AGENDA

Canterbury District Health Board
Te Poari Hauora o Waitaha

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
to be held via Zoom
Thursday, 4 November 2021 commencing at 1.00pm

Administration			
	Apologies		1.00pm
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 1 July 2021		
3.	Carried Forward / Action List Items		
Reports for Noting			
4.	Planning and Funding Update Report	Kathy O'Neill *Team Leader, Primary Care, Planning & Funding*	1.15-1.30pm
5.	Community & Public Health Update Report	Tanya McCall *Interim Executive Director, Community & Public Health*	1.30-1.45pm
6.	Facilities and Accessibility Issues (Oral)	Dr Jacqui Lunday-Johnstone *Executive Director, Allied Health, Scientific & Technical* Dr Rob Ojala *Executive Director, Infrastructure*	1.45-2.00pm
7.	CDHB COVID-19 Vaccination Programme – Disability	Allison Nichols-Dunsmuir *CDHB COVID-19 Disability Lead*	2.00-2.15pm
8.	Disability Steering Group Update (Oral)	Grant Cleland *Chair DSG*	2.15-2.30pm
9.	Resolution to Exclude the Public		2.30pm
ESTIMATED FINISH TIME			**2.30pm**

	Information Items:
	• CDHB Public Health Report: Jan–Jun 2021
	• CCN Q3-Q4: 2020/21
	• Disability Steering Group Minutes:
	  ○ 28 May 2021
	  ○ 27 July 2021
	• 2022 Meeting Schedule
	• 2021 Workplan		

NEXT MEETING: Thursday, 3 March 2022 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
Fiona Pimm
Gordon Boxall
Tom Callanan
Rochelle Faimalo
Rawa Karetai
Yvonne Palmer
Michelle Turrall
Dr Olive Webb
Sir John Hansen (Ex-officio)
Gabrielle Huria (Ex-officio)

Executive Support

(as required as per agenda)

Dr Peter Bramley – *Chief Executive*
James Allison - *Chief Digital Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Mary Johnston – *Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Tracey Maisey – *Executive Director, Planning Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Tanya McCall – *Interim Executive Director, Community & Public Health*
Dr Rob Ojala – *Executive Director, Infrastructure*
Dr Helen Skinner – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*

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

COMMITTEE ATTENDANCE SCHEDULE 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	04/03/21	06/05/21	01/07/21	02/09/21 (Mtg Cancelled)	04/11/21
Aaron Keown (Chair)	√	√	√		
Naomi Marshall (Deputy Chair)	√	√	√ (Zoom)		
Catherine Chu	√ (Zoom)	√	√ (Zoom)		
Jo Kane	√ (Zoom)	√	^ (Zoom)		
Fiona Pimm		* 17/06/21	√		
Gordon Boxall	#	√ (Zoom)	√ (Zoom)		
Tom Callanan	√	√	√		
Rochelle Faimalo	√	√	√		
Rawa Karetai	√ (Zoom)	√ (Zoom)	√ (Zoom)		
Yvonne Palmer	√	√	√		
Michelle Turrall	x	**x**	#		
Dr Olive Webb	√ (Zoom)	√ (Zoom)	#		
Sir John Hansen (ex-officio)	^ (Zoom)	#	#		
Gabrielle Huria (ex-officio)	**x**	**x**	**x**		

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

	Ministry of Health Disability Directorate – Principal Advisor Disability Network - Chair All of Ministry Communications - Director Alternative Formats and Accessible Communications All of Government Disability COVID-19 Response - Director Enabling Good Lives, Governance of the Disability Directorate, stakeholder engagement, strategy, change, leadership, communications, All of Government, and All of Ministry. **Qtopia** – Chair LGBTI youth organisation. Celebrate, educate and advocate for young LGBTI youth.
Yvonne Palmer	No interests to declare.
Fiona Pimm Board Member	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Council for Education Research** – Chair Statutory organisation responsible for independent research in the education sector. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Deputy Chair Governance entity for Arowhenua affiliated whānau. **Te Runanga o Ngāi Tahu** – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.
Michelle Turrall Manawhenua	**Canterbury Clinical Network (CCN) Maori Caucus** – Member **Canterbury District Health Board** - daughter employed as registered nurse. **Christchurch PHO Ltd** – Director

	Christchurch PHO Trust – Trustee **Manawhenua ki Waitaha** – Board Member and Chair **Oranga Tamariki – Iwi and Maori** – Senior Advisor **Papakainga Hauora Komiti – Te Ngai Tuahuriri** – Co-Chair
Dr Olive Webb	**Canterbury Plains Water Trust** – Trustee **Greater Canterbury Forum** - Member **Private Consulting Business** Sometimes works with CDHB patients and services. Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.
Sir John Hansen **Ex-Officio – CPH&DSAC** Chair, CDHB	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Ex-Officio – CPH&DSAC** Deputy Chair, CDHB	**Pegasus Health Limited** – Sister and Daughter are Directors Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PRESENT
Aaron Keown (Chair); Tom Callanan; Rochelle Faimalo; Yvonne Palmer; and Fiona Pimm.
Attending via Zoom: Gordon Boxall; Catherine Chu; Jo Kane; Rawa Karetai; and Naomi Marshall.

APOLOGIES
An apology for absence was received and accepted from Sir John Hansen.
Late apologies for absence were received from Michelle Turrall; and Olive Webb.
An apology for early departure was received and accepted from Jo Kane (1.50pm).

EXECUTIVE SUPPORT
Dr Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Tracey Maisey (Executive Director, Planning Funding & Decision Support); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
Apologies for absence were received from Dr Peter Bramley (Chief Executive); and Tanya McCall (Interim Executive Director, Community & Public Health).

IN ATTENDANCE
Items 4 & 5
Dr Annabel Begg, Public Health Physician
Dr Lucy D'Aeth, Public Health Specialist

Item 6
Jo Domigan, Head of Equity, Recruitment & People Partnering

Aaron Keown, Chair, opened the meeting welcoming Board member Fiona Pimm as a newly appointed member to the Committee.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions/alterations to the interest register.

Declarations of Interest for Items on Today's Agenda
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 (05/21)
(Moved: Yvonne Palmer/Seconded: Aaron Keown – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 6 May 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

Items 1 & 3: Dr Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical, offered apologies to the Committee. This work has begun and was expected to be reported on at today's meeting, however, Alison Nichols-Dunsmuir, the lead for this work, has been seconded to COVID-19 vaccination work, supporting the disability community. These actions will be reported on to the September meeting.

The carried forward action list was noted.

4. HEALTH REFORMS AND PUBLIC HEALTH

Dr Annabel Begg, Public Health Physician; and Dr Lucy D'Aeth, Public Health Specialist, presented to the Committee on the Health Reforms and Public Health. The presentation covered:

- Core Public Health functions.
- The HDS Review – March 2020.
- The White Paper and Cabinet Minutes – April 2021.
- Future Structure.
- Community and Public Health.
- Contribution and Engagement.

Discussion took place around the following:

- Health promotion funding.
- Loneliness being a public health issue. Connection being a way to wellbeing.
- Engagement with Iwi; the Māori Health Authority, the face of Māori – being Treaty based.
- Māori Health Authority funding.
- A Public Health Clinical Network paper proposing a strong relationship between Public Health and the Māori Health Authority, with colocation making these relationships easier.
- Where the disability sector sits in the reforms.
- Living longer as opposed to not being kept alive longer.
- Emphasis in terms of codesign and partnering with consumers and communities. The strategy being based on community and locality as the key foundations.
- The education system.
- The Health Charter.

Tracey Maisey, Executive Director, Planning Funding & Decision Support, undertook to provide updates to the Committee on where the disability sector fits in the reforms – the current position and ongoing developments.

A member advised that there is consultation with the Disability Community about what will happen, but the decision from Cabinet will not be made until September.

A member commented that current focus is on the legislation. No decisions are being made about anything else at this time. There is a real focus on how to frame and word what goes into the legislation. Consultation is very much about getting input into what people's expectations are and how that is described, so that it gets into the legislation correctly. The rest of the work will come after that.

Mr Keown thanked Dr Begg and Dr D'Aeth for the presentation.

5. COMMUNITY & PUBLIC HEALTH UPDATE

Dr Begg and Dr D'Aeth presented the report, which was taken as read.

In response to a query about sustainability of MIQ staffing, Ms Maisey advised that there had been a patch where there was trouble recruiting, but this has improved a little over the last six weeks. It will remain a continual challenge, as it is a difficult area to recruit to.

Mr Keown queried whether the Government was looking to do any promotion/advertising around the treatment of MIQ workers by some members of the public. Whether it is appropriate for the Government to comment or not, Ms Maisey could not pass judgement, but as an employer of staff, CDHB takes any abuse of staff extremely seriously and will be acting accordingly to support them and to put measures in place through the appropriate authorities to reduce the incidents. Wellbeing practices within the team are constantly be reviewed. Mr Keown commented that it is the greater community that is the problem. Ms Maisey undertook to talk to CDHB's Executive Director of Communications, who is in daily contact with the COVID-19 communications team in Wellington, advising it has been raised at this forum and that the Committee would like to express concern about ensuring there is government support for community messaging.

There were bouquets from members who attended the Orchard Road vaccination centre, as well as having received positive feedback from others.

There was a query about saliva testing, how it is progressing and whether it will be rolled out to the general population. Dr Begg advised that there are logistical issues with saliva testing – takes longer to get a sample; the need to be careful about what is consumed prior to giving a sample; and it being more difficult to analyse in the lab. Dr D'Aeth commented that of the MIQ workforce that is tested weekly and who were offered saliva testing, only one preferred to take it. A member commented that internationally saliva testing is not as effective and has not been picked up. Saliva testing has to be done every two days, which is not considered practical.

A member expressed ongoing frustration that the COVID-19 communication strategy continues to be led nationally.

In response to a query about the AllRight? campaign, Dr D'Aeth commented that it is important to be clear that Canterbury funding has ended, and that national funding has continued for nine months, but at a reduced amount. This is a disappointment. Mental health promotion, particularly through the evaluation of AllRight?, has shown that it works. It is cheap and it works across a lot of populations. Dr D'Aeth commented that the preference would be for this to sit in the Public Health funding stream, rather than the Mental Health funding stream, which is already so sought after. There is no money for mental health promotion. The member commented that there are such significant challenges across the country and this messaging lands in the community and speaks to the people, so it is really hard to comprehend that it is not something that would be funded long-term.

The Committee noted the Community & Public Health Update report.

Jo Kane retired from the meeting at 1.50pm.

6. CDHB WORKFORCE UPDATE

Jo Domigan, Head of Equity, Recruitment & People Partnering, presented the report which was taken as read.

Ms Domigan noted that a new team has been stood up - the Equity, Diversity and Inclusion Team. There is the voice of disability within that team.

In response to a query about what success would look like in the future, Ms Domigan advised a better understanding of numbers across the workforce of people who identify as having a disability and a better understanding of the diversity makeup of the workforce. Data would be better and acquiring data in a way that people would want to engage. From there, creating a number of initiatives that could better attract people who identify with lived experience of different diversity groups, disability being one. Would also have opportunities for those people who do work here already to come forward and share their experiences, challenges, what is going well and is successful, so that we can grow more of that. Need to both hire more in terms of diversity and also take better care of who we have.

A member commented that it is fantastic to see this work happening, and that it is being taken forward and in such a comprehensive way. Although not there yet, it is good to get some measure of where we are currently and then we can move from there. The member noted that reluctance previously was a worry about numbers and committing to some sort of ambition. The member would still like to see a target that we employ more disabled people, even we if are finding it difficult to measure it at the moment. Just that explicit ambition will bear fruit for the organisation. This does not exclude other groups in terms of creating a workforce that represents the community in that diversity. The member commented not to be frightened in stating the obvious and working towards it, even though it is hard to count.

Ms Maisey commented that this was a very good point - making a statement as an employer that our workforce needs to represent the community that we are providing services to.

A member commented that it would be good to measure the statistics on applicants.

The CDHB Workforce Update report was noted.

INFORMATION ITEMS

The following information items were received:

- Māori & Pacific Health Report: Questions & Answers
- Disability Steering Group Minutes: 26 March 2021
- 2021 Workplan

There being no further business the meeting concluded at 2.12pm.

Confirmed as a true and correct record:

_____ _____

Aaron Keown Date of approval
Chair

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 4 NOVEMBER 2021

	DATE	ACTION	REFERRED TO	STATUS
1.	06 May 2021	Facilities and Accessibility Issues	Dr Jacqui Lunday-Johnstone	Today's Agenda – Item 6
2.	01 Jul 2021	Where does disability sector fit in the Health Reforms?	Tracey Maisey / Kathy O'Neill	Verbal Update

CDHB POSITION STATEMENTS

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

PLANNING AND FUNDING UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Melissa Macfarlane, Team Leader, Planning & Performance**

APPROVED BY: **Tracey Maisey, Executive Director, Planning Funding & Decision Support**

DATE: **4 November 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Committee with an update on progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2021/22.

2. RECOMMENDATION

That the Committee:

i. notes the update on progress to the end of quarter one (July-Sept 2021).

3. SUMMARY

This is the first report against the 2021/22 Annual Plan.

In reading the report the Committee should be aware that much of the public health related activity is aligned to quarters two and four, as requested by the Ministry when setting the expectations for our Annual Plan. The first updates on this work will come through to the Board in the next quarters report. The report also reflects the commitment made by teams and local service providers to create positive change in terms of equity. The equity outcome focused actions have been identified throughout the report with the code (EOA).

Key Points to Highlight from Quarter One

- A strong partnership has been established to support the uptake of COVID vaccinations by Māori across Canterbury. The Māori/Indigenous Health Institute (*MIHI*) Māori mobile team has vaccinated at maraes and Māori providers at Maui Hornby, Maui South City and Ngā Hau E Whā. A whānau approach is being delivered where the whole whānau can come along and be vaccinated at one time. At the end of quarter one - we had provided first doses to 62.1% of our Māori population and 70.2% of our Pasifika population. The focus in quarter two was on engaging with young people and supporting events like Super Saturday to lift coverage rates.

- As part of the DHB's Accelerating our Future programme to support a pathway to financial sustainability the Clinical Procurement Workstream is focused on consolidating suppliers, and rationalising and standardising equipment and delivery models to reduce our procurement spend, without impacting on patient care. The top 20 areas of consumable spend have been identified and discussed with services to look for standardisation opportunities with savings beginning to be made across several contracts.

- The Waitaha Infant Feeding resource, a centralised database for midwives, has been developed by a focus group of the Canterbury Breastfeeding Steering group. Three key principles were identified and promoted in this resource: manaakitanga, kaitiakitanga and whanaungatanga to

support engagement with priority populations. The living resource was launched and blessed on 2 August 2021, in conjunction with World Breastfeeding Week.

- The DHB continues to collaborate with our community-based youth mental health and addiction providers, through the CYMHS and Manu Ka Rere networks, to develop an integrated response to the growth in demand for Child and Adolescent Mental Health Services. Community capacity has been expanded in quarter one with an additional 2 FTE added to the Manu Ka Rere network.

- The interdisciplinary Infection Prevention and Control (*IPC*) network continues to monitor overseas developments and advise on implications for the Canterbury region. This work currently has a strong COVID-related focus and is helping to ensure IPC policy and practice is fit for purpose and responsive to changes in COVID-19 epidemiology and is providing swift updates to key stakeholders on COVID-19 trends, detection methods and cluster control strategies.

- ScreenSouth, Waitaha PHO and He Waka Tapu have worked together to provide combined breast and cervical screening clinics for priority group women in the Ashburton area over the last quarter. The clinics were timed to occur while the mobile breast screening unit was in Ashburton and targeted to encourage uptake by Māori and Pacific women.

- He Waka Tapu and Purapura Whetu as integral members of the Te Tumu Waiora collective, are providing valuable insight into integration of services and the holistic approach of whānau ora and Kaupapa Māori services, to help increase the proportional uptake of Te Tumu Waiora by Māori. He Waka Tapu currently employ 4.3 FTE Health Coaches/Support Workers and Purapura Whetu 4 FTE. At the end of quarter one, 45% of Māori enrolled with general practice have access to Te Tumu Waiora (compared to 41% non-Māori/non-Pasifika) and approximately 13% of patients accessing Te Tumu Waiora identified as Māori.

- Initial progress has been made in capturing opportunities to improve acute care flow associated with the national roll out of the GP-referred MRI programme, through our Urgent Care Service Level Alliance (*UCSLA*). A data review and meeting with the local injury prevention specialist have highlighted a potential link with alcohol particularly in fractures in younger people. The need for a collaborative approach in addressing this issue has been recognized and ACC is interested in working collaboratively with representatives from the UCSLA to pursue this opportunity.

- A pre-assessment process has been introduced for colonoscopy patients to identify and mitigate barriers to attendance. This has significantly reduced late cancellations and missed appointments and support is being provided to those who identify barriers to enable them to attend appointments and access the care that they need.

- National digital enablement funding was provided to support the increased uptake of telehealth and virtual services across primary care, through service and consumer engagement, transition to new tools, training and increased visibility of telehealth use and access. Reporting from the three Canterbury PHO's highlights that general practices that had old IT systems have used the funding for updating computers and phone lines, purchasing cameras, internet and making plans to provide patient texts, to better enable virtual contact with patients. Quarter three reporting will highlight the uptake in telehealth and virtual services across general practice.

- Capacity and resource constraints due to COVID-19 lockdown and redeployment were the main reasons cited for actions that were not completed in quarter one. Lockdowns in August and September had an impact on several specialist services, particularly our colonoscopy service, where recruitment and equipment delays also combined to disrupt service planning. Since the

quarter ended, the first two procedure rooms have now opened (October 20) and taken the department capacity to a total of six procedure rooms, allowing an additional 2,500 additional procedures to be performed annually.

4. APPENDICES

Appendix 1: Annual Plan Report Quarter One

CANTERBURY DISTRICT HEALTH BOARD ANNUAL PLAN 2021/22

Status Report – Quarter One: July-September

Give Practical effect to Whakamaua - Māori Health Action Plan 2020-25

Planning Priority: Engagement and Obligations as a Treaty Partner			
Action to Improve Performance	**Milestones**	**Status**	**Comments on Progress**
Partner with iwi to undertake a collective redesign process to better tailor mental health and addiction services to local population characteristics and needs, and foster community-led solutions to prioritise health equity for Māori. (EOA)	Q1: Partnership Group established.	✓	The Partnership Group has been established, reflecting our commitment with Iwi.
	Q2: Process agreed and documented.	✓	Work has commenced, including appointment of a Project Manager and a Māori workstream.
	Q3: Co-design underway.		
Work in partnership with Manawhenua Ki Waitaha to support Māori representation on workstreams and governance groups across our system and cultural training for leadership Boards to raise their understanding and awareness of equity issues and obligations as a treaty partner. (EOA)	Q1: Training agreed for the CCN Alliance Leadership Team (ALT).	✓	Training has been agreed.
	Q2 Training provided for ALT and Māori represented on all CCN leadership groups.	↺	Training has been provided for ALT.
Work in partnership with Te Ohu Urupare, Ngai Tahu, the Māori/Indigenous Health Institute (MIHI) and local kaupapa Māori providers to ensure a Māori-led approach across a range of delivery models for the COVID-19 vaccination programme in Canterbury and support strong uptake by our Māori population. (EOA)	Q1: Report on provision of mobile marae-based and Māori led vaccination clinics.	✓ ★	A strong partnership has been established to support the uptake of COVID vaccinations by Māori across Canterbury. The MIHI Māori mobile team has vaccinated at maraes and Māori providers at Maui Hornby, Maui South City and Ngā Hau E Whā. A whānau approach is being delivered where the whole whānau can come along and be vaccinated at one time. As at 5 October we had provided first doses to 62.1% of our Māori population and 70.2% of our Pasifika population. The focus is now on engaging with young people and supporting Super Saturday to lift coverage rates.
	Q4: Māori population uptake of COVID-19 vaccinations.		
Engage with the Ministry of Health to offer Manawhenua Ki Waitaha members, Board and CCN Māori caucus members the opportunity to participate in the governance and leadership workshops developed by the Ministry. (EOA)	Q1-Q4: Leaders and Board members participate in training workshops.	✗	No update this quarter. With the COVID response taking precedent across the country it is unlikely that this action with be delivered.
Engage with the Ministry of Health and Health NZ to support participation of members of the DHB Board, local iwi and Manawhenua Ki Waitaha in national hui in relation to the development of the national Māori Health Authority. (EOA)	Q1-Q4: Opportunities identified and members participating in national hui.	✓	An Iwi Māori Partnership workshop was held with the Transition Unit on 31 August 2021.

Planning Priority: Whakamaua Objective: Accelerate and spread the delivery of kaupapa Māori and whānau-centred services			
Action to Improve Performance	**Milestones**	**Status**	**Comments on Progress**
Collaborate with training bodies, service providers and Manawhenua Ki Waitaha to build on existing workforce scholarship initiatives to promote health careers and engage young Māori in roles in our health system. (EOA)	Q3: Review 2020/21 demand and confirm investment for coming year.		
	Q4: Number of scholarships allocated.		
Engage with Kia Ora Hauora to promote and support employment pathways and opportunities with the DHB and other health service providers in Canterbury. (EOA)	Q1-Q4: Progress against regional and national targets.	↺	Contract is in place and this work is ongoing as per agreement with the Ministry of Health.

Progress the implementation of Te Tumu Waiora across general practice to support earlier intervention and improved outcomes for our population. (EOA) Ensure strong Māori workforce and provider representation in the provision of the programme to support the delivery of a culturally responsive service for Māori in need of mental health and wellbeing support. (EOA)	Q1: Two Māori providers engaged in the network.	✓	Two Māori Providers are engaged in Te Tumu Waiora and providing workforce and oversight to support the programme development.
	Q2: Proportion of Health Coaches that are Māori.		
	Q4: Proportion of Māori accessing the service.		
Collaborate with our community-based kaupapa Māori youth mental health and addiction providers, through the CYMHS and Manu Ka Rere networks, to develop an integrated response to addressing the rapid growth in demand for Child and Adolescent Mental Health Services. (EOA)	Q1: Youth capacity expanded.	✓	Youth capacity has been extended and the resource is being fully utilized.
	Q3: Centralised referral pathway agreed.		
Continue to invest in Whaiora Online with He Waka Tapu to support people to access online support to improve their health and wellbeing. (EOA)	Q4: Report on number of people engaged with the online service.		
Collaborate with Stop Smoking Practitioners from primary care and Māori and Pacific provider organisations to embed remote smoking cessation support (including telehealth, telephone and including home delivery of NRT), to improve continuity of support for people who are not able to access face-to-face services. (EOA)	Q4: Remote cessation service options are embedded as part of the wrap-around service.		
Work with Te Matau a Māui and Pegasus Health PHO, to support Māori providers to access HealthOne, as members of the integrated multi-disciplinary team, to improve the delivery of care and support to Māori in Canterbury. (EOA)	Q1-Q4: Report on expanded access.	↺	HealthOne is now successfully being used by the clinical staff at Te Puawaitanga ki Ōtautahi Trust. The HealthOne Equitable Access Project is underway and expected to be delivered in early 2022 (Q3) providing "HealthOne on the Web". This will enable access for health providers with limited technical capability or infrastructure.

Planning Priority: Whakamaua Objective: Shift cultural and social norms			
Action to Improve Performance	**Milestones**	**Status**	**Comments on Progress**
Embed the recruitment strategy introduced in 2020/21, to support Māori job applicants, who meet the minimum requirements for positions, to advance to the interview stage, to promote the diversification of our workforce. (EOA)	Q1: Pool of Māori to support interviews identified.	✓	A small pool has been identified and we are currently working to build a broader group of Māori kaimahi to support this.
	Q3: Impact of policy reviewed.		
Invest in the development of three new Equity and Diversity focused roles to support the DHB to attract, retain, develop and better utilise our Māori health workforce. (EOA)	Q1: Three new roles in place.	✓	Complete – all three roles have been filled.
	Q2-Q4: Monitoring of recruitment/retention.		
	Q4: Increase in the proportion of Māori in the DHB workforce.		
Working with the Executive Director of Māori and Pacific Health, undertake an evaluation of leadership roles across the DHB to identify opportunities to improve the diversity of representation in decision-making positions. (EOA)	Q1: Evaluation completed.	↺	This action will commence in Q2 as the Equity & Diversity team commenced shortly before COVID lockdown and were redeployed during that period.
	Q2: Actions to support increase diversity in leadership roles identified.		
Deliver equity and outcomes training for all new nursing graduates at each Nursing Entry to Practice intake to raise awareness of the differences in health	Q1-Q2: Equity and outcomes training delivered.	✓	All Nurse Entry to Practice (NETP) and Enrolled Nurse Supported into Practice Programme (ENSIPP) nurses attend study days incorporating the following:

outcomes and ways to improve care for Māori patients and their whānau. (EOA) Introduce a requirement for all nursing graduates to complete the Understanding Bias in Health Care module by the end of their first year of practice. (EOA)			Presentation to graduates from Hector Mathews (Executive Director of Māori & Pacific Health) in relation to Māori health access inequities and outcomes during the orientation study day. A session during orientation relating to equity run by Kaiārahi Matua – Tupu whānake me mana taurite (Workforce Development Lead – Māori and Equity). Presentation at the critical thinking day covering inequities within mental health services for our Māori and Pacific populations.
	Q4: All new graduates complete the Understanding Bias in Health Care module.		
Build on the collaboration with the University of Otago's Māori/Indigenous Health Institute (MIHI) to rollout the locally designed Hauora Māori Equity Toolkit to departments across the Christchurch campus, as a means of advancing the thinking and skill sets of our staff in responding to the needs of Māori and their whānau in hospital settings and reduce institution barriers to equity. (EOA)	Q1: Use of toolkit in Urology evaluated.	↺	Urology has started using the Hauora Māori Equity Toolkit. Initiation was delayed due to the COVID lockdown and the redeployment of key staff and evaluation is now expected to take place in early 2022.
	Q4: Number of departments engaged in the use of the toolkit.		

Planning Priority: Whakamaua Objective: Reduce health inequities and health loss for Māori			
Action to Improve Performance	**Milestones**	**Status**	**Comments on Progress**
Engage a summer student to evaluate the uptake of the Te Hā - Waitaha's Pregnancy Incentive Programme to identify barriers and strategies to further engage and retain young Māori women in the programme. (EOA)	Q1: Student engaged.	✓	Two Summer Students have been engaged and the Ethics application has been approved.
	Q3: Report delivered, and strategies identified.		
Develop an Immunisation Engagement and Communication Plan, in partnership with Māori, Pacific and other consumer voices in our communities, to help promote and increase education around the importance of immunisation, particularly amongst high need and hard to reach populations. (EOA)	Q1: Hui to develop and agree key messages.	✖	These Hui were planned for August but were delayed due to Covid Lockdown and redeployment of key staff onto the COVID vaccination programme. A decision has been made to delay these until we are in Level 1.
	Q2: Engagement and Communication Plan developed.		
Introduce a pre-assessment process for all colonoscopy patients to identify and mitigate barriers to attendance, and work in partnership with Māori and Pacific support workers to increase appointment attendance. (EOA)	Q2: Process in place.	✓	The pre-assessment process is already in place and being fully utilised. This has reduced the numbers of last-minute cancellations and missed appointments.
	Q3: Attendance report identifies areas for system improvement.		
Track and monitor engagement with the National Bowel Screening Programme (NBSP) to identify areas where participation is low and work with the NBSP Steering Group to recalibrate strategies to meet targets. (EOA)	Q1: Monitoring in place.	✓	The MOH is now providing a comprehensive outreach report, which supports outreach and targeted marketing. This has been utilised to plan future marketing campaigns and to identify general practices with hardest to reach populations.
	Q4: 60% of priority populations engaged in the NBSP.		
Refresh the DHB's Māori Health Performance Dashboard in line with the Whakamaua indicators	Q1: Refreshed dashboard presented at public Board meetings quarterly.	↺	Māori performance results are being captured and dashboards updated

set, the DHB's Māori Profile and the national System Level Measures, to increase access to performance results and encourage conversations about equity. (EOA)			quarterly. The new Health System Indicators are being confirmed and will begin to be published by ethnicity in January 2022.
	Q2: Online view developed.		
Produce and publish a quarterly progress report against the key Equity Outcome Actions in the Annual Plan. (EOA) Share the progress reports with Manawhenua Ki Waitaha and the DHB's Board to identify further opportunities to accelerate Māori health improvement and equity. (EOA)	Q1: Equity focused report developed.	✓	Report developed.
	Q2: Quarterly reporting underway.		

Planning Priority: Whakamaua Objective: Strengthen system accountability settings			
Action to Improve Performance	**Milestones**	**Status**	**Comments on Progress**
Engage Manawhenua Ki Waitaha, in the completion and circulation of our Māori Health Snapshot, to inform strategic thinking and identify opportunities to accelerate Māori health improvement. (EOA)[1]	Q1: Canterbury Māori Health Snapshot released.	↺	The work behind the Māori Health Snapshot has been largely complete, with the bringing together of a wealth of health data. Completing priorities have delayed the next step in pulling together a snapshot document from this work. Capacity for this work will be considered in the coming quarter.
Engage with Manawhenua Ki Waitaha on facilities development including regular engagement with the sub-committee on facilities development and collaboration from design phase forward for all up-coming major capital build projects. (EOA)	Q1-Q4: Quarterly meetings of sub-committee to engage on design and development.	×	No update this quarter.
	Q3: Annual facilities progress update provided to Manawhenua Ki Waitaha.		
Refresh our approach to providing Home and Community Support Services (HCSS) to better meet the needs of older Māori and their whānau. (EOA) In doing so: Facilitate the engagement of Kaupapa Māori service providers as a connected part of the HCSS network to increase the uptake of services by older Māori and their whānau. (EOA) Support mana motuhake by partnering with Māori to enable the development and utilisation of community-based support services for older Māori and their whānau. (EOA)	Q1: Funding mechanism agreed/approved to enable investment in a new approach.	↺	This work has been delayed while changes are made to service specifications. Expected completion dates for this work is now Q3.
	Q2: Number of Kaupapa Māori providers engaged in the delivery of HCSS.		
	Q4: Increased proportion of HCSS client base are Māori.		
Engage disabled Māori in the refresh of the DHB's Disability Action Plan to promote alignment with Whāia Te Ao Mārama the national Māori Disability Action Plan. (EOA)	Q2: Alignment of plans completed.	↺	Two meetings with Te Matau a Māui have been held and a Manawhenua disability member will join the Steering Group to assist with ongoing alignment.
In line with the regional Child Development Service work, enable the new Kaitautoko Māori role to support whānau to access Child Development Services and improve cultural competency within the existing workforce. (EOA)	Q2: Update on actions and activity.		
Engage a Māori Clinical Lead to support an equity focus across HealthPathways to highlight areas of inequity and unmet need to general practice, alongside treatment and referral pathways. (EOA)	Q1: Active review of HealthPathways content underway.	✓	This work is underway and is being supported by the new Māori Clinical Lead who is helping to upskill the DHB's HealthPathways team.
Continue to track appointment attendance rates to identify system barriers and unmet need for Māori. (EOA)	Q1: Reporting is on the Executive and Operational leadership agenda.	✓	DNA tracking is in place. A draft social equity adjustment policy/protocol has been developed

[1] This work was delayed in 2020/21 due to resource constraints and redeployments and has been prioritised for 2021/22.

Support services with the lowest rates of attendance to consider learnings from previous reviews to support improved service access for Māori. (EOA)			to increase the visibility and prioritisation of Māori in patient management systems, processes and reporting. This has been socialised with the DHB's Executive Management Team, Surgical Leads, and Planning and Funding and is being discussed at the Canterbury Clinical Network in November 2021.
	Q2: Services identified for further support.	✓	Oncology has been identified as the next service to support.
	Q4: Increase in Māori attendance rates for outpatient clinics – baseline 93% (2019/20).		
Increase emphasis on the use of performance and population health data to support external service provider reviews and realign resources and funding to support increased/equitable access to services for Māori. (EOA)	Q1: Refreshed contract review process in place.		A new electronic contract tracking process was launched in October. This is supported a fresh approach to the management of contracts by the Planning & Funding division.
	Q4: Investment reviews indicate refocus of resource to improve equity.		

Improving sustainability (confirming the path to breakeven)

Planning Priority: Short term focus 2021/22			
Action to Improve Performance	**Milestones**	**Status**	**Comments on Progress**
Implement the Kowhai Programme (funded by national sustainability funding) to improve the physical and cognitive functioning and wellbeing of older adults and reduce and/or mitigate the impacts of hospital acquired delirium.[2] Focus on implementing a trained volunteer programme and providing meaningful engagement and a person-centred approach, to improve health outcomes and support the financial sustainability of our health system. Engage with Manawhenua Ki Waitaha to determine an appropriate pathway for seeking expressions of interest in participation in the programme to increase the diversity of our volunteer workforce. (EOA)	Q1: Volunteer recruitment and training complete.	↺	Recruitment of Kairuruku Hotaka (Programme Coordinator) was delayed but is now in place and a training programme has been developed. Recruitment for volunteers is commencing first week of October.
	Q2: Feedback and review processes in place tracking patient, whānau and staff experience.	↺	Patient, whanau, and staff experience measurement tools developed, and baseline evaluation measures confirmed.
	Q4: Reduction in adverse outcomes associated with hospitalisation - pressure injuries and patient falls.		
	Q4: Reduction in the use of pool and agency staff for close observation - avoided costs anticipated at $100k.		
As part of the Accelerating our Future programme, use local and national service analytics to identify opportunities for prioritising investment, enhancing productivity, and capturing workforce, information technology and operational efficiencies to support a pathway to financial sustainability for the DHB and the wider Canterbury health system.[3]	Q1: Progress on delivery of the Improvement Plan agreed in 2021/22.	✓	Progress is underway with delivery against the agreed Improvement Plan, with the rehoming and redesign of corporate functions moving forward. The timeline for completion of the rehoming and redesign is Q3 of 2021/22.
	Q2: Impact of the DHB's refreshed Delegations Policy reviewed.	↺	The Delegations Policy review is on track to demonstrate improvements.
	Q4: Reduction in operating costs anticipated at $1-3m.		
As part of the DHB's focus on strengthening production planning, enhance production planning for endoscopy services to ensure we have the capacity required to sustainably meet the growing	Q1: Phase one of the new procedure rooms operational, expanding internal capacity.	✗	Due to nursing shortages and shipping delays for specialist equipment, opening of the new procedure rooms has been delayed until October (Q2).

[2] The DHB secured national sustainability funding for six projects in 2020/21 and this action reflects one of those six initiatives.

[3] This programme is also reflected in the Medium-Term Focus table following.

demand associated with implementation of the National Bowel Screening Programme. Focus on reducing long waits for colonoscopies, ensuring equity of access for our population and reducing dependency on private providers to improve health outcomes and support the financial sustainability of our health system.	Q2: Pre-assessment process in place to reduce cancelled and missed appointments.	✓	The pre-assessment process is already in place and being fully utilised. This has reduced the numbers of last-minute cancellations and missed appointments.
	Q3: Second procedure room operational.		
	Q4: Reduction in outplacing/outsourcing costs anticipated at $600k.		

Planning Priority: Medium term focus (three years)			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Capture opportunities provided through the national digital enablement funding and COVID-learnings to build on and increase the uptake of telehealth and virtual services across primary, community and secondary care settings. Focus on increased consumer engagement, access to earlier intervention to reduce acute presentations and admissions, and shared learning opportunities for service providers to support the sustainability of our system and improve equity of access across the region.	Q2: Increased utilisation of the MHERC online platform to support virtual service delivery by primary and community mental health service providers.		
	Q2: Two secondary services engaged in the Planned Care Enhanced Telehealth Reach programme with locations scoped.		
	Q3: Feasibility of virtual ward concept considered, and areas of focus confirmed.		
	Q4: Remote smoking cessation service options are embedded as part of the wrap-around Stop Smoking service.		
In partnership with clinical leads, develop and implement a clinical service planning process, for each of our major clinical service areas, that integrates a ten-year forward look with annual production planning to bring activity, workforce, facilities and financial management together into an integrated forward focused plan.	Q1: Framework, model and prioritised plan agreed.	↺	Draft framework developed, pending sign off by clinical Executive. Agreed pilot of framework and Partnership in Design model in Haematology.
	Q2: Approach tested on two service areas in rapid 30 days PDSA cycle.		
	Q3: Planning partnership and tools in place to support adoption of clinical planning process across all major clinical areas.		
Continue to implement the DHB's Accelerating our Future programme to support a pathway to financial sustainability including delivery of the following three workstreams:			
Clinical Procurement: Using local and national data and analytics, identify opportunities to reduce clinical consumable expenditure by 5%. Focus on consolidating suppliers, and rationalising and standardising equipment and delivery models, without impacting on patient care.	Year 1: Top 20 clinical consumables identified in terms of costs and focus underway to reduce the spend in these areas - anticipated savings $2-5m.	↺ ★	Top 20 areas of consumable spend identified and discussed with services to look for standardisation opportunities. Savings already being made in contracts identified.
	Year 2: Ongoing consumable and procurement focus identifies $2m savings.		
	Year 3: Ongoing consumable and procurement focus identifies $2m savings.		
Out-sourced and Outplaced Activity: Using local and national service data and analytics, identify opportunities to increase internal theatre efficiencies and improve the flow of patients through our system to support system	Year 1: Capacity efficiencies reflected in increased internal theatre use, maximum out-sourced and outplaced activity spend of $37m.	↺	Outsourced contracts have been completed for the first six months delivery (2021/22). Ongoing planning around workforce constraints are underway with combined recruitment plans to resource more internal theatres. A data review is underway to provide a

sustainability and reduce operating costs by minimising outsourcing and outplaced activity. Focus on increasing the capacity of our anaesthesia resource to utilise internal theatre sessions fully and increase capacity across Waipapa through internal efficiency gains.			reporting suite to services to support planning.
	Year 2: Ongoing data driven efficiency focus reduces maximum spend to $27m.		
	Year 3: Ongoing data driven focus reduces maximum spend to $17m.		
Information Support Services: Identify opportunities to improve governance and administrative processes, integrate application services and moderate service growth to support the sustainability of services and reduce operating costs. Focus on activity to capitalise labour rate savings while targeting vacancies, leave accrual and consumption-based commodity Information Technology.	Year 1: Streamlined governance and administration processes in place, reduction in external contractors and total Information Technology spend of $2m.	↺	Transparent governance and administration processes are now in place. Opportunities are expected to be identified in Q2.
	Year 2: Ongoing reductions in the total Information Technology spend $2m.		
	Year 3: Ongoing reductions in the total Information Technology spend $2m.		

Improving Maternal, Child and Youth Wellbeing

Planning Priority: Maternity Care			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Complete the transfer of the DHB's primary birthing unit from Lincoln Hospital to the Selwyn Health Hub to support improved service delivery to the growing population in the Selwyn district and ensure appropriate use of the tertiary level capacity at Christchurch Women's Hospital.	Q3: Selwyn Health Hub operational.		
Utilise the findings of the Maternity Post-COVID lockdown survey to better inform future service planning. In doing so: through our Consumer Council, establish closer links with community providers to support women and whānau to access necessities (i.e. food and housing).	Q1: Closer links with community providers established.	✓	A Webinar has been established to facilitate tracking of reliable information and enable the opportunity to ask questions.
Further develop telehealth processes to better enable access to virtual maternity services across primary and secondary rural settings to support our primary birthing units and reduce the need for women to travel. (EOA)	Q4: Increased access to virtual services tracked.		
Establish a community-led oversight group to determine the workplan priorities that will support implementation of Canterbury's Maternity Strategy – with strong Māori & Pacific leadership to ensure the equity focus on the Strategy is realised. (EOA)	Q1: Community-led oversight group established.	✓	A Community maternity workplan group has been established it includes key members from our communities, NGOs, and secondary services.
	Q2: Engagement underway.	✓	Work is underway on developing a workplan and priority areas of focus.
	Q3: Maternity Strategy workplan complete.		
Establish an oversight group to review registration rates with Lead Maternity Carers and core midwives within the first 12 weeks of pregnancy, by ethnicity and locality, to identify and address common barriers to access. (EOA).	Q1: Oversight group established.	✓	LMC registration by 12 weeks has been highlighted through the discussions of our maternity workplan group and will be worked through as part of the development of our Maternity workplan.
	Q3: Opportunities identified.		
Develop more specific supports for pregnant Māori, Pacific and Indian women and their whānau, to promote engagement with maternity services for priority populations. (EOA)	Q3: Community consultation series undertaken to identify barriers for engagement.		

Undertake a review of access to ultrasound services in rural locations and by ethnicity, with a focus on achieving equity of access across the Canterbury region. (EOA)	Q1: Access rates analysed.	✖	COVID lockdown has delayed this piece of work and it is now intended that it be completed in Q3.
	Q3: Pathway improvements implemented.		
Bring Pacific and Pregnancy & Parenting education (PPE) providers together to develop a PPE programme aimed at Pacific women to improve engagement with services. (EOA)	Q1: Oversight group in place.	✖	This piece of work has been delayed due to resource constraints and the redeployment of staff onto COVID response work. Capacity will be reconsidered in Q3.
	Q3: Options considered and implemented.		
Review and refine SUDI prevention activity and service engagement in Canterbury to ensure we continue to meet the needs of our priority populations. (EOA)	Q1: Distribution of safe sleep devices reviewed.	✓	Annual Safe Sleep Devices distribution data has been reviewed by SUDI governance group. Gaps in reporting have been identified and processes are being implemented around improving reporting compliance.
	Q2: SUDI Governance Group workplan updated.		
Support the Canterbury Breastfeeding Steering Group to work in partnership with priority communities to implement the Breastfeeding Action Plan. Develop an electronic breastfeeding resource for LMCs which includes specifics for engaging with and supporting priority populations. (EOA) Review breastfeeding services and resources/communications with an equity lens, to improve engagement with priority populations and lift breastfeeding rates. (EOA)	Q1. LMC resource launched at World Breastfeeding Week.	✓ ★	The Waitaha Infant Feeding resource, a centralised database for midwives, has been developed by a focus group of the Canterbury Breastfeeding Steering group. Three key principles were identified and are promoted in this resource: manaakitanga, kaitiakitanga and whanaungatanga and the living resource was launched and blessed on 2 August 2021, in conjunction with World Breastfeeding Week.
	Q2. Equity lens review of services and communications underway.	✓	A mapping of all breastfeeding related services in Canterbury is underway to support future service planning. This map details current access (including cost and location), workforce diversity and utilisation of services at the various points in the breastfeeding journey with respect to meeting the needs of Māori, Pacific, Asian, Rural, and young parent whānau.
	Q4. Increase in the proportion of babies exclusively or fully breastfed at three months – baseline Māori 50%, Pacific 54% (2019/20).		
Work regionally to review referral process to Well Child Tamariki Ora services, as part of the South Island Alliance WCTO Quality Improvement initiative and implement the national Well Child Tamariki Ora review recommendations (expected Q2 2021/22). In doing so seek to improve the sustainability and flexibility of the service delivery model to support and enable a whānau ora approach. (EOA)	Q1: Current pathway reviewed.	↺	Canterbury service providers are participating in the service model and service funding analysis being led by the MoH.
	Q3: Service improvement opportunities implemented.	↺	The DHB has been allocated additional sustainability funding to support Tamariki Ora Providers – this funding will allow providers to increase capacity and capability and a proposal for allocation is current being progressed. Work is also underway to support improved IT for WCTO providers to ensure consistent data collection.
Identify opportunities to streamline processes for the Newborn Metabolic and Hearing screening programme, to ensure we are adhering to lead	Q1: Review of pathways across all birthing facilities.	✖	This has not been completed due to capacity constraints, we anticipate being able to commence the pathway review in Q3.

times and enabling earlier intervention and treatment.	Q3: Introduction of a paper free system with LinKIDS to support enrolment.		
Building on the CCDM implementation, use Trendcare data from maternity services to identify and respond to workforce gaps and ensure safe staffing levels.	Q2: Trendcare data reviewed.		
	Q4: Workforce realigned.		
In line with our Maternity Workforce Plan, develop key messaging and pipelines to promote career pathways into midwifery with a focus on Māori & Pacific students. (EOA)	Q2: Maternity workforce ethnicity mapped to identify gaps and focus.		
Connect in with the South Island Workforce Development Hub, the Kiaora Hauora programme, ARA and the national work on the development of a midwifery pipeline.	Q4: Partner with relevant education and health providers to develop key messaging.		
Review the current processes in place for Perinatal & Maternity Mortality Reviews to enhance performance, capture opportunities to strengthen and align transalpine processes with the West Coast DHB.	Q1: Review complete.	✓	Findings from review have been implemented.
Strengthen engagement between Maternity leadership and Canterbury's Suicide Prevention Governance Group to enhance our first 1,000 days response for women and whānau experiencing maternal mental health distress	Q2: Joint meeting held.		
	Q3: Ongoing engagement opportunities identified.		
Improve the Community Dental Service's recall system by confirming the criteria for clinical need, refining the processes which identify Māori and Pacific pre-school children who are not enrolled with the service and actively engaging with their whānau to link them in with the oral health service. (EOA) [4]	Q1: Process improvements identified.	✓	The recall process has been moved to a 6month, 12month or 18month recall system prioritsing our hard to reach population groups. This process has assisted the DHB in targeting those most a need of assessment and support.
	Q2: Improvement actioned.	✓	
	Q4: Improvement in pre-school enrolment rates: baseline –Māori 82%, Pacific 86% (2019/20).		
Implement the Well Child Tamariki Ora project to improve oral health literacy for parents of 0-2year-olds, to strengthen caregivers' understanding of oral health and improve outcomes for children. Advocate for policies that will improve oral health for our most vulnerable populations, including water fluoridation, healthy school lunches and policies that reduce poor oral health for children.	Q3: Oral Health Literacy Project underway.	↺	Work is underway at national level, led by the MoH, to improve access to Toothbrushes and Toothpaste. We have been working with the MoH to determine the level of education that will support this role out with the intention that the DHB will support this work with our own local health literacy programme.
	Q4: Reduction in the equity gap for Ambulatory Sensitive Hospital Admissions for children 0-4: baseline – Total Population 4,001 per 100,000, Māori 6,842 per 100,000.		

Planning Priority: Immunisation			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Undertake a quality improvement review of the current process undertaken by the National Immunisation Register team to identify children	Q1: Review complete.	↺	Work is underway to better understand the data from the new Qlik reports. This has been delayed due to capacity issues within the team and the COVID vaccination

[4] Dental conditions are the fifth largest contributor to Canterbury's Ambulatory Sensitive Hospital Admission rates for children aged 0-4 years and this work is expected to help to reduce avoidable hospital admissions and improve long-term oral health outcomes.

from infancy to age five who are overdue for immunisations to lift immunisation coverage rates. National Immunisation Register and National Enrolment Service ethnicity for children match and if not, the child's ethnicity is confirmed. (EOA) Māori and Pacific children overdue for vaccinations are referred to the Missed Events Service within the agreed timeframes. (EOA) Māori and Pacific families, who agree to be referred to Outreach Immunisation Services, are given a priority referral. (EOA)			programme taking precedence. This work will be completed in Q2.
	Q2: Processes confirmed and updated with the team.	↺	The team has developed a way to streamline referrals to the Outreach Immunisation Service and is working to implement these improvements.
	Q3: Improvement in Māori and Pacific coverage rates across all age milestones.		
	Q4: National targets are met across all age milestones.		
Hold a Hui to develop an Immunisation Engagement and Communication Plan, in partnership with Māori, Pacific and other consumer voices in our communities, to help promote immunisation and increase education around the importance of immunisation, particularly among high need and hard to reach populations. (EOA)	Q1: Hui on key messages.	✖	These Hui were planned for August but were delayed due to Covid Lockdown and redeployment of key staff onto the COVID vaccination programme. A decision has been made to delay these until we are in Level 1.
	Q2: Plan developed.		
Identify two priority actions from the Immunisation Engagement and Communications Plan to deliver in 2021/22.	Q2: Priorities identified		
	Q4: Two priorities delivered.		
Partner with the Māui Collective and Community & Public Health team to develop and deliver community-led education and awareness sessions for providers on the importance of immunisation for Māori. (EOA)	Q3: Annual sessions planned and delivered.		
Develop a process to data match between general practice and National Immunisation Registers to improve the identification of Kaumātua Māori, to enable this group to be prioritised and followed-up for Influenza vaccinations. (EOA) Engage with Te Puawaitanga, as a Kaupapa Māori partner, to support the delivery of vaccinations to Kaumātua Māori. (EOA)	Q1: Data matching process agreed and underway.	✓	Data matching occurred in Q1.
	Q3: Increase in Māori influenza vaccination coverage: baseline 42% (2019).		
Provide an updated process chart to general practice to raise awareness around the timeframes for the new 12-month immunisation event.	Q1. Updated process chart distributed.	✓	The process chart has been reviewed and it has been agreed it does not currently require updating.
Develop a pathway to identify children who are overdue for their 12- and 15-month immunisations to link them back to the general practice and support the practice to prioritise and reach the families of these children.	Q1: Pathway agreed and implemented.	✓	This pathway has been developed and general practice are being informed of overdue children.
Provide quarterly reports on performance to the CCN Immunisation Service Level Alliance to support conversations about equity and opportunities for improvement. (EOA)	Q1-Q4: Quarterly performance reports discussed.	✓	These reports are shared at the two monthly ISLA meetings and are used to drive targeted conversations.
Collaborate with general practice and the COVID-vaccination team to ensure that both programmes are well resourced and delivery of the COVID-programme does not negatively impact on the delivery of childhood vaccinations.	Q1: Recruitment of new vaccinators for the COVID-19 programme.	✓	COVID-19 vaccination capacity is keeping up with demand across Canterbury – with vaccinators supporting mass vaccination clinics and community clinics.
Work with general practice to ensure ongoing visibility and delivery of the national childhood immunisation programme.	Q1-Q4: Quarterly newsletters to general practice highlight the childhood programme.	✖	This work has not occurred in Q1 due to capacity constraints.
Ensure that capacity is maintained across LinKIDS, Missed Events and Outreach Teams to support delivery of childhood immunisations, undertaking monthly meetings with service providers to identify staffing requirements and monitor coverage.	Q1-Q4: Monthly monitoring of overdue children, including outreach waitlists.	↺	This process continues, however there are concerns around the high number of children being referred by GPs and the capacity of OIS to see meet demand. We are monitoring this closely.

Planning Priority: Youth Health and Wellbeing			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Confirm membership of the Rangatahi Work Group of the Child and Youth workstream, with at least two regular members who bring a youth perspective, to ensure that the youth voice, especially that of Māori and Pacific, is well heard and influences system level planning and improvement approaches in Canterbury. (EOA) In partnership with rangatahi, identify and prioritise actions to address access challenges and improve the utilisation of youth appropriate health services in Canterbury.	Q1: Membership of Rangatahi Work Group confirmed.	✓	Membership confirmed – four members bring a youth perspective to ensure a minimum of two at each meeting for safety, two are high school age and two over 18, two are Māori.
	Q2: Workplan completed and approved.	↺	Actions have been identified and prioritised by the group and a workplan drafted. This has been presented to the Alliance C&Y support group for consideration.
	Q4: Minimum of two priorities from the Workplan actioned.		
Engage with the findings from the Youth Oral Health Survey, presented to the Transalpine Oral Health Service Development Group (OHSDG) in 2020/21, to improve youth engagement with oral health services. Collaborate with the Community Dental Service, OHSDG, OHSDG Equity Sub-Group, Te Kāhui o Papaki Kā Tai and Pacific reference groups to complete a Health Promotion and Education Plan with practical actions to address the barriers identified in the following five key areas: education, relationships, communication, logistics, and apathy. (EOA)	Q1: Youth Oral Health Survey results revisited.	✓	The transalpine adolescent oral health working group has reviewed the key findings from the survey and developed a workplan to progress actions to address the findings. Improving access to information and how that information is presented are two priority areas of focus.
	Q2: Health Promotion and Education Plan completed.	✓	Health Promotion and Education Plan completed and endorsed by the OHSDG and OHSDG Health Equity group.
	Q4: Minimum of two priorities from the Plan actioned.	↺	Two priorities from the Plan: implementing the WCTO project around the Oral Health of children aged 0-2, and better engaging parents in Oral Health messaging during Year 8 transfer of care process are both in progress.
Providers will incorporate the key feedback from the Youth Health Survey, undertaken in 2020/21, into their continuous improvement plan for each school to ensure young people's needs and aspirations are influencing service provision and delivery models, and to increase engagement with the School Based Health Service (SBHS).	Q1 Continuous Improvement Plans reviewed.	✓	Reviews completed.
	Q4: Student Survey repeated.		
Engage with DHB regions where telehealth options have been used for delivery of SBHS, to understand how Canterbury might introduce a similar service option for SBHS where face-to-face service delivery is not possible.	Q1/Q2: Learnings from other regions captured.	↺	In progress.
	Q3/Q4: Logistics investigated, and options put forward.		
Use learnings from the 2020 lockdown to confirm a prioritisation process with providers and schools for the most at-risk individuals. This will ensure those who could not be physically seen in the event of a lockdown are still able to be supported in some capacity and/or seen in person first after a lockdown. (EOA)	Q2: Learnings captured, collated and reviewed.		
	Q4: Prioritisation process drafted and tested		

Planning Priority: Family Violence and Sexual Violence			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Refine and embed the process of contributing to the Integrated Safety Response (ISR) Programme virtually, using a secure online platform, to ensure that staff can work remotely to address family violence in the event of further escalation of lockdown levels.	Q1: COVID-19 learnings refined, and process finalised.	↺	This plan remains in draft. All agencies have fed back that the plan requires more real time health participation.
	Q2: Systems in place to support continued remote work as required.		

Provide staff in key areas with core, refresher or Violence Intervention Programme (VIP) training, to ensure staff understand and implement Child Protection and Partner Abuse & Neglect policies and contribute to reducing family violence by increasing screening rates and enabling faster access to Family Harm services for patients.	Q1-Q4: Audits undertaken to evidence increased delivery of training.	↺	The Child and Family Safety Service keeps track of the current numbers of those who have received training. Unfortunately, training was cancelled during this latest lockdown.
	Q4: Number of DHB staff attending training sessions: baseline 560 staff (2020).		
Increase communication about processes for sexual abuse referrals and service provision with local stakeholders including general practice, schools, Police and Māori and Pacific services providers, to raise awareness of services for people working with our priority populations (EOA).	Q1-Q4: Korero with external stakeholders.	↺	In recent months training and education sessions have been completed with West Coast and Canterbury Oranga Tamariki teams, general practitioners, Police, Māori Health Workers, Paediatric Rep and the DHB's Child and Adolescent Mental Health Services. Education with Pacifica providers is outstanding and will be considered in the coming quarters.
Establish regular meetings with other sexual assault service providers, including START Healing (sexual abuse early intervention and counselling) and SASSC (Sexual Assault Support Services Canterbury) to improve our integrated services response.	Q1: Demonstrated participation in upcoming SASSC Youth Project.	✓	Contribution to the SASSC Youth Project was completed with several recommendations coming from the Child and Family Safety Service Sexual Abuse Service.
	Q4: A minimum of three Child & Family Safety Service, Oranga Tamariki and Policy inter agency meetings held.		
Commit to participation at the National VIP Forum, sharing knowledge and learnings to better support staff to gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Q3: Staff participate in National VIP Forum.		
	Q1-Q3: Staff participation in Regional Forums.	↺	The latest regional meeting was cancelled due to lockdown. The next meeting has been rescheduled for the 29-Oct-2021.
Through the recently established Newborn Uplift Steering Group and in consultation with the NICU Steering Group and local Iwi, consider and incorporate the new national standards in the development of a DHB Newborn Uplift Policy that ensures mana stays intact and parental involvement is assured. (EOA)[5]	Q2: National Standards reviewed and considered.		
	Q3: Newborn Uplift Policy drafted and circulated for feedback and approval.		
	Q4: Policy implemented.		

Improving Mental Wellbeing

Planning Priority: Improving Mental Wellbeing			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Work with partner health and social service agencies to support individuals, whānau and communities to access the resources they need to live in healthy environments that support their mental health and wellbeing.	Q1: Routine multi-agency meetings underway.	✓	Fortnightly multi-agency meetings are being held to discuss complex clients.
Coordinate a multi-agency group to generate wrap around solutions for people with complex needs, with a community-based clinical role established to bridge the gap between agencies for priority populations. (EOA)	Q1: Clinical FTE in place.	✓	A new clinical FTE has been recruited to and is working to support agencies to identify solutions for priority populations.

[5] National standards are being developed by the Ministry of Health in conjunction with Oranga Tamariki and Police, to inform regional frameworks and policies.

Investigate opportunities to enhance primary and community providers' access to the MHERC online platform, to support increased virtual service delivery and enable access to mental wellbeing online resources.	Q1: Establish uptake baseline.	✓	431 E-books and 96 Audiobooks have been added to the new MHERC online collection since Q3 last year.
	Q4: Increased utilisation of the online platform.	↺	162 professional development workshops have been delivered on the secure online platform in the last six months March-September 2021.
Establish a cross-system mental health leadership group, to plan, monitor and review the psychosocial response and enable a rapid integrated response from mental health services in the event of any future pandemic outbreak. Ensure membership from Māori and Pacific as well as primary, community, NGO and specialist services and close links to district multi-agency psychosocial group coordinated by Community & Public Health. (EOA)	Q1-Q4: Routine meetings with demand and service utilisation data available to review.	✓	Leadership group established, and meeting as required with strong representation from across the system.
Partner with iwi to undertake a collective redesign process to better tailor mental health and addiction service to local population characteristics and needs and foster community and kaupapa Māori-led solutions to prioritise health equity for Māori. (EOA)	Q1: Partnership Group established.	✓	Partnership Group has been established.
	Q2: Process agreed and documented.		
	Q3: Co-design underway.		
Progress the implementation of Te Tumu Waiora across general practice, embedding and strengthening the programme to support earlier intervention and improved outcomes for our population. Ensure strong Māori workforce and provider engagement in the programme to support service uptake by Māori in need of mental health and wellbeing support. (EOA) Ensure alignment across all newly funded mental health initiatives including Youth, kaupapa Māori and Pacific programmes, irrespective of funding source, to further expand primary mental health and addiction support in communities. (EOA)	Q2: A further 6 FTE Health Improvement Practitioners (HIPs) and 6 FTE Health Coaches/ Support Workers recruited.	✓	Good progress is being made with implementation of Te Tumu Waiora. A further 4.6 HIPs and 4.4 HCs are now in place or in the process of being recruited and additional practices are planning to implement the model.
	Q2: Increased proportion of Health Coaches are Māori.	↺	Diversity of the Health Coach workforce has been identified as a concern and recruitment of Māori Health Coaches is a priority. Workforce diversity data is currently being collated.
	Q4: Total of 26.2 HIPs and 33.8 Health Coaches/Support Workers in place.		
Work with the Ministries of Health and Education to determine the approach to transitioning mental health support in schools, in alignment with the national model, influenced by the experience gained through Mana Ake.	Q1: Clear transition plan agreed.	↺	Transition planning has commenced, with expected completion in Q2.
Collaborate with our community-based youth mental health and addiction providers, through the CYMHS and Manu Ka Rere networks, to develop an integrated response to addressing the rapid growth in demand for Child and Adolescent Mental Health Services.	Q1: Youth capacity expanded.	✓ ★	An additional 2 FTE was established in the Manu Ka Rere network during Q1 to support an integrated response to demand for support from young people.
	Q3: Centralised referral pathway agreed.		
As part of the regional hub and spoke model for community-based withdrawal services, fund a Kaupapa Māori withdrawal management nurse in He Waka Tapu to support increased engagement with Māori. (EOA)	Q1: Service operational.	✓	Service Operational.
	Q4: Progress report on service delivery.		
Progress the change proposal for our Te Korowai service, completing the recruitment of Pukenga Atawhai and embedding the roles into clinical teams, to strengthen the cultural responsiveness of specialist service delivery. (EOA)	Q1: DHB recruitment and change process complete.	↺	Recruitment of Pukenga Atawhai is ongoing and is partially achieved. Progressing the Direction for Change continues with the focus remaining on increasing the spread of staff across the clinical teams.

Establish a pathway to give Pacific people with serious mental illness the option to transition from specialist services to community care provided by the Etu Pasifika to expand primary mental health and addiction support in communities. (EOA)	Q3: Pathway developed.		
	Q4: Pathway in place.		
Undertake a mapping exercise to identify where people are not getting follow up care within seven days post-discharge from specialist services and develop communications to strengthen the links between specialist providers and address barriers to support.	Q1: Mapping completed.	✓	People not followed up within seven days post discharge have been mapped to the teams responsible for their care. The teams have been tasked with checking the data and reporting on the reasons that no follow up occurred to help improve processes and support for people on discharge from our services.
	Q2: Communications implemented.		
	Q4: Review of rates.		
As part of continuous improvement, review discharge processes where no or inadequate discharge plans are documented and implement improvement processes to ensure all inpatients have discharge plans in place.	Q2: Results of review collated.		
	Q4: Review impact of improvement process.		
Develop a centralised referral pathway for youth referrals to ensure people are getting access to the level of intervention needed and wait times are minimised.	Q3: Process agreed and documented.		
	Q4: Process implemented.		

Improving Wellbeing through prevention

Planning Priority: Communicable Diseases – Current Context – COVID-19			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Implement the key actions in our COVID-Programme Plan, COVID-19 Response Plan, and COVID-19 Quality Plan developed by our Community & Public Health team to minimise COVID-19's impact on health, wellbeing and equity in our communities, and support a positive community response. (EOA)	Q2: COVID-19 status and response reported to the Ministry.		
	Q4: COVID-19 status and response reported to the Ministry.		
Monitor and report communicable disease trends and outbreaks.	Q2: Number of reports sent to health professionals.		
	Q4: Number of reports sent to health professionals.		
Follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate responses. (EOA)	Q2: Number of notifications completed.		
	Q4: Number of notifications completed.		
Identify and control communicable disease outbreaks, with a focus on culturally appropriate responses. (EOA)	Q2: Number of outbreaks recorded.		
	Q4: Number of outbreaks recorded.		

Planning Priority: Environmental Sustainability			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Update the Staff Vehicle Transport Policy with additional focus on environmental considerations, including guidance on use of multi-person public	Q1: Draft finalised and circulated for review.	↺	COVID lockdown delayed this would but a draft is being finalised and will be ready for circulation in Q2.

transport and alternative transport options for Essential Workers during escalated COVID-levels.	Q2: Final Policy approved by Executive Management Team and implemented.		
Investigate the reimbursement of employee costs for use of alternative forms of electric transport such as e-scooters or e-bikes in place of reimbursement for fossil fuel travel option such as taxis, improving our environmental footprint and reducing risks of multi-person transportation alternatives during COVID-19 alert levels.	Q1: Scoping complete.	✓	This work has been completed and referenced in the DHB's Transport Policy. Employees can reclaim costs through business expense reimbursement.
	Q2: Recommendations put forward for approval.	✓	
	Q4: Policy implemented.	✓	
Partner with the Digital Wings Trust to refurbish the DHB's old IT equipment for reuse in the community, to reduce the impact of disposal on the environment and support increased access to digital tools by community groups, individuals and whānau who might not otherwise access digital health options. (EOA)	Q2: Report on use of DHB equipment in the community.		
	Q4: Report on use of DHB equipment in the community.		
Partner with defence, probation, faith-based organisations and the NZ High Commission in Samoa to coordinate the redistribution of DHB clinical equipment no longer in use to the Pacific Islands, to reduce the impact of disposal on the environment and increase access to health treatment for individuals and families in the Pacific Islands. (EOA)	Q2: Opportunities identified.		
	Q4: Clinical equipment re-homing completed.		
Complete the replacement and decommissioning of the DHB's remaining coal boilers at Christchurch and Ashburton hospitals to further reduce total emissions and meet the DHBs obligations under the Carbon Neutral Government Programme. Measure verify and report emissions annually to support the setting of credible emissions reduction targets and plans for 2025 and 2030.	Q2: Commissioning of the Christchurch hospital biomass boilers.	↺	Commissioning is now expected to happen in Q3 due to COVID related delays.
	Q4: Commissioning of the Ashburton hospital biomass boilers.		
	Q4: Report total tCO_2e emissions to establish baselines for reduction targets		

Planning Priority: Antimicrobial Resistance			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
An interdisciplinary group of clinicians, engineers and Infection Prevention and Control (IPC) specialists collaborate to ensure IPC policy and practice for DHB facilities and Canterbury Managed Isolation & Quarantine Facilities remains fit for purpose and reflective of rapidly evolving evidence and new understandings about transmission of COVID-19 respiratory particles.	Q1-Q4: Ongoing monitoring of overseas developments and advice to IPC on implications for the Canterbury region.	↺ ★	The team continues to monitor overseas developments and advise on implications for the Canterbury region. This includes a focus on: • ensuring IPC policy and practice remains fit for purpose and responsive to changes in COVID-19 epidemiology; • providing swift updates to key stakeholders on COVID-19 trends, detection methods and cluster control strategies; • reporting laboratory and epidemiological findings with public health implications; • collaborating with regional and national emergency response planners; and • advocating for safety, health and welfare of staff related to emerging infections.

Develop and implement IPC management plans for COVID-19 patient admissions, including a section on multi-drug resistant organism's admission risk assessment (international regions with high incidence).	Q1: Implementation phase.	✓	Template developed and work underway to formalise communication pathways and co-ordination processes and improve integration and alignment of IPC good practice.
	Q2-Q4: Monitoring and evaluation phase.		
Evaluate outcomes from previous Antimicrobial Stewardship (AMS) interventions to inform ongoing quality improvement and review the use of specific antimicrobial agents/families against local resistance patterns to inform future activities and interventions. In doing so: Review the pharmacokinetic target attainment and clinical outcomes with once daily versus three times daily gentamicin for treatment of endocarditis before and after changing to once daily dosing in March 2014. Implement appropriate quality improvement initiatives if areas for improvement are identified. Review the pharmacokinetic target attainment after implementation of new vancomycin dosing and monitoring guidelines. Implement appropriate quality improvement initiatives if areas for improvement are identified. Review Canterbury (hospital and community) usage of quinolones (ciprofloxacin, levofloxacin, moxifloxacin, norfloxacin) for comparison against local E. coli resistance patterns. Implement appropriate quality improvement initiatives if areas for improvement are identified.	Q1: Projects commenced (protocols drafted, and data collection started).	↺	Project #1 (gentamicin) underway as per Q1 plan. Project #2 (vancomycin) underway as per the Q1 plan. Project #3 (quinolones) is yet to start.
	Q3: Data analysis and write-up completed. Interventions initiated as required.		
Engage in a collaborative initiative between AMS and IPC to support Aged-Residential Care (ARC) providers with projects that can improve the quality of antimicrobial prescribing, such as improving documentation of meaningful indications on antimicrobial prescriptions, education on multi-drug resistant organisms and antimicrobial stewardship and audits of antimicrobial prescribing.[6]	Q1: Commence engagement with local ARC facilities.	✓	Engagement with Rymans commenced. Plan in place to undertake a point prevalence survey on antimicrobial use in Q2.
	Q2: Initial project for AMS developed.		
Engage with community prescribers (particularly general practitioners) to improve antimicrobial stewardship locally, through the Canterbury AMS Strategic Group.	Q1-Q4: Engagement with community prescribers and sharing of resources.	↺	AMS bulletin shared. World Antimicrobial Awareness Week resources under preparation. Ongoing support of primary care pharmacists doing AMS work. Canterbury AMS Strategic Group has met. Business case for resource under development.

Planning Priority: Drinking Water			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Until Taumata Arowai (the new national drinking water agency) is established: Continue to deliver and report on the drinking water activities and measures in the Ministry of Health Environmental Health exemplar to ensure high quality drinking water and continue to	Q2: Report on the percentage of networked water supplies (by class) where timely response was provided by the PHU to transgressions, contamination or interruption in accordance with drinking water legislation and standards.		

[6] This work is reliant on ARC facility interest which will depend in part on their requirements in the new Health and Disability Services Standards.

monitor compliance of networked drinking water supplies in accordance with the Health Act.	Q4: Report on the percentage of networked water supplies (by class) where timely response was provided by the PHU to transgressions, contamination or interruption in accordance with drinking water legislation and standards.		
Highlight non-compliant supplies, water supplies which predominantly serve Māori or Pacific populations, or those which potentially pose a public health risk, to Taumata Arowai at handover. (EOA)	Q1: Handover to Taumata Arowai highlights key water supplies or water supply risks.	↺	Handover to Taumata Arowai is now scheduled for November 2021. However, Community & Public Health have already been working with Taumata Arowai to identify water supplies that are of interest.

Planning Priority: Environmental and Border Health			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Continue to effectively manage COVID-19 risk at the air and maritime borders. Offer and support the delivery of COVID-vaccinations for all Community & Public Health and DHB staff who have contact with the border and implement and maintain a staff COVID-vaccination register.	Q2: COVID-19 border management status and response reported.		
	Q2: Number of fully-vaccinated DHB staff on register.		
	Q4: COVID-19 border management status and response reported.		
	Q4: Number of fully-vaccinated DHB staff on register.		
Maintain relationships with local rūnanga to support an ongoing partnership in addressing environmental health issues. (EOA).	Q2: Number of issues identified, addressed and/or under action.		
	Q4: Number of issues identified, addressed and/or under action.		
Work with councils to provide public health advice on strategic long-term planning regarding urban development whilst ensuring our focus is aligned with the priorities of Māori and Pacific populations within our district. (EOA)	Q2: Report on advice provided to district and regional councils.		
	Q4: Report on advice provided to district and regional councils.		
Deliver and report on the activities contained in the Ministry of Health Environmental and Border Health exemplar, including undertaking compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation, to improve the quality and safety of our physical environment.	Q2: All regulatory performance measures reported as required.		
	Q4: All regulatory performance measures reported as required.		

Planning Priority: Healthy Food and Drink Environments			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Using the audit of DHB sites (completed in 2020/21) identify areas in need of support and engage with them to comply with the DHB's Healthy Food and Drink Policy. Share the success stories from exemplar DHB sites or organisations to inspire change.	Q2: Review of audit results and sharing of success stories.		
	Q4: Support targeted to non-compliant DHB sites.		
Collaborate with Sport Canterbury and other education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only (including plain	Q2: Report proportion of schools and ECECs with water-only and healthy food policies.		

milk) and healthy food policies in line with national Healthy Active Learning Initiative. Place emphasis on education providers with higher proportions of Māori, Pacific and/or low socio-economic status students. (EOA)	Q4: Report proportion of schools and ECECs with water-only and healthy food policies.		

Planning Priority: Smokefree 2025			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Building on the lessons learnt during the COVID-lockdown, collaborate with Stop Smoking Practitioners from primary care and Māori and Pacific provider organisations to embed remote smoking cessation support (including telehealth, telephone and including home delivery of NRT), to improve continuity for people who are not able to access face-to-face services. (EOA)	Q4: Remote cessation service options are embedded as part of the wrap-around service.		
Upgrade and refresh the DHB Smokefree SharePoint site to include a direct link for referrals to the stop smoking support service and access to useful information and resources, to phase out the faxed referral forms.	Q2: Site updated, and all departments informed of change.		
Provide two training sessions for Pacific provider and community groups to increase stop smoking referrals, using Motivating Conversations techniques. (EOA)	Q1: Training session held.	✖	Delayed due to lockdown. This will be reviewed in Q2.
	Q3: Training session held.		
Through Smokefree Canterbury, inform and prepare submissions on the proposed Smokefree 2025 plan, with a focus on reducing supply and the impact on Māori and Pacific as priority populations. (EOA)	Q2: Report on activity.		
	Q4: Report on activity.		
Undertake compliance activities relating to the Smokefree Environments Act 1990, including delivering and reporting on the activities relating to public health regulatory performance measures, to reduce uptake of smoking among young people. (EOA)	Q2: Report on activity.		
	Q4: Report on activity.		
Engage a summer student to evaluate the uptake of the Te Hā - Waitaha's Pregnancy Incentive Programme to identify barriers and strategies to further engage and retain young Māori women in the programme. (EOA)	Q3: Summer student report delivered, and strategies identified.	✓	Two Summer Students have been engaged and the Ethics application has been approved.
Track and monitor the delivery of ABC (Ask, give Brief advice and offer Cessation Advice) across primary and secondary care to ensure consistent messaging about Smokefree support and provide information on smoking cessation to ensure priority populations are being supported. (EOA) Encourage primary and secondary care providers to code ABC delivery so the PHOs can identify patients still to be offered support and monitor progress towards target.	Q1-Q4: Monitor ABC rates quarterly to ensure priority populations are being reached.	✓	Reporting is sent through to practices identifying priority populations for targeted ABC delivery.
	Q2: Monitor Smoking Cessation referrals six monthly to identify areas needing support.		
	Q2&Q4: Monitor Smoking Cessation referrals six monthly to identify areas needing support.		

Planning Priority: Breast Screening			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Monitor breast screening rates by ethnicity to highlight any widening equity gaps due to COVID-19 delays and support ScreenSouth to prioritise	Q1: Prioritisation process in place to review any women whose screens were delayed.	✓	Screening rates by ethnicity are being monitored. ScreenSouth are prioritising priority group women in allocating bookings.

Māori and Pacific women when allocating routine screening appointments. (EOA)			
Support ScreenSouth to strengthen connections with He Waka Tapu and Pacific providers to offer supported attendance at clinics to encourage and engage hard-to-reach priority population women in breast screening. (EOA)	Q1: Current processes reviewed and strengthened.	↺	Establishment of a collaborative working group is underway.
	Q4: Reduction in the equity gaps for Māori and Pacific women 45- - baseline Māori 69%, Pacific 66%, Total 76% (Mar 2021).		
Engage with ScreenSouth, Pasifika Futures, He Waka Tapu, and the three Canterbury PHOs to consider how the mobile screening unit might be used to offer breast screening in community settings to encourage uptake by Māori and Pacific women. (EOA)	Q2: New initiative considered.	✓ ★	ScreenSouth, Waitaha PHO and He Waka Tapu worked together to provide combined breast and cervical screening clinics for priority group women in the Ashburton area. The clinics were timed to occur while the mobile breast screening unit was in Ashburton.
	Q3: Plan initiated to increase scope of the mobile unit.	✓	
Collaborate with ScreenSouth, Ha O Te Ora Wharekauri Trust and the Chatham Island's Medical Centre, to provide biennial screening appointments for women living in the Chathams to support participation in the programme by this priority population. (EOA)	Q1: Screening appointments held in Christchurch.	↺	Some disruptions occurred over the last quarter due to COVID 19 lockdowns and reduced flights. Dual appointments are being booked with other CDHB appointments when possible to lift coverage rates.
Support ScreenSouth and the PHOs to use data matching monthly to identify overdue women and those not enrolled in the national screening programme and follow-up with unscreened women to encourage and enable participation in the programme.	Q1-Q4: Monthly data matching undertaken and follow up ongoing.	✓	Data-matching processes in place.
	Q3: Increase in screening attendance rates.		
	Q4: Increased uptake of screening by Māori and Pacific women 45- - baseline Māori 69%, Pacific 66% (Mar 2021).		
Facilitate quarterly meetings with ScreenSouth, Pasifika Futures, He Waka Tapu and the three Canterbury PHOs to identify joint strategies to support women who have missed appointments or who have declined screening, to reduce barriers to access and lift screening rates for priority women. (EOA)	Q1: Quarterly meetings set.	↺	Establishment of a collaborative working group is underway.
Promote mobile screening clinic dates to raise awareness among Māori and Pacific women of the importance and availability of screening. (EOA)	Q2-Q3: Targeted health promotion promotes mobile screening clinics.		

Planning Priority: Cervical Screening			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Monitor cervical screening rates against the national screening targets and facilitate discussions on performance with ScreenSouth, Pasifika Futures, He Waka Tapu and the three Canterbury PHOs, to identify joint strategies to increase participation in the programme by Māori and Pacific women. (EOA)	Q1: Current monitoring processes reviewed and strengthened.	↺	Review in progress, the team is currently mapping processes to identify areas of focus.
	Q4: Increased uptake of screening by Māori and Pacific women 25- - baseline Māori 64%, Pacific 68% (Mar 2021).		
Work with ScreenSouth and the PHOs to develop and implement a plan to use one-off national COVID-19 funding to enable 'catch up' of priority women where coverage rates have been impacted by the COVID-19 lockdown.	Q1: Implementation Plan completed.	✘	The offer of national funding was declined by the community providers and discussions are underway with the gynecology department as to how it might be used to improve colposcopy attendance rates.

	Q4: Actions completed.		
In partnership with ScreenSouth, Waitaha PHO and He Waka Tapu, implement an equity focused initiative in Ashburton, using data-matching to identify Māori and Pacific women on the PHO register who are not on the screening registers and local health navigators to follow-up with women, to lift participation in the programme. (EOA)	Q1. Initiative implemented.	✓	Ashburton initiative implemented.
	Q2. Evaluation of initiative undertaken.		
Work with ScreenSouth to support a review and update of the regional Equity and Improvement Plan, to reduce the equity gaps in screening participation rates for Māori and Pacific women. (EOA)	Q1. Review and update completed.	✓	ScreenSouth has a current Equity and Improvement Plan in place.
	Q4: Reduction in the equity gaps for Māori and Pacific women 25- - baseline Māori 64%, Pacific 68%, Total 72% (Mar 2021).		
Collaborate with Ha O Te Ora Wharekauri Trust and the Chatham Islands Medical Centre, to deliver an annual cervical screening clinic to women living in the Chatham Islands to support participation in the programme by this priority population. (EOA)	Q3: Cervical screening clinic delivered.	↺	Cervical screening postponed in September due to COVID lockdown and rescheduled for November 2021 alongside Women's Health Clinic.
Link in with ScreenSouth outreach services to prioritise contact for priority group women to ensure equity of access to colposcopy across all population groups. (EOA) Introduce a process to better identify and mitigate barriers to attendance, where priority women booked for colposcopy are missing appointments. (EOA)	Q1: Performance baselines established.	✓	This work has commenced.
	Q4: Increased rate of attendance at appointments.		

Planning Priority: Reducing Alcohol Related Harm			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Deliver against the objectives of the Christchurch Alcohol Action Plan (in partnership with the Christchurch City Council and Christchurch Police), in line with the Canterbury DHB's Alcohol Harm Reduction Strategy. By sharing this commitment with other partners, work can continue when one or two organisations are redirected into other priorities ensuring resilience across the system.	Q2: Report against Alcohol Plan and Strategy objectives.		
	Q4: Report against Alcohol Plan and Strategy objectives.		
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012, including delivering and reporting on the activities relating to the public health regulatory performance measures, to reduce alcohol-related harm in the Canterbury population.	Q2: All regulatory performance measures reported as required.		
	Q4: All regulatory performance measures reported as required.		
Partner with hapū Māori and Māori organisations to strengthen the Māori voice in alcohol licensing decisions in higher Māori population neighbourhoods. (EOA)	Q2: Number of engagements with local Māori communities.		
	Q4: Number of engagements with local Māori communities.		
Work in partnership with Pacific stakeholders to reduce alcohol-related harm in Pacific communities. (EQA)	Q2: Number of engagements with local Pacific communities.		
	Q4: Number of engagements with local Pacific communities.		

Planning Priority: Sexual and Reproductive Health			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Promote and provide regular public health promotion education sessions for staff from the DHB and other organisations who work with sexual health issues.	Q2: Number of sexual health education sessions provided, and number of participants reported.		
	Q4: Number of sexual health education sessions provided, and number of participants reported.		
Promote the availability of free sexual health and reproductive health consultations in general practice for young people under 17, and eligibility for access to low-cost Long-Acting Reversible Contraception (LARC) to reduce cost barriers for young people. (EOA)	Q2: Report on service utilisation and promotion activities.		
	Q4: Report on service utilisation and promotion activities.		
Promote the availability of free sexual health services (assessment, diagnosis & treatment provision) available at the DHB's Sexual Health Clinic to reduce cost barriers for young people. (EOA)	Q2: Report on service utilisation and promotion activities.		
	Q4: Report on service utilisation and promotion activities.		
Implement initiatives from the Canterbury & West Coast Syphilis Working Group action plan to prevent new syphilis cases and congenital syphilis across the two regions and support the National Syphilis Action Plan, with a focus on action to support young Māori and Pacific people. (EOA)	Q2: Working group initiatives implemented as agreed.		
	Q4: Working group initiatives implemented as agreed.		

Planning Priority: Cross Sectoral Collaboration including Health in All Policies			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Deliver Broadly Speaking training (including the use of HEAT and other equity tools) to staff from the DHB and other health and social service agencies, to support and grow Health in All Policies work in our region.	Q2: Number of Broadly Speaking training sessions held, and number of non-health agencies attending.		
	Q4: Number of Broadly Speaking training sessions held, and number of non-health agencies attending.		
Refresh our Joint Work Plan with Environment Canterbury and the Christchurch City Council and review priorities to support collaborative work to improve health in our region.	Q2: Number of joint initiatives agreed.		
	Q4: Number of joint initiatives agreed.		
Co-ordinate, develop and deliver submissions related to policies impacting on our community's health, with emphasis on priority population groups. (EOA)	Q2: Number of public health-related submissions made.		
	Q4: Number of public health-related submissions made.		
Maintain the Canterbury Wellbeing Index, including He Tohu Ora, to provide valuable wellbeing and population health information to the wide range of agencies, communities and individuals who are working to support the wellbeing of the people of greater Christchurch. (EOA)	Q2: Wellbeing Index maintained.		
	Q4: Wellbeing Index maintained.		
Work in partnership with Manawhenua Ki Waitaha, Māori service providers, Māori whānau, hapū, and other Māori organisations, agencies and	Q2: Partnership activities reported.		

communities to respond to COVID-19 and develop mana enhancing actions to support and protect Māori whānau and communities. (EOA)	Q4: Partnership activities reported.		
Work in partnership with Pacific stakeholders to maximise Pacific communities' capability and capacity to respond to COVID-19. (EOA)	Q2: Partnership activities reported.		
	Q4: Partnership activities reported.		
Through the Waka Toa Ora forum, and in partnership with key Māori and Pacific organisations, collaborate on implementing a Health in All Policies approach in their work with a strong focus on addressing health equity for Māori, Pacific and low decile communities.[7] (EOA)	Q2: HIAP partnership activities with Māori and Pacific organisations reported.		
	Q4: HIAP partnership activities with Māori and Pacific organisations reported.		

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

Planning Priority: Delivery of Whānau Ora			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Building on the learnings from the COVID response, support the Te Oho Urupare Group to oversee an equitable response to COVID-recovery going forward. (EOA)	Q1-Q4: Regular input sought to direct our COVID responses.	✓	Te Ohu Urupare meet regularly via zoom with opportunities for members to provide feedback directly to the COVID operational team.
Re-engage with Te Putahitanga to focus on joint work and capture opportunities to support increased capacity to respond to Māori health need across our health and social system. (EOA)	Q1: Engagement and identification of joint priorities.	↺	Formal engagement deferred due to COVID-19 lockdown, but Te Putahitanga is involved in the psychosocial response and supporting our community as part of the COVID response.
Capture opportunities to model a whānau ora approach to screening and immunisation programme delivery, to engage not just the individual but the wider whānau in improving health and wellbeing. (EOA)	Q1: Opportunities identified.	✓	The MIHI Māori mobile team has vaccinated at maraes and Māori providers at Maui Hornby, Maui South City and Ngā Hau E Whā. A whānau approach is being delivered where the whole whānau can come along and be vaccinated at one time. As at 5 October we had provided first doses to 62.1% of our Māori population and 70.2% of our Pasifika population. The focus is now on engaging with young people and supporting Super Saturday to lift coverage rates.
	Q4: Increased uptake of screening and immunisation programmes.		
Engage with Māori providers to support the development of whānau ora general practice models for our community (such as the He Waka Tapu low-cost general practice), to support increased access and choice for Māori. (EOA)	Q1-Q4: Ongoing engagement in the development of new models.	↺	A low-cost GP (General Practitioner) clinic established at He Waka Tapu has not continued but is now operating at another site.
Engage He Waka Tapu and Purapura Whetu staff as Health Coaches in the Te Tumu Waiora programme, to support access to their organisation's wider whānau ora services for Māori engaged in the programme. (EOA)	Q1: Health Coaches in place.	✓	He Waka Tapu and Purapura Whetu are integral members of the Te Tumu Waiora collective and provide valuable insight into integration of services and the holistic approach of whānau ora and Kaupapa Māori services. He Waka Tapu currently employ 4.3 FTE and Purapura Whetu 4 FTE (Health

[7] Waka Toa Ora is a Canterbury DHB-led inter-sectoral collaborative partnership, based on the WHO Healthy Cities model, previously known as Healthy Christchurch. The key theme of this initiative is that all sectors and groups have a role to play in creating a healthy Canterbury, whatever their specific focus (recreation, employment, youth, environmental enhancement, transport, housing or another aspect of health or wellbeing). This inter-sectoral initiative fosters collaboration between organisations who have signed the Waka Toa Ora Charter and there are currently over 200 charter signatory organisations.

			Coaches/Support Workers). This is expected increase further over time.
	Q4: Proportional uptake of Te Tumu Waiora by Māori.	↺ ★	Approximately 13% of patients accessing Te Tumu Waiora are Māori. As at the end of Q1, 45% of Māori enrolled with general practice have access to Te Tumu Waiora (compared to 41% non-Māori/non-Pasifika).
Partner with Pasifika Futures to implement the Pacific Health Action Plan (approved in 2020/21), to improve the health and wellbeing of our Pacific population. (EOA) *See Ola Manuia section.*	Q1-Q4: Implementation actions delivered in line with the agreed plan.	✓	The DHB continues to partner with Pasifika Futures to deliver on the Pacific Health Action Plan. The COVID response has shifted the focus but central for Pacific People's health and wellbeing is delivering services as planned, including vaccinations.

Planning Priority: Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Establish a pathway to ensure Pacific people identified as part of COVID-19 case investigation are offered a translator and/or pathway to contact by a Pacific provider organisation, via the pacific health promoter, to ensure contact tracing of Pacific cases is culturally appropriate and effective. (EOA)	Q1: Pathway established and operational.	✓	Established.
Develop a Pacific public health communication campaign to enable families to improve their knowledge and skills to manage their own health and wellbeing. (EOA)	Q3: Pacific public health communication campaign developed.		
Establish a Pacific community leadership forum to develop a strong sustainable partnership with Pacific community leaders in Canterbury. (EOA)	Q3: Pacific community leadership forum established.		
Implement a Pacific health leader's pathway to support and improve our capability and capacity to response to Pacific health need. (EOA)	Q3: "Pacific space" is co-designed within CDHB.		
	Q3: Pacific health leaders' pathway implemented.		
Support the development of a Pacific centre of excellence and innovation where Pacific people can access integrated primary care, family support and mental health and addiction services. (EOA)	Q1: Integrated Pacific service established in Christchurch.	✓	Etu Pasifika, operating in the health precinct, provides a family centered wrap around service, which includes primary health care, whanau ora and mental health services.
Complete a Pacific Health Workforce Plan (starting with a workforce census), to ensure our system is prepared for the reality of a diverse workforce. (EOA)	Q1: Census undertaken.	✘	Delayed due to capacity constraints.
	Q2: Pacific Health Workforce Plan developed.		
Implement a cultural capability / competency programme for Canterbury DHB to help prepare our health system for the reality of a diverse workforce and a more diverse population. (EOA)	Q4: Cultural capability programme developed.		

Planning Priority: Care Capacity Demand Management (CCDM)			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Monitor verify and report on core CCDM data to evaluate the effectiveness of the programme in the DHB and identify areas for improvement.	Q1: Core data set is monitored and reported on.	✓	Completed.
	Q1: First tranche of wards complete FTE calculations.	✓	Completed.

Establish an integrated operations centre where hospital-wide care capacity and patient demand is visible in real time 24/7 to support variance response management. Embed the processes and systems needed to use the CCDM staffing methodology to establish staffing numbers and skill mix for each ward/unit (using a validated patient acuity system with 12 months of accurate data).	Q2: All inpatient areas have a local data council utilising the core data set to support quality initiatives. Q2: Variance response management system demonstrates staffing resource is consistently matched with demand in all inpatient areas.		
Commence FTE calculation for our first tranche wards with aim to have all wards completed by Q1, 2022. Provide quarterly updates to the Ministry of Health on the FTE calculation progress.	Q1: 12 wards completed. Q1 2022: All wards complete. Q1-Q4: Quarterly report on FTE calculation.	✓ ✓	Seven reviewed and approved at Council and remaining five completed and awaiting review at Council. Quarterly status report provided to the Ministry of Health.
Implement Trendcare in remaining two day-units; completing the implementation of Trendcare in all inpatient areas, inclusive of mental health, maternity and emergency departments.	Q3: Trendcare implementation complete.		
Investigate the value of establishing a fourth integrated operations center.	Q3: Evaluation of Ashburton underway.		
Facilitate a CCDM programme governance hui and workshop.	Q2: Partnership Workshop undertaken.		

Planning Priority: Health outcomes for disabled people			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Establish a Disability Network Advisory Group that has key connections to the disability community to ensure communication both out and into the Emergency Control Centre is inclusive of the disability sector. (EOA)	Q1: Disability Network Advisory Group in place.	✓	A wider Network Advisory Committee has formed which has members from diverse backgrounds including a disability steering group (DSG) member. Communications use the disability community members of DSG to review locally produced Comms on COVID and other public notifications as needed.
In line with our commitment to the national Accessible Information Charter, deliver on actions within the Accessible Information Working Group (AIWG) AI workplan to promote accessible information, to improve the inclusivity of our health services for disabled people across Canterbury. (EOA)	Q1: Workplan signed off by the Disability Steering Group. Q2-Q4: Progress against priority actions.	✓	Areas of focus identified and endorsed by DSG. Priority actions with timelines to be developed in Q2.
Engage disabled Māori in the refresh of the DHB's Disability Action Plan 2020-2030 to promote alignment with Whāia Te Ao Mārama the national Māori Disability Action Plan. (EOA)	Q2: Alignment of plans completed.		
Invite Pacific members of the Disability Steering Group to join the Pacific Reference Health Group to ensure implementation of the DHB's Pacific Health Strategy is inclusive to the needs of disabled Pacific people. (EOA)	Q1: Membership confirmed.	✗	The two Pacific DSG members have been unable to attend, both for health reasons. DSG is looking undertake a recruitment process to replace these members, likely be completed in Q3.

Planning Priority: Planned Care			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Utilise the Planned Care Improvement funding provided by the Ministry of Health to implement the DHB's Planned Care Improvement Action Plan and reduce the backlog of events created by the COVID-19 lockdown.	Q1-Q4: Deliver reduction in patients waiting over 120 days, in line with the compliance trajectories agreed in the Planned Care Improvement Action Plan.	✗	There was a reduction in planned care activity during the RSV outbreak in July and the Aug-Sept COVID lockdown which has slowed progress

In doing so add and release capacity to support additional assessments, clinics, surgeries, and minor procedures to reduce waiting lists for planned care and progressively achieve Elective Services Patient Flow Indicators (ESPI) compliance.			on reaching compliance within agreed trajectories.
Complete an unmet need gap analysis for Planned Care Interventions to identify three service areas where inequities for our priority populations are significant and amenable to change in the coming year. (EOA) Identify Equity Improvement Projects in three of the prioritised focus areas as part of the DHB's three-year Planned Care Plan. (EOA)	Q1: Analysis underway.	✓	
	Q2: Three priority areas agreed.		
	Q3: Opportunities identified and Equity Improvement Projects underway.		
	Q4: Report on improvements.		
Pilot a new non-surgical intervention pathway with a different workforce model for Gynaecology, whereby physiotherapists and dietitians screen, see and treat non-urgent gynaecology patient referrals, including those that have been declined, to reduce unnecessary surgical interventions and reduce wait times for treatment.	Q1: Physiotherapist and dietitian in place and pilot running.	✓	
	Q3: Evaluation of pathway completed and circulated.		
In line with the national Mobility Action Plan, provide training to community providers to deliver non-surgical interventions for people with musculoskeletal health conditions in the community, to reduce waiting time for treatment and release capacity in our specialist services.	Q3: Training rollout completed.		
	Q4: Delivery of non-surgical intervention volumes meets or exceeds plan.		
Pilot nurse-led pre-operative patient phone calls for major elective operations in General Surgery to better prepare patients for surgery and help them to navigate their health journey by alleviating concerns and addressing questions prior to surgery. This work will help to reduce the number of cancelled surgeries, improving outcomes for patients and introducing efficiencies for our system.	Q1: Pre-operative calls instigated for patients having colorectal operations.	✓	
	Q3: Calls expanded to all General Surgery patients having complex elective surgery.		
	Q4: General Surgery attendance rates improved.		
Collaborate with our South Island DHB partners to increase our collective capacity and capability to effectively manage Inter-District Flows, agree shared South-Island wide processes to reduce duplication and use demand and service utilisation data better identify future capacity requirements.	Q1: Identify Canterbury capacity required to support South Island demand.	✓	
	Q3: Input projections into 2022/23 Production Planning.		
Using Planned Care Initiative funding, implement the Enhanced Telehealth Reach programme to enhance our infrastructure, equipment, and processes to further support digital and virtual service delivery.	Q1: Project designed.	✓	
	Q2: Two services engaged with pilot and locations scoped.		
	Q3: Operational test complete pilot underway.		
	Q4: 50 virtual patient consults delivered.		
Led by the Theatre Utilisation Group, as part of continuous improvement, measure, verify and monitor start times for theatre sessions and address barriers to starting on time to improve theatre utilisation and reduce wait times for patients.	Q1: Theatre start time tracking in place and visible.	✓	
	Q2: Best practice clinical champions identified to support change.		
	Q3: Test of change to identify impact of improvements.		
	Q4: Report on change.		

Refresh staff training and education on the appropriate coding and categorising of waitlist data to ensure accurate capture of activity around specialist assessments, treatment, and follow-ups to improve production planning and targeting of patients with the longest waits.	Q1: Key specialties identified for focus.	↺	Stock-take in progress across all specialties this is expected to be complete in Q2.
	Q2: Common errors and opportunities for improvement identified.		
	Q3: Staff education and induction materials updated.		
	Q4: Educational materials shared across all specialties.		
Contributory Measure: Proportion of General Surgery theatre sessions that start 'on time' (within 20 minutes of plan).	Improvement on 2019/20 baseline to 80% of all General Surgery theatre sessions. Baseline 46% start late.	✓	There has been a 6% reduction in the percentage of theatres starting late, from 46% to 40% in Quarter 1.
Contributory Measure: Proportion of Orthopaedic patients waiting over 120 days for their treatment.	Improvement on (Mar 2021) baseline to <0.4% waiting over 120 days. Baseline 14.8%	✓	There has been a 3.9% improvement in the percentage of patients waiting over 120 days, from 14.8% to 10.9% at the end of August 2021.

Planning Priority: Acute Demand			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Analyse SNOMED data and use the findings to improve the investigation of patients with possible heart attack in emergency, urgent care and community settings. (EOA)[8]	Q1-Q3: Data capture.	↺	Ongoing data capture is supporting the work of the Urgent Care SLA and the Making the System Flow Project.
	Q4: Opportunities identified.		
Work with the Urgent Care Service Level Alliance (SLA), to investigate Emergency Department (ED) and urgent care data for people presenting with chronic obstructive pulmonary disease (COPD) and heart failure to identify further opportunities to better support people in the community and reduce unnecessary ED presentations and acute hospital readmissions. (EOA)[8]	Q1: Review of data and priority actions identified.	↺	The Integrated Respiratory Development Services Group (IDSDG) has reviewed data on admission and re-admission of those with respiratory conditions and has commenced the Day 2 Project. This Project is looking to wrap services around patients on Day 2 of admission to facilitate early discharge and reduce the need for re-admission.
	Q2: Monitoring of trends.		
	Q3: Progress against the Alliance work plans.		
	Q4: Data review indicates impact on acute admissions.		
Work with the Community-based Acute Demand Management Service to review and refresh the post-discharge management of patients with Heart Failure to reduce readmissions. (EOA)	Q1 Engagement with key partners.	✓	We have been engaging with key partners in Q1 and will continued to work with them and define other partners in this space including CRIS.
Work with ADMS to investigate the use of telehealth (phone and/or video calls, and remote monitoring) to support people in their own homes following discharge from hospital.	Q2: Post discharge telehealth contacts investigated.		
Work with ADMS to scope the feasibility of a specialist-led heart failure clinic based in the community and targeted to the needs of Māori and	Q3: Specialist heart failure clinic options scoped and presented.		

[8] COPD and Heart Failure are two of the top eight drivers of ambulatory sensitive (avoidable) hospital admissions for Māori and Pacific adults in Canterbury. By improving the management of these long-term conditions this work will improve the health and wellbeing of our population and reduce the increasing acute demand load on our system.

Pacific patients, to reduce unnecessary ED presentations and hospital admissions. (EOA)	Q4: Data review indicates impact on acute admissions.		
Participate in the Trans-Tasman research using Emergency Department data to assess the impact of COVID-19 restrictions, to understand future demand growth, identify opportunities for the system to respond to changing demand and to anticipate the impact of future events.	Q1: Research commenced.	✓	Research commenced.
	Q3: Preliminary findings shared with the Urgent Care Service Level Alliance.		
Refresh and relaunch a public communications plan to support people to present to the right place in our system and investigate current telephone and online information to ensure alignment of urgent care messages.	Q1: Campaign relaunched on when to use ED.	✓	Following consultation and engagement with our Urgent Care Service Level Alliance, individual clinics and general practices several messaging and media campaigns have been launched: • Ad campaign – bus-backs, radio, print and social media. This was amplified during the RSV outbreak in the hope of reducing the spread to vulnerable people in hospital and back out into the community. • Banners in ED pointing people to Urgent Care Clinics and explaining waiting times for ED and the Urgent Care Clinics (as alternatives). • The Canterbury DHB website I'm not well, where do I go? (cdhb.health.nz) homepage banner and landing pages were updated to ensure we are directing people to the appropriate course of action and the right place according to their presenting illness/condition.
	Q3: Refresh of telephone and navigation services complete.		
As part of our continuous improvement programme, Making the System Flow, identify key opportunities to improve patient flow and models of care across our health system to support: the timely transfer of patients between services, enhanced care of patients through practices to optimise patient mobilisation, nutrition, hydration and cognitive stimulation and improved transition of care both pre and post-hospital admission.	Q1: Reconfigure transit team members to support timely patient transfers.	✓	
	Q3: Enhanced mobilisation pilot underway, utilising allied health assistants to optimise patient care.		
Through the Urgent Care SLA, work with ACC to capture opportunities to improve acute care flow associated with the national roll out of the GP-referred MRI programme, by improving the pathway content for uncomplicated fractures and other common injury related presentations and appropriately diverting ACC patients away from ED.	Q1: Report progress on activity.	✓ ★	Initial progress has been made from data discussion at the Urgent Care Service Level Alliance (UCSLA) and identification of emerging areas of concerns. A meeting with the local injury prevention specialist has taken place where options were discussed. This work highlighted a potential link with alcohol particularly in fractures in younger people. The injury prevention specialist has been working on an alcohol harm reduction approach targeting similar areas to those highlighted by the UCSLA data. The need for a collaborative approach in addressing this issue has been recognized and is ACC is interested in working collaboratively with representatives from the UCSLA.

			A challenge lies with the disconnect between the DHB and ACC data as alcohol involvement is not routinely collected by ED or ACC.
	Q3: Report progress on activity.		
Evaluate the impact of the Mental Health and Addictions Crisis Support Educator role, to understand how this engagement has impacted on ED staff confidence to assess and refer patients requiring mental health and addiction support who present to ED. Seek to understand and address any equity issues in accessing mental health and addictions support. (EOA)	Q2: Evaluation underway.		
	Q4: Impact assessed.		
Undertake a deep dive into ED and primary urgent care data, to understand how our emergency and urgent care services are responding to priority populations. (EOA) Identify and implement at least one opportunity to improve the urgent care response for Māori. (EOA)	Q2: Data analysis complete.		
	Q3: Opportunity identified.		
	Q4: Actions implemented.		
Participate in the multi-centre, prospective cohort study by the NZ Emergency Medicine Network into ED and hospital adverse events, to identify opportunities to improve health outcomes in partnership with primary care.	Q2: Study complete.		
	Q4: Findings reported to Urgent Care SLA.		

Planning Priority: Rural Health			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Develop a guide to telehealth-based care for outpatients available to hospital clinicians and service managers (including information for patients) to support a consistent approach to the delivery of virtual services. Standardise telehealth service delivery for planned care across centralised specialist services, to provide telehealth as the preferred option when patient is confirmed as telehealth suitable.	Q2: Guide available and promoted to hospital departments.		
	Q4 Demonstrated change in increase of telehealth delivery of planned follow up appointments.		
Link in with national and international work in the rural care space to identify sustainable service delivery models for acute and after hours care in rural areas.	Q1: Ongoing engagement with Rural Hospital and Rural General practice Networks.	✓	The Canterbury health system continues to engage with the Rural Hospital Network and Rural General Practice Network to support system improvements.
Engage with PHOs to assist rural practice teams to establish mutually beneficial response arrangements with St John and Fire and Emergency NZ volunteers, to strengthen emergency and urgent care access for rural communities. (EOA)	Q3. Coordinated emergency and urgent care response arrangements agreed in most rural localities.		
Complete the modelling of increasing demand in acute and inpatient settings at Ashburton Hospital to support the alignment of capacity at the ward rostering level. Utilise the modelling to inform resource planning for longer-term sustainable service delivery and to respond to potential changes in local primary care capacity. (EOA)	Q1: Demand modelling, partnered with CCDM analysis contribute to improved production planning.	✗	Update to be provided in Q2.
	Q3: Five-year-horizon resource planning informed.		
Engage with PHOs and local service providers to support Pacific people in mid-Canterbury, including those presenting to the Acute Assessment Unit, to	Q1: Pegasus and Waitaha community health workers facilitate enrolment.	✓	Work is being undertaken with PHO health navigators to support people to

connect and enrol with a local general practice. (EOA)			receive the care they require from an appropriate provider. Etu Pasika are currently exploring options on delivering services in Ashburton in an outreach type service.
Work with Waitaha and Pegasus PHOs to complete a review of the rural general practice subsidy as part of a wider review of rural health services to enhance the quality and sustainability of rural health services.	Q2: GP subsidy review complete.		
Facilitate the opening of the primary maternity birthing unit, dental service and community outpatient service in the Selwyn Health Hub, providing closer to home services to people living in the Selwyn area. (EOA)	Q3: Selwyn Health Hub operational.		
Consider future models of care for the ageing population living rurally, to ensure sustainable and culturally appropriate aged and end-of-life care for rural people and their whānau in their homes and communities. (EOA)	Q1-Q4: Ongoing consideration of service models.	↺	Review of Service Delivery model on the Chatham Islands has been completed and will inform community consultation in Q3.
Provide packages of care to enable more Chatham Islanders, assessed as eligible for aged-residential care, to remain on the Island with their whānau if they wish to. (EOA)	Q1: Options in place.	↺	Additional home support and district nursing care delivered as required. Planning for hui with the community as part of locality planning underway.
Facilitate on-island access to dental care for Chatham Islanders to reduce barriers to access due to travel. (EOA)	Q2: On-island dental clinic sessions delivered.		

Planning Priority: Implementation of the Healthy Ageing Strategy 2016 and Priority Actions 2019-2022			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Plan and conduct Emergency Simulation Exercise (ESE) to test recently developed pandemic response planning in Aged Residential Care and identify gaps for improvement.	Q2: ESE completed.		
	Q3: Proposed improvements advised.		
Plan and conduct Emergency Simulation Exercise (ESE) to test recently developed pandemic response planning with Home and Community Support Service providers and identify gaps for improvement.	Q2: ESE completed.		
	Q3: Proposed improvements advised.		
Building on the frailty pathway work in 2020/21, regularise the use of the InterRAI Service Allocation Tool (SAT), to better identify Māori and Pacific clients with emerging signs of frailty. (EOA)	Q3: Cohort defined.		
Develop a pathway for referrals to community strength and balance classes for the cohort identified by the SAT tool to and support earlier intervention.	Q4: Pathway developed.		
Work with Sport Canterbury to promote accreditation for strength and balance classes with a dedicated Māori and Pacific focus. (EOA)	Q2: Māori and Pacific strength and balance classes available.		
In consultation with key dementia stakeholders, scope a Dementia Nurse Specialist role to support early dementia diagnosis and care planning in general practice.	Q2: Role scoped.		
Engage with our Community & Public Health team to develop dementia prevention "brain health" guidelines and promote these across the sector, to improve memory and thinking and reduce risk of dementia.	Q1: Guidelines finalised.	✓	Guidelines for dementia prevention are similar to those for other chronic health conditions such as heart health. While these guidelines (healthy eating, exercise, social integration) are widely understood and promoted, promoting these with an emphasis on

			brain health is still seen as worthwhile. Guidelines have been developed accordingly.
	Q3: Promotion underway.		
Fully integrate ACC Non-Acute Rehabilitation (NAR) bundles of care into our early supported discharge model, including the use of standardised algorithms to ensure people have equitable access to services according to need. (EOA)	Q4: Community rehabilitation providers reporting on ACC NAR bundles for all clients.		
Deploy community rehabilitation and support services across rural areas, to ensure people can access the service irrespective of where they live in Canterbury. (EOA)	Q4: Pilot in Hurunui completed.		

Planning Priority: Health quality & safety (quality improvement)			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Build on the learnings from COVID-19 to improve staff hand hygiene related to glove use, and cleaning of hands pre and post glove use, from an average of 86% to 95% (Hand Hygiene Gold Auditing Programme). Access current practice, including staff perceptions and issues, to identify and address barriers and behaviours.	Q1: Current state assessed.	↺	'Are you Glove Aware' pamphlet developed and promoted. Current state assessment underway with staff knowledge questionnaire.
	Q2: Strategies developed and tested to address root causes.		
	Q4: Strategies implemented.		
Implement standard delivery of Hand Hygiene opportunities for those patients that are unable to walk independently to a hand basin, to lift patient responses from being provided with a suitable alternative from an average of 69% to 85% (Inpatient Experience Survey). Implement a trial in one inpatient ward and one acute service to agreed method and measures before rolling out to the wider organisation.	Q1: Method tested in one inpatient service.	↺	Multiple PDSA cycles completed to determine options for providing Hand Hygiene at the bedside. Preferred option agreed. Product sourced for trial in Burwood ward.
	Q2: Method tested in one inpatient acute service.		
	Q3: Learnings reviewed, and implementation plan developed.		
Engage with clinical leads to align the Gout Health Pathway with best-practice prescribing of non-steroidal anti-inflammatory drugs (NSAIDs), to support improved health outcomes, particularly for Māori and Pacific populations with a higher risk of kidney disease. (EOA)	Q2: Community Health Pathway updated.		
	Q2: HealthInfo Patient information updated.		
Build on the Health Quality and Safety Commission Quality and Safety Marker (QSM) work in 2020/21. Develop a practical development pathway to increase meaningful consumer engagement in service activity and target support to increase maturity in priority engagement elements in lower rated services areas. Use information gathered from surveys of engagement leaders to plan and promote leaders and leadership in engagement in the organisation, prioritising those service areas with lower engagement ratings.	Q2: Maturity self-assessment completed.		
	Q2: Leader's survey completed.		
	Q4: Promotion of leaders and leadership in engagement in services with lower ratings.		
Report against the Consumer Engagement QSM twice-yearly via the online form on the Commission's website.	Q1: Report delivered.	✓	Report delivery to HSQC.
	Q3: Report delivered.		
Implement the Te Pou six core strategies service review tool to identify further improvement	Q2: Te Pou service review tool implemented.		

opportunities to build on progress made as part of the HQSC Zero Seclusion programme. Engage with other major services that have made significant gains to identify process improvements that could be captured in our services.	Q3: Improvement opportunities identified.		
Develop and agree a workplan of activity for the Specialist Mental Health Service's Restraint Minimisation Committee, based on the outcome of the six strategies review (above).	Q3: Workplan developed.		
Progress the change proposal for our Te Korowai service, completing the recruitment of Pukenga Atawhai and embedding the roles into clinical teams, to strengthen the cultural responsiveness of our inpatient units. (EOA)	Q1: DHB recruitment and change process complete.	↺	Recruitment of Pukenga Atawhai is ongoing and is partially achieved. Progressing the Direction for Change continues with the focus remaining on increasing the spread of staff across the clinical teams
Develop new online dashboards for Specialist Mental Health Service leadership and clinical teams to track key performance measures including outcome and balancing measures for seclusion reduction to support the use of key performance measures in daily operations and to inform improvement work. Display performance data on shared screens alongside CCDM measures with data at ward and service level to provide near real-time feedback to clinical teams.	Q1: Dashboards developed and in use. engagement and support from leadership.	✓	Dashboards have been created to measure seclusion for all services including dimensions that allow ethnicity and other demographics to be explored.
	Q3-4: Seclusion information and outcome measures reported in monthly reports to the CEO, ensuring		

Planning Priority: Te Aho o Te Kahu – Cancer Control Agency			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
New Zealanders have a system that delivers consistent and modern cancer care – He pūnaha atawahi			
Support the Te Aho o Te Kahu (Cancer Control Agency) ACT-NOW project by working towards the implementation of nationally agreed treatment regimens and associated data standards for medical oncology and malignant haematology. Ensure data standards in our oncology e-prescribing system are compliant. Implement processes to transfer local data into the national repository.	Q1: Stocktake and review of backlogged care plans and capacity required to alleviate constraints.	✓	Stocktake undertaken and backlogged care plans have been identified.
	Q2: Strategies and capacity plans identified.	↺	Plans to amend are progressing with the Cancer Control Agency.
	Q4: Collaboration underway to achieve alignment with the other four South Island DHBs.		
Work with Te Aho o Te Kahu, the Southern Hub and the South Island Alliance to adopt and implement the national cancer-related Health Information Standards Organisation (HISO) standards. Demonstrate evidence of implementation and compliance with the HISO standards as they are rolled out in regional documentation and policies. Enhance Faster Cancer Treatment (FCT) reporting to include ethnicity data so reporting has ethnicity reporting fields to HISO standards. (EOA)	Q1: Confirm HISO standards and interoperability within regional and MDM platforms.	×	
	Q2: Ethnicity Data included against all FCT performance data.	✓	The FCT data extract from Decision Support now has ethnicity data attached to help inform planning.
	Q3: Support expansion of SIPICS across the other South Island DHBs to support a single patient record.		
Work with Te Aho o Te Kahu Southern Hub to develop and consider the recommendations of the national Radiation Oncology Service Plan and ensure that the model of service is fit to meet the current and future needs of the region. Support the Cancer and Regional Haematology Service (CRCHS) with staff workforce modelling for current linear accelerator (linac) capacity to ensure	Q1-Q4: Continued engagement with regional hub on national Radiation Oncology Service Plan.	✓	Engagement continues, aligned to National Cancer Services Planning (NCSP) currently underway.
	Q1: Workforce modelling confirmed at a national level.	✓	Initial workforce modelling has been undertaken – subject to NCSP completion.

workforce capacity and capability aligns to current linac capacity. Participate in regional work on the location of additional linacs and facilities and future workforce forecasting for additional linac capacity to inform business case and recruitment scheduling.	Q2: Forecast modelling for increased linac capacity complete.	✓	Utilisation of the ROC database confirms the urgent need for an additional two linacs.
Continue the planned linear accelerator replacement programme, consistent with the DHB's performance support and Infrastructure capital programme.	Q1: Lessons learnt review on completed 2 x linac replacement program of work.	✓	
	Q4: Begin to prepare business case for replacement linac - due 2023.	↺	Awaiting signoff of business case to extend linac hours to accommodate treatments while awaiting new linac to allow replacement of existing.
Support key work streams to strengthen sustainability of the Medical Oncology Service: ▪ Workforce and team development. ▪ Sustainable tumour stream focus. ▪ Multidisciplinary model of care development.	Q1: Medical Oncology Service delivery improvement metrics confirmed.	✓	Quality improvement metrics are now measured routinely.
	Q2: Revised multidisciplinary model of care finalised.	↺	Model finalized. Awaiting decision on funding of new positions to support new model of care.
Manage the delivery of the National Endoscopy Quality Improvement Programme (NEQIP) for New Zealand.	Q1: NEQIP resource in place to support the Programme.	✓	The admin/support post has now been filled and the recruitment of an NZ-based nurse is underway.
	Q1: COVID-19 contingency plans endorsed.	✓	A virtual model has been agreed. This allows most of the work to continue with planned site visits replaced by virtual meetings where possible.
	Q4: Delivery targets achieved.		
New Zealanders experience equitable cancer outcomes – He taurite ngā huanga			
Seek to improve access to and rates of radiation therapy, particularly for Māori who have a higher cancer mortality rate than non-Māori. Support the Cancer and Regional Haematology Service to use service and population data to understand and optimize treatment delivery within system capacity.	Q2: Workforce modelling integrated into planning framework. Q3: Facilities plan has inclusion of future Linac requirements.	↺	Recruitment of additional SMO in progress - awaiting progress on signoff of additional workforce to support increased treatment capacity.
Participate in the Te Aho o Te Kahu travel and accommodation project to improve equity of access and support to cancer services/treatment within Canterbury and across the South Island. (EOA) Work to implement the recommendations of this project, particularly those that ensure equity of access for Māori and rural communities who currently experience greater barriers to accessing cancer services. (EOA)	Q1-Q4: Participation as required.	↺	No participation required this quarter.
Collaborate with the Southern Hub and regional DHB partners to agree an action plan to address equity of outcomes following release of the national actions report from the Te Aho o Te Kahu Māori community-based hui being held in 2021. (EOA)	Q3: Regional workplan agreed		
Maintain a focus on engaging Māori and Pacific communities in the rollout of the National Bowel Screening Programme (NBSP) to ensure equity of access to diagnosis for priority populations. (EOA)	Q2: NBSP has engaged with all priority communities (including the Chatham Islands).	↺	NBSP has engaged with all communities including the Chatham Islands. Extensive Education has been provided via Marae's, Kaumatua education, events, and cultural health days. This engagement remains ongoing.

Work with service leaders to ensure staff receive appropriate cultural competency training and introduce basic Te Reo into patient waiting areas to ensure patients are welcomed and made to feel comfortable and respected. (EOA)	Q4: Staff have received cultural competency training.	↺	Cancer services governance meeting to include Māori representation. Adoption of te reo in oncology service communications.
Implement use of the Health Inequalities Assessment Tool (HEAT) into Cancer and Regional Haematology Service design and delivery to reduce inequities for Māori and Pacific patients. (EOA)	Q4: Demonstrated use of HEAT tools in service design and planning.		
New Zealanders have fewer cancers – He iti iho te mate pukupuku			
Collaborate with local providers, Māori and Pacific communities and other health agencies to undertake activities that address the modifiable risk factor for cancer and promote screening and earlier intervention. ▪ Healthy Food & Drink Environments (page 19). ▪ Smokefree 2025 (page 19). ▪ Reducing Alcohol Related Harm (page 20-21). ▪ Breast Screening (page 19-20). ▪ Cervical Screening (page 20). ▪ Bowel Screening (page 29). ▪ Long Term Conditions Management (page 34).		↺	Refer to relevant section in Annual plan for actions and milestones to improvement performance in these areas.
New Zealanders have better cancer survival, supportive care and end-of-life care- He hiki ake i te o ranga			
Continue to implement and report progress against our Bowel Cancer Service Improvement Plan to improve performance against national waiting time standards for endoscopy services.	Q1-Q4: Recruitment of key position to support the delivery of services.	✓	Refer to Bowel Screening section in Annual plan for actions and milestones to improvement performance in these areas.
	Q1-Q4: Two temporary endoscopy suites commissioned to increase current capacity.	✖	
Revise and update our Bowel Cancer Quality Service Improvement Plan following publication of the second national Bowel Cancer Quality Improvement Indicators Monitoring Report (expected in quarter three of 2020-21).	Q3: Sector workshop to agree on Improvement Plan revisions.		
	Q4: Clinical leadership endorsement of refreshed Improvement Plan.		
Develop a Lung Cancer Service Improvement Plan based on the results of the February 2021 Lung Cancer Quality Improvement Monitoring Report and the national Lung Cancer Quality Improvement Plan (expected in quarter four 2020/21). Select the QPIs where our DHB is outside the national average to drive improvements. Ensure a strong equity focus, with incidence rates for Māori being significantly higher than non-Māori and health outcomes for Māori being significantly poorer. (EOA) Establish an annual programme of work for the Improvement Plan and a monitoring framework to track progress locally.	Q2: Sector working group formed.		
	Q2: Audit of QPIs completed to support selection of focus areas.		
	Q4: Clinical leadership endorsement of solutions and work programme.		
	Q1-Q4: Ongoing engagement with regional hub on national and regional actions.	✓	Regional Hub engagement is ongoing.
Develop a Prostate Cancer Service Improvement Plan based on the results of the Prostate Cancer Quality Improvement Monitoring Report (expected to be released in quarter three 2020/21). Establish a Prostate Cancer Service Improvement clinical governance group to select the QPIs where our DHB is outside the national average and to drive improvements. Hold a stakeholder workshop to co-design solutions to underperforming QPIs.	Q2: Group formed, and clinical lead endorsed to support national work.		
	Q4: Clinical leadership endorsement of solutions and work programme.		
	Q1-Q4: Ongoing engagement with regional hub on national and regional actions.	↺	

Use data intelligence systems to monitor (monthly) the 62-day and 31-day wait times for access to cancer treatment and undertake a breach analysis for every patient who waits longer than target, to identify any emergent systems or data issues and capture opportunities to reduce process delays. Work in partnership with Te Aho o Te Kahu and the Ministry of Health to ensure business rule changes for Faster Cancer Treatment (FCT) data are made as required. Use of the Quality Performance Indicator reports to direct actions to determine equity gaps, make improvements in pathways, increase supportive care and improve cultural resources for Faster Cancer Treatment. (EOA) Work with the Te Aho o Te Kahu Regional Hub to expand improvement work across other priority patient groups. (EOA)	Q1-Q4: Monthly and quarterly qualitative reports monitored for any system or data issues.	↺	Quarterly performance reports provided to the DHB's Board and the Ministry of Health.
	Q1-Q4: Business rules applied as required.	↺	
	Q2: Identify priority patient cohorts and implement pathway improvement.		
	Q3: Tracking of FCT wait times by ethnicity is live and visible.	✓	This is progressing well. As the FCT report is prepared each month the number of records with ethnicity available increases and becomes more statistically relevant.
	Q1-Q4: Continued delivery against the 62-day and 31-day wait time targets for all population groups.	✓	We continue to meet the 62 days target and the 31 days measure.
Following release of national guidelines, and in partnership with clinicians and priority populations, develop a plan and process to support the implementation of the End-of-Life Choice Act from 7 November 2021 and ensure a dignified process for individuals, whānau and clinician teams.	Q2: Stakeholder consultation and engagement.		
	Q3: Advice to Board on service impact for new requirements.		
	Q1-Q4: Ongoing feedback to national leadership on implications and impact on services.	↺	Underway and ongoing.
Review the impact of the COVID-19 lockdown on cancer diagnostic and treatment wait times and use this information to plan and manage future service volumes. In the event of a COVID-19 resurgence, implement the COVID-19 guidance developed by Te Aho o Te Kahu to ensure minimal impact for cancer patients and their whānau.	Q1-Q4: Monitor the impact of COVID-19 on cancer diagnostic and treatment services and use the national guidance to respond to any further resurgence, as required.	↺	

Planning Priority: Bowel screening and colonoscopy wait times			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Track and monitor colonoscopy service wait times to identify and respond to areas of pressure and reduce waiting times following lockdown, with a focus on reducing long-waits and ensuring equity for our population. (EOA)	Q1-Q4: Quarterly progress against waiting times in line with the DHB's recovery plan.	✖	Significant work has been undertaken to reduce wait times, however these have deteriorated, particularly with the impacts of COVID lockdowns across August and September.
Complete recruitment of replacement and additional staff to ensure the service has capacity to meet current and growing demand associated with the National Bowel Screening Programme.	Q1: Two new Senior Medical Officers (SMOs) take up their agreed positions.	✓	Two new SMO's have been employed and are supporting the team by backfilling lists etc. until the additional procedural rooms open in October.
	Q2: Recruitment of additional staffing including Registered Nurses, SMOs, Healthcare Assistants and Technicians.		
Enhance production and leave planning, to better match capacity with demand throughout the year.	Q1: Production plan for 2021/22 confirmed.	↺	Production Planning is ongoing. Forecasting undertaken June 2021 to reduce patients waiting over maximum time, will need to be reviewed due to the delay of the additional capacity and COVID lockdown. A new forecast will be provided by 30 Nov 2021.
In line with the recently approved business case, expand the footprint of colonoscopy services (internally) by two additional procedural rooms, planned with a 12-month phased approach, to	Q1: Phase one – two additional in-house procedure room open.	↺	The opening of the two additional procedural rooms has been delayed due recruitment issues associated with national nursing shortages and

increase the capacity to deliver colonoscopies in response to current wait-time challenges and growing demand associated with the implementation of the National Bowel Screening Programme.			shipping delays. This is now planned for October 2021 (Q2).
	Q3: Phase two - additional in-house procedure room capacity opens.		
Confirm the ongoing outsourcing and outplacing capacity required to achieve national targets for colonoscopies, once new staff and first procedure room are in place.	Q2: Capacity contract reviewed.		
Introduce a pre-assessment process for all colonoscopy patients to identify and mitigate barriers to attendance, and work in partnership with Māori and Pacific support workers to increase appointment attendance. (EOA)	Q2: Process in place.	✓ ★	Preassessment is underway of all patients undergoing colonoscopy. This has significantly reduced late cancellations and missed appointments. Support is being provided to those who identify barriers to enable them to attend appointments.
	Q3: Attendance report identifies areas for system improvement.		
Implement Bowel Screening Programme			
Promote participation in the National Bowel Screening Programme with marketing and advertising in general newsletters, newspapers and local magazines – focusing on suburbs where our priority populations live. (EOA)	Q1-Q4: Marketing programme in place.	✓	Marketing programme is in place and supports targeted marketing for our priority populations.
Engage directly with general practice and pharmacy to provide education and resources to support them to encourage their eligible populations to participate in the National Bowel Screening Programme.	Q1: All general practices visited.	✓	Education provided to GP's and pharmacies via different mediums to support priority population engagement I.e. face to face, newsletters, webinars. Engagement and education is ongoing
Through the Equity Advisory Group, engage with Māori, Pacific and quintile five populations with face-to-face interaction, at community meetings, marae, churches and other events to encourage participation. (EOA)	Q1-Q4: Calendar of events in place and delivered against.	✓	Calendar of events has supported community and equity engagement. Engagement and face to face interaction has been regular and has provided support and education to across Canterbury to support priority population participation.
Provide earlier access to FTE kits for priority populations, to encourage uptake of the programme. (EOA)	Q1: Process in place and advertised.	✓	Resources and education have been provided to multiple sources to support and encourage early engagement. All marketing and advertising materials are targeted for our priority populations.
Engage with the Ministry of Health to access screening data from the National Bowel Screening Register to support the provision of an outreach programme to follow-up non-participants, prioritising priority populations. (EOA)	Q1: Agreement reached on access to data to support outreach.	✓	CDHB have requested and supported the development of a report to support a strong outreach programme and targeted marketing.
Track and monitor engagement with the National Bowel Screening Programme (NBSP) to identify areas where participation is low and work with the Equity Advisory Group and NBSP Steering Group to review and recalibrate strategies to meet targets. (EOA)	Q1: Monitoring in place.	✓	CDHB continue to track and monitor programme participation. We use data analysis to identify areas of concerns to develop strategic direction for education and marketing
	Q4: 60% of priority populations engaged in the NBSP.		

Planning Priority: Health Workforce			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
In an international context; review the utilisation of the undergraduate nursing workforce during the COVID-19 response to inform the potential roles they might have in the continued response and any future events.	Q1: Literature review of nursing student's role during pandemic/disaster response circulated for consideration.	✓	Completed. We are now in the process of preparing to utilise the students as a component of our surge workforce and have an EOI process in place. This EOI covers a wide range of roles, inclusive of but not limited to wayfinding, administrative support, telehealth, Vaccination, contact tracing and Covid-19 testing.
Recognise the vital role allied health assistants and dental therapists played in adopting PPE champion roles as part of the COVID-19 response and identify the role this workforce group can play in future resurgence planning.	Q1: Resurgence planning incorporates wider roles of allied health workforce.	✓	AHST workforce team identified and contacted staff who could undergo vaccination training and join workforce. AHST workforce team joined ECC staffing team in August and worked with line managers placing stood down staff in roles including swabbing, contact tracing and wayfinding. AHST workforce team collaborated with nursing workforce team to develop database for all health science students who could participate in surge workforce if clinical placements were suspended.
Complete the trial of Blue Mirror Artificial Intelligence programme for donning and doffing PPE, to reduce healthcare worker supervision and exposure through a virtual buddy system.	Q3 Report on trial findings presented for consideration.		
Work in partnership with our unions through our local Bipartite Action Group (BAG), to support the principles of constructive engagement, linking into local resurgence planning and when considering or developing any new initiatives to increase workforce flexibility and mobility.	Q1-Q4: Regular monthly updates presented to BAG meetings.	✓	Meetings have re-commenced.
Collaborate with local health provider partners, the Ministry of Health and the national Immunisation Advisory Centre (IMAC) to assure and achieve: ▪ Increased visibility of the full vaccinator work force. ▪ Access to peer support and assessment. ▪ Clear pathways to becoming a vaccinator. ▪ Education on the cultural significance of vaccination. ▪ Cross fertilization of skills.	Q1: IMAC and DHB joint developed peer assessment vaccination simulation / CPR training in place.	✓	Ongoing as required to support programme.
	Q1-Q4: Comprehensive list of all vaccinators registered within Canterbury maintained.	✓	Authorised vaccinators in CDHB region list held by Community and Public Health. Pharmacist list held by the Pharmaceutical council. CDHB also has a list of all provisional vaccinators employed by the CDHB COVID programme.
Embed the recruitment diversity strategy introduced in 2020/21, by supporting Māori and Pacific job applicants, who meet the minimum requirements for positions, to advance to the interview stage, to promote and increase the diversification of our workforce. (EOA)	Q1: Strategy communicated to hiring managers.	✓	All Maori and Pacific job applicants who meet the minimum requirements for positions are now advanced to interview by the recruitment team.
	Q4: Impact of policy change reviewed.		
Invest in the development of three new Equity and Diversity focused roles to support the DHB to attract, retain and develop our Māori health workforce and lift the cultural competency and equity focus across the DHB. (EOA)	Q1: Three new roles in place.	✓	Mana Taurite Tīma now in place.
	Q4: Increase in the proportion of Māori in the DHB workforce.		
	Q4: Cultural competency workshops underway		

Engage our leaders in Te Huarahi Hautu, a comprehensive training programme for DHB people leaders, to equip them with the tools to reach their full potential, ensure they model behaviour that reflects our values and vison and build organisational competency in management. Key components are the Health Equity and How We Hire Around Here modules, aimed at upskilling hiring managers in recognising and responding to equity issues and in the technical aspects of the recruitment process to improve diversity in line with the policy above. (EOA)	Q1: Te Huarahi Hautū underway.	✓	This is underway and is being measured to monitor completions. Additionally, many of the divisions having committed to backing and supporting their leaders to complete the programme.
	Q3: Review of DHB leaders completing the Health Equity and How We Hire modules.		
Working with the Executive Director of Māori Health, undertake an evaluation of leadership roles across the DHB to identify opportunities to improve the diversity of representation in decision-making positions. (EOA)	Q1: Evaluation completed.	✗	This work was delayed due to COVID and is now expected to be completed in Q2.
	Q2: Actions to support increase diversity in leadership roles identified.		
Deliver equity and outcomes training for all new nursing graduates at each Nursing Entry to Practice intake to raise awareness of the differences in health outcomes and ways to improve care for Māori patients and their whānau. (EOA) Introduce a requirement for all nursing graduates to complete the Understanding Bias in Health Care module by the end of their first year of practice. (EOA)	Q1-Q2: Equity and outcomes training delivered.	✓	Presentations were given to NetP and Preceptors in September.
	Q4: All new graduates complete the Understanding Bias in Health Care module.		
Relaunch the Code of Conduct to support professional behaviour and standards across the organisation, supported by training for staff and managers on bullying, harassment and restorative justice processes.	Q1: Refreshed Code of Conduct released.	✓	The refreshed Code of Conduct has been released and aligned to the organizational actions from Tāngata Ora, by being positioned as one of the enablers to address reported cultures of bullying and harassment.
	Q2: Training sessions and workshops underway.		
Annual Staff Engagement Survey: Introduce regular staff engagement 'pulse' surveys to monitor and better understand the wellbeing, safety and motivation levels of our people and implement actions and strategies in response to the issues identified.	Q1: First baseline survey results released.	✓	The detailed results have been shared with Board members, EMT, Senior Leadership, then leaders. Additionally, the CE has shared and discussed, in multiple communications, the org-wide results to all staff in communications.
	Q2: Key actions identified and response strategies underway.		
	Q3: Pulse survey completed to monitor impacts.		
Partner with Wellbeing Health & Safety to assess the risk of workplace noise exposure and identify and implement strategies for mitigating/controlling this risk.	Q3: First noise surveys completed in Orthopaedics and Theatres.		Survey has been delayed due to COVID. Planned for Q4.
	Q4. Key outcomes and recommendations of the review complete.		
Implement workplace violence prevention and control strategies in line with national WorkSafe Guidance. The first stage of this programme is the trial of the Victorian 10-point plan within Adult Specialist Mental Health Services.	Q1: Strategies implemented in adult community SMHS.	↺	The programme has been trialed in SMHS.
	Q3: Strategies implemented in two further areas.		
Develop and implement a DHB-wide Safe Moving and Handling Programme to reduce musculoskeletal injuries from moving and handling incidents, which make up half of all DHB ACC claims.	Q3. Programme approved, and trainers employed.	↺	On track
	Q4. Training commenced in Older Person's Health and Rehabilitation Services.	↺	On track - roll out programmed to commence in November.

Undertake a Hazardous Substances Review and prepare an Action Plan to reduce the risk to staff and patients.	Q2: Hazardous Substances Review and Action Plan completed.	↺	Delayed. Hazardous Substance Audit commenced Oct 2021.
	Q4: Hazardous Substances Plan implemented.		

Planning Priority: Data and digital enablement			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Deploy the Virtual Private Network (AnyConnect) to laptops so DHB data can be securely accessed for remote working across different locations.	Q1: Roll-out complete.	✓	AnyConnect is now deployed to all laptops, for user install as required. Guidance outlining installation instructions and boundaries of operation are to be issued to all users.
Engage with service areas to increase adoption of Microsoft Teams technology, using Teams chat, task management and virtual meetings to support cross team engagement from different locations, reduce travel and support staff to work remotely in a major event.	Q4: Adoption of Microsoft Teams increases from 29%.		
Deploy e-swab orders to Managed Isolation & Quarantine Facilities, Community Testing Stations and general practice, to ensure more rapid processing and traceability of COVID-19 samples and reporting to referrers and ESR and to lower the risk of transcription errors. Implement negative texting capability to report negative COVID-19 results and ensure timely reporting of negative results to patients during an outbreak.	Q1-Q4: Timely reporting of COVID-19 test results in line with national expectations.	↺	E-Swab Orders deployed to Orchard Road, Whanau Ora (Pages Rd), CDHB testing sites and GP trial.
Recommence the device replacement project for PCs, laptops and iPads and the conversion of some PCs to thin clients to ensure business compliance.	Q1-Q4: Deployment on target.	↺	Next tranche of device replacements in progress.
Recommence the rollout of the Citrix infrastructure to replace the legacy Virtual Desktop Infrastructure (VDI) environment to ensure business compliance. This includes increasing the number of VDI thin client hardware items to provide a more cost-effective solution for the DHB.	Q2: Balance of VDI infrastructure replaced.	↺	All critical applications commonly accessed through VDI now in place with exception of Microster which is still to be implemented. User testing scheduled for late Q4 2021.
	Q3: Terminal deployment completed.		
Recommence planning to migrate the Regional Data Warehouse into the Cloud and introduce PowerBI as a data information solution for the organisation, to improve accessibility and interoperability of data across our wider health system.	Q4: Both systems in production.		
Build on the work completed for e-referrals to refresh and confirm the system direction and continue to streamline the electronic referral of patients across our system.	Q1: Refreshed roadmap agreed.	↺	90% of services receiving referrals via fax or RMS1 onboarded and receive referrals through ERMS. A small number of services remain to migrate. Referrals from Hospital to Community now in place.
Establish a single Microsoft tenancy between Canterbury and West Coast DHBs, to enable staff in both DHBs to work in either DHB location.	Q2: Tenancy established.		
With the collaborative support of the Regional Chief Digital and Information Officer forum (South Island DHBs), investigate the development and delivery of a secondary care patient portal solution to support increased access for patients to their health information. (EOA)	Q2: Assess options.		
	Q3: Business case presented.		

Partner with Digital Wings to refurbish the DHB's old IT equipment for reuse in the community to support increased access to digital tools by community groups and people who might not otherwise have them. (EOA)	Q2&Q4: Report on use of DHB equipment in the community.		
Utilise the national Digital Enablement funding for investment into the hardware required (computers, cameras, microphones) to support increased telehealth appointments so we provide greater access for people in locational disadvantaged communities and reduce travel for patients and clinical teams. (EOA)	Q2: Business case approved.		
	Q3: Roll-out planned.		
	Q4: Deployment of equipment to priority clinical areas.		

Planning Priority: Implementing the New Zealand Health Research Strategy			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Develop and launch a DHB research website (for internal and external users) with access to current research process and procedures, to ensure researchers can continue with research initiation and approval processes during periods of reduced access to the workplace.	Q2: Research website launched.		
Actively engage in Ministry of Health and Health Research Council processes to strengthen capacity and capability for research across DHBs.	Q1: Participation in online information session.	✓	Completed.
Formalise the Transalpine Research Partnership with the West Coast DHB to create pathways for staff to engage in research and innovation and identify regional priorities for research activity.[9]	Q2: Partnership endorsed by Canterbury and West Coast Executive Teams.		
Using the research activation grant, awarded by the Health Research Council in 2020/21, develop and establish the systems and frameworks needed to facilitate and grow future health delivery research. In doing so: Bring our health system and research partners, iwi, and Māori communities together to participate in a Collaboration Pilot to identify opportunities and pathways to support Hauora Māori health advancement through research. (EOA)	Q1: Individual meetings with research institutions in Canterbury underway.	✘	Delayed. Recent Level 4 restrictions have delayed completion of individual meetings and organisation of meeting of health system, research partners and iwi.
Develop and implement a stratified approach to the approval of research that takes into consideration the size, scope and impact of applications, to free-up capacity to support those research projects or innovation initiatives that will have the greatest impact for our population.	Q2: Locality approval process available on CDHB research website.		
Provide education sessions to potential researchers highlighting research funding opportunities and how to begin a research pathway.	Q3: Education session delivered.		

Better Population Health Outcomes Supported by Primary Health Care

Planning Priority: Primary Care			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Using the national digital enablement funding, to capture the momentum for change built up during the COVID-19 lockdown and support the increased uptake of telehealth and virtual services across primary care,	Q1: Update on application of funding.	✓ ★	All funding was distributed to general practices via the 3 PHO's. Reporting highlighted those practices that had old IT systems and used a significant

[9] This work was planned in 2020/21, but due to redeployment of staff to the COVID-19 response this was reprioritised to this year.

through service and consumer engagement, transition to new tools, training and increased visibility of telehealth use and access. (EOA)			proportion of the funding updating computers, phone lines, purchasing cameras, internet and plans to provide patient texts to enable virtual contact with patients. All but one practice has spent all funding.
	Q4: Report on uptake of telehealth and virtual services.		
Continue to make available a range of COVID-testing options (e.g. general practice, testing sites, pop up clinics) to meet the needs of our population and ensure our system can cope with upsurges in demand for testing at times of elevated community anxiety.	Q1-Q4: Track demand and identify and response to pressure points as needed.	↺	The system managed the upsurge in demand during August lockdown. We are now exploring where to rapidly expand capacity when community transmission occurs in Canterbury – this will be another testing site and pop ups. Workforce will be an area of challenge.
Collaborate with our primary and community partners to explore and implement clinically driven adjustments to the acute demand programme, aimed at addressing the growth in acute demand, and identifying and developing a sustainable and equitable service model to support our future population. *Refer also to the acute demand, rural health and long-term conditions sections of this plan for other key actions and changes in service and workforce models aimed at building capability and capacity in primary care over the coming year.*	Q1: Engagement with key partners and stakeholders.	↺	Clinically driven review of the Acute Demand pathway for chest pain and the resulting development of a package of care with claiming rate for general practice is completed and is being consulted with general practice. This process will be used to develop additional pathways for specific presentations.
	Q2: Priority areas of focus and strategies identified.		
	Q4 Process of changes commenced/implemented.		
Through the Canterbury Clinical Network, use the Manawhenua endorsed, Partnering in Design process to support stronger Māori input into the development of future strategies and service models. (EOA)	Q1-Q4: Use of the Partnering in Design process to support strategy and service design.	↺	The Healthy Lifestyle strategic commissioning process is underway using the Partnership in Design process in partnership with Manawhenua Ki Waitaha. A large stakeholder hui is planned for 12 October with a Request for Proposal process to follow.
Through the Population Health & Access Service Level Alliance, complete the community engagement started in 2020/21, to support future investment in lifestyle services, to better support people to stay well and take greater responsibility for their own health and wellbeing. Focus on equity of access to services for Māori as a priority population in this space. (EOA)	Q1: Results of engagement considered, and principles developed for consideration.	✓	Principles are now endorsed and being used as the foundation of the Healthy Lifestyles hui as described above.
	Q2: Future direction mapping underway.		
Work in partnership with Pasifika Futures to build the capability and capacity to support our Pacific population including support for the Etu Pasifika healthcare clinic which provides integrated wrap around services for Pacific people and their families. (EOA)	Q1-4: Implementation of the Pacific Action Plan agreed in 2020/21.	↺	The Pasifika Futures Partnership continues to support better outcomes for Pacific People in Canterbury. The COVID response has shifted the focus but central for Pacific People's health and wellbeing is delivering services as planned, including vaccinations.

Planning Priority: Pharmacy			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
In collaboration with primary health organisations, provide general practice with support and encouragement to connect to the NZ electronic	Q2: Messaging to motivate uptake of NZePS.		

Prescription Service (NZePS) and to implement systems for the secure transmission of digital scripts to pharmacies, minimising the inefficient handling of paper scripts and faxes, and improving access and experience for patients.	Q4: 90% or more of practices have connected to NZePS		
Provide regular immunisation education to pharmacies to ensure authorised pharmacists are confident to vaccinate and understand the importance of reaching our priority populations. (EOA)	Q3: Education delivered to pharmacist vaccinators.		
	Q4: Increase in the delivery of influenza vaccinations delivered by pharmacists.		
Highlight pharmacy as an option in the newly developed Immunisation Engagement and Communications Plan, to help promote the delivery of immunisations by pharmacists and increase awareness of vaccination options for our priority and hard to reach populations. (EOA)	Q2: Communications Plan updated.		
	Q4: Increase in the proportion of the population receiving an influenza vaccination – baseline Māori 54%, Total 66% (2020).		
Engage with the Canterbury Community Pharmacy Group, to improve equity of access to Medicines Use Reviews (MURs) through the setting of a service level target for each pharmacy. (EOA) Report delivery against targets to the Pharmacy Service Level Alliance to identify equity gaps and opportunities for improvement.	Q1: MUR targets set.	✖	MURs are currently under review alongside the Long-Term Condition Service with the aim of enhancing the impact of medicines management support delivered by pharmacies for people on multiple regular medications. Accordingly, the setting of equity of access targets for MURs has been deferred until this review is complete.
	Q2-4: Delivery against targets reported quarterly to the Pharmacy Service Level Alliance.		

Planning Priority: Reconfiguration of the National Air Ambulance Service Project – Phase Two			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Maintain our commitment to the national plan to achieve a high functioning and integrated National Air Ambulance Service (NASO) and actively participate through the National Ambulance and Retrieval Quality and Safety Group (clinical governance) processes to achieve this. Support changed governance arrangements to improve the partnership with DHBs, MOH and ACC across all elements of the National Ambulance Sector Office (NASO) work programme and support the design and planning for tasking and coordination of aeromedical services.	Q1-Q4: Ongoing commitment maintained.	✓	We remain committed to the development of the national plan and await further NASO instruction.
Work collaboratively to support the design of a flexible aero-medical workforce model that enables sustainable system improvements and supports service capacity in a COVID-19 impacted health system.	Q1-Q4: Ongoing commitment maintained.	✓	We remain committed to the development of the national plan and await further NASO instruction.
As part of a national DHB working group, support the development of clinical and operational quality measures and KPIs for inter hospital transfers. Through the national DHB working group, endorse and implement the collection and reporting of the KPIs through the NASO performance monitoring and reporting system. Provide timely and accurate safety issue reporting to clinical and operational governance to support continuous quality improvement and inform national standard operational procedures.	Q1: KPI framework endorsed by DHBs.	↺	Awaiting NASO communication on how to contribute to process.
	Q2: Data collection underway.		
	Q4: National work programme delivering against KPIs.		

Participate in a stocktake of clinical flight equipment and certifications to contribute to the development of inter-operability and compatibility recommendations for aircraft and stretcher systems.	Q4: National stocktake completed and recommendations agreed		
Through the national DHB working group, seek to achieve health equity for rural and priority populations by undertaking a review to understand the challenges and improvements required. (EOA)	Q4: National review completed, and recommendations agreed.		

Planning Priority: Long term conditions			
Action to Improve Performance	**Milestone**	**Status**	**Comments on Progress**
Support Canterbury's three Primary Health Organisations (PHOs) to engage general practices in the Health Care Home (HCH) Programme to increase the number of practices implementing the core elements of the HCH model, improve outcomes for our population, and improve the sustainability of primary care business models.	Q1-Q4: Report cumulative growth in practices engaged.	↺	<table><tr><td>Hikitia Element</td><td>No. of Practices that are engaged or completed</td></tr><tr><td>Patient Portal</td><td>19</td></tr><tr><td>Telehealth Consultations</td><td>20</td></tr><tr><td>Clinical Phone Assessment</td><td>16</td></tr><tr><td>Shared Care Plans</td><td>14</td></tr><tr><td>Joining a Peer Group</td><td>48</td></tr><tr><td>Continuous Quality Improvement Plan</td><td>16</td></tr><tr><td>Access to Services</td><td>17</td></tr><tr><td>Change Leadership</td><td>19</td></tr></table>
Partner with Sport Canterbury to ensure Green Prescription (GRx) participants have a choice of activities that are relevant and appropriate for them, to increase engagement and the likelihood participants will maintain activities after discharge from the programme. (EOA) Reintroduce the follow-up survey to monitor engagement levels, particularly for priority populations. (EOA)	Q1: Participant survey reintroduced.	✓	Surveys are being completed for people who have been discharged from the services and for those that have attended for 6 months.
	Q4: Annual survey demonstrates GRx participants still undertaking physical activities 6 – 8 months after exiting the service.		
PHOs will monitor page hits on web-based reporting tools, or alternative means, to connect with practices and understand and lift the level of engagement in using the dashboard viewers to identify patients requiring recall for smoking, healthy heart, diabetes or cervical screening monitoring or interventions.	Q1: Review underway.	✓	All 3 PHO have dashboards in place. Two of our PHOs are not able to monitor hits on their web-based portals, however practices are provided with monthly reports. The 3rd PHO also provides reports and these reports include number of 'hits' on each page.
	Q2: Data used to inform quality improvement and improve access to services.		
	Q4: Lift in smoking, diabetes, and cervical screening rates across general practices.		
Collaborate with Tangata Atumoto Trust, Sport Canterbury and Nurse Maude to develop and provide culturally appropriate education to a group of Pacific men who have a diagnosis of Type 2 Diabetes, as a priority population group. (EOA)	Q1: Education sessions delivered.	✓	Education was provided to Pacific men in Q1. Numbers and retention was lower than hope for, but learnings have been identified for future courses.

	Q3: Education sessions reviewed and expanded for the wider Pacific population.		
In line with the regional Hepatitis C work plan, implement a pilot "test to treat" model utilising the point of care antibody test and portable rapid Polymerase Chain Reaction (PRC) testing, to enable earlier intervention and treatment.	Q4: Pilot underway.	↺	We are engaging with SCL following their successful application for digital enablement funding from MOH. Looking to expand scope of model with one machine based at Hepatitis C Community Clinic and another attached to the Mobile Hepatitis C Service.
Engage with PHOs and local service providers to support Pacific people in mid-Canterbury, including those presenting to the Acute Assessment Unit, to connect and enrol with a local general practice. (EOA)	Q1: Pegasus and Waitaha community health workers facilitate enrolment.	✓	Work is being undertaken with PHO health navigators to support people to receive the care they require from an appropriate provider. Etu Pasika are currently exploring options on delivering services in Ashburton in an outreach type service.
Through the Urgent Care Service Level Alliance, explore opportunities to reduce ambulatory sensitive (avoidable) hospital admissions by utilising a virtual ward concept in the community.	Q1: Feasibility of virtual ward concept considered. Q2-Q3: Areas of focus confirmed and explored. Q4: Proposal developed.	✗	Following further consideration of feasibility and capacity, this work will no longer be progressed.

COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

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: **Tanya McCall, Interim Executive Director, Community & Public Health**

DATE: **4 November 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the Community and Public Health Update Report.

3. DISCUSSION

Getting Through Together (*GTT*)

Getting Through Together is a mental health promotion campaign jointly led by Community and Public Health and the Mental Health Foundation. At the start of the most recent lockdown, the campaign saw a significant rise in the reach and sharing of its social media posts, which have focused largely on emotional validation ("**It's** all right to feel over it just now…") and simple evidence-based wellbeing tips to support people to feel and function better. As it became clearer that key communities of concern were Pacific, Tāmaki Makaurau, tertiary students, essential workers, and those on low incomes, the campaign pulled together strategies to message appropriately to these diverse groups, as well as more general encouragement to the wider population to be kind and connected, especially to the more affected communities.

This recognises that equitable access to wellbeing promotion requires a range of tailored, culturally appropriate interventions. A package of wellbeing support messaging for tertiary institutions to draw from has been well received by Te Pūkenga, Universities NZ and Te Wānanga O Aotearoa. Over 3,000 packs of *Chitter Chatter* (https://www.allright.org.nz/campaigns/chitter-chatter) have been distributed through food parcels in Auckland and Northland. Messaging via social media and Pacific radio has been targeted to Pasifika, especially within South Auckland, including some messaging in Samoan language. The GTT newsletter, which has a circulation of over 14 thousand, has featured stories of Pasifika students, health workers, and staff working in supermarkets.

Following the recent terrorist attack in Auckland, GTT has reshared the content developed in partnership with the Christchurch Muslim communities. *Sparklers* has been reshared and new content has been created for schools and families teaching through lockdown. A recent Te Whare Tapa Whā resource has been very popular, with over 7,000 downloads. *Sparklers* is used in over 60% of NZ primary schools. Getting Through Together messaging (including *Sparklers*) is largely bi-lingual, and always developed in partnership with Māori advisors.

The campaign has been responding to the ongoing lockdown in Auckland and changing alert levels in other parts of the country. Messaging has focused on emotional validation, emotional literacy, and simple evidence-based wellbeing tips to support people to feel and function better. As supporting Pasifika populations has emerged as a priority, we have worked with practitioners in this space to design a health promotion response. We have continued messaging via social media, radio (including targeted to Pasifika, especially within South Auckland), and TikTok. We have supported the Mental Health Foundation to differentiate a "by Auckland, for Auckland" mental health promotion campaign and to ensure this complements GTT messaging. We have also continued to engage with other regions in their psychosocial response to COVID, offering advice from the experience and expertise grown in our team. Demand for our physical resources increased through lockdown, especially from ordinary New Zealanders (as opposed to workplaces or agencies).

Sparklers supports schools and families with content that is lockdown-specific or lockdown friendly. Through September, Sparklers adapted plans in collaboration with other agencies to celebrate Conservation Week, Te Wiki o Te Reo Māori, and with the Mental Health Foundation for Mental Health Awareness Week.

The need to respond to the lockdown has required significant rejuggling of budget plans, and although a request for further emergency funding from the Ministry of Health was turned down, we have been very grateful that our partners at Te Hiringa Hauora (Health Promotion Agency) are providing a one-off contribution to help cover response costs. Te Hiringa Hauora have also brokered a funding conversation with ACC, recognising that GTT's wellbeing promotion work has injury prevention benefits. Getting Through Together is funded through the Mental Health and Addictions Directorate at the Ministry of Health, under the national psychosocial strategy, Kia Kaha, Kia Maia, Kia ora Aotearoa.

Māori COVID Liaison Lead

Recruitment processes are underway to identify a Māori COVID liaison lead to join the Community and Public Health (*CPH*) team. The appointee will support and monitor the implementation and upholding of Te Tiriti o Waitangi across CPH, ensuring the needs of Māori are at the centre of our Covid-19 response and work practices. The appointee will provide direction and support to staff working in the COVID-19 response by applying a kaupapa Māori equity lens to ensure the needs of Māori are met.

The Māori COVID liaison lead will also provide support to whānau affected by Covid-19 – this will involve working with iwi, hapū and whānau as well as with Māori providers, working to ensure culturally appropriate and equitable services for Māori are integrated across the health system.

In addition, the Māori COVID liaison lead will work with CPH's Māori Relationship Manager, in partnership with Iwi Māori, to develop and implement a Covid-19 Māori Response Plan.

Community and Public Health – Portacom and CDHB Surge Staffing

A portacom situated over the road from the Manawa building was identified as additional CPH accommodation and a venue for the training of surge staff. Once instructed by the Ministry of Health to activate our surge plans, the portacom was set up – this involved significant time and energy from many over the course of a week to establish a fully operational space available for the training of surge staff, and potentially act as a home-base for a case investigation team.

Virtual training of surge staff identified by the CDHB COVID staffing team began on Friday 27 August, with face -to-face training delivered from Tuesday 31 August. As staff completed their day of training they were then rostered to shadow staff in the CPH office.

Surge staff have returned to their normal CDHB roles with the move to Alert Level 2 (only available to us at Alert Levels 3 & 4), but we remain confident that they will be able to contribute positively at any time in the future if recalled to CPH in support of our COVID-19 response.

CDHB 'surge' staff undertaking COVID-19 response training with Community and Public Health at the 'portacom'.

Christchurch City Council – Coastal Hazards Adaptation Plans

The Christchurch City Council is in the process of ratifying its Coastal Adaptation Plans and has commissioned a report from Tonkin and Taylor about the likely impacts of climate change/ sea level rise on the local coastline. The Council are very keen to engage with Canterbury DHB around the social, economic and environmental impacts. While CPH staff have very limited capacity to engage due to COVID demands, one of our Public Health Specialists is advising on the proposed public engagement processes and providing community wellbeing expertise on the Specialist and Technical Advisory Group for the Coastal Hazards Adaptation Planning programme. Community and Public Health is clear that applying an equity lens is essential to all aspects of this work.

Minister Verrall's visit to Community and Public Health/Te Mana Ora

On Friday 24 September, Minister Verrall visited Community and Public Health's Christchurch office. The Minister was interested to hear more detail about our work. She showed particular concern for the wellbeing of our staff, recognising how gruelling the past 18 months have been. She asked questions about virtual ward rounds, vaccination rates and cross sector partnerships, and was particularly interested in smokefree issues. She noted that since 40% of aggravated robberies in this country involve tobacco, we will have to navigate a difficult pathway where vaping remains part of the picture for the time being.

She spoke warmly about the work of Caroline McElnay as Director of Public Health and assured us that she sees the future of public health as a balance of integrated collaboration which maintains local talents, since effective public health work requires good local knowledge.

Age-Friendly Ōtautahi Seminar

Held at Tūranga, the Christchurch Central Library, the seminar was designed to raise awareness of the issues facing an aging population in Christchurch. The programme was focused on what decision-makers can do to ensure an age-friendly Ōtautahi. This involved presentations by long-time residents of the city, designers, academics, local leaders and advocates who in raising many age-related issues also presented potential actions, including those associated with governance, long term strategy and design solutions that exist to support an age-friendly environment.

Anna Stevenson (Public Health Specialist) provided the context for the seminar's topic focus with an overview of the current and projected demographics of our city's population, as well as highlighting the many broader determinants that, together with 'age', contribute to the lived experience and health outcomes of individuals and communities.

"Age, disability – these are intersecting issues and the cross-cutting issues include inequitable access to all the social determinants of health – just to name a few – education, transport, quality housing, adequate income…

So, it's critical that we do what we can to futureproof our whole community against the needs of an ageing and increasingly dependent population. We need everyone to be as fit as they can be, for as long as they can be. That will require work from every sector."

Anna Stevenson

FACILITIES & ACCESSIBILITY ISSUES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CDHB COVID–19 VACCINATION PROGRAMME – DISABILITY

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Allison Nichols-Dunsmuir, CDHB COVID-19 Disability Lead, CDHB COVID-19 Vaccination Programme**

APPROVED BY: **Kim Sinclair-Morris, COVID-19 Vaccination Programme Lead**
Jane Cartwright, COVID-19 Vaccination Controller

DATE: **4 November 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide an update on the CDHB COVID–19 Vaccination Programme's work to address vaccination of disabled people.

2. RECOMMENDATION

That the Committee:

i. notes the report.

3. DISCUSSION

Background

The Ministry of Health set out expectations of how DHB COVID-19 Vaccination Programmes should address the needs of disabled people, releasing a Disability Plan in May 2021. The CDHB responded with appointments for a 0.5 Disability Lead, a 1.0 Disability Navigator, a 0.4 advisor, and appointed Tom Callanan to the Strategic Leadership Group.

The Plan identified key principles – such as those that underpin Enabling Good Lives, and vaccinating in familiar places by trusted faces – which have driven the Programme's approaches.

The disability work has been integrated into the Programme as a whole, alongside disability specific initiatives. The Programme's 'tailored programmes' approach, to offer particular models of service to Maori, Pacific, disabled people, mental health service users, hospital inpatients, and culturally and linguistically diverse people, including migrants. More recently, as the mass vaccination, Aged and Disability Residential Care work has reduced, vaccinator resources have been freed up to increase the work with smaller groups, increasing outreach and workplace events, integrating educational resources, and providing home visits. The Primary Care (GPs and pharmacy) providers support a disability focus, and we receive many positive comments about these vaccination providers.

What has been Developed and Delivered

The disability team enables a disability lens to be applied across the structure of the Programme. Examples of this include specialised communications, a web 'one stop shop' for disability, bookings phone assistance for those who request special assistance, and membership in the Clinical Governance Group and project managers group. In addition, the disability team has taken the lead in a number of initiatives, described briefly below.

Accessibility Checklist
CDHB developed a bespoke accessibility checklist for larger vaccination clinics. This was done to support a full audit of the Orchard Road site, followed by its use in about a half dozen other sites as a guidance tool. It was made available nationally via the Ministry of Health.

Development of 'One Stop Shop'
The challenges posed by processes such as invitations, booking, multiple websites, and computer literacy requirements were experienced as barriers by some in the disability community. In response, a location was created in the CDHB vaccination website to pull together a range of information and links regarding vaccination sites, disability events, and brochures. The information is regularly updated: https://vaccinatecanterburywestcoast.nz/covid19-vaccination-accessible-event/

Disability Events Planning Guide
This explains the requirements and responsibilities of both the Programme and any organisation that agrees to host a disability event.

Disability 'Tailored' Events
We have been able to use the Programme's mobile vaccination teams, to schedule:

- two events for Deaf people with NZSL interpreters on site, in collaboration with Deaf Aotearoa and the Deaf Society;
- seven Low Sensory events, in collaboration with Autism NZ, at the Nurse Maude Ballroom;
- six events at three of the specialist schools; and
- two events at a large day programme.

In addition, we received a kind offer from the Maui Collective, to provide 'extra accessible' sessions at South City every Thursday from 3:30pm to 6:30pm. This is a very relaxed, very welcoming service any time, and they take walk-ins if they have openings.

Development of Home Vaccination Visits Brochure
An increasing number of people are contacting the programme to request home visits for vaccinations. Every discussion with disability sector representatives ask for this service to be delivered. The disability team provided advice to develop a brochure, which is now available on the website: https://vaccinatecanterburywestcoast.nz/wp-content/uploads/2021/10/CDHB-vaccinations-at-home-in-Canterbury.pdf

Collaborative Work
In addition to the collaborations needed to hold disability events, the Programme worked with the Spinal Trust to enable them to 'book on behalf' of people in their network. This initiative reached over 140 people, thanks to the work of the Trust.

Networking
Regular contact is maintained with disability sector networking groups, with presentations and emails. Information is sent that can be forwarded onwards. Groups include the CDHB's Disability Steering Group, the City Council's Disability Advisory Group, Disability Leadership Canterbury, Disabled Persons Assembly (*DPA*), Aspire, Lifelinks, NZ Disability Support Network, the Spinal Trust, and People First.

Monitoring
The CDHB Programme developed a vaccination experience services, based on some work done at Capital and Coast DHB's disability service. The survey asks demographic questions including disability status/type of disability. The survey results will be analysed by disabled/non-disabled respondents, to identify any issues.

The Programme's feedback processes collate and respond to disability compliments and complaints. However feedback is received, it is managed in a defined process and provides important information to improve vaccination services.

The Programme received one complaint from DPA via the Ministry of Health, which was addressed and reported back through the Ministry. This related to changes made at a site when alert Level 3 modifications needed to be implemented quickly. In response, adaptations were made to address concerns about crowding, wayfinding and seating.

The overall feedback from all sources is extremely positive regarding the Programme staff throughout the vaccination process.

The disability team attend a weekly teleconference with the Ministry of Health and the other DHB Disability Leads. Kirsten Curry and Rawa Karetai Wood-Bodley report feedback from the Ministry's disability engagement group, advise on Ministerial priorities, and give advance notice of Ministry requirements and changes. It is also a forum for sharing ideas, tools and issues amongst the DHB Disability Leads.

Various forms of a 'disability dashboard' have been developed by the Ministry to monitor vaccination status of people funded by DSS and ACC. Canterbury's results are generally close to the national median. The Programme actively reaches out to contact disabled people who remain unvaccinated, to advise on options that may suit individuals.

What Is Next?

- More information/education provision – enabling people to ask questions about their own situation in a variety of venues and by phone. For example, on Super Saturday, the disability team participated in an information kiosk at Eastgate, along with a GP and staff member of the Immunisation Advisory Centre.
- More work to identify unvaccinated disabled people and set up initiatives to deliver vaccinations in ways that suit them.
- Respond to situations that arise.
- Plan for the future….

DISABILITY STEERING GROUP UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Anna Craw, Board Secretariat**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Services**

DATE: **4 November 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1 & 2;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	DHBs and the Smokefree Aotearoa 2025 Goal	To enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations.	S 9(2)(j)
2.	National DHB Position Statement on the Sale and Supply of Alcohol Act	To enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations.	S 9(2)(j)

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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

Canterbury District Health Board Public Health Report January to June 2021

Community and Public Health

Christchurch Office

353617/0

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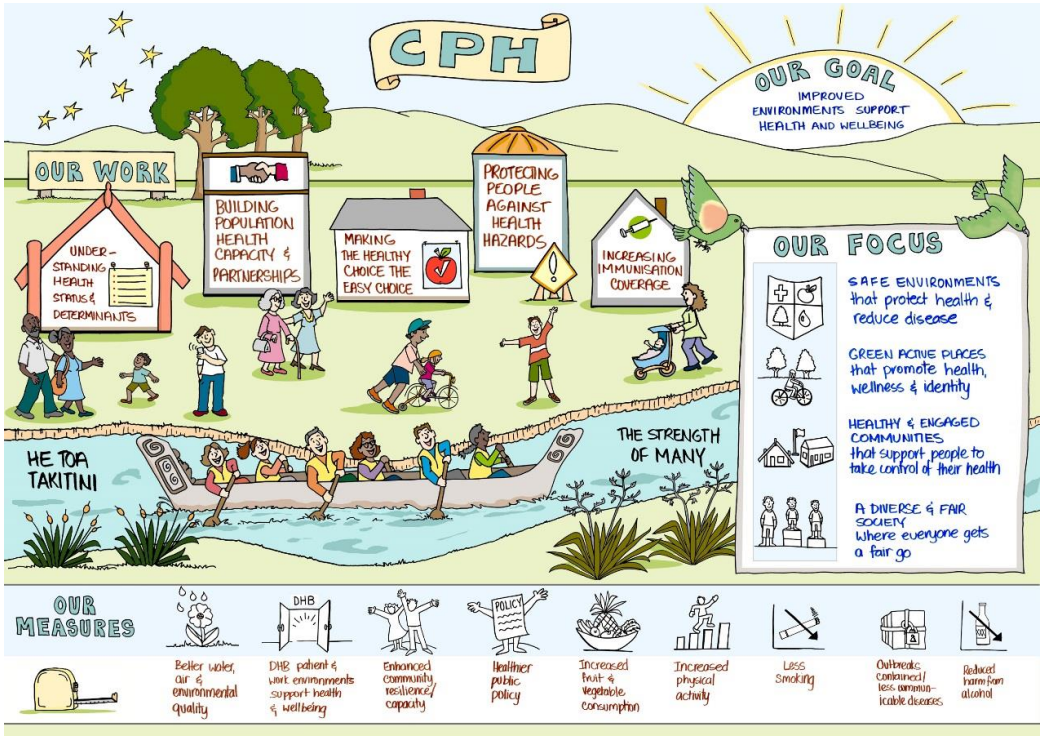
1. INTRODUCTION

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

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

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

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



This report describes progress against the priorities in our 2020-21 programme area plans.
Due to the ongoing need to prioritise the COVID-19 response, a COVID-19 programme area has been added for the 2020-21 planning year.

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

2. COVID-19

"Minimising COVID-19's impact on health, wellbeing and equity in our communities, and supporting a positive community response"

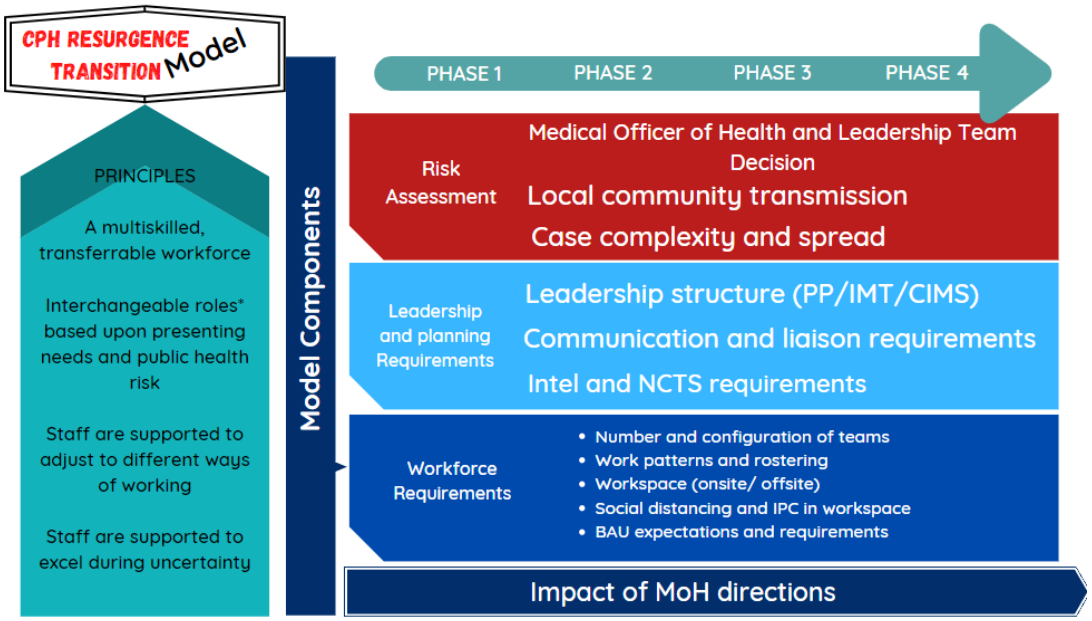
The past six months has provided the COVID Programme the opportunity to test our 'Resurgence Transition Model' which sits alongside our Response Plan. This model was developed to aid in the identification of the various components and escalation points for our workforce and service delivery. The underlying assumption is that the context of COVID-19 continues to rapidly change, therefore our response must be highly flexible in approach (given that no two responses have been the same). The central pillar of this model is a public health risk management approach which helps in determining the required level of response.

Vaccination campaigns have provided opportunity for our programme plan to support consistent national messaging. For example, our Partnership with Pasifika lead identified the need to engage with Pasifika church leaders regarding clear vaccination messaging. A highly successful community fono was held in May where trusted community leaders including a local reverend and Pasifika doctors spoke. A vaccination clinic for Pasifika was well attended as a result.

We have continued to offer support for the COVID response at a national level. Our Case Investigation and Quality leads have contributed extensively to the national standard operating procedures; with some CPH procedures and processes being adopted and used to inform these wider conversations.

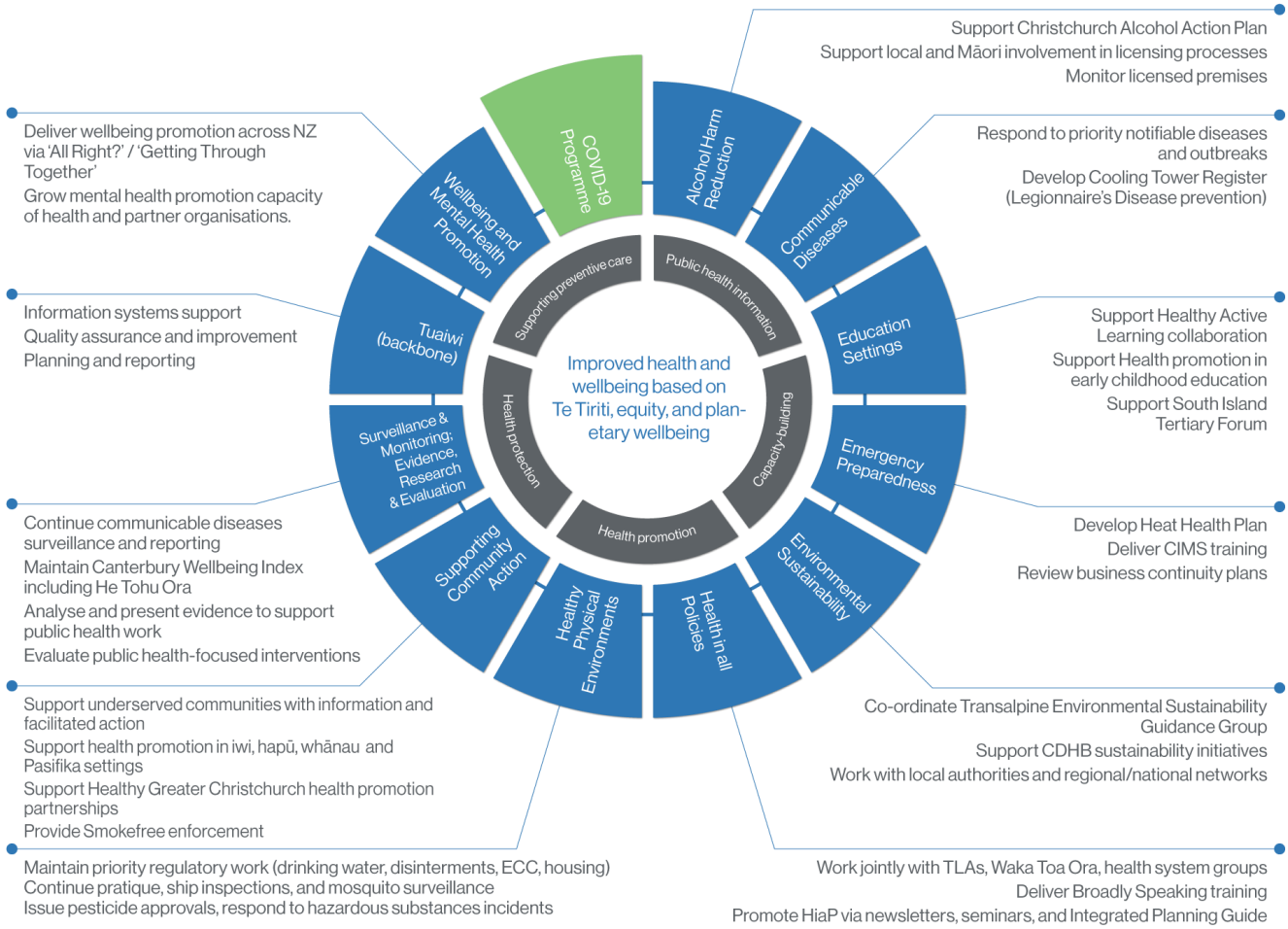
Our Information Systems lead and operational NCTS staff have been closely involved in the development and rollout of R6. As well as the ongoing focus of supporting and managing cases in MIQF, we have supported national responses in February and recently during the June response, when CPH managed in excess of 200 contacts.

Maintaining staff wellbeing remains challenging due to the level of intensity and additional work hours required in the COVID-19 response. All CPH staff are trained in response roles and we have also engaged with a small resurgence workforce who are available if needed during a lockdown. This offers a way to increase our capacity whilst supporting and protecting staff wellbeing. Ongoing preparation and commitment to quality processes has enabled us to continue to respond effectively to local COVID Border work (Christchurch International Airport, Ports of Lyttelton and Timaru, and MIQF facilities), HIS notifications, and of course participating in national response efforts focused elsewhere around the country.



3. NON-COVID PRIORITIES

Non-COVID priorities identified for 2020-21 for each Programme Area



4. SURVEILLANCE / MONITORING

"Tracking and sharing data to inform public health action"

Community and Public Health's Surveillance team provides a weekly update on notifiable diseases for all South Island DHBs including any trends, with a breakdown across Local Authorities.

Monthly and annual summaries are also provided. These are available on the CPH Public Health Surveillance and Incident Intelligence website https://intel.cph.co.nz/ and are also linked on Community and Public Health's Information for Health Professionals webpage https://www.cph.co.nz/health-professionals/.

Public Health Updates are also available on this page and at: https://www.cph.co.nz/health-professionals/public-health-updates/

Issue 7 – March 2021

- COVID-19 "High Index of Suspicion" notifications
- *Vibrio parahaemolyticus* outbreak
- Te Hā – Waitaha Smokefree Support

Influenza and respiratory pathogens reporting - after pausing our winter respiratory virus reports in 2020 due to COVID-19 disruptions, Community and Public Health has recommenced reporting for winter 2021.

The one-page report is made available to the wider health sector in the Community and Public Health region (i.e. Canterbury, South Canterbury and West Coast DHBs) each week and brings together data from a number of different sources. It is available via email subscription.

Reports are available at: https://intel.cph.co.nz/reports-in-detail/influenza-and-respiratory-pathogens/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Community & Public Health
Te Mana Ora

Respiratory Report

Surveillance Week 28, ending Thursday 15 July 2021

- RSV activity is high in Canterbury, with increased respiratory presentations to Christchurch Hospital ED.
- Influenza-like illness reporting remains low, and there are no community cases of COVID-19.
- There have been no influenza positive identifications in the past week at Canterbury Health Laboratories.

You can find the report at the following link on our Community and Public Health Intel website:

https://intel.cph.co.nz/media/47869/respiratoryreport210719.pdf

You can share this email with others which allows them to subscribe to this weekly report using the subscribe function below.

These reports will be provided each Monday until week 40.

Daniel Williams (Public Health Specialist) is a member of the working group for the Ministry of Health's development of a national surveillance strategy.

5. EVIDENCE / RESEARCH / EVALUATION

"Providing evidence and evaluation for public health action"

Canterbury Wellbeing Survey – The thirteenth Canterbury Wellbeing Survey was delayed for approximately five months due to COVID-19. In the field in late 2020, the resulting data are being used to update relevant indicators which are being uploaded to the Wellbeing Index website as they are finalised https://www.canterburywellbeing.org.nz/. A number of reductions in wellbeing measures are seen in the 2020 data, most likely largely due to the COVID-19 pandemic and its ongoing impacts. Canterbury Wellbeing Survey data continue to be used as the basis of academic papers, authored by CPH staff in collaboration with academic partners. Most recently a paper focused on equity in the recovery from the Canterbury earthquakes was published. This paper considered emotional wellbeing over time across household income bands. The analysis showed that pre-existing inequities persisted through the time series: those within the lowest household income group had lower mean WHO-5 scores than their wealthier counterparts at every measured timepoint (11 surveys in total between 2013 and 2019). Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.13054.

Evaluation of the *All Right?* campaign COVID-19 response - Getting Through Together – This evaluation found that Getting Through Together had produced meaningful messaging that had wide appeal in a rapidly evolving situation, including targeted messages for Māori. The supporting population-based survey indicated that Getting Through Together had achieved a 71% reach within the Christchurch population. Success factors for creating and implementing Getting Through Together included: key organisations being ready to respond, enabling a quick response to the COVID-19 pandemic with strong, evidence-based psychosocial messaging; the ability and willingness of the three key organisations to form an effective partnership quickly; effective leadership from the *All Right?* campaign team; and strong input into the look and feel of the campaign by the Mental Health Foundation Māori development team, including developing messaging specifically for Māori.

All Right? campaign for tangata whaiora / mental health service users in Canterbury – This evaluation undertaken in 2018 explored the reach and impact of *All Right?* specifically for tangata whaiora / mental health service users. A paper reporting the evaluation findings has recently been accepted for publication. Findings indicate that mental health service users responded to *All Right?* to a greater extent than the general target population. For example, about a third (37%) of respondents to a population-based Christchurch survey agreed that they had done activities as a result of what they had seen or heard of the *All Right?* campaign compared with approximately two thirds (68%) of respondents to the mental health service users' survey. A key factor facilitating mental health service users' engagement with *All Right?* appears to be that the campaign was directed at whole-of-population level.
https://academic.oup.com/heapro/advance-article/doi/10.1093/heapro/daab102/6311440?rss=1

Supporting the wellbeing of MIQ facility workers in Canterbury – The Information Team at Community and Public Health was approached by the Canterbury Regional Isolation and Quarantine (C-RIQ) leadership who were concerned by incidents of stigma and discrimination being reported to them by staff working within the Canterbury Managed Isolation and Quarantine facilities (MIQF). In order to inform next steps by the C-RIQ leadership in supporting their workforce, a rapid literature review and a survey of Canterbury MIQF staff was undertaken in late 2020. A report of the findings was prepared and shared with the C-RIQ leadership in February 2021. The C-RIQ leadership has subsequently informed staff of the report findings and is in the process of implementing agreed next steps in support of all staff working Canterbury MIQFs. The report has attracted positive attention locally and nationally. https://www.cdhb.health.nz/wp-content/uploads/07c4b5e9-cdhb-miqf-workers-survey-report-and-literature-review.pdf

Through the eyes of kaiako, tamariki and whānau: Evaluating the Toothbrushing Programme Pilot
A Toothbrushing Programme – Te Hā o Aoraki – was implemented at Arowhenua Māori School in South Canterbury late in 2020. A decision was made to capture the initial experiences of the kaiako, tamariki and whānau participating in the programme during Term 4 of 2020. The survey findings from each respondent group – kaiako, tamariki and whānau – were overwhelmingly supportive of the toothbrushing programme. Both kaiako and whānau respondents agreed that the toothbrushing programme should remain as an ongoing part of the school day. https://www.cph.co.nz/wp-content/uploads/ToothbrushingPilotArowhenuaSurveyReport.pdf

6. HEALTHY PUBLIC POLICY

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

The joint work plans with Christchurch City Council and Environment Canterbury continue to be core pieces of work for the Health in All Policies (HiAP) team.

We continue to engage with Environment Canterbury on joint areas of interest. This has been dominated recently by transport planning including a focus on public transport. For example, we are involved in ongoing conversations to ensure bus routes meet the commuting needs of Canterbury DHB staff.

Transport is also an important area of engagement with the Christchurch City Council. Council staff provide orientation support to new Canterbury DHB staff in an effort to maximise the number of staff who cycle, walk or use active transport in their commute to and from work.

Two initiatives of note this quarter are the Canterbury DHB signing up to the Community Waterways Partnership (Pictured above Peter Bramley CEO, CDHB and Clive Appleton, CCC), and working with Christchurch City Council on spatial planning for the region utilising CPH's HiAP guides and tools (e.g. Integrated Planning Guide version 3).

The *Integrated Planning Guide version 3* has continued to be a popular tool with our partners. Presented at the 2021 NZ Association for Impact Assessment conference, the guide drew much attention including a request to write an article for the conference journal. We are embarking on conversations with our partners about updating the guide's content based on the outcomes of the Wai2575 treaty claim.

Submission work, including both preparation and follow-up consultation continues to be a key task for the team. Fifteen individual submissions were made in this period, each one providing an opportunity to ensure that HiAP and equity remain on the agenda of other organisations. Examples include reviewing the content of the census to ensure the validity and usefulness of information through to national action plans on family and sexual violence. Submissions are co-ordinated across relevant departments for the Canterbury DHB and provide an opportunity to introduce a public health lens.

The team has also been busy engaging with local councils regarding their Long Term Plans.

The HiAP team has contributed to the ongoing service development in the oral health sector in Canterbury by developing a health promotion plan to improve oral health outcomes for young people.

The Broadly Speaking Programme has once again been fully subscribed during this period with participants coming from a wide range of sectors. We continue to look for opportunities to increase the number of presenters and also are planning for a review of the content in order to keep sessions relevant and engaging. The course was delivered in Tauranga to the Bay of Plenty DHB earlier this year. This has led to positive conversations regarding the adaptation of the programme for other DHBs with different population and health profiles.

The Greater Christchurch Partnership has been working on its 2050 strategy. The involvement of a HiAP team member in this process has ensured a strong focus on equity and health. We continue to support the Waka Toa Ora (Healthy Christchurch) forum as capacity allows. This has included supporting seminars and hui, including a recent series addressing wellbeing and the economy.

The Disability Lead for the Canterbury vaccination program as well as one of the two operations managers are members of the HiAP team who are currently lending their knowledge from across the sector to ensuring the roll out has a strong equity and disability focus.

7. SUPPORTING COMMUNITY ACTION

"Supporting communities to improve their health"

The Bike Bridge programme engaged with 56 women representing 18 ethnicities from migrant communities and other diverse organisations. Aranui Bike Fix up project is making a difference for Māori youth and their whānau with 58 bikes repaired and 122 given away. There have been 149 volunteer appearances in total, averaging six at each of the weekly sessions.

Our recently employed Māori Health Promoter is carrying out a scoping exercise with Māori communities to identify and prioritise areas for focus. CPH was involved in organising, preparing and promoting the "Ōtautahi Māori Cancer hui" held at He Waka Tapu in June. Over 100 tangata and 12 organisations attended. These included those working alongside whānau experiencing cancer either as a patient or supporting whānau members. Te Aho o Te Kahu Cancer Control Agency came to hear the voices of Māori whānau with a view to improving cancer health services and treatment for Māori.

Pasifika Church Leaders were the first to be vaccinated at the Etu Pasifika COVID-19 Vaccination Clinic launch in June. Pasifika COVID-19 Champion Pastor Michael Sikuri is pictured with Dr Monica Nua-George. A Pasifika Housing Network has been set up to bring together decision makers to identify opportunities to positively influence housing for Pacific Peoples in Christchurch.

Through our housing networks we have been working with Environmental Health Officers at Christchurch City Council, MSD, Kainga Ora and MBIE Tenancy Services to support vulnerable families with rheumatic fever living in poor housing conditions into warm, safe housing.

A presentation was made to GPs via Pegasus' Education programme for general practitioners, coinciding with the Homes and Heating update on Health Pathways.

A Sex and Consequences seminar held in May was attended by 50 people with 85+ attending via Zoom. The Zoom option enabled us to invite the participation of national speakers and attendees, particularly those from remote regions. Feedback was positive with people appreciating the relevance and the variety of the speakers and topics.

Fulfilling the regulatory functions under the Smokefree Environments and Regulated Products Act 1990 resulted in responding to 9 Complaints and 2 Smokefree enquiries, 13 Compliance (education) visits, with 32 retailers being visited in 3 Controlled Purchase Operations. Five sales were made to a person under the age of 18 resulting in three Infringement Notices being issued by the Ministry of Health and two sellers receiving warning letters.

Communities accessed 384,698 pieces of information, mental health (55,920), smokefree (17,510), nutrition (16,850), sexual health (3,958) during this period. Our Health Information stands are well-established at priority sites and continue to be well-accessed by the public.

Amidst the ongoing COVID-19 demands at CPH, Waka Toa Ora Advisory Group (Healthy Christchurch) continued to rotate the chair / administration; enhancing relationships and functionalities for those involved. An emerging priority for the group is the response to climate change. Well attended seminars have covered wellbeing economics, COVID-19, problem gambling and the launch of an 'activities directory'.

8. EDUCATION SETTINGS

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

Early Childhood settings - A seminar was organised (co-hosted by Waka Toa Ora and Child Poverty Action Group) for health, education and social services kaimahi on the topic: *Equity in Early Childhood Education.* Our Early Childhood Health Promoter presented on 'Preschoolers missing the opportunity to thrive: A case study', alongside Dr Mike Bedford (ECE wellbeing and design specialist and executive officer for ECE reform Trust) who presented on the structural issues facing the early childhood sector in NZ, including the impact commercialisation is having on the quality of ECE provision. The evaluation found that attendees felt better informed about the reality of the lives of some tamariki and had increased awareness of the work preschool staff did with children in challenging circumstances. One commented, 'this study was long overdue. Issues have compounded especially over the last decade. I would love to continue to be actively involved in advocating for quality early childhood education.' Dr Mike Bedford was invited back and returned to Christchurch to meet again with sector leaders in May.

Oral Health Professional Development for Kindergarten Teachers was piloted and facilitated, with input from a specialist Paediatric Dentist, Hospital Dental Service, and a Well Child Tamariki Ora Plunket nurse. The content focused on CDHB's Menemene Mai online resource. Ninety percent of teachers attending reported they were 'very confident' to take action as a result. A further professional development workshop is being planned for 10 August and is open to all ECE Kaiako.

Health Promotion 'Focused support' was offered to six Kōhanga Reo, kindergarten and preschool settings. Their health and wellbeing priorities were identified, and they were assisted with ideas and actions to address these. Staff wellbeing and oral health continue to be common issues of concern. Two Kōhanga Reo engaging with 'Focused support' currently are also keen to develop their māra kai.

Healthy Active Learning - To meet the nutrition component objectives of the Healthy Active Learning initiative we have continued to refine our 'Love Kai' strengths and values-based approach to enhancing the healthy food and drink environment of schools. Nine schools have engaged in the Love Kai programme to review, update and enact their food and drink policies. One school has fully completed steps 1, 2 and 3 of the review process with good engagement with their ākonga.

We have identified the food policy status of 69% of ECE settings and 73% of schools; and the drink policy status of 51% of ECE settings and 10% of schools. This scoping process will help guide our prioritisation of ECE settings and schools in the year ahead as we determine the best way to go about this work with different types of ECE and kura/schools. We have continued to support Sport Canterbury's Healthy Active Learning Team in promoting healthy food and drink environments in the schools where they are delivering the physical activity component of the initiative.

We supported Edible Canterbury to organise and run their Term 1 ECE and school gardening hui with 51 staff attending. These twice-yearly workshops are part of a wider collaborative strategy to improve support for education settings in developing edible gardening and orchard initiatives that promote a healthy food environment.

Tertiary Education Settings – CPH has continued to chair the national Tertiary Wellbeing Aotearoa New Zealand committee. CPH convened the Canterbury Campuses wellbeing conversation and supported five local campuses to develop and enhance wellbeing messaging and resources for students with the *All Right?* Campaign. CPH chaired the Good One Party Register meetings with a focus on planning how to respond to an increase in problematic parties and associated student arrests.

9. COMMUNICABLE DISEASE CONTROL

"Preventing and reducing spread of communicable diseases"

Health Protection Officer involvement at the airport continues to be extensive. This work area is continually changing with Quarantine Free Travel introducing ongoing challenges with the number of outbreaks in Australia impacting the "rules" on travel. One particularly challenging aspect has been proof of predeparture testing and subsequent result verification. The upcoming Antarctic Program arrivals (both air and sea) will present unique challenges for border health control. Planning for the Antarctic season is well underway together with the various Programmes and MFAT.

The attached photo is of the Biohazard bin the HPOs use at CPH as part of IPC Border requirements.

As well as the investigation and management of COVID-19 cases in MIQ, we investigate High Index of Suspicion (HIS) "cases" referred to CPH by the CBACs. Currently we average about 12 HIS cases daily which involves interviews as well as daily call back. We are very conscious of the fact that outbreaks in other areas have involved symptomatic people out in the community – hence the importance of every HIS investigation.

Consumer recently published an article referencing the work done by an HPO following up on a case of legionellosis contracted from a spa pool. This was following the use of a water treatment product, widely distributed, that did not meet the requirements – the article can be found at:
https://www.consumer.org.nz/articles/legionnaires-traced-to-spa-pool

The Communicable Disease nurses have recently investigated two cases of Leprosy which is of statistical significance for Canterbury (three cases in NZ for first 6 months of 2021). The investigation of one of the cases involved extensive and "sensitive" liaison with the family, high school, parents of contacts and ID specialists due to the stigma attached to this particular disease, and the potential social media coverage. The nurses also ensured that multiple contacts attended ID physician appointments.

Tuberculosis continues to provide a steady workload - a recent case involved follow up of contacts in remote rural areas where testing had to be arranged at distance. This was achieved through collaboration with multiple health professionals across a large geographical area. The nurses also investigated a TB case post mortem, which included contact tracing and testing of family, friends and multiple first responders. The sequelae involved changes in protocol for mortuary and funeral workers. For the six months covered by this report a total of 16 new cases were investigated with the associated case and contact management. Unlike many of the communicable diseases investigated, TB follow up involves complex management of cases and contacts over a long treatment period.

The Yersiniosis attribution study is underway and will continue over an 18-month period. The study involves telephone interviewing and food sampling. We are grateful to ESR and the Health Research Council for undertaking this study into an organism which is causing a significant burden of disease in the community.

10. HEALTHY PHYSICAL ENVIRONMENT

"Supporting communities to improve their health"

HSDIRT – The reduction to the notifiable blood lead level to 0.24µmol/L has resulted in an increase in lead notifications. However, the majority of these have been identified as occupational sources and are therefore referred to Worksafe. As a result of these changes we have updated our CPH Hazardous Substances Procedure.

Biosecurity – Following numerous interceptions/suspected interceptions at Sorted Logistics, CPH implemented an ongoing surveillance programme at the site. CPH have now handed the overall management of this programme to MPI. CPH will continue to supply the Co2 required for Co2/light traps.

Recreational Water – Fifteen media releases were issued in relation to warnings for algal blooms in rivers (11) and lakes (4), and one warning issued for faecal contamination at a local bay. Many of the warnings were for new locations and were for prolonged periods. Development of the Avon River has resulted in increased use by the public and questions have arisen concerning the monitoring being undertaken.

Early Childhood Centres – many centres are considering providing and washing cloth nappies on site. This is not covered in the Environmental Health Manual other than a statement that it is not recommended. However, centres want to provide this service. We suggest this needs to be addressed by the Ministries of Health and Education.

Drinking water – capacity issues continue to impact on CPH's ability to complete all DWA Health Act functions. A heavy rain event (Red weather event) hit Canterbury and South Canterbury during the last weekend of May. Seven Councils were heavily impacted by the rain. The event resulted in the issue of over 23 Precautionary Boil Water notices due to high turbidity levels and/or infrastructure damage to intakes. Additionally, two *E. coli* transgressions were notified, resulting in Precautionary Boil Water Notices being reissued as Boil Water Notices. A 'Do Not Consume Notice' was issued for the Springfield drinking-water supplies due to extremely high turbidity levels which brought into question the effectiveness of boiling the water. CPH produced a daily Situation Report during the first two weeks of the response. Due to on-going weather issues the final precautionary boil water notice has only recently been lifted. CPH has approximately 30 WSPs submitted for approval that have not been processed due to DWA capacity issues. Two WSPs for Hororata and Cheviot have been approved against the new framework. The majority of the submitted WSPs are likely to remain on hold. The focus of the remaining DWAs is on incident/transgression response and completing the annual survey.

Border work – Workload in the maritime area has continued to increase as COVID-19 restrictions have affected the number of foreign ports able to accommodate ship sanitations, crew transfers, and shore leave. This has created an increase in pressure on Lyttelton port, and subsequently CPH, to provide these services.

Protocols and processes are being continuously updated and streamlined to improve the handling of these actions and to keep pace with legislative changes. Relationships with stakeholders, including Lyttelton Port Company and Customs, are currently very strong due to the increased need for engagement. There continues to be a high level of involvement at the air border with all stakeholders.

The implementation of Quarantine Free Travel has posed a large number of challenges including the need to train an expanded screening team in a short period of time. Continued community outbreaks in various Australian states continue to prove challenging. Planning for busier 21/22 Antarctic season is well underway with the various Programmes and MFAT.

11. EMERGENCY PREPAREDNESS

"Minimising the public health impact of any emergency"

At the invitation of Te Rūnanga o Ngāi Tahu Programme Lead – Whānau & Emergency, the CPH Emergency Preparedness Coordinator delivered a PowerPoint presentation on Government reforms of the Health and Disability sector, with emphasis on Hauora Māori, particularly how the reforms aim to strengthen rangatiratanga Māori, empower Māori to shape care provisions, and give real effect to Te Tiriti o Waitangi.

An internal CIMS in Health training course (revised to align with the 3rd edition of the CIMS manual) was held for recently recruited Health Protection Officers.

No internal/external emergency response exercises took place in this reporting period, due to the COVID-19 response and the significant flooding emergencies in Canterbury, South Canterbury and the West Coast. However, a Christchurch International Airport exercise (topic not yet revealed) will take place on Tuesday 3 August. Two Health Protection Officers will be participating.

With regard to the recent flooding problems, Public Health advisories and warnings were issued to all media outlets via Canterbury DHB Communications. Community and Public Health was represented, by a Medical Officer of Health and the Emergency Preparedness Coordinator, at the Canterbury Emergency Coordination Centre (ECC) twice daily teleconferences relating to the Canterbury/South Canterbury flooding emergency.

The Emergency Preparedness Coordinator attended the routinely scheduled CDEM CEG and Joint Committee meetings, providing Public Health COVID-19 updates on behalf of the Canterbury Medical Officers of Health.

The current COVID-19 Administrative response structure to be replaced by a CIMS structure in the event of a resurgence of community cases. In respect of a potential resurgence, two members of staff are preparing a CDHB Community MIQ Operational Plan, which is committed to equity and underpinned by Te Tiriti o Waitangi.

12. SUSTAINABILITY

"Increasing environmental sustainability practices"

The Transalpine Environmental Sustainability Governance Group (TESGG) has continued to meet every six weeks to share and progress sustainability initiatives. A focus over this period has been discussion regarding the Government's expectation that district health boards be carbon neutral by 2025. To assist in this work, we have continued to advocate for a Canterbury DHB sustainability manager. We have also had presentations from experienced sustainability managers based in other DHBs and received presentations from consulting firms working in this area in the UK.

During this period the involvement of a Canterbury DHB Executive Director as a member of TESGG was confirmed. Following a presentation to the Canterbury DHB Executive Management Team the Canterbury DHB's CE is planning to attend our next meeting to explore how he can support the sustainability kaupapa.

Dr Anna Stevenson, chair of TESGG, presented a paper discussing health impact assessment and climate change to the Sustainable Healthcare conference in June. There was a good contingent of Christchurch people who attended via a virtual hub at the Otago School of Medicine. The information shared from across the country and internationally provided examples of opportunities for us to consider, although most require some investment or human resource to progress.

Within Community and Public Health there continues to be a strong 'Sustainability Matters' group (formerly Zero Heroes). This group looks at local responses to sustainability, with an increasing number of products now recyclable. The group also recognises individual efforts of staff members through a monthly award and provides an informative newsletter three to four times a year.

Sustainability work occurs in many other ways through Community and Public Health. For example, we undertook to ensure input into local council climate change strategies and Long Term Plans. When we were presenting CPH's submission to the Christchurch City Council, the mayor reflected that the Dahlgren-Whitehead model (illustrating the wider health determinants) should be front and centre of the strategy. The mayor also recognised the strong public health feedback received from CPH.

There are several projects across the Canterbury region that are considering housing typologies and spatial planning. CPH brings a wider determinants lens to these discussions and has regularly identified the co-benefits of addressing climate change and improving health outcomes though initiatives such as active transport and healthy housing.

13. WELLBEING AND MENTAL HEALTH PROMOTION

"Improving mental health and wellbeing"

As Aotearoa continues to navigate the ups and downs of COVID – or simply everyday life – we continue to support people through mental health promotion. This year, most of our mental health promotion capacity continues to be devoted to the Getting Through Together campaign. We introduced a major campaign initiative, our 'Awhi atu, awhi mai' campaign, inviting people to connect, and another campaign initiative, our Matariki campaign. The Matariki campaign embraces a unique part of our identity in Aotearoa and prompts us to look after our wellbeing by reflecting on the past, celebrating where we are currently at, and looking to the future. Our objective is to encourage as many people as possible to do something positive for their wellbeing at this time, and shortly, we will have evaluation to help us assess the outcomes of the campaign.

Evaluations of our Getting Through Together campaigns from earlier this year demonstrate its impact. Awareness of the campaign is strong at 31% among those surveyed. More than 60% of people surveyed who reported being aware of the campaign have done something about their wellbeing as a result. The vast majority (90% of respondents) reported the campaign is valuable for their community, and growing proportions of people report the campaign is valuable for themselves, and for their family, friends, and workmates. Since its inception, the campaign has consistently performed well among Māori and Pasifika.

Most *'All Right?'* resource has been devoted to Getting Through Together, but we have continued some *'All Right?'* aligned work. We cross-promoted the launch of the 'In Common' initiative, which came out of the mosque attacks, and we supported the River of Flowers event commemorating the tenth anniversary of the Canterbury earthquakes. We have also used our connections in Canterbury to support work on emerging issues like climate change, providing feedback on the climate change curriculum and developing informational materials to support the launch of Environment Canterbury's campaign to promote discussion about climate change.

Our Te Waioratanga resource about Maramataka, the links between wellbeing and the phases of the moon, continues to be one of our most popular resources.

With Canterbury's *'All Right?'* funding ending, our champions and the general public have inundated us with messages of support and gratitude. People have described how the campaign positively shaped their thinking about mental health and inspired them to look after their own wellbeing. Many have called for a continuation of this calibre of mental health promotion to support Aotearoa.

We support 'recovery' from multiple disasters. One of our team supports recovery from the Canterbury earthquakes (the secondary stressors associated with home repairs), the mosque attacks, COVID-19, and the South Canterbury floods. In response to COVID-19, we continue to operate the Canterbury DHB's Transalpine Psychosocial Steering Group to coordinate psychosocial support across South Canterbury, West Coast, and Canterbury, and the Canterbury Psychosocial Committee.

Although aspects of the psychosocial groups pertain to the workforce, there is separate workforce-specific work. We promote wellbeing through a staff wellbeing oversight group, and through staff communication, both tactical (e.g. regular staff emails/Zoom updates) and strategic (e.g. promoting transparency, reassurance). We have responded to stigma facing frontline workers at MIQFs with communications designed to celebrate the efforts of this workforce.

Our commitment and experience in the psychosocial space, coupled with our work on a national mental wellbeing promotion campaign, has lifted the profile of our work based here in Christchurch. In the last six months, we have provided advice to multiple other geographic areas throughout New Zealand. We have also found in our evaluation that the campaign is resonating well throughout the country.

14. ALCOHOL HARM REDUCTION

"Reducing alcohol-related harm"

The Canterbury DHB partners with the Christchurch City Council and the NZ Police in the Christchurch Alcohol Action Plan (CAAP). The CAAP newsletter, which is well-received, is providing information about upcoming events and new research to regional contacts. A network meeting in March offered an opportunity for key partners and community contacts to share their work and listen to a presentation on Fetal Alcohol Spectrum Disorder by Tania Henderson.

Work in the community has included supporting the Christchurch Resettlement Service to upskill health promotion staff and parents about alcohol. A new coordinator with a strong background in Te Tiriti o Waitangi-led work and workplace wellbeing will be driving this work over the remainder of the calendar year.

The Canterbury Health System Alcohol Harm Reduction Strategy and implementation structure has been recognised by the joint DHB Chairs and Chief Executives as a leading practice example. The supporting working group, convened by CPH, acts as a coordination point which ensures alcohol-related harm reduction work has a 'whole of system approach'. Key activities within the DHB include:

- the introduction of an Emergency Department Mental Health and Addictions Educator who is delivering onsite education and scoping a work programme to support staff to improve access to care,
- a review of alcohol referral information in the Health Pathways portals,
- progressing the development of the CDHB Alcohol & Drug Policy, and
- completing a brief analysis to investigate alcohol intake in people with or without long-term health conditions or disabilities.

Alcohol health promotion has continued with communities opposing licence applications in local neighbourhoods, although there have been some significant disappointments from District Licensing Committee and Appeals decisions. Funding to Community Law centres, including the Christchurch pilot, have been extended for a further year to support more effective community voice regarding licensing decisions. Relationships are strengthening with local Māori Wardens.

Three Canterbury secondary schools are now engaged with the Tūturu whole school approach to reducing drug and alcohol harm. About 100 professionals attended a training day in May on alcohol, drug and gambling addictions among older adults. Funding for Tangata Atumotu Trust has been confirmed for a multi-year project to scope alcohol-related harm in Pasifika communities and develop culturally appropriate brief interventions training. This project will sit alongside a family violence programme.

Regulatory work has been delivered in accordance with the provisions of the Sale and Supply of Alcohol Act 2012. The work continues to be at high volume, including an increased number of renewals as this year is renewal year for many of the clubs in Canterbury. DLC and ARLA hearings are increasingly a challenge as the applicants invariably have an experienced lawyer acting on their behalf. Health do not have the advantage of legal representation and the Licensing Officers have limited time to prepare for these complex hearings.

15. TUAIWI

"Providing infrastructure and support for effective public health action"

Websites – A refresh of the Te Hā – Waitaha site was completed in March. This required the redevelopment of existing templates and a change in the domain name from Stop Smoking Canterbury.

Viewership to the CPH website remains steady – with 96,984 pageviews and 56,827 sessions from 1 January to 30 June 2021 – an average monthly increase of 1.7 and 3.5% respectively for this period.

The most visited pages on the site were Mental health and illness (10,909 pageviews), the homepage (8,272) and the 'Vaccinator' information page for health professionals (4,174). A document on the Te Pae Māhutonga Māori health framework continues to be the most downloaded PDF from the site (526 downloads). The most searched term on the site was "diabetes" (154 searches). An LGBTQIA+ Health page was also launched in March and has received 154 pageviews to 30 June 2021.

CPH SIPHAN Information Base – CPH has continued to support the SIPHAN-based COVID news and discussion group and document library. The COVID group now has 377 members. There have been 168 posts and associated documents posted to the COVID section. The SIPHAN Information base is also well used by other groups with 417 posts over the last 6 months.

Healthscape – Healthscape supports 203 active users in the CPH region. Regular updating of data sets continues. CPH also continued to support Healthscape for partner PHUs.
Prior to leaving CPH, our Development Specialist produced a number of videos and presentations about Healthscape ranging from those targeted at first time users and others focused on functions for advance users.

A Healthscape Data Extract Tool has been developed. This application connects directly to Healthscape databases (the core database and the Healthscape files storage database) and can extract location entity process and action data and records in a variety of formats - together with linked files and uploaded files- for use and transformation in other systems if required. This process was written specifically around requirements for extracting data for Taumata Arowai, but it can also be used for any other situation where we wish to extract both record level information and linked and uploaded files in Healthscape. The download package includes the set-up files, plus set-up and usage documentation, as well as a video detailing same.

CPH's version of Healthscape has been updated to include census 2018 and NZDep2018, which is particularly pertinent for Healthscape's mapping functionality.

IS-related – over this period all CPH staff, including those in our regional offices, were moved from the VDI environment to Micro PCs.

CPH has provided significant support to the Canterbury DHB COVID-19 Vaccination Programme Coordination Team. This involved providing computers, setting up the workspace and ensuring telephony and audio-visual hardware and support.

Quality – In this period a review of the COVID-19 Quality plan was undertaken. Ongoing work includes auditing of CFS and NCTS case records, together with monthly reporting on the quality measures for each COVID-19 workstream. The COVID-19 document suite (procedures, forms, flow charts, letters) are controlled in EDMS and available online to all staff and to the other two South Island PHUs. This is an ongoing area of focus.

CPH's Operational Quality Improvement Plan has been drafted for the 2021-22 year and is currently being reviewed for signoff. The plan outlines the mechanisms and responsibilities for maintaining a systematic approach to quality improvement of our operations across all teams and districts.

CCN highlights - Q3-Q4: 2020/21

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

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

Here's a look at some of the hightlights from the past six months...

CCN enablers, development and working groups

Oral Health: Promotion, patient flow and recovery

Both Community Dental and Hospital Dental have managed to return to post Covid service levels. Community Dental has seen the majority of their Year 8 and are in the process of transferring them to private dentists. Under the Health Promotion work, the focus on working with Primary Care to provide education to support general practice teams is continuing.

Integrated Diabetes: Education and new model of care

To strengthen access to education a new patient pathway across primary, community and specialist services has been drafted that directs people to group education at a number of points during their changing stages of diabetes.

A new model of care has also been drafted that includes a strong focus on short interventions and multi-disciplinary case reviews for more complex patients and patients being discharged after extended periods of care provided.

Integrated Respiratory: Improving access to support and classes

Over the past six months improvements to the Better Breathing classes have progressed:

- An alternative model for delivery in more rural areas with programmes completed in, Kaikoura, Rangiora and Ashburton.
- Rollout of a new way to deliver the Better Breathing Pulmonary Rehabilita tion Programme is continuing. Eight week cycles are held in different loca tions and participants can join at any time, which has reduced wait times to classes.
- Improving access to support in the eastern suburbs with five community exercise coffee groups established.

Service Level Alliances (SLA)

Population Health and Access: Pae Ora ki Waitaha

Stage one of Pae Ora ki Waitaha is nearing completion, which aims to develop services that support people and their whānau to stay well. Engagement with key reference groups for priority populations across the system has occurred and an online survey attracted more than 600 responses and provided rich themes on 'what being healthy means to you'. An interim report and recommendations for future stages will be delivered to the Alliance Leadership Team in August 2021.

Urgent Care: Increasing service awareness

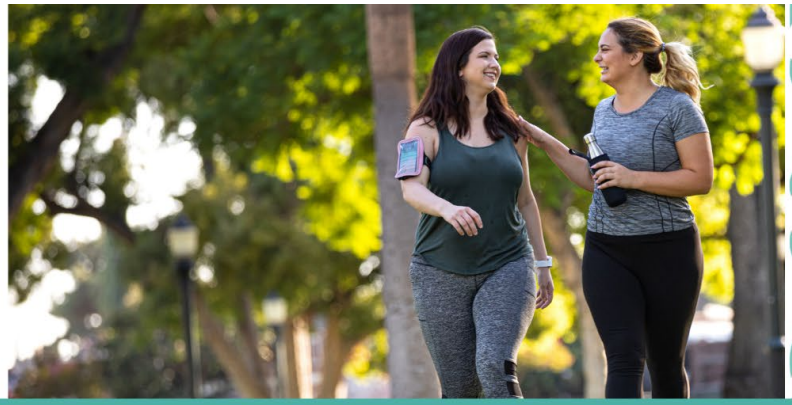
Advertising campaign has been created to run throughout winter and focuses on:

- increasing awareness of free Under 14 Care provided through Urgent Care Centres;
- targeting minor injury based urgent care, including for sprains / strains.

The messaging is distributed through social media, bus backs, printed and radio adverts.

Workstreams

Canterbury Clinical Network
Transforming Health Care, Whanau Ora ki Waitaha



CCN SIX MONTHLY REPORT

Q3 & Q4: JANUARY- JUNE 2021

Child & Youth Workstream - Q3/Q4 2020-21

Progress update

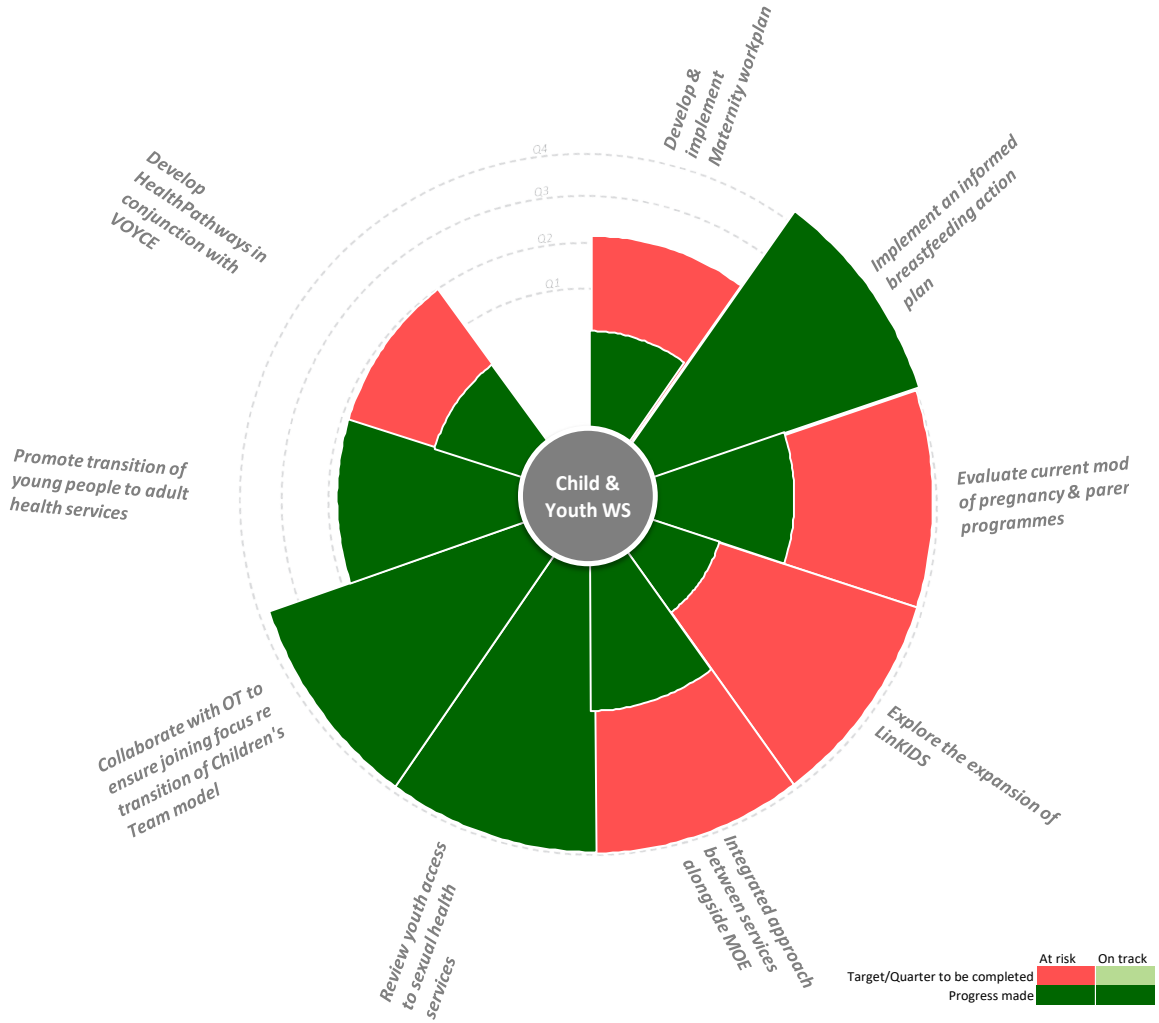
20/21 has seen many changes for the Child & Youth Workstream (CYWS), with the introduction of co-chairs Ngaire Button and Michael McIllhone, a review and the resetting of the Workstream into three priority areas - First 1000 Days, Tamariki and Rangatahi.

Facilitators Bridget Lester, Hayley Cooper and Anna Hunter have been assigned to each area to progress focussed mahi.

The review identified the importance of people connecting - given the breadth of stakeholders involved. In response, two Child & Youth Forums per annum are being run, so people contributing to Child & Youth Health have time to connect, network and share information. This direction, alongside group membership and Terms of Reference (TOR) was finalised by the Alliance Leadership Team in Q3 2021.

Each of the workstreams have met once and all groups have provided feedback on what they would like to see as part of the group's mahi. Six common principles were identified across the workstreams and they are in the midst of developing the refreshed workplans aligned with these principles.

While the focus has been on resetting the CYWS they have been able to meet approximately 50% of their workplan actions this year, with many of these unattended due to internal resource constraints and shifting Planning and Funding priorities. As the CYWS reflect over the past 12 months, they recognise the huge changes that have occurred for the workstream and look forward to progressing with their new workplans in 21/22.



High risks

There are currently no high risks registered for this SLA.

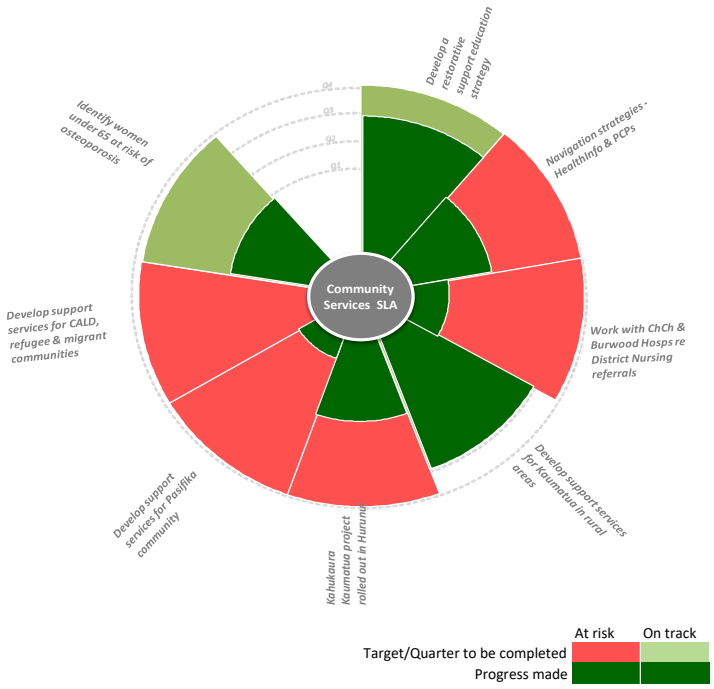
Community Services Service Level Alliance - Q3/Q4 2020-21

Progress update

A great step forward this year has been the introduction of the Community Services electronic referral form, which has now been rolled out in Primary and Secondary Care. While there have been some technological tweaks to the form (and resulting changes around process) the form is now fully live, allowing instantaneous processing of referrals for services delivered in the community.

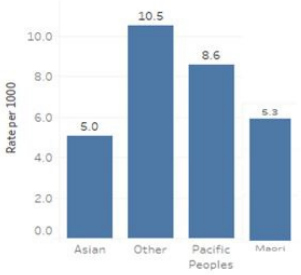
Another success story this year has been the continued roll-out of our Kahukura Kaumātua programme based in Birdlings Flat. This now has a group of regular attendees, enjoying a kaupapa Māori day programme including Te Reo Māori, cultural activities and a strong hauora focus. In conversation with the kaumātua, this programme has been attended by clinical professionals including community dental, bowel screening, diabetes and mental health. Next week a mobile vaccination team will go out and vaccinate this group. This programme has been extremely successful in meeting it's objectives. The group is now keen to act as advocates to take a similar service to the Hurunui area.

Some items on this work plan have fallen behind owing to prioritisation of vaccination and other COVID-19 preparations. Next year, the SLA is planning a smaller workplan, but aim also to work more intently to ensure there is wider representation of Pasifika and Culturally and Linquistically Diverse (CALD) peoples on the group.

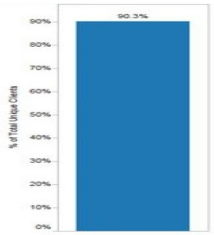


Data dashboard

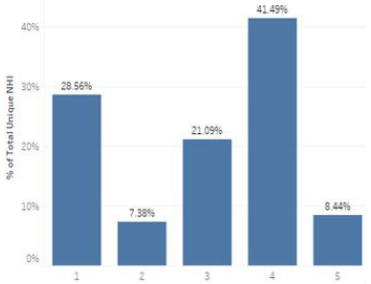
interRAI assessments per 1000 population 65+ (Māori 55+)



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



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



Percentage of people receiving HCSS that have a cognitive impairment

With cognitive impairment	Without cognitive impairment
14.7%	85.3%

High risks

Risk area	Response
Risk to provider sustainability from costs related to raised salary expectations from nurses following the new nursing MECA.	Resources are already stretched and if extra government funding is not forthcoming to equalise nursing salaries across the system, there is a significant risk of district nurses moving to hospital work. CDHB will continue to engage with the Ministry around funding requirements.
Risk of the consequences of not appropriately managing community and clinical expectations of home based support services/CREST (both urban and rural).	Conclude Community Services redesign process to clarify the model of care going forward. Maintain monthly clinical review meetings with Older Person Health Specialist Service and all three contracted providers to proactively identify clients who have large packages of care or complex social situations and ensure there is a plan to manage potential gaps in service. Ethical framework may be implemented both to guide client/whānau expectations and to guide decision-making around larger packages of care. Consider extension of clinical review for non-complex clients.
Risk that without supporting the development of cultural competencies, it will be hard to attract and retain Māori staff in Community roles.	Formulate strategies to support cultural navigators and to ensure succession planning in these roles.
Risk that lack of culturally safe staff in administration and first contact roles presents a barrier to service access for Māori and CALD.	Develop a meaningful education package around cultural safety for support workers and other staff.

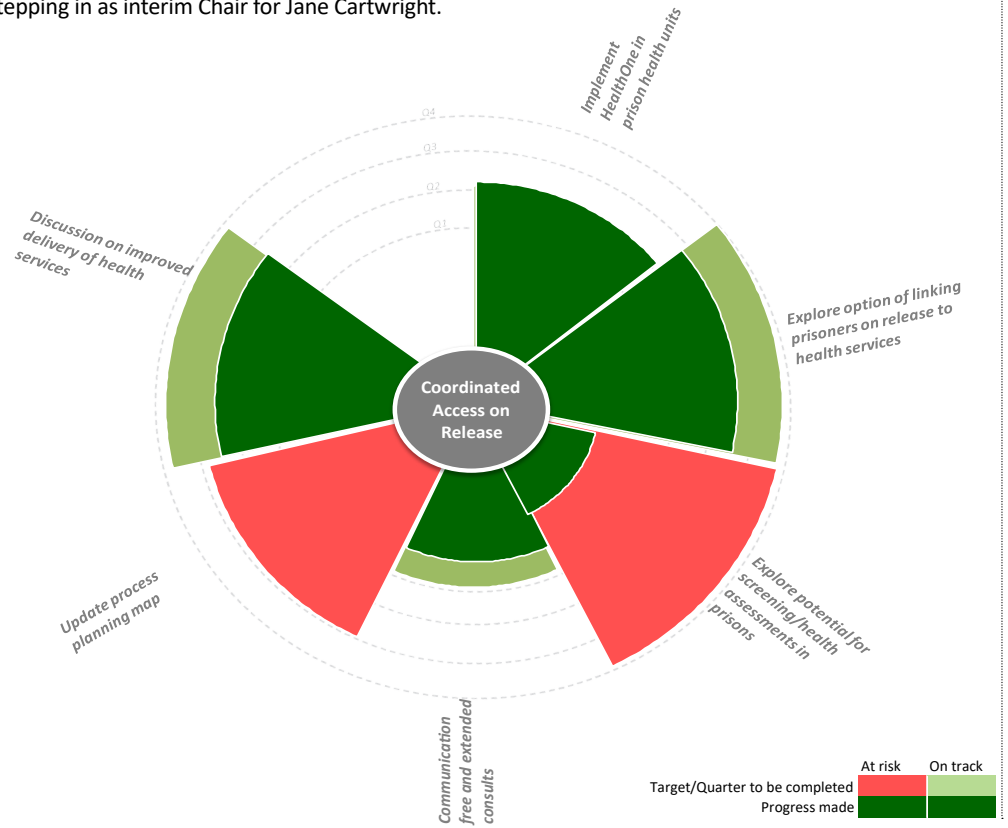
Co-ordinated Access on Release Workgroup - Q3/Q4 2020-21

Progress update

Work is progressing on the use of HealthOne in the Corrections facilities with resolution of the privacy issues and increasing Corrections contribution of data into HealthOne.

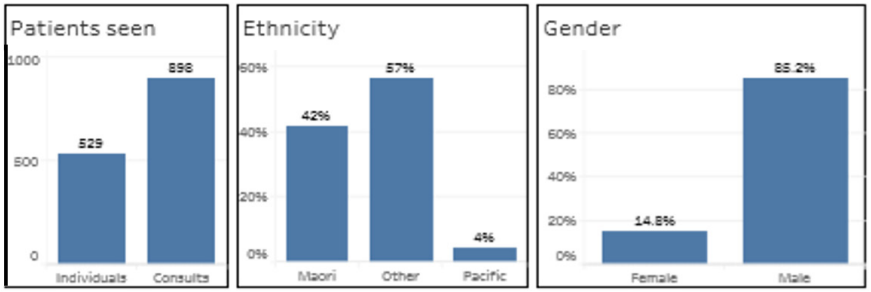
Information to increase the awareness of the three free GP consultations is nearly complete. These consults are available to a person on release who has served more than two years in prison at one time. The information has been developed for the Corrections and Probations staff to inform the person on release of the programme and to encourage them to connect with General Practice. This will be available on their day of release and again at their first probation appointment. Once finalised, it will be sent out to the PHOs for distribution to general practice, as a reminder of the programme in readiness of any queries/ appointment in regard to the programme.

Progress on the health screening / assessments in prisons has been delayed with staff involved in the COVID-19 immunisation reponse. This is being picked up in September 2021 with Laila Cooper stepping in as interim Chair for Jane Cartwright.

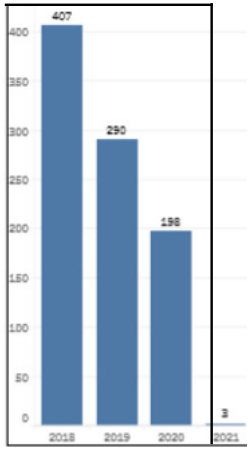


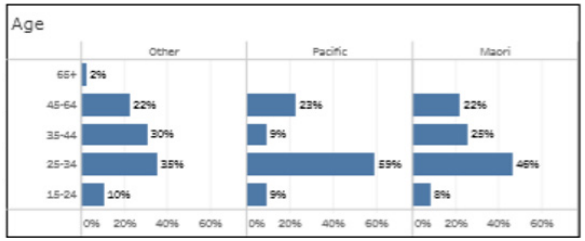
Data dashboard

Release from prison claims data

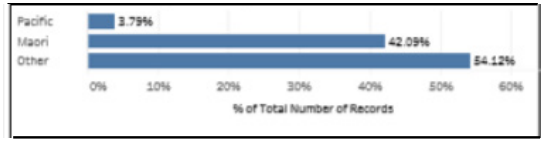


Annual consults delivered





Total consults by ethnicity



High risks

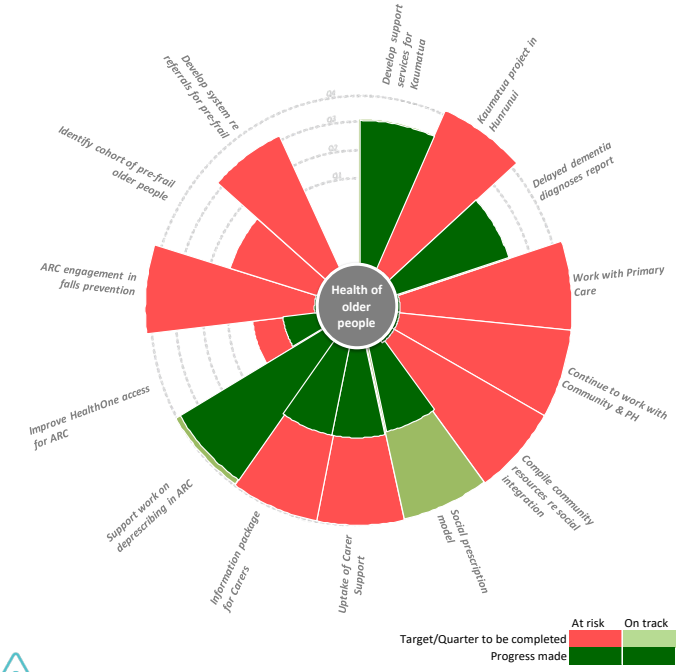
There are currently no high risks registered for this SLA.

Health of Older People Workstream - Q3/Q4 2020-21

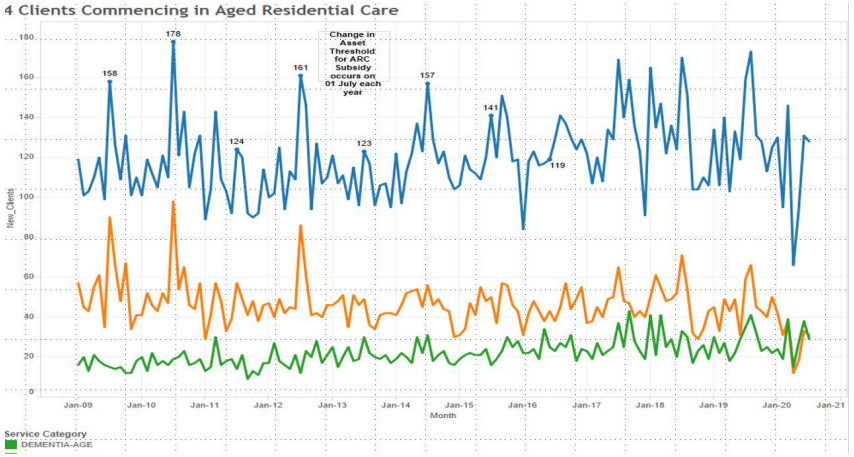
Progress update

The Health of Older People Workstream (HOPWS) is delighted that COVID-19 vaccination will be completed in Aged Residential Care facilities by the end of July. This represents the culmination of a lot of hard work by our vaccination teams and a significant milestone towards COVID-19 risk reduction for people living in residential care.

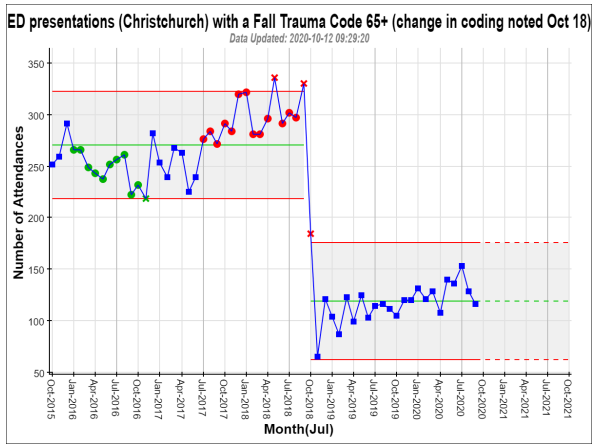
HOPWS is working with a group of stakeholders on various actions relating to the NZ Dementia Strategy to ensure that a wide range of voices are heard. We have proposed three projects to current DHB leadership and are in the process of managing the cost implications of this action plan.

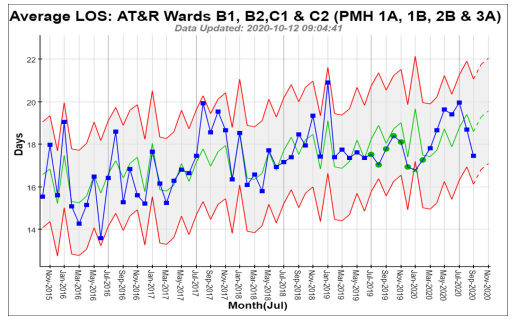


Data dashboard



People 65+ (50+ Māori) admitted to Aged Residential Care (ARC) - (Green - Dementia, Orange - Rest Home, Blue - Total)





Length of stay by ethnicity 65+ (50+ Māori).

Percentage of patients admitted from ED with a Fall Trauma Code 65+ – (55+ Māori).

High risks

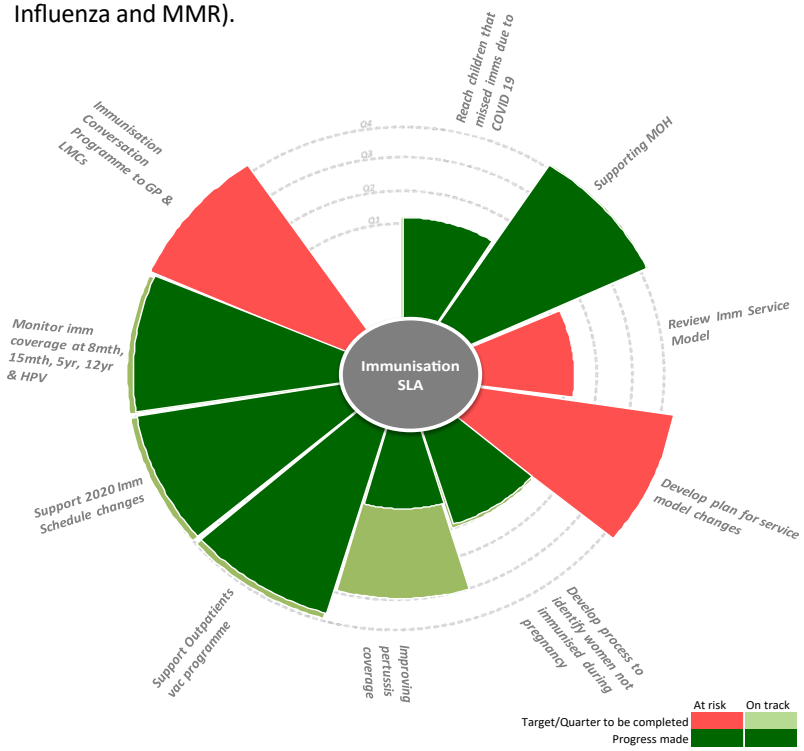
Risk area	Response
A sharp rise in the prevalence of dementia and other age-related conditions as the population ages is anticipated.	Accept meanwhile: continue with planned initiatives; support integration across the sector (GP teams, Dementia Canterbury, Home Community Support Service providers, Older Persons Health Specialist Services and others).
ARC facilities continue to encounter difficulties in recruiting and hiring staff.	Pay equity settlement seeks to professionalise the Support Worker career path. Supplemental payments to ARCs in relation to the NZNO MECA seeks to reduce discrepancy between pay scales for ARC- and DHB- employed nurses.
Risk of social isolation impacts on the mental and physical health of older people as a result of potential Covid-19 lockdowns.	During the COVID-19 lockdown, people over 70 were especially targeted for precautions given additional vulnerability to COVID-19. This has had an ongoing effect both on the confidence of many older people.

Immunisation Service Level Alliance - Q3/Q4 2020-21

Progress update

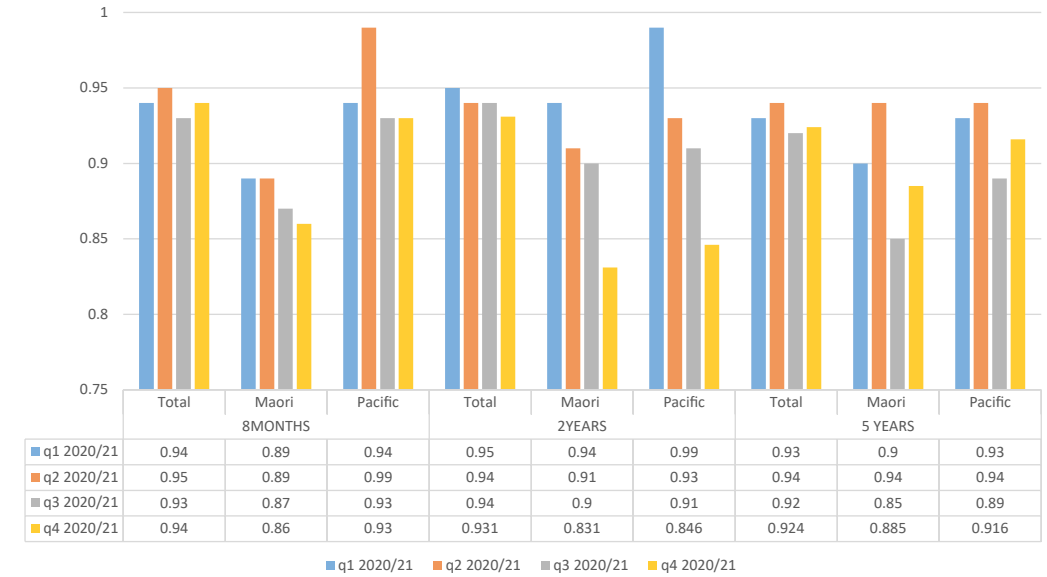
Childhood immunisation coverage has dropped off in the last 12 months. It appears that there is an increased group of children in each milestone who have missed an immunisation event. Issues are largely around engagement with general practice, and therefore an increase in missed events and outreach referrals. This means that timeframes for service are slower. At the end of Q4 the SLA secured more funding for the Missed Events Service and the Outreach Immunisation Service. This should help to reduce the current backlog.

While Canterbury childhood vaccination coverage was below the national targets this quarter (sitting around 93% for all milestone), Canterbury remains one of the best performing DHBs for Childhood Immunisation. COVID-19 has put a lot of pressure on this sector, with changes to general practice increasing barriers to vaccinating, the secondment of key staff to the COVID-19 vaccination and the focus on COVID-19 vaccinations at the expense of other vaccination events (i.e. Influenza and MMR).



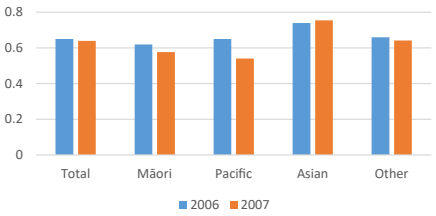
Data dashboard

Canterbury immunisation coverage - Māori, Pacific and total 2020/21 year

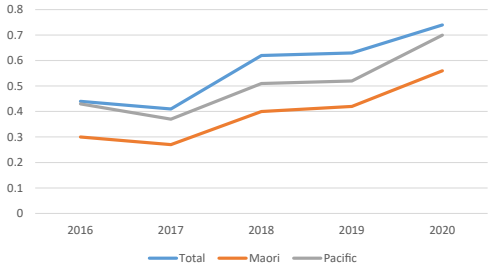


	Total	Maori	Pacific	Total	Maori	Pacific	Total	Maori	Pacific
	8MONTHS			2YEARS			5 YEARS		
q1 2020/21	0.94	0.89	0.94	0.95	0.94	0.99	0.93	0.9	0.93
q2 2020/21	0.95	0.89	0.99	0.94	0.91	0.93	0.94	0.94	0.94
q3 2020/21	0.93	0.87	0.93	0.94	0.9	0.91	0.92	0.85	0.89
q4 2020/21	0.94	0.86	0.93	0.931	0.831	0.846	0.924	0.885	0.916

HPV given by year of birth 2006 and 2007



65 plus - influenza coverage



High risks

There are currently no high risks registered for this SLA.

Integrated Diabetes Service Development Group - Q3/Q4 2020-21

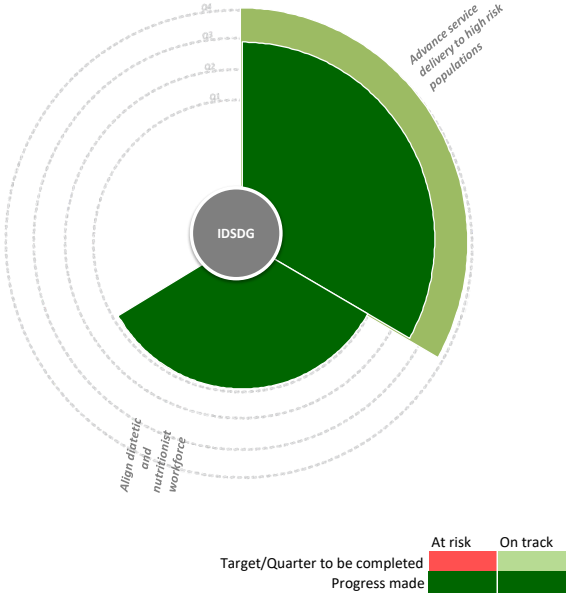
Progress update

The Integrated Diabetes Service Development Group (IDSDG) has continued to focus on implementing the Diabetes Review recommendations. Of note in Q3 and Q4 has been:

- Education: The Education Model implemented builds on an Australian model that stood out through the review of different approaches. To strengthen access to education a new patient pathway across primary, community and specialist services has been drafted that directs people to group education at a number of points as they progress through changing stages of diabetes.

- Nursing Integration: A new model of care has been drafted that includes a strong focus on short interventions and multi-disciplinary case reviews for more complex patients and patients being discharged after extended periods of care provided. IDSDG envisions having this available for wider feedback in the next few weeks.

- Dietetic Services: A stocktake, and review was completed in Q2 with the IDSDG providing feedback on the proposed new model of care for dietetic services at their February meeting. The review highlighted that early nutritional advice provided by dietitians achieve more improvement in health outcomes than when advice is provided by nurses. Canterbury has less funded dietitians per population of people with diabetes than other districts. The opportunity to improve access / increase the number of funded Community Dietitians targeting priority populations and in particular working with Māori and Pacific populations is being explored as the IDSDG develop recommendations.



High risks

Risk area	Response
Retinal Screening - Demand increasing exponentially, waiting times are increasing.	A report is being considered by the Planning and Funding Leadership team, awaiting an outcome.

Data dashboard

	Percentage rate based on total PHO/practice count rate					
	% HbA1c ≤ 64mmol	% HbA1c ≥ 65mmol and ≤ 80mmol	% HbA1c > 80mmol and ≤ 100mmol	% HbA1c > 100mmol	Percentage with any available HbA1c result	Percentage with no available HbA1c result
Māori	51.5%	17.2%	10.7%	7.2%	86.7%	13.3%
Pacific	45.3%	19.7%	14.1%	7.9%	87.0%	13.0%
Non-Maori Non-Pacific	61.5%	17.7%	7.7%	3.1%	89.9%	10.1%
Total	59.5%	17.8%	8.4%	3.8%	89.4%	10.6%

Diabetes Population HbA1c by Ethicity

Integrated Respiratory Service Development Group - Q3 Q4 2020-21

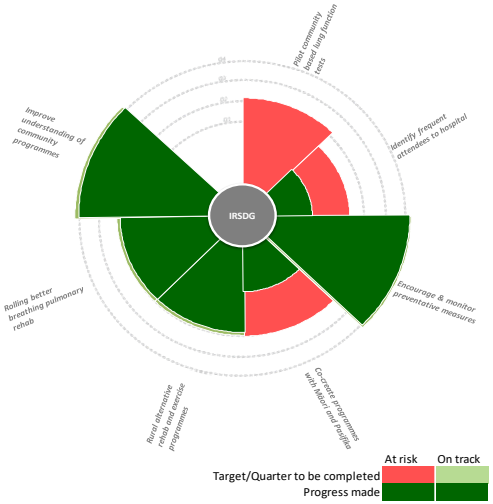
Progress update

Over the last six months improvements to the Better Breathing classes have progressed; of note:

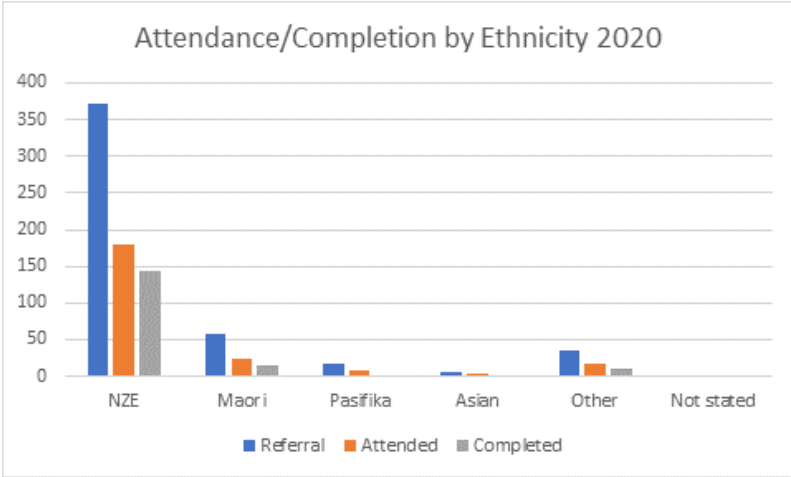
- An alternative model for delivery in more rural areas with programmes completed in, Kaikoura, Rangiora and Ashburton.
- Continued implementation of the rolling Better Breathing Pulmonary Rehabilitation Programme which has reduced wait times to classes.
- Improving access to support in the eastern suburbs with five community exercise coffee groups established and encouragement for Better Breathing participants to join.

Progress on some work has been delayed, including the design of programmes targeting Māori and Pasifika. Learnings from other work across CCN is being explored before progressing this further.

For 2021/22 the Integrated Respiratory Service Development Group workplan has been streamlined to focus on reducing COPD admissions to hospital and removing what is more ongoing service improvement as part of business as usual.



Data dashboard



High risks

Risk area	Response
Technology - aging technology linking spirometry tests to Éclair/HealthConnect South. Risk is that community providers will not be able to provide spirometry test reports to referring GPs, cannot upload to HealthConnect South. Respiratory Physiology Laboratory won't be able to quality review test reports.	Reduce – Work with Information Architect (Mark Limber), CDHB ISG and third party developer to develop and support program improvements.
Sleep Unit demand and capacity - unquantified unmet need, but rate of referral to community providers continues to escalate, even with higher criteria set. Demand on approved providers has increased, which may mean they don't have clinic space to accommodate need, which may mean wait times to be seen in the community increase.	Reduce - Enforce criteria via referral management.
Resource- IRNS identified anxiety is one of the biggest factors in readmissions to hospital for people with COPD	Reduce-assess with Day 2 COPD project ways of adressing this.

Laboratory Service Level Alliance - Q3/Q4 2020-21

Progress update

At this point there is no clear time frame provided by the Canterbury DHB for progressing an E-Orders solution.

In the interim, the subgroups have continued to progress key pieces of work under the Laboratory SLA. While good progress has been made much of this work extends into 2021/22 for completion.

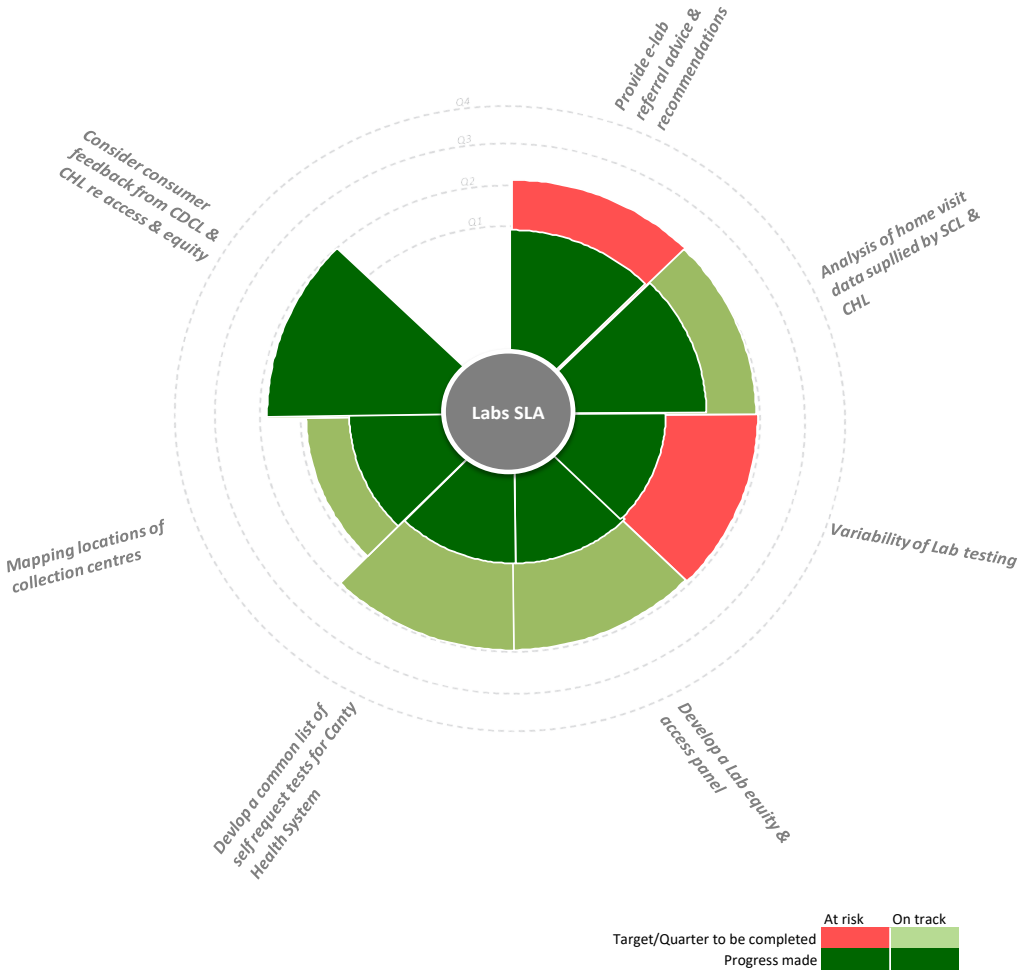
Of note:
Home visit: Aged Residential Care (ARC) population data overlayed with PHO data to identify ethnicity, and determine who is being referred for home visits.

The data is now complete and identifies:

- 40.8% home visits are to people in ARC - 91.6% European, 4.5% Māori, Pacific 0.9%, Remainder Other.
- 30,225 home visits in total.

Following discussions with the Ministry of Health, the transition to one lab model has been paused until there is better understanding of the implications of the NZ health reforms that come into effect in July 2022.

Some actions have been delayed due to the Covid-19 response impacting capacity.



High risks

Risk area	Response
e-lab referrals - a possibility of referrers using different software to produce e-referrals which cannot be seen in whole of system.	Reduce: Link closely with referrers to be able to advise improvements to ERMs software used for laboratory referrals.

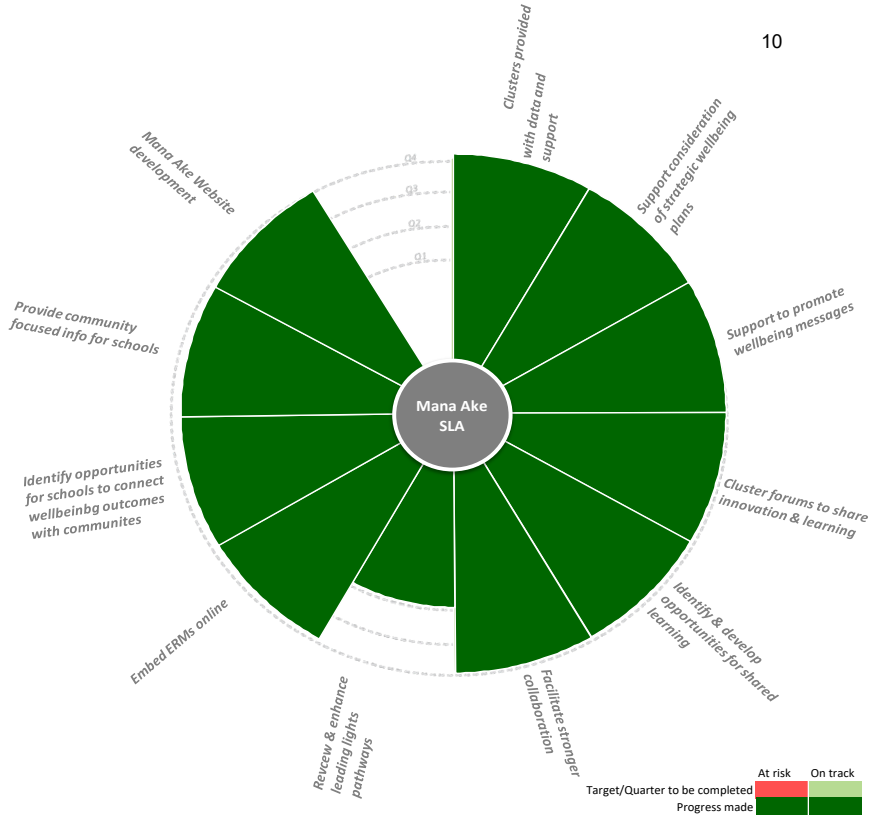
Mana Ake Service Level Alliance - Q3/Q4 2020-21

Progress update

The DHB has been working with MoH to negotiate the funding for Mana Ake in Canterbury which is now confirmed at 80% of the previous year's funding. This is not unexpected and the work that has been done to support schools build their practice around wellbeing as well as the availability of Leading Lights and ERMS Online will help mitigate the impact of the necessary reduction in the number of kaimahi across the region. The Mana Ake team will work with schools and other stakeholders to understand how best to prioritise supports within and across clusters in this next phase of implementation.

A Cluster Forum with schools in July contributed to this process, in addition to the Ministry of Education's survey to schools. This will help inform how Mana Ake refines and realigns for the future.

The Project Team has supported the Provider Network to agree a process for reducing the number of kaimahi, anticipating that the majority of the required reduction will occur through natural attrition. One Provider - Etu Pasifika - has chosen not to continue their contract for Mana Ake. A further five providers need to reduce the number of FTE they currently have. Where vacancies occur for other providers, these will be made available to affected kaimahi in the first instance. Providers will also work together to identify opportunities for Mana Ake kaimahi across their business.



Data - The Mana Ake Impact Lab Good Measure Report August 2020 and Ministry of Health External Evaluation - Malatest Report has measured the impact of Mana Ake. Along-side this is the operational reporting that is used by the Mana Ake team to monitor the programme delivery.

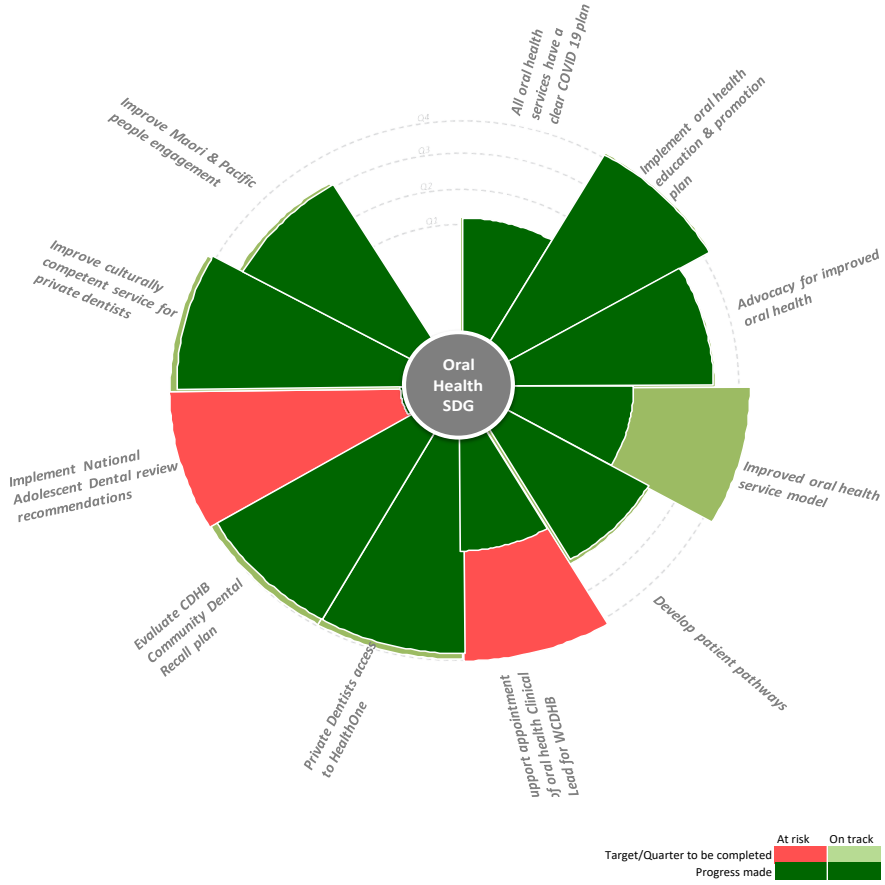
High risks

Risk area	Response
Lack of clarity regarding ongoing investment in Mana Ake by funder will create a level of unease across the initiative.	Reduce: Work with providers, school clusters and school personnel to build sustainability.
Uncertainty around continued Investment by funders results in Project Team undertaking substantial disestablishment work and focus moves more to dependency rather than building sustainability.	Continue working with Executive Group to clarify future funding. Messaging to stakeholders will not change until a funding decision is confirmed.
Delays in completion of external evaluation of Mana Ake could impact on vews of stakeholders regarding continuation of investment in programme and impact on Kaimahi turnover and ability to recruit to the initative.	Reduce: Work closely with designated Evaluators to ensure that evaluation time lines are achieved, ensuring that all data both quantative and qualitative is accurate and provided in timely manner, in all instances. Clear communications to stakeholder around timelines etc.

Oral Health Service Development Group - Q3/Q4 2020-21

Progress update

Work has continued over the six months in the health promotion, patient flow and recovery work areas. The Oral Health Service Development Group are pleased to advise that both Community Dental and Hospital Dental have managed to return to post Covid service levels. The Community Dental has managed to see the majority of their Year 8 and are in the process of transferring them to private dentists. Under the Health Promotion work, the focus on working with Primary Care to provide education to support general practice teams is continuing.



Data dashboard

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

High risks

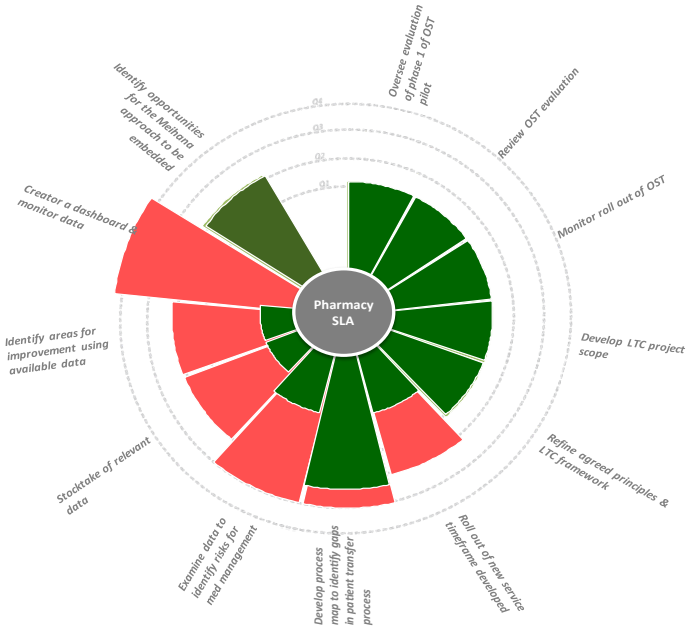
There are currently no high risks registered for this SLA.

Pharmacy Service Level Alliance - Q3/Q4 2020-21

Progress update

Key areas of progress for Q3/Q4:

- Canterbury Community Pharmacy Group implemented the Enhanced Opioid Substitution Therapy Project to 79 community pharmacies during Q3/Q4. Ninety four percent of approximately 500 Canterbury Opioid Recovery Service clients are now managed with the Medi-Map electronic charting system.
- The pharmacy long-term conditions working group has proposed changing the focus of this project to developing services or packages of care that can be added to the existing Long-Term Conditions (LTC) service in gout management and medication management following discharge from secondary care.
- The transfer of care working group has reactivated and expanded to include a broader range of perspectives. The group is now meeting monthly and making good progress towards identifying improvement opportunities, mapping the consumer journey from community to secondary care and vice versa, and identifying data that can inform future improvement work.
- Good progress has been made in establishing and gaining access to data that can be used to develop a Pharmacy SLA data dashboard, including patient experience survey data and hospital admissions associated with adverse events data.
- Priority areas off track: Progress has been delayed in some areas due to competing priorities of the Covid-19 vaccination roll out. Of note:
  - The extent of progress in completing the data dashboard.
  - The bid to secure funding to support a project team to redevelop the pharmacy LTC service was unsuccessful. As a result, the project scope and timelines have been adjusted.



Data dashboard

Long Term Conditions Service patient enrolments: 2020-21

Oct	Nov	Dec	Jan	Feb	March	April	May
15683	15451	15247	15074	14908	14673	14515	14366

Medicines Use Review (MUR) consultations

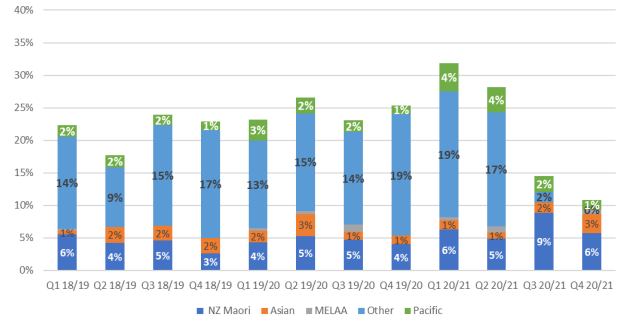
	2019/20			2020/21			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mobile	9	10	23	6	6	7	5
Community pharmacy	204	162	288	180	97	117	134
Total	213	172	311	186	103	124	139

Medication Therapy Assessments (MTA)

	2019/20			2020/21			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Other	3	3	2	0	5	3	4
ARC	1	0	0	9	0	1	2
Home	50	33	10	0	15	10	9
Total	54	36	12	9	20	14	15

*The latest quarter totals do not include consultations that took place during the quarter, but that were not documented at the time of reporting.

MUR consultations by ethnicity



High risks

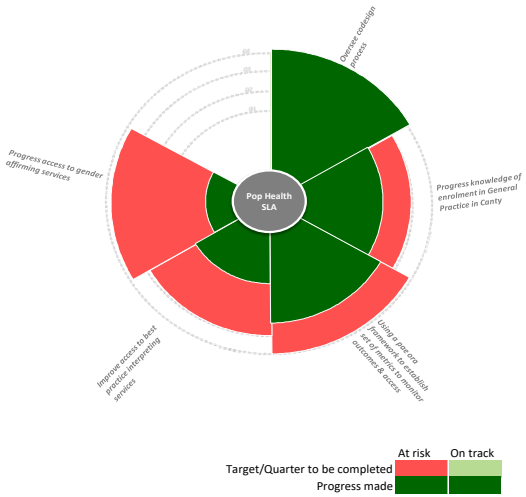
Risk area	Response
Impact of pandemics or natural disasters on pharmacy services and wellbeing of the pharmacy workforce.	Monitor: Impact of pandemics or natural disasters that may interrupt patients access to services provided by community pharmacies. Reduce: Encourage pharmacy providers to implement adequate contingency plans in place and are prepared for any future pandemics or system level events that may arise.
Incomplete uptake of the Medi Map system by community pharmacists and general practitioners providing opioid substitution therapy. Results in expected medication safety and process improvement gains not being realised and threatens the substantiality of the project.	Reduce: Engage with the OST GP Care committee and planning and funding to understand and mitigate clinical and contractual barriers to GP uptake. Reduce: Work with Medicines Control (MOH auditors) to support changes to regulations/legislation that will improve efficiency. Reduce: Capture and promote case studies showing how consumers have benefited from the system.

Population Health & Access Service Level Alliance - Q3/Q4 2020-21

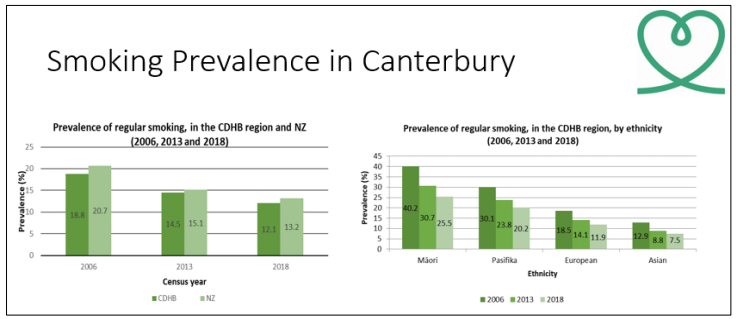
Progress update

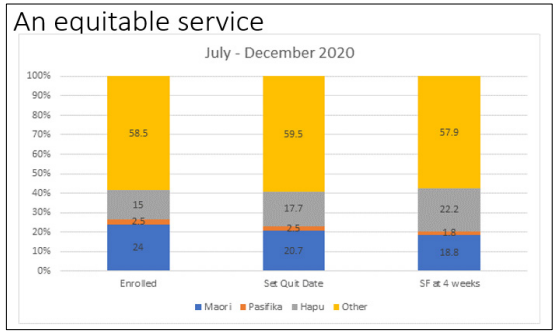
Key areas of progress:

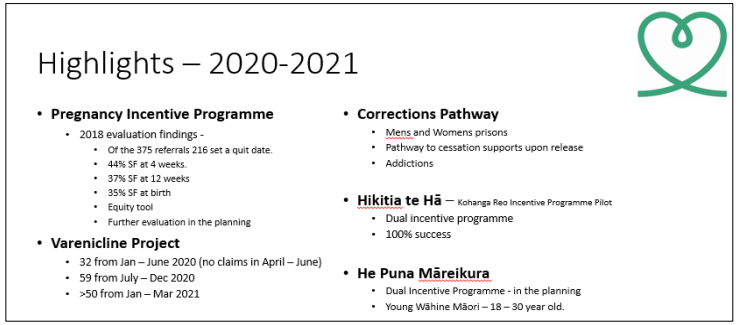
- Implementation of Stage 1 of Pae Ora ki Waitaha is nearing completion. Engagement with key reference groups for priority populations across the system has occurred and a review of previous consultations and research papers has been completed. The online survey attracted over 600 responses and provided rich themes on 'what being healthy means to you'. An interim report and recommendations for future stages will be delivered to ALT in August 2021.
- The Alcohol Harm Minimisation group continues to take an across system approach to reducing harm from Alcohol. Key achievements include recognition of the strategy as best practice by the National DHB CE and Chairs, the establishment of a Mental Health and Addictions Educator for the Emergency Department staff, and continued support for the Christchurch Alcohol Action Plan.
- An update on the work of Te Hā – Waitaha Smokefree Support received in Q4, highlighted the progress made in the specialised stop smoking service for Cantabrians.
- Pregnancy Incentive Programme – has increased to 30-40 referrals per month and an evaluation in 2018 showed 35% of people referred were smokefree at birth. A further evaluation is being done across five years.
- Varenicline Project focused on improving access to GP visits for a Varenicline consult. Claims have steadily increased, with over 50 claims received from January to March 2021.
- Corrections Pathway – clinics run in Women's prison offering a pathway to cessation supports upon release. The service is advocating to the Ministry for better cessation support in prisons, including making support more accessible in the addictions space.
- Hikitia te Hā (Kohanga Reo Incentive Programme Pilot) – a successful pilot of a dual incentive programme trying to engage young Māori women.
- He Puna Māreikura – dual incentive programme planned to launch in May for young Māori women.
- Improving our understanding of people with health care needs who are either unenrolled or tenuously enrolled with a general practice team. While progress with the quantitative research was delayed due to the Integrated Data Infrastructure access, the qualitative report was presented to PHASLA in Q4.



Data dashboard







High risks

Risk area	Response
COVID-19 has impacted on system capability and capacity in all areas of PHASLA work including: • Data access and analytics relating to metrics monitoring health outcomes work, enrolment research. • Project management implementation including the Interpreter Services implemenation plan execution.	Identification of capability within the system to draw on for support to access data and provide analytics where able.
• Collection of quality data on alcohol harm. One of the few areas where data has been collected in the health system is alcohol-related presentations to the Christchurch Hospital Emergency Department. Process changes since the move to Waipapa have led to a decrease in data recording and data quality. On review of the unreliability of this data, senior ED medical staff have opted to no longer use the ED-at-a-glace (EDaag) system to record alcohol-related presentations and the alcohol screening questions are all being defaulted to 'no'.	A new IT system for electronic notes in is development and the alcohol questions will be incorporated into the both the doctor and the nurse formats. It may be six months before the new system in place. This creates a risk for data collection to the nationwide system level measures, where all DHBs must report alcohol related ED presentation for 10 to 24-year-olds. Both ED staff and Decision Support continue to work on a solution for this.

Rural Health Workstream - Q3/Q4 2020-21

Progress update

Workforce Sustainability:

- The Making it Work model (Strasser, 2016) is being applied as a framework to improving workforce sustainability. An example includes 'Welcome to Kaikōura' resource developed by Kaikōura District Council and Kaikōura Health Te Hā O Te Ora, welcomes new people (including health workers) moving to the region.
- Roll-out of Rural Trainee Internship proposal across NZ, following RHWS advocacy to both Otago and Auckland universities for a 12-week intern programme. PHOs are promoting the initiative across their rural practices.
- Rural Restorative Care (RRC) Working Group completed the scope of work for the Hurunui District. Personalised Care Plans are being used to support an integrated approach across acute hospital care, rehabilitation, and community-based care.

Enriching relationship with Manawhenua ki Waitaha:

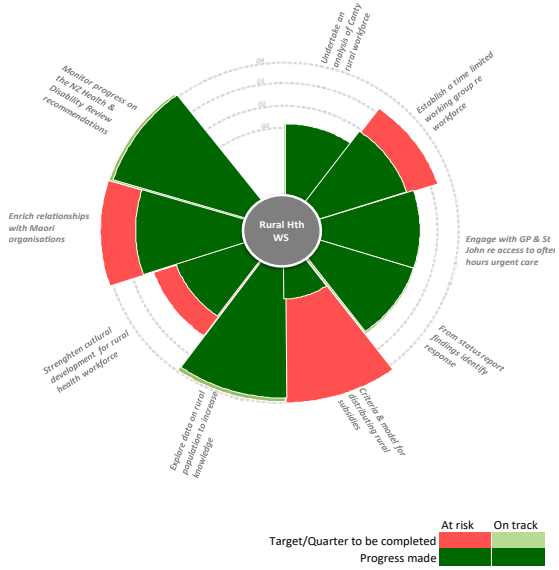
- While not directly led by the RHWS, work in Kaikōura reflects increasing partnerships with Manawhenua resulting in funding for improved access to health care for 150 local registered members of Te Rūnanga O Kaikōura Ltd, hapu Ngati Kuri and their tamariki.
- The COVID vaccination programme has been rolled out in Kaikōura with the support of Te Tai O Marokura and the local Māori wardens.

Models of Care:

- Transitioning the Hurunui Health Services Development Group (HHSDG) to a Hurunui Hauora Health Advisory Group is progressing well with 17 people expressing interest in forming the advisory group, following a series of community conversations held across the Hurunui.

Priority actions that are off track:

- Rural Subsidies - The planned redesign of the model for distributing rural subsidies has not been progressed in the expected time frame (Q4). This has been raised by the PHOs at RHWS, requesting advocacy for this to proceed with urgency in support of a 'fit for purpose' model that better supports rural practices' sustainability.



High risks

Risk area	Response
Sustainable Health Services in Rural Areas • Rural workforce – significant challenges facing the delivery of rural healthcare: after-hours cover, recruitment and retention of staff, lack of locums and local allied health (including Community Pharmacist) to meet service needs.	Planned Response: Reduce/Avoid • Supporting increased use of Nurse Practitioners. • Wherever appropriate, redeploy existing and/or identify local health professionals in roles with any proposed new service. • Link to wider health system resources to explore workforce solutions, e.g. South Island Alliance. • Encourage active recruitment and retention efforts support by PHOs and Canterbury DHB.
Sustainable Health Services in Rural Areas • Practice financial sustainability – a range of challenges impacting the long-term sustainability of service delivery through rural community General Practices. The current way additional financial support for rural primary care services is not sustainable, for both rural primary care and emergency after-hours service.	Planned Response: Reduce/Avoid • Continued exploration and support of Canterbury DHB and PHOs in identifying options to increase financial stability. • Link to progress of Rural Health Alliance Aotearoa NZ (RHAANZ), calling Government to action in November 2019 to 'confront the rural health workforce crisis front on'.
St John • St John ambulance services policies and procedures could impact on rural areas to provide medical care (limited shifts / driving restrictions; Fire & Emergency NZ (FENZ) staff cannot drive vehicle).	Planned Response: Reduce / advocate • Local engagement with St John through membership on RHWS and monthly update meetings. • RHAANZ, Royal New Zealand College of General Practitioners (RNZCGP) and Rural Health Advisory Group (RHAG) advocating on a national platform. • Link to progress of RHAANZ, calling Government to action in November 2019 to 'confront the rural health workforce crisis front on' and 'establish a rural Health Commissioner'. • Memorandum of Understanding confirmed between St John and FENZ.

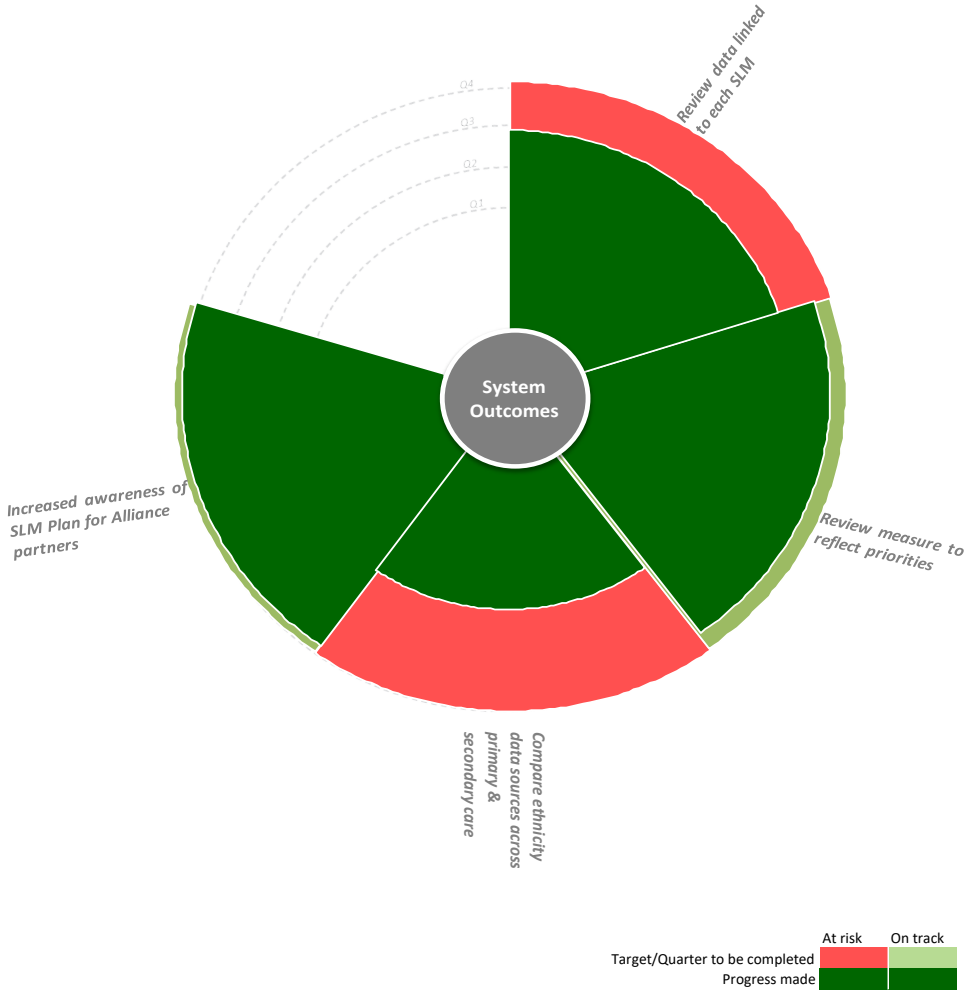
System Outcomes Steering Group - Q3/Q4 2020-21

Progress update

Key achievements for Q3/Q4 include the completion of the System Level Measures Improvement Plan for 2021/22 with substantial development of the draft required in response to feedback provided by the Ministry of Health.

Challenges: Limited progress has been made on other work (outside of the Improvement plan) being led by the Steering Group with the facilitator being seconded to work in the Covid-19 Vaccination programme and a lack of capacity across the system to cover this role. In the interim, work of the group has focused on the Ministry requirements of reporting.

Data on progress against the System Level Measures is provided through the quarterly reporting on the System Level Measures Improvement Plan.



High risks

There are currently no high risks registered for this SLA.

Urgent Care Service Level Alliance - Q3/Q4 2020-21

Progress update

The priority for the SLA is exploring the contributing factors to the increasing demand on ED and Urgent Care Clinics. Data reviewed at the recent SLA meeting indicates that volume of ED and 24-hour surgery attendances continues to be above the expected average, with record volumes of patients seen at both ED and the 24 Hour Surgery. In response key areas of progress include:

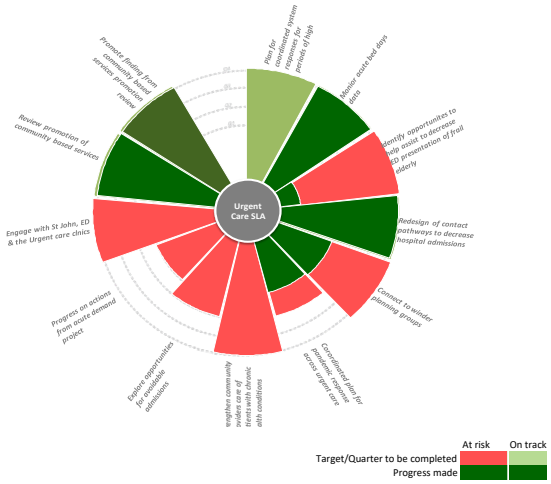
- Advertising campaign established with the input from the SLA, the campaign will run throughout winter and focuses on:
  - Increasing awareness of free Under 14 Care provided through Urgent Care Centres.
  - Targeting minor injury based urgent care, including for sprains / strains.
  - The messaging is distributed through social media, back of bus, printed adverts and on time saver traffic radio.

This campaign has started and 24 Hour Surgery has chosen not to be included due to current capacity concerns.

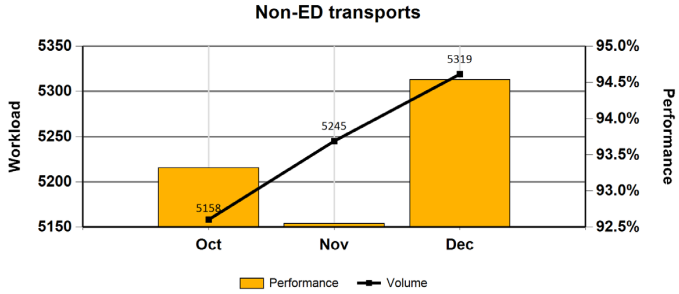
- Recommenced quarterly meetings between St John and Urgent Care clinics to connect and discuss any issues around transports to non-ED facilities. The diversion data continues to show low non-ED location transports.

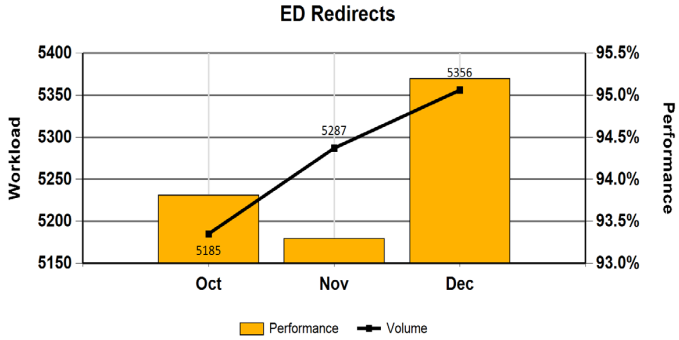
- Connecting work happening across the system on maternity pathways and including ED and Urgent Care clinics in the revision of the information on Health Pathways as well as messaging that can go out to community midwives and patients around after-hours care options. The SLA will continue to remain connected with the maternity work taking place through Planning and Funding.

Alongside this, system flow work is staring which will bring together Chairs, facilitators / leads working on patient flow, including within the hospital and primary care settings and the UCSLA to share and connect work underway across the system and identify other people to engage in future discussions.



Data dashboard





High risks

Risk area	Response
Financial - Acute Demand Management Service - expenditure exceeds budget and continued upward trend in expenditure.	Reduce • Claim rates variable, work is underway to standardise the ADMS claiming rate. • Work is underway to assess the return for assessment.
Patient Care - Inequitable access to optimal acute care.	Reduce • Standardise the ADMS service to ensure that the right people have access. • Promotion of the ADMS service
Seasonal fluctuations in the demand for health services means ED, Acute Demand and general practice will reach, and in some cases exceed, capacity during periods of high demand.	Reduce: Continue to explore and introduce various options to minimise the impact of seasonal fluctuations on the demand for health services in Canterbury. Initiatives such as the "Care Around the Clock" advertising campaign, which commenced in July 2016, are intended to get the general public to call their GP team 24/7 for health advice, and are intended to help people ensure they are getting the right care, at the right place, at the right time. Physical constraints at Christchurch Hospital will remain a risk until the new Acute Services Building is operational. The Urgent Care SLA will continue to explore workforce ideas for the ED and ensure key stakeholders are aware of the services Acute Demand can provide.
Urgent care services will be unable to meet an increase in winter demand.	Winter planning has been in place, however increased pressure until the new Acute Services Building is creating risk.
Impact of the health reform on urgent care services.	The system risk is that we lose cohesiveness across the groups including the UCSLA. The risk to the SLA is the uncertainty of direction and possible changes.

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Canterbury District Health Board
Te Poari Hauora o Waitaha

Minutes – 28 May 2021
Canterbury DHB Disability Steering Group (DSG)

Attendees:
Grant Cleland (Chair), Harpreet Kaur (Zoom), Kathy O'Neill, Allison Nichols-Dunsmuir, Rose Laing, Paul Barclay, Susan Wood, Elyse Gagnon, Waikura McGregor, Dave Nicholl, Allison Nichols-Dunsmuir, Shane McInroe, Dan Cresswell (Meeting Assistant), Thomas Callanan, Jacqui Lunday-Johnstone, Rāwā Karetai, Jane Hughes, Catherine Swan, Simon Templeton, Helen Thorne, Janet Geddes, Kaiongo Tupou.

Apologies: George Schwass, Mick O'Donnell, Sekisipia Tangi, Joyce Stokell
Also In Attendance: Faye Tiffin (minutes), Jane Cartwright

Item	Action points	Responsibility	Due
May	**Review of DSG meetings and workplan** **Carried forward to July meeting**	Admin	23/07/2021
May	**UN Convention** **Carried forward to 24 September meeting**	Allison	23/07/2021
May	**Finalising template for monitoring the plan and any updates around P&C and Clinical Staff training.** **Carried forward to July meeting** <u>Disability Responsiveness Training for Clinical Staff</u> **Check progress with these actions:** • **Allison/Kay to ask Te Pou to speak** • **Kay to confirm if Rich McKinley can speak, confirm and send to Kathy.** • **Elyse to source Nurse Educators, to include Education Units** • **Kathy O'Neill and P&C to meet and report back** <u>Finishing Monitoring Template</u> **Action point:** An updated version will be emailed to group members before next meeting. Determine the next stage for the following actions: • **Implement recommendations of the Transition Plan for children with complex needs, when they move to Primary Care.** • **Complete the measures (next stage) and completion dates, Catherine Swan, Jane Hughes, Kay Boone** • **Kay Boone to complete the measures (next stage) and completion dates – Kay to speak to Nikky Scott re Transition Group.**	Allison/Kathy/Kay Kathy Kay/Catherine/Jane	23/07/2021

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	• **Building capability framework. Bruce Penny has sent Kathy update.** • **Kathy to contact Bruce to update HealthPathways**		
March	**Feedback from DSG tour of Waipapa building** **Action point:** • **Susan to forward adverse events to Allison** • **Key points to go to facilities team. 1) disability needs identified by tour 2) mobility parking outside Waipapa 3) guidance from volunteers**	Susan/Allison	23/07/2021
May	• Meeting with John Wilkinson re SI PICS and Disability data capture **Action point: Move update to July meeting**		23/07/2021
May	Physical Access Issues **Action point:** Group to write a letter to Minister Andrew Little (Minister of Health) to request that Disability Health Standards be endorsed nationally with regard to the NZ Building Codes. Kathy to follow up with Peter Bramley's offer of help to the group, to see if he will co-sign the letter. **Action point:** Jacqui Lunday-Johnstone will follow up with network across South Island to generate support for this action.	Kathy	23/07/2021
	Items deferred for July meeting: • Framework for Developing Quality Patient Experience Survey. • Follow up for next DSAC meeting. • How to promote the Accessibility Charter • Other General Business		

Meeting closed at 1:10pm. Next meeting 30 July 2021.

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Canterbury District Health Board
Te Poari Hauora o Waitaha

Minutes – 27 July 2021
Canterbury DHB Disability Steering Group (DSG)

Attendees:
Grant Cleland (Chair), Harpreet Kaur (Zoom), Kathy O'Neill, Allison Nichols-Dunsmuir, Rose Laing, Paul Barclay, Waikura McGregor, Dave Nicholl, Allison Nichols-Dunsmuir, Shane McInroe, Dan Cresswell (Meeting Assistant), Thomas Callanan, Jacqui Lunday-Johnstone, Jane Hughes (Zoom), Catherine Swan, Simon Templeton, Helen Thorne, Janet Geddes, Joyce Stokell (Zoom), Emelia Winter (P & C)

Apologies: George Schwass, Mick O'Donnell, Sekisipia Tangi, Rāwā Karetai, Kaiongo Tupou, Susan Wood
Also In Attendance: Lara Williams (minutes), Kylie Taylor Aspire Canterbury and CDHB Consumer Council

Item	Action points	Responsibility
May	**Review of DSG meetings and workplan** **Carried forward to July meeting**	Admin
May	**UN Convention** **Carried forward – TBC (Check with Allison what is achievable)**	Allison
July	Accessible Information Charter **Action point:** • **Invite to be sent to DSG members to establish reference group for AIWG. Kathy.**	Kathy
July	Template for monitoring the DAP **Action point:** • **Emelia to ask P&C about next steps for the Clinical/Primary Training staff training.** • **Emelia to provide answer on HealthPassport to Kathy** Point 21: Jane Hughes update. • **Helen to report back at on #21 September meeting** Point 25: • **Jane to send update on #25 to Kathy** Point 28: • **Kathy to share dashboard on shared plans use**	Emelia Emelia Helen Jane Kathy
July	Lockdown & Rollout of Covid-19 Vaccinations **Action point:** • **Circulate Allison's ppt presentation** • **Allison contact Lachlan (Deaf Aotearoa) re numbers of interpreters required** • **George will send mobility update to Tom**	Admin Allison George

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July	Inpatient experience **Action point:** • **Inpatient experience satisfaction survey key question** • **Invite speaker for Paiora survey**	Susan/Allison Kathy
Sept	Outstanding Items: • Response to Un Convention (Allison) • Group to write a letter to Minister Andrew Little • Feedback from DSG tour of Waipapa building • Progress with meeting with John Wilkinson, SIPICS and disability data capture (Kathy). To September meeting.	TBC

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	Agenda Item	Summary of Discussion
1.	Karakia Timatanga	Grant welcomed the group and provided a karakia.
2.	Conflicts of Interest Meeting Minutes & Actions	May minutes approved.
3.	Accessible Information Charter	Signed at May meeting. DSG members are on Accessibility Working Group to develop policy. P&C are developing closed captions. Proposing a reference group of DSG community reps to work with AIWG on the Accessibility Charter roll out. Joyce gave feedback of captions have to be word for word, translators correct grammatical errors. Paul suggestion that any diagrams need to be explained for sight impaired people. Lived experience of DSG members essential to assist P&C. **Action point: Invite to be sent to DSG members to establish reference group for AIWG. Kathy.**
4.	Template for monitoring the DAP	Timeframes amended. P&C update. P&C recruiting for 3 equity roles, 1 who will attend the DSG Grant & Emelia spoke about the CCDHB Equity Training which was circulated. Emelia asked: does DSG recommend it? Who is the audience? Where is the highest need? The DSG agreed that this would be used as the basis for the training of Clinical staff. Feedback is our ultimate goal is mandatory Clinician's training. People need to go through one module at the minimum, and read further updates. Opportunity there to consult other groups such as autism to seek their issues. Shane asked for this be included when building training, the term intellectual disability is offensive, better to use learning disability. Rose asked if Primary Care would have access to this training content. Health Passport isn't used in Canterbury, this needs to be updated. Emelia to confirm this **Action point: Emelia to ask P&C about next steps for the Clinical/Primary Training staff training.**

	Agenda Item	Summary of Discussion
		Action point: Emelia to provide answer on HealthPassport to Kathy Point 21: Jane Hughes update. **Action point: Helen to report back at on #21 September meeting** Point 25: **Action point: Jane to send update on #25 to Kathy** Point 28: **Action point: Kathy to share dashboard on shared plans use** Point 29: Patient Care surveys circulated
5.	Rollout of Covid-19 Vaccinations within Disability Community	Allison and Pauline Armstrong is seconded to rollout of vaccinations for disability community, Group 3. CDHB only DHB to have disability access checklist, this has been shared with other DHBs. Electronic experience survey in post-waiting area. For everyone, includes disability questions. George added booking updates made. Six categories of special assistance, 130 requests of low stimulation environment. Deaf Aotearoa have offered advice on number of interpreters, able to host clinic onsite, 30-60 with 5 interpreters for 3-4 hour period. Home visits criteria being set. Waiakura feedback success with marae vaccination sites. Proving popular. Feedback in community is happy to visit Marae sites. Group thanked Allison's work. Disability reference group for CDHB emergency control centre (Kath). Tom attending meetings fortnightly. George asked about mobility. **Action point: Circulate Allison's ppt presentation** **Allison will contact Lachlan (Deaf Aotearoa)** **Action point: George will send mobility update to Tom**
6.	Physical access issues	• Group to write a letter to Minister Andrew Little • Feedback from DSG tour of Waipapa building. Not discussed.
7.	Follow up for next DSAC meeting	Not discussed.
8.	Inpatient experience	• Inpatient experience satisfaction survey (Susan/Allison) • Information circulated and Grant discussed the key findings. • Paiora survey – Results mid-August. Invite speaker • **Action point: Invite speaker for Paiora survey – Kathy**
9.	Other general	• Progress with meeting with John Wilkinson, SIPICS and disability data capture (Kathy). To September meeting.

	Agenda Item	Summary of Discussion
	business	
10.	Anything that's different in a disabled person's life since we last met.	Transitional Youth Hub (Sue Bagshaw) funding announced. Project Search interns for 2022. Plans to rollout Project Search to WCDHB. Applications for WC DSG closed and interviews occurring.

Meeting closed at 1:10pm. Next meeting 24 September 2021.

	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues	Wed
January 2022		31					1/2	NEW YEAR'S DAY - DAY OFF 3	DAY AFTER NEW YEAR'S DAY - DAY OFF 4	5
February			QFARC 9AM 1	2	HAC 9AM 3	4	5/6	WAITANGI DAY - DAY OFF 7	8	9
March			QFARC 9AM 1	2	CPH&DSAC 1PM 3	4	5/6	7	8	9
April						1	2/3	4	QFARC 9AM 5	6
May		30	QFARC 9AM 31				1	2	QFARC 9AM 3	4
June				1	HAC 9AM 2	3	4/5	QUEEN'S BIRTHDAY 6	7	8

Thu	Fri	S/S	Mon	Tues	Wed
6	7	8/9	10	11	12
10	11	12/13	14	15	16
10	11	12/13	14	15	16
HAC 9AM 7	8	9/10	11	12	13
CPH&DSAC 1PM 5	6	7/8	9	10	11
9	10	11/12	13	14	15

Thu	Fri	S/S	Mon	Tues	Wed	Thu	Fri	S/S	Mon	Tues
13	14	15/16	17	18	19	20	21	22/23	24	25
CDHB BOARD 9.30AM 17	18	19/20	21	22	23	24	25	26/27	28	
CDHB BOARD 9.30AM 17	18	19/20	21	22	23	24	25	26/27	28	29
14	GOOD FRIDAY 15	16/17	EASTER MONDAY 18	19	20	CDHB BOARD 9.30AM 21	22	23/24	ANZAC DAY 25	26
12	13	14/15	16	17	18	CDHB BOARD 9.30AM 19	20	21/22	23	24
CDHB BOARD 9.30AM 16	17	18/19	20	21	22	23	MATARIKI 24	25/26	27	28

Wed	Thu	Fri	S/S	
26	27	28	29/30	January 2022
				February
30	31			March
27	28	29	30	April
25	26	27	28/29	May
29	30			June

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

	4 March 2021	6 May 2021	1 July 2021	2 September 2021	4 November 2021
Standing Items	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Meeting Cancelled	Interest Register Confirmation of Minutes
Standard Monitoring Reports	Community and Public Health Update Report Planning and Funding Update Report – Q2	Community and Public Health Update Report Planning and Funding Update Report – Q3 Maori & Pacific Health Progress Report	Community and Public Health Update Report		Community and Public Health Update Report Planning and Funding Update Report – Q1
Planned Items	Community Water Fluoridation Position Statement COVID-19 Update CDHB Pacific Health Strategy – Implementation Plan – Targets & Indicators	Disability Steering Group Update Transalpine Health Disability Action Plan 2020-2030 Public Health Roles / Functions Life Curve	CDHB Workforce Update Public Health Update		Disability Steering Group Update CDHB COVID-19 Vaccination Programme – Disability Facilities & Accessibility Issues
Governance and Secretariat Issues	Draft 2021 Workplan				
Information only items	Remembering a Pacific Community Hero CPH 6 Month Report to MoH CCN Q1 2020/21 Disability Steering Group Minutes	CCN Q2 2020/21 Disability Steering Group Minutes 2021 Workplan	Māori & Pacific Health Report: Questions & Answers Disability Steering Group Minutes 2021 Workplan		CDHB Public Health Report: Jan-Jun 2021 CCN Q3-Q4: 2020 / 21 Disability Steering Group Minutes 2022 Meeting Schedule 2021 Workplan
Public Excluded Items					DHBs and the Smokefree Aotearoa 2025 Goal National DHB Position Statement on the Sale and Supply of Alcohol Act