AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held via Zoom
Thursday, 16 September 2021 commencing at 9.30am

	Karakia		9.30am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 19 August 2021		
3.	Carried Forward / Action List Items		
Overview			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	9.35-9.40am
5.	Chief Executive's Update	Dr Peter Bramley *Chief Executive*	9.40-10.10am
Reports for Decision			
6.	Greater Christchurch Partnership Memorandum of Understanding	Sir John Hansen	10.10-10.20am
Reports for Noting			
7.	Finance Report	David Green *Acting Executive Director, Finance & Corporate Services*	10.20-10.30am
8.	Maori & Pacific Health Progress Report	Hector Matthews *Executive Director, Maori & Pacific Health*	10.30-10.50am
9.	Resolution to Exclude the Public		10.50am
ESTIMATED FINISH TIME – PUBLIC MEETING			**10.50am**

NEXT MEETING
Thursday, 21 October 2021 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

Sir John Hansen (Chair)
Gabrielle Huria (Deputy Chair)
Barry Bragg
Catherine Chu
Andrew Dickerson
James Gough
Jo Kane
Aaron Keown
Naomi Marshall
Fiona Pimm
Ingrid Taylor

Executive Support

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

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

BOARD ATTENDANCE SCHEDULE – 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	18/02/21	18/03/21	15/04/21	20/05/21	17/06/21	07/07/21 EM	15/07/21	19/08/21	16/09/21	21/10/21	18/11/21	16/12/21
Sir John Hansen (Chair)	√	√	√	√	√	√	√	√ (Zoom)				
Gabrielle Huria (Deputy Chair)	#	√	√	√	√	√ (Zoom)	^	√ (Zoom)				
Barry Bragg	√	√	√	√	√	^ (Zoom)	√	√ (Zoom)				
Catherine Chu	√ (Zoom)	^ (Zoom)	#	^ (Zoom)	^ (Zoom)	√ (Zoom)	√ (Zoom)	√ (Zoom)				
Andrew Dickerson	#	√	#	√ (Zoom)	#	#	√ (Zoom)	√ (Zoom)				
James Gough	√ (Zoom)	√ (Zoom)	√	√	√	√ (Zoom)	#	√ (Zoom)				
Jo Kane	^	√	√ (Zoom)	√	√ (Zoom)	√ (Zoom)	#	√ (Zoom)				
Aaron Keown	√	√	√	√	√ (Zoom)	√ (Zoom)	√	√ (Zoom)				
Naomi Marshall	√ (Zoom)	√	√	√	√	√ (Zoom)	√	√ (Zoom)				
Fiona Pimm			* (16/04/21)	√	√	√ (Zoom)	√	√ (Zoom)				
Ingrid Taylor	√ (Zoom)	√	√	√	√	√ (Zoom)	^	√ (Zoom)				

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

CONFLICTS OF INTEREST REGISTER CANTERBURY DISTRICT HEALTH BOARD (*CDHB*)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **CMUA Project Delivery Limited** - Director 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters.

	Farrell Construction Limited - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Paenga Kupenga Limited** – Chair Commercial arm of Ngai Tuahuriri Runanga **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Verum Group Limited** – Director Verum Group Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.
Catherine Chu	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Andrew Dickerson	**Canterbury Health Care of the Elderly Education Trust** - Chair Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Heritage NZ -** 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 and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital.

	NZ Association of Gerontology - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **Medical Kiwi Limited** – Independent Director Research and distribution company of medicinal cannabis and other health related products. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace.
Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.

Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Fiona Pimm	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Council for Education Research** – Chair Statutory organisation responsible for independent research in the education sector. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Deputy Chair Governance entity for Arowhenua affiliated whānau. **Te Runanga o Ngāi Tahu** – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of

	financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. • I / Taylor Shaw have acted as solicitor for Bill Tate and family. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held via Zoom
on Thursday, 19 August 2021 commencing at 9.30am

BOARD MEMBERS
Sir John Hansen (Chair); Barry Bragg; Catherine Chu; Andrew Dickerson; James Gough; Gabrielle Huria; Jo Kane; Aaron Keown; Naomi Marshall; Fiona Pimm; and Ingrid Taylor.

APOLOGIES
Apologies for absence were received from Dr Andrew Brant (Clinical Advisor); and Dr Lester Levy (Crown Monitor).

EXECUTIVE SUPPORT
Dr Peter Bramley (Chief Executive); David Green (Acting Executive Director, Finance & Corporate Services); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support – Minute Taker).

APOLOGIES
Apologies were received from the following Executive team members who were absent due to performing duties in relation to the COVID lockdown: James Allison (Chief Digital Officer); Becky Hickmott (Executive Director of Nursing); Mary Johnston (Chief People Officer); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Tanya McCall (Interim Executive Director, Community & Public Health); Tracey Maisey (Executive Director, Planning Funding & Decision Support); Hector Matthews (Executive Director Maori & Pacific Health); Dr Rob Ojala, Executive Director, Infrastructure); Dr Helen Skinner (Chief Medical Officer); and Karalyn van Deursen (Executive Director, Communications).

Gabrielle Huria opened the meeting with a Karakia.

1. INTEREST REGISTER

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

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

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

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (27/21)
(Moved: Sir John Hansen/seconded: Aaron Keown – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 15 July 2021 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward items were noted.

4. CHAIR'S UPDATE

Sir John Hansen, Chair, commented that due to COVID we are now in a whole new world of lockdown again and handed directly to the Chief Executive.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, took his report as read and highlighted the following:

- He commented that obviously since 6.30pm on Tuesday evening the team have assembled and we are once again in a whole new setting. Emergency Operations Centres have been stood up across the health system in hospitals, Primary Care and Rural settings making sure all of our settings are safe to work in in a COVID world. He added that most challenges are around stopping planned care unless it is non-deferrable. A lot of cancer operations are going ahead. It was noted that during lockdown there is normally less trauma, and we are currently fine for staff sickness although some absences will be due to family requirements. Chemotherapy is continuing and there are no visitors in hospitals and Aged Residential Care which brings a fair amount of stress for people with an already growing sense of distress in the community.

- A staff vaccination clinic has been set up to ensure staff who have not been vaccinated have the opportunity to do so. A fast track testing clinic for staff has also been set up so they can continue to work and do not have to isolate for so long.

- The hospital is pretty much full with 550 patients yesterday down to 472 today. The Emergency Department is exceptionally quiet with only 20 patients overnight. Maternity is quite busy and Labs are doing an exceptional job with yesterday's testing being 10 times its base number. There are long lines of cars at testing facilities.

- Labs are supporting the national effort, the Community and Public Health team have been asked to assist with contract tracing and have just been handed today Avondale College.

- There are no indications of COVID in our community or in the South Island at this stage.

- Given numbers will likely rise in Auckland and possibly the Coromandel, cannot see us coming out of lockdown on Friday as they will be waiting until the contact tracing is done and ideally it would be good if they could find the source.

- Strikes have been called off, although the Union and DHB have accepted the notion of going into facilitation where a panel will make a judgement.

- Vaccination activity is roaring back into life today with 90% activity. There is probably reduced throughput, but we are looking to stand up another mass vaccination site and over the weekend a drive through option.

A query was made as to whether planned care would resume at Level 3. Dr Bramley advised that yes it would, however, it is an impossible task whilst in lockdown.

A query was made regarding occupancy at Hillmorton and it was noted that occupancy is okay, however, the challenge is staffing and in particular the forensic unit and the AT&R space. He added that the experience from the last lockdown is that it seems to settle the community in terms of mental health.

A query was made in regard to sewage testing and it was noted that information will be forwarded to the Board separately around this.

A query was made regarding ICU capacity and Dr Bramley advised that currently the ICU is practically full, however, we are still in the Winter season. He added that work has been done around identifying some additional spaces that can be used. It was noted that we have more ventilators now than previously and we are also looking at improving the oxygen capacity.

Discussion took place regarding the public not visiting General Practices during the last lockdown and whether any work is taking place around this. Dr Bramley commented that General Practices are resetting their priorities.

Discussion also took place around Pharmacies. Dr Bramley advised that Tracey Maisey, Executive Director, Planning Funding & Decision Support, is keen to do a report on each area of the health system. Pharmacies are a priority, recognising how critical they are to the overall health system.

The Chief Executive's update was noted.

6. SCHEDULE OF MEETINGS – 2022

David Green, Acting Executive Director, Finance & Corporate Services, presented this paper which was taken as read.

A query was made regarding how many meetings would be required past the end of June 2022. Dr Bramley commented that if the changes were to be delayed then we will have dates in calendars and if changes go to plan they could be deleted.

Resolution (28/21)
(Moved: Sir John Hansen/seconded: Fiona Pimm – carried)

"That the Board:

i. notes the proposed schedule of meetings for 2022 (Appendix 1) is subject to the Health NZ transition taking effect from 1 July 2022;
ii. confirms support for the proposed schedule of meetings for 2022 (Appendix 1); and
iii. reconfirms the delegation of authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this."

7. CHRISTCHURCH HOSPITAL CAMPUS COMPLIANCE WORKS PROGRAMME

Mr Green presented this paper which was taken as read.

Dr Bramley acknowledged the work of Sir John and Barry Bragg behind the scenes to secure this project.

Sir John commented that we should also acknowledge the support from Evan Davies, Chair, Capital Investment Committee.

Resolution (29/21)
(Moved: Barry Bragg/seconded: Ingrid Taylor – carried)

"That the Board:

i. notes that on 8 July 2021, the Chair of Canterbury DHB received a letter of approval from the Minister of Health for the Christchurch Hospital campus compliance project (as outlined in Appendix 1);
ii. notes that the approval is for a total capital budget of $76.9M, with Crown equity contribution of $55.9M and the remaining $21M from CDHB insurance proceeds; and
iii. formally approves a total of $76.9M for the Christchurch Hospital campus compliance project, of which $21M is funded from CDHB insurance proceeds and $55.9M is funded from Crown equity."

8. FINANCE REPORT

Mr Green presented the Finance Report for the month of June. There was no discussion.

Dr Bramley acknowledged the phenomenal work undertaken by staff to reach this result.

The Finance Report was noted.

9. ADVICE TO THE BOARD

Hospital Advisory Committee (*HAC*)
Andrew Dickerson, Chair, HAC, provided an update to the Board on the Committee meeting held on 5 August 2021.

Mr Dickerson highlighted the presentation around RSV which has been loaded onto Diligent and is worth looking at for those not at the meeting.

He also highlighted the Clinical Advisor's update from Becky Hickmott, Executive Director of Nursing, who provided an update around nursing and current challenges.

The draft minutes were noted.

10. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (30/21)
(Moved: Sir John Hansen/seconded: Gabrielle Huria - carried)

"That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 10A, 11, 12, 13 & 14 and the information items contained in the report;
ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the Act in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 15 July 2021	For the reasons set out in the previous Board agenda.	

2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	2021/22 Draft Annual Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	MoH Quarterly Financial Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Audit NZ Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	NZ Health Partnerships – FPIM Services Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	NZ Health Partnerships HSC Pre-Paid Services Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Planned Care Initiative Funding – Enhanced Telecare Reach	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	Hillmorton Whaikaha AT&R HCA Scope Changes	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10A.	Proposed Draft Treaty Partnership Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
11.	Going Concern Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
12.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
13.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s9(2)(a) s9(2)(j) s9(2)(h)
14.	Advice to Board • HAC PX Draft Minutes *5 August 2021* • QFARC Draft Minutes *3 August 2021*	For the reasons set out in the previous Committee agendas.	

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

The Public meeting concluded at 10.10am.

_____ _____

Sir John Hansen, Chair Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 16 SEPTEMBER 2021

DATE	ISSUE	REFERRED TO	STATUS
19 Aug 2021	Workplace injuries / mechanisms of harm – update	Mary Johnston	Today's Agenda – Item 7 PX
19 Aug 2021	EAP Use	Mary Johnston	Today's Agenda – Item 7 PX
19 Aug 2021	Personal Grievances	Mary Johnston	Today's Agenda – Item 7 PX
19 Aug 2021	Tangata Ora Update	Mary Johnston	Today's Agenda – Item 7 PX

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Dr Peter, Bramley Chief Executive**

DATE: **16 September 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing the latest update and overview of key organisational activities and performance from the Chief Executive to the Board of the Canterbury DHB. Content is provided by Operational General Managers, Programme Leads, and the Executive Management Team.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

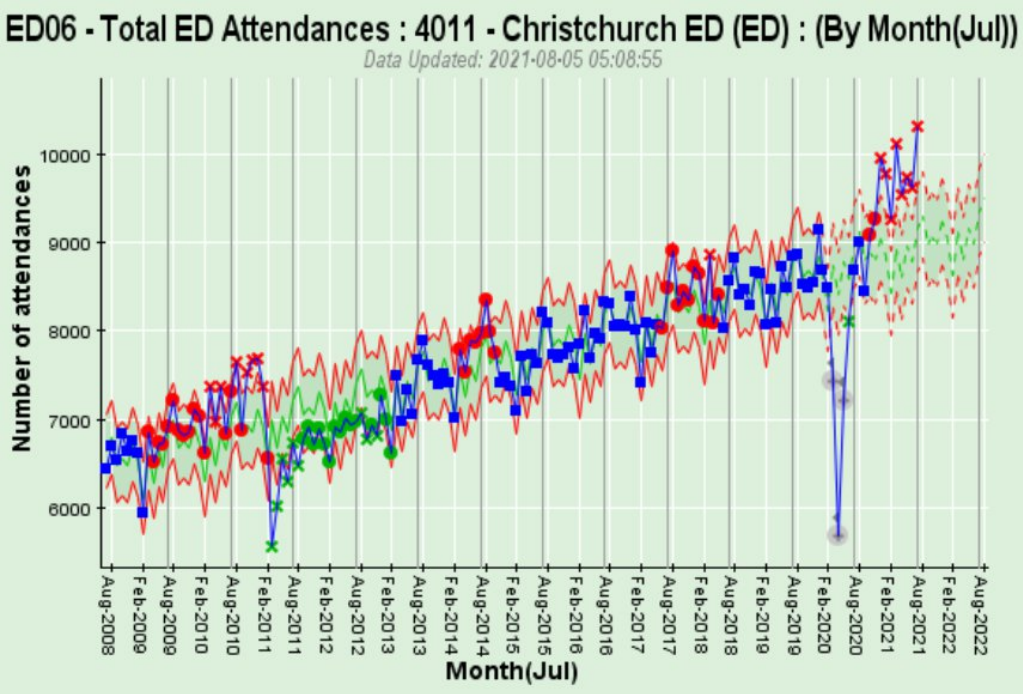
3. DISCUSSION

MEDICAL / SURGICAL SERVICES

- The Emergency Department experienced its highest ever number of presentations during July. The impact included a further extension of the time that patients spend in the department.
- The respiratory syncytial virus (RSV) epidemic has led to extremely high demand for paediatric inpatient care. A part of the response was the redeployment of staff from other roles, including senior and perioperative roles, to provide inpatient care. Its impact included deferring approximately 100 planned operations.
- Intensive Care Unit occupancy has on several occasions resulted in overflow into the un-resourced Intensive Care Unit swing beds and has resulted in the need to prioritise and defer planned cases on several occasions.

Service Delivery

- The increase in Emergency Department presentations that began in October 2020 continues with more than 10,300 presentations in July. This is the highest ever monthly number of visits to the Christchurch Emergency Department and the second time it has exceeded 10,000. During most recent months the most significant uplift has been in triage 4 and 5 presentations.
- 395 people attended ED on its busiest day in July.



- 3,562 people were admitted to Hospital from the Emergency Department, the highest ever number.
- Achievement of the six-hour target was at 83% during July, the lowest level recorded at Christchurch Emergency Department.

Planned Care

- Planned Care volumes delivered are compared against delivery at this point last year. At the end of week 5 (finishing on 30/7/2021) 1,754 planned care discharges had been delivered – 295 fewer than at the end of week 5 in 2020/21.
- 100 cases were deferred because the response to respiratory syncytial virus constrained bed and nursing capacity, particularly for children. A further 56 cases were deferred during the week ending 6 July due to bed constraints at Christchurch Hospital.
- Anaesthetic Technician capacity continues to constrain theatre capacity to below the scheduled level. The constraint is being addressed in many ways including: use of agencies to recruit international staff alongside work within the domestic market, closely managing leave allocations and use of casual capacity.

The CDHB Improvement Action Plan

- 1,724 people were waiting more than 120 days for a first specialist assessment at the end of July. This is an increase of 87 from the end of June.
- The increase in patients waiting for surgery is due to many factors including deferrals due to hospital occupancy and anaesthetic technician capacity.

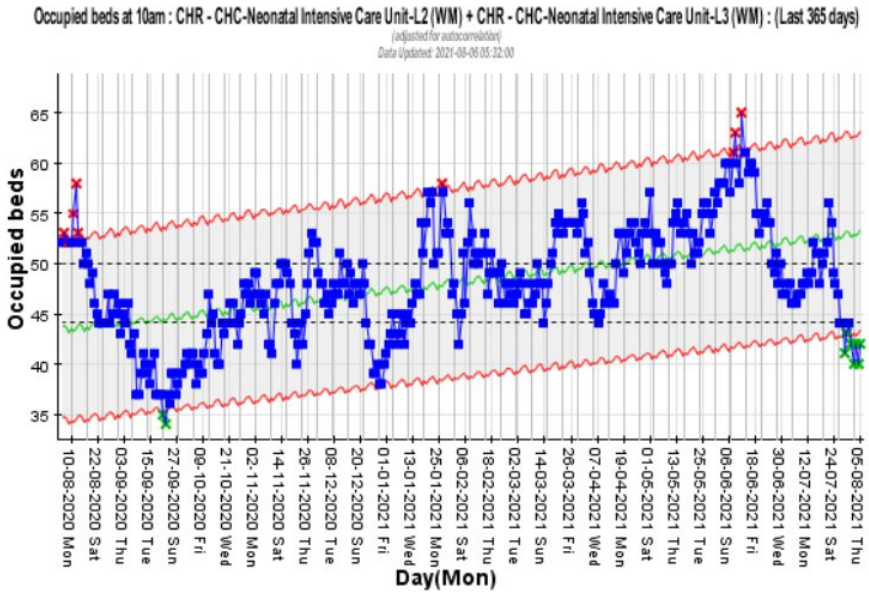
Intensive Care Unit Occupancy

Measure	Number May-20 to Jul-20	Number May-21 to Jul-21
ICU 10am occupancy >21 (days)	2	20
ICU 10am occupancy >25 (days)	-	-

- There was a high number of paediatric admissions to the unit and three paediatric transfers to Starship hospital.

Neonatal Intensive Care Unit Occupancy

Measure	Number May-20 to Jul-20	Number May-21 to Jul-21
NICU 10am occupancy >44	44	87
NICU 10am occupancy >50	9	57



General Medicine Care Periods and occupancy and care periods

Measure	Number May-20 to Jul-20	Number May-21 to Jul-21	Change (%)	Units
General Medicine Care Periods	3,713	4,066	+10%	Count
LOS for discharges from Gen Med at Christchurch (incl daycases)	3.71	3.69	-1%	Days

- General Medicine patients have regularly contributed occupancy of between 160 and 200 since the beginning of 2021, against a home ward footprint of 135. General Medical teams are often rounding on patients in seven wards distributed over three buildings which impacts on the time it takes to complete these rounds.

Gastroenterology

- Gastroenterology completed an additional 1100 colonoscopies in the 2020/21 year, across both the internal and external providers. Total endoscopy volume increased by 22% on the prior year.

Year	Col	Gas	Total	variance	% increase
2018/19	4914	~3100	8014		
2019/20	5114	3100	8214	200	4%
2020/21	6204	3110	9314	1100	22%
		External Prover increase			12%
		CDHB increase			10%

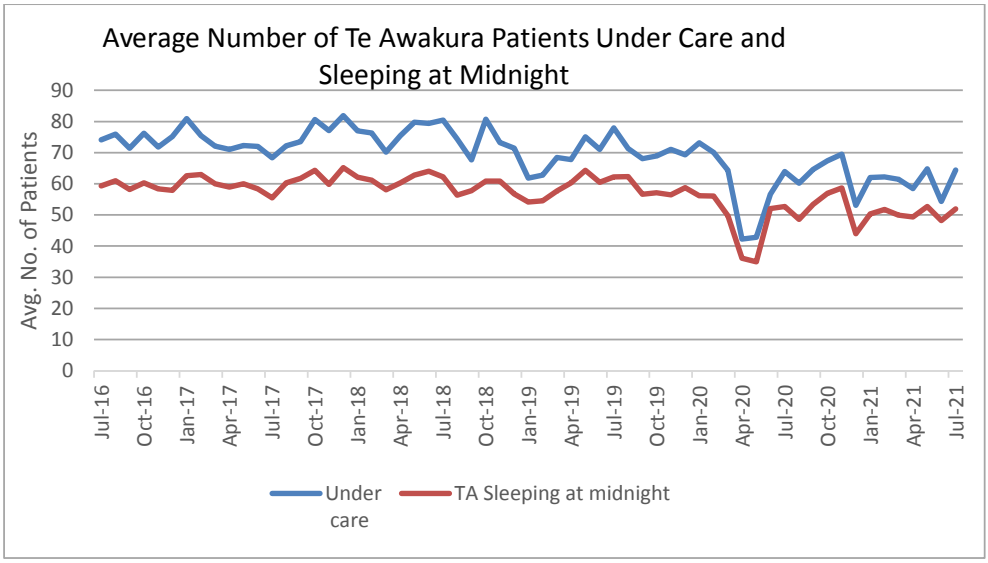
- Endoscopy lists in two additional procedure rooms in the old radiology area are scheduled to commence in September.

SPECIALIST MENTAL HEALTH SERVICES

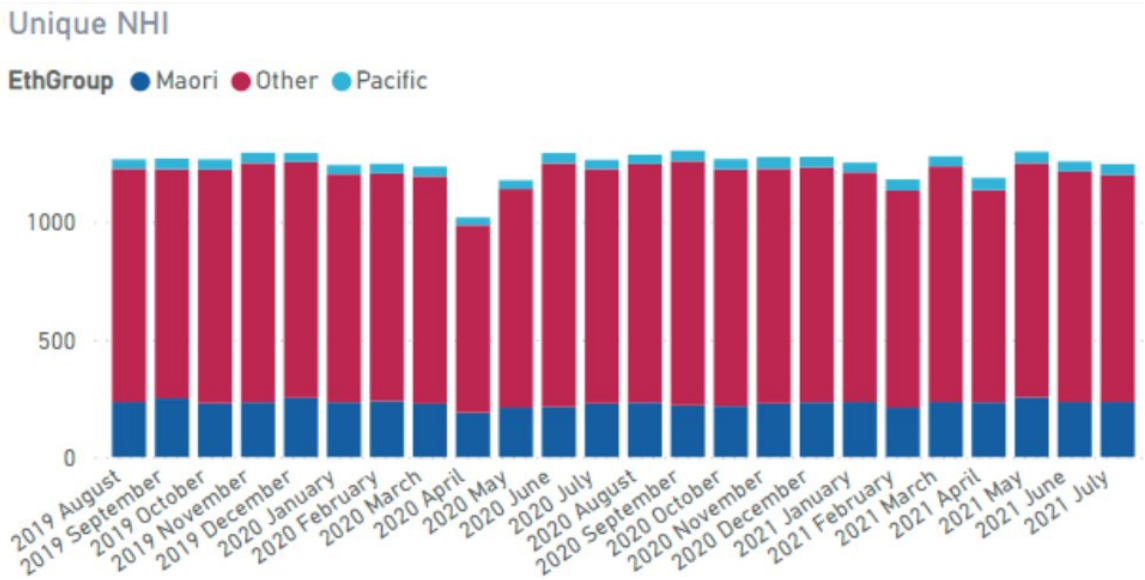
- This year Specialist Mental Health Services will have had its largest cohort of Ara nursing students with 149 students in Semester One and 128 students starting in August. Our nursing leaders from all parts of our system have created and secured a welcoming and learning clinical placement for each of them, thanks to the willingness of clinical teams and understanding that these are our future nursing workforce.
- Whaikaha / AT&R (Assessment Treatment and Rehabilitation) – transition to the new high tech Whaikaha extension has been relatively smooth. We are still addressing a number of small issues and defects however the consumers appear to have adapted well to their new surroundings.

Service Delivery/Performance

- In June there were 172 admissions to Specialist Mental Health Services and 17,179 contacts with 4,511 individuals.
- An upturn over recent weeks means the occupancy of adult acute inpatient services has increased slightly.



- The ethnicity of consumers in adult community services is shown in the figures below

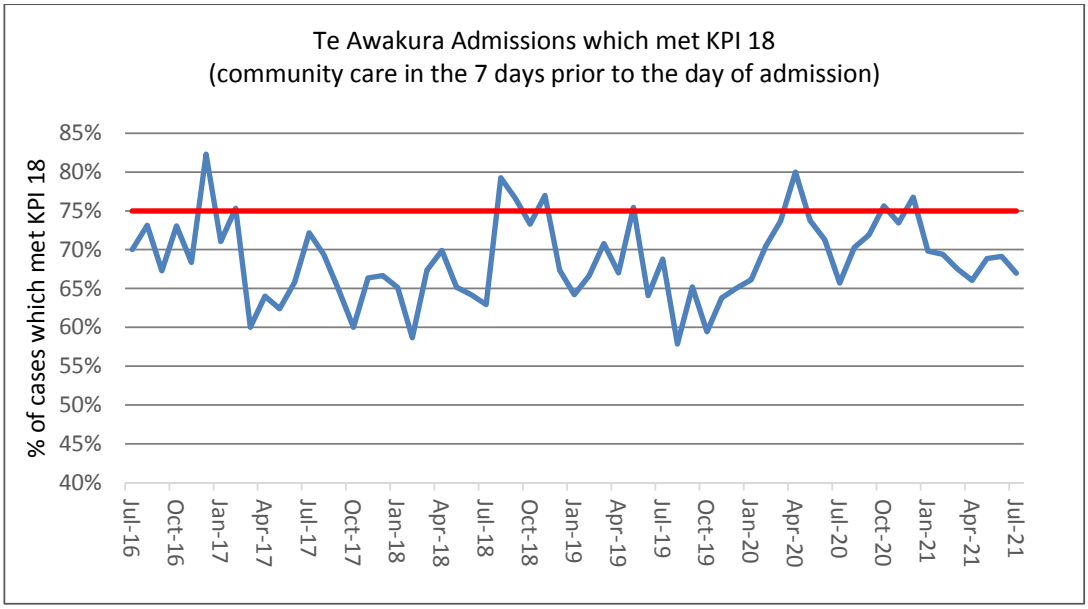


Child Adolescent and Family

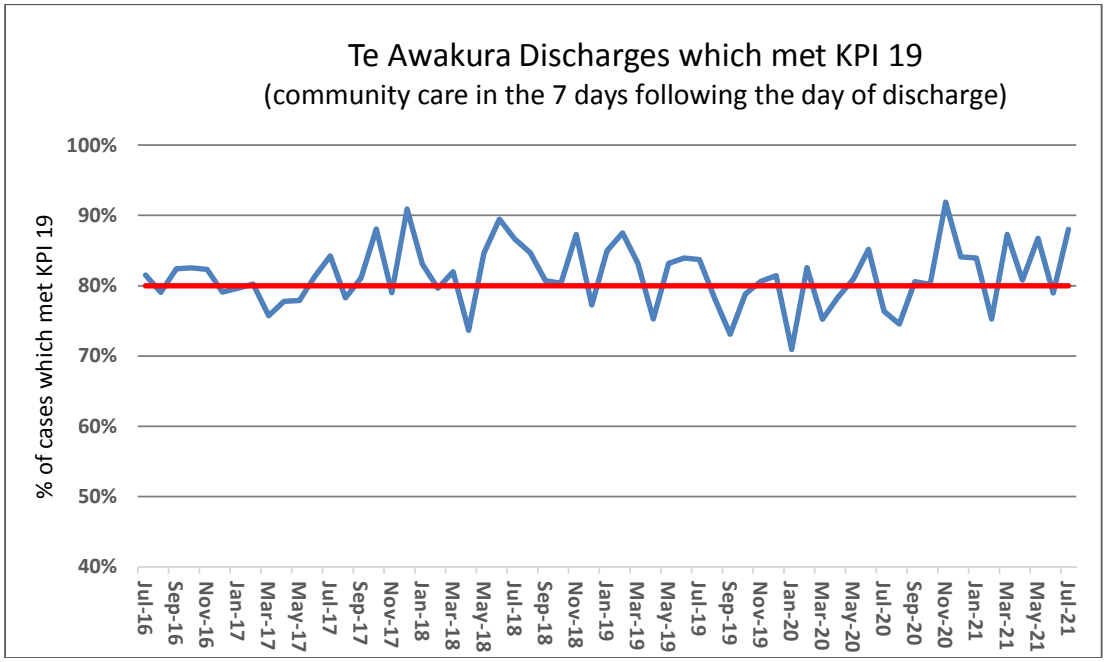
- There has been high occupancy within the inpatient wards and this has been combined with the highest acuity experienced. Managing several young people with high acuity emphasises the shortcomings of our current facility.

Quality and Safety

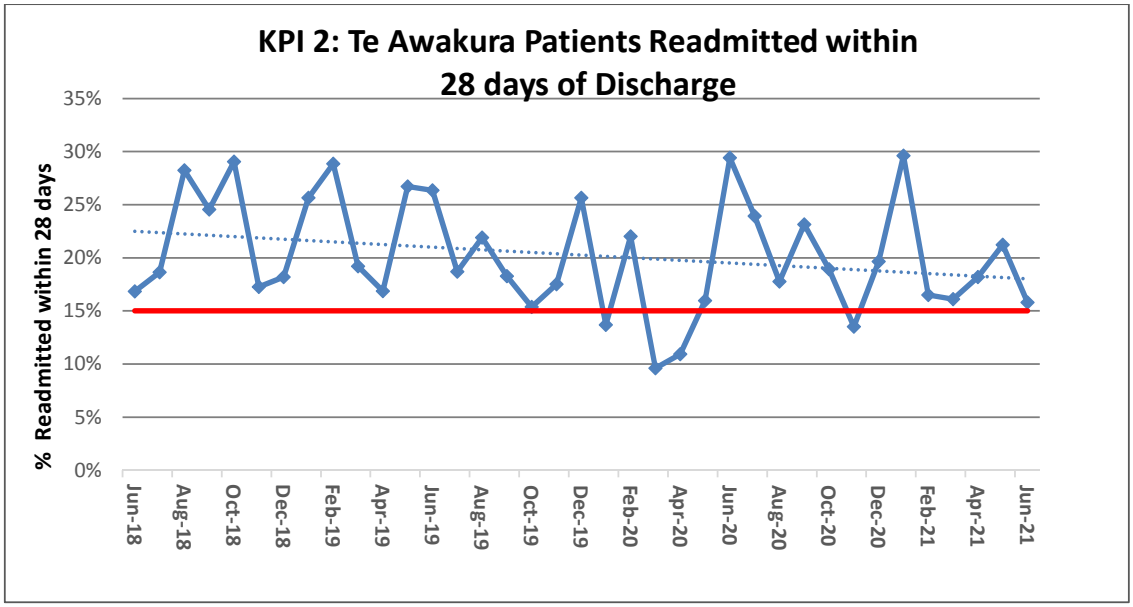
- The national Key Performance Indicator programme defines a number of measures of quality. Three key indicators are illustrated below. Community care in the seven days prior to admission has been negatively affected by increases in the number of people receiving their first admission to mental health services.



- We are seeing an increase in the number of people hospitalised on first contact.

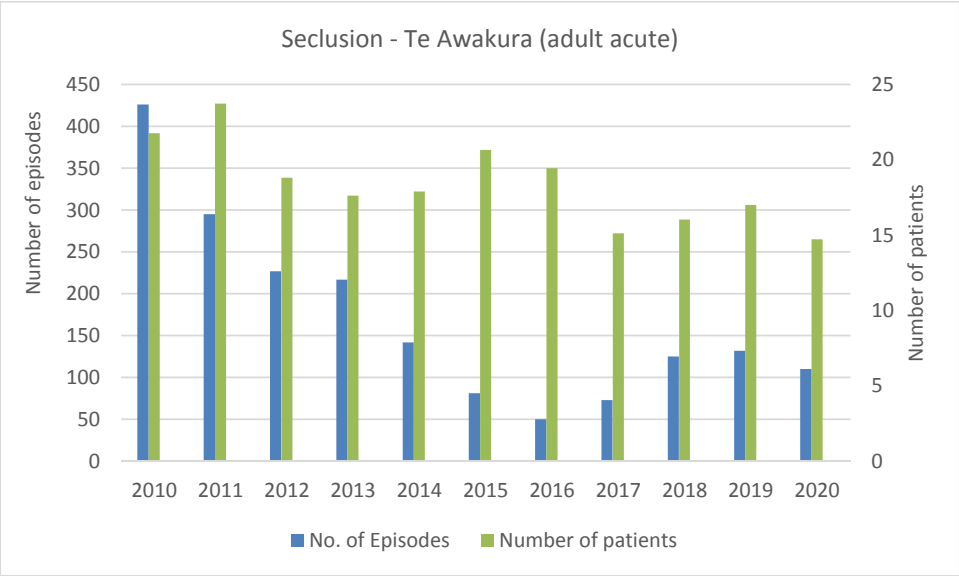


- Canterbury performs well on this indicator (7% above national average). We have processes in place to review anyone not followed up within 7 days – usual reasons include decline follow-up, moved out of area.



- Occupancy levels often drive discharge rates, however early discharge may be linked to increased readmission rates.

- There is a national campaign supported by the Health Quality and Safety Commission to reduce seclusion for inpatients. Seclusion was identified in the recent Certification audit as an area in which we have more work to do around recording the clinical justification for seclusion, particularly if this is ongoing. Our restraint minimisation committee is active in supporting each clinical inpatient area to develop systems and culture that support safe practice. While there has been significant reductions in seclusion, the nature of our facilities does not support best practice due to a lack of space and ability to provide physical separation and de-escalation. We will continue working on staff training and systems to continue addressing opportunities to provide the least restrictive practice possible within the current environmental limitations.



PLANNING, FUNDING & DECISION SUPPORT

Planned Care Improvement Action Plan: In supporting delivery of the DHB's Planned Care Improvement Action Plan the P&F team supported our specialist services to deliver 221 additional inpatient discharges over our 2020/21 base volumes. This is a significant achievement especially in light of the volume of elective surgeries that have been postponed due to high acute demand in the latter half of the year. This extra activity will secure an additional $6.5 million in funding from the Ministry of Health.

Faster Cancer Treatment: The 62 day national cancer wait time target refers to the time from when a referral is received in secondary care to when a patient receives their first cancer treatment. The national target is 90%. Preliminary results from the Ministry for Quarter 4 (Jan-June 2020) show that 93.8% of eligible patients in Canterbury began treatment within 62 days. The 31 day national target refers to the time from when a decision to treat is agreed between the patient and their clinician to the delivery of the first treatment. The national target is 85%. Preliminary results for Quarter 4 show that 91.2% of eligible patients in Canterbury started their first treatment within 31 days.

Access to Primary Care: Access to general practice is becoming more difficult as more practices limit new patient enrolments. People are often waiting several days for an appointment with their doctor or nurse. Urgent care providers such as the Pegasus 24 Hour Surgery also reported high demand.

Health System Indicators: Twelve new Health System Indicators have been announced by the government to supplement reporting of system performance **(Appendix 1)**. Replacing the former National Health Targets, the new Health System Indicators will help Government measure how well the health system is working for people in New Zealand and identify where we need to do better to meet the needs of our population. DHBs and local providers will be supported during 2021/22 to partner with their stakeholders including Māori/Iwi partnership boards and clinicians to develop a set of local actions for each high-level indicator that will contribute to national improvement. It is anticipated that all local actions will be in place by 1 July 2022.

Mental Health Wait times: The team is working with our community providers to expand our community youth mental health service options through Manu Ka Rere, an NGO collaborative of eight NGOs and agencies (led by Odyssey House). Our joint work will provide access to a flexible range of options for young people with mild-moderate mental health and addiction needs through a centralised pathway. The service is supported by a mix of clinical and non-clinical FTE with strong leadership and engagement of Māori providers and good connectivity to the DHB's Specialist Child and Family services (CAFs) for those young people requiring more intensive intervention.

Colonoscopy Wait Times: The DHB continues to closely monitor delivery against the national colonoscopy wait time measures and is working hard to identify all options available for improving patient wait times and focus on those with the longest waiting times. We are taking a collaborative approach with external providers and an agreement is in place with South Canterbury DHB, supporting us to work through overdue colonoscopies in Ashburton. However, ongoing recruitment challenges have meant we have not been able to open our two additional procedure rooms as early as hoped. We have a second SMO due to start mid-late August following a quarantine period and an additional 0.4 admin FTE and 0.2 Registered Nurse FTE have also been approved to support the recovery plan. Phone assessments are also now being undertaken to support appointment attendance, this has contributed to a significant reduction in late Colonoscopy cancellations and DNAs.

Youth Sexual Health Services: A review and change in age eligibility for Youth Sexual Health Services in general practice has resulted in an underspend against the Additional Services in Primary Care

contract. This prompted the team to relook at the service with a focus on equitable access for our more rural and vulnerable populations. A gap in services was identified for youth in Ashburton, following the withdrawal of the NZ Family Planning service from Ashburton and restricted enrolment in general practice. A Youth One Stop Shop (YOSS) was set up locally, with support from Waitaha PHO, running weekly clinics for high risk youth. The YOSS has proven very successful with young people who state they would not go to their family GP for sexual health and contraception issues.

MMR Programme: The MMR (measles, mumps and rubella) Catch Up Campaign remains on 'pause' nationally. Locally, the immunisation team continue to encourage opportunistic vaccination at general practice and pharmacy and Canterbury continues to perform strongly nationally having vaccinated 2,882 eligible 15-30-year olds. The team is planning for the programme 'relaunch', scheduled for October 2021-March 2022, where our focus will be on our Māori, Pasifika and Asian communities, secondary schools and tertiary institutions.

Sudden Unexpected Death in Infancy (SUDI): Canterbury has implemented a community-based SUDI prevention programme that has a strong focus on provision of safe sleep spaces such as wahakura or Pēpi Pods and safe sleep education/messaging for our workforce and whānau. Following a review of 2020/21 performance, we are pleased to advise that Canterbury DHB has distributed over 1,600 of these safe sleep spaces through our community and secondary care providers, well in excess of our MoH target of 710 safe sleep devices per annum. Of these 37% were distributed to our Māori and Pasifika whānau. A key focus for the SUDI Prevention Programme this year has been sustainability. As a result, Canterbury DHB & Te Puawaitanga were able to launch the Pēpi Pod Recycling programme on World Environment Day, which will see up to 200 plastic Pēpi Pods reused each year.

Canterbury DHB Smokefree Services: It is well researched that smoking harms our bodies in many ways and that quitting smoking is one of the biggest impacts on improving the health of ourselves, our whānau and our population and is the most readily preventable cause of health inequalities in New Zealand. Smoking causes the premature death of about 4,700 people each year many of whom have years of ill health before dying. About one third of all Māori deaths are linked to tobacco use. A recent report sent to DHB Chief Executives on the Smokefree Aotearoa 2025 goal identifies a need for focus and urgency in getting on track to achieve the goal. To achieve the Smokefree 2025 goal will require a fourfold increase nationally in the number of successful quitters.

Data from 2018 shows smoking prevalence in Canterbury is 12% (slightly lower than all-of-NZ at 13.2%) and that our quit rate at 8% is the third lowest in the country.

The Te Ha Waitaha Smokefree service is Canterbury's Smoking Cessation Service which operates a hub and spoke model to provide cessation support to Cantabrians (led by Community and Public Health with three PHO and four NGO providers). In the six months to 30 June 2021:

- There were 1,985 referrals;
- 51% - 1,023 were directed to Stop Smoking Practitioners for face-to-face cessation support;
- 26% - 523 declined support;
- 16% - 327 were unable to be contacted;
- 1% - 21 were redirected to another region for Smokefree support;

In this service several opportunities can be identified to improve our quit rates. Increasing the number of referrals for cessation support, increasing the ratio of referrals that undertake a quit attempt and increasing the percentage that achieve smokefree status.

The greatest opportunity to increase the number of referrals exists within general practice as they are the largest referrer to Te Ha Waitaha at 62% of all referrals. General practice in Canterbury currently fall well below the Ministry of Health performance target for providing ABC to their enrolled populations (Ask, Brief Advice and Cessation referral). The national target is 90% of enrolled patients who smoke will be Asked if they still smoked, provided with Brief Advice and offered a Cessation referral.

In Quarter Four (April-June 2021) Canterbury PHOs achieved 81% against the 90% ABC target – this is up from 71% in Quarter Three, but performance can still be significantly improved. The provision of ABC by LMCs is high, with midwifes achieving 91% in the past quarter and our secondary care services are offering ABC to 94% of all inpatients who identify as smoker while in our services. The individual performance of PHOs such as Waitaha PHO who are exceeding the performance target (at 92% of enrolled smokers being provided with ABC), also demonstrates that the target can be achieved even in very busy practices.

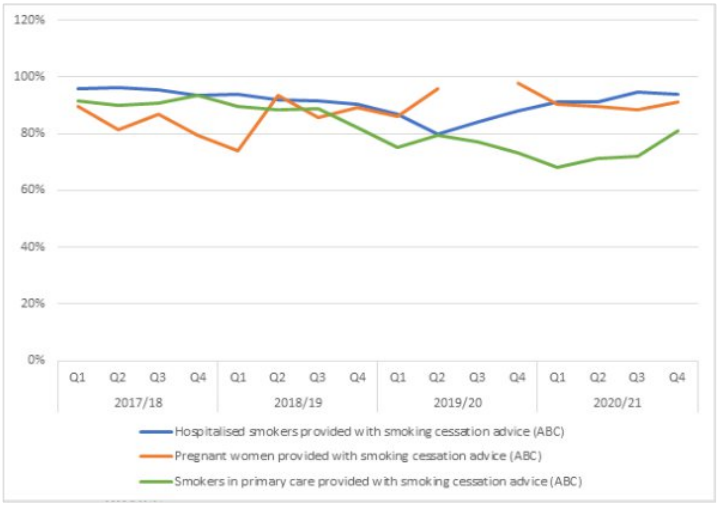


Figure 1: Smoking cessation and advice rates (quarter three results for 2019/20 were not provided nationally due to COVID)

Building on the approach of targeting services to population groups is another approach which will increase the referrals transferring into quit attempts. Te Ha Waitaha has piloted the Hikitia Te Ha Initiative which is an incentive programme for pregnant wahine in a Kohanga Reo setting. This has received positive responses and will now be repeated in other Kohanga Reo. Te Ha Waitaha is also running the Tame the Taniwha programme in Christchurch Women's prison.

Building on these successful targeted initiatives and identifying other opportunities to improve service provision and performance is a focus for the Planning & Funding team over the coming quarter. A meeting is scheduled to occur with the three PHOs, Te Ha Waitaha providers, Community and Public Health and Planning & Funding this month to generate momentum.

NURSING

Health System Flow

We have had unprecedented challenges over the past month that have impacted hugely on system flow. As numbers of acute patients increased across the system, staff sickness and unplanned leave increased, we realised we need a trigger process to guide our teams. This resulted in the development of an escalation plan and an incident management team with EOCs stood up after we determined that we

were in orange. The majority of planned/elective surgery was deferred and all available teams from areas such as outpatients and day surgery were redeployed to assist from across the divisions.

The RSV outbreak showed us several things. Firstly, how important it is to have an across system response that supports urgent care and primary care ensuring the most appropriate patients are coming to ED. Secondly, leadership is key, and we saw amazing examples such as our Clinical Director for paediatrics supporting primary health with an SMO, with allied health teams from Burwood deploying to ED to help turn around triage 4s and 5s. It also provided a serious reminder of the need to ensure we are prepared especially regarding our COVID-19 surge readiness. Teams have reviewed and updated their plans to ensure we are better prepared going forward.

Significant progress is occurring across the five workstreams for system flow. Clinicians are highly engaged but time poor. The five workstreams are:

- Making ED Flow
- Making Christchurch Hospital Flow
- Flow Between Facilities
- Community Flow
- Urgent Care SLA

The Flow Between Facilities workstream has been progressing well with a number of shared ideas being implemented, for example the focus on extended length of stay (LOS) on each campus. Focussing resource to manage those patients with significant LOS in each area has provided opportunities to improve and to increase flow. Burwood has also worked hard to ensure a significant increase of transfers from Christchurch for a sustained period of time. The collaboration and collegiality of the teams across the facilities work is excellent.

Workforce: Significant nursing workforce concerns/pressures emerging with Aged Residential Care with 900 FTE down as at June 2021 nationally. National meeting was held in July to develop strategies to increase the supply of graduate RNs in ARC facilities. Our Gerontology Acceleration Programme is underway with 5 gerontology nurses participating (3 DHB and 2 ARC). 25 NETP graduates are currently in ARC and all progressing well but the turnover continues to be concerning with staff across the ARC sector. Several facilities are commenting about the attrition of staff to MIQ, vaccination roles and the DHB.

With NETP/NESP Assessment Centres completed, we will employ all ACE (Advanced Choice of Employment) applicants and there will be no Canterbury Talent Pool. There are very few graduates left on the National Talent Pool and we have contacted all to attempt to recruit them to Canterbury.

4. APPENDICES

Appendix 1: New High-Level Health System Indicators

The NEW high-level Health System Indicators:		
Government priority	High-level indicator	Description
Improving child wellbeing	Immunisation rates for children at 24 months	Percentage of children who have all their age-appropriate schedule vaccinations by the time they are two years old
	Ambulatory sensitive hospitalisations for children (age range 0 — 4)	Rate of hospital admissions for children under five for an illness that might have been prevented or better managed in the community
Improving mental wellbeing	Under 25s able to access specialist mental health services within three weeks of referral	Percentage of child and youth accessing mental health services within three weeks of referral
	Access to primary mental health and addiction services	In development
Improving wellbeing through prevention	Ambulatory sensitive hospitalisations for adults (age range 45-64)	Rate of hospital admissions for people aged 45-64 for an illness that might have been prevented or better managed in the community
	Participation in the bowel screening programme	In development
Strong and equitable public health system	Acute hospital bed day rate	Number of days spent in hospital for unplanned care including emergencies
	Access to planned care	People who had surgery or care that was planned, in advance, as a percentage of the agreed number of events in the delivery plan
Better primary health care	People report they can get primary care when they need it	Percentage of people who say they can get primary care from a GP or nurse when they need it
	People report being involved in the decisions about their care and treatment	Percentage of people who say they felt involved in their own care and treatment with their GP or nurse
Financially sustainable health system	Annual surplus/deficit at financial year end	Net surplus/deficit as a percentage of total revenue
	Variance between planned budget and year end actuals	Budget versus actuals variance as a percentage of budget

GREATER CHRISTCHURCH PARTNERSHIP MEMORANDUM OF UNDERSTANDING

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Greater Christchurch Partnership**

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

DATE: **16 September 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The Canterbury District Health Board (*CDHB*) is a full member of the Greater Christchurch Partnership (*GCP*). We are involved across many levels of the partnership including our Chair as a member of the Committee, Chief Executive at the Chief Executives Group, an EMT member at the Senior Managers Group and staff working on projects. The GCP is currently updating its MOU with member organisations to recognise the current work outputs and relationships and it is also entering into a new MOU with Government to access resources and support through the Urban Growth Partnership. The information provided below follows discussion at the GCP Committee meeting on 10 September 2021 and is being circulated to all member organisations for formal adoption. This is a necessary step prior to the MOU with government being finalised. The papers and background were discussed at EMT on 8 September 2021. At that meeting, EMT re-confirmed the importance of CDHB being an active part of GCP to enable us to achieve many of our DHB's outcomes related to health and wellbeing.

2. RECOMMENDATION

That the Board:

i. approves the Greater Christchurch Urban Growth Partnership Committee Memorandum of Agreement (Appendix 1) and updated Greater Christchurch Partnership Committee Memorandum of Agreement (Appendix 2);
ii. delegates responsibility to the Greater Christchurch Partnership Independent Chair to make any minor non-material amendments to the Agreements;
iii. delegates responsibility to the Chair to execute the Agreements;
iv. notes that officers are in discussions with mana whenua representatives on the potential of mana whenua / Ngāi Tahu gifting a name for the Greater Christchurch Urban Growth Partnership Committee;
v. notes that Sir John Hansen remains the appointed member of the Greater Christchurch Partnership Committee;
vi. appoints Sir John Hansen as the appointed member of the Greater Christchurch Urban Growth Partnership Committee;
vii. resolves that the Greater Christchurch Partnership Committee and the Greater Christchurch Urban Growth Partnership Committee are not discharged following triennial general elections, in accordance with clause 5.6 of the Memorandum of Agreements; and
viii. delegates to the Greater Christchurch Urban Growth Partnership Committee the authority to adopt a new name.

3. SUMMARY

The GCP is renewing its partner MOU and wanting to enter into a new MOU with government. In so doing the current MOU will be strengthened in relations to te Tiriti and recognise current partner

led projects. This will also enable the partnership to undertake large projects around priority areas of transport and housing through government partnerships.

The purpose of this report is for CDHB to consider the recommendations of the GCP Committee to approve the:

a. Greater Christchurch Urban Growth Partnership Committee Memorandum of Agreement; and
b. Updated GCP Committee Memorandum of Agreement.

4. DISCUSSION

The GCP is a longstanding broad partnership that brings health, iwi, local, regional, and central government to the table.

The major opportunities and challenges facing communities and the urban area in Canterbury transcend the boundaries of territorial authorities and the statutory functions held by the partner agencies. Strong partnership is essential to leveraging the investment, resources and tools available in order to effectively deliver on communities' aspirations, respond to opportunities and address challenges facing the sub-region.

In July 2020, CDHB agreed the focus for the GCP for the year ahead include developing Greater Christchurch 2050 and focusing on our partnership with central government. One of the objectives was to secure an Urban Growth Partnership between the GCP and central government.

Urban Growth Partnerships are partnership between the Crown, local government and iwi to advance the government's Urban Growth Agenda (*UGA*). The main objective of the UGA is to improve housing affordability, underpinned by affordable land. This objective is supported by wider objectives to:

a. Improve choices about the location and type of housing.
b. Improve access to employment, education and services.
c. Assist emissions reduction and build climate change resilience.
d. Enable high quality-built environments while avoiding unnecessary sprawl.

These objectives are being pursued through infrastructure and financing, spatial planning, urban planning, transport pricing and legislative change.

At the commencement of this triennium, the Committee also noted various aspects of the current GCP Memorandum of Agreement that should be reviewed including membership, geographic context, and functions. Given the interdependencies with the Urban Growth Partnership, this review was undertaken concurrently with the formation of the Urban Growth Partnership.

The draft Greater Christchurch Urban Growth Partnership Committee Memorandum of Agreement and updated GCP Committee Memorandum of Agreement are included as appendices.

Giving Effect to the Te Tiriti o Waitangi

The recommendations of this paper give effect to Te Tirit o Waitangi in the following ways:

a. Urban Growth Partnerships are specified as a partnership between central government, local government, and iwi. In a Greater Christchurch context, the GCP is a vehicle for this partnership.
b. The GCP identified strengthening of partnership with mana whenua and iwi as a key priority and an important foundation for the Partnership's wider priorities. This is recognised explicitly in the Memorandum of Agreements through inclusion of:

- A strengthened commitment to Treaty Partnership and being Te Tiriti led, including a principle to uphold Te Tiriti o Waitangi and its principles and embody Te Tiriti partnership through its functions and processes.
- A statement that the Partners recognise that Ngāi Tahu holds rangatiratanga as guaranteed under Te Tiriti and as expressed in the Ngāi Tahu Claims Settlements Act 1998 throughout its takiwā.
- A schedule of Papatipu Rūnanga of Ngāi Tahu Whānui and their Respective Takiwā within the context of Greater Christchurch.
- A map that shows marae and the original extent of Māori reserve land.

Greater Christchurch Urban Growth Partnership Agreement

The Crown has partnerships in place in Auckland, the Waikato, the Western Bay of Plenty and is developing partnerships in Greater Wellington, Queenstown Lakes, Northland and Greater Christchurch. An Urban Growth Partnership for Greater Christchurch will be an important mechanism for Greater Christchurch partners to:

a. Have a regular dialogue with Ministers on urban challenges and opportunities particular to Greater Christchurch.
b. Bring to bear and align the wider range of tools (policy and investment) available across local and central government to address urban issues.
c. Raise the profile and understanding of Greater Christchurch with Ministers and central government officials.

Specifically, through the Urban Growth Partnership, Greater Christchurch Partners will seek to:

a. Address the vulnerability of Greater Christchurch's population to climatic change (sea level rise and flooding).
b. Maintain and improve housing affordability, particularly for those on lower incomes, while enhancing the protection and regeneration of the natural environment, transitioning to a net zero emissions future, and maintaining access to employment, education, and services.

In summary the key components of the proposed Greater Christchurch Urban Growth Partnership Committee are:

a. **Membership -** the membership of the Urban Growth Partnership Committee would extend the existing GCP Committee with the addition of two Ministers.
b. **Role, Priorities and Key Functions** - these include:
    - **Role** - similar to the GCP Committee, the role of the Greater Christchurch Urban Growth Partnership Committee is to facilitate a collaborative approach, understanding and alignment, but with a broader scope to include the Crown.
    - **Priorities** – the priorities of the Greater Christchurch Urban Growth Partnership Committee are within the scope of the Urban Growth Agenda. These priorities provide the focus for the Partnership and joint work programme between the central government and the GCP.
    - **Key functions** – the key functions are focused collaboration on strategic urban challenges and opportunities; developing and implementing strategies and plans to achieve shared objectives; and ensuring alignment with and implementation of government policy.

The priorities of the Greater Christchurch Urban Growth Partnership are as follows:

a. Create a well-functioning and sustainable urban environment.

b. In achieving this, priority will be given to:
   - Decarbonising the transport system.
   - Increasing resilience to natural hazards and the effects of climate change.
   - Accelerating the provision of quality, affordable housing.
   - Improving access to employment, education and services.

The first joint project of the Urban Growth Partnership will be a Greater Christchurch Spatial Plan. This spatial plan will respond to the priorities of the Greater Christchurch Urban Growth Partnership.

Officers have advised that there is benefit in developing a new name for the Greater Christchurch Urban Growth Partnership – both to distinguish it from the GCP and to provide an opportunity to profile it more clearly locally and nationally. Officers are in discussions with mana whenua representatives on the potential of mana whenua / Ngāi Tahu gifting a name.

To ensure the efficient and effective operations of both Committees, common elements between the Committees include the Independent Chair, common membership of the GCP Committee members, and operating principles.

Greater Christchurch Partnership Memorandum of Agreement

The existing Memorandum of Agreement for the Committee was endorsed by the GCP Committee in April 2017 and remains in place as part of the enduring provisions of the Committee such that it is not disestablished at the point of local body elections.

The GCP Committee recommend that the GCP Memorandum of Agreement be revised. In summary, key proposed updates to the Memorandum of Agreement are:

a. **Tiriti led** - includes a strengthened commitment to Treaty Partnership and being Te Tiriti led.
b. **Functions** - inclusion of the strategic public transport functions agreed by the Committee to be transferred to the GCP when the Greater Christchurch Public Transport Joint Committee was disestablished in late 2020.
c. **Public Deputations** - the guidelines are amended to be consistent with the administrative authority's (Christchurch City Council's) standing orders.

5. CONCLUSION

Following the GCP voting Partners approval, Cabinet will consider the Greater Christchurch Urban Growth Partnership Memorandum of Agreement. The first meeting of the Urban Growth Partnership Committee is anticipated early in the New Year. Officials are currently working with central government to develop a schedule of meetings.

6. APPENDICES

Appendix 1: Greater Christchurch Urban Growth Partnership -Joint Committee agreement (MoA) 2021 version 20210906
Appendix 2: Greater Christchurch Partnership – Joint Committee Agreement (MoA) 2021 version 202100906

Memorandum of Agreement

Greater Christchurch Urban Growth Partnership Committee

[Note name to be determined]

This Memorandum of Agreement is consistent with the requirements for joint committees as outlined in the Local Government Act (Clause 30A of Schedule 7), as amended by the Local Government Act 2002 Amendment Act 2014.

Dated:	*[Ratified] by [INSERT PARTNERS NAMES] on [INSERT DATE]*

INSERT LOGOS

Greater Christchurch Urban Growth Partnership Committee Memorandum of Agreement (2021)

[INSERT SIGNATURES]

GREATER CHRISTCHURCH URBAN GROWTH PARTNERSHIP COMMITTEE – MEMORANDUM OF AGREEMENT 2021

1. PURPOSE OF THE AGREEMENT

1.1. To outline the voluntary and collaborative approach and governance structure agreed between the Partners to address strategic urban challenges and opportunities for Greater Christchurch.

1.2. To comply with the requirements for joint committees as outlined in Clause 30A of Schedule 7 of the Local Government Act 2002.

2. CONTEXT

2.1. Urban Growth Partnerships are being progressed as part of the Government's Urban Growth Agenda to achieve greater alignment, integration and coordination between central government, local government and mana whenua around housing, land-use, infrastructure planning and investment.

2.2. The Partnerships comprise three core components:

- an enduring Urban Growth Partnership/governance structure; and
- joint spatial plans outlining how and where areas will grow over 30+ years; and
- joint work programmes comprising key transformational initiatives.

2.3. This Memorandum of Agreement is intended to establish the governance structure for an Urban Growth Partnership with Greater Christchurch that will include overseeing the development and implementation of a joint spatial plan and associated joint work programme.

2.4. The value proposition for an Urban Growth Partnership in Greater Christchurch includes:

- many of the challenges and opportunities facing communities, iwi, councils, and central government transcend the political boundaries and/or functions of the Partners
- ensuring Ngāi Tahu values and priorities, such as kāinga nohoanga / papakāinga, are reflected and incorporated into strategic planning and decision-making to further recognise and support agreements with the Crown and enriches the bi-cultural heritage within our communities
- improving the economic, social, cultural and environmental wellbeing of communities requires the application of statutory functions held by a number of local and central public agencies
- communities have a clear expectation that public agencies must work together efficiently and effectively to deliver agreed community outcomes.

2.5. Working in partnership can:

- demonstrate visible and collaborative leadership
- build trust and stronger organisational and personal relationships
- build better understanding of Partners' perspectives and identify shared objectives and areas of alignment
- result in an agreed joint spatial plan and work programme
- provide confidence and certainty to stakeholders and the community

- assist information sharing, efficient and effective working, and provide a stronger voice when advocating to others
- establish a greater level of preparedness in responding to unforeseen events.

2.6. While Greater Christchurch is the primary geographic focus area of the Committee, the Committee will give consideration to the role of Greater Christchurch having regard to the takiwā of the respective Papatipu Rūnanga and Ngāi Tahu whānui, along with Canterbury, South Island and national contexts.

2.7. The Partners recognise that Ngāi Tahu holds rangatiratanga as guaranteed under Te Tiriti and as expressed in the Ngāi Tahu Claims Settlement Act 1998 throughout its takiwā.

3. BACKGROUND

3.1. The Greater Christchurch Partnership Committee is a longstanding joint Committee established in 2007 with a focus on land use and transport infrastructure planning in the context of the four well-beings.

3.2. In 2021, the Greater Christchurch Partnership Committee and the Crown agreed to form a Greater Christchurch Urban Growth Partnership Committee to work together to advance shared urban growth objectives relating to housing, infrastructure and land use within the context of the Urban Growth Agenda.

3.3. The Greater Christchurch Partnership Committee operates alongside the Greater Christchurch Urban Growth Partnership Committee to advance its wider strategic objectives in the context of intergenerational wellbeing where a collaborative approach amongst local partners is beneficial for current and future communities.

3.4. The intention is for the Memorandum of Agreements of the Greater Christchurch Partnership Committee and Greater Christchurch Urban Growth Partnership Committee to include common elements to support the integration and efficient operations of these Committees. The areas which include common elements are:

- Common membership of the Greater Christchurch Partnership Committee members;
- Independent Chairperson and deputy chairperson;
- Quorum and conduct of meetings;
- Delegations;
- Financial delegations;
- Limitations of powers;
- Committee support;
- Operating principles; and
- Variations.

3.5. The areas of difference between the Greater Christchurch Partnership Committee and Greater Christchurch Urban Growth Partnership Committee Memorandum of Agreements are:

- Terms of Reference;
- Meeting frequency; and

- Funding.

4. INTERPRETATION

i. **Agreement** means this Memorandum of Agreement, including any variations entered into from time to time.

ii. **Chief Executives Advisory Group** is an advisory group of the Chief Executives of the Partners. This means the Chief Executives of the Greater Christchurch Partnership Committee Partners, and for Urban Growth Partnership Committee matters, the addition of representatives from the Ministry of Housing and Urban Development and the Department of Internal Affairs.

iii. **Committee** means the Greater Christchurch Urban Growth Partnership Committee.

iv. **Greater Christchurch** means the area covering the eastern parts of Waimakariri and Selwyn Districts Councils and the metropolitan area of Christchurch City Council, including the Lyttelton Harbour Basin. It includes the towns of Rangiora, Kaiapoi and Woodend/Pegasus to the north and Rolleston, Lincoln and West Melton to the south-west and is shown on the map attached overleaf as Figure 1.

v. **Greater Christchurch Urban Growth Partnership (or Partnership)** means the voluntary arrangements established to support collaboration amongst the Partners, including the Committee, the Chief Executives Advisory Group and staff advisory, coordination and implementation groups.

vi. **Papatipu Rūnanga of Ngāi Tahu Whānui and their respective Takiwā** means as set out in Schedule 1.

vii. **Partners** means together Te Rūnanga o Ngāi Tahu, Canterbury Regional Council, Christchurch City Council, Selwyn District Council, Waimakariri District Council, Canterbury District Health Board, Waka Kotahi New Zealand Transport Agency, and the Crown.

viii. **Senior Officials Group** is a group of Senior Officials of the Partners. This means the Senior Managers of the Greater Christchurch Partnership Committee Partners, and the addition of Senior Officials from the Ministry of Housing and Urban Development and Kāinga Ora Homes and Communities. This group will perform the function of the steering group for the joint spatial plan.

ix. **Regional Council** means Canterbury Regional Council (operating as Environment Canterbury).

x. **Territorial Authorities** means Christchurch City Council, Selwyn District Council and Waimakariri District Council.

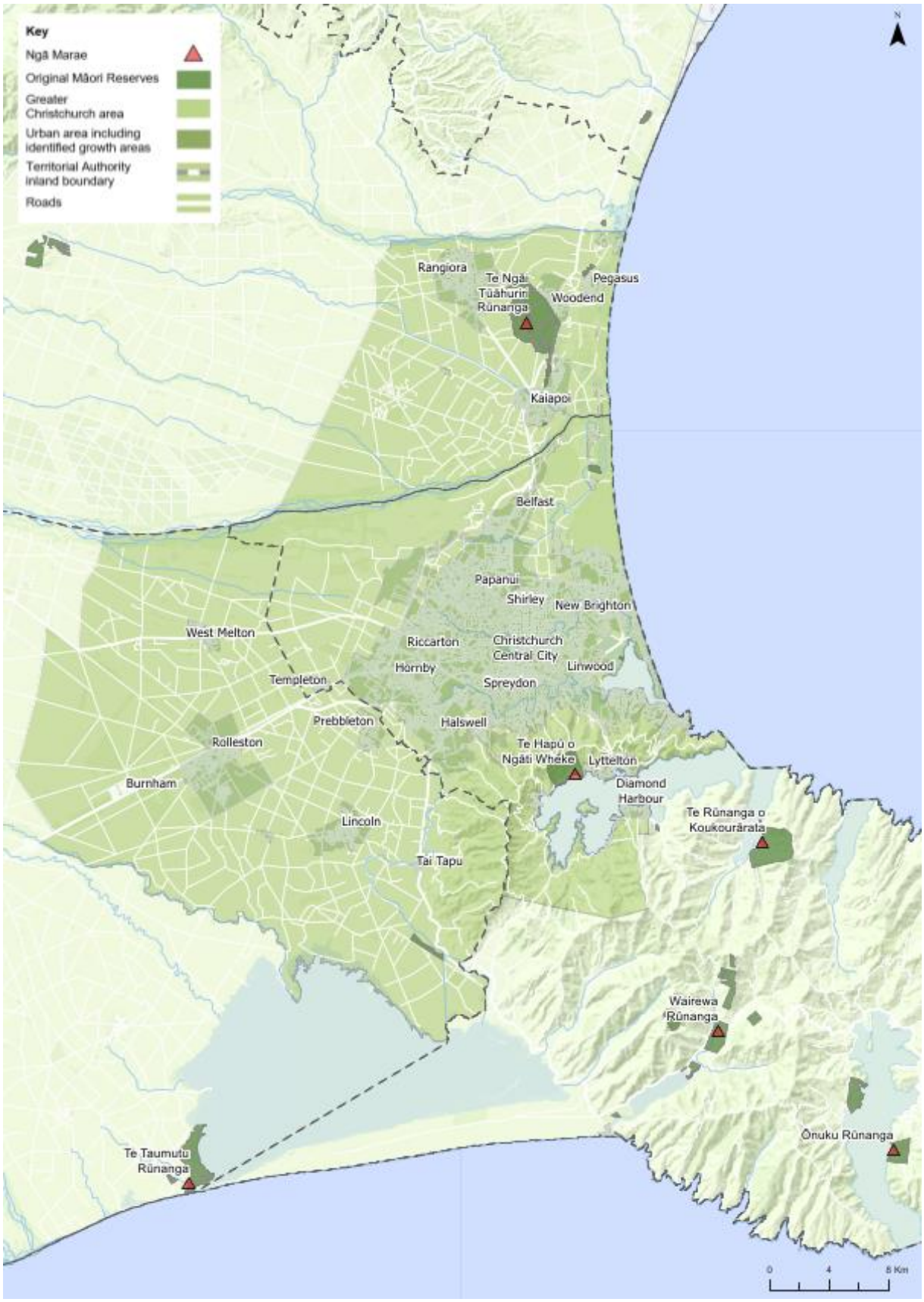
xi. **LGA 2002** means the Local Government Act 2002.

xii. **RMA 1991** means the Resource Management Act 1991.

xiii. **LTMA 2003** means the Land Transport Management Act 2003.

GREATER CHRISTCHURCH URBAN GROWTH PARTNERSHIP COMMITTEE – MEMORANDUM OF AGREEMENT 2021

Figure 1: Map of area referred to as Greater Christchurch



5. COMMITTEE MEMBERSHIP

5.1. The Committee will have a membership of twenty, comprising nineteen voting members and one non-voting member, made up as follows:

i. Two Ministers of the Crown; and

ii. The Greater Christchurch Partnership Committee members which are:

a. An Independent Chairperson;

b. Three representatives appointed by Te Rūnanga o Ngāi Tahu;

c. The Chair and two council members from Canterbury Regional Council;

d. The Mayor and two council members from Christchurch City Council;

e. The Mayor and two council members from Selwyn District Council;

f. The Mayor and two council members from Waimakariri District Council;

g. The Board Chairperson or a board member of Canterbury District Health Board;

h. The Director, Regional Relationships of Waka Kotahi New Zealand Transport Agency, with speaking rights but in a non-voting capacity.

5.2. The Partners will each appoint their representatives to the Committee.

5.3. The Partners may replace their unspecified representatives from time to time by providing written notice to the Committee confirming the amended appointment.

5.4. The Committee may agree to appoint up to two additional non-voting observers from time to time, and for a specified period of time, where such appointments will contribute to and support the work of the Committee.

5.5. There is no provision for alternate members, with the exception that the two Ministers of the Crown appointed to the Committee may nominate alternate members in the event that they are unable to attend.

5.6. The Committee will not be discharged at the point of each election period (in line with Clause 30(7) of Schedule 7 of the LGA 2002.

5.7. Other Partner representatives are welcome to attend and may seek speaking rights.

6. INDEPENDENT CHAIRPERSON AND DEPUTY CHAIRPERSON

6.1. The Independent Chairperson will be appointed by the Committee and will continue in the role unless otherwise resolved by the Committee or upon a resignation being received.

6.2. The Independent Chair will chair the Greater Christchurch Partnership Committee, the Urban Growth Partnership Committee, and the Chief Executives Advisory Group.

6.3. Remuneration and contractual arrangements for the Independent Chair will be agreed by the Chief Executives Advisory Group.

6.4. A Deputy Chairperson will be appointed by the Committee at the commencement of each triennium, and who shall be a voting member of the Committee. The Deputy Chairperson will continue in the role for the duration of the triennium unless otherwise resolved by the Committee or upon a resignation being received.

6.5. There will be no remuneration for the Deputy Chairperson.

7. QUORUM AND CONDUCT OF MEETINGS

7.1. The quorum at a meeting of the Committee consists of the majority of the voting members and must include one of the Ministers of the Crown or their alternate.

7.2. Other than as noted in this Agreement, the standing orders of the administering Council at the time shall apply.

7.3. Voting shall be on the basis of the majority present at the meeting, with no alternates or proxies, aside from those attending as alternates to the Ministers of the Crown.

7.4. For the purpose of clause 6.2, the Independent Chairperson:

i. has a deliberative vote; and

ii. in the case of equality of votes, does not have a casting vote (and therefore the act or question is defeated and the status quo is preserved).

8. MEETING FREQUENCY

8.1. The Committee shall meet quarterly, or as necessary and determined by the Independent Chair in liaison with the Committee.

8.2. Notification of meetings and the publication of agendas and reports shall be conducted in accordance with the requirements of Part 7 of the Local Government Official Information and Meetings Act 1987.

9. TERMS OF REFERENCE

9.1. The role of the Committee is to:

i. Provide strategic direction for the priorities and functions of the Committee.

ii. Foster and facilitate a collaborative approach between the Partners to address strategic urban challenges and opportunities for Greater Christchurch which are cross boundary or of sub-regional importance.

iii. Enable partners to better understand national and Greater Christchurch context.

iv. Enable partners to identify shared objectives and areas of alignment.

9.2. The priorities of the Committee are to:

i. Create a well-functioning[1] and sustainable urban environment

ii. In achieving this, priority will be given to:

a. Decarbonising the transport system

b. Increasing resilience to natural hazards and the effects of climate change

c. Accelerating the provision of quality, affordable housing

[1] Well-functioning has the meaning as defined in Policy 1, National Policy Statement on Urban Development 2020.

d. Improving access to employment, education and services.

9.3. The functions of the Committee are to:

i. Provide a forum to collaborate on strategic urban challenges and opportunities.

ii. Oversee the development and review of a joint spatial plan and implementation of an associated joint work programme.

iii. Oversee the development and review of other strategies and plans as necessary to enable partners to deliver on the priorities of the Committee.

iv. In the development of, and to give effect to, the implementation of a joint spatial plan, associated work programme and development of any other strategies and plan as necessary as set out in 9.3 ii-iii, the Committee will:

a. Recommend to Partners how funding and resources should be applied to support their development and implementation.

b. Undertake wider engagement and consultation as necessary, including where appropriate holding hearings, to assist the development and implementation.

c. Recommend to Partners for ratification at individual partner governance meetings.

d. Undertake monitoring and reporting on the delivery of adopted strategies and plans.

e. Undertake any reviews or updates.

f. Ensure alignment with council plans and planning processes, strategies and policies, and evidence.

g. Identify and manage risks associated with implementation.

v. Ensure integrated planning of land-use, housing and infrastructure, including alignment with government policy, such as the National Policy Statement on Urban Development, and advancing opportunities to implement new urban development tools, such as the Infrastructure Funding and Financing Act 2020 and the Urban Development Act 2020.

9.4. In undertaking its role and performing its functions, the Committee will consider seeking the advice of the Chief Executives Advisory Group.

10. DELEGATIONS

10.1. Establishing, and where necessary amending, protocols and processes to support the effective functioning of the Committee.

10.2. Preparing communication and engagement material relevant to the functions of the Committee.

10.3. Commissioning and publishing reports relevant to the functions of the Committee.

10.4. Undertaking engagement and consultation exercises in support of the functions of the Committee

10.5. Selecting an Independent Chair and Deputy Chair in accordance with any process agreed by the Committee and the requirements of the LGA 2002.

10.6. Appointing, where necessary, up to two additional non-voting observers to the Committee.

11. FINANCIAL DELEGATIONS

11.1. The Committee can make financial decisions within an agreed budget envelope and as long as the decision does not trigger any change to the statutory plans prepared under the LGA 2002, the RMA 1991, or the LTMA 2003.

12. LIMITATION OF POWERS

12.1. In of itself the Committee does not have the authority to commit any Partner to any course of action or expenditure and its recommendations do not compromise the Partners' freedom to deliberate and make decisions.

12.2. For the avoidance of doubt, the Partners are under no obligation to accept the recommendations of the Committee.

12.3. In accordance with legislative requirements, Partners will retain decision-making and other statutory responsibilities in relation to their functions and responsibilities under the LGA 2002, the RMA 1991, and the LTMA 2003.

13. OPERATING PRINCIPLES

13.1. The practice of the Committee will be to work to achieve consensus wherever possible to achieve alignment and integration across all Partners.

13.2. The Committee will uphold Te Tiriti o Waitangi and its principles and embody Te Tiriti partnership through its functions and process.

13.3. The Committee will work in a collaborative and cooperative manner and take into account the interests of all sectors of the community.

13.4. The Committee will, at all times, operate in accordance with the requirements of the Local Government Official Information and Meetings Act 1987.

14. COMMITTEE SUPPORT

14.1. A Partner Council will act as the administrating authority to the Committee and this will be determined by the Chief Executives Advisory Group for each triennium.

14.2. The Greater Christchurch Partnership secretariat supports effective functioning of the Partnership and works with the Committee Advisor to provide secretariat support to the Committee.

14.3. The Committee is also supported through the provision of advice by the Chief Executives Advisory Group and a Senior Officials Group.

14.4. The Chief Executives will each appoint their respective official to the Senior Officials Group.

14.5. The Terms of Reference of the Chief Executives Advisory Group and Senior Officials Group will be agreed by the Chief Executives Advisory Group.

15. PARTNERSHIP FUNDING

15.1. The Committee and the collaborative work of the Urban Growth Partnership is supported financially through the provision of a central fund, which includes meeting the costs associated with the roles of Independent Chair and the secretariat.

15.2. The Partner Councils funding will be met through the following cost share (Canterbury Regional Council (37.5%), Christchurch City Council (37.5%), Selwyn District Council (12.5%), Waimakariri District Council (12.5%).

15.3. Funding will also be provided by central government as a contribution to the administration of the Committee and the joint secretariat at an amount to be agreed.

15.4. Annual financial contributions will be determined by the CEAG as part of the annual plan processes of Partner Councils and with reference to the agreed annual work programme of the Partnership.

15.5. Partners may make supplementary financial contributions to assist effective Partnership working and the delivery of agreed collaborative work programmes.

15.6. For the avoidance of doubt, the successful achievement of strategic goals and implementation of agreed actions within agreed strategies and plans relies on the alignment of individual Partner resources through annual plans, long term plans and other funding processes.

16. COMMUNICATIONS

16.1. For general matters the Deputy Chair and a nominated Minister of the Committee or their delegate shall be the spokesperson.

16.2. For Partner-specific matters the relevant Partner representatives shall be the spokespeople.

16.3. For specific projects the Committee may nominate a spokesperson.

16.4. For day-to-day operational matters the Partnership Manager shall be the spokesperson.

17. VARIATIONS

17.1. The Committee may, at any time, make a recommendation to voting member Partners to vary this Agreement.

17.2. A recommendation to vary this Agreement must be ratified at the governance meetings of all the individual voting member Partners.

17.3. Any variation to this Agreement will be attached to a copy of this document.

SCHEDULE 1

Schedule of Papatipu Rūnanga of Ngāi Tahu Whānui and their respective Takiwā[2] within the context of Greater Christchurch

Te Ngāi Tūāhuriri Rūnanga	The takiwā of Te Ngāi Tūāhuriri Rūnanga centres on Tuahiwi and extends from the Hurunui to Hakatere, sharing an interest with Arowhenua Rūnanga northwards to Rakaia and thence inland to the Main Divide.
Te Hapū o Ngāti Wheke (Rāpaki) Rūnanga	The takiwā of Rāpaki Rūnanga centres on Rāpaki and includes the catchment of Whakaraupō and Te Kaituna.
Te Rūnanga o Koukourārata	The takiwā of Te Rūnanga o Koukourārata centres on Koukourārata and extends from Pohatu Pā to the shores of Te Waihora including Te Kaituna.
Wairewa Rūnanga	The takiwā of Wairewa Rūnanga centres on Wairewa and the catchment of the lake Te Wairewa and the hills and coast to the adjoining takiwā of Koukourārata, Onuku Rūnanga and Taumutu Rūnanga.
Ōnuku Rūnanga	The takiwā of Ōnuku Rūnanga centres on Ōnuku and the hills and coasts of Akaroa to the adjoining takiwā of Te Rūnanga o Koukourārata and Wairewa Rūnanga.
Taumutu Rūnanga	The takiwā of Taumutu Rūnanga centres on Taumutu and the waters of Te Waihora and adjoining lands, and shares a common interest with Te Ngāi Tūāhuriri Rūnanga and Te Rūnanga o Arowhenua in the area south to Hakatere.

[2] As described in the Schedule of the Order in Council Te Rūnanga o Ngāi Tahu (Declaration of Membership) Order 2001. More detailed description is available in the Mahaanui Iwi Management Plan 2013.

Greater Christchurch Partnership

Te Tira Tū Tahi

One Group, Standing Together

Memorandum of Agreement

Greater Christchurch Partnership Committee

This Memorandum of Agreement is ~~compliant~~ consistent with the requirements for joint committees as outlined in the Local Government Act (Clause 30A of Schedule 7), as amended by the Local Government Act 2002 Amendment Act 2014.

This Memorandum of Agreement includes, as part of the Agreement, the following appendices:

- the Committee protocol for the resolution of conflicting views
- the Public Deputations guidelines for the Committee
- the Communications Protocol (and associated Regeneration Protocol) for the Committee

Dated:	[INSERT DATE]

Te Rūnanga o NGĀI TAHU · Canterbury District Health Board Te Poari Hauora ō Waitaha · Christchurch City Council · Environment Canterbury Regional Council Kaunihera Taiao ki Waitaha · Selwyn District Council · Waimakariri District Council · NZ Transport Agency Waka Kotahi

Greater Christchurch Partnership Committee Memorandum of Agreement (~~2017~~2021)

[INSERT SIGNATURES]

GREATER CHRISTCHURCH PARTNERSHIP COMMITTEE – MEMORANDUM OF AGREEMENT ~~2017~~2021

1. PURPOSE OF THE AGREEMENT

1.1. To outline the voluntary and collaborative approach agreed between the Partners to address strategic challenges and opportunities for Greater Christchurch.

1.2. To comply with the requirements for joint committees as outlined in Clause 30A of Schedule 7 of the Local Government Act 2002.

2. ~~BACKGROUND~~CONTEXT

2.1. The value proposition for collaboration across Greater Christchurch is strong:

- many of the challenges and opportunities facing communities, iwi, and C~~c~~ouncils in Greater Christchurch transcend the political boundaries and/or functions of the Partners.~~of its territorial authorities~~
- ensuring Ngāi Tahu values and ~~aspirations~~ priorities, such as kāinga nohoanga / papakāinga, are reflected and incorporated into strategic planning and decision-making to further recognise~~s~~ and support~~s~~ agreements with the Crown and enriches the bi-cultural heritage within our communities.
- improving the economic, social, cultural and environmental wellbeing of communities requires the application of statutory functions held by a number of local and central public agencies
- communities have a clear expectation that public agencies must work together efficiently and effectively to deliver agreed community outcomes

2.2. Working in partnership can ~~therefore~~:

- demonstrate visible and collaborative leadership
- build trust and stronger organisational and personal relationships
- ~~enable Partners to~~ build better understanding of ~~individual~~ Partners' perspectives and identify shared objectives and areas of alignment
- result in an agreed framework in which to progress individual initiatives and provide confidence and certainty to stakeholders and the community
- assist information sharing, efficient and effective working, and provide a stronger voice when advocating to others
- establish a greater level of preparedness in responding to unforeseen events.

2.3. While Greater Christchurch is the primary geographic focus area of the Committee, the Committee will give consideration to the role of Greater Christchurch having regard to the takiwā of the respective Papatipu Rūnanga and Ngāi Tahu whānui, along with Canterbury, South Island and national contexts.

~~2.3.~~2.4. The Partners recognise that Ngāi Tahu holds rangatiratanga as guaranteed under Te Tiriti and as expressed in the Ngāi Tahu Claims Settlement Act 1998 throughout its takiwā.

3. BACKGROUND

~~2.4.~~3.1. The Greater Christchurch Partnership Committee is a further evolution of the Greater Christchurch Urban Development Strategy Implementation Committee (UDSIC). The latter was formally established in 2007 with the adoption of the Greater Christchurch Urban Development Strategy (UDS) to oversee implementation the Strategy.

~~2.5.~~3.2. Subsequently the UDSIC also provided a forum to advance earthquake recovery matters and resilience planning. In so doing the UDSIC expanded and strengthened its representation to include Te Rūnanga o Ngāi Tahu, the Canterbury District Health Board (CDHB) and the Greater Christchurch Group of the Department of the Prime Minister and Cabinet.

3.3. The Partnership subsequently developed and adopted a number of strategies, including ~~In 2016 the UDSIC adopted the~~ the UDS Update (2016) and the Resilient Greater Christchurch Plan (2016), Our Space 2018-2048 (2019) as the future development strategy for Greater Christchurch, and Greater Christchurch Mode Shift Plan (2020).

3.4. In 2020, the Greater Christchurch 2050 project was established to set a vision and plan for Greater Christchurch to achieve intergenerational wellbeing that also responds to climate change and moving towards a zero carbon economy~~.~~

3.5. In 2021, the Greater Christchurch Partnership Committee and the Crown agreed to form a Greater Christchurch Urban Growth Partnership Committee to work together to advance shared urban growth objectives relating to housing, infrastructure and land use within the context of the Urban Growth Agenda.

3.6. The Greater Christchurch Partnership Committee operates alongside the Greater Christchurch Urban Growth Partnership Committee to advance its wider strategic objectives in the context of intergenerational wellbeing where a collaborative approach amongst local partners is beneficial for current and future communities.

3.7. The intention is for the Memorandum of Agreements of the Greater Christchurch Partnership Committee and Greater Christchurch Urban Growth Partnership Committee to include common elements to support the integration and efficient operations of these Committees. The areas which include common elements are:

- Committee membership - common membership of the Greater Christchurch Partnership Committee members;
- Independent Chairperson and deputy chairperson;
- Quorum and conduct of meetings;
- Delegations;
- Financial delegations;
- Limitations of powers;
- Committee support;
- Operating principles; and
- Variations.

3.8. The areas of difference between the Greater Christchurch Partnership Committee and Greater Christchurch Urban Growth Partnership Committee Memorandum of Agreements are:

- Terms of Reference;
- Meeting frequency; and
- Funding.

~~3.~~4. INTERPRETATION

i. **Agreement** means this Memorandum of Agreement with its Schedules, including any variations entered into from time to time.

ii. **Committee** means the Greater Christchurch Partnership Committee.

~~ii.~~iii. **Chief Executives Advisory Group** is an advisory group of the Chief Executives of the Partners. This means the Chief Executives of the Greater Christchurch Partnership Committee Partners, and for Urban Growth Partnership Committee matters, the addition of representatives from the Ministry of Housing and Urban Development and the Department of Internal Affairs.

~~iii.~~iv. **Greater Christchurch** means the area covering the eastern parts of Waimakariri and Selwyn Districts Councils and the metropolitan area of Christchurch City Council, including the Lyttelton Harbour Basin. It includes the towns of Rangiora, Kaiapoi and Woodend/Pegasus to the north and Rolleston, Lincoln and West Melton to the south-west and is shown on the map attached overleaf as Figure 1.

~~iv.~~v. **Greater Christchurch Partnership (or Partnership)** means the voluntary arrangements established to support collaboration amongst the Partners, including the Committee, the Chief Executives Advisory Group and staff advisory, coordination and implementation groups.

vi. **Partners** means together Canterbury Regional Council, Christchurch City Council, Selwyn District Council, Waimakariri District Council, Te Rūnanga o Ngāi Tahu, Canterbury District Health Board, and Waka Kotahi New Zealand Transport Agency. ~~Regenerate Christchurch and the Greater Christchurch Group of the Department of the Prime Minister and Cabinet.~~

~~v.~~vii. **Papatipu Rūnanga of Ngāi Tahu Whānui and their respective Takiwā** means as set out in Schedule 1.

~~vi.~~viii. **Senior Managers Group** is a group of Senior Managers of the Partners. This means Senior Managers of the Greater Christchurch Partnership Committee Partners, and for Urban Growth Partnership Committee matters, the addition of Senior Officials from the Ministry of Housing and Urban Development and Kāinga Ora Homes and Communities whom collectively form the Senior Officials Group.

~~vii.~~ix. **Strategic framework** means the agreed overarching Strategy of the Partnership, supported by any other partnership strategies, plans and programmes necessary to support a collective approach to improving intergenerational wellbeing in Greater Christchurch through addressing strategic challenges and opportunities. ~~manage growth and address urban development, regeneration, resilience and long term economic, social, cultural and environmental wellbeing for Greater Christchurch. Currently the overarching Strategy is documented through the Greater Christchurch Urban Development Strategy (2007) and complemented by the Strategy Update (2016).~~

~~viii.~~x. **Regional Council** means Canterbury Regional Council (operating as Environment Canterbury).

~~ix.~~xi. **Territorial Authorities** means Christchurch City Council, Selwyn District Council and Waimakariri District Council.

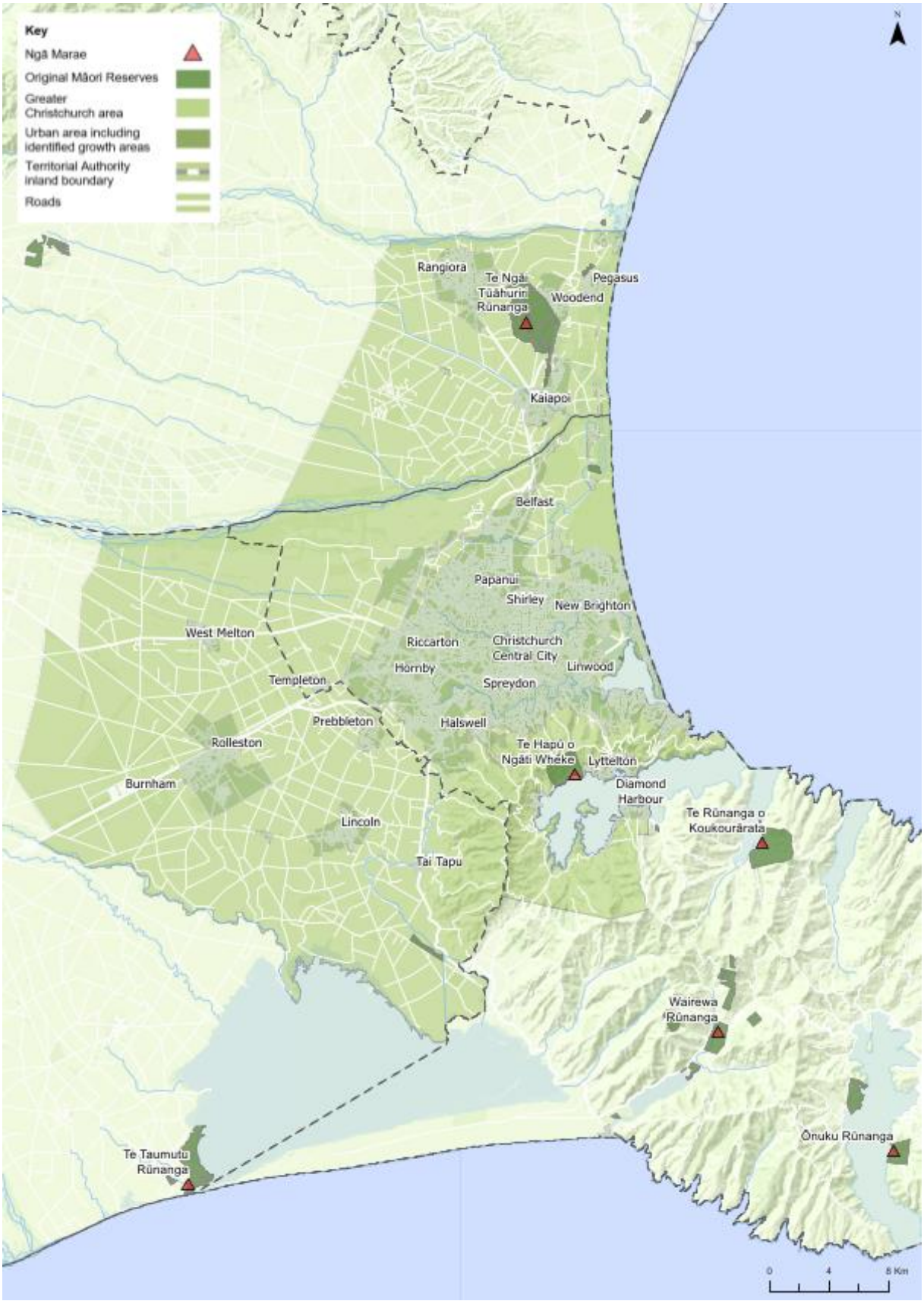
~~x.~~xii. **LGA 2002** means the Local Government Act 2002.

~~xi.~~xiii. **RMA 1991** means the Resource Management Act 1991.

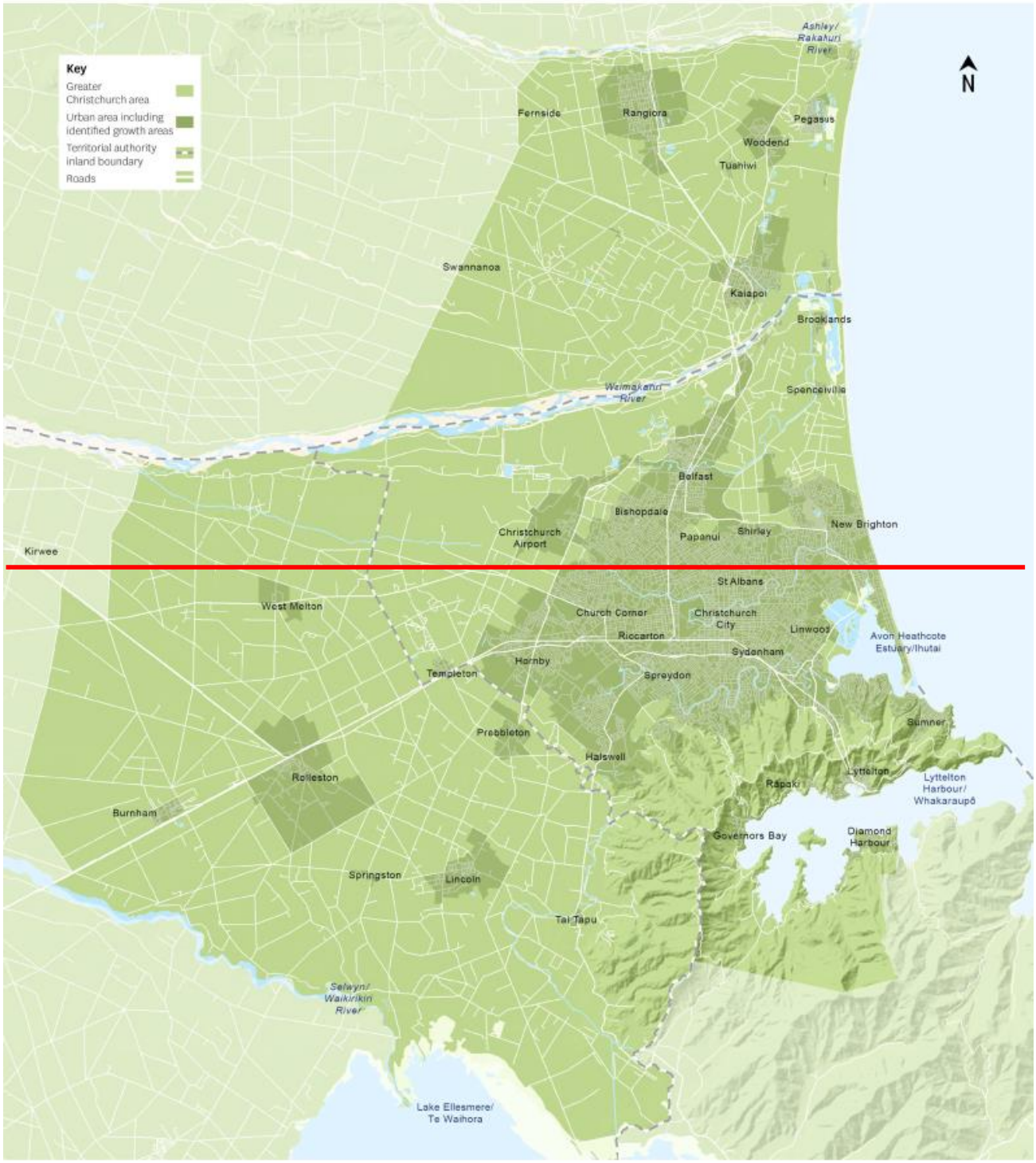
~~xii.~~xiv. **LTMA 2003** means the Land Transport Management Act 2003.

~~xiii.~~xv. ~~**GCRA 2016** means the Greater Christchurch Regeneration Act 2016.~~

Figure 1: Map of area referred to as Greater Christchurch



GREATER CHRISTCHURCH PARTNERSHIP COMMITTEE – MEMORANDUM OF AGREEMENT ~~2017~~2021



~~4.~~5. COMMITTEE MEMBERSHIP

5.1. The Committee will have a membership of ~~twenty~~eighteen, comprising seventeen voting members and ~~three~~ one non-voting member~~s~~, made up as follows:

i. An Independent Chairperson;

ii. The Chair and two council members from Canterbury Regional Council;

iii. The Mayor and two council members from Christchurch City Council;

iv. The Mayor and two council members from Selwyn District Council;

v. The Mayor and two council members from Waimakariri District Council;

vi. ~~The Kaiwhakahaere of Te Rūnanga o Ngāi Tahu and two~~Three representatives appointed by Te Rūnanga o Ngāi Tahu

vii. The Board Chairperson or a board member of Canterbury District Health Board;

viii. The Director, Regional Relationships of ~~the~~ Waka Kotahi New Zealand Transport Agency, with speaking rights but in a non-voting capacity.

~~i. The Chief Executive of Regenerate Christchurch, with speaking rights but in a non-voting capacity~~

~~ii. The Director of the Greater Christchurch Group of the Department of the Prime Minister and Cabinet, with speaking rights but in a non-voting capacity~~

5.2. The Partners will each appoint their representatives to the Committee.

~~4.1.~~5.3. The Partners may replace their unspecified representatives from time to time by providing written notice to the Committee confirming the amended appointment.

~~4.2.~~5.4. The Committee may agree to appoint up to two additional non-voting observers from time to time and for a specified period of time where such appointments will contribute to and support the work of the committee.

~~4.3.~~5.5. There is no provision for alternates. Other Partner representatives are welcome to attend and may seek speaking rights.

~~4.4.~~5.6. The Committee will not be discharged at the point of each election period (in line with Clause 30(7) of Schedule 7 of the LGA 2002.

~~5.~~6. INDEPENDENT CHAIRPERSON AND DEPUTY CHAIRPERSON

6.1. The Independent Chairperson will be appointed by the Committee and will continue in the role unless otherwise resolved by the Committee or upon a resignation being received.

~~5.1.~~6.2. The Independent Chair will chair the Greater Christchurch Partnership Committee, the Urban Growth Partnership Committee, and the Chief Executives Advisory Group.

~~5.2.~~6.3. Remuneration and contractual arrangements for the Independent Chair will be agreed by the Chief Executives Advisory Group.

~~5.3.~~6.4. A Deputy Chairperson will be appointed by the Committee at the commencement of each triennium, and who shall be a voting member of the Committee. The Deputy Chairperson will continue in the role for the duration of the

triennium unless otherwise resolved by the Committee or upon a resignation being received.

~~5.4.~~6.5. There will be no remuneration for the Deputy Chairperson.

~~6.~~7. QUORUM AND CONDUCT OF MEETINGS

7.1. The quorum at a meeting of the Committee consists of the majority of the voting members.

~~6.1.~~7.2. Other than as noted in this Agreement, the standing orders of the administering Council at the time, shall apply.

~~6.2.~~7.3. Voting shall be on the basis of the majority present at the meeting, with no alternates or proxies.

~~6.3.~~7.4. For the purpose of clause 6.2, the Independent Chairperson:

i. has a deliberative vote; and

ii. in the case of equality of votes, does not have a casting vote (and therefore the act or question is defeated and the status quo is preserved).

~~7.~~8. MEETING FREQUENCY

~~7.1.~~8.1. Notification of meetings and the publication of agendas and reports shall be conducted in accordance with the requirements of Part 7 of the Local Government Official Information and Meetings Act 1987.

~~7.2.~~8.2. The Committee shall meet monthly, or as necessary and determined by the Independent Chair in liaison with the Committee.

~~7.3.~~8.3. The Committee welcomes external speakers by deputation however the right to speak at meetings must be in accordance with the adopted public deputation guidelines of the Committee.

~~8.~~9. TERMS OF REFERENCE

~~8.1.~~9.1. The role of the Committee is to:

i. Foster and facilitate a collaborative approach between the Partners to address strategic challenges and opportunities for Greater Christchurch.

ii. Show clear, decisive and visible collaborative strategic leadership amongst the Partners, to wider stakeholders, agencies and central government and to communities across Greater Christchurch.

iii. Enable Partners to better understand individual perspectives and identify shared objectives and areas of alignment.

iv. Assist information sharing, efficient and effective working, and provide a stronger voice when advocating to others.

~~ii.~~v. Establish, and periodically review, an agreed strategic framework to support a collective approach to improving intergenerational wellbeing in Greater Christchurch through addressing strategic challenges and opportunities. ~~manage growth and address urban development, regeneration, resilience~~

~~and long-term economic, social, cultural and environmental wellbeing for Greater Christchurch~~

~~iii.~~vi. Oversee implementation of strategies and plans endorsed by the Committee and ratified at individual Partner governance meetings, including through the adoption and delivery of an annual joint work programme.

~~iv.~~vii. Ensure the Partnership proactively engages with other related partnerships, agencies and organisations critical to the achievement of its strategic ~~goals~~functions.

~~8.2.~~9.2. The functions of the Committee are to:

i. Establish, and periodically review, an agreed strategic framework to support a collective approach to improving intergenerational wellbeing in Greater Christchurch. ~~manage growth and address urban development, regeneration, resilience and long-term economic, social, cultural and environmental wellbeing for Greater Christchurch~~. ~~This is currently expressed through the Greater Christchurch Urban Development Strategy (2007) and the associated Strategy Update (2016).~~

ii. As required, develop new and review existing strategies and plans to enable Partners to work more collaboratively with each other and to provide greater clarity and certainty to stakeholders and the community. Existing strategies and plans endorsed by the Greater Christchurch Partnership Committee or endorsed by the UDSIC and inherited by this Committee are published on the Partnership's website.

~~a. Greater Christchurch Urban Development Strategy (2007)~~

~~b. Greater Christchurch Travel Demand Management Strategy and Action Plan (2009)~~

~~c. Greater Christchurch Urban Development Strategy Action Plan (2010)~~

~~d. Greater Christchurch Transport Statement (2012)~~

~~e. Greater Christchurch Freight Study and Action Plan (2014/15)~~

~~f. Greater Christchurch Urban Development Strategy Update (2016)~~

a. ~~Resilient Greater Christchurch Plan (2016)~~

iii. Recommend to Partners for ratification at individual partner governance meetings any new or revised strategies and plans.

iv. Adopt and monitor the delivery of an annual joint work programme to deliver on strategic goals and actions outlined in adopted strategies and plans.

v. Undertake reporting on the delivery of adopted strategies and plans, including in relation to an agreed strategic outcomes framework.

vi. Identify and manage risks associated with implementing adopted strategies and plans.

vii. Establish and maintain effective dialogue and relationships (through meetings, forums and other communications) with other related partnerships, agencies and organisations to the support the role of the Committee, including but not limited to:

a. Waka Toa Ora (Healthy Greater Christchurch) ~~(and any similar arrangements in Selwyn and Waimakariri Districts) and other health partnerships~~

b. ~~Safer Christchurch (and any similar arrangements in Selwyn and Waimakariri Districts)~~

c. ~~Greater Christchurch Public Transport Joint Committee~~

d. Canterbury Mayoral Forum

e. ~~New Zealand Police and other emergency services~~

f. Tertiary institutions and educational partnerships

g. ~~Regeneration agencies, including Ōtākaro Limited and Development Christchurch Limited~~

h. Strategic infrastructure providers

i. Government departments

viii. Undertake wider engagement and consultation as necessary, including where appropriate seeking submissions and holding hearings, to assist the development of any strategies and plans.

ix. Advocate to central government or their agencies or other bodies on issues of concern to the Partnership, including through the preparation of submissions (in liaison with the Canterbury Mayoral Forum as necessary).

x. For the avoidance of doubt, the Committee's strategic transport functions include:

a. Consider key strategic transport issues, national policies and public transport associated collaborative business cases.

b. Develop the Greater Christchurch component of the Regional Public Transport Plan and recommend to the Canterbury Regional Council for approval, when required.

c. Monitor the delivery of the strategic public transport work programme in Greater Christchurch.

~~8.3.~~9.3. In undertaking its role and performing its functions the Committee will consider seeking the advice of the Chief Executives Advisory Group.

~~9.~~10. DELEGATIONS

~~9.1.~~10.1. Establishing, and where necessary, amending, protocols and processes to support the effective functioning of the Committee, including but not limited to those relating to the resolution of conflicting views, communications and public deputations.

10.2. Preparing communication and engagement material and publishing reports relevant to the functions of the Committee.

~~9.2.~~10.3. Commissioning and publishing reports relevant to the functions of the Committee.

10.4. Undertaking engagement and consultation exercises in support of the terms of reference and functions of the Committee.

~~9.3.~~10.5. Selecting an Independent Chair and Deputy Chair in accordance with any process agreed by the Committee and the requirements of the LGA 2002.

~~9.4.~~10.6. Making submissions, as appropriate, on Government proposals and other initiatives relevant to the role of the Committee.

~~9.5.~~10.7. Appointing, where necessary, up to two additional non-voting observers to the Committee.

~~10.~~11. FINANCIAL DELEGATIONS

~~10.1.~~11.1. The Committee can make financial decisions within an agreed budget envelope and as long as the decision does not trigger any change to the statutory plans prepared under the LGA 2002, the RMA 1991, or the LTMA 2003.

~~11.~~12. LIMITATION OF POWERS

~~11.1.~~12.1. In of itself the Committee does not have the authority to commit any Partner to any course of action or expenditure and its recommendations do not compromise the Partners' freedom to deliberate and make decisions.

~~11.2.~~12.2. For the avoidance of doubt, the Partners are under no obligation to accept the recommendations of the Committee.

~~11.3.~~12.3. In accordance with legislative requirements Partners will retain decision-making and other statutory responsibilities in relation to their functions and responsibilities under the LGA 2002, the RMA 1991, and the LTMA 2003. ~~and, where relevant, the GCRA 2016~~.

~~12.~~13. OPERATING PRINCIPLES

13.1. The practice of the Committee will be to work to achieve consensus wherever possible to achieve alignment and integration across all Partners.

~~12.1.~~13.2. The Committee will uphold Te Tiriti o Waitangi and its principles and embody Te Tiriti partnership through its functions and processes.

~~12.2.~~13.3. In making recommendations and when preparing strategies and plans the Committee will operate within the principle of subsidiarity where decision-making is the responsibility of individual Partners unless it would be more effective and/or improved outcomes could be achieved for the matter to be ~~resolved~~ considered through collaborative agreement.

~~12.3.~~13.4. The Committee will work in a collaborative and cooperative manner and take into account the interests of all sectors of the community.

~~12.4.~~13.5. The Committee will at all times operate in accordance with the requirements of the Local Government Official Information and Meetings Act 1987.

~~13.~~14. COMMITTEE SUPPORT

~~13.1.~~14.1. A Partner Council will act as the administrating authority to the Committee and this will be determined by the CEAG for each triennium.

~~13.2. The administrating authority will cover the costs associated with the provision of secretariat support from its staff.~~

~~13.3.~~14.2. A dedicated ~~Implementation Manager~~secretariat supports effective functioning of the Partnership and works with the Committee Advisor to provide secretariat support to the Committee.

14.3. The Committee is also supported through the provision of advice by the Chief Executives Advisory Group and, where required, that of staff advisory, coordination and implementation groups.

14.4. The Chief Executives will each appoint their respective official to the Senior Managers Group.

~~13.4.~~14.5. The Terms of Reference of the Chief Executives Advisory Group and Senior Managers Group will be agreed by the Chief Executives Advisory Group.

PARTNERSHIP FUNDING

~~13.5.~~14.6. The Committee and the collaborative work of the Partnership is supported financially through the provision of a central fund, which includes meeting the costs associated with the roles of Independent Chair and ~~Implementation Manager~~the secretariat.

~~13.6.~~14.7. The agreed funding formula for this financial contribution is ~~Environment Canterbury~~Regional Council (37.5%); Christchurch City Council (37.5%); Selwyn District Council (12.5%) and Waimakariri District Council (12.5%).

~~13.7.~~14.8. Annual financial contributions will be determined by the CEAG as part of the annual plan processes of P~~p~~artner Councils and with reference to the agreed annual work programme of the Partnership.

~~13.8.~~14.9. ~~Other~~ Partners may ~~from time to time~~ make supplementary financial contributions to assist effective Partnership working and the delivery of agreed collaborative work programmes.

~~13.9.~~14.10. For the avoidance of doubt, the successful achievement of strategic goals and implementation of agreed actions within existing strategies and plans relies on the alignment of individual Partner resources through annual plans, long term plans and other funding processes.

~~14.~~15. VARIATIONS

~~14.1.~~15.1. The Committee may, at any time, make a recommendation to voting member Partners to vary this Agreement.

~~14.2.~~15.2. A recommendation to vary this Agreement must be ratified at the governance meetings of all the individual voting member Partners.

~~14.3.~~15.3. Any variation to this Agreement will be attached to a copy of this document.

APPENDIX 1

Greater Christchurch Partnership Committee

Resolution of Conflicting Views

The parties acknowledge the need for a mechanism to resolve any conflicting points of view that may arise from time to time and a mechanism by which any member(s) of the Committee may request its use to ensure that any matter or issue is given fair and reasonable consideration prior to formal consideration by the Committee.

For the purpose of conflict resolution the following procedures should apply:

- Any member(s) of the Committee may feel that further discussion, evaluation or consideration is required prior to moving forward on a particular matter.
- It is proposed that in such situations, any member(s) may request the referral of such matters for further review. It is noted that this mechanism is not for the purposes of creating any delay but solely to ensure matters have been given adequate consideration.
- If any matter is referred for review, the review is to be undertaken by the Independent Chair and two Committee members. The review group is to include the member, or at least one of the members, who requested that a matter be reviewed. The Independent Chair shall select the two members of the Committee who will participate in the review group having regard to the nature of the matter being reviewed. After consideration of the matter, the review group will report back to the Committee on the outcome.
- Requests for reviews shall be made at any meeting of the Committee. The Independent Chair shall be the final arbiter of what matters are to be referred for review. Review requests must be accompanied by reasons.
- Review requests are to be made without other Committee members criticising the request. The ability to make such a request in a non-threatening environment is part of “this is the way we do our business” approach.

APPENDIX 2

Greater Christchurch Partnership Committee

Public Deputations Guidelines

The Greater Christchurch Partnership Committee is a joint committee of the P~~p~~artner Councils and other organisations and welcomes speakers at its meetings. The right to speak at meetings must however be specifically requested and the following guidelines set out the process which must be followed.

Requests to speak

1. Notwithstanding any Standing Orders relating to public deputations, any person requesting to speak at a meeting of Committee must make such a request in writing to the Committee Advisor at least six clear working days before the date of the meeting concerned.
2. Such a request must detail who would be speaking, which organisation (if any) they would be representing and the topic of the presentation sought to be covered.
3. Presentation topics must relate to ~~matters covered in the Greater Christchurch Urban Development Strategy (2007)~~the functions of the Committee and must relate to an ~~any specific~~ agenda items for the meeting concerned.

Confirmation of requests

4. The Independent Chair will consider any request to speak and confirm his/her decision at least two working days before the date of the meeting concerned.
5. The Independent Chair may refuse requests for any reason set out in Standing Orders, including:
    a. The speaker has already presented on the same topic.
    b. The matter is subject to legal proceedings.
    c. The matter is subject to a hearing.

Urgent requests

6. Notwithstanding point 1 above, where in the opinion of the Independent Chair a request made outside the above timeframes is considered urgent or of major public interest, such a request may be granted.

Presentations

7. It would be of assistance to Committee representatives and associated staff if a written summary of the speaker's topic is submitted to the Independent Chair prior to the meeting concerned.
8. If a written submission is presented prior to the meeting concerned it will not be necessary for the speaker to read it verbatim, but merely to outline the general content.
9. Unless given specific prior permission by the Independent Chair, speakers should present for no more than ten minutes.
10. The Chairperson may terminate a presentation in progress for any reason set out in standing orders, including:
    a. The speaker is being repetitious, disrespectful or offensive

b. The Chairperson has reason to believe that statements have been made with malice.

11. If the presentation relates to an agenda item to be subsequently debated Committee representatives may ask questions of clarification but will not enter into debate.

Responses to deputations

12. An initial response to deputations will be provided at the end of the Committee meeting concerned. The Committee (or staff on behalf of the Partners) will then provide a written response to any points raised by speakers, as considered appropriate by the Independent Chair, within two working days of the meeting concerned.

Note: Presentations to the Committee may be made in English, Mā~~a~~ori or any other language, including New Zealand S~~s~~ign L~~l~~anguage. Prior arrangement with the Independent Chair should be sought at least two working days before the meeting if the address is not in English. The Independent Chair may order that any speech or document presented be translated and/or printed in another language. If the other language is an official language of New Zealand (e.g. English, Mā~~a~~ori or New Zealand ~~s~~Sign L~~l~~anguage), the translation and printing costs will be met by the Partnership.

APPENDIX 3

Greater Christchurch Partnership Committee

Partnership and Communications Protocol

~~(Adopted by the Greater Christchurch Partnership Committee at its meeting on 2 June 2017)~~

1.0 Purpose

This protocol has been prepared to enable members of the Greater Christchurch Partnership (GCP) to work together in a collaborative manner taking a 'no surprises' approach. ~~It ensures~~The purpose is to ensure early communication and consultation between the Partners during the preparation of reports, policy/plan, initiatives, and reviews that relate to the ~~strategic goals~~functions of the ~~GCP~~ Committee and other matters that could impact upon the Partnership.

Using this Protocol will enhance the trust and mutual respect between Partner organisations and avoid misunderstandings or outcomes that undermine the benefits of unified sub-regional leadership.

This Protocol forms part of the Partnership's Memorandum of Agreement. ~~and is supplemented by the more specific Regeneration Protocol.~~

2.0 Principles

The Partners commit to:

2.1 Work collaboratively: Partners maintain a free flow of information, by regular formal and informal reporting and discussions. In particular, ~~p~~Partners will signal potential decisions on policies, plans and actions early via the GCP governance and management structure (Senior Managers' Group, CEAG and at GCP Committee).

2.2 A 'no surprises policy': Partners communicate in an open and respectful manner, declaring issues and interests as soon as practicable. Partners consider the implications of their decisions and actions on the GCP and other partners ahead of time, and inform each other in advance of any major strategic initiative.

2.3 Demonstrate leadership: Partners will demonstrate their commitment to working collaboratively to their organisations and their communities, and champion the process of partnership when implementing any and all of the strategies and action plans agreed by the GCP.

2.4 Discuss funding: Partners discuss funding issues openly within the Partnership, particularly when there are gaps or changes that need to be made.

2.5 Respond promptly: Partners respond in an agreed and timely manner to any communication and consultative initiative by another Partner. The Partner proposing the policy, plan or action has responsibility for managing the associated timeframe and will advise other Partners accordingly.

3.0 Applications

This protocol applies in any and all of, but not exclusively, these situations:

- If any matter is a 'statement of proposal' relating to any strategy managed by the GCP (for example spatial ~~palns~~plans~~UDS~~, Resilient Greater Christchurch Plan, Greater Christchurch Transport Statement) that has the potential to impact on other Partners;

- The matter involves more than one Partner and requires or involves a sub-regional response;
- The matter involves funding from more than one Partner;
- The matter may impact across the boundary into another ~~local authority~~ Partner Council;
- The matter may result in significant ~~additional traffic on~~ impact on a neighbouring local authority ~~roads, State Highways or public transport routes~~or national infrastructure;
- The matter proposes a new service that may be used by residents of another local authority;
- The matter relates to infrastructure provision to or from an adjacent local authority.

4.0 Spokespeople

- For general matters the Deputy Chair of the GCP Committee shall be the spokesperson.
- For Partner-specific matters the relevant Partner representatives shall be the spokespeople.
- For GCP specific projects the GCP may nominate a spokesperson.
- For day-to-day operational matters the GCP Partnership Manager shall be the spokesperson.

5.0 Approvals, Implementation and Monitoring

The GCP Committee representatives are responsible for giving effect to this protocol~~dopt the protocol~~ on behalf of their organisations. Thereafter, partner Chief Executives and the Senior Management Group has responsibility for Protocol management and ongoing implementation. It is the responsibility of each Partner to integrate the application of the Protocol within their organisation and through their representatives on each and every GCP group.

6.0 Resolution of Conflicts

The Partners commit to work in good faith to resolve any disagreements or conflicts that may arise in relation to the implementation of this Protocol. If any matters are unable to be resolved by the ~~GCP~~ Senior Management Group, the matter is to be referred to the ~~GCP~~ Chief Executives Advisory Group for consideration and resolution of issues.

7.0 Review

This Protocol will remain in effect until further notice. It may be reviewed at any time by agreement of the Chief Executives Advisory Group, with any amendments recommended to the GCP Committee for endorsement.

SCHEDULE 1

Schedule of Papatipu Rūnanga of Ngāi Tahu Whānui and their respective Takiwā[1] within the context of Greater Christchurch

Te Ngāi Tūāhuriri Rūnanga	The takiwā of Te Ngāi Tūāhuriri Rūnanga centres on Tuahiwi and extends from the Hurunui to Hakatere, sharing an interest with Arowhenua Rūnanga northwards to Rakaia and thence inland to the Main Divide.
Te Hapū o Ngāti Wheke (Rāpaki) Rūnanga	The takiwā of Rāpaki Rūnanga centres on Rāpaki and includes the catchment of Whakaraupō and Te Kaituna.
Te Rūnanga o Koukourārata	The takiwā of Te Rūnanga o Koukourārata centres on Koukourārata and extends from Pohatu Pā to the shores of Te Waihora including Te Kaituna.
Wairewa Rūnanga	The takiwā of Wairewa Rūnanga centres on Wairewa and the catchment of the lake Te Wairewa and the hills and coast to the adjoining takiwā of Koukourārata, Onuku Rūnanga and Taumutu Rūnanga.
Ōnuku Rūnanga	The takiwā of Ōnuku Rūnanga centres on Ōnuku and the hills and coasts of Akaroa to the adjoining takiwā of Te Rūnanga o Koukourārata and Wairewa Rūnanga.
Taumutu Rūnanga	The takiwā of Taumutu Rūnanga centres on Taumutu and the waters of Te Waihora and adjoining lands, and shares a common interest with Te Ngāi Tūāhuriri Rūnanga and Te Rūnanga o Arowhenua in the area south to Hakatere.

[1] As described in the Schedule of the Order in Council Te Rūnanga o Ngāi Tahu (Declaration of Membership) Order 2001. More detailed description is available in the Mahaanui Iwi Management Plan 2013.

~~Regeneration Protocol~~

~~(Adopted by the Greater Christchurch Partnership Committee at its meeting on 7 April 2017)~~

~~Partners with a role under the Greater Christchurch Regeneration Act 2016 (the Act) agree to use Urban Development Strategy Implementation Committee (UDSIC) as the forum for early socialisation of partners' interests to exercise the regeneration planning powers under Act (i.e. those set out in Part one, subpart 2 of the Act only) as follows:~~

~~Partners agree to:~~

- **~~work collaboratively~~**~~: There is a free flow of information between partners, by regular formal and informal reporting and discussion. In particular, partners will signal potential interest to use the Act early via the UDSIC governance structure (Senior Managers' Group, CEAG and at USDIC).~~
- **~~a "no surprises policy"~~**~~: Partners are aware of any possible implications of their decisions and actions for other partners. That is, partners are aware of potential implications on their existing priorities and/or resources, issues that may be discussed in the public arena ahead of time; and that partners inform each other in advance of any major strategic initiatives.~~
- **~~respond promptly~~**~~: The Regeneration Plan process under the Act is a collaborative process but also includes specified statutory timeframes. As such it is vital that partners provide prompt responses to the proponents of Regeneration Plans when views are sought.~~

~~Partners recognise:~~

- **~~the importance of using the Act wisely before its expiry~~**~~: The full potential of the Act can be maximised through the adoption of a planned and co-ordinated approach to regeneration. In particular, a focus on prioritising those opportunities that have the potential to achieve the greatest regeneration outcomes.~~
- **~~that UDSIC does not have any decision rights over partners' decision to avail themselves of the powers under the Act~~**~~: In general, this protocol is not intended to constrain the use of powers under the Act by any of the partners.~~
- **~~that some partners have no role under the Act, however they are able to contribute to related discussions~~**~~: It is acknowledged that these partners might have an indirect interest in the use of powers under the Act.~~

FINANCE REPORT FOR THE PERIOD ENDED 31 JULY 2021

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Gabrielle Gaynor, Corporate Finance Manager**

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

DATE: **16 September 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly report of the financial results of Canterbury DHB and other financial related matters.

2. RECOMMENDATION

That the Board:

i. notes the consolidated financial result for the month **excluding** the impact of Covid-19, and Holidays Act compliance provision is unfavourable to plan by $0.803M;
ii. notes that the PTD impact of Covid-19 is an additional $0.140M net revenue;
iii. notes that the PTD impact of the Holidays Act Compliance is an additional $1.347M expense.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result excluding Covid-19, and Holidays Act Compliance:

	MONTH		
	Actual	Budget	Variance
	$M	$M	$M
Governance	(0.085)	(0.000)	(0.085)
Funder	(10.584)	(12.636)	2.052
DHB Provider	(2.536)	0.235	(2.771)
Canterbury DHB Group BAU Result	**(13.204)**	**(12.401)**	**(0.803)**

	MONTH		
	Actual	Budget	Variance
Canterbury DHB Group BAU Result	**(13.204)**	**(12.401)**	**(0.803)**
Covid-19 & Holidays Act	1.207	1.341	(0.134)
Canterbury DHB Group Result	**(14.411)**	**(13.742)**	**(0.669)**

4. KEY FINANCIAL RISKS & EMERGING ISSUES

Liquidity - We are currently forecasting that we will not breach our overdraft limit until the second quarter of the 2022 calendar year. As long as we continue to incur deficits, we will require further equity support in the future.

Covid-19 - CDHB is managing the vaccination programme, six Managed Isolation Quarantine Facilities (*MIQFs*) and providing contact tracing and laboratory testing.

Holidays Act Compliance - the workstream to determine CDHB's liability under the Holidays Act is continuing. We have accrued a liability based on an assessment from EY; there is risk that the final amount differs significantly from this accrued amount.

MECA Settlements - We continue to accrue for the anticipated one-off payments as part of the NZNO MECA settlement along with other MECA settlement accruals.

Recruitment - The transition to Health NZ as well as on going Covid-19 restrictions on international travel is creating some disruption to recruitment. The pool of potential employees that we can recruit from is currently very limited, and some positions are very hard to recruit to (eg, procurement specialists).

5. APPENDICES

Appendix 1	Financial Results
Appendix 2	Financial Result Before Indirect Revenue & Expenses **excluding** the impact of Covid-19 and Holidays Act compliance
Appendix 3	Group Income Statement
Appendix 4	Group Statement of Financial Position
Appendix 5	Group Statement of Cashflow

APPENDIX 1: FINANCIAL RESULTS

The following table shows the financial results, the impact of covid-19 and holidays act compliance accrued:

	Period to date								
July 2021 Results	Month Actual $000	Actual Covid-19 $000	Actual Holidays Act $000	BAU Actual Result	Month Budget $000	Budget Covid-19 $000	Budget Holidays Act $000	BAU Budget Result	Underlying Variance
MOH Revenue	(177,422)	(3,835)		(173,587)	(178,976)	(6,420)		(172,556)	1,031
Patient related revenue	(5,959)	(1,001)		(4,958)	(6,407)	(1,239)		(5,168)	(210)
Other Revenue	(4,326)	(1,368)		(2,958)	(4,206)	(1,025)		(3,181)	(223)
Total Operating Revenue	(187,706)	(6,204)	-	(181,502)	(189,589)	(8,684)	-	(180,905)	597
Employee expenses	87,440	2,752	1,347	83,341	88,076	4,034	1,351	82,691	(650)
Treatment Related costs	17,784	290		17,494	18,433	719		17,714	220
External Provider costs	74,326	2,663		71,663	74,145	3,558		70,587	(1,076)
Other Expenses	10,810	355		10,455	10,863	359		10,504	49
Total Operating Expenditure	190,360	6,060	1,347	182,953	191,518	8,670	1,351	181,497	(1,456)
Operating result (Surplus) / Deficit	2,654	(144)	1,347	1,451	1,929	(14)	1,351	592	(859)
Total Indirect revenue and expenditure	11,757	4		11,753	11,813	4		11,809	56
Total - (Surplus) / Deficit	14,411	(140)	1,347	13,204	13,742	(10)	1,351	12,401	(803)

Covid-19

Canterbury DHB's net result in relation to COVID is a surplus of $0.140M for the month.

MoH Revenue

MoH revenue includes community surveillance and testing, Maori health support and vaccinations, offset by external provider expenses, internal staffing and other costs.

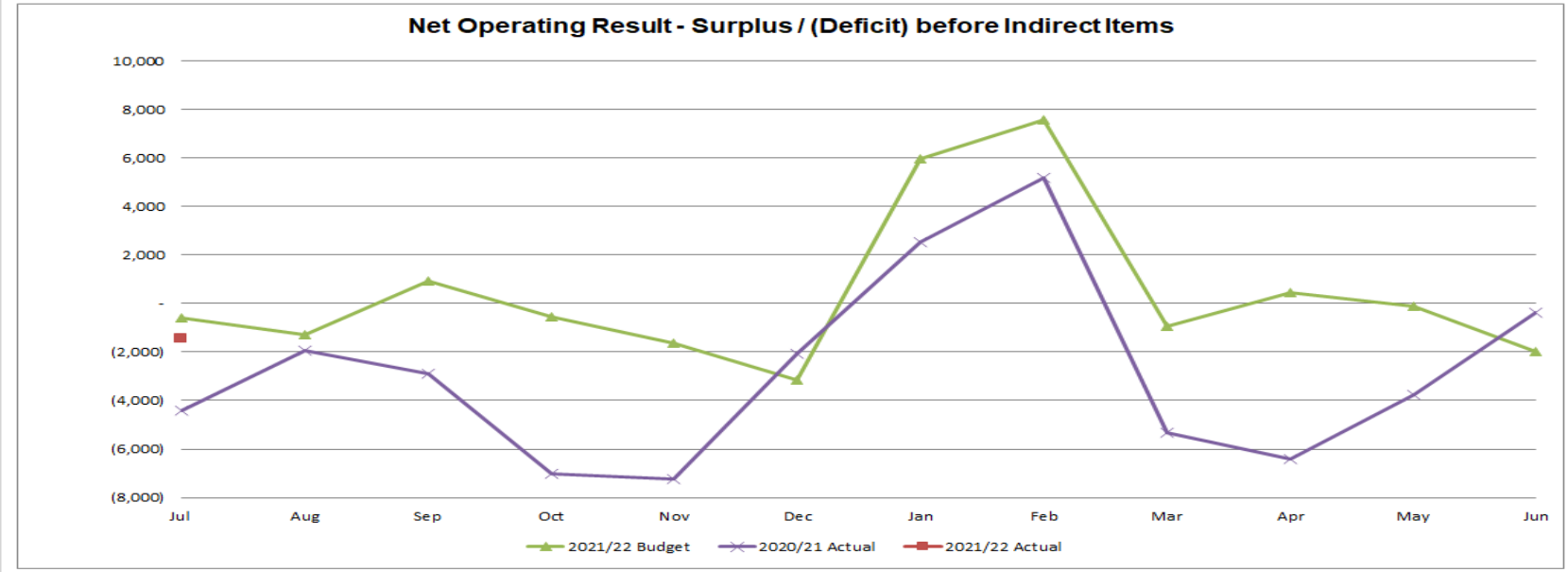
Patient related revenue includes revenue for MIQFs. There is a quarterly wash up review to compare the incremental costs of providing the service with the funding provided.

Other revenue is from Covid-19 pathology tests processed by Canterbury Health Laboratories (CHL) for Canterbury and other regions.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES (excludes Covid-19, and Holidays Act Compliance)

FINANCIAL PERFORMANCE OVERVIEW – PERIOD ENDED JULY 2021

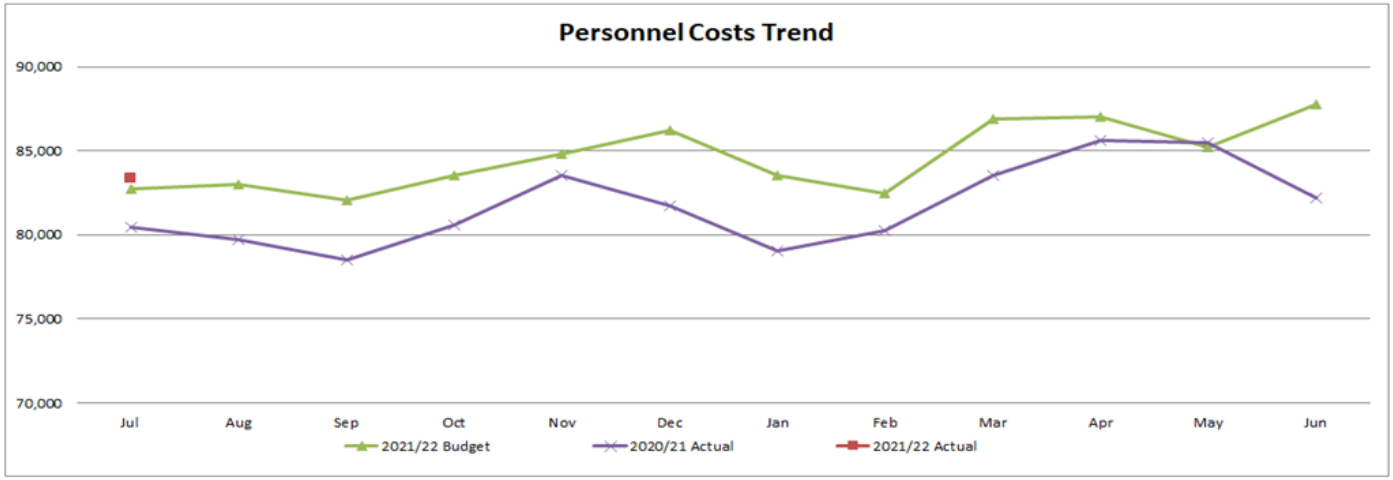
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2020/21 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	(1,451)	(592)	(859)	145% ✗	(1,451)	(592)	(859)	145% ✗	(30,268)	4,649

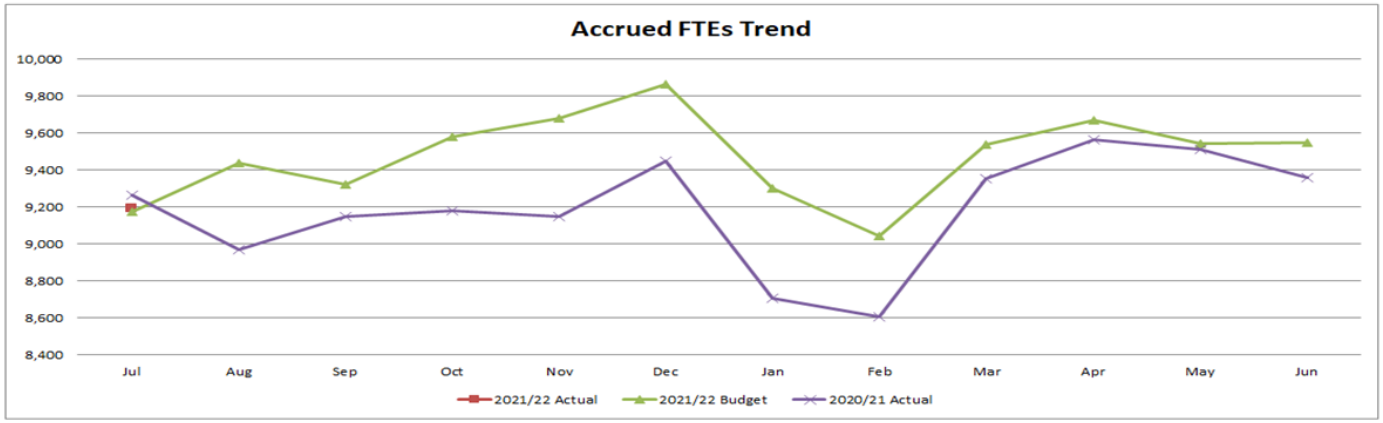


KEY POINTS

Our Business as Usual (BAU) result is $0.859M unfavourable to budget.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE (excluding Covid-19 and Holidays Act compliance and including outsourced personnel)



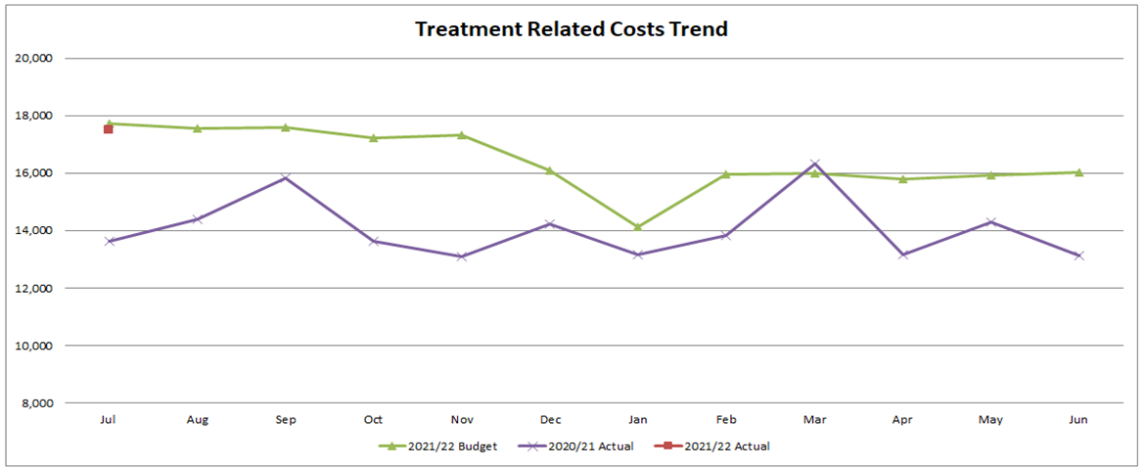


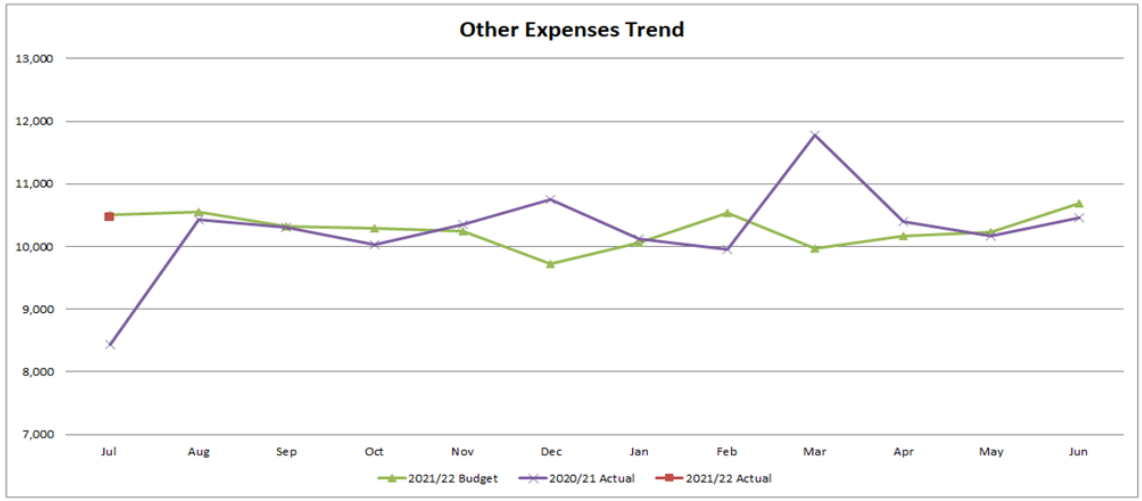
KEY RISKS AND ISSUES

Personnel Costs Trend - July is influenced by additional costs in relation to the RSV, including additional cleaning staff. Also included in July is a high cost of outsourced staff to cover annual leave taken.

Accrued FTE largely correlates with the trend in contracted FTE.

TREATMENT RELATED & OTHER COSTS (excluding Covid-19)





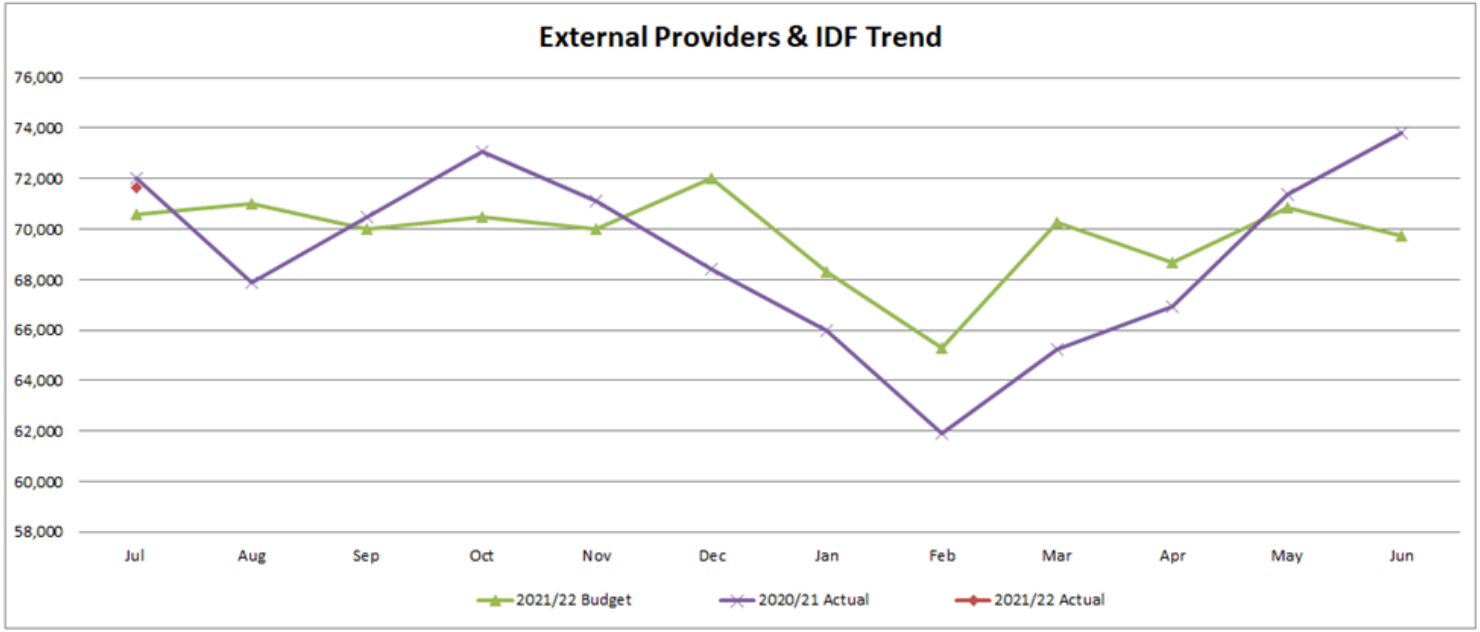
KEY RISKS AND ISSUES

Treatment related costs are in line with budget for July and correlate with activity for the month.

Other Expenses are in line with budget for July.

EXTERNAL PROVIDER COSTS (excluding Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2020/21 Actual $'000	Yr End Budget $'000
External Provider Costs	71,663	70,587	(1,076)	-2%	✗	71,663	70,587	(1,076)	-2%	✗	828,246	837,270



KEY RISKS AND ISSUES

The unfavourable variance is driven by higher expenditure in planned care and mental health initiatives . In July we incurred $0.5M additional expenditure in primary care for after hours, higher demand and capitation due to higher population growth than plan.

FINANCIAL POSITION – EQUITY & CASH

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 20/21 $'000
Equity	1,111,350	1,137,533	26,183	Cash	31,108	59,959	(28,851)	50,775

KEY RISKS AND ISSUES

Our cash position in July is lower than expected due to timing of receipts and payments.

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 1 months ending 31 July 2021

Month					Year to Date						
21/22 Actual $000's	21/22 Budget $000's	20/21 Actual $000's	Variance to Budget $000's		21/22 Actual $000's	21/22 Budget $000's	20/21 Actual $000's	Variance to Budget $000's	21/22 Forecast $000's	21/22 Budget $000's	20/21 Actual $000's
177,422	178,976	163,039.23	(1,554) ✗	MoH Revenue	177,422	178,976	163,039	(1,554) ✗	2,143,724	2,140,258	1,991,657
5,959	6,407	5,016	(448) ✗	Patient Related Revenue	5,959	6,407	5,016	(448) ✗	76,546	76,994	73,244
4,326	4,206	3,676	120 ✓	Other Revenue	4,326	4,206	3,676	120 ✓	57,537	57,418	48,135
187,706	**189,589**	**171,731**	**(1,883)**	**Total Operating Revenue**	**187,706**	**189,589**	**171,731**	**(1,883)**	**2,277,807**	**2,274,670**	**2,113,035**
87,440	88,076	81,190	636 ✓	Personnel Costs	87,440	88,076	81,190	636 ✓	1,088,031	1,065,018	1,018,854
17,784	18,433	13,959	649 ✓	Treatment Related Costs	17,784	18,433	13,959	649 ✓	205,305	205,954	177,141
74,326	74,145	72,901	(181) ✗	External Service Providers	74,326	74,145	72,901	(181) ✗	888,695	888,514	844,188
10,810	10,863	9,296	53 ✓	Other Expenses	10,810	10,863	9,296	53 ✓	126,575.22	126,628	122,152
190,360	**191,518**	**177,346**	**1,158** ✓	**Total Operating Expenditure**	**190,360**	**191,518**	**177,346**	**1,158** ✓	**2,308,606**	**2,286,114**	**2,162,334**
(2,654)	**(1,929)**	**(5,615)**	**(725)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(2,654)**	**(1,929)**	**(5,615)**	**(725)** ✗	**(30,799)**	**(11,444)**	**(49,299)**
50	21	58	29 ✓	Interest Revenue	50	21	58	29 ✓	277	247	1,075
418	418	-	- ✓	Capital Charge Relief / Debt Equity Swap Funding	418	418	-	- ✓	-	5,020	8,940
201	264	18	(64) ✗	Donations	201	264	18	(64) ✗	3,446	3,510	2,384
-	-	7	- ✓	Profit on Sale of Assets	-	-	7	- ✓	-	-	1,653
-	-	-	-	Joint Venture Income	-	-	-	- ✓	-	-	31
669	**703**	**83**	**(34)** ✗	**Total Indirect Revenue**	**669**	**703**	**83**	**(34)** ✗	**3,723**	**8,777**	**14,084**
4,688	4,676	2,437	(12) ✗	Capital Charge	4,688	4,676	2,437	(12) ✗	56,361	56,349	39,871
7,506	7,511	5,998	5 ✓	Depreciation	7,506	7,511	5,998	5 ✓	92,499	92,504	94,651
231	287	-	56	Financing Component of Operating Leases	231	287	-	56	2,959	3,015	2,079
1	42	16	41 ✓	Interest Expense & Forex Gains and Losses	1	42	16	41 ✓	459	500	60
-	-	-	- ✓	Loss on Sale of Assets	-	-	-	- ✓	-	-	4,336
12,426	**12,516**	**8,451**	**90** ✓	**Total Indirect Expenses**	**12,426**	**12,516**	**8,451**	**90** ✓	**152,278**	**152,368**	**140,998**
(14,411)	**(13,742)**	**(13,983)**	**(669)** ✗	**Total Surplus / (Deficit)**	**(14,411)**	**(13,742)**	**(13,983)**	**(669)** ✗	**(179,353)**	**(155,035)**	**(176,213)**

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 July 2021

Un-audited 30-Jun-21 $'000		Group Actual 31-Jul-21 $'000	Annual Group Budget 30-Jun-22 $'000
490,730	Opening Equity	1,125,761	1,130,545
178,139	Net Equity Injections / (Repayments) During Year	-	153,139
537,624	Other Movements	-	96,357
95,481	Reserve Movement for Year	-	-
(176,213)	Operating Results for the Period	(14,411)	(155,035)
1,125,761	**TOTAL EQUITY**	1,111,350	1,225,006
-			
	Represented By:		
	Current Assets		
50,775	Cash & Cash Equivalents	31,108	115,934
750	Short Term Investments	750	750
107,157	Trade and Other Receivables	117,620	87,583
6,278	Prepayments	6,489	6,843
13,811	Inventories	13,881	14,561
15,095	Restricted Assets	14,910	14,819
193,866	**Total Current Assets**	184,760	240,490
	Less Current Liabilities		
1,682	Borrowings (Finance Leases Current)	1,682	1,670
158,379	Trade and Other Payables	153,416	140,680
15,111	Restricted Funds	14,917	14,803
381,697	Employee Benefits	386,969	384,048
556,869	**Total Current Liabilities**	556,984	541,201
(363,003)	**Working Capital**	(372,224)	(300,711)
	Non Current Assets		
16	Restricted Funds	16	16
4,253	Investment	4,259	4,663
1,541,081	Fixed Assets	1,532,804	1,574,622
1,545,350	**Term Assets**	1,537,079	1,579,301
	Non Current Liablilties		
7,544	Employee Benefits	7,633	7,644
49,042	Borrowings (Finance Leases Non Current)	45,871	45,940
56,586	**Term Liabilities**	53,505	53,584
1,125,761	**NET ASSETS**	1,111,350	1,225,006

Restricted Assets and Restricted Liabilities include funds held by the Māia Foundation on behalf of CDHB.

Investment in the non current assets include investment in NZHPL and Health One .

Borrowings in current and term liabilities is the finance lease liability for the Manawa building ,the CLS building and equipment. The lease costs of the buildings are also included in Fixed Assets.

APPENDIX 7: CANTERBURY DHB GROUP STATEMENT OF CASHFLOW

Un-audited 30-Jun-21 $'000		Actual 31-Jul-21 $'000	Budget 30-Jun-22 $'000
	CASHFLOW FROM OPERATING ACTIVITIES		
(45,786)	**Net Cash from Operating Activities**	(14,394)	(62,531)
	CASHFLOW FROM INVESTING ACTIVITIES		
(79,936)	**Net Cash from Investing Activities**	(4,977)	(121,881)
	CASHFLOW FROM FINANCING ACTIVITIES		
183,463	**Net Cash from Financing Activities**	(295)	249,496
57,741	Overall Increase/(Decrease) in Cash Held	(19,666)	65,084
(6,966)	Add Opening Cash Balance	50,775	50,775
50,775	**Closing Cash Balance**	31,109	115,859

MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Dr Peter Bramley, Chief Executive**

DATE: **16 September 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the Māori and Pacific Health Progress Report.

3. DISCUSSION

Equity for our Māori and Pasifika populations remains a high priority nationally, regionally and in our DHB.

Attached to this report are the Māori and Pacific Dashboards, compiled by our Decision Support Team. As always, these dashboards can be useful indicators to see how we are tracking in key areas, but they are only indicators and do not show all the activity of our health system that may be making gains for Māori and Pacific health.

Māori Health Dashboard

Childhood oral health data are static and not tracking well this quarter. Children who are carries free (no holes or fillings) at five years of age has made small gains since 2015 when it was 41%, however, in recent years it has hovered constantly around 50%. This is an indicator of deprivation and is similar to Pacific (who hover around 40%). New Zealand's proliferation of cheap food and drink, with high sugar content and low nutritional value, drives the poorest communities to consume food and drink that impacts negatively on oral health and diabetes risk.

The data is a reflection of the disproportionate distribution, by ethnicity, of wealth and income in our community and as a determinant of health is unlikely to shift significantly until New Zealand deals with the proliferation of cheap food and drink, with high sugar content and low nutritional value at a policy level.

We have, however, managed to maintain our enrolment of children in our oral health services, which helps us to identify those children who need help and provide services.

Childhood (eight-month) immunisations have slowly declined in the past year. Unfortunately this was anticipated with the prioritisation of the COVID-19 vaccination workforce. This has led to tremendous pressure on our vaccination workforce, particularly our nursing vaccinators. With the borders closed, and multiple vaccination programmes in the community, New Zealand has tremendous pressure on its qualified workforce to vaccinate. The workforce delivering childhood immunisations, HPV and MMR has lost staff to COVID-19 and this has consequently reduced capacity of other non-COVID vaccination services.

Breastfeeding rates at discharge are showing incremental improvements, however, exclusive breastfeeding rates at three months remain static. This is an indicator that is very difficult to shift and is again closely linked to economic pressure. Families with limited income, frequently feel the pressure to return to work as soon as baby is old enough, to increase household income. Therefore, exclusive breastfeeding drops off.

Household income is a major determinant of health and until we are able to shift the incomes of our poorest whānau, so that they can afford to exclusively breastfeed without returning to work, this indicator is unlikely to change.

ASH (ambulatory sensitive hospitalisation) rates for 0-4-year olds are showing promising results. ASH rates are a proxy measure of access to primary care and this year's data shows that we have significantly reduced and indeed almost eliminated the inequity gap that has persisted for many years between Māori and non-Māori in this indicator.

A major contributor to the improvement in primary care for 0-4 year olds is the work done by our B4 Schools Check teams, who have consistently shown no significant equity gap between Māori and non-Māori in the delivery of their services.

Pacific Health Dashboard

Similar to our Māori health indicators, we see lower rates of breastfeeding and inequities in oral health. Both these indicators are linked to deprivation, as with our Māori population.

Childhood (eight-month) immunisations have also slowly declined in the past year, reflecting the trend in our Māori population. This was again predicted with the prioritisation of the COVID-19 vaccination workforce. The tremendous pressure on our vaccination workforce, particularly our nursing vaccinators along with the borders closed, and multiple vaccination programmes in the community, New Zealand has tremendous pressure on its qualified workforce to vaccinate. The workforce delivering childhood immunisations, HPV and MMR has lost staff to COVID-19 and this has consequently reduced capacity of other non-COVID vaccination services. This has been reflected in both the Māori and Pacific data.

ASH (ambulatory sensitive hospitalisation) rates are also showing promising results for our Pacific population. This year's data shows that we have significantly reduced the inequity gap that has persisted for many years between Pacific and non-Pacific in this indicator.

The work done by our B4 Schools Check teams, continues in the delivery of their services to Pacific peoples.

National Bowel Screening Programme

The National Bowel Screening Programme (*NBSP*) rollout has been going for just under a year and we are starting to see data. The NBSP is being offered every two years to people aged 60 to 74 years who are eligible for publicly funded health care.

Although data shows that the majority of Māori incidents and the prevalence of bowel cancer occurs before the age of 60, the government decided on 60-75 years as the target population. This also means significantly greater proportions of non-Māori offered the programme; 18% of non-Māori population are over the age of 65, compared with 6% of the Māori population.

Despite this, we are getting reasonable access by Māori and Pasifika to the programme. The attached data shows that Māori and Pasifika rates are lower than others, but higher than the proportions we would expect given the lower numbers over the age of 60. This is testament to the equity focus of the staff, regardless of the age and ethnicity bias of the NBSP itself.

4. APPENDICES

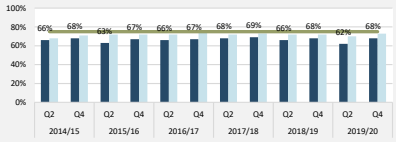
Appendix 1: Māori and Pacific Dashboards - Canterbury July 2021
Appendix 2: NBSP Dashboard July 2021

Canterbury DHB Māori Health Dashboard
July 2021

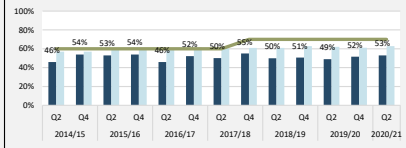
The target is met for Māori
The target has not been met for Māori however performance is improving
The target has not been met and performance is declining

Tamariki Health and Wellbeing

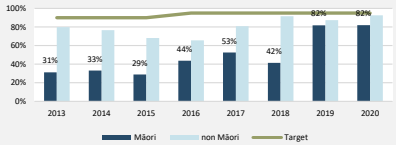
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



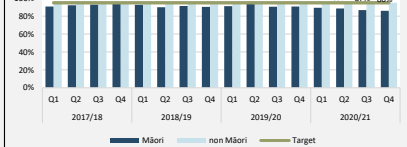
BREASTFEEDING
Babies exclusively / fully breastfed at 3 months old



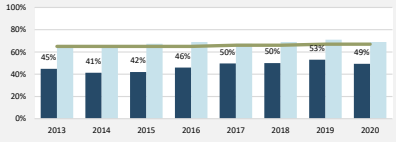
ORAL HEALTH
Pre-school children (aged 0-4 years) enrolled with school and community dental services



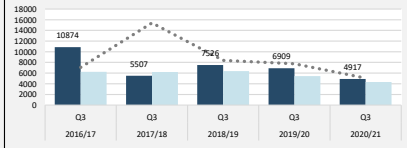
IMMUNISATION
Eight month old children fully vaccinated



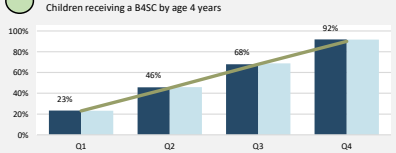
ORAL HEALTH
Children caries free (no holes or fillings) at age 5 years



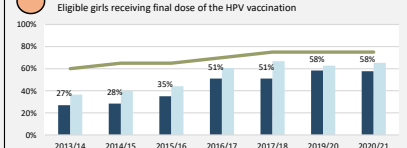
EARLY INTERVENTION
ASH children (aged 0-4), rate per 100 000 people



B4SCHOOL CHECK
Children receiving a B4SC by age 4 years

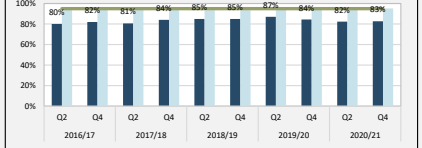


IMMUNISATON
Eligible girls receiving final dose of the HPV vaccination

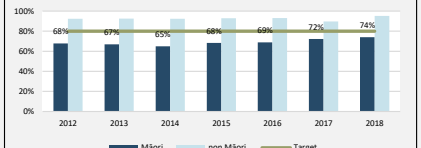


Adult Health and Wellbeing

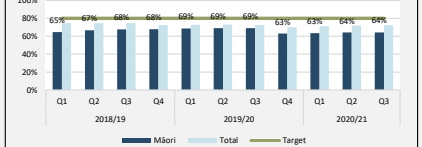
ENGAGEMENT
Population enrolled with a PHO



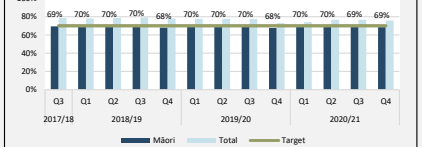
SMOKING
Women smokefree at two weeks postnatal



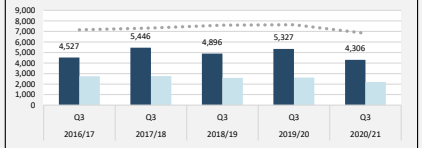
CANCER
Women aged 25-69 years who had a cervical screen in the previous three years



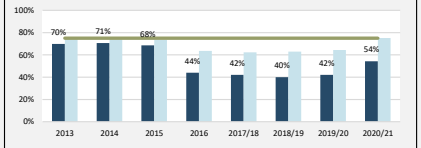
CANCER
Women aged 45-69 years who had a breast screen in the previous two years



EARLY INTERVENTION
ASH adults (aged 45-64), rate per 100 000 people

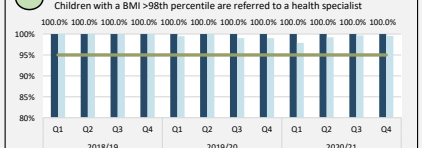


IMMUNISATION - INFLUENZA
People aged over 65 who have had a seasonal influenza vaccination



Enablers to support Improved Health and Wellbeing

B4 SCHOOL CHECK
Children with a BMI >98th percentile are referred to a health specialist



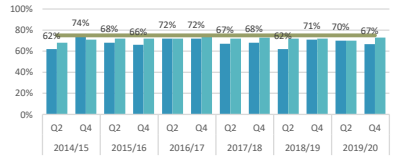
Kia whakakotahi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

Indicator Full Name	Data Source	Data Notes	Additional Notes
Infants are exclusively or fully breastfed at discharge from LMC	National Maternity Collection (MAT)	Data may be incomplete, LMC data is usually delayed. This may exclude data where records have no status	
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	Well Child data for the latest period has been delayed by the Ministry.	
Percentage of Infants fully vaccinated at eight months	National Immunisation Register		
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2022	Due a change in calculation method Māori Oral health results for the 2018 year are not directly comparable with prior years. Results have been included as they are the nationally reported result.
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)		
B4SCs are started before children are 4½ years	B4 School Check		
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2022	Due a change in calculation method Māori Oral health results for the 2018 year are not directly comparable with prior years. Results have been included as they are the nationally reported result.
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	The HPV result for for 2018/19 was incorrectly calculated by the Ministry of Health. The reporting of these results would be significantly misleading and as such we have excluded them from reporting.	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	MAT data can take up to two years to show all events which may explain deviation between reports	
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Data is provided 3 months in arrears for each reporting quarter	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Screening data has been recalculated retrospectively by the National Screening Unit, taking into account changes in ethnicity. We have elected at this time to maintain the results as reported at the time.	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit		
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)		The result for ASH 45-64 has been given an orange rating as performance is significantly better than the national rate. Our expectation is to close the gap between Māori and non-Māori over time.
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This measure has changed from using PHO enrolled population data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar- Sep where previously this was Jan-Dec. Results are not directly comparable between 2017 and previous years.	
Percentage of the population enrolled with a PHO	Canterbury DHB data Q2 onwards PHO Enrolment Collection		
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check		

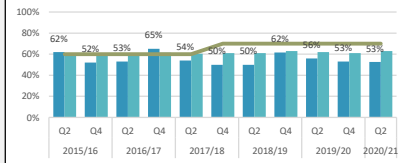
Canterbury DHB Pacific Health Dashboard
July 2021

- The target is met for Pacific
- The target has not been met for Pacific however the trend is improving
- The target has not been met for Pacific and performance is decreasing or there is significant inequity

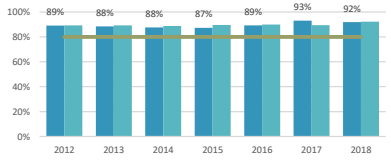
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



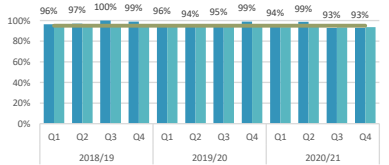
BREASTFEEDING
Babies exclusively and fully breastfed at 3 months



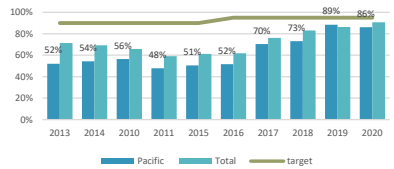
SMOKING
Women who are smokefree at two weeks postnatal



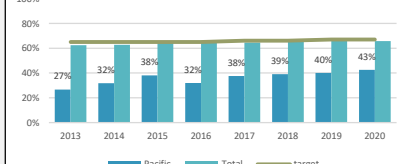
IMMUNISATION
Infants fully immunised by eight months of age



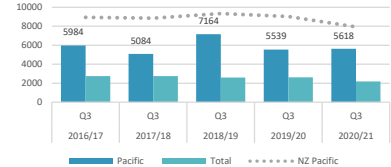
ORAL HEALTH
Children aged under 5 enrolled in DHB community oral health service



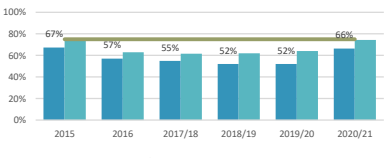
ORAL HEALTH
Children carries-free (no holes or fillings) at age 5



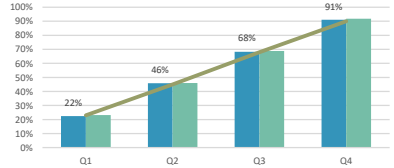
EARLY INTERVENTION
ASH rate for adults 45-64 years old, per 100,000 population



IMMUNISATION
People aged over 65 years who have had a seasonal influenza vaccination

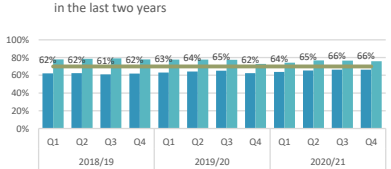


Percentage of children receiving a B4SC by age 4 years

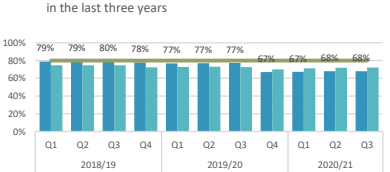


EARLY INTERVENTION
Children with a BMI >98th percentile are referred to a health specialist

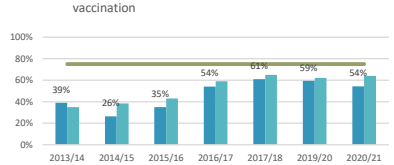
CANCER
Women aged 45-69, who have had a breastscreen once in the last two years



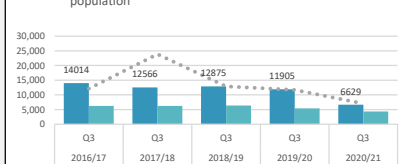
CANCER
Women aged 25-69, who have had a cervical smear once in the last three years



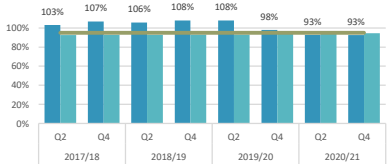
IMMUNISATION
Eligible children receiving final dose of the HPV vaccination



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



ENGAGEMENT
Population enrolled with a PHO



Indicator Full Name	Data Source	Data Notes	Additional Notes
Jul-21	National Maternity Collection (MAT)	Data may be incomplete, excluding data where records have no status	
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset		
Percentage of Infants fully vaccinated at eight months	National Immunisation Register		
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2022	Due a change in calculation method Pacific Oral health results for the 2018 year are not directly comparable with prior years. Results have been included as they are the nationally reported result.
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)		
B4SCs are started before children are 4½ years	B4 School Check		
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in March 2022	Due a change in calculation method Pacific Oral health results for the 2018 year are not directly comparable with prior years. Results have been included as they are the nationally reported result.
Percentage of eligible children receiving final dose of the HPV immunisation	National Immunisation Register	The HPV result for 2018/19 was incorrectly calculated by the Ministry of Health. The reporting of these results would be significantly misleading and as such we have excluded them from reporting.	Since 2019/20 HPV reporting has inlcuded boys as well as girls - results are not directly comparable.
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	MAT data can take up to two years to show all events which may explain deviation between reports	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Screening data has been recalculated retrospectively by the National Screening Unit, taking into account changes in ethnicity. We have elected at this time to maintain the results as reported at the time.	
Women aged 45-69, who have had a breast screen once in the last two years	National Screening Unit		These result have been aligned to the national definition which includes women from 45-69. The 50-60 series has been replaced.
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)		The quarter one result for Adult ASH rates has not yet been provided by the Ministry.
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This measure has changed from using PHO enrolled population data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar-Sep where previously this was Jan-Dec. Results are not directly comparable between 2017 and previous years.	
Percentage of the population enrolled with a PHO	Ministry of Health		
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check		

Uptake % (with 8 week lag period)

excludes people invited in last 8 weeks

62.1

Uptake: # definitive FiT results/ #invited

View Report (D100-A3 Uptake (with 8 week lag))

Invited participants

33,015

View Report (D100-A2 Invitations sent)

Definitive FIT results

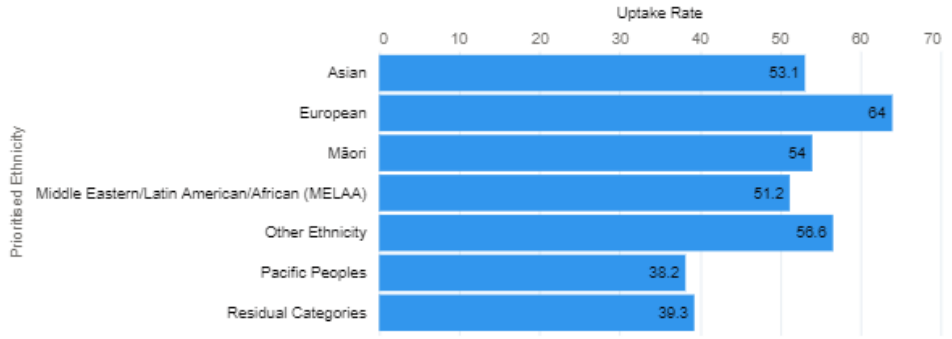
i.e. normal or abnormal (excl spoilts)

18,366

View Report (D100-A2 Invitations sent)

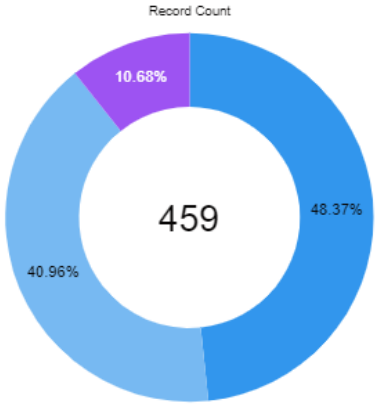
Uptake (%) by prioritised ethnicity

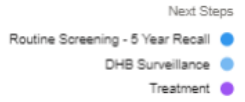
with 8 week lag



View Report (D100-A3 Uptake (with 8 week lag))

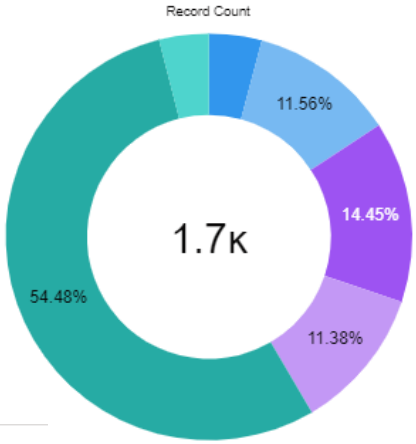
DAO referral rates

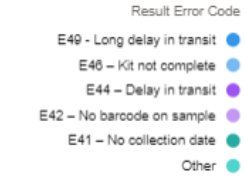




Spoilt Kits by error code

since 1 Sept 2020 - BSP and BSR DHBs





Positives

821

View Report (D100-D Positivity)

Positivity rate (%)

(indicator 204)

4.5

View Report (D100-D Positivity)

Spoilt - delayed in transit (%)

since 1 Sep 2020 - BSP and BSR DHBs

1.6

View Report (D100-F Spoilt Kit - Delayed in Transit)

Spoilt with no subsequent definitive (207) %

(indicator 207)

2.2

View Report (D100-K Spoilt Kit Rate (207))

Spoilt kit rate (%)

(ind 206) since 1 Sept 2020 - BSP & BSR

8.4

View Report (D100-E Spoilt Kit Rate)

Cancers detected

checks tumour size

43

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

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

DATE: **16 September 2021**

Report Status – For: **Decision** ☑ **Noting** ☐ **Information** ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8 & 9 and the information items contained in the report;

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of public excluded meetings – 19 August 2021	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	2021/2022 Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	COVID-19 Automated Testing Platform	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Service Change Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)

7.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
8.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Maintain legal professional privilege.	s9(2)(a) s9(2)(j) s9(2)(h)
9.	Advice to Board • QFARC Draft Minutes *31 August 2021*	For the reasons set out in the previous Committee agendas.	

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

3. SUMMARY

The Act, Schedule 3, Clause 32 provides:

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

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

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

Clause 33 of the Act also further provides:

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

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

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

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

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