

AGENDA

**COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT
 ADVISORY COMMITTEE MEETING**
To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 30 August 2018 commencing at 9:00am

	Apologies		9.00am
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 3 May 2018		
3.	Carried Forward / Action List Items		
4.	Our People		
5.	Transalpine Strategic Disability Action Plan Update	Carolyn Gullery	9.10am
6.	Community & Public Health Update – Disability Sector – Presentation	Allison Nichols-Dunsmuir	9.25am
7.	Social Workers Report on Hoarding Behaviours – Presentation	Raegan Kitto	9.45am
8.	Alcohol Update – Presentation	Bronwyn Larsen	10.05am
	MORNING TEA		10.30am
9.	Community & Public Health Exception Report	Evon Currie	10.45am
10.	Planning & Funding Exception Report 10.1 Appendix 1: Planning & Funding Exception Report	Carolyn Gullery	10.55am
11.	Hurunui – Kaikoura Earthquake Recovery Update	Carolyn Gullery	11.05am
12.	Oxford Model of Care Update	Carolyn Gullery	11.20am
13.	Community & Public Health Early Childhood Focus/Activities Update – Presentation	Kerry Marshall	11.35am
	ESTIMATED FINISH TIME		11.55am

AGENDA

	<p>Information Items</p> <ul style="list-style-type: none"> • Disability Steering Group Minutes – June 2018 • Disability Steering Group – Updated Terms of Reference – Adopted 28 June 2018 • Disabled Persons Assembly New Zealand August/September 2018 Newsletter • CPH End of Year Report to MoH • CCN Q4 2017/18 • 2019 Meeting Schedule • 2018 Workplan 		
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NEXT MEETING: Thursday, 1 November 2018 at 9.00am

ATTENDANCE
**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*
 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*
 Charlotte Evers – *Assistant Board Secretariat*
 Kay Jenkins – *Executive Assistant, Governance Support*

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

Canterbury
District Health Board
Te Poari Hauora o Waitaha

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

<p>Dr Anna Crighton Chair - CPHAC Board Member</p>	<p>Christchurch Heritage Limited - Chair - Governance of Christchurch Heritage Christchurch Heritage Trust – Chair - Governance of Christchurch Heritage Heritage New Zealand – Honorary Life Member</p> <p>CDHB owns buildings that may be considered to have historical significance.</p>
<p>Tracey Chambers Chair - DSAC Board Member</p>	<p>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.</p> <p>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.</p>
<p>David Morrell Deputy Chair - CPHAC Board Member</p>	<p>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.</p> <p>Canon Emeritus - Christchurch Cathedral The Cathedral congregation runs a food programme in association with CDHB staff.</p> <p>Friends of the Chapel - Member</p> <p>Great Christchurch Buildings Trust – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.</p> <p>Heritage NZ – Subscribing Member Heritage NZ’s mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance.</p>

	<p>Hospital Lady Visitors Association - Wife is a member of this, but no potential conflict of interest is expected. Should one arise it will be declared at the time.</p> <p>Nurses Memorial Chapel Trust –Chair (CDHB Appointee) Trust responsible for Memorial Chapel on the Christchurch Hospital site. Note the chapel is now owned by the Christchurch City Council.</p>
<p>Chris Mene Deputy Chair – DSAC Board Member</p>	<p>Canterbury Clinical Network – Child & Youth Workstream Member</p> <p>Core Education – Director Has an interest in the interface between education and health.</p> <p>Wayne Francis Charitable Trust - Board Member The Wayne Francis Charitable Trust is a philanthropic family organisation committed to making a positive and lasting contribution to the community. The Youth focussed Trust funds cancer research which embodies some of the Trust’s fundamental objectives – prevention, long-term change, and actions that strive to benefit the lives of many.</p>
<p>Sally Buck Board Member</p>	<p>Christchurch City Council (CCC) – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC.</p> <p>Registered Resource Management Act Commissioner From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time.</p> <p>Rose Historic Chapel Trust – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.</p>
<p>Tom Callanan</p>	<p>CCS Disability Action – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing.</p> <p>Disability Sector System Transformation, Regional Leadership Group – Member.</p>
<p>Wendy Dallas-Katoa Manawhenua</p>	<p>Greater Healthy Christchurch – Runanga Representative IHI Research – Social Change and Innovation Researcher</p> <p>Manawhenua Ki Waitaha – Chair, Representative of Onuku Runanga Manawhenua Ki Waitaha is a collective of health representatives of the seven Ngāi Tahu Papatipu Rūnanga that are in the CDHB area. There is a memorandum of understanding between Manawhenua and the CDHB.</p> <p>NZBA – Maori Advisory Group Population Health Alliance SLA – MKW Representative RANZCOG – Cultural Advisor, He Hono</p> <p>Te Kahui o Papaki ka Tai – Mana Whenua Representative Maori Advisory Group to Pegasus Health/PHO</p> <p>Victoria University – Women’s Health Representative</p>

Rochelle Faimalo	Hurunui District Council – Social Recovery Co-ordinator
Dr Susan Foster-Cohen	<p>Director Champion Centre Receives funding from both the MoH and CDHB.</p> <p>Dyspraxia Support Group – Patron Parent Support Group for families/children with dyspraxia.</p> <p>Early Intervention Association of Aotearoa New Zealand – Chair Professional association that aims to support early intervention professionals through professional development and information sharing. Has representation on ECAC and Early Childhood Federation.</p> <p>New Zealand Institute of Language Brain and Behaviour – Member Researcher with NZILBB through Champion Centre partnership.</p> <p>New Zealand Speech Therapy Association – Associate Member Professional body for Speech and Language therapists.</p> <p>University of Canterbury – Adjunct Associate Professor Researcher and graduate student supervisor in Linguistics and in Communication Disorders. (Lecturer on short term contracts as needed.)</p>
Jo Kane Board Member	<p>HurriKane Consulting – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.</p> <p>Latimer Community Housing Trust – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p>NZ Royal Humane Society – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.</p>
Yvonne Palmer	<p>Age Concern Canterbury – Project Coordinator Staff member responsible for education courses and events.</p> <p>Canterbury Community Justice Panels – Facilitator/Panel Member/ Member Steering Group</p> <p>Canterbury Justice of the Peace Association Incorporated – Elected Councillor</p> <p>Safer Waimakariri Advisory Group – Member</p> <p>Styx Living Laboratory Charitable Trust – Trustee</p>
Ta Mark Solomon Ex Officio –CPH&DSAC Deputy Chair - CDHB	<p>Claims Resolution Consultation – Senior Maori Leaders Group – Member This is an Advisory Board to MSD looking at the claims process of those held under State care.</p> <p>Deep South NSC (National Science Challenge) Governance Board – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities.</p>

	<p>Greater Christchurch Partnership Group – Member This is a central partnership set up to coordinate our city’s approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other’s work).</p> <p>He Toki ki te Rika / ki te Mahi – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury.</p> <p>Liquid Media Operations Limited – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology.</p> <p>Maori Carbon Foundation Limited – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country.</p> <p>Ngāti Ruanui Holdings – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki.</p> <p>NZCF Carbon Planting Advisory Limited – Director NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited.</p> <p>Oaro M Incorporation – Member ‘Oaro M’ Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at ‘Oaro M’, Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations.</p> <p>Police Commissioners Māori Focus Forum – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation.</p> <p>Pure Advantage – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth.</p> <p>QuakeCoRE – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability</p>
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	<p>development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission.</p> <p>Rangitane Holdings Limited & Rangitane Investments Limited - Chair The Rangitane Group has these two commercial entities which serve to develop the commercial potential of Rangitane'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 Rangitane members.</p> <p>SEED NZ Charitable Trust – Chair and Trustee SEED is a company that works with community groups developing strategic plans.</p> <p>Sustainable Seas NSC (National Science Challenge) Governance Board – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding.</p> <p>Te Ohu Kai Moana – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community.</p> <p>Te Waka o Maui – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.</p>
Dr Olive Webb	<p>Canterbury Plains Water Trust – Trustee Greater Canterbury Forum - Member</p> <p>Private Consulting Business Sometimes works with CDHB patients and services.</p> <p>Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.</p>
Dr John Wood Ex Officio–CPH&DSAC Chair CDHB	<p>Advisory Board NZ/US Council – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director.</p> <p>Member of the Governing Board of the Office of Treaty Settlements, Ministry of Justice (as Chief Crown Treaty of Waitangi Negotiator) – Ex-Officio Member The Office of Treaty Settlements, 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.</p>

	<p>They also advise and help claimant groups so they are ready to enter negotiations.</p> <p>Chief Crown Treaty Negotiator for Ngai Tuhoe Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Treaty Negotiator for Ngati Rangī Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment.</p> <p>Chief Crown Treaty Negotiator, Tongariro National Park Engagement with Iwi collective begins July 2018.</p> <p>Chief Crown Treaty Negotiator for the Whanganui River Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations High level agreement in principle reached. Aiming for deed of settlement end of 2018.</p> <p>Governing Board, Economic Research Institute for ASEAN and East Asia (ERIA) – Member ERIA is an international organisation that was established by an agreement of the leaders of 16 East Asia Summit member countries. Its main role is to conduct research and policy analysis to facilitate the ASEAN Economic Community building and to support wider regional community building. The governing board is the decision-making body of ERIA and consists of the Secretary General of ASEAN and representatives from each of the 16 member countries, all of whom have backgrounds in academia, business, and policymaking.</p> <p>Kaikoura Business Recovery Grants Programme Independent Panel – Member The Kaikoura Business Recovery Grants Programme was launched in May 2017 and is intended to support local businesses until State Highway One reopens by way of grants which can be applied for by eligible businesses. This programme is now closed.</p> <p>School of Social and Political Sciences, University of Canterbury – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment.</p> <p>Te Urewera Governance Board –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee.</p> <p>University of Canterbury (UC) – Chancellor 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.</p>
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	<p>University of Canterbury Foundation – Ex-officio Trustee The University of Canterbury Foundation, Te Tūāpapa Hononga o Te Whare Wānanga o Waitaha, is dedicated to ensuring that UC's tradition of excellence in higher education continues. From its earliest beginnings in 1873, philanthropic support and the generosity of donors and supporters has played a major part in making the university the respected institution it is today. The UC Foundation is dedicated to continuing that tradition.</p> <p>Universities New Zealand – Elected Chair, Chancellors’ Group Universities New Zealand is the sector voice for all eight universities, representing their views nationally and internationally, championing the quality education they deliver, and the important contribution they make to New Zealand and New Zealanders.</p>
<p>Hans Wouters</p>	<p>New Zealand Spinal Trust – Chief Executive Provides support services to patients of the Burwood Spinal Unit during and after admission. NZST receives regular funding from CDHB and MoH as a contribution towards services rendered.</p>

MINUTES

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

PRESENT

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

APOLOGIES

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

IN ATTENDANCE

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

Item 7

Gordon Boxall, Chair, Disability Steering Group

Item 8

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

Item 13

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

Item 14

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

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

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Additions

Ta Mark Solomon

- QuakeCoRE – Board Member

Wendy Dallas- Katoa

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

Deletions

Wendy Dallas-Katoa

- Pegasus Health Community Board – Member

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

Declarations of Interest for Items on Today’s Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING – DSAC

Resolution (01/18)

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

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

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward action list was noted.

4. OUR PEOPLE

The “Our People” story was viewed.

Jo Kane arrived at 9.05am.

Dr Olive Webb arrived at 9.07am.

5. STEP-UP PROGRAMME UPDATE

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

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

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

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

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

The programme was commended by the Committee.

Resolution (02/18)

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

“That the Committee:

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

6. EQUALLY WELL PROGRAMME UPDATE

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

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

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

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

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

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

Resolution (03/18)

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

“That the Committee:

- i. notes the Equally Well Programme Update report.”

7. DISABILITY STEERING GROUP – ORAL REPORT

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

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

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

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

It was queried how the Charter fits into work being done by the Christchurch City Council (*CCC*) in the central business district and how this can be supported. It was noted that the

signing of the Charter indicates a willingness to commit resources and thinking to work through the challenges experienced by people with disabilities. The question needs to be put to the sub-group working on the Charter and how the shared workplan between Environment Canterbury (*ECan*), CCC and the CDHB can be utilised.

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

Sally Buck joined the meeting at 9.50am.

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

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

Dr Crighton thanked Mr Boxall for his update.

8. MENTAL HEALTH / INTELLECTUAL DISABILITY - PRESENTATION

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

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

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

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

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

- There has been a significant decrease in adverse events/incidents within the AT&R unit over the past five months, following significant environmental changes.
- This has been a staff-led initiative with strong buy-in and major therapeutic benefits.

- There was a significant reduction in seclusion hours and incidents of restraint for one client in the May 2016-April 2018 period.
- Mr Kelly and Ms Roelink acknowledged the commitment of AT&R staff and the support of the Board in complex and challenging circumstances.

There have been a number of initiatives implemented:

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

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

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

There was discussion around seclusion versus social isolation.

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

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

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

Chris Mene departed the meeting at 10.48am

The meeting adjourned for morning tea at 10.48am, reconvening at 11.05am.

9. MINUTES OF THE PREVIOUS MEETING – CPHAC

Resolution (04/18)

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

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

10. COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

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

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

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

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

Resolution (05/18)

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

“That the Committee:

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

11. PLANNING & FUNDING UPDATE REPORT

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

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

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

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

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

Resolution (06/18)

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

“That the Committee:

- i. notes the Planning & Funding Update report.”

12. DRAFT CDHB PUBLIC HEALTH PLAN

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

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

The Plan focuses on 13 key determinants of health:

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

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

Dr John Wood joined the meeting at 11.30am.

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

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

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

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

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

Resolution (07/18)

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

Subject to greater emphasis being placed on the following:

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

“The Committee recommends that the Board:

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

Tracey Chambers and Rochelle Faimalo left the meeting at 11.48am.

The meeting moved to Item 14.

14. ORAL HEALTH UPDATE – PRESENTATION

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

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

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

that had been approved. Further, with regards to fluoridation, Dr Crichton noted that this issue is yet to be considered by the Board.

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

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

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

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

Resolution (08/18)

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

“That the Committee:

- i. notes the Oral Health Update report.”

Ta Mark Solomon left the meeting at 12.30pm.

The meeting moved to Item 13.

13. PACIFIC HEALTH IN CANTERBURY – PRESENTATION

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

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

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

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

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

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

The meeting moved to Item 15.

15. ALCOHOL UPDATE - PRESENTATION

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

INFORMATION ITEMS

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

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

Confirmed as a true and correct record:

Dr Anna Crighton
Chair, CPHAC

Date

Tracey Chambers
Chair, DSAC

Date

CARRIED FORWARD/ACTION ITEMS

**COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 30 AUGUST 2018**

	DATE	ITEM	ACTION	STATUS
1.	3 May 18	Planning and Funding Update	Provide Social Workers' report on hoarding behaviours.	Today's Agenda – Item 7
2.	3 May 18	Flu Jabs Funding	Pharmac/Influenza Funding for 2019	To be scheduled
3.	3 May 18	Alcohol Update	Presentation	Today's Agenda – Item 8
4.	3 May 18	Disability Steering Group	Confirmation of parking heights as mentioned in DSG minutes	Verbal Update
5.	3 May 18	Disability Steering Group	Updated Terms of Reference – Adopted 28 June 2018	Today's Agenda – Info Item
<i>Community and Public Health</i>				
1.	06 Jul 17	Community Services Service Level Alliance	Update on redesign process once complete.	To be scheduled
2.	07 Sep 17	Drinking Water Compliance	Report detailing outcomes/findings of MoH's annual survey for the 16/17 period.	Emailed to members 22/08/2018
3.	02 Nov 17	Early Childhood	CPH focus in this area – update report.	Today's Agenda – Item 13
4.	02 Nov 17	Hurunui/Kaikoura Earthquake Recovery Update	Update presentation to include issues around loneliness; alcohol consumption levels; and how youth are coping.	Today's Agenda – Item 11
5.	01 Mar 18	Maori & Pacific Health Progress Report	Future reporting to include “B4School Check” in Pacific dashboard.	Report to 1 Nov 18 meeting
<i>Disability Support</i>				
1.	6 Jul 17		Outcome of joint meeting with CCC and Otakaro regarding accessibility to CBD and planning for anchor projects.	Verbal Update

CDHB POSITION STATEMENTS

STATEMENT	DATE ADOPTED	STATUS
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Fluoridation Position Statement	Jul 2003	
Gambling Position Statement	Nov 2006	
Housing, Home Heating and Air Quality	Apr 2012	
South Island Smokefree Position Statement	Nov 2012	
Unflued Gas Heaters Position Statement	Jul 2015	
Sugary Drinks & Artificially Sweetened Beverages		Under development. Update to 1 November 2018 meeting.

TRANSALPINE STRATEGIC DISABILITY ACTION PLAN UPDATE

Canterbury
District Health Board
Te Pōari Hauora o Waitaha

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

SOURCE: Planning and Funding

DATE: 30 August 2018

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

In March and April 2016 the West Coast and Canterbury DHB Boards approved the Transalpine Health Disability Action Plan 2016-2026. This report provides an update on the actions identified in the plan, other opportunities that have emerged and the steps being taken to refresh the Priority Actions for the next two years

2. RECOMMENDATION

That the Committee:

- i. notes the key areas of progress in achieving the two year priority actions of the plan;
- ii. notes that a refresh of the Plan is occurring and will be presented to the Committee for their endorsement following approval by the Disability Steering Group (*DSG*); and
- iii. notes the increase of Maori and Pacific membership on the DSG following the approved nominations and selection process conducted by the Canterbury Clinical Network.

3. SUMMARY

The Disability Action Plan has been designed to recognise that many of the objectives require substantial and sustained focus and effort to achieve the transformational change required. Therefore, the plan has three distinct and essential components; the strategic vision and position statement; the overarching objectives for the 10 year period of 2016-2026 and priority actions for a two year period to 2018 (that are necessary to begin to achieve the overarching objectives of the plan).

All of these components were developed following consultation with people with disabilities, their families and providers of services for people with a disability in Canterbury and the West Coast districts.

The priority actions are focused into four main areas:

- employing more people with a disability;
- improving disability awareness for all staff;
- accessible buildings and services; and
- improving communication – content, technology and language style.

A summary update is provided on each of these areas and identifies areas for future work (with the exception of accessible buildings and services, which will be updated by way of a presentation to CPH&DSAC's August meeting by the lead from DSG).

4. **DISCUSSION**

Employing More People With A Disability

During the consultation phase in the development of the Transalpine Disability Action Plan, the need for DHBs to be a leader in employing people with a disability was one of the most frequently expressed priorities for the DHB to action. People and Capability, a Division which covers both Canterbury and the West Coast DHBs, along with the Canterbury DHB DSG, have been identifying ways to improve performance in this area.

Project Search

Project Search is an internationally successful programme which started in a hospital setting in the United States. Project Search is targeted at school leavers (up to age 24 years) with a disability who enter an internship in employer organisations that adopt the Project Search framework. The framework supports both the intern and the employer for on the job training and experience, e.g. it is a mixture of skill development and work experience and uses established funding streams to pay the intern a meaningful wage. The ultimate goal is that the internship will lead to permanent employment in either the host organisation or in one similar.

Project Search is commencing in Canterbury DHB through a collaboration between the DHB, CCS Disability Action and the Blind Foundation. The Canterbury DHB will be the host employer organisation and has employed a Project Search Co-ordinator (who starts on 27 August) to engage with managers and identify suitable internships, ensure processes are in place to support the intern within the Project Search framework and to work with schools etc to identify suitable interns.

CCS Disability Action and the Blind Foundation have purchased the license for Project Search, so are sponsors of the programme and are invested in achieving successful outcomes for the interns. As all parties in the collaboration are transalpine, it is anticipated that Project Search could become a programme offered to school leavers on the West Coast as well. The Canterbury DHB DSG is hoping the Project Search programme can be widened to include more than school leavers.

Canterbury DHB as an employer

Members of the Canterbury DHB DSG have identified a range of resources that will be used to inform hiring managers (within the Canterbury and West Coast DHBs) on appropriate approaches and processes that will provide greater equity for people with a disability who seek and are successful in being employed by the DHB. These resources will be developed into a training module available for all managers who have the responsibility to recruit new staff.

As the Canterbury DHB People Strategy develops and is implemented, the focus on diversity and inclusion is increasingly evident. For example, members of the DSG were involved in the Care Starts Here workshops, seeking input on looking after Canterbury DHB staff. The participating DSG members felt their contribution was valued.

Improving Disability Awareness For All Staff

Healthlearn

There are currently four disability focused modules on the eLearning website: Healthlearn, which is available to all West Coast DHB, Primary Care and NGO staff. Two of the modules are mandatory for all DHB staff (Health and Disability Consumer Rights and Open Disclosure) and two are voluntary (Working with People with an Intellectual Disability and Disability Responsiveness, Working with People with a Disability). The later module has been added in the last six months in a purposeful effort to meet this objective of the action plan.

There are plans to improve the modules offered on Healthlearn and to expand the training being offered beyond this platform, as it is known that some staff groups are less likely to access Healthlearn or do not find the learning method appropriate for their needs. This work is being led

by People and Capability, who are forming a Canterbury and West Coast Diversity Moderation Group to review and recommend content of modules and also to identify other training opportunities where disability awareness training can be added or enhanced.

This group will include Maori and Pacific members along with other members who will bring different perspectives that reflect our diverse communities. It is likely that their role will expand to include elements of disability awareness to other learning modules – not necessarily those that are only disability focused. The development of the Diversity Moderation Group forms part of the 2018/19 District Annual Plan, and will require implementation and evaluation during the coming 12 months.

In the interim, it is heartening to know that the majority of staff who voluntarily completed the Working with People with a Disability Module agreed that they will apply this learning to their workplace. They also signalled that as a result of completing the module, their learning will have a positive improvement in their practice.

Disabled Persons Assembly

As part of the commitment to maintain engagement with people with a disability (which is also an objective of the Plan), the Chair and two Canterbury DHB members of the DSG provided an update on the Plan at the June meeting of the Disabled Persons Assembly (*DPA*).

One of the attendees talked about a friend who has had many very negative experiences in Christchurch Hospital over the years. In the most recent admission in June 2018 he described his experience as so radically different that he asked one of the nurses what had helped her understand working with people with a disability. She explained that a number of videos had been made available to staff on her ward that had people with a disability telling their experiences of hospital admission and explaining how simple changes could be made to result in a better outcome for them. She said this had significantly influenced her practice.

While this was a third-hand report, this opportunity for learning is a result of the Quality and Patient Safety People Story Policy which was developed in June 2017. This policy identifies the right process including consent for recording and sharing people's stories. The above experience demonstrates that the power of people's stories is significant and will be followed up through the DSG. At the DPA meeting, several attendees volunteered their stories for this purpose.

Improving Communication – Content, Technology and Language Style

Communication Plan

A Transalpine Disability Communication Plan has been developed as specified in the Plan. Regular communication to the disability sector in Canterbury on all relevant disability related issues and events is occurring. Disability focused articles have appeared in the Well Now Publication and CEO's Newsletter. As described above, we have been reaching out to the disability sector for feedback on the Disability Action Plan and will amend the Plan as required to reflect feedback. This will come back to the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*) for its endorsement.

Accessible Website

The DHB's Communications team identified that the Canterbury and West Coast DHB websites were not accessible for people with a range of sensory and cognitive disabilities. The Executive Management Teams approved a review of these sites and this was completed by the Blind Foundation. Based on the recommendations, the websites have been upgraded to meet accessibility standards.

Easy Read

Transferring documents into easy read also forms part of the Disability and the Communication Plan. The most efficient and sustainable way to achieve this is to train members of the Communications team on how to transform standard text into full easy read. This action requires further consideration before progressing.

Additional Points of Note

- The Director of Quality and Patient Safety Canterbury and West Coast DHB formally recommended to the Health Quality and Safety Commission that the identification of whether the person has a disability should be included as part of the patient demographic information collected on the Patient Satisfaction Surveys. The rationale was that we have no way of identifying whether people with disabilities and their families have a different experience to those without a disability. The recommendation has been agreed by the Commission and they have included this in their work plan.
- The Ministry of Health is currently seeking submissions on changes to the NHI. One element being proposed is that disability status is collected as part of the other demographic information. The outcome of consultation will be of great interest, as currently being able to understand the journey and experience of the health system for people with a disability generally relies on 'people stories'. While these narratives are powerful, the absence of qualitative data makes systems planning and evaluation for people with a disability more challenging.
- A priority action in the [Transalpine Health Disability Action Plan](#) is to develop a Canterbury and West Coast Policy on the use of sign language and access to interpreters (10.4, page 23). The Corporate Quality and Patient Safety Team has assisted in reviewing the current [Clinical Management – Booking and requesting interpreters](#) and an updated draft is currently out for consultation.
- The establishment of the Canterbury DHB DSG to focus on the priority actions is an essential component to success of achieving the vision of the Action Plan. Membership is currently being reviewed in two areas:
 - The need for DSG to engage widely and achieve meaningful change in the health outcomes for Maori and Pacific people who are disproportionately disadvantaged when they also have a disability. This has led to the recommendation that membership is increased from one to two members.
 - The West Coast health system made a decision to not establish a West Coast DSG but rather to use existing structures such as the Alliance Leadership Team (ALT) and DHB Divisions such as Communications, People and Capability, and Quality and Patient Safety, to implement and progress actions as appropriate for both DHBs. In practice, while there is support from both West Coast ALT and the Advisory Committee to the West Coast Board to continue the current structure, they also support exploring the feasibility of extending the membership of the Canterbury DSG to create a Transalpine Alpine Steering Group. This is also supported by the West Coast Consumer Council. DSG will consider this at its meeting on 24 August 2018. Any membership change will come back to CPH&DSAC for endorsement.
- Early stages of planning are underway for a pilot project to create Acute Plans (stored on HealthOne) for people who are currently in an intellectual disability residential setting. The plan is to pilot the completion of shared plans with a couple of providers for a group they identify as having or at risk of frequent hospital attendances. The Collaborative Care Team of the Canterbury Clinical Network are progressing in partnership with the Therapy Professionals CEO to identify the providers.

- The priority actions are currently being refreshed with a survey to the disability community and other key stakeholders to be circulated in the next few months of 2018. This refresh will need to consider the wider impact of national initiatives such as DSS System Transformation and different priorities identified by DSS such as access to respite services.

5. **CONCLUSION**

It is noted that the disability community membership of DSG is now 18 months into a three year cycle. Focus on identifying the right process for future membership will occur once the refresh of the Transalpine Disability Action Plan is completed. Of note, DSG has been instrumental in raising awareness of the needs of people with a disability and their family as they engage with and experience our health system. It is inevitable that the group will build on the foundation laid to date with strengthened membership, influential relationships and the increased support from across the health system and other key stakeholders such as the Christchurch City Council.

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

Report approved for release by: Stella Ward, Chief Digital Officer

COMMUNITY AND PUBLIC HEALTH – EXCEPTION REPORT

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

SOURCE: Community and Public Health

DATE: 30 August 2018

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 Exception Report.

3. DISCUSSION

All Right? social marketing campaign – an update

Workplace Wellbeing – All Right? at Work - All Right? formally launched a workplace wellbeing hub in July 2018. Called 'All Right at Work?', the hub will be part of the All Right? website (www.allright.org.nz) and will feature information for both employers and employees about mentally healthy workplaces. Video clips of employers talking about their efforts to create workplaces to support staff wellbeing will be a central focus of the hub, along with information about the business case for workplace wellbeing, and links to helpful resources such as the Mental Health Foundation's Five Ways to Wellbeing at Work Toolkit.

"Manly As" 2.0 was launched on 1 August 2018. The first "Manly As" campaign celebrated the caring side of men. The follow-up campaign takes this message a step further, using a strengths- based approach to validate a broader range of positive things men may be into, and showcasing many sides to masculinity. The core goal of "Manly As" 2.0 is to socialise a broader view of manliness and extend what constitutes "Manly As". This will be done by shining a spotlight on some of the main stereotypes that men may feel pressure to live up to, or to conform to, such as sport (particularly rugby), vacations, having a manly day job, appearance, the pressure to be the same, relationships, being heterosexual and pub culture, real men drink beer. The objectives of the campaign are threefold; to help Canterbury blokes be honest and confident in their own skin and to be themselves in whatever form that is, to encourage society to broaden its view of what it means to be a 'bloke', challenging the Kiwi stereotypes of manliness, and to socialise a broader view of manliness and spark a conversation around what is "Manly As". As part of the campaign, All Right? is supporting a panel discussion at the WORD Festival amongst male authors who have all explored themes of masculinity in their writing.

Yaldhurst Air Quality Monitoring Programme

The results of the Yaldhurst air quality monitoring programme were released on 22 June 2018. The monitoring programme was designed to inform of any potential public health risks from dust potentially arising from a number of quarries in the area.

Health effects from dust depend on the size of the particles, the amount of dust there is, the composition of the dust, how long people have been exposed to dust, and people's health. Community & Public Health have been working closely with Environment Canterbury and the Christchurch City Council through-out the monitoring project.

PM10 (particles less than 10µm) dust particle results were compared with the one hour average trigger threshold of 150µg/m³ for dust nuisance and the 24 hour average National Environmental Standard (NES) PM10 standard of 50µg/m³ for guaranteed level of public health protection.

The results for PM10 showed some short term one-hour exceedances of the dust nuisance threshold, but no exceedance of the NES.

The Respiratory Crystalline Silica (RCS) particle results were compared against the Californian Chronic Reference Exposure Levels (REL) for respirable crystalline silica (RCS). This guideline level is 3µg/m³. A chronic REL is an airborne level of a chemical at or below which no adverse health effects are anticipated in individuals indefinitely exposed to that level.

The results for RCS showed no exceedance of this guideline level.

Overall, the results of the monitoring programme show no indication of a public health risk to Yaldhurst residents from environmental airborne (ambient) dust. Nuisance dust levels will not cause long term health effects. However, nuisance dust levels need to be kept to a minimum to ensure they do not escalate to become a health concern.

Environment Canterbury have issued a number of compliance and enforcement measures to improve the management of dust around quarries.

Chlorination of Christchurch Water Supply

Non-complying well heads mean that Christchurch drinking water no longer complies with the protozoa requirements in the New Zealand Drinking Water Standards. The well heads are at risk of contamination from surface water/stormwater. This is especially so for those wells placed in chambers (below ground) near where sewerage overflows occur during periods of high rainfall (several wells become inundated with storm/wastewater in this situation). Chlorination has been introduced to help address this risk.

At the levels of chlorination being undertaken, adverse health effects are not expected. What is challenging for the Christchurch City Council is that there is no central location to undertake chlorination treatment. Instead the treatment is being replicated across 53 pump stations (each having between two and six wells on site).

In addition, as Christchurch's water supply is not usually chlorinated, it is likely that a build-up of biofilm has occurred inside of the city's water pipes. This provides organic matter for the chlorine to react with. The disinfection by-products that are formed from chlorine reacting with organic matter are likely to be responsible for the taste and odour complaints that are currently being received by the Council. These complaints are anticipated to decrease in number as the organic matter reduces.

Drinking Water Update

The Cabinet paper "Government Response to the Havelock North Drinking Water Inquiry" was released on 4 July 2018. The paper provides an update on the government actions in response to the recommendations made by the Havelock North Inquiry. Further work is needed on a number of the more significant recommendations. The paper sought policy approval for initial amendments to the drinking water provisions of the Health Act 1956, which was obviously granted, because the Bill to cover these initial amendments was introduced to the House on 5 July 2018 (note that although the Cabinet paper was only released on 4 July 2018, it had been written some months prior).

Most of the changes introduced by the new Bill are relatively minor. Some will be of interest to water suppliers, such as the reduction in the mandatory five year consultation period for amendment to the Drinking Water Standards. In terms of CPH's work, the most significant change introduced by the Bill is removal of the requirement for international accreditation (IANZ) of the work undertaken by Drinking Water Assessors. Some strengthening around the duties for drinking water supplies in terms of

implementation of their approved water safety plans will assist public health's leverage with drinking water suppliers that have been slow with completion of identified improvements.

The Cabinet paper also gives an update on the significant Inquiry recommendations that have not yet been implemented. These have been split into workstreams. Two of the major ones of particular relevance to public health and to Christchurch are:

- A new regulatory regime and drinking water regulator. The paper signals that more work needs to be done to consider the potential functions, forms and costs of a drinking water regulator. The Minister of Health and Minister for Local Government propose to report back to Cabinet in August 2018 with options for a new regulatory regime. This has become linked with the broader 3 Waters Review, which, amongst other things, is considering whether the role of a new regulator should also include wastewater and stormwater.
- Residual treatment as a default requirement for all network drinking water systems – this is basically a decision as to whether mandatory chlorination is required or not. The paper signals the intention that mandatory residual treatment (currently only chlorine) is likely to be the default requirement. The paper indicates that by August 2018, officials will provide further advice about appropriate exceptions to mandatory treatment, how exemptions are to be determined and how this position is to be legally implemented.

Exercise Micro – Non-Seasonal Influenza Exercise at Christchurch International Airport

Community and Public Health and Christchurch International Airport Ltd. (CIAL) jointly conducted a major exercise on the afternoon of Wednesday 13 June 2018. The scenario comprised three unwell persons, in a family, arriving at Christchurch Airport as part of a Trade Delegation from Singapore. The unwell passengers were displaying symptoms of non-seasonal influenza against a backdrop of: human to human transmission of novel influenza in Singapore and elsewhere; WHO in session to decide whether to declare a PHEIC; the Ministry of Health issuing a Code White alert.

The exercise took place over three locations – CIAL EOC; a bus (replicating an Air New Zealand aircraft) with 20 passengers (volunteers) and four Air NZ cabin crew on board; and the passenger access corridor at gate 33 set up with duty free, Customs, Immigration and MPI stations.

In all, 11 agencies and 99 persons participated in the exercise which took place over three hours and was cold debriefed on completion. A hot inter-agency debrief has since occurred and a Public Health cold debrief has also taken place. While the inter-agency response was generally good, the purpose of the exercise was achieved in that some interesting issues arose and weaknesses in response procedures and protocols were discovered. The findings will lead to relevant plans being amended and staff training provided where necessary. A full report will be submitted to Sally Gilbert, Manager, Environmental and Border Health, Public Health, Protection Regulation and Assurance, Ministry of Health.

Measles Outbreak Declared Over on 14 June 2018

Measles outbreak 4 April–14 June 2018: The source case is suspected to have travelled from Australia to Queenstown. The transmission from the source case to the index case occurred on 22 March 2018 between 9:40am–1:40pm, either at Queenstown Airport or on a domestic flight between Queenstown and Christchurch. A total of 16 confirmed cases have been epidemiologically linked to this outbreak throughout the South Island; one Nelson/Marlborough, six Southern, and nine in the Canterbury DHB. Of the nine confirmed cases in the CDHB region, three were hospitalised. C&PH identified 403 confirmed contacts through contact tracing. Isolation of susceptible contacts was practiced.

Media releases by the Medical Officer of Health provided public health advice. A measles outbreak group was initiated within C&PH and a South Island Measles Outbreak Group (SIMOG) involved all South Island DHBs, ESR, and the Ministry of Health.

The learnings from the previous outbreak enabled C&PH to act quickly and effectively to set up an outbreak group with the Medical Officer of Health (Incident Controller for the outbreak) allocating tasks.

With the establishment of the SIMOG, excellent relationships and a high level of cooperation were established and maintained with the Canterbury Health Laboratories, ESR, other South Island PHUs, and the Ministry of Health. In addition, the cooperation of Christchurch Hospital and the infection control nurses was greatly valued when information was required, regarding cases and contacts.

The outbreak was declared over on 14 June 2018.

Healthy Christchurch

In the 12 months to the end of June, 12 lunch time seminars have been held with an average attendance at each seminar (up to May 2018) of 19 persons. Half the seminars have supported community organisations in promoting their work and networking with other signatory organisations, and members of the public. Several seminars presented initiatives led by the Canterbury District Health Board (e.g. Stop Smoking Services and Mental Health Consumer Advisors), and the remaining seminars have been focused on community consultation covering both national (e.g. Local Government Amendment Bill) and local (e.g. Re-development of the Red Zone) issues of interest.

Planning is in place to profile a similar mix of seminars for the second half of 2018.

Engaging the Community in Local Alcohol License Decisions

Since October 2015, a unique project has been developed by C&PH to increase community input into local alcohol licence decisions in Canterbury. This is in line with the intent of the Sale and Supply of Alcohol Act 2012. The project has three objectives:

- to increase community knowledge of higher risk alcohol licence applications in local neighbourhoods;
- to increase community knowledge of the processes involved and supports available to have a say in local licensing decisions; and
- to increase community skills in preparation for District Licensing Committee hearings.

The project reflects a collaborative approach between alcohol staff at C&PH, with wider community organisations and networks.

About 5% of new licence applications are identified as meeting higher risk criteria prompting a community engagement process:

- neighbourhoods of higher socio-economic deprivation;
- nearby sensitive sites (like schools and alcohol treatment centres);
- suitability of the applicant;
- whether it is an on- or off-license;
- within a residential or commercial area;
- proposed hours of trade; and
- the density of licensed outlets nearby.

A letter, containing information about the particular license application, how to make a submission to the District Licensing Committee (*DLC*) and free legal support for community submitters available from Community Law Canterbury, is emailed from a C&PH Community Alcohol Information address to neighbourhood networks, local social services, Council Community Boards, and some Council staff.

In the weeks before the DLC hearing, community workshops are led by Community Law Canterbury to help prepare submitters to be cross examined, give evidence and ask questions in the hearing. To date, 23 off-license applications have engaged the local community since the project started. Of these 23:

- 12 applications have been withdrawn prior to the DLC hearing;

- 7 applications have been granted by the DLC; and
- 4 applications declined by the DLC (including one which has now been appealed).

It appears as though a stronger local community voice, through written and verbal submissions, may be having some influence on applicants withdrawing and on DLC decisions. Workshops have made an observable difference to community verbal submissions at DLC hearings this year. An evaluation is currently being conducted by the C&PH Information Team which will provide valuable information. The Canterbury project has recently been recognised by the Health Promotion Agency (*HPA*) who have awarded multi-year funding to Community Law to undertake a similar pilot with six centres nationally.

Responsive Health Hui – Hosted at Te Hapū O Ngāti Wheke (Rāpaki)

Members of the C&PH Communities team worked closely with Te Hapū O Ngāti Wheke in planning a responsive health hui. The hui was held to share approaches for engaging with Māori with twenty plus service providers. Services included Elder Care, Nurse Maude, Te Ha – Waitaha, Community Energy Action, Presbyterian Support Services, Māori Mobile Pharmacist, Mothers & Babies, Lyttelton Community House Trust and Positive Ageing Lyttelton, Rockers of Ages. A guided tour of the marae and surrounding area was included for those attending. The collaboration between Communities team members and the services who attended resulted in a very successful and engaging Hui for both whānau and the services.

Sex and Consequences – A New Zealand Update

Sex and Consequences is an annual collaborative project between C&PH, the Christchurch Sexual Health Centre, and The NZ AIDS Foundation.

The Sex and Consequences Seminar was held this year on 6 June 2018. David Miller, a local Public Health Specialist, was our facilitator.

Seventy people attended and the feedback has been excellent with many people commenting on the quality of the speakers and the relevance of the topics for their work. Numbers attending these seminars have grown steadily and on this occasion the venue had to be changed to accommodate all those who wished to attend. Attendees included CDHB staff, practice nurses, GPs, Pegasus Health staff, counsellors, and teachers.

The speakers and topics this year were:

- Dr Jill Sherwood from Public Health Physician, ESR: “Update on infectious syphilis in New Zealand– why we should be worried!”.
- Dr Heather Young, Sexual Health Physician from Christchurch Sexual Health Centre: “Mycoplasma Genitalium: Guideline updates, testing and treatment in Canterbury.”
- Dr Edward Coughlan, Clinical Director, Christchurch Sexual Health Centre: “PrEP – The Rollout”.
- Jo Robertson, Training and Research Lead, The Light Project (based in Auckland): “The New Porn Landscape: A community wide approach for change”.
- Ari Nicholson, Education Co-ordinator, Q’topia Youth Group: “Gender Diversity – An Update”.

Report prepared by: Nicola Laurie, Public Health Analyst

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

PLANNING & FUNDING EXCEPTION REPORT



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

SOURCE: Planning & Funding

DATE: 30 August 2018

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

This report is a standing agenda item, highlighting the progress made on the Minister of Health’s health and disability priorities and the key priority areas from the Canterbury DHB’s Annual Plan.

2. RECOMMENDATION

That the Committee:

- i. notes the Planning & Funding Exception Report.

3. SUMMARY

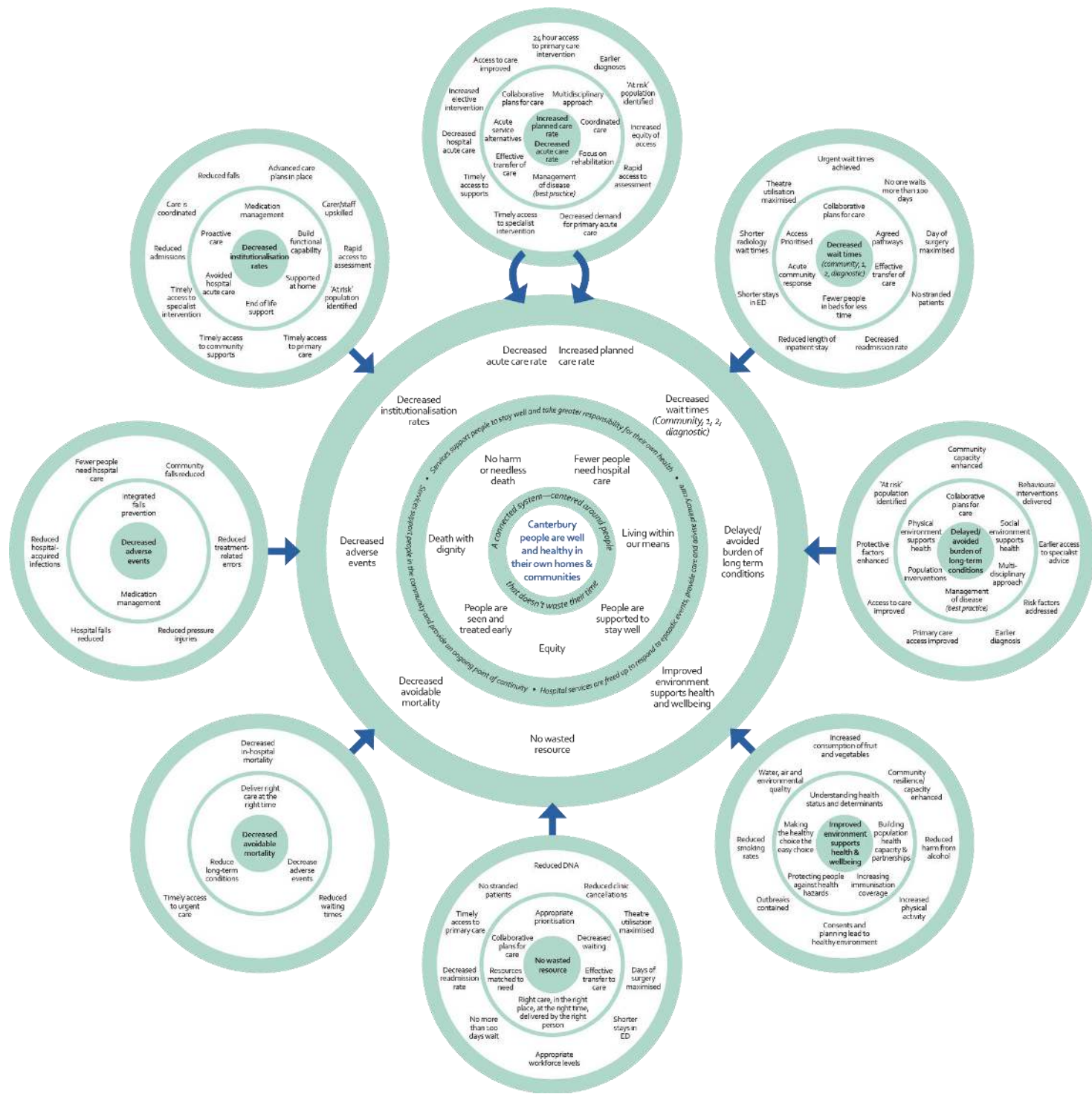
Key achievements and project updates:

- Roll-out to Canterbury’s project to enable HealthOne and HealthConnectSouth access to Aged Residential Care’s two pilot facilities in the next two months. This work will provide those working in residential care the same access to the clinical records of their residents as others across the health system.
- A provider of dementia resthome aged residential care beds is in the process of winding down their facility, which will place pressure on our dementia resthome capacity across Canterbury.
- Canterbury’s Sudden Unexplained Death in Infancy (SUDI) Prevention Plan was provided to Ministry in late July. The DHB is waiting for feedback on whether the plan has been accepted. Working groups are now being developed to implement the different aspects of the SUDI Prevention Plan.
- Canterbury met the National Immunisation and Raising Healthy Kids Health Targets in quarter four. The Shorter Stays in ED Health Target was missed by just 1%, despite high emergency department volumes over the past few months.
- Mana Ake workers for phase two were welcomed to the role on 11 July. Times when Mana Ake workers will be available to schools have been shared throughout Canterbury.
- Canterbury met the Electives Health Target in quarter four with 21,406 elective surgical discharges completed against a plan of 21,330.

4. APPENDICES

Appendix 1: Planning & Funding Exception Report

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



Decreased Institutionalisation Rates

- Carers and staff up-skilled
- Timely access to primary care
- Rapid access to assessment
- At Risk population identified
- Reduced falls
- Timely access to community supports
- Timely access to specialist intervention
- Reduced admissions
- Coordinated care
- Advanced care plans in place

Increased Planned Care / Decreased Acute Care

- Earlier diagnosis
- At Risk population identified
- Increased equity of access
- Rapid access to assessment
- Timely access to specialist intervention
- 24hr access to primary care intervention
- Decreased hospital acute care
- Increased elective intervention
- Decreased acute primary care demand
- Access to care improved

Older Persons' Health

Outcome and Strategy Indicators.

Figure 1.1: Proportion of the population 75+ living at home

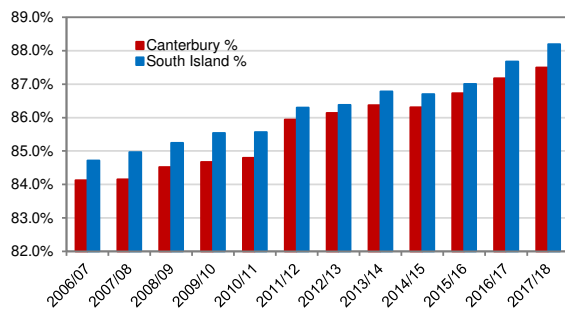


Figure 1.2: Proportion of the population 65+ presenting to ED

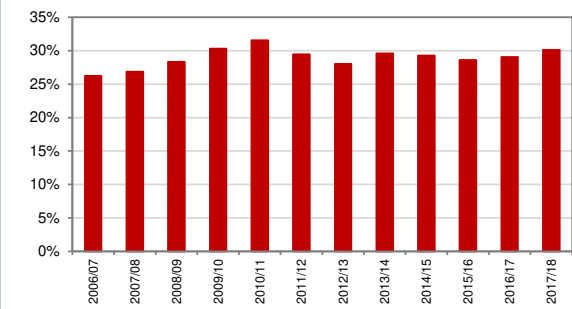


Figure 1.3: Accepted Referrals to CREST support services

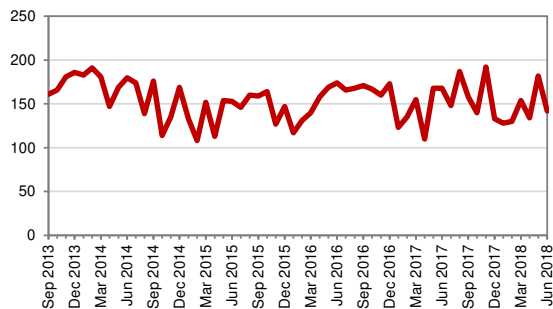
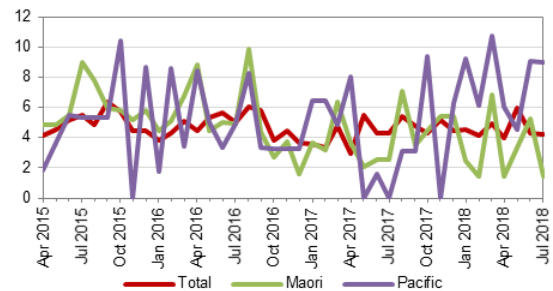


Figure 1.4: Rate of clinical assessment of need (InterRAI) per 1,000 of the population aged 65+



Achievements/Issues of Note

Aged Residential Care - HealthOne and HealthConnectSouth access

Canterbury's project to enable HealthOne and HealthConnectSouth access to Aged Residential Care facilities has been picked up by ISG. Roll-out to our two pilot facilities is expected within a couple of months. Once this has been successfully completed, roll-out will continue more widely to the larger providers and eventually to stand-alone rest home facilities. This work will provide those working in residential care the same access to the clinical records of their residents as others across the health system, enabling better communication, more informed wrap-around services, safer and more efficient transfers of care, and clarity around individuals' diagnoses, pharmaceutical requirements, and restorative goals.

Dementia rest home beds

A provider of Dementia rest home aged residential care beds is in the process of winding down their facility which will place pressure on our dementia rest home capacity across Canterbury. While we currently have an excess of rest home and hospital aged residential care beds across the region we are working with our

other providers to highlight the reduced dementia rest home capacity and to enable ARC providers to fast track increasing dementia bed numbers where possible.

Rural District nursing Services

We are meeting with providers of rural district nursing services to examine how we can increase sustainability. To achieve this, we are developing a rural district nursing case mix reporting tool, with the aim of putting this in place for six months to collect data around the increase in complexity of patients requiring district nursing in rural areas. We anticipate that this will take into account the sometimes onerous travel requirements as part of a funding model that will more specifically address service needs. In addition, we are investigating the possibility of these services sourcing consumables centrally (for example through Christchurch Hospital) to reduce costs across the system (due to the considerable purchasing advantage Christchurch Hospital enjoys based on its significant volumes).

Delayed Burden of Long-term Conditions

- Behavioural interventions delivered
- Earlier access to specialist advice
- Risk factors addressed
- Earlier diagnosis
- Primary care access improved
- Access to care improved
- Protective factors enhanced
- At Risk population identified
- Community capacity enhanced

Improved Environment Supports Health & Wellbeing

- Community resilience & capacity enhanced
- Reduced harm from alcohol
- Increased physical activity
- Consents and planning lead to healthier environments
- Outbreaks contained
- Reduced smoking rates
- Water, air and environmental quality
- Increased fruit & vegetable consumption

Child & Youth Health

Outcome and Strategy Indicators

Figure 2.1: Rate of acute medical admissions for children (0-14)

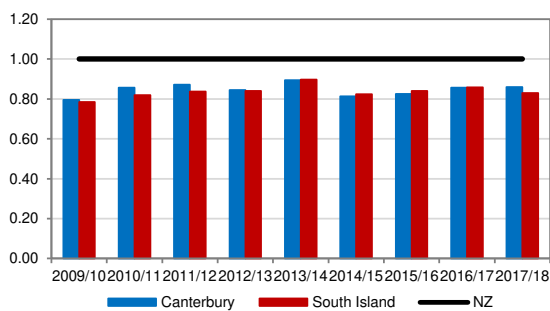


Figure 2.2: HEALTH TARGET Proportion of eight-month-olds fully immunised

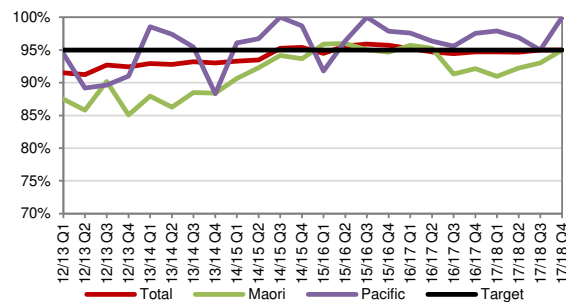


Figure 2.3: Proportion of children (aged under 5) receiving a B4 School Check

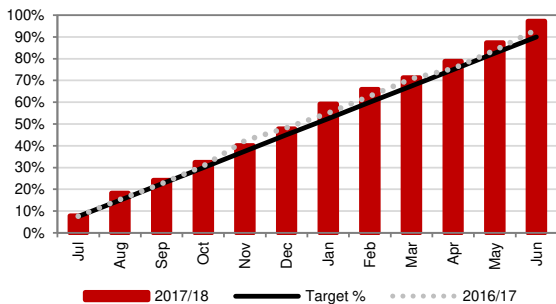
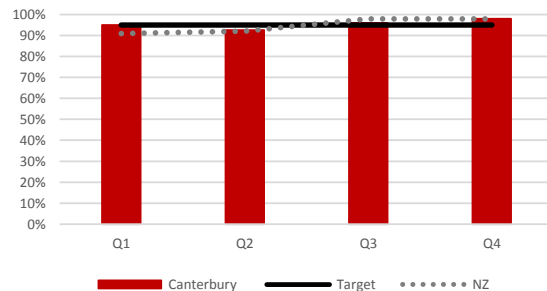


Figure 2.4: HEALTH TARGET Proportion of obese children referred to a health specialist



Achievements/Issues of Note

Sudden Unexpected Death in Infancy (SUDI):

Canterbury’s SUDI Prevention Plan was provided to Ministry in late July. The DHB is waiting for feedback from on whether the plan has been accepted. We understand that Canterbury is one of a few DHB’s that has met the plan development deadline. The SUDI Prevention Plan covers the development and ongoing education of our workforce in relation to safe sleep, the development of a health pathway, provision of safe sleep devices (pepi pods and wahakura) for whānau who do not have a safe sleep space for their baby, building upon existing breastfeeding and smoking cessation initiatives, wrap around services for young parents (<20 years), post SUDI care for whānau who have a death, and safe sleep for babies in all DHB facilities.

Working groups are now being developed to implement the different aspects of the SUDI Prevention Plan. Work is already occurring in many of these areas with the aim that the plan will be fully implemented over the next 12 months.

Maternal Health:

The Maternity co-design workshop was held at the Design Lab in late June and included consumers as well as people delivering services or interacting with the maternity system workforce. The workshop identified nine key areas for the strategy to focus development; these were Education, Patient Flow, Community/Primary birthing, Neonatal Intensive Care Unit, Communication, Healthy Pregnancy and Lifestyle, Reducing Inequity, and Community and Workforce. The DHB Board has unanimously provided support to the areas identified within the proposed strategy to re-align Canterbury's maternity system from conception to birth, to parenting and being a child. Work is now underway to operationalise the strategy by drawing together the parties involved for a workshop to prioritise the work required and implementation of its various parts.

Child Health Measure Outcomes:

As a system we achieved some key child health targets this quarter

- **Timely Immunisation** – Canterbury achieved the national immunisation target in quarter for with 95% of eight-month olds being fully vaccinated. The target was also achieved across all ethnicities including Maori, Pacific, and New Zealand European. Canterbury was the only DHB to achieve the target this quarter.
- **B4SC** – Canterbury achieved the B4SC target for 2017/18 with 97% of children who turned 5 year's old receiving a check, 95% of Maori and 91% of Pacific children also received checks during the year.
- **Raising Healthy Kids** – Canterbury achieved the raising healthy kids target in quarter four. 100% of children identified at their B4SC as being in the 98 percentile for their weight, were referred to a health professional and had there referrals acknowledged.

The achieving of these targets is reflective of a systematic approach to identifying and engaging with families of Tamariki. Our success in these areas is largely due to our highly functioning system, which works across the sector to identify and resolve issues and challenges.

Increased Planned Care / Decreased Acute Care

- Earlier diagnosis
- At Risk population identified
- Increased equity of access
- Rapid access to assessment
- Timely access to specialist intervention
- 24hr access to primary care intervention
- Decreased hospital acute care
- Increased elective intervention
- Decreased acute primary care demand

Decreased Wait Times

- No one waits more than 100 days
- Day of surgery maximised
- No stranded patients
- Decreased readmission rate
- Reduced length of stay
- Shorter stays in ED
- Shorter diagnostics wait times
- Theatre utilisation maximised
- Urgent wait times achieved

Mental Health

Outcome and Strategy Indicators

Figure 3.1: Admissions to Acute Adult MH Inpatient Service

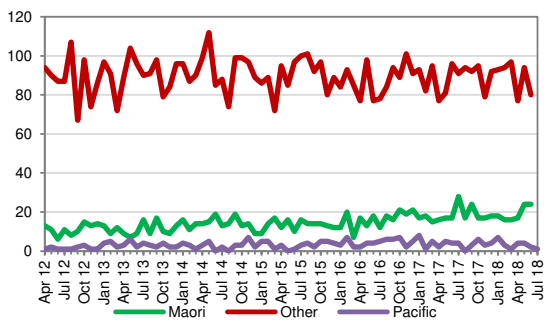


Figure 3.2: Specialist, NGO and Primary MH Access Rates

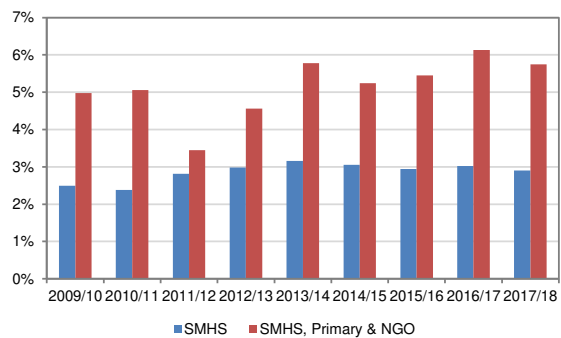


Figure 3.3: Proportion of clients having contact with community MHS 7 days prior to a SMHS admission (KPI 18)

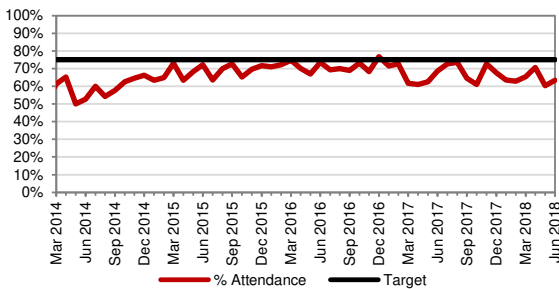
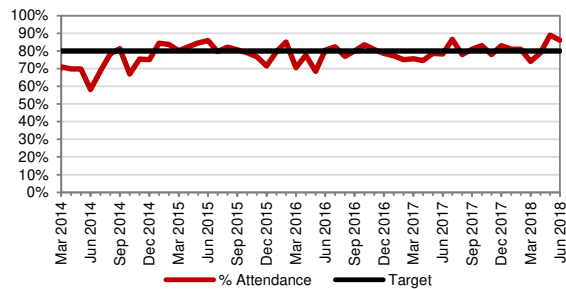


Figure 3.4: Proportion of clients having contact with community MHS within 7 days of a SMHS discharge (KPI 19)



Achievements/Issues of Note

Mana Ake – Stronger for Tomorrow:

Mana Ake workers for phase two were welcomed to the role on 11 July in a Mihi Whakatau held at the Design Lab. They commenced in schools in three cluster areas: Katote (Kaiapoi), Te Ara Tuhuru (North East Christchurch) and Totaranui (Papanui/Redwood) on 23 July. There are now 20 full time equivalent Mana Ake workers in Canterbury schools.

Times of when Mana Ake workers will be available to schools have been shared throughout Canterbury. The Mana Ake Service Level Alliance continues to provide key information to schools about how they can prepare for implementing Mana Ake.

Thirteen providers were selected, through a registration of interest process, to form the Mana Ake provider network. The providers have attended three workshop sessions focused on alliancing and on what is required to support staff working in virtual teams. These workshops have contributed to the development of a collective charter and have helped define service specifications.

We are currently advertising roles to support the Mana Ake project infrastructure. These include a Practice Leader to support programme development and Team Leader roles which will support both workers and school clusters to implement Mana Ake.

<h3>Increased Planned Care / Decreased Acute Care</h3> <ul style="list-style-type: none"> ▪ Earlier diagnosis ▪ At Risk population identified ▪ Increased equity of access ▪ Rapid access to assessment ▪ Timely access to specialist intervention ▪ 24hr access to primary care intervention ▪ Decreased hospital acute care ▪ Increased elective intervention ▪ Decreased acute primary care demand ▪ Access to care improved 	<h3>Decreased Wait Times</h3> <ul style="list-style-type: none"> ▪ No one waits more than 100 days ▪ Day of surgery maximised ▪ No stranded patients ▪ Decreased readmission rate ▪ Reduced length of stay ▪ Shorter stays in ED ▪ Shorter diagnostics wait times ▪ Theatre utilisation maximised ▪ Urgent wait times achieved 	<h3>Delayed Burden of Long-term Conditions</h3> <ul style="list-style-type: none"> ▪ Behavioural interventions delivered ▪ Earlier access to specialist advice ▪ Risk factors addressed ▪ Earlier diagnosis ▪ Primary care access improved ▪ Access to care improved ▪ Protective factors enhanced ▪ At Risk population identified ▪ Community capacity enhanced 	<h2>Unplanned Care</h2>
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Outcome and Strategy Indicators

Figure 4.1: Ratio of actual: expected acute medical admissions

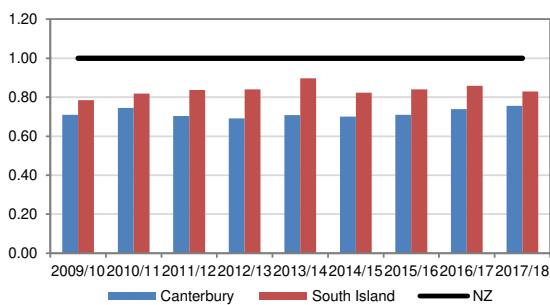


Figure 4.2: HEALTH TARGET Proportion of the population seen and treated in ED within 6 hours

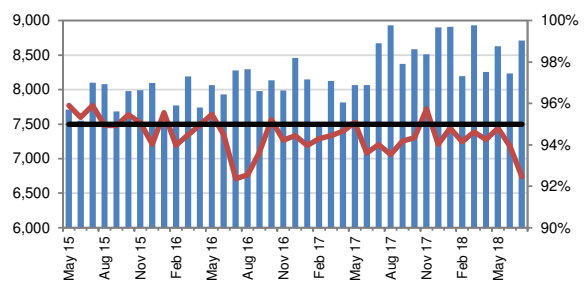
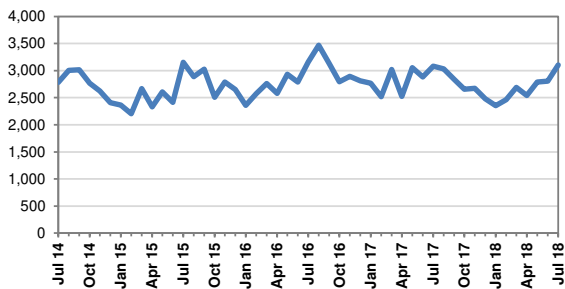


Figure 4.3: Referrals to acute demand management services



Achievements/Issues of Note

Acute services:

After a lighter period of variable volumes in ED, the impact of winter has hit the system. Although to date influenza has not been a significant contributor to increased volumes, the number of people attending ED have spiked with an average of over 300 attendances at Christchurch and Ashburton each week. The increase in volume has resulted in extremely high bed occupancy from the 27th of July. The community service providers and general practice were asked for assistance to manage people safely in the community where appropriate. The extreme levels have resolved, however occupancy remains high and will continue to be an issue until we move in to the new facilities which will temporarily provide some relief.

Delayed Burden of Long-term Conditions

- Behavioural interventions delivered
- Earlier access to specialist advice
- Risk factors addressed
- Earlier diagnosis
- Primary care access improved
- Access to care improved
- Protective factors enhanced
- At Risk population identified
- Community capacity enhanced

Improved Environment Supports Health & Wellbeing

- Community resilience & capacity enhanced
- Reduced harm from alcohol
- Increased physical activity
- Consents and planning lead to healthier environments
- Outbreaks contained
- Reduced smoking rates
- Water, air and environmental quality
- Increased fruit & vegetable consumption

Long-term Conditions Management

Outcome and Strategy Indicators

Figure 5.1: Proportion of the eligible population receiving a CVD Risk Assessment once every five years

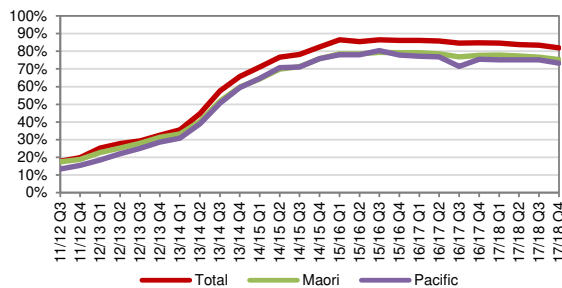


Figure 5.2: HEALTH TARGET Proportion of 'smokers' seen in primary care given quit advice and help to quit

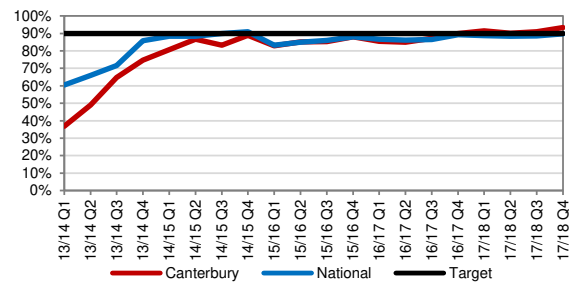
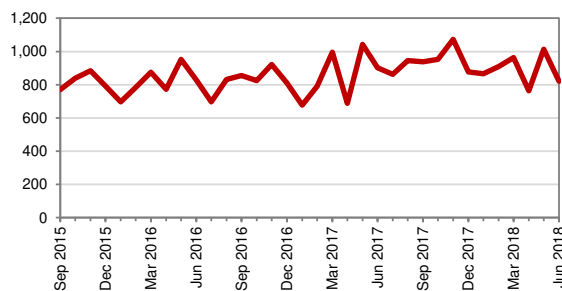
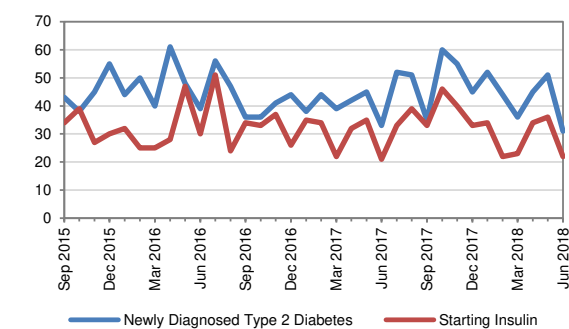


Figure 5.3: Number of subsidised procedures delivered by GPs in the community rather than in hospital



Note: This data includes procedures such as skin lesion removals, sleep assessments, Spirometry tests and steroid injections

Figure 5.4: Number of patients accessing additional diabetes support via general practice



Smoking Cessation Primary Care:

Canterbury achieved the health target in quarter four with 93% of smokers enrolled with a PHO offered advice and help to quit smoking against the 90% target.

Canterbury DHB's cessation support indicator is again the highest in the country at 60%, a 2.2% increase on the quarter three result. This indicator shows the percentage of current smokers who have taken the next step from brief advice and accepted an offer of cessation support services in the last 15 months.

Smoking Cessation Hospital Services:

Canterbury did not achieve the secondary smoking target in quarter four with 94% of hospitalised smokers offered advice and support to stop smoking.

Increased Planned Care / Decreased Acute Care

- Earlier diagnosis
- At Risk population identified
- Increased equity of access
- Rapid access to assessment
- Timely access to specialist intervention
- 24hr access to primary care intervention
- Decreased hospital acute care
- Increased elective intervention
- Decreased acute primary care demand
- Access to care improved

Delayed Burden of Long-term Conditions

- Behavioural interventions delivered
- Earlier access to specialist advice
- Risk factors addressed
- Earlier diagnosis
- Primary care access improved
- Access to care improved
- Protective factors enhanced
- At Risk population identified
- Community capacity enhanced

Planned Care

Outcome and Strategy Indicators

Figure 6.1: Rate of elective surgery per 100,000 population

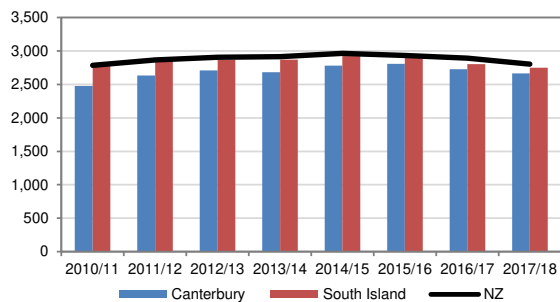


Figure 6.2: HEALTH TARGET Number of elective surgical discharges 2017/18¹

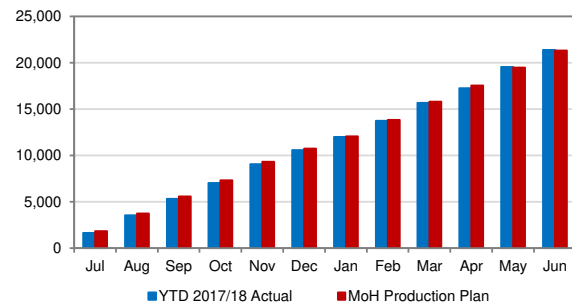
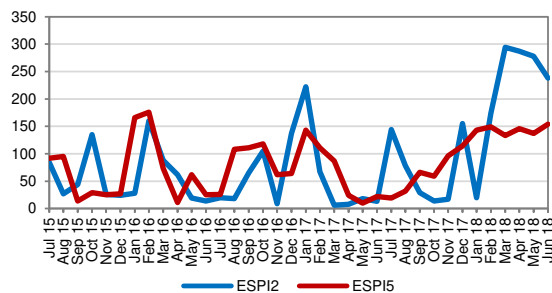


Figure 6.3: Number of patients waiting more than 4 months for first specialist assessment (ESPI 2) or treatment (ESPI 5)



Achievements/Issues of Note

Elective Surgery: Canterbury met the electives health target in quarter four with 21,406 elective surgical discharges completed against a plan of 21,330.

Elective Services Patient Flow Indicators (ESPI): Canterbury has been granted dispensation for all ESPI non-compliances from 01 Jan 2018 through 30 June 2019 specifically for data quality and reporting issues resulting from the PICs implementation as well as issues surrounding the Acute Services Building link delay.

¹ Elective discharge results will differ from previous reports as actual results from coding delays have been incorporated

Rural Health

The Canterbury Clinical Network (CCN) is leading local health providers in the integration and redesign of health services in the Hurunui, Oxford, and Ashburton areas, as part of the wider Rural Sustainability Project.

Hurunui

Details continue to be worked through with the five general practices in Hurunui to commence a trial for rostered after-hours urgent care. Canterbury DHB continues to work with the practices to ensure appropriate supports are in place for the new model.

Oxford

The CCN group, the Oxford and Surrounds Health Service Development Group (OSHSDG) has been working on a draft model of care for their community. They have 10 recommendations, which they are now seeking feedback from health providers in the area and expect to seek input from the community in a series of community meetings in Sept. Thereafter the group intends to refine the recommendations about the services in their area for approval by the CCN ALT and the CDHB Board.

Ashburton

Work is underway to implement the recommendations from the Ashburton Service Level Alliance Co-Design process which took place in 2017. A small Operational Working Group was established in April 2018, focused on identifying actions to achieve the recommendations. The following activity has occurred since the last report:

1. A Frail Elderly Journey Workshop involving key Ashburton stakeholders occurred on 20 June 2018. The identified opportunities to improve the pathway have been collated with actions to be taken within an agreed timeframe being progressed through the Ashburton Service Level Alliance.
2. The planned meetings scheduled for July 2018 between Ashburton Hospital and four general practices to go through data of Acute Assessment Unit presentations was postponed due to the nurses strike. The meetings are being re-scheduled for August and September. The purpose of the meetings is to help the teams to better understand current presentation patterns and identify opportunities to improve patient flow between primary and secondary care.
3. As a means of managing demand for services in the Ashburton Acute Assessment Unit (AAU) on the day of the nurses strike, St John was issued with vouchers for a free General Practice Consultation which they could give to patients who could be appropriately seen in General Practice rather than be transported to the AAU. In Ashburton on the day of the strike three vouchers were used, all of whom went to Three Rivers Medical Centre. All parties reported this worked well and currently a scoping exercise is occurring in the Ashburton Operational Working Group to identify potential volumes and with the hope this could become an ongoing service provision in Ashburton. This provision would replicate the St John Voucher system in Christchurch which diverts patients who would otherwise go the Emergency Department to one of the 3 Urgent Care Providers.

Decreased Institutionalisation Rates

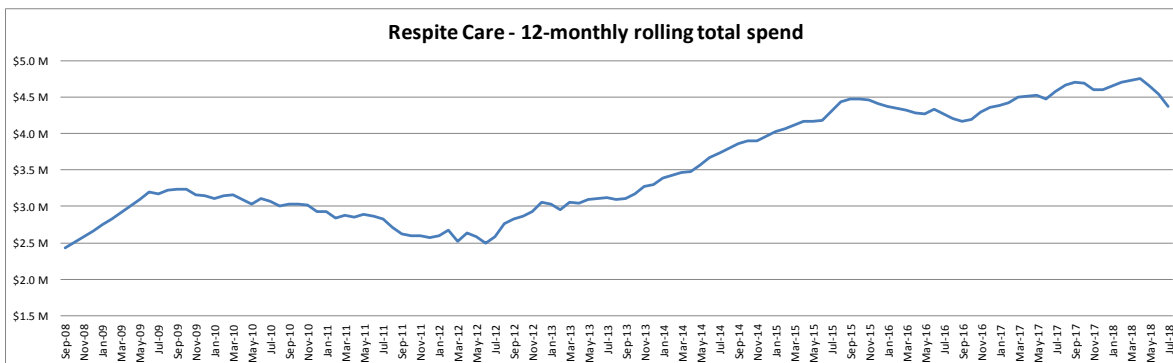
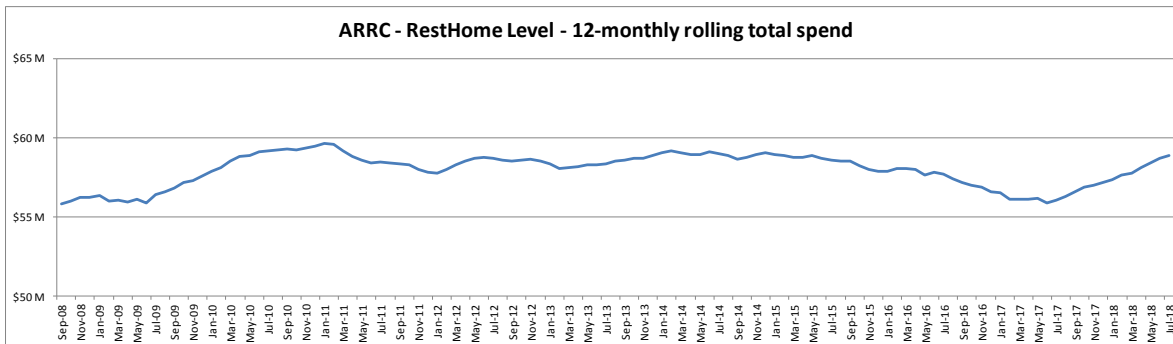
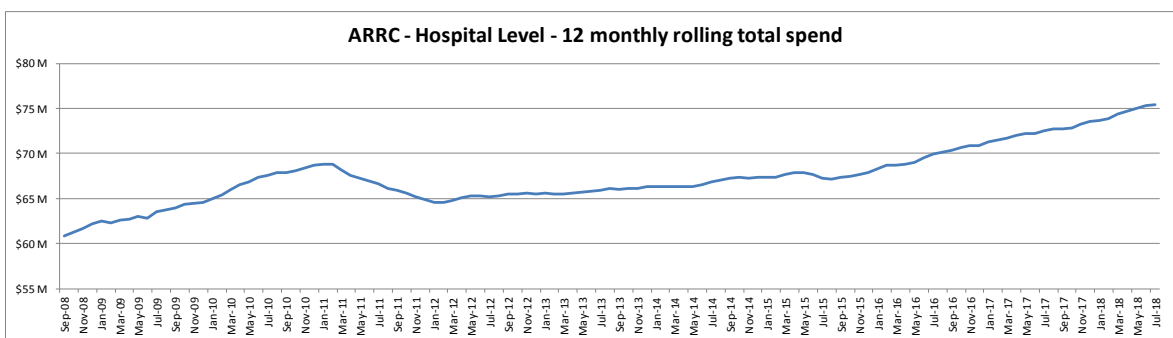
- Carers and staff up-skilled
- Timely access to primary care
- Rapid access to assessment
- At Risk population identified
- Reduced falls
- Timely access to community supports
- Timely access to specialist intervention
- Reduced admissions
- Coordinated care
- Advanced care plans in place

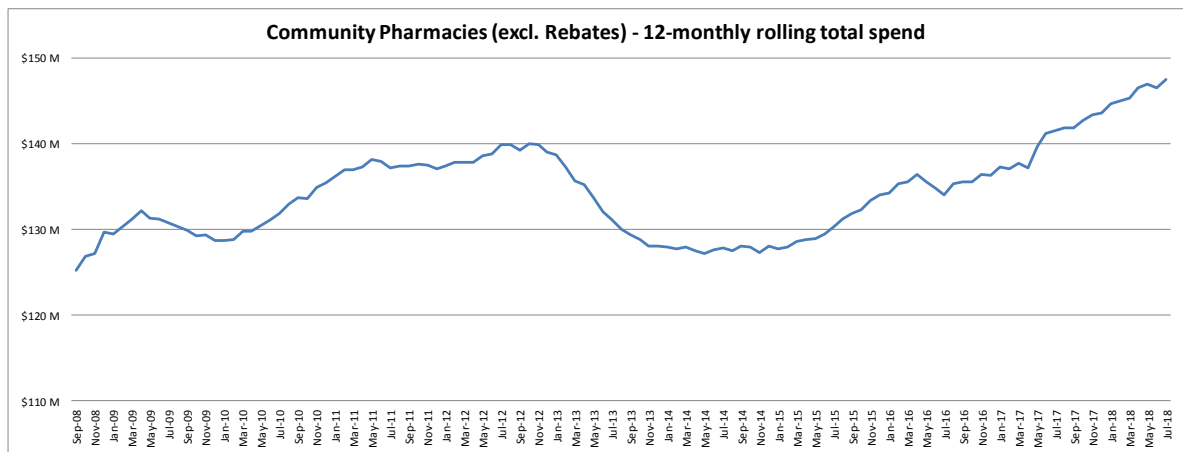
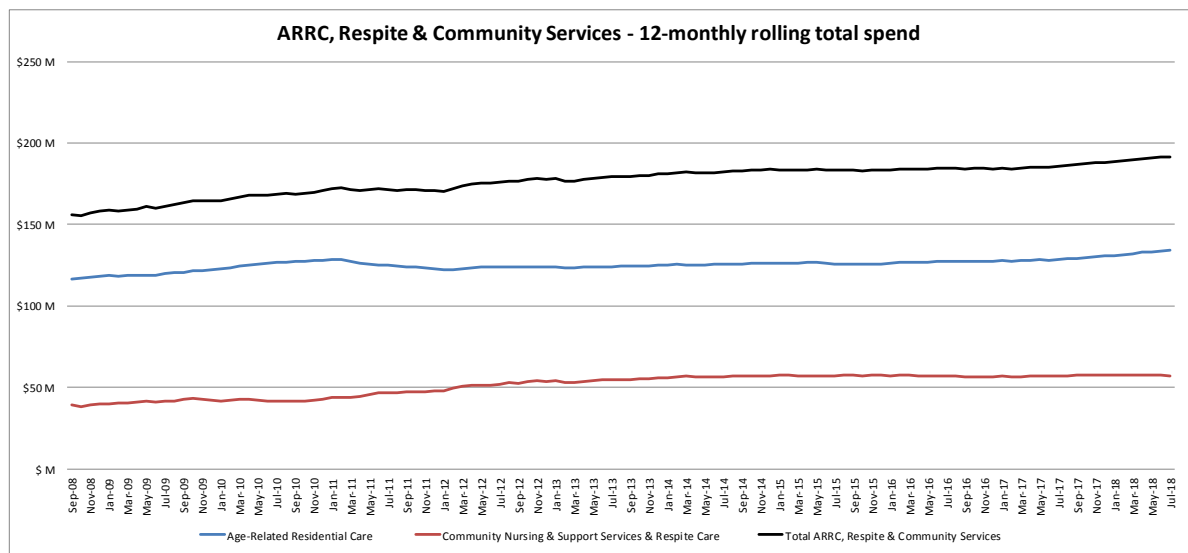
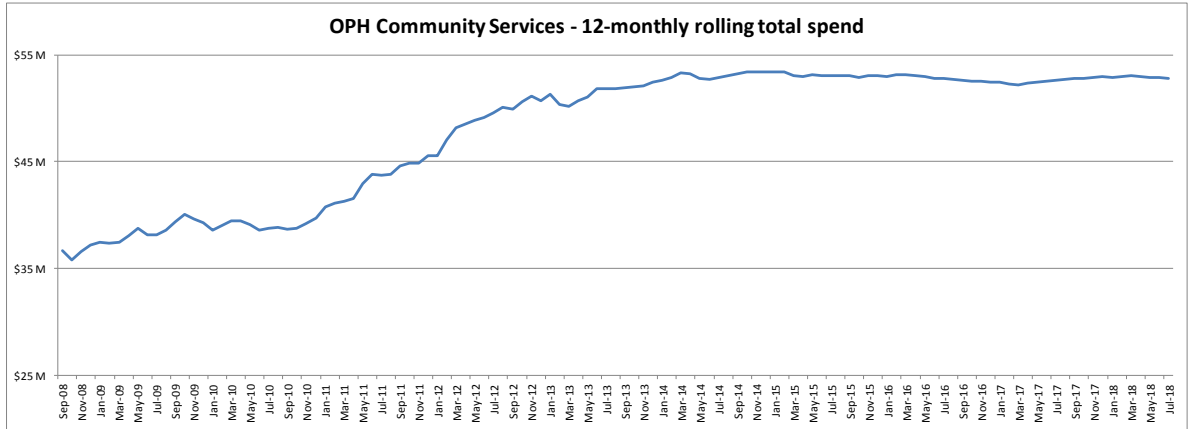
No Wasted Resource

- Reduce clinic cancellations
- Theatre utilisation maximised
- Timely access to primary care
- Shorter stays in ED
- No more than 100 days wait
- Appropriate workforce levels
- Days of surgery maximised
- Decreased readmission rate
- No stranded patients
- Reduced DNAs

Demand Driven Expenditure

Outcome and Strategy Indicators





HURUNUI – KAIKOURA EARTHQUAKE RECOVERY UPDATE

Canterbury
District Health Board
Te Pōari Hauora o Waitaha

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

SOURCE: Planning & Funding

DATE: 30 August 2018

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report follows on from previous presentations on the Recovery and Wellbeing work undertaken in the Hurunui and Kaikoura districts following the 2016 Earthquake. In addition to a general update, a request from the Committee to report on Youth, Alcohol and Loneliness is included.

2. RECOMMENDATION

That the Committee:

- i. notes the Hurunui – Kaikoura Earthquake Recovery Update report.

3. SUMMARY

Whilst Recovery work across impacted areas is ongoing, most agencies (including CDHB) are well on the way towards “Positively Adapting” their new business as usual to the “Changed Realities” post-Quake.

District Councils are supporting Community led initiatives and events to sustain and further strengthen their communities. Agencies are collaborating to maintain support to children, youth and school communities, and a co-designed, revised model of mental health care will deliver a comprehensive fully integrated primary / secondary mental health service from Primary care. The Results of the “Taking the Pulse” survey by the All Right? Campaign has also provided valuable feedback for all agencies involved in these districts.

4. DISCUSSION

Youth

On 6 August 2018 the ‘Together Hurunui Network’ hosted a forum with Youth as their focus. This provided the opportunity for health and social service providers to be updated on the new and ongoing Youth initiatives across the district.

The Hurunui District Council has developed a comprehensive Hurunui Youth Strategy “By Youth, For Youth” following a range of consultation and engagement strategies with over 300 young people.

The Vision of the Strategy is “All Young People have the opportunity to enjoy active citizenship and are valued and supported in this by the wider community”. The four pillars of the strategy are:

- Future Focus;
- Our Environment;
- Connected Community; and
- Positive Youth Development.

In essence, the strategy comprises two components – the Hurunui Youth Programme (*HYP*) and the Hurunui Youth Council. Together, these provide a myriad of opportunities for youth to participate in various events as well as opportunities for training and development of leadership and governance skills to provide Youth with a Voice into the Hurunui District Council.

Activities include involvement in Camps – Earth Quake Escape Camp, Easter Camp, Orientation and Leadership Camps; targeted activities at the A&P shows in the district; HYP Formals; “Chips and Chill” – monthly casual drop-in events rotating around the schools. Some of the Youth led work has also included a greater awareness of environmental sustainability e.g. planting on the coastal dunes and promoting rubbish free schools. The inclusion of Youth Volunteers to assist with local events has also enabled the young people in the community to contribute in new ways to the success of these events. All of these help to provide opportunities for connection and participation, build confidence and develop a positive identity and culture for the young people of the community.

The forum also heard of the range of support provided to youth across the district when required, ranging from the North Canterbury Youth NEET services aimed at supporting youth to remain in education, to undertake training or gain the skills for beginning employment, and the School attendance advisor working to support those not enrolled or not attending school. The Police, through their Youth Aid programme, aims to be pro-active in supporting youth at risk and are involved in programmes such as ‘Keeping Ourselves Safe’. Wellbeing North Canterbury employs a Youth Alcohol and Other Drug worker and their social workers work with children, youth and families. Community connectors, Whanau ora Navigators and Earthquake navigators, all work with children and young persons as a part of the work they undertake and link to other services as required. Public health nurses and mental health and nursing staff from the Rural Canterbury Primary Health Organisation all provide support for health (including mental health) to young people. Specialist Mental Health Services, through their CAF North team and School based mental health team, also provide services across both Hurunui and Kaikoura.

To strengthen what is already a very vibrant and comprehensive range of services with a Youth Focus in the Hurunui, consideration is now being given to establishing a Youth Co-ordination Forum.

In Kaikoura, those working with Youth and identified Youth Leaders, are linking together to support each other and consider how best to strengthen the supports and activities for Youth going forward.

The joint Education, Health and Social Services ‘Mana Ake’ programme for mental health support in schools is planning roll out across Hurunui and Kaikoura later this year.

Loneliness

Kaikoura Healthcare has a Community Support Worker who is working to address loneliness, especially with older folk of the community, and is providing support and activities to foster connectedness among older people. Social activities and gentle fitness programmes are being well received by participants. Their earthquake navigator also works to link people to social supports as well as the supports related to their home repairs or rebuilds. Also in Kaikoura, the health social worker and the ‘Living Safe’ worker are co-facilitating a Men’s group to support and help men with issues including loneliness.

In the Hurunui, Presbyterian Support Services employ a range of professionals who work to reduce isolation and strengthen connections across the community. Social workers, earthquake navigators and their nurse all link people they are working with into established support / cultural / sporting groups as a part of the work they do in the community. The Amuri Home Share is a new mini day programme hosted in someone’s home and supported by volunteers and staff to provide a range of activities (including exercise), social interaction, carer relief, meals and transport. Community Connectors are also active in linking people into the various activities of the district.

The Hurunui District Council has received external funding to develop a detailed assessment of the current and future needs of the Hurunui Districts older people. This would include uncovering what works well and should be continued (or does not work well and should be discontinued); any gaps in services and facilities and how the Council could address these to ensure age friendly communities. This project will include identifying who the Council could partner with to enable older people to remain living in the Hurunui district if they choose.

The resulting report would be available for other agencies to use to inform them about aging in the Hurunui district. The work is starting to be developed now with a conclusion date around February 2019.

For younger families across both districts, Plunket and Barnardo's offer a range of supports to individual families, but also in small groups linking folk together and building natural connections.

On 27 August 2018 a Social Isolation Forum is being held at the Woodend Community Centre to share ideas and identify any gaps needing to be addressed. Whilst the focus would be primarily Waimakariri, there will be opportunities for sharing the learnings more widely.

Alcohol

The Alcohol and Other Drug (AOD) Central Co-ordination Centre in Christchurch provides consult / advice across the region and is a central point of contact for the community and health and social service workers when seeking advice and supports.

In Kaikoura a Peer Support led recovery programme supplements the clinical work provided from the medical centre for folk returning to the area following attendance at a detox programme. This programme is based on successful models operating across the South Island and was established following community agencies coming together earlier this year to address an identified gap. Facilitated by the health social worker and supported by the AOD worker from Te Tai o Marokura, it is based in the community hub and has been very well received by participants. The programme is supported by the Peer Support Advisor from the Central Co-ordination Centre in Christchurch.

Building Repairs

The Hurunui District Council has employed a Rebuild Officer to support individuals and property owners affected by the Hurunui / Kaikoura Earthquake to repair or rebuild their property. Due to his expertise in construction, EQC and insurance companies, he is able to advocate on their behalf directly with builders, insurers etc. This vital role has enabled people to finalise claims and make decisions impacting on their futures. Kaikoura District Council is recruiting for a similar role for their community.

All Right?

The results of the April 2018 All Right? campaign survey have now been analysed and released. The Survey entitled "Taking the Pulse" contacted 150 respondents in both Kaikoura and North Canterbury and covered a range of domains. The following is a brief summary of the data.

Respondents in Hurunui confirm that the impact of the EQ on top of the drought compounded the stress levels across this region – 15% struggling with EQ, but 30% struggling with drought. Almost a third noted as significant, the loss of community facilities and losses resulting from people relocating as a result of the quake. A quarter of parents noted concerns related to their children, including parents feeling anxious about their child's safety, and 21% noting their children are more anxious and clingy.

However, 85% of respondents thought their lives were the same or better since the earthquakes, 95% said they were more aware of taking care of their own wellbeing, 90% appreciating the small things more and 80% value what they have more now.

In Kaikoura about 1/3rd of respondents felt their lives had become worse since the earthquakes, with 40% struggling to deal with the earthquakes. More than half felt a sense of loss in relation to their community facilities, changes in the community and the inability to collect kai moana.

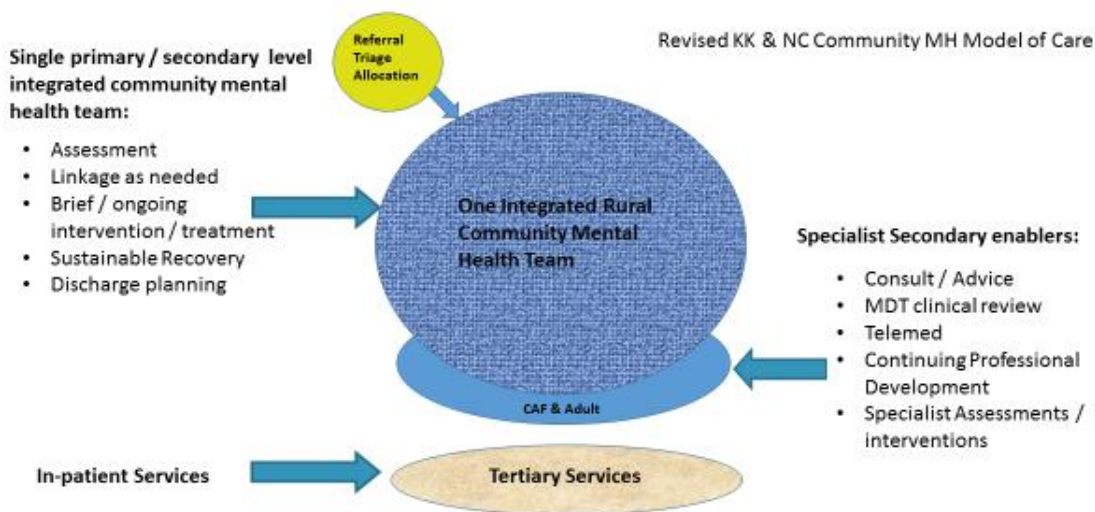
The ongoing fragility of road access is a continued stressor for the majority of the community and more than half of respondents remain worried about another big quake. Nearly half of parents are concerned about the effect of the earthquake on their children’s wellbeing, with 39% saying their children are more anxious or clingy.

However, 91% said they valued others more, 93% agreed it was important to know their neighbours and half said they now spend more time together as a family.

Mental Health

For the first six months of this year representatives from across the primary and secondary mental health system have been engaged in a process of co-designing an alternative model of mental health and addictions care for Hurunui and Kaikoura to sustain the positive gains achieved post-quake. Based in the primary health services, this will provide greater access to community mental health support and treatment within the local communities. Specialist services will be available for consult, advice and reviews as necessary to support the local general practitioners and clinicians with the intent to utilise telemed technologies as much as practicable to avoid unnecessary travel for clients and their whanau. Other key aspects of the model include easy access (no door is the wrong door), early intervention and a fully integrated primary / secondary community mental health service. The model has been endorsed and resourced and transition planning is now underway. The diagram below is a summary representation of the new model.

Moving Forward: Positively Adapting to a Changed Reality



5. CONCLUSION

Health, Education and Social service Agencies and the Local Authorities across the Hurunui and Kaikoura Districts continue to link together and support collaborative partnerships to meet ongoing needs and explore opportunities to address any identified gaps. Moving from ‘Recovery’ to the new ‘Business as Usual’ aims to both continue to address ongoing needs as well as strengthen resilience moving forward.

Report prepared by: Rose Henderson, Clinical Lead, Recovery & Wellbeing
 Report approved for release by: Carolyn Gullery, Executive Director, Planning Funding & Decision Support

OXFORD MODEL OF CARE UPDATE

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

SOURCE: Planning and Funding / Canterbury Clinical Network

DATE: 30 August 2018

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

The Canterbury Clinical Network is supporting a local group, the Oxford and Surrounding Areas Health Service Development Group (*OSHSDG*) to develop a model of care for the Oxford and Surrounding areas. This locally based group has drafted a model of care with 10 recommendations for improvements to services in the area. The group is soon to engage with the community on the model of care, ahead of finalising the model of care for approval by the Board.

2. RECOMMENDATION

That the Committee:

- i. notes the progress of the group; and
- ii. notes the intended community engagement (scheduled for early September).

3. SUMMARY

The group has drafted a model of care with 10 recommendations for improvements to services in the area. Not all of the recommendations are the responsibility of the Canterbury DHB. Feedback from health and social service providers in the area has been incorporated into the model of care. Early community engagement with the community is desirable ahead of finalising the draft model of care for approval by the Board.

The recommendations are:

1. Technology to support Telehealth
2. Rural Professional Workforce Pathways
3. Locally based observation and monitoring service
4. Sustainable transportation
5. Restorative care – a Rural ‘CREST-like’ service
6. After hours alliancing
7. Rural ‘area-based’ mental health services for all ages
8. Sharing and communication of patient information
9. Locally-based Health Committee
10. Facility needs and development

4. DISCUSSION

The OSHSDG has been developing the draft model of care since 2016. An overview of the process is as follows, with the group currently at Stage Two.

Stage One: Development

- a. Assess the needs of the population;
- b. Propose what services are required to meet the needs of the population;

- c. Identify the resources, including the workforce, required to deliver those services;
- d. Develop a draft Model of Care; and
- e. Gain endorsement of the draft Model of Care from the Canterbury Clinical Network.

Stage Two: Engagement

- a. Seek feedback from health providers on the draft Model of Care proposals;
- b. Use this feedback to refine the draft Model of Care;
- c. Seek feedback from the community on the updated Model of Care proposals; and
- d. Use the feedback to refine and finalise the Model of Care.

Stage Three: Endorsement

- a. Seek endorsement from Canterbury Clinical Network and Canterbury DHB on the finalised Model of Care.

Stage Four: Adoption and Implementation

- a. Adopt the final Model of Care;
- b. Develop a detailed implementation plan for each of the new or enhanced proposals within the Model of Care; and
- c. Work with the community and providers to implement each proposal.

A short video will be presented to CPH&DSAC by members of the group. The video is intended to be used as part of the community engagement process. A flyer for public dissemination will also be available at the meeting.

5. CONCLUSION

The OSHSDG is seeking feedback on a draft model of care for the Oxford and Surrounding Areas. Following this feedback, the model of care will be finalised for endorsement by the Canterbury Clinical Network and Canterbury DHB. This update is to keep CPH&DSAC informed on progress.

Report prepared by: Carol Horgan, Planning and Funding

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

<p>Canterbury <u>District Health Board</u> Te Pōari Hauora o Waitaha</p>	<p>Minutes – 29 June 2018 Canterbury DHB Disability Steering Group (DSG)</p>
<p>Attendees: Prudence Walker, Gordon Boxall (Chair), Kathy O’Neill, Allison Nichols-Dunsmuir, Jane Hughes, Kay Boone, Haley Nielsen, Catherine Swan, Donna Hahn, Ngaire Button, George Schwass, Mark Lewis, Lara Williams (Administrator)</p> <p>Guests: none</p> <p>Apologies: Sekisipia Tangi, Catherine (15 mins late), Mick O’Donnell, Susan Wood (West Coast), Paul Barclay, Dave Nicholl, Stella Ward, Kathryn Jones, Simon Templeton</p>	

	Agenda Item	Summary of Discussion	Action/Who
1.	<p>Welcome</p> <p>Apologies:</p> <p>Previous minutes, matters arising and any conflicts of interest for today’s agenda items</p> <p>Conflicts of interest –</p>	<p>Cultural welcome given by Prudence</p> <p>As above</p> <p>Approved, no changes</p> <p>None given</p>	
3.	<p>Round the table discussion – in relation to the draft Workplan - What can you contribute in the coming 12 months to achieving the outcomes against the action?</p> <p>And/or</p> <p>Are there aspects you have expertise in that we could utilise to improve people’s experience of the health system – but there are no current actions that fit?</p>	<p><i>Discussion of membership</i></p> <p>In order to capture energy and input into the group, attendance of members at the meetings is encouraged. There is a commitment in membership to attend.</p> <p>Discussion of how membership influences your everyday awareness at work. Eg wayfinding included by auditors in accreditation audit. ED carpark layout in ASB, design of mobility carparks.</p>	<p>Action point – Inviting Hector Matthews to discuss employing and including Maori staff</p>

		<p>It was suggested that members could opt another colleague from their team to attend if they are unavailable particularly if they are familiar with the work of DSG and its impact on the department/team/area of work.</p> <p>Ngaire spoke of similarities with the workplan and Maori Health Plan. Both groups want access to services and cultural competencies of staff.</p> <p>Employing more Māori staff, this is a live issue for P&C. Suggestion of collaboration between our two groups (DSG and Te Kāhui o Papaki Ka Tai) especially on training the mainstream workforce. Caroline Butler from Pegasus co-ordinates Te Kāhui o Papaki Ka Tai.</p> <p>CDHB needs to start to identify roles that suit Māori. Many issue for Māori are relevant to disabled people. Discussions to continue with P&C.</p> <p>One option would be to set achievable goals. How do we achieve our goal that is measurable. Such as a number of Māori/disabled people employed in CDHB by a certain date.</p> <p>P&C have started presenting to the Board about diversity, diversity and inclusion policy is the aim. P&C are currently in the process of onboarding processes, becoming more inclusive of employing Māori.</p> <p>Discussion continued of representation on shortlisting panels. Identifying a category such as admin vacancies that will appeal to a broad range of the community.</p> <p><i>Raising Disability awareness for staff</i></p>	<p>Action point – Kathy, Ngaire and Gordon to work together identify how to progress this and bring back to DSG</p>
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		Summary - members are encouraged to continue to think of how their own role can contribute to forging change.	
2.	Feedback from Disabled Peoples Assembly – CDHB Forum held on 15 June 2015 – presentation circulated with agenda	<p>20 attendees. Acknowledgement to Kathy on accepting all views given in the open discussion.</p> <p>A number of issues were raised</p> <ol style="list-style-type: none"> 1. In current public hospital - why can't one or two toilets be adapted? George suggested this needs to be logged in complaints progress so it is actioned. 2. In new facilities – how do you know that toilets have been included? <p>George suggested a site visit to new Health Research Education building to check all requirements have been met including toilet and change facilities.</p>	<p>Action point –</p> <p>Allison and Kathy will summarise key points and circulate with minutes</p> <p>Action point –</p> <p>Andy Savins to host visit on 4th July. Invite has been sent to DSG.</p>
4.	<p>General Business</p> <p>Terms Of Reference – draft changes circulated</p> <p>Update on Actions to meet the objectives of the Accessibility Charter following EMT Paper – EMT Paper attached.</p>	<p>Kathy to compile track changes. ToR will be shown to DSAC. This will be covered when Gordon and Kathy meet Stella, to review the work of DSG and reaffirm the role between DSAC and DSG.</p> <p>Allison is Coordinator, Gordon Chair, Brad Cavell will be a key member of the group. This has gone through EMT.</p>	<p>Action point – Kathy will circulate DSAC meeting dates to group. Papers available on intranet Monday before each meeting.</p>
	Move of Park and Ride	<p>George provided details of Lichfield Street carpark. Managers are rostered to spend time onsite to experience it and see first hand what the issues are.</p> <p>Discussion about the private service also offered. There is a meeting this</p>	<p>Action point – Lara to send link with minutes to CDHB promotional info on websites, intranet, newspapers</p>

		<p>week with private providers and parking team to smooth out provision of services.</p> <p>George emphasised there are no providers with a disabled mobility van.</p>	<p>Action point – invite Rachel Cadel in future. Though to be given to how to achieve accessible transport as part of this service.</p>
	Update on Disability Action In District Annual Plan	<p>Kathy has worked with Mark and Ross Denton with improvements.</p> <p>Kathy will keep the group involved with developments with the District Annual Plan.</p>	
	Project Search	<p>Blind Foundation funding has enabled licence purchase.</p> <p>Riccarton High School will be provider for Coordinator role which is being funded by CDHB. The Coordinator will compile register of opportunities in the community. They will also work with CDHB Recruitment team.</p>	
	Accessible Protocol for Website	Deferred to August meeting	
	DSS System Transformation	Three meetings. Two meetings of newly elected regional groups. Mid-Central rolling out in October.	
5.	General Business items and anything that's different in a disabled person's life since we last met.	A successful example was given of how People Stories has successfully influenced perceptions. Through staff viewing People Stories video, this led to a better experience for a patient with their next inpatient stay.	
	Next Meeting	<p>10:30am Friday July 27 2018</p> <p>Location, Design Lab, Print Place due to accessibility at 32 Oxford Terrace</p> <p>Nb: From August, different meeting dates will be sought to enable more key people to attend regularly.</p>	

<p>Canterbury District Health Board Te Poari Hauora o Waitaha</p>	<p>TERMS OF REFERENCE</p> <p>Canterbury DHB Disability Steering Group</p>
<p>Scope</p>	<p>The Disability Steering Group of the Canterbury DHB is to <u>oversee, influence and ensure that the DHB progresses</u> and <u>implements</u> the objectives and priority actions of the Canterbury Health Disability Action Plan within the Canterbury DHB and contribute, where appropriate, to achieving the objectives of the Plan across the Canterbury Health system.</p> <p>The Disability Steering Group will also ensure that where work to achieve the objectives of the Disability Action Plan is relevant to West Coast Health system, the work occurring in Canterbury will be shared and where possible support will be given to achieve the priority actions, in a Transalpine approach.</p>
<p>Purpose</p>	<p>The Disability Steering Group will <u>drive-compel DHB</u> activity that will achieve the Canterbury DHB vision that Canterbury people with disabilities will experience a responsive and inclusive health system that supports them to live lives to</p>

	<p>their full potential and be safe and well in their homes and communities.</p> <p>The Disability Steering Group will influence behaviours, system and process design across the health system, to enable this vision and to improve the outcomes for this population.</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • Oversee the development, implementation and evaluation of the Canterbury DHB Health Disability Action Plan. • Facilitate linkages and information sharing to decision makers within clinical, operational and professional groups of the Canterbury DHB and to the Work Streams of the Canterbury Clinical Network, to ensure a disability focus is incorporated. • Develop <u>Influence the</u> strategies that develop and support the workforce to be competent and responsive to the needs of people with disabilities • Effectively link to the disability community.
<p>Principles</p>	<p>Definition: The United Nations (UN) Convention on the Rights of Persons with Disabilities, which New Zealand ratified in 2007, describes disability as resulting ‘from the</p>

	<p>interactions between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others’ (UN General Assembly 2007).</p> <p>The Disability Steering Group will undertake to address and remove these barriers. The key principle to achieve this is to facilitating and supporting the self determination of people who experience disability by ensuring their active participation in the design of the health system and its services. These Principles are specified in the Canterbury DHB Position Statement which forms a part of the Disability Action Plan</p>
<p>Accountability</p>	<p>The Disability Steering Group is accountable to the Executive Management Team and will report quarterly to them.</p> <p>The Disability Steering Group is endorsed by the Disability Support Advisory Committee and will report quarterly. DSAC endorsement will include ensuring the breadth of membership will guarantee the engagement and voice of people with disabilities and their families.</p> <p>The Disability Steering Group will also work with the Service Level Alliances and Work Streams of the Canterbury Clinical</p>

	<p>Network and contribute to the reporting to the Alliance Leadership Team, who have approved the Health Disability Action Plan for the Canterbury Health System.</p>
<p>Membership</p>	<p>CANTERBURY DHB -INTERNAL</p> <p>Chair</p> <p>Executive Sponsor</p> <p>Disability Lead, Planning and Funding</p> <p>Community and Public Health</p> <p>Clinical Leads</p> <p>People and Capability (Organisation Development Unit, Learning and Development Head of Talent, Leadership and Capability)</p> <p>Operations Manager</p> <p>Quality and Patient Safety</p> <p>Communication</p> <p>Staff Member</p> <p>COMMUNITY MEMBERS</p> <p>Canterbury ALT Member</p> <p>People with Disabilities, Māori, Pacific, Family</p> <p>Primary Care</p> <p>Disability NGO</p>

	Other staff and community representatives will be co-opted as required.
Chairperson	Gordon Boxall
Quorum	50% membership
Meetings	Monthly (11 per year)
Agenda	Approved by the chair and circulated one week prior to the scheduled meeting date.
Minutes	Minutes will be circulated within five working days following the meeting.

August / September 2018

Noteable

Disabled Persons Assembly NZ

Christchurch & Districts

New Funding!



A big Thank You to COGS and United Way NZ, who both provided funding to DPA Christchurch & Districts for our Operational Costs.

News Deadline!

Send your articles or photos to nzlionz@yahoo.com (or to Karim at the office) by 1st October for the October/November newsletter.

Thanks!

- Editor

Health Action Forum



DPA - Christchurch & Districts hosted a forum in June to provide CDHB with feedback on implementation of the Disability Action Plan 2016. An attentive audience responded to the report given by CDHB staff with questions and feedback. See **pages 6-7** on the Forum.



For information on Noteable Christchurch, contact:

Disabled Persons Assembly (NZ) Inc - Christchurch & Districts C/- Christchurch Community House, 301 Tuam Street, Christchurch Central 8011, NZ

Office hours: **Tuesday - Friday 10am – 5pm** Phone: 03 379-

8525 Fax: 03 366-8535 Email: dpachch@cyberxpress.co.nz

Text Only: 022-155-6696 Skype: karim.baradi1



Noteable Disabled Persons Assembly NZ Christchurch & Districts

President's Report August 2018



Thank you to everyone for their continued support of DPA-Christchurch and Districts and a very special welcome to Annette, Raewyn and Lawrence who have joined us as members and share their knowledge and information from around the sector with us. We do look forward to them being with us for a long time to come.

Total Mobility Subsidy Not Changed: In my last report, I advised that the Total Mobility subsidy would go down from \$35.00 to \$30.00 per trip. Since that time, I have received a letter from the Environment Canterbury (hereinafter ECAN) Chairman that it will remain at \$35.00 per trip. This is great news to hear from them. Thank you to ECAN for taking notice of what DPA and the Disability Community has said on this issue. It is very much appreciated.

Election Access Fund Bill: This bill is being presented to Parliament to give funding to people who want to be elected as MP's from the disability community. Part of the bill also allows for groups such as DPA to apply for funding to cover meeting costs that come from the disability community.

DPACHCH has put in a submission to the Select Committee as has the National Office asking that the bill be changed so that it can cover costs for people from the disability community who want to stand at local government level as well as we feel that there are people around the country who will want to stand for local and regional councils rather than parliament.

We look forward to our submission being heard on this issue during August 2018.



Noteable Disabled Persons Assembly NZ Christchurch & Districts

President's Report (continued)

Pharmac Medication Changes: Please be aware that Pharmac who covers the costs of the medications that we use are constantly changing the suppliers of the medications to supposedly cheaper suppliers, yet the cheaper version is supposed to do as good-a-job as the one removed.

Please let the DPACHCH Office know if this has happened to you and if there has been a change to the effective control of your condition, be it positive or negative, we would like to know more.

Funding Received: DPACHCH would like to thank United Way New Zealand for the \$4,000 grant received and COGS for the \$3500 grant received. Both go towards our operations budget.

Funding from any organisation is most appreciated. The grant from United Way NZ was the first time we had received a grant from them and this year we decided to apply to COGS at a Regional level. Thank you both again for your support.

Nominations for Office: Please remember that if you wish to stand for any position on the Christchurch and Districts Regional Executive Committee you must have your nomination form and profile into the DPACHCH Office by 5pm 31st August 2018 and date stamped as received.

No late forms are accepted under any circumstances. It is pleasing to note that we already have one new nominee prepared to stand as a Committee Member.

Mid-Winter Lunch: We had a great time out at the Chateau On The Park for our Mid-Winter Lunch. See photographs of the event on **page 12** of this newsletter. The lunch was a great meal out and a great social get-together as well. Thank you to Karim at DPACHCH and Joseph at the Chateau for it going so well.

Philip Haythornthwaite

President, DPA Christchurch and Districts

7th August 2018



Coordinator's Report August 2018



Hello Everyone,



GOOD NEWS: United Way NZ have approved \$4,000.00 in operational funding for 2018. Philip, Stewart and I attended their Grants Presentation Function on Wednesday 25th July at the BNZ Centre in Cashel Mall. There was a good crowd there with interesting stories about the NFP organisations and what they do for the community.

NO DECISION YET: Funding applications to the Christchurch City Council, Lottery Grants Board, and the Rata Foundation for 2018 Salaries and Annual Operating Expenses.



COGS have just approved \$3,500.00 in operational funding for 2018/2019.

The Mid-Winter Lunch was held at the Chateau on the Park on Saturday 21st July and there were 15 people in attendance. The staff were helpful & friendly, and the food was excellent. I think everyone had a good time there. Photos are on **page 12**.

The AGM Notice and the Nomination Forms for positions on the Regional Executive Committee have been posted to current financial members.

PLEASE NOTE the Nominator and the Nominee have to be paid up financial members of DPA Christchurch & Districts for the year 1st July 2018 – 30th June 2019.



Noteable

Disabled Persons Assembly NZ

Christchurch & Districts

Coordinator's Report August 2018

If you have not paid your membership after 30th June 2018 and you wish to vote in the local and national elections, please contact the office for a membership form or for details of our bank account number so you can pay your membership by direct credit/internet banking.

EVENTS COMING UP:

1. The next DPA Forum will be the Home Care Providers Forum at the Christchurch Community House on Thursday 6th September from 2pm – 4pm. **Flyer Notice with details is on pages 10-11.**
2. An Information Display will be held at the Positive Ageing Expo on Monday 1st October 2018 from 9am – 3pm at Papanui High School. We are looking for volunteers! **Please contact the office if you can man the stand for a couple of hours @ 9am – 11am, 11am – 1pm or 1pm – 3pm.**
Thank you ☺
3. Our AGM will be held at the Christchurch Community House on Saturday 6th October from 1.30pm – 4pm. **The AGM Notice is on page 13 with details of the Guest Speaker and AGM.**

Submissions and Comments in support of the Election Access Fund Bill have been completed and sent to the Committee Secretariat of the Select Committee at Parliament. The deadline was 27th July 2018.

Karim Baradi, Co-ordinator / Kaituitui
DPA Christchurch & Districts

3rd August 2018



Noteable

Disabled Persons Assembly NZ

Christchurch & Districts

CDHB Forum



On Friday 15th June 2018, DPA Christchurch & Districts hosted a CDHB Disability Health Action Plan Forum, aimed at providing CDHB with feedback around the Disability Action Plan implemented by the CDHB in 2016. Key areas the CDHB is focusing on as part of putting into practice the Disability Health Action Plan include:

- CDHB employing more disabled people – into a variety of roles within the health system where appropriate
- Ensuring CDHB buildings and services are as accessible as they can be.



Philip Haythornthwaite (left) welcomed CDHB speakers, including Allison Nichols-Dunsmuir (right), and chaired the forum as President of DPA Christchurch.



REC Members Anna Mitchell and Marty Van der Kley gave feedback on Plan implementation.



Allison Franklin. asked questions after the CDHB presentations.



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Disabled Persons Assembly NZ

Christchurch & Districts

CDHB Forum



- Providing increased Disability Awareness for all staff – around a range of various topic areas relating to disability. This includes all new staff receiving training on the Health and Disability Code of Rights –when receiving Health & Disability Services.
- Having communication improved in the way that CDHB communicates with others such as having accessible & user-friendly websites that can be easily accessed by all, and focussing on disability issues in CDHB publications, eg Well Now.
- Having collaborative & shared healthcare plans, with the overall aim of ensuring people have their healthcare needs met across the whole of the health system.



A CDHB Presentation by Kathy O'Neill – Disability Lead and Team Leader Primary Care, Planning and Funding (pictured left) sparked numerous questions and intense discussion between DPA Christchurch members and the other Christchurch District Health Board representatives: Gordon Boxall – Chair of Disability Steering Group and Allison Nichols-Dunsmuir – Community and Public Health.

Marty Van der Kley, REC Member
DPA Christchurch & Districts

22nd June 2018



Noteable Disabled Persons Assembly NZ Christchurch & Districts

Submissions on Election Access Fund Bill



Photo shows the Election Access Fund Bill during its first reading in Parliament (with sign interpreting). Below is an extract from our DPA Christchurch & Districts submission, made by Philip Haythornthwaite as President. This will be heard soon.



The DPA is an **apolitical organisation** and as such supports no political party, but presents information to the public via Election Forums which to date we have had to fund via grant applications.

These are conducted prior to ALL General Elections and normally are focussed on what each & every political party present is offering people as part of their disability structure and policy if that party is successful in being elected to Government. With DPA being the organisation presenting these forums, people present know that the information supplied is on a neutral and impartial basis and does not lean in the direction of any political party.

The Election Access Fund Bill

The Select Committee needs to be aware that anything up to 1,600,000 people can be directly or indirectly affected by this bill. There are 800,000 people in New Zealand that have some form of Disability; there is also around the same number of people who are there to assist or care for those people.

Election Funding Supplied

- 1) It is essential that in funding a person's **election campaign** the funding available



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Disabled Persons Assembly NZ

Christchurch & Districts

Submissions on Election Access Fund Bill

should be at *both Parliamentary and Local Government Election Campaigns* as the political life of many people with a disability is at Local Government Level.

2) There is no reason why **The Election Access Fund Bill** cannot cover *both* parts of a person's political campaign life and should do so.

3) **The Election Access Fund Bill** must enable specialist services to be supplied during the election campaign for the following:

a) New Zealand Sign Language Interpreters (hereinafter NZSL Interpreters) for a person who is deaf as Sign Language is New Zealand's third official language.

b) Some people with Disability need information in Simple English or a level of English they can comprehend.

c) People who are blind or partially sighted need support in polling booths.

d) More information needs to be available, in various formats, about Early voting, or Special voting.

4) This information needs to be funded by the Election Commission and not by Community Groups.

5) Electorate Committees need to have a much greater awareness of the needs of People with Disability, including Hearing Aid Loops, Sign Language Interpreters, Wheelchair Accessible Venues to name just a few examples.

The Election Access Fund Bill must also acknowledge a person's rights under the New Zealand Building Code (hereinafter NZBC) to be able to have full access to buildings that are accessible for people with disabilities.



EDITOR'S NOTE: See also Philip's President's report, page 2 of this Newsletter, and for full text of the DPA Christchurch & Districts submission:

https://www.parliament.nz/en/pb/sc/submissions-and-advice/document/52SCGA_EVI_76429_1766/disabled-persons-assembly-christchurch-and-districts



Disabled Persons Assembly NZ

Disabled Persons Assembly – Christchurch & Districts

Home Care Providers Forum

The Regional Executive Committee of DPA Christchurch & Districts are pleased to announce the 3rd Forum for 2018 will be the **Home Care Providers Forum** on **Thursday 6th September 2018** at the Christchurch Community House on 301 Tuam Street in Central Christchurch.

Guest Speakers from Florence Nightingale and NZ Care will be there to talk about their respective organisation and the services they provide for the disabled. We are hoping more Providers will be able to attend and we encourage you to come and participate and to get the right information about their services.

The Guest Speakers are:

- **Susan Gibson** (Florence Nightingale – Flexible Supports Unit Manager)
- **Sarah Lean** (NZCare Disability – Specialist Manager, Vocational & Self-Directed Funding)

This will be an excellent opportunity for you to ask the important questions to them during the question/answer session and participate in the discussion/feedback.

Date: Thursday 6th September 2018

Time: 2pm – 4pm

Venue: Meeting Room 1 at the Christchurch Community House, 301 Tuam Street, Central Christchurch.

Afternoon Tea will be at 3pm or 3.15pm and NZSL Interpreters will be provided.



Disabled Persons Assembly NZ

Disabled Persons Assembly – Christchurch & Districts

Home Care Providers Forum



Please be aware there is no onsite parking at 301 Tuam Street but there is a pay & display carpark on the corner of Barbadoes & Tuam with access off Tuam Street (this section is one-way heading east towards Barbadoes Street). Cost is \$5 per day (correct money is required as the vending machine does not give out change).

RSVP Deadline: It would be much appreciated if you could let us know if you are a wheelchair user, and how many people will be attending no later than **Tuesday 4th September 2018.**

To help with catering and seating arrangements, please RSVP to the DPA office via:

Email: dpachch@cyberxpress.co.nz

Text: 022 155 6696 (TEXT ONLY)

Phone: 03 379 8525

Fax: 03 366 8535

For more information, please contact Karim Baradi (DPA Co-ordinator) by Email: dpachch@cyberxpress.co.nz or Phone: 379 8525.



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Disabled Persons Assembly NZ

Christchurch & Districts

Mid-Winter Lunch

From left: Raewyn Dawson (new member), Lawrence Dawson, Margaret Palmer-Healey, Philip Haythornthwaite (President, Christchurch & Districts), Christine Haythornthwaite (REC).



Above from left: Anna Mitchell, the festive table, Rosemary van der Geest with Coordinator Karim Baradi. Below: New and old members get to know each other while awaiting the feast!





Noteable

Disabled Persons Assembly NZ

Christchurch & Districts

DPA Christchurch AGM

Notice of DPA Christchurch AGM for 2018



The Disabled Persons Assembly – Christchurch & Districts Annual General Meeting for 2018 will be held:

- Date:** Saturday 6th October 2018
- Time:** 1.30pm – 4pm (Guest Speaker will speak at 1.30pm before the AGM starts at 2pm)
- Guest Speaker:** Michael Balmer – Principal Advisor, Fire Risk Management Area Commander, Fire & Emergency NZ
- Where:** Christchurch Community House, 301 Tuam Street, Central Christchurch (go towards Fitzgerald Avenue on Tuam Street and the CCH will be on your left after crossing Barbadoes Street)

Parking will be limited onsite but there will be off street parking available as the AGM is on a Saturday. NZSL Interpreters and Afternoon Tea will be provided.

PLEASE NOTE THIS DATE IN YOUR DIARY!




Noteable Disabled Persons Assembly NZ
Christchurch & Districts

Positive Ageing Expo

Age Concern has asked DPA Christchurch to share the following poster regarding their upcoming expo: offering information and advice about Health and Wellbeing, Recreation, Staying Safe, Nutrition, Social Opportunities, and Transport Options.

**AGE CONCERN CANTERBURY
POSITIVE AGEING EXPO**






In conjunction with Papanui High School
Marking International Day of Older Persons

FREE ENTRY & ENTERTAINMENT

Monday, 1st October 2018
9.00am - 2.30pm

**Papanui High School,
Langdons Road, Papanui**

Exhibits and displays
Don't forget to use your Goldcard on the buses!
Onsite "gold coin" parking.
Age Concern Canterbury 366-0903

**Christchurch
City Council**
and Graham Condon Centre



Noteable

Disabled Persons Assembly NZ

Christchurch & Districts

REC Meetings 2018

DATES:

Planning Meeting for 2018 – Thurs 18th January 2018 1 – 4PM

REC MEETINGS:

Thurs 22nd February – 1st REC Meeting for 2018

Thurs 26th April

Thurs 28th June

Thurs 30th August

Thurs 25th October

Thurs 13th December – Last REC Meeting for 2018

TIMES:

1.00pm – 4.00pm, once every two months from February – December.

VENUE:

Planning Meeting and REC Meetings will be held in Meeting Room 2, at Christchurch Community House, 301 Tuam Street, Christchurch.

To attend any REC Meetings as an observer, please check with DPA office first, in order to confirm dates, time, venue, etc.



Noteable

Disabled Persons Assembly NZ

Christchurch & Districts

DPA Representatives on Community Inter-Agencies 2018

- President:** Philip Haythornthwaite
 Car Parking, ECan & CCC – Transport/Bus Stops/Footpaths, ECan – Greater Christchurch Transport Disability Reference Group, and Waimakariri Access Group/Selwyn Well Being.
- Vice President:** Stewart Haig
 Waimakariri Access Group (WAG), KiwiAble, SAMS
- Coordinator/Kaituitui:** Karim Baradi
 EDLG, Selwyn Well Being, Housing Forums and Deaf Senior Citizens.

Regional Executive Committee:

- Tania Cunningham
 Cancer Society and KiwiAble
- Christine Haythornthwaite
 Fund-raising/Finance
- Anna Mitchell
 Arts Access, Canterbury Arthritis Advocates, CCC DAG, and EDLG
- Marty van der Kley
 DPA NZ NEC, People First, EDLG, and ECan – Greater Christchurch Transport Disability Reference Group
- Marie Zittersteijn
 Arts Access, Total Mobility, St John of God Residents' Advisory Committee, Board Member of Addington.Net

DPA Reps outside REC:



National Council of Women

Abbreviation Keys:

- CCC – Christchurch City Council
- CCC DAG – Christchurch City Council Disability Advisory Group
- CDHB – Canterbury District Health Board
- COSS – Council of Social Services
- ECan – Environment Canterbury
- EDLG – Earthquake Disability Leadership Group
- NEC – National Executive Committee
- SAMS – Standards and Monitoring Services



Community and Public Health – Christchurch Office

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Community and Public Health

(A Division of Canterbury District Health Board)

Contract: Public Health Services

Contract Number: 353617/00, 353617/01 and 353617/03

Provider Number: 242815

PHU End of Year Report

1 July 2017 – 30 June 2018

Community and Public Health – Christchurch Office

Community and Public Health – Christchurch Office

1. HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning (narrative)	<p>CPH as part of the Health System Alcohol-related Harm Reduction Strategy and with links to the Christchurch Alcohol Action Plan has continued to support data collection in the Emergency Department.</p> <p>CPH has linked the South Island Alcohol Working Group (SIAWG) with a National Alcohol Data Working Group who contacted us in relation to the South Island indicators. The SIAWG now have a representative on this working group as a result.</p> <p>Issues Papers reviewed in line with revised Canterbury Wellbeing Index and a pragmatic way forward identified. Remaining papers will be updated in the coming year as required.</p> <p>The Canterbury Wellbeing Index was comprehensively reviewed in the six months to December 2017. This included a review of international and national best practice, a survey of users of health and wellbeing information across the region and further stakeholder consultation including a workshop and one on one meetings with key partners. A revised Index was proposed, moving to an on-line format, with a greater focus on equity breakdowns across a comprehensive set of domains affecting wellbeing. The revised Index was signed off by the Psychosocial Governance Group in December 2017.</p> <p>The Canterbury Wellbeing Survey report was released in December 2017 (this is the tenth survey in the series to date). The survey questionnaire was reviewed by the interagency Working Group in early 2018 and the survey has been in the field throughout May/June. Development of the revised Canterbury Wellbeing Index continues following a substantial review of the Index in 2017. The Index will be web-based and will include a Māori-focused Index.</p>
	Improved public understanding of health determinants	Availability of information to public (narrative)	<p>The previous version of the Health in All Policies (HiAP) newsletter was reviewed, including audience and distribution channels. A newly re-designed newsletter was circulated in November and March. Well received with each viewed over 1600 times. The newsletter is now directly emailed to over 600 people and widely circulated within other organisations (e.g. CCC, BOPDHB).</p> <p>The HiAP Annual Report 2017 was circulated in January. The response was positive and the report was</p>

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
			<p>widely shared (e.g. by the NZ College of Public Health Medicine and the California Strategic Growth Council).</p> <p>A comprehensive review has been undertaken of the HiAP information sheets and HiAP webpages on the Community & Public Health website. A rewrite of the web content has been completed to ensure the website is easy to use and up to date. There will be four webpages (up from three) and two information sheets.</p> <p>Greater Christchurch Psychosocial Committee – CPH has continued to convene and support the work of this committee. Chairperson position held. Annual review of the Shared Programme of Action and the Committee indicated a move to quarterly meetings was appropriate. Monthly updates were provided to the Minister of EQ Regeneration until the change of government; subsequently 2 briefing papers have been prepared for the new Minister.</p> <p>Shared Programme of Action – the review also helped to shape the committee's priorities and to ensure priority issues are appropriately addressed i.e. focus on those whose insurance claims remain unsettled, those with disabilities and long-term health problems, and Māori. On-going advice to EQC and Residential Advisory Service regarding community need i.e. ensuring appropriate participation in EQC focus groups.</p> <p>Review of Youth Wellbeing survey - CPH involvement in national conversation around the repeat of the Youth 2000 Survey has contributed to a decision not to repeat the CERA Youth Survey at this time.</p> <p>The Christchurch Youth Council presented the Christchurch Youth Action Plan (YAP) to the Psychosocial Committee. The Committee advised of actions under way in the Shared Programme of Action that connect with the actions/desired actions outlined in the YAP. Community & Public Health provided input into the information the CDHB provided about its actions that contribute to the YAP.</p>
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>Additional reporting of longitudinal Canterbury Wellbeing Survey data by EQC /insurance claim status was undertaken and shared with key stakeholders.</p> <p>One aspect of the HiAP webpages on the CPH website will be a HiAP Tools Guide. This guide (currently in draft) outlines a range of HiAP tools that CPH has experience with and takes the reader through a process to identify when to use which tools.</p>		
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Surveillance system in place (narrative) Timeliness of reports for trends and outbreaks of concern (narrative)	CPH continues to operate a weekly communicable disease meeting that reviews the notifications and cases investigated during the previous week for Canterbury, West Coast and South Canterbury and the notification numbers for the other two South Island DHBs (Nelson Marlborough and Southern). A representative of the Information (Surveillance) team is present at all the Com Dis meetings.

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
			<p>Community influenza-like illness surveillance programme for 2018 was put in place with reporting daily to ESR from May to September.</p> <p>Notifiable disease reports were produced weekly as well as more detailed monthly reports.</p> <p>Situation reports were produced regularly, daily if necessary, during outbreaks, Weekly Canterbury and South Island respiratory pathogens reports are being produced for weeks 18-40.</p> <p>Rheumatic fever, shigellosis and tuberculosis reports covering key epidemiological features of notifications in 2016-17 were produced in February.</p> <p>The report comprising graphs of the previous 10 years of annual rates for 30 notifiable diseases was produced to identify trends over a longer time frame.</p> <p>Comprehensive reports on 15 years of VTEC/STEC and tuberculosis in the South Island (C&PH DHBs in particular) were released. Reports are available at http://intel.phuserver.org.nz/</p> <p>Reports are posted on the Surveillance site the day they are produced unless they require a more detailed specialist review. They can also be accessed by GPs via HealthPathways.</p> <p>The two Public Health Information Quarterly editions for 2018 have included short reports on the Pertussis epidemic, Measles, Hepatitis A. It offers practitioners practice points relating to diagnosis, testing and notification requirements. Laboratory advice is also provided regarding which test to do and when to test. This improves the likelihood of an accurate diagnosis and subsequent notification.</p>
<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i> Annual reporting of key epidemiological features of the previous 2 years notifications for salmonellosis, leptospirosis, rheumatic fever, meningococcal disease, VTEC/STEC, shigellosis, tuberculosis and yersiniosis has been initiated to identify incidence and any significant changes.</p>			

Community and Public Health – Christchurch Office

2. PUBLIC HEALTH CAPACITY DEVELOPMENT

“enhancing our system’s capacity to improve population health”

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Measures (how we’ll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information (narrative)	<p>Healthscape continues to be used by 11 DHBs/PHUs around NZ with others indicating interest. The upgrade of this system has been the major development project for 2017-18 with over 238,000 lines of code written for the new application (54,000 for server-side components of the application). The Healthscape upgrade, which takes advantage of advances in server and browser technology, is now in transitional operation at Community and Public Health alongside the previous version, and will be released to other DHBs/PHUS in the first quarter of the 2018/19 year. Documentation and training material is also under re-development.</p> <p>Another key area of work has been the provision of GIS/Mapping services for, and in collaboration with, CDHB (Planning & Funding, Decision Support) and external agencies such as Christchurch City Council and Environment Canterbury. Major pieces of work have included: the provision for publication of maps depicting the post-earthquake sampling and testing of Christchurch’s drinking water supply; address validation and geocoding of patients accessing CDHB radiology services; mapping of PHO enrolled populations; and detailed mapping products plotting the location of alcohol licensed premises in and around Christchurch with characteristics of their surrounding communities, including maps supporting successful opposition to granting of new alcohol off-licences.</p> <p>CPH has continued to support and collaborate with CDHB Clinical Pharmacology Department with the national “My Medicines” website and content management system – this service was presented at the Australian National Medicines Symposium in May. In the past year, My Medicines delivered 795,000+ information sheets about 436 different medicines in various online and printable formats.</p> <p>The CDHB/CCC/ECAN Joint Workplan Portal, supporting Health In All Policies work across all three agencies in the Greater Christchurch Area, has continued to be developed and has seen its user group extend to a greater range of staff from the three agencies, and, in the Greater Christchurch context, staff from other local authorities and central government agencies operating in the region.</p> <p>SIPHAN public health information sharing and collaboration application continues in use. SIPHAN now holds almost 7,700 discussion postings (773 added in the 12 months ending June2018) and 1,805 uploaded documents in its document library. SIPHAN discussion and document postings were viewed a total of 6,711 times in the 12</p>

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
			<p>months ending June 2018.</p> <p>CPH maintains user support function for both Healthscape and SIPHAN, providing support for 1,400+ users. Security of information and intrusion prevention remains an ongoing task – this included significant security “hardening” work this year on the CPH Virtual server.</p> <p>Healthy Christchurch managed news website has generated 39,394 site visits and 67,371 pageviews in the 11 months ending May 2018. Healthy Christchurch email news rollup is curated by CPH and sent out to 655 subscribers. The Content Management System for Healthy Christchurch was upgraded to a current version this year.</p> <p>Content Management Systems for the National Drinking Water Coordination and Regional Communicable Disease Surveillance websites were upgraded to current versions.</p> <p>Active Canterbury managed site has generated 19,439 site visits and 36,509 pageviews in the 11 months ending May 2018.</p> <p>CPH website has generated 51,865 site visits and 121,664 pageviews in the 11 months ending May 2018 - 44 and 13 percent increased for daily averages for these measures respectively compared to same period last year. Visits exceeded 6000 for the month of May 2018 for the first time in the site’s history.</p> <p>66 content pages reviewed by CPH Website Gatekeepers during April and May – three pages still to be reviewed. Four pages earmarked for deletion and 46 pages required updates. Over 60% of updates already completed with remainder in progress as at 8th June 2018. New opportunities for future page development identified as part of CPH Website Review.</p>
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>Design phase in progress for development of Canterbury Wellbeing Index website (planning phase began in February 2018). Development phase scheduled to begin in July 2018.</p> <p>Rollout of upgraded Healthscape application within CPH and also to other agencies.</p>		
<p>Partnerships with iwi, hapū, whānau and Māori</p>	<p>Effective partnerships with iwi, hapū, whānau and Māori</p>	<p>Joint approaches and initiatives (narrative)</p>	<p>CPH continues to share and-support relevant submissions together with Ngāi Tahu – for example this year, each organisation shared submissions on the Child Poverty Reduction Bill with the other.</p> <p>He Waka Tapu, a kaupapa Māori Health provider, has been a central partner in the development of the Health Alcohol Strategy, and our Ngāi Tahu engagement advisor has also assisted in ensuring the strategy is relevant for mana whenua.</p>

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
			<p>CPH has presented to Te Kāhui O Papaki Kā Tai (Māori Health Advisory Board) and received support and the offer of a Māori representative on the Alcohol Strategy Working Group.</p> <p>Ngāi Tahu and Te Putahitanga have expressed their support for working collaboratively to develop a Māori-focused section in the revised Canterbury Wellbeing Index. The efforts already made by CPH in improving how the Index reflects Māori wellbeing have been acknowledged.</p> <p>CPH has worked closely with Ngāi Tahu to identify appropriate representation on the expanded Healthy Greater Christchurch (Healthy Cities initiative). Through this linkage a proposed name has been provided which is currently being consulted on more widely.</p> <p>Effective and ongoing partnerships with local Marae (Rapaki – Ngāti Wheke) and the Rolleston Rugby League Club. CPH is providing guidance as these settings work to develop and implement health-focused policies.</p> <p>Whare Wānanga o Tamaki Makaurau – development of their/our Māori focused wellbeing resources. Did mihi whakatau on behalf of CPH. Discussions with kaumātua and Māori Research and development staff.</p> <p>He Waka Tapu – connecting with Waitaha Suicide Prevention Alliance work</p> <p>Strategic relationship formed with Te Putahitanga through connection at leadership level and staff connection with Whānau Ora navigators. Communities staff liaised with Whānau Ora navigators in specific settings to enhance access to primary care in vulnerable communities.</p>
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>Changes within the leadership and governance of two marae has been problematic in terms of engaging with these marae. Future planning explores other options for engaging with these marae until the environment for more formal engagement is more stable.</p>		
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint approaches and initiatives (narrative)	<p>The Health System Alcohol-related Harm Reduction Strategy has identified that there is need for Pacific and CALD communities to be involved in planning for reducing alcohol-related harm in their communities. The first step towards this is presenting the strategy to the Pacific Reference Group and inviting membership on the Alcohol Strategy Working Group.</p> <p>The Pacific Reference Group was chaired by the manager of CPH's Policy Team up until January 2018. Support of the Pacific Reference Group has continued – especially in terms of submissions where drafting assistance has been provided.</p> <p>CPH Policy and Communities Teams will be undergoing training on the Kapasa Tool within the next month. The Kapasa Tool is a tool developed by the Ministry of Pacific Peoples to ensure that information is included in policy</p>

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
			<p>development which takes into account the values and culture of Pacific Peoples.</p> <p>Tutupu Project: The Tutupu Church Project phase one was very successful in engaging Pacific Churches. Work with eight churches is continuing to include health-focused objectives and goals. Partnering with Pegasus Health has enhanced the reach and capacity-building opportunities of this initiative within these environments. CPH's role has included the provision of cultural advice to health educators, and supporting and mentoring the health champions within one of the eight churches. Health topics included nutrition, physical activity, and lung health. The evaluation of this project being undertaken by CPH's Information team will identify gaps and needs, informing strategies and planning for the 2018 /2019 year.</p> <p>Voice of Pacific Women Radio Programme: Partnering with Plains FM and the Ministry for Pacific Peoples, the radio programme Voice of Pacific Women supports and extends the reach of the ongoing health-focused messages. The radio programme uses the Pacific Public Health calendar to promote health messages to its audience. The radio programme is also used to disseminate wellbeing and governmental updates for Pacific peoples.</p> <p>Ministry for Pacific Peoples: CPH has a strong relationship with the Ministry for Pacific Peoples - one of their priority areas is Culture and Language. Our relationship allows for on-going information transfer and updates for the Pacific community. This relationship allows CPH to be informed of updates from the Governmental level concerning Pacific peoples. Some recent governmental updates received have included policy changes from the New Zealand Immigration Services and the Human Rights Commission. We have recently been working with the Canterbury Museum to highlight different Pacific Language weeks.</p> <p>ARA Tertiary Institution: CPH is a member of the Pacific Advisory Group which meets bi-monthly. This Pacific group provides advice and cultural support across all ARA faculties. This enables us to be informed about Pacific students and their education journey. ARA works in partnership with the Pacific Advisory Group which launched its Strategic Plan last year. Advice is also provided regarding health messaging.</p> <p>Pacific Reference Group: CPH is a member of the Pacific Health Reference Group. This involves advocacy and collaboration across health sector.</p> <p>Fiji Community connections: CPH has links with the Board of the Fiji Canterbury Community and provides ongoing advice regarding health and other relevant sectors and work e.g. assistance and advice for the Canterbury Fiji Youth on running their 'amazing race' here in Christchurch.</p> <p>Canterbury Pacific Network - this network is designed for Pacific peoples to enable the sharing of information and networking opportunities. An e-tree is also used to disseminate information. The network meets once per quarter with the meetings planned around different sectors. We take the lead in planning the health quarter.</p>

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			<p>CPH uses this platform to promote health and well-being messages and hosts the network once per year. The next network meeting features Pacific research on ASH, the Tutupu Project and Pacific health.</p> <p>Pasifika Futures – CPH has an on-going relationship with the agency responsible for administering Fanau Ola funds for Etu Pasifika. In addition we link with the South Island Coordinator for Pacific providers and are able to remain informed about what is happening in the wider Canterbury area regarding Pacific communities and their health.</p> <p>Pacific Toolkit - CPH in partnership with West Spreydon Primary School has designed and produced a Pacific toolkit to assist teachers engage effectively with Pacific students. The activities in the toolkit have been informed by the Fono fale model - a Pacific mental health framework. The Toolkit is designed to guide and support primary school teachers in becoming more culturally aware of their Pacific students and to offer them useful tools for engaging with their students.</p> <p>Polyfest – CPH was part of the organising committee for Polyfest 2018 together with a number of Pacific workers from other organisations. CPH's primary role was supporting stall holders and providing clear instructions regarding food safety, the nutrition of the food to be sold, and the sale of non-fizzy drinks only.</p> <p><i>All Right?</i> – CPH has been working with the <i>All Right?</i> campaign and the Canterbury Museum to get a better understanding of the historical artefacts held by the museum in relation to Pacific identity. The Fiji community was able to access the museum and sight the Fijian artefacts during their language week. The Ministry for Pacific Peoples also worked with the museum and held a similar session during Samoan language week.</p> <p>CPH has worked with a league club to engage with the senior players to gauge their wellbeing. This project 'Standing' is focused on Pacific men and their wellbeing (this will continue in the year ahead). The project has two intended outcomes: the creation of Pacific men's wellbeing posters highlighting key messages, and organising a talanoa forum for Pacific men regarding the issues they face.</p> <p>CPH attends regular CHAG meetings with organisations representing refugee and migrant health (CALD Health Advisory Group, CLING (Community Language Information Network Group), Refugee forums local and national, and attendance and contribution to the National Refugee Nurses Networking Group)</p> <p>CPH attends and contributes to meetings regarding the Pilot project of Quota Refugee Community Sponsorship, Christchurch Refugee Service Provider meetings with immigration NZ.</p> <p>CHAG's contribution over the past year involves finalising the CHAG Framework which involves providing advice to Primary Health Care networks through the Canterbury Clinical Network plans and the reporting and monitoring of the evaluation frameworks of the Canterbury health system. CHAG have also provided submissions</p>

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			<p>to the Mental Health and Addiction Inquiry Panel.</p> <p>CLING since its inception, following the Canterbury earthquakes, has taken part in/produced the following:</p> <ul style="list-style-type: none"> - 2012 –Best Practice Guidelines: Engaging with CALD communities in times of disaster - 2016 Presentation at Human Rights Commission’s Diversity Forum - 2016 IOM webinar ‘Integrating Migrants in Disaster Risk Reduction’ - 2016 Article in MBIE’s settlement ACTIONZ ‘Lessons from the Christchurch quake’ - 2016 Research with University of Canterbury re New Zealand government website accessibility for CALD communities - 2017 IOM publication migrants in Disaster Risk Reduction: Practices for inclusion - 2017 Presentation at One Voice Te Reo Kotahi forum <p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>There is a Pilot Project of Community sponsorship for three Refugee families in the West Spreydon area. Communicable Disease Nurses will be involved in the delivery, engagement and transfer of care of families into General Practice.</p>
Human resources	A highly skilled public health workforce	% Staff with appropriate or relevant public health qualifications (quantitative) Development/training provided and to whom (narrative)	<p>72% of operational staff have a public health qualification</p> <p>Staff accessed over 500 training opportunities during the 12 months to June 30 2018. Key opportunities included PHLP, Health Protection courses, Emergency planning (including CIMS, EOC), Conferences such as PHA and Oceania Tobacco Control, Treaty and also Mauriora (Mason Durie), plus study towards qualifications such as Cert in PH, DPH, MPH and Drinking Water Training provided via the ESR Epidemiological Skills Development programme to HPOs, facilitated by 2 CHC HPOs.</p> <p>CPR training for nurses, a competence requirement, provided by CDHB professional development unit.</p> <p>Attendance at TB seminar regular presentations) held twice yearly at Christchurch hospital together with multidisciplinary team</p> <p>CPH Health Protection Amendment Act Training organised and delivered on 2 October 2017 and attended by most Protection Staff including Queenstown, Nelson Marlborough, and Dunedin staff via videoconference.</p> <p>Health Protection Amendment Act training – presentation for Communicable Disease Team at CPH on engaging with Māori whānau in communities and home visits/contact tracing.</p> <p>Planning and Funding Pepehā/Mihimihi workshop provided to assist them in learning their Pepehā and to understand the tikanga and purpose of mihimihi.</p>

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	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i> The CPH Workforce Development Coordinator left CPH at the end of October 2017 and operational staff replacements have had to be prioritised so the role has not been replaced. This has limited our ability to complete some tasks in the 2017-18 WFD Plan.</p>		
<p>Research, evaluation, economic analysis</p>	<p>Information available on priority public health issues and effectiveness of public health interventions</p>	<p>Research/evaluation reports, publications and presentations (narrative)</p>	<p>A literature review was conducted to identify published health promoting interventions undertaken within a social housing setting (in response to a request from Ōtautahi Community Housing Trust and the Communities Team at CPH). Key findings of the review included: utilising the local knowledge and capabilities of residents through community-based participatory research was demonstrated to positively affect health factors and social capital of the community. For interventions to be successful within this environment, the review found that it is essential to have strong partnerships between residents, housing organisations, health boards, local government and community organisations.</p> <p>A review about pastoral care to inform policy and practice in schools has recently been completed. Although there is much talk about the importance of pastoral care and the work of pastoral care teams, there is limited guidance available to schools about pastoral care best practice – about how to actually do the work of pastoral care, in order to achieve the best possible outcomes for children and their families/whānau. This review was prepared in response to requests from schools who wanted to know more. It brings together the findings of a search of peer-reviewed literature, relevant websites and other grey literature, and also presents the findings of interviews conducted with teachers and other key professionals about their involvement in, and experience of, pastoral care teams in school settings. The review is presented in four sections and provides: an overview of what is meant by pastoral care, a range of pastoral care frameworks and approaches, an analysis of the interview findings (with teachers and key professionals), and a final section which summarises the findings, and invites the reader to reflect on next steps for pastoral care in their setting using the tools provided.</p> <p>Alcohol-related harm reduction: A brief summary of local and international strategies. This brief summary which collates examples of international, national, and local alcohol-related harm reduction strategies that integrate public health and clinical health actions was prepared to inform the development of the Canterbury Health System alcohol-related harm reduction strategy. It describes some common themes identified from the strategies' overarching priorities and principles, and provides some specific examples of objectives, activities, and monitoring and evaluation measures within several broad strategic areas for action.</p> <p>Alcohol use by West Coast young people: A survey of young people's and adults' views. The purpose of this report was to summarise the findings from the West Coast student alcohol survey and the West Coast adult alcohol survey, both completed March-May 2017. The surveys aimed to collect information on West Coast young people's drinking patterns, including understanding their attitudes, concerns, behaviours, safety, sources of supply, and any other alcohol-related issues that are important to young people, aged 18 years and under. All</p>

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			<p>West Coast High Schools and area schools took part. In total, 920 year 9-13 students (aged between 12 and 18 years) participated in the student alcohol survey and 66 adults completed the adult alcohol survey. The report has provided information that may assist health promoters, schools, and partner agencies in reducing alcohol-related harm in their communities (especially for more vulnerable groups).</p> <p>Evaluation of WAVE final report (2017). The evaluation found that there was a high level of engagement reported by education settings with WAVE (87%), a statistically significant improvement from previous evaluations. Almost all settings reported being satisfied with WAVE (97%). Other statistically significant improvements were achieved in the areas of school policy and professional development.</p> <p>Evaluation of the social media component of the <i>All Right?</i> campaign (2017). The findings of this evaluation included that the majority of survey respondents agreed the Facebook page was helpful (98%), gave people ideas of things they can do to help themselves (96%), and made people think about their wellbeing (93%). Over four fifths of respondents (85%) had done activities as a result of what they saw on the All Right? Facebook page.</p> <p>Evaluation of the <i>All Right?</i> campaign for tangata whaiora/mental health service users (2018). The evaluation found that the <i>All Right?</i> campaign was valued for being a population wide initiative, and for the provision of gentle reminders for the community to think about their mental health. <i>All Right?</i> was perceived as providing new ideas and increasing awareness about how to improve wellbeing.</p> <p>Evaluation of Thursdays in Black (TIB) at Lincoln University (2018). This findings of the evaluation included that high proportions of respondents to the survey who were aware of TIB agreed that it was effective (91%), helpful (76%), and valuable (75%). Success factors for the campaign included that the campaign increased awareness about sexual violence which was considered empowering by those who responded to the survey.</p> <p>A background paper and Position Statement on Housing have been prepared for the South Island Public Health Partnership. These documents are due to be considered by the Partnership.</p> <p>A rapid evidence review on health promotion in early childhood education settings has recently been completed. Development during early childhood lays the foundation for health, education, social, employment and economic outcomes throughout the life course. Many young New Zealand children spend time in early childhood education (ECE) settings, making them an ideal location for health promotion. This rapid evidence review 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. Literature from New Zealand is included where relevant.</p> <p>Sparklers evaluation – an evaluation of the Sparklers web-based resource in primary and intermediate schools (designed to support the mental health of Canterbury children) found that the Sparklers resource was highly</p>

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			<p>valued by all who participated in the evaluation. 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, and has provided a common language for staff and students alike. Ultimately it seems, that talking about wellbeing and the wellbeing needs of students has become increasingly normalised in the school settings visited over the course of this evaluation – the availability of Sparklers, and the professional support associated with the resource, appears to have been a contributory factor.</p> <p>A rapid scan of international literature relating to dust generally and Respirable Crystalline Silica more specifically and was undertaken to inform the development of a Dust Information Sheet (requested due to a number of concerns raised regarding local quarries) – the focus was on identifying any information about non-occupational standards and information on short-term risk related to RCS exposure. International specialist review of this work was much appreciated.</p> <p>A rapid review was undertaken to inform the development of FAQs relating to the chlorination of the Christchurch water supply.</p> <p>Community and Public Health staff were instrumental in the organisation and delivery of the 2017 PHA conference held in Christchurch. In addition many staff presented on their work (as per Summary Progress report January 2018).</p> <p>Conference presentations provided a Health in All Policies approach to the disability sector - over 300 attendees.</p> <p>Numerous presentations provided across the health sector in Canterbury to support the Health Sector Alcohol Strategy. This included to EMT, the Clinical board, Grand Round, the Canterbury Clinical network as well as various professional groups and provider forums.</p> <p>Otago University Māori Medical Students – a two day programme introducing students to Māori health concepts, Māori health promotion and public health work was hosted by CPH. CPH also linked students with community Māori providers (e.g. He Waka Tapu, Ngā Hau e Whā) and CDHB services such as the Sexual Health Centre.</p> <p>Te Korowai Atawhai CDHB Māori mental health service at Hillmorton site – Tāne Ora & Māori Health Promotion presentation to staff.</p> <p>Purapura Whetū – presented on Māori mental health alongside Te Hā Waitaha and Te Puāwaitanga</p> <p>Otago University – lectured on Māori Health and men's health promotion to PUB741 Hauora Māori class.</p> <p>8 teaching sessions on health promotion theory to 4th year Otago Med students</p> <p>Presentations to Oceania Tobacco Control Conference on progress and successes of smokefree outdoor spaces</p>

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			<p>health promotion projects in Christchurch and Ashburton.</p> <p><i>All Right?</i> evaluation of the experience of the campaign for Tangata Whaiora - to establish the value of generic wellbeing promotion material within these communities.</p> <p>Key note speaker at the post budget Child Poverty Action Group breakfast on wellbeing promotion.</p> <p>Presentation at the 2nd International Culture Health and Wellbeing Conference in Bristol within the International arts and health practice session. Presentation description as follows: <i>All Right?</i> is the question which starts a conversation about wellbeing. Since 2012, the <i>All Right?</i> campaign has been supporting the people of Christchurch, New Zealand, recover from a series of earthquakes which killed 185 people and destroyed much of the city. Disaster recovery is often focused on rebuilding and repairing the physical environment – <i>All Right?</i> uses best practice mental health promotion to support the population to recover and rebuild their wellbeing .</p> <p>Pacific Matua – invited by Presbyterian Support and the Pacific Matua group to attend their fono on health and well-being. Presented health statistics and provided an overview of Pacific people’s health in Canterbury. Also incorporated Pacifically Speaking cards to stress the importance of bridging the cultural gap between the different generations in Pacific families/communities.</p> <p>Asked to run a workshop for teachers on Pacific health and well-being. Provided an overview of Pacific health nationally and locally in addition to general statistics on population, location, housing and languages spoken. Also provided tips on engaging with Pacific students in the classroom which the audience found helpful.</p> <p>Pacific Medical Students Association Health Conference – CPH’s Pacific health promoter was invited to speak at this medical conference which was aimed at final year medical students from around the Pacific, Philippines, New Zealand and Australia. The presentation came under the conference’s Environmental health theme and focused on the Pacific response to the Canterbury Earthquakes in terms of health and well-being.</p> <p>Publications</p> <p>Kristi Calder, Annabel Begg, Lee Thompson, Daniel Williams, Susan Bidwell, Neil Brosnahan. (November 2017) Education setting-based health promotion in New Zealand: evaluating the wellbeing and vitality in education (WAVE) programme, Health Promotion International, dax076 https://academic.oup.com/heapro/article/doi/10.1093/heapro/dax076/4600571</p> <p>D Williams, R Orr, H Dong, K Calder, N Brosnahan. (October 2017) WAVE: 10 years of Wellbeing And Vitality in Education in South Canterbury, New Zealand: Daniel Williams, European Journal of Public Health. cxx187.450. https://academic.oup.com/eurpub/article/27/suppl_3/ckx187.450/4556416</p>

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	Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i>		
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice/reports (narrative)	<p>CPH staff are participants on, or Chair, committees under the Greater Christchurch Partnership in the areas of natural environment, health and communities, and planning, and are soon to join a fourth group focused on transport. Involvement in these committees provides avenues into policy development and implementation in terms of key documents such as the Urban Development Strategy and the Christchurch Resilience Plan. In addition, the CDHB is represented at all other decision making levels of the partnership.</p> <p>There have been a number of opportunities to present on HiAP projects in the transport and alcohol space this year. Other presentations on social connectedness and the role of HiAP have been delivered to the Christchurch City Council.</p> <p>CPH has partnered with PHANZ, HPF and NZCPHM, contributing strategically in planning and advice for improvements in National health outcomes.</p> <p>Community and Public Health manages the Rheumatic Fever register for Canterbury and the West Coast, with general practices funded to manage rheumatic fever prophylaxis and appropriate referrals. Through managing the register it became obvious that 30-50% of RF patients were receiving their prophylaxis late and were not being referred appropriately. This matter has been vigorously pursued by a CPH Communicable Disease Nurse and due to her persistence a Rheumatic Fever Plan has been agreed to by the CDHB which we anticipate will see improved clinical management through:</p> <ul style="list-style-type: none"> - a review of HealthPathways to make the current process clear to GPs and make the required forms more visible, - developing a data management process to track each person (including activation points), - working with each patient to identify the desired service delivery (probably community outreach), and - a feedback loop established with GPs regarding their patients. <p>The PHU role does not include clinical management of cases, so the involvement with the CDHB clinical processes has been vital to ensure best health outcome. At the time of writing this report, Planning & Funding have agreed to a 6 month 0.2 FTE pilot, with the missed events coordinator, following up cases where prophylaxis compliance is poor for RF cases. CPH considers this is vital in ensuring the provision of an essential health service to those who are often in a lower socio-economic group (and is meeting the Minister's expectation for population health going forward).</p> <p>The Canterbury register currently has 47 cases of rheumatic fever receiving prophylaxis. There have been 3 new cases diagnosed since April 2018.</p>

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	Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i>		
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan reports (narrative) Accreditation results (narrative +/- quantitative)	<p>Monthly quality group meetings provided regular monitoring of Quality Improvement Plan (QIP) work plan activities and ensured items were progressed in manageable timeframes.</p> <p>All CPH policies and team procedures are being monitored for review and maintained in the CDHB Electronic Document Management System (EDMS). Metadata continues to ensure easy maintenance of document ownership, review and approval. New intranet site pages have been populated to provide ease of access to documentation for staff. 13 of the CPH Operating Manual sections have been reviewed. A large amount of team procedures have been reviewed in this period based on a three year cycle.</p> <p>On-Call documentation has been consistently transferred to mobile app for off-site access.</p> <p>The internal audit schedule has continued to provide a tracking method for planned and completed audits, and any recommendations monitored regularly. 3 audits were completed which covered procedures from CPH-wide and 1 team.</p> <p>The improvements log continued to provide a vehicle for staff suggestions and responses. The outcomes were communicated to staff via a newsletter in January 2018, and then by regular communications from the Information Team Manager and monthly team meeting quality agenda item. Items were regularly tracked and progressed in quality group meetings.</p> <p>Incidents, complaints, compliments and staff accidents data was collated within the Safety 1st incident management system and reported monthly to the Management team, and to the Health and Safety Committee, as required. All entries were investigated and resolved.</p> <p>The West Coast office Common File Structure migration was successfully completed in December 2017. One team migration remains to be completed in the 18/19 year, and several generic folders will also be reviewed.</p> <p>Seven CFS internal audits were completed across the teams, of which improvement opportunities were identified and addressed.</p> <p>Improvement Learnings identified by DLT were recorded for identified project areas.</p> <p>Content for stories and projects was supplied to the CDHB Quality Team for the Quality Accounts publication [issued Oct 2017].</p> <p>There was one poster project submitted to the 2017 CDHB Improvement and Innovation Awards.</p>

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			<p>CDHB Health Excellence framework team self-assessments have not been initiated to date, however CPH have a staff presence on a CDHB working group to explore developing an action plan.</p> <p>SIDWAU six monthly management review meetings tracked progress of planned Quality Management System objectives, and reported on work plan activities. IANZ accreditation was maintained [Feb 2018], and six corrective action requests were received which have all been addressed. There were 46 recommendations issued which are in the process of being reviewed to ascertain how they may or may not be addressed.</p> <p>Two meetings were held (Sep17 & Mar18) of which SI PHU DWAs reported on progress of activities. For CPH, 1 new DWAs has been trained and accredited as an IANZ signatory. CPH has demonstrated a proactive approach to ensuring DWA levels are maintained by encouraging and providing on-going training opportunities for employees.</p> <p>CPH is working with the Canterbury Clinical Network to enable better integration of public health into Health Connect South via Clinical Documentation/workflow (in HCS), and Referral Management via a combination of ERMS and Clinical Referrals. This will result in improved efficiency (reducing current duplication) for our nurses in that HCS can be used as a case management tool as well as enabling referrals to be generated electronically. It will have the added benefit of enabling clinicians to see public health interventions which will also aid in highlighting the importance of notifications to CPH. In the future it is hoped to expand HCS to enable HPOs to input information when following up other notifiable diseases; as part of a deliberate effort to further the relationship between primary/hospital care and public health.</p> <p>CPH staff now access protocols and procedures on their phones and tablets via Dropbox. This ensures that the latest version is being referred to by staff wherever they are physically (reducing the possibility that out of date protocols are used).</p>
	Effective regional delivery of public health core functions	Reports of SI Public Health Partnership (narrative)	<p>Stronger links with the SIAWG have been developed this year, via supporting other SI Public Health Units with thinking about Alcohol Strategy Development and connecting SI networks with North Island indicator networks.</p> <p>The SI Environment Sustainability Working Group is chaired by CDHB staff and continues to meet regularly to share local initiatives and progress around Environmental Sustainability goals for each SI DHB. The group continues to make progress against the Terms of Reference, including supporting a visiting speaker from the UK to hold a public forum and governance sessions on transport and health.</p> <p>CPH is a member of the South Island Healthy Eating Healthy Lifestyles Group. South Island goals and focus have been agreed. CPH is involved in sharing resources and connections to support other partners. A shared work plan is to be developed.</p> <p>CPH is involved in the South Island Alcohol Working Group – Chairperson and administrative support provided.</p>

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			<p>The Terms of Reference have been reviewed, attendance is consistent across all the PHUs and resources and connections enhanced. The HPA South Island Manager regularly contributes to the group.</p> <p>CPH is South Island Well Child Tamariki Ora Steering Group member and contributor. This involves highlighting a public health perspective and information regarding a settings-based approach to child wellbeing.</p> <p>Reviewed and updated the South Island Rheumatic Fever plan for the period January 2018 – December 2022 alongside the Programme Facilitator for the South Island Public Health Partnership.</p> <p>The SI public health analyst group has held a face to face meeting in April 2018, with keynote speaker Professor Philip Schluter. Over the past 12 months bimonthly teleconferences have included the review and discussion of current analyst work and professional development opportunities.</p>
<p>Emerging Issues and/or New Activities Describe any Emerging Issues and/or New Activities <i>relevant to this short-term outcome</i></p>			

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3. HEALTH PROMOTION

“enabling people to increase control over and improve their health”

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Building Public Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	New and reviewed strategies, plans and policies reflect health priorities (narrative)	<p>Healthy Greater Christchurch Charter - It has been more than fifteen years since the original Charter was drafted. A review process has been initiated following the recent inclusion of greater Christchurch. Early signatory input has recommended a modest 'refresh' given the longevity of the document's relevance and meaningfulness. An engagement process inviting input from all signatories and potential signatories is under way. This includes introducing a more appropriate name which has been recommended by a local kaumātua - Te Waka Toa Ora o Waitaha.</p> <p>Developed work plan that captures collaborative signatory activities either highlighted at the hui or shared by signatories. Sample topics of interest identified at the February hui included inequity of experience of physical health in the mental health sector, potential to involve youth/the youth sector, LGBTQI+ Takatāpui health promotion, and alcohol.</p> <p>Healthy Greater Christchurch held a seminar on the Local Government (Community Well-being) Amendment Bill in mid-May. The seminar was organised in partnership with Christchurch City Council and Environment Canterbury and was designed to provide participants with some background to local government legislation, and understanding of the proposed amendment, and information about how to make a submission on the bill. More than thirty people/organisations attended and rated the workshop highly. After the workshop, several attendees asked questions and to let the presenters know that not only would they be making a submission, but that the seminar had 'inspired' them to do so.</p> <p>Submission to the Mental Health and Addiction Services enquiry compiled by the Greater Christchurch Psychosocial Committee on behalf of, and endorsed by, the Greater Christchurch Partnership.</p> <p>Christchurch Alcohol Action Plan – Planning progressed for pilot of new HPA resource with Licensed Clubs involving partnership with Sport Canterbury, the Alcohol Licensing Team and CAYAD.</p> <p>CDHB adopted Healthy Food and Drink Policy – implementation being scoped.</p> <p>Christchurch City Council Healthy Food and Drink Policy – support through evidence, policy options, work to scope</p>

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			<p>current food environment in CCC premises and recreational centres.</p> <p>Participated as part of the core team for the Regenerate Red Zone Impact Assessment and Regenerate Red Zone Technical and Community Advisory Committee – CPH advice was valued by the agencies concerned, and resulted in an improved focus on health and disability for this key regeneration project. This work is ongoing.</p> <p>The Accessible Events Checklist and Toolkit are now available on the CCC website and the next step is to focus on related communication and training. Work to increase the use of a Playground design toolkit is ongoing. We note that more draft playground and park plans include accessibility features.</p> <p>CPH/CDHB has had strong input into, and was one of the key initial signatories, to the Accessibility charter.</p> <p>Strong connections and active participation in relevant networks focused on improving accessibility. For example participation in KiwiAble Network Group meetings provides good links to the sport and recreation sector. Ongoing participation in CCC Disability Advisory Group which is recognised as a valuable resource by CCC staff and elected members. Skills recognised by being requested to attend Earthquake Disability Leaders Group board “strategic” conversations. Also recognised for taking the initiative and keeping things moving with the Disability Steering Group meetings ensuring the focus is relevant and purposeful.</p> <p>Alcohol - The Christchurch Alcohol Action Plan (CAAP) has been successfully drafted and endorsed by all three partner agencies and significant interest in it has been expressed by broader groups and agencies. Some projects are already being explored under the CAAP, such as working with Family Violence agencies, the education sectors and older persons’ services as well as improving community engagement around alcohol harm reduction.</p> <p>Transport - Developed connections within the Public Transport Advisory Group (PTAG) which has led to health being invited as a key stakeholder on the Regional Public Transport Plan (RPTP) and Future PT Business Case. New opportunity to be part of the Central City Transport Liaison Group - this reaches a different cohort of stakeholders than PTAG. We have been active in introducing concepts of transport and its link to health outcomes at this forum.</p> <p>Submissions across CDHB - Full review completed of both the CDHB organisational submission procedure and the CPH-led Risk Management Committee submissions procedure which has resulted in changes which ensure this is a smoother, more transparent process for all.</p> <p>Submissions internal to CPH - Coordinated 16 organisational submissions for the CDHB, 6 of these were Select Committee consultations which required significant cross-DHB consultation. The value and quality of submissions was recognised in a number of ways. The Havelock North Drinking Water submission was appreciated by the Inquiry team and used by them to develop further options papers on certain issues. The Low Emissions Economy submission was such that two partner agencies chose to expressly support the CDHB submission in their own</p>

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			<p>submissions. Draft submissions are also regularly shared with partner agencies (including other Public Health Units, the College of Public Health Medicine, Primary Care and Ngāi Tahu), and points made in our submissions are often used by these other agencies in their submissions.</p> <p>A useful summary of CPH's extensive input into the Christchurch City District Plan (from the previous calendar year) was produced and has been used internally to guide involvement in other District Plan processes.</p> <p>Joint Work Plan - Significant work has been undertaken this year to continue to support the CCC joint work plan and to re-establish CCC-CDHB JWP Senior manager's meetings – the most recent was held on 30 April. Recognition of the importance of identifying ongoing priorities that align with council outcomes was agreed and priorities for 2018/2019 agreed as climate change, alcohol harm and potable water. These meetings are also scheduled to support the planned quarterly governance level meetings between the CDHB and CCC.</p> <p>Two workshops were held with CCC Social, Community development, and Housing Committee reminding councillors of the long period of partnership and then a practical workshop around housing issues to identify areas of common concern. Both of these meetings provided opportunities to engage and inform and to better understand the priorities and challenges they face.</p> <p>The three-way Joint Work Plan portal shared with CCC and Environment Canterbury continues to be maintained and was revised this year with community outcome focus areas to group the work.</p> <p>Integrated Recovery Planning Guide (IRPG) Review - the IRPG has a strong recovery focus which is no longer relevant for many projects so there has been ongoing consultation and input with stakeholders to identify the most useful and relevant future version. Workshops were held in Dec 2017 and May 2018 to enable input and shaping of the final document. There is a strong focus on ensuring the final product is a useful and relevant document for stakeholders. Feedback has recognised the value and broad range of uses of the existing document. Ongoing review will continue with a focus to complete the new version, alongside a training package by the end of the calendar year.</p> <p>Capacity building within the sector and with partner agencies continues through the delivery of Broadly Speaking. Three sessions are run each year and the feedback continues to be strongly positive. The programme has also been delivered to Public Health South.</p>
Built Environments	Built environments promote health, and support healthy choices and behaviours	Evidence of Public Health contribution in key decisions (narrative)	Joint work plan with Christchurch City Council focused on promoting and embedding Smoke Free Outdoor Spaces.
Creating	Settings that support	Number and type of	Support for community initiatives based at the Phillipstown Hub i.e. ICEcycles, Ōtautahi Creative Spaces Trust.

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supportive environments	healthy choices and behaviours	settings that embed a systems approach to improving health (quantitative, narrative)	<p>Evaluation of Creative Spaces reinforces the importance of creativity to physical, mental and cultural wellbeing, especially for Māori.</p> <p>Worked with Ōtautahi Community Housing Trust on resident wellbeing surveys and to review the literature on best-practice health promotion within community housing settings.</p> <p>Worked to ensure the signing and socialisation of the Accessibility Charter. The CDHB signed the Charter and affiliated networks (i.e. Psychosocial Governance Group) agreed to champion the initiative.</p> <p>Engagement with Education Sector (Mana Ake, Flourishing Waitaha, Ministry of Education) to inform and advice regarding social determinants.</p> <p>Member of the Food Resilience Network Leadership Team - informed and advised regarding wider social determinants i.e. physical activity, mental wellbeing, social inclusion, food security, school gardens and orchards.</p> <p>Engagement across the CDHB transport space has improved over past year. CDHB has been asked to investigate whether the Greater Christchurch Travel Demand Programme is plausible in this setting. CPH to continue to support these efforts at an organisational level.</p>
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings' evaluation reports, including environment changes achieved (quantitative, narrative)	<p>Early Childhood Settings</p> <p>A scoping project was undertaken with 28 Early Childhood Centres and organisations. Identified health promotion challenges for the Early Childhood sector in Canterbury – mental health of children, staff and whanau; nutrition and oral health of children; information and services to assist with toileting, sleep issues, mental health and wellbeing.</p> <p>A rapid evidence review on health promotion in early childhood education settings was requested and completed by the Information Team to inform next steps in working with the Early Childhood sector.</p> <p>Relationship building and scoping of opportunities for partnership have been undertaken with major early childhood organisations and centres including – Ministry of Education, Heart Foundation, Christchurch City Council (Play Champion, Libraries Outreach Team), Plunket Clinical Services Manager, Kidsfirst Kindergarten Area Manager, Canterbury Breastfeeding Network, Cancer Society, CDHB Oral Health Team, Public Health Nursing Service, CORE Education, Canterbury Play centres, CDHB School-based Mental Health Team.</p> <p>Sun Protection Project – collaborative project undertaken with the Cancer Society to review current policy practice within 40 preschools. support and challenges</p> <p>Currently working with the Heart Foundation to assist 10 early learning centres regarding nutrition (e.g. healthy food environments, water/milk only). Early Learning services including have been linked to 'City Harvest' and 'Fruit and Vege Co-op'. At one least one Playcentre has reported an increase in the fruit and vegetable consumption of</p>

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			<p>families involved and has noted that it has made a big difference to these families.</p> <p>Oral Health resources – currently working with the CDHB Oral Health Promoter to develop an interactive resource kit to be promoted to ECEs. Linking oral health services with ECEs who have identified oral health as a priority.</p> <p>Mental health and wellbeing supported and resources promoted to ECEs – <i>All Right?</i> Parenting Package, Sparklers resource, and a presentation made to the 'Futures Network'.</p> <p>An Early Childhood page is now incorporated within the Health Promoting Schools magazine – as of Term 2 2018.</p> <p>Kohanga Reo Smokefree environments support, information for whānau and links to Te Ha Waitaha for cessation support. Little Lungs project piloted – take up of intervention does not support continuation at this time.</p> <p>Schools and Kura Kaupapa 75 schools supported and engaged to identify and progress health and wellbeing priorities, plans and activities. This included working with 91% of decile 1-4 schools, four Kura and two Alternative Education providers as well as connecting with the leadership and supporting the work of 5 Kāhui Ako.</p> <p>Types of evaluation supported in schools included health and wellbeing inquiries into mental health and nutrition. Environmental changes achieved included supporting schools to review and implement new policies and practices around nutrition, water only, Safety Online, Pastoral Care and School Staff Wellbeing.</p> <p>Maintained relationships with and/or knowledge of a range of local, regional and national community and public sector initiatives providing health and wellbeing support, services and programmes for schools.</p> <p>Effective partnerships with relevant agencies continues to include but is not limited to Ministry of Education, Healthy Families Christchurch, Sport Canterbury, Christchurch City Council, Cancer Society, Heart Foundation, Pegasus Health, Mental Health Foundation, <i>All Right?</i> campaign, the School Based Mental Health Team (CDHB), Methodist Mission, Presbyterian Support, Glenelg Stand Children's Services, Youth Health Centre 298, He Waka Tapu, Oral Health Promoter (CDHB), Public Health Nurses (CDHB), Māori Sexual Health Service (CDHB), Tū Toka Tū Arika, Te Whare Tū Taua ki Waitaha, Ngāi Tahu, HIPPY service, Grow Waitaha, and the Food Resilience Network.</p> <p><i>All Right?</i> 'Sparklers' wellbeing resource has been promoted and evaluated. Further development including the addition of more activities suited to Year 7 and 8 students sees a relaunch of Sparklers later in July.</p> <p>HPS support offered and provided to Kaikoura Primary, Cheviot School and Hapuku Kura in North Canterbury with Kaikoura Primary initiating a student health team and seeking cultural advice, and Hapuku Kura sharing their wellbeing aspirations and activities in the HPS Magazine.</p>

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			<p>School Staff Wellbeing Workshop was held with 37 school leaders representing 27 schools attending. This was filmed and broken down into 4 video segments that are being made available to schools who couldn't attend, and to those attendees who want to share their learning with school colleagues to support improved staff wellbeing.</p> <p>Safety Online Workshop with speakers from NetSafe and Parenting Place with 19 participants from 12 schools. Evaluation feedback positive and suggests that the knowledge, tools and resources provided were useful and that attendees would be acting on what had been learned.</p> <p>2x Primary School Student Health Leadership Forums were held with 90 students from 15 schools at the September 2017 Forum and 124 students from 12 schools at the March 2018 Forum.</p> <p>4x Health Promoting Schools Magazine editions have been produced.</p> <p>Pastoral Care: a review to inform policy and practice in schools was prepared by the Information Team and has been widely disseminated.</p> <p>Collaborating with Sport Canterbury, promoting their resources, programmes and activities among schools/kura including supporting development of a Traditional Māori games - taonga tākaro - resource.</p> <p>Supported delivery of physical activity as part of the curriculum in two kura.</p> <p>Worked with a number of schools and kura on developing healthy kai and water-only policies and practices.</p> <p>Promoted and supported school community gardening initiatives including Food Resiliency Network facilitated collaboration and training hui.</p> <p>Supported West Spreydon School in development of The Pacific Toolkit, a box of easy-to-use, grab-and-go activities and visual resources for use in the classroom. The central aim is to provide teachers with easily accessible, ready to go activities that will help them to provide the culturally responsive classroom that all learners deserve.</p> <p>School Smokefree signage audit carried out by ARA student interns with signs ordered on behalf of schools not meeting requirements. HPS staff following up to assess if signs having been put up and are remaining up.</p> <p>Smokefree activities supported in a number of HPS schools and World Smokefree Day promoted through e.g. email updates, HPS magazine and in meetings with school leaders.</p> <p>Connected schools with the Heart Foundation's resources, curriculum input and health promoter for developing their nutrition and healthy eating policies and practices.</p> <p>Collaborated with Cancer Society, encouraging HPS schools to gain and maintain their SunSmart accreditation.</p>

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			<p>Promoted Mates and Dates sexual health curriculum programme for secondary schools.</p> <p>Supporting HPS schools engaged with Grow Waitaha (MoE funded) Secondary School 'Wellbeing Community of Practice' and Positive Education movement.</p> <p>Collaborating with ARA by providing student internships contributing to HPS activities e.g. helping with Primary Student Health Leadership Forums and one-on-one follow-up work with student teams to progress their health and wellbeing inquiries and actions in their school.</p> <p>Collaborating with University of Canterbury Education College, contributing to the teaching of HPS theory and practice among student teachers and health promoters and aligning their assignments to promote HPS in the schools where they are sent on placement.</p> <p>Tertiary Settings</p> <p>South Island Tertiary Forum and Workshops - Supported planning and facilitated Forum in May at ARA on developing wellbeing/mental fitness skills for students and staff. Almost 100 participants from seven tertiary institutions across the South Island attended. Group discussion helped participants to workshop ideas and practices to embed mental fitness on campus.</p> <p>Healthy Food and Beverages Collaborative work group – facilitated this group supporting campuses initiatives. Facilitated City Harvest involvement with campuses to address food security.</p> <p>Anti-sexual Violence Collaborative work group – facilitated this group supporting campuses initiatives. This included evaluation of Thursdays in Black at Lincoln University. Worked at keeping connection with NZUSA and supporting 3 new local fieldworkers. Continued to progress plans for a toolkit for campuses.</p> <p>Alcohol Harm Reduction – continue to provide resources, support events and promote the alcohol harm reduction e.g. HPA resources.</p> <p>Good One Party Register – facilitated steering group and promotion of this work. Supported the initiation of National/Dunedin roll out.</p> <p>Tertiary Wellbeing Aotearoa NZ (TWANZ) – Co-chair. Facilitated funding relationship with HPA for this work. Progressed finalising the Okanagan Charter NZ translation document. Supported new members on Exec and promoted membership among Tertiary providers. Updated and developed the website. Planned regional workshops. Presented on TWANZ and Okanagan Charter at Victoria Tertiary Wellbeing Symposium. Participated in the International Working Group on the Okanagan Charter and have a Team member accepted to present this work at the International Union for Health Promotion and Education at Rotorua in 2019.</p>

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	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i> Early Childhood Health Promotion position in place since December 2018 – further activities and projects being scoped. Development and implementation of Mana Ake initiative across all Canterbury schools will create ongoing opportunities/expectations for the Health Promoting Schools Team to align and support.</p>		
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	<p><u>Workplaces</u></p> <p>Tip Top Bread</p> <ul style="list-style-type: none"> - WorkWell presentation to management and Health & Safety meeting; Signed up with WorkWell - organised a Health & Wellbeing Day with a 5 Star rating from most employees who attended - provided Tip Top Bread with additional resources they requested: Aotearoa Bike Challenge, nutritious lunches using bread, Smokefree and sleep/shift work <p>Champion Flour</p> <ul style="list-style-type: none"> - WorkWell presentation to Safety, Health & Environmental Manager. - Provided information about alcohol and drugs in the workplace (Drug Foundation NZ resources and the 1-page overview about drug use) because they plan to drug test their employees) - great feedback, physical activities their staff could do before they start their shifts, mental wellbeing for staff (delivered All Right? posters and resources) and Type 1 Diabetes information (from the Diabetes Centre) <p>ARA</p> <ul style="list-style-type: none"> - Registered ARA with WorkWell. Provided information about absenteeism and workplace wellbeing. <p>TANKER</p> <ul style="list-style-type: none"> - Working with Tanker on their workplace wellbeing (focus on mental health), and have shared several resources and community links. <p>Ashburton Contracting Limited</p> <ul style="list-style-type: none"> - supported with Smokefree support, engaged in WorkWell and have now submitted for their Bronze WorkWell accreditation <p>Ashburton The Warehouse</p> <ul style="list-style-type: none"> - have made their carpark Smokefree as launched on World Smokefree Day and is considered a pilot for The Warehouse nationally - if successful will be rolled out across the country. Relationship now well established – next step is to discuss broader Workplace wellbeing and possibility of WorkWell. <p>Monthly WorkWell workplaces newsletter developed and sent out to workplaces. Participated in regional WorkWell teleconferences and updates.</p> <p>Co-convened a series of cross government conversations around workforce resilience (ie: CDHB, TLAs, MSD, Department of Conservation, Oranga Tamariki) Whilst need was identified, capacity to address needs was deemed</p>

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			<p>unavailable at this stage. Network remains informal.</p> <p>Continued support and implementation of staff wellbeing workshops across CDHB, including recruitment and supervision of student interns. Work undertaken at CPH has set up a strong system around staff wellbeing in the wider CDHB. This includes input into the People strategy, delivery and organisation of staff strengths-based workshop and supporting student interns.</p>
Marae and other Māori settings	Marae and other Māori settings that support healthy choices and behaviours	Marae and other settings' initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	<p>DWAPF working with ECan and Mahaanui Kurataiao to support the Tangata Whenua Advisory Services role created to improve water supplies at Marae.</p> <p>Rapaki Marae - Kai and Wai Policy embedded. These policies have now been shared with Wairewa, Tuahuriri and Arowhenua Maraes.</p> <p>Rapaki Health Day – June 2018. Launch of Rapaki Health Hub. Reorientation of services to be placed on Marae incl. mobile pharmacy, diabetes services.</p> <p>Rehua Marae - undergoing management transition. Engagement continues with support for Kaumatua programme.</p> <p>Wairewa Marae - engagement continues. Kai and Wai Policy refreshed. Planning underway for Smokefree Marae project.</p> <p>Onuku Marae - initial engagement and relationship building has occurred. Working towards Healthy Kai and Wai Policy with support.</p> <p>Koukourarata Marae - engagement underway and planning for future projects commenced.</p> <p>Hakatere Marae - participating in monthly governance hui and Annual General Meeting. Provided and shared information about health and wellbeing related services, activities and resources.</p> <p>Support for Arowhenua Marae health promoter with policy documents and advice for increasing healthy Marae environments.</p> <p>3x Te Mana Ora e-panui produced and distributed. Themes have covered: Te Tiriti o Waitangi, Te Reo and Tikanga, professional development for staff including Café Reo and training on local histories (in understanding and it's application in our work); sexual health for rangatahi; smoking cessation; tāne ora; Suicide Prevention; Healthy Christchurch; Workplace wellbeing; Sparklers classroom resource to promote wellbeing for tamariki; Health Promoting Schools; and Māori cultural celebrations including Te Matatini and Matariki.</p> <p>Tahu FM – monthly slot for health promoting and protection messages including Hikitia Te Ha Breathing exercises, Flu Vaccinations for Māori, men's health month, World Smokefree Day.</p>

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			<p>Te Mana Ora Facebook Page – Editor of Te Mana Ora Facebook page, posting men’s health and wellbeing related information regularly https://www.facebook.com/TeManaOraWaitaha/ and monitoring and replying to comments. Topics include Hikitia Te Hā Breathing exercises, Flu Vaccinations for Māori, men’s health month, World Smokefree Day.</p> <p>Tāne Ora - Tāne Ora Group - facilitated 5 meetings to connect tāne working in organisations who promote tāne wellbeing with an attendance up to approximately 15 tāne to collaborate around this work including promotion of messages during men’s health week/month.</p> <p>Participated in ‘Tough Talk’ filming and promotion of this resource.</p> <p>Support for City Mission’s work around men’s mental health conversations.</p> <p>Linked with He Waka Tapu and their Waitaha Suicide Prevention Alliance work.</p> <p>Relationship building with NZ Defence Force to look at Tāne Ora promotion opportunities for Māori men.</p> <p>Involved in development and filming of additional Hikitia Te Hā videos on Taiaha, Tai Chi and Yoga for next stage of Māori breathing exercises at the Ōtautahi site.</p> <p>Ministry of Social Development – scoping possibility of support for men’s health presentations alongside their courses for clients at the Linwood branch.</p> <p>Rata Foundation – participated in consultation hui around the development of their Māori strategy conducted by Ihi Research.</p> <p>Contributed to the Ihi Suicide Prevention Workshop at Ngā Hau e Whā National Marae run by Te Rau Matatini</p> <p>Health Promotion in Christchurch Men’s Prison - partnership with Jade Associates delivering programme promoting wellbeing in Christchurch Men’s Prison. X3 week long courses delivered. Building relationships with organisations such as Pillars to look at what health and wellbeing support services are available for tāne when they leave prison. Evaluation positive from prison staff and course participants.</p>
Other community settings	Other community settings that support healthy choices and behaviours	Evaluation reports, including environment changes achieved (quantitative, narrative)	<p>Sports Clubs - Ashburton Sports Codes (rugby and cricket) – promoted and implemented smokefree policies including smokefree side lines.</p> <p>Rolleston Rugby League Warriors project – Healthy food and drink policies embedded, including water-only promotion during games. This team is now recognised as a role model within the club.</p> <p>Strategic planning with CEO of Canterbury Rugby League to embed Smokefree Policy within the code.</p>

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			Game On alcohol harm minimisation pilot planning with New Brighton Rugby Football Club in collaboration with CAYAD progressed.
Community action	Effective community action initiatives	Changes achieved by community partnerships (narrative)	<p>Kākano parenting support app - CPH has been approached by Curekids/University of Auckland to deliver a donor-sponsored app to support parents of 5-11 year olds who struggle to manage big emotions. A working group and advisory group have been convened and 4 focus groups around problem definition have been held with parents (1 kaupapa Māori group). Further surveying of children has also been completed. A creative agency has been engaged to create the prototype app.</p> <p>Alcohol - Community Action on Alcohol Group – planned and facilitated workshops for interested community members and groups to support them to engage with, submit on and present to Alcohol License Hearings in partnership with CLC, CAYAD, Licensing Team, Police and Councils.</p> <p>Smokefree - Successful Smokefree outdoor area policies and initiatives supported and undertaken. These include Hanmer Smokefree zone project, The Fresh Air Project launched in Nelson, and implementation of a Smokefree precinct in CCDB.</p> <p>Hanmer Smokefree Zone – in collaboration with the Cancer Society, CPH carried out a survey with 106 businesses in Hanmer Springs to assess the level of support a smokefree zone in Hanmer would have. 63% of participants supported the concept of a smokefree zone. This presents an opportunity to work in partnership with the Hurunui District Council to develop a draft proposal for a smokefree zone in Hanmer Springs.</p> <p>Fresh Air Project in Nelson – Nelson piloted the Fresh Air Project with the pilot just recently ending. In total, 21 café venues joined the Fresh Air Project.</p> <p>Fresh Air in Whangarei. Whangarei carried out a 3 month pilot of 12 cafes Jan – April 2018. Of these 10 venues are remaining smokefree for outdoor dining. There were already 14 smokefree café venues in Whangarei, bringing a total to 24 smokefree café venues.</p> <p>Fresh Air Canterbury – there are now 57 hospitality venues in Canterbury joined up to the Fresh Air Project including new venues from the Selwyn and North Canterbury Districts. IN addition, all Coffee Cultures nationwide including one in Hamilton have also joined. www.thefreshairproject.org.nz</p> <p>Smokefree Precincts in Christchurch – advocacy continues for smokefree precincts as new central and business areas are constructed and opened as part of the Christchurch re-build. The Health and Justice and Emergency precincts are smokefree with advocacy is underway for a smokefree retail precinct.</p> <p>TLAs and Smokefree Outdoor Dining - working with TLAs, there has been progress in smokefree outdoor dining. The CCC committee recently approved a voluntary policy to encourage businesses with outdoor footpath Council</p>

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			<p>licences to become smokefree and be part of the Fresh Air Project.</p> <p>Waimakariri District Council – have also included in their draft Central Business Zone policy a clause to encourage businesses with Council outdoor footpath licenses to become Smokefree.</p> <p>CPH attends and contributes to Active Canterbury, Smoke Free Canterbury, Smoke Free Mid Canterbury, Sport Canterbury meetings.</p> <p>CPH facilitated Smokefree Mid-Canterbury bi-monthly meetings – collaboratively working with and supporting member agencies in promoting smokefree Ashburton projects including championing and submitting on Ashburton District Council smokefree CBD, smokefree cafes, smokefree mid-Canterbury sports clubs and smokefree Ashburton Council social housing, WSFD and The Warehouse smokefree carpark.</p> <p>Networking with Rural Canterbury Primary Health Organisation and Rural Canterbury Community Connector in Mid-Canterbury to support activities that promote mental health among farming communities through encouraging people to talk about their mental health struggles with family and friends and to seek help when needed. Also promoting messages that encourage men to get regular health check-ups and to address health issues earlier.</p> <p>Welcoming Communities Ashburton – participating in the development of this Department of Internal Affairs initiated pilot project focused on how communities welcome newcomers (recent migrants, former refugees and international students) to enhance belonging and promote better socio-economic wellbeing for communities.</p> <p>Participated in and contributed to Ashburton Breastfeeding Network meetings.</p> <p>Healthy Families - appropriate engagement with Healthy Families i.e. community gardens in school settings, Water Only Schools, Tutupu Project, workplace wellbeing health promotion. Regular meetings and networking opportunities with staff around specific projects and between leadership teams.</p> <ul style="list-style-type: none"> - Ensured Healthy Families team were included as appropriate in education settings professional development workshops. - Participated in cross-sectoral food resilience hui. - Regular operational meetings between Health Promoting Schools team and Healthy Families staff. - Regular meetings between team managers. <p>ICEcycles Project - continued support for, promotion and operational work within ICEcycles group until March 2018. Project is now fully implemented by Te Whare Roimata and bikes continue to be repaired and given to inner city east Christchurch residents.</p> <p>BuyCycles Project - BuyCycles is a pilot health promotion initiative offering clients of community mental health services the opportunity to buy a second-hand cycle at low cost with an easy payment plan. 18 people have been</p>

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			<p>referred, 11 have received a bike. An evaluation of the pilot is underway.</p> <p>There has been continued work across the region to re-establish Healthy (Greater) Christchurch infrastructure and expansion geographically to include Selwyn and Waimakariri. This included re-establishment of the Advisory Group and the running of a large and very well attended hui in Selwyn in February 2018.</p> <p>In the twelve months up to the end of June a total of 12 Healthy Christchurch lunch time seminars will have been held with an average attendance for the year up to May 2018 of 19 persons. Half of the seminars have supported community organisations to promote their work and network with other signatory organisations and members of the public. Several topics have covered initiatives led by the CDHB (e.g. Stop Smoking Services and Mental Health Consumer Advisors) and the remainder of seminars have focused on community consultation covering both national (e.g. Local Government Amendment Bill) and local (e.g. re-development of the Red Zone) issues of interest. Planning is in place for a similar mix of seminars for the second half of 2018.</p>
Develop personal skills	People with skills to enable healthy choices and behaviours Communities aware of health issues and healthy choices and behaviours	Lifestyle change support delivered (with success rates if available) (narrative +/- quantitative) Evaluation of other initiatives (narrative +/- quantitative) Impact of communications, including number of hits, community feedback etc (narrative, quantitative)	<p>Frocks on Bikes – promotion and collaboration with communities of cycling for women. Bi-monthly organised rides and communications.</p> <p>Bike to Work day promoted to CDHB staff and wider communities including 'bike to work breakfast' and smoothie bike promotion.</p> <p>Sit Less September encouraged staff to be more active during work time and sitting less. Featured articles in Workplaces newsletter, CDHB CEO update and competition for CDHB staff.</p> <p>World Smokefree day promotions held 31 May – Co-ordination of Canterbury World Smokefree Day activities, including liaison with national initiatives.</p> <p>Communities supported with referral and information regarding the Te Ha Waitaha stop smoking service.</p> <p>X3 Cooking Skills Workshops held with priority community groups (including young mothers). The programme delivered covered budgeting, preparing, cooking and storage of food.</p> <p>Sexual Health - Distribution of Me resources for people with learning disabilities (on relationships, intimacy and hygiene). Included communications through Sexual Health Newsletter, Te Mana Ora newsletter and the Health Promoting Schools magazine.</p> <p>Facilitated Sexual Health Seminar November 2017 – 35 attendees.</p> <p>Stream of the NZ Sexual Health Society Annual Conference which was held in Christchurch in September 2017. Topics covered were the new NZ Sexual and Reproductive Health Action Plan, Māori and Sexual and reproductive Health, Young people and online pornography, sex workers and sexual health, Bodysafe (a healthy relationships</p>

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			<p>programme) and HIV and stigma.</p> <p>The Sex and Consequences annual seminar was held on 6 June 2018 with 70 people attending. Topics covered were an update on syphilis statistics, young people and pornography and gender diversity.</p> <p>Supported a student on placement from University of Canterbury to organise and run a Healthy Christchurch lunchtime seminar.</p> <p>Promoted the Mates and Dates healthy relationships programme by running a session for the Health Promoting Schools team and other staff at CPH.</p> <p>Dr Goodlove website – due to low visitor numbers and new alternative options available to young people, a decision has been made to discontinue this service. A process has been put in place to do this in collaboration with Christchurch Libraries.</p> <p>Social Prescribing Pilot: CPH is partnering with Pegasus Health on a social prescribing project pilot which is designed to enable people with mild to moderate mental distress to access creative arts. An evaluation is planned.</p> <p>Healthy Weight in Childhood Workstream - advice given regarding development of services to Māori whanau and other groups affected by childhood obesity. This includes participation in design of and evaluation of piloted health system interventions.</p> <p>Pacific Communities Wellbeing Promotion: continued distribution of All Right? Pacifika resources i.e.: posters, playing cards.</p> <p>Fono for Pacific Youth and development of resources for young men.</p> <p>Communities Team Communication Review - Communication Plan developed including flowchart for engagement with CDHB Communications Manager, identification of priority campaigns and training regarding effective messaging and use of social media i.e.: World Smokefree Day, Gender identity information for schools, Bike to Work Day.</p> <p>Health Information Stands Eastgate Mall Stand: Well used stand for the dissemination of resources</p> <p>Linwood Library Stand, within Eastgate Mall and also the new 'The Loft', a new way for the people of Canterbury to access health and wellbeing services. The Loft exists to support the safety and overall wellbeing of children, young people and their families.</p> <p>Linwood Salvation Army Community Ministries Centre Health Stand: stand recently set up in the new Communities Ministry waiting room, of the newly rebuilt centre for clients receiving assistance from the Salvation Army (coming</p>

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			<p>from areas other than Linwood), people coming for community events and church members. Have provided additional information for food bank clients, parents and children music group, and community cooking/meal preparation groups.</p> <p>Burwood Hospital Stand, this hospital is mainly focused on Older Persons Health and Rehabilitation, and the stand is located within the main Café area, close to the Pharmacy and on the walk way to the Radiology area. Very well used stand for Older Persons health resources especially the nutrition series.</p> <p>Aranui Library Health Information stand: area at the main entrance to the library.</p> <p>Christchurch Hospital (Great Escape Café): busy café used both by staff and members of the public and also a noticeboard with the café area.</p> <p>Christchurch Women's Hospital, Main Foyer: busy walk way area, close to a small café and the Hospital Chaplaincy service.</p> <p>Hillmorton Hospital 3 areas, Site 6 Main Café, Methadone Programme area waiting room, Parents Room.</p> <p>Hornby Library: well used stand.</p> <p>Also: Lincoln Events Centre, Rangiora Library, Kaiapoi Library.</p> <p>Community and Public Health in the main area of the office for visitor and staff access. Set up with current topical promotions e.g. World Smokefree Day, Men's Health Month, Dry July</p> <p>Other work areas:</p> <p>Distributed measles information to the Emergency Dept. of Christchurch Hospital for the waiting room and staff areas during recent outbreak. Feedback from Clinical Nurse Manger was positive as ED staff do not have the capacity to be searching for and ordering information.</p> <p>Health Resources distributed to the Canterbury region through Christchurch Health Information Centre Service:</p> <ul style="list-style-type: none"> - Drugs, Alcohol and Smokefree, 42, 811 - Māori Health, 3,668 - Mental Wellbeing, 113,527 - Nutrition, 76,035 - Pacific People's Health, 587 - Physical Activity, 7,330 - Sexual Health, 19,400

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			<p>Total of orders produced and sent out is 263,358</p> <p>Campaigns and events actively promoted through HiAP newsletter, Healthy Christchurch Facebook page and CDHB facebook page leading to good engagement and enrolments into the Broadly Speaking program. The Healthy Christchurch Facebook page has an average reach of 414 people per post with the highest post at 5800 (knitting for premature babies)</p>
Reorient health service	Preventative and population approaches support healthy choices and behaviours in healthcare settings	<p>ABC coverage in primary and secondary care (quantitative)</p> <p>Healthcare initiatives and evaluation reports (narrative)</p> <p>SLMF contributory measures:</p> <p># referrals from general practice to specialist smoking cessation providers (quantitative)</p> <p># green prescription referrals (quantitative)</p>	<p>Dietitian Students Placements - working with University of Otago evaluating available quick access food in Christchurch City Council Recreational Sports facilities. Information valuable for progressing development of CCC Healthy Food and Beverage Policy.</p> <p>Supervision and mentoring of Dietitian students to develop vegetable resources for Early Childcare Centres. Piloted with a group of children and now available for centres to use.</p> <p>Food Resilience Network - support with resources and contributing to future planning and strategic direction. Strategy being developed for roll out of FRM options in School settings.</p> <p>Canterbury Clinical Network (CCN) - participation in CCN Population Health Sub-group to ensure delivery of CCN Population health Plan. In later 2107 this work culminated in the launch of the CCN Access to Health and Healthcare Workstream which involves two representatives from CPH.</p> <p>Child and Youth Workstream – contribute through membership of Child Workstream, Youth Workstream, Core Workstream, Education and Health Sub-group, Mana Ake Workstreams, Mental Health Workstream and Suicide Prevention Working Group, Equally Well Working Group.</p> <p>Presentations to Workstreams include: All Right? Evaluations, Parenting Package evaluation.</p> <p>Participated in Canterbury Clinical Network Health and Education steering group.</p> <p>Supporting development and implementation of Mana Ake, the Governments flagship mental health services support in schools for Christchurch e.g. participated in consultations on service design, participating in Training and Support work group and contributing to Leading Lights 'Health Pathways' for the education sector online resource/portal.</p> <p>Attendance at inaugural meeting Te Ara Auaha (the Alliance for Creative Wellbeing Innovation). Part of Leadership Group established at inaugural meeting.</p> <p>Christchurch Alcohol Action Plan (CAAP) has been drafted and endorsed by all three partner agencies (CCC, CDHB and police) and will now be implemented. The CDHB will support the CAAP through the implementation of the Canterbury Health System Alcohol-Harm Reduction Strategy.</p>

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			<p>The Health System Alcohol-harm Reduction Strategy has been drafted and endorsed by EMT. CPH will facilitate the Alcohol Strategy Working Group which will sit as a subset of the Population Health and Access Service Level Alliance within the CCN. This has been agreed by both CCN and EMT and is a significant step in progressing the implementation of the Alcohol Strategy. Interest in being part of the implementation of this strategy has been expressed by a number of services across the Health System. A number of presentations to various services have been given in response.</p> <p>The Alcohol Harm Minimisation Action Group (AHMAG) has achieved its purpose and will be disestablished, with the CAAP and Alcohol Strategy Working Groups taking its place. A regular forum on reducing alcohol harm is to be convened by the CAAP working group. Next scheduled July 2018.</p> <p>Zero Heroes (sustainability) group is functioning well at CPH and continues to lead CPH on small-scale sustainability initiatives and continues to recognise staff initiatives. Zero Heroes has supported requests from other CDHB services around waste reduction and other small-scale sustainability matters, e.g. Physios, PMH green group, and various clinicians across the organisation.</p> <p>CPH continues to link partner agencies such as ECan and CCC with relevant parties leading site redevelopment at the CDHB.</p> <p>Facilities management are meeting regularly with Ōtākaro.</p> <p>Continuing to seek out opportunities and initiatives to solve parking and transport issues at Christchurch campus. CPH is assisting the Greater Christchurch Partnership's Travel Demand Management Team to explore implementation of their travel demand programme within the Christchurch Hospital site. EMT approval for this programme has been received.</p>

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4. HEALTH PROTECTION

“protecting communities against public health hazards”

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Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates, outbreak rates and trends (quantitative) Reach and impact of prevention information and initiatives (quantitative, narrative) Outbreaks controlled (quantitative, narrative)	<p>HPO Presentation to NZISM (including H and S representatives for a range of Canterbury employers) and Occupational Health nurses study day promoting immunisation and hand hygiene and relevant topical issues.</p> <p>Registered Nurse presentations x 3 to HIPS Health Promotion workers for Refugee communities on Infectious Diseases, Elderly Korean Community and refugees and migrants on vaccination promotion and prevention of illness.</p> <p>Health screening provided for 18 Family re-unification refugees and 2 asylum seekers</p> <p>Mumps outbreak at an International Academy in Christchurch - 3 cases linked to the Academy with 160 students followed up as contacts with appropriate public health interventions put in place. Investigation and control efforts were difficult because of the lack of immunisation records for international students. Information regarding close contact with mumps and information about the mumps virus was sent to the International Academy to be distributed to staff and students.</p> <p>Mumps outbreak Burnham Military Camp November 2017 - Index case was confirmed by epidemiological link to South Auckland and 4 confirmed cases at the camp. Contact tracing confirmed that all cases were within an infantry platoon. A review of vaccination records within the infantry company was conducted, those with one MMR were vaccinated with a second dose, there was discussion of those who had two MMR to have a third. Isolation advice was provided to prevent further cases. Information regarding close contact with mumps and information about the mumps virus was sent to the Army medical officer to be distributed to soldiers.</p> <p>The NZDF medical staff operate under their own Defence Medical Treatment Protocols and were able to intervene quickly and effectively, to prevent further cases of mumps, either by vaccination or enforcing isolation of confirmed cases.</p> <p>Since this outbreak a CPH HPO has conducted a contact tracing and outbreak exercise with the medical staff at Burnham Camp Medical Treatment Centre.</p> <p>A&P shows - use of hand sanitiser stands promoted and setup and serviced at local A&P shows. Set up in areas where people and animal contact occurs such as baby animal petting and stock display areas. Information</p>

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			<p>displayed about handwashing, use of sanitisers and not eating in these areas. FiveA & P shows this season were included in this programme, including the three day Canterbury A&P show. We delivered a public health information training session at the South Island region A&P Show secretary's conference in May 2018. Information on our hand sanitisers stands and resources has now been shared with Nelson PHU following the conference.</p> <p>Measles outbreak 31 January – 19 March 2018 - Index case from India with 3 other confirmed cases. 187 contacts were identified. The index case worked at a Casino with contacts identified at a school, and ED Christchurch Hospital. Pupils and staff at the school were excluded for 14 days including other contacts unless they could prove that they were immune/vaccinated. Media releases by the MOoH advised the public about the outbreak, with measles symptomology, vaccination and public health advice provided.</p> <p>Support was provided by the public health nurses and the relationship built with the School was beneficial to the school community.</p> <p>A measles outbreak group was created using CIMS structure to deal with the outbreak.</p> <p>Measles outbreak 4th April – 14 June 2018 - The source case was suspected to have travelled from Australia to Queenstown. The transmission from the source case to the index case was on the 22 March between 9:40am – 1:40pm either at Queenstown Airport or on the domestic flight between Queenstown and Christchurch. A total of 16 confirmed cases have been epidemiologically linked to this outbreak throughout the South Island; 1 Nelson/Marlborough, 6 Southern, 9 Canterbury DHB. Of the 9 confirmed cases in the CDHB region 3 were hospitalised. We identified 403 confirmed contacts through contact tracing. Isolation of susceptible contacts was practiced. Media releases by the MOoH provided public health advice. A measles outbreak group was initiated within CPH with a South Island Measles Outbreak Group (SIMOG) that involved all South Island DHBs, ESR and the Ministry of Health.</p> <p>The learnings from the previous February outbreak enabled CPH to act quickly and effectively to set up an outbreak group with the MOH ICs allocating tasks.</p> <p>Excellent relationships were established with Canterbury Health Labs, ESR, MoH and the other South Island PHUs, with the establishment of the SIMOG.</p> <p>Due to the relationship building from the previous outbreak, Christchurch Hospital and the infection control nurses were very cooperative and provided excellent information when required, regarding cases and contacts.</p> <p>Meningococcal disease - We have had 16 confirmed cases of meningococcal disease, with the age range being 1 month to 78 years of age. Of the 16 cases, 14 identified themselves as NZ European, 1 Australian and 1 Māori, 7 were male and 9 female. Of the types of <i>N.meningitidis</i>, 7 were serogroup B, 4 W135, 1 W, 3 unknown, 1 unknown as the case went through the national focal point (Australia). Of the 16 cases there was only one death. All persons who met the CPH contact criteria were offered antibiotic prophylaxis and if the typing was A, C, Y or</p>

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			<p>W135 they were also offered vaccination.</p> <p>Norovirus Outbreak - The Annual Easter Camp took place in 2018. The camp is a youth camp with 3500 participants at Spencer Park (north of Christchurch). On Easter Sunday the On-call HPO was notified of 10 gastro cases. Infection Control and Prevention (cleaning, sanitation, cohorting) advice was given and the contact details of sick people were provided to obtain faecal specimens. Continual updates were provided and by 7am on Easter Monday 55 more people were unwell. Ending the camp early was advised - and accepted - with additional health advice given to all attendees before returning home. The outbreak was confirmed as Norovirus with the source case having arrived at the camp a few hours before onset and contaminating an ablution block. In total 66 cases met the case definition. Advice for future camps included recommending that any intending campers do not attend if they have had gastro symptoms in the previous 48 hours and requesting that all participants have their vaccinations up to date. The camp did have a very good illness/outbreak plan in place.</p> <p>Rheumatic Fever register - Community and Public Health manages the Rheumatic Fever register for Canterbury and the West Coast, with general practices funded to manage rheumatic fever prophylaxis and appropriate referrals. Through managing the register it became obvious that 30-50% of RF patients were receiving their prophylaxis late and were not being referred appropriately. This matter has been vigorously pursued by a CPH Communicable Disease Nurse and due to her persistence a Rheumatic Fever Plan has been agreed to by the CDHB which we anticipate will see improved clinical management through:</p> <ul style="list-style-type: none"> - a review of HealthPathways to make the current process clear to GPs and make the required forms more visible, - developing a data management process to track each person (including activation points), - working with each patient to identify the desired service delivery (probably community outreach), and - a feedback loop established with GPs regarding their patients. <p>The PHU role does not include clinical management of cases, so the involvement with the CDHB clinical processes has been vital to ensure best health outcome. At the time of writing this report, Planning & Funding have agreed to a 6 month 0.2 FTE pilot, with the missed events coordinator, following up cases where prophylaxis compliance is poor for RF cases. CPH considers this is vital in ensuring the provision of an essential health service to those who are often in a lower socio-economic group (and is meeting the Minister's expectation for population health going forward).</p> <p>The Canterbury register currently has 47 cases of rheumatic fever receiving prophylaxis. There have been 3 new cases diagnosed since April 2018.</p>
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i> It would be helpful if International schools were required to document vaccination status for international students before entering the country (perhaps as a requirement for a student visa).</p>		

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			<p>All cases of measles /Mumps seen in New Zealand lately have been the result of non-immune people bringing the virus into the country. Community groups are more frequently requesting nurses speak to their members on vaccine preventable diseases and community health</p>
Border health protection	Reduced international spread of infectious disease	Evidence of imported or exported disease (quantitative, narrative) Port and airport compliance with IHR and Health Act quarantine requirements (quantitative) Exotic mosquito surveillance reporting (quantitative)	<p>CPH has continued to work on reducing the international spread of infectious disease through Border Health work. Christchurch airport and Lyttelton Port were assessed for their annual Point of Entry verification, both sites maintained their POE designation and the Border Health Report was submitted to the MoH on 31 January 2018. CPH has reduced the spread of international introduced measles by ensuring contract tracing of cases and contacts and working as an effective South Island response. (See details in Communicable disease section above).</p> <p>Infection Prevention and Control training provided to all 4 watches of the Airport Fire Service.</p> <p>Train the trainer session provided to MPI Health and Safety Team to deliver in house including providing a Powerpoint presentation with talking notes.</p> <p>Audited the Aviation Security pandemic kits which were found to be more than adequate and within expiry dates. This led to a discussion on how best to provide training to the 150 AvSec staff. A train the trainer module has been offered by CPH with a decision to be made by the AvSec Health and Safety team on how best to move forward with this.</p> <p>Attended all Facilitation and Liaison, Terminal Health and Safety, Airport Emergency Committee Meetings.</p> <p>Attended one unwell international passenger at CIAL who was released on assessment without further need for public health involvement.</p> <p>Pratiques: 83 Ship sanitation control/exemption certificates: 20 Mosquito interception responses: 5 Rat sighting: 1 Unwell traveller at Lyttelton port: 1 Notifications of mosquito interceptions have been effectively controlled with no incursions resulting.</p>
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i> Worked with CIAL and William Rainger to develop Exercise Micro a disease-based exercise as the major CIAL and CPH exercise with role players in the airport international arrivals hall on 13 June 2018. A mega survey of the Airport and Port was conducted in October to ensure the reduction or elimination of potential breeding sites. CPH intends to carry this survey out annually at the start of summer.</p>		

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	A risk assessment of the Port and Airport has been conducted with the findings incorporated into the Border Response plans to ensure risks identified were effectively managed.		
Drinking water quality	<p>Optimised adequacy, safety and quality of drinking water in Canterbury</p> <p>Prevention of spread of disease to the public through reticulated water supplies</p>	<p>Prioritised plan agreed with TAs (narrative)</p> <p>Improvements achieved in water quality, water infrastructure, quality assurance systems (narrative)</p> <p>Number of supplies with approved and implemented Water Safety Plans (quantitative)</p> <p>Number/size waterborne disease outbreaks (quantitative, narrative)</p>	<p>CPH has taken a strategic approach to improving the safety and quality of drinking water by writing to non-complying drinking water suppliers to ensure they are aware of their legal obligations and encouraging improvements in the management of water supplies. DWAs have also had strong engagement with drinking water suppliers through regular meetings and the establishment of the joint agency working group. This approach has increased numbers of water safety plans in small and neighbourhood supplies and improved treatment options.</p> <ul style="list-style-type: none"> - 97 % of our small, minor, medium and large DW supplies have Water Safety Plans. The three supplies without WSP are small supplies; one is a privately owned supply and the other two are in the Kaikoura district and we have dates to receive WSPs. - DWAs have carried out 33 implementations and in all cases in Canterbury WSPs were being implemented. - 28 WSP Adequacy were completed. Four WSP were not approved. - Temporary chlorination of the Christchurch water supply has occurred following the loss of ground water security. - Overall there has been an increase in treatment placed on drinking water supplied e.g. Hurunui District Council have added chlorination in all surface supplies - Drinking Water assessors completed presentations at LTP hearings for Hurunui, Selwyn and Kaikoura. Input into LTP submissions for Christchurch, Ashburton, and Waimakariri. CPH promoted the Council's positions on chlorination and where appropriate district wide rating. Positive feedback from councils when presenting in person. Awaiting outcomes to see if successful. <p>No outbreaks reported</p>
<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>New high risk areas relating to nitrate as per Environment Canterbury's recently updated and released maps.</p> <p>Designated Officers are becoming increasingly involved in following up non-complying supplies. One community supply serving 100 residents and a 'remote' council camp ground of 500 was investigated; this led us to encourage the council to take on ownership and operation of the supply – this is currently being considered in their LTP.</p>			

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Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Sewage-related outbreaks (quantitative, narrative) Environmental contamination events (quantitative, narrative)	<p>There have been no confirmed cases of illness related to sewage contamination. CPH has been involved in a number of proactive activities including:</p> <ul style="list-style-type: none"> - Lyttelton, Governors Bay and Diamond Harbour wastewater project. Public meetings including CCC and ECan attended. Some public concern raised. Significant health benefits from discontinuing with old and failing local treatment plants. Proposal supported. Consent granted - Consultation through engagement and submissions to advise on the health impact of different disposal methods for the Akaroa waste water treatment plant is on-going. To date, no decision has been made. - CPH is part of the working group to investigate and assess the public health need for sewerage systems in the Selwyn District - Darfield/Kirwee area. This has achieved an increased interest in considering inclusion in upcoming Long Term Plans. - CPH is involved in a drinking water source protection zone working group with ECan and Councils to establish better control of discharges within community drinking water supply zones.
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational waters (RW)	Beach and river water monitoring results, including improvements achieved (quantitative, narrative) Waterborne disease outbreaks (see above)	<p>CPH has worked closely with ECan and Territorial Authorities to ensure good communication and awareness of environmental hazards including cyanobacteria blooms, shellfish bio-toxin warnings, and precautionary media releases associated with severe weather events. We have had a high number of event notifications and a low level of illness notifications connected to recreational water.</p> <p>Joint work carried out with local and regional councils as per local procedures and national guidelines to ensure the public are informed of non-complying monitoring results in a timely manner.</p> <p>Pre and post season meetings are held to ensure all agencies involved are following agreed procedures. Improvements this season have includes incorporating the South Canterbury Cyanobacteria in Coastal Lakes procedure into the North Canterbury procedure to reduce the number of quality procedural documents.</p> <p>Media releases for South Canterbury are to be issued by the Canterbury District Health Board communications team to ensure a standard approach.</p> <p>Outbreaks of illness associated with recreational water activities are investigated. Two suspected cyanobacteria illnesses were received over the Christmas/New Year period. Permanent signage at both sites. 12 sites went into bloom during this period with media releases going out for warnings and lifting of warnings. One shellfish biotoxin warning was required.</p>

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Housing	Less disease caused by inadequate housing	Housing quality improvements (narrative) Improvements achieved in protection and support for householders, especially tenants (quantitative, narrative)	<p>CPH has been closely involved in the development of Environment Canterbury's voluntary loan scheme to enable households to install adequate heating or insulation. This has been confirmed in the draft Regional Long Term Plan.</p> <p>Promoted and achieved inclusion of targeted voluntary rate in ECan long term plan for insulation</p> <p>Submission on HDC Dangerous, Insanitary and Affected Buildings policy received well and incorporation of our recommendations re the residents of these buildings needing health and social welfare support and section 126 of HA.</p> <p>HDC requested assistance with Cleansing Order under section 126 of HA – insanitary and unsafe house with elderly resident.</p>
Resource management	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Evaluation of council decisions, implementation and enforcement (narrative) Air quality monitoring results (quantitative)	<p>Risk Management Committee (RMC) submissions procedure review was completed and ensures that all submissions with a public health component are captured via RMC.</p> <p>Thirty-five public health submissions coordinated and written by the Policy team on behalf of RMC. Topics included urban design, transport, community facilities and accessibility and specialised public health topics such as sugary tax on alcoholic beverages, and the Havelock North Inquiry.</p> <p>The Policy team co-ordinated and drafted content from across all CPH teams for eight Long Term Plans. This followed efforts early in the process to engage at the development phase of the LTP process.</p> <p>51 submissions were made on the 59 applications which underwent a scoping assessment. The outcome of these applications was reviewed for the 19 decisions released by the consent authority during this reporting period. Of the health recommendations made 60% were either accepted or partially accepted. The remainder were either declined or there was no direct response from the consenting authority. 2 applications have been withdrawn and 1 is currently under appeal. Of particular interest:</p> <ul style="list-style-type: none"> - Lyttelton, Governors Bay and Diamond Harbour wastewater project. Public meetings including CCC and ECan attended. Some public concern raised. Significant health benefits from discontinuing with old and failing local treatment plants. Proposal supported. Consent granted. - Plan Change 5 to the Land and Water Regional Plan. Majority of work related to this consent reported in previous years but outcome relates to 2017/18. Amendments suggested were mostly rejected but comments were generally accepted. Of the hearing points made the cyanobacteria issue regarding coverage was the most significant. This was accepted for the specific zone part of the plan (Waitaki) but was deemed out of scope to change for the regional wide part of the plan. - National Policy Statement on Clean Water. Consultation with ECan and Ngai Tahu on document and submissions made by each organisation. Consultation with other PHUs and also Ministry of Health. 17 recommendations made, 7 accepted. For example NPS stated "The sampling for E.coli should be during

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			<p>the bathing season and based on the current 2003 Guideline of at least 20 samples over 5 years". CPH recommended the following which was accepted "Attribute state should be determined by using a minimum of 60 samples over a maximum of 5 years, collected on a regular basis regardless of weather and flow conditions. However, where a sample has been missed due to adverse weather or error, attribute state may be determined using samples over a longer timeframe".</p> <ul style="list-style-type: none"> - SDC 3 water bylaws review. Submission points discussed and incorporated into bylaw prior to hearing including the exclusion of water races as a suitable source of water for domestic supplies and the inclusion of explicit criteria re 'adequate air gap separation' and the associated verification if this mechanism is to be relied upon for backflow prevention'. - WDC new community drinking water bore. This was opposed by a nearby irrigator fearing his consented take would be compromised. Consenting officer was unable to make a decision. CPH supported the proposal for a new supply because of the positive implications for the community drinking water supply. Although there is not yet an official outcome of the hearing the consenting officer has recommended that this proposal be approved. - Submissions were made on 11 LTPs. We await the final versions and advice regarding the acceptance of our recommendations. <p>Air Quality</p> <ul style="list-style-type: none"> - CPH continues to have a partnership approach with ECan on air quality issues including joint air quality public messages, response to operational issues including Amberley Tyre Fire, and Composting Facilities. - Early engagement with the Ministry for the Environment on the proposed NES for air quality has resulted in the opportunity to provide health research and local context to the proposed changes. - The dust issues associated with the Yaldhurst quarries has resulted in a significant workload. Concerns were raised regarding the potential health issues associated with dust including the risk of silicosis. CPH has worked closely with ECan and CCC to provide public health input into a dust monitoring programme and health advice to residents. <p>Contaminated Land and Waste</p> <ul style="list-style-type: none"> - Submission on the NES for the Outdoor Storage of Tyres - Review of Selwyn District and Waimakariri District Waste Assessment Reviews - Submission on Organic Waste to Land Consultation - CPH has had considerable involvement in the assessment and management of a residential contaminated land site in Christchurch. The site is a former landfill and had been found to contain extremely high levels of lead and other heavy metals. CPH has used a questionnaire to assess the risk for each households (with regard to their land use) and has offered blood tests for those considered to be at high risk. In the long term remediation is proposed for this area.

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>Development of a working relationship with the Regional Council has led to them sharing limited notified consents with a view to determining whether further health information is required or if there is a need to publically notify. An assessment was carried out on 5 of these applications which led to formal comments being submitted in 2 cases. Organised Vern Goodwin (SMS) to present to the CPH environmental HPOs on the recent amendments to the RMA.</p>		
<p>Hazardous substances</p>	<p>Public protected from exposure to hazardous substances</p>	<p>Reports of public exposure (narrative) Management of emergency events (narrative) Safeguards in place, including interagency work, agreed protocols, and exercises (narrative) Promotion of the HSDIRT reporting process to GPs, hospitals and others (narrative) Reach and impact of public information (narrative) Number & nature of VTA permits issued and results of audits (quantitative, narrative)</p>	<p>In the absence of a HSMAT Coordination Committee, the North Canterbury HSNO Forum has been established to promote agency/stakeholder relationships for HSNO incident response. CPH is an active member at this forum and staff have presented a scenario and facilitated a group exercise. This group is actively working to promote the establishment of a Canterbury HSMAT Coordination Committee.</p> <p>Public information on hazardous substances has recently been reviewed and updated on the CPH website. CPH procedure has been regularly updated and assessed through CPH quality procedure.</p> <p>One Hazardous substance incident response for the Amberley Tyre Fire. Public Health advice was provided to the community and response agencies on the associated risks of burning tyres.</p> <p>11 lead and 3 other chemical notifications through HSDIRT. All have been investigated in accordance with CPH procedures.</p> <p>VTA permissions make up the bulk of our Hazardous Substance work with the following breakdown:</p> <ul style="list-style-type: none"> - 15 Permissions issued - 3 Aerial - 12 Ground - 1 Revoked and reissued - 3 non compliances x2 lack notification of sign removal - X1 Breach of boundary for ground operation - 1 Field audit carried out on aerial operation <p>6 desk top audits have been completed in full. As some of these operations are still running the completion of the audit will not be finalised until notice of sign removal is received.</p> <p>Environment Canterbury worked with CPH regarding the clean-up of waste from the Gelita Factory Fire. Large pits of decomposing animal waste were removed and transported to landfill.</p>
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>PFAS joint working group has been established in Canterbury by the Regional Council. A Medical Officer of Health and Team Leader Environment are representing Health on the working group. The working group has identified possible sites of concern in the South Canterbury and Canterbury areas.</p>		

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
Early childhood education centres	Reduced incidence and impact of health issues in early childhood education centres (ECECs)	Compliance with ECEC regulations, including infection control and lead exposure (mainly narrative, including changes achieved)	<p>New ECEC continue to have health assessments carried out and reports (recommendations) sent to the Ministry of Education and the Centre as per Ministry of Health guidelines. Recommendations identified during the inspection are required to be rectified by the Ministry of Education which would result in improved compliance with health requirements contained in the regulations.</p> <p>Ministry of Education requests for 'health input' into "licensed" centres continue to be carried out.</p>
Emergency preparedness	Canterbury district prepared for emergencies impacting on public health	<p>Effective emergency responses as required (narrative)</p> <p>Safeguards in place, including interagency work, agreed protocols, and exercises (narrative)</p> <p>Reach and impact of public information (narrative)</p>	<p>CPH stood up Incident Management Teams with CIMS structures in respect of flooding in Greymouth early this year and also to Ex- cyclones Gita and Fehi, both of which created significant public health issues on the West Coast. Similar structures set up to deal with Mumps and Measles outbreaks which have also occurred this year. All of these responses were debriefed, the many positive outcomes noted and the few deficiencies taken cognisance of to ensure that they are not repeated in future responses.</p> <p>CPH and Christchurch International Airport Ltd. (CIAL) jointly conducted a major exercise on the afternoon of Wednesday 13 June. The scenario comprised three unwell persons, in a family, arriving at Christchurch Airport as part of a Trade Delegation from Singapore. The unwell passengers were displaying symptoms of non-seasonal influenza against a backdrop of human to human transmission of novel influenza in Singapore and elsewhere, WHO in session to decide whether to declare a PHEIC, and a Ministry of Health Code White issued. The exercise took place over 3 locations – CIAL EOC; a bus (replicating an Air New Zealand aircraft) with 20 passengers (volunteers) and 4 Air NZ cabin crew on board; and the passenger access corridor at gate 33 set up with duty free, Customs, Immigration and MPI stations. In all, 11 agencies and 99 persons participated in the exercise which took place over three hours and was cold debriefed on completion. A hot inter-agency debrief has since occurred and a Public Health debrief has also taken place. While the inter-agency response was generally good, the purpose of the exercise was achieved, in that some interesting issues arose and weaknesses in response procedures and protocols were discovered. The findings will lead to relevant plans being amended and staff training provided where necessary. A full report will be submitted to Sally Gilbert, Manager, Environmental and Border Health, Public Health, Protection Regulation and Assurance, Ministry of Health.</p> <p>A new Emergency Management Governance structure, comprising a Medical Officer of Health, Manager, Emergency Preparedness Coordinator, experienced HPO and Web Coordinator, has been put in place together with revised terms of reference.</p> <p>The Business Continuity Plan was revised and significantly improved. Revision of, and improvements to the Health Emergency Management Plan are almost complete. Both of these Plans encompass the four Rs of emergency management. With regard to the 'Reduction' section of these Plans, the 'Bowtie' method of risk evaluation has been used for the purpose of analysing and demonstrating causal relationships in plausible risk situations, thereby facilitating both better comprehension of the hazards that pose a threat to population health and establishment of the means to lessen their effects.</p>

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
			<p>Detailed submissions were provided in respect of the:</p> <ul style="list-style-type: none"> - Canterbury CDEM Tsunami Response Plan - preparatory work for the revised overarching CDHB Emergency Plan - Alpine Fault Response Framework (AF8 Project) <p>The internal CIMS in Health training course was revised and improved.</p> <p>CIMS in Health training was carried out for staff in Christchurch (2 sessions), Timaru and West Coast (one session each). Very favourable feedback was received from participants.</p> <p>Several members of staff attended revised and excellent EOC 2 and more specialised EOC 3 (Operations, Logistics, Planning, Intelligence) courses provided by Canterbury CDEM.</p> <p>The Emergency Preparedness Coordinator regularly provided input at the following inter-agency meetings:</p> <ul style="list-style-type: none"> - Canterbury CDEM Response Planning Group - Canterbury Primary Care Response Group - Christchurch Emergency Services Committee <p>Relevant West Coast personnel attended West Coast CDEM CEG, Response Planning and Welfare Coordination Group meetings.</p> <p>Emergency Management page on CPH website updated as and when appropriate. Pertinent advice proffered at inter-sectoral meetings, and occasional meetings with Māori organisations.</p>
	<p>Emerging Issues and/or New Activities <i>Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</i></p> <p>Worked with CIAL and Dr William Rainger to develop Exercise Micro a disease based exercise as the major CIAL and CPH exercise with role players in the airport international arrivals hall on 13 June 2018.</p>		
Sustainability	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations (narrative)	<p>Recent approval received from EMT to convene a Sustainability Governance Group again. Potential members identified and Preparation work in progress for the inaugural meeting</p> <p>In 2018 the CDHB completed its first CEMARs audit and has been certified as reducing the CDHB's carbon footprint against baseline by 20%.</p> <p>The energy team have achieved the Enviromark silver standard and are working towards gold.</p>

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection (quantitative) Retailer compliance during CPOs (quantitative) Number and nature of workplace complaints (quantitative, narrative)	100 Compliance visits achieved. 6 CPOs achieved – meeting the Ministry of Health's requirements. These resulted in 2 sales – one received an Infringement Notice and the other is being taken to court due to repeated previous sales 10 complaints have been received during the year. 6 of those complaints were about licensed venues and their non-compliant Smoking Areas. One venue, Braided Rivers, remained non-compliant and was taken to court. The outcome was a company conviction and a fine of \$1000 for breach of the Act. 3 were about workplaces that were allowing smoking in internal areas. 1 complaint is about a dairy selling cigarette papers to school children. Follow-up with all complaints achieved within agreed timeframes. 6 inquiries regarding the application of the Act to various settings e.g. smoking near entranceways to buildings.
<p>Emerging Issues and/or New Activities Describe any Emerging Issues and/or New Activities relevant to this short-term outcome</p> <p>The sale of e-cigarettes/vapes to minors as well as where the e-cigarettes/vapes may be used. The sale of tobacco products such as Shisha, Jucy Blunt wraps – i.e. products that typically have lower amounts of tobacco but still come under the Act. The sale of individually wrapped Harvest brand 'mini cigars' that fall outside the Ministry of Health definition of a cigar that can be offered for single sales. The application of the Shearwater Hotel's decision in court that premises with closable openings must be assessed in the position that an Enforcement Officer finds them in at the time of a visit. The smoking in workplace vehicles which, while allowable under certain conditions of the Act, is happening outside of those conditions.</p>			
Alcohol	Less alcohol-related harm	Improvements in licencing environment, including LAPs, accords, monitoring, enforcement, and other interagency work (narrative) Reach and impact of public information (narrative) Nature and impact of DHB alcohol harm reduction strategies (narrative) Number and impact of licence application reports and hearings (quantitative, narrative) Retailer compliance during CPOs (quantitative)	Weekly tri agency meetings held with information sharing leading to an improved coordinated response. LAP for Waimakariri under consultation for renewal, LAP for Selwyn and Hurunui in place. Christchurch LAP on hold for now. CPH has submitted on the Waimakariri LAP providing key health-related data. CPH has worked with tri agencies to promote the development of Accords. There are currently accords in hospitality areas of Christchurch – Addington/City – St Asaph and The Terraces. Tri Agency monitoring undertaken on a regular basis. A highlight in this area is the Addington races where monitoring identified key improvements to reduce alcohol-related harm which have since been implemented by the organiser. Monitoring has also focused on clubs and resulted in improvement in host responsibility where clubs have hired out facilities. CPH has promoted ServeWise at all renewals and monitoring visits. Enforcement actions taken by tri Agency partners through Graduated Response Model, Alcohol Regulatory and Licensing Authority, District Court and Infringement Offence notices. Community engagement project around submissions and presenting evidence at hearings has been undertaken.

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Reporting against Short Term Outcome Measures (provide a short paragraph against each short-term outcome describing the progress made against the relevant outcome)
			<p>Project currently being evaluated by CPH's Information Team.</p> <p>Sports Club project underway to assist licensed sports clubs to improve the management of alcohol consumption within their club and to promote healthier choices regarding alcohol.</p> <p>2261 applications processed 43 number of applications opposed 11 Hearings held 31 opposed applications granted 5 opposed applications declined 7 opposed applications not yet decided</p> <p>CPO compliance Christchurch compliance 89% Waimakariri Compliance 88% Selwyn Compliance 95% Hurunui Compliance 92%</p>
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during CPOs (quantitative)	No legal product for sale therefore no compliance work required under the Psychoactive Substances Act 2013.
Other	Public protected from other health hazards	Impact of work (narrative)	<p>Assessment and reporting to Ministry of Health on solaria operators. CPH conducts six monthly inspections of Solaria. The inspections continue to improve compliance with the Act. CPH has also noted a reduction in premises providing sunbeds. Since January 2018 another 3 premises no longer have sunbeds.</p>
<p>Emerging Issues and/or New Activities Describe any Emerging Issues and/or New Activities <i>relevant to this short-term outcome</i></p> <p>One premise has received referrals from General Practitioners to treat their patients who have skin condition. This was communicated to the Ministry for further investigation. CPH staff will continue to follow up with premises and the solaria report will be sent to the Ministry of Health by 31 July 2018.</p> <p>One off enquiry re strontium 89 and cremation of that individual re any risks to the cremation technician. Information given to Cremation Society.</p>			

Community and Public Health – Christchurch Office

5. PREVENTIVE INTERVENTIONS

“population programmes delivered to individuals”

CURRENTLY REPORTED THROUGH OTHER MECHANISMS

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates Population-level measures: Percentage 5 year olds fully vaccinated Percentage of Māori 5 year olds fully vaccinated Percentage 65+ who receive flu vaccination	Immunisation co-ordination e.g. contribute to Immunisation Service Level Alliance (ISLA) implementation of immunisation promotion plan.	Primary Care, ISLA, CPH (Protection), P&F
			Immunisation promotion.	Primary Care, PHNs, CPH (Protection)
			Immunisation delivery.	Primary Care, PHNs, CPH (Protection)
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity (quantitative) SLMF contributory measures: Referrals from general practice to specialist smoking cessation providers and Canterbury Green Prescription referrals System level measure for 2017-18: babies in smokefree households at 6 weeks post birth	Develop a fully integrated smokefree system in Canterbury.	P&F, CDHB Smokefree ABC Team, Primary Care
			Ensure maternity smokefree health targets continue to be met.	Primary Care, CDHB Smokefree ABC Team, Lead Maternity Carers
			Work to increase the number of referrals of women who are pregnant and smoking to cessation support.	Primary Care, CDHB Smokefree ABC Team
			Promote adoption of positive lifestyle choices, including referrals from general practice to specialist smoking cessation providers and Green Prescription referrals	Primary Care
			Explore appropriate interventions in primary care and other settings on completion of the Alcohol Harm Minimisation Strategy	CPH (Policy), Primary Care
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening Population-level measures:	Undertake activities to increase uptake of cervical screening.	Primary Care
			Undertake activities to increase uptake of	Primary Care

Community and Public Health – Christchurch Office

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		Percentage of women aged 50-69 who have had a breast screen in the last 2 years Percentage of Māori women aged 50-69 who have had a breast screen in the last 2 years Percentage of women who have had a cervical smear once in the last 3 years Percentage of Māori women who have had a cervical smear once in the last 3 years	breast screening.	
	Early detection of health, behavioural, social, or developmental concerns	Coverage rates for Before School Checks (quantitative)	Implement, and/or undertake activities to increase uptake of, Before School Checks.	Primary Care
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes Population-level measures: Percentage of people aged 45-74 who have had their cardiovascular risk assessed in the last 5 years	Undertake activities to increase coverage of CVD and diabetes screening.	Primary Care

CURRENTLY REPORTED THROUGH OTHER MECHANISMS



Canterbury Clinical Network Work Programme 2017/18



Quarter 4 Report (April to June 2018)

SUMMARY – WHAT DOES OUR WORK MEAN FOR OUR COMMUNITY

SOME EXAMPLES OF PROGRESS TOWARDS CANTERBURY HEALTH SYSTEM OUTCOMES FRAMEWORK DURING THE THIRD QUARTER 2017/18

FOCUS ON: Healthy Lifestyles

1,066 people were referred to Green Prescription



to help them live a healthier lifestyle through increasing their level of physical activity. The 2017-18 total of 4,087 referrals exceeds the target of 3,095.

TARGET: 3,095 (Q1: 1113, Q2: 944, Q3 964)

Over 104 people attended community Respiratory Exercise Groups in Q4



to support their health and wellbeing and the management of their respiratory condition

TOTAL FOR 2017/18: 316

97% 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.

TARGET= 95% (Q1 Total: 94.6% Q2: 96%, Q3: 97%)

Our Activity Objectives

Prevention networks between general practice, hospital and community services are enabled for people at risk of diabetes or people with diabetes to access healthy lifestyle support to prevent or delay the onset of diabetes-related 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.



99 Primary Care Professionals

Completed training in Motivational Conversations in Q4 to support them when encouraging their patients to make a change for better health. The 2017-18 total of 321 attendees exceeds the target of 200.

Attendees in Q4 included 9 GPs, 40 nurses, 31 pharmacists, and 19 other health care professionals.



Our Activity Objectives

Canterbury-wide delivery of health promotion/population health activity that is coordinated and prioritised to population need.



Our Health System Outcome

- Improved environment supports health and wellbeing.

Our System Level Measures

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

FOCUS ON: Our older population



20% of older people 75+

who are community dwelling with a fractured NOF were referred to the 'in home' Falls Prevention Programme in Q4.

Target > 25% (Q1: 37.6%, Q2: 32.6%, Q3 38.8%)



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.



426 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 Q4. The 2017-18 total of 1,676 referrals exceeds the target of 1,200.

TARGET: >1,200 people (aged 65+). (Q1: 454, Q2:393, Q3: 403)



FOCUS ON: Working together and integration



223 Acute Plans

were created and 439 plans were amended. These plans helping health professionals and patients **work together and be proactive** in managing complex health conditions. This brings the 2017-18 total to 775 plans created and 1,264 amended.

TARGET 1,120 created (Q1:162 Q2:189, Q3: 180)

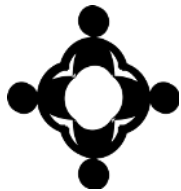


Our Activity Objectives

Promote and further develop collaborative models of care that support improved care and self-management for patients with 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.



63 Primary Care Groups

engaged in the **Integrated Family Health Service (IFHS)** to explore ways to work together and free up time for more patient-focused care at the end of Q4

Already exceeded the year-end target 56 groups (Q1: 59, Q2: 62, Q3:62 groups)



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.



123 HUHC Registrations

in April-June (reduced from previous quarters) provided general practice with increased flexible funding for the care of their patients with complex needs since the implementation of Enhanced

By June 2018 this resulted in an accumulative additional \$1.412M being distributed to care for people with complex needs.



Our Activity Objectives

Enhanced Capitation provides flexible funding to general practice to help manage those with complex care needs.

Our Health System Outcome

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

Canterbury Clinical Network 2017-18 Work Programme Summary Statements Quarter Four 2017/18

URGENT CARE SERVICE LEVEL ALLIANCE

The Urgent Care SLA (UCSLA) continues to focus on ensuring that patients receive the best care in the most appropriate place. Referrals to the service continue to increase year on year. Activities in Q4 include:

- The development of voucher for a free general practice visit post-discharge from the Christchurch Hospital campus or the surgical ward at Burwood Hospital. The group believe this may be an effective way of encouraging engagement with General Practice post-discharge and reducing the risk of re-presenting to ED. This is now fully implemented.
- We have 3 interview slots with Newstalk ZB to talk around winter messaging topics including: hand hygiene and stop the spread; care around the clock/call your GP team; how can pharmacy support you; prevent the spread; and stay home when you are unwell.
- The risk register has been amended to include monitoring of the impact of the free U13's policy as this moves to U14's later in the year, and the impact of the nursing strike across primary and secondary services.

HEALTH OF OLDER PEOPLE WORKSTREAM

The HOP Workstream continues to be concerned about the delay in the development of shared electronic patient records in Aged Residential Care. This is an important IT development that offers benefits to our older population living in residential care and will significantly improve patient safety and service delivery. We will continue to work with the IT providers to advocate for forward movement on this project.

With Carer stress a known driver of premature entry into Aged Residential Care, we continue to work on promoting flexible uses of Carer Support and earlier uptake of services that help informal Carers take a break, including Community Activity Programmes and disease-specific support groups such as those provided by Dementia Canterbury. We are currently making progress towards solutions to the provision of respite at home.

Looking forward to 2018-19, we are working on identifying people who fall into the category of "pre-frail" with the intention of working with General Practice, our community services providers, falls champions and St John to provide interventions to support health ageing.

COMMUNITY SERVICES SERVICE LEVEL ALLIANCE

Work on the Community Services Redesign continues with a summary of the subgroups activity provided below.

- The 'referrals' group has developed a simplified referral process and is working on developing one overarching referral form for services.
- The 'visibility' group is progressing with interRAI TAS and are close to trialling their visibility tool for interRAI CAPS.
- The 'How We Work' group will soon start on re-writing the operations manual for Home Based Support Services so that it more adequately reflects and promotes the restorative model of support.

In addition, the Ethics Workgroup has drafted an Ethical Framework and Code of Conduct based on various examples of international best practice, adapted to the Canterbury context. The next steps for this work include distributing it more widely to stakeholders and developing a structure for its implementation.

We are planning a hui in the first quarter of 2018-19 to meet with kaumātua stakeholders in order to facilitate advances in the equitable service provision.

IMMUNISATION SERVICE LEVEL ALLIANCE

The Immunisation Service Level Alliance continues to focus on timely immunisation events for 8 month, 2 year and 5 year olds. For the 8 month olds this has again been achieved with 95% of our 8 month olds being fully vaccinated. By ethnicity the following coverage was achieved; Pacific (100%), Asian (99%) NZE (96%) and Maori (95%). Opt-off (0.9%) and declines (3%) increased this quarter to 3.9% of the eligible population who could not be reached.

The target for 2 year olds and 5 year olds were missed again, this is largely due to increased opt off and declines, as well as a focus on the 8 month target. The Maternity Outpatients Vaccinations clinics started at the end of Q4, with around 45 women vaccinated in the first month of service.

Q4 also saw the end of the HPV target group 75% of girls born in 2004 vaccinated for HPV. Of this group 71% of girls have been vaccinated for dose 1, and 65% of girls have received dose two.

CHILD & YOUTH WORKSTREAM

A significant amount of effort has been focused on the development of a revised maternal health strategy over the past three months. A proposal on the future direction for maternal and infant health will be presented to the DHB Board meeting in August 2018.

The Teenage Parent working group is continuing to focus on a service delivery model based on the principles of a “good start to life / first 1000 days” (from pregnancy to two years old). This has been linked to the new initiative on reducing the rate of Sudden Infant Death in Infancy (SUDI). The 2018/19 work plan for this area of work is currently with the MoH for their approval.

MENTAL HEALTH WORKSTREAM

The Mental Health Workstream (MHWS) is aware of the continuing pressures across the mental health system and is working to reduce/mitigate these by exploring opportunities for earlier interventions, better integration of services and innovative models of care.

A working group with membership from the Child and Youth Workstream and the MHWS is focusing on the needs of children and a small group of sector leaders including members of the MHWS are involved in exploring options to reduce acute admissions. A separate Mana Ake Service Alliance is also providing additional mental health care for primary school children in Christchurch.

Priority areas progressed in the 2017/18 work plan including the development of a whole of system quarterly monitoring framework (to inform service design/delivery); reducing wait times for child and youth services; improving health outcomes for Māori and Pacific with mental health and/or addiction issues; suicide prevention and postvention; strengthening integration (across the health system and cross sector); and reducing social and health disparities for people with mental health and/or addiction issues.

The MHWS is keeping informed on the impact of the Care and Support Worker (Pay Equity) Settlement Agreement which is being implemented for Mental Health Support Workers and members have also been involved in contributing to the 2018 NZ Mental Health and Addictions Inquiry

FLEXIBLE FUNDING POOL SERVICE LEVEL ALLIANCE IN TRANSITION TO NEW PRIMARY CARE CAPABILITY SLA

The Primary Care Capability SLA was established in Q3. The group's role includes providing strategic leadership to a number of areas of work (including Enhanced Capitation, IFHS and Collaborative Care) similarly tasked strengthening the coordination of care of patients with complex needs. In the interim key activity of the Enhanced Capitation Transition Work Group is as follows:

- The recalculation of Enhanced Capitation funds in April 2018 identified that an additional \$22,762 of additional Care Plus funds was available for distribution to general practice compared to the previous quarter. This is due to a further reduction from 242 (January – March 2018) to 123 High Use Health Card registrations April - June 2018). Since Enhanced Capitation was implemented (1 October 2016) an additional \$1.412M funds has been provided to general practice to care for their patients with complex needs.
- Two case studies showcasing how practices have chosen to use these funds to care for their patients with complex needs were distributed to general practices via the PHO in Q4.

ORAL HEALTH SERVICE DEVELOPMENT GROUP

The Oral Health Service Development Group (OHSDG) first met in March 2018. The initial focus of the group was the development of the 2018/19 work plan that includes work already occurring within the Community and Hospital Dental Services and incorporates the feedback from the two oral health workshops held in June / July 2017 in Canterbury and the West Coast. With the OHSDG developing Oral Health services for both the Canterbury and West Coast DHB, which are at different stages of service development, the resultant comprehensive transalpine plan includes an initial focus on data capture and understanding the populations of both DHBs to enable a baseline to be set for both DHBs. While the work plan is for 2018/19 the OHSDG has a wider 2-3 year focus.

FALLS & FRACTURES SERVICE LEVEL ALLIANCE

The Falls & Fractures SLA was formally established in Q2 as a time-limited (3 year) group to enhance and improve the falls and fragility fracture prevention work in Canterbury. ACC recognised the pioneering work and outcomes achieved by the Canterbury health system over the last five years through taking a comprehensive 'Whole of System Approach to Falls Prevention' and have supported the development of an innovative evidence-based community falls and fracture prevention strategy. The main elements of scope, included in the groups' terms of reference, are governance of the Canterbury response to a nationwide framework contributing to our older people staying well and independent at home, which includes:

- Fewer fall injuries;
- Fewer serious harm falls and fractures;
- Improved recovery (both hospital and home); and
- Integrated falls and fracture care across the system.

POPULATION HEALTH AND ACCESS SERVICE LEVEL ALLIANCE

The Population Health and Access Service Level Alliance (PHASLA) met for the first time in December 2017. This new SLA was formed on the back of an Access to Health and Health Care co-design workshop (September 2017) and a Population Health Workgroup of the Flexible Funding Pool SLA. Since December the group has met monthly with a focus on finalising a work plan based upon the twin strands of specific tasks and a more strategic approach to addressing 'equity of access to healthcare for our population'.

The specific tasks that the group are addressing include; Alcohol Harm Strategy, Interpreter Services Review and Smoking Cessation integration including the recent Tobacco Control Plan 2018-19 approved by ALT. Upcoming specific task responsibilities the group will consider include; Motivational Conversations training, and progressing work on the Amenable Mortality section with System Level Measures responsibilities.

In its role exploring the strategic approach to equity of access to healthcare, the group have considered issues such as; the Strategic Goal One of the Canterbury Health System, Canterbury Health Systems Outcomes Framework and more recently access to healthcare for trans and gender diverse people and Hauora Māori.

LABORATORY SERVICE LEVEL ALLIANCE

The Laboratory alliance continues to monitor demand at the collection centres and is working to encourage demand at centres adjacent to those at capacity (Rangiora and Linwood are at capacity but Kaiapoi and New Brighton have spare capacity). Work is being undertaken to improve the oversight of Point of Care Testing (POCT) in Canterbury; principles have been agreed by the alliance, the current state of POCT services has been articulated, and the development of a POCT strategy is planned for the July 2018 meeting.

Other activities include:

- The Governance Group for the Digital Orders project has been re-formed to aid progress in the stalled E-orders project;
- The Lab SLA Operations Managers group is working to improve emergency planning for contingency laboratory services between the two laboratories. Work on a key performance indicator dashboard for the Laboratory alliance has commenced; and
- The technical workgroups are now up and running after a 6-month hiatus and by the end of July the Laboratory SLA Facilitator role will be undertaken (in its entirety) by Jackie Carroll-Stephenson.

PHARMACY SERVICE LEVEL ALLIANCE

The PSLA continues to explore the implications and opportunities for a revised primary care pharmacy service in an integrated system. CCPG's summer student report summary on 'Understanding the enablers and barriers for collaboration between General Practitioners and Community Pharmacists' was presented to the PSLA in Q4 with insights provided on further integration opportunities in primary care. Representatives from Maori & Pasifika Providers Network met with the PSLA about opportunities to improve culturally-appropriate pharmaceutical services.

RURAL HEALTH WORKSTREAM (RHWS)

The Rural Health Workstream continues to track and support the progress of the Sustainability Projects occurring throughout the region. Key updates include the opening the new temporary location of Akaroa Health – Te Hauora o Rākaihautū, aiming to provide the optimal health outcomes for the Akaroa and Bays community utilising innovative technology, refined pathways for care and maximising existing and new working relationships.

The annual Terms of Reference and membership reviews have been completed. In addition to providing oversight of the rural sustainability project work and a reporting line for the Technical rural subsidies Group, it was identified that the RHWS continue the development of specific projects over the next 12-18 months.

The group has explored sustainable midwifery practices in rural settings, advocating for increased telehealth uptake between rural settings and secondary/tertiary health services, and is exploring opportunities on enhancing the restorative care model in rural settings.

TECHNICAL RURAL SUBSIDIES ADVISORY GROUP (TRSG)

The TRAG continues in abeyance until a trigger is activated to prompt a Rural Subsidies Allocation Formula review. The current model of funds allocation will continue.

ASHBURTON SERVICE LEVEL ALLIANCE

A Frail Elderly co-design workshop was completed in Q4 2017/18 with summary notes distributed to attendees for comment. The next steps include developing a draft implementation plan and monitoring measures to present to the ASLA.

COLLABORATIVE CARE

This is now established – no updates are available.

INTEGRATED FAMILY HEALTH SERVICE

63 groups (62% of general practice enrolment) are engaged in the IFHS process, exceeding the full year target of 56 (6%). A modular approach has been developed and implemented which allows a more structured implementation for each group's journey of change. Of note also in Q4 is:

- Enhanced Capitation has been an effective enabler of change with many practices taking a population health approach and investing in additional resources such as Social Workers, as an integral part of their teams. There are now 18 Canterbury practices with Social Workers engaged within the practice. These interventions include:
 - Home Visits – provides valuable insight into client experiences
 - Engagement with a wide range of community referrers and networks to link clients with support. This would traditionally not be part of the general practice range of options

There is a strong view that patients are better served by a Social Workers more comprehensive intervention; and that the potential for improved patient outcomes and reduced use of patient time and practice resources is significant.

Discussions with the Primary Care Capability SLA has included reflecting on the IFHS work to date and learnings since the programme started, and the localisation and integration of the Health Care Home matrix into the wider IFHS programme.

INTEGRATED RESPIRATORY SERVICES

The #WellConnectedNZ project, 'Improving individuals' health by strengthening community connectedness' has begun community engagement within the Canterbury Respiratory Research Group. Integrated Respiratory Services will be engaged as appropriate and links are being made across the sector especially with other long term condition stakeholders.

Looking forward the Better Breathing Pulmonary Rehabilitation Programme service aims to further enhance programme quality and delivery methods, but will need to manage the risk of increasing referrals, increasing group sizes, and reduced capacity. A HealthLearn module on delivering pulmonary rehabilitation has been completed and is available for any Canterbury clinician to use. An Approved Provider programme and quality framework is near completion with its first provider identified in Kaikoura.

The Integrated Respiratory Service continues to work towards finding a solution to community physiotherapy resource issues now that the Christchurch Hospital Physiotherapy resource has been withdrawn from rehab service delivery in the community.

INTEGRATED DIABETES SERVICES

The Diabetes Service Review process has concluded. The following top priorities were identified and ranked by IDSDG out of the 20 recommendations agreed from stakeholder engagement:

- The model of education is moved to delivery predominantly in a range of community settings that support access for priority populations;
- Diabetes services are delivered in local communities and consideration is given to a model that delivers services in a range of locations such as workplaces and with extended hours;
- Options for further integration of the community and Diabetes Centre nursing teams are progressed, including service delivery in the community and aligning the nursing workforce to the location of service delivery; consistent clinical oversight; and equity of access for patients regardless of complexity of diabetes; and
- Increasing service delivery in the community is explored and aligning the dietetic and nutritionist workforce to the location of service delivery.

The first priority identified from the review is the relocation of patient education to be provided in community settings. This will be progressed over 2018/19.

The Whakakotahi project has been launched with the formation of consumer focus groups and clinicians at Linwood Medical Centre.

CPH&DSAC - 30 August 2018 - Information Items

	s/s	Mon	Tues	Wed	Thu	Fri	s/s	Mon	Tues	Wed	Thu	Fri	s/s	Mon	Tues	Wed	
January 2019			NEW YEARS DAY 1	PUBLIC HOLIDAY 2	3	4	5/6	7	8	9	10	11	12/13	14	15	16	
February							1	2/3	4	5	WAITANGI DAY 6	7	8	9/10	11	12	13
March							1	2/3	4	QFARC TC 9AM 5	6	7	8	9/10	11	12	13
April			QFARC 9AM 1	2	3	HAC 9AM 4	5	6/7	8	9	10	11	12	13/14	15	16	17
May					1	2	3	4/5	6	QFARC TC 9AM 7	8	9	10	11/12	13	14	15
June	1/2	QUEEN'S BIRTHDAY 3	4	5	6	7	8/9	10	11	12	13	14	15/16	17	18	19	
July			QFARC TC 9AM 1	2	3	4	5	6/7	8	9	10	11	12	13/14	15	16	17
August					HAC 9AM 1	2	3/4	5	6	7	8	9	10/11	12	13	14	
September	1	2	3	4	5	6	7/8	9	10	11	12	13	14/15	16	17	18	
October			QFARC 9AM 1	2	HAC 9AM 3	4	5/6	7	8	9	10	11	12/13	14	15	16	
November							1	2/3	4	5	6	7	8	9/10	11	12	13
December	1	2	QFARC 9AM 3	4	HAC 9AM 5	6	7/8	9	10	11	12	CDHB BOARD MEETING 12	13	14/15	16	17	18

CPH&DSAC - 30 August 2018 - Information Items

Thu	Fri	s/s	Mon	Tues	Wed	Thu	Fri	s/s	Mon	Tues	Wed	Thu	Fri	s/s	
										QFARC 9AM		HAC 9AM			January 2019
17	18	19/20	21	22	23	24	25	26/27	28	29	30	31			
						CDHB BOARD MEETING 21									February
14	15	16/17	18	19	20	21	22	23/24	25	26	27	28			
						CDHB BOARD MEETING 21									March
14	15	16/17	18	19	20	21	22	23/24	25	26	27	28	29	30/31	
CDHB BOARD MEETING 18	GOOD FRIDAY		EASTER MONDAY			ANZAC DAY									April
18	19	20/21	22	23	24	25	26	27/28	29	30					
CDHB BOARD MEETING 16										QFARC 9AM		HAC 9AM			May
16	17	18/19	20	21	22	23	24	25/26	27	28	29	30	31		
CDHB BOARD MEETING 20															June
20	21	22/23	24	25	26	27	28	29/30							
CDHB BOARD MEETING 18										QFARC 9AM					July
18	19	20/21	22	23	24	25	26	27/28	29	30	31				
CDHB BOARD MEETING 15										QFARC TC 9AM		CPH&DSAC 9AM			August
15	16	17/18	19	20	21	22	23	24/25	26	27	28	29	30	31	
CDHB BOARD MEETING 19															September
19	20	21/22	23	24	25	26	27	28/29	30						
CDHB BOARD MEETING 17										QFARC TC 9AM		CPH&DSAC 9AM			October
17	18	19/20	21	22	23	24	25	26/27	28	29	30	31			
	CANTERBURY SHOW DAY					CDHB BOARD MEETING 21									November
14	15	16/17	18	19	20	21	22	23/24	25	26	27	28	29	30	
					CHRISTMAS DAY	BOXING DAY									December
19	20	21/22	23	24	25	26	27	28/29	30	31					

WORKPLAN FOR CPH&DSAC 2018 (WORKING DOCUMENT)

	3 May 2018	5 July 2018	30 August 2018	1 November 2018
Standing Items	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 Exception Report Community and Public Health Exception Report	Planning and Funding Exception Report Community and Public Health Exception Report	Planning and Funding Exception Report Community and Public Health Exception Report	Planning and Funding Exception Report Community and Public Health Exception Report Maori & Pacific Health Progress Report
Planned Items	Step-Up Programme Update Equally Well Programme Update Disability Steering Group Update Mental Health/Intellectual Disability – Presentation Draft CDHB Public Health Plan Pacific Health in Canterbury – Presentation Oral Health Update – Presentation Alcohol Update – Presentation	CDHB Workforce Update Canterbury Accessibility Charter – Accessibility Working Group Disability System Transformation Hurunui Health Services	Transalpine Strategic Disability Action Plan Update Community & Public Health Update – Disability Sector Social Workers Report on Hoarding Behaviours – Presentation Alcohol Update – Presentation Hurunui – Kaikoura Earthquake Recovery Update Oxford Model of Care Update Community & Public Health Early Childhood Focus/Activities Update	CDHB Workforce Update Disability System Transformation Equally Well Programme Update Step Up Programme Update Integrated Safety Response Pilot Outcomes/Update Disability Steering Group Update Accessibility Charter Update Sugar Sweetened Beverages – A Position Paper Psychosocial Recovery, Monitoring and Wellbeing Canterbury Wellbeing Index Update Terms of Reference Review AllRight? Update Child & Youth Workstream Update – Presentation Hauora Alliance – Presentation
Governance and Secretariat Issues		MEETING CANCELLED		Review of 2018 Workplan and Position Statements 2019 Workplan
Information only items	CPH&DSAC Terms of Reference Disability Steering Group Minutes Influenza Vaccination in Children/Young People Drinking Water in Canterbury Healthy Homes – Investing in Outcomes Report Health Target Q2 Report CCN Q2 2017/18 2018 Workplan	Disability Steering Group Minutes ASH Year 10 Snapshot Survey 2017 Healthy Food & Drink Policy for Organisations Health Target Q3 Report CCN Q3 2017/18 2018 Workplan	Disability Steering Group Minutes – June Disability Steering Group Terms of Reference Disabled Persons Assembly New Zealand August/September 2018 Newsletter CPH End of Year Report to MoH CCN Q4 2017/18 2019 Meeting Schedule 2018 Workplan	Disability Steering Group Minutes 2018 Workplan