AGENDA

Canterbury District Health Board
Te Poari Hauora o Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 7 March 2019 commencing at 9:00am

	Apologies		9.00am
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 1 November 2018		
3.	Carried Forward / Action List Items		
4.	2019 Draft Workplan		9.05-9.15am
5.	Maori & Pacific Health Progress Report	Hector Matthews	9.15-9.30am
6.	Draft CDHB Public Health Plan 2019-20	Evon Currie	9.30-9.45am
7.	Community & Public Health Update Report	Evon Currie	9.45-10.00am
8.	Te Ha – Waitaha Stop Smoking Programme Update - Presentation	Vivien Daley	10.00-10.15am
9.	Planning & Funding Update Report	Carolyn Gullery	10.15-10.30am
10.	Influenza – Pharmac Approvals	Carolyn Gullery	10.30-10.45am
MORNING TEA			**10.45-11.00am**
11.	Step Up Programme Update	Kathy O'Neill	11.00-11.15am
12.	CDHB Workforce Update	Mark Lewis	11.15-11.30am
ESTIMATED FINISH TIME			**11.30am**
	Information Items • Disability Steering Group Minutes – (Sep/Oct/Dec 2018 and Jan 2019) • CCN Q2 2018/19 • CPH Six Month Report to MoH		

NEXT MEETING: Thursday, 9 May 2019 at 9.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō 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 ō Waitaha

NAME	07/03/19	09/05/19	04/07/19	29/08/19	31/10/19
Dr Anna Crighton (Chair)					
David Morrell (Deputy Chair)					
Sally Buck					
Jo Kane					
Chris Mene					
Wendy Dallas-Katoa					
Rochelle Faimolo					
Dr Susan Foster Cohen					
Yvonne Palmer					
Dr John Wood (ex-officio)					
Ta Mark Solomon (ex-officio)					
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)					

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

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

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Dr Anna Crighton **Chair - CPHAC** Board Member	**Christchurch Heritage Limited** - Chair - Governance of Christchurch Heritage **Christchurch Heritage Trust** – Chair - Governance of Christchurch Heritage **Heritage New Zealand –** Honorary Life Member CDHB owns buildings that may be considered to have historical significance.
Tracey Chambers **Chair - DSAC** Board Member	**Chambers Limited** – Director 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. **Rata Foundation** – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand's largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.
David Morrell **Deputy Chair - CPHAC** Board Member	**British Honorary Consul** Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners' inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (*FCO*) may expect Honorary Consuls to become involved in trade initiatives from time to time. **Canon Emeritus - Christchurch Cathedral** The Cathedral congregation runs a food programme in association with CDHB staff. **Friends of the Chapel** - Member **Great Christchurch Buildings Trust** – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing. **Heritage NZ –** Subscribing Member 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.

	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. **Nurses Memorial Chapel Trust** – Member (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.
Chris Mene **Deputy Chair – DSAC** Board Member	**Canterbury Clinical Network** – Child & Youth Workstream Member **Core Education** – Director Has an interest in the interface between education and health. **Wayne Francis Charitable Trust** - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust's fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.
Sally Buck Board Member	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Tom Callanan	**CCS Disability Action** – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing. **Disability Sector System Transformation, Regional Leadership Group** – Member.
Wendy Dallas-Katoa Manawhenua	**Greater Healthy Christchurch** – Runanga Representative **IHI Research –** Social Change and Innovation Researcher **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. **NZBA** – Maori Advisory Group **Population Health Alliance SLA** – MKW Representative **RANZCOG** – Cultural Advisor, He Hono (Wahine Maori Collective of Obstetrics and Gynaecologists) **Te Kahui o Papaki ka Tai** – Mana Whenua Representative (Cultural Advisor) Maori Advisory Group to Pegasus Health/PHO

	Victoria University – Women's Health Representative
Rochelle Faimalo	**Hurunui District Council** – Community Team Leader **Canterbury Youth Workers Collective** – Committee Member
Dr Susan Foster-Cohen	**Director Champion Centre** Receives funding from both the MoH and CDHB. **Dyspraxia Support Group** – Patron Parent Support Group for families/children with dyspraxia. **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. **New Zealand Institute of Language Brain and Behaviour** – Member Researcher with NZILBB through Champion Centre partnership. **New Zealand Speech Therapy Association** – Associate Member Professional body for Speech and Language therapists. **University of Canterbury** – Adjunct Associate Professor Researcher and graduate student supervisor in Linguistics and in Communication Disorders. (Lecturer on short term contracts as needed.)
Jo Kane Board Member	**HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Yvonne Palmer	**Age Concern Canterbury** – Project Coordinator Staff member responsible for education courses and events. **Canterbury Community Justice Panels** – Facilitator/Panel Member/ Member Steering Group **Canterbury Justice of the Peace Association Incorporated** – Elected Councillor **Safer Waimakariri Advisory Group** – Member **Styx Living Laboratory Charitable Trust** – Trustee
Ta Mark Solomon **Ex Officio–CPH&DSAC** Deputy Chair – CDHB	**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.

	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. **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). **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. **Liquid Media Operations Limited** – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology. **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. **Ngāti Ruanui Holdings** – 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. **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. **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. **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.

	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. **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. **Rangitane Holdings Limited & Rangitane Investments Limited** - Chair The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne's settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members. **SEED NZ Charitable Trust** – Chair and Trustee SEED is a company that works with community groups developing strategic plans. **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. **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. **Te Waka o Maui** – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity. **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.
Dr Olive Webb	**Canterbury Plains Water Trust** – Trustee **Greater Canterbury Forum** - Member

	Private Consulting Business Sometimes works with CDHB patients and services. Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.
Dr John Wood **Ex Officio–CPH&DSAC** Chair CDHB	**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. **Te Arawhiti, Office for Maori Crown Relations Governing Board, Ministry of Justice** – Ex-Officio Member Te Arawhiti, Ministry of Justice, are responsible for 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. **Chief Crown Treaty Negotiator for Ngai Tuhoe** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Treaty Negotiator for Ngati Rangi** Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment. **Chief Crown Treaty Negotiator, Tongariro National Park** Engagement with Iwi collective begins July 2018. **Chief Crown Treaty Negotiator for the Whanganui River** Settlement negotiated. Deed signed and ratified. Legislation enacted. **Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations** High level agreement in principle reached. Aiming for deed of settlement end of 2018. **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. **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. **University of Canterbury (*UC*) Council)** – Council Member The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation.

Hans Wouters	**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.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PRESENT

Dr Anna Crighton (Chair, CPHAC); Tom Callanan; Wendy Dallas-Katoa; Rochelle Faimalo; Dr Susan Foster-Cohen; Jo Kane; Ta Mark Solomon (ex-officio); Dr John Wood (ex-officio); and Hans Wouters.

APOLOGIES

Apologies for absence were received and accepted from Sally Buck; Tracey Chambers; Chris Mene; David Morrell; and Yvonne Palmer.
An apology for lateness was received and accepted from Jo Kane (9.15am).
Apologies for early departure were received and accepted from Wendy Dallas-Katoa (11.00am); Ta Mark Solomon (10.30am); and Dr John Wood (10.30am).

IN ATTENDANCE

Evon Currie (General Manager, Community & Public Health); Dr Matthew Reid (Public Health Physician, Planning & Funding); Stella Ward (Chief Digital Officer); Anna Craw (Board Secretariat); and Charlotte Evers (Assistant Board Secretariat).

Item 8

Helen Leahy, Chief Executive Officer, Te Pūtahitanga o Te Waipounamu (Whānau Ora Commissioning Agency)

Item 9

Annabel Begg, Public Health Physician, Community & Public Health
Kirsty Peel, Health in All Policies Advisor, Community & Public Health

Item 10

Gordon Boxall, Chair, Disability Steering Group
Kathy O'Neill, Team Leader, Planning & Funding
Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health

Item 11

Mark Lewis, Head of Talent, Leadership & Capability
Linda Leishman, Project Search Canterbury

Wendy Dallas-Katoa opened the meeting with a karakia.

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
Item 11: Tom Callanan declared his involvement with Project Search, as a member of its Steering Group.

There were no other 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 (15/18)
(Moved: Tom Callanan/Seconded: Ta Mark Solomon – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 30 August 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

It was noted that Item 1, Flu Jabs Funding, should be made a priority for Winter 2019.

The remainder of the carried forward action list was noted.

4. COMMUNITY & PUBLIC HEALTH EXCEPTION REPORT

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

There was discussion around refugee resettlement and the impact this may have on mental health services. Ms Currie advised that a recent group of six Syrian families had been well supported by their sponsors, members of the South West Baptist Church, as coordinated through Immigration New Zealand.

Dr Matthew Reid, Public Health Physician, Planning & Funding, advised that in relation to the new quota, a first tranche of 20 refugees, with origins in Eritrea and Afghanistan, will arrive in March 2019, with a total of up to 60 refugees expected for the 2018/19 year. It is believed that refugees from these countries may have had less traumatic recent experiences than those from other countries. Provided small intakes are taken at a time, it is believed there will be the capacity and resources to absorb them in the community, primary and secondary care.

An update on AllRight? Funding in North Canterbury, Hurunui and Kaikoura was discussed. Ms Currie noted that while the funding has ceased, ongoing resources and support are still available. There is potential for the campaign to be introduced at a national level.

Resolution (16/18)
(Moved: Wendy Dallas-Katoa/Seconded: Ta Mark Solomon – carried)

"That the Committee:

i. notes the Community and Public Health Exception Report."

5. SUGAR-SWEETENED BEVERAGES POSITION PAPER

Ms Currie presented the paper, which was taken as read.

Jo Kane joined the meeting at 9.15am.

This is a South Island-wide position statement, which the South Island Public Health Partnership has agreed and is now seeking approval from each of the DHBs.

It was noted that in promoting healthy environments, coming from a position of strength is important. Approval of this position statement by South Island DHBs will provide a solid basis for moving forward.

There was discussion around this being a position statement, not a strategy. It was noted that various strategies are expected to flow from the position statement.

It was noted that work will be ongoing with the Greater Christchurch Partnership group to embed the principles of the position statement once adopted.

Resolution (17/18)
(Moved: Dr Anna Crighton/Seconded: Ta Mark Solomon – carried)

"The Committee recommends that the Board:

i. endorses the South Island District Health Boards' position statement on sugar-sweetened beverages.

6. PLANNING & FUNDING EXCEPTION REPORT

Dr Reid presented the paper, which was taken as read.

There was discussion around the Maternal Health Strategy with a request that the Board be provided an update on the four agreed key components of the strategy in light of other recent Board considerations.

There was discussion around workers camps in the Kaikoura and Hurunui regions. It was noted that these are being managed well.

Resolution (18/18)
(Moved: Jo Kane/Seconded: Tom Callanan – carried)

"That the Committee recommends that the Board:

i. notes the Planning & Funding Exception Report."

7. MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Dr Reid presented the update, which was taken as read, highlighting the positive movements in Māori oral health data, largely due to improved systems and the correct recording of ethnicity; and positive movements in cervical cancer screening data.

Discussion took place around:

- A decrease in flu immunization rates in over 65 year olds and possible reasons for this.
- CDHB's lack of a Maori Health Plan.
- Barriers to health.
- The size of Canterbury's Asian population and heath needs specific to that community.
- A lack of Pacific and Asian health data.

The Committee requested the following:

- A paper to its March 2019 meeting providing background on CDHB's Maori Health strategic direction, position on Maori Health Plans, legislative requirements, political environment, and CDHB's current and future priorities. Background paper also to address data issues around Pacific and Asian health.
- An update on the Te Ha – Waitaha Stop Smoking programme.
- Dashboard for National Pacific Health Indicators to be included in future reports if available.

Resolution (19/18)
(Moved: Wendy Dallas-Katoa/Seconded: Hans Wouter – carried)

"The Committee recommends that the Board:

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

8. HAUORA ALLIANCE – PRESENTATION

Evon Currie and Helen Leahy, Chief Executive Officer, Te Pūtahitanga o Te Waipounamu (Whānau Ora Commissioning Agency), presented on the South Island Hauora Alliance, highlighting the following:

- This is a collaborative cross-sector partnership between NGOs and agencies, working collectively to address South Island hauora/health from a population perspective.
- The Steering Committee is made up of a diverse range of representatives.
- First 1000 Days report, which supports and contributes to Mokopuna Ora initiatives.
- Further steps will be to provide ongoing support to Mokopuna Ora initiatives; consider the South Island Population Health Report; and contribute to national initiatives.

Ms Leahy handed out a summary of the six Mokopuna Ora initiatives, and explained in more detail what the initiatives focus on. The initiatives were commended by the Committee.

It was suggested that the definition of hauora be published in the Mokopuna Ora document.

Discussion was held around how the approach will be shared to other areas. Ongoing conversations are held by the nine iwi of the South Island in order to support and grow the Alliance.

A request was made for information to be provided on the names of Māori organisations that work with CDHB and the services they provide.

The Chair thanked Ms Leahy for her attendance.

9. CANTERBURY WELLBEING INDEX UPDATE – PRESENTATION

Annabel Begg, Public Health Physician, Community & Public Health; and Kirsty Peel, Health in All Policies Advisor, Community & Public Health presented the Canterbury Wellbeing Index Update, highlighting the following:

- The Wellbeing index was established in 2011 after the 2010 Canterbury earthquakes. The first index was produced in June 2013.

- A review was completed in 2017, with a proposal approved by the Psychosocial Governance Group in December 2017.
- The index covers 57 indicators including subjective wellbeing, education, employment and housing. There are also 19 He Tohu Ora (Māori health) indicators.
- A website is currently under development, which was demonstrated to the Committee.
- Next steps include development of the index and launching the website at the Healthy Greater Christchurch hui at the end of November.

A Committee member queried the lack of representation of cultural engagement. Ms Peel confirmed this is included under the indicator for social capital.

There was a query about where the data is sourced from. Ms Peel commented that data comes from the Te Kupenga wellbeing survey, with 16 indicators directly from the survey, 28 from multiple other agencies; as well as special requests from various other agencies and Statistics New Zealand. Ihi Research also provided some data and assistance with the project.

Ta Mark Solomon and Dr John Wood retired from the meeting at 10.30am.

The Chair commended Ms Peel and Ms Begg for their presentation and the work done by the team on the index.

INFORMATION ITEMS

- Disability Steering Group Minutes – July and August 2018
- Health Target Q4 Report
- Air Quality Monitoring/Respiratory Illness Data
- 2018 Workplan

The formal meeting concluded at 10.30am due to a loss of quorum. The remaining agenda items were considered in an informal meeting.

Confirmed as a true and correct record:

_____ _____

Dr Anna Crighton Date
Chair, CPHAC

_____ _____

Tracey Chambers Date
Chair, DSAC

DRAFT
NOTES FROM THE COMMUNITY & PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE INFORMAL MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 1 November 2018

PRESENT

Dr Anna Crighton (Chair, CPHAC); Tom Callanan; Rochelle Faimalo; Dr Susan Foster-Cohen; Jo Kane; and Hans Wouters.

APOLOGIES

Apologies for absence were received and accepted from Sally Buck; Tracey Chambers; Wendy Dallas-Katoa; Chris Mene; David Morrell; Yvonne Palmer; Ta Mark Solomon; and Dr John Wood.

IN ATTENDANCE

Evon Currie (General Manager, Community & Public Health); Dr Matthew Reid (Public Health Physician, Planning & Funding); Stella Ward (Chief Digital Officer); Anna Craw (Board Secretariat); and Charlotte Evers (Assistant Board Secretariat).

Item 10
Gordon Boxall, Chair, Disability Steering Group
Kathy O'Neill, Team Leader, Planning & Funding
Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health

Item 11
Mark Lewis, Head of Talent, Leadership & Capability
Linda Leishman, Project Search Canterbury

10. DISABILITY STEERING GROUP UPDATE

Gordon Boxall, Chair, Disability Steering Group (*DSG*), provided an update on work being undertaken by DSG, including:

- Accessibility issues:
  - Physical and capital facilities builds.
- Improving health literacy:
  - Ensuring staff are disability aware.
  - New accessible Canterbury DHB website.
- Employment:
  - Project Search.
  - Improving experiences.
- Joining issues between front line, senior management, key stakeholders and governance.
- Refreshing priorities and maintaining awareness.
- Building relationships with the West Coast.
- Growing Maori and Pacific representation.
- Succession planning work for DSG's refresh in January 2020.

A discussion was held around the positive use of bedside boards at Burwood Hospital. There was also discussion on shared footpaths and parking issues.

11. CDHB WORKFORCE UPDATE

Mark Lewis, Head of Talent, Leadership & Capability, presented the report which was taken as read. He then went on to provide a presentation on Project Search. Linda Leishman from Project Search Canterbury was in attendance for the presentation.

The presentation highlighted the following:

- Project Search began in Cincinnati Children's Hospital in 1996.
- The project provides job skills to young people who identify as having a disability.
- Will be introduced to Older Persons Health and Rehabilitation at Burwood Hospital in 2019 and built on from there.
- This will be the first implementation of Project Search in New Zealand.
- Canterbury DHB will provide a range of work opportunities and a space for on-site education and skills training.

A brief discussion was held around the Project Search curriculum and how to match that to NZQA standards.

GENERAL BUSINESS

Stella Ward, Chief Digital Officer, confirmed that Jacqui Lunday-Johnstone, newly appointed as Executive Director of Allied Health, Scientific and Technical will start in her role on Monday, 5 November 2018. Ms Lunday-Johnstone will become the new Disability EMT lead and as such will be attending future meetings.

On behalf of the Committee, Dr Crighton thanked Ms Ward for the significant contribution she has made whilst in the role of Disability EMT lead and wished her well in her new pursuits.

The informal part of the meeting concluded at 12.17pm.

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 7 MARCH 2019

	DATE	ACTION	REFERRED TO	STATUS
1.	3 May 18	Pharmac/Influenza Funding for 2019	Carolyn Gullery	Today's Agenda – Item 10
2.	1 Nov 18	Background paper on Maori Health Plans and Strategic Direction	Hector Matthews	Today's Agenda – Item 5
3.	1 Nov 18	Te Ha – Waitaha Stop Smoking Programme Update	Evon Currie	Today's Agenda – Item 8

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	

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 Our People	Interest Register Confirmation of Minutes Our People	Interest Register Confirmation of Minutes Our People	Interest Register Confirmation of Minutes Our People
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	Planning and Funding Update Report Community and Public Health Update Report	Planning and Funding Update Report Community and Public Health Update Report	Planning and Funding 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 Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group Update Equally Well Programme Update	Child & Youth Workstream Update Work in Schools – Presentation Water Progress - Presentation Healthscape - Presentation CDHB Workforce Update Disability System Transformation	Oxford Model of Care Update Communicable Diseases - Presentation Broadly Speaking (HIAP Training Program) - Presentation Transalpine Strategic Disability Action Plan Update Community & Public Health Update – Disability Sector Step-Up Programme Update Equally Well Programme Update	Wellbeing Index Update – Presentation Hauora Alliance – Presentation Greater ChCh Partnership - Presentation CDHB Workforce Update Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group 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	Disability Steering Group Minutes CCN Q3 2018/19 2019 Workplan	Disability Steering Group Minutes 2019 Workplan	Disability Steering Group Minutes CCN Q4 2017/18 CPH End of Year Report to MoH 2020 Meeting Schedule 2019 Workplan	Disability Steering Group Minutes 2019 Workplan

MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Executive Director, Māori & Pacific Health**

DATE: **7 March 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

That the Committee:

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, the dashboard shows some 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.

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.

Please note Appendices 1 and 2 show 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 represents the latest data.

National Māori Health Indicators Dashboard Report

Also attached (Appendix 3) 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.

Kia Ora Hauora – Māori Workforce Development

Kia Ora Hauora (*KOH*) the 'Māori Health as a Career Programme' is a national Māori health workforce development programme that was established in 2009 to increase the overall number of Māori working in the health and disability sector. KOH supports growth in the Māori health workforce that is more reflective of the communities the workforce serves and supports.

KOH engages with Māori students, current health workers, and community members seeking a career in health. KOH promotes health careers, both clinical and non-clinical. KOH are an information hub that provides knowledge, tools and resources to get Māori started on a health career pathway.

The service has four regional hubs (northern, midlands, central and Te Waipounamu) and a national co-ordination centre. Canterbury is the lead DHB for Te Waipounamu and the service is delivered by our Māori provider, Mokowhiti. In October last year, Mokowhiti took over the national co-ordination centre because of its innovation and leadership in the programme over many years.

Attached (Appendix 4) is the KOH Te Waipounamu dashboard as at December 2018. Also attached (Appendix 5) is the KOH National dashboard as at December 2018. The dashboard gives a quick overview of Māori registered and supported through the KOH programme in both Te Waipounamu region and nationally. The dashboards also show a breakdown of information such as gender, iwi, age, study pathway, tertiary institute and te reo Māori fluency.

KOH has had very good success in supporting the growth of Māori into health career pathways.

Action Points from November 2018

CPH&DSAC sought background information regarding CDHB's Maori Health strategic direction, position on Maori Health Plans, legislative requirements, and CDHB's current and future priorities.

The previous government removed the requirement for DHBs to produce annual Māori Health Plans and the current government has not changed this. The last year we were required to produce a Māori Health Plan was 2016/17. CDHB carried on to produce a Māori Health Plan in 2017/18, using a similar model and indicators.

The CDHB still recognises the need to improve in Māori health and particularly to address the areas where inequity exists. The current government has expressed that equity is a key focus and it is therefore incumbent upon DHBs to work to reduce health inequity.

Health Inequity

Internationally, the pattern of ethnic inequalities in health is repeated over and over. Research, both in New Zealand and overseas, shows a complex, layered spectrum of factors associated with these inequalities that need to be addressed in order to eliminate inequalities and prevent their re-creation. National and international human rights conventions recognise the injustice of these inequalities as well as how they, in turn, generate further injustices.

Disparities in health status between different groups within a population are found worldwide. These include disparities by age, gender, socioeconomic position, ethnicity, impairment and geographical region. In Aotearoa, ethnic inequalities between Māori and non-Māori are the most consistent and compelling inequities in health (Ajwani et al 2003; Ministry of Health and University of Otago 2006).

Health inequalities, or more correctly health inequities, are defined as "differences which are unnecessary and avoidable, but in addition are considered unfair and unjust" (Whitehead 1992, p. 431). The word 'inequities' is preferred as not all inequalities are unexpected or unfair. For example, men get prostate cancer but women cannot and women get cervical cancer and men cannot. These are inequalities (differences) but not inequities (unfair). Equity, like fairness, is an ethical concept based in a model of justice where distribution of resources ensures everyone has at least their minimum requirements. It does not necessarily mean that resources are equally shared; rather, it acknowledges that sometimes different resourcing is needed in order that different groups enjoy equitable health outcomes.

Health equity is defined as 'the absence of systematic disparities in health (or in the determinants of health) between different social groups who have different levels of underlying social advantage/disadvantage – that is, different positions in a social hierarchy' (Braveman and Gruskin 2003, p. 254). This concept of health equity focuses attention away from the individual and her/his health. Instead, it monitors how resources, including health services, are distributed to the community (services). This includes evaluating the processes that determine how resources are shared (planning and funding) and the underlying values of society.

The word 'inequalities' is widely used in New Zealand to mean inequities, as are the terms disparities and gaps. The challenge for the CDHB and all health service providers is how to determine resources to deliver to address ethnic inequalities between Māori and non-Māori, which are the most consistent and compelling inequities in health.

Many Māori in the wider community feel one of the most recognisable ways to demonstrate a commitment to addressing Māori health inequity is to have a Māori Health Plan, because it at least provides a point of focus and accountability to address Māori health inequity. Without a government requirement it is left to boards to determine if this is to occur.

If we have one in future, it ought to be: strategic, perhaps with a longer term than one year; focused on what is meaningful, impactful and measurable locally rather than necessarily just the

MoH indicators (though not necessarily excluding national priorities); centred on what matters for whānau, hapū and iwi Māori; encompassing of work across the health system and beyond.

4. APPENDICES

Appendix 1:	Canterbury Māori Health Dashboard Report, February 2019.
Appendix 2:	Canterbury Pacific Health Dashboard Report, February 2019.
Appendix 3:	National Māori Health Indicators Dashboard Report, February 2019.
Appendix 4:	Kia Ora Hauora Te Waipounamu dashboard, December 2018.
Appendix 5:	Kia Ora Hauora National dashboard, December 2018

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

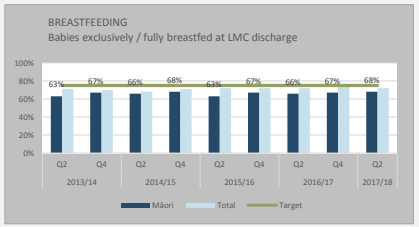
Canterbury DHB Māori Health Action Dashboard Report

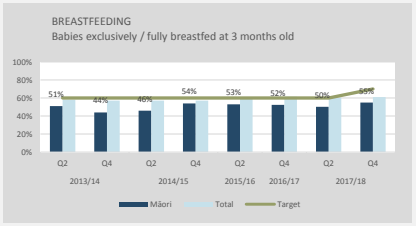
February 2019

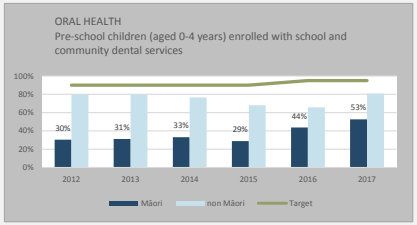
Kia whakakotahi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

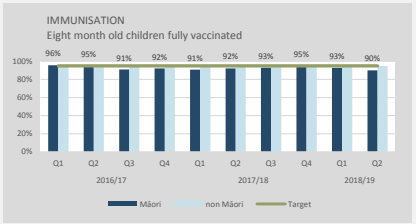
The difference between Māori and non Māori is less than 5% or the target is met
The difference between Māori and non Māori is between 5% and 10%
The difference between Māori and non Māori is greater than 10%

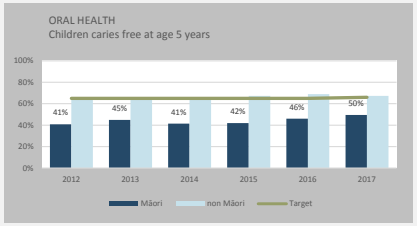
Tamariki Health and Wellbeing

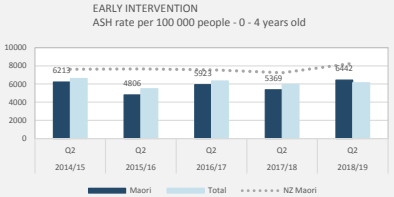


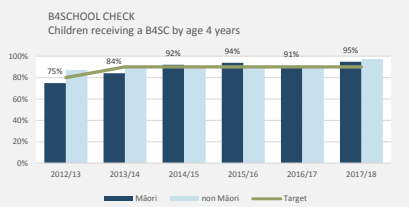


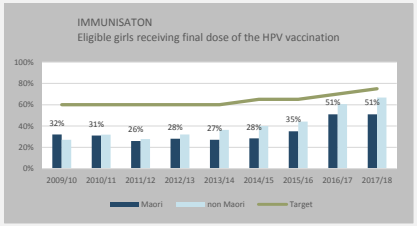


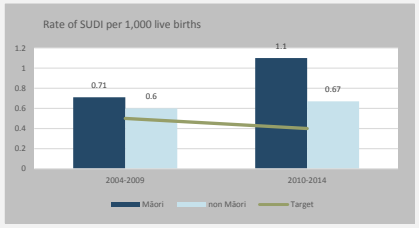




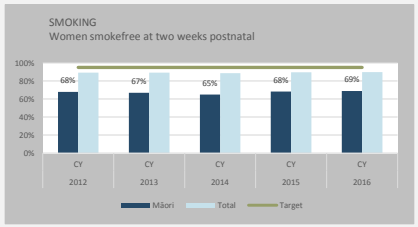


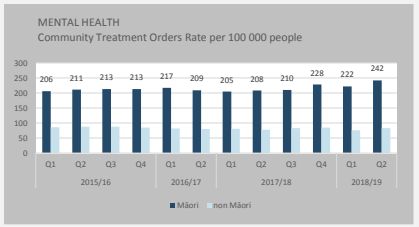


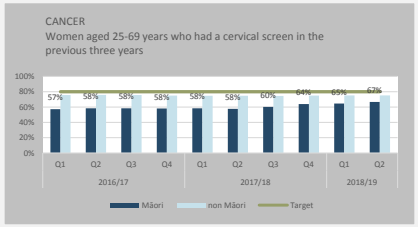


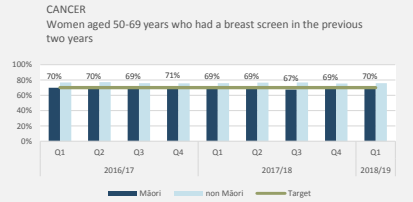


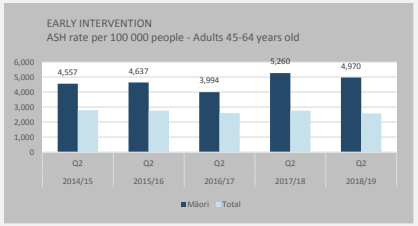
Adult Health and Wellbeing

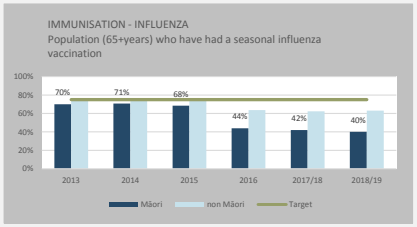




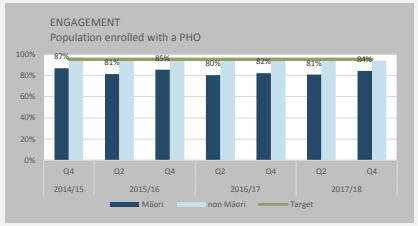


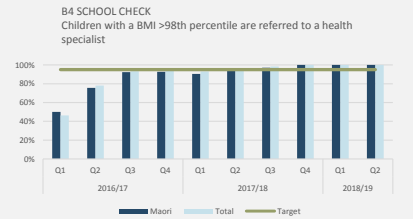






Enablers to support Improved Health and Wellbeing



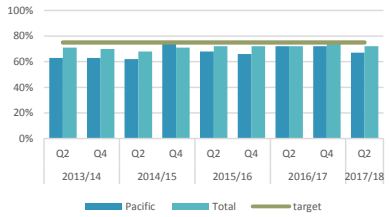


Indicator Full Name	Data Source	Latest Reporting Period	Data Release Date	Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Apr - Jun 2017	Mar 2018	Data may be incomplete, excluding data where records have no status
Infants are exclusively or fully 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 2019
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Dec 2018	
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 2019
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	Apr - Jun 2018	Jul 2018	
Rate of SUDI per 100,00 live births	The Mortality Collection (MORT)	Jan 2010 - Dec 2014	Jan 2017	Due to small numbers, SUDI data is release every five years. Release of next series is expected in 2019
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 meausre has changed from using PHO enrolled populaiton 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 comparible 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	

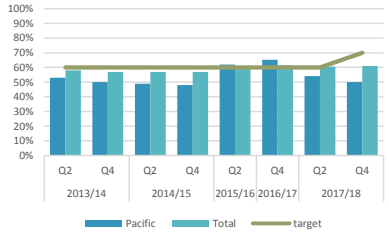
Pacific Health Dashboard

February 2019

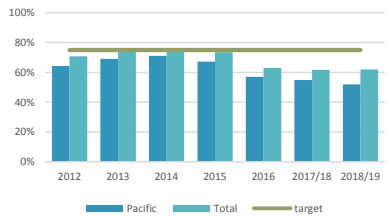
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



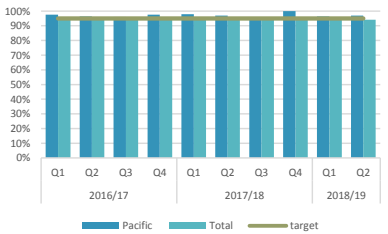
BREASTFEEDING
Babies exclusively and fully breastfed at 3 months



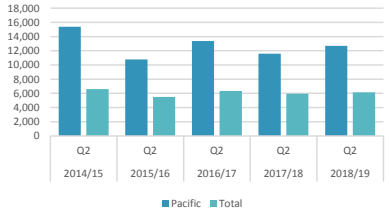
IMMUNISATION
Eligible population (aged 65y+) who have had a seasonal influenza vaccination



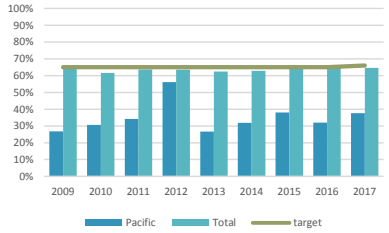
IMMUNISATION
Infants fully immunised by eight months of age



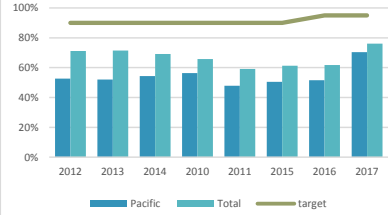
EARLY INTERVENTION
ASH rate for children 0-4 years old, per 100,000 population



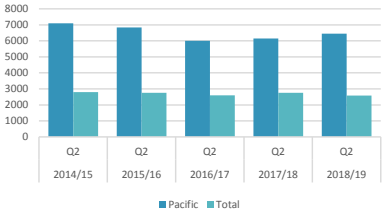
ORAL HEALTH
Children carries-free (no holes or fillings) at age 5



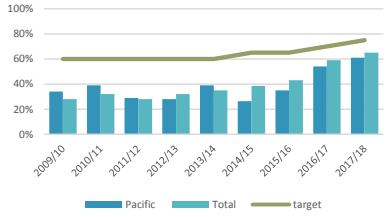
ORAL HEALTH
Children aged under 5 enrolled in DHB community oral health service



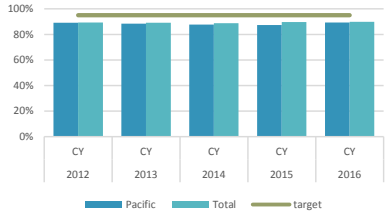
EARLY INTERVENTION
ASH rate for adults 45-64 years old, per 100,000 population



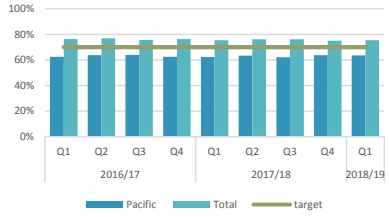
IMMUNISATION
Eligible girls receiving final dose of the HPV vaccination



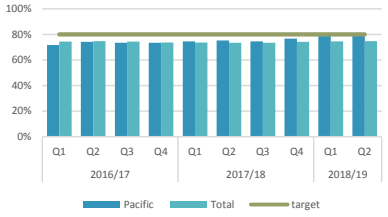
SMOKING
Women who are smokefree at two weeks postnatal



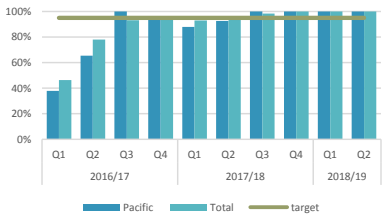
CANCER
Women aged 50-69, who have had a breastscreen once in the last two years



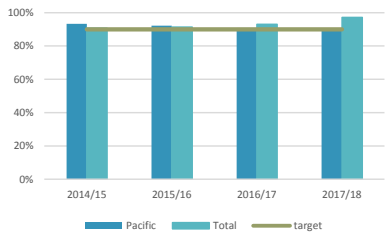
CANCER
Women aged 25-69, who have had a cervical smear once in the last three years



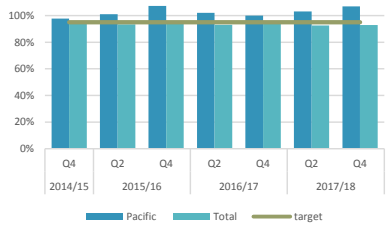
EARLY INTERVENTION
Children with a BMI >98th percentile are referred to a health specialist



B4SC
Children receiving a B4SC by age 4 years



ENGAGEMENT
Population enrolled with a PHO



Indicator Full Name	Data Source	Latest Reporting Period	Data Release Date	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	
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Jan 2019	
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check	Oct - Dec 2018	Jan 2019	
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	Apr - Jun 2018	Jul 2018	
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
ASH rates per 100,000 Children 45-64 years old	National Minimum Dataset (NMDS)	Dec 2014 -Dec 2018	Jan 2019	
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. As such the results are not directly comparable between 2016 and previous years.
Percentage of Infants fully vaccinated at eight months	National Immunisation Register	Oct - Dec 2018	Jan 2019	
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 2019
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 2019
B4SCs are started before children are 4½ years	B4 School Check	Jul 2017 - Jun 2018	Jul 2018	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit	Jul - Sep 2018	Nov 2018	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Oct - Dec 2018	Jan 2019	
Percentage of the population enrolled with a PHO	Canterbury DHB data	Apr - Jun 2018	Jul 2018	

National Māori Health Indicators Dashboard Report, February 2019
Māori

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jan-Mar 2019	90%	76.0%	96.0%	85.0%	85.0%	93.0%	98.0%	89.0%	99.0%	87.0%	90.0%	102.0%	83.0%	86.0%	100.0%	88.0%	94.0%	99.0%	83.0%	86.0%	99.0%
ASH (0-4 yrs)	Yr to Jun 18	-	7099	8158	5823	8029	6578	7490	10451	10226	6366	3933	9646	3387	6936	7205	9882	10531	8851	6323	10000	10153
ASH (45-64 yrs)	Yr to Jun 18	-	7067	7167	5552	6225	9041	8302	8406	8582	6488	3742	8706	3727	4921	6271	9161	9213	6383	7358	3974	11567
Breastfeeding (6 wks)	Jan-Jun 2017	75%	71.0%	72.0%	66.0%	70.0%	67.0%	62.0%	61.0%	65.0%	67.0%	67.0%	76.0%	63.0%	68.0%	66.0%	63.0%	65.0%	55.0%	71.0%	94.0%	67.0%
Breastfeeding (3 mths)	Jan-Jun 2017	70%	44.0%	48.0%	52.0%	47.0%	39.0%	40.0%	46.0%	42.0%	49.0%	45.0%	45.0%	46.0%	49.0%	37.0%	43.0%	45.0%	48.0%	53.0%	57.0%	45.0%
Breastfeeding (6 mths)	Jan-Jun 2016	65%	57.6%	53.6%	53.8%	54.9%	48.8%	50.2%	44.4%	57.7%	44.3%	62.3%	61.7%	37.5%	48.2%	55.4%	46.8%	49.1%	56.1%	61.5%	64.7%	57.1%
Breast Screening (50-69 yrs)	Jul-Sep 2018	70%	58.9%	62.3%	69.6%	67.7%	66.1%	70.4%	69.5%	64.7%	66.8%	72.8%	70.4%	66.0%	67.8%	67.4%	59.9%	59.0%	69.8%	63.1%	68.7%	73.8%
Cervical Screening (25-69 yrs)	Apr-Jun 2018	80%	53.6%	70.6%	63.8%	61.5%	65.8%	75.5%	67.6%	74.9%	65.1%	72.4%	69.3%	65.5%	67.5%	71.8%	76.3%	68.3%	69.8%	61.2%	64.7%	71.9%
Immunisation (8 mths)	Oct-Dec 2018	95%	83.7%	76.4%	90.1%	86.4%	82.8%	90.2%	82.0%	79.3%	89.2%	83.5%	82.4%	91.3%	89.1%	82.2%	81.9%	80.6%	95.9%	88.2%	80.0%	79.1%
Immunisation (Influenza)	Mar-Aug 2017	75%	33.1%	53.8%	41.9%	45.5%	40.0%	55.8%	46.4%	32.0%	47.9%	50.6%	50.2%	41.7%	43.9%	53.8%	42.1%	47.4%	50.9%	32.9%	48.9%	64.6%
Mental Health	Year to Sep 2018	-	473	183	242	482	366	392	205	342	286	165	455	155	281	260	214	478	344	293	254	274
Oral Health	Jan-Dec 2017	95%	69.1%	71.1%	52.6%	66.5%	70.5%	76.1%	77.7%	83.7%	72.3%	65.3%	77.4%	42.6%	67.6%	103.8%	78.7%	58.5%	83.6%	72.8%	95.7%	121.7%
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

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

National Māori Health Indicators Dashboard Report, February 2019
non-Māori

Indicator	Data Period	Target	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	South Canterbury	Southern	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui
PHO Enrolment	Jan-Mar 2019	90%	81.0%	99.0%	93.0%	93.0%	91.0%	97.0%	100.0%	93.0%	94.0%	98.0%	98.0%	99.0%	92.0%	95.0%	96.0%	95.0%	99.0%	92.0%	95.0%	98.0%
ASH (0-4 yrs)	Yr to Jun 18	-	5623	6323	5873	5517	4539	5498	7844	7815	5388	3106	5881	3972	5666	4937	6583	8327	6781	4618	6242	6037
ASH (45-64 yrs)	Yr to Jun 18	-	2661	2805	2380	2467	2902	3435	4008	3950	4005	1786	3478	3179	2916	2435	4585	3329	3489	3624	3281	5115
Breastfeeding (6 wks)	Jan-Jun 2017	75%	75.0%	79.0%	73.0%	75.0%	69.0%	78.0%	70.0%	77.0%	71.0%	73.0%	82.0%	75.0%	76.0%	85.0%	73.0%	73.0%	71.0%	77.0%	74.0%	73.0%
Breastfeeding (3 mths)	Jan-Jun 2017	70%	65.0%	66.0%	63.0%	67.0%	51.0%	62.0%	56.0%	59.0%	60.0%	63.0%	69.0%	61.0%	64.0%	65.0%	59.0%	60.0%	54.0%	65.0%	62.0%	60.0%
Breastfeeding (6 mths)	Jan-Jun 2016	65%	78.8%	72.4%	67.2%	78.9%	66.3%	68.4%	69.5%	62.5%	58.3%	72.3%	77.1%	63.3%	64.9%	69.5%	68.0%	67.3%	72.1%	73.9%	62.0%	52.2%
Breast Screening (50-69 yrs)	Jul-Sep 2018	70%	63.6%	73.4%	75.7%	71.9%	72.1%	74.3%	75.1%	71.5%	78.2%	79.6%	69.9%	77.8%	76.1%	72.8%	75.9%	70.9%	77.7%	65.2%	76.4%	80.3%
Cervical Screening (25-69 yrs)	Apr-Jun 2018	80%	65.5%	83.4%	75.0%	78.2%	70.3%	76.5%	76.3%	78.3%	77.5%	81.5%	77.0%	78.2%	78.3%	78.9%	82.8%	77.7%	78.3%	71.8%	75.7%	77.6%
Immunisation (8 mths)	Oct-Dec 2018	95%	95.9%	84.8%	96.4%	95.3%	91.9%	95.0%	96.3%	87.8%	93.3%	91.7%	80.3%	95.9%	96.3%	88.0%	93.3%	92.2%	92.4%	90.7%	92.7%	92.5%
Immunisation (Influenza)	Mar-Aug 2017	75%	50.9%	58.2%	61.6%	57.3%	46.0%	59.0%	51.3%	37.5%	59.8%	60.5%	51.6%	59.9%	51.5%	53.4%	52.7%	52.7%	62.1%	45.7%	55.6%	55.5%
Mental Health	Year to Sep 2018	-	135	46	83	139	93	120	96	78	102	83	145	86	99	107	89	111	103	94	130	114
Oral Health	Jan-Dec 2017	95%	95.6%	110.0%	81.5%	103.4%	90.3%	105.2%	103.5%	115.7%	121.3%	91.8%	80.9%	80.8%	82.9%	113.7%	99.1%	86.6%	86.0%	102.0%	111.1%	120.2%
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 not displayed on this table as the Ministry of Health reports Total Population data, and data for South Island DHBs is aggregated.

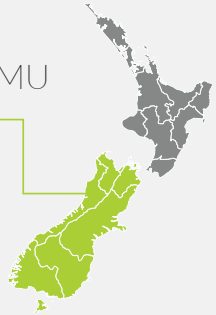
Kia Ora Hauora
Supporting Māori into Health

TOTAL CUMULATIVE PROGRAMME STATS - DEC 2018

716

MĀORI REGISTERED WITH KOH IN THE

TE WAIPOUNAMU REGION:



GENDER:

77% 554

23% 162

AGE:

UNDER 25	26-40YRS	41+YRS
82% 556	11% 77	7% 48

TE REO FLUENCY:

56% BEGINNER 379

18% CONVERSATIONAL 121

26% NO/DIDN'T ANSWER 173

YEARS REGISTERED WITH KOH

1 YEAR	2 YEARS	3 YEARS	4 YEARS	5+ YEARS
38% 549	28% 409	17% 255	11% 155	7% 96

CURRENT STATUS:

EMPLOYED - HEALTH SECTOR	70
EMPLOYED - OTHER SECTOR	26
SECONDARY STUDENT	172
TERTIARY STUDENT	345
TBC	103

HEALTH STUDY PATHWAY:

YES	493 / 69%
INTERESTED	107 / 15%
NO	116 / 16%

	NURSING	OCCUPATIONAL THERAPIST	PHYSIOTHERAPY	MIDWIFERY	SOCIAL WORK	PSYCHOLOGY	ORAL HEALTH	SURGEON	PSYCHIATRIST	PHARMACIST	PARAMEDIC
AREA OF STUDY: (TERTIARY)	47	4	24	8	9	12	27	17	2	10	0
AREA OF INTEREST: (SECONDARY)	29	3	14	9	9	12	1	5	2	0	0

DISTRICT HEALTH BOARD:

Health	99
West Coast District Health Board	34
Canterbury District Health Board	214
South Canterbury District Health Board	33
Southern District Health Board	326

EMPLOYMENT:

96 STUDENTS EMPLOYED

49 CLINICAL ROLES

19 NON-CLINICAL ROLES

65 FULL-TIME

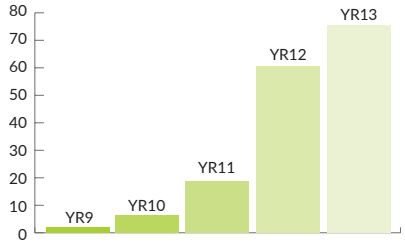
4 PART-TIME

63 DHB

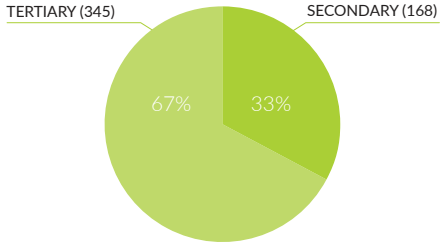
17 PHO / NGO

16 OTHER EMPLOYER

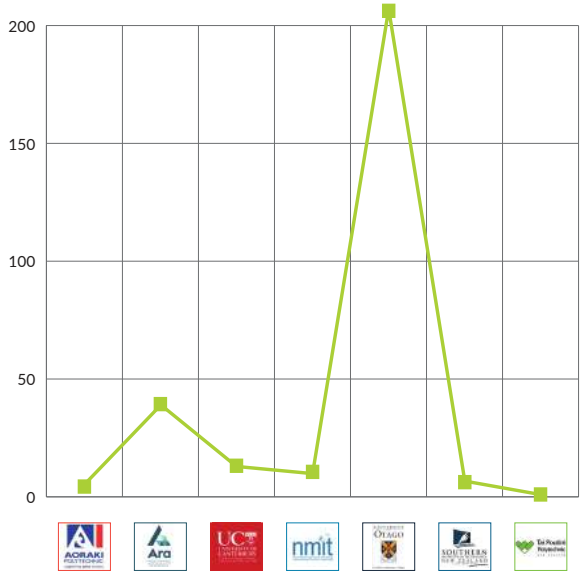
SECONDARY STUDENTS:



EDUCATION LEVEL:



TERTIARY INSTITUTE:

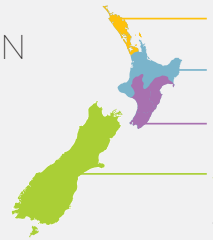


Kia Ora Hauora
Supporting Māori into Health

PROGRAMME STATISTICS DECEMBER 2018

3,235
MĀORI REGISTERED ON THE PROGRAMME

REGION INFO:



- 1,168 / 36% NORTHERN
- 526/ 16% MIDLAND
- 785 / 4% CENTRAL
- 716 / 22% TE WAIPOUNAMU
- 40 / <1% OVERSEAS

GENDER:
81% 2,636 | 19% 599

AGE:
- UNDER 25: 65% 2,088
- 26-40YRS: 21% 668
- 41+YRS: 10% 326

TE REO FLUENCY:
- 54% BEGINNER 1,752
- 24% CONVERSATIONAL 772
- 22% NO/DIDN'T ANSWER 711

TOP 5 IWI:

TAHI	NGĀPUHI	640
RUA	NGĀTI PŌROU	349
TORU	NGĀI TAHU	218
WHA	NGĀTI KAHUNGUNU	164
RIMA	NGĀTI RAUKAWA	163

YEARS REGISTERED WITH KOH

1 YEAR	2 YEARS	3 YEARS	4 YEARS	5+ YEARS
11% 799	17% 1,222	22% 1,592	24% 1,806	27% 1,968

CURRENT STATUS:

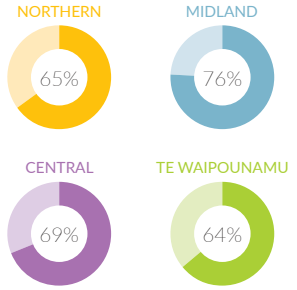
- EMPLOYED - HEALTH SECTOR 437 — 14%
- EMPLOYED - OTHER SECTOR 96 — 3%
- SECONDARY STUDENT 841 — 26%
- TERTIARY STUDENT 1,464 — 45%
- TBC 397 — 12%

HEALTH STUDY PATHWAY:

YES	2,430 / 81%
INTERESTED	524 / 17%
NO	41 / 1%

NURSING	MEDICINE	PHYSIOTHERAPY	MIDWIFERY	SOCIAL WORK	PSYCHOLOGY	ORAL HEALTH	SURGEON	HEALTH PROMO	PHARMACIST	PARAMEDIC
AREA OF STUDY: (TERTIARY)										
666	224	65	94	110	108	50	52	27	24	8
AREA OF INTEREST: (SECONDARY)										
133	136	94	41	27	44	20	39	12	9	9

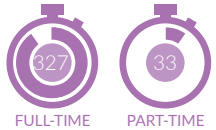
STUDENT CONTACT:
PERFORMANCE AGAINST TARGET



TARGET # OF CONTACTS	ACTUAL
NORTHERN 1,712	1,117
MIDLAND 789	602
CENTRAL 1,440	993
TE WAIPOUNAMU 1,010	648

EMPLOYMENT:
533 STUDENTS EMPLOYED

- 276 CLINICAL ROLES
- 88 NON-CLINICAL ROLES



- 213 DHB
- 137 PHO / NGO
- 182 OTHER EMPLOYER

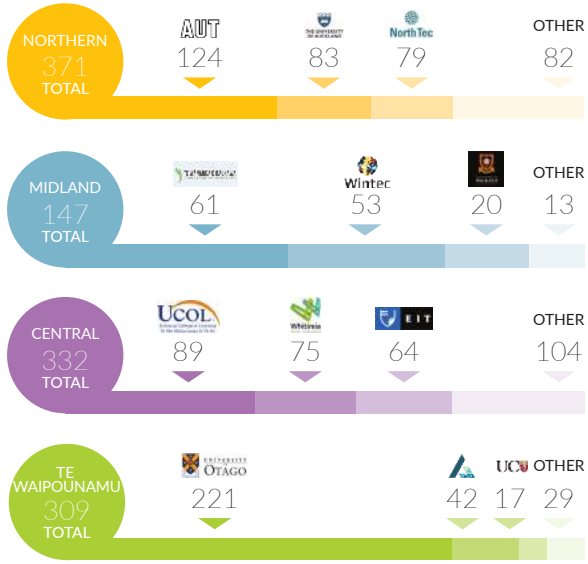
SECONDARY STUDENTS:

YEAR LEVEL	YR9	YR10	YR11	YR12	YR13	TOTAL
NORTHERN	19	56	138	134	131	478
MIDLAND	0	1	2	43	37	83
CENTRAL	14	12	24	31	89	170
TE WAIPOUNAMU	3	7	19	63	76	168
TOTAL	36	76	183	272	333	899

TERTIARY STUDENTS:

- 142 | BEYOND FIFTH YEAR
- 66 | FIFTH YEAR
- 148 | FOURTH YEAR
- 457 | THIRD YEAR
- 426 | SECOND YEAR
- 571 | FIRST YEAR

TERTIARY INSTITUTE BY REGION:



DRAFT CDHB PUBLIC HEALTH PLAN 2019-20

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: **7 March 2019**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

The Committee recommends that the Board:

i. endorses the draft Canterbury DHB Public Health Plan, 2019-20.

3. SUMMARY

The draft Canterbury DHB Public Health Plan 2019-20 is prepared as part of the Community and Public Health (*C&PH*) contract with the MoH. The Plan is based on a template developed by the South Island Public Health Services and is structured around 14 programme areas. The Plan was approved by Canterbury DHB's Executive Management Team (*EMT*) on 26 February 2019 and will be provided to the MoH as a draft by 5 April 2019.

4. DISCUSSION

This draft Canterbury DHB Public Health Plan 2019-20 has been prepared by C&PH.

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

The Plan has two functions:

- as a companion document to the Canterbury DHB Annual Plan 2019-20, as the Canterbury DHB Public Health Annual Plan; and
- as the basis of the C&PH contract with the MoH.

The draft Public Health Plan will go to the Ministry of Health as a draft by 5 April 2019.

5. APPENDICES

Appendix 1: Draft Canterbury DHB Public Health Plan 2019-20

Report prepared by: Daniel Williams, Public Health Specialist, C&PH

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

Canterbury District Health Board Public Health Plan 2019-20

Community and Public Health

Draft 25 February 2019

CONTENTS

1. INTRODUCTION

a. Keeping our people well

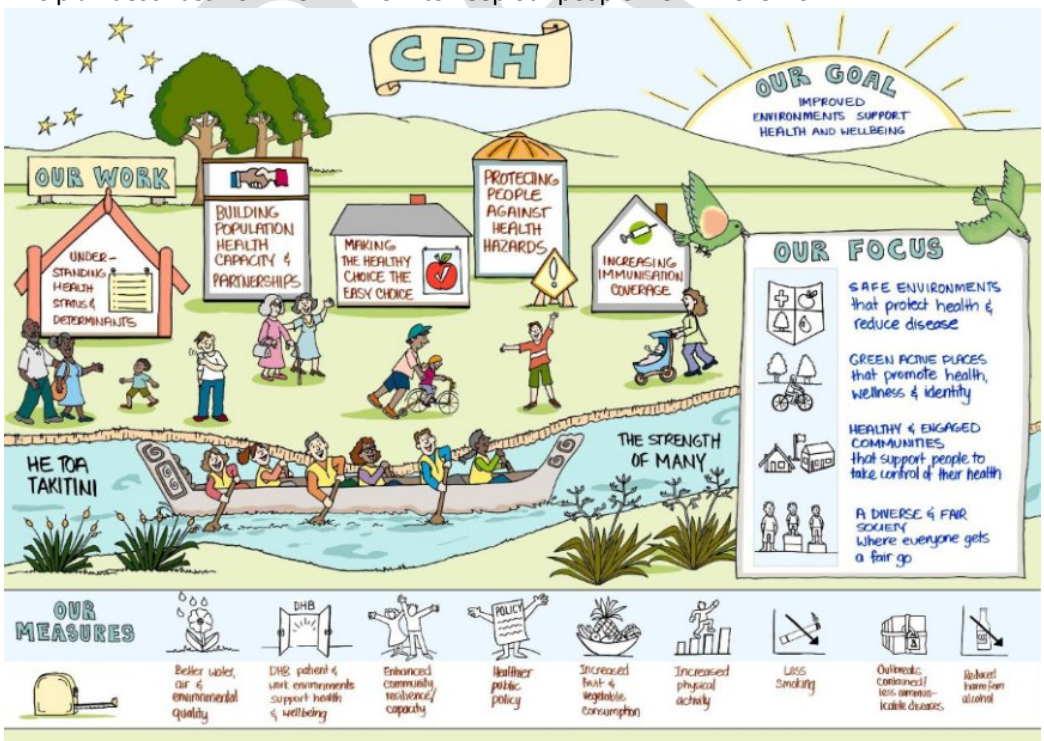
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions[1]:

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

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

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

This plan describes how we will work to keep our people well in 2019-20.



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

b. National context and priorities.

Guidance for public health unit planning is included in the Ministry of Health's *2019/20 DHB Annual Plan and Priorities Guidance*. It acknowledges the value of PHU work and the importance of PHUs' role in supporting greater integration of public health action and effort. PHU annual plans are to be included as Appendix 3 of DHB annual plans.

The Director-General's key message for strengthening public health action is to increase collaboration and integration to address determinants of health and achieve health equity and wellbeing.

The Government priorities included are: improving Maori health, achieving equity in health and wellness, child and youth wellbeing, mental health, and primary health care.

c. Regional context and priorities

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

CPH plays an active role in development of public health services at regional and national levels, building on our local experiences and successes. CPH 's principal role in regional activity is as a member of the South Island Alliance's South Island Public Health Partnership Workstream (SI PHP), which aims to "Improve, promote and protect the health and well-being of populations and reduce inequities".

The SIPHP has identified the following regional priorities for public health in 2019-2020:

- Collective impact and partnerships
- Cross-sector and inter-health capacity development and initiatives to improve outcomes in the first 1,000 days
- Partnership with Te Herenga Hauora to improve equity for Māori
- Facilitating a health promoting health system
- A "Health in All Policies" approach toward the social determinants influencing oral health, housing, environmental sustainability and water.
- Strategic and operational alignment of South Island public health units
- Consistent and coordinated regional strategic and operational approaches to key public health concerns, with particular foci on : planning; community resilience and psycho-social well-being; alcohol harm reduction; healthy eating and active lifestyles and regional systems to support on call, after- hours health protection services.

d. District Health Board priorities

CPH's work aligns with the CDHB vision, "to improve, promote, and protect the health and well-being of the Canterbury community", and the Canterbury Health System outcome "Improved environments that support health and wellbeing."

e. Statutory responsibilities

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

f. Working in partnership

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

- CDHB Planning and Funding
- the Canterbury Clinical Network
- Ngāi Tahu / Iwi agencies
- Local authorities
- Government agencies
- Non-Government Organisations / networks
- Educational institutions, and
- Private sector agencies.

g. Key challenges/ priorities for keeping our people well (tbc)

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

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

h. Quality improvement

The following key components of health excellence will be managed by our Divisional Leadership Team in 2019-20:

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

i. Tuaiwi

Our Tuaiwi ("backbone") team provides infrastructure and support for effective public health action, including developing and supporting Healthscape, websites, and other online tools within and beyond CPH, supporting and co-ordinating our Operational Quality Improvement and Workforce Development Plans, and supporting planning and reporting of all our work.

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

j. Reporting

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

2. SURVEILLANCE / MONITORING

"Tracking and sharing data to inform public health action"

Our key surveillance/monitoring priorities for 2019-20 are:

- To monitor and report communicable disease trends and outbreaks.
- To review and update the Canterbury Wellbeing Index with a focus on consistency of content and on sharing its findings and approach.
- To implement the recommendations of our monitoring/surveillance processes review, with a focus on effective information sharing.

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

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

3. EVIDENCE / RESEARCH / EVALUATION

"Providing evidence and evaluation for public health action"

Our key evidence/research/evaluation priorities for 2019-20 are:

- To identify priority areas for public health evidence, using equity and Hauora Māori lenses.
- To conduct and support evaluation of public health-focused initiatives.
- To provide evidence reviews and synthesis to support the work of other programmes and other public health-focused work.
- To collect/access, analyse and present data to inform public health action.
- To implement the agreed review process for Canterbury DHB position statements.

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

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

4. HEALTHY PUBLIC POLICY

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

Our key healthy public policy priorities for 2019-20 are:

- To build Health in All Policies (HiAP) capacity in the CDHB and beyond , with a focus on delivering the Broadly Speaking training programme and supporting use of the new Integrated Planning Guide.
- To undertake collaborative project work with partner organisations, including implementation of the Christchurch Alcohol Action Plan, and our joint work plans with Christchurch City Council and Environment Canterbury .

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

5. HEALTH-PROMOTING HEALTH SYSTEM

"Supporting development of health-promoting policies and approaches across our Canterbury Health System"

Our key health-promoting health system priorities for 2019-20 are:

- To support joined-up PHU, DHB, CCN, and South Island Alliance planning that reflects a population health approach, prioritising equity and improving hauora Māori
- To develop and support effective partnerships between the Canterbury Health System and other agencies influencing health determinants,
- To support our health system in making the healthy choice the easy choice for patients, families, staff and visitors

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

6. SUPPORTING COMMUNITY ACTION

"Supporting communities to improve their health"

Our key supporting community action priorities for 2019-20 are:

- To support under-served communities to identify and address their health priorities e.g.housing, workplaces, active transport, food security, sexual health, smokefree environments.
- To partner with Marae, churches and priority Māori and Pacific settings to deliver culturally appropriate health promotion.
- To support Healthy (Greater) Christchurch / Te Waka Ora o Waitaha to promote and co-ordinate intersectoral action on health determinants in Ōtautahi.
- To undertake regulatory functions required under the Smokefree Environments Act 1990.

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

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

7. EDUCATION SETTINGS

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

Our key supporting education setting priorities for 2019-20 are:

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

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

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

8. COMMUNICABLE DISEASE CONTROL

"Preventing and reducing spread of communicable diseases"

Our key communicable disease control priorities for 2019-20 are:

- To follow up communicable disease notifications (with protocol review for high-volume).
- To identify and control communicable disease outbreaks.
- To support improved HPV vaccination uptake in young Maori and Pacific people.
- To improve public awareness and understanding of communicable disease prevention.
- To contribute to intersectoral work to improve housing quality as an important contributor to infectious diseases, particularly in Maori and Pacific people. .

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

- Reduced spread of communicable diseases.
- Outbreaks rapidly identified and controlled.
- Improved immunisation rates.

9. HEALTHY PHYSICAL ENVIRONMENT

"Improving the quality and safety of our physical environment"

Our key physical environment priorities for 2019-20 are:

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

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

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

10. EMERGENCY PREPAREDNESS

"Minimising the public health impact of any emergency"

Our key emergency preparedness priorities for 2019-20 are:

- To review our Emergency Response plans to ensure alignment with DHB Health Emergency Plans.
- To ensure all staff have appropriate emergency response training.
- To participate in local and national emergency response exercises.
- To build and strengthen relationships in the community and with other key stakeholders, with a focus on District Health Boards and Local CDEM
- To work with Ngāi Tahu and Papatipu Rūnanga to support emergency response capacity of iwi Māori.

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

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

11. SUSTAINABILITY

"Increasing environmental sustainability practices"

Our key sustainability priorities for 2019-20 are:

- To convene a Transalpine DHB Environmental Sustainability Governance Committee.
- To help build capacity of regional and national sustainability networks, including South Island Public Health Partnership sustainability workstream, and Sustainable Health Sector National Network
- To raise awareness of local government partners of the health impacts of environmental (planetary health) issues, and to support their mitigation/adaptation strategies.

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

12. SMOKING CESSATION SUPPORT

"Supporting smokers to quit"

Our key smoking cessation support priorities for 2019-20 are:

- To deliver quality stop smoking services to people in Canterbury who smoke.
- To enhance health professional and community understanding of how to effectively motivate, mentor, and refer people who smoke to Te Hā – Waitaha.
- To improve referral pathways for mental health service users.
- To streamline Te Hā – Waitaha data and client flow systems.
- To promote vaping as a cessation tool.
- To support workplaces and education settings to provide smokefree environments and support staff to stop smoking

The smoking cessation support **outcomes** we work towards are:

- Lower prevalence of smoking, particularly in the priority groups
- Equitable smokefree outcomes across all ethnicities and age groups
- Increasing numbers of smokefree environments

13. WELLBEING AND MENTAL HEALTH PROMOTION

"Improving mental health and wellbeing"

Our key wellbeing and mental health promotion priorities for 2019-20 are*:*

- To continue development, delivery, and evaluation of the All Right? campaign, including a new strategic plan and funding strategy.
- To support psychosocial recovery bodies (Greater Christchurch Psychosocial Committee and Governance Group) in their transition from a psychosocial recovery focus to supporting broader population wellbeing.
- To conduct a randomised controlled trial of the Kākano Parenting Resource.
- To grow the capacity of health and partner organisations (particularly local government) to ensure a wellbeing focus is embedded across policy and practice by delivering appropriate training and workshops.

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

14. ALCOHOL HARM REDUCTION

"Reducing alcohol-related harm"

Our key alcohol priorities for 2019-20 are:

- To develop health promotion initiatives that support alcohol harm reduction, including working in tertiary institutions, sports clubs and strengthening community input into licence applications.
- To support and partner with priority populations to access information and resources that address alcohol-related harm e.g. work around FASD, the Good One Party Register with students.
- To contribute to implementation of the Christchurch Alcohol Action Plan (CAAP) in partnership with the new CAAP co-ordinator, including interagency co-ordination, and focusing on the relationship between mental health and alcohol, and social supply to young people.
- To undertake regulatory functions required under the Sale and Supply of Alcohol Act 2012.

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

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

COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Community and Public Health**

DATE: **7 March 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

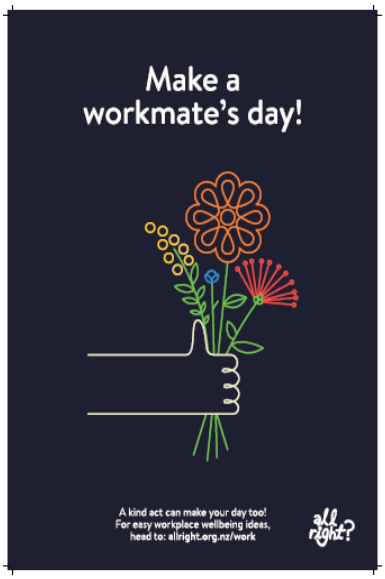
Research with Rainbow communities - A survey which was informed by focus groups with the Rainbow Community, was widely distributed to relevant networks during December 2018. The survey closed on 4 January 2019 with 148 responses. The survey responses are currently being analysed and, along with the findings of the focus groups, will be written up in a comprehensive report due for completion mid-February.

The aim of this research is to take the pulse of the Rainbow communities in Otautahi and to gather some information about the usefulness of the *All Right?* campaign for Rainbow community members. Very little research has been carried out with these communities in Aotearoa so we hope that this work will contribute to the national wellbeing picture of this highly diverse community.

Summer Campaign – Moments that Matter - December and January saw the roll out of the summer campaign which focused on the celebration of 'moments that matter'. The imagery was photography-based and appeared on posters, bus backs and corflutes around the city. The rationale for the campaign lay in the pressures and stress experienced by many people at Christmas time. To help mitigate this, the campaign focused on whanau and friends - and the fact that when we reminisce, it's not the fancy gifts or expensive holidays we remember, but the ordinary times with our friends and family. For example, a trip to the beach with the whānau, backyard cricket on Boxing Day, staring at the stars, or sharing kai with friends. Facebook competitions attracted wide interest with people sharing their personal 'moments'.

Workplace Wellbeing - we have continued our focus on workplace wellbeing which includes running workshops, and continuing to add information and resources including case studies and evidence based

material about the benefits of a mental health promoting workplace, to the *All Right?* at Work web page. Posters for workplaces have been produced to support this work. These will be available through CPH's resource centre once printed (see examples below).



Make the most of our resources – Members of the *All Right?* campaign presented a poster to the Earthquake Recovery Symposium in November 2018 along with a presentation as part of a panel about psychosocial recovery. A poster about the Sparklers initiative was a runner up at the CDHB annual quality awards in December.

A business case has been submitted to the Ministry of health requesting three more years funding for *All Right?* in Greater Christchurch. At the time of writing indications are that we are not likely to hear about the status of the *All Right?* contract until mid-March.

Canterbury Wellbeing Index for 2018 Launched

The Canterbury Wellbeing Index for 2018 was officially launched at a Healthy Greater Christchurch seminar on 28 November 2018. The Index brings together high-quality information about community wellbeing in Christchurch City, Selwyn District and Waimakariri District in a new on-line format. As well as drawing from the data of many different local and national agencies, the Index incorporates information from the 2018 Canterbury Wellbeing Survey which was completed by nearly 3,000 randomly selected greater Christchurch residents in April and May 2018. There are three parts to the Index:

- 'Our Wellbeing' has 56 indicators covering a diverse range of domains including subjective wellbeing, education, housing, health and employment.
- 'He Tohu Ora' is a set of 19 Māori-focused wellbeing indicators informed by a Māori worldview that has been developed in consultation with Ngāi Tahu and Te Pūtahitanga.
- 'Our Population' describes the population of greater Christchurch in ten indicators.

The online Index enables users to extract the information they are interested in. It is available at www.canterburywellbeing.org.nz.

The Index was signed off by the Greater Christchurch Psychosocial Governance Group and the Canterbury District Health Board Executive Management Team, and key content has also been shared with the Greater Christchurch Partnership and the Greater Christchurch Psychosocial Committee. Local decision-makers are being encouraged to explore the data and use it to inform and focus their activities to positively influence the wellbeing of the local population.

The eleventh Canterbury Wellbeing Survey was released at the same time as the Index and is available on the Community and Public Health website www.cph.co.nz

The Canterbury Wellbeing Index has been positively received since its launch at the end of November.

In its first month the Index website had over 1000 different users visit the site. The majority (60%) were from Canterbury, with 12% from Auckland and 12% from Wellington and the rest from across the country and further afield.

By the end of January over 6300 pages had been viewed on the Index website with He Tohu Ora, the Māori section, being the most visited page, after the front page. Subjective wellbeing (with information about quality of life and emotional wellbeing), and Health have been the most visited domains to date.

The Index team is developing a presentation alongside Ngāi Tahu and Te Pūtahitanga which will be delivered at a Partnerships workshop as part of the University of Ōtago Public Health Summer School. The Index team has also been asked to present to the Ngāi Tahu data stakeholders group and Pegasus population health and community engagement team. Statistics New Zealand has initiated several meetings with the Index team to learn from them as they develop the Indicators Aotearoa website.

Greater Christchurch Psychosocial Committee

The Greater Christchurch Psychosocial Committee held its first meeting for 2019 at the end of January. As a recovery matter, the Committee confirmed arrangements for its new role as the Wellbeing Advisory Group for the Greater Christchurch Claims Resolution Service. As a broader wellbeing matter, the Committee discussed the Mental Health & Addictions Inquiry, noting the value of community and population-level approaches such as the *All Right?* campaign and other activities captured in the Shared Programme of Action.

The Committee is reviewing its Terms of Reference in light of re-emerging recovery responsibilities and the continued interest in psychosocial wellbeing more broadly.

Sun Safety Health Promotion in Early Childhood Education Settings

Community and Public Health's Early Childhood Health Promoter and staff from the Cancer Society teamed up in 2018 to talk with 26 Early Childhood Education teachers about their sun protection practices – to establish what was working well and what support they would value. 'Equity-funded' preschools were prioritised, together with a selection of others.

All settings had sun protection policies, all spoke of providing spare hats, 96% used a broad spectrum SPF 30+ sunscreen and ECE managers self-reported that 96% of staff model sun protective behaviour very well. Affordability of resources was highlighted by these educators who believed that the expense of sunscreen was a barrier to many families.

All participating settings were provided with a 'sun protection information resource pack' (including bilingual resources), a large story book, stickers, and information snippets.

A report of this work is being finalised, and communications will likely include a call for funding support for access to sunscreen, hats, and shade cloth. New Zealand, along with Australia, have the highest rates of

melanoma in the world, and there is a need to further raise awareness of the need for sun protection amongst the public.

Health Promoting Schools (*HPS*)
The second of the biannual Primary School Health and Wellbeing Leadership Forums for the year was again hosted by Wharenui School's HPS leadership team, in September 2018. Over 100 students from 11 schools attended. A group of four secondary students from Marian College also observed and supported the running of the forum with a view to developing a similar forum across the schools involved in the Catholic Kāhui Ako.

During the forum student groups from each school offered progress reports on the health promotion projects they have been working on.

Students, staff and parents in attendance interacted with health and wellbeing stations including oral health (run by two schools), heart health (Heart Foundation), fire safety (Fire and Emergency NZ), safe and caring communities (Neighbourhood Support), looking after our environment (Keep Christchurch Beautiful and CCC Graffiti Project), asthma (Can Breathe), Smokefree (CPH Health Promoter), and mental wellbeing (School Based Mental Health Team). Links were made and ideas generated for further collaborative health promoting activities in the attending schools.

The Forum embodies the importance of cultural identity to wellbeing. Recognising the cultural diversity represented, the morning was closed by the Wharenui School Pacific Nations Group singing their beautiful version of the Fijian song Isa Lei.

Tertiary South Island 'Drugs on Campus' Workshop
A South Island 'Drugs on Campus' workshop was organised by CPH's tertiary health promoter in response to drug issues identified at campus events. The workshop led by the New Zealand Drug Foundation (Wellington) and Community Action on Drugs and Youth (CAYAD), was attended by about 40 people from the University of Otago, the Southern Institute of Technology, the University of Canterbury, Ara, Lincoln University, the Nelson-Marlborough Institute of Technology, and by video link to Tai Poutini. Excellent feedback was received from participants, who are currently planning for safer orientation events for the 2019 academic year.

Update on Recent Housing Submissions
Housing quality and security are known determinants of health, particularly for vulnerable populations, such as children and older people, Māori and Pacific peoples, and those living with disabilities and mental illness.

The Canterbury DHB recently prepared two submissions in response to recent consultations by the Ministry for Building, Innovation and Employment (*MBIE*): a discussion document outlining proposed reforms of the Residential Tenancies Act (*RTA*) 1986 and the proposed Healthy Homes Standards for rental properties, which are the regulations of the Healthy Homes Guarantee Act 2017.

The reform of the RTA provides an opportunity to improve conditions for the growing number of people who rent. The Canterbury DHB recommendations focused on how the reforms can improve security of tenure for renters by making period tenancies the norm, limiting the reasons that landlords can evict tenants, and increasing the notice period for landlords so that tenants have more time to secure new housing and leave their existing rental property.

The proposed Healthy Homes Standards for rental properties include indoor temperature standards, heating requirements, insulation, ventilation, moisture ingress, draught stopping, and drainage, as well as the details of implementation and compliance with the standards. The Canterbury DHB submission provided

feedback on several proposed options across all of these areas with the objective of ensuring that the Standards encourage the provision of high quality rental homes that support positive health outcomes, primarily addressing the factors that lead to cold and damp homes.

The recommendations in both submissions could have substantive benefits for tenants' health and wellbeing and help address the health inequities of those who rent.

Community and Public Health also hosted a Healthy Christchurch lunchtime seminar during the consultation period to provide information about the legislation and why it matters, together with perspectives from people working in relevant areas, including Anglican Advocacy, the Christchurch City Council, and Tenants Protection Association. Attendees at the seminar were able to record their thoughts directly in submissions to MBIE.

The Hanmer Springs Smokefree and Vapefree Zone Trial

The Hanmer Springs Community Board have endorsed a six month trial which began on 14 February 2019. Key aims of the trial are to reduce the visibility of addictive smoking behaviour: protect the environment and provide a safe environment for all residents and visitors to enjoy fresh alpine air. Signage includes the byline – Breathe easy in Hanmer Springs.

A communications plan targeting local residents, businesses and tourists has been developed and promotional resources are currently under development. An evaluation plan has also been developed.

Workplaces Health Promotion

One of Community and Public Health's two Ashburton-based Health Promoters has focused on supporting workplaces to sign-up to, and implement, the WorkWell programme. Ashburton Contracting Ltd (*ACL**) a major employer in the Ashburton district has become the first company in Ashburton to achieve the WorkWell Bronze Accreditation award through creating a happier, healthier and more productive workplace. The WorkWell programme provided ACL with the tools to assist in ensuring a healthy working environment for staff. ACL have already completed a smokefree challenge; supporting staff to quit smoking and supplying prizes for those who did. One staff member who quit smoking and is still smokefree was awarded a weekend in Hanmer Springs. ACL's first three priority areas are Healthy Eating, Smokefree and Mental Health. Mike King visited and spoke to staff (staff found the session thought-provoking) during Mental Health Awareness week in October. ACL will continue an organisational focus on Mental Health and plans to address Healthy Eating during 2019.

*ACL specialise in civil contracting and construction; drainage and plumbing services; geotechnical drilling; quarry and landscaping supplies; ready mix concrete; rural contracting; surfacing; utility management; and workshop services and employ around 130 people.

Tāne Ora Work with Jade Associates

The Men's tikanga Māori programme (Te Ihu Waka) focuses on tikanga Māori and knowledge of identity as a pathway to wellbeing for men in prison. A CPH Māori health promoter helps to facilitate 4-5 courses a year. One of the guiding frameworks from a Health Promotion perspective is Te Pae Māhutonga (Mauriora). This focuses on the importance of a strong, positive cultural identity as a prerequisite for Māori health. Next steps involve focusing on building (and strengthening) our connections and supports within the community for these men once they are released.

Safe Use of Compost and Potting Mix – Use the Five Steps to Reduce Your Risk

Members of the Communicable Diseases Team at Community and Public Health have been busy implementing a publicity plan to promote the safe use of compost and potting mix ahead of the spring garden rush – particularly in the lead up to Show Weekend.

This has involved using a range of media formats together with the provision of resources to local A&P Show organisers, highlighting the serious illness that can follow when someone becomes ill due to handling compost/potting mix, as well as the cost to the health system.

Those handling compost/potting mix are encouraged to follow the five steps presented below to avoid acquiring Legionnaires' disease.

Recreational Water and Cyanobacterial Blooms

A number of warnings have been issued for rivers and lakes following findings of cyanobacteria at levels that are potentially harmful to public health. Cyanobacteria are potentially toxin producing bacteria that are evident in lakes as a blue/green 'cyan' coloured scum (planktonic) and black/brown mats (benthic) with a musty smell in rivers. Community and Public Health works with the Regional Council - Environment Canterbury and the Territorial Local Authorities in a joint approach to recreational water quality.

Environment Canterbury scientists conduct water testing for lakes and rivers, the Territorial Authorities put up signage to warn users of water bodies about the potential risk, and Community and Public Health (the Public Health Unit) issue public health warnings.

There are three main components that contribute to cyanobacteria growth; high temperatures, low river flows and nutrient rich water.

Land Air Water Aotearoa have the latest information about the status of contact recreation spots and their current suitability for swimming. Community and Public Health work with Environment Canterbury through the Canterbury Water Management Strategy to reduce nutrient discharge and runoff from rural activities, which are a contributing factor in cyanobacteria growth.

Community and Public Health also provides health advice to those who may have been exposed to cyanobacteria. Exposure to cyanobacteria can involve skin rashes, nausea, stomach cramps, and tingling and numbness around the mouth and fingertips. People who experience these symptoms following exposure to cyanobacteria are advised to contact their GP immediately.

Contact with cyanobacteria can be potentially fatal for dogs and small children, but generally causes short term ill health for healthy adults. Improving knowledge about the public health risks of cyanobacteria, is one of the key components in reducing accidental exposure.

Current warnings in Canterbury (as at 21 February):

- Te Roto o Wairewa (Lake Forysth)
- Te Waihora (Lake Ellesmere)
- Lake Pegasus
- Rakahuri (Ashley) River at SH 1 bridge
- Rakahuri (Ashley) River near Rangiora-Loburn Bridge
- Waipara River at Teviotdale
- Waikirikiri (Selwyn) River downstream of the Glentunnel swimming hole
- Lake Rotorua (Kaikoura) – this is a permanent warning

Health Notification Alert Level Agreed with Fire and Emergency New Zealand

Following the Ravensdown fire which highlighted a communication issue between Fire and Emergency New Zealand (*FENZ*) and Community and Public Health, staff have been in contact with FENZ to agree a Health notification alert level. Further to this, staff from Community and Public Health met with representatives of FENZ to discuss the role of Health and to progress the alert level definition.

The need for the establishment of a HazMat Co-ordination Committee was highlighted. Other important actions that resulted from this meeting are as follows:

- At the next leaders' briefing, the issue of alerting Health Protection Officers (HPOs) will be raised and leaders will be encouraged to consider contacting HPOs when there is a potential risk of smoke contamination, groundwater contamination, asbestos contamination or contamination caused by other hazardous materials.
- A new database EMCOP was due to be piloted during December 2018. If judged successful, it will be rolled out to associated agencies (including Public Health) allowing access to critical information quickly and easily.

Ministry Visit: A Focus on Drinking Water in Christchurch

On 18 January, Community and Public Health staff facilitated a visit from the Ministry of Health: Director of Public Health, Caroline McElnay, Director of Drinking Water, John McGrath and Health Uwins-England, Ministry consultant to Christchurch City Council (*CCC*). The CCC had invited Ministry of Health staff to visit, given the national interest in Christchurch and the Council's wish to return to an unchlorinated supply, as works are completed to bring well heads up to the current Drinking-Water Standards.

The visit was considered a success by all parties. The Ministry gained a better appreciation for the complexity of the Christchurch supplies and of the work being undertaken to improve the wells heads, and also within the distribution to gain better control over potential risks. The CCC have agreed to rewrite their Water Safety Plans using the recently revised New Zealand Drinking-Water Safety Plan Framework and Ministry staff committed to assisting them in this process.

Swimming Pools and Cryptosporidium Prevention

To reduce the chance of people becoming seriously ill this summer due to serious gastro bugs such as cryptosporidium (commonly known simply as 'crypto'), we are raising awareness of how these bugs are transmitted, as well as appealing to people to help us limit their spread. Other possible water-borne infections include norovirus, giardia and E.coli, all of which are also very unpleasant and potentially dangerous. The main infection pathway is through contact with infected or polluted water, which may occur when someone shares a swimming pool or spa with a person who has had a recent infection and is

not completely better. People tend to incorrectly assume that chlorination will kill everything, but cryptosporidium, in particular, is resistant to the standard chlorine dosages used in most pools.

Community and Public Health has been working with the Environmental Health Officers at the Territorial Local Authorities to help educate pool operators and pool users about the risks associated with poorly maintained pools, and disease transmission.

In addition, the questionnaires sent to cases (those who have contracted cryptosporidium) have been updated with visual aids to prompt users not to use swimming pools for at least two weeks after they feel better. People who are infected with cryptosporidium and giardia can experience symptoms including watery diarrhoea, stomach cramps, nausea, vomiting and fever on and off for weeks – which is why we are asking people to respect a stand-down period of two weeks during which they should avoid swimming or spending time in a spa pool. This is to ensure they are fully recovered and no longer infectious prior to returning to communal pools.

In conjunction with Communications and Medical Illustrations, a poster has been developed that will be displayed in pools throughout Canterbury. A website and Facebook campaign aimed at raising awareness of the consequences of spreading enteric illnesses through swimming pools is also planned.

Report prepared by: Nicola Laurie, Public Health Analyst

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

Te Hā – Waitaha

STOP SMOKING CANTERBURY

FREE smoking cessation support for anyone in Canterbury where

'no door is the wrong door'

Canterbury Clinical Network
Transforming Health Care. Whanau Ora ki Waitaha.

Making Integration Live:

A collaborative approach to Smokefree delivery

Smokefree Aotearoa 2025

- Reduced smoking prevalence (5%)
  - **More people stop smoking**
  - Less people uptake smoking
- Tobacco difficult to access
- Future generations will live smokefree lives

Te Hā – Waitaha focuses directly on supporting those who smoke to stop smoking.

Te Hā – Waitaha

Te Hā – Waitaha
STOP SMOKING CANTERBURY

www.stopsmokingcanterbury.co.nz

- Free service for all people who smoke (or are vaping to quit) in Canterbury
- Maori, Pacific Peoples and pregnant women
- Mental health, youth, CALD, low income
- Group / individual, locations across Canterbury

Activity to Date

Te Hā – Waitaha
STOP SMOKING CANTERBURY

Around 8,500 referrals to Te Hā - Waitaha

Around 4,000 enrolments

Around 3,500 quit attempts

Around 1,700 successful at 4 weeks - 670 of these were by people in the priority groups

(Māori, Pacific, Pregnant Women)

Success rate significantly improved compared to previous stop smoking programmes in Canterbury

Achievements/ Challenges

Top 3 Achievements:	Top 3 Challenges:
Dispersed service model successful in engaging high proportions of Maori, Pacific and rural populations	Database – identification and implementation of a database to enable consistency of data, data flow and client journey
Pregnancy Incentive Programme – evaluation shows increased referrals and enrolments, inflated quit rates	Maintaining momentum – ongoing funding, workforce development, brand recognition
Smokefree System integration progress – ABC team / Te Hā – Waitaha / community providers / PHO's / Pharmacy / LMC's	Developing pathways - mental health and prison services to access cessation

Vaping – the new challenge

- Vaping safer than smoking, but not completely safe
- “Vaping to Quit” HPA campaign, website
- Behavioural support essential
- Stop Smoking services support vaping to quit
- Regulations developed by end 2019
- Vaping seminar Christchurch 29th May

PLANNING AND FUNDING UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

SOURCE: **Planning & Funding**

DATE: **7 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Committee with a progress update against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2018/19.

2. RECOMMENDATION

That the Committee:

i. notes the update on progress to the end of quarter two (Oct-Dec) 2018/19.

3. SUMMARY

The attached quarterly report has been prepared to highlight the progress being made against the commitments set out in Canterbury DHB's Annual Plan for 2018/19.

This is a new report which will become a standing agenda item for the Committee and will be circulated to executive and management teams and shared with the Ministry of Health.

Overall there is good progress across most focus areas. Delays in some areas related to staff capacity, hospital build delays, the use of healthLearn, and the implementation of the new patient management system South Island PICS, are anticipated to be resolved by quarter four.

Key Points to Note

- A contract is now in place for a new community based acute residential service to provide alternative options for people experiencing an acute episode of mental health illness. Protocols for the service are being developed by the NGO provider and clinicians.
- All general practices in Canterbury have signed up to the national 'zero fees' initiative for children under 14 years and the initiative to provide 'lower cost general practice visits'. This covers approximately 95% of the Canterbury 0-14 population.
- Mana Ake has more than 40 kaimahi (workers) operating in 98 schools across 12 clusters from North Canterbury to Selwyn. Leading Lights, a web based tool, is now available in all schools.
- New Cardiovascular Disease (*CVD*) risk assessment guidelines are being introduced nationally and a CVD Improvement Plan is being drafted jointly by Canterbury's PHOs to address the new guidelines and provide actions for improving performance.
- A sector wide workshop was also held in November to identify key whole-of-life Oral Health messages. This is part of the DHBs plan to Develop a 'whole of life' oral health communication/education strategy to raise awareness of the importance of good oral health and motivate behaviour change.

4. APPENDICES

Appendix 1:	CDHB Annual Plan 2018/19 - Delivery of National Priorities & Targets – Status Report Quarter 2

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

Canterbury DHB Annual Plan 2018/19

Delivery of National Priorities & Targets

Status Report Quarter 2 October - December 2018

Status Key:

✓	Completed As Planned
↺	Underway (but not yet completed)
×	Delayed / At Risk

Mental Health Services

Population Mental Health Services

NZ Health Strategy link - One Team

Status Report for 2018/19

Performance Reporting Link – PP43

Key Actions from the Annual Plan	Milestones	Status	Comment
Continue to invest in the delivery of Brief Intervention Counselling in primary care to provide earlier intervention and therapeutic support to youth and adults. Continue to invest in extended GP consults to support young people aged 13-24 with mental health, alcohol or other drug issues. Continue to invest in the Equally Well programme to promote the physical health of people with mental health conditions.	Q1: Quarterly monitoring of BIC and extended consult access rates by demographic.	✓	Quarterly monitoring of BICs by age, gender and ethnicity in place. The funding for Equally Well consults is now allocated to practices on a capitation basis. We are therefore unable to report individual numbers for this service going forward.
	Q2: Quarterly monitoring of Equally Well programme uptake established.	✗	
	Q3: Opportunities to reduce BIC wait times identified and implemented.		
Invest in the development of a community-based acute residential service to provide alternative options for people experiencing an acute episode of mental health illness.	Q1: Service provider identified.	✓	A contract is now in place. The NGO provider is currently working with clinicians to develop protocols for the service.
	Q3: Community-based Acute Residential Service operational.		
Complete development of a whole-of-system performance Dashboard highlighting service and outcome performance by demographic. Use the Dashboard to identify opportunities to reduce equity gaps. (EOA)	Q2: Dashboard operational.	↺	Adult mental health system measures have been identified and other measures are under development. We expect to deliver the dashboard in Q3.
	Q3: Opportunities to reduce equity gaps presented to the CCN Mental Health Workstream.		
Establish a cross-sector Suicide Prevention Governance Committee to support a collective response to suicide prevention. Update the Suicide Prevention Action Plan. Ensure a strong Māori and Pacific voice (as priority groups) in the consultation on the refreshed Action Plan and on the Governance Group. (EOA)	Q1: Suicide Prevention Governance Committee established.	✓	Governance Group established with membership from Ngāi Tahu.
	Q2: Ngāi Tahu representation on the Governance Committee.	✓	An Interim action plan has been developed. Wider consultation in Q3 will feed into the refreshed plan.
	Q2: Cross-sector consultation undertaken.	↺	
	Q3: Refreshed Action Plan released.		
Review progress in implementing the national Supporting Parents Healthy Children guidelines and confirm priority actions.	Q2: Review completed.	✓	The review has been completed and a steering group is overseeing workplan activity.
	Q3: Priority actions identified.		
Coordinate Inquiry Panel visit to provide opportunities for agencies to be heard. Publish submission and feedback dates to ensure people opportunity to participate.	Q1: Agencies given opportunity to be represented.	✓	There was good engagement with the Inquiry panel in Christchurch. Meetings included clinicians, service users, Māori, families, Canterbury DHB, and Alliance Leaders.
	Q1: DHB actively participates in Mental Health Inquiry and provides feedback to the Panel.	✓	

Key Performance Measures	Result	Comment
>500 Young people (0-19) accessing brief intervention counselling in primary care.	345	On track.
>4,500 Adults (20+) accessing brief intervention counselling in primary care.	3,645	On track.
80% of people referred to specialist mental health services are seen within 3 weeks.	73%	The DHB and specialist mental health services are working through a number of changes to support a more integrated approach and reduced wait times across the system this includes, strengthening of programmes delivered by NGOs and in primary care with specialist support through consult/liaison.
95% of people referred to specialist mental health services are seen within 8 weeks.	92%	

Mental Health Improvement Activities

NZHS Link - One Team

Status Report for 2018/19		Performance Reporting Link – PP7	
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comment**
Participate in regionally-based learning opportunities and co-design workshops related to seclusion reduction and improving transitions. Complete an evaluation of consumer, Whānau and staff experience of seclusion Support a strong focus on ensuring culturally safe approaches for Māori/Pacific mental health consumers and their whānau.	Q2: Focus groups/interviews of consumers, whānau, and staff to understand their experience.	✓	Consumer/whanau interviews have been completed and further interviews are being arranged in order to gather more information. Themes from information gathered so far have been identified. The additional interviews may result in more themes and ideas for testing.
	Q3: Thematic evaluation complete and ideas for testing, identified.	↺	
	Q3: Ideas tested in the clinical environment and evaluated for effectiveness.		
	Q4: Balancing metrics captured and reported to HQSC– use of seclusion, use of restraint, use of sedatives.		
Develop programme of improvement for youth to adult transitions Improve consistency of discharge planning documentation. Develop tool for auditing wellness / transition plans.	Q2: Project plan for improving youth to adult transitions agreed.	✓	A project charter has been agreed and approved. A project group is in place to begin addressing identified outcomes.
	Q3: Discharge plans consistently identified and recorded to support accurate measurement.		
	Q4: Audit tool developed, tested and implemented.		
Key Performance Measures		**Result**	**Comment**
95% of clients discharged have a transition or wellness plan in place.		77%	Standardising transition planning processes is a key focus to improve the accuracy of this data. Transition plans are documented and identified in a variety of ways and it is anticipated that the percentage of people with a transition plan is higher than reported.
95% of audited files meet accepted good practice.		n/a	Work is ongoing to define the criteria for these audits, which will begin once this is completed.

Addictions Services

NZHS Link - Value & High Performance

Status Report for 2018/19 | Performance Reporting Link – PP8

Key Actions from the Annual Plan	Milestones	Status	Comment
Continue to work through the CCN Mental Health Workstream to support the development of whole of system pathways for people with addiction issues.	Q1: Quarterly monitoring of wait times and ongoing improvements to data collection.	↺	Wait times are monitored quarterly. Data collection for the development of a dashboard for monitoring including wait times is under development.
Work with He Waka Tapu to roll out access to their online support service (Whaiora Online) to other service providers, to support people's health and wellbeing and recovery after treatment. (EOA)	Q2: Increase in the number of users accessing Whaiora online.	✓	He Waka Tapu has increased client engagement and are working with other AOD providers to implement Whaiora online for their client.
Investigate options to further develop community-based withdrawal management support.	Q2: Additional community-based withdrawal management support options identified.	↺	The SMHS proposal for change feedback has expanded options to consider. These are being worked through with the DHB waiting for the release of the response to the national Mental Health Inquiry.
	Q4: Increased community-based withdrawal management capacity available.		

Key Performance Measures	Result	Comment
80% of people referred to specialist addiction services are seen within 3 weeks.	72%	Addiction services are providing immediate access to a range of non-specialist options, including formal and informal peer support. While this is not reflected in treatment services wait times, it can provide a meaningful intervention on its own and/or strengthen the individual's readiness for treatment. This data also currently reflects inclusion of people not available for treatment. We are working to clarify this impact on the results.
95% of people referred to specialist addiction services are seen within 8 weeks.	90%	

Mental Health Support in Schools

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP42

Key Actions from the Annual Plan	Milestones	Status	Comment
Support the cross-sector CCN Mana Ake Service Level Alliance to oversee the design and delivery of the initiative in Canterbury. Continue the rollout, focusing the first clusters on school in areas of highest need. (EOA)	Q1: Mana Ake rolled out to 3 more school clusters.	✓	As at December 2018 Mana Ake currently has more than 40 kaimahi (workers) operating in 98 schools in 12 clusters from North Canterbury to Selwyn.
	Q4: Mana Ake rolled out to all eligible primary schools in Canterbury (Year 1-8 children).		
Work in partnership with providers to identify Kaimahi (staff) to support the rollout. Use school rolls to identify optimal allocation of Kaimahi to ensure children and whānau have access to culturally appropriate support. (EOA)	Q4: 80 Mana Ake Kaimahi in place.	↺	On track.
Invest in the development of Leading Lights (web based tool) to clarify support pathways for children and young people and provide schools with reliable, consistent information.	Q2: 10 topics available on the Leading Lights website, to schools with the Mana Ake initiative.	✓	Leading Lights is now available in all schools.
	Q4: Leading Lights available to all primary schools in Canterbury.	✓	
Implement the agreed evaluation approach, focusing on four outcome domains: children, whānau, school and system to inform opportunities for ongoing improvement.	Q1: Evaluation approach agreed.	✓	The DHB has agreed an evaluation approach with the Ministry of Health.
	Q4: Evaluation report on impact of Mana Ake completed.		

Key Performance Measures	Result	Comment
Number of children and families accessing services.	523	385 seen as individuals, 138 in groups in quarter two.
Number of visits to Leading Lights pages.	10,415	587 new users in July to December 2018.
Positive impact demonstrated across four domains: children, whānau, school and system.	Q4	On track with positive feedback coming from schools.

Primary Care Services

Service Access

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
Through the Primary Care Under 13's Working Group, complete the review of the current model for Zero Fees for children under 13 years. Analyse after-hours access patterns to ensure free after-hours provision accounts for geographic and demographic factors that are potential barriers to access. (EOA) Agree with PHOs the access and funding arrangements for extending zero fees for children from under 13 to children under 14 from 1 December. Work with PHOs, to keep general practice informed about the details of the community services card policy as they are released, and identify processes that will lead practice to choose to offer reduced consultation fees. Work with the three Canterbury PHOs to ensure practices update their public websites showing details of their zero-fee arrangements.	Q2: Consultation and review completed.	✓	Canterbury has 100% uptake of zero fees from Canterbury general practices. This covers approximately 95% of the Canterbury 0-14 population at current enrolment rates.
	Q2: Proposed new model communicated and agreed with general Practice.	✓	
	Q2-Q3: Implementation of zero fees model for children <14 (both in and after- hours).	✓	
	Q4: General practice websites are confirmed as updated.		
	Q4: Monitor access patterns for all under 14s in-hours and after-hours.		
	Q4: 95% of children <14 have zero fee access to general practice services and prescriptions.	✓	

System Integration

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the CCN District Alliance as a mechanism for leading service and system improvements. Monitor system performance against Canterbury's Outcomes Framework and the national System Level Measures to identify areas for improvement and focus. Embed the four new service level alliances: Primary Care Capability, Population Health & Access, Oral Health and Mana Ake. (EOA) Extend Alliance partnerships, with a focus on engaging with ACC.	Q1: Work plans for four new alliance groups endorsed by the Leadership Team.	✓	The Primary Care Capability SLA has an Action Register in place. The Population Health & Access SLA and the Oral Health Service Development Group work plans were endorsed by the Alliance Leadership Team in quarter two. Mana Ake progress reporting is being captured in the Child & Youth Workstream work plan. ACC is a member on four groups: ▪ Falls & Fractures SLA ▪ Urgent Care SLA ▪ Older Persons Workstream ▪ Alcohol & Harm work Group
	Q2: ACC endorsed as members of at least two alliance groups.	✓	
	Q4: Delivery of the actions agreed in the CCN work plans for 2018/19.		
	Q4: Delivery of the actions agreed in the 2018/19 System Level Measures (SLM) Improvement Plan.		
Working through the joint SLM Alliance Steering Group, refresh and refine the SLM Improvement Plan outlining collective activity to improve performance against the national measures.	Q1: Implementation of agreed Improvement Plan underway.	✓	Work steered by the Improvement Plan is underway and being reported quarterly. Quarter two reporting shows actions are on track against plan.
	Q1: Quarterly review of progress against the Improvement Plan.	✓	
Investigate nurse practitioner internships for rural nurses in Canterbury. Develop a training initiative to assist the support care workforce who have trained overseas to integrate into workplaces that may be different than where they trained.	Q2: Nurse practitioner internships scoped and recommendations made.	✗	Canterbury registered their interest in the Health Workforce New Zealand (HWNZ) Development Fund in quarter one. The HWNZ is still reviewing the 149 submissions received and the delay has impacted our ability to progress planned actions for quarter two.
	Q4: Support care worker training initiatives scoped and recommendations made.		

CVD and Diabetes Service Improvement

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – PP20

Key Actions from the Annual Plan	Milestones	Status	Comments
Support PHO clinical and executive teams to identify and support practice level champions and follow up with practices with below average performance.	Q1: Quarterly performance reporting by general practices.	✓	Quarterly reporting against targets by ethnicity is in place.
	Q1: Quarterly performance reporting by ethnicity.	✓	
Support PHOs to maximise the capability of IT audit, dashboard and new algorithm tools to prompt the delivery of a CVD risk assessment and streamline the recording of this activity.	Q4: Pegasus rollout of the Sirius PMS system (with enhanced dashboard tool) complete.		
Support PHOs to implement initiatives targeting high-need Māori and Pacific populations through collaboration with local organisations that have high reach into these populations. (EOA)	Q1: Quarterly reporting of existing and upcoming initiatives.	✓	In the last quarter the following initiatives have been supported to have reach into high need/high risk cohorts of the populations. Support and attend the annual Aranui AFFIRM festival to promote enrolment and engagement with improve primary care, particularly for Maori males aged 35-44. Incentive funding for general practice to encourage Maori Men aged 35-44 to attend a CVDRA.
Progress a redesign of the patient education model to improve engagement with services and increase the health literacy of our high-need Pacific populations. (EOA)	Q1: IDSDG sub-group set up to progress the redesign.	✓	An Integrated Diabetes Services Group sub-group has been set up to progress the four key priorities from the Diabetes Review. Participants have been identified to guide and inform the new model of education and develop an implementation plan. A number of key areas will underpin the redesign including equity of access.
	Q4: Draft model developed.		
Further integrate the diabetes nursing workforce to support service delivery closer to communities of need, and maintain consistent clinical oversight and equity of access (regardless of the complexity of people's diabetes). (EOA)	Q3: Workshop held to develop roadmap and identify quick wins.		
	Q4: Implementation plan for the reorientation of diabetes services completed and agreed.		
Explore opportunities for increasing access to dietetic and nutrition services in the community and aligning the workforce to the location of service delivery.	Q2: Working group formed to identify barriers to access.	↺	An oversight group has been established under the Integrated Diabetes Services Group. Identifying barriers and how to overcome them will be an underlining priority for each of the four diabetes review priorities. Clinicians are being identified for the working group Maori, Pacific and Indian groups will all be represented.
	Q4: Change proposal developed.		

Key Performance Measures	Results	Comments
90% of the eligible population have had a CVD risk assessment in the last 5 years.	76%	At the end of Quarter Two, 121,080 people were recorded in general practice as having had a CVD risk assessment in the last five years. Performance has dropped in recent quarters as the major effort that was supported in general practice five years ago is beginning to fall off. This measure is also impacted by an increasing Canterbury population. New CVD risk assessment guidelines are being introduced nationally and a CVD Improvement Plan is being drafted jointly by Canterbury's PHOs to address the new guidelines and provide actions for improving performance.

90% of eligible Maori men (35-44) have had a CVD risk assessment in the last 5 years.	52%	DHBs struggle nationally to meet this target for Māori Men. The national average for this measure is 67%. The new CVD risk assessment guidelines recognise Māori men as an at risk population group and have reduced the recommended assessment age from 35 to 30. The Canterbury CVD improvement plan will establish actions to specifically address risk assessment rates for Māori Men.
90% of the population identified with diabetes have had an annual HbA1c test.	90%	

Newborn Enrolment

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – SI18

Key Actions from the Annual Plan	Milestones	Status	Comments
Invest in the LinKIDS coordination function to support the multiple enrolment process, connect children to available health services and better inform parents. (EOA) Work with PHOs to refresh the multiple enrolment process chart and support general practice to engage with the process. Align the National Immunisation Register and LinKIDs process to reduce the number of children with an unknown provider. Provide feedback to LMCs when they notify LinKIDS of a birth with no nominated or identified general practice.	Q1: Expansion of the LinKIDS programme.	✓	A LinKIDS programme coordinator was appointed in December and a scooping exercise will now take place to identify future service opportunities. The process chart has been refreshed and was distributed to general practice in January. Education sessions have occurred with one PHO with the aim to offer these to the other two Canterbury PHOs in 2019.
	Q2: Refreshed process chart circulated to general practice.	✓	
	Q3: NIR and LinKIDS processes aligned.		
	Q4: >95% of children have a known provider.		

Key Performance Measures	Results	Comments
85% of newborns are enrolled with general practice by 3 months of age.	76%	This is a 7% decrease from last quarter, however this result does not include a complete data set due to early submission of the PHO registers in December. We expect this result to lift again in Q3.

Pharmacy Action Plan

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
Work with local pharmacies and the Canterbury Community Pharmacy Group to implement the new agreement locally.	Q1: All pharmacies in Canterbury sign the new service agreement.	✓	All pharmacies in Canterbury have new service agreements in place.
	Q4: 120 pharmacies have new 'evergreen' pharmacy service agreements in place.	✓	
Support pharmacists to provide medication management reviews (MURs) and medication therapy assessments (MTAs) for people on high risk/multiple medicines. Analyse polypharmacy patterns by demographics to increase GP visibility of enrolled patients on multiple mediations and guide refinement of actions to improve performance. (EOA)	Q2: Analysis of polypharmacy patterns circulated.	✗	Analysis of polypharmacy patterns has not started but will be the subject of Pegasus PHOs clinical education and quality programme for general practitioners and pharmacists in quarter three.
	Q4: Increased uptake of MURs and MTAs by high need populations.		
Invest in a pharmacy outreach programme for Māori, promoting health literacy and self-management of medicines. (EOA)	Q3: Kaupapa Māori mobile clinics launched.		
Engage pharmacists in protecting our community against influenza by vaccinating pregnant women and people aged 65+.	Q4: >80 Pharmacies providing free influenza vaccinations.		

Key Performance Measures	Results	Comments
>1,000 people receive a Medication Use Reviews (MUR).	664	On track.
>250 people receive a Medication Therapy Assessments (MTA).	71	GP referrals for the new services are building slowly and it is unlikely that we will meet the previously anticipated target by year end.

Support to Quit Smoking

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor the DHB's Tobacco Control Plan to support an integrated approach to achieving Smokefree Aotearoa 2025. Review the current Plan to ensure smokefree efforts are focused on communities, whānau and groups with a higher smoking prevalence (Māori, Pacific and people living in more deprived circumstances). (EOA).	Q1: Continued delivery against the Tobacco Control Plan. Q3: Plan reviewed and updated for resubmission in May 2019.	✓	Key Tobacco Control activity continued to be delivered.
Continue to support the rollout of the Motivational Conversations Programme, to support health professionals to have difficult conversation with patients about risk behaviours and adopting healthier lifestyles.	Q1: Ongoing uptake of motivational training. Q4: 25 training events delivered.	✓	
Support the continued development of our Stop Smoking Service (Te Hā Waitaha). Monitor enrolments by referrer and ethnicity to identify opportunities for improvement and to ensure uptake by Māori, Pacific and high need population groups. (EOA)	Q1: Quarterly monitoring of referrals and enrolments. Q4: Increased enrolment rates amongst Māori, Pacific and high need population groups.	✓	
As an integral part of Te Hā Waitaha, continue to invest in a programme that incentivises pregnant women to stop smoking. Complete an evaluation of the incentivised programme to identify successes and opportunities for improvement.	Q1-4: Increased enrolments rates for pregnant women. Q4: Evaluation completed and circulated to Alliance partners.	✓	

Key Performance Measures	Result	Comment
90% of PHO enrolled patients who smoke are offered brief advice/support to quit.	89%	This result illustrates a sustained effort from Canterbury PHOs.
90% of pregnant women who identify as smokers upon registration with an LMC are offered brief advice and support to quit smoking.	93%	Canterbury does not have any DHB employed mid-wives, however we support local LMCs with access to the Te Hā – Waitaha Stop Smoking Service and education and training alongside DHB staff.
95% of hospitalised patients who smoke are offered brief advice and support to quit smoking.	92%	The DHB team is working closely with hospital services to lift performance.

Child Health Services

Maternal Mental Health Services

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP44

Key Actions from the Annual Plan	Milestones	Status	Comments
Develop a system-wide Maternity Strategy to support the realignment of our maternity system and improved health of mothers and babies. Ensure a targeted focus on Māori and Pacific, women living in lower decile areas and younger mothers as populations of higher need. (EOA)	Q1: Feedback from co-design workshops used to inform the development of the Strategy.	✓	A co-design workshop was held in quarter one. From this workshop an outline of the proposed strategy was presented to the DHB Board who provided their support. The strategy has four themes: - Becoming pregnant in Canterbury. - Having a baby in Canterbury. - Becoming a parent in Canterbury. - Being a child in Canterbury. The first draft of the Maternity Strategy is being reviewed by those involved in the realignment of the maternity system.
	Q2: Strategy presented to DHB Board.	✓	
	Q3: Implementation Plan agreed.	↺	Implementation of the 'Having a baby in Canterbury' theme commenced in quarter two.
Identify all community-based DHB funded services and initiatives currently in place to support maternal mental health. Identify the number of women being supported.	Q2: Stocktake report completed.	✓	The completed stocktake has been shared with the Ministry of Health.
	Q4: Access report provided to the Ministry of Health.		

Child Wellbeing

NZHS Link - Value & High Performance

Status Report for 2018/19 | Performance Reporting Link – PP27

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a cross-system Oral Health Service Development Group under the CCN Alliance. Develop a 'whole of life' oral health communication/education strategy to raise awareness of the importance of good oral health and motivate behaviour change. Include the Community Dental Service in the multiple enrolment process to capture children in the database at birth. (EOA)[1] Use the LinKIDS coordination function to support the Community Dental Service to connect with children lost to recall. (EOA) Use focus groups to determine factors impacting adolescent engagement with dental services with a focus on Māori and Pacific youth. (EOA)	Q1: Terms of reference and work plan for Oral Health SDG endorsed by the Alliance Leadership Team.	✓	The terms of reference and work plan were approved by both the Canterbury and West Coast Alliance Leadership Teams in November. A sector wide workshop was also held in November to identify key whole-of-life Oral Health messages. Work will begin on preparing the Communications Strategy in Q3. Work has begun to identify children who are identified as "lost to recall" and link them with the LinKIDS service to determine if they can be reached.
	Q2: Oral Health Strategy agreed.	✓	
	Q3: Adolescent focus groups held.		
	Q4: Whole-of-Life communications plan and key messages developed to support improved oral health at any stage in life.	↺	
Undertake further research on why Pacific children are more likely to end up admitted to hospital with an avoidable condition. (EOA) Work with Whānau Ora providers to strengthen referral pathways for children admitted to hospital services acutely. Increase general practice visibility of their enrolled 0-4-year olds who are admitted to hospital with an avoidable condition.	Q1: Quarterly monitoring of Avoidable Hospital Admissions.	✓	Quarterly monitoring is part of the System Level Measures monitoring.
	Q3: Referral pathways strengthened in two key areas.		
	Q3: Avoidable admissions of enrolled 0-4-year olds identifiable to each general practice.		
	Q4: Further research identifies opportunities for focus.		
Continue to invest in the Violence Intervention Programme (VIP) and activity to support a reduction in harm and adverse health outcomes.	Q1: VIP training sessions ongoing.	✓	
	Q4: VIP audit results >70/100.		

Key Performance Measures	Results	Comments
95% of children (0-4) are enrolled with Community Dental Services.	Q3	
90% of enrolled children (0-12) are examined according to plan.	Q3	
>61% of adolescents (13-17) are accessing DHB-funded oral health services.	Q4	

[1] *A higher proportion of Māori and Pacific children are 'lost to recall' when they cannot be contacted and are made inactive on the Community Dental Service database.*

Supporting Health in Schools

NZHS Link – Closer to Home

Status Report for 2018/19			Performance Reporting Link – PP39
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to support the Health Promoting Schools framework in decile 1-4 schools and schools with a high proportion of Māori and Pacific students. (EOA) Continue to support interschool forums and deliver professional development and training workshops for schools. Identify all actions and initiatives currently underway to support health in primary and secondary schools in Canterbury. Develop action plans with each priority school engaged in the HPS framework.	Q2: Interschool forum held.	✓	The stocktake was completed and includes those services that are unique to Canterbury (such as Specialist Mental Health Services in Schools and Mana Ake).
	Q2: Professional development workshop held.	✓	
	Q2: Stocktake report completed.	✓	
	Q4: >50 schools have action plans.		

School-Based Health Services (SBHS)

NZHS Link – Closer to Home

Status Report for 2018/19			Performance Reporting Link - TBC
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Undertake a stocktake of all school-based health services (SBHS) currently provided in public secondary schools in Canterbury. Work with decile 1-4 schools to identify and reduce barriers to participation in routine health assessments, with particular focus on Māori and Pacific participation. (EOA) Work with Te Pa o Rakaihautu School to identify an appropriate model or approach to school-based nursing support in a kaupapa Māori environment. (EOA) Work with schools and providers to roll out SBHS to all decile 4 schools and develop an implementation plan for expanding SBHS to all public secondary schools in Canterbury.	Q2: Stocktake report completed.	✓	The stocktake was completed and includes those services that are unique to Canterbury (such as Specialist Mental Health Services in Schools and Mana Ake).
	Q3: Kaupapa Māori model/approach identified and supported.		
	Q4: SBHS in place in all 1-4 decile schools in Canterbury.		
	Q4: Implementation plan for expanding SBHS to all schools completed and provided to the Ministry of Health.		
	Q4: 95% of year nine children receive a HEEADSSS assessment.		

Immunisation

NZHS Link – One Team

Status Report for 2018/19			Performance Reporting Link – PP21
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to invest in the outpatients' vaccination programme to reach women and children who are not vaccinated. (EOA) Continue to support practices with catch-up schedules and overseas vaccination history for children new to living in Canterbury. Refresh the immunisation process chart and include tips and prompts for having difficult immunisation conversations. Engage with alliance partners to better understand Māori and Pacific five-year-old declines rates and work with practices to reduce declines for these high need populations. (EOA)	Q1: Quarterly review of immunisation and decline rates by ethnicity.	✓	Rates are monitored quarterly by the Immunisation Service Level Alliance. The process chart has been refreshed and will be distributed to practices in early 2019.
	Q1: LMC focus group held to identify barriers to promoting immunisation.	✓	
	Q2: Refreshed process chart issued to general practice.	↺	
	Q3: Options for difficult conversation training for practice nurses explored.		
	Q4: Opportunities to reduce decline rates captured.		
Key Performance Measures		**Results**	**Comments**
50% of pregnant women vaccinated for Pertussis.		Q3	
95% of 8-month-olds fully immunised.		94%	Canterbury, like the rest of the country, is struggling with increasing rates of immunisation declines and opt-offs. Our Immunisation Service Level Alliance, continues to work on resources to support general practice to have the difficult conversations with these families. The eight-month immunisation target was missed by just five children in quarter two.
95% of 2-year-olds fully immunised.		94%	
95% of 5-year-olds fully immunised.		92%	

Responding to Childhood Obesity

NZHS Link – Value and High Performance

Status Report for 2018/19		Performance Reporting Link - TBC	
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Monitor the delivery of B4 School Checks (B4SC) and referrals to the Healthy Lifestyle Coordination Service, by ethnicity and deprivation, to ensure all children are being appropriately assessed and referred for support where needed. (EOA)	Q1-Q4: Quarterly monitoring of assessments, referrals and programme uptake.	✓	Rates are monitored quarterly by the Child & Youth Workstream.
	Q3: Audit to identify reasons for those declining referrals.		
Investigate reasons why families don't take up and/or complete family-based nutrition, activity and lifestyle interventions.	Q3-Q4: Provision of 'difficult conversation' training for staff assessing and referring families.		
Expand the range of nutrition, activity and lifestyle interventions available, to provide general practice teams with multiple referral options when referring overweight children and their families.	Q3: Identify models and service interventions that are succeeding elsewhere in NZ.	↺	The DHB is currently piloting the Pegasus PHO funded FAB families initiative.
Explore the development of services tailored specifically to meet the needs of Māori and Pacific children, and children living in high deprivation areas. (EOA)	Q4: Identify a pathway for the development and/or implementation of additional programmes in Canterbury.		
Key Performance Measures		**Results**	**Comments**
95% of children identified as obese at their B4 School Check are offered a referral to a health professional for clinical assessment and family-based lifestyle intervention.		100%	The programme is on track and exceeding expectations.

Older Person's Health Services

Healthy Ageing

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP23

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to work with partner organisations through the CCN Falls and Fractures SLA to enhance and integrate falls and fracture prevention services. Support Sport Canterbury to accredit community strength and balance classes targeted towards Māori and Pacific people. (EOA) Engage with other existing DHB funded rehabilitation and education programs to bring in a strength and balance component. Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (NOF) are referred to the in-home Falls Prevention programme.	Q1: ACC endorsed as a member of the Falls and Fractures SLA.	✓	A connection with Te Puawaitanga was developed through the delivery of an 8-week exercise programme, creating the opportunity for ongoing community classes to meet the needs of Maori participants.
	Q2: Māori and Pacific focused community strength and balance classes accredited.	✓	
	Q2: Falls Prevention Pathway reviewed and updated.	↺	The Falls Prevention Pathway and interconnections with the community strength and balance classes are being looked at as part of the review of the Community Rehabilitation Enablement Support Team (CREST) service.
	Q4: DHB funded rehabilitation or education programmes accredited to provide community strength and balance components.		
	Q4: 150 community strength and balance places in place, targeted towards Māori and Pacific.		
Review the Community Services Operations Manual to further support and embed the restorative approach across the system. Establish a reporting framework to raise the focus on the rate by which Māori and Pacific people (50+) are having their needs assessed using the InterRai tool. (EOA) Work with partner DHBs on the InterRAI Visualisation Project to develop a single dashboard view of people's assessments and make this available to the health professionals involved in their care. Design a new community services referral process to streamline service referrals.	Q2: Community Services Operations Manual updated.	↺	Work is underway to revise the community services operations manual to reflect the restorative model of care. We anticipate this will be completed in quarter three.
	Q2: InterRAI reporting framework in place, and assessment rates tracked by ethnicity.	✓	
	Q4: Prototype InterRAI dashboards available to general practice via HealthOne.		The new referral form has been formulated and is currently being trialled in paper form. Progress on the electronic referral system is contingent on capacity with developers, negotiations are underway to achieve this.
	Q4: New electronic community services referral forms operational and HealthPathway updated.	↺	
Work with our partners in the CCN Urgent Care Workstream, to review and target the Acute Demand Management Service to reduce avoidable ED presentations. Invest in GP visit vouchers for people seen at risk of re-presentation to ED following discharge with a focus on high need people aged 50+. (EOA) Analyse the 65+ cohort with repeat acute admissions and investigate potential interventions. (EOA)	Q1: Quarterly monitoring of uptake of the ADMS by age and ethnicity.	✓	The post-discharge voucher program was implemented over winter. The impact will be evaluated with a deep dive commissioned by the Urgent Care SLA in Q3, with a view that specific cohorts of people can be targeted for vouchers in the future.
	Q1: Launch of the post-discharge voucher program (over winter).	✓	
	Q2: Strategies for repeat admissions cohort identified.	↺	
	Q3: Review uptake of post-discharge vouchers.		
	Q4: Alternative pathways and/or interventions introduced.		

Key Performance Measures	Results	Comments
12,000 places available at accredited strengths and balance classes.	33,201	This is the total number of places available at community strength and balance classes that have been accredited by ACC as part of the Live Stronger for Longer initiative.
1,200 referrals made to the Falls Prevention Service.	1,029	On track.
2,100 people supported by the Fracture Liaison Service.	598	The Fracture Liaison Service reviews the treatment of patients presenting to hospital with a fracture. This is not always face to face and not always recorded. The FLS Nurse is also

		responsible for the promotion of the service throughout secondary care, establishing DHB reportage to the Hip Fracture Registry and maintaining key contacts with ACC and primary care. It is unlikely that we will meet this target by year-end.
95% of long-term Home-Based Support Services clients have had an InterRAI assessment and have a completed care plan in place.	91%	An InterRAI is a comprehensive geriatric assessment primarily for older persons 65+. Not all people who receive long term home based supports are 65 plus.
<25 days median wait time for an interRAI Assessment.	41	The percentage of people 65+ living in their own homes in the community is increasing which means more InterRAI assessments are needed. Home Based Support services and a care plan are put in place whilst a person waits for their assessment
Baseline established for the rate of InterRAI assessments per 1,000 population.	✓	11.84 per thousand people

Improving System Settings

Strengthened Delivery of Public Health Services

NZHS Link - Value & High Performance

Status Report for 2018/19 | Performance Reporting Link – SI16

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Integrated Family Health Services (IFHS) Programme to support new ways of working in general practice. Continue to invest in models that enhance care and enable self-management for patients with long-term conditions. Continue to invest in subsidised procedures to enable the delivery of services in general practice rather than hospital settings.	Q3: Review of investment in healthy lifestyle programmes to maximise opportunities for impact.		
	Q3: New subsidised procedures investigated.		
	Q4: Increased uptake of shared electronic individualised care plans across general practice.		
Partner with Pasifika Futures to identify and establish priority areas to improve health outcomes for our Pacific population. (EOA) Engage with our pacific community to better understand and improve the experience of Pacific service users. (EOA) Invest in the design and development of innovative service models to better enable and support our Pacific population. (EOA) Identify opportunities to increase the cultural capacity and capability of DHB staff working within priority services. (EOA)	Q1: Joint portfolio role established.	✓	A joint Pasifika Portfolio Manager is now in place and the DHB and Pasifika Futures have agreed on focus areas. A contract is under development to enhance Integrated Family Health Services (IFHS) for Pasifika, which will include a capacity focus.
	Q1: Areas of focus identified.	✓	
	Q1: Pacific health outcome indicators established	✓	
	Q2: Opportunities for enhancing Etu Pasifika IFHS model identified.	↺	
	Q2: Capacity building approach agreed.	↺	
	Q3: Pacific service users targeted with patient experience survey.		
Continue to support the Rural Sustainability Programme to develop sustainable rural health service models and improve service access for people in rural settings. (EOA) Invest in the development of rural-based restorative models of care to support older people living in rural areas. (EOA) Invest in the development of telehealth and telemedicine in rural settings to reduce unnecessary travel. (EOA)	Q1: Rural Supported Discharge Service co-design workshop held.	✗	The Rural Supported Discharge Service co-design workshop has been delayed due to a review of the Community Rehabilitation Enablement Support Team (CREST) service. This workshop is yet to be rescheduled.
	Q1: Trial of new after-hours model underway in Hurunui.	✓	
	Q3: Trial of new observation service underway in Hurunui.		
	Q3: Rural Supported Discharge Service model agreed.		
	Q4: Akaroa Health Centre open.		

Key Performance Measures	Result	Comment
> 500 people have Personalised Care Plans in place.	1,309	
>2,500 people have Acute Plans in place.	2,884	
>30,000 urgent care packages provided in the community.	17,978	On track.
>10,000 subsidised procedures delivered in primary care settings.	6,406	On track.

Disability Support Services

NZHS Link - One Team

Status Report for 2018/19			Performance Reporting Link – SI14
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Form a transalpine West Coast/Canterbury DHB Diversity Training Group to develop a diversity education framework. Engage the Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate. (EOA) Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18. Track uptake and feedback on modules as a means of evaluation.	Q1: Diversity Training Group established.	✗	Due to a review of how anytime learning for Canterbury DHB and West Coast DHB managers and leaders will be delivered, including the use of healthLearn, there has been a delay to starting this work. People and Capability, will review the timeline for content delivery in quarter three and confirm when content will be developed and deployed.
	Q2: Diversity education framework approved.	✗	
	Q2: Development of training modules complete.	✗	
	Q3: Disability training modules launched on HealthLearn.		
	Q4: Report on uptake of training modules.		
Key Performance Measures		**Result**	**Comment**
Percentage of staff completing disability training modules.		Q4	
Percentage of staff rating content positively.		Q4	

Shorter Stays in Emergency Departments

NZHS Link – Value and High Performance

Status Report for 2018/19			Performance Reporting Link - TBC
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Working through the Urgent Care SLA, refine the Acute Demand Management Programme to better target the rural population who can be looked after in the community. (EOA)	Q2: Rural stabilisation supports implemented to manage patient flows closer to home.	✓	New rural stabilisation funding was made available in December for remote rural practices to enable observation of patients while they wait for transfer to hospital.
	Q4: Uptake assessed and supports modified as required.		
Ensure timely patient flows from ED to ED Observation and the Acute Medical Admission Unit (AMAU).	Q1: Monitoring of ED Observation and Acute Medical Admission Unit volumes and ED length of stay.	✓	Volumes in ED Observation and AMAU have remained stable over the first two quarters of 2018/19. The average lengths of stay are approximately 4.5 hours and 15 hours respectively. The average length of stay in ED during quarter one was slightly up at 3.2 hours.
	Q3: Frail older person's pathway updated to maximise flow, including review of uptake of post-discharge vouchers.		
	Q4: Alternative pathways and/or interventions introduced.		
Continue to develop capabilities and processes in preparation for shifting to the Acute Services Building early 2019/20.	Q2: Mapping of processes for each treatment area.	✓	ED processes for each treatment area continue to be reviewed with a focus on future service configuration.
	Q4: Complete staffing profile for shift.		
Key Performance Measures		**Result**	**Comment**
95% of patients are admitted, discharged, or transferred from ED within six hours.		n/a	As a result of the move to the new patient management system ED wait times is unavailable for quarter's one and two. We expect to report this from quarter three.
<15% of patients admitted from ED observation to inpatient wards (nat. guidelines <20%).		14%	

Cancer Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP30

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to use data/intelligence systems to support discussion with specialties who are missing wait time targets and identify opportunities to reduce process delays. Complete the head and neck cancer patient pathways review, a joint DHB project between Nelson Marlborough and Canterbury.	Q1: Quarterly monitoring of cancer wait times.	✓	Improvement work to reduce progress delays is ongoing. A review of written and online information has been undertaken by the Patient Information Group and the Patient Diary has been updated to include more Maori & Pacifica information.
	Q1: Head & Neck Review report published and circulated.	✓	
	Q2: Improvements identified and implementation underway.	✓	
Engage locally in the regional Te Waipounamu Māori Cancer Pathway Project to support improved outcomes for West Coast Māori. (EOA) Appoint a Māori Pathways Haematology Nurse to support service improvements for Māori and Pacific patients. (EOA) Work with the Māori Pathways Haematology Nurse to identify opportunities to reduce treatment delays. (EOA)	Q1: Māori Pathways Haematology Nurse in place.	✓	Māori Pathways Haematology Nurse is in place and suggestions of where she can make a difference include staff cultural awareness and building community links.
	Q1: Review of current issues and opportunities completed.	✓	
	Q2: Opportunities of the new role identified and disseminated to other pathway areas.	↺	Other departments (including Urology) are already expressing strong interest in the role.
Incorporate references and links to Kupe (the national prostate cancer decision support tool) to support men and their families to understand the risks and benefits of treatment before having a prostate cancer check, so that they can make informed decisions.	Q2: Kupe link on HealthPathways to support GP/patient conversations.	✓	Links to the KUPE tool are loaded on HealthPathways and HealthInfo.
	Q2: Kupe link on HealthInfo to support patients and their families to make informed decisions.	✓	
Engage with the Southern Cancer Network, Cancer Society and others to develop a national Cancer Survivorship Consensus Statement.	Q1: Feedback provided on the national Survivorship Consensus Statement.	✓	

Key Performance Measures	Result	Comment
90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks.	95%	
85% of patients receive their first cancer treatment (or other management) within 31 days of date of a decision-to-treat.	90%	

Elective Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP45

Key Actions from the Annual Plan	Milestones	Status	Comments
Review production and capacity plans and determine outsourcing needs for the 2018/19 year, in order to meet Electives Targets and Elective Services Patient Flow Indicator (ESPI) expectations.	Q1: Production and capacity planning completed and elective funding schedule agreed.	✓	The DHB is continually reviewing plans in order to optimise resources and cope with demand.
	Q1: Outsourcing contracts in place.	✓	However, service planning is being impacted by several factors including ongoing delays with the completion of the Acute Services Building, knock-on effects of industrial action, and the introduction of the new Patient Management System (South Island PICS).
	Q4: Production and capacity planning for 2019/20 includes repatriation of outsourcing.	↺	
	Q4: Services on track to meet ESPI expectations.	↺	
Build on the experience and research of the Māori Pathways Haematology Nurse as a model to improve awareness of factors that impinge on equity within elective service streams. (EOA)	Q2: Work undertaken with services to identify barriers and ways to raise cultural awareness within teams.	✓	Service areas such as urology and respiratory have expressed a strong interest in work already undertaken to implement cultural awareness training.
	Q3: Information for patients reviewed and refined to reflect different needs and health literacy levels.		
	Q3: Services linked into Did Not Attend (DNA) and Improving Accuracy of Ethnicity Data projects.		
Develop a plan for transitioning outpatient appointments to the new Outpatients Building for November 2018. Develop an online scheduling tool to support the smooth flow of 800+ outpatient appointments a day from across the Christchurch Hospital campus to the new Building.	Q1: Population and demand profile reviewed to confirm use of space in the new Building.	✓	Outpatient Move Complete. Other actions have been delayed while the DHB works through the roll out of the new patient management system (South Island PICS) at the Christchurch Campus and. These milestones will be updated once there is more knowledge of the impact of the introduction of PICS.
	Q1: Elective Services Guidelines (Orange Book) updated to include new standardised ways of working.	↺	
	Q1: Online scheduling tool developed.	↺	
	Q2: Online tool implemented.	↺	
Define levels of service to be provided in the public system in Canterbury for people with gender dysphoria, in line with national expectations. (EOA)	Q1: Clinically-led group established to oversee pathway development.	✓	This group has been established and work has started on developing the pathway.
	Q2-Q3: Pathway to support service delivery developed.	↺	
	Q4: Pathway in place.		

Key Performance Measures	Result	Comment
21,782 elective surgeries delivered.	9,257	Our ability to report progress against the Electives and ESPI targets has been affected by the introduction of PICS. This has also impacted on the reported result for elective volumes. Internal calculations suggest we are currently on course to meet the electives target – with 1,399 surgeries that are yet to be coded. However, ongoing industrial action, continued delays with the Acute Services Building and key staff shortages are likely to impact year-end performance.
100% of people are seen for their First Specialist Assessment within four months.	n/a	
100% of people receive treatment within four months of the commitment to treat.	n/a	
Average elective length of hospital stay at or below 1.54 days.	1.56	

Service Quality

NZHS Link - Value & High Performance

Status Report for 2018/19			Performance Reporting Link – SI17
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Build understanding of asthma's contribution to avoidable admissions for Pacific children 0-4 years. (EOA) Work with CCN to increase general practice visibility of their enrolled 0-4-year olds who are admitted to hospital with asthma.	Q3: Avoidable admissions (including contribution of asthma) of enrolled 0-4-year olds identifiable to each general practice.		
Work with consumers and staff to co-design and articulate the role of a 'nominated or preferred' contact person. Work with consumers to develop material describing and clarifying the role. Develop an organisational change process, including training and materials for staff who collect patient details, to ensure a patient's nominated or preferred person is identified in the early stages of admission.	Q1: Terminology agreed.	✓	The procedure work has been delayed as staff involved have been focusing on the implementation of the new patient management system (PICS). Material is being prepared and work is now underway.
	Q2: Procedure for contact details collection updated to include nominated contact person.	↺	
	Q3: Organisational change process confirmed and tested.		
	Q4: Change process approved and implemented.		
	Q4: >57% of inpatients felt 'staff included their family/whānau or someone close to them in discussion about their care'.		

Waste Disposal

NZHS Link - Value & High Performance

Status Report for 2018/19			Performance Reporting Link – PP41
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Distribute materials to pharmacies for educating patients about returning unused and expired medicines and used sharps.	Q1: Educational materials distributed to pharmacies.	✓	
Commence PVC recycling with the collection of oxygen tubing and masks from theatres, the post anaesthetic care unit and surgical wards.	Q3: PVC recycling materials developed and circulated.		
	Q4: PVC recycling commenced.		
Launch the peritoneal dialysis (at home) recycling scheme for solution bags and pouches.	Q4: Peritoneal dialysis recycling scheme launched.		
Undertake a stocktake on current disposal processes for each category of waste to identify opportunities for improving waste disposal.	Q2: Stocktake report completed and submitted to the Ministry.	✓	Stocktake shared with the Ministry.

Climate Change

NZHS Link - Value & High Performance

Status Report for 2018/19 | Performance Reporting Link – PP40

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a Sustainability Governance Group to develop and implement a DHB wide Environmental Sustainability Strategy. Maintain CEMARS certification and work towards achieving a Gold Energy Mark by identifying further opportunities to reduce energy use, costs and emission.	Q1: Sustainability Group in place.	✓	The Sustainability Governance Group (SGG) has been established with a Chair and Executive sponsor identified. The first meeting will be held in Q3. A draft position statement will be presented for sign off when they next meet.
	Q2: DHB Environmental Sustainability Position Statement developed.	↺	
Validate alignment of current initiatives with position statement and operation policy to identify priority focus areas.	Q2: Stocktake of current actions completed.	✓	Stocktake complete and submitted to the Ministry of Health.
	Q4: First order priorities identified.		
Replace Christchurch and Ashburton Hospital coal boilers with carbon neutral biomass boilers to reduce emissions.	Q4: Replacement of Boilers is planned for 2020/21.		
Develop a travel demand management plan to support Christchurch Hospital staff to get to work in healthy and sustainable ways.	Q1: Travel demand management pilot launched in ICC.	✓	The ICU pilot was a success. A travel demand management plan has now been rolled out to Christchurch campus and on-line. Work in quarter's three and four will focus on orientation programmes.
	Q2: Travel demand management plan fully actioned.	↺	
Engage with the Christchurch City Council to share their electric fleet, reducing the reliance on fossil fuel/LPG.	Q2: Corporate users using CCC Fleet for appropriate journeys.	✓	Corporate users are using the CCC fleet and Lime scooters for travel across town to meeting.

Key Performance Measures	Result	Comment
CEMARS certification maintained.	✓	CDHB was a 'Top 20' reducer in NZ CEMARs certified organisations.
Gold Energy-Mark certification achieved.	✓	CDHB is the first DHB to achieve Gold certification.
Energy consumption per square metre.	Q4	Total energy use is rising due to increased building size but per square metre consumption is stable.
Continued reduction of CDHB carbon emissions.	✓	Our emissions profile continues to improve.

INFLUENZA – PHARMAC APPROVALS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Planning and Funding**

DATE: **7 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report has been prepared at the request of the Committee, from its 1 November 2018 meeting.

2. RECOMMENDATION

That the Committee:

i. notes a population–wide influenza vaccination campaign is not supported by Pharmac.

3. SUMMARY

Acute hospital bed capacity across our health system will come under significant pressure this winter and a number of winter planning strategies are being prepared. In the initial years post-quake we implemented a programme to immunise children and adolescents for influenza in order to reduce winter illness and the impact on our hospitals (see Appendix 1). It is questionable that we achieved sufficient coverage to have a population impact, which was difficult to measure partially due to there being low influenza incidence in these years.

It is not recommended that Canterbury pursues a population-wide influenza campaign this year. Our influenza programme will continue to target high rates of vaccination across older people and those with medical conditions that benefit from individual protection from influenza.

Currently, influenza vaccination for children or the general public is not provided by Pharmac. This would require a special approval; which we sought for the post-quake child vaccination programme.

A population-based approach would require approximately 40% (although this figure is more focused on young people) of our population to be vaccinated to achieve a population effect. This equates to over 220,000 people; significantly more than we currently achieve with our current programme (approximately 60,000). With general practice teams reporting capacity issues, such a target appears unachievable.

4. APPENDICES

Appendix 1: Influenza Vaccination in Children / Young People

Report prepared by: Greg Hamilton, Team Leader Intelligence & Transformation, Planning & Funding

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

APPENDIX ONE

Influenza Vaccination in Children / Young People

Background

After the Canterbury earthquakes of 2010/11, between 2011 and 2014, Canterbury DHB provided free influenza vaccine for all children 6 months to 18 years living in Canterbury, with the aim of reducing demand on the health system, both by reducing the burden of disease in the targeted age group, but also through the indirect effect of reducing transmission to the whole population.
A mixed model of delivery through primary care and through schools was used that varied from year to year.

- In 2011, vaccination was done through primary care, as the staff were trained and had systems in place to deliver vaccination to their enrolled population.
- In 2012, school-based vaccination was also included, in addition to primary care delivery, as a targeted approach within two school clusters (primary/intermediate (10) and secondary (3) schools), selected by location (eastern Christchurch), size and ability to support delivery.
- In 2013, primary care delivery continued, with the school-based programme offered through high schools across all of Christchurch, rather than primary schools as in the previous year.
- In 2014, the school-based programme was offered through high schools across all of Christchurch, as in 2013, but delivered earlier in the year and over a shorter period of time (March and April) than previously.

Evaluation

Canterbury DHB evaluated each of the years that the influenza vaccination programme was delivered. The focus of evaluation was on the approach to vaccination each year, uptake by age, ethnicity, and deprivation quintile, and not on the impact that the programme had on incidence of influenza-like illness (ILI) in Canterbury for those years.
General observations drawn from evaluations after each year's vaccination programme:

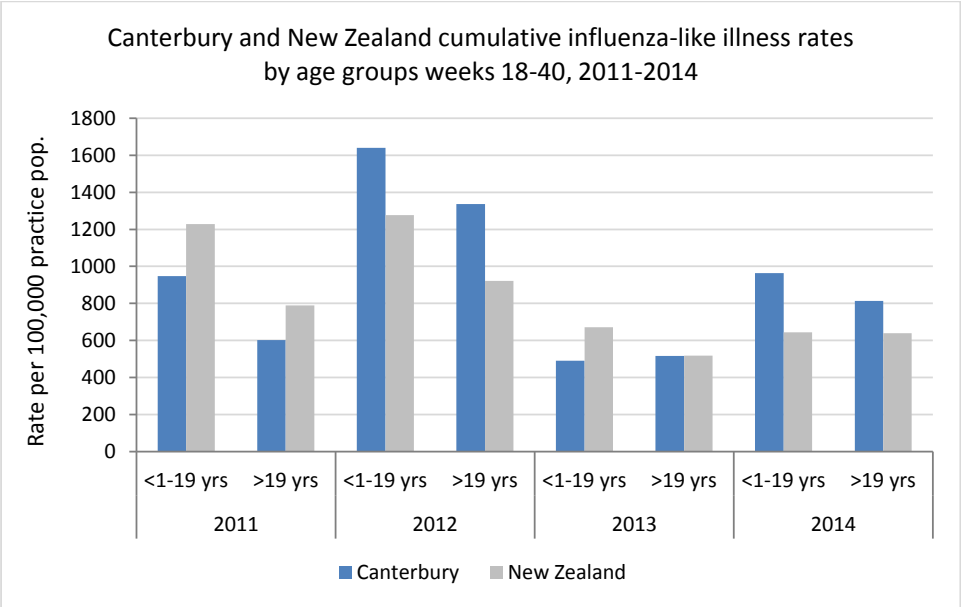
1. To have full effect on the population beyond the target group it was hypothesised that 40% of the under 18 population would need to be vaccinated. Coverage of the under 18 year old age group was approximately:
    - 21% in 2011
    - 19% in 2012
    - 33% in 2013
    - 25% in 2014
2. Of the school programmes, uptake was greater in high schools overall than primary schools, although there was considerable variation in uptake between schools.
3. There was more equitable uptake of the vaccine by ethnicity in the school programme compared to primary care.
4. Primary care achieved greater uptake in the least deprived quintiles than the school programme.
5. Administration including the consenting process, scheduling of the programmes, and recording the event were resource intensive.
6. A cost benefit analysis of the programme was not undertaken.

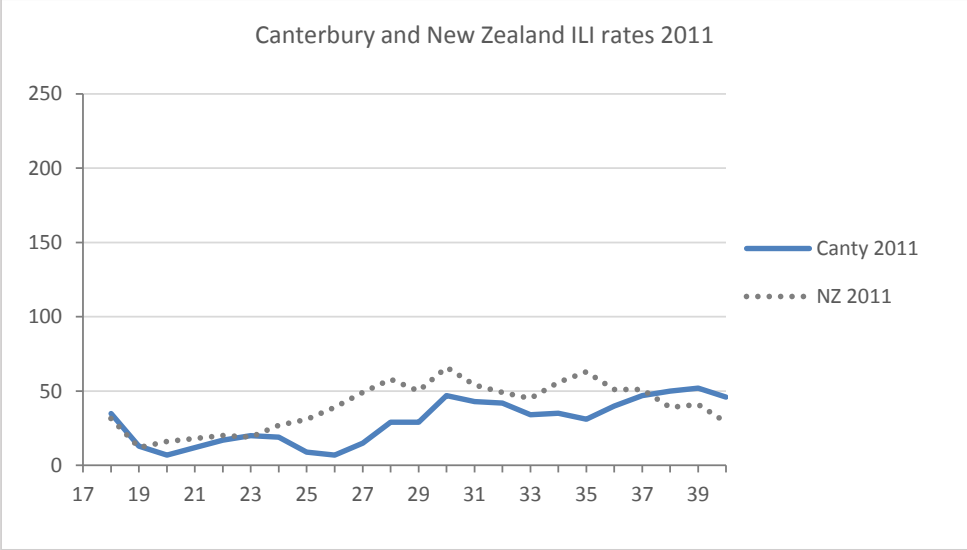
The evaluation in 2013 also reviewed recent literature on uptake of influenza vaccine in children, which may be useful for planning or as the basis of an updated literature review.

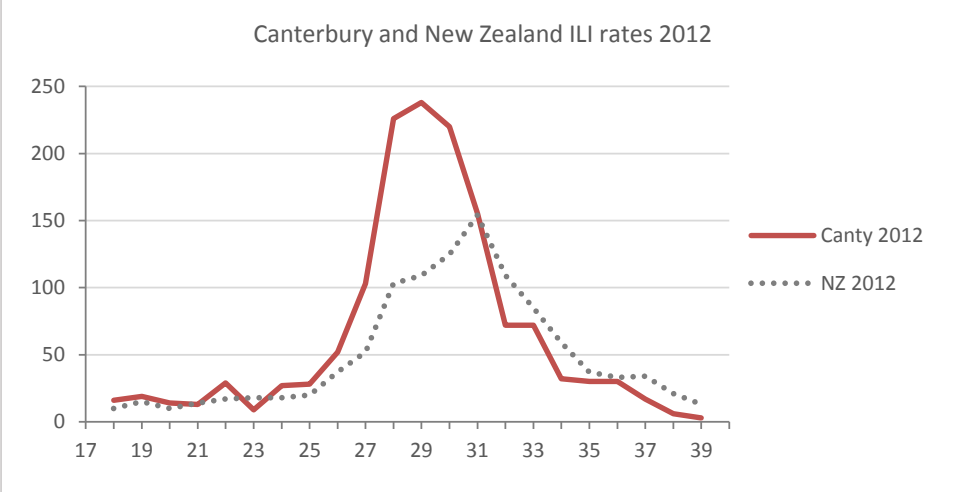
Incidence

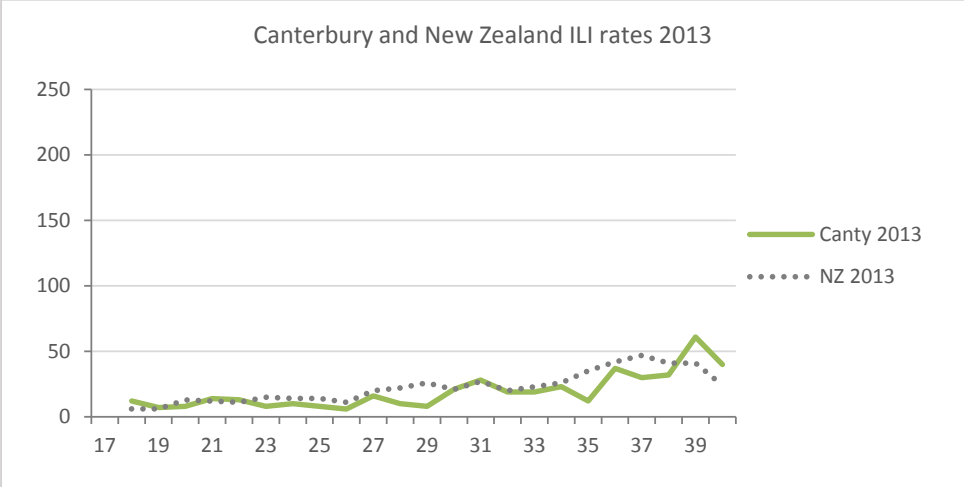
Incidence of ILI in Canterbury and nationally, has been analysed retrospectively (see below). Incidence of ILI is affected by many factors beyond coverage, including social and environmental conditions, vaccine effectiveness, and antigenic match for each season, which limits comparison between years and between geographic areas. It should not be assumed that variation in incidence of ILI is necessarily due, or not due, to the influenza vaccination programme.
Coverage of under 18 influenza vaccination was highest in 2013, which coincided with the lowest ILI rates for the four years in Canterbury for both under and over 19 year olds. However, there was also a low ILI rate nationally for that year.

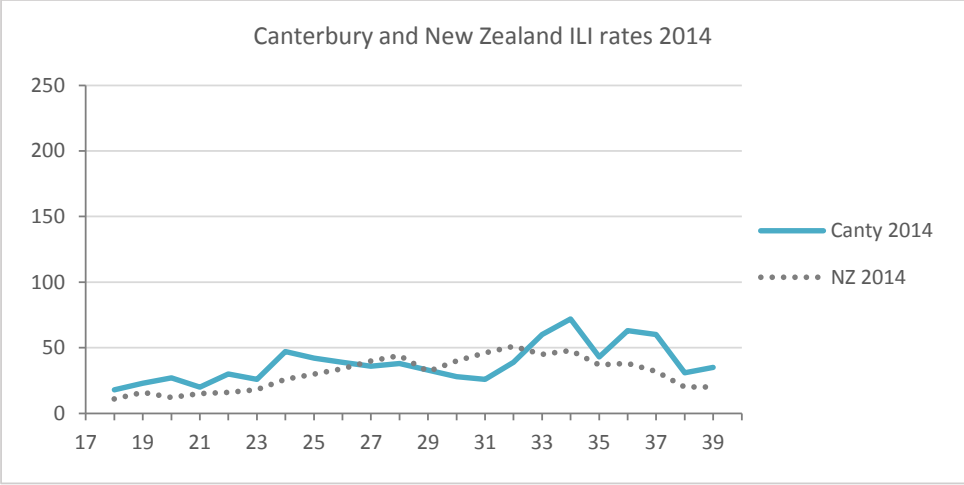
Conversely, coverage of under 18 vaccination was lowest for 2012, which coincided with the highest ILI rates in Canterbury for both age groups. Again however, there were high rates of ILI nationally for that year, although not as high as Canterbury and with a later peak.
A rate of 36 ILI consultations per 100,000 population per week is considered the threshold over which ILI exceeds the baseline level. Only 2012 was a significant influenza season, reaching above high normal season activity.











Note: Data for New Zealand ILI rates does not include Auckland and Counties Manukau DHBs as they were part of the SHIVERS study.

Other programmatic considerations

1. The largest burden of disease is in <5 year olds, but interruption of transmission in the community appears to be best achieved by targeting early school aged children, in the 5-10 year old age group. These children would be most easily reached in a primary school delivery model. Public Health England have found a vaccination programme delivered in primary schools using live-attenuated influenza vaccine as a nasal spray resulted in significant reductions in ILI presentations, ED

attendance, and hospital admission in programme areas in the targeted age group (5–10 years) compared with non-pilot areas. There were also effects on non-targeted age groups, e.g. ILI presentations in the over 17 year old age group.

2. The influenza vaccination programme was delivered in schools between 2012 and 2014. The HPV catch up programme for girls was introduced as a pilot into secondary schools in Canterbury in 2014. It is now delivered in primary care with catch up in primary/intermediate schools for girls and boys. First line delivery of tetanus-diphtheria-pertussis booster vaccination (Tdap) is in primary care. In 2018, Tdap vaccination is also being added to the school programme, to reinforce the linkage of Tdap to the HPV vaccine that exists in primary care. This is going to be introduced nationally, in 2019. These factors have implications for the availability of staff and resources to deliver any additional school-based programme in 2018 and beyond.
3. The influenza vaccine is now entered onto the National Immunisation Register. This was not the case when the programme was introduced into Canterbury schools in 2011, but will mean that coverage data will be more comprehensive.

STEP UP PROGRAMME UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Planning and Funding**

DATE: **7 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to provide an update on the Step Up Programme, noting that the last update was provided in May 2018.

2. RECOMMENDATION

That the Committee:

i. notes the Step Up Programme update.

3. SUMMARY

In February 2017, the Step Up prototype service was established in the Canterbury region. Step Up is a joint initiative between the Ministry of Social Development (*MSD*), the Canterbury DHB, Pegasus Health (Charitable) Limited (*Pegasus Health*), and MyCare Limited (*MyCare*) to provide integrated health and employment support to clients with a health condition, injury or disability.

Step Up applies a sustainable general practice-based response co-ordinating support to clients who receive a main benefit and who have a health condition impacting on their capacity to seek employment. The service aims to achieve improved health, employment, training and education outcomes for participants.

The prototype period was extended through to 31 October 2018 and the target number of clients participating in the service was increased from an initial target of 40 clients to up to 100 clients during the 2018 extended period. The number of participating General Practices, all in the east of the city, was expanded and maintained at 11 Practices. From 1 November 2019 we have now moved into a one year trial which has increased capacity, broadened eligibility criteria and more flexibility to respond to individual needs.

Step Up is a highly valued service by participating General Practices and was achieving the MSD performance targets during the prototype period. Importantly, in addition to this, participating clients report increased levels of wellbeing that far exceed the "off benefit" outcomes.

The prototype period was longer than anticipated as the Step Up service was approved to move to trial by the programme's Governance Board on 7 March 2018 and the expanded service was expected to commence for wider rollout across the Canterbury District from mid-May 2018. This did not occur until November 2018 as MSD and the Canterbury DHB had a number of changes to the prototype model to agree as a result of the learnings from the prototype. This included different eligibility criteria, changes to reporting requirements and agreement on how the contract should reflect these changes.

During the negotiation period the service delivery was uninterrupted for clients as all parties operated in good faith and in the clients' best interests.

The expanded services at Pegasus Health are now at full capacity and a further 7-10 General Practices are being on-boarded into the programme every few months depending on capacity of the programme.

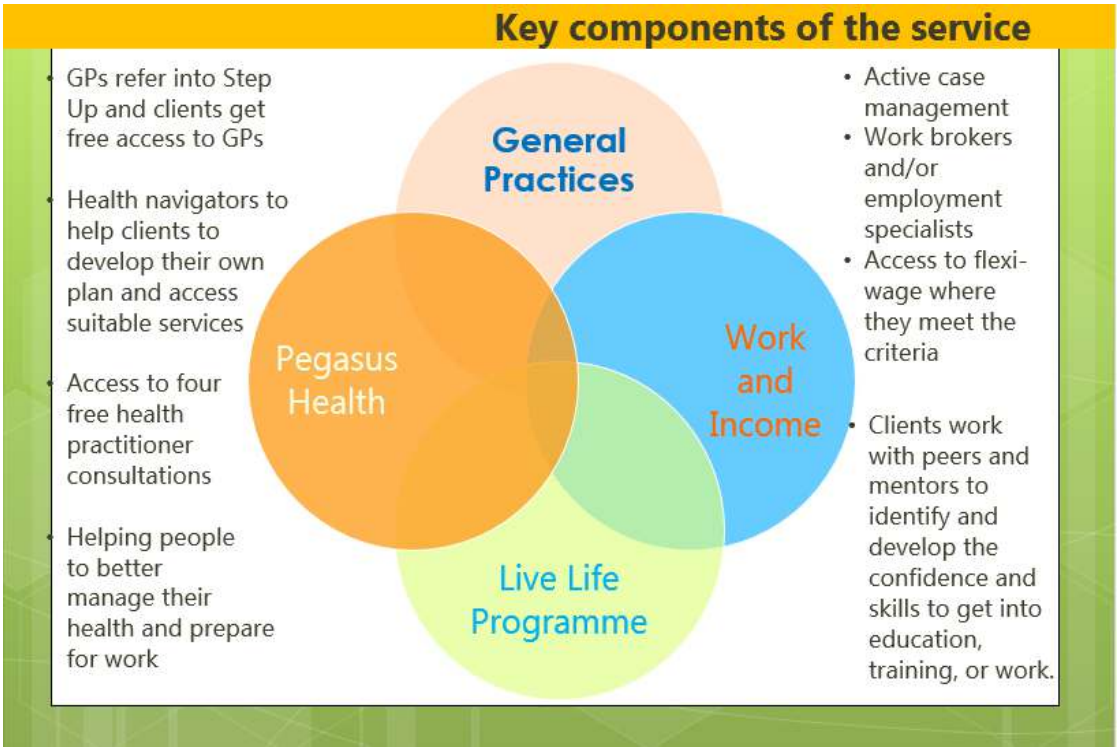
4. DISCUSSION

Structure

Pegasus Health, via a contract with the Canterbury DHB, employs Health Navigators who support the engagement of the client, extending the work of general practice, to facilitate access to health, social and employment supports 16-20 week intensive phase of the programme. Beyond the intensive phase, clients can continue to receive support for up to 12 months which can include on the job support once employment is found.

The Step Up model has General Practice identify potential clients for Step Up at the time of signing their medical certificates for health deferral, based on a conversation about their readiness for seeking employment. If the client consents the General Practice refers to Pegasus for a health navigator. Engagement in the service entitles the client to free consultations with General Practice to enable the underlying health condition to be addressed. As 75% of Step Up clients have mental health issues, and most have complex social issues, the navigators work holistically to support the clients to work through these challenges. They maintain a close connection with Work and Income and case manager meetings are joint with the client and the navigator.

Another important component of the Step Up Service is delivered by MyCare via a Canterbury DHB contract for the delivery of the Live Life Programme. The Programme is designed for 18-35 year olds, but older participants are accepted on a case by case basis. The Live Life Programme works with Step Up clients to build their confidence, overcome their barriers and foster a supportive community, by providing community work opportunities to improve their employability skills. A unique feature of the programme is inter-generational mentoring, where clients build strong positive relationships with their mentors which go beyond the period of the programme.



Changes Made after Learnings from the Prototype

Prototype	Trial
Eligibility	
On a health deferred job seeker benefit	On any main benefit and has a health condition
Aged 18 -49 years with capacity to be older agreed on a case by case basis	Any age
On a benefit for 3 months to 3 years	No restriction
Those trespassed from WINZ sites	Any client regardless of history with WINZ
Capacity of the Programme	
To 31 October 2018 up to 100 clients	To 31 October 2019 up to 200 more clients
3 Pegasus Navigators	6 Pegasus Navigators + 1 Team Leader
Free GP and nurse consultations	Free GP and nurse consultations
11 Participating General Practices	Number Participating Practices increasing in groupings of 7-10 Practices during the period of the agreement at a pace dependant on capacity
12 week Intensive Support Phase	16 -20 week Intensive Support Phase
General Practices located in the East of the city	Expanding to Rangiora but not to Ashburton at this stage.
Up to 100 clients	No less than 200 clients
Live Life available via a contract with the Canterbury DHB	Live Life approved by MSD as a core component of the service
2 Participating Work and Income Service Centres	Work and Income Service Centres in urban Christchurch expanding to Rangiora during the period of the contract
Reporting	
Weekly	Monthly
Work related outcomes e.g. hours in employment	Work related outcomes e.g. hours in employment, volunteer work, study Workability defined by engagement with meaningful activities, support services, Doctors Medical Certificate. Quality of Life scores – WHOQAL Health information

Outcomes to January 2019

129 participants have enrolled into the service during the total length of the service. Currently there are 62 active clients

Ethnicity	Count of NHI	Percentage
Afghani	1	2%
African nec	1	2%
European	48	77%
Maori	10	16%
Pacific/Pacific Island	2	3%
Grand Total	**62**	100%

- Of the 129 participants, 39 participants have been supported to return or enter into paid employment - 28 into fulltime (30+ hours), 4 into part time (15-29 hours), and 7 into part-time (less than 15 hours) per week.
- 16 participants into voluntary work.
- 3 into full time study.
- All participants have been supported to connect with and access various support health and social services.

Evaluation approach

The evaluation of the Step Up trial will be produced by MSD via an independent entity in collaboration with the Canterbury DHB, Pegasus Health and MyCare Ltd. MSD are undertaking an RFP process to identify the entity who will undertake the evaluation. The evaluation will help all the key stakeholders understand how the trial is working in practice and how it is contributing to client outcomes. The evaluation will also help determine the future viability of the trial as an ongoing service in Canterbury and rollout across New Zealand.

5. CONCLUSION

Next Steps

On 28 February 2019 there is an engagement forum for all new and existing Practices co-ordinated by the four key stakeholders.

The expanded reporting will be monitored and evaluated against agreed targets.

We look forward to the evaluation of the service and are optimistic the programme will continue based on current performance.

There is significant interest in Government, see article released from Minister of Social Development – link: https://i.stuff.co.nz/national/110528589/programme-helping-cantabrians-into-work-expanding-to-help-another-200

Most importantly we will seek feedback and share the impact of the programme as illustrated by the client's stories (examples provided in Appendix 1).

6. APPENDICES

Appendix 1:	Client Stories / Case Studies

Report prepared by:	Kathy O'Neill, Team Leader, Planning and Funding
Report approved for release by:	Carolyn Gullery, Executive Director, Planning Funding & Decision Support

Appendix One

Client Stories

(NB: Permission has been given by the individuals, but some details have been changed to ensure anonymity.)

Mary

When Mary first met with Live Life staff at their BizDoJo office in Lichfield Street she appeared very sullen and withdrawn. She had poor personal hygiene, nervously fidgeted in her chair, was unable to maintain eye contact and constantly scratched at her face. After about half an hour of the Live Life staff member patiently talking with Mary about the programme's possible benefits, Mary gradually felt more comfortable to tell the staff member that for the last year she had been living on the streets of Melbourne battling severe drug and alcohol addictions, was recently diagnosed as having chronic depression and lacked any confidence or hope for a better future.

By the end of this initial meeting Mary did, however, agree to start with the Live Life programme.

The Live Life staff member describes Mary's subsequent months with our services as like watching a flower unfurl.

Mary did not miss a single training session, attending every two hour session each Tuesday and Thursday for the full four week programme. Mary proved to be very intelligent, eagerly listening to all the advice given in the programme. She started walking every day (at weekends she was even going up into the Port Hills), started eating more healthy food, cut back on alcohol and started drinking water.

With the Live Life staff member accompanying her, Mary shopped for new clothes at the local opportunity shop and, as a result, began dressing smarter. Also, Mary started mindfulness meditation in the mornings and regularly wrote in her gratitude diary.

Live Life staff found a brilliant mentor for Mary, a lady who had been a deputy principle of a high school for over 28 years. Mary and the mentor met weekly for the next 18 months, with the mentor even encouraging and supporting Mary to go back to Hagley High School to complete her NCEA qualifications.

Mary now has full time employment in Nelson working in the hospitality industry and intends to shortly travel overseas by herself on a big OE.

Stanley

Stanley first presented to Live Life staff as an angry young man.

Stanley never knew his father as he left the family home when Stanley was still very young. Stanley had been mercilessly bullied at school, did not do well with his studies and therefore left school at 15 with very limited reading and writing ability. Since then Stanley has basically played games on his computer all day. Telling everyone that he was germ phobic his mother would bring his dinner into his bedroom so that he could continue playing.

Stanley was initially very slow to engage with the Live Life programme, but from the second week started to eagerly take on board what was offered. In the subsequent weeks with the programme, staff saw a remarkable transformation in Stanley's appearance and confidence. Being autistic Stanley said that he liked the programme's strict routine and structure. He learnt about healthy lifestyles, assertiveness and how this is different to aggressiveness, gratitude, CV and cover letter preparation, interview skills (which focused on him slowing down his speech when talking to people) and how his other transferable skills/personality could also be used in any employment situation he eventually

applied for. Live Life even took Stanley to the bus exchange to teach him how to take the bus (timetable and payments), as in the past his mother always dropped him off and picked him up for appointments. This greatly increased Stanley's general independence.

Live Life found Stanley volunteer work at a community garden which he loved and went to regularly.

Live Life also found an excellent mentor for Stanley, both being very keen on cars, and both spending many hours rearranging Rover parts in the mentor's garage while talking about life.

Stanley has since found laboring work and is currently demolishing buildings in central Christchurch damaged by the earthquakes.

Case Studies from Pegasus Health Step Up Health Navigators

Case Study 1

April 2018

Maori Client thirties, had been homeless for the last five months due to being asked to move out of previous rental due to earthquake repairs and unable to return. The client was unaware they were eligible for social housing. The Health Navigator (*HN*) assisted the client with an application for social housing. The client was unable to get private rental or work due to not having photo ID. The client did not have a driver's license and previous passport was lost. The client lost job due to work place closing down and suffered extreme anxiety. The client was in pain and in need of urgent dental treatment and unable to navigate assistance alone and afraid of Government Departments. The client had no transport and was too anxious to use public transport. The client was in need of clothing, shoes and transport.

The HN requested a Work and Income Case Manager who assisted with approving urgent dental treatment with advocacy from the HN. The HN supported the client with Police and Internal Affairs to determine if passport renewal could be obtained and this is now in process. The HN assisted the client with an appointment at the Salvation Army to assist with clothing, shoes and food for the client who then agreed to join a voluntary work team to support others in the local community with jobs/community projects. The HN referred the client to a service at CDHB BuyCycles and obtained a second hand bike which they agreed to pay off at a small cost that was affordable so as to be able to get to appointments and not rely on public transport.

The client reports they are now feeling less anxious and has renewed confidence in Government Departments with the support and trust of the HN and Work and Income Case Manager, and would now like to get assistance from a job search support agency to look for work.

November 2018

The client completed all dental treatment; obtained Passport for ID; with support from HN had a significant debt cleared with Inland Revenue; and is now in social housing in an area where they feel safe. The client has been enjoying the bike for transport and has now completed a Department of Conservation course six months ago and gained a qualification and is discussing work options. The client has had their faith restored in people and Government Departments with the great support provided by its employees and HN /Work and Income Case Manager. The client is now also willing to look at ongoing support via an organisation to address their past so as to be able to connect again one day with their culture.

February 2019

The client is now in full-time work and off the benefit. Mentally and physically well, and coping well back in society.

Agencies / Services
Work and Income Case Manager , Police, Social Housing-permanent home, Emergency housing, The Salvation Army, IRD, Internal Affairs, Dentist, CDHB BuyCycles, Emerge/Aotearoa-Creative Works, Whanau Ora Cultural Support, DOC Course, Step Up Funded GP appointments.

Case Study 2
Client was referred to Step Up following a serious period of unwellness last year which resulted in her being hospitalised and in a coma and losing her then current employment. The HN completed an assessment and collaborated with the client around goal setting and creating the client's Initial Plan. One of the areas the client wanted to focus on was building routine and structure into her day before she started work as she was concerned that once she started work she would get overwhelmed by the new demands placed on her time. Another key area of focus was on developing her coping strategies to support her to manage her health needs more effectively, including the HN passing on information about services in the community that the client could access in the future if she needed support when she is no longer involved with Step Up.

Early on in her involvement with Step Up, the client found work through her own connections. She has been receiving in-work support from the HN since starting part-time work of between 10-15 hours a week. Since starting work, the HN has supported the client with maintaining the new routines and strategies she had put in place for managing the demands on her time. This has been important to support the client in adjusting to working while maintaining a healthy level of wellness. The HN has met with the client and their Work and Income Case Manager to discuss options for employer subsidies that may support the employer to be able to increase the client's hours resulting in her being able to move off the benefit.

The client is now off the benefit, working and still receiving in-work support from the Step Up HN.

CDHB WORKFORCE UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **People & Capability**

DATE: **7 March 2019**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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.

Updates on People and Capability 2018 Key Priorities

The following key is applicable to all tables below:

Performing to plan | At risk but not an issue | Needs immediate attention | Not scheduled to commence | Complete

Updates on Key Priorities Agreed in 2018

Programme	Due	Status	Impact as at 31 January 2019
Pillar One: Everyone understands their contribution			
***Care Starts Here*: Enabling our values** This is the opportunity for us to support discussion about what we care about, what we value, how we behave and how we take care of ourselves and those around us.	Ongoing		Ongoing engagement and feedback sought from our people across the CDHB and WCDHB. Further details about scale and reach of programme reported on page 10

Programme	Due	Status	Impact as at 31 January 2019
Pillar Two: Everyone can get stuff done			
Max – People and Capability Service Portal This is the opportunity to simplify our bureaucratic processes that waste people's time through an integrated service portal, including a new artificial intelligence chat bot. **The *Now of Work*** This is how we're partnering across the business to bring the *Now of Work* to life for a range of other services and teams including IT service management, outpatient scheduling and exploring a new voice-activated patient call system for intelligent routing of patient requests.	Ongoing		Over 80% of employees have accessed Max Leave requests submitted via Max save 10 minutes per form Expense claims approvals are 97% faster 1000 fewer emails received / month 26 Manager and Employee services released Over 200 Knowledge Articles produced Over 113,000 cases raised
Pillar Three: Everyone is empowered to *Make It Better*			
Health and Safety Systems Improvement This is the opportunity to ensure our people are healthy and safe when they're at work.	2019: Q4		↓ 10.1 average days lost from workplace injury in the last 12 months compared to 17.4 days in the 12 months prior.
Pillar Four: Everyone is enabled to lead			
Shared Approach to Talent Management and Leadership This is the opportunity to enable everyone to lead.	2019: Q2		Proof of concept close to completion within Older Persons Health and Rehabilitation, and Canterbury Health Labs. Insights have begun to be gathered and reviewed and planning for phase two is underway.
Leadership and Management Essentials This is the opportunity to enhance the leadership and management capability of our clinical and operational leaders.	2019: Q2		The first three modules are due to go live in the first half of February with an updated user experience and interface (LMS, Website, Comms). The team is aiming to continue to deliver one management, one leadership and one skill-based module at monthly intervals.
Pillar Five: Everyone is supported to thrive			
Occupational Health Service Improvement This is the opportunity to better support our people to be and stay well, and to recover from illness and injury.	2019: Q4		Baseline is 89,558 working days lost to sickness in the 2017 financial year. Our target is a 17% reduction. In February we've launching the four workstreams that form Tō Tātou Ora [*Our* Health] with stakeholders from across the system taking part. The workstreams' priority actions will be to confirm their work programme for 2019 with line of sight to 2020-21, to transition the service to the future service delivery model.

Diversity and Inclusion

Achieving our people strategy with a more diverse and inclusive workforce

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 and inclusive culture where everyone is respected, treated equitably, valued and empowered to grow.

While in some areas we have a good balance of diversity and inclusion, there are other areas we could do better. Demographically, we have differences in several areas:

Historically, the majority of our diversity and inclusion efforts focus on Treaty of Waitangi commitments. We know 18 per cent of our employees have no ethnicity data recorded, and we want a better understanding of our workforce. While we do not require employees to report their ethnicity, we know better data will help us make better workforce decisions. We are currently making it easier for individuals to update their ethnicity with planned enhancements to the Max service portal.

Improving our demographic diversity will be a visible indicator of improvements towards diversity of thought, which will challenge existing approaches and ideas, improve services, and deliver more innovation across what we do. It will also provide opportunities to improve the experience for our patients and their whānau, and the experience for our people.

We are committed to continuing to grow the diversity of our organisation and clarify the inclusive behaviours that are expected. To do this, we are launching a programme of work on diversity, inclusion and belonging, looking at strengths to leverage and gaps to address across the people lifecycle – from recruitment, performance, recognition and reward, through to retention.

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.

This work has been delayed based on a number of system constraints with our learning management system, healthLearn. The Talent Leadership and Capability team has been developing a new approach – within our current system constraints – to provide learning content in such a way as to increase impact, uptake and allow effective reporting of completion. The new approach was tested in February, and it is anticipated that specific learning content to increase staff disability awareness, knowledge and skill will begin to be developed in Q4.

Max – People and Capability Service Portal - Status update as at 31st January 2019

Since People and Capability launched Max, our self-service portal, in December 2017, we've been leading the way in the digital transformation of our HR service. By adopting an unrelenting focus on the employee experience and an iterative, continual improvement delivery model of new and

enhanced services in weeks rather than months, we're fundamentally changing forever the way our people experience works.

Max digital transformation is committed to maximising service delivery efficiency and reducing administrative burden for all our people - clinical and corporate areas alike.

With 28 live services, this year's priorities are the big ticket items:

- Forming one team of "Max.Perts" for a centralised place for employees to reach us, providing a quicker response time and access to the right people to help with their queries.
- Rolling out "Max.Chat" to the organisation to provide an interactive digital channel to request leave, update your details, query pay discrepancies and general enquires.
- Integration with mission-critical components of our HRIS suite of systems e.g. Microster.
- An electronic HR file for all employees.
- Shared leave calendar and predictive leave calculator.

Since October, we've released a number of significant services:

- Turn off my paper payslip – 175 cases submitted in under one week.
- Request Max training – 100 people engaged within one week by giving our people the power to request support.
- Additional approval service for increase/decrease of hours that will also be allocated to another team member – allowing this process to be completed all in one place.
- SMO CME and SMO CME IT expense reimbursements.
- Updated look and feel of the homepage, service catalogue, my details and team details for improved functionality.
- Service improvements across all of our offerings, improved user experience, layout and workflows.
- We supported the Care Starts Here initiative through delivering the Big Shout Out service within Max.
- The Max.App hitting nearly 1000 downloads, allowing accessibility outside of work and on the go.

Alongside these extensive new services and new functionality development plans, the Max team continuously work on change requests to modify and improve existing functionality to ensure Max is meeting the needs of the organisation.

We're realising the benefits of Max through:

- Improved reporting and data accuracy
- Improved productivity for staff by reducing administrative burden
- Improved process compliance

- Reduced environmental impact.

We've been receiving great feedback about Max and our co-design approach and were able to make site visits to Hillmorton, Christchurch Campus, Burwood, Rangiora, Ashburton, Darfield, Oxford Terrace and the West Coast over the last two months. We're out in the organisation building awareness, offering training and listening to our people's feedback to enhance the platform and change the way we're working for the better.

The on-going organisation-wide adoption of Max is reflected in the following figures as at 31 January 2019:

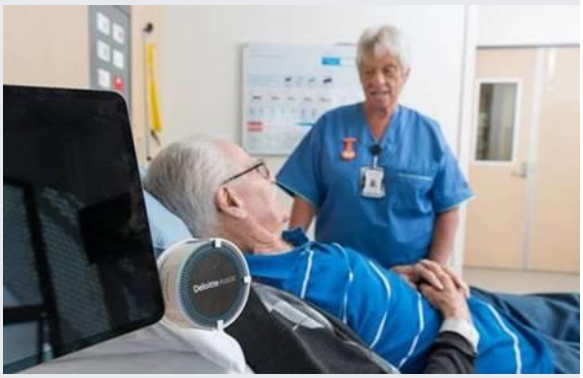
In parallel with the Max delivery schedule, we're going beyond HR to deliver solutions 'in the flow of work' using technology to improve the way we work.

- Orderlies have gone mobile with the roll out of mobile devices to our Orderly workforce at Christchurch Campus with Burwood to be delivered in February.
- We're working with finance to design and deliver an IT service management solution and way of working to support the Oracle finance and procurement system.
- We're alongside clinical and operational teams designing outpatient scheduling for the new Outpatients facility, which includes looking at the design and flow of work.
- We've just implemented a pilot for a new voice-activated patient call system for intelligent routing of patient requests to support clinical and operational teams at Burwood (see DeloitteASSIST below).
- We're about to work with Communications to deliver a new solution for managing all inbound communications (including media) requests.

Over time, these solutions have the ability to refine decisions through cognitive learning from the information, decisions and outcomes occurring.

All of these solutions are being built on the same workflow platform that Max has been built on. The internal capability we've built in the Max team is being used to deliver these solutions.

New voice-activated patient call system launched at Burwood



We're supporting clinical and operational teams at Burwood to explore a new voice-activated patient call system for intelligent routing of patient requests. The DeloitteASSIST system, trialled in the Older Persons Health and Rehabilitation ward D1 and Spinal Unit FG [including the Transition Rehab Unit], works in the same way as smart speakers used in the home to change the TV channel or ask for the weather forecast.

The device processes the voice command of the patient, automatically prioritises it based on rules set by Burwood Hospital, and sends the information to tablets and iPhones on hand at the nurses' stations and in their pockets. Patients can ask for assistance in using the bathroom, for help from the care team or to request a glass of water and other simple requests - and patients have access to all the other entertainment features that you would find on a normal smart speaker device.

Canterbury DHB has become the first health authority in New Zealand and only the second in the world to use a voice-activated patient response tool. This tool is aimed at making work easier and more efficient for care teams in these wards and improve the patient experience.

Care Starts Here: Enabling our people values

Doing the Right Thing, Being and Staying Well, and Valuing Everyone

Care Starts Here is about who we are and how we take care of ourselves and those around us.

The programme has three core components:

- **Understanding what matters** – engaging our people in a conversation about "what we care about" and "how things are done around here".
- **Setting direction and boundaries** – strengthening and developing core people policies and processes, including our *Code of Conduct*.
- **Supporting positive behaviour** – developing tools and resources to help people live our values and how we do things around here.

We've connected with thousands of our people since December 2017 to understand what we care about and how we do things around here, including *The Big Shout Out*, touching more than 53% of our people across Canterbury and West Coast.

December 2018 Big Shout Out

Occupational Health Service Improvement

The Occupational Health Service (*OHS*) improvement programme builds on a review conducted in 2017 to identify how we might better support the current and future needs of our people. The programme seeks to reduce sickness absence by 17 per cent from our current position. The impact of this would be a workforce that is supported to be and stay well, and a potential $4,019,241 that could redeployed into quality patient care.

A key activity for this quarter has been supporting the expansion of the Wellbeing Health and Safety team through reprioritising existing resources to increase internal capabilities of the Occupational Health interdisciplinary team. We've been working with the existing team to support a shared understanding of the team's collective responsibilities, and to confirm the most effective use of existing skills and resources across the team in preparation for expansion of the team.

We've ensured Statements of Accountability for the new positions are aligned with the team's shared responsibility and the vision for OHS. We've also ensured messaging and communications to support recruitment for new positions are aligned with the OHS vision that these are valuable roles within our health system to support our people to be and stay well to provide the best possible care for our patients. We have had a strong response to recruitment with successful appointments to all four positions likely early next quarter.

We've been collaborating with health system partners to establish workstreams for the change management programme. These build on successful collaboration models that exist across our health system. We expect the collaboration model, and the capabilities and experience required of participants to be confirmed by our Advisory Group in the next quarter, with the workstreams established by end of September.

With the guidance of our Advisory Group, we've confirmed the development and implementation of a clinical leadership role within the Wellbeing, Health and Safety Community of Expertise as a key enabler to support the vision for the future for the OHS, and a key partner for the implementation of the improvement programme. Important next steps include working with our Advisory Group to identify the skills, perspectives, and expertise required of this leadership role.

Key Milestones	Due	Status
Review completed	Dec 2017	
Programme plan developed	Mar 2018	
Business case developed	Mar 2018	
Establish workstreams for the change management programme	Jun 2018	
Identify new model of care and early intervention pathways	Dec 2018	

Disability Action Plan Priority Actions (People and Capability)

Be an Equal Opportunity Employer

In mid 2018, CDHB committed to being the host employer for Project SEARCH. In November 2018 eight interns with learning disabilities were selected to undertake the internship programme at Burwood Hospital. On 24 January 2019, the interns were welcomed to the DHB in a moving ceremony attended by parents, staff, dignitaries, partners in the programme, the interns' Tutor and Skills Trainers, and Project SEARCH staff from the United States. Erin Rhiele who began Project SAERCH commented that it was the most welcoming ceremony she had ever attended since the programme began more than 20 years ago. There are over 600 Project SEARCH programmes currently operating in the world.

On 11 February the interns began their internships. They, with their Tutor and Skills Trainers, attended corporate orientation on 25 February, and have now begun the first of three work rotations within the hospital. The programme is based on a partnership model and requires close collaboration at every step. CDHB is the first organisation in New Zealand to run Project SEARCH.

The programme has already provided value in identifying ways that our processes make it difficult to have disabled people enter our workforce. It has also identified the challenges in gaining sustainable funding for projects like this, which are necessary to enable transferable skills to be developed. Dr Colin Glanville has met with two Ministers in regard to this, as a sustainable funding model is necessary to enable the programme to operate over the longer term and in multiple organisations. The Tutor and Skills Trainers are employed by our partners, and have a dependency on the nature of the funding each individual young person is able to access, which is impacted on whether they are still at school.

Our staff at Burwood hospital have been extremely supportive of the initiative and have embraced having our interns as part of the fabric of their hospital.

Below is their first day photo of the interns with their Tutor and Skills Trainers. It was taken outside their classroom which has been fitted out by CDHB to make it fit for purpose.

Continuous team and individual development
"I can do and be my very best"

Increase Staff Disability Awareness, Knowledge and Skills

Making it better for our people with a disability. People and Capability engaged with our people who identify as having a disability. The purpose of this engagement was to increase awareness of how our people with disabilities can be better supported; increase awareness of how our people can better support colleagues who have a disability; and to create an agreed list of actions to guide future activity. This work has been folded into the core policies, Max and the Occupational Health Improvement programme of work for 2018.

Disability responsiveness/confident employer course.

In late January, 2019, a 'Hub for the Essentials of Leadership & Management' [HELM] was launched by People and Capability. HELM is a new approach to delivering scalable, user-centric pieces of learning designed to address relevant and known opportunities for growth for not only people-leaders, but anyone looking to increase their own non-clinical capability. These opportunities take the form of 'user stories', an approach to keep the content relevant and natural; and, from these user stories, learning pathways are developed – with a specific learning pathway for people, and people leaders, new to our organisation and a broader pathway around

Diversity, Inclusion and Belonging. With this in mind, a Diversity Training Group will be established to confirm the user stories that make up these learning pathways over the next quarter. New content will then be released to Canterbury DHB and West Coast DHB as it's developed.

Report prepared by: Maureen Love, Strategic HR Business Partner

Report approved by: Michael Frampton, Chief People Officer

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 29 September 2018 Canterbury DHB Disability Steering Group (DSG)

Attendees: Prudence Walker, Gordon Boxall (Chair), Allison Nichols-Dunsmuir, George Schwass, Mark Lewis, Paul Barclay, Dave Nicholl, Kathryn Jones, Hayley Nielsen, Mick O'Donnell, Lara Williams (Administrator)

Guests:

Apologies: Jane Hughes, Kathy O'Neill, Kay Boone, Sekisipia Tangi, Stella Ward, Maureen Love, Donna Hahn, Mark Lewis, Simon Templeton, Ngaire Button, Catherine Swan

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Amendment to August minutes.	Add **Action point** – Stella and Mark to contact Prudence to involve in disability awareness work
2.	DSAC and charter Washington short questions	**DSAC** DSAC meeting feedback. It was noted that an aim was to ensure DSAC's strategic oversight matched well to DSG's operational implementation of the Disability Action Plan. Allison circulated accessibility and Inclusion Checklist from CCC website, for organisers of all types of events. DSAC is following carpark height issue. Ideal height is 3.5m for mobility car parks, but Building Code is 2.1 m. We need to advocate for height when new CDHB parking building is planned.	**Action point** – CCC Accessible Events Checklist to be circulated with minutes
		Washington Group Short Set (WGSS)-general are questions re disability	**Action point** – Paper on the WGSS to be

		status developed internationally and adopted by NZ for Census, Household Labour Survey and General Social Survey. Replaces Disability Survey which will not be held again for 10 years. The six questions ask about functional ability to see, hear, walk, cognition, self-care and communication. Different thresholds can be applied that result in different results. **Washington Group Short Set (WGSS)- use to collect DHB staff disability status information** ODI has recently been working on how to use the WGSS in the state sector to enable organisations (including the CDHB) to measure numbers of staff with disabilities. This could be useful to assess trends over time and the impact of any initiatives. May be done by an external entity. DSG discussed issues that may arise in doing this and suggested we find out more, ensure P&C are aware of this work, and update DSAC.	circulated with minutes. **Action point** – Allison to flag recent ODI work to P&C regarding staff. Next steps to be determined, as CDHB can ask to be involved with ODI work. **Action point –**Allison to contact ODI re timeframes for staff disability project
		Accessibility Charter Working Group (ACWG) subcommittee verbal report from Allison: Meeting held 28 Sept. Discussed a draft plan table of contents, need to do a stocktake of planned buildings and major renovations, need to document how we design and build now, link to CDHB Facility Design Principles (2012), and using a Request for Information to identify potential suppliers of Independent Accessibility Technical Advice.	**Action point –**Allison and Gordon to keep DSG informed of ACWG progress
		Traffic Light Safe Mobility System (Bedside Boards)	**Action point –** Kathy to contact Susan Wood to brief us

		Allison discussed personalised Bedside Boards used in Burwood. They are intended to contain information, important to the patient and their needs/desires. They are 'written' with an intention to digitalise them at some stage. There has been work done to standardise these, they will be used in new Acute Services building. Contains a lot of elements included in the "Passport" that CDHB does not use. Issues include privacy of patients, updating of information regularly. In future Flowview is planned for online data to be live to display screen at bedside. Releasing Time to Care team are aware of issues about placement of bed boards.	about Bedside Boards and future plans.
3.	Action points from Pip's Brackenridge presentation at July meeting.	Pip's issues raised are ideal to be applied to future discussions.	
4.	Accessibility – update on wheelchair taxi service	Wheelchair taxi may be revisited again. It was trialled and has now finished after 3 weeks due to a lack of take-up. Noted that may have been down to people not knowing about it although every effort made to contact people who may be interested. An option could be for shuttle to use smaller buses with lower foot access, to; encompass disabled patients that may not need a wheelchair space. Feedback is for longer lead timeframe so update can be measured.	
		Mobility carparks More mobility parks have been found to compensate for those lost with roadworks. Extra carparks were requested by CDHB CEO to CCC CEO who made it happen. Antigua Boatsheds site now has six additional mobility parks until 8 January 2019. Antigua Boatsheds owner was very helpful. Usage shows 9-11am and 1.30-3pm mobility park occupancy is high, this	**Action point –** attachments to be circulated with minutes, George has sent to Lara 1. the plan of parking around current outpatients and what is planned for when this building closes. 2, Graphs from ipad survey of patient

		coincides with outpatient times. George will keep these usage figures for when Outpatients Building opens so George can go back to Council. Bridge security guard monitors usage, it has been found that patients are turning up an hour or so early for their appointments as they are worried about finding a carpark. Prudence asked about steps into shuttle, railings on buses helping with access. George will continue to re-evaluate parking.	usage. 80% came in a car etc. **Action point** – Lara to contact Rachel Cadle to setup meeting with Kathy and George. Keep momentum going with Rachel, then include Jacqui after her arrival in November
5.	System Transformation Update	Prudence updated - mid-Central to go live on Monday.	
6.	General Business	**November meeting date change** Lara to ask Debra, Jacqui's PA, 3rd Friday of each month mooted for 2019 dates. Lara will send these dates out. **2019 dates** Lara to send DoodlePoll to change November meeting date to welcome Jacqui. Jacqui Lunday Johnstone is starting in November as Executive Director of Allied Health, Scientific and Technical for Canterbury DHB and West Coast DHB. **Communications update** Website for CDHB and WCDHB are imminent for relaunch. Access has been advising on issues. Webmaster is fully committed to providing information with fewer barriers to gaining information. Content will be inclusive of all users, videos are captioned, jargon free and easy to understand. WellNow going out to letterboxes. Disability people centred article, raising awareness of patient Ben and his Mum. Employers employing people with disabilities, in the plans for future issues. Discussion continued regarding how best for DSG to communicate its work whether by facebook, closed discussion	**Action point** – Lara to send DoodlePoll for November meeting change **Action point –** Lara to send out DoodlePoll for 2019 dates **Action point –** Survey to be included in October agenda, relaunching survey. Mick/Kathy to discuss.

		groups, video blogs. No decisions but Gordon to meet Comms about updates as part of CEO's weekly reporting.	
6.	General Business Anything that's different in a disabled person's life since we last met.	Project Search – Paul updated that American contingent has been in Christchurch this week and training has started.	
	Next Meeting	10.30-12.30, Friday October 26th 2018 **Location Design Lab** **The Accessibility Charter Working Group is meeting 9-10 at 32 Oxford Terrace. There will be a taxi leaving at 10am to the Design Lab.**	

ITEMS FOR NEXT MEETING

- Discussion about relaunching survey (Mick/Kathy)
- System transformation update
- Progress on additional Maori/Pacific representation
- Accessibility
- Children?
- Employment
- Disability Awareness

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 26 October 2018 Canterbury DHB Disability Steering Group (DSG)
Attendees: Prudence Walker, Gordon Boxall (Chair), Allison Nichols-Dunsmuir, George Schwass, Mark Lewis, Paul Barclay, Kathryn Jones, Mick O'Donnell, Kathy O'Neill, Kay Boone, Sekisipia Tangi, Stella Ward, Maureen Love, Donna Hahn, Ngaire Button, Catherine Swan, Lara Williams (Administrator) Guests: Linda and Sally from Project Search Roxanne McKerras, Bed Board developments Catherine Swan and Kay Boone presented on their teams Apologies: Dave Nicholl, Jane Hughes, Simon Templeton	

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Ngaire Minutes passed as correct.	
2.	Project Search Update	Linda Leishman and Sally Thomas presented on progress: • They briefed the group on how partners have contributed funding. • Participants will be taught a set of skills that are transferable into the job market, rather than teaching them how to find a job. • The franchise provides essential ingredients for success but it was confirmed there is scope to adapt to local circumstances. It was acknowledged that care would be needed to ensure it is accessible and	

		attractive to ensure Māori and Pasifika participation. • There is a steering group including sponsoring agencies to oversee the project and thought to be given to how cultural competence can be authentically addressed in that group. • Already attempts had been made to ensure diversity within the initial cohort of participants with a move away from just those with additional funding (ORS) from MOE as part of their schooling. • It has been tricky to find suitable applicants still at school to give this a try but a recruitment process is underway with a target to identify student participants by then end of November so plans can be made for the project to commence early in 2019. • There is a meeting with Ministers planned. • Mark advised that the project would be based at Burwood. There will be a meeting with Team Leaders and key Managers involved with participants/interns. • Mark to keep DSG informed and Linda happy to return to a future meeting as required.	**Action point** – Stella to provide data **Action point** – Mark to meet with Stella's ISG team for potential placements. Mark to provide update after this meeting. **Action point** – Catherine offered her service to provide enrolments from her service.
3.	Quality Initiative - **Traffic Light Safe Mobility System (Bedside Boards)**	CDHB Quality Team Member – Roxanne McKerras • Roxanne advised that the boards have been trialled at Burwood and will now be introduced to Acute Services. • Boards were designed as a response to a call from HQSC to standardise care.	**Action point –** Roxanne's Presentation of the boards that she showed is available, contact Lara if you would like a copy

		• CDHB Quality team led the design with input from key stakeholders including patients. • They are intended to provide essential information 'at a glance'. • Interesting tension between what clinicians (medical issues) and patients (personal information) wanted to see conveyed. • Nurses now seeing the value of the information that is of most importance to patients. • It was noted as a good example of great work happening without DSG necessarily knowing about it routinely. • Roxanne offered to return to DSG to talk about bed boards and the wider rollout in Christchurch Hospital and Christchurch Women's.	
4.	CDHB Child Services including Child Development and Paediatric Service	Catherine Swan and Kay Boone presented Services for children with disability in Canterbury. Catherine Swan, developmental paediatrics Kay Boone, child development service. • Key message - To improve, promote and support the health of the child and whanau • Good discussion about the importance of integration between different agencies to ensure optimum health pathways for children through the maze of supports and services. • Noted that some pressures on securing early intervention benefits due to delays particularly in	**Action point –** Both presentations to be circulated with minutes **Action point –** Wider system transformation discussed in future, following on from statistics highlighted in presentation

		assessments in some areas. There wasn't sufficient time to work through the cause and effects but it was agreed to have this on the next agenda so we can have a deeper look at particular pressure points to see if there could be ways to address them.	
5.	Other standing agenda items a) System transformation update b) Accessibility sub-committee verbal report c) Communications Update	• Moved to nest meeting. • In final stages in sending OIA for audit services. Sourcing costings to buy in advice. Preplanning before buildings are build. • Parking – experiences with new outpatients building discussed. There are queues for Hospital Shuttle due to popularity. Discuss with Rachel Cadle at December parking meeting. Possibility for increasing the shuttle? • New CDHB/WCDHB website has been launched. • WellNow is currently at printers and will be available online from 6th December. • Quality accounts are online.	**Action point** – discuss with Rachel Cadle **Action point** – feedback on website at next meeting
	Shared Plans	• Shared plans emailed to DSG 26th October. Good mix of people involved. This will be presented at ALT meeting.	
	Disability Provider Forum		**Action point –** Kathy to contact Donna
6.	General Business	• Hayley Nielsen's term with …. has ended so she has resigned from DSG.	**Action point –** Kathy/Gordon to write to Haley with thank

		Gordon and Kathy will look into recruitment. • New Primary Care Initiative – Community Service Card Holders – Potential impact for people with a disability – • Free GP Consults for people on release from prison. Kathy has received data. Positive engagement of Maori men enrolling and engaging with GPs.	you for considerable input **Action point –** Kathy/Gordon to start recruitment process
7.	Anything that's different in a disabled person's life since we last met?	• Kay Boone gave positive feedback from ASD Coordinator. They had a group session with 25 families invited, 17 attended. A one stop meeting connecting with many services such as Lifelinks.	
	Next Meeting	**Next meeting Friday 7 December** **9:00 – 11:00** **32 Oxford Terrace**	

ITEMS FOR NEXT MEETING

- System transformation update
- Progress on additional Maori/Pacific representation and Haley's replacement
- Parking

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Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 7 December 2018 Canterbury DHB Disability Steering Group (DSG)
Attendees: Prudence Walker, Gordon Boxall (Chair), Allison Nichols-Dunsmuir, George Schwass, Paul Barclay, Kathryn Jones, Mick O'Donnell, Kathy O'Neill, Kay Boone, Sekisipia Tangi, Stella Ward, Jacqui Lunday Johnstone, Maureen Love, Ngaire Button, Catherine Swan, Dave Nicholl, Jane Hughes, Lara Williams (Administrator) Guests: Wendy Dallas-Katoa, Ruth Jones, Waikura McGregor Apologies: Simon Templeton, Mark Lewis (P&C represented by Maureen Love), Donna Hahn, Susan Wood	

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Wendy Dallas-Katoa gave karakia and welcome Waikura into the Group. Gordon acknowledged the importance of recognising protocols and getting the representation balance correct. Jacqui was also welcomed to the group as the new EMT representative.	
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Minutes passed as correct.	
3.	Child services	How can DSG influence improvement, with emphasis on early intervention? There are delays with assessment which will affect their ability to benefit from early intervention model. Thanks given to Catherine for her presentation which showed the complexity of providers. Kathryn Jones has since followed up with Mana Ake	**Action point –** Jacqui, Kathy, Gordon to meet

		programme in Planning and Funding. This is an exciting development for her organisation. Ensuring collaboration is crucial. The changing face of paediatrics in Canterbury with increase in Māori numbers, autism spectrum disorders, health and wellbeing of children with developmental needs. Catherine has given feedback to Jacinda Adern's child, health and wellbeing strategy. Wishlist for a service able to fit family's needs. Discussion that it's not only about more resources, it's about all agencies working together without barriers and apparently conflicting policies. Boundaries need to be looked at with services. Pressure is how diagnosis numbers are putting high pressure on their service. Services are already at high pressure level with no additional funding. In 2012 there were 250 referrals for OT now 470 per year. Referral patterns with sensory differences or ID, that's where it's growing. On top of this is mental health effects post-earthquake. People with anxiety and autism spectrum disorders, need to have disability diagnosis for care. The waitlist is being driven by need for ASD assessments which has a backlog of 80 people having waited at least a year. This means whanau can't access respite until this is done. Kay – testing costs are a barrier. Psychometric testing is a therapeutic tool in finding supports they need. Kathryn, - presently psychiatrists don't have ability to action these waiting lists. Request put to the group on advice on how to liaise with MoE and other agencies. Last teleconference they were told to wait another 6 months. Kathy – 360 health select questions to be answered by mid-January. There are 10	

		or 11 around disability, disability included in questions for the first time. Kathy has given answers to Carolyn Gullery, e.g biggest impact currently, what's needed to happen right now and biggest issue relating to that. Early intervention is needed to get in the front of the problem. Yes it's about access to primary care but also early intervention, the first 1000 days is critical. Catherine has attended cabinet meeting with Prime Minister, with the opportunity to write down where they want NZ to be in ten years. Jacinda Adern is reading this feedback. Seki raised Pasifika and Maori, there is need to work together with the mainstream. Seki is here to represent Pasifika with the level they are at and integrating. There is a massive gap between the mainstream and Pasifika. Overview from Kathryn, all agencies can only stay with a family for a certain time, there isn't an overall continuity of care throughout a child's life. Jacqui acknowledged the conversation on need for agencies to work together. Jacqui reported there will be a Chief Allied Health Officer at Ministry of Health appointed in the future to encourage a cohesive approach. Jacqui's has direct equivalent experience from the UK of how critical early intervention is in supporting vulnerable families. Gordon asked community reps for any suggestions. Waikura emphasised to look for whanau ora navigators in the community and use them. Waikura's organisation can tap into pool funding to anable individual assessments. Look at us to see what whanau ora can provide. 33 navigators in Canterbury district.	

		Catherine asked how do we get to the families who are isolated or overwhelmed with the system. Seki –school assessment happen, the family can't accept diagnosis. The school is trying to help develop but what can you do to help those families who don't want the support or delve through the support plan offered. Cultural difference. Prudence – how do we best support families in their lives, you have to seek out what's wrong, is it cultural, whanau dynamics? Kay added that with traumatic brain injury, there are families who haven't been able to access all that's available. Mana Ake is helping to develop pathways to pick up brain injuries and subsequent affects even months later. Resources are there for teaching staff. Kay's social workers work with these families. Discussion on difficulty to access ACC. Paul – we isolate the symptoms rather than looking at the child's overview. Key is early diagnosis. Appropriate diagnosis and resulting services flowing on from that. Prudence – how do you identify the needs? A broken leg is visible, explaining unseen factors you feel you have to communicate that so they understand and acknowledge that disability. There has been an education session for GPs about traumatic brain injury. This is part of the contract to nursing and pharmacy of 5 education sessions throughout the year.	
		Waikura gave feedback of difficulties with ACC and accessing funding for whanau who need it. • Gordon asked for examples of good practice that could build the case of importance of early intervention.	**Action point –** Positive examples to be sent to Gordon

		Group asked for examples of good examples, in order to move this forward. Could DSAC assist to help? • Ngaire asked can we write to someone such as the Police Integrated safety response group. What can we do to advocate change? • Kathy – we could write a letter of concern to EMT with Catherine/Kathryn's support. We need to acknowledge that this is a wider problem rather than P&F funding. P&F Leadership Team to be aware when next funding stream from DSS. Politically the time is right. Let's take this timing opportunity.	**Action point -** Police Integrated Safety Response Group invitation to setup meeting.
		Gordon summarised the group's understanding of overwhelming lack of resource for families and children. How do we tactically get to this? Gordon suggested to work with EMT to get the best outcome. Gordon will report back at January meeting.	**Action point** – Jacqui, Kathy and Gordon to meet to decide on strategy. Gordon to report back in January.
4.	a) System transformation	Catherine updated the group that currently kids without diagnosis, in the current system, can't access services but children under 8 will be able to apply for independent facilitation.in the mid-central prototype. System transformation was rolled out in mid-Central in October, Canterbury is likely to be next. A Canterbury Leadership has been set up which consists of 3 organisation reps, 3 family reps, 6 disabled people. Kathy represents CDHB interests.. The group is kept apprised of mid-central issues and the ongoing local work with school-leavers.. Waikura and Ruth sit on a system transformation working group for Māori, looking at accountability under treaty framework. Funding paper has been sent to the Minister, looking at Māori and Pasifika especially, and including all other groups. Prudence asked how this fits in with regional leadership group.	**Action point** – Gordon and Catherine to follow up on funding discussion.

		Gordon and Ruth also part of some work in mid-central to identify what providers need to build their capacity and capability in order to be able to create new ways of supporting disabled people live the life of their choice.	

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4	b) Accessibility sub-committee verbal report	• Meeting today. There is an aim to present the Charter implementation plan to EMT in the new year.	
4	c) Communications update	• Disability pride week and international day of disability has been promoted.	
4	d) Project Search update	• Update from Linda Leishman, school leavers identified for project search this year. • Questions from Linda, Kathy will follow up. • Request for funding for filming has been made. Kathy replied this sits with P&C that disability awareness training occurs for staff. Canterbury will lead the development of this for DHBs. • Prudence said Stella has met with Mark. Meeting hasn't happened, how does this followup happen? Discussion followed that this needs to happen as DHB is committed to this. Disability awareness will show support.	**Action point –** Kathy will follow up with Linda on her questions **Action point** – Meeting with Kathy, Prudence and Mark to move training ahead
5.	General Business	Nothing added	
6.	Anything that's different in a disabled person's life since we last met?	Nothing added	
	Next Meeting	**Next meeting Friday 28 January 2019** **9:00 – 11:00** **Location tbc**	

ITEMS FOR NEXT MEETING

- System transformation update

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Canterbury District Health Board
Te Poari Hauora o Waitaha

Minutes – Friday 25 January 2019
Canterbury DHB Disability Steering Group (DSG)

Attendees: Gordon Boxall (Chair), Jacqui Lunday Johnstone, Kathy O'Neill, Allison Nichols-Dunsmuir, Jane Hughes, George Schwass, Mick O'Donnell, Paul Barclay, Prudence Walker, Kathryn Jones, Maureen Love, Lara Williams (Administrator)

Guests: Dr Colin Gladstone and Erin Riehle, Project Search

Apologies: Kay Boone, Catherine Swan, Dave Nicholl, Susan Wood, Simon Templeton, Ngaire Button, Waikura McGregor, Sekisipia Tangi

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Prudence welcomed the group.	
2.	Apologies above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Minutes passed as correct. Point 3 of December minutes, Child Services issues eg resourcing, assessments. Letter of concern to EMT hasn't been written, as Gordon and Kathy have met with Stella and the issue has previously been to EMT and Board. Next step includes pushing back to DSS re funding. There may also be a meeting. Jacqui's direct experience of implementing a joined-up approach to this in Scotland (Ready to Act in action) would be a good agenda item, with Jacqui's agreement.	
3.	Project Search – USA Project Search visitors. Update on Canterbury Project	Dr Colin Gladstone and Erin Riehle spoke. The launch the previous evening was excellent. Three week orientation for first interns starts at Burwood 11th February. Erin spoke of experience with hiring disabled people in a hospital environment. Project focus should be on Managers learning to interview disabled people rather than vice versa. Project Management and Mentor Guides will assist. A good video, The Ten Commandments of communicating with people with disabilities available on Youtube. https://www.youtube.com/watch?v=zpPhQl4seqk It is suggestion to look into subscribing to the rest of the videos in the series. Maureen to check please. **Recommendation from Erin** – let interns start for a couple of weeks, have a DSG meeting at Burwood Hospital to meet those involved in the intern programme. It was agreed to do this in April.	**Action point –** Launch video to be made available by Maureen. Maureen to check about access to other videos **Action point –** Lara to circulate Monday 28/1 CEO Update featuring launch with minutes. **Action point –** Lara to circulate Erin's 3 documents with minutes. **Action point** – Jacqui asked if Max homepage could include a link to the Ten Commandments video. Maureen to follow up
4.	CDHB employing more disabled people	The CDHB will explore opportunity to develop a small group of local and national stakeholders to begin to position the CDHB as an exemplar employer e.g engaging local experts like Workbridge, Job Connect (MH) and Laura Fergusson (ABI), People First (I/LD). Will also look at Champions who could be involved. Suggestion for include Olivier Lacoua http://www.beaccessible.org.nz/the-movement/the-fab-50/possibilty-case-studies/olivia-lacoua-general-manager,-novotel-christchurch-airport Gordon has Ann Hawker from MSD lined up.	**Action point** Everyone to suggest names of people to Kathy, including those with a Nursing focus. **Action point** Schedule time with Erin and Colin when they return in April, to create a link to this group.

	Agenda Item	Summary of Discussion	Action/Who
		It would be good to get an early date for this. Some background resources to help inform the discussion https://vpsc.vic.gov.au/resources/disability-employment-toolkit/ www.and.org.au Kathy and Jacqui attending Ta Ta Totua Workshop, occupational health. Kathy to update group after workshop	
5.	<u>Updates</u> System Transformation Hillmorton plans for AT&R, link with Accessibility Charter Working Group Communications C Disability Awareness Training for staff Proposal on engagement with West Coast on disability actions Minister of Health Expectations on Disability for DHB 2019/20 Annual Plan	System transformation – meeting taking place on Tuesday **Hillmorton** Hillmorton building update. 4 secure care pods, completion date end of 2020. Discussion of disabled accessibility. Pods can be modified in future due to the pod design being designed for secure needs most of whom do not have physical support requirements. Group discussed lack of access will cause distress and this needs to be considered.. Discussion about CDHB website content needed by disabled people; new website is meant to make information easier to find. Project Search comms – external media are in the loop on the launch. Mick is sending media releases to media. TV coverage is possible. Will be a long-term Comms priority. P&C acknowledged and thanked for their launch organisation. Healthlearn platform causing some delays. Project Search resources will be considered for awareness training. Prudence asked about previous action points. More work on this is in the P&C workstream for 2019. ALT paper is going to West Coast Board. It suggests a shared agenda with joint discussions, rather than a merge of the two groups. Focus on shared issues. Eg system transformation. Minister's expectations include DHB progressing UN Convention on the Rights of Persons with Disabilities, and consideration of accessibility to be set in contracts CDHB holds with providers. First is being progressed through Disability Action Plan, second needs consideration.	**Action point –** on March meeting agenda **Action point** – accessibility needs to be discussed as design plans develop for pods- Allison to raise with ACWG **Action point** – Everyone to look at CDHB website and bring back any issues next meeting. **Action point** – Mick to invite Matt Elliott to next meeting. **Action point** – Mick to update next meeting with Project Search comms. **Action point** – Maureen will follow up with Prudence. **Action point –** Kathy to circulate West Coast paper to group **Action point –** Kathy will identify how this is to happen and report back.
6.	General Business	An Official Information Act request has been received regarding Maori Disability. Early February response time. Kathy is coordinating. New Sign Language Interpretation guidelines have been successfully added to the CDHB documentation.	**Action point –** send congratulations letter to Shona McMillan, Gordon to sign.
7.	Anything that's different in a disabled person's life since we last met?	Ran out of time.	

	Agenda Item	Summary of Discussion	Action/Who
	Next Meeting	**Next meeting Friday 22 February2019** **10:30-12.30pm** **32 Oxford Terrace** **April meeting at Burwood? This is to enable interns to gain confidence and experience**	**Action point –** Lara to book room at Burwood for April meeting

Canterbury Clinical Network
Transforming Health Care. Whanau Ora ki Waitaha.

Canterbury Clinical Network Work Programme 2018-19

Quarter 2 Report (Oct – Dec 18)

Contents

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 Q2 2018-19

FOCUS ON: Healthy Lifestyles

1,218 people were referred to Green Prescription
to help them live a healthier lifestyle through increasing their level of physical activity in Q2.

2018-19 TARGET = 4,000
Total to date = 2,312

Over 120 people attending community Respiratory Exercise Groups each week
to support their health and wellbeing and the management of their respiratory condition in Q2.

17 classes at 12 locations are delivered weekly, including classes in Ashburton & 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 Q2

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.

51 Primary Care Professionals

completed training in Motivational Conversations to support them encouraging their patients to make a change for better health in Q2.

In Q2 this included 37 GPs, 11 Nurses, 1 Pharmacist, 2 other health care professionals
TOTAL 2018-19 = 123

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

34 % of older people 75+

who are community dwelling with a fractured NOF were referred to the 'in home' Falls Prevention Programme in Q1; with data for Q2 yet to be provided

2018-19 TARGET > 25%

557 people at risk of falling

were referred to, and seen by, a strength and balance retraining service to reduce their risk of falling and injuring themselves, and help them stay in their own home in Q1. This is an increase of 21% on Q1 volumes last year. Data for Q2 is yet to be provided

2018-19 TARGET: >1,200 people (aged 65+).

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.

2,884 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 Q2, up from 2747 in Q1

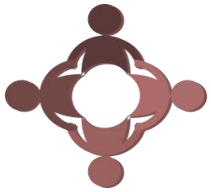
In Q2: 156 Acute Plans were created and 377 amended (in the Canterbury and West Coast area).

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.



51 Primary Care Groups

In Q2 are engaged in the **Integrated Family Health Service (IFHS)** to explore ways to work together and free up time for more patient-focused care. Of these, 48 are Pegasus Health Practices and 3 are non-Pegasus PHO.

Our Activity Objectives

Position Integrated Family Health Service (IFHS) groups to be 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 October - December (reduced from 471 HUHC registrations 12 months ago) has provided general practice with increased flexible funding for the care of their patients with complex needs

By 1 January 2019 this has resulted in an accumulative additional Care Plus funding of $2.156 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 taking a system wide response to managing this demand. This work is continuing over Q2 and currently includes:

- Exploring general practice's use of Acute Demand and Acute Plans and whether opportunities exist to increase their use to relieve pressure at AAU.
- Clarifying the community message about the use of the 0800 number and the Call your GP 24/7 process to alleviate confusion within the community on how to access after-hours care.
- Working with General Practitioners and Homecare Medical to improve processes for booking weekend clinics and provide casual patients better access to general practice.
- With the appointment of the new Ashburton Project Facilitator, progress can now be made on the Frail Elderly Pathway which will provide opportunity for quality health care improvement.

Child & Youth Workstream

The first four referrals to LinKids for wraparound support services for young parents occurred this quarter. This is aimed at providing financial, social, health and educational support to teenage parents in order for the child/children to have the best start in life.

The Sudden Unexplained Infant Death programme is progressing with the provision of safe sleep devices through a network of providers. This is the first phase of the programme aimed at reducing the risk of sudden unexpected death in infancy. Other components of the programme target risk factors such as smoking and co-sharing sleep places with the child in infancy.

Community Services Service Level Alliance

The limited trial of our new restorative referral form has been favourable, with providers reporting an increased scope for goal-based support and restorative care within the referral parameters. This allows providers to work with the client on what is important for them (rather than being tied to a prescriptive set of actions decided by clinicians in a secondary setting).

The socialisation of restorative care across the system is improving: we have heard a number of good news stories about the practice of restorative care within the homebased support context. The focus of this work for Q3 and beyond will be: the continued socialisation of restorative care, both to the wider public (clients, their families, whānau, neighbours and friends) in terms of the potential benefits of restorative support; and to support workers who are delivering this care. Pay Equity, in between travel, and guaranteed hours continues to present a challenge to Homebased Support providers. While we anticipate that in the long term this will provide a more educated and well-trained, stable workforce, there are some unexpected consequences of these legislated changes, including (for example) some support workers choosing to work fewer

hours, and a lack of flexibility of hours for both employers and some employees. Providers maintain that despite these issues, once the changes have become business as usual the overall result will be positive for the system.

Falls & Fractures Service Level Alliance

An overview on the signals from noise (sfn) data for presentations to ED coded as a 'fall' was provided to the SLA. This indicated the ED presentations are not all strength and balance related ('Fall' coding in ED is used when people say they were found on the ground). Of the 330 people who presented to ED in September 2018:

- 150 (45%) of the 330 were a direct result of a fall;
- 228 (69%) of the 330 were admitted; and
- 77 (23%) were disease related (including 2 poisoning, 4 strokes, 1 heart attack, 2 influenza).

The data indicates there is a downward trend in acute hospital admission with a fractured neck of femur, with 'acute bed days' data suggesting that whilst people are experiencing a fracture following a fall, the severity is lower as they are spending less time in hospital. As access to hospital rehabilitation data indicates fluctuation, there is an opportunity to gauge what pathways / action is being undertaken by the in-patient service, discharge process, and family GP to identify improvements in supporting people post-hip fracture.

In Q2 Sport Canterbury offered 168 classes per week from 32 providers (a total of 3,468 places offered per week); this exceeds their quarterly targets. The main focus in Q2 has been to establish classes for culturally and linguistically diverse populations, who have typically been underrepresented in exercise class attendees. Work has begun to provide accredited classes available for the Kaumātua of Tuahiwi Marae, E Tu Pasifika, Christchurch Muslim women and the Indian community. There has been a further nine rural classes accredited, covering the Mid-Canterbury region as well as another men's only class in Christchurch.

A comprehensive investigation of Falls Prevention programme referrals from across health system was undertaken in Q2. This identified opportunities to strengthen a consistent referral process and provision of care across the sector. In response, representatives across the hospital setting are working together to increase in-patient referrals to the Falls Program; and pilot work is progressing alongside 24 Hour Surgery, as the largest after-hours care provider in Canterbury. This action is anticipated to increase access for our at-risk population to the Falls Prevention program.

Discussion for how the Falls and Fractures SLA can support the #WellConnectedNZ platform continued and focussed on the alignment with Sport Canterbury's community-based Strength and Balance classes.

Health of Older Persons Workstream

The Health of Older Persons Workstream are mapping Dementia Services in Canterbury, to identify gaps in our service delivery in accordance with the South Island Dementia Initiative "Dementia is Everybody's Business". This document addresses the national framework for dementia and suggests best practice at each stage of the dementia journey (Awareness and risk reduction; Diagnosis and management planning; Living well with Dementia; challenges to wellbeing; and End of Life). As Canterbury (like the rest of NZ) is facing a doubling of dementia numbers by 2050, the Health of Older Persons Workstream is looking at ways in which our services can be strengthened and adapted to meet this growing challenge, including improvements in prevention, diagnosis, and support for General Practice.

In addition, we are engaged in promoting dental care in Aged Residential Care: today most elderly people entering Aged Residential Care still have some (if not all) of their natural teeth. By supporting Aged Residential Care facilities in caring for their resident's dental health will contribute to their overall health and wellbeing. Education sessions will be held in Christchurch, Ashburton and Rangiora, focussing on dental care and caries prevention for older people.

Immunisation Service Level Alliance

In Q2 we continue to see a pattern of parents declining or delaying immunisations for their children. This trend appears to be a occurring nationally. We were pleased to see that in the 2018 year 55% of pregnant women were vaccinated for Pertussis, however we would like to see this coverage further increase. As a result, more focused work needs to occur to support both Lead maternity Carers and General Practice teams around Pregnancy Immunisation; this will become a large part to the 2019-20 Immunisation Service Level Alliance work plan.

Integrated Diabetes Service Development Group

Progress has been made on developing a Type II Indian class; although a small population, Indian people have an increased risk of diabetes equivalent to Pasifika Peoples. Culturally appropriate education addressing existing gaps is expected to better support at risk populations and enhance health literacy. 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.

Recruitment is now underway for a Maori Registered Nurse to join the diabetes Maori Clinical Nurse Specialist, increasing the Maori nursing team of two FTE. Progress has also been made on diabetes service review priorities with the agreement of the next steps by the IDSDG. A work group will be appointed to review and discuss increasing education in community settings in Q3.

Sport Canterbury has run a Diabetes Be Active programme with 100% participant feedback stating they were satisfied or very satisfied with the programme. This was jointly supported by the diabetes specialist service and Diabetes Consumer Group; the Consumer Group providing healthy grocery hampers throughout the Be Active programme to incentivise attendance and course completion. Twelve participants (44% of referrals) attended more than half of the sessions with nine (out of nine) participants stated an increase in physical activity levels since starting the programme. A walking group with some of the attendees has been established.

Integrated Respiratory Service Development Group

The Better Breathing Pulmonary Rehabilitation programmes continue to be well attended, with the last programme of 2018 finishing late December. The Kaikoura physiotherapist became the first 'Approved Provider' of pulmonary rehabilitation. The Approved Provider programme aims to increase access to pulmonary rehabilitation, the best intervention for people with COPD or other forms of respiratory illness causing breathlessness. Discussions have been held with the Kaikoura physio provider and health centre to ensure high needs populations are able to access the local programme. Having pulmonary rehabilitation delivered locally means this population don't have to travel to Rangiora and they build a positive relationship with the local physiotherapist for ongoing support. Another approved provider has been appointed in the Rangiora area and a programme there will support train-the-trainer education in February 2019.

A summer student project is in progress looking at the benefits of attending community exercise post-rehabilitation. Quality of spirometry tests in the community continues to be good and discussions are taking place about better ways of reaching Maori and Pasifika. #WellConnectedNZ project moves into implementation phase next quarter after extensive engagement with communities.

Laboratory Service Level Alliance

A Labs workshop is planned for the 29th of January to determine the future of the SLA. To be discussed are current KPIs, achievements, what has been achieved and future priorities. This will inform the future for the SLA. Collection Centre locations are working well – a consumer questionnaire is being prepared by the Collections Work Group and will be completed 2019 to assist with future planning and inform the service of what is working well and areas of improvement for Agnes.

Mental Health Workstream

Highlights from the Mental Health Workstream include:

- Dashboard to identify gaps and areas of pressure that includes primary, community and secondary care activity for Māori, Pasifika and non-Māori is near completion...
- A Canterbury Suicide Prevention Coordination Committee (CSPCC) is meeting regularly, the mapping of services across Canterbury is underway and a Canterbury Suicide Prevention webpage is being written.
- "Mana Ake - Stronger for Tomorrow" is now delivering care from 60 Kaimahi across several school clusters, with the final 20 imminent. “Leading Lights website is now live”.
- The alternative for acute admissions is progressing, with a site secured and the identified provider working with SMHS to achieve a start date

Oral Health Service Development Group

The Oral Health SDG work plan and Terms of Reference were formally approved by both the Canterbury and West Coast ALT in November 2018. The time taken to reach agreement on the group’s purpose and priorities has delayed progress with some work plan actions. The current focus is on the timely delivery of the Equity of Outcome actions including the development of a recall plan for the Community Dental Services.

Pharmacy Service Level Alliance

Two work groups have been established this quarter:

- Medication Reconciliation - The purpose of this group is to develop a quick medication reconciliation process guide which would provide guidance/education to other pharmacists and GP's. The group will also put together a summary document that outlines the intervention and the value proposition.
- Long Term Conditions - A work group has been established with the purpose of developing a set of principles that could be used to inform a local redevelopment of the Long Term Conditions service (LTC). These principles will ensure that there is equitable access and that Long Term Conditions service is provided to people who are likely to benefit the most. The next meeting is 23rd January.

Work is also underway around accessing data which will help evaluate the effectiveness of a Medication Use Review.

In addition, Gareth Frew and Marie Burke have met with the falls champions and reached agreement to work together. The next step is to get patient NHI level data for referrals to the falls service. The intended outcome of this project is to have a proactive system to let GP's know that there is an MTA service which may benefit their patients who are at the risk of falls.

Population Health and Access Service Level Alliance

Te Tiriti and Equity Discussion Document

The group have been developing an approach to further the commitment of the Canterbury Health System to Te Tiriti o Waitangi and equity.
Following presentations in 2017 and 2018 about hauora Māori and equity of health outcomes, ALT requested advice on how the Canterbury Health System should respond to remove health inequity experienced by Māori.
Most recently, in May 2018, ALT were presented the case for CCN to lead the health system to be pro-equity and act to oppose institutional racism.
Te Kāhui O Papaki Kā Tai (TKOP), the CCN Māori Caucus and the Population Health and Access Service Level Alliance (PHA SLA) have collaborated to formulate a set of recommendations for ALT. The recommendations that ALT endorsed are available in the Te Tiriti and Equity Discussion Document presented to ALT at their 12th December 2018 meeting.

Te Hā – Waitaha – Stop Smoking Canterbury

The group are responsible for the oversight of the Te Hā – Waitaha Steering Group. This Stop Smoking service was recently highlighted as an exemplar for attendees to the CCN Strategic Workshop 2019. A presentation was given that highlighted the results so far:

- Over 7,500 people referred to Service
- Over 3,500 enrolled
- Over 3,200 set quit date
- Over 1,500 people have become Smokefree
- Of those, over 670 people from priority groups* have become Smokefree
  (*Māori, Pacific, Pregnant Women etc.)

This is a far greater success rate than any previous Smokefree initiative in Canterbury particularly with our priority groups and the numbers alone don't tell the full story of the positive impact that this service has had for those people of Canterbury that have become smokefree.

Primary Care & Capability Service Level Alliance Progress Report

The Primary Care Capability SLA have continued to provide strategic leadership to a number of enabler's across the system. In Q2 this has included increasing member's knowledge of Enhanced Capitation and identification of ways to support this work. This work also seeks to align the activities underway across a number of areas including the IFHS programme, Collaborative Care and Enhanced Capitation.

In addition, the SLA is working to identify where they should focus their efforts with six themes emerging from SLA discussions and members responses to questions on a highly functioning primary care and areas for improvement. These include; empowering consumers and the community to be active partners in their health care, designing equity into our system, wellbeing of the primary care workforce, strengthening primary care sense of being valued part of the health systems. It is anticipated the next meeting with prioritise these themes and consider how they can be progressed.

Rural Health Workstream

Rural service sustainability remains a focus for the group. A collaborative after-hours arrangement across the five Hurunui practices has now been in place for five months with work commencing on accessing information on the current arrangements and considering the future configuration. The RHWS is actively working to improve linkages across the CCN work programme, with an initial focus on Falls & Fractures Service Level Alliance (F&FSLA), Pharmacy SLA, Health of Older People Workstream.

Telehealth opportunities are actively being explored, with a view to aligning work underway in a number of areas that will better support access to care for the rural communities. This has identified opportunities in the areas of specialist follow up appointments and staff education.

Workforce sustainability remains a focus for the RHWS, including contributing to an application for Health Workforce New Zealand to support a South Island Rural Nursing and Allied Health Workforce Internship Pathway Establishment.

System Outcome Steering Group

A review of data throughout the year has identified discrepancies with ethnicity recording between secondary and primary care. To understand the size of the problem and how this may be affecting reporting, contact has been made with other DHBs, who report experiencing similar issues. It has been proposed that a small dataset from acute bed days, cardiovascular disease and/or ED is scrutinised to understand the discrepancies. The SOSG has also agreed that for the 2019-20 SLM Improvement plan the contributory measures for Amenable Mortality and Acute Bed Days will be refreshed; this work will be progressed in early 2019.

Urgent Care Service Level Alliance

A review of the discharge voucher pilot has taken place. The purpose of the voucher was to take pressure off the hospital system by reducing representations and admission through ED by encouraging reengagement with general practice. Deeper analysis of the scheme is required, as the numbers of those given out were too low to determine the overall impact the vouchers had. An already existing work group will be looking at data for the 24 Hour Surgery and ED to forecast for next winter.

This quarter a combined winter planning meeting took place including members from the Canterbury Primary Response Group, CDHB and Community and Public Health. The purpose of this meeting was:

- To identify what winter planning groups already exist, and determine what their focus areas are.
- To agree on roles, responsibilities and how we could work together in preparation for winter 2019.

It was evident from this meeting that there is duplication when it comes to winter planning across the system, and we need to improve the visibility of what is being done and in what areas. It was suggested that Greg will write up a one page document outlining the functionality of the group moving forward and draw up a structure for this group. Once these have been written a small group will meet to determine the next steps for the group in preparation for next winter. This group are focusing on how winter demand can be managed in Canterbury and what messaging is required or needs to be enhanced for patients and/ or staff across the Canterbury health system.

Canterbury District Health Board Public Health Report July-December 2018

Community and Public Health

Christchurch Office

1. INTRODUCTION

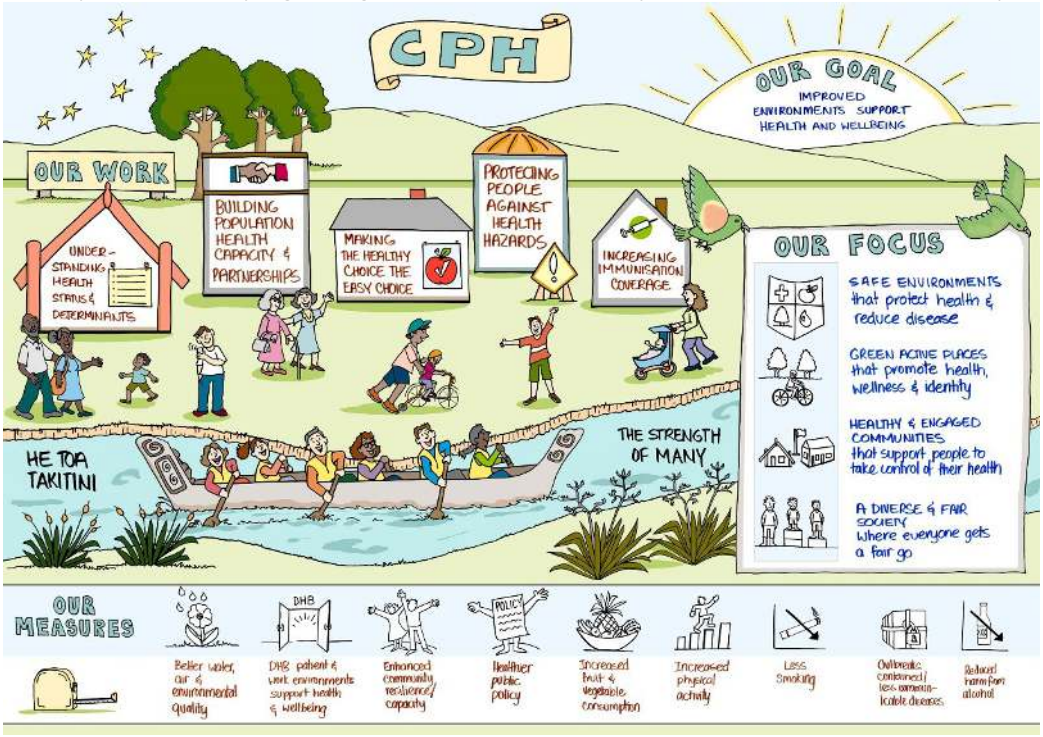
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions[1]:

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

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

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

This report describes progress against the outcomes and priorities in our 2018-19 annual plan.



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

2. SURVEILLANCE / MONITORING

"Tracking and sharing data to inform public health action"

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

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

The Surveillance Team continues to produce weekly and monthly reports of **notifiable diseases** in the South Island as well as the **Public Health Information Quarterly**. **Influenza surveillance and respiratory pathogens reports** have concluded for 2018 and will begin again in May 2019. **Legionellosis** notifications increased again in late 2018, but the November 2017 spike was not repeated. **Pertussis** notification rates remained elevated on the West Coast and slightly elevated in Canterbury. CPH is contributing to a national case-control study to investigate ongoing increased **yersiniosis** notification rates.

The Canterbury Wellbeing Index for 2018 was officially launched at a Healthy Greater Christchurch seminar on 28 November. The Index brings together high-quality information about community wellbeing in Christchurch City, and Selwyn and Waimakariri Districts in a new on-line format. As well as drawing from the data of many different local and national agencies, the Index incorporates information from the 2018 Canterbury Wellbeing Survey (completed by nearly 3,000 randomly selected greater Christchurch residents in April and May 2018). The Index is organised in three sections:

- **'Our Wellbeing'** has 56 indicators covering a diverse range of domains including subjective wellbeing, education, housing, health and employment
- **'He Tohu Ora'** is a set of 19 Māori-focused wellbeing indicators informed by a Māori worldview that has been developed in consultation with Ngāi Tahu and Te Pūtahitanga o Te Waipounamu
- **'Our Population'** describes the population of greater Christchurch in ten indicators.

The online Index has been positively received with 5171 pageviews and 1483 sessions from launch (28th November) to 31 December 2018. Averaging 30 unique users per day, nearly 60% of site visitors were located in the greater Christchurch area. The team has been asked to present to a number of audiences, including Pegasus Health, Te Rūnanga o Ngāi Tahu and the Selwyn District Council. The team has also been advising the Statistics New Zealand team developing Indicators Aotearoa New Zealand (IANZ). The Index is available at www.canterburywellbeing.org.nz.

The eleventh **Canterbury Wellbeing Survey report** was released at the same time as the Index and is available at https://www.cph.co.nz/your-health/wellbeing-survey/.

The First 1000 Days, a South Island Population Health report, prepared for the Hauora Alliance is being used to inform inter-sectoral planning, action, and monitoring to support the best start in life for every child in the South Island/Te Waipounamu.

A survey is currently exploring the requirements of individuals and organisations who receive our regularly produced **monitoring/surveillance products**. Analysis of the responses will help inform our future delivery of information products.

3. EVIDENCE / RESEARCH / EVALUATION

"Providing evidence and evaluation for public health action"

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

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

Our **evaluation** of **Sparklers** found that the web-based resource was highly valued by all who participated in the evaluation and importantly, the resource appears to have offered teachers and other professionals working in schools a concrete starting place for conversations about the wellbeing of students, providing a common language for staff and students alike. This report directly informed the targeted redevelopment and refresh of the Sparklers online resource. 'Sparklers: helping Tamariki live brighter' was runner up in the Improved Health and Equity for All Populations category at the CDHB Quality Improvement and Innovation Awards.

The **BuyCycles evaluation** of a small pilot trialling a supported bicycle purchase model suggests it is a feasible way to increase bicycle ownership among clients of mental health services in Christchurch, who may be experiencing transport and financial disadvantage. Overall, findings from the pilot indicate that BuyCycles is increasing access to transport options, increasing cycling for transport, and developing collaborative networks with mental health service providers across Christchurch.

This **rapid literature review** of **Health Promotion in early childhood education settings** presents evidence from recently-published reviews on the effectiveness of health promotion interventions in several areas – sun safety, physical activity, oral health, nutrition, social and emotional wellbeing, and hand hygiene – delivered in ECE settings. This work provides an evidence-base for the next steps of CPH's ECE-focused health promoter.

This programme also continues to **provide evaluation for ongoing large-scale projects** such as the *All Right?* campaign and WAVE in South Canterbury. Where possible we seek to share insights gained with a wider audience via peer reviewed publication. Most recently, a paper describing the evaluation of the social media component of the *All Right?* campaign has been published in the journal, Health Promotion International (2 January 2019). Available at: https://academic.oup.com/heapro/advance-article/doi/10.1093/heapro/day106/5270848

Prepared for CPH's Communities Team and the Ōtautahi Community Housing Trust, the **Social Housing & Health Promotion Initiatives literature review** found that utilising local knowledge together with the capabilities of residents in community-based participatory research positively affects health factors and the social capital of a community. Strong partnerships between residents, housing organisations, health boards, local government and community organisations were identified as essential to the success of interventions. This review **will inform future collaborative work** with the Ōtautahi Community Housing Trust.

Surveys developed and hosted to inform the next steps of other programme areas included: **Healthy Commute Survey** (supporting ChCh hospital staff to alter their commute); **Measles Outbreak Feedback survey** (for schools & primary care practices); **SIDWAU Client & SIDWAU Internal Staff surveys** (exploring the effectiveness of the team's client support & potential improvements); **The Early Years – South Canterbury organisations** (exploring views and prioritisation of issues); **Review of CPH Surveillance products** (exploring what is working & what readers want); **Canterbury and West Coast Health Promoting Schools Survey** (what's working well/what is valued); and a survey seeking feedback from the **Greater Christchurch Psychosocial Committee** reviewing the committee's 2018 activities.

4. HEALTHY PUBLIC POLICY

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

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

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

  To undertake collaborative project work with partner organisations to positively impact the social determinants of health.

Our Broadly Speaking programme remains a highly regarded training workshop on the **determinants of health and the HiAP approach** and key to capacity building within and beyond the CDHB. Recent participants have come from CDHB, Sport Canterbury, Christchurch City Council (CCC), Environment Canterbury (ECan), Regenerate, and other public health units (who have expressed interest in delivering the training in their regions). Three workshops with up to 20 attendees are run annually; two new facilitators have joined the team.

A **Guide to HiAP Tools** has been developed and produced to assist anyone seeking to apply a **HiAP approach**. It **outlines available tools and provides advice** to assist in identifying the best tool for any situation. Feedback from those piloting the guide has been very positive. The guide is now available on the newly revised HiAP pages on the CPH website at: https://www.cph.co.nz/your-health/health-in-all-policies/

CPH was instrumental in bringing, as part of a South Island wide collaboration, Lucy Saunders from Transport for London **to deliver technical, public and governance level workshops** on Healthy Streets™. Changes in planning behaviour are already being seen.

The team has had a strong presence at conferences and events across the sector recently, as well as receiving invitations to facilitate a workshop on partnerships at the Otago University Summer School, and to jointly present with CCC on our 10+ year partnership approach at a Local Government Collaboration event.

Joint Work Plans between CPH and CCC, and CPH and ECan continue to be effective, **enhanced by joint governance level reporting meetings**. Strong collaboration across CPH teams identified issues for Selwyn District Council and fed into a successful engagement with Selwyn District Council planning staff ahead of their District Plan drafting. Council staff were initially unsure about needing to meet but commented afterwards that they "*found the discussion very useful for drafting the document*".

CPH leads the process for developing **CDHB-wide submissions** on issues such as Healthy Homes Standards, living standards framework, and the Child and Youth Wellbeing Strategy. Submissions are evidence-based and draw on wide input from services across the CDHB. Positive feedback and responses received from internal colleagues as well as partner agencies receiving the submissions.

CPH continues to have a high level of engagement with the **Greater Christchurch Partnership**, recently collaborating on the preparation of the Settlement Pattern Review document – **Our Space**. The policy team contributed early in the document's development, supported public consultation using the Healthy Greater Christchurch network, and organised an integrated planning workshop to assess 'Our Space'. The workshop attracted a wide range of participants from business owners and developers to NGOs and included representatives from the housing, transport, disability, and freight sectors as well as environmental groups.

CPH has helped to facilitate a **high level of collaboration over accessibility issues** which has been supported by the Earthquake Disability Leadership Group (of which we are a key member). An example is a step change in the **improved accessibility** to the January 2019 Buskers Festival based on **accessible events guidelines written jointly** by CPH and the CCC.

5. HEALTH PROMOTING HEALTH SYSTEM

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

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

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

The focus over the past 6 months has been on strengthening links with Canterbury Clinical Network Population Health and Access Service Level Alliance to ensure a consistent system-wide understanding and support of this area of work.

This has resulted in an agreement that Community and Public Health will continue to contribute two senior staff to be members of this Alliance and Community and Public Health's Divisional Leadership Team will take ownership of this programme area for CPH ensuring the connections are strongly supported.

It is a very positive outcome to see the **strong system-wide commitment** to an ongoing focus for this area.

6. SUPPORTING COMMUNITY ACTION

"Supporting communities to improve their health"

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

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

Communities accessed 314,365 pieces of information, **mental health leading demand** (57,000), 38,000 for nutrition, 20,000 for drugs, alcohol and safety. Health Information stands stocked and refilled at sites across 14 priority areas. Access to **culturally appropriate** primary care was enhanced through partnerships leading to the **development of health hubs** in Lyttleton, Wairewa, New Brighton and Rapaki (model will be replicated in other areas in 2019). **Auahi Kore and oral health** identified as community priorities at Rapaki Marae and Te Puna Wai o Tūhinapō youth justice facility, with health promoters providing education, policy advice and relationship brokering. Our partnership with Jade Associates to deliver two intensive **Te Ihu Waka Tikanga** Māori courses for **Māori inmates of Christchurch Men's Prison** has proved successful with evaluation indicating high engagement. Currently involved with the **Oranga Tamariki pilot holiday programme**, in partnership with YMCA/Sport Canterbury and local recreation providers. Continued distribution of *All Right?* campaign Pacific resources, including the **Pacific toolkit** for education settings.

Workplaces working towards **Work Well accreditation** include Van Asch Deaf Education Centre, Tip Top, Canterbury Museum, Hohepa Canterbury, Ashburton Contracting Ltd, Fulton Hogan Timaru, Sanford Fisheries, and DB Breweries. Translation of WorkWell staff wellbeing survey into sign language creates a potential national resource. The **Buycycles** pilot was evaluated and **transitioned to an ongoing programme**. Referrals received from nine agencies and over 40 bikes placed, and 15 bikes paid off. Organised a **collaboration to address issues around street-based sexwork**, resulting in community-based STI testing, hosting residents' meetings, and organising successful community activity to mark International Day to End Violence Against Sex Workers. Supported Christchurch City Council to adapt the Ministry of Health **Healthy Food and Drink policy**, resulting in adoption of a policy to be implemented across recreation facilities, events from Children's Day, 2019. Hosting and advising Food Resilience Network initiatives.

Partnered with Cancer Society in developing **Hanmer Springs Smokefree and Vapefree Precinct project**, endorsed by Hurunui District Council. **Fresh Air Project** strengthened by new businesses joining. **Compliance checks** with 43 retailers (22 in deprivation 7-10 areas), 3 **Controlled Purchase Operations** completed, with no sales.

Housing Health Promoter recruited, has embarked on scoping local priorities and potential partners.

Healthy (Greater) Christchurch Signatories hosted regular seminars, focusing on gambling harm, Zero Carbon, National Disaster Resilience Strategy, 'Our Space' Resettlement Pattern Review document, Residential Tenancies Act Refresh and Health Homes Standards consultation. With an average attendance of 15 agencies, seminars **enabled agencies to submit more confidently** on upcoming policy/legislation. The appointment of two NGO signatory delegates has strengthened HGC Advisory Group's connection with NGO signatory base and inter-signatory relationship.

7. EDUCATION SETTINGS

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

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

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

Seventy-four Canterbury and West Coast schools (four kaupapa Māori) supported to progress health and wellbeing priorities. Worked with **Kāhui Ako** including Opuke who have **made wellbeing a focus**, holding joint teacher training and student inquiry across the nine schools involved. Outcomes included **improvements to food environments and physical activity** in the curriculum. For example, Mairehau adopted a healthy canteen menu and approved a whole-school 'water-only' policy for 2019. **Te Kura Kaupapa Māori o Te Whānau Tahi and Whakapūmau** were supported to continue **strengthening their capacity** to deliver mau rakau and traditional Māori games. Acknowledging the impact of staff wellbeing on students, and highlighting the importance of mental health promotion, Riccarton School, Sacred Heart School and Halswell Residential College adapted Ian Vicker's wellbeing resources. Christchurch East School was supported to roll out use of the **Sparklers resource** alongside an inquiry into student wellbeing exploring emotional literacy, oral health, nutrition, hygiene, and community connection. Quarterly production of the Health Promoting Schools magazine continues to capture the breadth and depth of work in our school settings. Over **100 students from 11 schools gathered** to share the health activities they are progressing in their school communities. Interactive stations presenting oral, heart, lung and mental health, community connectedness and safety were organised by health, social and community services, and **stimulated ideas for future collaborative work**.

Responding to challenges identified by **early childhood sector** representatives the focus has been on **sun safety** and **oral health**. Partnering with the Cancer Society, relationships were strengthened with 26 early childhood settings in lower income areas through conversations about sun protection practices[2]. Educators indicated their commitment to protecting tamariki, but identified affordability of sunscreen, hats and shade equipment as barriers. Facilitated by CPH, the CDHB oral health services clinical director talked with early childhood leaders resulting in a **more accessible service**, an '**in centre' toothbrushing programme**, and **conversations with the Ministry of Education** about widening provision for information sharing.

Sparklers resource extended with **additional Year 7 and 8 activities released**, together with a **Tiakina e koe/Looking after yourself section for teachers**. The evaluation found that teachers and other professionals were overwhelmingly positive about the resource and described the activities as easy to implement in the classroom[3].

Chaired **Tertiary Wellbeing Aotearoa NZ** (TWANZ) network (see just released practical health promotion campus guide[4]); convened **Good One Party Register** working group, which has celebrated the 1000 party milestone; organised 'Tackling Drugs on Campus' workshop, attended by six tertiary institutions; and planned International Health Promoting Campuses Symposium, Rotorua, April 2019.

[2] https://www.cph.co.nz/wp-content/uploads/ecesunprotectionsurveyreport.pdf

[3] http://sparklers.org.nz/media/documents/SparklersEvalnReportFinal180718.pdf

[4] Applying the Okanagan Charter for health promoting campuses in Aotearoa New Zealand, 2018

8. COMMUNICABLE DISEASE CONTROL

"Preventing and reducing spread of communicable diseases"

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

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

Norovirus causes significant morbidity, although the illness has short duration, outbreaks are common and often explosive. In 2017**, 88% of gastroenteritis outbreaks involved wards and elder care facilities**. Inpatients and elderly are likely to be immunocompromised with a more complicated clinical course. Accordingly, a **multidisciplinary team** of infection prevention control specialists, rest home clinical managers, CPH, Canterbury Health Labs and Planning and Funding (CDHB) **agreed on protocols/communication pathways** assisting clinical managers to notify/manage outbreaks in their facilities effectively limiting community spread.

The Canterbury region is experiencing **record numbers of transient workers** which presents an increased risk of imported disease e.g. 2 linked cases of Hep A from India, 1 Hep A case from Peru. Differing vaccination schedules and a lack of vaccination records present a public health challenge. Relationships built through the NZISM have enabled **promotion of immunisation** at presentations and meetings with Canterbury employers and Occupational Health Nurses.

Notified Hepatitis C cases are eligible for free Hepatitis B vaccination. CPH staff **ensure both patients and GPs are made aware**.

TB contacts under the age of 5 have been referred for **BCG vaccination**, and assistance given for the BCG vaccination program.

Cryptosporidium is the most common disease associated with aquatic facility related outbreaks (2 outbreaks 2016-18). CPH **developed/implemented a communications plan** to raise awareness of the public health risks among pool operators/ bathers by: 1) involving regional EHOs, 2) public education messaging around the 'two week rule' (using the CDHB communication and medical illustrations teams), 3) updating resources, and 4) addressing all swimming pool operators in Canterbury (schools and council pools).

More than 50% of Rheumatic fever (RF) patients are late receiving IM prophylaxis from primary care. CPH is working with a multidisciplinary team (Planning / Funding, clinical specialists, dentists) **to create a one-stop-shop addressing complex health issues**, avoiding multiple clinic appointments and improving access equity.

A **comprehensive communication plan** has seen safe gardening messages placed on Facebook, various websites, magazines and on Newstalk ZB **highlighting Legionellosis prevention**.

A Worksafe and CCC meeting has seen strategic progress made on **tackling cooling tower registration and surveillance/investigation**. Relationships built through NZ Institute of Safety Management (NZISM) also ensures the issue is kept forefront.

CPH assisted ESR with an application to the Health Research Council involving in-depth investigation/analysis of Yersinosis cases (proposed for 2019). Disease numbers continue to increase, reinforcing the need for further study.

9. HEALTHY PHYSICAL ENVIRONMENT

"Supporting communities to improve their health"

Our key physical environment priorities for 2018-19 are:

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

CPH ran a **workshop with local Councils in advance of the LTP process** to discuss priority areas. Our submissions were **based on agreed health priorities**. Submissions and attendances at hearings were well received and we made some **positive gains**, particularly around drinking water.

Drinking Water: CPH is **working closely with CCC** as they progress through a programme of improvements to the Christchurch water supply's many bores. Upgrades are framed to meet 'Best Practice' which is over and above achieving DWS compliance. The solutions are replacement, raising wellheads above ground and in some cases, UV treatment.

A full report has been completed on the Christchurch water supply for the Ministry of Health. Annual survey and **compliance reports have been completed for all supplies >100**. Non-complying supplies were reviewed, discussed with designated officers, management and DWAs. **Actions and responsibilities have been recorded**.

CPH has **developed a procedure** for following up non-compliant supplies. DOs have carried out preliminary investigations on two supplies. One did not warrant further follow up and the other has halted because of an inability to identify the drinking water supplier.

Hoarding: An estimated 20 properties with hoarding issues in the Christchurch City area have recently been drawn to our attention. These are **complex situations which require a multiagency approach**. CPH and the Medical Officer of Health are becoming increasingly involved in **connecting with Mental Health Services and/or Older Persons Health** to facilitate a response when health issues are identified.

The Christchurch Airport **Border Health Plan** has been updated following recommendations from Exercise Micro and prior to the Joint External Evaluation.

The **Mosquito procedure** has been updated following an internal audit and feedback from a Ministry of Health training courses.

CPH continues to work with stakeholders to promote **HazMat Co-ordination**. CPH attended a joint agency exercise facilitated by **Waimakariri District Council**.

There has been **strong collaboration with ECan** and **CCC around a number of issues** including the Ravensdown fire, diesel spill at Horncastle arena, contaminated land site at Opawa, and ongoing Quarry issues at Yaldhurst.

CPH recently met with **Worksafe** and is **looking at the implementation of an asbestos protocol** in the Canterbury Region. Discussion was also held on cooling towers and legionella, and VTA.

10. EMERGENCY PREPAREDNESS

"Minimising the public health impact of any emergency"

Our key emergency preparedness priorities for 2018-19 are:

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

The final draft version of the **Health Emergency Management Plan** is awaiting Management approval. It **aligns with** the new CDHB Emergency Plan and is **consistent with** the National Health Emergency Plan in that it **takes a comprehensive all hazards approach**.

Twelve personnel, including two Medical Officers of Health, attended a one day **in-house CIMS in Health refresher** training course in September and the Emergency Preparedness Coordinator attended a **CDHB Risk Management course**.

A report of the joint CPH/Christchurch International Airport **pandemic influenza exercise**, held at the Airport in June, was circulated throughout the Health sector, nationally. The report stressed the **importance of multi-sectoral collaboration** and recognised that the challenge now is to improve our border health capabilities by enhancing competencies and remedying vulnerabilities. It is important that we capitalise upon the experiential learning derived from the Exercise play and apply relevant aspects to other types of emergency responses.

CPH assisted the Ministry of Health prepare for the Joint External Evaluation to assess core capacities required under the International Health Regulations 2005. Furthermore, CPH personnel played a leading role during the field visit on 27 November to both Christchurch International Airport and the Justice and Emergency Services Precinct, presenting several case studies at the latter location.

Much of the **community resilience related public health feedback** to the draft Civil Defence 'South Island Alpine Fault Earthquake Response' (SAFER) Framework, **was included in the final version**. **Preparation of public health messaging in boxes**, to be distributed to community centres in areas vulnerable to an Alpine Fault rupture, is underway. However, Alpine Fault response planning is challenging because of the prevailing uncertainties around the location and effects of the next rupture. Our response plan will need to dovetail with those of DHBs and primary care but, with inter-agency planning still in its infancy, completion will be hindered. We have conversed with CDHB/WCDHB and will pursue this topic in the New Year.

Opportunely, the CPH Emergency Management Manager is also the Māori Relations Manager and, as such, **routinely engages with whānau, hapu and iwi** in Canterbury and the West Coast. A close relationship is also maintained with the **Director of Earthquake Response and Recovery for Te Rūnanga o Ngāi Tahu**. Importantly, we are represented on the Readiness Response Planning Committees of the Canterbury and West Coast Region Civil Defence Emergency Management Groups, respectively, and through them have input into Civil Defence engagement with rūnanga.

11. SUSTAINABILITY

"Increasing environmental sustainability practices"

Our key sustainability priorities for 2018-19 are:

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

David Meates on site in the new Boiler House at Burwood Hospital

The **sustainability governance committee** is still in development, however a Chair and Executive Management Team sponsor have been confirmed and the committee is to start meeting in 2019. Completing the climate change stocktake as requested by the Ministry of Health has been a useful way to introduce the concept of health's role in sustainability and climate change to various operational managers. These **conversations have sparked interest in participating** in the sustainability governance committee. This is positive as, for this committee to succeed, membership from across the major areas identified in the stocktake is essential.

Some activities which fall under the remit of the committee have been progressed including, the Healthy Commute Programme, a Travel Demand Management project for CDHB staff has been successfully piloted in recent months. This project will continue with remaining funding from the Greater Christchurch Partnership, and plans are currently underway to **transition the programme into CDHB business as usual** via corporate orientation sessions.

The Canterbury CDHB achieved silver **CEMARS certification** and was recognised by **Enviro-Mark** as among the top 20 carbon reducers for the year 2017/18. CEMARS was also entered into the 2018 Quality Improvement and Innovation Awards, a poster summarising Canterbury DHB's achievements was produced. Canterbury DHB is currently being audited for Gold energy-mark status.

The **Zero Heroes Sustainability Group at CPH** continues to meet monthly and has strong representation across all CPH teams. Recent **achievements in staff-led sustainability office practices** include the procurement of kitchen cleaners (switching to biodegradable products) and obtaining approval for additional bike parks out the front of the CPH office building.

Re-build Sustainable Health 4 Canterbury staff advocacy group - this objective has not yet been progressed, as it will likely form part of the work plan of the sustainability governance committee in the New Year.

CPH continues to maintain links with **National Green Hospitals Group and Ora Taio** via representation at the Sustainable Health Sector National Network.

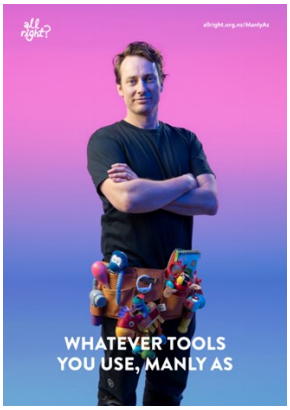
12. WELLBEING AND MENTAL HEALTH PROMOTION

"Improving mental health and wellbeing"

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

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

Recognising three years of work, the Ministry of Health encouraged the ***'All Right?'* campaign** team to submit a future business plan. The general public also recognise the potential for *'All Right?'* with the annual evaluation finding that over 80% of greater Christchurch respondents (aged 15+) were aware of the campaign; **of those aware, over 90% agreed that *All Right?* messages are helpful** and 84% agreed that the Campaign should continue. About 40% of those aware of the campaign **have done something differently** (e.g. an activity) as a result of the campaign. Given that the campaign is making a difference and there is public will for it to continue, *'All Right?'* partners met to explore the potential for national partnership. The partners agreed on a general business case and a process for upscaling the campaign should the opportunity present; this would build on local successes and proof of scalability to date. *'All Right?'* is celebrating the **publication of a paper i**n the journal, Health Promotion International, which describes the evaluation of the social media component of the *All Right?* campaign.



'All Right?' activity continues across a range of areas: the Hurunui/Kaikoura campaign and legacy resource are complete; 'Manly As' kicked into its second phase; *'All Right?'* contributed to the Mental Health Inquiry, engaging with the Minister of Health and the Inquiry panel; mental wellbeing research was initiated with a focus on the LGBTQIA+ population; a directory of Kaiwhakaora Māori healers, artists and wellness practitioners is being developed; and a recovery lessons website is complete.

The **Psychosocial Committee** is pleased that ongoing concerns about the number of people with unresolved EQC and insurance issues—and their wellbeing—are being addressed through the development of a Claims Resolution Service. The **service asked the Committee to serve as its Wellbeing Advisory Group.**

The **Psychosocial Governance Group** was delighted by the invitation to design a session at the **Canterbury Earthquake Symposium**. Feedback affirmed the psychosocial recovery session's use of drama to share experiences of recovery through natural disasters, cascading secondary stressors, and lessons learned, and particularly that the presentation had honoured the psychosocial recovery story of people in the region.

The **parenting app, Kākano**, is undergoing preliminary testing with 25 families. App development is already yielding insights indicating that the **app's design and information is working well** for some families. Interviews conducted have found that the app has had a positive impact.

Internally, CPH identified the current understanding of and capacity for mental health promotion. This **will inform planning** for the remainder of the year. Event planning is under way with the Christchurch City Council for a local seminar on 'wellbeing' that will start to build common language and understanding about current wellbeing work locally and nationally. The team also submitted to the Mental Health & Addiction Inquiry and is preparing a response to the Inquiry's report.

13. ALCOHOL HARM REDUCTION

"Reducing alcohol-related harm"

Our key alcohol priorities for 2018-19 are:

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

Alcohol **health promotion** has focused on **engaging local communities** in licensing decisions, **resulting in an increased submissions** to District Licensing Committee hearings, increased applicant withdrawals and fewer off-licences granted. Community Law was granted significant 3 year funding **to implement our Canterbury process in 6 pilot regions nationally**. Canterbury Rugby League and tennis clubs have been systematically engaged through **managing alcohol in sports club workshops** to adhere to the law and reduce alcohol harm, with targeted Game Plan resources and ongoing support. A successful **Fetal Alcohol Spectrum Disorder workshop** was held with 100 Canterbury professionals to mark FASD awareness month in September.

Alignment with South Island priorities includes chairing of the South Island Alcohol Working Group. It is an issue that alcohol strategy work is not proceeding in other South Island DHBs. Regional alcohol forums promote consistent good practice.

Priority communities have been those identified as at higher risk of alcohol harm. Informing and upskilling communities to have a say in local alcohol licensing decisions through letters and workshops in collaboration with partner organisations and **having these promoted nationally are a highlight**.

Policy work has seen the **launch of the *CAAP: the Christchurch Alcohol Action Plan*** in partnership with the Christchurch City Council and the New Zealand Police (see diagram). The implementation of the CAAP is hindered by resourcing for a CAAP Co-ordinator position. The CDHBs contribution towards the CAAP is the ***Canterbury Health System Alcohol-Related Harm Reduction Strategy***. The *Alcohol Strategy Working Group* under the Canterbury Clinical Network is developing an implementation plan. Several s*ubmissions* have been written on local and national alcohol-related policies and bylaws.

Regulatory work has seen **high volumes of on-, off- club and special licence applications** processed, health opposition prepared and DLC hearings, CPOs and events attended in Christchurch and the regions. Several new systems have been introduced including a **new specials licence process**, changes in software, and the **development of a rationale for better public health decisions** in licensing.

Key national, regional and local alcohol issues are viewed as alcohol availability in the community; the age of purchase; alcohol marketing and sponsorship; consistency of health messaging; pressure on clinical alcohol treatment services; stubbornly high rates of hazardous drinking in some population groups; and the relationship between alcohol and mental health, suicide, family violence, crime, injuries and illness.

Both the 'CAAP' and 'Engaging communities in local licensing decisions' were highlight projects, which were entered in the 2018 CDHB Quality and Innovation Awards.

14. TUAIWI

Although not a formal part of our annual plan, our Tuaiwi ("backbone") programme provides infrastructure and support for all our other programmes.

Our key Tuaiwi priorities for 2018-19 are:

- The continued roll-out and embedding the revised Healthscape throughout CPH and other organisations using Healthscape
- A highly accessible and well-utilised CPH website
- Effective IT use by CPH staff
- To support and co-ordinate the 2018-19 Operational Quality Improvement Plan
- To support and coordinate the 2018-19 Workforce Development Plan
- Effective reporting and profiling of CPH's work with Ministry and DHBs

Completed software development of **major Healthscape upgrade** and implemented upgrade at Community and Public Health. Upgrade software package has also **been delivered to other DHB public health services** who already use the previous version of Healthscape. In addition Waikato DHB's public health service is **currently installing the upgrade package as a completely new Healthscape implementation**. Emphasis will now move to documentation, training and support, and provision of feature updates and fixes to Healthscape.

CPH websites are receiving increasing use. The main CPH website received 79,547 page views and 43,539 sessions from 1 July to 31 December 2018. Monthly average increase compared to same period last year was 30% for page views and 78% for sessions. The Healthy Christchurch website received 47,320 page views and 31,114 sessions from 1 July to 31 December 2018. Its monthly average increase compared to same period last year was 35% for page views and 58% for sessions. **Completed software development in support of the Canterbury Wellbeing Index** (including mobile device support, interactive charting features, and dynamic PDF generation from the index's online content). The Canterbury Wellbeing Index site was successfully launched in November 2018.

In collaboration with CDHB Clinical Pharmacology, **added content management support to the "My Medicines" patient information leaflet site** for Te Reo Maori versions of most heavily used sheets, with automated contents listing and logging (for statistics purposes) functionality. Individual sheets also detect when a Te Reo version is available and then offer it as one of the available formats.

Collaborated with Christchurch City Council **to support roll-out of their updated "CLEG" alcohol license processing information system**.

A range of additional functionality was incorporated into Joint Workplan portal software in response to recurrent requests from CCC staff using the portal for their Strategic and Forward Work Programme (this is in addition to existing use of the portal for the tripartite CDHB/CCC/ECAN joint workplan and the Greater Christchurch Partnership Urban Development Strategy). Additional functionality included changes to levels of access in the portals' commonly shared user database, a new "read only" level of user access (to realise this required extensive changes to the portal front-end software), changes to settings for default date ranges when filtering plans, and development of a print-resolution option for extracting and downloading the plan progress chart.

Our Operational Quality Improvement Plan is approved and under way, and **each team has identified an improvement opportunity for the year**.

The **Health Excellence framework** continues to inform our Divisional Leadership Team's strategic approach to quality, including workforce development.

The South Island PHUs Annual Planning Group has **agreed to maintain the current format** for our 2019/20 planning. We have developed the current briefer six-month report format in order to focus more clearly on progress against our annual plan priorities and outcomes.