services; but that this MOU is not developed in this expectation and such contracts;

f. that this MOU is not legally enforceable, but that this does not diminish the intention of the parties to comply with the terms and conditions of this MOU.

5. Agreement of parties

5.1 The parties agree on the following principles:

a. to work together to improve Ngāi Tahu and all Māori health outcomes in CDHB catchment;

b. to share information as it relates to both parties;

c. to mutually support the endeavours of the other; and

d. to act at all times in good faith and with good intent.

5.2 The parties further agree on the following operational undertakings:

a. to meet once a year to workshop the priorities around Māori health within the CDHB catchment and how these should be reported.

b. that the Chairperson of Manawhenua Ki Waitaha and the Chairperson, of CDHB will meet four times per annum; or as required by either party.

c. that the Chairperson of Manawhenua Ki Waitaha and the CEO of CDHB and Kāhui Kaumātua shall meet as required.

d. that a representative of CDHB shall attend Manawhenua Ki Waitaha meetings on a 6 monthly basis to report on progress.

e. that a representative of Manawhenua Ki Waitaha shall attend CDHB meetings on a 6 monthly basis to report on progress.

6. Manawhenua Ki Waitaha further agrees that it will:

6.1 mānaaki the Kāhui Kaumātua on matters of tikanga and kawa;

6.2 provide the human resource to:

a. sits on the selection panel for the CEO, Director of Māori Health and other important positions within the CDHB that impact directly on Ngāi Tahu and other Māori living in the Canterbury region.

b. advise on the development of the Māori Health directorate;

6.3 assist CDHB to identify problems with its policies and programmes related to all Māori in the Canterbury region and seek to provide CDHB with advice on developing solutions to these problems.

7. CDHB further agrees that it will:

7.1 take account of any information and advice provided by Manawhenua Ki Waitaha;

7.2 take a proactive approach to the consolidation of a Treaty-based relationship, and provide Manawhenua Ki Waitaha with opportunities to contribute to CDHBs decision-making processes and assist CDHB in satisfying its responsibilities under the New Zealand Public Health and Disability Act 2000;

7.3 keep Manawhenua Ki Waitaha informed about relevant policies and programmes, including the outcome of any decision-making process;

7.4 provide the necessary resources, (e.g. meeting facilities, food, administration support, meeting fees, etc.) to facilitate the functioning of this MOU and any activities or projects that arise from it; and

7.5 provide Manawhenua Ki Waitaha (via the Director of Māori Health and/or the Māori Health Directorate) quarterly reports on:

a. activities in relation to agreements within this MOU and

b. activities in relation to CDHB Māori Health plan.

8. Dispute Resolution

Both parties agree to resolve disputes informally.

9. Disclosure of Information

9.1 Any information exchanged under this MOU remains the property of the originating party and 'Will be kept confidential to the parties and only disclosed with the prior approval of the relevant party unless required by law.

9.2 The parties acknowledge the CDHB is limited in its ability to keep information confidential by the Official Information Act 1982.

10. Execution of memorandum

This MOU comes into effect on the date of signing.

11. Review of memorandum

This MOU will be reviewed two yearly from the date of execution.

12. Termination of memorandum

This MOU may be terminated by one party giving 60 days' notice to the other, or by mutual agreement at any time.

Signed this 17th day of December 2015

by:

Chair, Canterbury District Health Board

Signed this 17th day of December 2015

by:

Chair, Manawhenua Ki Waitaha

Glossary of Māori Terms

Kāhui Kaumātua	CDHB Kaumātua and Taua group that provides advice and support to CEO.
Kawa	Ceremonial rituals and protocol.
Mānaaki	Care for, help, support, show hospitality.
Papatipu Rūnanga	Traditional Ngāi Tahu council structure normally based on a hapū (sub-tribe) or a marae. All Ngāi Papatipu Rūnanga are defined and named in the Te Rūnanga o Ngāi Tahu Act.
Takiwā	Geographical area of traditional / customary authority
Tikanga	1. The correct way of doing things characterised by issues of principle, integrity of intent and correct processes being followed. 2, Values and respect.

Manawhenua ki Waitaha

PAPATIPU RŪNAKA X7
Koukourārata, Wairewa, Taumutu, Rāpaki, Ōnuku, Tūāhuriri, Kaikōura

MANAWHENUA KI WAITAHA RELATIONSHIP CHART
Septembert 2020

MANAWHENUA KI WAITAHA CHARITABLE TRUST

**MWKCT Board Appointed Rep*

CANTERBURY DISTRICT HEALTH BOARD
Ministerial Appointed Māori Reps x2
Gabrielle Huria & Barry Bragg

HOSPITAL ADVISORY COMMITTEE
Michelle Turrall*

CPHAC & DSAC COMMITTEE
Michelle Turrall*

CLINICAL BOARD
Michelle Turrall*

WOMEN'S HEALTH CONSUMER ADVISORY COUNCIL
Dominee Morgan
Tiriana Smith

CHILD HEALTH FAMILY ADVISORY COUNCIL
Toriana Hunt

CONSUMER COUNCIL
Henare Edwards

FACILITY DEVELOPMENT GROUP
Toriana Hunt*

DISABILITY STEERING GROUP
Waikura McGregor

PT ESCALATION PROJECT
Wikitoria Crofts

MATERNITY CO-DESIGN
Tumanako Stone-Howard*

QUALITY & SAFETY MARKER CONSUMER WORKSHOP
Tiriana Smith

Alcohol Strategy Group
Kereama Carmody *

Te Matou o Maui (NGO)
Wendy Dallas-Katoa*

PRIMARY HEALTH ORGANISATIONS

CHRISTCHURCH PHO
Ana Rolleston*
Michelle Turrall*

WAITAHA PHO
Toriana Hunt*

PEGASUS CHARITABLE TRUST BOARD
Jane Huria

TE KĀHUI O PAPAKI KĀ TAI MĀORI PRIMARY HEALTH ADVISORY GROUP
Wendy Dallas-Katoa*

REGIONAL

TE WAIPOUNAMU MANAWHENUA & DHB
Iwi Health Board (Nelson Marlborough), Māori Health Advisory Committee (South Canterbury), Tatau Pounamu Manawhenua Advisory Group (West Coast), Te Hauora o Murihiku me Araiteuru (Southern),Manawhenua Ki Waitaha (Canterbury)

NGĀI TAHU IWI ORANGA

ORANGA TAMARIKI
Amber Clarke
Michelle Turrall

TE PUTAHITANGA O TE WAIPOUNAMU
South Island Whānau Ora Commissioning Agency

SOUTH ISLAND ALLIANCE

SI MENTAL HEALTH SLA
Karaitiana Tickell

SI HOP SLA
Mere Wallace

TE HERENGA HAUORA
Hector Matthews

TE KAHUI O KAKAKURA ŌTAUTAHI RŪNANGA CHAIR
Puamiria Parata-Goodall

GREATER HEALTHY CHCH
Wendy Dallas-Katoa

TE WAIPOUNAMU MĀORI LEADERSHIP GROUP FOR CANCER
Wendy Dallas-Katoa

RELATIONSHIPS

MAORI WOMEN'S WELFARE LEAGUE

NZBA

Otago University of Canterbury, MIHI, Research Development Komiti

CANTERBURY CLINICAL NETWORK ALLIANCE LEADERSHIP TEAM
Wendy Dallas-Katoa

SYSTEM OUTCOMES STEERING GROUP
Renee Noble

ORAL HEALTH SDG
Ngaire Briggs, Gail McLaunchlan & Hector Matthews

PRIMARY CARE CAPABILITY SLA
Lovey Ratima-Rapson
Gail McLauchlan

URGENT CARE SLA
VACANT

POP HEALTH & ACCESS SLA
Wendy Dallas-Katoa

MANA AKE MENTAL SUPPORT IN SCHOOLS
Renee Noble

COMMUNITY SERVICES SLA
Irihapeti Bullmore

IMMUNISATION SLA
Dr Ramon Pink

HEALTH OF OLDER PEOPLE WS
Annette Finlay

RURAL HEALTH WS
Jaana Kahu

ASHBURTON SLA
Michelle Brett

MENTAL HEALTH WS
Karaitiana Tickell

PHARMACY SLA
Vicky Barr

INTEGRATED RESPIRATORY
Brendon McIntosh

OXFORD HEALTH SDG
Hutiika Crofts-Gibbs

LABORATORY SLA
Hector Matthews

CHILD & YOUTH WS
Renee Noble & Gail McLauchlan

FALLS & FRACTURES SLA
Kathy Simmons

INTEGRATED DIABETES
Debbie Rawiri

HURUNUI HEALTH SDG
Deidre Carrol

SELWYN HEALTH SDG
ON HOLD*

CCN MĀORI CAUCUS GROUP
Manawhenua Manuhiri

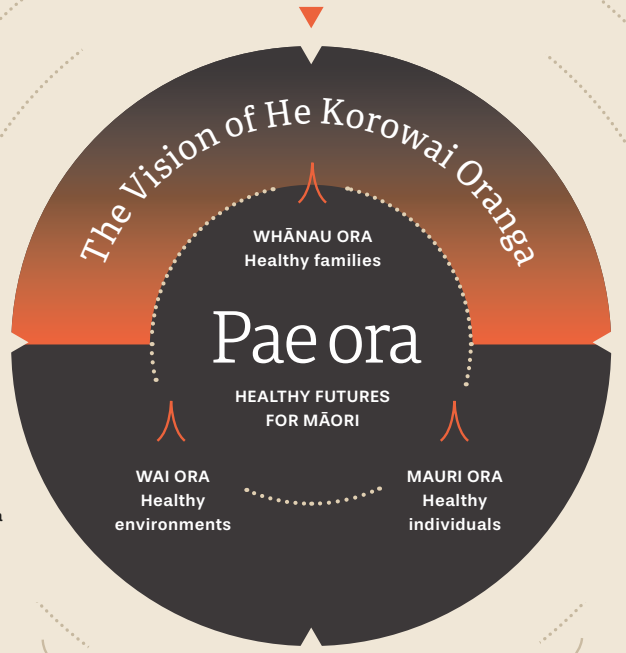
Te Tiriti o Waitangi and the health and disability system

MANATŪ HAUORA
MINISTRY OF HEALTH

He Mana tō Te Tiriti o Waitangi

Expressing Te Tiriti in mana terms

Mana Whakahaere	Mana Motuhake	Mana Tangata	Mana Māori
Good Government	Unique and indigenous	Fairness and Justice	Cultural identity and integrity
Article I	Article II	Article III	Declaration



Ngā Kupu o Te Tiriti o Waitangi

Preamble / Kupu Whakataki
Peace and good order

The Articles

Article I	Article II	Article III	Declaration
Ko te Tuatahi Kāwanatanga	Ko te Tuarua Tino Rangatiratanga	Ko te Tuatoru Ōritetanga	Whakapuakitanga Ritenga Māori

Principles of Te Tiriti o Waitangi

How we apply Te Tiriti in the modern world

Tino Rangatiratanga | Equity | Active protection | Partnership | Options

The Health and Disability Sector

How we express our kaitiakitanga

Stewardship	Iwi/Māori health development	Equity focus	Protect Mātauranga Māori
Article I	Article II	Article III	Declaration

Our Te Tiriti o Waitangi Framework

Te Tiriti o Waitangi

The text of Te Tiriti, including the preamble and the three articles, along with the Ritenga Māori declaration, are the enduring foundation of our approach. Based on these foundations, we will strive to achieve the following four goals, each expressed in terms of mana:

- **Mana whakahaere**

  Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.

- **Mana motuhake**

  Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.

- **Mana tangata**

  Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

- **Mana Māori**

  Enabling Ritenga Māori (Māori customary rituals) which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The Treaty obligations are a foundation for achieving Māori health aspirations and equity for Māori and therefore delivering on He Korowai Oranga.

Principles of Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. The 2019 *Hauora* report recommends the following principles for the primary health care system. These principles are applicable to wider health and disability system. The principles that apply to our work are:

- **Tino rangatiratanga**

  The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

- **Equity**

  The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

- **Active protection**

  The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

- **Options**

  The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

- **Partnership**

  The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

He Korowai Oranga

Meeting our obligations under Te Tiriti is necessary if we are to realise the overall aim of Pae Ora (healthy futures for Māori) under He Korowai Oranga (the Māori Health Strategy).

Along with the high-level outcomes for the Māori Health Action Plan:

- Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.
- The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
- The health and disability system addresses racism and discrimination in all its forms.
- The inclusion and protection of mātauranga Māori throughout the health and disability system.

Equity lives within our Treaty framework

Equity is defined as 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'

Equity is both inherent to Article 3 and an important Treaty principle.

National Indicators - Māori

September 2020

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui	Reached Target
PHO Enrolment	Jul-Sep 2020	90%	82.1%	90.6%	84.4%	88.6%	88.8%	91.7%	88.0%	88.5%	80.5%	83.8%	94.2%	81.7%	81.8%	93.5%	83.0%	86.7%	95.2%	83.4%	89.5%	91.7%	6
ASH (0-4 yrs)	Sep 19	-	6826	8812	7670	7236	6053	8495	10966	8672	7030	6464	8600	3387	7762	8307	10117	10757	5169	6758	8049	9235	0
ASH (45-64 yrs)	Sep 19	-	6804	8788	5272	6854	9148	9426	8203	9229	7395	5580	8634	4481	5745	6942	9400	9799	5776	8391	6092	11147	0
Breastfeeding (3 mths)	Jul-Dec 2018	70%	54.0%	52.0%	50.0%	48.0%	42.0%	43.0%	46.0%	46.0%	49.0%	53.0%	53.0%	42.0%	49.0%	36.0%	42.0%	45.0%	46.0%	50.0%	41.0%	50.0%	0
Breast Screening (50-69 yrs)	Oct-Dec 2019	70%	58.9%	67.5%	70.8%	67.8%	65.2%	70.0%	68.6%	67.1%	65.8%	74.9%	74.1%	61.6%	69.6%	68.3%	63.0%	58.4%	69.0%	66.1%	69.4%	74.1%	5
Cervical Screening (25-69 yrs)	Jan-Mar 2020	80%	50.1%	73.2%	69.0%	65.2%	59.4%	74.4%	69.0%	73.2%	64.9%	73.4%	70.1%	63.3%	68.8%	71.9%	73.2%	68.3%	74.9%	60.1%	69.7%	73.9%	0
Immunisation (8 mths)	Apr-Jun 2020	95%	83.1%	82.5%	90.8%	84.7%	82.2%	86.9%	88.7%	71.8%	76.5%	88.5%	83.0%	100.0%	90.0%	73.9%	77.6%	81.6%	86.0%	83.6%	85.0%	79.4%	1
Immunisation (Influenza)	Jan-Dec 2019	75%	33.0%	54.5%	41.6%	45.4%	42.8%	52.8%	49.8%	49.2%	41.7%	48.2%	40.2%	39.5%	43.9%	49.1%	38.9%	48.1%	53.2%	36.0%	42.6%	68.7%	0
Mental Health	Year to Mar 2020	-	450	218	258	495	321	439	327	242	301	231	512	146	261	220	281	472	354	322	250	256	0
Oral Health	Jan-Dec 2018	95%	67.2%	95.5%	41.5%	68.0%	67.7%	78.0%	81.6%	89.4%	51.7%	70.4%	82.3%	34.5%	0.0%	101.1%	78.1%	85.0%	87.4%	71.4%	90.0%	121.9%	3
SUDI	2012-2016 combined	-	0.73	0.61	0.92	1.92	2.15	1.54	1.36	1.18	1.49	-	1.03	-	1.96	2.37	1.55	1.75	-	-	-	2.97	0

National Indicators - non-Māori

September 2020

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui	Reached Target
PHO Enrolment	Jul-Sep 2020	90%	94.3%	97.2%	95.5%	94.7%	96.1%	96.7%	98.1%	97.4%	96.9%	97.7%	97.9%	97.7%	94.8%	106.5%	97.3%	97.8%	97.9%	97.1%	96.6%	97.1%	20
ASH (0-4 yrs)	Sep 19	-	5457	5977	4726	4867	4353	5336	6382	6096	5308	3664	5763	4429	5399	5299	7507	7418	4490	4632	5517	4551	-
ASH (45-64 yrs)	Sep 19	-	2630	2841	2306	2623	2740	3475	3894	3454	3915	2518	3232	3228	2769	3143	4482	3240	2936	3299	3259	5382	-
Breastfeeding (3 mths)	Jul-Dec 2018	70%	62.0%	68.0%	63.0%	66.0%	51.0%	66.0%	57.0%	58.0%	58.0%	63.0%	74.0%	63.0%	65.0%	62.0%	59.0%	61.0%	62.0%	65.0%	61.0%	52.0%	1
Breast Screening (50-69 yrs)	Oct-Dec 2019	70%	65.0%	76.8%	75.1%	72.0%	72.5%	74.1%	73.4%	72.7%	78.2%	78.5%	68.1%	77.3%	71.8%	73.7%	75.3%	70.5%	76.4%	65.9%	76.1%	81.0%	17
Cervical Screening (25-69 yrs)	Jan-Mar 2020	80%	61.6%	80.4%	72.9%	74.3%	65.9%	74.0%	74.2%	76.2%	74.4%	79.9%	72.5%	75.6%	75.2%	75.5%	79.0%	74.8%	73.7%	69.8%	74.1%	74.7%	1
Immunisation (8 mths)	Apr-Jun 2020	95%	95.7%	92.0%	95.9%	96.1%	90.2%	92.1%	94.9%	89.3%	91.7%	95.7%	82.5%	95.8%	97.3%	95.0%	87.1%	91.0%	89.9%	91.1%	95.1%	92.5%	8
Immunisation (Influenza)	Jan-Dec 2019	75%	51.5%	66.0%	65.2%	58.9%	51.2%	61.2%	55.6%	54.1%	60.2%	62.5%	53.0%	62.1%	54.9%	55.6%	59.7%	59.3%	69.4%	51.3%	59.9%	69.3%	0
Mental Health	Year to Mar 2020	-	123	56	78	145	82	119	112	88	90	102	159	91	89	65	92	108	68	91	109	100	-
Oral Health	Jan-Dec 2018	95%	94.2%	105.8%	92.7%	98.3%	84.6%	114.9%	100.2%	112.0%	125.4%	99.4%	82.2%	78.0%	0.0%	111.8%	116.7%	97.2%	94.6%	101.8%	104.6%	129.7%	13
SUDI	2012-2016 combined	-	-	-	0.63	-	-	-	0.51	-	-	-	-	-	0.3	-	0.6	0.46	-	0.11	-	-	-

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

PHO Enrolment

To Jul-Sep 2020		%	90%	
1	Wairarapa	95.2%		-0.8
2	Northland	94.2%		0.2
3	Tairawhiti	93.5%		-0.5
4	Hawke's Bay	91.7%		-0.3
5	Whanganui	91.7%		-0.3
6	Bay of Plenty	90.6%		-0.4
7	West Coast	89.5%		0.5
8	Counties Manukau	88.8%		-0.2
9	Capital & Coast	88.6%		-0.4
10	Lakes	88.5%		-0.5
11	Hutt Valley	88.0%		0
12	Waikato	86.7%		-0.3
13	*Canterbury*	*84.4%*		*0.4*
14	Nelson Marlborough	83.8%		0.8
15	Waitemata	83.4%		-0.6
16	Taranaki	83.0%		0
17	Auckland	82.1%		0.1
18	Southern	81.8%		-0.2
19	South Canterbury	81.7%		-0.3
20	Mid Central	80.5%		0.5

ASH (0-4 yrs)

To Sep 19			0	
1	South Canterbury	3387		-807
2	Wairarapa	5169		-4141
3	Counties Manukau	6053		-637
4	Nelson Marlborough	6464		1239
5	Waitemata	6758		232
6	Auckland	6826		210
7	Mid Central	7030		789
8	Capital & Coast	7236		-935
9	*Canterbury*	*7670*		*1192*
10	Southern	7762		325
11	West Coast	8049		-3658
12	Tairawhiti	8307		827
13	Hawke's Bay	8495		-170
14	Northland	8600		-768
15	Lakes	8672		-1579
16	Bay of Plenty	8812		654
17	Whanganui	9235		-561
18	Taranaki	10117		629
19	Waikato	10757		-1068
20	Hutt Valley	10966		272

ASH (45-64 yrs)

To Sep 19			0	
1	South Canterbury	4481		251
2	*Canterbury*	*5272*		*302*
3	Nelson Marlborough	5580		580
4	Southern	5745		963
5	Wairarapa	5776		-1489
6	West Coast	6092		1484
7	Auckland	6804		-251
8	Capital & Coast	6854		784
9	Tairawhiti	6942		768
10	Mid Central	7395		228
11	Hutt Valley	8203		112
12	Waitemata	8391		722
13	Northland	8634		-42
14	Bay of Plenty	8788		1461
15	Counties Manukau	9148		-253
16	Lakes	9229		240
17	Taranaki	9400		-685
18	Hawke's Bay	9426		716
19	Waikato	9799		630
20	Whanganui	11147		-958

Breastfeeding (3 mths)

To Jul-Dec 2018		%	70%	
1	Auckland	54.0%		4
2	Nelson Marlborough	53.0%		3
3	Northland	53.0%		-2
4	Bay of Plenty	52.0%		3
5	*Canterbury*	*50.0%*		*-4*
6	Waitemata	50.0%		-2
7	Whanganui	50.0%		9
8	Southern	49.0%		5
9	Mid Central	49.0%		6
10	Capital & Coast	48.0%		-2
11	Hutt Valley	46.0%		6
12	Lakes	46.0%		6
13	Wairarapa	46.0%		5
14	Waikato	45.0%		2
15	Hawke's Bay	43.0%		7
16	Counties Manukau	42.0%		-4
17	Taranaki	42.0%		-11
18	South Canterbury	42.0%		-10
19	West Coast	41.0%		-11
20	Tairawhiti	36.0%		-9

Breast Screening (50-69 yrs)

To Oct-Dec 2019		%	70%	
1	Nelson Marlborough	74.9%		0.4
2	Northland	74.1%		-0.4
3	Whanganui	74.1%		-0.5
4	*Canterbury*	*70.8%*		*0.4*
5	Hawke's Bay	70.0%		-0.3
6	Southern	69.6%		0.5
7	West Coast	69.4%		-0.8
8	Wairarapa	69.0%		-1.4
9	Hutt Valley	68.6%		-0.2
10	Tairawhiti	68.3%		0.6
11	Capital & Coast	67.8%		0.9
12	Bay of Plenty	67.5%		1.1
13	Lakes	67.1%		1.2
14	Waitemata	66.1%		-0.4
15	Mid Central	65.8%		0.1
16	Counties Manukau	65.2%		0.1
17	Taranaki	63.0%		0.1
18	South Canterbury	61.6%		-1.1
19	Auckland	58.9%		0
20	Waikato	58.4%		0

Cervical Screening (25-69 yrs)

To Jan-Mar 2020		%	80%	
1	Wairarapa	74.9%		0.9
2	Hawke's Bay	74.4%		-0.3
3	Whanganui	73.9%		0.2
4	Nelson Marlborough	73.4%		-0.3
5	Taranaki	73.2%		-0.6
6	Lakes	73.2%		-0.6
7	Bay of Plenty	73.2%		-0.3
8	Tairawhiti	71.9%		-1
9	Northland	70.1%		-0.7
10	West Coast	69.7%		-1.2
11	*Canterbury*	*69.0%*		*-0.1*
12	Hutt Valley	69.0%		-0.3
13	Southern	68.8%		-0.7
14	Waikato	68.3%		-1
15	Capital & Coast	65.2%		-1.1
16	Mid Central	64.9%		-0.9
17	South Canterbury	63.3%		-0.5
18	Waitemata	60.1%		-0.7
19	Counties Manukau	59.4%		-1
20	Auckland	50.1%		-1.3

Immunisation (8 mths)

To Apr-Jun 2020		%	95%	
1	South Canterbury	100.0%		0
2	*Canterbury*	*90.8%*		*0.2*
3	Southern	90.0%		3.2
4	Hutt Valley	88.7%		7.1
5	Nelson Marlborough	88.5%		4.9
6	Hawke's Bay	86.9%		-4
7	Wairarapa	86.0%		-10.2
8	West Coast	85.0%		5
9	Capital & Coast	84.7%		-3.7
10	Waitemata	83.6%		-6.2
11	Auckland	83.1%		0.2
12	Northland	83.0%		2.3
13	Bay of Plenty	82.5%		-1.8
14	Counties Manukau	82.2%		-2
15	Waikato	81.6%		0.4
16	Whanganui	79.4%		0.7
17	Taranaki	77.5%		1.7
18	Mid Central	76.5%		-0.9
19	Tairawhiti	73.9%		-12.3
20	Lakes	71.8%		-12

Immunisation (Influenza)

To Jan-Dec 2019		%	75%	
1	Whanganui	68.7%		-1.3
2	Bay of Plenty	54.5%		3.5
3	Wairarapa	53.2%		3.2
4	Hawke's Bay	52.8%		-0.2
5	Hutt Valley	49.8%		2.8
6	Lakes	49.2%		18.2
7	Tairawhiti	49.1%		-1.9
8	Nelson Marlborough	48.2%		-0.8
9	Waikato	48.1%		-0.9
10	Capital & Coast	45.4%		1.4
11	Southern	43.9%		-1.1
12	Counties Manukau	42.8%		-3.2
13	West Coast	42.6%		-7.4
14	Mid Central	41.7%		-0.3
15	*Canterbury*	*41.6%*		*2.6*
16	Northland	40.2%		-3.8
17	South Canterbury	39.5%		2.5
18	Taranaki	38.9%		-4.1
19	Waitemata	36.0%		-1
20	Auckland	33.0%		-2

Mental Health

To Year to Mar 2020			0	
1	South Canterbury	146		-6
2	Bay of Plenty	218		-4
3	Tairawhiti	220		-24
4	Nelson Marlborough	231		-8
5	Lakes	242		-6
6	West Coast	250		19
7	Whanganui	256		7
8	*Canterbury*	*258*		*2*
9	Southern	261		-5
10	Taranaki	281		-9
11	Mid Central	301		-29
12	Counties Manukau	321		-13
13	Waitemata	322		-5
14	Hutt Valley	327		-11
15	Wairarapa	354		13
16	Hawke's Bay	439		0
17	Auckland	450		-24
18	Waikato	472		-2
19	Capital & Coast	495		10
20	Northland	512		-10

Oral Health

To Jan-Dec 2018		%	95%	
1	Whanganui	121.9%		0.2
2	Tairawhiti	101.1%		-2.7
3	Bay of Plenty	95.5%		24.4
4	West Coast	90.0%		-5.7
5	Lakes	89.4%		5.7
6	Wairarapa	87.4%		3.8
7	Waikato	85.0%		26.5
8	Northland	82.3%		4.9
9	Hutt Valley	81.6%		3.9
10	Taranaki	78.1%		-0.6
11	Hawke's Bay	78.0%		1.9
12	Waitemata	71.4%		-1.4
13	Nelson Marlborough	70.4%		5.1
14	Capital & Coast	68.0%		1.5
15	Counties Manukau	67.7%		-2.8
16	Auckland	67.2%		-1.9
17	Mid Central	51.7%		-20.6
18	*Canterbury*	*41.5%*		*-11.1*
19	South Canterbury	34.5%		-8.1
20	Southern	0.0%		-67.6

SUDI

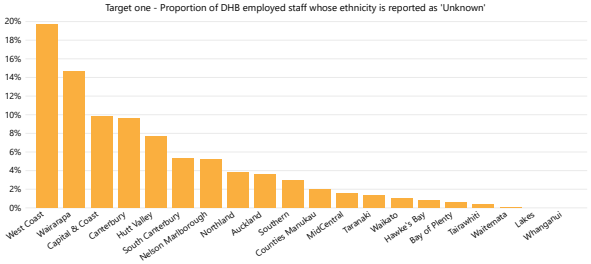
To 2012-2016 combined			0	
1	Bay of Plenty	0.6		-0.9
2	Auckland	0.7		
3	*Canterbury*	*0.9*		*-0.2*
4	Northland	1		-0.29
5	Lakes	1.2		-0.91
6	Hutt Valley	1.4		0
7	Mid Central	1.5		0.03
8	Hawke's Bay	1.5		0.2
9	Taranaki	1.6		-0.36
10	Waikato	1.8		-0.01
11	Capital & Coast	1.9		0.05
12	Southern	2		-0.24
13	Counties Manukau	2.2		-0.23
14	Tairawhiti	2.4		-0.42
15	Whanganui	3		-0.07

Trendly Promoting High Performance in Health

Māori representation within DHB employed workforces as at 30 June 2020

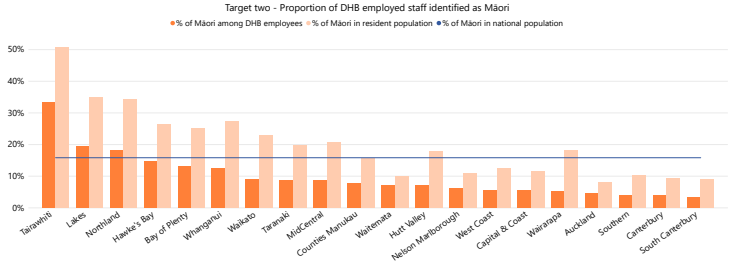
(Informing the Te Tumu Whakarae position statement and Workforce Strategy Group targets)

TAS
Kahui tuitui tangata

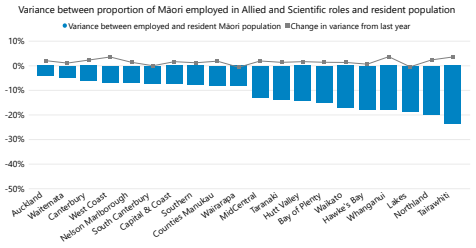


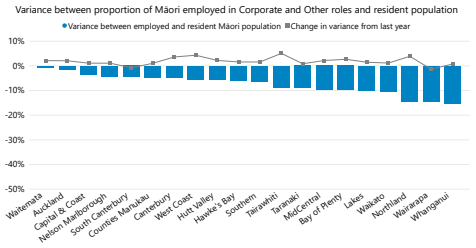
Compared to the March 2020 quarter, West Coast and Canterbury DHBs had the largest decrease in the proportion of employees reported with 'unknown' ethnicity, decreasing by 2.6 and 2.3 percentage points respectively. However, the 'unknowns' in Wairarapa increased by 2.8 percentage points from last quarter, and by more than 5 percentage points in the last year.

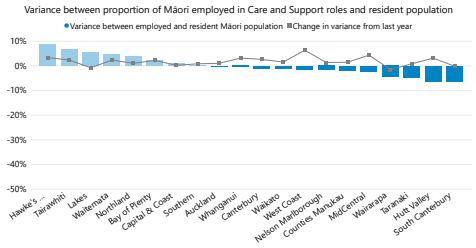
In terms of Māori representation in the workforce, all the DHBs have a lower proportion of people reported as Māori in their workforce than in their estimated resident populations. Compared to June 2019, West Coast had the largest increase in the proportion of their workforce who report as Māori, increasing by 2 percentage points. Four other DHBs had an increase of 1 percentage point or more in the proportion of Māori in their workforce: Tairāwhiti, Canterbury, Whanganui, and Northland (ordered from biggest to smallest change).

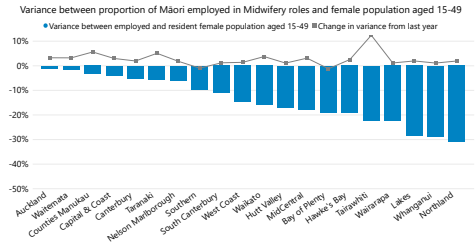


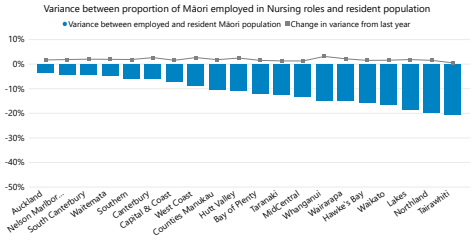
Target three - Differences between reported proportions of Māori within HWIP occupation groups and estimated proportions of Māori within resident population (including change from the same period 12 months ago)

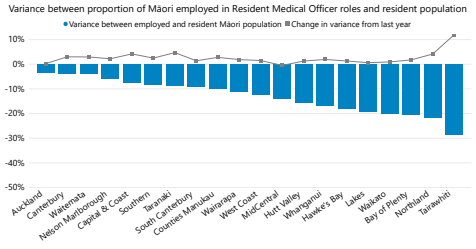


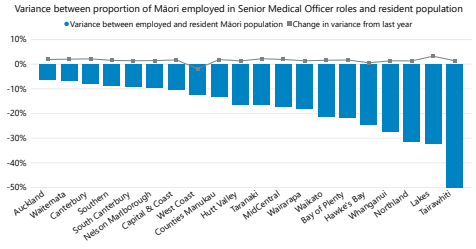












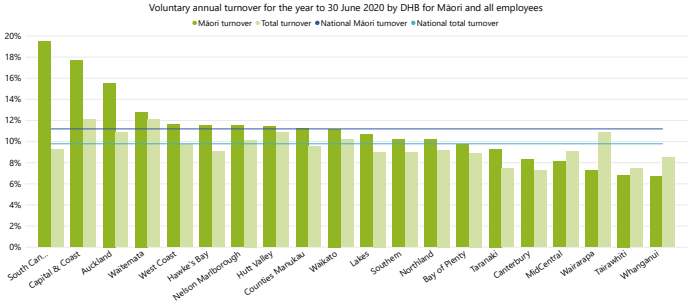
Across all occupation groups and DHBs, except Care and Support, the proportion of staff identified as Māori is lower than the estimated proportion of Māori within the resident populations.

The occupation groups with the largest Māori under-representation were Senior Medical Officers and Midwifery.

Tairāwhiti had some of the largest increases in Māori representation in the workforce between June 2019 and June 2020. In the Resident Medical Officer and Midwifery occupations groups, the gap between the proportion of Māori in the workforce and in the population reduced by about 10 percentage points.

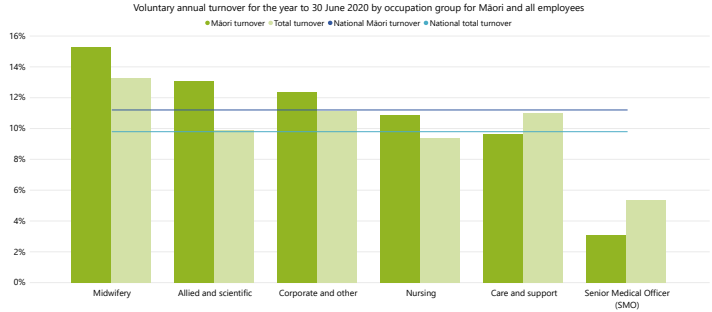
Overall, Auckland and Waitematā tended to have a smaller variance between the proportion of Māori in the workforce and their estimated resident population.

Target six - Comparison of annual voluntary turnover for Māori staff relative to all DHB employed staff



For most of the DHBs, voluntary annual turnover rates for Māori were higher than the rates for all employees. The biggest differences were in South Canterbury, Capital & Coast, and Auckland. Only four DHBs had Māori turnover rates lower than the total turnover.

When we look at turnover by occupation group the difference is smaller. However, four out of the six occupation groups had a higher turnover for Māori employees than for the total workforce.



Data extracted from the HWIP database on 2 September 2020. Data reflects people employed by the 20 DHBs as at 30 June 2020. Data excludes casuals, contractors, those on parental leave or on leave without pay. Resident population projections for DHBs have been supplied by Stats NZ. Voluntary turnover calculations exclude Resident Medical Officers (RMOs), people employed on a fixed term, as well as people who ceased employment due to restructure/redundancy, dismissal, death or for health reasons.

Pegasus Health Equity Strategy

Kia atawhai ki te tangata

2020 - 2030

Authors: Irihāpeti Mahuika, Melody Tuliau, Maria Pasene, Ester Vallero

Issued for Board Approval: September 2020

Pegasus™
partners in health
kia atawhai ki te tangata

1. Introduction

In Aotearoa and in Canterbury, Māori and Pasifika peoples disproportionately experience health inequities. People living with a disability, people with experience of mental health & addiction issues, people from low socio-economic backgrounds, culturally and linguistically diverse (CALD) people, and people who identify as lesbian bisexual gay transgender queer intersex (LGBTQI+), hereafter referred to as priority populations, also experience significant health inequities. To address these gaps, Pegasus Health has identified as a priority: "The reduction of disparities between the health of Māori and other identified groups within the population of Canterbury and the reduction of barriers to the timely access to appropriate health services".[1]

Our goal is to create an organisation that has equity in its veins to ensure we are able to provide highly effective and innovative services, operations, and collaboration across communities. Rangatiratanga (self-determination) must be at the heart of all we do, we must be fully informed and led by the very people we serve in our work. Our priority populations can be the solution to driving our work towards this strategy.

Pegasus Health has a commitment to ensure that we overtly, purposefully and strategically thread equity and Te Tiriti o Waitangi through all we do and how we operate. We will ensure equity is prioritised in our considerations, structures, decisions and processes so that we are able to improve the health outcomes of all of our people and communities in Canterbury.

2. Strategic Context

The Pegasus Health Equity Strategy will contribute to realising both our organisational and health system's strategies. There are some key strategic contexts this strategy aligns with:

2.1 Te Tiriti o Waitangi

Pegasus' strategic approach to equity is affirmed by the founding document of Aotearoa, New Zealand. Te Tiriti o Waitangi establishes Māori rights to health equity in particular through Article III (oritetanga). This ensures that Māori "have all the same rights and duties of citizenship as the people of England." What that means for us is that all people, including Māori, are entitled to equitable health outcomes.

Pegasus recognises that Māori rights are protected through Te Tiriti o Waitangi and it is the duty of the health sector as a whole to uphold these rights. We have an obligation to ensure that we are strategically planning for, measuring progress on and reporting about the following aspects of our work:

- Establishing and maintaining processes that enable Māori to participate in, and contribute to strategies for Māori health improvement.
- Fostering the development of Māori capacity for participating in the Primary Health sector and for providing for the needs of Māori in this context.
- Embedding the principles of He Korowai Oranga: New Zealand's Māori Health Strategy[2] as well as Whakamaua: Māori Health Action Plan 2020-2025.[3]

[1] Ministry of Health, 'Reducing inequalities in Health.' https://www.health.govt.nz/system/files/documents/publications/reducineqal.pdf

[2] Ministry of Health, "He korowai Oranga.' https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga

[3] Whakamaua: Māori Health Action plan 2020-2025 (MOH) https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025

It is through these lenses that we prioritise our Te Tiriti o Waitangi obligations in our Pegasus Health Equity Strategy. Ensuring that we are meeting our obligations under Te Tiriti o Waitangi must be prioritised. We will ensure that the following key messages from Te Tiriti o Waitangi are prioritised.

Article I

> The Ministry of Health, as the kaitiaki and steward of the health and disability system...

Article II

> ...has the responsibility to enable Māori to exercise authority over their health and wellbeing...

Article III

> ...and achieve equitable health outcomes for Māori...

Ritenga Māori Declaration

> ...in ways that enable Māori to live, thrive and flourish as Māori.

We will also connect our work to the following overview of He Mana tō Te Tiriti o Waitangi**4**, as outlined by the Whakamaua: the Māori Health Action Plan.

[4] Whakamaua: Māori Health Action plan 2020-2025 (MOH) https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025

2.2 Equity in the health sector context

The Ministry of Health's definition of equity states that "in Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes". In addition to this, "Having a common understanding of equity is an essential foundation for coordinated and collaborative effort to achieve equity in health and wellness."[5]

There is considerable local and international evidence of significant inequities in health. These inequities are found within and for priority populations. In many countries, especially those with a colonial history, such as New Zealand, indigenous people have poorer health than non-indigenous people. The World Health Organization states that health is a fundamental human right. Therefore, we must be committed to reducing health inequities.[6] In addition, the New Zealand Health Strategy acknowledges the need to address health inequities as 'a major priority requiring ongoing commitment across the sector'.[7]

The Health Equity Assessment Tool (The HEAT tool)[8] promotes equity and offers us the opportunity to assess our systems, structures and ways of working against the key aspects of this tool. Pegasus will align their work with these national messages and utilise the HEAT tool to support the actualisation of this strategy.

2.3 Health sector strategy

Pegasus Health operates within the context of national direction for the health system outlined in the 'The New Zealand Health Strategy: Future Direction' and the strategic direction of the Canterbury Health System as led by the Canterbury Clinical Network (CCN), of which Pegasus is a founding member.

The Canterbury Health System's approach is patient-centred and whole of system to make health and social services integrated and sustainable; a focus on people; enabling clinically led service development and making the best use of our resources and capacity to achieve improved health outcomes for our population.

The strategic goals of the Canterbury Health System are:

1. People take greater responsibility for their own health. The development of services that support people / whānau to stay well and take greater responsibility for their own health and wellbeing.
2. People stay well in their own homes and communities. The development of primary care and community services to support people / whānau in a community based setting and provide a point of ongoing continuity, which for most people is general practice.
3. People receive timely and appropriate complex care. The freeing-up of hospital based specialist resources to be responsive to episodic events and the provision of complex care and support and specialist advice to primary care

[5] Ministry of Health, 'Achieving Equity'. https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity
[6] World Health Organisation, 'Equity'. https://www.who.int/healthsystems/topics/equity/en/
[7] Ministry of Health, 'New Zealand Health Strategy 2016'. https://www.health.govt.nz/publication/new-zealand-health-strategy-2016
[8] Ministry of Health, 'Health Equity Assessment Tool'. https://www.health.govt.nz/publication/health-equity-assessment-tool-users-guide

3. Pegasus' vision, mission and strategy and values

Pegasus Health is committed to improving the health outcomes for the people of Canterbury through innovation in service design and delivery, collaboration with partners and continuous improvement. Our vision is to support '**all** Cantabrians leading healthy lives', and our mission is to '**together** make Canterbury the best place to receive and provide Primary Health care'. Our values of **inclusive, connected, strive** and **integrity** underpinned by our guiding principle of Manaakitanga create the fabric of our ways of being as an organisation.

Our vision, mission, strategy and values drive everything we do. The whenu (strands) that are interwoven throughout our organisation will all have equity, with Te Tiriti o Waitangi and achieving equitable outcomes for all Cantabrians embedded throughout them.

In addition to this, the Pegasus Health Equity Strategy will support all of our charitable objectives. In particular:

- The reduction of disparities between the health of Māori and other identified groups within the population of Canterbury and the reduction of barriers to the timely access to appropriate health services;
- The greater participation of the population of Canterbury in health-related issues through proactive consultation and communication with Communities and in keeping with the spirit of the Treaty of Waitangi; and,
- The improvement of integration and liaison between healthcare providers and others in Canterbury to ensure that health care services are coordinated around the needs of the population of Canterbury.

4. Desired future state and outcomes

The Pegasus Health Equity Strategy will prioritise equity in every aspect of our work and will be embedded in the fabric of how we work. In order for the objectives of this strategy to be actualised, it is important that we grow and develop the capacity of our entire network. The specific work plan around this will include the growth, development and support of equity champions across the organisation. This concept grows leadership and sustainability of practice and expectations for how we do things in all areas of our organisation. We will work with teams and people leaders to identify and bring together equity champions from all of the aspects of our work.

In order to deliver this, the Strategy will deliver work in the following four priority outcome areas:

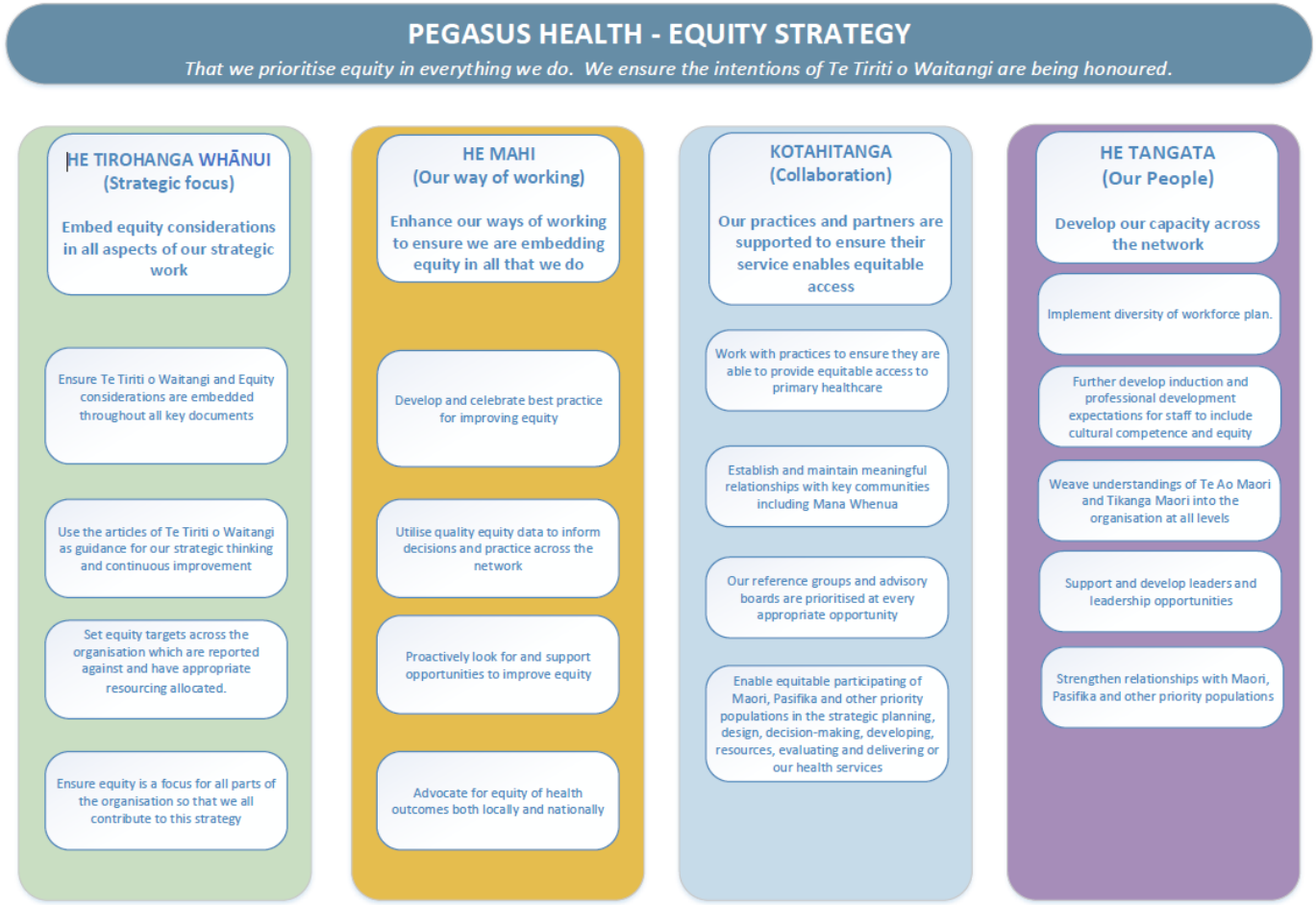
- **HE TIROHANGA WHĀNUI (Strategic focus)** embed equity considerations in all aspects of our strategic work.
- **HEI MAHI (Our way of working)** enhance our ways of working to ensure we are embedding equity in all that we do.
- **KOTAHITANGA (Collaboration)** our practices and partners are supported to ensure their service enables equitable access.
- **HE TANGATA (Our people)** develop our capacity across the network.

These outcomes are outlined in the framework for the Strategy (diagram below). Further operational detail with practical examples can be found in **Appendix A.** Details of potential advocacy channels/networks are detailed in **Appendix B** *(inclusive, but not an exhaustive list).*

As part of the operational implementation we will determine how best to measure these outcomes. These measures will be quantitative as well as qualitative, and will use The HEAT tool to guide this process.

Pegasus Equity Strategy

(High Level Outcomes and Anticipated Tactical Response)



5. Key linkages to other work

5.1 Pegasus 2025

Pegasus 2025 has been designed to bring together our challenges and opportunities in an integrated way that allows strategic thinking and resources to design change that delivers on our Vision and Mission. Pegasus 2025 is proposed to be made up of three strategic areas of focus:

People – understanding and connecting with our patients, populations and community.

Practices – strengthening our connection and growing our value proposition with our General Practices and primary care;

Potential – Unleashing the potential of our staff and the ways we work ensuring we are set up to better respond to the needs of the people of Canterbury, general practice and primary care teams.

An important consideration for Pegasus 2025 is how it effectively delivers change to operational areas. To support this critical fourth dimension a fourth strategic focus area is proposed:

Performance and Delivery - our systems and services.

This fourth focus area will adopt structures and processes that can receive and implement change resulting from the three Areas of Focus, improve delivery of our steady state work and respond to the business strategy needs of the organisation.

Equitable health outcomes are threaded throughout these different areas of work. There is an expectation that the different strategic work streams which contribute to Pegasus 2025 all have an equity focus.

5.2 System Level Measures

In the context of the wider Canterbury System Level Measures we have identified four focus areas where Pegasus and its general practice partners can positively contribute to the System Level Measures Improvement Plan, and from this, focus efforts to further improve health outcomes and equity of health outcomes.

The areas Pegasus has prioritised are:

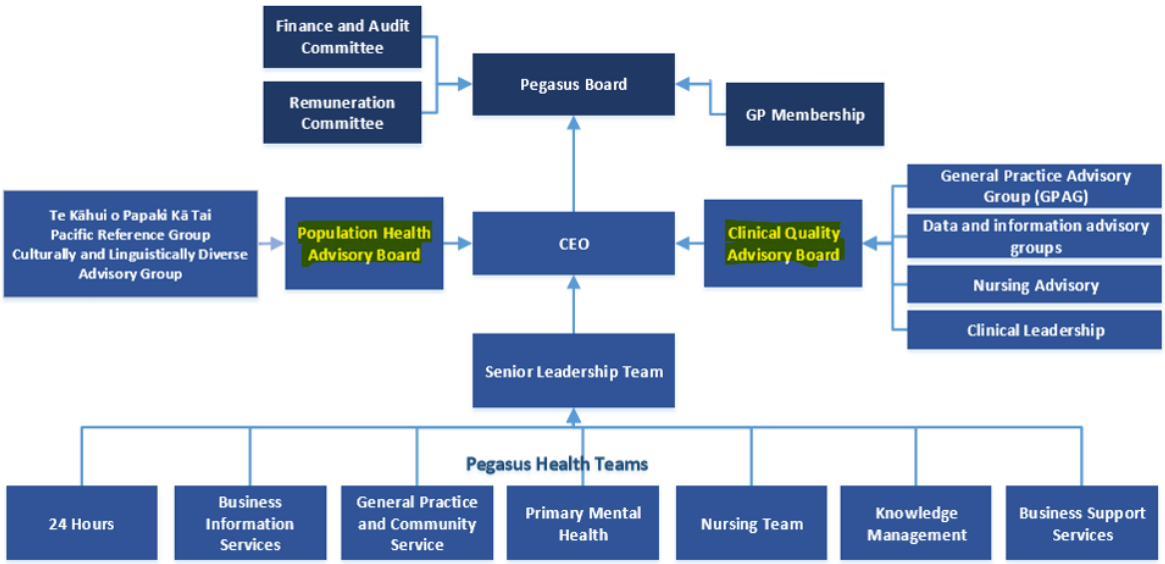
- **Cervical cancer prevention** (cervical screening and HPV immunisation): Cervical cancer is a preventable condition and could be virtually eliminated. Though there has been improvement in cervical screening rates, inequities persist. HPV immunisation remain low across the population
- **Equally well** (physical health outcomes for people experiencing serious mental illness & addiction (SMIA)): Physical health outcomes are poorer for people with SMIA compared with the general population.
- **Family violence**: family violence is prevalent in our community, primary care is in a unique position to identify and support people at risk of or experiencing family violence
- **Oral health**: though Pegasus and the GP network are not deliverers of oral health services, there is a role for promoting these services, particularly subsidised services to the enrolled population.

All of these priority areas will need a strong focus on equity to be able to make an impactful shift in the health outcomes of our people and communities. Specific equity outcome measures are required (will be developed) to monitor and assess progress in achieving equity in these four areas.

5.3 Reference Groups and Advisory Boards

Pegasus is privileged to be supported by some extremely talented, skilled and knowledgeable people through our Māori, Pasifika and Culturally and Linguistically Diverse reference groups. Te Kahui o Papaki ki Tai, the Pacific Reference Group and the CALD Health Advisory Group. The integration of the reference groups and the leadership opportunities they provide to this organisation are a vital component of the strategy.

In addition, the Clinical Quality and Population Health advisory boards offer more opportunity to thread equity throughout the fabric of how we work and what we do. Pegasus acknowledges these key opportunities to improve equitable outcomes across the Primary health network in Canterbury.



5.4 Foundation Standards

The Foundation Standard represents legal, professional and regulatory requirements that a general practice must meet as part of providing safe, effective and equitable care. The College has provided all New Zealand general practices with a consistent framework for showing their commitment to the safety of their patients and staff. Here are the Foundation Standards which specifically relate this this strategy:

"The practice has identified and understands the health needs of Māori. The practice collaborates with local Māori organisations, provider groups and whānau to deliver on these needs"

"The practice is knowledgeable about the diverse groups within its enrolled populations and plans and provides for their health care needs."

6. Governance structure

To support successful Strategy delivery it is essential that an appropriate level of governance is wrapped around the Strategy and its tactical and operational implementation. This will not only support clear, effective and timely decision-making but will also ensure an appropriate mechanism for change, resource allocation, risk and issue management and internal and external communication. An appropriate fit for purpose governance structure will also enable better awareness of internal and external dependencies.

The following outlines the current intended governance structure:

Governance Entity	
Strategy Governance	CEO and Senior Leadership Team (SLT)
SLT Sponsor	A nominated member of the Senior Leadership Team. This role is primarily concerned with ensuring that business outcomes (and therefore benefits) are delivered. The Sponsor also acts as the representative of the organisation and is an enabling role that can remove barriers. The SLT Sponsor will be the CEO supported by Director of Hauora Māori and Equity.
Advisory to CEO regarding the Plan (where applicable)	Clinical Quality Advisory Board (CQAB) Population Health Advisory Board (PHAB) Te Kahui o Papaki ki Tai (Māori health reference group: Canterbury Primary health wide) Pacific Reference Group (Canterbury Primary Health wide) Culturally and linguistically diverse advisory board (Canterbury Primary Health wide)
Operational Steering Group	Pegasus Health Managers Population Health specialists Clinical lead social work Representatives from each team across Pegasus
Chair of Operational Steering Group	To be decided by the steering group
Te Tiriti and Equity Group (CCN)	An opportunity to support and lead this work together

7. How will we operationalise our response?

The operationalisation of this strategy will be in alignment with the ways of working of Pegasus 2025. We will develop these 90-day cycles in consultation with our internal colleagues, ensuring that we review business areas and general practice capacity allowing us to collectively determine both internal and external priorities. This will align with an implementation plan which will have yearly, reviewable phases.

The implementation plan will be controlled and monitored through the Operational Steering Group. There should be consideration and allocation of appropriate resourcing in line with the PMO office and strategic work that is happening across the organisation.

8. Supporting documents and guidelines

In 2018, the Health Managers presented the paper 'Doing what is right, doing what is fair'. This outlined the need to strategically focus our attention on improving equity of access to primary healthcare through a deliberate and focussed shift across the organisation. This set the scene for this strategy, it is also supported by the messages and themes in some key documents and guidelines and are key parts of the New Zealand Health System. These can be found in **Appendix C.**

Appendix A: Practical examples of how we plan to deliver the Pegasus Equity Strategy

	Outcome	Goal	Description / Example(s)
PEGASUS HEALTH EQUITY STRATEGY *That we prioritise equity in everything we do. We ensure the intentions of Te Tiriti o Waitangi are being honoured.*	**TIROHANGA WHĀNUI (Strategic focus)** **Embed equity considerations in all aspects of our strategic work**	Ensure Te Tiriti o Waitangi and Equity considerations are embedded throughout all key documents	All key strategies, plans, reports and other key documents should ensure Te Tiriti o Waitangi and Equity are embedded into them.
		Use the articles of Te Tiriti o Waitangi as guidance for our strategic thinking and continuous improvement	Understanding is developed about how the articles of Te Tiriti o Waitangi can guide and underpin our strategic thinking. These can also inform our commitment and implementation of continuous improvement.
		Set equity targets across the organisation which are reported against and have appropriate resourcing allocated	Organisation wide Equity targets are set. People leaders are supported to set these targets within their teams and report progress of their teams towards our organisation equity targets. Appropriate resourcing is allocated.
		Ensure equity is a focus for all parts of the organisation so that we all contribute to this strategy	All of the different parts of the Pegasus organisation and network are able to articulate how they improve equity and contribute to this strategy.
	HEI MAHI (Our way of working) **Enhance our ways of working to ensure we are embedding equity in all that we do**	Develop and celebrate best practice for improving equity	Develop the capacity for everyone who works in the Pegasus network to improve their equitable practice. Celebrate and promote equitable practices through sharing these as best practice for equity. This will happen in all areas of our organisation.
		Utilise quality equity data to inform decisions and practice across the network	Consider our data with an equity lens. Use this to make decisions prioritising equity. Working with our knowledge management team to ensure that our data is able to be viewed with an equity lens.
		Proactively look for and support opportunities to improve equity	Support our people leaders to identify areas of development from an equity lens. Proactively look for opportunities to improve equity.
		Establish equity champions in the organisational structure of Pegasus	Working with teams to identify 'equity champions' who will come together and develop their skills and capacity to influence the people they work with. This will be a team which works across the organisation and interwoven into the existing organisation structure.
		Advocate for equity of health outcomes both locally and nationally	Advocacy opportunities are sought out and supported. These opportunities will include any opportunity to advocate for those who generally experience inequities in the health system. Advocacy opportunities exist at both a local and national level.
	KOTAHITANGA (Collaboration) **Our practices and partners are supported to ensure their service enables equitable access.**	Work with practices to ensure they are able to provide equitable access to primary healthcare	Planned, deliberate and collaborative opportunities to support practices in their journey of working towards equity. Foundation standard equity aspects are enhanced.
		Establish and maintain meaningful relationships with key communities including Mana Whenua.	Opportunities to further develop and nurture relationships between Pegasus and other key health professionals and communities who champion the work of ensuring equity. Kaupapa Māori organisations are known and relationships are supported.
		Our reference groups and advisory boards are prioritised in every appropriate opportunity	We work overtly and deliberately with our reference and advisory groups to whakamana their leadership and advice. These groups are supported and our organisation values their contribution to our mahi.
		Enable equitable participation of Māori, Pasifika and other priority populations in the strategic planning, design, decision making, developing, resourcing, evaluating and delivering of our health	Proactively seek opportunities to ensure participation of priority groups in all aspects of decision making and change. Celebrate these opportunities and use them as best practice.
	HE TANGATA (Our people) **Develop our capacity across the network**	Implement diversity of workforce plan	There is a detailed plan about developing a more diverse workforce at Pegasus health. The initial work sits with the recruitment processes and those who are involved in recruitment processes. In addition to this, proactively supporting any opportunity to
		Further develop induction and professional development expectations for staff to include cultural competence and equity.	Working with people leaders to ensure that all staff are developing their skills, knowledge and ways of working to improve equity and their commitment to Te Tiriti o Waitangi. Setting expectations of progress. Providing support and resources for staff
		Weave understandings of Te Ao Māori and Tikanga Māori into the organisation at all levels.	Every opportunity to sought and supported to weave Te Ao Māori and Tikanga Māori into our organisation. Examples include, Te Reo Māori, karakia, waiata learning opportunities, developing our cultural narrative and landscape and considering the
		Support and develop leaders and leadership opportunities.	Grow leadership capacity to be able to lead our people in their work to ensure it is equitable.
		Strengthen relationships with Māori, Pasifika and other priority populations	Ensure our relationships with Māori, Pasifika and other priority populations are prioritised, supported and mutually respectful.

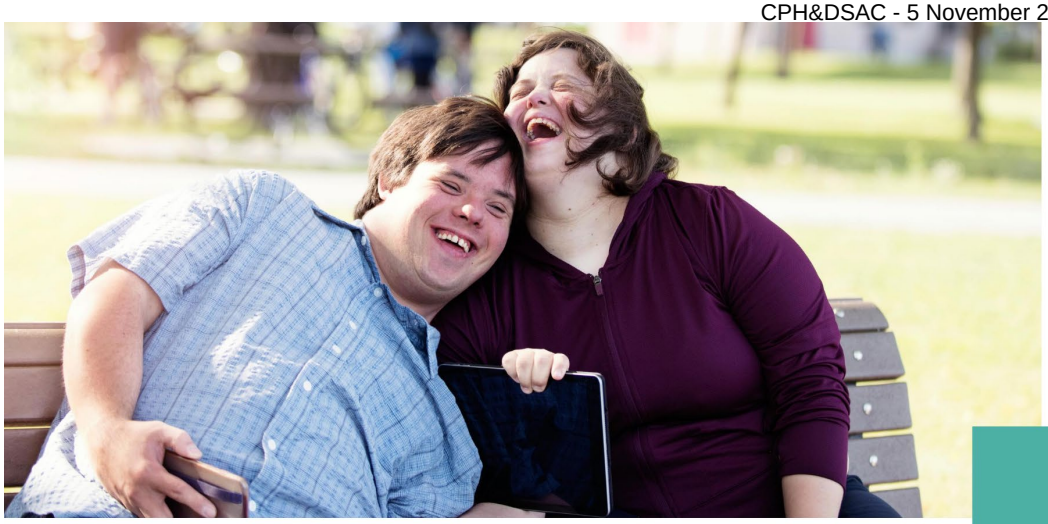
Appendix B: List of potential support networks for equity advocacy

Network Name	Purpose and partnership
Manawhenua ki Waitaha	The Manawhenua Ki Waitaha Charitable Trust (MKWCT) board was established to ensure manawhenua have oversight and influence on the decision making of the Canterbury District Health Board (CDHB). • further development of relationships with Pegasus Health and Mana Whēnua • Enhancing and supporting the work Mana Whēnua ki Waitaha which align with Pegasus's work.
Te Kāhui o Papaki Kā Tai *Māori health reference group for Canterbury Primary Health*	Te Kāhui o Papaki Kā Tai is a Canterbury-wide Māori health reference group of primary care organisations, clinicians, community organisations, Manawhenua ki Waitaha (local iwi representation), Māori community providers and the Canterbury District Health Board including Community and Public Health, formed in 2009. • Opportunity to provide guidance and leadership from a Māori perspective in primary health. • Advice and guidance on policies and procedures that Māori Health.
Pacific Reference Group *Pacific health reference group for Canterbury Primary Health*	The Pacific Reference Group was formed in 2000 (known then as the Pacific Health Meeting), in recognition of the health inequalities of our Pasifika population. The Pacific Reference Group is a Canterbury-wide combined group of primary care organisations, clinicians, community organisations, Pasifika health providers, Government and District Health Board. • Opportunity to provide guidance and leadership from a Pacific perspective in primary health. • Advice and guidance on policies and procedures that affect Pacific Health.
CALD HEALTH Advisory Group *CALD health reference group for Canterbury Primary Health*	Culturally and linguistically diverse is a broad and inclusive umbrella term for communities with diverse language, ethnic background, nationality, dress, traditions, spiritual and religious beliefs and practices. The Culturally and Linguistically Diverse (CALD) Health Advisory Group is a Canterbury-wide health reference group, consisting of representatives of primary care organisations, clinicians, community members, and the Canterbury District Health Board. • Opportunity to provide guidance and leadership from a CALD perspective in primary health. • Advice and guidance on policies and procedures that affect the Health of those from the CALD communities.
Te Tiriti and equity Group. Canterbury Clinical Network Transforming Health Care. Whanau Ora ki Waitaha.	*CCN's reference group for Te Tiriti and Equity* A leadership group within the CCN network. The focus is on Te Tiriti o Waitangi and Equity in the work that CCN focuses on. • an opportunity to partner and follow leadership from across the Canterbury health sector. More information found here
MĀORI CAUCUS Rōpū taki Māori	The Māori Caucus brings together Māori members from across the Canterbury Clinical Network (CCN) to provide a coordinated focus on equitable health outcomes for Māori in Canterbury. • Partnering with Māori health sector leaders from across the network • An opportunity to seek advice and guidance from this leadership table.
Pacific Caucus	The Pacific Caucus brings together Pasifika members from across the Canterbury Clinical Network (CCN) to provide a coordinated focus on equitable health outcomes for Pasifika communities in Canterbury.

Maui Collective TE MATAU A MĀUI	The Maui Collective provides a platform to strengthen the capacity and influence of Māori and Pasifika providers who deliver services for the Canterbury DHB, and ensure Māori and Pasifika people in Canterbury have access to the best possible services. • Partnering with Māori and Pacific providers. • Seeking leadership and guidance about how we can work together
Maori Women's Welfare League TATAU TATAU	As the only National Maori Women's organisation, Te Ropu Wahine Maori Toko i te Ora (Maori Women's Welfare League Inc.) drive outcomes for wahine, whanau and tamariki. Our Constitution is our guiding document and our objects are the beacons which set the tasks for us to strive and achieve the well-being of wahine Maori and their whanau.
Te Hā – Waitaha STOP SMOKING CANTERBURY	Te Hā - Waitaha has a hub in Christchurch with Stop Smoking Practitioners based in Māori, Pasifika and rural community organisations across Canterbury. We run group clinics in various locations and also provide individual support. • An opportunity to learn about to focus on a different way of working (staff recruitment and development)
EDLG CHRISTCHURCH FOR EVERY BODY.	EDLG: Earthquake Disability Leadership Group: Christchurch has the opportunity to become one of the most accessible cities in the world and the Earthquake Disability Leadership Group was established to bring this vision to life. We are leading the way towards a universally accessible city that every person can enjoy.
Equally Well	Equally Well Primary care group. Equally Well is a group of people and organisations with the common goal of achieving physical health equity for people who experience mental health and addiction issues. People who access mental health and addiction services are at the centre of this work. • Considering equitable access to primary health care for those who experience mental health and addition issues.
Mana Tane Ora O Waitaha	Supporting Tane Maori in their aspirations to achieve well-being for themselves and their whanau in Canterbury. Tane Tu! Tane Kaha! Tane Ora! Tihei Mauriora! Mana Tane Ora O Waitaha are a group of men from all walks of life passionate about Maori mens health. Our aim is to connect with like minded organisations & whanau in the Canterbury region that support kaupapa enhancing the well-being of Tane Maori and their whanau.
cprg Canterbury Primary Response Group	Canterbury Primary Response Group (CPRG) has been in place for more than a decade to help ensure Canterbury primary care is ready for emergency and non-emergency events. They do this by working with the CDHB, Civil Defence, St John Ambulance, City Council and others throughout the year to network and plan.
better patient outcomes Canterbury Community Pharmacy Group	With an integrated, innovative approach, we are setting new standards for pharmacy care within our communities – working with our pharmacy members and patients directly to help reduce patient harm, improve patient outcomes and help people stay well and safe in their own homes and community.

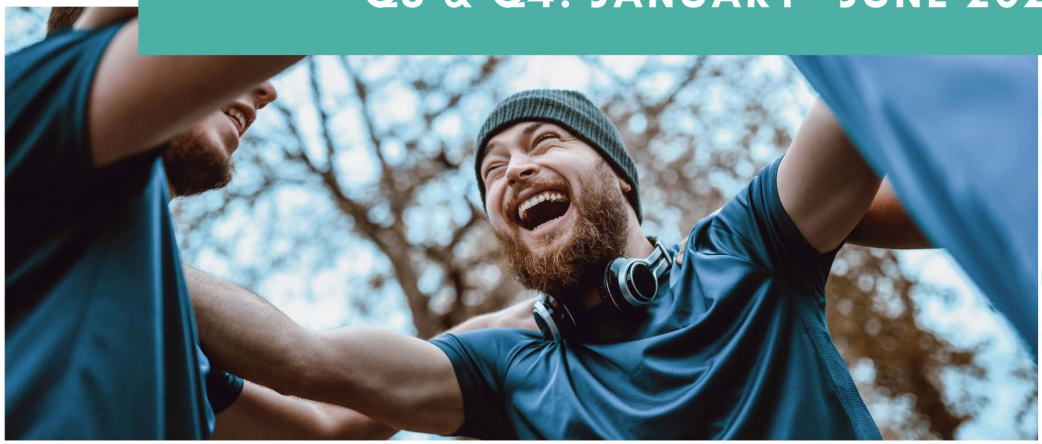
Appendix C: List of key support resources and guidelines.

- Canterbury Māori Health Framework https://drive.google.com/file/d/1RFuwuOAlbvGRR7aLdsc0sH5wXQ-nEoFS/view?usp=sharing
- Canterbury Pacific Health Framework https://drive.google.com/file/d/1UpuVtQF1Tsfjiq-aM0sOnPgQXdus7gQE/view?usp=sharing
- Canterbury CALD responsiveness framework and workplan https://drive.google.com/file/d/1OLVl3OW_70b5Do1foxDn_mTdM0R41v2Z/view?usp=sharing
- Practice audit: Inclusive primary health care for gender diverse clients https://drive.google.com/file/d/1MR2g5kkle8ZYsWPhqQlf5DydK8u_QCvo/view?usp=sharing
- Health Equity Assessment (HEAT) Tool (MOH) https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf
- Achieving Equity in Health and Wellness: Equity Poster (MOH) https://www.health.govt.nz/system/files/documents/pages/hp7168-equity-poster-v5.pdf
- Achieving Equity (MOH) https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity
- Achieving Equity in Health Outcomes (MOH) https://www.health.govt.nz/system/files/documents/publications/achieving-equity-in-health-outcomes-important-paper-highlights-nov18_1.pdf
- Achieving Equity: Workplan 2019-2020 (MOH): https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity
- Achieving physical health equity for people with experience of mental health and addiction issues - evidence update. Equally Well. Te Pou. July 2020.
- Health Navigator: Equity https://www.healthnavigator.org.nz/clinicians/e/equity/
- HQSC: Quality improvement: No quality without equity?: https://www.hqsc.govt.nz/assets/Other-Topics/Equity/Quality_improvement_-_no_quality_without_equity.pdf
- IHI: How to increase the diversity of health care leadership Youtube https://www.youtube.com/watch?v=oQK5FcgnDLs
- International Journal for Equity in Health: Closing the health equity gap: evidence-based strategies for primary health care organizations: https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-11-59
- MCNZ: Best health outcomes for Māori: https://www.mcnz.org.nz/assets/MediaReleases/a4c0bf345a/2.-MCNZ-Achieving-Best-Health-Outcomes-for-Maori-a-Resource-consultation-May-2019.pdf
- MCNZ: Best health outcomes for Maori: Practice Implications: https://www.mcnz.org.nz/assets/standards/ed659af389/Best-health-outcomes-for-Maori-Practice-implications.pdf
- MCNZ: Best health outcomes for Pacific Peoples: practice implications: https://www.mcnz.org.nz/assets/standards/349b83865b/Best-health-outcomes-for-Pacific-Peoples.pdf
- MCNZ: He Ara Hauora Māori: A pathway to Māori health equity: https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga
- Medical Council of New Zealand He Ara Hauora Māori: A pathway to Māori Health Equity: https://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf
- He Korowai Oranga: Māori Health Strategy: MOH:https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga
- NZ Nurses Organisation: Closing the Gap: How nurses can help achieve health access and equity: https://www.nzno.org.nz/LinkClick.aspx?fileticket=ZiCD_i0fsfY%3D&portalid=0
- 'Reducing inequalities in Health.' (MOH, 2002) https://www.health.govt.nz/system/files/documents/publications/reducineqal.pdf
- Royal New Zealand College of General Practitioners: Cornerstone: Equity Module:
    - Equity Module Guidance Transcript
    - Equity Module Guidance Webinar
- Sheridan, N.F., Kenealy, T.W., Connolly, M.J. *et al.* Health equity in the New Zealand health care system: a national survey. *Int J Equity Health* 10, 45 (2011). https://doi.org/10.1186/1475-9276-10-45
- Whakamaua: Māori Health Action plan 2020-2025 (MOH) https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025



CCN QUARTERLY REPORT

Q3 & Q4: JANUARY- JUNE 2020



Contents

Summary highlights and comments

Ashburton Service Level Alliances

The Ashburton SLA have had a productive year achieving all their work plan objectives. Noteworthy was the implementation of an agreed enrolment and transfer process which was implemented 15 June 2020. It is envisaged that this will significantly improve equitable access to primary care for all populations including Māori, Pacific, Migrant and Culturally and Linguistically Diverse (CALD).

Another notable achievement was the increase in the number of Acute Care plans from 154 (1 July 2019) to 292 (30 June 2020). The indicates that a greater number of the most vulnerable patients in Ashburton are being proactively supported to manage their condition as close to home as possible, and there is an increase in the sharing of information between clinicians on how to manage patients they are unfamiliar with when they are acutely unwell.

Child & Youth Health Workstream

Work on the redevelopment of the Paediatric Community Continence service has been completed with a revised delivery pathway to be added to HealthPathways. A number of priority actions were delayed due to staff capacity to progress this work during the Covid-19 response, including the promotion of the Canterbury DHB Alcohol Harm Reduction Strategy in schools and the development of an integrated approach between child mental health and paediatric services. A number of these priorities will be progressed in 2020-21.

Community Services Service Level Alliance

Providers of Home and Community Support Services have been under enormous pressure over the Covid-19 lockdown. As a result much of the important work has not progressed since February. The importance of community services has been reinforced through Covid-19, and the SLA will continue to work towards a more restorative model of care. There has been some good progress towards the wider use of the electronic referral form and messaging around restorative support has been extremely important, especially where resources have been restricted under lockdown conditions. While service delivery is back to normal under Level One, providers continue to be prepared for a nimble response should community transmission of Covid-19 reemerge in Canterbury.

Coordinated Access on Release (Te Ara Whakapuāwai)

The group last met on 29 January to discuss priorities for 2020-2021/22. There was agreement that the main objective is to improve access to services for people on release from prison with a focus on the following:

- Implement HealthOne into prison health units in Canterbury.
- Explore what work is possible with Probation to link prisoners (paihere) on release with health navigation services, where additional health support is required.
- Explore the potential for screening/health assessment in prisons with a focus on mental health, alcohol and drug addictions, and traumatic brain injury.
- Communicate the free and extended consultations initiative to prisons, reintegration services, primary care etc.

There will also be a focus on monitoring the uptake and impact of the free and extended consultations initiative by generating quarterly reports on the number of patients that access free and extended consultations with general practice, number of consultations over time, number of patients enrolled, ethnicity, age and gender of patients accessing consultations and corrections release data.

Falls & Fractures Service Level Alliance

The SLA was established in October 2017 as a time-limited (3 year) group to enhance the falls and fragility fracture prevention work in Canterbury. With the SLA due to finish in October 2020 over Q4 a transition document was completed for submission to the ALT in July. Other activity of note for the SLA over Q3 & Q4 includes:

- Collaborative work with the Community Services SLA and Health of Older People Workstream to adjust membership and work plans to accommodate the transitioning work.

- After much consideration, it has been agreed that the Australia New Zealand Hip Fracture Register will be the source of data on bisphosphonate prescribing rates in Canterbury. The register is able to track whether the patient is on no treatment, calcium (lower use in NZ), Vitamin D, bisphosphonate or other medications. As at February 2020 – 53% patients over the age of 75 years are on bone medication other than vitamin D, if Vitamin D is included the rate is 82%.

Health of Older People Workstream

The ongoing work of the Health of Older People Work Stream has been severely disrupted in the first half of 2020 by Covid-19 and the resulting lockdown. This has presented (and continues to present) significant challenges to the health system and particularly to those sections that provide services to older people. Our experiences in the lockdown (and with the tragic events in Canterbury related to Covid-19) have underlined the importance of our work in the areas of equity, dementia services, carer support, and support for Aged Residential Care. As such, we have had the opportunity to re-focus the work that could not be completed over this time, and carry these ongoing projects into 2020-21/22. Much of our work relates to ongoing service improvements to meet the ongoing and increasing challenges for the health of our growing, ageing, population; this now includes, and will continue to be informed by, what we have learned over the last months.

Immunisation Service Level Alliance

The 2019-20 year has been busy for the Immunisation sector, with the national measles outbreak August – December and the Flu programme in March 2020. While this has raised the public's understanding of the importance of immunisation, it has put pressure on our health system to respond. While our childhood immunisation coverage has been maintained and there have been improvements in Human papillomaviruses (HPV), Tetanus, Diphtheria, and Pertussis (Tdap) and Influenza coverage; the SLA has not had the capacity to implement some key actions planned for 2019-20 including the online HPV consent form and actions focused on pregnancy vaccinations. These have been carried over to the 2020-21 work plan.

Integrated Diabetes Service Development Group (IDSDG)

Over Q3 & Q4 the new Community Diabetes Education Programme was embedded with Nurse Maude providing the clinical support and Sport Canterbury undertaking the coordination of referrals and groups. The implementation of this model means that people who are referred to participate in a Diabetes Education programmes but decline are offered support through Green Prescription as an initial point of engagement. After which, they are again encouraged to attend the Diabetes Education classes. In addition, multiple referral pathways to the Community Diabetes Education are available.

The Covid-19 response delayed work that had commenced on two of the recommendations from the Diabetes Review; Integrating Nursing Services and Alignment of the Dietetic / Nutrition Workforce. While some work was progressed on the access to dietetic / nutritional support to regain momentum in both of these areas a workshop is planned for the end of August.

Integrated Respiratory Service Development Group

Covid-19 significantly impacted the provision of the integrated respiratory service. Of note:

- During lockdown direct patient contact including Better Breathing Pulmonary Rehabilitation group sessions ceased. Participants partway through programmes or referred were contacted regularly to exchange ideas about how to keep fit and bolster spirits. Efforts to move to a virtual service delivery model highlighted the digital divide with phone calls the only contact with the majority of patients.
- With the substantial decrease in face-to-face general practice consults, community spirometry and sleep studies were put on hold. Alongside the easing in alert levels, additional infection prevention and control measures were put in place.
- We have been unable to hold the Māori and Pasifika hui planned, but have designed and commenced the new Better Breathing 'rolling' pulmonary rehabilitation programme rather than a programme in one area 1-2 times a year. Other programme changes have included; supporting Māori and Pasifika

people into programmes, reducing the number of sessions, strengthening the discussion component and more actively encourage people to join community exercise groups. This revised approach aims to better meet the needs of our patients through reducing the wait time from referral to programme availability.

Laboratory Service Level Alliance

The Laboratory SLA has continued to meet to clarify its purpose. Over Q3 & Q4 Janice Donaldson, the newly appointed chairperson, supported a revision of the group's terms of reference and agreement of clear priorities for 2020-21 work plan.

Importantly, over Q4 the Labs SLA also explored concerns about the Electronic Request Management System (ERMS) Labs electronic referrals solution, introduced during Covid-19 that is considered by referrers as not wholly fit for purpose. Subsequently Planning and Funding are currently reviewing fit-for-purpose effective laboratory electronic orders solutions, with an expectation these will be tabled with the Labs SLA early 2020-21.

Mana Ake Service Level Alliance

Key progress in Q3 & Q4 includes:

- *ERMS On-Line*: Achieving 158 registered users with schools continuing to see value in this link. There has been a steady flow of referrals between schools and general practice.
- *Leading Lights:* Leading Lights has continued to grow with 86,058 page views as at 31 July and 105 pathways available to educators. More pathways will be introduced over the coming months.
- *Mana Ake Website:* The website went live during the Covid-19 Lockdown (1 April). Since returning to Level 1 the focus has shifted from high level of Covid-19 information to a more child centred wellbeing approach. Interest in the website continues to be high. In addition we are also working on developing a Facebook presence (due September) to increase access to the website.
- *Teacher professional development*: This has moved to a more online approach as a result of Covid-19. The first Mana Ake webinar (on autism) was held 19 August with over 300 people attending
- *School Cluster Forums and provider forums:* These have continued with a focus on building sustainability with the Provider Alliance. We are currently beginning to commence work around transition planning.
- *Evaluation:* Strengthening the evaluation/outcome approach has continued to be a high priority. The Impact Lab is completing the Good Measure Report commissioned by the SLA earlier this year. In addition the Ministry of Health has commissioned an external evaluation of Mana Ake. The scoping and procurement of this work was delayed due to Covid-19 with Malatest International NZ recently selected to complete the evaluation.

Mental Health Workstream

Key highlights from Q3 & Q4 include:

- The Integrated Primary Mental Health Service, Te Tumu Waiora, has six general practices in operation and 15 others at a stage of Implementation across Canterbury.
- The Canterbury Suicide Prevention Draft Action Plan has been written and is currently awaiting imagery and whakatauki.
- Additional consultations for Culturally and Linguistically Diverse (CALD) clients impacted by the mosque attacks have been extended to the end of 2021.
- The Opioid Substitution Therapy pilot is underway with promising early results from the mid-term review.

Oral Health Service Development Group (OHSDG)

In 2018-19 the OHSDG focused on understanding their population and accuracy of the oral health data. For 2019-20 the group's focus has been on using this data to assess patient flow within the system. In line with this direction, highlights for Q3 & Q4 include:

- A number of changes will substantially improve access and enable better visibility of the demographics of people attending / not attending the Community Dental service. These include staff confirming a child's ethnicity when accessing the service, the employment agreement for the dental therapists, and the completion of the 'Lost to Recall' process.
- During Covid-19 three dentists involved in triage gained access to HealthOne providing them greater visibility of patients' health records. The next step is to review the benefits of providing all Canterbury dentists with access to HealthOne ahead of any wider roll out.
- The Oral Health Education and Promotion plan was approved, and the first step to better understand all the current Oral Health Promotion work within the DHB, has been completed. This work is a priority for the 20-20-21 work plan with the aim of improving the oral health status of Māori and Pacific children.

Pharmacy Service Level Alliance

Over Q3 & Q4 a number of challenges have impacted the SLA's ability to progress some of the objectives in the 2019-20 work plan including Covid-19 reducing work group members' capacity to connect and progress work plan priorities and a change in the Canterbury Community Pharmacy Group (CCPG) clinical lead with Gareth Frew on secondment.

Work that has progressed includes:

- The development and distribution of a quick medication reconciliation guide to pharmacists.
- The Opioid Substitution Therapy Project. Following some initial delays the project is due for completion Q1 2020-21.

Population Health and Access Service Level Alliance

Key activity of the SLA over Q3 & Q4 included:

- The SLA held a special meeting to understand how Canterbury's Covid-19 response addressed Te Tiriti, and equity of access and outcomes. The SLA also considered their role in the context of the system activity and structure relating to the Covid-19. It was agreed that the SLA could contribute to the psychosocial recovery plan and feedback to the Emergency Control Centre with specific examples of equity experiences/happenings/stories from across the system.
- The Interpreter Services Review Work Group refined the Best Practice Guidelines for the Canterbury Health System. These set out expectations for the use of interpreter services for the Canterbury health system. Work will now proceed on socialising these and encouraging the adoption of these across CCN partner organisations.
- The Ministry of Health Tobacco Control Contract has been extended for another year and in June the SLA provided feedback on the 2020 -21 draft Tobacco Control Plan, due for completion in August.
- While the first meeting of the Transgender Health work group scheduled for Q4 delayed due to Covid-19. A work group meeting is scheduled for July to consider ways to capture feedback on the new gender affirming care HealthPathways.

Primary Care & Capability Service Level Alliance

The SLA provides strategic leadership to the Integrated Family Health Services (IFHS), Shared Care Planning and Enhanced Capitation; an update on each of these enablers follows.

- *IFHS/Health Care Home:* Over Q3 & Q4 the IFHS / HCH team focussed on distributing information and tools to general practice to support their delivery of non-face-to-face consultations during the lockdown and promoting webinars to support new models of general practice service delivery. This focus shifted to supporting general practice retain these new ways of working as Covid-19 levels changed, and continuing to engage general practice in ongoing improvements in models of care. Waitaha Primary Health, Christchurch PHO and Pegasus Health developed a shared IFHS / HCH plan of work for 2020-21.
- *Shared Care Planning (SCP)*: Over the Covid-19 response the SCP team focused their efforts on encouraging the use of use of Acute Plans by general practice as a tool to proactively care for vulnerable patients. This included contacting general practices that were low users of shared care plans around the value and use of Acute Plans and identifying patient cohorts they are commonly written for. Over Q3 there was a substantial increase in Acute Plan volumes; at 30 June

2020 there were 1,153 new acute plans, compared to 221 at the 31 March 2020. As of 30 June a total of 5,103 people in Canterbury have an Acute Plan in place to assist in the provision of care aligned with their needs when they are acutely unwell.

- *Enhanced Capitation:* The completion of the Enhanced Capitation survey was delayed from March to August, with the results from the survey due Q2 2020-21.

Rural Health Workstream (RHWS)

Over Q3 & Q4 progress was made on:

- An annual review on access to rural health services for rural communities in January 2020. This has been uploaded on Hospital HealthPathways to support visibility of the services available in rural areas with the aim of assisting the successful discharge of rural people back to their community.
- Completion of a final report on the 'Technology-enhanced Education'. The implementation of the recommendations will assist rurally-based clinicians' access education.

In addition, while Covid-19 delayed progress on a number of the RHWS priority actions the impact of the pandemic response on staff at rural general practices and other rural providers were captured through surveys completed by the membership of the RHWS, (summary viewed here) and Hurunui Health Services Development Group, (summary viewed here).

System Outcome Steering Group

Over Q3 the draft 2020-21 Canterbury SLM Improvement Plan was developed and submitted to Ministry of Health for approval in early May. This involved:

- Reviewing all contributory measures to ensure they were still a priority and worked towards reducing inequity.
- Developing a new contributory measure in relation to mental health and Equally Well.
- Partnering with Community & Public Health to bring a greater wider determinants of health perspective into the plan.

The Ministry approved the plan written prior to Covid-19 and agreed Canterbury could review the plan in June to ensure all actions within the plan were still a priority, relevant and able to be achieved with some resource working elsewhere. This review occurred in Q4 with few changes being made.

Work to understand the accuracy of data, particularly related to ethnicity has been paused due to staff leading this project seconded to the Ministry for the Covid-19 response. Until their return it is unknown what further work has occurred in relation to the research project and resource is yet to be found to carry this forward.

Urgent Care Service Level Alliance

Key work for the SLA over Q3 & Q4 has been:

- The Chronic Obstructive Pulmonary Disease (COPD) project, which commenced in February. This involved providing practices with lists of their patients who have had an admission to hospital for a mild/moderate exacerbation of their COPD in the last three years. With practices encouraged to offer identified patients a range of preventative and proactive measures such as; blue cards, acute plans, advance care plans, flu vaccinations and back pocket scripts (scripts provided to patients to use if their condition deteriorates).
- In response to Covid-19 the SLA also explored opportunities to enable patients to receive care in their own homes instead of bringing them into hospital with a 'virtual ward' concept being identified. The SLA is looking to apply this model including in the area of COPD/heart failure.
- A data session with St John identified value in getting regular qualitative and quantitative data from St John (and connecting Urgent Care Centre and St John to ensure expected pathways are being followed.

Over the last two quarters the Acute Demand Management Service has reached capacity (35 or more patients) 4 times in both quarters this is down from 8 in the previous quarter with referrals from general practice lower than normal through Covid-19 lockdown.

	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed
January 2021						NEW YEARS DAY 1	2/3	PUBLIC HOLIDAY 4	5	6	7	8	9/10	11	12	13
February		1	2	3	4	5	6/7	WAITANGI DAY OBSERVED 8	9	10	11	12	13/14	15	16	17
March		1	QFARC 9AM 2	3	CPH&DSAC 1PM 4		6/7	8	9	10	11	12	13/14	15	16	17
April					HAC 9AM 1	GOOD FRIDAY 2	3/4	EASTER MONDAY 5	6	7	8	9	10/11	12	13	14
May		31					1/2	QFARC 9AM 3	4	5	CPH&DSAC 1PM 6	7	8/9	10	11	12
June			QFARC 9AM 1	2	HAC 9AM 3	4	5/6	QUEEN'S BIRTHDAY 7	8	9	10	11	12/13	14	15	16
July					CPH&DSAC 1PM 1	2	3/4	5	6	7	8	9	10/11	12	13	14
August	1	2	QFARC 9AM 3	4	HAC 9AM 5	6	7/8	9	10	11	12	13	14/15	16	17	18
September				1	CPH&DSAC 1PM 2	3	4/5	6	7	8	9	10	11/12	13	14	15
October						1	2/3	4	QFARC 9AM 5	6	HAC 9AM 7	8	9/10	11	12	13
November		1	QFARC 9AM 2	3	CPH&DSAC 1PM 4	5	6/7	8	9	10	11	CANTERBURY ANNIVERSARY DAY 12	13/14	15	16	17
December				1	HAC 9AM 2	3	4/5	6	7	8	9	10	11/12	13	14	15

Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	
14	15	16/17	18	19	20	21	22	23/24	25	QFARC 9AM 26	27	HAC 9AM 28	29	30/31	January 2021
CDHB BOARD 9.30AM 18	19	20/21	22	23	24	25	26	27/28							February
CDHB BOARD 9.30AM 18	19	20/21	22	23	24	25	26	27/28	29	QFARC 9AM 30	31				March
CDHB BOARD 9.30AM 15	16	17/18	19	20	21	22	23	24/25	ANZAC DAY OBSERVED 26	27	28	29	30		April
13	14	15/16	17	18	19	CDHB BOARD 9.30AM 20	21	22/23	24	25	26	27	28	29/30	May
CDHB BOARD 9.30AM 17	18	19/20	21	22	23	24	25	26/27	28	QFARC 9AM 29	30				June
CDHB BOARD 9.30AM 15	16	17/18	19	20	21	22	23	24/25	26	27	28	29	30	31	July
CDHB BOARD 9.30AM 19	20	21/22	23	24	25	26	27	28/29	30	QFARC 9AM 31					August
CDHB BOARD 9.30AM 16	17	18/19	20	21	22	23	24	25/26	27	28	29	30			September
14	15	16/17	18	19	20	CDHB BOARD 9.30AM 21	22	23/24	LABOUR DAY 25	26	27	28	29	30/31	October
CDHB BOARD 9.30AM 18	19	20/21	22	23	24	25	26	27/28	29	QFARC 9AM 30					November
CDHB BOARD 9.30AM 16	17	18/19	20	21	22	23	24	25/26	CHRISTMAS DAY OBSERVED 27	BOXING DAY OBSERVED 28	29	30	31		December

WORKPLAN FOR CPH&DSAC 2020 *(WORKING DOCUMENT)*

	5 March 2020	7 May 2020	2 July 2020	3 September 2020	5 November 2020
Standing Items	Interest Register Confirmation of Minutes	Meeting Cancelled	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes
Standard Monitoring Reports	Community and Public Health Update Report Planning and Funding Update Report – Q2			Community and Public Health Update Report	Community and Public Health Update Report
Planned Items	Health In All Policies (*HIAP*) Coronavirus 2020 Influenza Vaccine Campaign Transalpine Strategic Disability Action Plan Refresh Update Step-Up Programme Update CDHB Workforce Update		COVID-19: Population Wellbeing Update Future Operational Plan UN Convention on the Rights of Persons with Disabilities and the CDHB Transalpine Health Disability Action Plan COVID-19: Issues and Actions Identified by Members of the Disability Steering Group	CALD - availability & accessibility of health information in community Community & Public Health Update – Disability Sector End-of-Life Service Update CDHB Workforce Update COVID-19 Update	Oral Health Update Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group Update Accessible Information Charter First 1,000 Days Report Update Working Matters – Ministry of Social Development
Governance and Secretariat Issues	Draft 2020 Workplan Terms of Reference Review				
Information only items	Disability Steering Group Minutes CCN Q2 2019/20		Notes from Informal Meeting – 5 March 2020 CPH&DSAC Terms of Reference – Amended Disability Steering Group Minutes 2020 Workplan	Disability Steering Group Minutes CPH End of Year Report to MoH 2020 Workplan	Maori Population, Partnership, Health & Equity Disability Steering Group Minutes CCN Q3&Q4 2019/20 2021 Meeting Schedule 2020 Workplan