

AGENDA

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

**To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 31 October 2019 commencing at 9:00am**

	Apologies		9.00am
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 29 August 2019		
3.	Carried Forward / Action List Items		
4.	Canterbury Maternity Strategy	Norma Campbell	9.05-9.25am
5.	Vaping Update (Presentation)	Vivien Daley	9.25-9.45am
6.	Community & Public Health Update Report	Evon Currie	9.45-10.00am
7.	2020 Influenza Vaccine Campaign	Melissa Macfarlane	10.00-10.15am
8.	Maori & Pacific Health Progress Report	Hector Matthews	10.15-10.30am
MORNING TEA			10.30-10.45am
9.	Disability Steering Group Update (Oral)	Gordon Boxall	10.45-11.05am
10.	Canterbury Accessibility Charter – Accessibility Working Group Update (Presentation)	Allison Nichols-Dunsmuir	11.05-11.25am
11.	Developing an Approach for Accessible Information	Kathy O'Neill	11.25-11.35am
12.	CDHB Workforce Update	Maureen Love	11.35-11.50am
13.	Child Development Funding Update	Jacqui Lunday-Johnstone	11.50-12.00pm
ESTIMATED FINISH TIME			12.00pm

AGENDA



	Information Items <ul style="list-style-type: none"> • All Right? Evaluation Summary 2019 • CCN Q4 2018 / 19 • Disability Steering Group Minutes • 2019 Workplan 		
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NEXT MEETING: Thursday, 5 March 2020 (Tentative Date) at 9.00am

ATTENDANCE**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**COMMUNITY AND PUBLIC HEALTH
ADVISORY COMMITTEE**

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

**DISABILITY SUPPORT
ADVISORY COMMITTEE**

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

Executive Support

David Meates – *Chief Executive*
 Evon Currie – *General Manager, Community & Public Health*
 Michael Frampton – *Chief People Officer*
 Mary Gordon – *Executive Director of Nursing*
 Carolyn Gullery – *Executive Director Planning, Funding & Decision Support*
 Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
 Hector Matthews – *Executive Director Maori & Pacific Health*
 Sue Nightingale – *Chief Medical Officer*
 Karalyn Van Deursen – *Executive Director of Communications*
 Stella Ward – *Chief Digital Officer*
 Justine White – *Executive Director Finance & Corporate Services*

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

COMMITTEE ATTENDANCE SCHEDULE 2019**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

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

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

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

Canterbury
District Health Board
Te Poari Hauora o Waitaha

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

<p>Dr Anna Crighton Chair - CPHAC Board Member</p>	<p>Christchurch Heritage Limited - Chair - Governance of Christchurch Heritage</p> <p>Christchurch Heritage Trust – Chair - Governance of Christchurch Heritage</p> <p>Heritage New Zealand – Honorary Life Member</p> <p>CDHB owns buildings that may be considered to have historical significance.</p> <p>The Art Registry Company Limited – Shareholder</p> <p>Theatre Royal Charitable Foundation - Director</p>
<p>Tracey Chambers Chair - DSAC Board Member</p>	<p>Chambers Public Relations Limited – Director/Shareholder</p> <p>Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise. (NB: in resignation process)</p>
<p>David Morrell Deputy Chair - CPHAC Board Member</p>	<p>British Honorary Consul</p> <p>Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (FCO) may expect Honorary Consuls to become involved in trade initiatives from time to time.</p> <p>Canon Emeritus - Christchurch Cathedral</p> <p>The Cathedral congregation runs a food programme in association with CDHB staff.</p> <p>Friends of the Chapel - Member</p> <p>Great Christchurch Buildings Trust – Trustee</p> <p>The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.</p> <p>Heritage NZ – Subscribing Member</p> <p>Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have heritage significance.</p> <p>Hospital Lady Visitors Association – Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.</p> <p>Nurses Memorial Chapel Trust – Member</p> <p>(CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.</p>

<p>Chris Mene Deputy Chair – DSAC Board Member</p>	<p>Canterbury Clinical Network – Child & Youth Workstream Member</p> <p>Cholmondeley Children’s Home – Contracted Consultant Care standards implementation support. Work with residential care providers in Canterbury for children and young people. These providers are funded by CDHB.</p> <p>Core Education – Director Has an interest in the interface between education and health.</p> <p>Muslim Community Reference Group – Independent Facilitator Advising Royal Commission of Inquiry into the Attack on Christchurch Mosques on 15 March 2019 (the Royal Commission).</p> <p>Wayne Francis Charitable Trust - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust’s fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.</p>
<p>Sally Buck Board Member</p>	<p>Christchurch City Council (CCC) – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.</p> <p>Registered Resource Management Act Commissioner From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.</p> <p>Rose Historic Chapel Trust – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.</p>
<p>Tom Callanan</p>	<p>CCS Disability Action – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing.</p> <p>Disability Sector System Transformation, Regional Leadership Group – Member.</p> <p>Project Search Canterbury – Steering Group Member Representing CCS Disability Action as a partner. CDHB current host business.</p>
<p>Wendy Dallas-Katoa Manawhenua</p>	<p>Greater Healthy Christchurch – Runanga Representative IHI Research – Social Change and Innovation Researcher</p> <p>Manawhenua Ki Waitaha – Chair, Representative of Onuku Runanga Manawhenua Ki Waitaha is a collective of health representatives of the seven Ngāi Tahu Papatipu Rūnanga that are in the CDHB area. There is a memorandum of understanding between Manawhenua and the CDHB.</p> <p>NZBA – Maori Advisory Group</p> <p>Population Health Alliance SLA – MKW Representative</p>

	<p>RANZCOG – Cultural Advisor, He Hono (Wahine Maori Collective of Obstetrics and Gynaecologists)</p> <p>Te Kahui o Papaki ka Tai – Mana Whenua Representative (Cultural Advisor) Maori Advisory Group to Pegasus Health/PHO</p> <p>Victoria University – Women’s Health Representative</p>
Rochelle Faimalo	<p>Canterbury Youth Workers Collective – Committee Member</p> <p>Faimalo Limited – Director & Shareholder</p> <p>Hurunui District Council – Community Team Leader</p>
Dr Susan Foster-Cohen	<p>Director Champion Centre Receives funding from both the MoH and CDHB.</p> <p>Dyspraxia Support Group – Patron Parent Support Group for families/children with dyspraxia.</p> <p>Early Intervention Association of Aotearoa New Zealand – Chair Professional association that aims to support early intervention professionals through professional development and information sharing. Has representation on ECAC and Early Childhood Federation.</p> <p>New Zealand Institute of Language Brain and Behaviour – Member Researcher with NZILBB through Champion Centre partnership.</p> <p>New Zealand Speech Therapy Association – Associate Member Professional body for Speech and Language therapists.</p> <p>University of Canterbury – Adjunct Associate Professor Researcher and graduate student supervisor in Linguistics and in Communication Disorders. (Lecturer on short term contracts as needed.)</p>
Jo Kane Board Member	<p>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.</p> <p>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.</p> <p>Latimer Community Housing Trust – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p>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.</p>
Yvonne Palmer	<p>Age Concern Canterbury – Project Coordinator Staff member responsible for education courses and events.</p>

	<p>Canterbury Community Justice Panels – Facilitator/Panel Member/Member Steering Group</p> <p>Canterbury Justice of the Peace Association Incorporated – Elected Councillor</p> <p>Safer Waimakariri Advisory Group – Member</p> <p>Styx Living Laboratory Charitable Trust – Trustee</p>
<p>Ta Mark Solomon Ex Officio–CPH&DSAC Deputy Chair – CDHB</p>	<p>Claims Resolution Consultation – Senior Maori Leaders Group – Member This is an Advisory Board to MSD looking at the claims process of those held under State care.</p> <p>Deep South NSC (National Science Challenge) Governance Board – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities.</p> <p>Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu – Chair Te Putahitanga o Te Waipounamu is a commissioning entity that works on behalf of the iwi in the South Island to support and enable whānau to create sustained social impact by developing and investing in ideas and initiatives to improve outcomes for Māori, underpinned by whānau-centred principles and strategies, these include emergency preparedness and disaster recovery. Te Pūtahitanga o Te Waipounamu also invests in Navigator roles to support and build whānau capability.</p> <p>Greater Christchurch Partnership Group – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work).</p> <p>He Toki ki te Rika / ki te Mahi – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury.</p> <p>Interim Te Ropu – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019.</p>

	<p>Maori Carbon Foundation Limited – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country.</p> <p>Ngāti Ruanui Holdings Corporation Limited – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki.</p> <p>NZCF Carbon Planting Advisory Limited – Director NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited.</p> <p>Oaro M Incorporation – Member ‘Oaro M’ Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at ‘Oaro M’, Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations.</p> <p>Police Commissioners Māori Focus Forum – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation.</p> <p>Pure Advantage – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth.</p> <p>QuakeCoRE – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission.</p> <p>SEED NZ Charitable Trust – Chair and Trustee SEED is a company that works with community groups developing strategic plans.</p> <p>Sustainable Seas NSC (National Science Challenge) Governance Board – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding.</p>
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	<p>Taranaki Capital Partners Limited – Director Not for profit company looking after share portfolios for Nga Rauru & Ngati Ruanui.</p> <p>Te Ohu Kai Moana – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community.</p> <p>Te Ohu Kai Moana Portfolio Management Services Limited – Director Sub-committee of Te Ohu Kai Moana</p> <p>Te Ohu Kai Moana Trustee Limited – Director & Trustee Charitable Trust of Te Ohu Kai Moana.</p> <p>Te Putea Whakatupu Trustee Limited – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana.</p> <p>Te Wai Maori Trustee Limited – Shareholder Standalone Trust affiliated to Te Ohu Kai Moana.</p> <p>Te Waka o Maui – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.</p>
Dr Olive Webb	<p>Canterbury Plains Water Trust – Trustee Greater Canterbury Forum - Member Private Consulting Business Sometimes works with CDHB patients and services.</p> <p>Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.</p>
Dr John Wood Ex Officio –CPH&DSAC Chair CDHB	<p>Advisory Board NZ/US Council – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director.</p> <p>Chief Crown Treaty Negotiator for Ngai Tuhoe Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Treaty Negotiator for Ngati Rangi Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment.</p> <p>Chief Crown Treaty Negotiator, Tongariro National Park Engagement with Iwi collective begins July 2018.</p> <p>Chief Crown Treaty Negotiator for the Whanganui River Settlement negotiated. Deed signed and ratified. Legislation enacted.</p>

	<p>Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations High level agreement in principle reached. Aiming for deed of settlement end of 2019.</p> <p>School of Social and Political Sciences, University of Canterbury – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment.</p> <p>Te Arawhiti, Office for Maori Crown Relations Member Chief Crown Negotiators Forum Te Arawhiti, are responsible for monitoring and enhancing relations between Maori and the Crown, negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations.</p> <p>Te Urewera Governance Board –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee.</p>
Hans Wouters	<p>New Zealand Spinal Trust – Chief Executive Provides support services to patients of the Burwood Spinal Unit during and after admission. NZST receives regular funding from CDHB and MoH as a contribution towards services rendered.</p>

MINUTES

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 29 August 2019 commencing at 9.00am

PRESENT

Dr Anna Crighton (Chair, CPHAC); Tracey Chambers (Chair, DSAC); Sally Buck; Wendy Dallas-Katoa; Dr Susan Foster-Cohen; Jo Kane; Chris Mene; David Morrell; and Hans Wouters.

APOLOGIES

Apologies for absence were received and accepted from Tom Callanan; Rochelle Faimalo; Yvonne Palmer; Ta Mark Solomon (ex-officio); Olive Webb; and Dr John Wood (ex-officio).

An apology for lateness was received and accepted from Tracey Chambers (9.15am).

An apology for early departure was received and accepted from David Morrell (9.45am).

EXECUTIVE SUPPORT

Mary Gordon (Acting Chief Executive/Executive Director of Nursing); Evon Currie (General Manager, Community & Public Health); Carolyn Gullery (Executive Director, Planning Funding and Decision Support); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES

David Meates – for absence

IN ATTENDANCE**Item 6**

Kerry Marshall, Communicable Disease Manager, Community & Public Health (C&PH)
 Dr Ramon Pink, Clinical Director, Communicable Disease, C&PH

Item 8

Mardi Postill, Older Persons Health Team Leader, Planning & Funding (P&F)
 Andrea Davidson, Portfolio Manager, P&F

Item 10

Kathy O'Neill, Team Leader, P&F

Item 11

Allison Nichols-Dunsmuir, Health in All Policies Advisor, C&PH

Dr Anna Crighton, Chair, CPHAC, chaired the first part of the meeting.

1. INTEREST REGISTER**Additions/Alterations to the Interest Register**

There were no additions/alterations to the interest register.

Declarations of Interest for Items on Today's Agenda

There were no declarations of interest for items on today's agenda.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING**Resolution (17/19)**

(Moved: Sally Buck/Seconded: David Morrell – carried)

“That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 4 July 2019 be approved and adopted as a true and correct record.”

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward action list was noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE REPORT

Evon Currie, General Manager, C&PH, presented the report which was taken as read. The following points were highlighted:

- All Right? Social Marketing Campaign. The 2019 evaluation summary shows:
 - Awareness of All Right? continues to rise year on year – 69% (2015), 75% (2016), 81% (2017), 82% (2018), and 88% (2019).
 - All Right? is increasing wellbeing literacy – 77% say the messages make them more aware of looking after their wellbeing.
 - All Right? is encouraging people to take action – 47% have done things as a result of what they have seen or heard.
- The Integrated Planning Guide. An excellent example of the ever increasing joined up way of working. Staff from across several organisations have provided input and expertise into the development of Version 3 of the Guide - CDHB, Christchurch City Council, Environment Canterbury, Greater Christchurch Partnership, and Regenerate Christchurch.
- Broadly Speaking Training Programme. A Health in All Policies governance training programme developed by C&PH. C&PH staff are currently in Australia providing training to the Mayor and Councillors of Bendigo.

Discussion took place on connections and access to health messaging/information in the community. The importance of information being available in various languages was stressed, as was the ability to readily access information. A presentation by CALD is to be scheduled to provide an update on work in this area.

There was acknowledgement of C&PHs input into the “Our Space 2018-2048: Greater Christchurch Settlement Pattern Update”.

Tracey Chambers joined the meeting at 9.15am.

Resolution (18/19)

(Moved: Hans Wouters/Seconded: Chris Mene – carried)

“That the Committee:

- i. acknowledges the excellent work of the All Right? Social Marketing Campaign”.

There was discussion on “The First 1000 Days” and the distribution of additional funding. Carolyn Gullery, Executive Director, Planning Funding and Decision Support, advised this is a regional process, being lead through SIAPO to formulate a South Island plan to be provided to the Ministry of Health. The Committee requested a more detailed update when appropriate.

Resolution (19/19)

(Moved: Chris Mene/Seconded: Wendy Dallas-Katoa – carried)

“That the Committee:

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

5. ENVIRONMENTALLY SUSTAINABLE HEALTH CARE: POSITION STATEMENT

Ms Currie presented the report, noting the position statement and accompanying actions will enable South Island District Health Boards to work both collaboratively and independently to ensure an appropriate focus and response to sustainability. The position statement creates a foundation upon which CDHB can move forward with credibility and it was noted that a CDHB sustainability governance body has been established.

Discussion took place on strategies; collaboration focus; and the relevance and benefits of influence strategy maps; as well as valuing the cost of sustainable procurement.

Resolution (20/19)

(Moved: Dr Susan Foster-Cohen/Seconded: Jo Kane – carried)

“The Committee recommends that the Board:

- i. approves the draft Environmentally Sustainable Health Care: Position Statement.”

6. COMMUNICABLE DISEASE (PRESENTATION)

Kerry Marshall, Communicable Disease Manager, C&PH; and Dr Ramon Pink, Clinical Director, Communicable Disease, C&PH, presented to the Committee. Mick O'Donnell, Communications Advisor, was also in attendance.

David Morrell retired from the meeting at 9.45am.

The presentation provided an overview of:

- Communicable disease control in terms of purpose and outcomes.
- Canterbury's February 2019 measles outbreak - key features; distribution and transmission; MMR vaccination campaign, as well as ongoing challenges.
- Measures taken to prevent the introduction of communicable disease.
- Supporting immunisation work across the sector.
- Refugee and migrant health.

There was discussion around the importance of ensuring comprehensive wrap around services are in place when requesting people to quarantine.

It was noted that Canterbury appears to have a community spirit that is not seen in other parts of the country, responding well when medical advice is given at a community level.

Discussion took place on influenza vaccinations and whether it would be appropriate for the Board to lobby for the availability of a population wide fully funded seasonal influenza vaccine for the 2020 winter. The following points were raised:

- Work is underway for DHBs to be involved in Pharmac's early planning for the 2020 season.
- The cost to deliver a population wide vaccine will be borne by DHBs.
- There are technical issues relating to the vaccination of children.
- In lobbying for the seasonal influenza vaccine, consideration should be given to demand for other unfunded drugs.

It was agreed that a paper will be prepared for the Committee's consideration, detailing cost benefits of supporting a population wide fully funded seasonal influenza campaign, and where such support stands when compared to lobbying for other unfunded drugs.

The Committee thanked Ms Marshall and Dr Pink for the presentation.

7. PLANNING & FUNDING UPDATE REPORT

Carolyn Gullery, Executive Director, Planning Funding and Decision Support, presented the report, noting it highlighted progress made against commitments set out in CDHB's Annual Plan for 2018/19.

There was discussion on the success of the Mana Ake service, which delivered against all commitments set in 2018/19, with over 2,400 children and families accessing the service in its first year.

Resolution (21/19)

(Moved: Chris Mene/Seconded: Sally Buck – carried)

“That the Committee:

- i. notes the update on progress to the end of quarter four (Apr - Jun) 2018/19.”

8. INTERRAI (PRESENTATION)

Mardi Postill, Older Persons Health Team Leader, Planning & Funding (P&F); and Andrea Davidson, Portfolio Manager, P&F, presented on InterRAI. The presentation provided an overview of:

- What InterRAI is.
- How InterRAI is used in Canterbury
- Potential risk areas and steps that have been taken to mitigate these risks.

There was a query around wait times for rural assessments. Ms Postill advised that as assessors are geographically located, rural clients do not experience longer wait times for assessments. It was also noted there are dedicated Maori and Pacific assessors.

The Chair thanked Ms Postill and Ms Davidson for the presentation.

The meeting adjourned for morning tea from 10.40 to 11.00am.

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

9. WORKFORCE DIVERSITY, INCLUSION & BELONGING

Jacqui Lunday-Johnstone, Director of Allied Health, Scientific & Technical, presented the report which was taken as read. Whilst not specific to disability, it was noted that the report highlights “diversity, inclusion and belonging” work underway across the organisation.

Ms Lunday-Johnstone noted the importance of CDHB having a high level policy with a stated intent. A multi-level approach has been adopted, with work progressing in various areas. Project Search was highlighted – an initiative predicated on changing expectations by shifting from a “deficit” approach to an “asset” approach. Workshops have also been held with businesses and NGOs with expertise in the field. Ms Lunday-Johnstone advised that this is a journey – the journey has commenced and continues to progress.

Discussion took place around policies; unconscious bias; and connections with the business community.

The Committee received the report.

10. STEP-UP PROGRAMME UPDATE

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

There was discussion on the challenging start faced by the trail, with events in Christchurch resulting in General Practice needing to focus on priorities relating to the events of 15 March 2019 and the measles outbreak. As a consequence, referral numbers were low during this period and may mean the target of 180 client enrolments required by MSD by the end of this agreement at 31 October 2019 will not be achieved. Enrolment rates have picked up over recent months. It was noted that once clients are enrolled in the service, there is a 12 month period to achieve specified outcomes.

The Committee received the report.

11. COMMUNITY & PUBLIC HEALTH UPDATE – DISABILITY SECTOR (PRESENTATION)

Allison Nichols-Dunsmuir, Health in All Policies Advisor, C&PH, presented to the Committee. The presentation highlighted:

- Public health’s approach to disability.
- Matters of interest nationally, including a new Disability Strategy Action Plan going to Cabinet in September 2019; development of an Information Accessibility Charter; and an Access Alliance for Accessibility Legislation.
- Partnerships and Projects.
- Transport issues and initiatives.

Queries were raised about the “Information Accessibility Charter”. It was noted that this relates to national standards around website accessibility, document accessibility etc. It is independent of the Canterbury Accessibility Charter. It is understood the Information Accessibility Charter has been signed nationally by various public sector organisations, but at this time no DHBs have signed. Work is underway to understand the issues, with an update requested for the Committee’s 31 October 2019 meeting.

The Chair acknowledged the positive work being undertaken by both Ms Nichols-Dunsmuir and Ms O'Neill.

Chris Mene advised that today was his last meeting as a CPH&DSAC member. He acknowledged the work of staff, specifically in relation to disability issues. The Chair thanked Mr Mene for his contribution.

INFORMATION ITEMS

- CDHB Public Health Report: January – June 2019
- Board Minutes Excerpt – 18 July 19 – Maori Health Strategy Proposal
- Extracts from Chief Executive's Report to Board - 18 July 19
- Influenza – Pharmac Approvals
(CPH&DSAC - 7 Mar 19)
- Disability Steering Group Minutes
(21 June 2019 and 26 July 2019)
- Canterbury & West Coast Health Disability Action Plan
- 2020 Tentative Meeting Schedule
- 2019 Workplan

There being no further business the meeting concluded at 12.00pm.

Confirmed as a true and correct record:

Dr Anna Crighton
Chair, CPHAC

Date of approval

Tracey Chambers
Chair, DSAC

Date of approval

CARRIED FORWARD/ACTION ITEMS

**COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
 CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
 AS AT 31 OCTOBER 2019**

	DATE	ACTION	REFERRED TO	STATUS
1.	07 Mar 19	Presentation on “Vaping to Quit” Health Promotion Agency (HPA) campaign, launching in July 19.	Vivien Daley	Today’s Agenda – Item 5.
2.	04 Jul 19	Whanau Ora Update.	Hector Matthews	Today’s Agenda – Item 8.
3.	29 Aug 19	CALD presentation on availability and accessibility of health information in the community.	Evon Currie	To be scheduled for 2020.
4.	29 Aug 19	The First 1,000 Days – update on development of South Island Plan.	Carolyn Gullery	To be scheduled for 2020.
5.	29 Aug 19	2020 Influenza Vaccine – support for a population wide fully funded seasonal influenza campaign.	Carolyn Gullery	Today’s Agenda – Item 7.
6.	29 Aug 19	Update on Information Accessibility Charter.	Kathy O’Neill	Today’s Agenda – Item 11.

CDHB POSITION STATEMENTS

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

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

CANTERBURY MATERNITY STRATEGY

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

SOURCE: Maternity

DATE: 31 October 2019

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

The first draft of the Canterbury Maternity Strategy Framework was supported by the CDHB Board in April 2019 and along with a workplan was sent out for wider consultation in May 2019. Whilst much of the feedback received was positive, we also received feedback that the draft strategy did not adequately meet principles and values of Tangata Whenua and as a result would not address sufficiently the equity issues facing our population.

Three hui were then held with an increasing group of interested parties to bring into the strategy contributions and perspectives from Māori Health, NGOs, Te Pūtahitanga o Te Waipounamu, Whānau Ora, public health, primary care, Pacific peoples and CALD. The agreed intention was to realign the discussions to reflect how we describe and what we need to do strategically to ensure our maternity strategy meets the needs for Māori, Pacific peoples and the wider Canterbury community.

Through the three hui a maternity strategy framework which has six values that underpin the strategy and a supporting document for these was drafted. At the end of this process it was concluded by the group that the draft framework reflected the views of the wider community to the extent that they would want to be engaged in this work for their community. They also stated that they felt the strategy as it was rewritten would now encourage our wider community to feel comfortable that the Canterbury Maternity System wants to work towards meeting their maternity needs in a culturally competent way.

The second draft of the Canterbury Maternity Strategy Framework was endorsed by the Executive Management Team on 9 October 2019.

2. RECOMMENDATION

The Committee recommends that the Board:

- i. approves the Canterbury Maternity System Strategic Framework, 2019-2024.

3. SUMMARY

The Maternity Strategy:

- Places māmā and pēpi at the centre and they are supported by whānau.
- Is built upon six values: whanaungatanga (everyone belongs), manaakitanga (respect for all), tino rangatiratanga (empowering whanau), aroha (love and empathy), oranga tonutanga (health and wellbeing), and ōritetanga (equity).
- Has three pillars: Preparing for Pregnancy, Giving Birth, and Early Parenting of Pepi. Our work programme supports these three pillars.
- Supports further development of a diverse and culturally competent workforce to meet the needs of Māori, Pacific people and all within our community.

- Places importance on knowing who the population are through accurate data collection and how well we meet their needs.

4. DISCUSSION

The Canterbury Maternity Strategy is ambitious, as it needs to be, to continue to make the changes desired within the Maternity System. Delivering on the strategy requires support from across the system, and building upon existing partnerships and developing new ones with stakeholders from both within and outside of health. A draft workplan, which contains current work that is occurring, has been prepared to indicate how we plan to further achieve what has been set by the strategy.

An important part of the Canterbury Maternity Strategy is to deliver services that meet the needs of Māori, Pacific people and others in our community, and ensure we start to see equity of outcomes as well as service provision. We envisage doing this not only through our work programme but also through improving the cultural competency of our existing workforce and working to grow an increasingly diverse workforce that reflects our community.

5. CONCLUSION

The Canterbury Maternity Strategy has been developed through wide consultation, in particular with Tangata Whenua to develop a strategy that endeavours to deliver changes within the maternity system in order to improve outcomes for all of Canterbury's māmā and pēpi. The strategy has already received the endorsement and support of the Executive Management Team.

A draft workplan has been developed, and once the strategy has been approved by the Board, further work in addition to that which has already commenced with stakeholders will begin to deliver services that improve equitable access and outcomes. This strategy provides us with the ability to further realign our maternity system to better meet the needs of our whole community

6. APPENDICES

Appendix 1: Canterbury Maternity System Strategic Framework, 2019-2024.
Appendix 2: Canterbury Maternity System Workplan, 2019-2024.

Report prepared by: Norma Campbell, Director of Midwifery
Ngaire Button, Planning & Funding
Finau Leveni, Planning & Funding
Nicky Smithies, Planning & Funding

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

CANTERBURY MATERNITY SYSTEM



STRATEGIC FRAMEWORK 2019–2024

Canterbury
District Health Board
Te Poari Hauora o Waitaha

Terms Used in This Strategy

Pēpi

Baby

Wāhine

Women

Whānau

Family group, extended family, can be used to include friends who may not have any kinship ties to other members. In this strategy when we refer to whānau we are letting individuals decide themselves who forms their whānau for their maternity journey.

Hapū

Pregnant

Māmā

Mother, mum

Pāpā

Father, dad

Mana

Prestige, authority, control, power, influence, status, spiritual power, charisma – mana is a supernatural force in a person, place or object.

The use of māmā/mother/wāhine/woman/women/her/she

We recognise that not all people who become pregnant identify with the female gender. However terms specific to female identity are often used in this document for ease of understanding by a wide audience, while acknowledging that this is cis and heteronormative. Where the words māmā/mother/wāhine/woman/women/her/she are used, this is not intended to exclude people of diverse gender identity, gender expression, sex characteristics and/or sexual orientation who are going through their pregnancy journey, in particular trans men or non-binary people who have a uterus.

The use of the word culture

When we use the word culture we are referring to the customary beliefs and indigenous expression of diverse ethnicities and religions. We do not support the culture of gangs, criminal organisations, sexual grooming, violence, drugs and other ways of life that are considered to be negative or detrimental to the wellbeing of whānau.

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Foundation

Te Tiriti o Waitangi. Ko ia tonu te tumu here i ngā iwi katoa i pai ai te noho i Aotearoa. Ko te pokapū ia, arā, te atinga o ngā mahi oranga katoa.

The Treaty of Waitangi is the foundation that binds the peoples of New Zealand. It is at the centre and it is the starting point for all our work in health and wellbeing.

The Treaty provided a basis for all agencies to ensure Māori live long healthy lives; health, education, justice and social services all trace their legitimacy from Te Tiriti o Waitangi.

People from Britain arrived in Aotearoa to be met by iwi Māori who had been thriving for many centuries prior to their arrival. The Crown promised to recognise and protect tino rangatiratanga, Māori authority, over their own affairs; Māori promised to recognise the Crown's authority. The Crown also guaranteed equality for all Māori.


The spirit and intent of the treaty was magnanimous and enlightened. Our ongoing challenge is to enact the intent of the Treaty. In our maternity strategy, as with any strategy, we start with Te Tiriti:

- Our recognition of tino rangatiratanga – the right of Māori to choose and lead what they want and how they want that delivered.
- Our guarantee to partner with Māori at every level of service.
- Our obligation to protect the wellbeing of Māori – this protection must not be passive; we must act to ensure wellbeing is protected.
- Our duty to ensure equity – to actively ensure that inequity is eliminated.
- Our commitment to full Māori participation in all aspects of service.

These obligations to Māori, fall upon the Canterbury District Health Board as agents of the Crown. The process of colonisation has failed Māori while providing advantage and privilege for the colonisers. This must be acknowledged if we are to authentically implement our Te Tiriti obligations in any meaningful way. This must permeate and underpin our entire strategy.

We will ensure Māori aspirations for a healthy life, realising their full potential are enabled in the way services support Māori as tangata whenua.

He manako te kōura i kore ai. Heoi, whakamanawanui tonu.



Hector Matthews
Executive Director of Māori & Pacific Health
Canterbury District Health Board

Background

A diverse population

Canterbury is a diverse society with a large and growing indigenous Māori population. There are a range of other cultures, including significant Pacific and Asian populations. Around 23% of Canterbury residents identify with at least one of these ethnic groups. The proportion of New Zealand European/Pākehā living in Canterbury is reducing.

Our community is diverse

Our population is becoming more diverse. In Canterbury, one person out of every five was born overseas.



9.2 %
are Māori



2.5 %
are Pasifika



10.8 %
are Asian

Second fastest
growing Māori
population in NZ

New Zealand officially recognises three languages (English, te reo Māori and New Zealand Sign Language). Almost one-fifth of the population is multilingual (with one in five multilingual speakers having te reo as one of their languages). After English, the most common languages spoken in Canterbury (in order) are Māori, French, German, Samoan and Sinitic¹ (not further defined).

The indigenous iwi in Canterbury is Ngāi Tahu. Māori are highly connected through whakapapa (kinship ties), and the wellbeing of individuals is strongly associated with the wellbeing of the wider whānau (family). In Canterbury there are also a large number of Māori who whakapapa (ancestry) to iwi in other parts of Aotearoa. Irrespective of where they reside, most Māori hold strong connections and sense of belonging to their tūrangawaewae (ancestral lands) and marae, and their ability to access and participate in Te Ao Māori (Māori world view). These familial and cultural connections provide a strong and enduring sense of identity and are prerequisites to good health.

Pacific peoples in Canterbury are a youthful and diverse population, there are over 16 distinct Pacific ethnic groups with different languages and culture in New Zealand. The five largest groups of Pacific peoples in Canterbury are Samoan (52%), Tongan (14%), Cook Island Māori (12%), Fijian (12%), and Niuean (3%). One in four Pacific people (and 40% of Pacific children aged 0-4) identify with more than one ethnic group (compared with 7% of non-Pacific people).

The Asian population is very broad, comprising ethnic groups from Afghanistan to Japan. In Canterbury 10.8% of our population identify as Asian. The largest groups nationally are Chinese (35%), Indian (30%), Filipino (9%), and South Korean (6%).

There is a small but growing Middle Eastern, Latin American, and African (MELAA) population of nearly 1% within Canterbury's population.

European New Zealanders are people of European descent, including British and Irish, and people indirectly of European descent, including North Americans, South Africans, and Australians. In the 2013 census, at least 74% of the New Zealand population identified with one or more European ethnicity.

Canterbury also accepts refugees and asylum seekers from diverse backgrounds annually.

Our Maternity Strategy endeavours to resonate with all people in our community, but specifically recognise our bicultural relationship with Māori as Tangata Whenua. The use of two of our official languages is also deliberate, as we endeavour to address equity issues across our community.

¹ Many forms of Chinese (2013 Census data).

Our Vision

Canterbury maternity services provide for the maternity needs of all māmā and whānau as and when needed during their maternity journey in order to enable the best start to life for all pēpi and the ongoing wellbeing of mothers.

Our Values

Ōritetanga

Equity

Every person has the opportunity to access culturally appropriate services. Those who work across the maternity system reflect the community in which we live, and understand, value and support cultural practices that may be different to their own.

Whanaungatanga

Everyone belongs

The whole whānau is included and important, with each person feeling comfortable and as though they belong. Interaction with the maternity system is a mana enhancing experience.

Manaakitanga

Respect for all

The maternity system is hospitable through being welcoming, and respectful. We provide the utmost care for each other.

Tino rangatiratanga

Empowering whānau

Whānau are empowered and supported to make their own informed decisions.

Oranga tonutanga

Health and wellbeing

Whānau have optimal physical, mental, dental and sexual health before, during and after the birth of pēpi. People have the opportunity to enjoy clean smoke free air and clean water wherever they live, work and play (wai ora).

Aroha

Love and empathy

Without bias every person² is treated with love, compassion and empathy.

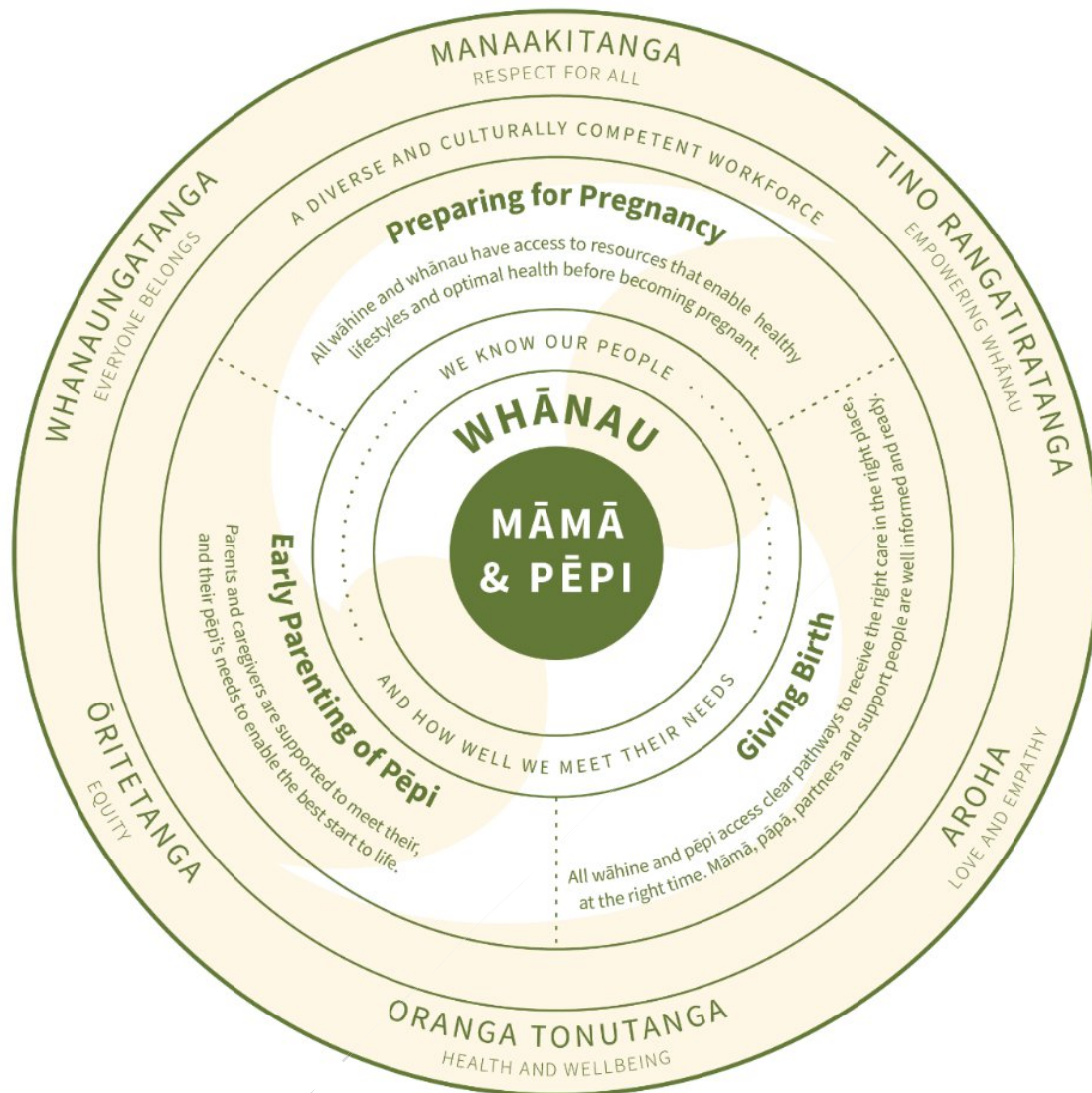
Our Partnerships

Our strategy is ambitious, as it needs to be, to make the changes desired within the Maternity System. For many of the improvements we will build upon existing, and create new partnerships with stakeholders from both within and outside of health. These partnerships will include³ the organisations listed in Appendix 1.

² When we say 'every person' this is inclusive regardless of sexual orientation, gender identity/expression, sex characteristics, ethnicity, age, religion, culture.

³ If you or an organisation you know isn't named but can add value, please contact us to let us know so that we can work together.

The Framework



The Maternity Strategy puts māmā and pēpi at the centre of what we do and what we want to achieve. Māmā and pēpi are supported by whānau, who are the people the māmā identifies as her support network.

We know our people and how well we meet their needs will be achieved through accurate data collection, storage and analysis. This will enable us to:

- Understand if all whānau are accessing the healthcare they need (Ōritetanga / equity)
- Plan well to meet the needs of our changing population
- Allocate resources appropriately
- Maximise populations based funding opportunities

The Framework has three pillars to align work planning with, these are:

- Preparing for Pregnancy.
- Giving Birth.
- Early Parenting of Pēpi.

Preparing for Pregnancy starts before most will even be thinking about pregnancy. Our system aims to enable all people to make informed choices about becoming parents through access to education, improved health literacy, and culturally appropriate resources.

The Canterbury Maternity Strategy recognises and supports the broader determinants of whānau wellbeing, whānau will thrive when they have access to:

- Healthy kai, healthy housing and necessary resources.
- Healthy relationships and strong community connections.

Giving Birth focusses on the time from when a māmā becomes pregnant, up to and including the birth. The Canterbury Maternity Strategy commits to supporting māmā and their whānau to create an environment that will enable their pēpi to have the best start to life by:

- Providing adequate guidance to enable māmā, pāpā/partner and support people to feel confident in making informed decisions.
- Enabling māmā to confidently access the right care, in the right place and at the right time, for themselves and their unborn pēpi.
- Support the use of rongoā and other traditional practices within whānau as part of acknowledging the cultural diversity within our community.
- Providing community pregnancy support and birthing options that meet the needs of māmā and pēpi to receive care in the right place and at the right time.
- Implement a hub and spoke model for secondary and tertiary level services to improve accessibility across Canterbury and enable timely access when this is needed, locally supported by the secondary/tertiary service.

Early Parenting of Pēpi continues with the foundations set in Preparing for Pregnancy and Giving Birth. Whether new parents or having had a pēpi before, whānau are supported to meet their and their pēpi's needs to enable the best start to life within our community.

The Maternity Workforce

The Canterbury Maternity Strategy is supported by a workforce who support whānau through their maternity journey. We will develop a workforce that is diverse and culturally competent to reflect the culturally diverse community in which we live. Building upon existing relationships and developing new ones with stakeholders that can influence improvement for whānau through the different phases of the maternity journey will enable us to achieve a system that is appropriate for all. Through doing this we can better understand, value and support whānau through this important time in their lives.

Appendix 1

Our Partnerships

- Te Rūnanga o Ngāi Tahu
- Manawhenua ki Waitaha
- Te Rūnanga o Ngā Maata Waka
- Te Pūtahitanga o Te Waipounamu
- New Zealand College of Midwives
- Whānau Ora
- Lead Maternity Carers
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG - New Zealand Committee)
- New Zealand Society of Anaesthetists
- Paediatric Society of New Zealand
- Neonatal Network
- Migrant Services
- Well Child Tamariki Ora
- Pregnancy & Parenting Educators
- Te Kōhanga Reo National Trust
- High Schools/Education/Kura Kaupapa Māori
- Tertiary Education providers – Ara Institute of Canterbury, University of Canterbury
- Family Planning
- Community & Public Health
- Te Hā - Waitaha
- Specialist Mental Health Services
- Primary Health Organisations/Primary Care
- Non-Government Organisation providers
- Early Start Project
- Post-natal depression groups
- Oranga Tamariki
- Work & Income New Zealand
- Housing New Zealand
- NZ Police
- Integrated Safety Response
- Councils (city and regional)
- Consumer organisations – Canterbury Breastfeeding, Post Natal Depression Group, NZ Chinese Association, La Leche League, Home Birth Canterbury, Canterbury Home Birth Association, remote rural and rural hapū and wāhine, Nepalese community, St John of God Waipuna, Pregnancy Help
- Māori providers
- Pacific providers
- Refugee and migrant communities
- Primary Health Organisations
- Te Kāhui o Papaki Kā Tai
- Agencies involved in delivering the Government's Child and Youth Wellbeing Strategy

CANTERBURY MATERNITY SYSTEM



WORKPLAN 2019-2024

Canterbury

District Health Board

Te Poari Hauora o Waitaha



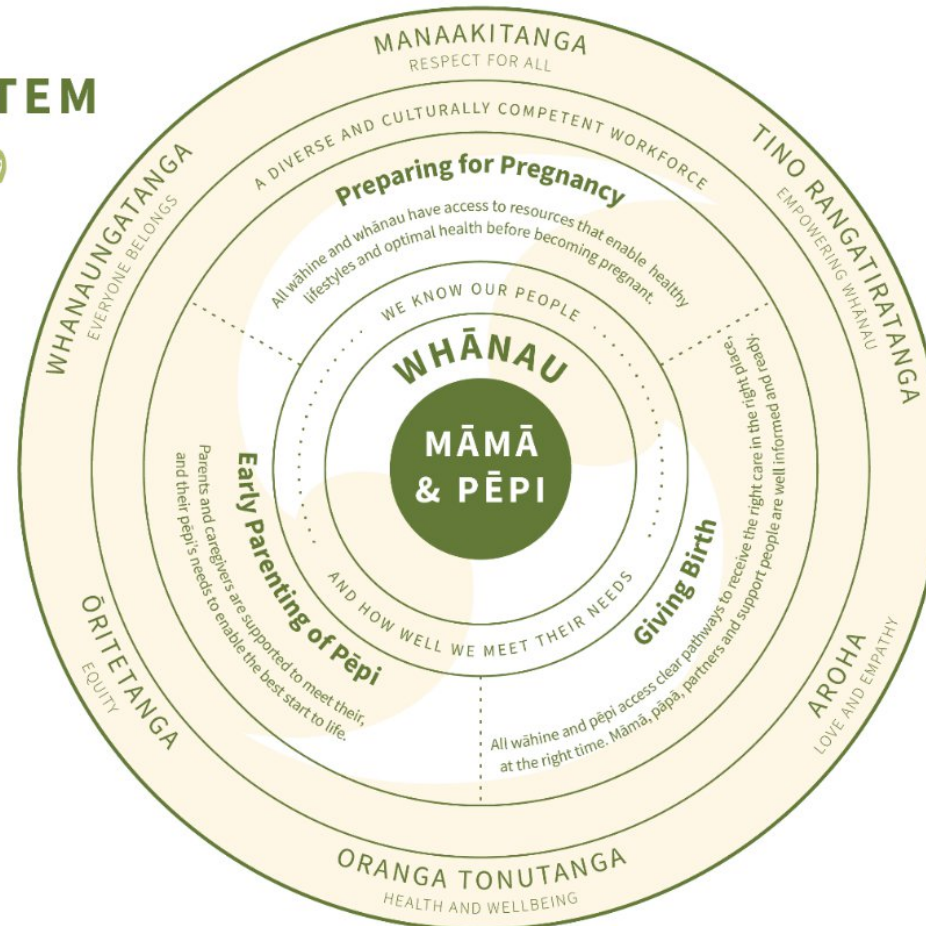
Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

CANTERBURY MATERNITY SYSTEM



STRATEGIC FRAMEWORK 2019-2024





Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

OBJECTIVE	ACTIONS	TIMEFRAME	MEASURE OF SUCCESS	ACCOUNTABILITY	
			TARGET	PARTNERS	PROJECT LEAD
Preparing for Pregnancy The concepts within Preparing for Pregnancy start before most will even be thinking about pregnancy. Our system aims to enable all people to make informed choices about becoming parents through access to education, improved health literacy, and culturally appropriate resources.					
<i>Whānau have access to resources that enable healthy lifestyles, live and work in healthy environments and have strong healthy relationships and community connections.</i>	Support whānau to understand health literacy relating to Contraception, STD's, Mental wellbeing, relationship support, primary care. Optimise wāhine health before pregnancy by improving access to dental health, smoking cessation and primary care.		<ul style="list-style-type: none">• Reduce the number of regular smokers (SLM).• Higher number of pregnant women are receiving dentistry check-ups.• Women and children receive immunisations as scheduled (CCN).• Increased utilisation of dental health services by adolescents Year 9 to 17 years (SLM).• No babies are born with congenital syphilis.• All women have access to contraception that meets their needs at the right time for them.• Pathway exists to support women who are trying to conceive to cease alcohol consumption.	<ul style="list-style-type: none">• Community & Public Health• Canterbury Clinical Network• Community pharmacy• General Practice• Mental Health services• LMC midwives• Dental services• Sexual health services• Te Hā - Waitaha• Addiction services• Integrated Safety Response	
	Strengthen partnerships to support whānau to access healthy housing, healthy food security, employment and education.		<ul style="list-style-type: none">• Wāhine state their whānau is supporting them as they start their pregnancy journey.• Women in violent and/or psychologically harmful relationships increasingly feel able to disclose this and work towards safety.• Women have access to healthy kai and are aware of healthy weight before pregnancy and weight gain during pregnancy.	<ul style="list-style-type: none">• Community & Public Health• Canterbury Clinical Network• Sport Canterbury• City & Regional Councils• Community gatherings• Education sector• Iwi	



Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

			<ul style="list-style-type: none"> Schools incorporate pregnancy and parenting in their health curriculum. Reduced gestational diabetes mellitus (GDM) rates in Canterbury. Fewer babies are admitted to the Neonatal Unit. Fewer adults and infants are admitted with ambulatory sensitive hospital (ASH) conditions (SLM). 	<ul style="list-style-type: none"> Ngāi Tahu Marae Pacific communities Refugee and migrant communities Work & Income New Zealand Housing New Zealand 	
<p>Giving Birth</p> <p>Giving Birth focusses on the time from when a māmā becomes pregnant, up to and including the birth. The Canterbury Maternity Strategy commits to supporting whānau to create an environment that will enable their pēpi to have the best start to life.</p>					
<p><i>Māmā and pēpi access clear pathways to receive the right care in the right place, at the right time.</i></p>	<p>Realign maternity services to provide care closer to home when clinically indicated.</p> <p>Review tertiary maternity services to better meet the needs of high acuity māmā and pēpi.</p> <p>Enable māmā and whānau to be well informed and confident around birth and caring for pēpi.</p> <p>Support for women to access midwifery led birthing units that are desirable and meet the needs of our population.</p>		<ul style="list-style-type: none"> Satellite antenatal clinics are available for women to attend if needed. Navigation of the maternity system in Canterbury makes sense to our communities. Women in rural areas have improved access to maternity services closer to home. Fetal Maternal Medicine and High Risk Obstetrics have telehealth capacity at Christchurch Women's Hospital. More women commence their labours at midwifery led units, or at home. More births in midwifery led birthing units improving capacity at CWH tertiary unit. Increased capacity for community birthing, including a CDHB-led central city primary birthing unit. Intervention in pregnancy and labour is closely measured and reflects evidence practice. 	<ul style="list-style-type: none"> LMCs Christchurch Women's Hospital Maternity team Midwifery Led Units Christchurch Hospital campus management team Telemedicine Canterbury Clinical Network LMCs Consumer network Kaikōura, Hurunui and Ashburton communities West Coast women who need to access Tertiary services 	



Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

			<ul style="list-style-type: none"> • Clarity of access for obstetric services at Christchurch Women's by a realignment of service provision. • Establishment of a combined neonatal and maternity transitional care unit for babies and their māmā at Christchurch Women's Hospital. • Data dashboards encourage practitioners to monitor their outcomes. • The community are aware of the maternity outcomes for our system by ethnicity. • Women experience equitable outcomes with improved outcomes for Māori Pacific, Indian and mothers under 20 years. • Lack of accessibility, whether due to social, cultural, disability or cost reasons, to maternity services no longer occurs. 		
<i>Māmā, pāpā, partners and whanau/ support people are well informed and ready, and have the confidence and skills to provide their pēpi the best start to life.</i>	The DHB advocates for the development of support structures for hapu wāhine which may not have been present or visible in the past and encourages linkages with the wider health team to meet their needs.		<ul style="list-style-type: none"> • In Canterbury everyone understands that it takes all of us to support new māmā with their pēpi. 	<ul style="list-style-type: none"> • Maternity team led by midwives • Well Child Tamariki Ora • Primary Care • Pregnancy & Parenting Educators • Community support groups • Community 	
Early Parenting of Pēpi Early Parenting of Pēpi supports parents, whether new, or having had a pēpi before to meet their and their pēpi's needs to enable the best start to life.					
<i>Pēpi have the best start to life with the support of māmā and whānau.</i>	Improved supports are established for māmā as they learn how to breastfeed and whilst this is establishing.		<ul style="list-style-type: none"> • Increased proportion of pēpi exclusively or fully breastfed at 3 months, 	<ul style="list-style-type: none"> • Canterbury Clinical Network 	



Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

	<p>PPE programme reviewed to ensure it effectively covers what new parents need to know, and is culturally appropriate for Māori and others within the community.</p> <p>Support work within the SUDI Prevention Plan.</p> <p>Work with the Child & Youth Workstream to deliver on its workplan (CCN).</p>		<p>particularly for Māori, Pacific and Quintile 5 (CWO6).</p> <ul style="list-style-type: none"> • The whole community understand that babies sleep on their backs, in their own sleep space, Smokefree, drug free and face clear. • All staff understand and advocate for SUDI prevention. • Reduced SUDI in Canterbury. • Increased proportion of pēpi live in smokefree homes (SLM). • The number of Māori and Pasifika pēpi living in smokefree homes is increasingly equitable (SLM). • A minimum of 95% of Canterbury pēpi are immunised as per the immunisation schedule (CCN). • More whānau access Well Child Tamariki Ora to enable their pēpi to continue with regular health and wellbeing checks. 	<ul style="list-style-type: none"> • Maternity team led by midwives • Well Child Tamariki Ora • Primary Care • Community support groups • Community 	
	<p>Mental and emotional wellbeing for māmā is openly discussed and whānau understand post-natal wellbeing.</p> <p>Promotion of available and accessible services that meet the needs of our community for māmā and their whānau who are concerned about mild to moderate perinatal mental illness.</p>		<ul style="list-style-type: none"> • Women know where to seek help and it is available to them. • Mental health support is discussed openly and mothers access services for support. • Whānau access mental health services for children showing signs of, or have, mental illness. 	<ul style="list-style-type: none"> • Whānau • Mental Health Services • Mother and babies unit • Post-natal depression groups • Midwives • Primary Care • Well Child Tamariki Ora • PPE Providers 	



Draft Maternity Work Plan 2019-2024

Our values are central to the development of this workplan and are woven throughout to enable achievement of the workplan's actions.

A diverse and culturally competent workforce The Canterbury Maternity Strategy is supported by a workforce that is diverse and culturally competent to support whānau through their maternity journey.					
<i>Everyone feels welcome and comfortable receiving care from those who make up the Canterbury maternity workforce.</i>	Develop a diverse and culturally competent workforce. Implement recruitment strategies that enable the growth of all our maternity workforces to meet demand and fill vacancies. Work to achieve safe staffing levels in all CDHB units. Implement Trendcare and CCDM. Build upon close working arrangements with all tertiary education sectors plus our internal education for administration and Hospital aid workers to promote midwifery as a career. Closely work across the South Island to ensure we maximise our clinical workforces		<ul style="list-style-type: none"> Increased proportion of Māori are employed into maternity roles. The maternity workforce reflects the community we work in. Staff have increased confidence and competence in greeting people and communicating across Canterbury's diverse community. All staff receive education about the Canterbury population and how to care for them. All wāhine and whānau entering the maternity system are respected and valued for who they are. We Care About Your Care feedback reflects that our community feel comfortable in our maternity spaces. No person faces discrimination or stigma on the grounds of ethnicity, disability, or other reason. Institutional racism is recognised and improvement processes are in place. 	<ul style="list-style-type: none"> Ministry of Education Tertiary education providers including Ara and Otago University. Diversity and Inclusion Strategy team. People and Capability Healthlearn SIAPO 	
We know our people and how well we meet their needs Accurate data collection, storage and evaluation will enable us to support actions to address inequities so that we can provide appropriate services and have a maternity system that meets the needs of all.					
<i>We know Canterbury people and how well we meet their needs.</i>	Collection of accurate and complete data with the SIPICS and HCS launch. Establish dashboards that provide responsive data reports. Electronic use and sharing of data including with community lead maternity carers is established.		<ul style="list-style-type: none"> Audits demonstrate collection quality. Demand forecasting is possible. We meet data standards, eg Snowmed. All our data is accurate but specifically our ethnicity data. Data is available in a central warehouse. 	<ul style="list-style-type: none"> Midwives - LMC and core Medical teams Administration ISG Vendors of the tools we own Decision Support 	

Vaping Update

Canterbury District Health Board

www.vapingfacts.health.nz

Health Promotion Agency

- ▶ The best thing you can do for your health is be smokefree and vape free.
- ▶ Vaping is not for children or young people.
- ▶ Vaping can help some people quit smoking.
- ▶ Vaping is not harmless but it is much less harmful than smoking.
- ▶ Vaping is not for non-smokers.

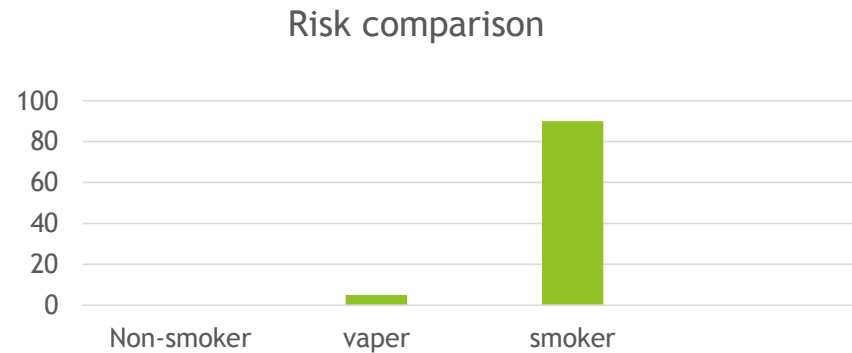
All DHBs and other key organisations are signatories

Regulations - still coming

- ▶ Select Committee promised for mid-2019, now target is November
- ▶ Proposed Bill - fairly cautious
 - ▶ age of purchase 18, packaging, health warnings and sales conditions that it uses on smoking tobacco to both - current Bill proposed is fairly cautious / restrictive.
 - ▶ Advertising - point of sale
 - ▶ Product standards - toxicity, ingredients, labelling
 - ▶ Prohibits misleading health warnings
- ▶ Proposes prohibiting vaping in legislated Smoke Free areas - schools, workplaces, hospitality
- ▶ Inclusion of information about e-cigarettes in tobacco product packets??

The Issues

- ▶ Vaping is safer than smoking
 - ▶ There are risks, much lower than cigarettes, but long term unknown
 - ▶ Appropriate choice depends on individual need - smoking status, quit success



The Issues

- ▶ Vaping supports successful stop smoking attempts
 - ▶ Clear research finding / our own data reflects this
 - ▶ But is a life-time vaper a successful outcome?
 - ▶ New epidemic - less costly for health, but addiction and financial issues remain
 - ▶ Vaping Facts low on guidance for withdrawing from vaping
 - ▶ SSS contracts support vaping as quit tool but very low on details around transitioning off vaping

The Issues

- ▶ What are the risks for non-smokers and young people?
 - ▶ Gateway into smoking not proven
 - ▶ Experimentation with vaping better than experimenting with smoking
- ▶ Playing with Fire - we just don't know the public health impacts
- ▶ Current context for research may not be sustained
 - ▶ Current advertising binge
 - ▶ community engagement target Maori (actually Phillip Morris)
- ▶ The Numbers Game - 2.6% people vape, 97.4% don't vape - overall policy decisions should protect all people

Two Perspectives

- ▶ Liberal approach (Surge report, ASH, Phillip Morris)
 - ▶ differentiate smoked / not smoked
 - ▶ harm minimisation - less risk if vaping
 - ▶ focuses on meeting the needs of the vapers eg. flavours
 - ▶ easy availability (diaries, petrol stations) few restrictions, simple standards, targeted marketing (switch)
 - ▶ Workplaces, DHBs, premises make their own policy decisions
- ▶ Cautious Approach (Cancer Soc, ASPIRE research)
 - ▶ Smokefree / vapefree outcome - risks of vaping yet unknown
 - ▶ Restrictive approach - concerned about potential youth uptake eg specialised shops
 - ▶ Be wary of increasing the appeal eg. Flavours, styles
 - ▶ Smokefree and vapefree policies

Canterbury DHB position

- ▶ Currently on the cautious side
- ▶ Vaping included in Canterbury DHB Smokefree policy - CCC, Health Precinct policies need to match
- ▶ Good case for vaping exemption in SMHS, as smokefree is having little impact
- ▶ Submission process - need to take a position eg sales restricted / less restricted,

COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

Canterbury
District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: Community and Public Health

DATE: 31 October 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

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

3. DISCUSSION

All Right? Social Marketing Campaign – An Update

The *All Right?* campaign team has **received the results of the annual evaluation** facilitated by Opinions Market Research Ltd. This research is designed to evaluate the effectiveness of the campaign in 2019. It also assessed the need for wellbeing messages in greater Christchurch. Four hundred and seventy-eight Christchurch residents aged 15 and over took part in this research from May–July 2019. The sample is representative of the Census 2013 population in terms of age, gender and location.

The survey findings suggest that awareness of the *All Right?* campaign continues to build with 88% of those surveyed being aware of the campaign, an increase from 82% in the last twelve months. The campaign appears to have increased wellbeing literacy in Canterbury with 77% of respondents saying that the messages make them more aware of the importance of looking after their wellbeing.

The findings suggest that the more messages people see, the greater the impact. On average, respondents reported having seen more than nine *All Right?* campaigns. Of those who had seen 11 or more, 86% said that the messages had made them think about how they were feeling, and 62% reported that they had done activities or things as a result of what they had seen or heard from the campaign.

In answer to a question about the value of the *All Right?* campaign, 90% of respondents reported that they believe *All Right?* is valuable for the Christchurch community, and 80% that it would be valuable for all New Zealanders. Fifty percent of respondents reported that they believe the *All Right?* campaign helps with 'life in general'.

The campaign also appears to have helped people respond to the impact of the mosque shootings, with 64% of respondents reporting they had been aware of the post-attack campaign, He Waka Eke Noa. Of these respondents, 41% indicated that the messages had helped them in the aftermath of the shootings.

This evaluation indicates that the *All Right?* campaign is helpful in assisting our community in dealing with life's ups and downs, as well as in supporting them through the response and recovery phase post-disaster.

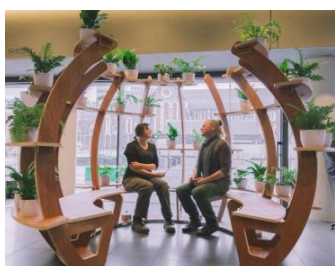
Sparklers - On Friday 13 September 2019 Prime Minister Jacinda Ardern visited West Spreydon School to announce the national roll-out of Sparklers, the All Right? campaign's wellbeing toolkit for schools. Sparklers was created in the aftermath of the Canterbury earthquakes as a result of feedback from teachers and professionals working in schools, who were concerned about increased levels of anxiety, relationship issues, and an inability to regulate emotion amongst tamariki.



Sparklers is an accessible online wellbeing toolkit for year 1–8 students, made up of over 70 wellbeing activities that help young people manage worries and big emotions, feel good and be at their best. The activities take between 10 minutes and one hour, are aligned with the school curriculum, and cover a wide range of wellbeing topics, including managing emotions, living in the moment, being grateful and showing kindness. Sparklers is designed around a pick-and-mix approach – teachers can choose the activities that best meet the needs of their tamariki, goals and school culture. Used 'a little and often' the activities help tamariki live brighter.

New activities have recently been added to Sparklers – a suite of Pasifika-focused activities are now available along with some new activities focused on being brave and a good mate. Sparklers is available at: <https://sparklers.org.nz/>.

Maramataka Project, Using the Maori Lunar Calendar - As part of the Te Waioranga stream of the *All Right?* campaign, work is progressing on the Maramataka project. There are two aspects to this piece of work which has the overarching aim of encouraging people to get to know the key phases of the Māori lunar calendar, and to understand how tipuna incorporated this knowledge into their lives to support wellbeing. The first phase of the project consisted of workshops about how to use this knowledge in the workplace, with the second phase being the design of an online and hard copy lunar calendar. This is currently being designed by the *All Right?* creative team and will be ready for distribution in November.



Green Connection Pod - The Green Lab (formerly Greening the Rubble) has established a 'green connection pod' in Tūranga as a way to encourage Cantabrians to connect with nature and each other. The aim is to provide a relaxing space where people who don't necessarily know each other try and have a chat. There are conversation starters in the pod to help kick start the chat. The *All Right?* campaign has provided communications support for this project and during Mental Health Awareness week hosted conversations in the pod itself. The pod will be in the Library until the end of October.

National Wellbeing Governance Group - The *All Right?* campaign team was invited by the Ministry of Health to participate in the National Wellbeing Governance Group that was established after the Mosque attacks to implement action 3.3 of the "Supporting People Affected by the Mosque Attacks; National response and recovery plan to March 2020", which is about promoting wellbeing, coping and recovery. The other groups represented on the governance group are the Mental Health Foundation of NZ, the Health Promotion Agency, the National Telehealth Service, the Ministry of Health, Le Vaa, Ngai Tahu, the Muslim Psychologists collective, and the Ministry of Education.

He Waka Eke Noa – We Are All In This Together - Following requests from members of a range of Muslim communities, the He Waka Eke Noa resources (posters and postcards) have been translated into eight languages, Te Reo Maori, Arabic, Somali, Dari, Urdu, Hindi, Nepali and Tigrinya.

The *All Right?* campaign has been asked by the Ministry of Health, to facilitate the distribution of these posters and postcards to Muslim groups around the country. The team has been establishing links with key Muslim groups and individuals in the main centres to inform them of this request and to ascertain their willingness to help with distribution of the resources.

Research with Rainbow Communities - As stated in earlier reports, the intent of this research was to collect the views of the Rainbow community of Otago in order to better understand the strengths of the community, increase visibility and education and reduce discrimination and enhance self-esteem. Overall the research pointed to a mostly optimistic community with the key areas of education, health and workplace wellbeing having made changes in their practice. In general, respondents noted that progress has been made but a large proportion (72%) reported that they had experienced negative or offensive comments in public over the past three years.

A summary of the research was presented back to approximately 60 members of the Rainbow community at Qtopia on 5 September 2019. Information sheets on the key themes from the research were used as discussion starters in small groups. Information sheets covered the following topic areas: supporting employees and customers; information for businesses and workplaces; supporting our young people at school; information for schools and educators; creating a more supportive community; information for community leaders; creating more supportive health services; information for primary care providers; supporting our older people and their families; information for rest homes and learnings for parents of rainbow children; supporting children to be themselves.

When attendees were asked what the *All Right?* Campaign could do to support the community some of the suggestions were as follows: beautiful messages and images of positivity; promote rainbow mental health providers; introduce the 'rainbow tick' to more providers; support the further development of rainbow community allies and make this more visible; establish opportunities for more intergenerational connection; work with community leaders to promote Otago as a rainbow friendly city; and share the information sheets with key people associated with each of these areas.

Community and Public Health's Health in All Policies (HiAP) Team Hosted in Bendigo, Victoria



The work of Community and Public Health's Health in All Policies team has attracted interest from Healthy Greater Bendigo and Healthy Heart of Victoria. Having found the HiAP webpages on C&PH's website, the Bendigo-based team saw the work of C&PH's HiAP team as aligning well with their local approach and community-focused aspirations. Informed through the HiAP newsletter and impressed by the tools developed here in Christchurch, the Bendigo-based team invited Anna Stevenson and Sandy Brinsdon to speak at their recent conference, 'Wellbeing in Every Decision'.

<https://www.healthpromotion.org.au/vic-events/325-wellbeing-in-every-decision-planning-for-a-healthy-and-liveable-region>

Healthy Heart of Victoria - Is a co-designed, regionally owned model, aimed at improving health outcomes across the Loddon Campaspe region in Victoria. The Healthy Heart of Victoria initiative has three components that support each other to achieve real change in preventable health outcomes.

- Health is Everyone's Business – a regional prevention network of Health Brokers.
- Active Living Census – an evaluation and measurement tool to enable evidence-based planning.
- Infrastructure and Activation – improvements to active recreation infrastructure that enable more community members to increase their usage.

As part of the visit to Bendigo, we delivered C&PH's well evaluated and established programme, **Broadly Speaking**. The course was attended by a wide variety of participants across many sectors, including the Mayor of Bendigo. Engagement levels were high and the discussion was rich and relevant. Participant evaluations identified the Broadly Speaking Programme as being very valuable, and applicable to a setting beyond New Zealand - this is testament to the strength of the program, and its delivery



which is well established in the Canterbury DHB and wider Canterbury health and community sectors.

Mosquito Interceptions

We were notified of three mosquito interceptions in August at transitional facilities and Christchurch Airport. The number of interceptions has been increasing - we have been notified of about nine this year, compared to a total of seven for all of 2018.

It has been challenging managing staff resourcing as a result of the increased numbers of interceptions, whilst also maintaining our Business as Usual duties. Due to Health and Safety requirements, we have also needed to change the way in which we transport the necessary gas cylinders, which has made the work more time consuming.

The mosquitos found in August included a *Culex tritaeniorhynchus* (a species known to vector Japanese Encephalitis), a *Culex pervigilans* (a New Zealand native species), and a species which has never identified in New Zealand before, a *Culex culicomyia* (not known to vector disease).

Community and Public Health is currently planning for joint training with the Ministry for Primary Industries to improve our mosquito interception responses.

Plan Change 7

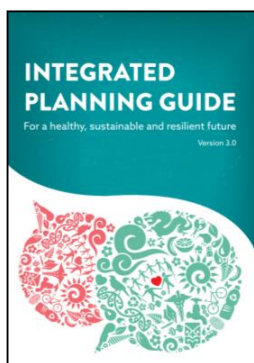
Community & Public Health make submissions on national and regional plans and policies, on district plans and policies, and where appropriate on resource consent applications, seeking to ensure that the public health effects of activities are considered and managed.

Environment Canterbury has recently consulted on Plan Change 7 to the Land and Regional Plan. This will impact on the management of land and freshwater resources, including nutrients, within the Canterbury region. Community and Public Health made a submission on Plan Change 7 which focused on a number of technical aspects, as well as acknowledging the potential for the plan to have a contradictory range of effects on the health and wellbeing of the wider community.

We are aware that a solution that produces a good health outcome for one community may produce a poor health outcome for another. While economic wellbeing is necessary for good health, social, recreational, cultural and environmental assets such as drinking water quality, are also fundamental to health. Environment Canterbury as the consent authority were reminded that a sustainable and thriving ecosystem is vital to supporting and sustaining the health of present and future generations in Canterbury. We await advice regarding the hearing date and an opportunity to present our submission.

Integrated Planning Guide (Version 3.0) Published – An Update

The Health in All Policies (*HiAP*) team at Community and Public Health has launched the updated [Integrated Planning Guide for a healthy, sustainable and resilient future Version 3.0](https://www.cph.co.nz/wp-content/uploads/IntegratedPlanningGuideV3.pdf). <https://www.cph.co.nz/wp-content/uploads/IntegratedPlanningGuideV3.pdf>



Formally endorsed by the Greater Christchurch Partnership Committee, the guide was redeveloped with input from local agencies including the Christchurch City Council, Environment Canterbury, Regenerate Christchurch, and the Greater Christchurch Partnership.

Responding to a need to broaden the focus beyond recovery, the Integrated Planning Guide (*IPG*) provides a versatile tool to help integrate outcomes-thinking relevant to health, wellbeing and sustainability into policy and plan making. The IPG builds on previous resources and provides a set of questions that give structure to conversations around the building blocks of health – otherwise known as the determinants of health. The IPG can be used multiple ways during planning and

policy development to assess impacts. The targeted questions aim to enhance constructive thinking and encourage innovation. This tool can be used in multiple ways from a desk guide through to providing a focus at stakeholder meetings or integrated assessments.

A first workshop to train Christchurch City Council staff on the use of the IPG will be held at the end of October.

Six Week Trial – Thinking about Housing and Respiratory Illness

An individual's winter health is strongly associated with healthy housing. Community & Public Health is currently working with Respiratory Outpatients and Planning & Funding on a six week trial focused on housing.

The Nursing team are asking patients: 'is your house cold and damp?' and 'would you like us to refer you to Community Energy Action (CEA)'. We hope that the questions asked by the Nursing team will lead to referrals to CEA and ultimately to an improvement in the living situation of some patients. Unfortunately, CEA are not able to access Housing NZ houses. As a result, Community & Public Health is exploring options for these patients in consultation with Housing New Zealand.

Summer Heat Health

Summer Heat Health is an emerging issue in the face of climate change and global warming. There is currently no internationally agreed definition of a heatwave and the term has not been formally defined in New Zealand. It is, however, agreed that a heatwave is an increase above average temperatures, rather than an absolute temperature, that causes adverse impacts on health. The Ministry of Health seem to favour the Meteorological World Organisation's definition, which is:

A marked unusual hot weather (max, min and daily average) over a region persisting at least two consecutive days during the hot period of the year based on local climatological conditions, with thermal conditions recorded above given thresholds.



Within the first two days of a heat stress event mortality rises, providing only a small window of opportunity for effective action from the beginning of a heat wave. Community and Public Health's housing health promoter, and Emergency Preparedness Coordinator have been working on developing a plan. This has involved considering preparedness within the community and the delivery of a presentation about Summer Heat Health with Te Waipounamu Social Housing Network and Waka Toa Ora. Presentations will also be made to Elder Care Canterbury and the Christchurch Housing Forum. A summer heat health resource 'Stay Cool and Well this Summer' has been prepared to help the community prepare for the coming heat. This information is also being shared in the Health Promoting Schools magazine. The resource is available for download at: https://www.cph.co.nz/resource_list.php?mc=95.

NZ Measles Outbreak - Implications for the Canterbury DHB

From 1 January 2019 to 11 October 2019 there have been 1,790 confirmed cases of measles notified across New Zealand with 590 (30%) hospitalised. 1,454 of these confirmed cases are in the Auckland region.

Table1: Number of confirmed measles cases for the last two surveillance weeks and cumulative number of cases for 2019 by district health board

District health board	Surveillance Week 40	Surveillance Week 41	2019 to date		
			Cumulative total	Number hospitalised	Percent hospitalised
Northland	12	4	77	15	19.5
Waitemata	18	6	245	95	38.8
Auckland	23	9	228	85	37.3
Counties Manukau	42	53	981	329	33.5
Waikato	3	1	40	10	25.0
Lakes	2	1	22	6	27.3
Bay of Plenty	1	1	39	17	43.6
Tairāwhiti	0	0	0	0	0.0
Taranaki	0	1	7	3	42.9
Hawke's Bay	3	1	7	2	28.6
Whanganui	0	0	0	0	0.0
MidCentral	0	1	7	0	0.0
Hutt Valley	0	0	9	1	11.1
Capital and Coast	3	1	18	5	31.3
Weirarapa	0	0	1	0	0.0
Nelson Marlborough	0	0	0	0	0.0
West Coast	0	0	0	0	0.0
Canterbury	1	0	43	17	39.5
South Canterbury	0	0	1	1	100.0
Southern	22	7	67	4	6.0
Total	130	86	1790	590	33.0

community spread to this point.

Daily updates from the National Health Coordination Centre keep us informed of the national picture.

The input needed to follow up each and every contact of a confirmed measles case is intense, but considered essential if we are to prevent the disease spreading in our community.

It is clear there are still groups that are under vaccinated in the community, and the challenge will remain an ongoing one in light of both domestic and international travel. The international scene is concerning and will continue to challenge our surveillance / response system.

The continued assistance of primary care, hospital staff and laboratories, combined with our incident management system, has seen us prevent

Report prepared by: Nicola Laurie, Public Health Analyst

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

MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Canterbury
District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: Executive Director, Māori and Pacific Health

DATE: 31 October 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

The Committee recommends that the Board:

- i. notes the Māori and Pacific Health Progress Report.

3. DISCUSSION

Canterbury Māori Health Dashboard Report

Attached (Appendix 1) to this report is the latest Canterbury Māori Health Dashboard Report. The Māori Health Dashboard Report is primarily a monitoring document and we measure our performance across a range of targets, although it represents a small part of the actual targeted activity for our Māori population in Canterbury.

The Canterbury DHB focuses on priority areas that show how the system is working towards Pae Ora. We seek to reduce and eliminate the health inequities that have long persisted in the Māori population as a step towards pae ora for Māori in our community.

Although we have much more work to do, it is pleasing that the improvement that was observed in the last report to CPH&DSAC has continued. The dashboard shows we are maintaining our earlier improvement trending in areas that have been a struggle for our DHB:

- Children's oral health. For the first time ever we have crossed the 50% mark for both indicators that we monitor and have now had slow, steady improvement each year for three consecutive years.
- Māori women cervical screening. We have now had improvement in screening rates for Māori women for each of the past four quarters and are now a full 10% higher than 2016/17.

In the areas of child health, the before School Checks have also shown strong improvement in the targets that we monitor. Given that the Māori population is much younger than general population, this is a particularly important metric to demonstrate improvement.

Despite the inequity that is still present, it is also pleasing to see the steady improvement in woman who are smokefree two weeks postnatal.

Canterbury Pacific Health Dashboard Report

Also attached (Appendix 2) to this report is the latest Canterbury Pacific Health Dashboard Report. The Pacific Health Dashboard Report, like its Māori sibling, is primarily a monitoring document and we measure our performance across a range of targets, although it represents a small part of the actual targeted activity for our Pacific population in Canterbury.

The Canterbury DHB focuses on priority areas that show how the system is working towards reducing and eliminating the health inequities that have also long persisted in the Pacific population.

Again, although we have much more work to do, the dashboard continues to show successive improvement trending in children's oral health enrolment, which is encouraging. There are also encouraging signs in the continuing improvement of HPV immunisation.

Similar to our Māori population, in the areas of child health, the before School Checks have also shown strong improvement in the targets that we monitor. Given that the Pacific population, like the Māori population, is also much younger than general population, this is a particularly important metric to demonstrate improvement.

Despite the inequity that is still present, it is also pleasing to see the steady improvement in woman who are smokefree two weeks postnatal.

Please note the tables below both the Māori and Pacific dashboards which describe the measure, data source and period of latest results for each indicator. There is a lag time between some of the data being received and the Ministry of Health (*MoH*) publishing the data. These dashboards represent the latest data.

National Māori Health Indicators Dashboard Report

Also attached (Appendix 3) to this report is the latest National Māori Health Indicators Report, (sourced from <http://trendly.co.nz>), which enables us to compare performance by ethnicity (Māori vs non-Māori), and by DHB.

The target field is blank where there is no target, or the indicator assigned by the MoH is a specific target tailored for each DHB. Rheumatic fever is not displayed in the dashboard table because the MoH reports total population and South Island data is aggregated.

The report demonstrates that although Canterbury is one of the better performing DHBs for our Māori population, there are still stark differences between Māori and non-Māori across all DHBs, but we are making progress towards improving. Such comparisons provide compelling data as to why we should be targeting Māori to reduce inequity in our system.

Action Points from February 2019

Māori Health Strategy

Manawhenua Ki Waitaha along with other key Māori groups such as The Māui Provider Collective and Te Kāhui Papaki o Kā Tai (*TKOP*) have been involved and engaged with the development of the CDHB Maternity Strategy. Because it has taken several months and gone through many changes, the Maternity Strategy has many elements that these groups favour in a Māori Strategy.

These groups have been instrumental in developing an explicit commitment to Te Tiriti, our obligations to Māori under Te Tiriti and explicitly stating the importance of equity within the Maternity Strategy which also overtly states the importance of foundational values in te reo:

- Ōritetanga
- Whānaungatanga
- Manaakitanga

- Tino rangatiratanga
- Oranga tonutanga
- Aroha

This is testament to the input of Manawhenua, TKOP, the Māui Provider Collective and others. Manawhenua Ki Waitaha will have their AGM in October and we will begin the process of developing our CDHB Māori Health Strategy, however, the development of the Maternity Strategy has been a great forerunner to the next step of developing a Māori Health Strategy and we can shamelessly borrow much from it with respect to both process and content. The document is simple and easy to follow too, which means people will generally find it easier to engage with.

Whānau Ora

Whānau Ora Primary Health Research. Canterbury base research company, Ihi research has teamed up with Moana Research and Pasifika Futures (Whānau Ora commissioning agency) to undertake a Whānau Ora Primary Health Research Project.

The project is supported with funding from Treasury who want more empirical evidence on a Whānau Ora approach to primary health services as a first step of improving whānau health.

This initiative seeks to identify the merits for increased investment in whānau centred primary health provision drawing on the strengths of Whānau Ora at the interface of Primary Health in community-based settings. The primary objective is to leverage from the achievements of Whānau Ora to improve the efficacy of health services and care to Māori and Pacific whānau. A key focus is demonstrating the merits of whānau centred health models in achieving Whānau Ora outcomes in contribution to the State Sector's Wellbeing policy framework.

Te Pūtahitanga o Te Waipounamu (Whānau Ora commissioning agency) is currently in the process of assessing their ORA funding applications.

ORA is an acronym for the Opportunity to Realise your Aspirations. Te Pūtahitanga o Te Waipounamu supports whānau to realise their aspirations through this fund.

Initiatives must demonstrate a kaupapa Māori approach, e.g. whānau centred, use of te reo Māori, incorporation of mātauranga Māori, inclusion of te ao Māori values, collaboration with other Te Pūtahitanga initiatives.

Initiatives must be aligned with Seven Pou, designed to achieve specific Whānau Ora outcomes. They must support whānau to be:

- self-managing;
- living healthy lifestyles;
- participating fully in society;
- confidently participating in te ao Māori;
- economically secure;
- successfully involved in wealth creation; and
- cohesive, resilient and nurturing and responsible stewards of their living and natural environments.

4. **APPENDICES**

- Appendix 1: Canterbury Māori Health Dashboard Report, September 2019
Appendix 2: Canterbury Pacific Health Dashboard Report, September 2019
Appendix 3: National Māori Health Indicators Dashboard Report, October 2019

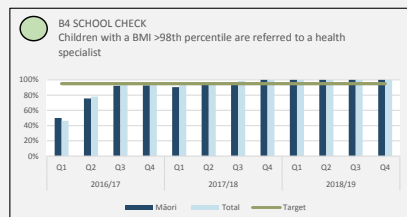
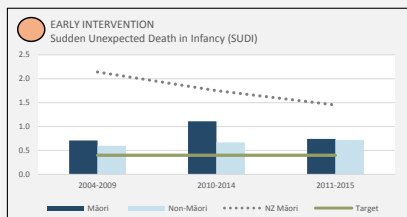
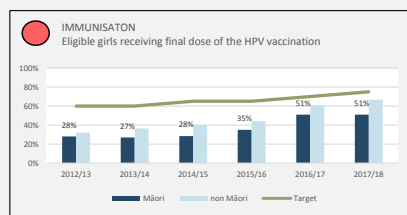
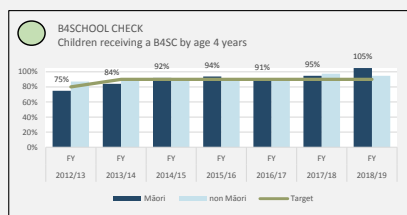
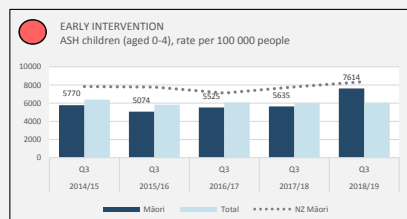
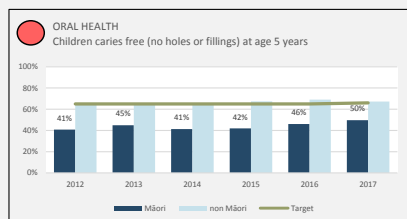
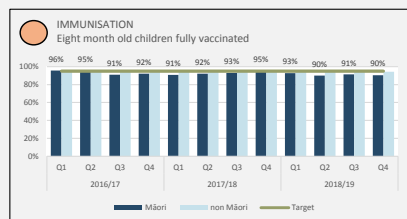
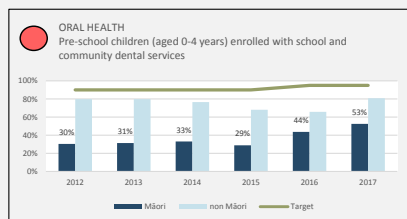
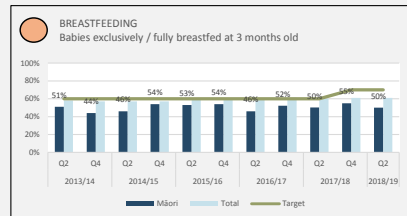
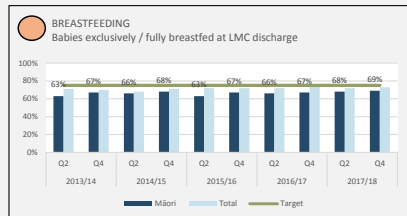
Report prepared by: Hector Matthews, Executive Director, Māori and Pacific Health

Canterbury DHB Māori Health Action Dashboard Report September 2019

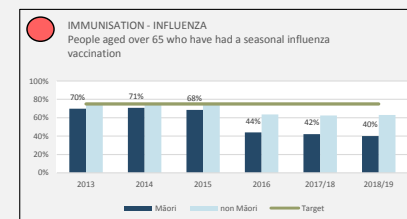
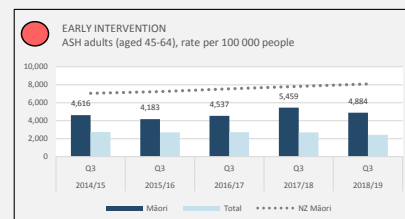
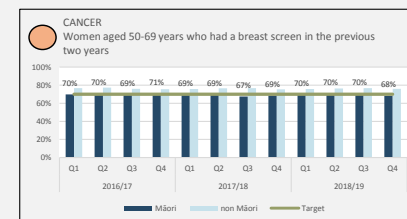
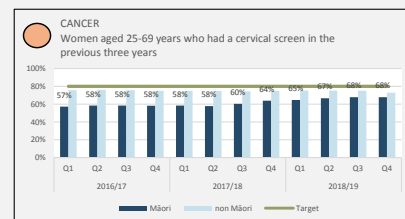
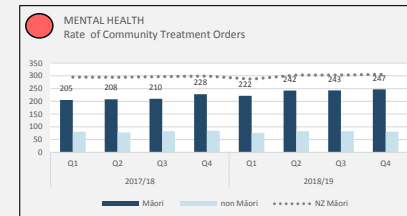
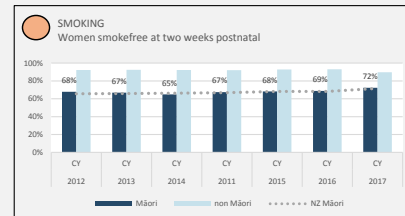
Kia whakakotahi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

■ The target is met for Māori
■ The target is not met or the difference between Māori and non Māori is between 5% and 10%
■ The difference between Māori and non Māori is greater than 10%

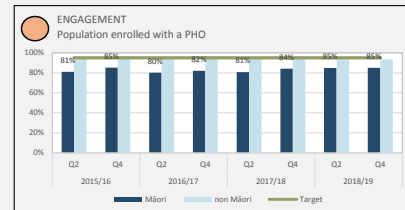
Tamariki Health and Wellbeing



Adult Health and Wellbeing



Enablers to support Improved Health and Wellbeing

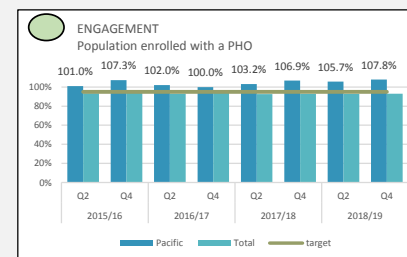
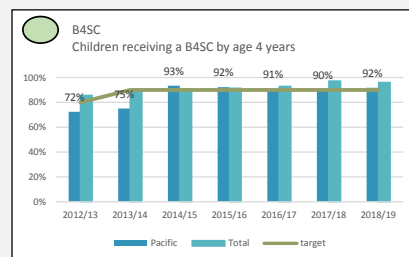
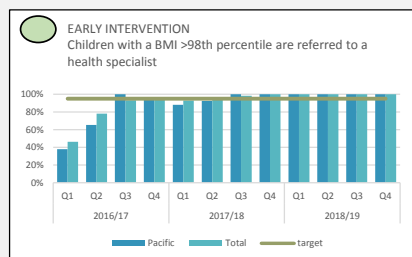
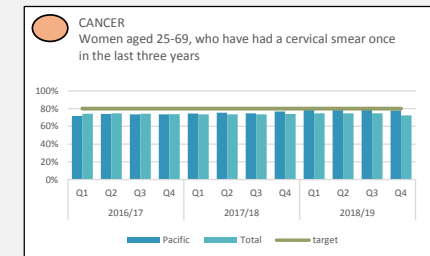
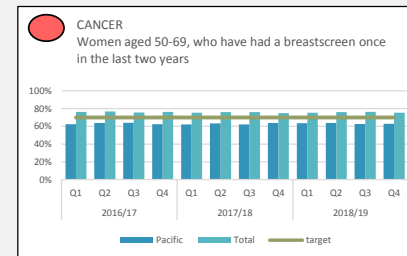
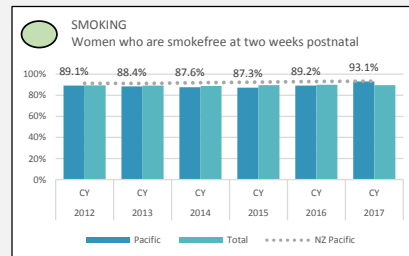
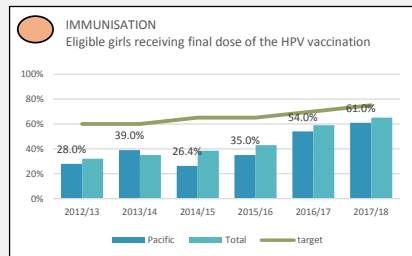
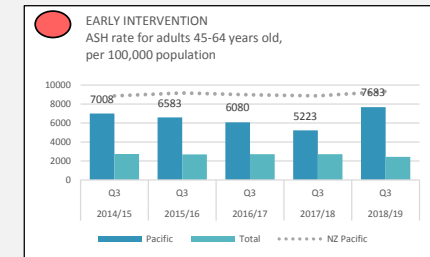
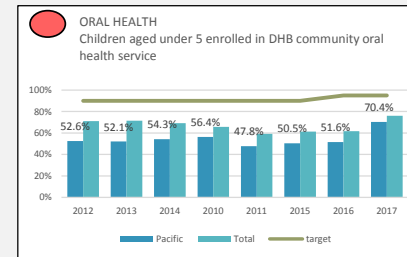
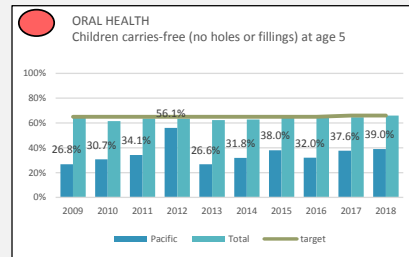
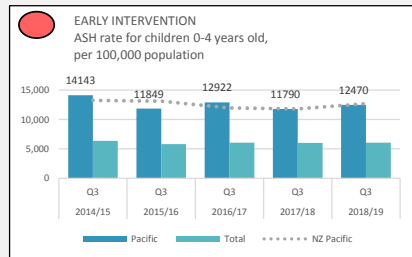
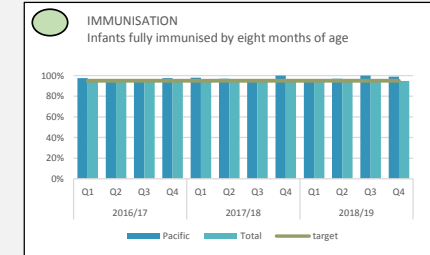
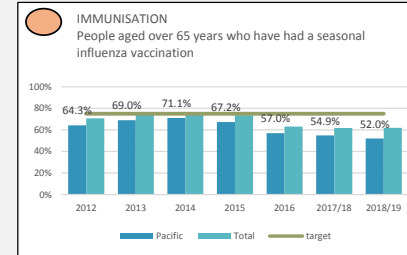
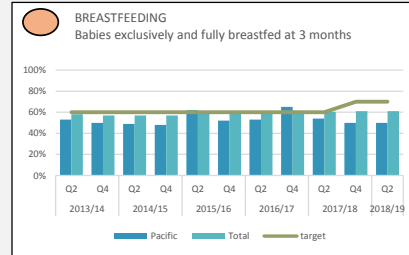
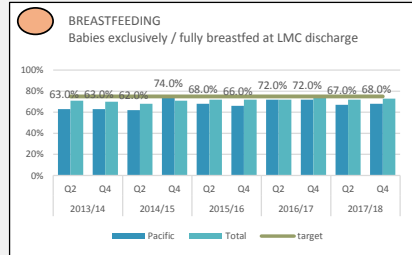


CPH&DSAC - 31 October 2019 - Maori & Pacific Health Progress Report

Indicator Full Name	Data Source	Data Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Data may be incomplete, excluding data where records have no status
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2020
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	
B4SCs are started before children are 4½ years	B4 School Check	
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2020
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	
Rate of SUDI per 100,00 live births	The Mortality Collection (MORT)	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	MAT data can take up to two years to show all events which may explain deviation between reports
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Data is provided 3 months in arrears for each reporting quarter
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)	
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This measure has changed from using PHO enrolled population data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar- Sep where previously this was Jan-Dec. Results are not directly comparable between 2017 and previous years.
Percentage of the population enrolled with a PHO	Canterbury DHB data Q2 onwards PHO Enrolment Collection	
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	

Pacific Health Dashboard September 2019

■ The target is met for Pacific
■ The target is not met and the difference between Pacific and Total is less than 10%
■ The difference between Pacific and Total is greater than 10%



CPH&DSAC - 31 October 2019 - Maori & Pacific Health Progress Report

Indicator Full Name	Data Source	Latest Reporting Period	Data Release Date	Data Notes	Additional Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Oct - Dec 2017	Nov 2018	Data may be incomplete, excluding data where records have no status	
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	Apr - Jun 2018	Jun 2018		
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	Oct - Dec 2018	Dec 2018		
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Mar 2018	Results are provided annually in line with the school year. The next release is expected in March 2020	Due a change in calculation method Pacific Oral health results are not available for the 2018 year. Results will be updated in a future release.
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Jan 2019		
B4SCs are started before children are 4½ years	B4 School Check	Jul 2017 - Jun 2018	Jul 2018		
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2017	Apr 2018	Results are provided annually in line with the school year. The next release is expected in March 2020	Due a change in calculation method, Pacific Oral health results are not available for the 2018 year. Results will be updated in a future release.
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	Apr - Jun 2018	Jul 2018		Finalised HPV rates for 2018/19 are not yet available from the Ministry of Health
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	Jan - Dec 2016	Apr 2018	MAT data can take up to two years to show all events which may explain deviation between reports	
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Jul 2017- Dec 2018	Dec 2018	Data is provided 3 months in arrears for each reporting quarter	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Oct - Dec 2018	Jan 2019		
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	Jul - Sep 2018	Nov 2018		
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)	Jun 2014 -Jun 2018	Oct 2018		
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	Mar - Sep 2018	Oct 2018	This measure has changed from using PHO enrolled population data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar- Sep where previously this was Jan-Dec. Results are not directly comparable between 2017 and previous years.	
Percentage of the population enrolled with a PHO	Canterbury DHB data Q2 onwards PHO Enrolment Collection	Apr - Jun 2018	Jul 2018		
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	Jul - Sep 2018	Oct 2018		

National Māori Health Indicators Māori Dashboard Report - October 2019

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairāwhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jul-Sep 2019	90%	74.0%	98.0%	85.0%	81.0%	92.0%	99.0%	91.0%	97.0%	81.0%	89.0%	103.0%	84.0%	86.0%	98.0%	86.0%	90.0%	96.0%	81.0%	86.0%	97.0%
ASH (0-4 yrs)	Mar 19	-	6489	8519	7614	7880	6398	8710	10379	10475	6617	5667	9167	4839	7611	7647	8863	12150	7955	6415	10732	9796
ASH (45-64 yrs)	Mar 19	-	7102	7899	4884	5873	9536	9833	7907	9219	8037	5215	9125	5172	5004	6528	9920	9508	6721	8124	5942	11587
Breastfeeding (3 mths)	Jan-Jun 2018	70%	50.0%	49.0%	54.0%	50.0%	46.0%	36.0%	40.0%	40.0%	43.0%	50.0%	55.0%	52.0%	44.0%	45.0%	53.0%	43.0%	41.0%	52.0%	52.0%	41.0%
Breast Screening (50-69 yrs)	Apr-Jun 2019	70%	58.3%	66.1%	68.2%	66.9%	65.2%	70.4%	69.2%	64.8%	66.0%	74.1%	73.5%	62.6%	68.7%	67.0%	60.8%	58.8%	66.4%	66.0%	70.0%	74.8%
Cervical Screening (25-69 yrs)	Jan-Mar 2019	80%	52.5%	73.5%	67.6%	62.7%	63.8%	75.9%	68.4%	76.0%	64.6%	73.3%	73.3%	63.5%	70.4%	73.7%	76.0%	69.7%	68.1%	61.2%	70.5%	72.3%
Immunisation (8 mths)	Apr-Jun 2019	95%	82.1%	75.3%	90.4%	87.0%	83.5%	87.9%	86.9%	79.0%	83.6%	83.0%	80.6%	100.0%	85.3%	83.9%	89.1%	82.8%	86.4%	84.6%	84.6%	77.3%
Immunisation (Influenza)	Mar-Sep 2018	75%	35.0%	51.0%	39.0%	44.0%	46.0%	53.0%	47.0%	31.0%	42.0%	49.0%	44.0%	37.0%	45.0%	51.0%	43.0%	49.0%	50.0%	37.0%	50.0%	70.0%
Mental Health	Year to Mar 2019	-	483	209	247	494	334	407	269	285	297	132	484	171	272	260	233	462	367	326	206	307
Oral Health	Jan-Dec 2018	95%	67.2%	95.5%	41.5%	68.0%	67.7%	78.0%	81.6%	89.4%	51.7%	70.4%	82.3%	34.5%	0.0%	101.1%	78.1%	85.0%	87.4%	71.4%	90.0%	121.9%
SUDI	2012-2016 combined	-	0.73	0.61	0.92	1.92	2.15	1.54	1.36	1.18	1.49	-	1.03	-	1.96	2.37	1.55	1.75	-	-	-	2.97

National Māori Health Indicators non-Māori Dashboard Report - October 2019

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairāwhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jul-Sep 2019	90%	82.0%	100.0%	93.0%	94.0%	92.0%	98.0%	100.0%	98.0%	97.0%	100.0%	97.0%	99.0%	95.0%	98.0%	97.0%	97.0%	101.0%	93.0%	95.0%	99.0%
ASH (0-4 yrs)	Mar 19	-	5223	5794	5427	5567	4637	5722	6882	6742	5177	3612	5858	3722	5447	5126	6860	8149	4330	4626	5986	5031
ASH (45-64 yrs)	Mar 19	-	2671	2942	2277	2649	2739	3491	3992	3383	3901	2412	3304	3251	2799	2818	4686	3298	3361	3421	3272	5108
Breastfeeding (3 mths)	Jan-Jun 2018	70%	65.0%	65.0%	62.0%	68.0%	53.0%	61.0%	60.0%	60.0%	58.0%	64.0%	73.0%	66.0%	61.0%	71.0%	59.0%	60.0%	66.0%	66.0%	63.0%	57.0%
Breast Screening (50-69 yrs)	Apr-Jun 2019	70%	64.6%	75.0%	75.9%	71.9%	72.7%	74.0%	75.2%	72.2%	78.2%	79.7%	70.4%	76.4%	75.3%	72.5%	75.3%	70.1%	78.3%	65.5%	77.3%	81.1%
Cervical Screening (25-69 yrs)	Jan-Mar 2019	80%	64.2%	83.6%	75.1%	78.0%	68.9%	76.6%	76.8%	78.3%	78.3%	81.7%	76.7%	77.3%	79.0%	79.8%	82.8%	78.2%	78.5%	71.4%	75.0%	77.4%
Immunisation (8 mths)	Apr-Jun 2019	95%	93.4%	83.7%	96.7%	95.2%	93.4%	92.6%	91.9%	91.4%	92.6%	91.4%	82.5%	96.2%	94.6%	83.3%	91.9%	91.0%	93.7%	91.5%	84.9%	94.0%
Immunisation (Influenza)	Mar-Sep 2018	75%	52.0%	61.0%	64.0%	58.0%	52.0%	60.0%	55.0%	41.0%	55.0%	62.0%	51.0%	61.0%	57.0%	54.0%	59.0%	59.0%	66.0%	49.0%	55.0%	69.0%
Mental Health	Year to Mar 2019	-	134	51	81	142	94	123	105	67	100	71	154	86	93	97	94	114	95	93	119	121
Oral Health	Jan-Dec 2018	95%	94.2%	105.8%	92.7%	98.3%	84.6%	114.9%	100.2%	112.0%	125.4%	99.4%	82.2%	78.0%	0.0%	111.8%	116.7%	97.2%	94.6%	101.8%	104.6%	129.7%
SUDI	2012-2016 combined	-	-	-	0.63	-	-	-	0.51	-	-	-	-	-	0.3	-	0.6	0.46	-	0.11	-	-

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

- Target field is blank where there is either no target for the indicator assigned by the Ministry of Health or where there are specific targets tailored to each DHB.
- Rheumatic fever is displayed as the Ministry of Health reports total population data and data for South Island DHBs is aggregated.

DISABILITY STEERING GROUP UPDATE

Canterbury
District Health Board
Te Poari Hauora o Waitaha

NOTES ONLY PAGE



What has been happening with the Accessibility Charter?

Allison Nichols-Dunsmuir – Health in All Policies Advisor

Jacqui Lunday Johnstone – Executive Director Allied Health



The Big Picture

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



Accessibility Charter (Charter)

- CDHB has carried on regardless
- EMT approved Terms of Reference for the Accessibility Charter Working Group (ACWG) (attached to July meeting papers)
- EMT approved Implementation Plan (July 2019)
- Meeting monthly aligned to the Disability Steering Group
- Goal is the Charter Summary Report for 2019 will be ready to submit to EMT early in 2020 by end of the calendar year



Accessibility Charter Working Group

Areas currently represented:

- Allied Health
- Site Redevelopment
- Operations
- Communications
- Maintenance and Engineering
- Clinical perspective (ID)
- C&PH
- Chair of DSG



Developing a Summary Report which will include:

- Findings on our use of independent accessibility technical advice, and how we gain advice from people with lived experience.
- How we currently collect and connect information on accessibility, and monitor progress
- How we consider accessibility in our project management policies, processes, templates, etc.
- Issues out of scope for ACWG in 2019, that could be considered for 2020



Summary Report

- How to increase our expertise in accessibility
- How to collect and connect information on accessibility, and monitor progress
- How to build accessibility into our project management, and support project mgt teams with useful information
- Future of ACWG (membership, timeframes, work programme)



Accessibility Charter Strategic Issues

Barriers to access are barriers to wellbeing

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

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

Think sustainability and accessibility together!



Accessibility Charter Strategic Challenges

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



Accessibility Charter governance

- CPHAC/DSAC – endorse the work being done
- Listen and provide advice
- Escalate any issues or concerns
- Educate key stakeholders
- Champion the ideas even wider than CDHB

DEVELOPING AN APPROACH FOR ACCESSIBLE INFORMATION

Canterbury
District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: Planning & Funding
(in collaboration with Communications and People & Capability)

DATE: 31 October 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This report is written to advise the Committee of the additional area of focus on accessible information which is to be progressed by a working group under the governance of the Disability Steering Group.

2. RECOMMENDATION

That the Committee:

- i. notes the plan to identify and implement the structure and processes to promote and provide accessible information and communication methods.

3. SUMMARY

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

While the Canterbury and West Coasts DHB's have demonstrated their commitment to delivering against this objective by undertaking an accessibility audit on the public facing website and rebuilding the website to comply with the audit recommendations, this is only one component of the intent and scope of this objective.

To identify what the approach needed to be, a group of interested Canterbury DHB staff met to explore the scope of this objective and what the next steps needed to be. Their proposed approach is laid out below, noting that this will be further developed into a Terms of Reference for a Working Group and a work plan that specifies the areas of focus for what is a broad area. Public Service Chief Executives have already signed up to an MSD developed Accessible Information Charter and it is anticipated that getting EMT and Board approval to sign up to the Charter will be one of the first objectives.

4. DISCUSSION

Establishing A Working Group

At a meeting on 10 October 2019, staff from Communications, People & Capability, and Planning & Funding identified that an Accessible Information working group would be the only practical way to set a work plan that would specify priorities to improve communication methods across the Canterbury and West Coast DHB's, noting that all those present have transalpine responsibilities.

It was identified that wider membership than those present would be essential, including but not limited to Information Services Group, a MAX developer, Community & Public Health, and Professional Leadership such as Nursing and Allied Health.

The working group will operate as a sub group of the Disability Steering Group and as such will have Jacqui Lunday Johnstone as Executive Sponsor. There will also be strong connection with the Diversity Inclusion and Belonging Steering Group for Maori and Pacific.

Areas Of Focus Within The Work Plan

- There are a plethora of resources available to inform this work, including an accessible information guide “Leading the way in accessible information”; NZ Government Web Standards; and Clear Communication on the use of plain language. The working group will identify best practice options from these resources to inform their work. There are links below to some of these resources:

<https://www.cdc.gov/ccindex/index.html?deliveryName=USCDC>

<https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/accessibility-guide/index.html>

- There are a range of tools available that could be made available to staff for them to use when developing documents. The working group will systematically review what is currently available and could be functional within DHB IT systems e.g. a free Accessibility Toolbar <https://www.visionaustralia.org/services/digital-access/document-accessibility-toolbar> can be installed to the standard CDHB MS Word Software so all CDHB staff have a better ability to create accessible documents and support the accessibility of health information.
- More complex is how to achieve all DHB websites that are compliant with accessible information guidelines. Currently, Canterbury DHB have over 50 websites categorised by size from very large system wide platforms like Health Pathways and Health Info to small sites developed for a specific purpose and have sat idle for some time. A stocktake on the number of websites has already occurred and this needs to be revised, and from there it would be practical to identify and prioritise websites that need to be reviewed against the accessible information guidelines and recommendations made for a systematic approach for the most frequently used websites.
- Other areas to consider are:
 - how accessibility is impacted when the recipient is using a mobile device;
 - the need to be inclusive of Te Reo versions when developing documents;
 - developing standards around what material is available in different languages; and
 - when and how to get expert advice and technical expertise - as well as those with lived experience of communication challenges.

5. CONCLUSION

This is the first paper to introduce the process for achieving being a leader in providing accessible information for the diverse Canterbury population. Progress will be communicated to the Committee at key points of the process e.g., the endorsement of the Accessible Information Terms of Reference and work plan; at times of key milestones and/or at least annual updates on achieving the actions identified in the work plan.

Report prepared by: Kathy O'Neill, Team Leader Planning & Funding

Report approved for release by: Jacqui Lunday Johnstone, Executive Director for Allied Health, Scientific & Technical.

CDHB WORKFORCE UPDATE

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

SOURCE: People and Capability

DATE: 31 October 2019

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

In 2017 we launched our *People Strategy 2017-2022*, which reflects our commitment to putting people at the heart of all we do. This report provides an update on the People Strategy and the Disability Action Plan priorities for People and Capability for 2016/2018.

2. RECOMMENDATION

That the Committee:

- i. notes the Canterbury Workforce Update.

3. DISCUSSION

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

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

Diversity, Inclusion and Belonging

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

Recent Progress

- A Diversity and Inclusion Policy that addresses workforce inequity and our commitment to Diversity and Inclusion has received unanimous support from EMT. We have engaged across the organisation on this policy with many expressions of interest to contribute to shaping our Diversity and Inclusion Strategy. Workshops will be held in November with a target to release the strategy by the end of December.
- We hosted an employment forum on 3 July to develop a set of strategic recommendations on how we can increase the number of people with disabilities we employ.
- We held two meetings with Ministry of Social Development representatives to discuss partnering to employ more people with disabilities (as a result of the employment forum). These are being assessed.

- We began an audit of our recruitment and placement processes as they related to our equity groups (i.e. Māori, Pasifika and people that live with disabilities), and has resulted in the removal of the “Fit for Work” component requirement in the application form, and advertisements all include our commitment to being an equal opportunity employer. Both actions are to encourage people with disabilities to consider us as an employer of choice and to make it easier to express that interest through application for positions.

Future Direction

- Develop a Diversity Inclusion and Belonging Strategy that is co-designed with people who face inequity in the workplace.
- Improve our capture of diversity data so we can measure current state and progress towards some of our KPIs (e.g. improved representation of Māori and people with disabilities in the workforce). This will begin with an update through Max. enabling APCs to be uploaded, and at the same time staff will be asked to update their disability status.
- In regard to recruitment, identifying mechanisms to advance disabled people to interview who meet the minimum criteria for a role.

Project SEARCH Programme

The Project SEARCH programme is continuing at Burwood with the eight interns into their third rotation. Two of the interns have already secured employment, but will complete the programme before taking up their roles in December.

Our second meeting of the Business Advisory Forum was well attended with the focus being on getting jobs for all of our interns. Christchurch City Council now has a representative on the forum. Our advisory partners took away information about each intern so that they can review opportunities within their own businesses and networks that could be suitable. CCS and Workbridge provided information about the ongoing support that is provided through their organisations as the interns transition into paid employment. They will also provide information about the skills, attitudes and aptitudes they look for in candidates for entry level roles in their organisations and advise what these are so that our internship options can be designed to produce competitive candidates. We are also continuing to look at our entry level needs, and the opportunities, that as an employer, we have for entry level employment.

Next year’s intake of nine interns is confirmed, and we are beginning the process of bringing them into our Burwood workforce. They will start their internships at the beginning of February 2020.

Disability Support Services Goals

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

- Q1 Diversity Training Group established (across West Coast and Canterbury);
- Q2 Diversity Education Framework approved, and Development of training modules complete;
- Q3 Disability training modules launched on Health Learn; and

- Q4 report on uptake of training modules.

As has been previously reported our ability to meet these goals has been impacted by various events. In the week beginning 21 October through Health Learn, we are releasing the awareness module called *Why Diversity Matters* which is the beginning of the tranche of work to meet the training delivery goals set out above.

The design of the Diversity Training Group across West Coast and Canterbury continues to be a work in progress.

Report prepared by: Maureen Love, Strategic HR Business Partner

Report approved for release by: Michael Frampton, Chief People Officer

CHILD DEVELOPMENT FUNDING UPDATE**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

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

SOURCE: Executive Director, Allied Health, Scientific & Technical

DATE: 31 October 2019

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

In response to the 2014 Child Development Services (CDS) Stocktake, the Ministry of Health developed a CDS future operating model. The ambition is that children and young people accessing CDS experience simple and effective services that are well connected to other agencies and supports. The Ministry has approved additional funding for CDS which they wish to align with the CDS future operating model.

2. RECOMMENDATION

That the Committee

- i. notes the Child Development Funding Update report.

3. SUMMARY

In Budget 19, the Government allocated an additional \$35m (\$8.75m per annum) over four years to CDS to improve the health and social outcomes of children who are not meeting their developmental milestones and have additional support needs.

4. DISCUSSION

The allocated funding is to increase access and to modernise CDS, ensuring the appropriate mix of allied health staff are available to meet service demand. Currently, these Allied Health delivered services are running with an up to two year wait list.

The focus of the new funding is on an equitable distribution to the population of disabled children aged 15 years and under to support regional budget allocation. The funding available for the South Island has been identified as \$2,658,000.

An additional innovation/discretionary pool of \$1,050,000 for all of New Zealand has been put aside to deliver training and development for allied health professionals, and support innovation and ideas about new ways services in each region will work together.

The Ministry is also keen to encourage alignment with the social model of disability, parent/child informed and empowered, including family networks and family run programmes so that more children, including those with mild to moderate needs, have early access to therapies that supports their long term independence. There is an exciting opportunity with this integrated and allied approach across the South Island, which is aligned with the Enabling Good Lives principles, in utilising the new funding.

5. **CONCLUSION**

The Executive Director, Allied Health, Scientific and Technical for CDHB chaired the South Island CDS short life working group, working in partnership with leads from each of the South Island DHBs and NGOs to agree upon and submit an Implementation Plan for the Southern region, setting out how the additional funding will be used. The plan provides detail of the requested funding for the additional 34 FTE in the Southern region, along with a regional and national project that each region agrees to undertake. The implementation plan also includes the Southern region's view on a preferred national governance structure that enables regions to share information, particularly about regional innovations which may have national application.

We received approval for all 34 of the additional FTE requested on 12 October, with 14.6 FTE for the CDHB and WCDHB. We have also been given an opportunity to provide further detailed information regarding our innovation projects in order for them to be prioritised for additional funding.

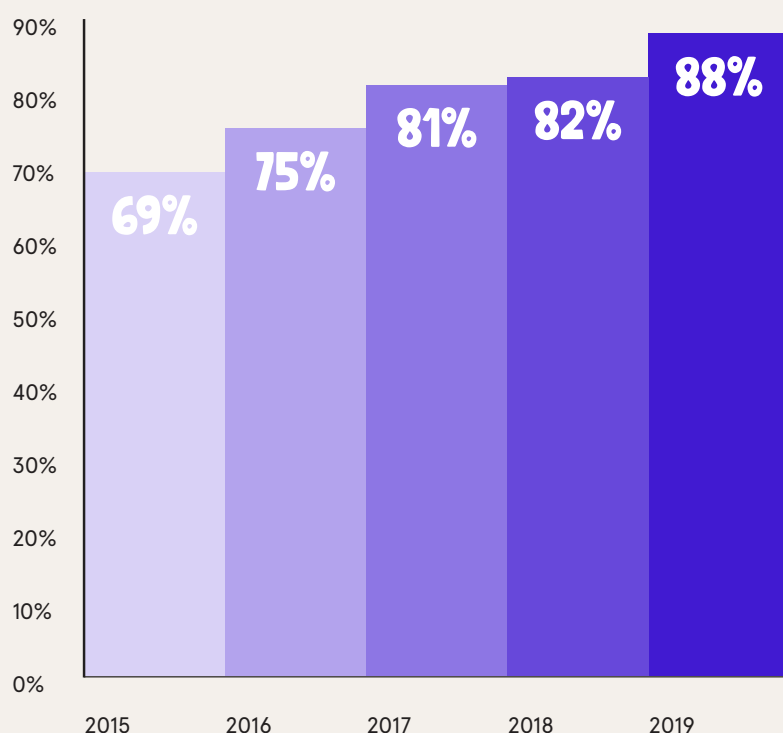
Report approved for release by: Jacqui Lunday Johnstone, Executive Director, Allied Health, Scientific & Technical

ALL RIGHT?

ALLRIGHT
.ORG.NZ

EVALUATION SUMMARY, 2019

Awareness of All Right? continues to rise



All Right? is increasing
wellbeing literacy

77%

say the messages
make them
more aware of
looking after their
wellbeing

All Right? is encouraging
people to take action

47%

have done things
as a result of what
they have seen or
heard

"For a social marketing campaign, prompting 25% of people to change their behaviour using a mass media approach is amazing. To achieve nearly 50% is phenomenal." Dr Ekant Veer, Associate Professor, University of Canterbury

The more messages people see, the greater the impact

Of those who've seen
10+ messages

86%

say the messages
make them think
about how they
are feeling

62%

have taken action
as a result

Of those who've seen
1 – 5 messages

62%

say the messages
make them think
about how they
are feeling

31%

have taken action
as a result

ALL RIGHT?

ALLRIGHT
.ORG.NZ

EVALUATION SUMMARY, 2019

All Right? is highly valued

90%

believe All Right?
is valuable for
the Christchurch
community

80%

believe it would
be valuable for all
New Zealanders

87%

see value in
continuing All
Right?

90%

see value in
adapting the
campaign for
during events

All Right? is effective no
matter how you're doing

68%

of those with
lower WHO5
wellbeing scores
believe All Right?
is effective

71%

of those with
higher WHO5
wellbeing scores
believe All Right?
is effective

All Right? helped people
respond to the impact of the
mosque shooting

64%

were aware of post
mosque shooting
campaign, He
Waka Eke Noa

**IT'S
ALL RIGHT
TO TALK
IT OUT.**



ALLRIGHT.ORG.NZ

all
right?

This evaluation was carried out by Opinions
Market Research in June 2019. N = 478
Greater Christchurch residents, aged 15 years
and over. For a full summary of the findings,
visit: allright.org.nz/about



Canterbury Clinical Network Work Programme 2018-19



Quarter 4 Report (April – June 2019)

Contents

Canterbury Clinical Network Work Programme 2018-19	1
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Summary Highlights & Comments	6

Examples of what this activity means for our people, their whānau and community, and the contribution of this activity to Canterbury's health system outcomes in Q4 2018-19

FOCUS ON: HEALTHY LIFESTYLES



1,493 people were referred to Green Prescription to help them live a healthier lifestyle through increasing their level of physical activity.

2018-19 TARGET of 4,000 was exceeded with 4,818 people referred to Green Prescription



Over 120 people attending community Respiratory Exercise Groups each week to support their health and wellbeing and the management of their respiratory condition in Q4

17 classes at 10 locations are delivered weekly, including classes in Ashburton and Amberley.



100% of children in the 98th percentile of obesity were **referred to a family-based nutrition, activity and lifestyle programme** to help their whole family live a healthier lifestyle in Q4

2018-19 TARGET 95%

Our Activity Objectives

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

Our Activity Objectives

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

HOW THIS CONNECTS WITH OUR WIDER HEALTH SYSTEM MEASURES:

Our Health System Outcomes

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

Our System Level Measures

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



37 Primary Care Professionals completed training in Motivational Conversations to support them encouraging their patients to make a change for better health in Q4

Total for 2018-29 = 235 health professionals, including 89 GPs, 78 Nurses, 33 Pharmacists / pharmacy staff, 35 other primary care workers.

Our Activity Objectives

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

Our Health System Outcome

- Improved environment supports health and wellbeing.

Our System Level Measures

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

FOCUS ON OUR OLDER POPULATION



511 of older people 75+ who are community dwelling with a fractured NOF were **referred to the 'in home' Falls Prevention Programme** in Q4

2018-19 TARGET of 1,200 exceeded with 1,785 referrals for in-home strength and balance training.

Our Activity Objectives

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

Our Health System Outcomes

- Decreased Acute Care Rate.
- Decreased Adverse Events.

Our System Level Measures

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



937 unique people at risk of falling attended accredited Strength and Balance class to reduce their risk of falling and injuring themselves, and help them stay in their own home in Q4. This brings the 2018-19 total to 4,417.



3,216 people have Acute Plans helping health professionals and patients **work together and be proactive** in the care of people with complex health conditions at the end of Q4.

In Q4: 163 Acute Plans were created and 323 amended (in the Canterbury and West Coast area).

Our Activity Objectives

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

Our Health System Outcome

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



Primary Care Groups

In Q4 over 40 general practices were Involved with the IFHS/ Heath Care Home initiative. This included 27 that had expressed interest, 1 revisited, 6 engaged in progressing the initiative, 4 completed self assessment and 2 certified.

Our Activity Objectives

Position Integrated Family Health Service (IFHS) / Health Care Home initiatives as enablers of change in the Canterbury Health System.

Our Health System Outcome

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



24 HUHC registrations in April – June (reduced from 123 HUHC registrations 12 months ago) has provided general practice with increased flexible funding for the care of their patients with complex needs since the implementation of Enhanced Capitation.

By 1 July 2019 this has resulted in an accumulative additional Care Plus funding of \$2.961 M being available to help care for people with complex needs since the initiative was established.

Our Activity Objectives

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

Our Health System Outcome

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

Summary Highlights & Comments

Ashburton Service Level Alliances

Ashburton Hospital Acute Assessment Unit (AAU) has experienced higher than projected attendance numbers from January 2017. The Ashburton SLA are progressing a number of initiatives to understand the contributors to this increase and progress a system wide response to managing this demand. In Q4 this included:

- Promoting the 'Call your GP 24/7' process via the media to alleviate confusion within the community on how to access afterhours care;
- The completion of General Practice/Ashburton Hospital visits with further discussion to be held on what opportunities exist to improve patient access and health care; and
- Progressing the Frail Elderly Pathway by documenting the issues/priority areas and seeking feedback from across the health sector on the proposed actions. While a number of priority actions in the 2018-19 work plan are incomplete, it is worth noting that there has been significant progress made on some actions over the last six months and there is increased clarity on how to address the enrolment issues for our vulnerable communities in the 2019/20 work plan.

Child & Youth Workstream

- At the year end the Sudden Unexplained Death Infants programme had been successfully established. A coordinator for the programme is operating from Te Puawaitanga with safe sleep devices and the accompanying education is available across the system.
- The First Thousand Days initiative is in progress and will continue during 2019 -20.
- The Maternal Health Strategy is also progressing according to plan and will see further progress during 2019-20.
- A targeted effort towards addressing health inequity for Maori, Pasifika and low income children and families is required in the coming year if we are to see any real progress on this issue.

Community Services Service Level Alliance

Ongoing work and steady achievements in the implementation of a Restorative model of care for Community Services.

This includes both targeted work (a number of specific projects to enable restorative support to be delivered including in our rural areas), and general work (including the steady and ongoing adoption of restorative principles at the provider level). A number of sub-groups have met with the objective of examining certain aspects of care, for example, the delivery of shopping as an option, and the support of social integration, and ensuring that the model is restorative. This allows the increasingly complex population receiving Community Services (in the range of 6,500 clients per month) to be sustainably supported.

Our Ethics framework has been drafted and is currently being finalised, having been endorsed by the SLA and other operational groups. This provides a framework based on international best practice, and a decision-making tool to be used in the context of clinical review meetings. This will be presented to ALT early in the New Year.

We are contributing to education outreaches across the system around Restorative Support, and strategising the best ways to deliver this message to the general public. The emphasis of this communication is on the benefits of a restorative model in terms of helping people regain or maintain the ability to live their lives in the way they wish.

Falls & Fractures Service Level Alliance

Gill Mendonca was appointed to bring a second consumer and an older person's health perspective, and Hanka Sikma appointed to bring a St John perspective. While an efficient St John referral pathway to the Falls Prevention programme is in place Hanka's appointment enables an opportunity to strengthen the patient referral pathway, especially at the point of visiting a patient in their home.

A secondary care pilot was established to capture patients who are at high risk of falling again and who would not have been referred to Falls Prevention in the current system. The pilot establishes an automatic referral to the Falls Programme for those aged 75 years and over who live in the community and have been admitted to hospital with a fractured humerus or Neck of Femur. The referral numbers will be reviewed in Q1 as an early indicator of the impact of this pilot. Referrals to the in-home Falls Prevention Programme are increasing through the continued raising of awareness and resultant referrals being made through targeted contact points and referral pathways across the system. A total of 597 referrals have been received in Q4, bringing the total for the year to 2,127; an increase of 27% on last year.

Sport Canterbury accredited three new classes in locations with limited Strength and Balance class availability - Lyttelton, Ashburton and Rangiora. Ongoing class quality was reviewed and learnings have resulted in the appointment of volunteers to large classes and the running of two instructor workshops. Providers report an increase in participation due to the Live Stronger for Longer promotion; with super reach attendees (the number of attendees who have completed 10 weeks or more) up from 22% to 24.8% for Q4. The new Sport Canterbury appointment of 0.5FTE will continue class promotion with the aim of recruiting new participants to classes.

Health of Older Persons Workstream

Addressing the impending growth of people with diagnoses of Dementia, including implementation of Dementia is Everybody's Business (a South Island model of best practice in Dementia treatment and prevention), has been a focus this year. We have completed a comprehensive mapping of Dementia Services, soon to be published as an information document for people with dementia, their carers, and the wider public. Work continues with education, both at PHO level and for the wider public, of the benefits of an early diagnosis, and early appropriate access to services, that can enable people to live well with Dementia. We have also begun work on a business case investigating the possibility of Specialist Dementia Nurses who would be able to assist General Practices with diagnosis and dementia support.

We have improved our reporting to include Māori from the age of 55 in all measures: we are taking advice on whether from age 50 may be more appropriate in the future.

We have continued our work investigating rules around support for Carers, with the intention of rolling out some rule changes in the new year. We hope this will alleviate carer stress, and prevent carer-stress-related premature entry into Aged Residential Care by making supports easier to access, promoting flexibility in the delivery of respite care, and improving systems to allocate these supports in a timely way.

Immunisation Service Level Alliance

This quarter the DHB did not achieve the immunisation health or performance targets. There has been an increase in the percentage of opt off and declines for immunisation, which is impacting immunisation coverage. Due to these reasons the SLA decided in February to focus on supporting general practice with declines. This has delayed the focus on Pregnancy vaccinations. The work supporting general practice has included working with the Immunisation Coordinator to identify practices with a high percentage of declines and developing an education / support programme for these practices that focuses on difficult conversations and role playing.

Integrated Diabetes Service Development Group (IDSDG)

Progress has also been made on diabetes service review priorities with the agreement of the next steps by IDSDG and an initial meeting of the community-based patient education subgroup held. While this new approach to community education is being developed Sport Canterbury are support people referred to an Introduction to Type II Diabetes in their Be Active programmes in 2019.

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

A Māori Registered Nurse has recently been recruited into the the Diabetes Māori CNS position. This provides a Māori nursing team of two FTE to better serve this high needs population.

Integrated Respiratory Service Development Group

Better Breathing Pulmonary Rehabilitation programmes continue to be well attended with over 685 referrals to programmes running from Kaikoura to Ashburton. This year saw the first 'approved provider' pulmonary rehabilitation programmes delivered in Kaikoura and Rangiora. Development of the approved provider programme, enables more people to attend a Better Breathing programmes within their community.

The Better Breathing Consumer Working Group continues to provide insight into patient needs for health service design and patient communications as they attend the Better Breathing Pulmonary Rehabilitation Working Group and the Integrated Respiratory Service Development Group.

The #WellConnectedNZ research project has begun rolling out with presentations to clinical teams about how to use the online tool. The interactive community map can be viewed by any web-enabled device. The user can search for any interest across the city to find a group, venue or class to join. Searches can be self-directed or aided by a health worker with the result that people find out what is going on in their area and have more opportunities to connect with like-minded people and reduce social isolation..

Laboratory Service Level Alliance

The Laboratory SLA met for the first time this year in March; on the ALTs advice the SLA meeting frequency has been reduced to quarterly. The group are yet to finalise their future priorities. In the interim no meetings of the SLA have occurred or progress made.

Mental Health Workstream

Highlights in Q4 include:

- The dashboard to identify gaps and areas of pressure that includes primary, community and secondary care activity for Māori, Pasifika and non- was operational 6th May.
- Mana Ake – ‘Stronger for Tomorrow’ is delivering across 19 school clusters through 80 FTE kaimahi (workers). The Leading Lights website is available across all schools in Canterbury and is being well utilised.
- The Canterbury Suicide Prevention Coordination Committee (CSPCC) mapping of services across Canterbury is completed and the DHB Suicide Prevention Action Plan has been updated.
- The alternative for acute admissions (Te O Marama) is now operational.

Oral Health Service Development Group (OHSDG)

In Q4 the Oral Health Services Development Group completed the focus groups with youth and progressed the survey of Combined Dental Agreement holders. Consistent themes emerging from this work were the need for improved education, communication and engagement.

The group also identified that that they had not adequately captured the views of parents in this piece of work. As a result in Q1 focus groups will be held with parents of youth to better understand their decision making process and identify ways to assist parents to influence youth accessing dental services. All this information will lead into the 2019/20 work plan and the consideration of revised models of service delivery.

Pharmacy Service Level Alliance

CCPG is undertaking two initiatives in an effort to increase the number of people whose medication is reviewed through a Medications Therapy Assessment:

- From the first of July the GPs' for consumers referred to the falls prevention champions, that take 10 or more medicines, will be invited to consider making a MTA referral.
- A pharmacist will be recruited to lead a review of the business rules associated with the MTA with a view to remove any barriers.

In addition the following three pieces of work being led by the Pharmacy SLA are improving services for patients and clinicians. These projects all focus on improving pathways that will subsequently save patient and clinician time.

- The opioid substitution project has had preliminary meetings and now has allocated projected facilitation resource. The start date of this pilot will be confirmed mid-late July
- The work group has been tasked with developing a communicating protocol/pathway for the medication management of people admitted to and discharged from hospital.
- CCPG expects the collaborative work with the Community Falls Prevention program to start delivering extra MTA referrals from the beginning of July; this work will be continued under 2019/20 work plan.

Population Health and Access Service Level Alliance

The SLA have met twice in the last quarter (May and July) with the a focus on the following:

- People with very poor access to services – 'Equity in access to Primary Health Care' a project being undertaken by Dr Eline Thomson
- Health in all Policies – Update
- Canterbury Clinical Network – Strategic Planning feedback
- Canterbury's approach to individual/whānau health promotion

Updates from the two working groups follow:

Alcohol Harm – Working Group Update

The working group met twice in the last quarter. The first meeting was to launch of the Alcohol Strategy; this day was well attended and used to promote the key themes of the Alcohol Strategy to our system partners. At the second meeting the group discussed potentially expanding the membership to include other areas of health provision and engaging other Service Level Alliances with links to Alcohol Harm.

Interpreter Services Work Group update

The full work group met for the first time together in June and discussed:

- Coordination of service provision across Canterbury Health Providers
- What potential policies and models of Interpreter Services could be encouraged in Canterbury
- Joint approaches to training and utilisation of existing Interpreters
- Patient feedback mechanisms for existing services

The group will meet again in Q1 to refine their principles and look towards potential service options.

Primary Care & Capability Service Level Alliance

The Primary Care Capability SLA (PCC SLA) has continued to provide strategic leadership to a number of enablers across the system. In Q4 this has included increasing member's knowledge of the Primary Care Patient Experience Survey and progress with embedding this across general practice. In addition, from the initial list of six areas of where the PCC SLA focus their efforts, two areas have been identified for further exploration. Subgroups of the SLA are completing further exploration of consumers and the community to be active partners in their health care, and the wellbeing of the primary care workforce. The PCC SLA also reviewed the proposed Enhanced Capitation funding for 2019-20 and sought clarification on some details for their meeting in August.

Rural Health Workstream (RHWS)

While the Hurunui and Oxford communities Model of Care implementation continues to progress, some areas are reliant on wider system changes, for example; the increased use of telehealth and rural workforce opportunities. In Akaroa, Model of Care June saw the handover of the new building and staff contracts being managed by Akaroa Health Limited.

The development of Hurunui and Oxford community-specific Rural Restorative Care delivery models have progressed. The revised service model will provide a person-centred, range of supports for people transferring to a rural setting from an urban hospital or recovering from a period of illness.

Maintaining sight and advocacy of national activity on workforce sustainability remains a RHWS priority. In April, members of the RHWS attended the National Rural Health Conference. Hon Dr David Clark noted 'sustainability of the rural health workforce is intricately connected to increased wellness and improved health outcomes for our rural population'. Keynote speakers Professor Paul Worley (Australian Rural Health Commissioner), and Dr Michelle Boltz (Chief of Village Services for the North West Arctic Alaska) shared inspiring models of rural health delivery for the RHWS to consider in the New Zealand context.

Work is progressing alongside Canterbury Initiative and ISG on clearly identifying patients who reside in a rural location, for the purpose of improved transfer of care considerations, including restorative care.

System Outcome Steering Group

Q4 has been a busy quarter with the completion of the second draft of the Canterbury 2019/20 System Level Measures Improvement Plan. This was approved by the Ministry of Health on 1st July 2019. After the review of the first draft of the plan it was further strengthened by clarifying activity within the Actions to Improve Performance.

The Ministry of Health are experiencing delays making Q3 and Q4 SLM data available for 0-4 year old ASH Rate and Acute Hospital Bed Days. This is due to issues with their analytical resource and confidence in data quality. There have also been some late returns on the data from DHBs which has required the analytical team to re-run the measures. They are working to make this data available as soon as possible. Due to this delay it cannot be determined if we are on track to achieve the milestone for the 0-4 year old ASH Rate, however meeting the milestone for Acute Hospital Bed Days is likely to be achieved if we continue to track as we were by the end of December 2018.

The dataset used for Babies in Smokefree Homes has been changed so comparing change throughout the year and whether we achieved the milestone is not possible. Amenable Mortality and Youth Access to Health Services milestones have been achieved.

Urgent Care Service Level Alliance

A combined winter planning meeting occurred in April with attendees providing updates around winter planning in their services. Some key themes were; that we need to align our communications around winter messaging, begin winter planning early, and continue to keep abreast of the different pieces of work occurring across the system. Currently system capacity is severely constrained which reflects the early influenza peak. There is a plan in place for coping with the winter peak within secondary care as well as a newly created a winter check initiative for primary care. This combined meeting has enabled some visibility of what is occurring system wide with regards to winter planning, and discussion between services to ensure that winter messaging is consistent.

Two work groups have been established this quarter to look at cohorts of patients that have been highlighted in the data that the Urgent Care SLA have looked at. These groups are:

- Patients who have returned to hospital following a recent inpatient admission (roughly shown to be 20-30 patients per day). This piece of work has been led by the Canterbury Initiative, with the aim of getting patients to where they need to without undue delay and avoid the patient waiting in multiple queues. The proposed process will include HML providing guidance to patients and liaising with the hospital specialist teams where appropriate.
- Younger people aged 18-25, the data examined shows that a number of these patients presented with a mental health related issue and of this group, 13% are not registered with a PHO. A work group was established to look at what may assist with the identified issues; including looking at finding way to support patients to enroll with a PHO, triaging and processes within ED for these patients> Making improvements /changes in this area will enable patients to receive the support they are require in a more timely manner.

Canterbury District Health Board Te Poari Hauora o Waitaha		Minutes – Friday 20 September 2019 Canterbury DHB Disability Steering Group (DSG)	
Attendees: Gordon Boxall, Kathryn Jones, Allison Nichols-Dunsmuir, Kathy O’Neill, Tyler Brummer, Jacqui Lunday Johnstone, Sekisipia Tangi, George Schwass, Mick O’Donnell, Thomas Callanan, Simon Templeton, Dave Nicholl, Kay Boone, Susan Wood, Lara Williams (Administrator)			
Guests: Elyse Gagnon, Diversity Manager, P&C			
Apologies: Catherine Swan, Jane Hughes, Maureen Love, Hans Wouters, Waikura McGregor, Paul Barclay			
	Agenda Item	Summary of Discussion	Action/Who
1	Karakia Timatanga	Gordon welcomed the group and Seki provided a karakia.	
2	Apologies above Conflicts of interest for today’s agenda items	Welcome to Elyse Gagnon who is attending today’s meeting, invited by Tyler in P&C. Conflicts of interest - none.	
3	Action points from August minutes	August minutes passed as correct with these updates. Rollout of voice software – Mick has spoken to Matt Elliot about rollout, promotion and training for staff. Information accessibility software – Kathy attending 9 th October meeting Diversity and inclusion report – Tyler asked group if Amelia Winter from P&C can be invited Kathy has sent Kate Gibbs research to Tyler. Ngaere Dawson, Kathy and Joshua met. CDS funding updated from Wayne Turp – Jacqui updated that this funding is an exciting opportunity for Living Good Lives, for tamariki with lived experience. AWG update – Disability Information sources and processes will be on a future DGS agenda, still to do.	Action Point: Mick to report back at October meeting Action Point: Tyler to invite Amelia Winter to meeting Action Point: Disability Information sources and processes to be added to future DSG agenda.

	Agenda Item	Summary of Discussion	Action/Who
4	WORKSHOP	<p>WORKSHOP – Developing the refreshed Priority Actions</p> <p>Step 1: DSG attendees to Break into 3 groups</p> <p>Step 2: Each Group will take one of the key themes identified from the recent forums and the on-going priority areas.</p> <p>Step 3: Each Group will be given a different theme and are:</p> <ul style="list-style-type: none"> - asked to explore the key issues that need addressing from their perspective - what actions short term, longer term can be taken to make a difference. <p>Step 4: Feedback to the wider group</p> <p>Step 5: These steps will be times to take 45 -50 minutes so there will be 2 rotations.</p> <p>This process will be used to identify the 2020 -2023 Priority Actions.</p>	<p>Action Point:</p> <p>Collated group notes to be given to Kathy</p>
5	Review of TOR for DSG.	Membership – if there are any other groups that need representation please contact Kathy for adding. Discussed need for Family & Youth and mental health perspectives.	<p>Action point:</p> <p>Kathy will be meeting with Consumer Council and Child Health Advisory Committee</p>
6	General Business	<p>Suggestion to focus on the readability of the new Disability Action Plan</p> <p>Suggestion to strengthen the involvement of the Quality team with DSG</p>	<p>Action point: Lara to check Susan's diary each month and liaise with Zoe on VC/tc.</p>
7	Anything that's different in a disabled person's life since we last met.		
8	Next Meeting	<p>Next meeting Friday 25th October 2019</p> <p>11am-1pm</p> <p>32 Oxford Terrace</p>	

WORKPLAN FOR CPH&DSAC 2019 (WORKING DOCUMENT)

	7 March 2019	9 May 2019	4 July 2019	29 August 2019	31 October 2019
Standing Items	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes
Standard Monitoring Reports	Planning and Funding Update Report Community and Public Health Update Report Maori and Pacific Health Progress Report	Planning and Funding Update Report Community and Public Health Update Report	Community and Public Health Update Report	Planning and Funding Update Report Community and Public Health Update Report	Community and Public Health Update Report Maori and Pacific Health Progress Report
Planned Items	Draft CDHB Public Health Plan 2019-20 Influenza – Pharmac Approvals Te Ha – Waitaha Stop Smoking Programme Update Step Up Programme Update CDHB Workforce Update	AllRight? – Presentation Public Health Clinical Network (PHCN) – Presentation South Island Public Health Partnership (SIPHP) - Presentation Ko Awatea Transgender Health Working Group - Presentation Canterbury Accessibility Charter – Accessibility Working Group Update Equally Well Programme Update	Maori Health Strategy Proposal Work in Schools – Presentation Healthscape - Presentation Transgender Health / Gender Affirming Healthcare Disability Steering Group Update Transalpine Strategic Disability Action Plan – Priority Actions - Refresh CDHB Workforce Update Project Search	Environmentally Sustainable Health Care: Position Statement Communicable Diseases - Presentation InterRAI Assessment & Wait Times Workforce Diversity, Inclusion & Belonging Community & Public Health Update – Disability Sector Step Up Programme Update	Vaping Update Canterbury Maternity Strategy 2020 Influenza Vaccine Campaign Approach for Accessible Information CDHB Workforce Update Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group Update Child Development Funding Update
Governance and Secretariat Issues	Draft 2019 Workplan				
Information only items	Disability Steering Group Minutes CCN Q2 2018/19 CPH 6 Month Report to MoH	CPH&DSAC Terms of Reference – Amended Process for the Review of CDHB Background Papers & Position Statements Food Resilience Network Rural Health Promotion Disability Steering Group Minutes 2019 Workplan	CCN Q3 2018/19 Disability Steering Group Minutes 2019 Workplan	CDHB Public Health Report: Jan-Jun 19 Board Minutes Excerpt – 18 Jul 19 – Maori Health Strategy Proposal Extracts from Chief Executive's Report to Board -18 Jul 19 Influenza – Pharmac Approvals (CPH&DSAC – 7 Mar 19) Disability Steering Group Minutes Canterbury & West Coast Health Disability Action Plan 2020 Tentative Meeting Schedule 2019 Workplan	All Right? Evaluation Summary 2019 CCN Q4 2018/19 Disability Steering Group Minutes 2019 Workplan