AGENDA

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 5 March 2020 commencing at 9:00am

Administration			
	Apologies		9.00am
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 31 October 2019		
3.	Carried Forward / Action List Items		
Reports for Decision			
4.	CPH&DSAC – Review of Terms of Reference		9.05-9.15am
Presentations			
5.	Health In All Policies	Dr Anna Stevenson *Public Health Physician*	9.15-9.45am
6.	COVID 19	Dr Ramon Pink *Public Health Physician* *Medical Officer of Health*	9.45-10.15am
Reports for Noting			
7.	Community & Public Health Update Report	Evon Currie *General Manager, Community & Public Health*	10.15-10.30am
MORNING TEA			**10.30-10.45am**
8.	Planning & Funding Update Report – Quarter 2	Carolyn Gullery *Executive Director, Planning Funding & Decision Support*	10.45-11.00am
9.	Influenza Plans for 2020	Carolyn Gullery	11.00-11.15am
10.	Transalpine Strategic Disability Action Plan Refresh Update (Oral)	Jacqui Lunday-Johnstone *Executive Director, Allied Health, Scientific & Technical*	11.15-11.30am

AGENDA

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11.	Step-Up Programme Update	Kathy O'Neill *Team Leader, Planning & Funding*	11.30-11.45am
12.	CDHB Workforce Update	Maureen Love *Strategic HR Business Partner*	11.45-12.00pm
13.	2020 Draft Workplan • Meetings with the community	*Chair*	12.00-12.15pm
ESTIMATED FINISH TIME			**12.15pm**
	Information Items • Disability Steering Group Minutes o 25 October 2019 o 22 November 2019 o 24 January 2020		

NEXT MEETING: Thursday, 7 May 2020 at 9.00am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Jo Kane (Chair
Aaron Keown (Deputy Chair)
Sally Buck
Naomi Marshall
Tom Callanan
Wendy Dallas-Katoa
Rochelle Faimalo
Susan Foster-Cohen
Yvonne Palmer
Dr Olive Webb
Hans Wouters
Sir John Hansen (Ex-officio)
Gabrielle Huria (Ex-officio)

Executive Support

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

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

COMMITTEE ATTENDANCE SCHEDULE 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	05/03/20	07/05/20	02/07/20	03/09/19	05/11/20
Jo Kane (Chair)					
Aaron Keown (Deputy Chair)					
Sally Buck					
Naomi Marshall					
Tom Callanan					
Wendy Dallas-Katoa					
Rochelle Faimalo					
Dr Susan Foster Cohen					
Yvonne Palmer					
Dr Olive Webb					
Hans Wouters					
Sir John Hansen (ex-officio)					
Gabrielle Huria (ex-officio)					

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

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

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

Jo Kane **Chair – CPH&DSAC** Board Member	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown **Deputy Chair – CPH&DSAC** Board Member	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Grouse Entertainment Limited** – Director/Shareholder
Sally Buck Board Member	**Christchurch City Council (*CCC*)** – Community Board Member Chair of the Central/Linwood/Heathcote Community Board which has delegated responsibilities from the CCC. **Registered Resource Management Act Commissioner** From time to time, sit on Resource Management Act panels for the CCC. Specific interests will be declared at the time. **Rose Historic Chapel Trust** – Member Charitable voluntary body managing the operation of the Rose Historic Chapel, a CCC owned facility.
Tom Callanan	**CCS Disability Action** – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing. **Disability Sector System Transformation, Regional Leadership Group** – Member. **Project Search Canterbury** – Steering Group Member Representing CCS Disability Action as a partner. CDHB current host business.

	Southern Centre Charitable Trust – Trustee and Treasurer The Southern Centre Trust is a partnership with CCC of the Southern Centre, which was initially located in the Council-owned QEII Centre, and was relocated to the Pioneer Recreation and Sport Centre (also Council-owned) following the Canterbury earthquakes. Council is responsible for the day-to-day operation of the Southern Centre. The parties also intend to collaborate in respect of the anticipated Metro Centre, a water-based Multi-Sensory Environment to be constructed by Council by the end of 2022.
Wendy Dallas-Katoa Manawhenua	**Greater Healthy Christchurch** – Runanga Representative **IHI Research –** Social Change and Innovation Researcher **Manawhenua Ki Waitaha** – Chair, Representative of Onuku Runanga Manawhenua Ki Waitaha is a collective of health representatives of the seven Ngāi Tahu Papatipu Rūnanga that are in the CDHB area. There is a memorandum of understanding between Manawhenua and the CDHB. **NZBA** – Maori Advisory Group **Population Health Alliance SLA** – MKW Representative **RANZCOG** – Cultural Advisor, He Hono (Wahine Maori Collective of Obstetrics and Gynaecologists) **Te Kahui o Papaki ka Tai** – Mana Whenua Representative (Cultural Advisor) Maori Advisory Group to Pegasus Health/PHO **Victoria University** – Women's Health Representative
Rochelle Faimalo	**Canterbury Youth Workers Collective** – Committee Member **Faimalo Limited** – Director & Shareholder **Hurunui District Council** – Community Team Leader
Dr Susan Foster-Cohen	**Director Champion Centre** Receives funding from both the MoH and CDHB. **Dyspraxia Support Group** – Patron Parent Support Group for families/children with dyspraxia. **Early Intervention Association of Aotearoa New Zealand** – Chair Professional association that aims to support early intervention professionals through professional development and information sharing. Has representation on ECAC and Early Childhood Federation. **New Zealand Institute of Language Brain and Behaviour** – Member Researcher with NZILBB through Champion Centre partnership. **New Zealand Speech Therapy Association** – Associate Member Professional body for Speech and Language therapists.

	University of Canterbury – Adjunct Associate Professor Researcher and graduate student supervisor in Linguistics and in Communication Disorders. (Lecturer on short term contracts as needed.)
Naomi Marshall Board 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.
Yvonne Palmer	**Age Concern Canterbury** – Project Coordinator Staff member responsible for education courses and events. **Canterbury Community Justice Panels** – Facilitator/Panel Member/ Member Steering Group **Canterbury Justice of the Peace Association Incorporated** – Elected Councillor **Safer Waimakariri Advisory Group** – Member **Styx Living Laboratory Charitable Trust** – Trustee
Dr Olive Webb	**Canterbury Plains Water Trust** – Trustee **Greater Canterbury Forum** - Member **Private Consulting Business** Sometimes works with CDHB patients and services. Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.
Hans Wouters	**New Zealand Spinal Trust** – Chief Executive Provides support services to patients of the Burwood Spinal Unit during and after admission. NZST receives regular funding from CDHB and MoH as a contribution towards services rendered.
Sir John Hansen **Ex-Officio – CPH&DSAC** Chair, CDHB	**Bone Marrow Cancer Trust** – Trustee **Canterbury Clinical Network Alliance Leadership Team** - Chair **Canterbury Clinical Network Oxford and Surrounding Area Health Services Development Group** - Member **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.

	Ministry Primary Industries, Costs Review Independent Panel **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Ex-Officio – CPH&DSAC** Deputy Chair, CDHB	**Emerge Aotearoa Housing Trust** – Chair **Emerge Aotearoa Limited** – Chair **Emerge Aotearoa Trust** – Chair Mental health, addiction and housing non-government organisation (*NGO*). **Nitrates in Drinking Water Working Group** – Member A discussion forum on nitrate contamination of drinking water. **Pegasus Health Limited** – Sister is a Director Primary Health Organisation (*PHO*). **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Runanga o Ngai Tahu** – General Manager Tribal Entity. **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs.

MINUTES

Canterbury District Health Board
Te Poari Hauora ō Waitaha

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 31 October 2019 commencing at 9.00am

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

APOLOGIES
Apologies for absence were received and accepted from Tracey Chambers (Chair, DSAC); Chris Mene; David Morrell; and Yvonne Palmer.

EXECUTIVE SUPPORT
David Meates (Chief Executive); Melissa Macfarlane (Team Lead, Planning & Performance); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Hector Matthews (Executive Director, Maori & Pacific Health); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES
Carolyn Gullery

IN ATTENDANCE
Item 4
Norma Campbell, Director of Midwifery
Ngaire Button, Planning & Funding
Nicky Smithies, Planning & Funding

Items 5&6
Vivien Daley, CDHB Smokefree Manager, Community & Public Health.

Item 9
Gordon Boxall, Chair, Disability Steering Group

Item 10
Allison Nichols-Dunsmuir, Health in All Policies Advisor, Community & Public Health

Item 11
Kathy O'Neill, Team Leader, Planning & Funding

Item 12
Maureen Love, Strategic HR Business Partner, People & Capability

The meeting was Chaired by Dr Anna Crighton, CPHAC Chair.

1. INTEREST REGISTER

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

Declarations of Interest for Items on Today's Agenda

- Ta Mark Solomon – Items 6 & 8 – in terms of his role as Chair of the Te Putahitanga o Te Waipounamu Governance Board.
- Susan Foster-Cohen – Item 13 – in terms of her role as a Director of the Champion Centre.

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

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

2. MINUTES OF THE PREVIOUS MEETING

Resolution (22/19)
(Moved: Wendy Dallas-Katoa/Seconded: Hans Wouters – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 29 August 2019 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

Item 5: 2020 Influenza Vaccine
Whilst noted as on today's agenda, this item has been deferred to the Committee's first meeting in 2020 (tentatively scheduled for 5 March 2020).

The carried forward action list was noted.

4. CANTERBURY MATERNITY STRATEGY

Norma Campbell, Director of Midwifery, presented the Canterbury Maternity Strategy. Also in attendance were Ngaire Button, Planning & Funding; and Nicky Smithies, Planning & Funding.

Dr Olive Webb joined the meeting at 9.08am.

It was noted that feedback on the first draft of the strategy indicated it did not adequately meet principles and values of Tangata Whenua and as a result, would not address sufficiently equity issues facing the CDHB's population. Three hui were subsequently held with the agreed intention to realign discussions to reflect how to describe and what is needed to be done strategically to ensure the maternity strategy meets the needs for Māori, Pacific peoples and the wider Canterbury community.

Ms Campbell noted an important lesson for the DHB had been learning to listen more carefully to what it was being told.

Wendy Dallas-Katoa confirmed the draft strategy has been recommended to Manawhenua ki Waitaha for endorsement.

The Committee commended Ms Campbell on the draft strategy and the process which had been undertaken to reach this point.

Resolution (23/19)
(Moved: Jo Kane/Seconded: Sally Buck – carried)

"The Committee recommends that the Board:

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

The meeting moved to Item 13.

13. CHILD DEVELOPMENT FUNDING UPDATE

Jacqui Lunday-Johnstone, Executive Director, Allied Health, Scientific & Technical, presented the report highlighting that in response to the 2014 Child Development Services (*CDS*) Stocktake, the Ministry of Health developed a CDS future operating model, with the ambition being that children and young people accessing CDS experience simple and effective services that are well connected to other agencies and supports. The Ministry has approved additional funding for CDS, which they wish to align with the CDS future operating model.

There was discussion around the phenomenal opportunity this provides to "get things right". There was also discussion around reporting mechanisms to ensure the effectiveness of additional funding.

Resolution (24/19)
(Moved: Ta Mark Solomon/Seconded: Sally Buck – carried)

"That the Committee:

i. notes the Child Development funding Update report."

The meeting moved to Item 5.

5. VAPING UPDATE (PRESENTATION)

Vivien Daley, CDHB Smokefree Manager, provided a further update to the Committee on Vaping, following on from her earlier presentation in March 2019. The presentation covered:

- The Health Promotion Agency's new "Vaping Facts" website.
- Regulations under development.
- "Liberal" versus "Cautious" approach – two distinct perspectives.
- CDHB's position.

The Committee was given the opportunity to ask questions.

The following reading material is to be circulated to Committee members for information:

- Surge Report, ASH, Phillip Morris.
- Cancer Society, ASPIRE research.

Resolution (25/19)
(Moved: Dr Anna Crighton/Seconded: Sally Buck – carried)

"The Committee:

i. recommends that the Board meet with the Christchurch City Council at its earliest convenience to discuss vaping positions and policies.

6. COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

The Committee received the report. There was no discussion.

Resolution (26/19)
(Moved: Dr Olive Webb/Seconded: Tom Callanan – carried)

"That the Committee:

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

7. 2020 INFLUENZA VACCINE CAMPAIGN

This item was deferred to the Committee's first meeting in 2020 (tentatively scheduled for 5 March 2020).

8. MAORI & PACIFIC HEALTH PROGRESS REPORT

Hector Matthews, Executive Director, Maori & Pacific Health presented the report, highlighting the following:

- Ongoing improvements in "children's oral health" and "Maori women cervical screening" – areas that have previously been a struggle for the DHB.
- Canterbury Maori are doing reasonably well when compared nationally, however, inequities still exist.
- A Whanau Ora Primary Health Research Project is to be undertaken, supported with funding from Treasury who want more empirical evidence on a Whānau Ora approach to primary health services as a first step of improving whānau health.

Mr Matthews acknowledged the approach adopted by Ms Campbell and her team in the development of the draft Canterbury Maternity Strategy, noting that learnings will be taken from this in the development of the Maori Health Strategy.

There was discussion on the importance of the interrelationship between the suite of dashboard targets in addressing inequity.

Resolution (27/19)
(Moved: Hans Wouters/Seconded: Jo Kane – carried)

"The Committee recommends that the Board:

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

Dr Crighton advised those in attendance that today's meeting was her last as Chair of the Community and Public Health Advisory Committee. She thanked members for their attendance and contributions, noting that she had greatly enjoyed Chairing the Committee and was proud of the work it had achieved.

Ms Dallas-Katoa and Mr Matthews led a waiata in Dr Crighton's honour.

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

9. DISABILITY STEERING GROUP UPDATE

Dr Crighton welcomed Gordon Boxall to the table. It was noted this was Mr Boxall's last update to the Committee as Chair of the Disability Steering Group (the *Group*) and Dr Crighton thanked him for his outstanding contribution during his term as Chair.

Mr Boxall reflected on the past three years since the establishment of the Group, noting progress and achievements during that period. He thanked staff for their ongoing support and wished the DHB well for its continued work in this area. Membership of the new Group is in the process of being finalised, and will come into effect in January 2020.

Discussion took place on the Group's ability to hear the voice of people too young to have their own voice. It was acknowledged that whilst family representatives have been represented previously, this is not the same as the actual voice of a young person. It will become important to address this moving forward.

The Committee thanked Mr Boxall for his update and wished him well with his future endeavours.

10. CANTERBURY ACCESSIBILITY CHARTER – ACCESSIBILITY WORKING GROUP UPDATE (PRESENTATION)

Allison Nichols-Dunsmuir, Health in all Policies Advisor, Community & Public Health, presented an update on what has been happening with the Accessibility Charter.

Discussion took place around:

- Compliance with standards, rather than functionality – which is proving frustrating.
- Being "proactive" as opposed to "reactive".
- Inviting people with subject matter expertise to discuss opportunities.
- The importance of accessibility being forefront in the design phase.
- Learning from previous lessons.

11. DEVELOPING AN APPROACH FOR ACCESSIBLE INFORMATION

Kathy O'Neill, Team Leader, Planning & Funding, provided an update on the additional area of focus on accessible information, which is to be progressed by a working group under the governance of the Disability Steering Group. It was noted there had been a real push for this work in recent forums.

A member queried how we would know whether the work being undertaken is working. Ms O'Neill acknowledged that an evaluation process will need to be part of the plan going forward.

A link to the "Mana Whaikaha Baseline Study" is to be forwarded to Committee members for information.

Resolution (28/19)
(Moved: Sally Buck/Seconded: Wendy Dalla-Katoa – carried)

"That the Committee:

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

12. CDHB WORKFORCE UPDATE

Maureen Love, Strategic HR Business Partner, People & Capability, presented the report noting there is real momentum in work underway to remove barriers for employment of people with disabilities. People & Capability have a number of initiatives in play, with more to follow.

Discussion took place around the success to date of Project Search. Funding is and will continue to be a real challenge. It is for this reason the specific decision has been taken to continue with interns in their final year of school, as opposed to a cohort of school leaves. Nine interns have been selected for the 2020 programme, all students from Riccarton High School with associated funding provided by the Ministry of Education.

Resolution (29/19)
(Moved: Dr Anna Crighton/Seconded: Ta Mark Solomon – carried)

"That the Committee:

i. notes the Canterbury Workforce Update."

INFORMATION ITEMS

- All Right? Evaluation Summary 2019
- CCN Q4 2018 / 19
- Disability Steering Group Minutes
- 2019 Workplan

On behalf of the Committee, Jo Kane thanked Dr Crighton for her significant contribution, not only as Chair of the Community and Public Health Advisory Committee, but also in her role as a CDHB Board member over several terms.

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

Confirmed as a true and correct record:

_____	_____
Dr Anna Crighton Chair, CPHAC	Date of approval
_____	_____
Tracey Chambers Chair, DSAC	Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 5 MARCH 2020

	DATE	ACTION	REFERRED TO	STATUS
1.	29 Aug 19	CALD presentation on availability and accessibility of health information in the community.	Evon Currie	Scheduled for 7 May 2020.
2.	29 Aug 19	The First 1,000 Days – update on development of South Island Plan.	Carolyn Gullery	Scheduled for 2 July 2020.
3.	29 Aug 19	2020 Influenza Vaccine – support for a population wide fully funded seasonal influenza campaign.	Carolyn Gullery	Today's Agenda – Item 9.

CDHB POSITION STATEMENTS

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

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

CPH&DSAC - TERMS OF REFERENCE REVIEW

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

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

APPROVED BY: **Justine White, Executive Director, Finance & Corporate Services**

DATE: **5 March 2020**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The purpose of this report is to allow the Committee the opportunity to review its current Terms of Reference (*TOR*) and to recommend any changes to the Board for formal ratification.

2. RECOMMENDATION

The Committee recommends that the Board:

i. adopts the draft Terms of Reference attached as Appendix 1.

3. SUMMARY

The current TOR for the Community & Public Health and Disability Support Advisory Committee (*CPH&DSAC*) were adopted by the Board in April 2018, with an amendment in March 2019. They provide for a review to be undertaken early 2020.

Attached as Appendix 1 is a draft amended copy of the current TOR. Changes are primarily of a "housekeeping" nature.

These are placed before the Committee to allow it to review the content and to provide feedback and a recommendation to the Board for formal adoption.

4. APPENDICES

Appendix 1: Draft Amended TOR – CPH&DSAC (tracked)

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (*CDHB*), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from ~~24~~19 March 202~~019~~.

The CDHB has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint Committee shall include some members with a specific interest in disabilities and some with a specific interest in community and public health. For ease of reference, the Committee shall be referred to as the "Community and Public Health and Disability Support Advisory Committee" (*CPH&DSAC*).

FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the Act (Schedule 4, Clauses 2 & 3). These apply to the roles of the two separate ~~a~~Advisory Committees, which form the joint Committee, and exist in addition to these Terms of Reference. A summary of these functions and aims is set out below.

"The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are to provide advice and recommendations to the Board of the DHB on:

- *the needs, and any factors that the committee believes may adversely affect the health status, of the resident population of the DHB; and*
- *priorities for use of the health funding provided.*

The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Disability Support, are to provide advice and recommendations to the Board of the DHB on:

- *the disability support needs of the resident population of the DHB, and*
- *priorities for use of the disability support funding provided."*

The aim of this advice is to assist the disability support services that the CDHB provides or funds, along with the policies it adopts, to promote the inclusion and participation in society, and maximise the independence of people with disabilities within the resident population of the CDHB.

The Committee will effect these functions by:

- Ensuring the health and disability support needs of the community are reflected in the CDHB strategic planning process by contributing to and reviewing the draft Annual Plan, SI Regional Services Plan, and make recommendations to the Board.
- Providing input into the development of strategies and policies related to the health needs and disability support issues of the community, and make recommendations to the Board in respect to these.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
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- Identifying Key Priority Actions from the Annual Plan and other strategic plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions.)
- Monitoring and reporting to the Board on performance against the Canterbury Health System Framework, with a particular emphasis on public health issues, including those related to earthquake recovery, housing, environmental issues (especially drinking water, clean air) and other issues relating to the determinates of health. The Committee will also monitor health services contracted or provided by the CDHB, but noting the primary responsibility of the Hospital Advisory Committee in respect to monitoring of provider arm services. Management will assist in this process by providing appropriate reports and briefings aligned to the CDHB Outcomes Framework. (Responsibility for the monitoring of individual contracts rests with management.)
- Monitoring and supporting the implementation of the Canterbury and West Coast Health Disability Action Plan.
- Reviewing information regarding environmental and demographic changes within which the CDHB is working.
- Monitoring and reporting to the Board on progress against strategies and plans in respect to Maori and Pacific health and progress on reducing disparities in Maori and Pacific health.
- Advocacy on health need related issues and health related disability issues, including establishing relationships with other organisations and disability support service providers within the CDHB area, where relevant and appropriate to the work of the Committee.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Board's accountability documents.

SUBMISSION PROCESS

In addition to the above functions, the Community and Public Health and Disability Support Advisory Committee will have a role in the preparation of submissions on health issues by the CDHB to Territorial Local Authorities (*TLAs*), Select Committees, Central Government and other organisations, noting the primary role of the CDHB Board in approving such submissions. ~~In the event that meeting dates do not allow for formal Board approval then the Committee may consider such submissions and provide its support.~~

KEY PROCESSES

- The Board approves the Annual Plan and associated Regional Plans and any individual strategies developed to meet the health and disability needs of our population.
- The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy; the New Zealand Disability Strategy; and the Canterbury and West Coast Health Disability Action Plan.
- Reports being presented to the Committee should identify how they link to the CDHB Outcomes Framework.
- Any paper or piece of work being presented to the Committee should identify how it links to the Annual Plan (the annual workplan of the CDHB).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.
- The Committee will prepare an annual workplan designed to implement its Terms of Reference.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board, and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role, but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available), for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the CDHB's Media Policy; its Conflict of Interest and Disclosure of Interest Policy; Gift, Sponsorship, Donations and Corporate Hospitality Policy~~, Probity and Gift Policy~~; and with its Standing Orders.
- The Committee Chair~~(s)~~ will annually review the performance of the Community and Public Health and Disability Support Advisory Committee and members.

WELLBEING HEALTH AND SAFETY

Support, promote and monitor the continuance of a culture of wellbeing health and safety at the CDHB and ensure that the wellbeing health and safety risks faced by the Board are appropriately understood, mitigated and monitored, and ensure that the Board receives regular reports in regard to meeting its wellbeing health and safety obligations.

LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board committees to those committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors ~~(from both within a meeting and external to it),~~ should be made via the Committee Chair~~(s)~~ and directed to the Chief Executive or their delegate (Principal Administrative Officer). ~~Such requests should fall within the District Annual Plan and the District Strategic Plan.~~
- There will be no alternates or proxy voting of Committee members.
- ~~All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:~~
  - ~~The term of members not exceeding three years.~~
  - ~~A conflict of interest statement being required prior to nomination.~~
  - ~~Remuneration.~~
  - ~~Resignation, vacation and removal from office.~~
- The management team of the CDHB makes decisions about the funding of services within the Board approved parameters and delegations.

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

- The Board
- Consumer groups
- Management of the CDHB
- Clinical staff of the CDHB
- Manawhenua Ki Waitaha (*MKW*)
- The community of the CDHB
- Other Committees of the CDHB

~~This will also be achieved through the sharing of agendas and the regular meetings of the Chairs of the Committees.~~

TERM

These Terms of Reference shall apply until March 2023~~for the remainder of 2019~~, at which time they will be reviewed by the newly elected Board of the CDHB, who will also review membership of the Committee to ensure an appropriate skills-mix.

~~Should a major issue of public health arise prior to this date, an earlier review of the Terms of Reference may be undertaken.~~

MEMBERSHIP OF THE COMMITTEE

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board. The Board may also appoint a Deputy Chair to the Committee. Other members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board and may be both CDHB Board members and external members. In selecting members, the Board will have regard to the need for the Committee to comprise of an appropriate skill mix, including people with special interests in community and public health, disability, Maori and Pacific health issues. The Board will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Chair and Deputy Chair of the Board will be ex-officio members of the Committee (if not appointed to the Committee by the Board), and will have full speaking and voting rights at all meetings of the Committee.

- Board members who are not members of the Committee will receive copies of agendas and minutes of all meetings via Diligent, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.
- The Board will not appoint to the Community and Public Health and Disability Support Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

that member is specifically interested. All members of the Community and Public Health and Disability Support Advisory Committee must make appropriate disclosures of interest.

- The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee will continue in office for the period specified by the Board, or until such time as:
  - the Chair, Deputy Chair or member resigns; or
  - the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
  - the Chair, Deputy Chair or member is removed from office by notice in writing from the Board.
- All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
  - the term of members not exceeding three years;
  - a conflict of interest statement being required prior to nomination;
  - remuneration; and
  - resignation, vacation and removal from office.

~~The Community and Public Health and Disability Support Advisory Committee will ordinarily comprise a mix of Board members and appropriate members selected from the Community. The Board, in selecting members, will have regard to the need for the Committee to comprise an appropriate skill mix, including people with special interests in community and public health, disability, Maori and Pacific health issues. It will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.~~

~~The Board may also appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee. Such advisors will not be members of the Committee and will not have voting rights.~~

~~Members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board, who will comply with the requirements of the Act.~~

~~The Chair(s) of the Community and Pubic Health and Disability Support Advisory Committee will be members of the Board and will be appointed by the Board, who may also appoint a Deputy Chair(s) of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board will be ex-officio members of the Community and Public Health and Disability Support Advisory Committee and will have full speaking and voting rights at all meetings of the Committee.~~

~~The Chair(s), Deputy Chair(s) and members of the Community and Public Health and Disability Support Advisory Committee shall continue in office for a period specified by the Board, or until such time as:~~

- ~~The Chair(s), Deputy Chair(s) or member resigns; or~~
- ~~The Chair(s), Deputy Chair(s) or member ceases be a member of the Community and Public Health and Disability Support Advisory Committee in accordance with Clause 9 of Schedule 4 of the Act; or~~
- ~~The Chair(s), Deputy Chair(s) or member is removed from that office by notice in writing from the Board.~~

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

~~Board members who are not members of the Committee will receive copies of the agendas and minutes of all meetings upon request, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.~~

~~The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for re-appointment, it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the Committee and allow for a diverse and representative cross section of the community to have input into the Committee's deliberations.~~

MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board, with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the CDHB's Standing Orders.
- In addition to formal meetings, Committee members may be required to attend workshops or forums for briefings and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or TLAs that may affect the health status of the resident population of the CDHB.
- Management will provide such reports and information as necessary to enable the Committee to fulfil its statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be from staff designated from the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work.

REMUNERATION OF COMMITTEE MEMBERS

TERMS OF REFERENCE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

In accordance with Cabinet Guidelines~~Ministerial direction~~ and the CDHB's Fees and Expenses Policy, ~~Board resolutions,~~ members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250.00 per meeting up to a maximum of ten meetings per annum, total payment per annum $2,500.00. The Committee Chair~~(s)~~ will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum $3,125.00. Ex officio members are not remunerated. These payments may be reviewed by Ministerial direction from time to time and will be revised to comply with any Cabinet/Ministerial amendments.~~directive. Ex officio members (if appointed) are not remunerated.~~

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie., reasonable travel-related costs) for Committee members may be paid. Members should adhere to the CDHB's travel and reimbursement policies.

Adopted by Board: 19 April 2018.

Amended by Board: 21 March 2019.
Amended by Board: [insert date]

Health in All Policies
Canterbury District Health Board
-an introduction

February 2020

Dr Anna Stevenson

Public Health Physician

Canterbury District Health Board

Overview

- Public Health – what, who, how
- Addressing determinants of health
- Health in All Policies in Canterbury

What is public health?

…refers to all **organised** measures (whether public or private) to prevent disease and promote health among the population as a whole.

-Childhood vaccinations

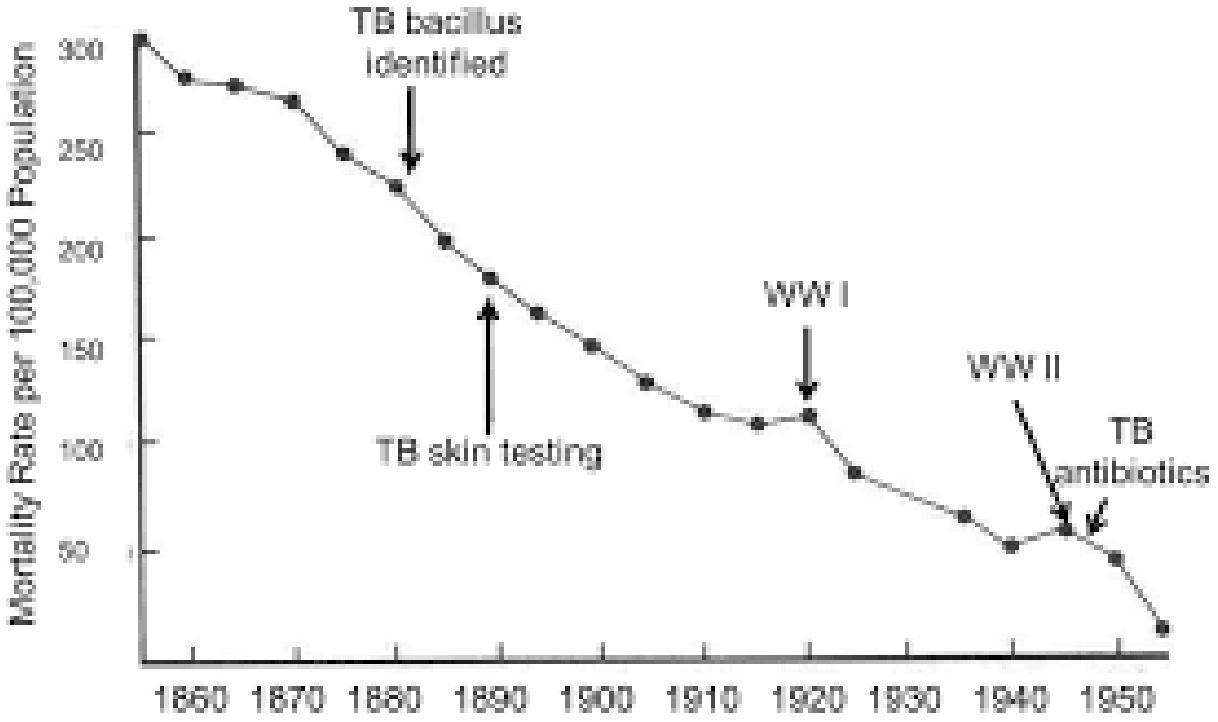
-Breast cancer screening

-immigration medicals

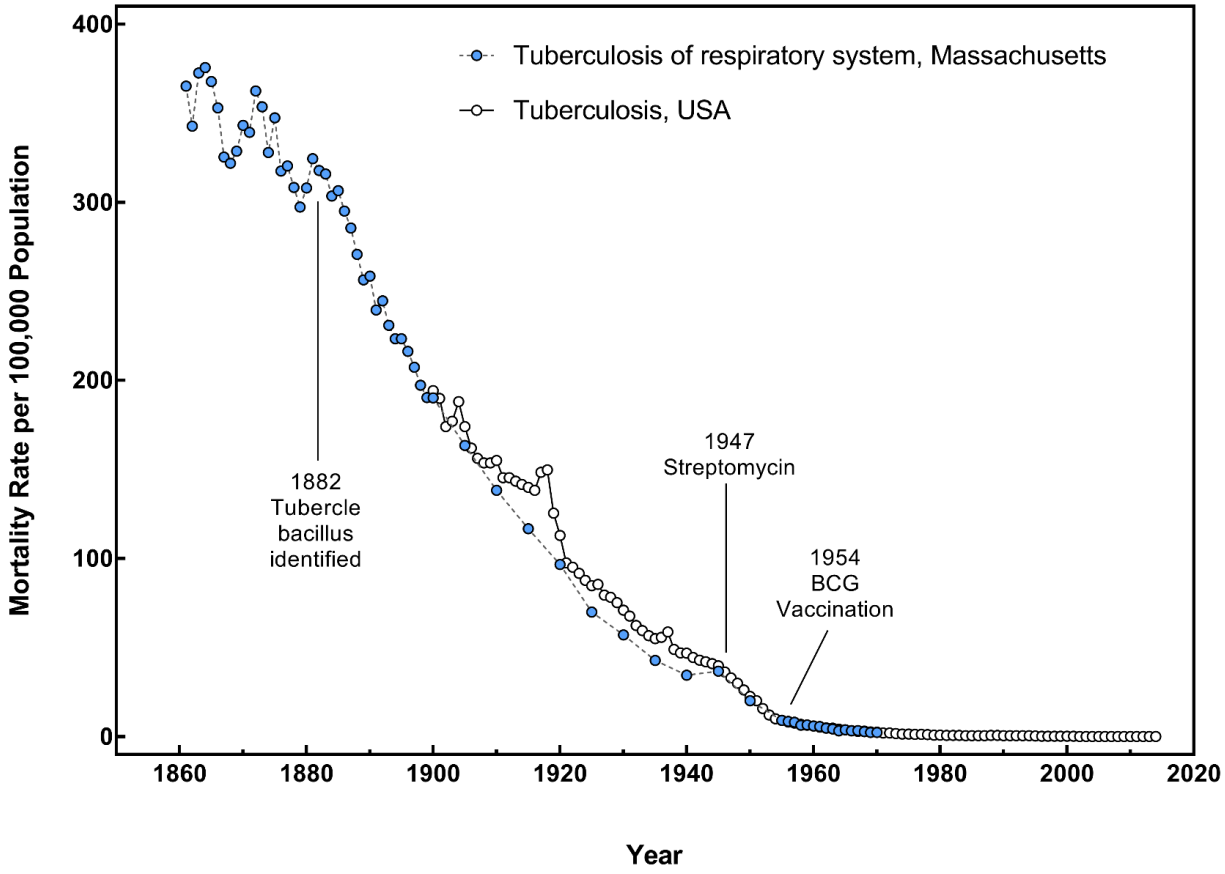
Who is responsible for the Publics' health?

- Doctors
- Nurses
- Medicine makers
- Researchers

Who is responsible for the Publics' health?

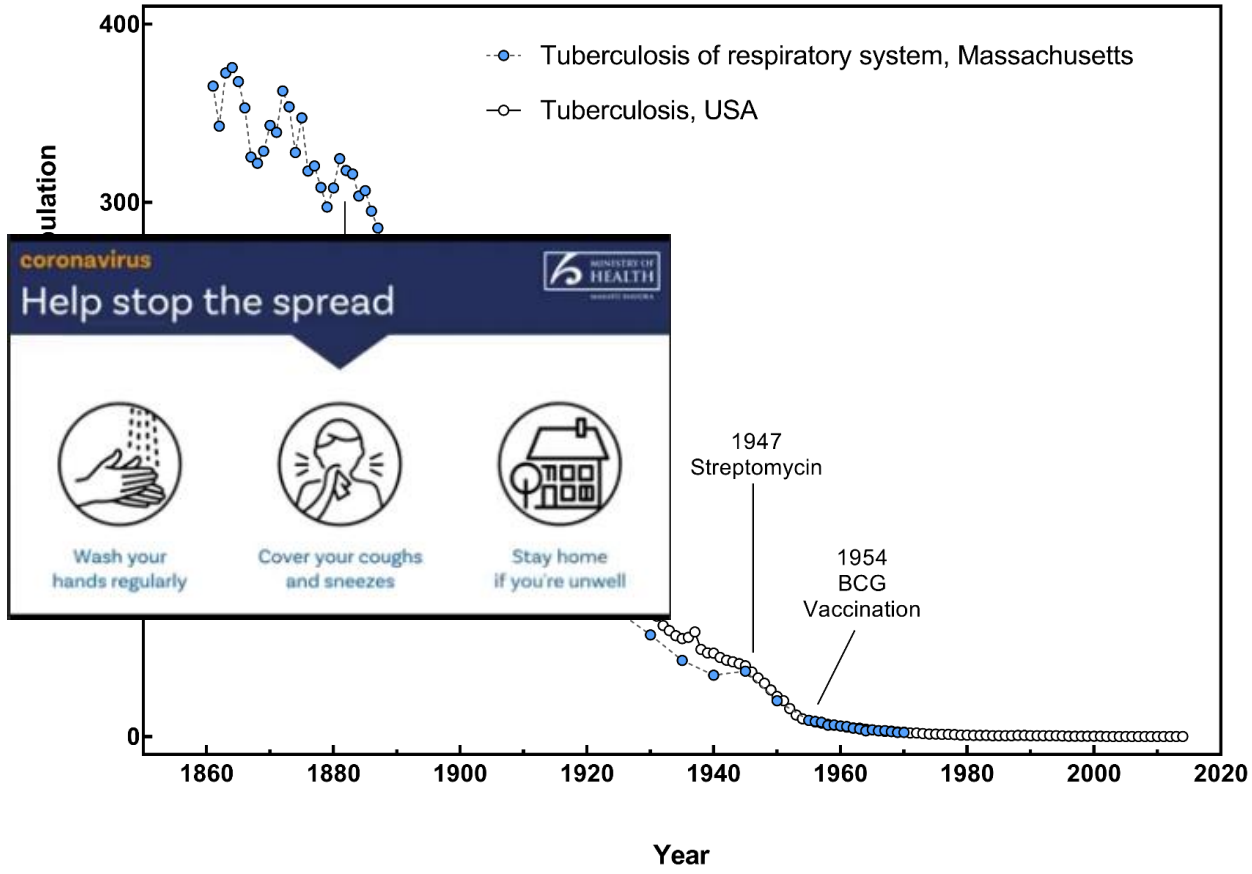


The era of Infectious Diseases - USA



Tuberculosis mortality in the USA from 1861 to 2014

The era of Infectious Diseases - USA



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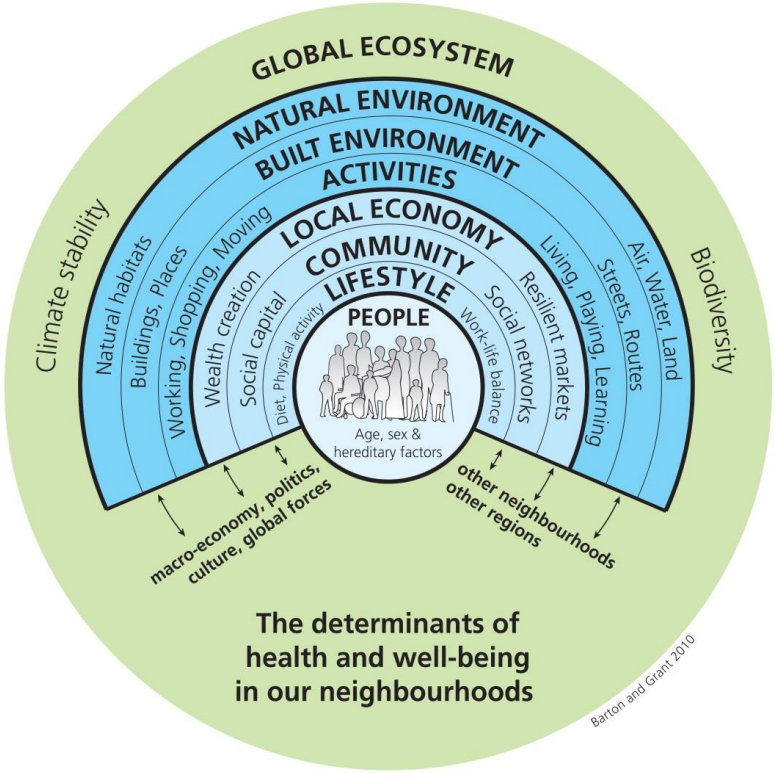
Who is responsible for the Publics' health?

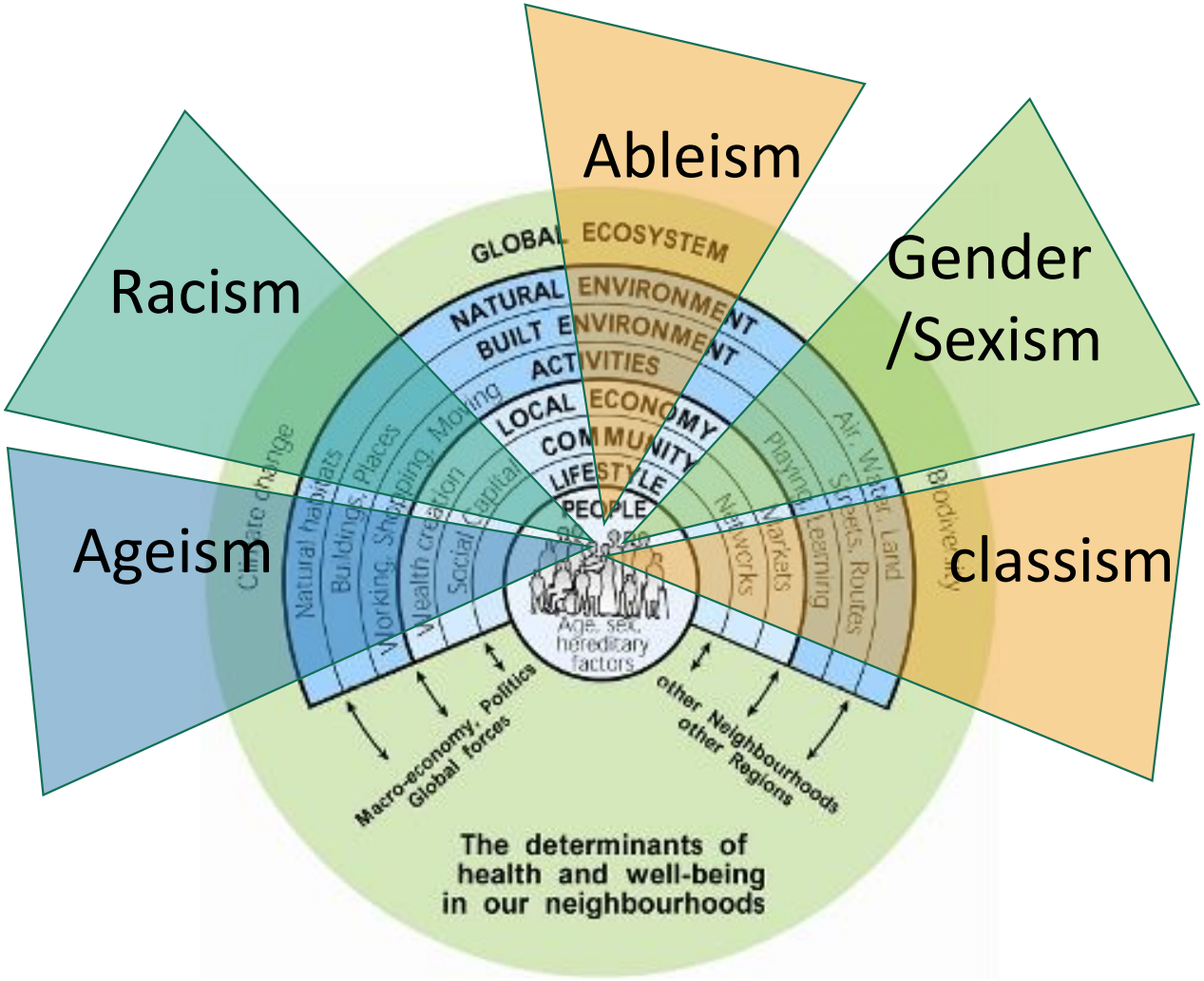
- Doctors
- Nurses
- Medicine makers
- Researchers

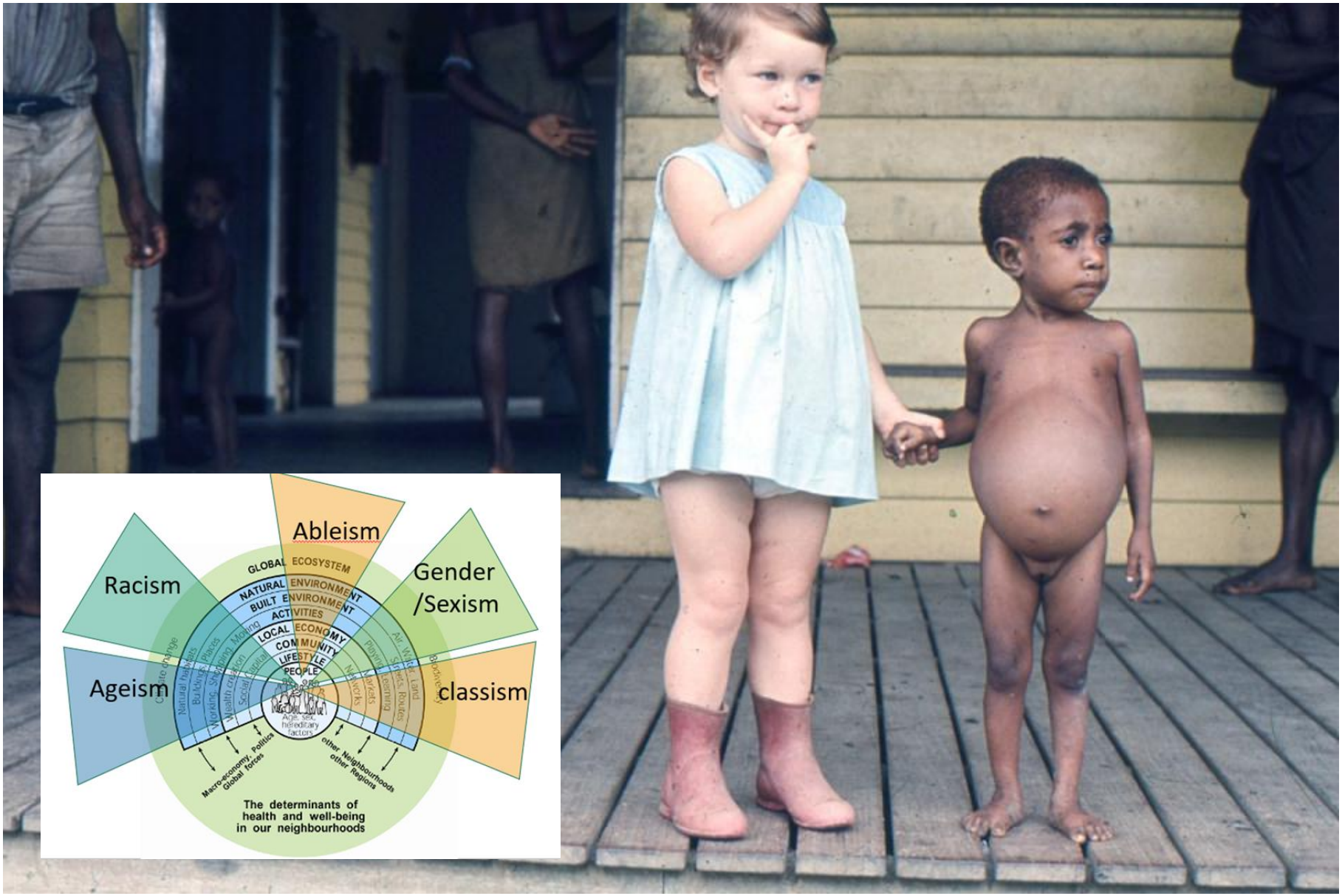
- Teachers
- Farmers
- Engineers
- Builders
- Rubbish collection workers
- Supermarket workers
- Legislators
- Politicians

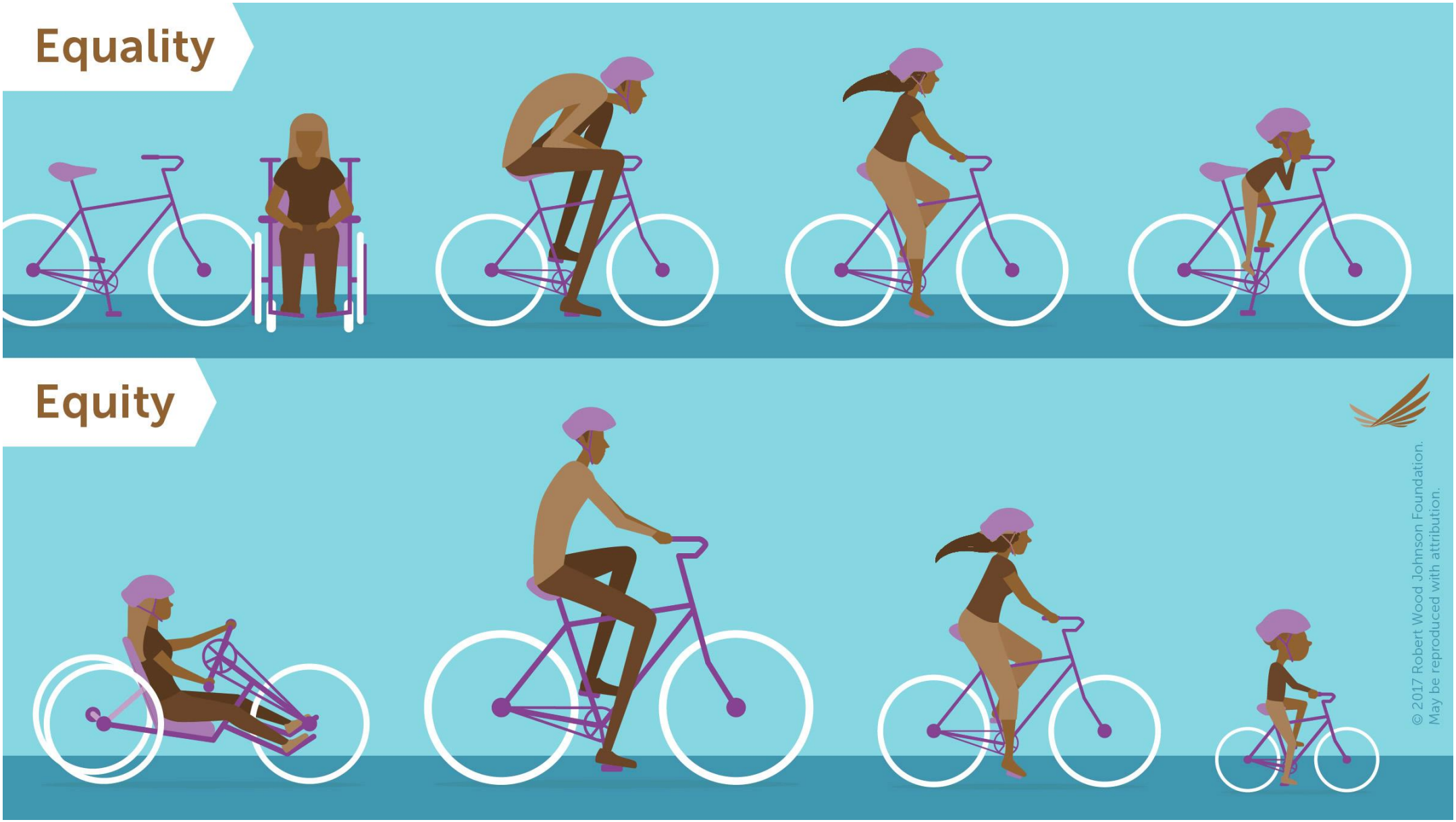
How do people become and stay healthy?



How do people become and stay healthy?




Racism
Ableism
Gender
/Sexism
Ageism
classism
GLOBAL ECOSYSTEM
NATURAL ENVIRONMENT
BUILT ENVIRONMENT
ACTIVITIES
LOCAL ECONOMY
COMMUNITY
LIFESTYLE
PEOPLE
Age, Sex, hereditary factors
Macroeconomy, Politics Global forces
other Neighbourhoods other Regions
The determinants of health and well-being in our neighbourhoods


Equality
Equity
© 2017 Robert Wood Johnson Foundation.
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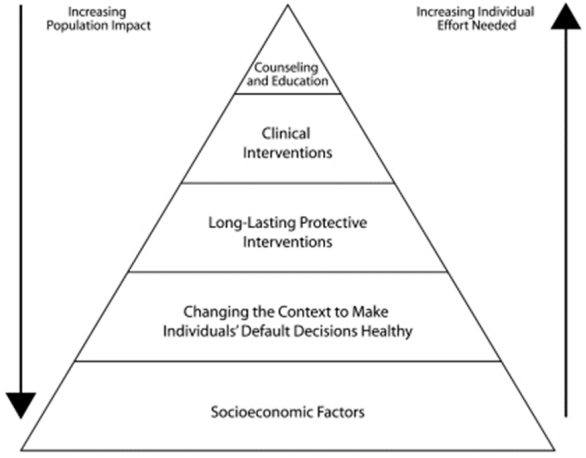
EQUALITY
COMMUNITY RESOURCES


EQUITY
COMMUNITY RESOURCES

Success Factors

- Interventions that work at **all** levels likely to be most effective
- Individual interventions will not work well when environments are not supportive
- Environment and policy changes likely to have most widespread and longest-lasting impacts



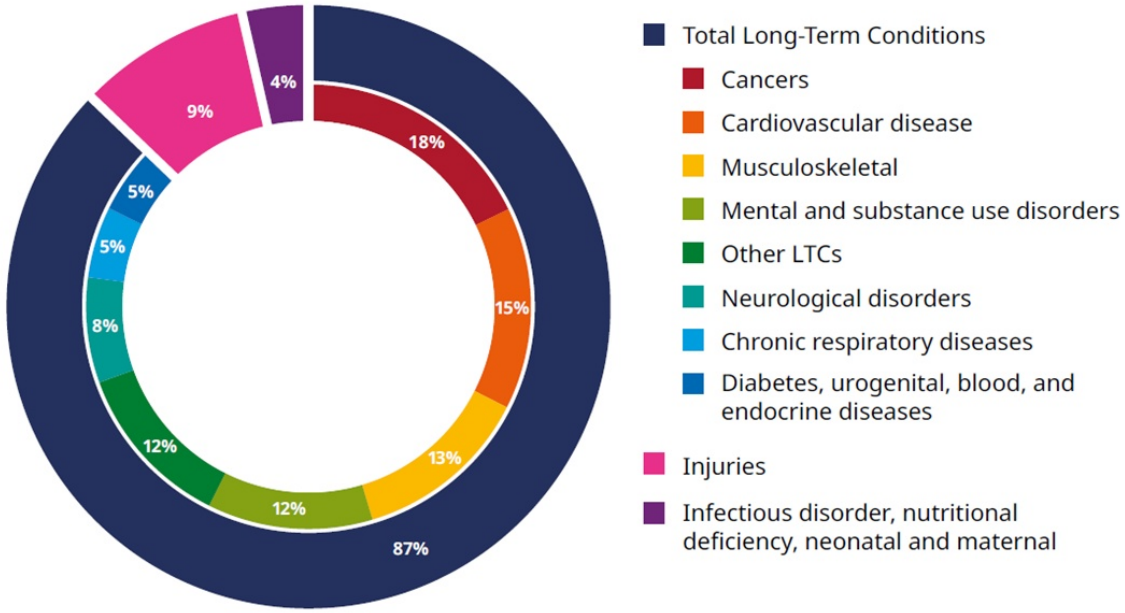
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

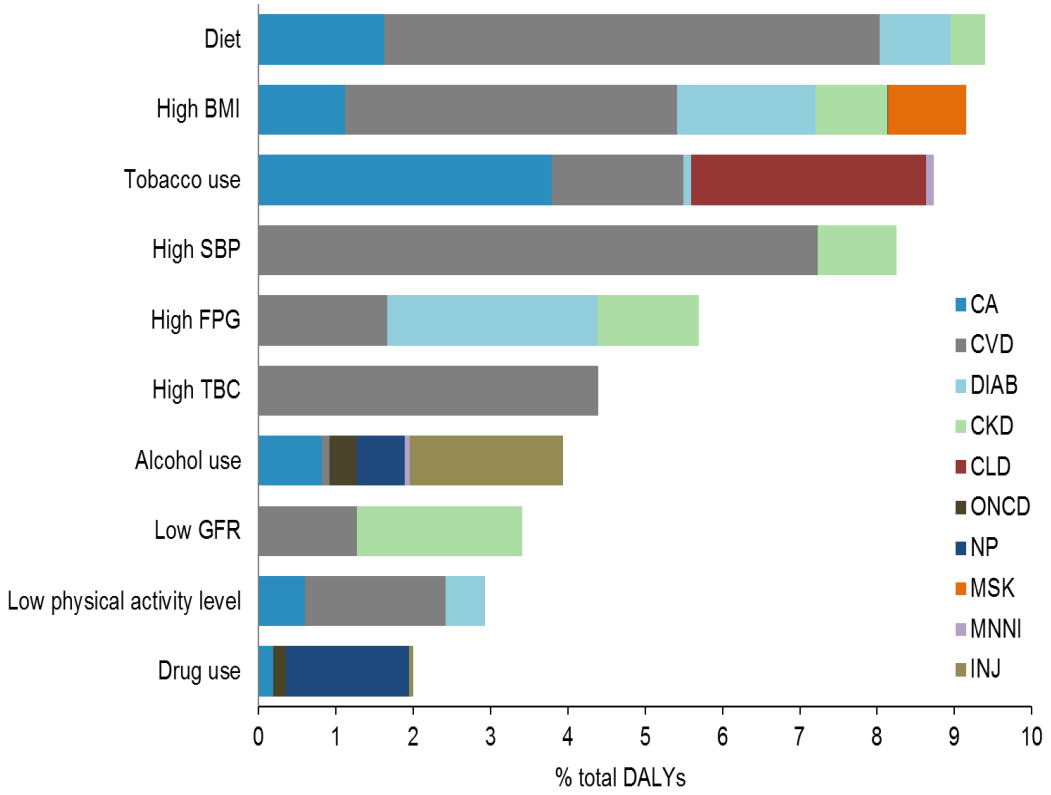
THE HENRY J. KAISER FAMILY FOUNDATION

Long-term conditions/ NCDs are now the leading cause of health loss in NZ



Risk factors for non-communicable disease (NCD

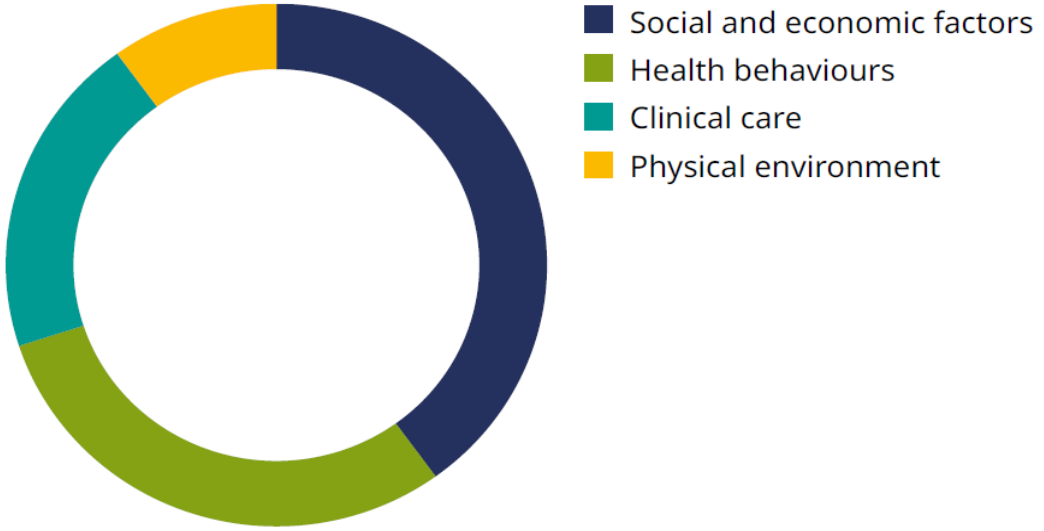
Health losses caused by selected risk factors (% total DALYs), 2013



Key: **CLD** = chronic lung disease; **ONCD** (which here includes chronic liver disease) = other non-communicable diseases; **CA** = cancers; **CVD** = cardiovascular disorders; **DIAB** = diabetes; **NP** = neuropsychiatric disorders; MSK = musculoskeletal disorders; MNNI = maternal, neonatal, nutritional deficiency and infectious disorders plus birth defects**; INJ** = injuries, unintentional and intentional; **SBP** = systolic blood pressure; **BMI** = body mass index**; FPG** = fasting plasma glucose; **TBC** = total blood cholesterol; **GFR** = glomerular filtration rate. Note: Confidence intervals not shown for clarity.

F McGrath April 2019

Figure 1: Estimated contribution of factors that influence health and wellbeing



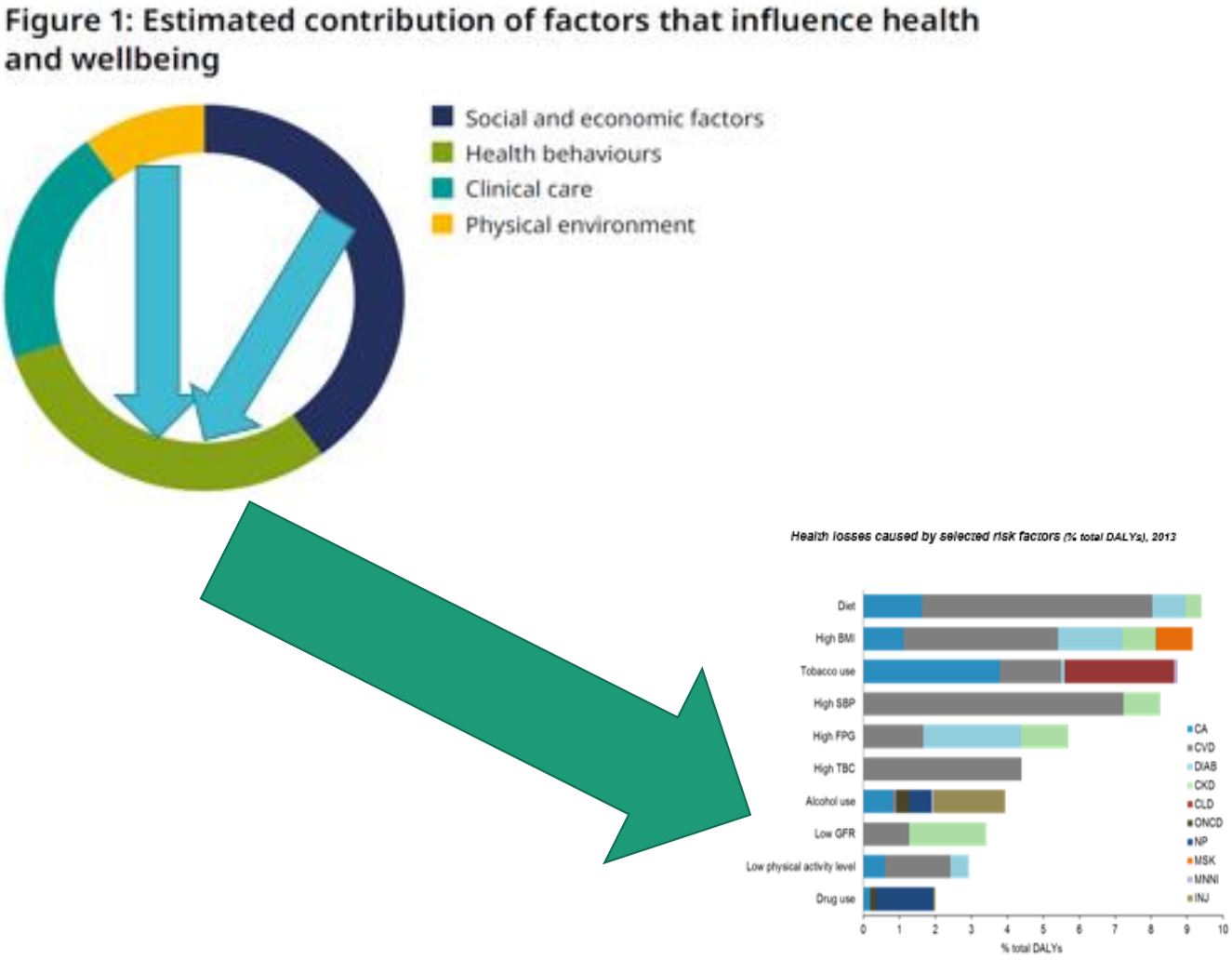
F McGrath April 2019

Figure 1: Estimated contribution of factors that influence health and wellbeing

- Social and economic factors
- Health behaviours
- Clinical care
- Physical environment

F McGrath April 2019

Health behaviours become risk factors for NCDs



What are the public health issues we face now?

- Chronic diseases
- Lifestyle diseases
- Diseases of ageing

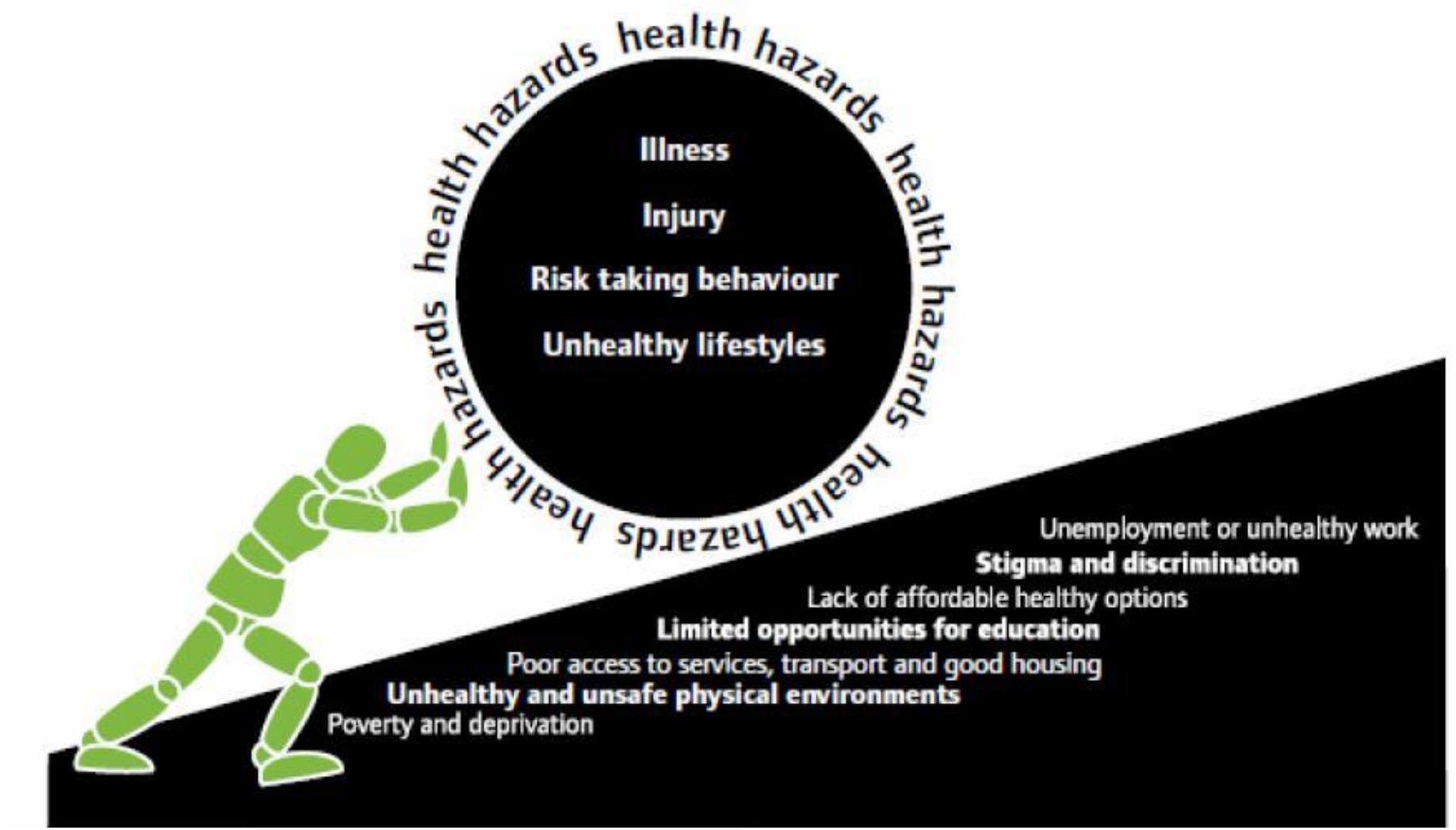
- Cancer
- Depression/Anxiety
- Heart disease
- Diabetes
- Dementia
- Lung diseases

What are the public health issues we face now?

- Chronic diseases
- Lifestyle diseases
- Diseases of ageing

Alcohol
Tobacco
Obesity
Inactivity
Poor nutrition
Low social capital
Racism and other 'isms'

- Cancer
- Depression/Anxiety
- Heart disease
- Diabetes
- Dementia
- Lung diseases


health hazards health hazards health hazards health hazards health hazards
Illness
Injury
Risk taking behaviour
Unhealthy lifestyles
Unemployment or unhealthy work
Stigma and discrimination
Lack of affordable healthy options
Limited opportunities for education
Poor access to services, transport and good housing
Unhealthy and unsafe physical environments
Poverty and deprivation

Legislation

- All DHBs are subject to the requirements of the New Zealand Public Health and Disability Act 2000. Under section 22 (objectives of DHBs), a DHB needs to:

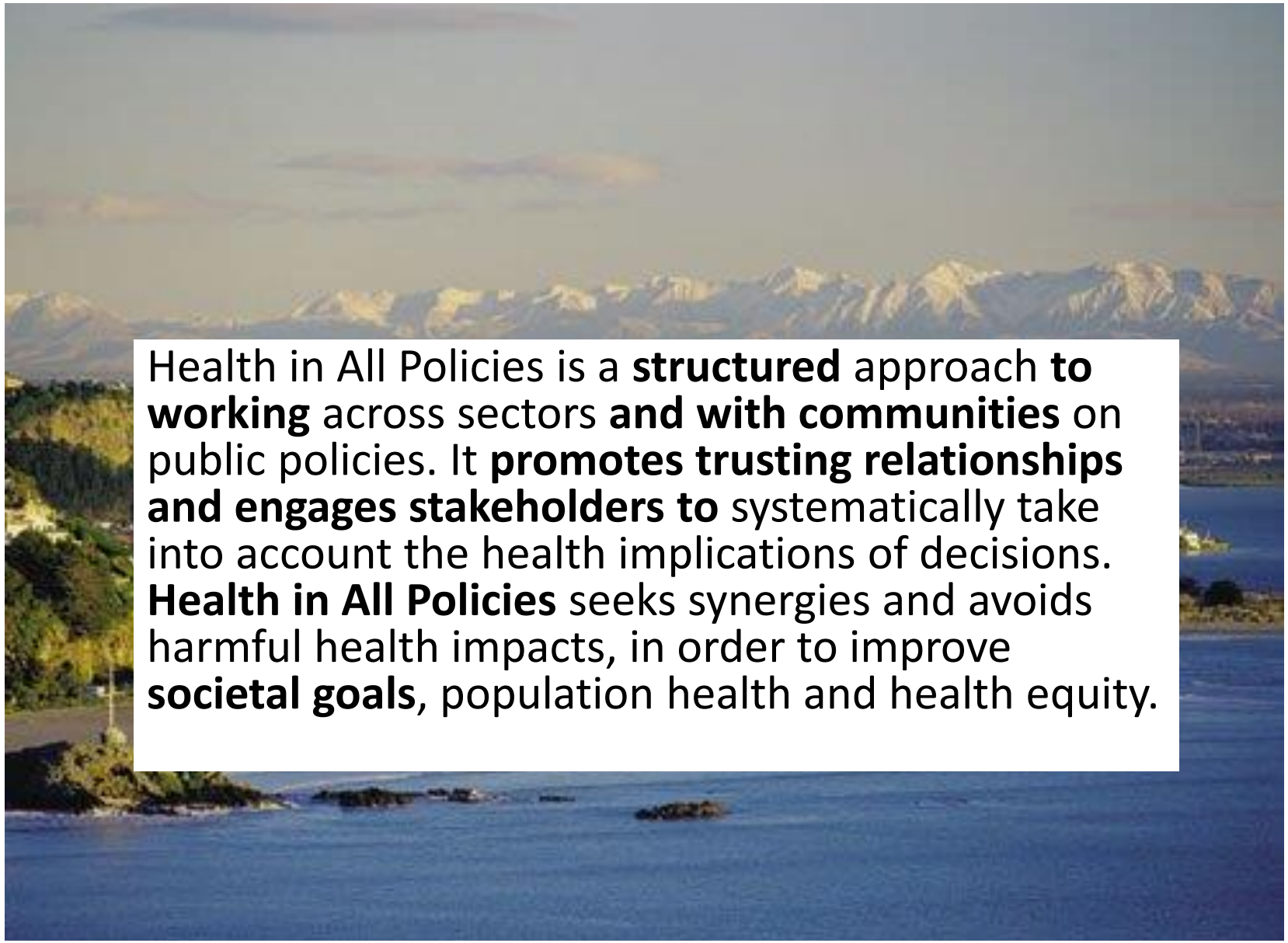
- 22(a) improve, promote, and protect the Health of people and communities
- 22(h) foster community participation in Health improvement, and in planning for the provision of services and for significant changes to the provision of services.

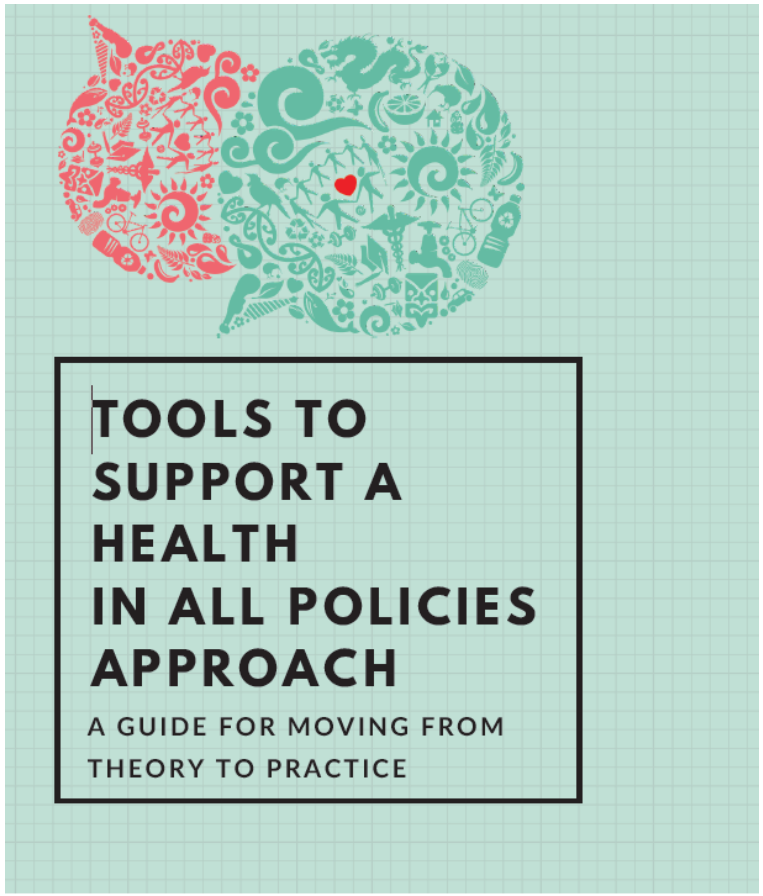
- Under Section 23 (functions of DHBs)
- 23(1) (h) promote the reduction of adverse social and environmental effects on the Health of people and communities.

What works?

Levels	Structural		Social/Group		Personal Behaviour	
Health promotion strategies	Building healthy public policies	Creating structural environments to support health	Strengthening community action	Creating social environments to support health	Developing personal skills	Creating environments to support healthy personal decisions
Key cross-cutting actions (success factors)	Inter-sectoral collaboration and inter-organisational partnerships Participation and engagement in planning and decision-making Healthy settings Political commitment, funding and infrastructure for social policies Multiple strategies at multiple levels across multiple sectors Awareness of socio-environmental context					

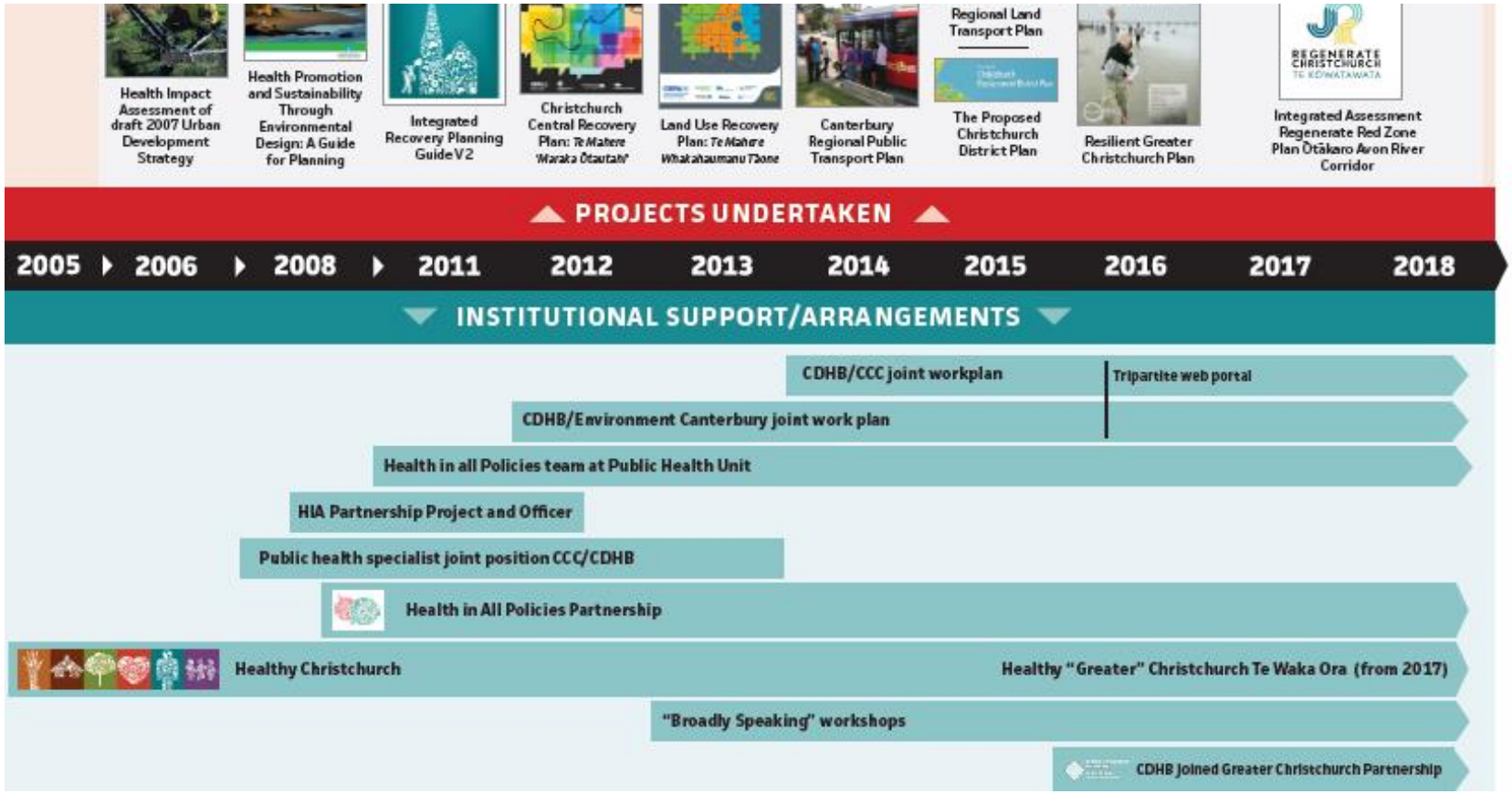
Jackson, S. et al Integrated health promotion strategies: a contribution to tackling current and future health challenges. *Health Promotion International* 2007 Vol 21 No S1 pp75-83


Health in All Policies is a **structured** approach **to working** across sectors **and with communities** on public policies. It **promotes trusting relationships and engages stakeholders to** systematically take into account the health implications of decisions. **Health in All Policies** seeks synergies and avoids harmful health impacts, in order to improve **societal goals**, population health and health equity.



https://www.cph.co.nz/wp-content/uploads/HiAPToolkit.pdf


Health Impact Assessment of draft 2007 Urban Development Strategy
Health Promotion and Sustainability Through Environmental Design: A Guide for Planning
Integrated Recovery Planning Guide V2
Sydenham Master Plan
Lyttelton Master Plan
Christchurch City Health and Wellbeing profile
Recovery Strategy for Greater Christchurch: Mahere Haumanutanga o Waitaha
Christchurch Central Recovery Plan: Te Mahere 'Maraka Ōtautahi'
Ferry Road Master Plan
Canterbury Regional Policy Statement
Land Use Recovery Plan: Te Mahere Whakahaumanu Tāone
Lyttelton Port Recovery Plan: Te Mahere Whakarauora i Te Pūaha o Ōhinehou
HIA Review of Environment Canterbury Air Plan
Canterbury Regional Public Transport Plan
HiAP Conference and 10 year celebration
Greater Christchurch Preliminary Resilience Assessment
Regional Land Transport Plan
The Proposed Christchurch District Plan
Canterbury Wellbeing Index
Draft Waimakariri Residential Red Zone Recovery Plan
Greater Christchurch Urban Development Strategy Update
Resilient Greater Christchurch Plan
Greater Christchurch Long Term Plans Priorities Workshop
Accessibility Charter
Integrated Assessment Regenerate Red Zone Plan Ōtākaro Avon River Corridor
Tools to Support a HiAP approach
Settlement Pattern Review
Canterbury Regional Public Transport Review
Christchurch Alcohol Action Plan
Integrated Planning Guide
Waimakariri bus service review
PROJECTS UNDERTAKEN
2005
2006
2008
2011
2012
2013
2014
2015
2016
2017
2018
2019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Christchurch Central Recovery Plan: Te Mahere 'Waraka Ōtautahi'
Land Use Recovery Plan: Te Mahere Whakahaumanu Tāone
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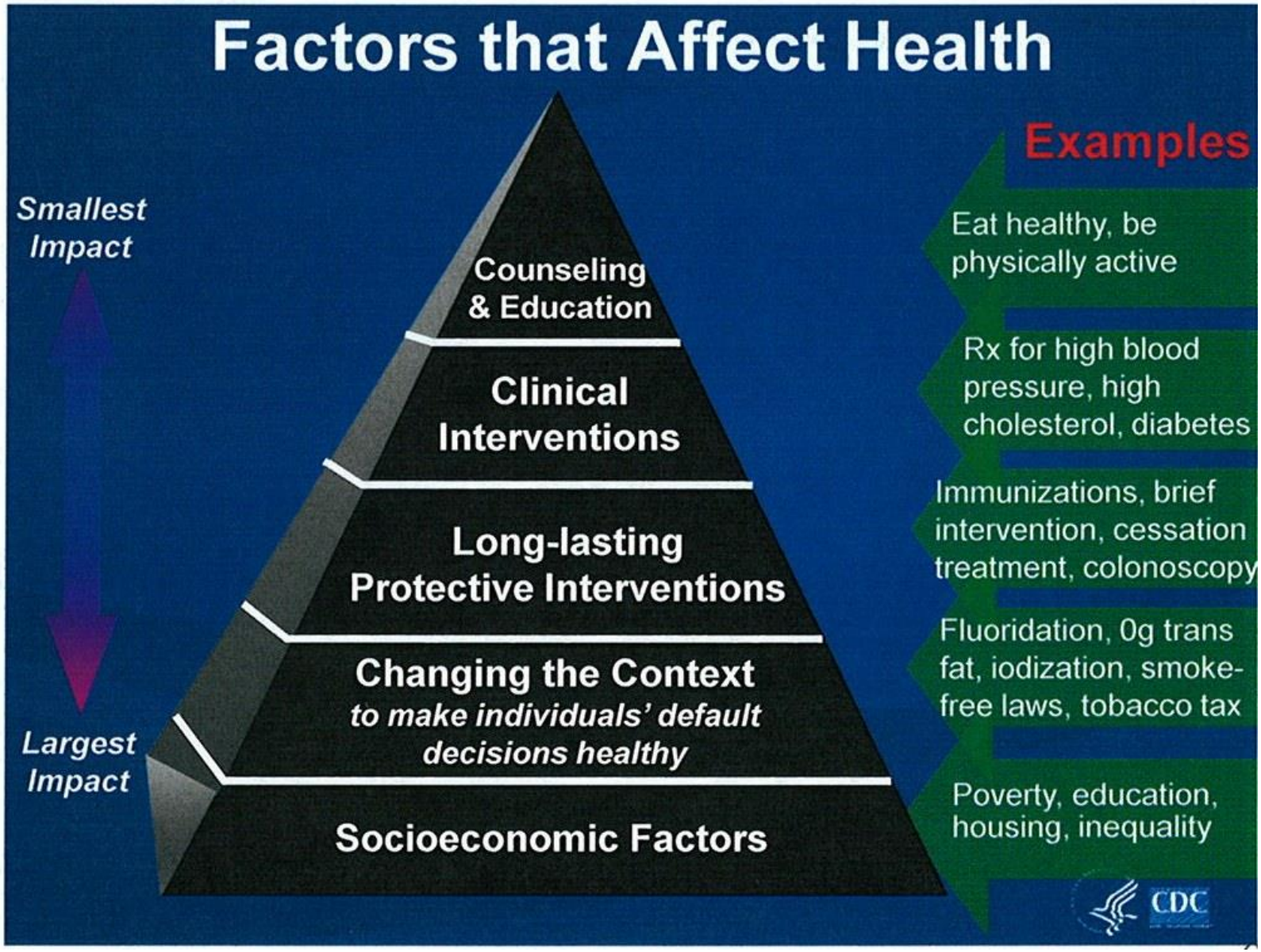
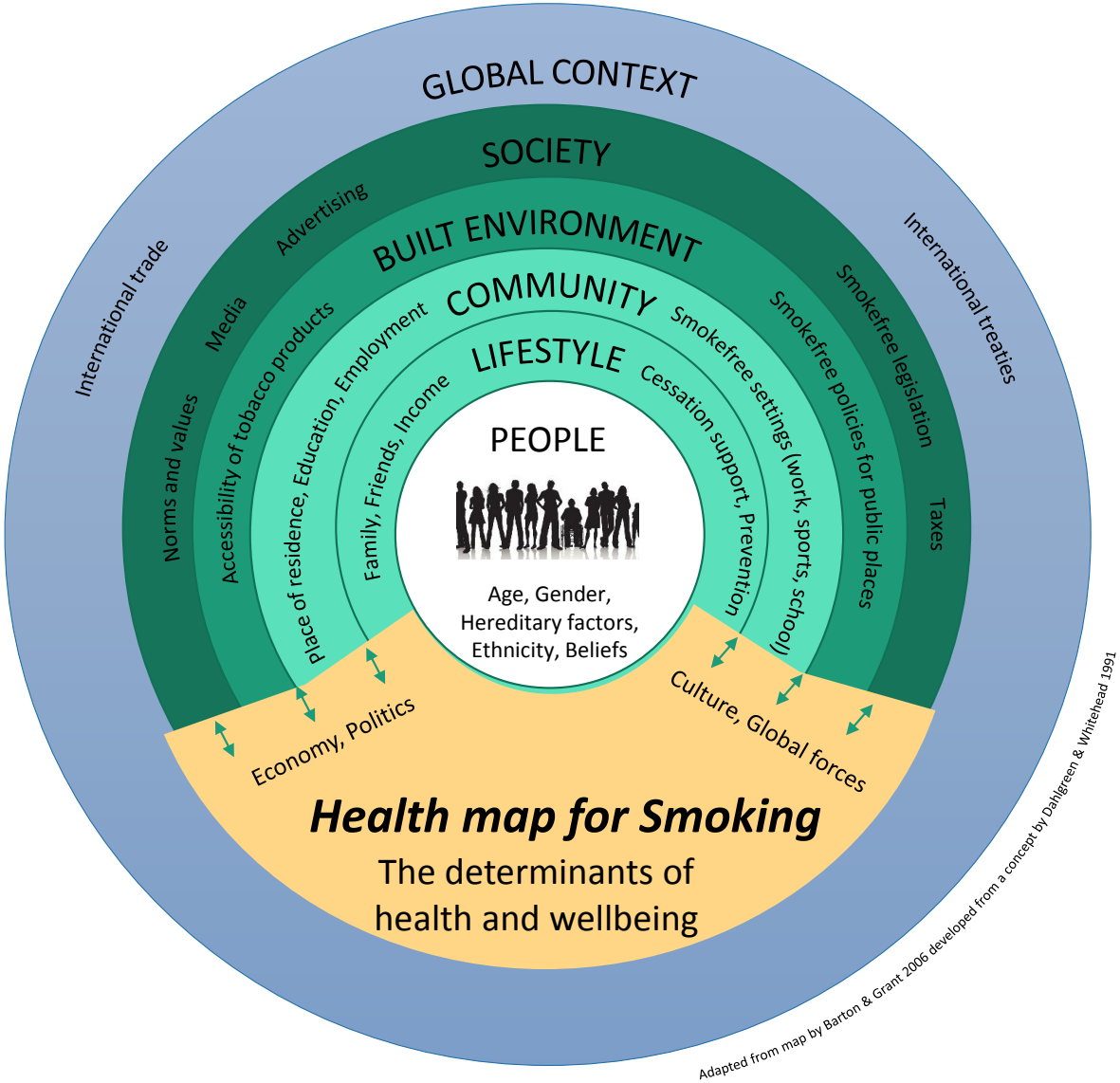
The Proposed Christchurch District Plan
Resilient Greater Christchurch Plan
REGENERATE CHRISTCHURCH
Integrated Assessment Regenerate Red Zone Plan Ōtākaro Avon River Corridor
PROJECTS UNDERTAKEN
2005
2006
2008
2011
2012
2013
2014
2015
2016
2017
2018
INSTITUTIONAL SUPPORT/ARRANGEMENTS
CDHB/CCC joint workplan
Tripartite web portal
CDHB/Environment Canterbury joint work plan
Health in all Policies team at Public Health Unit
HIA Partnership Project and Officer
Public health specialist joint position CCC/CDHB
Health in All Policies Partnership
Healthy Christchurch
Healthy "Greater" Christchurch Te Waka Ora (from 2017)
"Broadly Speaking" workshops
CDHB joined Greater Christchurch Partnership

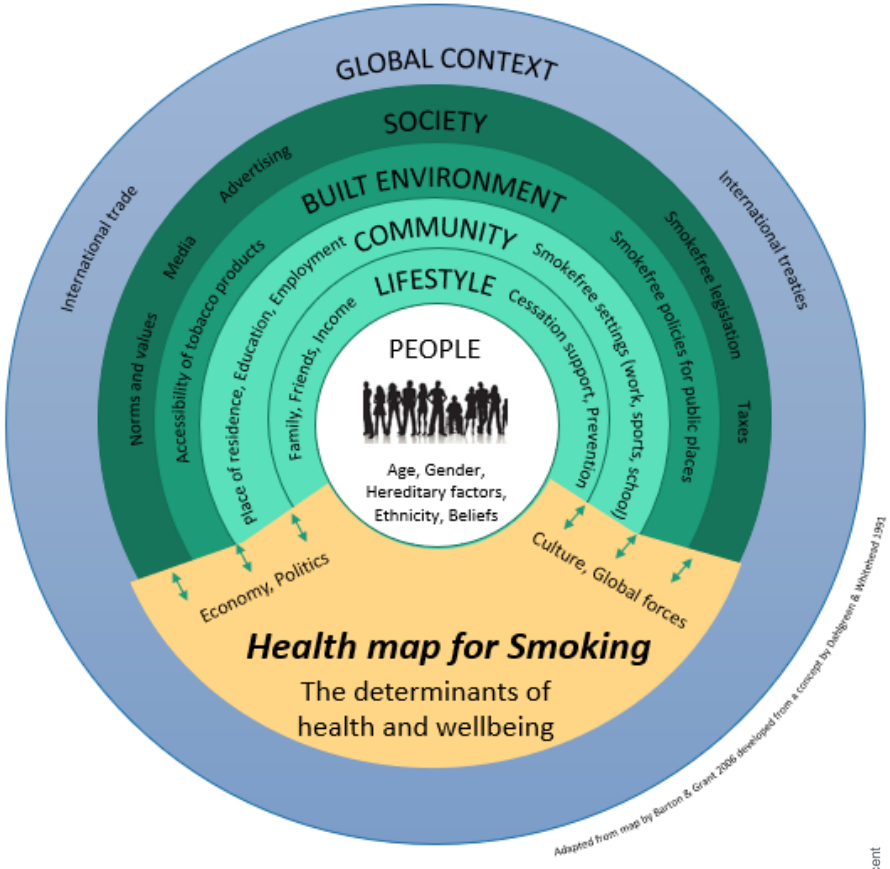
Increasing population impact



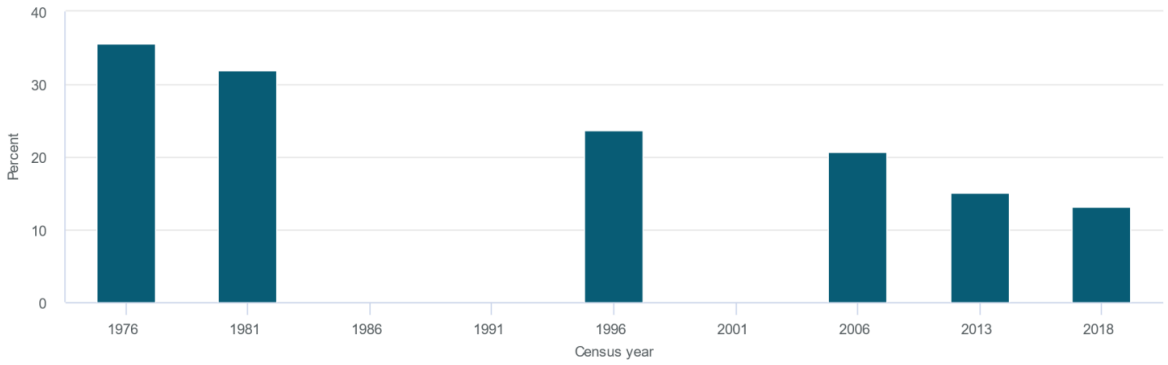
Increasing individual effort needed



Adapted from map by Barton & Grant 2006 developed from a concept by Dahlgreen & Whitehead 1991



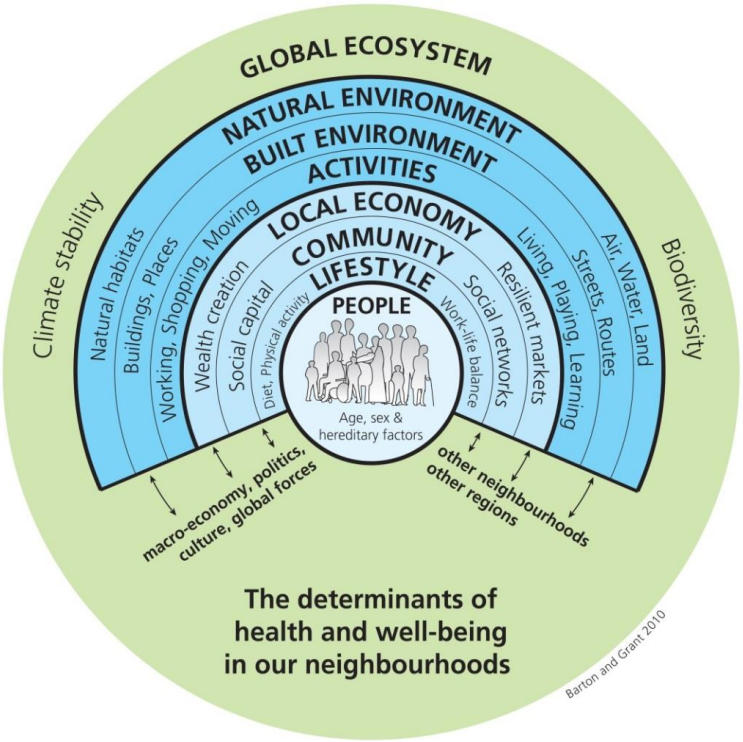
Proportion of regular smokers in the census usually resident population aged 15 years and over, 1976–2018 Censuses



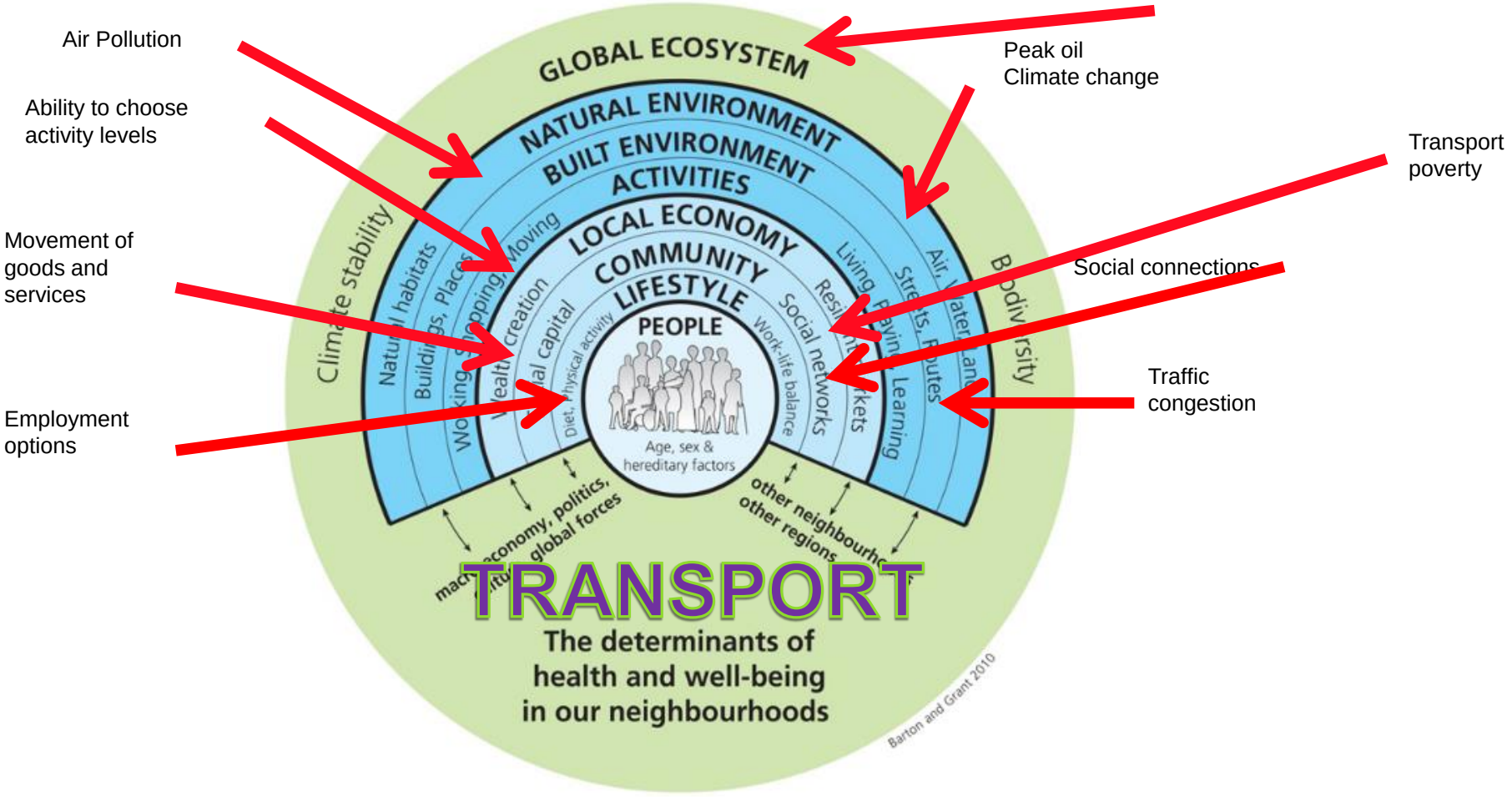
Cigarette smoking behaviour was not collected in the 1986, 1991, and 2001 Censuses. Data not available is shown as 'NaN' in the table.

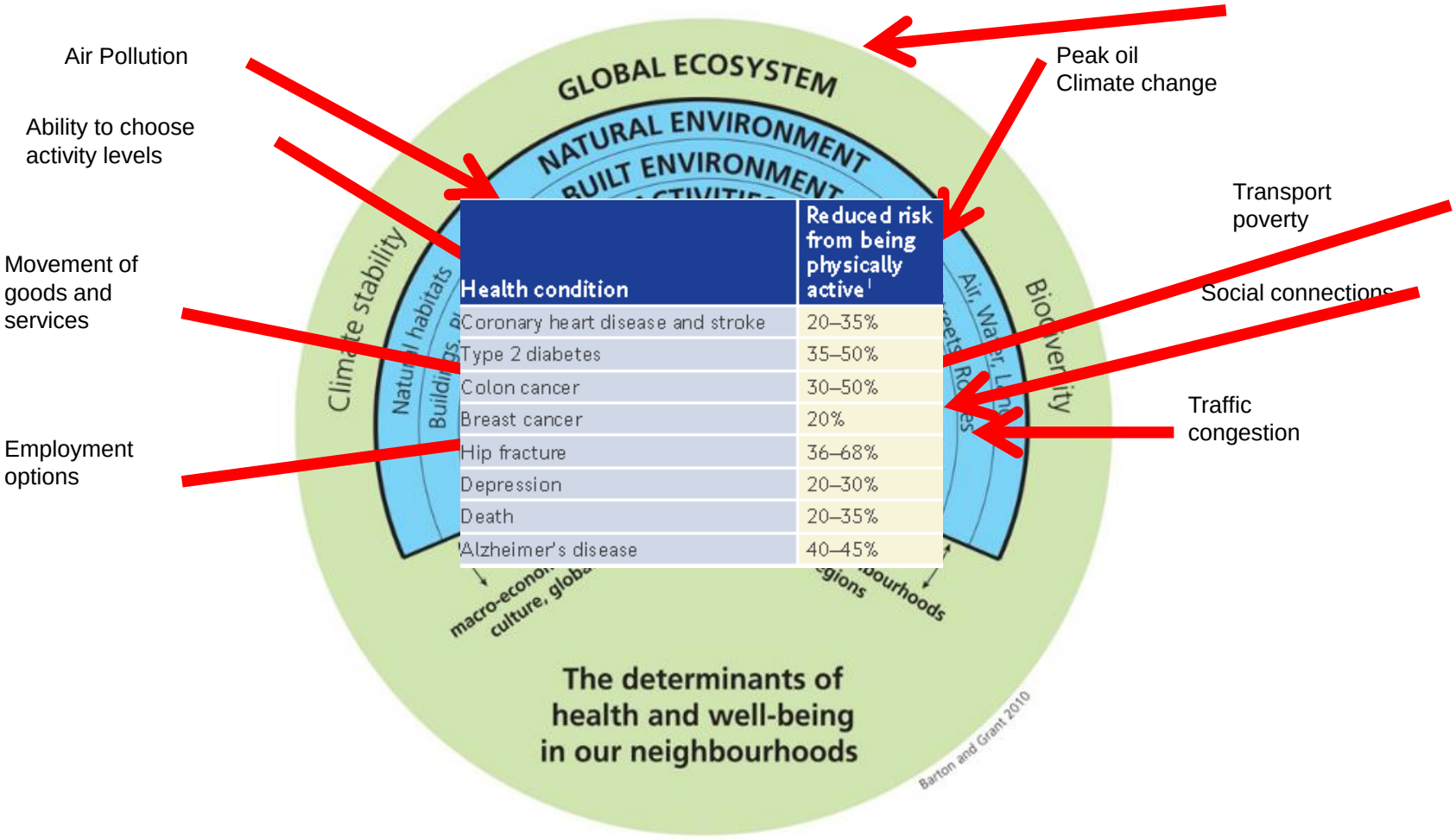
Stats NZ

Some other examples…



- Clean air policy
- Building codes
- Home insulation measures


Air Pollution
Ability to choose activity levels
Movement of goods and services
Employment options
Peak oil
Climate change
Transport poverty
Social connections
Traffic congestion
GLOBAL ECOSYSTEM
NATURAL ENVIRONMENT
BUILT ENVIRONMENT
ACTIVITIES
LOCAL ECONOMY
COMMUNITY
LIFESTYLE
PEOPLE
Age, sex & hereditary factors
Climate stability
Biodiversity
Work-life balance
Social networks
Learning
Diet, physical activity
economy, politics, global forces
other neighbourhoods other regions
TRANSPORT
The determinants of health and well-being in our neighbourhoods
Barton and Grant 2010



Transport for London 2014

Intersectoral action on SDH and equity in Australian health policy

- The majority of intersectoral actions led by the health sector aimed to extend individual biomedical and/or behavioural approaches into other sectors.
- A few intersectoral policies aimed to address structural determinants of health and equity -most manifesting as settings approaches which tend to be limited in impact to proximal circumstances
- Engagement between the health sector and the sectors that truly impact systemic socio economic inequalities is very limited

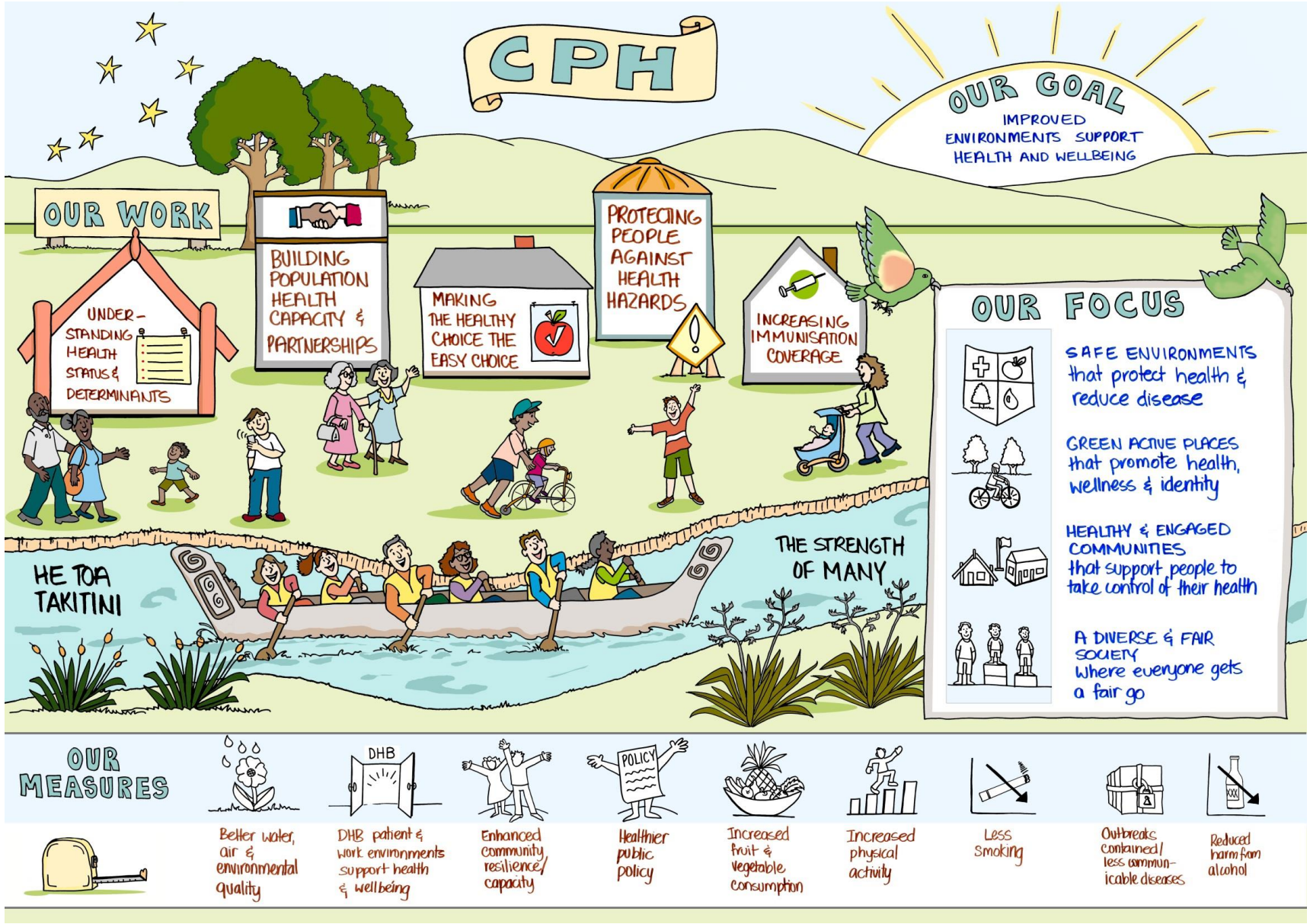
Fisher, M. Health Promotion International 2017; 32: pp953-963

What makes intersectoral partnerships work?

- Develop a shared mission
- Include a broad range of participants from finance to HR
- Leadership needs to inspire trust, confidence and inclusiveness
- Monitor how communication is perceived by partners and adjust accordingly
- Ensure balance between maintenance and production activities
- Consider impact of political, economic, cultural, social and organisational contexts
- Evaluate partnerships for continuous improvement

Corbin, J. Health Promotion International 2018, 33: pp4-26

Canterbury HiAP review 2016


CPH
OUR GOAL
IMPROVED ENVIRONMENTS SUPPORT HEALTH AND WELLBEING
OUR WORK
UNDER-STANDING HEALTH STATUS & DETERMINANTS
BUILDING POPULATION HEALTH CAPACITY & PARTNERSHIPS
MAKING THE HEALTHY CHOICE THE EASY CHOICE
PROTECTING PEOPLE AGAINST HEALTH HAZARDS
INCREASING IMMUNISATION COVERAGE
OUR FOCUS
SAFE ENVIRONMENTS that protect health & reduce disease
GREEN ACTIVE PLACES that promote health, wellness & identity
HEALTHY & ENGAGED COMMUNITIES that support people to take control of their health
A DIVERSE & FAIR SOCIETY Where everyone gets a fair go
HE TOA TAKITINI
THE STRENGTH OF MANY
OUR MEASURES
DHB
POLICY
Better water, air & environmental quality
DHB patient & work environments support health & wellbeing
Enhanced community resilience/ capacity
Healthier public policy
Increased fruit & vegetable consumption
Increased physical activity
Less Smoking
Outbreaks contained/ less communicable diseases
Reduced harm from alcohol

CPHAC Update

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COVID 19

5 March 2020

Dr Ramon Pink
Clinical Director
Community and Public Health

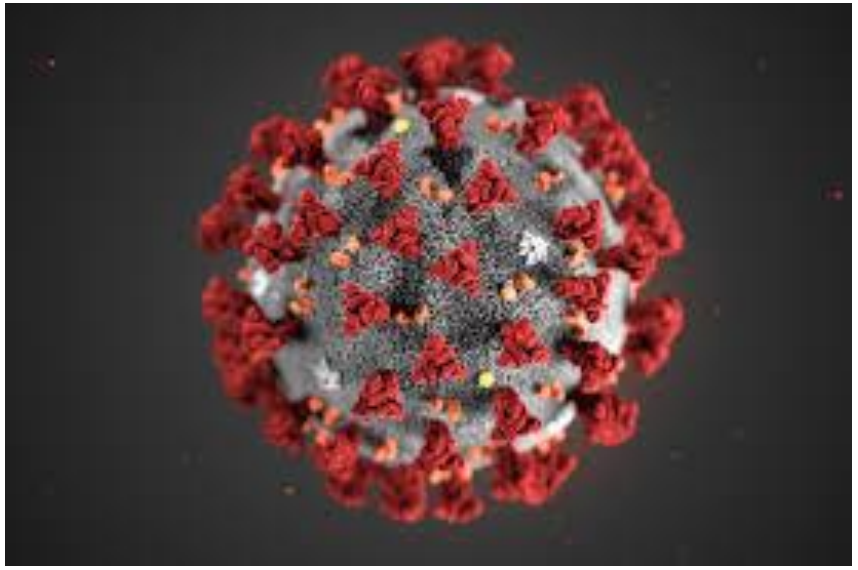
Presentation

Canterbury District Health Board
Te Poari Hauora ō Waitaha

What is COVID-19

What has been the response

- New Zealand
- Canterbury



Timeline

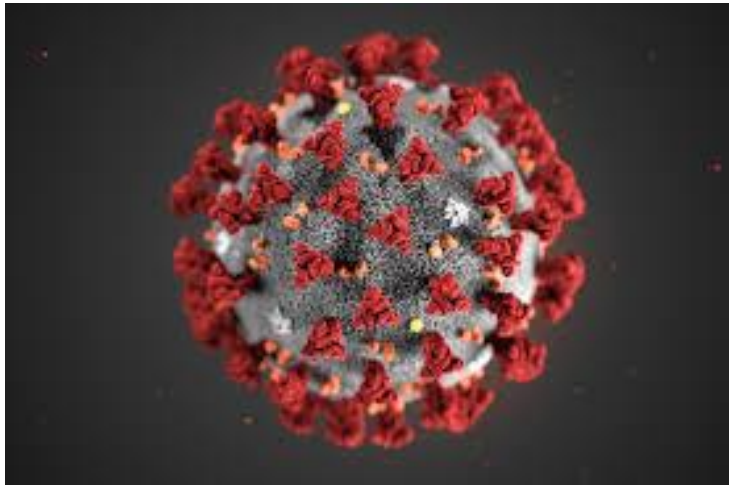
Canterbury District Health Board
Te Poari Hauora ō Waitaha

- 8 December 2019: first symptoms in a confirmed case in Wuhan, Hubei Province, China
- 31 December 2019: WHO notified of outbreak of pneumonia in Wuhan, Hubei Province China-41 cases
- 1 January 2020: Wuhan's Huanan Seafood Wholesale Market closed, thought to be source of the infection
- 7 January 2020: Confirmation that a novel type of coronavirus was cause
- 18 January 2020: surge in cases that catalysed a response worldwide

Coronavirus

Canterbury District Health Board
Te Poari Hauora ō Waitaha

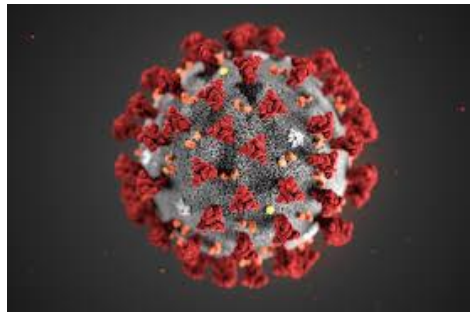
- Large family of viruses that cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS-CoV) & Middle East Respiratory Syndrome (MERS-CoV)
- This new coronavirus is a strain that has not been previously identified in humans
- Official name **SARS-CoV-2**
- Causes an illness called **COVID-19**



Coronavirus

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- A zoonotic disease: spreads from animals to humans
- Human to human transmission by droplet transmission, contact and maybe fomite (on surfaces)
- Incubation period 1-14 days (commonly 3-7 days)
- Can cause mild symptoms including a runny nose, sore throat, cough, and fever
- Can be more severe for some people and can lead to pneumonia or breathing difficulties – particularly elderly & those that have comorbidities
- Case fatality rate ~ 2%
- The reproductive number (R0) is around 2.2



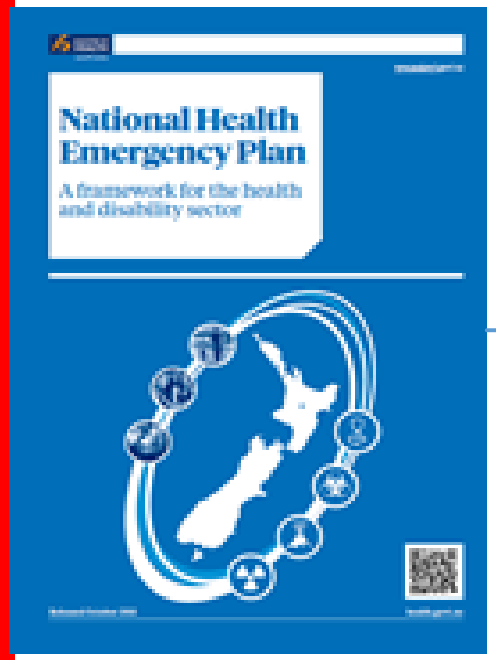
New Zealand Response

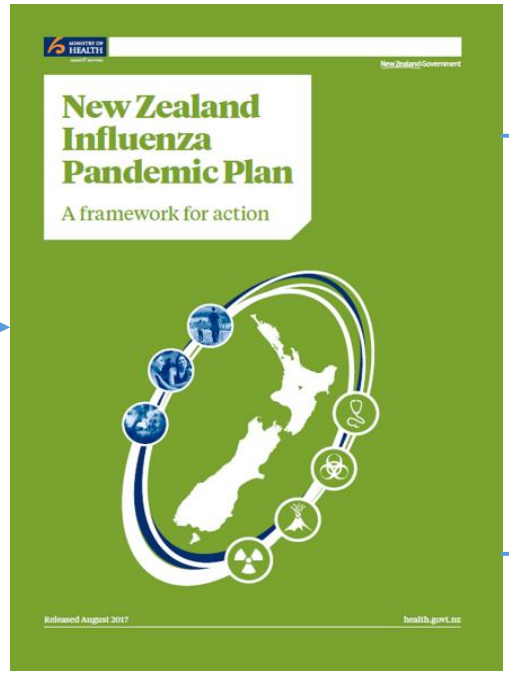
Canterbury District Health Board
Te Poari Hauora ō Waitaha

- National Security System provides oversight of emergency management and national security information and supports the New Zealand response framework
- Ministry of Health (MoH) is the lead agency for health emergencies
- The MoH has the legislative or agreed mandate for the control of the COVID-19 response and for coordinating the whole of government response

New Zealand Response

Canterbury District Health Board
Te Poari Hauora ō Waitaha





National Health Emergency Plan: National Reserves

National Health Emergency Plan: H5N1 Pre-Pandemic Vaccine Usage Policy

New Zealand Response

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- 31 December 2019 – Notification from WHO
- 6 January 2020 – Border and health advisories sent to the sector
- 22 January – Incident management team stood up
- 28 January 2020 – National Health Coordination Centre activated
- 30 January 2020 - Novel coronavirus became a notifiable infectious disease under the Health Act 1956
- 31 January 2020 – WHO declares a public health emergency of international concern (PHEIC)
- 2 February 2020 – NZ implements travel restrictions for people coming from mainland China

Canterbury Response

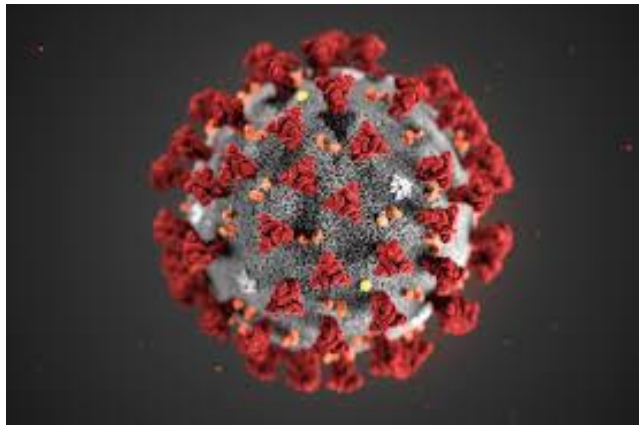
Canterbury District Health Board
Te Poari Hauora ō Waitaha

- 22 January 2020: Public Health met with Border Agencies CIAL to brief senior management on novel Coronavirus
- 28 January 2020: **Public Health presence at CIAL to meet incoming direct flights from China**
- 3 February 2020: Public Health presence for flights where passengers may have transited/originate out of mainland China-Border restrictions from 11:59pm 2 February 2020
- **3 February 2020: Establishment of CDHB "keep it out" group, Chaired by Dr Sue Nightingale (CMO)**
- Canterbury Health Laboratories able to test for SARS Cov-2

Canterbury Response

Canterbury District Health Board
Te Poari Hauora ō Waitaha

- Infection Prevention Control Executive Group-Reps & Role
- Emergency Coordination Centre will be established when first case confirmed in Canterbury-Plan established
- Case Management & Contact Tracing plans established by CPH
- Working with Civil Defence & Tourism Industry Association (TIA)
- **Across system readiness and response**
- CPH coordination of Maritime Border Response
- Contribution to National response (TAGs)



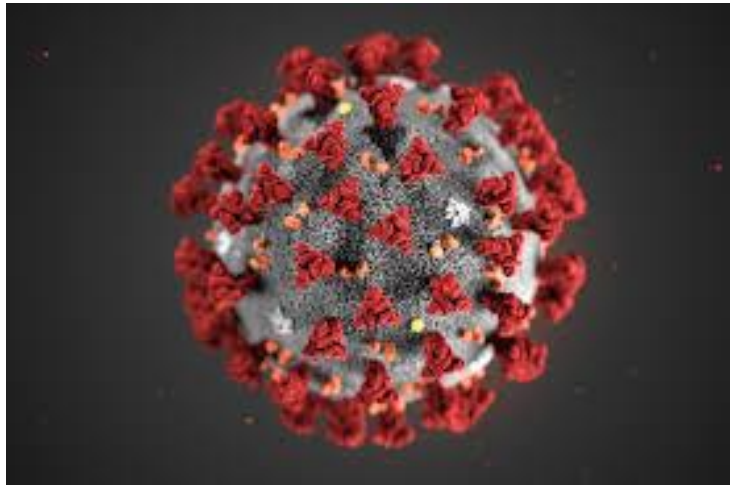
Canterbury Response

Canterbury District Health Board
Te Poari Hauora ō Waitaha

Acknowledgements

Dr Niki Stefanogianis, Ministry of Health
Diana Murfitt, Ministry of Health
Professor David Murdoch, Otago University & CDHB
Dr Josh Freeman, Microbiologist CDHB

Questions



COMMUNITY AND PUBLIC HEALTH UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Nicola Laurie, Public Health Analyst**

APPROVED BY: **Evon Currie, General Manager, Community & Public Health**

DATE: **5 March 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the Community and Public Health Update Report.

3. APPENDICES

Appendix 1: Canterbury DHB Public Health Report July to December 2019

Canterbury District Health Board
Public Health Report
July to December 2019

Community and Public Health

Christchurch Office
353617/05 Public Health Service

1. INTRODUCTION

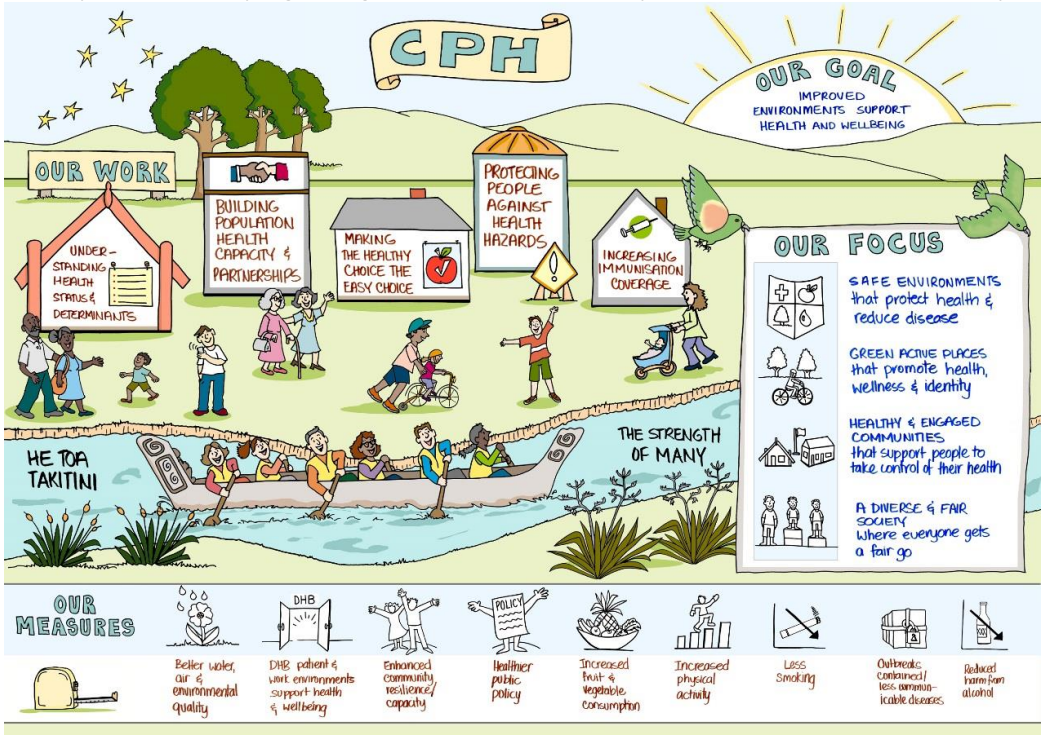
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions[1]:

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

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

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

This report describes progress against the outcomes and priorities in our 2019-20 annual plan.



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

2. SURVEILLANCE / MONITORING

"Tracking and sharing data to inform public health action"

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

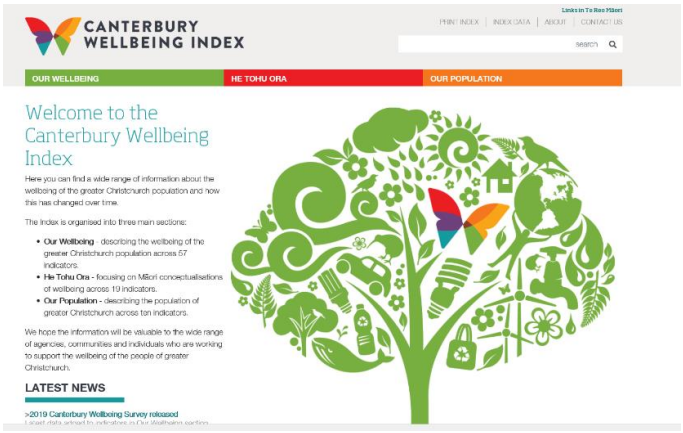
- To monitor and report communicable disease trends and outbreaks.
- To review and update the Canterbury Wellbeing Index with a focus on consistency of content and on sharing its findings and approach.
- To implement the recommendations of our monitoring/ surveillance processes review, with a focus on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

The Surveillance Team continues to produce weekly and monthly reports of notifiable diseases for the South Island Public Health Units. As well as on-going requests for information from the media, the team receives special requests for data: in this period this has included the provision of enterics data for the Ashburton District and an update on South Island Rheumatic Fever notifications.

The Canterbury Influenza and Respiratory Pathogens Report was updated throughout the winter to improve the relevance of the report to users in primary and secondary care, and CPH is working with ESR and local stakeholders over the summer to streamline sentinel practice and hospital data collection for the 2020 season.

Planning and intelligence support for our measles outbreak response has continued for much of the year. A full report of the February-March outbreak was released to stakeholders in October, and a briefer paper for publication is in preparation.

The Canterbury Wellbeing Index has been updated throughout the year, with the largest update being the indicators based on Canterbury Wellbeing Survey data, which was completed in November. The Index site has had 3,500 unique visitors since its launch in late November 2018.



A media release and a series of presentations has been undertaken to mark the update of the survey-based indicators as well as the release of the 2019 Canterbury Wellbeing Survey report. Presentations have been made to the greater Christchurch Psychosocial Committee and Governance Group, a Waka Toa Ora - Healthy Greater Christchurch seminar, and the incoming Canterbury DHB Board.

Members of the Index team met several times with the Indicators Aotearoa New Zealand (IANZ) team from Statistics New Zealand and were invited to feed back on the pilot IANZ website prior to its launch.

The first of CPH's new-look *Public Health Update* newsletters for health professionals was distributed in September, alongside the launch of our new health professionals web pages. The Update will be bimonthly (a second edition was issued in November), and replaces the paper *Public Health Information Quarterly*.

3. EVIDENCE / RESEARCH / EVALUATION

"Providing evidence and evaluation for public health action"

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

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

Evaluation of the Hanmer Springs smokefree and vapefree trial - Increasingly, local government authorities are considering whether public spaces adjacent to retail and business premises (i.e., entire CBD zones) should be smokefree and whether current and future outdoor smokefree spaces should also be designated vapefree. Hanmer Springs, an alpine tourist centre in the South Island, recently became the first township in New Zealand to simultaneously implement a voluntary smokefree and vapefree zone trial across their entire retail/business district. The Information Team worked in a collaborative partnership with the Cancer Society to undertake a comprehensive mixed methods evaluation of the initiative. The evaluation **found high levels of support for 'vapefree' to be included alongside smokefree, and a clear message that domestic and international tourists generally favour smokefree and vapefree initiatives in 'key public spaces and tourist spots in New Zealand'**. Overall, the evaluation found the Hanmer Springs Smokefree and Vapefree Zone to be an evidence-informed policy tool for limiting exposure to cigarette smoke and smoking and vaping behaviours. In December 2019, the Hurunui District Council approved the continuation of the smokefree and vapefree initiative. The trial and the evaluation findings provide guidance on policy development and implementation; useful for other jurisdictions considering implementing such zones, as New Zealand strives to meet the Smokefree 2025 Goal.

The **evaluation of Pegasus Health's Senior Chef Programme** demonstrated that Senior Chef continues to be an effective community-based intervention for people aged 60 and over (living alone or with one other person) to increase their cooking skills, knowledge of nutrition, and motivation to cook. Evaluation findings indicate that the **increased knowledge and motivation measured in the post-course survey persisted one year following completion of the course**. In addition, the ability to share meals with other participants and to 'make new friends' was a key motivational component of Senior Chef. Success factors for Senior Chef included: effective course content, skilled facilitators, encouraging social connections between participants, and strong partnerships with referring agencies.

Environmentally Sustainable Health Care: A Position Statement and Background paper prepared by the Information team has been adopted by the Canterbury DHB. The effects of ongoing global warming and global climate change now threaten to undermine many of the social, economic, and environmental drivers of health and wellbeing that have contributed greatly to human progress. In the health sector, there is growing awareness of the need for substantial progress towards sustainable health systems. The purpose of the position statement (drafted by the Information Team, Community and Public Health) is to describe the commitment of ratifying District Health Boards to achieving an environmentally sustainable health system and the actions needed to accomplish this. **The position statement builds on the South Island District Health Boards' current environmental sustainability commitments and actions and sets out an approach to managing environmental impacts, reporting on sustainability performance, and delivering environmentally sustainable patient-centred health care services – to 2050.**

4. HEALTHY PUBLIC POLICY

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

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

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

Staff from PHUs across the country **attended the Broadly Speaking programme** with the intention of delivering the programme in their own regions. Following a request from the City of Bendigo, we **presented at their conference for local government and planners on our approach to HiAP, introduced the Integrated Planning Guide (IPG), and delivered the Broadly Speaking programme** to a wide range of participants including the Bendigo Mayor. Broadly Speaking training has been very successful with additional courses run in Christchurch and the West Coast.

The **redevelopment of the Integrated Planning Guide (IPG)** was signed off by the Greater Christchurch Partnership. **Christchurch City Council (CCC) requested training for their staff to begin the process of embedding the IPG in their work and Environment Canterbury (ECan) requested information for their senior managers and governors.** The IPG has been **utilised by the regional Transport Officers Group**. We met with **Matapopore, the Ngai Tahu mandated urban development group, to share our tools, principles and frameworks**. We also met with the CDHB Director of Māori Health to begin to understand how we can incorporate the findings from WAI2575 into our work.

We have delivered three workshops on Partnership tools; to the NZCPHM, the Wellington Public Health summer school, and to planning and funding and public health staff in the greater Wellington region.

The Global Network on HiAP **requested a member of our team to co-chair their second international meeting in Quebec**. We, along with our partners provided data for and then supported analysis of the first global survey of HiAP practice. This provides an **international baseline for work in this space and identified our public health unit and team as working at a 'mature' level**.

We received a request from the **Department of Internal Affairs for information to contribute to a local government project they are leading**. A similar request was received from the Greater Christchurch Partnership regarding the 2050 strategy development project.

Waka Toa Ora (formerly Healthy Christchurch) **continues to provide opportunities for signatories to connect over a wide range of topics**. Following the 15 March shootings signatories identified a **project to work on together entitled 'Being Unbreakable'** which Waka Toa Ora continues to support.

We continue to lead and support work on disability issues both within the CDHB and externally. **Plans are in place for two CDHB building projects to incorporate independent accessibility audits**, to demonstrate commitment to being fit for purpose, as well as future-proofed facilities.

Submission support across the CDHB provides important opportunities to include public health input on a wide range of topics, ranging from clinical and health service-focused consultations to urban design and transport proposals. **Overall, we coordinated 39 submissions of this type in this period**.

Our **joint work plans with CCC and ECan continue with high levels of engagement between the partners.** A recent focus with ECan has been following up on the Air Plan HIA undertaken a few years ago.

5. HEALTH PROMOTING HEALTH SYSTEM

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

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

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

The Health Promoting Health System continues to be a focus that involves not only community and Public Health but also the broader Health system. While from a Public Health division perspective we continue to focus on the areas we are best able to contribute on e.g. Health in All Policies (HiAP), Sustainability opportunities (e.g. CEMARS) and the development of position statements, we also recognise the role of other areas in influencing this component.

There is a continuing focus on the involvement of CDHB within the Greater Christchurch Partnership (GCP) and the recent adoption by the GCP of the Integrated Planning Guide (authored by C&PH PHS Anna Stevenson and the Policy Team) is a very positive achievement in this area. We were pleased to support the training of Christchurch City Council staff in the use of Integrated Planning Guide and its HiAP approach in this reporting period.

We continue to provide Public Health input into a variety of CCN, and SI Alliances workgroups.

6. SUPPORTING COMMUNITY ACTION

"Supporting communities to improve their health"

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

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

A pilot undertaken in conjunction with Respiratory Outpatients saw staff asking patients, 'Is your ***housing*** affecting your health?' The pilot which involved referrals to Community Energy Action (CEA) for support with insulation and home heating, proved successful and has been integrated into regular practice. A clear referral pathway for CEA and Housing NZ clients was achieved because of the pilot.

Workplaces – We are pleased to report that ACL has completed their Silver Accreditation in WorkWell and eight organisations have registered with and are working towards WorkWell's Bronze Accreditation.

CPH has **celebrated the 100th BuyCycles** customer and is planning the next phase **supporting community facilitation and ownership** of both BuyCycles and Learn to Ride for immigrants and migrants.

CPH is advising the **Food Resilience Network** in relation to their new focus and strategic direction to include infrastructure development and stakeholder engagement with Canterbury University, Christchurch City Council, and Healthy Families Canterbury. In addition, CPH has contributed to the on-going development of a **Food Policy Council for Canterbury.**

CPH's Sexual Health promoter supported the **Canterbury Syphilis working group**, in the development of posters that have now been circulated. November's **Sexual Health seminar** (33 attendees) focused on sexual health education for young people and Family Planning education programmes.

The Hamner **Smokefree/Vapefree Zone trial** was a collaborative project with the Cancer Society. Evaluated by CPH's Information Team, the findings were presented to the Hurunui District Council, **who confirmed that the trial zone will remain Smokefree/Vapefree**. Several settings (Ashburton College, Mt Hutt College, Hakatere Marae, and the Ashburton Council) are working with CPH **to address different aspects of their Smokefree/Vapefree policies, signage, and environments.**

A Pacific Health Promoter was employed in this reporting period. The Tutupu Project, in partnership with Pegasus and Tangata Atumotu Trust, **held a successful Pasifika Health Champions Fono** with seventeen matua attending. The agenda included future planning for health fono, exercise with the Active Canterbury Network and Canterbury Clinical Network Shared Care Planning.

Te Ihu Waka – Christchurch Men's Prison work with Jade Associates for Māori men continues with a focus on Te Whare Tapa Whā and the concept of Wairuatanga. Attendees have been able to **incorporate concepts of Māori health and wellbeing into their personal health and wellbeing goals**. **Following the successful Lyttleton Health Hub**, **health hubs will be established in other marae**, (Wairewa, Onuku, Koukourarata) highlighting health messages on housing, measles and nutrition.

The Waka Toa Ora Advisory Group continues to strengthen relationships with Waimakariri and Selwyn Districts to foster greater inter-regional connection and collaboration. Exploring **how health and wellbeing impacts of climate change are being considered in policies is a current focus**. A second 'Becoming Unbreakable' seminar resulted in plans for a social marketing campaign to promote inclusion, and an interfaith hui on spiritual health.

Smokefree Environments Act – 7 complaints, 37 compliance visits, 2 Controlled Purchase Operations resulting in no sales. CPH'S Smokefree enforcement officer **will present at the Oceania Tobacco Control conference in Australia on attitudes of dairy owners towards going tobacco free**.

7. EDUCATION SETTINGS

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

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

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

Health Promoting Schools (HPS) work with 82 schools and 10 Kāhui Ako across the Canterbury and West Coast DHB regions. Schools have been **informed of the HPS service finishing** at the end of December 2019 and **to anticipate being contacted about the new Healthy Active Learning initiative**. Health promotion staff have been transitioning general HPS work with engaged schools while progressing planning with schools, identifying healthy eating as a priority. The final HPS primary student forum was held in September with 84 students from 10 schools attending. The aim of these forums has been to support student leadership in progressing health activities in their schools. Some Kāhui Ako have indicated **they will continue to run student health forums**, including the Christchurch Catholic Kāhui Ako. CPH supported an Edible Canterbury School Gardening Hui in October with 20 plus school staff and students attending. **This work paves the way for improving and developing healthy eating and water only policies, and their implementation as part of creating health promoting food environments**. We surveyed engaged HPS schools with **33 of 71 respondents indicating they had water-only policies or procedures**. Recent examples of HPS work include helping Chisnallwood Intermediate with an inquiry into how student reports contribute to student wellbeing; supporting hākinakina in kura; assisting whānau engagement with the Kākano App trial; linking schools with the Healthy Ōpāwaho project; supporting Bishopdale School to implement the 'Play, eat, learn' approach and planning to address results of a school staff wellbeing survey; facilitating Haeata Community Campus to develop a student bicycle restoration and skills project in partnership with the Police and cycling groups, and helping with the distribution of heritage fruit trees for school orchards. A **national evaluation of Sparklers will be completed in January** and 2020 **will see a national rollout of the programme**, including development of ECEC and secondary school components.

ECEC - settings health promotion included extending the 'Menemene Mai' resource **with new take-home activities and messages in five languages**: Māori, Samoan, Tongan, Simplified Chinese and Tagalog. As of November, the 'Teeth Tools' kit had been loaned to 3 Kōhanga Reo, 2 Pacific ECECs, 2 playgroups, and 11 other ECECs – 18 in total. CPH and the Cancer Society have circulated findings from an online sun protection survey. New resources (**sun protection, mindful eating, breast-feeding friendly policy** (https://www.cph.co.nz/your-health/early-childhood-education/)) for ECECs have been developed.

Health promotion work in tertiary settings has included **chairing of the Tertiary Wellbeing Aotearoa NZ (TWANZ) executive**; participating as an **external member of the UC Wellbeing Strategy development group**; **representing NZ on the International Health Promoting Universities and Colleges working group**; **convening the South Island Tertiary Forum**, which addressed loneliness, isolation and inclusion; organising a workshop for campus staff and students with the NZ Drug Foundation on the Cannabis Referendum; **supporting Wānanga o Aotearoa with health promotion**; completion of a **draft website that addresses sexual assault on and around campuses**, and partnering with Universities NZ to host and maintain the website going forward; and **developing a joint proposal between TWANZ and the *All Right?* campaign** for campus wellbeing activities and resources.

8. COMMUNICABLE DISEASE CONTROL

"Preventing and reducing spread of communicable diseases"

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

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

A recent MDR Pulmonary TB investigation undertaken by CPH **effectively demonstrated the benefits of Best Practice** - **building effective health sector partnerships and reducing health disparities**. The patient was in hospital isolation for many weeks. Contact tracing and screening tests confirmed a child had been exposed. Paediatric consultations and X-rays **were coordinated with the Respiratory consultant to provide a 'one stop' family appointment** – this is particularly important as treatment takes up to two years and involves hospital specialist services, including Social Workers, Physiotherapy, District Nursing Services, Clinical Nurse Specialist Respiratory Services, Community and Public Health, GP practice, Laboratory services, Ministry of Health, Pharmac, Work and Income, and Immigration. Liaison with the Ministry of Health/Pharmac saw the provision of a non-funded replacement for IV treatment **which facilitated an earlier return to work for the patient which resulted in improved outcomes for the family**.

Following Canterbury's February-April measles outbreak involving 38 cases, there have been three further outbreaks. Due to the relatively high coverage of MMR vaccinations in Canterbury, **extensive follow-up efforts by CPH staff and a well-coordinated across health system response**, the spread of measles was effectively stopped in our community. In addition, **staff have followed up 464 contacts of confirmed cases who travelled through Christchurch or from areas with cases**, quarantining and providing welfare support as necessary. Focused on preventing additional outbreaks, **liaison with culturally appropriate NGOs, MSD and Whānau Ora navigators ensured the provision of comprehensive welfare assistance for individuals and families during isolation/quarantine periods**.

CPH has developed a useful **infectious/isolation/quarantine period calculation tool** for measles management which has been circulated to interested PHUs.

A joint project between Christchurch City Council (CCC), Worksafe and CPH is **underway establishing a register of water-based cooling towers**. **CPH developed a secure web-page (map mashup function) shared between the three agencies.** HPO and EHO from CCC visited 10 premises with cooling towers in 2019 and it is estimated that the remaining premises will be followed up by 2021. This information is vital for CPH staff, enabling a prompt response during legionella outbreaks associated with cooling towers.

The organisers of Agricultural and Pastoral shows (A&P shows) are **now more aware of the importance of providing appropriate handwashing facilities** at their events through our on-going contact. They **increasingly request stands prior to their shows and manage the setup of the stands themselves. This is a significant change seen over the last three years** which **helps to reduce the incidence** of zoonotic diseases in people, especially in children due to contact with animals at A&P shows. Sanitiser stands are set up in high contact areas (e.g. baby animal petting areas and areas where food is sold).

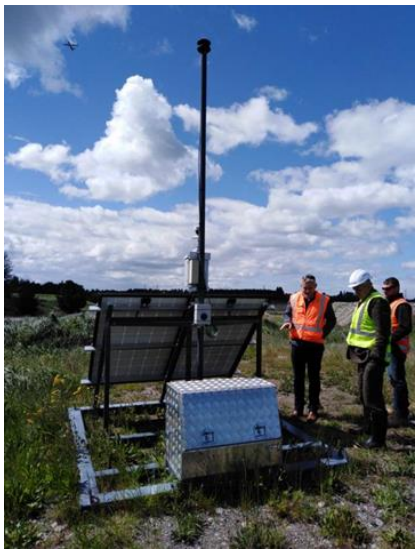
Intersectoral work to improve HPV vaccination uptake has seen a cross-sector working group established **to review current uptake, identify priority groups and mechanisms for promotion, particularly amongst Māori and Pacific communities**.

9. HEALTHY PHYSICAL ENVIRONMENT

"Supporting communities to improve their health"

Our key physical environment priorities for 2019-20 are:

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



Key submissions included Plan Change 7 to the Land and Regional Plan which will impact on the management of land and freshwater resources, including nutrients, within the Canterbury region, and **Fulton Hogan's application to establish the Roydon Quarry near Templeton**. For the quarry submission and hearing, CPH used the assistance of Dr Stephen Chiles for noise issues and Louise Wickham for air quality.

On 18 November, **a tornado moved through Sydenham and Woolston damaging buildings and scattering debris considered likely to contain asbestos**. Community and Public Health were advised by Fire Emergency NZ (FENZ) of the incident. To minimise any risk to public health, it was essential that the clean-up was carried out by suitably qualified contractors with oversight from the appropriate agencies. Community and Public Health liaised with both FENZ and the Christchurch City Council **to ensure the clean-up was managed appropriately**.

CPH completed the Annual Survey for all drinking water supplies for over 100 people on time. **Non-complying supplies have been reviewed and proposed actions documented.** Water Safety Plans developed under the new framework have been received but as yet none have been approved. It is noted that the time required to review the WSPs written under this framework is considerable and is already proving a resourcing issue for CPH.

Further communications have been provided to campus stakeholders **at Christchurch Airport regarding the ongoing risk of measles**. Contact has been made with the new Novotel Hotel advising them of our role and the assistance we can offer them. A visit to the hotel will be arranged in the New Year. As of next year, American Airlines will be added to the flight schedule with direct flights from LA for six months commencing in October 2020. From 28 December 2019 Korean Airlines will be sending ten charter flights with pre-booked tours with a view to exploring a more permanent arrangement.

Engagement with Lyttelton Port is improving with scheduled IHR audit meetings taking place as well as meetings relating to mosquito surveillance and ship sanitation at the port. In December the Lyttelton Port Environmental Advisor, and Health and Wellbeing Advisor, joined CPH on routine surveillance. The meeting **helped identify areas of potential breeding habitat which were previously unknown to CPH**.

CPH has seen an increase in hazardous substance injury notifications due to the promotion of the requirement to report. Key information was provided on HealthPathways and through information sessions for the Emergency Department and general practitioners **to encourage reporting beyond that of elevated blood levels**. Community and Public Health **has been able to fully investigate** complaints of chemical or hazardous substance injury, and notifications of poisoning arising from chemical contamination of the environment. For example, in the last month a number of carbon monoxide and sulphur dioxide poisonings have been notified.

10. EMERGENCY PREPAREDNESS

"Minimising the public health impact of any emergency"

Our key emergency preparedness priorities for 2019-20 are:

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

Response Plans/Emergency Response Training

As a result of significant changes in the third edition of the CIMS Manual, it was decided to:

- postpone the scheduled in-house CIMS in Health courses until next year, allowing time for the Emergency Preparedness Coordinator (EPC) to revamp the course.
- revise the emergency response plans and business continuity plan so that they are consistent with the contents of the new CIMS manual. While this work has commenced it will not be finalised until next year, in keeping with MCDEM (now NEMA) timetable recommendations.

The EPC is in the advanced stages of writing a Canterbury DHB Heat Health Response Plan.

Exercises

- In July, the EPC, as one of only two EMERGO trained CDHB employees, joined representatives from a host of other agencies in a one-day earthquake-related exercise organised by Selwyn District Council.
- Two Medical Officers of Health, a Registrar, Protection Team Leader, and HPO participated in Canterbury Group CDEM's recent Alpine Fault exercise in the Emergency Services ECC (Photo refers).

Building and Strengthening Relationships

A Medical Officer of Health, Communicable Disease Team Manager, and EPC attended the CDHB Canterbury Initiative debrief of health sector response to the measles outbreak in Canterbury earlier this year. Subsequently, the Medical Officer of Health and EPC were appointed to a Measles Response Working Group formed for making recommendations for future responses to measles outbreaks.

The EPC meets with the CDHB Service Manager for Business Continuity monthly and actively represents CPH on the following:

- Health Committees – Canterbury West Coast Emergency Care Coordination Team, Canterbury Primary Response Group
- CDEM committees – Canterbury Group CDEM Response Planning Group, Emergency Services Committee
- Christchurch International Airport Emergency Planning Committee
- Various members of the West Coast CPH Office sit on West Coast Group CDEM committees.

Support Public Health aspects of emergency response capacity of iwi Māori.

The EPC and a Health Protection Officer met several times with the Deputy Emergency Planner for Ngāi Tahu and provided advice relating to a planned exercise focusing on responding to a gastroenteritis outbreak in the Māori community.

A presentation on heat health response was given to Ngāi Tahu by the EPC.

11. SUSTAINABILITY

"Increasing environmental sustainability practices"

Our key sustainability priorities for 2019-20 are:

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

Canterbury DHB was a finalist in the Excellence in Climate Action (Large Organisation) award at the Enviro-mark awards.

The Transalpine Environmental Sustainability Governance Group has been meeting for eight months. The focus has been on achieving a consistent understanding of the issues and challenges. **The Group has been developing a sustainability website for the CDHB intranet to capture sustainability initiatives**, provide support for staff-initiated actions and FAQs for staff questions. This will be developed early in the New Year.

'Sustainable Health 4 Canterbury' is a newsletter/information forum that keeps staff up to date with opportunities to initiate sustainability opportunities. SH4C is co-chaired by Dr Anna Stevenson (Public Health Physician) and Dr Iain Ward (oncologist).

Support continues for the Healthy Commute programme: a partnership with Christchurch City council, Environment Canterbury and Canterbury DHB. **All new Canterbury DHB staff members are informed about the programme during induction and it has had very positive feedback**.

A visit to the **West Coast DHB included a discussion on convening their own green group and socialising the Carbon Emissions Measurement and reporting (CEMARs) programme**. To support the commencement of CEMARs on the West Coast we have been able to access EECA funding to contribute to the employment of a new graduate.

A **South Island Position Statement on Environmental Sustainability has been signed off by Canterbury, West Coast and Nelson-Marlborough DHBs**. The statement was prepared by CPH's Information Team.

Work is largely complete on an induction **video available to new and existing staff to outline the importance of sustainability to the DHB and showcase some of the sustainability-focused activities staff have been involved in**.

Julie-Anne Genter visited the Canterbury DHB and **shared her vision for the integration of health and environmental sustainability**. It was also an **opportunity to showcase the sustainability activities the Canterbury DHB has been involved with**. The new Ministry of Health guide to sustainability was launched during the Minister's visit.

Within CPH's Christchurch office, the **Zero Heroes group continues to support local sustainability actions** including recognising individual efforts of staff members.

12. WELLBEING AND MENTAL HEALTH PROMOTION

"Improving mental health and wellbeing"

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

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

All Right? **adapted the plan for the 2019-20 year** in order to support response to and recovery from the 15 March mosque attacks. The **campaign contributes to the National Wellbeing Governance Group** established by the Ministry of Health in response to the attacks, and in November, **began national dissemination of He Waka Eke Noa** resources to the Aotearoa New Zealand Muslim population. Meanwhile, **the campaign continues to increase wellbeing literacy** (77% say messages make them more aware of looking after their wellbeing, and 47% do things as a result). Some 90% of survey respondents believe the campaign is valuable locally, and **80% believe '*All Right?*' would be valuable for all New Zealanders.**

All Right? has progressed a number of other activities. The new whānau resource, **Chitter Chatter,** launched at the end of November helps tamariki ages 5 and up learn social skills and skills to handle big emotions, and builds empathy. As part of the **Te Waioratanga** stream of the campaign to activate **culture as a protective wellbeing factor**, two new resources were released – an updated Directory of Kaiwhakaora Māori Healers, Artists, Wellness Practitioners and a Te Maramataka calendar to encourage people to learn the phases of the Māori Lunar calendar and understand how tipuna incorporated this knowledge into their lives to support their wellbeing. These resources were shared at an event showcasing Māori healers' expertise.

Research into local LGBTQIA+ communities has now been finalised. Findings were first shared with the community in August; the report and summary sheets are online, and an action plan is being developed.

All Right? partnered with local organisations to support mental health promoting initiatives, e.g. The Green Lab's **'green connection pod',** encouraging Cantabrians to connect with nature and each other, Gap Filler's **'mood shift'**, supporting positive wellbeing among city workers, and a **student-led poster campaign** at the Ara Institute.

From July to December, there was a step wedge trial of the Kākano **parenting app**, in two groups of 13 local primary schools. Over 300 families were recruited; results will be available from February.

Internally, CPH continues to build capacity for high-quality, consistent mental health promotion across teams. A **comprehensive introductory resource was prepared to support health promoters to provide evidence-based mental health promotion advice** when appropriate. The resource has been tested with one team and improved knowledge and confidence. A cross-team group is refining the resource and scoping the role for CPH in ongoing wellbeing and mental health promotion.

Externally, a cross-agency **Mental Wellbeing Impact Assessment** workshop is nearly complete, building capacity across external partners.

13. ALCOHOL HARM REDUCTION

"Reducing alcohol-related harm"

Our key alcohol priorities for 2019-20 are:

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

Alcohol health promotion is continuing **work with communities around new off-licence applications**. A sports and alcohol workshop with Canterbury Bowls clubs was successful and Canterbury Rugby is engaged for the next workshop. A **new alcohol policy resource for schools has been developed** to support schools/kura **clear information for developing an alcohol policy**. It includes reasons to develop a policy, the steps to take, consultation questions, topics to cover, legislation, and where to get support.

Planning is underway with the University of Canterbury to reduce binge drinking among students **through a co-created messaging research project**.

Informing and upskilling **priority communities to have a say in local alcohol licensing decisions** is a focus through information letters and workshops in collaboration with Community Law and CAYAD, **with a focus on developing relationships with rūnanga and Māori organisations to strengthen Māori voice**.

Regional training to set up **new support groups for parents and caregivers of children with FASD** is underway; and **convening of the Good One Party Register working group with students continues**. Seminars with older adults and professionals to increase awareness and reduce alcohol-related harm are planned for early 2020.

The Christchurch Alcohol Action Plan (CAAP) has **secured 2 year's funding for a CAAP Coordinator and are currently recruiting a Coordinator** to help implement the plan.

Submissions have been written to support a permanent alcohol ban for rugby league games; push for more health-based pregnancy warning labels on alcohol beverages; and on the Advertising and Promotion of Alcohol.

CPH **continues to convene the Canterbury Health-System Alcohol Harm Reduction Strategy** working group. The relationship between mental health and alcohol is a focus of the Canterbury Suicide Prevention Governance Committee and the next CAAP forum.

Regulatory work continues to refine systems to improve management of high workload volumes; specials' processes; templated submissions; and indexed case law evidence.

Targeted monitoring of high-risk premises and special events is occurring.

CPOs continue to be challenging with Police staffing shortages and changes. While numbers of DLC and ALRA hearings are decreasing, **hearings are more complex and legalistic**, requiring detailed preparation.

14. TUAIWI

"Providing infrastructure and support for effective public health action"

Our key priorities for 2019-20 are:

- The continued roll-out and embedding the revised Healthscape throughout CPH and other organisations using Healthscape.
- A highly accessible and well-utilised CPH website.
- Effective IT use by CPH staff.
- To support and coordinate the 2019-20 Operational Quality Improvement Plan.
- To support and coordinate the 2019-20 Workforce Development Plan.
- Effective reporting and profiling of CPH's work with Ministry and DHBs.

Healthscape **training provided on-site to users from Ngā Tai Ora** – Public Health Northland in August 2019. Their Healthscape **application was migrated to a service-specific instance to enhance maintainability and security**. CPH **provided extensive support to Waikato Public Health** for their "*smooth and speedy transition*" in September to a production instance of Healthscape running on Waikato DHB infrastructure. Healthscape development continues, moving to version 4.2.5 in October, **which includes extended mapping functions, major additions to document creation and merging from Healthscape data, as well as a full suite of functionality supporting mobile-responsive subscription-based email newsletters**, where both newsletter creation and external subscription capability is provided from Healthscape. This builds upon Healthscape's existing communications capability which is in production use for Public Health Surveillance newsletters.

Subject to intensive use in measles outbreak management and contact tracing through 2019, the long-standing CPH developed ***CCAT*** **outbreak management and contact tracing application received development work, including capabilities to link and upload external documents**. A new set of user documentation was also written, and the application **was adapted and packaged for deployment following a request from Public Health South/Southern DHB**.

The **viewership of the CPH website continues to be significant with 87,158 page views and 50,450 sessions from 1 July to 30 November 2019 – an increase of 23.4% and 31.4% respectively** compared to the same period last year. The most visited pages on the site during this period included Mental health and illness (10,643) and waste management (4,620). A document on the Te Pae Māhutonga Māori health framework continues to be the most downloaded PDF from the site (503 downloads). **Restructuring of the Health Professionals section was completed in September with pages for Public Health Alerts and the newly developed Public Health Updates added to the section**.

The **Healthy Christchurch site was updated in Sept/Oct 2019 to reflect the name change to Waka Toa Ora**. **Recent popular news items include submissions open for comment, Waka Toa Ora lunchtime seminars, training opportunities and those on housing or central city developments**.

A quality strategy was introduced this year that **illustrates CPH's quality focus and alignment with the criteria of the Health Excellence framework**: Leadership (including culture & communications), Strategy, Partnerships, Workforce, Operations and Results; with the addition of the Treaty of Waitangi. The strategy is integrated with the Operational Quality Improvement Plan (OQIP).

The **CDHB Electronic Document Management System (EDMS) was upgraded with new functionality** that required extensive workflow set up, testing, and implementation, and included the training of selected staff. A significant number of procedures, protocols, guidelines, and associated document have recently been reviewed and/or updated.

SIDWAU drinking water quality procedures are in the process of review, due to changes in legislation and the request to withdraw from IANZ assessments. A list of CPH's quality management system and associated procedures was provided for MoH in response to a national PHU request.

An ACC accreditation **audit took place at CPH as part of a CDHB-wide review resulted in exemplary outcome with an upgrade of status to tertiary level** (a move to two-yearly assessments).

PLANNING AND FUNDING UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Ross Meade, Accountability Co-ordinator, Planning & Funding**

APPROVED BY: **Carolyn Gullery, Executive Director, Planning, Funding & Decision Support**

DATE: **5 March 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Committee with an update on progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2019/20.

2. RECOMMENDATION

That the Committee:

i. notes the update on progress to the end of quarter two (Oct - Dec) 2019/20.

3. SUMMARY

The quarter two report shows progress against the DHBs annual plan actions halfway through the year. Overall, good progress has been made across most service areas with most milestones completed. Some milestones have been marked "delayed/at risk" with reasons discussed throughout the document. Progress against the performance measures is good overall however more work is needed to close the equity gap between total, Maori, and Pacific in several areas. Mental health and addiction, smoking cessation, and cervical screening performance continue to be of concern.

Key Points to Note

- Over 4,500 children (including 742 Māori, and 173 Pasifika children) and whānau have accessed services through Mana Ake. Leading lights now has 50 pathways, and 32 support pages with more than 4,000 users.
- The pilot and evaluation process have been completed with Medsalv to test an innovative single use device reprocessing, cost and waste reduction solution. Contracting arrangements are being worked through.
- An alcohol and other drug governance group has been established between the DHB, NGOs, & Corrections to identify opportunities for improvement within the system.
- Combined 'top and tail' breast and cervical screening clinics are working well with positive feedback from wāhine.
- Childhood immunisation rates in Canterbury remain among the highest in the country across the three reported groups.

  8-month - total (95%), Māori (92%), and Pacific (94%)

  2-year - total (95%), Māori (94%), and Pacific (100%)

  5-year - total (94%), Māori (92%), and Pacific (100%)

4. APPENDICES

Appendix 1: Annual Plan Report Quarter Two

Canterbury DHB

Annual Plan 2019/20

Delivery of National Priorities & Targets

Status Report Quarter 2
October - December 2019

This report highlights the commitments the DHB made in its Annual Plan for 2019/20 against the national priorities and expectations. The progress report is provided to the DHB's Board and the Ministry of Health to provide reassurance that commitments are being met.

These are the symbols/colours added in the status box to provide a quick summary of progress.

Status Key:

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

We have also been asked to signal how the actions and activity in our Annual Plan align with national system outcomes and government priority outcomes. The following symbols appear in the report to indicate alignment.

System Outcome	Government Priority Outcome
E We have health Equity for Māori and other groups	W Make New Zealand the best place in the world to be a child
L We live longer in good health	E Ensure everyone who is able to, is earning, learning, caring, or volunteering
Q We have improved quality of life	G Transition to a Clean, Green, and Carbon Neutral New Zealand
	C Support healthier, safer and more connected communities

Improving Child Wellbeing

Immunisation

E L W

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Focus on increasing the uptake of vaccinations during pregnancy, as an opportunity to build relationships with mothers and provide early protection for babies.	Q2: Survey of new parents, to understand the reasons for declines and improve messaging.	✖	Work is underway to improve reporting on Pregnancy vaccinations to help us to better understand who is and isn't accessing vaccinations. A general practice education session was held in November with a focus on difficult immunisation conversations. The concept of utilising pharmacy to support vaccinations has been discussed, determination of any changes sits with the Ministry of Health and Pharmac.
	Q2: Education Programme developed, to support vaccination conversations with pregnant women.	✓	
	Q3: Opportunity to provide additional pregnancy vaccinations through community pharmacy investigated nationally.	✓	
Continue to monitor and evaluate immunisation coverage to identify opportunities to maintain high immunisation coverage across all ages, with a particular focus on coverage at age five and equity across population groups. (EOA)	Ongoing: Provision of NIR, Missed Event and Outreach Service support to general practice to reduce declines for childhood vaccinations.	✓	NIR services continue to support general practice teams. Quarterly evaluation of vaccination coverage rates is ongoing. The Immunisation SLA held a Hui with Māori and Pacific representatives this quarter to look at ways to improve coverage and reduce declines.
	Quarterly: Evaluation of vaccination coverage rates by the Immunisation SLA to identify opportunities to further improve coverage and respond to emerging issues.	✓	
Further strengthen the school-based Human Papillomaviruses (HPV) immunisation programme and identify innovative solutions to reduce the equity gaps in coverage rates for young Māori and Pacific students. (EOA)	Ongoing: Provision of support to general practice to enable the co-delivery of HPV and TdaP at age 11, including development of resources.	✓	NHI level analysis of the coverage has occurred and will be shared with practices in quarter three. Some simple actions have been identified to help support high need and Māori populations, with further ideas coming from a Hui early in the quarter. Work is underway to develop the online consenting form.
	Q2: Undertake analysis on coverage data to identify opportunities to target high need populations.	✓	
	Q2: Consult with Māori groups to better understand barriers to adolescent vaccinations.	✓	
	Q2: Trial of an online consenting process for the school-based HPV programme launched.	↺	

Key Performance Measures	**Maori Result**	**Pacific Result**	**Total Result**	**Comments**
60% of pregnant women vaccinated for Pertussis.	Q3	Q3	Q3	Immunisation rates for all age groups and ethnicities remains high, although opt-off and decline rates continue to impact on our ability to consistently achieve targets. Across all age groups only 58 children were not vaccinated on time (excluding those who were opted-off or whose parents declined).
95% of 8 month olds fully immunised.	92%	94%	95%	
95% of 2 year olds fully immunised.	94%	100%	95%	
95% of 5 year olds fully immunised.	92%	100%	94%	
75% of young people (year 8) complete the HPV programme.	Q4	Q4	Q4	

School-Based Health Services (SBHS)

L W

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to support the delivery of SBHS in all decile one to four secondary schools, teen parent units and alternative education facilities across Canterbury.	Quarterly: Provision of quantitative reports on the delivery of SBHS to the Ministry of Health.	✓	SBHS has been rolled out to all decile four schools in Canterbury. Funding will include Canterbury's decile 5 school in 2020 and the roll-out is underway.
	Q1: Rollout to decile 5 schools confirmed with the Ministry.	✓	

Continue to promote the use of the Youth Health Care in Secondary Schools Framework tool, to support continuous quality improvement across SBHS schools.	Q2: Framework promoted at the Health & Education Steering Group, to raise awareness across providers.	✓	
	Q3: Best practise examples shared, to increase engagement and use of the Framework tool.		
Maintain an integrated approach to responding to the needs of young people in Canterbury, with active oversight from the cross-sector Child & Youth Health Alliance Work Stream (Canterbury's SLAT equivalent). (EOA)	Quarterly: Provision of qualitative reports on delivery against the Youth Health work plan.	✓	The Youth Health work plan is monitored by the CCN Child & Youth Alliance Workstream and actions are on track.
	Q2: Development of a Gender Affirming Care pathway, to address barriers to support for young people, scoped.	✓	A Gender Affirming Pathway is now live on Health Pathways.
	Q2: Development of a pathway to support young people with complex health care needs transition between child and adult services, scoped.	↺	Scoping of a Transition of Care Pathway is underway with further work needed in quarter three and four to evaluate and examine the pathway's feasibility.

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
95% of year nine children (decile 1-4 schools) receive a HEEADSSS Assessment.	101%	105%	100%	

Midwifery Workforce – Hospital and LMC

ELE

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Identify key stakeholders to support the development of a Regional Maternity Workforce Plan to support improved undergraduate training and future workforce planning.	Q1: Regional Workshop Held.	✓	The South Island Alliance Programme Office (SIAPO) led a regional workshop looking at the development of a Maternity Workforce plan, during quarter one.
	Q4: Regional Maternity Workforce Plan drafted.		
Establish regular meetings with ARA and Otago Polytechnic Schools of Midwifery to further develop the graduate workforce pipeline, with a particular focus on increased enrolment of Māori and Pacific midwifery students. (EOA)	Quarterly: Joint meetings with Ara and Otago.	✓	Meeting are being held to support a collaborative approach to the pipeline for new graduates.
	Q3: Ten new graduate midwives appointed.		
Stocktake planned retirements across the maternity workforce, to identify opportunities to phase retirements, minimise system impacts and plan for recruitment.	Q2: Stocktake of planned retirements complete.	↺	This work is ongoing with data for our 65+ year-old workforce being gathered. This information will help to produce a programme of work for the maternity workforce.
Work with Māori and Pacific leads to identify initiatives to support and retain midwives and improve the cultural awareness of our maternity team, to enhance the experience for Māori and Pacific women within our service. (EOA)	Q2: Maternity Hui held to build awareness and support within and across the team.	↺	Work with Māori and Pacific groups has started as part of the development of the Canterbury Maternity strategy. The hui has been slightly delayed with a date of March 2020 being considered.
Progress implementation of a proposal for change for antenatal assessment, to support the development of a sustainable service delivery model that meets the future needs of our population and better supports our clinical workforce. (EOA)	Q2: Maternity Assessment Unit established, to improve service delivery, patient flow and support for clinical teams and LMCs.	✓	The Maternity Assessment Unit (MAU) opened 26 August 2019. Prior to the opening of the MAU women spent an average of 5-6 hours waiting to be seen, with the MAU, the average wait time is 1 hour 40 mins.
	Q3: Rural-based Antenatal Outpatient Clinic Hubs established, to support care closer to home.	✓	
Support the implementation of Care Capacity Demand Management (CCDM) for midwifery by June 2021, working with other DHBs to ensure a consistent approach to implementation of CCDM for maternity services.	Q1: Director of Midwifery engaged as a member of the CCDM Council to support implementation.	✓	Membership and Terms of Reference for the CCDM Council have been established and includes the Director of Midwifery. The Director of Nursing will be attending
	Q2: Active participation in national CCDM forums.	✓	

				a national meeting in February at Central TAS.

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
80% of women registered with an LMC by 12 weeks of pregnancy.	68%	57%	80%	These results show an improvement on the previous year with a 4% increase in Māori women registering with an LMC by 12 weeks and a 5% increase in the number of Pacific women registering.
>13% of babies are delivered in Primary Birthing Units.	Q4	Q4	Q4	
Baseline for proportion of midwives identifying as Māori/Pacific.	Q4	Q4	Q4	

First 1000 days (conception to around 2 years of age)

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Complete the development of a comprehensive, system-wide Maternity Strategy, to support an integrated approach to improving the health and wellbeing of pregnant women, babies, children and whānau. (EOA)	Q1: Consultation on the Maternity Strategy complete and feedback incorporated in final document.	✓	The Maternity Strategy was approved by the Board in November. The Strategy was also endorsed by the Disability Support Advisory Committee, Māori Caucus, Pacific Advisory Group and the CCN Alliance Leadership Team.
	Q2: Maternity Strategy approved by the Board - focus areas clearly identified.	✓	
	Q3: Implementation underway.		
Refocus actions to promote breastfeeding, as an important component, alongside other nutrition interventions, in reducing the risk of obesity in children – and as an area of ongoing inequity for Māori and Pacific children. (EOA	Q1: Cross-sector Breastfeeding Steering Group established.	✓	The Breastfeeding Steering Group has enhanced Māori membership, acknowledging Māori, Pacific, and CALD as priority populations. The group has endorsed the Canterbury Maternity Strategy which will underpin the priority actions due to be identified in quarter three.
	Q2: Priority actions identified for focus.	↺	
Prioritise health promotion initiatives in early childhood settings with a focus on good oral health – as an area of ongoing inequity for Māori and Pacific children. (EOA)	Q1: Menemene Mai (Smile) Early Childhood Oral health promotion resources pro-tested.	✓	Resources have been released and are being used. New take home activities and messages have been added in Māori, Samoan, Tongan, simplified Chinese and Tagalog.
Continue to invest in the All Right? Initiative to promote population wellbeing, with a focus on supporting parents of children under five through the review and relaunch of the 'Tiny Adventures' app.	Q1: Tiny Adventures App relaunched.	✓	The All Right? Team have relaunched Tiny Adventures app (aimed at pre-schoolers), and also a new app, "Chitter chatter", aimed at 5-10 year-olds.
Participate in the regional Hauora Alliance, to support South Island collective initiatives to address barriers to achieving a well-integrated women and children's service.	Q2: Regional priorities, actions and implementation plan agreed.	↺	The Hauora Alliance-commissioned First 1000 Days report is complete and being utilised across multiple initiatives.

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
85% of new-borns enrolled with general practice by 3 months.	76%	91%	96%	We are working with the MoH to resolve data issues related to new-born enrolment to clarify the rates for Maori and babies born on the Chatham Islands.
70% of babies are fully/exclusively breastfed at 3 months of age.	Q3	Q3	Q3	
95% of eight-month old babies are fully immunised.	92%	94%	95%	
95% of children (0-4) enrolled with Oral Health Services.	Q3	Q3	Q3	
90% of four-year-olds are provided with a B4 School Check.	52%	49%	52%	Canterbury is on track to achieve the year-end target of 90% of four-year olds provided with a B4SC.
95% of four-year-olds (identified as obese) are offered a referral for clinical assessment and family-based nutrition, activity and lifestyle intervention.	100%	100%	100%	

Family Violence and Sexual Violence (FVSV)

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Violence Intervention Programme (VIP) in line with the agreed Strategic Services Plan.	Ongoing: Staff in core areas are provided with core, refresher or advanced VIP training.	✓	Fourteen, 8-hour training sessions are scheduled this year. Six sessions have been completed to date. Classes are evaluated and changes to the courses reflect participants learning goals.
	Q4: Staff participation in training reviewed and gaps addressed.		
Continue to participate in the Police-led Integrated Safety Response (ISR) Pilot, to support a rapid response from government and social agencies to the needs of people and families affected by family violence. (EOA)	Ongoing: All cases allocated for a health response are undertaken successfully.	✓	Our service actively works on ISR cases seven days a week. We action our health tasks the same day. We include ISR in our staff core training and have several speakers from ISR attend our training.
	Ongoing: Continued development of data and information sharing between agencies to support rapid implementation of safety plans.	✓	
Support the development of a Trauma Informed Care Pathway to support young people 0-18, exhibiting a change in behaviour following March 15, to access additional appropriate care and support. (EOA)	Q1: Co-design of Trauma Pathway underway.	✓	The Trauma pathway co-design has been completed and the pathway is now live on the Leading Lights website. Training was completed in quarter two, earlier than anticipated.
	Q2: Pathway developed.	✓	
	Q3: Training programme delivered.	✓	
	Q4: Expansion of the programme considered.		
Develop a transalpine Canterbury/West Coast DHB Elder Abuse & Neglect Policy, to support our growing older population from harm.	Q1: Elder Abuse and Neglect Policy in place.	✓	An Elder Abuse and Neglect Health Pathway went live in September. A training package is currently being developed with a planned roll out to CDHB staff throughout 2020.
	Q2: Elder Abuse Training programme developed.	↺	
	Q4: Compliance review completed.		

Key Performance Measures	Result	Comments
Increased number of staff attending VIP Training sessions – 458 2018/19 baseline.	422	Training is well ahead of schedule.
Violence Intervention Programme audit results >80/100.	Q4	

SUDI

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
In delivering against the DHB's SUDI Prevention Plan, finalise the SUDI HealthPathway, to ensure general practice have current information and update SUDI information in HealthInfo to support parents and families.	Q1: Health Info reviewed and updated.	✓	Safe Sleeping and SUDI Health Info pages have been completed and are live on HealthInfo. A HealthPathway has been completed and is awaiting clinical sign off before being published online in quarter three.
	Q2: HealthPathway completed and promoted.	↺	
Invest in an enhanced and sustainable model for the distribution of safe sleep devises, including education and advice to support families to reduce SUDI risk. Develop criteria to identify high risk infants who would benefit from receiving a safe sleep space. (EOA)	Q1: Safe sleep devices available in all inpatient settings where babies are inpatients or borders.	✓	First days pēpi pods are available in all Canterbury DHB maternity facilities as well as St Georges for newborns. Regular sized pēpi pods are available for at risk whānau to take home from maternity units, Paediatrics and St Georges. Infant cots are available hospital wide. In the community safe sleep spaces are available from Te Puawaitanga ki Ōtautahi Trust, Pregnancy Infancy Parenting Support, Te Hā - Waitaha, and Plunket.
	Q2: Key community-bases established for the distribution of safe sleep spaces.	✓	
	Q3: High risk response in place.		

Enhance links with the Young Parents Support Services, provided by Mother and Pēpi, Whānau Ora and Early Start services, to support young parents. (EOA)	Q3: Process in place to ensure all young parents birthing in DHB maternity facilities, are offered referral to family support.		
Strengthen the delivery of a wrap-around stop smoking service for pregnant women (and their partners) who want to stop smoking, to increase the number of babies living in smokefree homes with a strong focus on Māori and Pacific families who have higher smoking rates. (EOA)	Q3: Results from the 2019 evaluation of the Incentivised Stop Smoking Programme used to identify/implement quality improvement.		
	Q4: Insights from analysis of patient level smoking data used to develop actions to increase the number of Canterbury babies in smokefree homes.		
Invest in the development of coordinated services for Whānau who have experienced the death of a baby due to SUDI.	Q4: Access to appropriate psycho-social support is available for bereaved Whānau.		
	Q4: Partnership is developed with Police and MSD, to enable agencies to work more collaboratively when SUDI occurs.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
Increased percentage of babies living in smokefree homes – baseline 61% (WCTO data June 2018).	Q3	Q3	Q3	
Reduction in the equity gap for Māori and Pacific homes to 0.85 and 0.75 respectively.	Q3	Q3	Q3	
A minimum of 710 safe sleep devices provided to whānau identified at risk.			553	We are on track to deliver 710 devices to Whanau in 2019/20.

Improving mental wellbeing

Inquiry into mental health and addiction

E L Q C

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
In partnership with Pasifika Futures, invest in the design and development of an innovative Whānau Ora service model to improve the health and wellbeing of our Pacific population. (EOA)	Q2: Whānau Ora, wellbeing focused, contract in place with Etu Pasifika.	✓	A contract is now in place with Etu Pacifica.
	Q3: Mental health incorporated into wellbeing screening for Etu Pasifika's enrolled population.		
Trial a new model of mental health service delivery in primary care, with a dedicated mental health and wellbeing resource working in general practice, to build the continuum of care and support an immediate response to people's mental health needs. Initial trial across two urban-based practices, a rural-based practice and a pacific health practice.(EOA)	Q1: Additional mental health and wellbeing resource in place in a rural-based practice.	✓	A health improvement practitioner is now in place in an Ashburton General Practice and two practices in Christchurch. The CCN is leading the work to increase this model in Canterbury in line with the national direction.
	Q2: Additional resources in place across remaining identified practices.	✓	
	Q4: Trial complete and model implemented with outcome-based monitoring framework in place.		
Implement agreed Pay Equity uplift to support the sustainability of local NGO service providers.	Ongoing: Pay Equity uplift applied to contracts as renewed.	✓	All contracts have had Pay Equity applied.
Through the Mental Health Education & Resource Centre (MHERC), support peer support workers and cross-sector agencies to gain the knowledge and skills to better support people with mental health needs.	Q1: AOD training delivered to Housing First workforce.	✓	AOD Training has been delivered by MHERC to housing first workforce.
	Q2: Psychological first aid training delivered to people working with Muslim communities.	✓	Psychological training has been delivered to frontline workers from health and related agencies.

Work with the Ministry to improve and expand the capacity of forensic services in line with Budget 2019 investment, including participating in how best to allocate increased FTE capacity across regions. Collaborate with CHCH Women's Prison, to pilot an alternative (Single Point of Entry) triage function, to better meet service demands and improve outcomes for this high need population group. (EOA) Provide input into the national Forensic Framework Project as this work commences.	Q1: Additional FTE capacity confirmed to support community and inpatient teams.	✖	The DHB is waiting on the Ministry for confirmation as to the additional resource that may be available to confirm additional FTE. The Risk assessment is conditional on the additional resources being made available by the Ministry. The stocktake is currently underway and expected to be complete in quarter three.
	Q1: Stocktake of existing workforce development plans and programmes provided to the Ministry.	↺	
	Q1: Risk assessment of increasing forensic roles on other essential services, including mitigation provided to the Ministry.	✖	
	Q2: Audio Visual Link suite upgraded to enable AVL prison assessments at Hillmorton, to reduce wait times and clinical time spent on travel.	↺	We are working with Corrections to progress the audio-visual link and support decisions on required equipment.
	Q3: Single Point of Entry Pilot commenced.	✓	The Department of Corrections are progressing with the Single Point of Entry pilot and have recruited an SPOE nursing position. The DHB's Forensic service continues to work in collaboration with Corrections to progress the SPOE Pilot project.
	Q3: Consumer rehabilitation programme expanded to provide occupational therapy 7 days a week (dependant on additional resources).		
	Q4: Establishment of new roles confirmed.		
Work collaboratively with any new Mental Health and Wellbeing Commission, to support He Ara Oranga actions.	Ongoing.		New mental health and wellbeing commission yet to be established.

Key Performance Measures	**Total Result**	**Comments**
>500 young people (0-19) access brief intervention counselling in primary care.	254	On track.
>4,500 adults (20+) access brief intervention counselling in primary care.	3,426	
>3.1% of the population (0-19) access specialist MH services.	4.0%	Whole of system rates include community (NGO) and DHB Specialist Mental Health Services.
>3.1% of the population (20-64) access specialist MH services.	4.0%	

Population mental health

Status Report for 2019/20

Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Complete implementation of the new model of mental health service delivery in the Kaikoura and Hurunui districts to help ensure early intervention and continuity of care. (EOA)	Q2: Model fully implemented	✓	Early intervention and continuity of care model has been fully implemented.
	Q4: Impact of new model reviewed.		
Complete implementation of the new community-based acute residential service, to provide alternative options for people experiencing acute episodes of mental illness.	Q1: Seven beds available in the community.	✓	The new community- based residential service is fully functional with all seven beds being utilised.
Maintain an integrated approach to suicide prevention and postvention, with active oversight from the cross-sector Suicide Prevention Governance Committee. (EOA)	Q2: Canterbury Suicide Prevention Website launched.	✓	The website is ready and poised to go live in the next 4 weeks. A forum for stakeholders was held in October to feed into the Suicide Prevention Action Plan.
	Q3: Cross-agency Suicide Prevention Action Plan released, in line with the national Plan.		
Collaborate with primary care partners to agree a more targeted approach to the utilisation of Equally Well consultations by Māori and Pacific populations. (EOA)	Q3: Future focus agreed.	↺	This work is on track. A working group has been established to look at addressing the physical health needs of people with serious mental health conditions.
Continue to monitor local service utilisation data, and report (using PRIMHD) to national systems, to support improved decision-making and planning.	Ongoing: Balancing metrics/data captured and reported through PRIMHD.	✓	Mental Health data is being monitored through PRIMHD and through the national KPI project.

			Work is ongoing to refine a Canterbury MH data dashboard.
Invest in the provision of group treatment programmes for people with moderate to severe anxiety, through a partnership between primary care and specialist services to improve service access and integration.	Q4: A minimum of four group treatment programmes provided.		
Work closely with other agencies and organisations to provide a locally-led and integrated wellbeing and resilience response to the March 2019 mosque attacks, to ensure people get the help they need when they need it.	Q1: Muslim Community Team established.	✓	A local Kaupapa Maori agency has recruited five people for this team. Agreed pathways are now in place for immediate access. Workshops are being held with a more targeted approach for smaller groups and a group treatment being delivered in the community.
	Q1: SMHS access pathways streamlined for people with PTSD.	✓	
	Q2: Psychoeducation workshops provided.	✓	

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
80% of youth (0-19) referred to SMHS are seen within 3 weeks.	61%	73%	57%	Wait time performance is being driven largely by increasing service demand. There have been 321 additional referrals made in quarter two 2019/20 compared with quarter two 2018/19.
95% of youth (0-19) referred to SMHS are seen within 8 weeks.	81%	84%	78%	

Mental health and addictions improvement activities

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in regionally-based learning opportunities and co-design workshops related to seclusion reduction, to support shared learning and change. Develop a programme of change ideas, based on feedback and thematic analysis, to support a reduction in incidents and a focus on minimising restrictive care. Support a strong focus on ensuring culturally safe approaches to improve the experience and support for Māori and Pacific mental health consumers and their whānau. (EOA)	Quarterly: Balancing metrics/data captured and reported to HQSC – including: use of seclusion, use of restraint, use of sedatives.	✓	Seclusion and restraint data is regularly captured, monitored, and reported. Local pharmacists audit use of medication in seclusion and reporting of sedative use to HQSC is being worked on.
	Q1: Programme of change ideas developed.	✓	This programme continues to deliver positive results including reduced incidents and improved staff engagement.
	Q1: Collaboration across acute adult inpatient Safer for All working groups to ensure shared learnings and collective change.	✓	Collaborative work completed on Rapid Tranquilisation Policy, development of guidelines for the Low Stimulus Environment and the engagement of additional leadership support roles.
	Q2: Change ideas evaluated in terms of impact on incidents, restraint and seclusion.	✓	We have seen an increase in seclusion episodes and further analysis is currently being completed to better understand the context to this. This work includes proactive review of the restraint and seclusion of Maori to identify improvement opportunities for this consumer group.
	Q3: Effective changes implemented, with focus on sustainability and spread.		
Develop an effective treatment plan platform to further support improved discharge and transition planning,	Q1: Exemplars in place.	✗	A decision to align exemplars with new platform has meant work has been delayed until the platform is developed.

including the use of exemplars to improve consistency of documentation.	Q2: Treatment plan platform developed.	✖	Unavailability of the developers has led to a delay. We anticipate commencing this work in quarter three.
	Q2: Audit tool implemented.	↺	The audit tool development is underway. The discharge audit and treatment planning audits have been tested and will go live in January 2020
Develop and implement a programme of improvement for youth to adult transitions, focused on improving the experience of transition, collaborative service delivery and effective preparation for transition, to support this vulnerable population group. (EOA)	Q1: Change ideas developed through co-design and model for improvement process.	✓	Co-design has identified the areas of focus for improvement including enhanced preparation, collaborative working and improved experience for consumers and family-whanau. The prioritised ideas are developing a transition indicator tool, youth friendly information about adult services, and a handover checklist.
	Q2-Q4: Testing and implementing effective change ideas including transition indicators.	↺	Transition indicators have been identified and are ready for testing. Handover checklist has been completed and is currently in testing.
	Q3: Improved preparation for transition processes embedded.		
	Q4: Balancing metrics/data defined, captured and reported to HQSC.		

Key Performance Measures	**Result**	**Comments**
95% of clients discharged have a transition or wellness plan in place.	77%	The service is focused on ensuring an accurate and accessible record of completed wellness and transition plans is available within our patient management system. See above for commentary on delays in this work.
95% of audited files meet accepted good practice.	-	
90% of clients (17+), identified as requiring ongoing care/treatment, have a co-produced 'youth to adult' transition plan in place.	Q4	
80% of acute inpatients access community services within 7 days of discharge.	Q4	

Addiction

Status Report for 2019/20

Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Pilot an integrated approach to the provision of Opioid Substitution Treatment that enhances the role of pharmacists, to improve the management of treatment and refocus clinical time on recovery orientated treatment.	Q2: Pilot underway in three pharmacies.	↺	The Pilot expected to begin in quarter three, now that Ministry support has been confirmed for using Medi-map tool to generate OST scripts.
	Q4: Pilot evaluation report completed.		
Embed an innovative programme of peer support for people engaged in Opioid Substitution Treatment, to enhance people's independence and quality of life.	Q2: Peer support programme operational.	✓	Peer support is now offered to everyone engaged in this treatment option. Quarterly reporting and review of the programme is in place.
	Q4: Review of programme uptake.	✓	
Strengthen the monitoring and governance of the AOD pathway for offenders, to identify opportunities to improved engagement with treatment services. (EOA)	Q2: AOD Offenders process reviewed and opportunities for improvement identified.	✓	A governance group has been re-established which includes the DHB, NGO, & Corrections and is meeting quarterly. Processes have been reviewed and shared outcomes established with joint reporting.
	Q3: Process changes implemented.		
Complete a review of existing and planned AOD services, to support a	Q1: Outline of existing and planned AOD services provided to the Ministry.	✓	The outline of current service was provided to the Ministry. Review of

sustainable response to increasing service demand and address inequities for Māori as a high-need population group. (EOA)	Q2: Review informs 2019/20 contracting round.	✓	Purchase Unit codes and prices has been undertaken. The Ministry has acknowledged funding inconsistencies and a pool of cost pressure relief funding will be allocated to the Southern region in quarter three.
Facilitate a stocktake of AOD services across the South Island, to identify and address gaps and inequities in terms of access and outcomes between regions. (EOA)	Q2: Regional stocktake complete.	✓	A regional meeting was held in September which included Ministry of Health representatives. This meeting included discussion of regional AOD services. A formal stocktake was not completed however the outcomes and actions from this meeting are with the attendees for review and comment.
	Q3: Recommendations from stocktake reviewed by regional stakeholders.	✓	

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
80% of people (0-19) referred to specialist addiction services are seen within 3 weeks	67%	67%	66%	An unresolved issue with the codes being used by some providers means data from a service with naturally high wait times is being included and counted in national system. We are working with the Ministry team to ensure this is corrected going forward.
95% of people (0-19) referred to specialist addiction services are seen within 8 weeks.	87%	100%	87%	

Maternal mental health services

L C

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in current community-based services to support women, and their partners in need of additional support before and after the birth of a child. (EOA)	Ongoing: Provide free brief intervention counselling for people needing mild-moderate mental health support.	✓	Brief intervention counselling continues to be offered. Plunket-led programmes also continue to support mothers and families.
	Ongoing: Provide free Plunket-led individual and group programmes for people needing higher-level post-natal mental health and parenting support.	✓	
Engage with maternal mental health service providers, consumers and stakeholders from across the system to inform a refresh of Canterbury's maternal mental health pathway. (EOA).	Q1: Continuum of maternity services mapped and Maternal Mental Health Service gaps identified.	✓	Mapping and gap analysis completed Key stakeholders have been identified and potential opportunities are being considered.
	Q2: Key stakeholders identified and engaged in Maternal Mental Health service development.	✓	
	Q3: Service recommendations presented.		
	Q4: Refreshed maternal mental health pathway agreed and socialised across the system.		

Mental health support in earthquake affected schools

Q L C

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to embed the Mana Ake initiative, supporting implementation across all school clusters, undertaking	Quarterly: Forums held for school clusters to share progress and identify opportunities for improvement.	✓	There are now 220 schools engaged in Mana Ake. Forums with school clusters continue.

regular monitoring to enable schools to flex resources to match identified need and working with stakeholders to clarify and enhance pathways for support. (EOA)	Q1: 219 Schools engaged in Mana Ake.	✓	Education forums for teachers and other education professionals occur termly, aligned with new Leading Lights pathways. There have been 7 sessions held with 884 attendees.
	Q2: 95 topics covered on Leading Lights.	✓	
	Q4: 110 topics covered on Leading Lights.		
Continue to work with the provider network to identify, appoint and support Kaimahi with appropriate skills, knowledge and experience to support the success of the initiative.	Quarterly: Provider Network forums held, to identify and respond to emerging issues.	✓	There are 80 FTE engaged as well as eight kaiarahi in place. Providers work collaboratively with the DHB to support kaimahi work and to align recruitment to needs, where possible.
	Q1: 80 Mana Ake Kaimahi (workers) engaged.	✓	
	Q2: Kaimahi workforce plan agreed across the Provider Network.	✓	
	Q4: Full range of group programme offered by Mana Ake is accessible across clusters.		
Implement an agreed Outcome and Evaluation Framework, to support continuous improvement and understand the longer-term impact of the initiative.	Q1: Outcome and Evaluation Framework agreed and in place.	✓	
	Q2/Q4: Programme impact report provided to the Mana Ake SLA.	✓	

Key Performance Measures	**Result**	**Comments**
Number of children and whānau accessing services.	✓	4,985 children and whānau are accessing services.
Improved ratings for children surveyed - across Presence, Engagement & Wellbeing, Learning & Achievement domains.	✓	Of 815 clients with completed Tu Tauira ratings: • 66% made a positive change in Presence • 84% made a positive change in Engagement and Wellbeing • 61% made a positive change in Learning and Achievement
Positive student/ parent/whānau/ teacher voice survey reports on impact of support.	✓	• 97.5% parent responses report they are satisfied or very satisfied with the Mana Ake service. • 95.6% teacher responses report they are satisfied or very satisfied.
Number of pathways available on the Leading Lights website.	↺	• 50 pathways • 32 support pages • 15 resource pages.
Increasing numbers of returning Visitors to Leading Lights.	↺	Overall there are 4031 users, 28% are returning visitors. There have been 60,954-page views.

Improving wellbeing through prevention

Cross-sectoral collaboration

Status Report for 2019/20

Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to take a lead in Healthy Greater Christchurch, to foster collaboration between agencies, respond to emergent health issues and ensure policy incorporates a health perspective.	Q1: Expansion of Healthy Christchurch to Healthy Greater Christchurch to include the Waimakariri and Selwyn districts.	✓	Healthy Christchurch has been renamed Te Waka Ora, reflecting the growth of initiative to incorporate additional territorial entities.
	Q4: Annual Hui identifies cross sector priorities and provides for information sharing and learning.		
Take the lead in supporting the Greater Christchurch Psychosocial Committee	Q1: Tiny Adventures 'All Right' app relaunched.	✓	In response to community feedback, the All Right? Team continued the

transition from a psychosocial recovery focus to supporting broader population wellbeing. Maintain the Wellbeing Index to inform local collaboration, planning and focus.	Q4: Canterbury Wellbeing Index updated.		Tiny Adventures app (aimed at pre-schoolers), but also promoted a new app, "Chitter chatter", aimed at 5-10-year-olds.
Continue to work in partnership with the Ministry of Social Development and Pegasus Health, to expand the primary care service 'Step Up' to support people with health conditions or disabilities back into the workforce. (EOA)	Q1: Eligibility criteria widened to increase access to the service.	✓	Access to step up has been widened to include all benefit types including those with a long-term disability or impairment. The Ministry of Social Development now contract directly with Pegasus PHO for this service.
	Q4: Increased participation in the programme.		
Work in partnership with the Department of Corrections to identify and implement initiatives that will improve access to primary care for people on release from prison, to support this high need group to improve their physical and mental health and wellbeing. (EOA)	Q1: Low cost access pathway to general practice enabled for people on release from a corrections facility or deported from Australia.	✓	This pathway has been updated to include deportees. Access volumes and the number of general practices participating in the programme has been mapped. Opportunities have been identified for improved uptake including promotion via Health Pathways and with Corrections staff. The DHB is working with Odyessy House on opportunities to extend to their AOD residential programme.
	Q2: Current processes mapped and areas for improvement and integration identified.	✓	
Key Performance Measures		**Result**	**Comments**
Improved population wellbeing results across the Canterbury Wellbeing Index metrics.		✓	Currently, eight out of ten respondents (81%) rate their overall quality of life as good or extremely good. This represents an overall upward trend.

Climate Change

L G

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain CEMARS certification and Energy Mark certification by identifying further opportunities to reduce energy use, costs and emission.	Q2: Stocktake of current actions completed.	✓	Stocktake complete, CEMARS actions are on track.
Through the Sustainability Governance Group, agree a regional position statement to guide future action.	Q2: Regional Environmental Sustainability Position Statement developed.	↺	Canterbury approved the draft regional position statement in September. We are waiting on other South Island Boards to complete their processes before finalising the statement.
Increase emphasis on sustainability requirements in DHB procurement policies and practices to positively mitigate environmental impacts on health.	Q1: Sustainability questions included in tenders.	✓	Canterbury includes relevant question in tenders and is adding broader sustainability outcomes into the procurement policy in line with MBIE guidance.
	Q4: Procurement policy updated, in line with MBIE guidance (once released).	↺	
Replace the Christchurch Hospital coal boiler with carbon neutral biomass boiler to reduce emissions.	Q2: Biomass Boiler detailed design completed.	✖	Completion of this work has been delayed to 2021. The detailed design phase is due to begin quarter three and finish quarter four. Delays are the result of the concept design costs coming in over budget.
	Q4: Biomass Boiler installed and operational.	✖	

			Installation is expected to be completed in 2021.

Key Performance Measures	Result	Comments
CEMARS certification and Energy Mark certification maintained.	Q4	
Reduction in energy consumption per square kilometre – baseline (402.7 kWh/m^2).	Q4	
Reduction of DHB carbon emissions.	Q4	

Waste Disposal

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to promote clear messages to the public that people should return their surplus/expired medicines and used medicine sharps to pharmacies for safe disposal.	Q1: Educational materials distributed to local pharmacies.	↺	This work was delayed while the new waste disposal contract has been signed. Completion expected in the coming quarter.
Work with the local disposal agent and product suppliers to identify solutions for improving mixed, plastic and eco recycling opportunities.	Q2: Options for mixed and plastic recycling reviewed with disposal agent.	✓	Discussion have been had but options are limited. Changes in the recycling market has left fewer options to recycle plastics 3-7 with no disposal agent in the South Island. Compostable coffee cups are available, however are no commercial agents able to compost these in the South Island.
	Ongoing: Options for supplier-reduction/removal, of waste and packaging material considered as part of procurement and service contracts.	↺	
Partner with Medsalv to pilot an innovative single use device reprocessing, cost and waste reduction solution.	Q1: Pilot underway.	✓	The pilot and evaluation process have been completed. Contracting arrangements are being worked through.
	Q2 Pilot evaluation completed and future direction confirmed.	✓	
Utilise existing staff engagement mechanisms to promote participation of staff in identifying actions which could contribute to reducing waste.	Quarterly: Promotion and recognition of positive initiatives and change.	✓	Three promotional messages were released during quarter two including content supporting staff kitchen composting, cycling and commuting options, and building awareness of Medsalv.

Drinking Water

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain an accredited Drinking Water Unit and accredited Assessors to support the role of the DHB's Public Health Unit in ensuring drinking water safety and support the Public Health Unit in their role in managing and mitigating public health risks.	Q2: IANZ accreditation of Unit.	✗	Recent amendments to the 1956 Health Act mean that there is now no legislative requirement to maintain IANZ accreditation for the South Island Drinking Water Unit. Community and Public Health is currently considering exiting from IANZ accreditation and is in discussions with the Ministry of Health and the other Public Health Units to look at alternative quality assurance systems. The South Island Public Health Units are committed to continuing to work together as a South Island Drinking Water Unit.
	Ongoing: IANZ accreditation of Drinking Water Assessors.	✗	
	Ongoing: Management and mitigation of public health risks from drinking water discussed with Council and elected officials	✓	
	Q1: Annual review completed.	✓	

Conduct an annual review of network drinking-water supplies, serving more than 100 people, and provide a report to water suppliers on their compliance.	Q2: Compliance reports completed.	✓	Annual Survey completed. Compliance reports completed and sent.
Undertake assessments of water suppliers' Water Safety Plans, as required, and provide a timely report to suppliers to support effective management of any risks to supplies.	Ongoing: Water Safety Plans assessed as required.	✓	The DHB continues to meet Ministry of Health requirements and process Water Safety Plans (WSP) and provide reports.
	Quarterly: Monitoring of assessments.	✓	
Conduct inspections of drinking water supplies with approved Water Safety Plans, to certify implementation of the Safety Plans.	Ongoing: All drinking water supplies with a Water Safety Plan inspected every 3 years.	✓	The DHB continues to meet legislative requirements. The implementation list was reviewed in December 2019 to assess progress.
	Quarterly: Monitoring of inspections.	✓	
Contribute to Māori health and wellbeing through the ongoing provision of technical advice on drinking water to local Rūnanga and Marae, to improve access to potable (safe to drink) water. (EOA)	Ongoing: Participation in the ECan/ Ngāi Tahu Tuia partnership initiative.	✓	
	Q3: Q4: Training on the Iwi Management Plan provided to Protection and Policy staff involved in resource management work.		

Key Performance Measures	**Result**	**Comments**
100% of network suppliers (serving 100+ people) receive compliance reports.	✓	100% of network suppliers (serving 100+ people) are receiving compliance reports.
100% of Water Safety Plans assessed and reported on within 20 working days.	↺	Ministry of Health have advised that due to WSP format changes it is no longer possible or appropriate for plans to be processed within 20 working days. Due to the more complex nature of plans it will take considerably longer in future.
100% of drinking water suppliers have had a Water Safety Plan inspection in the last 3 years	Q4	
Percentage of networked drinking water supplies compliant with the Health Act.	96%	Results are reported a year in arrears, this result relates to the 2017/18 year.

Healthy Food and Drink

Status Report for 2019/20

Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Review the DHB's Healthy Food Policy against the National Policy to identify opportunities for improvement. Socialise and implement the Canterbury DHB's Healthy Food and Drink Policy.	Q1: Re-engagement on the DHB's Policy.	↺	Continued delays due to the ongoing industrial action have limited work in this space. However, plans are currently underway to commence our re-engagement process with key stakeholders in Canterbury drawing on the successful implementation of the policy on the West Coast.
	Q2: Communication of the DHB Policy.	↺	
	Q4: Policy implemented across DHB sites.		
Update food and drink provider contracts, to ensure compliance with the DHB's Healthy Food and Drink Policy.	Q2: Food and drink provider contracts updated.	✓	Food and Drink provider templates have now been updated. These will be applied to all new contracts and variations going forward.
Work regionally to agree a consistent approach to health service provider contracts that stipulates the expectation they will develop and implement a Healthy Food and Drink Policy, in line with the national policy for organisations. Engage with providers to provide support and advice in developing their Policies, with a	Q2: Service provider contract clause agreed.	✓	The DHBs contract templates have been updated with the Ministry's Sector Services to include a healthy food and drink clause. This will apply to all new contracts as well as contract variations going forward.
	Q3: Forum held to support development of provider policies.		
	Q4: Service provider contracts include Healthy Food and Drink Policy expectations.		

focus on Māori and Pacific providers to target higher need populations. (EOA) Track the number of provider contracts with a Healthy Food and Drink Policy.	Q2:Q4: Monitoring report on progress.	↺	A process for monitoring uptake of healthy food policy contracts has been established and tracking will begin in 2020.
Work with education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only and healthy food policies in line with the Healthy Active Learning Initiative.	Q2:Q4: Monitoring report on progress and adoption of policies.	✓	Nutrition policy survey of schools engaged with Health Promoting Schools has been completed. Results show 33 of 71 respondents indicating their school has water-only policy or procedures.

Key Performance Measures	**Result**	**Comments**
Healthy Food and Drink Policy implemented across all DHB sites.	Q4	
Healthy Food and Drink Policies implemented by health provider organisations.	Q4	
Water-only and Healthy Food Policies implemented by education providers.	Q4	

Smokefree 2025

Status Report for 2019/20

Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain an integrated approach to achieving Smokefree Aotearoa 2025, with active oversight of smokefree activity and the Canterbury Health Tobacco Control plan from the CCN Alliance and Smokefree Canterbury.	Q1: Tobacco Control Plan reviewed for 2019/20.	✓	The DHBs Draft Tobacco Control Plan for 2019-20 has been submitted to the Ministry and has now been signed off by Alliance Leadership Team at CCN.
	Q4: Implementation plan developed for the Smokefree Health Precinct and surrounding areas.		
Continue to provide smokefree advice across all settings and integrate the delivery of wrap-around cessation services through Canterbury's Te Hā – Waitaha service. Monitor Te Hā – Waitaha enrolments for opportunities to improve the service, particularly for Māori, Pacific, pregnant, CALD, and low-income clients. (EOA) Complete a process mapping exercise to understand client flow and improve consistency of data across the service.	Quarterly: Monitoring (by ethnicity) of smokefree advice, cessation service referrals and quit rates.	✓	Ongoing quarterly monitoring and reporting of smokefree advice, cessation service referrals and quit rates is taking place. Pegasus Health PHO has established two Stop Smoking Practitioner roles and is actively supporting the Te Hā – Waitaha/Stop Smoking Canterbury Service.
	Q1: Pegasus Health PHO successfully integrated as a formal partner in the Te Hā – Waitaha service, expanding capacity.	✓	
	Q3: Stop Smoking Practitioners trained in "Vape to Quit" support.		
	Q3: Process mapping exercise complete.		
Complete the evaluation of the Pregnancy Incentive Programme to identify opportunities to further enhance the service and assess the viability of introducing another targeted incentive programme. (EOA)	Q2: Pregnancy Incentive Programme evaluation complete.	✓	The evaluation has been completed and recommendations to consult further with LMCs are being carried out.
	Q3: Second targeted programme identified.		
Provide training, support and resources to engage health professionals, community services and education providers and employers in creating smokefree environments and pathways for referrals to Te Hā – Waitaha. Build community awareness of Te Hā – Waitaha, by promoting and advertising the service and participating in local marae health hui and networking events. (EOA)	Q4: Stop smoking clinics arranged with six workplaces.		
	Q4: Referral pathway established for women on release from prison.		

Key Performance Measures	**Maori Result**	**Pacific Result**	**Total Result**	**Comments**

90% of pregnant women, identifying as smokers on registration with an LMC, are offered brief advice and support to quit.	90%	-	96%	
90% of PHO enrolled patients who smoke are offered brief advice and support to quit.	78%	76%	79%	Performance has improved across all ethnicities following introduction of new strategies in quarter one including recruitment of additional recall staff and increased contact with practice smoking champions.
95% of hospitalised patients who smoke are offered brief advice and support to quit.	79%	83%	80%	Changes to the electronic discharge summary have made data capture for this measure more difficult, work continues to resolve this issue.
90% of households with a newborn have their smoking status recorded at the first WCTO core check.	Q4	Q4	Q4	
Increased rate of conversion of Te Hā - Waitaha referrals into service enrolments – baseline established.	57%	58%	59%	The total population result excludes people whose ethnicity was not known at the time of the referral.

Breast Screening

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Work closely with ScreenSouth to facilitate the alignment of the Breast and Cervical Screening Programmes, to capture opportunities for joint promotion and delivery of screening, support the recall of women for both programmes and provide process education to general practices. (EOA)	Monthly: Monitoring of screening appointment targets to ensure continuous improvement.	✓	Screening performance is monitored as part of an ongoing process undertaken in coordination with the DHB and ScreenSouth. Combined 'top and tail' clinics are working well with positive feedback from wāhine. The most common comment is that being able to get both screening tests done at the same location is very convenient and feedback shows this is greatly appreciated.
	Q2: Pasifika Health Promotor engaged to work alongside Pacific community groups and support providers to reach Pacific women.	✓	
	Q2:Q4: Provision of 'Top and Tail' screening clinics, in locations targeted to support priority women.	✓	
Coordinate and facilitate bi-enniel screening appointments for women living in the Chatham Islands, who have to travel to Christchurch for mammograms. (EOA)	Q3: Upcoming screening appointment promoted through local news and Medical Centre.		
	Q4: Screening appointment held in Christchurch		

Key Performance Measures	Group	Baseline	Result	Comments
70% of all women (45-69) have has a breast screen in the last two years with a reduction in the equity gap for priority women (baseline to March 2019).	Total	76%	75%	
	Māori	70%	71%	
	Pacific	63%	65%	
	Other	75%	75%	
	Non-Māori	77%	75%	

Cervical Screening

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Facilitate the alignment of the Breast and Cervical Screening Programmes, to capture opportunities for joint promotion and delivery of screening, and support the recall of women for both programmes.	Ongoing: Primary Care Liaison visits practices to discuss issues and support practices with recall.	✓	Screening performance is monitored as part of an ongoing process undertaken in coordination with the DHB and ScreenSouth.
	Quarterly: Performance report on number of practices supported,	✓	

Provide administrative assistance to practices (with high numbers of priority women) to ensure women are recalled for cervical screens every three years. Provide monthly data match reports to the PHOs/practices to support planned recalls of priority group women. (EOA) Provide free cervical smears to eligible, unscreened and under-unscreened, women. (EOA) Deliver 'Top and Tail' and community-based screening clinics in target locations, to support priority women. (EOA)	data match reports provided, clinics run and women screened.		
	Q1:Q4: >40 practices provided with recall support.	✓	
	Q1:Q4: >6 'Top and Tail' clinics held.	✓	
	Q1:Q4: >4 targeted community-based clinics held.	✓	
	Q1:Q4: >560 free smears provided.	✓	
Collaborate with the Maui Collective (of Māori and Pacific service providers) to identify opportunities for promoting cervical screening to priority women. (EOA) Deliver an annual cervical screening clinic on the Chatham Islands to ensure access for these women. (EOA) Undertake a stocktake to establish where there is a shortage of smear takers with a focus on low-cost providers. (EOA) Identify opportunities for employers to support cervical screening, to increase access to free screening tests for priority women. (EOA)	Quarterly: Cervical screening results reviewed by the Population Health & Access SLA.	✓	Screen South attended Te Kahui o Papaki Ka Tai, the Māori reference group, and discussed successful strategies to engage Māori women in screening. There is been considerable success through working with primary care practices to identify and contact priority women.
	Q2: Presentation at service providers Hui and opportunities explored with screening providers.	✓	
	Q3: Chathams' screening clinic delivered.		
	Q3: Gaps in availability of smear takers identified and opportunities to address this explored providers.		
	Q4: Opportunities for additional employer funded cervical smear tests identified.		

Key Performance Measures	Group	Baseline	Result	Comments
80% of all women (25-69) have had a cervical smear in the last three years with a reduction in the equity gap for priority women (baseline to March 2019).	Total	73%	73%	
	Māori	68%	69%	
	Pacific	80%	77%	
	Asian	69%	72%	
	Other	76%	74%	

A strong and equitable public health and disability system

Engagement and obligations as a Treaty partner

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain a Memorandum of Understanding with Manawhenua Ki Waitaha to actively engage Māori leaders in the planning and design of services and strategies to improve Māori health outcomes. (EOA)	Q2: Attendance of rural leads at Manawhenua Ki Waitaha Board hui, to enrich planning around support for rural-based Māori.	↺	We have an induction process planned for the new Chairperson to extend her knowledge of the health system and the support that we can provide her in her role. We will focus on maintainong a strong relationship with Manawhenua ki Waitaha. Likely to be completed by quarter three.
Develop a longer-term collective strategy for improving Māori health, supported by regular monitoring of equity outcomes across the Canterbury health system, to support open discussion and identify further areas for improvement. (EOA)	Q2: Co-design process launched to support development of long-term Māori health strategy.	✓	A meeting has been held with Manawhenua to launch discussions to develop a long-term Māori health strategy. A small working group is being considered to support the co-design process.
	Q3: Equity reporting framework developed and implemented.		

Continue to invest in initiatives to build Māori provider capability and capacity through the Maui Collective to influence and shape practice and promote Whānau Ora approaches to improve the experience of Māori presenting to our services. (EOA)	Q2: Maui action plan and key priorities developed to support future investment.	✓	In the next 12 months the Collective will engage in training on evaluation to better express their success and value for investment. In addition, the Collective will move closer to its goal of data sovereignty through the establishment of a data warehouse.
	Q4: Ten Health Hui held on Rehua Marae.		
Strengthen Māori engagement in the CCN Alliance work streams and service level alliances to bring a strong Māori perspective to the redesign of local services. (EOA)	Q1: Targeted equity actions agreed in Canterbury's SLM Improvement Plan.	✓	Equity actions are evident throughout the 2019/20 SLM Improvement Plan which has been approved by the Ministry and is available on the DHB's website.
	Q2: Learnings, where equity focus has been successful, documented/shared.	✓	The co-design process and service delivery results of Te Hā – Waitaha will be presented at a Long-Term Conditions Forum in early 2020.

Delivery of Whānau Ora

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in programmes of work that enable Whānau Ora approaches and support improved service delivery and engagement with health services. (EOA) Promote the use of patient and whānau stories and data driven evidence to highlight the success of Whānau Ora models.	Q1: Feedback from co-design workshop with Māori and Pacific women guides the framework for the Maternity Strategy.	✓	Three hui were held with a group of interested parties to bring in contributions and perspectives from Māori, Health, NGOs, Whānau Ora, public health, primary care, Pasifika, and culturally and linguistically diverse (CALD) groups. This work generated a framework with six underlying values.
	Ongoing: Continued investment in the Mana Ake initiative.	✓	See relevant section.
	Ongoing: Continued participation in the cross-agency Safety Response Pilot.	✓	Our service actively works ISR cases seven days a week. We action our health tasks the same day. We include ISR in our staff core training and have several speakers from ISR attend our training.
Continue to invest in initiatives to build Māori provider capability and capacity through the Maui Collective (of Māori and Pacific Providers) to influence and shape practice and promote Whānau Ora approaches across the region to improve the experience of Māori and Pacific people presenting to services. (EOA) Reach agreement on a strategic approach to: workforce development and cultural competency development for kaimahi and providers. Develop an evaluation framework for tracking the impact being made on the health and wellbeing of whānau that includes story-telling opportunities for providers, kaimahi and whānau.	Q2: Maui action plan and key priorities developed to support future investment.	✓	See above.
	Q4: Workforce development plan in place across Maui Collective providers.		
	Q4: Evaluation framework agreed and implemented.		
In partnership with Pasifika Futures, invest in the design and development of an innovative Whānau Ora service model to improve the health and wellbeing of our Pacific population. (EOA)	Q2: Whānau Ora, wellbeing focused, contract in place with Etu Pasifika.	✓	A contract is in place with Pasifika Futures that progressively moves towards a wellbeing focused service.
	Q3: Mental health incorporated into wellbeing screening for Etu Pasifika's enrolled population.		

	Q4: Provision of low-cost dental services at Etu Pasifika scoped and options presented.		
Collaborate with Te Pūtahitanga to identify opportunities for alignment between DHB-funded kaimahi and Te Pūtahitanga Whānau Ora Navigators to increase support to whānau. (EOA)	Q4: Opportunities for collaboration identified.		

Care Capacity Demand Management (CCDM)

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a CCDM Governance Council to provide leadership and oversight of the care capacity demand management programme to ensure it is planned, coordinated and appropriate for staff and patients. (EOA)	Q1: CCDM Council established.	✓	Three meetings have been held this year A Stocktake has been completed with final report signed by Chair of the CCDM Council. An implementation plan has been drafted and approved.
	Q1: Approved terms of reference and meeting plan in place for the year (including regular meetings with health unions).	✓	
	Q1: Stocktake on CCDM standards commenced with Safe Staffing healthy workplaces Unit.	✓	
	Q1: High level implementation plan drafted.	✓	
Implement the validated patient acuity tool (TrendCare) in all inpatient areas, to underpin the delivery of the CCDM programme.	Q1: CCDM Business Case approved.	✓	We are currently in the implementation phase of the roll out of CCDM. Our first group of clinical areas are currently going live with TrendCare, having been rolled out to half of the Medical and Surgical wards and Ashburton Hospital. This will be followed by the Specialist Mental Health Service, Medical/Surgical (subsequent to hospital move), Woman's and Children's, Burwood Hospital, and lastly specialist areas such as Emergency Department, Intensive care, Radiology, and Day Units.
	Q1: Rollout Plan agreed.	✓	
	Q2: Roll out of the patient acuity tool underway, beginning in general medicine.	✓	
Establish a balanced set of CCDM measures (core data set) to inform improvements and evaluate the effectiveness of CCDM overtime. Agree a systematic process to establish and budget for staffing FTE, staff mix and skill mix, to ensure the provision of timely, appropriate and safe services. Establish a variance response management system, to provide the right staff numbers, mix and skills to support effective patient care. (EOA)	Q2:Q3: Working groups established to support each stream of work.	✓	Working groups for the, Core Data Set and Variance Response Management have been established with the first meetings scheduled for the end of February. We have an established meeting timetable for the TrendCare Steering Group and meetings commenced last year. The terms of reference for all working groups have been approved by the CCDM Governance Group. We have almost completed the Stocktake of the Core Data measures, awaiting the TrendCare data following the implementation across the sites. The stocktake of systems and processes is getting underway however this also relies on the TrendCare data.
	Q2:Q3: Stocktake on current data measures complete.	↺	
	Q2:Q3: Stocktake of current systems and processes completed, to inform development of processed to support CCDM.	↺	

Key Performance Measures	Result	Comments
80% attendance at Council meetings by all listed parties.	64%	This is an average of attendances over the past six months.
All inpatient areas have a patient acuity tool in place by June 2020.	Q4	

100% attainment of the vendor standards by August 2020.	Q4	Work to commence in first wards in February 2021 as per work plan. Once Trendcare is rolled out, we can commence the Core data set work plan.
CCDM staffing methodology used to establish staff and skill mix for each ward/unit.	Q4	
Core data set is used to evaluate the effectiveness of CCDM.	Q4	
Variance response management system demonstrates staffing resource is consistently matched with patient demand.	Q4	

Disability

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Implement the first stage of the Health Learn (learning management system) upgrade, to support delivery of learning modules and enable reporting on uptake.	Q1: First stage system upgrade complete.	✖	A South Island learning management strategy has been developed along with a target operating model and supporting business case. The four South Island DHB Chief Executives have been presented with a business case and have asked for further financial analysis to be completed. An original module has been released that serves as the foundation for all Diversity, Inclusion, and Belongingwork, as well as uploading a Ministry of Health approved 'Unconscious Bias' learning module. More releases are scheduled that focus on subject matter around recruitment and other Diversity, Inclusion, and Belonging -related content.
Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18. (EOA) Engage with the DHB Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate. (EOA) Track uptake and feedback on modules as a means of evaluation and to identify improvements.	Q2: Development of training modules complete.	✓	
	Q2: Disability training modules launched.	✓	
	Q3: Report on uptake of training modules by staff commenced.		
Continue to use Bedside Boards to identify and display information about a patient's impairment close to all hospital beds (excluding Specialist Mental Health) so that staff interacting with patients are informed of their needs.	Q3: Expand the use of Bedside Boards into the new Acute Services Building.	✖	This work is delayed due to the delays in completion and occupation of the new acute services building (Hagley).

Key Performance Measures	Result	Comments
Increase in the number of modules dedicated to, or inclusive of, content targeted at raising disability awareness.	Q4	
Percentage of staff completing disability training modules.	Q4	
Percentage of staff rating disability content positively.	Q4	

Planned Care

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Increase clinical capacity to reduce current ESPI 2 non-compliance in General Surgery, ensuring all general surgery patients accepted for a first specialist assessment are seen within four months of referral.	Q2: Internal clinical outpatient capacity increased by 372 appointments to meet end of year deadline for compliance.	↺	Although this was not quite achieved by end December 2019 we will be compliant by end January. The majority of December non-compliant patients were people who did not attend appointments, requested a late change, or who were incorrectly reported as waiting for a first specialist assessment instead of a follow-up appointment.

Develop and implement operational plans to reduce any loss of planned care capacity during the migration of services to the new Hagley Building.	Q2: Migration plan developed.	↺	Ongoing delays to the completion of the Hagley building have necessitated several iterations of the migration plan. This is ongoing.
	Q3: Hospital move initiated.		
	Q4: Hospital move completed.		
Monitor planned care referral and access rates by ethnicity to identify equity gaps for population groups. Investigate and address the barriers and behaviours driving these equity gaps. (EOA)	Q1: Processes and reporting required to determine gaps developed.	↺	This work is ongoing with progress expected in quarter three.
	Q3: Three focus areas identified, using Q1-Q2 data.		
	Q4: Improvement plans implemented for the three focus areas, with targets set to reduce equity gaps.		
Work with primary and secondary partners to design a three year plan for the delivery of Planned Care services in Canterbury. Engage in analysis of service demand and consultation with stakeholders to identify local health needs, priorities and preferences as part of the development of the plan. Use service referral/access data to determine where opportunities exist to improve equity of access across population groups. (EOA) Incorporating updates to HealthPathways and HealthInfo to reflect the plan and support people to navigate their health journey. Take the first steps in implementing the agreed approach to the delivery of Planned Care.	Q1: Outline of the proposed approach to development the three-year plan provided to the Ministry of Health, including engagement, analysis and development activities.	✓	Canterbury awaits confirmation of its planned care plan from the Ministry. A draft document that sets out the process for identifying and migrating suitable services to Planned Care is awaiting review.
	Q2: Analysis of changes that can be made to Planned Care services undertaken.	↺	
	Q3: Canterbury's three year plan to improve Planned Care services submitted to the Ministry.		
	Q4: First update on actions taken to improve Planned Care provided to the Ministry.		

Key Performance Measures	**Result**	**Comments**
Reduction of identified equity gaps in access to planned care.	Q4	

Acute Demand

Q E E C

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue implementing SNOMED coding in the Emergency Department (ED) through the new ED At A Glance (EDaaG) Patient Management System implementation. Focus on reviewing data quality, creating logic and making visible meaningful information derived from SNOMED for clinical teams, to supplement the near-real-time viewers already in place.	Ongoing: Monitoring of SNOMED data to identify opportunities to improve data capture and quality.	✓	SNOMED has been utilised in Christchurch Hospital ED since October 2018. The DHB monitors SNOMED coding by both non-admitted patients and admitted patients by ward. This process has resulted in visibility through dashboards and viewers. Training of SNOMED data entry is ongoing within ED teams.
	Ongoing: Training for clinical teams using SNOMED within EDaaG.	✓	
	Q2: SNOMED reports live on internal system.	✓	
	Q3: Links into near-real-time viewers and current ED system reports established.		
Review the scope and utilisation of the Acute Demand Management Service, at a general practice and population level, to ensure the Service is appropriately targeting Māori and Pacific as populations of high need. (EOA). Review the rural stabilisation package, to support rural practices to manage patient flows closer to home. (EOA)	Q2:Q4: Monitoring (by ethnicity and locality) of ADMS performance metrics by Urgent Care SLA.	✓	There is regular review of Acute Demand data by the Urgent Care SLA with quarterly deep-dive into contributing elements of care across the system (Hospital, urgent care, general practice, ambulance).
	Q2: Data Deep Dive used to inform areas of focus and continuous improvement.	✓	
	Q3: Rural stabilisation package reviewed and opportunities for further improvement identified.		
Decant and shift services into the Hagley facility (acute services building) as the new facility becomes operational.	Q2: Decant to the Hagley building complete.	✗	The move to Hagley has been delayed. Chief and Chairs have sponsored conversations and processes have
	Q2:Q4: Review of ED waits and acute bed days to identify opportunities to reduce the lengths of people's hospital stay.	✓	

Chiefs and Chairs use data to identify opportunities to improve the interface between receiving specialties and ED, to reduce delays in accepting admissions and support improved patient flow.	Q3: Alternative pathways and/or interventions introduced to support improved patient flow.		been established among major services. The work with small specialties remains ongoing to ensure good flow. After a period that didn't allow visibility (due to changing PMS) we have re-established this measure and are reviewing it currently.
Maintain the mental health crisis resolution service response in ED, to streamline access to mental health services, particularly for Māori and Pacific people as high need populations. (EOA)	Q2:Q4: ED length of Stay for mental health patients reviewed by ethnicity, to inform continuous improvement.	✓	

Key Performance Measures	**Result**	**Comments**
>30,000 acute demand packages of care provided in the community.	19,592	On track.
95% of patients are admitted, discharged, or transferred from the ED within six hours.	90%	Changes have been made to the ED discharge process which more accurately capture clinical process and ED transfer time stamps. Improvement is now being seen.
<15% of patients admitted from ED observation to inpatient wards.	14%	
ED attendances maintained at <185 per 1,000 people – baseline at June 2018.	Q4	

Rural Health

E Q C

Status Report for 2019/20

Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Through the Rural Service Level Alliance, continue to support the Rural Sustainability Programme, to identify challenges, develop resilient rural primary care services and support equitable access to services for our rural communities. (EOA)	Q2:Q4: Monitoring of activity underway to strengthen rural workforce including the role of Nurse and PRIME practitioners.	✓	Canterbury's Rural Health Workstream has identified multiple areas to strengthen the rural workforce, including promoting a collaborative response environment to utilise shared resources. The Workstream is also advocating for better rural health outcomes at a national level though membership on groups such as Rural Health Alliance Aotearoa New Zealand and the Rural Hospital Network Summit. The DHB also supports the Rural Health Academic Centre in Ashburton which is responsible for rural health training and research across the South Island. A rural-restorative care model is being developed to enable older rural populations to stay well in their communities for longer.
	Ongoing: Progress the agreed recommendations to support the implementation of the Hurunui and Oxford Models of Care.	✓	
Complete a stocktake of current demand and service performance, with regards to the emergency response pathway in rural localities	Q4: Stocktake report identifies opportunities for improvement.		
Trial a new patient observation protocol, to avoid transfer to hospital of rural patients who could be safely treated and observed close to home. (EOA)	Q1: Protocols established for the Rural Observation Service in the Hurunui and Oxford.	✓	Observation protocol finalised and in operation for observation of patients at Oxford Hospital.
Invest in the development of rural-based restorative model of care for rural people following hospital-discharge, to support care closer to home. (EOA)	Q4: Rural-based restorative supported discharge model implemented in two rural localities.		
Upgrade telehealth facilities in rural localities, as the national broadband rolls-out, facilitating easier access for rural communities to specialist consultations, clinical education and peer support. (EOA)	Q4: Telehealth expanded in two rural localities.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
Acute hospital bed day rate maintained below the national average.	435	547	382	The national average for June is 398.
Readmission rates (at 28 days) maintained below the national average.	12.3%	11.6%	11.2%	The national average for quarter two is 12.1%

Healthy Ageing

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage with Sport Canterbury to accredit community Strength & Balance (S&B) classes designed for and targeted towards Māori and Pacific people. (EOA) Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (hip) or Humerus (arm) are referred to the in-home Falls Prevention Programme, to reduce future harm. Implement the Fracture Liaison Service pathway in primary care, to ensure people with a frailty fracture receive appropriate support and follow-up.	Q2: 3 Māori and Pacific S&B classes accredited.	↺	Sport Canterbury have worked hard to accredit several Māori and Pacific classes, however there has been some difficulty in getting these classes to meet all required criteria. This has been fed back to ACC via the Falls and Fractures SLA. Automatic referrals to the Falls Prevention Programme have been successfully piloted and the pathway has now been implemented.
	Q2: Fracture referral pathway finalised.	✓	
	Q2: Automatic referrals to the Falls Prevention Programme piloted.	✓	
	Q4: Fracture Liaison Service pathway implemented.		
	Q4: 150 places available at targeted (Māori and Pacific) community-based S&B class.		
Pilot the new home and community support services (HCSS) referral process and introduce electronic forms to support streamlined referrals. Work with community older persons health teams to identify barriers to equitable and timely assessment of people's needs, using the InterRAI assessment tool. (EOA) Complete the development of an Ethical Framework to support decision-making around HCSS resources allocation.	Quarterly: Monitoring (by ethnicity) of InteRAI assessment rates.	✓	InterRAI assessment rates by Ethnicity are monitored quarterly. The first pilot of the form for referrals from GP to HCSS has gone live and is being monitored. Key drivers of longer wait times have been identified. The Service Allocation Tool, used to determine the complexity of a person requiring assessment, has been amended to ensure that those requiring an assessment are appropriately triaged. This has enabled the wait time for a full Homecare InterRAI Assessment to be reduced over the last quarter.
	Q2: HCSS referral process piloted.	✓	
	Q2: Key drivers of longer wait times for InterRAI assessments identified and addressed.	✓	
	Q3: Ethical Framework completed and agreed.		
Trial the provision of rural kahukura day programmes in one rural area, with a view to planning a further programme at a second rural location. (EOA)	Q2: Day programme trial underway.	↺	Funding has been approved for this programme and planning for trial in early 2020 is underway, with an expected start date in quarter three.
	Q4: Second locality identified.		
Promote the use of Personalised Care Plans, Acute Care Plans and Advance Care Plans to enable the delivery of consistent, patient-driven care and reduce unnecessary ED presentations for more vulnerable population groups. (EOA)	Quarterly: Monitoring (by ethnicity) of completed care plans.	↺	Capturing ethnicity in these plans in a way that is reportable has proven more difficult than anticipated. We continue to work on a solution.
	Q3 Advance Care Plan flyers provided with all new InterRAI assessments.		

Key Performance Measures	Result	Comments
12,000 places available at accredited community Strength & Balance classes.	5,938	The Fracture Liaison model has evolved differently than anticipated with less face-face assessment, meaning numbers will be lower by year-end.
1,200 people seen by the Falls Prevention Service.	599	
2,100 people seen by the Fracture Liaison Service.	485	
95% of long-term HCSS clients have an InterRAI assessment and a completed care plan.	91%	See commentary above.
Increasing number of people with Advance Care Plans in place.	3,441	The number has increased every six months since January 2018.

Proportion of people (75+) presenting to ED maintained below the national average.	Q4	

Improving Quality

Status Report for 2019/20			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
In response to the higher rates of hospital admission for children due to asthma or wheeze, highlighted in the Atlas of Healthcare Variation, work with general practices and LMCs to identify key actions that will reduce asthma and respiratory related hospital admissions. (EOA)	Q1: Targeted cessation smoking related actions agreed in the SLM Improvement Plan (to reduce ambulatory sensitive admissions for children 0-4).	✓	Actions to reduce adult smoking rates are identified in the 2019/20 SLM Improvement Plan. Progress against SLM actions in on track. The four-year average ASH rate for the end of Sept 2019 showed a small increase in the equity gap for Pacific. This is being reviewed by the SLM Steering Group.
	Quarterly: Progress against SLM actions.	✓	
	Quarterly: Monitoring of Atlas Variation and O-4 ASH rates to gauge improvement.	✓	
Complete implementation of the 'nominated' contact person process, to improve results against the DHB's lowest scoring Patient Experience Survey question: "Did hospital staff include your whānau or someone close to you in discussion about your care?" (Partnership). Undertake a co-design process with consumers and whānau to develop education material that reinforces the role of a nominated person in the early stages of admission. Focus on engagement with Maori and Pacific groups to ensure processes are culturally appropriate. (EOA) Provide staff training to reinforce the need to establish and engage with the patient's nominated person.	Q2: Co-design focus groups run.	✓	Co-design via consumer focus groups have been held to determine what is needed to develop nominated contact person role and responsibilities. Feedback has been received to strengthen information and supporting material with consumer requests for simple and consistent messaging and language Work has been completed to determine the feasibility of required changes to the South Island Patient Management System. This has been shown to be technically possible but requires South Island agreement. South Island Quality Managers are progressing these changes through their organisation. A Consumer Focus Group is seeking feedback and endorsement on developed material.
	Q2: information system changes made to include nominated contact person and draft procedure for contact details collection finalised.	↺	
	Q2: Education material and tools agreed.	↺	
	Q3: New process launched in Ward 27 as a pilot site, to test processes and information.		
	Q3: Staff training underway, incorporating lessons being learnt from the pilot Ward.		
	Q4: Full rollout underway across remaining 40 sites.		
Take the lead in the expansion of ICNET to support real-time notification of organisms requiring infection prevention and control input. Establish links to ensure information flows to Public Health Teams and Aged Residential Care to support and advise on the management of infectious outbreaks including antibiotic resistant organisms.	Q2: Interface between PatientTrack and ICNet explored.	✓	A specification for the interface has been drafted and costed, with ACC agreeing to cover development costs.
	Q3: Workflow process documented and agreed between DHB IPC service, Public Health and ARC.		
	Q4: Real-time interface initiated between ICNET and DHB information data warehouse.		
Establish an overarching Strategic Antimicrobial Stewardship (AMS) Group to oversee AMS activities in Canterbury, via alignment of two existing groups – the CDHB Antimicrobial Stewardship Committee (hospital-focused) and the Canterbury Community Antibiotic Response Steering Group (primary-care focused).	Q2: Strategic Antimicrobial Stewardship Group in place and first meeting held.	↺	A Strategic Group has met informally and established a draft plan for restructuring the two existing groups. The plan is out for review and sign-off.
	Q3:Q4: Regular Strategic Antimicrobial Stewardship Group Meetings held, to support a collaborative approach to Antimicrobial Stewardship across the Canterbury health system.		
Through the DHB's Antimicrobial Stewardship Committee, maintain an ongoing focus on reducing the inappropriate use of quinolone antimicrobial agents to protect their effectiveness and minimise their toxicity.	Q1: Empiric intra-abdominal infection and pyelonephritis guidelines updated.	✓	Canterbury DHB's Pink Book antimicrobial guidelines have been updated online, and via a poster. Initial pyelonephritis audits in both sites have been completed and await further clinical review and service engagement.
	Q2: Review of pyelonephritis management in ED and Christchurch Women's Hospital completed.	↺	
	Q2: Audit on moxifloxacin use completed.	✓	

	Q3: Bulletins communicated to DHB clinical staff about appropriate quinolone use, shared with primary care colleagues.	✓	The Moxifloxacin audit was completed. Engagement with relevant departments is underway, and a bulletin has been shared with clinical staff on the findings. A further bulletin on quinolone safety concerns was distributed to hospital staff and shared with the chair of the Community Antibiotic Resistance Response Group.
Participate in development of the ACC-funded national antimicrobial guidelines to assist with improving antimicrobial prescribing. (EOA) Support regional meetings to establish South Island Hospital Antimicrobial Guidelines for key indications. (EOA)	Q1:Q4: Attend national meetings to progress antimicrobial guideline planning.	✓	Two DHB staff attended the national meetings, the last was held in July.
	Q1: Share access to Canterbury's Pink Book (antimicrobial guidelines) with West Coast DHB.	✓	All DHBs now have access to Canterbury's "Pink Book" guidelines. West Coast DHB have been offered the ability to have visible endorsement of our guidelines, as South Canterbury DHB has done.
	Q2:Q4: Meet with five South Island DHBs to seek agreement on regional hospital prescribing guidelines.	↺	

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
Reduction the rate of childhood admissions due to asthma or wheeze – base 5.2 per 1,000 2016.	Q2	Q2	Q4	
Improved result for the Patient Experience survey question "Did hospital staff include your whānau or someone close to you in discussion about your care?" baseline 57%.			80%	
Quinolone usage sustained at ≤25 defined daily doses per 1,000 bed-days.			Q4	
Regional agreement reached on hospital antimicrobial guidelines for key indications.			Q4	
Adoption of national antimicrobial guidelines.			Q4	

Cancer Services

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Building on the Cancer Kōrero developed by other South Island DHBs, produce an informative Cancer booklet for Māori, to raise awareness of how to reduce risk, warning signs, screening and treatment options and where to get help and support. (EOA)	Q2: Draft Kōrero reviewed and accepted.	↺	The draft booklet was sent to our Medical Illustrations team and is now back for final editing.
	Q3: Kōrero launched.		
Continue to use data/intelligence systems to monitor the 62-day and 31-day wait times for access to treatment. Participate in the clinically-led regional Lung Cancer Pathway review to identify opportunities to reduce process delays, ensure equity of access, and improve the experience of people in our Respiratory service. (EOA)	Quarterly: Monitoring (by ethnicity) of cancer wait times, analysis of any cases outside of time frames and action to address emergent issues.	✓	Monitoring and analysis of cancer wait time breaches occurs for all patients. Specific ethnicity-based analysis occurs for specific projects such as urology wait times.
	Q4: Identified opportunities from the Regional Lung Cancer Pathway review shared across services.		
Support the Haematology Department to take a lead on improving cultural awareness across cancer services, as part of the DHB's commitment to improving equity and the experience of Māori in our services. (EOA)	Q1: Review of the integration of cultural competency standards into DHB policy around the return or disposal of tissue complete.	✗	This work was delayed at the end of 2019 as resources were directed towards other projects. A commitment has been made to re-ignite this project from 10 February 2020. This process will involve new documentation, protocol change and training across services.
	Q4: Initiatives to support increased use of Te Reo Māori implemented across Haematology.		

Informed by the 2018 national Bowel Cancer Quality Improvement Report, appoint a Project Manager to lead the DHB's preparation for initiating the bowel cancer screening programme.	Q1: Bowel Cancer Project Manager in place.	✓	A bowel cancer project manager has been appointed and is in place.
	Ongoing: Development of an implementation and improvement plan for bowel cancer care.	↺	Development of a bowel cancer improvement plan is ongoing.
Work with the Ministry to develop a national Cancer Plan and deliver on the local actions identify within the Plan.	Ongoing: Development of a local action plan once the national Cancer Plan is developed.	↺	The national cancer development plan has been reviewed and feedback provided to the Ministry.

Key Performance Measures	**Total Result**	**Comments**
90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.	96%	
85% of patients receive their first cancer treatment (or other management) within 31 days of the decision-to-treat.	91%	

Bowel Screening

Status Report for 2019/20

Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Create capacity across colonoscopy services to reduce current wait times (in preparation for the rollout of the national Bowel Screening Programme) by developing a production plan, using trend and service forecasts to establish current and future demand and identifying opportunities for service enhancement.	Q1. Service utilisation data and forecasts reviewed.	✓	Service utilisation and forecast work has been completed and fed into screening production plan. This plan has been reviewed but remains a working document.
	Q1: Production plan completed.	✓	
Monitor colonoscopy wait times to identify and respond to capacity issues.	Q2-Q4: Progress against production plan and waiting times tracked to mitigate risk.	✓	Production plan has been reviewed. Workflow is being tracked weekly. Recovery plan send to the Ministry of Health.
Assess current outsourced/outplaced colonoscopy procedures against the service forecasts and production plan, to identify if further outsourcing is required and to understand capacity available if required.	Q2: Stocktake of outsourcing completed.	✓	Work has been completed to assess the outsourced workload. Outsourcing is tracking in line with production plan expectations.
Seek support from the Southern Regional Network and Population Health & Access SLA to raise awareness across general practice and support GP teams to provide information and support to patients.	Q3: Further strategies for supporting the rollout of the screening programme identified.		
Engage with the Māori and Pacific Health Provider Collective (Maui) to raise awareness of the start of the National Bowel Screening Programme in Canterbury and connect with hard to reach populations. (EOA)	Q2:Q4: Regional input is captured to support development of a successful Bowel Screening implementation plan.	✓	Regional support has been provided and utilised to support the implementation process for NBSP.
Work regionally with South Island DHB colleagues to capture Bowel Screening rollout lessons learned and successful implementation strategies that can be implemented in Canterbury in 2020.			
Progressively work toward increasing capacity to support delivery of the National Bowel Screening Programme - beginning screening in May 2020.	Q2: Draft production plan distributed.	✓	The production plan has been distributed and is being monitored weekly.
Review the colonoscopy production plan to prepare for increased demand as the screening goes live.	Q4: Increased SMO capacity in place to meet procedural requirements.		

Key Performance Measures	**Result**	**Comments**
90% of people accepted for an urgent diagnostic colonoscopy wait no more than 14 calendar days, 100% wait no more than 30 days.	88%	In December two people have waited more than 30 days.
National Bowel Screening Programme commenced.	Q4	

Workforce – Workforce Diversity

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish the Tō Tātou Ora (Our Health) Programme to deliver on the vision outlined in the Occupational Health Service Review and support the improved health and wellbeing of our people. Develop pathways and resources to create a better understanding of what people can do to stay and get well and key roles and responsibilities regarding fitness to work, return to work, or transition from work.	Q1: Sick Leave Task Force established.	✓	The Leave Care programme has been established to improve our management of annual and sick leave. Tools and guidance for both planned and unplanned absences have been released. The initial draft processes for illness and non-work ACC case management are undergoing consultation.
	Q2:Q4: New service established to effectively manage illness-related absences.	↺	
Establish and develop the Diversity, Inclusion & Belonging programme (aligned with the People Strategy: Care Starts Here) to build a culture that encourages and welcomes diverse groups of all cultures, genders and race, enrich the organisation with different viewpoints and attract and retain the best talent available. (EOA)	Q1: Programme implementation plan created and key stakeholder groups agreed.	✓	Programme established with key focus on raising awareness on why diversity matters, improving diversity data collection, and increasing representation of Maori, Pasifika, and people who live with disabilities.
	Q2: Rainbow Tick accreditation programme launched.	✓	
Work in tandem with the West Coast DHB to support and encourage greater participation of Māori in our health workforce and build on the learnings from the joint workshops held in 2018/19. (EOA)	Q3: Targeted attraction and recruitment programme for Māori workforce developed.		Initiatives are in development with key focus on advancing applicants who identify as Māori and meet all core competencies to the interview stage. Recruitment policy in development which will support targeted initiatives for Māori workforce recruitment.
	Q4: Targeted attraction and recruitment programme for Māori workforce launched.		
Continue to develop the rural nursing workforce with investment in a Rural Nurse Specialist development pathway and ongoing recruitment, training and development of nurse practitioners. Review Canterbury's current allocation for Nurse Practitioner professional development to identify opportunities to ensure resources offered are consistent with continuing competence requirements and enable access to forums that promote professional contributions to quality care and ongoing improvement.	Q1: Regional discussions instigated to explore opportunities for standardisation of a professional development package.	✓	Transalpine (CDHB & WCDHB) review currently in progress relating to allocation for Nurse Practitioner professional development hours and funding across the regions. The next phase will include the formulation of a South Island regional working group to review the current professional development allocation for Nurse Practitioners across the region. The group will provide regional recommendations for a standardised Nurse Practitioner Professional development package.
	Q3: Review of current allocation complete with recommendations for improvements made to executive team.		
	Q4: New Nurse Practitioner professional development package finalised and implemented.		
Expand and promote the Essentials of Leadership and Management programme (aligned with the People Strategy: Everyone Enabled to Lead) to lift the capability of clinical and operational leaders through anytime, anywhere learning.	Q1: Our Learning Pathways launched in conjunction with a refreshed user experience via online resources.	✓	Further updates have been made to the helmleaders.org website, with all 12 User Stories deployed and previous content updated to maintain alignment. We are progressing a consistent approach to evaluation which has been included in all new content to better monitor the success of each deployment.
	Q2: Delivery of 12 'User Stories' to the organisation, which include feedback and evaluation processes for learners.	✓	
	Q3: A reviewed roadmap document for 2020 published for stakeholder engagement.	✓	
	Q4: Delivery of a further 12 'User Stories'.		

Key Performance Measures	Result	Comments
Māori workforce closer aligned to the proportion of Māori in the population – base 2.8%.	3.5%	To December 2019.
An increase in engagement through the electronic direct mail channel measuring the number of opens vs. 'clicks/taps' from 68% and 17%.	Opens: 57.4%	The number of people using the electronic direct mail fell by more than 10% in quarter two across both measures. People and Capability is

	Clicks: 7.73 %	currently reviewing its communication strategy to increase engagement with the target audience.
>12% completion rate for learning modules.	Q4	In quarter two 349 individuals completed online learning and 126 attended face-to-face with respect to the 'essentials of leadership and management'.
Rainbow Tick accreditation achieved.	Q4	

Workforce - Health Literacy

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Conduct a collaborative health literacy review to assist in the formulation of a formal Health Literacy Action Plan, with the intent that health literacy improvements and resources are developed in collaboration with the people/communities for whom the improvement or resource is aimed to benefit. (EOA)	Q2: Health Literacy Review scoped, and team is formed to undertake the Review.	↺	The Population Health and Access SLA has had discussions on which elements to include in a health literacy review. It has followed the progress of a gender affirming care working group. This group, a partnership between the trans/non-binary community with clinicians and service designers, advised on the development of the Canterbury gender affirming care HealthPathways and HealthInfo pages. The group also contributed to the design of training for clinicians.
	Q4: Health Literacy Review complete and recommendations made to inform a Health Literacy Action Plan.		
Review the accessibility of Interpreter Services across the Canterbury health system, to address gaps and implement best practice guidelines. (EOA)	Q3: Best practice guidelines developed.		
	Q4: Review complete and used to guide development and improvement of services.		

Delivery of Regional Service Plan (RSP) Priorities

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Capture the range of Dementia Services available and build a map of services to support people with dementia, their partners and families. Using the stocktake and in line with the national NZ Framework for Dementia Care, identify priorities to address service gaps and improve the experience of people with dementia and their families. Engage with primary, community and aged care partners to develop strategic and service responses that support earlier diagnosis and referral to services and improve access to support for those caring for people with dementia.	Q1: Stocktake of Dementia services in Canterbury complete.	✓	The dementia stocktake is now complete. A dementia map has been drafted and is currently being finalised with input from our Dementia Stakeholders group. Three focus areas have been identified: Work with Community and Public Health on Dementia prevention information; Work with PHOs on education around the benefits of early dementia diagnosis; Investigating the possibility of a Dementia Specialist Nurse who will work with primary care on diagnosis and early care planning.
	Q2: Dementia Map for service users developed.	↺	
	Q2: Priority focus areas identified and response underway.	✓	
	Q2: Dementia education session delivered to primary care.	✓	
	Q3:Q4: Report on progress implementing the NZ Framework.		

Take the lead in the regional Hepatitis C work stream to support implementation of an integrated approach to the screening, treatment and management of Hepatitis C. Develop/deliver against a local action plan, aligned with Regional Plan, which ensures at-risk and 'treatment naïve' populations are reached. (EOA) Engage with primary care partners to support them to provide the majority of treatment services for individuals with Hepatitis C.	Q1: Regional Hepatitis C work plan is agreed.	✓	The local action plan is in progress. We are refining a set of equity outcomes and have a meeting with relevant DHB stakeholders in January help provide some guidance around this. Work on the local Health Pathways has been completed.
	Q2: Local Action Plan is developed.	↺	
	Q2: Local HealthPathway aligned to national guidelines.	✓	
	Q3:Q4: Report on progress against the regional Hepatitis C work plan.		

Key Performance Measures	Result	Comments
Q4: Each GP practice with known Hep C+ patients has active engagement with a secondary care community clinic nurse.	Q4	

Better population health outcomes supported by primary care

Primary Health Care Integration

L E E C

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the CCN District Alliance as a mechanism for leading service and system improvements in Canterbury and support increase connectively between the CCN and other local and regional alliances to capture learnings and enhance programme development.	Quarterly: Monitoring of system performance (against Canterbury's Outcome Framework) and progress against the CCN Alliance work plans.	✓	Progress against work plans is monitored by the CCN Alliance Leadership Team and progress is on track against key actions.
	Q3: Options for increased consumer engagement identified and trialled.		
	Q4: Opportunity for increased connectivity and alignment between the Health Precinct Advisory Council and the CCN formalised.		
Refresh and refine the SLM Improvement Plan, agreeing collective activity to improve performance in 2019/20 with a deliberate focus on closing health equity gaps. (EOA)	Q1: Refreshed SLM Improvement Plan agreed and available on the DHB and CCN website.	✓	2019/20 SLM Improvement Plan completed has been approved by the Ministry and available on the DHB website.
Through the Rural Service Level Alliance, continue to support the Rural Sustainability Programme, to develop resilient rural primary care services and support equitable access to services for our rural communities. (EOA)	Refer to Rural Health Action Table.	↺	Refer to relevant section.
Trial a new model of mental health service delivery, with a dedicated resource working in general practice, to support an immediate response to people's mental health needs. (EOA)	Refer to Population Mental Health Action Table.	✓	A health improvement practitioner is now in place in an Ashburton General Practice.
Invest in initiatives that support improved access to primary care services for high needs patients, to support improved health and wellbeing. (EOA)	Q1: Low cost access to general practice enabled for people on release from a corrections facility or deported from Australia.	✓	This pathway has been updated to include deportees.

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
>95% of the population are enrolled with general practice.	87%	108%	93%	
Reduction in the equity gap that exists for ASH (avoidable hospital admission) rates between Canterbury's Pacific and Total 0-4-year-old populations.	7,670	13,095	5,645	The equity gap between Pacific and Total populations increased, between Sept 2018 and Sept 2019, by 844 per 100,000 population. This reflects an increase of 10 events between the two periods.

Reduction in the equity gap that exists in the Acute Hospital Bed Day rate for Canterbury's Māori, Pacific and Total populations.	435	547	382	The equity gap between the Māori and total population remained unchanged, between June 2018 and June 2019. The gap between Pacific and total population decreased by 151 per 1,000 bed days.

Pharmacy

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in the national review of the Integrated Community Pharmacy Services Agreement (ICPSA), to better support the role of pharmacists in the integrated health care team.	Q4: Offer and explain the revised national ICPSA agreement to pharmacies, including the opportunity to improve integration of local services.		
Continue to invest in pharmacist-led services and improve access to pharmacist advice and support, to reduce harm from medications use, with a focus on people with chronic conditions and on multiple or high- risk medications. (EOA) *Māori and Pacific populations suffer from chronic conditions more than other groups and prevalence increases with age.*	Quarterly: Monitoring of the delivery of Medicines Use Review (MUR) and Medicines Therapy Assessments (MTA) by community pharmacists.	✓	Pharmacists are delivering MURs to around 95 patients a month and MTAs to around 12 patients a month. Performance is regularly monitored by the Pharmacy Service Level Alliance.
	Q4: Guides released to pharmacists and general practice, to support medicines reconciliation.		
	Q4: Patient feedback on delivery of medication reviews on Marae used to inform service review.		
Pilot a new integrated approach to the provision of Opioid Substitution Treatment that enhances the role of pharmacy as part of the health care team, to improve the management of treatment. (EOA)	Q2: Pilot underway in three pharmacies.	↺	Ministry support has been confirmed for using the Medi-map tool to generate OST scripts. The pilot is now expected to begin in quarter three.
	Q4: Pilot evaluation report completed.		
Work with PHO and pharmacy leads to identify local strategies to support an integrated approach to improving influenza vaccination rates, with a focus on older people and Māori and Pacific, as high need groups. (EOA)	Q1: Current influenza vaccination rates reviewed for equity gaps and areas of improvement.	✓	Maori and Pacific have again been identified as an area of focus of the 2020 Flu season. The Immunisation Advisory Group will lead the planning around this and includes representation from Maori and Primary Care.
	Q3: Plan for 2019/20 season developed.		
	Q4: Promotion of free flu vaccinations from general practice and community pharmacies.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
>1,000 people receive a Medicines Use Review (MUR).	24	13	489	On track to meet target
>200 people receive a Medicines Therapy Assessments (MTA).	10	1	117	
Fewer people (65+) dispensed 11+ long term medications. Baseline set. Baseline 2017, 4.0%.	Q4	Q4	Q4	
75% of the population 65+ receive a free influenza vaccination.	42%	52%	64%	There has been a slight improvement in both total and Maori rates this year with Pacific, remaining the same. Overall there were 2,909 more immunisations in 2019 compared with the previous year however this has been offset by an increase in 65+ population of more than 3,000 people.

Diabetes and other long-term conditions

Status Report for 2019/20

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to promote and support healthy food and 'water only' policies and messaging in priority settings (schools, sports clubs, and marae), to strengthen awareness around risk factors for diabetes, cardiovascular disease and other long-term conditions.	Ongoing: Professional development sessions provided in school settings to support messaging.	✓	Schools who have identified nutrition and 'water-only' as priorities are being supported to have professional development.
	Q4: Increased number of priority settings engaged in 'water only' promotion.		
Continue to invest in Motivating Conversation Training, to support general practice to engage people in difficult conversations about risk behaviours and taking greater responsibility for their own health and wellbeing.	Quarterly: Monitoring (by ethnicity) of access to Green Prescriptions.	✓	In quarter two there were 1,432 Green Prescription referrals with 14.7% of referrals for Māori. The Alcohol Harm element has been designed and is now being taught by the Motivating Conversations team.
	Q3: Motivating Conversation Training extended to incorporate alcohol.	✓	
Maintain an integrated approach to the prevention of diabetes, with active oversight from the CCN Alliance Integrated Diabetes Services Development Group.	Six Monthly: Monitoring of diabetes service performance data to improve equitable service provision and inform quality improvement.	✓	Diabetes results are reviewed regularly to inform service provision and quality improvement. Data is provided to the Integrated Diabetes Services Development Group, PHOs and general practices.
Progress the redesign of the diabetes patient education model, to improve engagement with services and increase health literacy of high-need Pacific populations. (EOA)	Q1: Diabetes Education Quality & Monitoring Working Group in place.	✓	A new model of community education has been developed and agreed. Contracting and implementation is now underway.
	Q2: Revised education model agreed.	✓	
Further integrate the diabetes nursing workforce, to support service delivery closer to communities of need, and establish pathways to improve equity of access (regardless of the complexity of people's diabetes).(EOA)	Q2: Workshop held to develop roadmap.	✓	A workshop has been held to develop a workplan integrating Diabetes Nursing services.
	Q4: Implementation plan for the reorientation of diabetes services completed and approved.		
Pursue opportunities to increase access to dietetic and nutrition services in the community and seek to align the workforce to the location of service delivery.	Q3: Opportunities identified to reduce barriers to access, particularly for high need population groups.		
Establish an integrated approach to the prevention and management of cardiovascular disease (CVD) and the introduction of the new national guidelines for CVD Risk Assessment and Management in Primary Care. (EOA)	Ongoing: Monitoring of CVD risk assessment rates and targeted support to practices with lower rates.	✓	A joint DHB/PHO CVD Improvement Plan for Canterbury was approved by the Ministry of Health and is being implemented. The national algorithm for determining CVD risk has not yet been provided by the Ministry. The Ministry have confirmed that input from a yet to be established sector reference (expert advisory) group is to take place in 2020.
	Q1: Joint CVD Improvement Plan approved.	✓	
	Q2: Education/training provided on new algorithm.	↺	
	Q3: Joint messaging delivered on the importance of delivering and taking up CVD Risk Assessments.		

Key Performance Measures	Maori Result	Pacific Result	Total Result	Comments
>100 people engage in Motivational Conversations training.			80	
>3,000 people provided with a Green Prescription (for support with additional physical activity).	375	88	2,599	14.4% of referrals to date have been for Maori and 3.3% for Pacific.
90% of the population identified with diabetes have an annual HbA1c test.	89%	88%	89%	A new model of community-based education has been agreed and approved. Monitoring and quality improvement will be part of the implementation plan.
>75% of the population identified with diabetes (having an HbA1c test) have good or acceptable glycaemic control (HbA1c <64 mmol/mol).	55%	49%	62%	

INFLUENZA PLANS FOR 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Greg Hamilton, Team Leader Intelligence & Transformation, Planning & Funding**

APPROVED BY: **Carolyn Gullery, Executive Director, Planning Funding & Decision Support**

DATE: **5 March 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

At the request of the Committee this report has been prepared regarding options for the 2020 Influenza Vaccine.

2. RECOMMENDATION

That the Committee:

i. notes the report.
ii. notes the potential impact of COVID-19.
iii. notes the priorities of the population-wide influenza vaccination campaign.

3. DISCUSSION

Acute hospital bed capacity across our health system will come under significant pressure this winter and a number of winter planning strategies are being prepared. In 2019 influenza impacted the system early in winter with both primary care (Figure 1) and hospital services (Figures 2 and 3) impacted at higher levels not reached since 2009 and 2012.

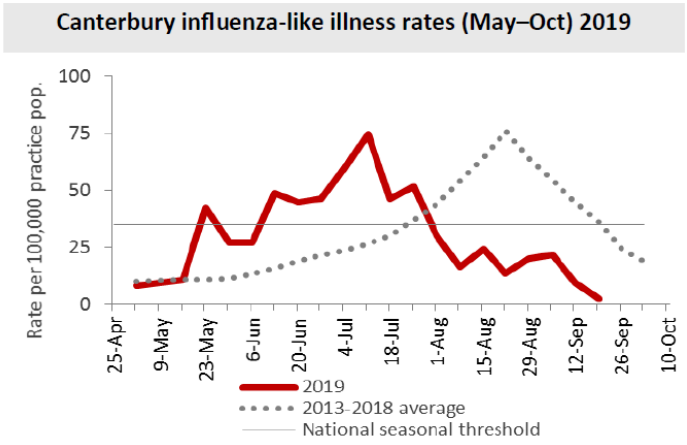


Figure 1: General Practice reported influenza-like illness

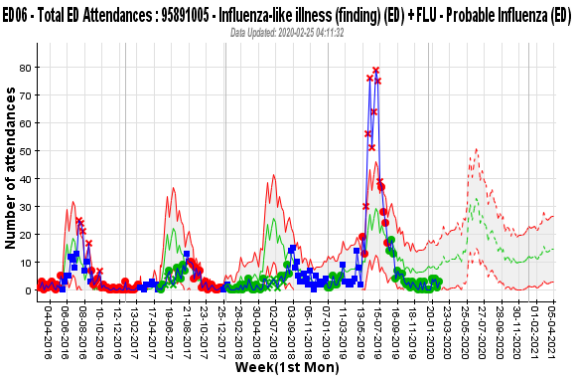


Figure 2: ED probable influenza

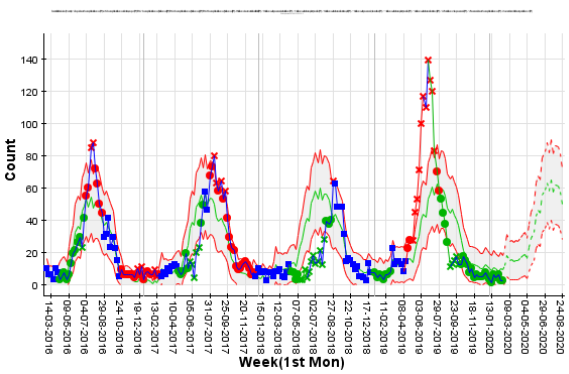


Figure 3: Influenza admissions

Extending Influenza Vaccination

In the post-quake years of 2011 to 2014 we implemented an influenza immunisation programme for children and adolescents to reduce the impact of 'flu on our hospitals' (see Appendix 1). It was not possible to achieve sufficient coverage (between 19% and 33% using general practice and school-based models of delivery) to gain a population impact, partially due to there being lower influenza incidence in these years. It is not recommended that Canterbury pursues a population-wide influenza campaign this year. Our influenza programme will continue to target high rates of vaccination across older people and those with medical conditions that benefit from individual protection from influenza.

Once again, there is a focus on Maori and Pacific vaccination rates with culturally appropriate communication channels and content.

This year will also have a focus on specific groups:

- Vaccinating eligible children:
  - working with general practice team to identify the children who are eligible and encourage vaccinations.
  - working with the Children's Acute Assessment unit to give parents a voucher for any eligible children or to encourage them to vaccinate children while in hospital.
- Vaccinating pregnant women:
  - providing 'flu information' through Outpatient contact with pregnant women.
  - messaging Lead Maternity Carers about the importance of this vaccination.

The influenza vaccination programme will commence on 1 April again this year. While this is expected by general practice teams, there may be capacity issues in general practice to achieve high rates because of the catch-up MMR (mumps, measles and rubella) programme for 15-29 year olds and 30-50 year olds which commences on 1 May with approximately 170,000 people potentially eligible.

COVID-19 (Coronavirus)

This paper does not cover the extensive planning underway for COVID-19 across the Canterbury health system. However, influenza plans will need to consider the possibility of impacts of a COVID-19 pandemic which may have a significant effect on our health system and community.

TRANSALPINE STRATEGIC DISABILITY ACTION PLAN REFRESH UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

STEP UP PROGRAMME UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Kathy O'Neill, Team Leader, Planning and Funding**

APPROVED BY: **Carolyn Gullery, Executive Director, Planning, Funding & Decision Support**

DATE: **5 March 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is written as an update on the Step Update Service, which was made to the Disability Support Advisory Committee in 2017, May 2018 and March 2019.

2. RECOMMENDATION

That the Committee:

i. notes the Step Up Programme update.

3. SUMMARY

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

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

From 1 November 2018 the programme moved into a Trial with increased capacity, broadened eligibility criteria and increased flexibility to respond to individual needs. The target increased from 40 to 200 clients and all Christchurch City practices were asked to participate. Clinicians valued the service and participating clients reported increased levels of wellbeing that far exceed the off-benefit outcomes.

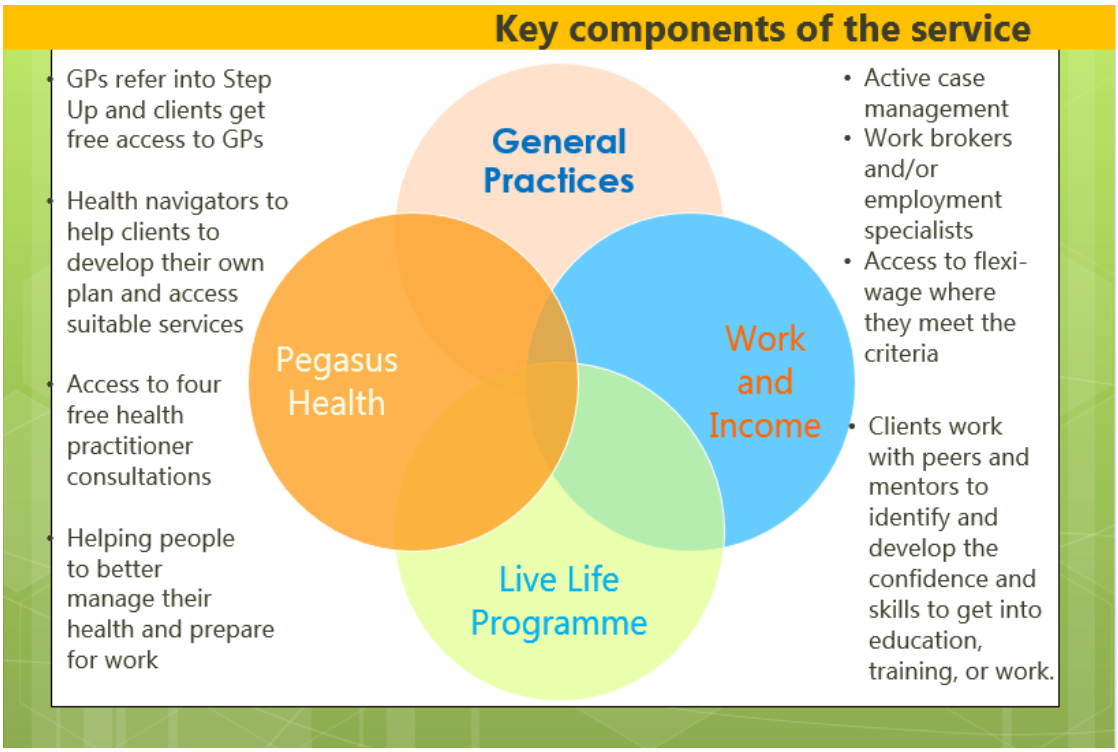
As of the 31st October 2019, client registrations were lower than expected due to the unforeseen pressures on general practice due to the measles outbreak, events of March 15th and an unprecedented busy flu season.

Up until the 1st November 2019 the Canterbury DHB contracted Pegasus Health to provide this programme. 6 health navigators and a team leader support the programme and engage with clients. The service provides extensive support for a period of 16-20 weeks by facilitating access to health, social and employment supports. Beyond the intensive phase clients can continue to receive support for up to 12 months including on the job support once employment is found.

The Step Up model requires general practice to identify potential clients for Step Up at the time of renewing a medical certificate for a health deferral and a client's readiness for seeking employment.

If the client consents the health professional refers to Pegasus and a health navigator is assigned. Engagement in the service entitles the client to up to 3 free consultations within general practice to enable any underlying health condition to be addressed. As 75% of Step Up clients have mental health issues and most have complex social issues the navigators work holistically to support the clients to work through these challenges. They maintain a close connection with Work and Income and can attend case management meetings with the client.

Another important component of the Step Up Service is delivered by The Volunteer Army, this was a Canterbury DHB contract for the delivery of the Live Life Programme. Previously Mycare, a restructure moved the service under the umbrella of the Volunteer Army. The programme is designed for 18 -35-year olds. The Live Life Programme works with Step Up clients to build their confidence, overcome their barriers and foster a supportive community, by providing community work opportunities to improve their employability skills. A unique feature of the programme is inter-generational mentoring, where clients build strong positive relationships with their mentors which go beyond the period of the programme.



At 31 October 2019 there was 160 enrolled in the Step Up service. From the data collected through the prototype and trial periods, Maori are over represented in the programme at 21% of the total enrolled in the programme as are Pacific people at 8%.
An evaluation of the Step Up Trial is currently being reviewed by MSD this was under taken by an independent provider in collaboration with the Canterbury DHB, Pegasus Health and Live Life staff. The outcome of the work hopes to help key stakeholders understand how the trial is working in practice and how it is contributing to client outcomes. The evaluation will also help determine the future viability of the trial as an ongoing service in Canterbury and rollout across New Zealand.

4. DISCUSSION

At the end of October 2019 MSD commenced negotiations directly with Pegasus Health with the purpose of contracting directly with the provider, they signalled to the Canterbury DHB that they

would not be renewing the Canterbury DHB contract. Planning and Funding signalled an exit of contract to Pegasus and initiated conversations to transition. Additional funding was negotiated to ensure the Live Life Programme could maintain their services for an additional 4 months to 31 January 2020. This was to ensure clients in the service would be supported through the Christmas period and be able to complete all components of the course. MSD have chosen not to continue with this component of the service.

The Canterbury DHB still holds a contract with MSD to the end of October 2020 to enable us to claim outcome payments for the clients enrolled prior to the 31st October 2019 who remain in the programme. However, we are no longer responsible for the delivery of client services. All other expenditure for the programme is covered within the contract between MSD and Pegasus.

Moving to working directly with providers was signalled by MSD as a national approach.

In the Trial period 31 Oct 2018 – 31 Oct 2019 366 people were referred to Step Up, 160 went on to enrol in the Step Up Trial. Of those enrolled 12 increased work capacity and 5 entered 91 day of employment (30 hours or more per week)/training or an education placement. Planning & Funding continues to receive updates from the programme. Outcomes for people entered into the programme up until the 31 October 2019 continue to be reported to Planning & Funding by MSD and revenue is collected on outcomes within the 12-month enrolment period (31 October 2020). We expect outcomes to improve as the majority of clients enrolled during the July to October quarter.

During the transition there was no change in service delivery for clients, General Practice was still able to refer, and the momentum created continued with an increase in referrals to the programme. Although Planning & Funding have no further involvement in the service directly we maintain an interest as a collaborative partner.

5. CONCLUSION

The Canterbury DHB are pleased that this service continues to be available in Canterbury and is recognised both locally and nationally for its value in supporting people to overcome both social and health issues. We also acknowledge that MSD continues to recognise the value of a cross sector approach and is collaboratively working within our health system.

CDHB WORKFORCE UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

SOURCE: **Maureen Love, Strategic Partner, People and Capability**

APPROVED BY: **Michael Frampton, Chief People Officer**

DATE: **5 March 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the Canterbury Workforce Update.

3. DISCUSSION

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

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

Diversity, Inclusion and Belonging

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

Recent Progress

- We have hosted BE (a disability service provider) and MSD to further develop the Be.Employed initiative which will specifically focus on increasing the number of disabled people who work for CDHB. A lunch and learn is to be hosted by People and Capability and BE at which a number of managers who have regularly occurring vacancies that could be suitable for BE candidates will be introduced to the initiative.
- We have for the first time been collecting disability status based on a definition in line with the Washington Group question recommendations. We have had 6,414 of our people complete the disability question, of which 224 (3.5%) have identified as living with a disability. Previous reporting methods recorded only 20 people as identifying as living with a

disability, demonstrating a marked improvement on how we understand the diversity of our people.

- A partnership with University of Canterbury has been scoped to research our manager's view towards employing people with disabilities. This data will be collected mid 2020 with a report produced later this year that will inform our learning and development and other efforts.
- The Accessibility Information working group is established which will inform some learning requirements.

Project SEARCH Programme

The first year of the Project SEARCH programme was celebrated with a graduation event at the Burwood Chapel on 3 December 2019. It was a fabulous event for the interns, their whanau and staff. Two of the interns were already confirmed as having jobs and two others had potential jobs one of which is now in place and the other is being worked through with employment expected to begin in early March. These results, less than three months after graduating, are a reflection of the significant difference a great skills development programme provides to young people who otherwise would be very unlikely to gain paid employment. The Graduation Booklet is attached (Appendix 1).

The second year of the programme held its welcome for eight new interns on 5 February 2020. There were to be nine interns but one withdrew prior to start date. All have learning disabilities. We also have two new Skills Trainers, one is employed by Riccarton High School as is the Tutor, and the other by CCS Disability Action reflecting the true partnership that is Project SEARCH.

The interns have a three week orientation including the CDHB Corporate orientation half day.

The experience of Project SEARCH as an enabler of employment for people with disabilities informed feedback to be provided in the current consultation part of the contribution made to feedback on the draft **Disability Employment** Action Plan.

Two draft research reports respectively from Dr Colin Gladstone and from the Collaborative Trust are due to be received by early March. Each report will address different aspects of the set up and operation of Project SEARCH in New Zealand. CDHB continues to be the only host employer.

4. APPENDICES

Appendix 1: Project SEARCH Graduation Booklet

Canterbury DHB
Project | SEARCH

Welcome

Project Search Class of 2019
Graduation

Tuesday 3 December – Graduation

Welcome by Ruru Hona

Waiata - T*e Aroha* [led by interns]

Opening by Michael Frampton, Canterbury DHB Chief People Officer

Overview of the year by Linda Leishman, Project SEARCH tutor| Intern reflections

Acknowledgements by Sally Nicholas, Operations Manager, Burwood

Presentation to interns by Dr John Wood, Canterbury DHB Board Chair

Closing by Tom Callanan, Canterbury DHB Disability Steering Committee

Refreshments

Canterbury DHB
Project | SEARCH

Waiata - Te Aroha

Te aroha
Te whakapono
Me te rangimarie
Tatou tatou e

Deanna Rogers

I am feeling proud of what I have achieved since being here in Christchurch for Project SEARCH at Burwood Hospital.

Project SEARCH has taught me really good skills about money, being responsible with our time management. How to look after ourselves with healthy routines and being a role model.

Things to change would be I need to write down everything I do in my book or on a document. Classroom is hot and cold and noisy.

I didn't expect this was going to give me a lot of learning of new things. School doesn't give young people with disabilities a chance to learn more about jobs.

I am proud of myself and accept who I am.

Jason Laurie

I have mixed feelings about the year with Project SEARCH. Each internship was different.

I have learnt to trust people I work with and I have learnt that I like routine at work.

Changes I would like to see would be to have less holidays because I like coming to work.

I have learnt that working can be fun.

I think I have grown up this year and other people think so too.

Emelia Guthrie

I am feeling great about myself

Project SEARCH has taught me how to think well and to work with different people

I would change things with having more people in the class

I was surprised that I have enjoyed this year so much

I am happy when I am coming to work

Hayley Butler

I am feeling excited about graduation because I have worked hard this year.

I have learnt that I can work hard and I like my work trial in Spinal.

I am happy around people and they like me.

They say I am a great person.

I have learnt not to be silly at work.

I have enjoyed Project SEARCH and there are no changes that I would make.

I am surprised that I didn't talk out loud to myself as much this year.

Everyone says I am an amazing person.

Everyone is proud of me.

Finn Lean-Massey

I am feeling OK and relaxed

I have learnt to push trolleys safely and work with people.

Project SEARCH taught me how to get a job

Nothing needs changing

I am surprised I liked doing my jobs in Stores, Administration and Mailroom

Ethan Hamilton-Currey

I am feeling marvellous

I have enjoyed working in the cafe and kitchen. Simon has been an awesome trainer. I was working my hardest to prove myself and I have been shown respect from my co-workers.

Simon taught me when it is appropriate to say things and take control of your actions. Plus when it is ok to have some fun and how to take stuff properly.

Changes would be having more fun, longer breaks and don’t be too strict and less paperwork.

I have surprised myself by becoming more focused and independent at work and being trusted like an equal.

Tor Poulter

I am feeling chilled and relaxed

I have learnt not to give my co-workers nicknames. How to do the jobs properly

I would have better air conditioner and longer coffee break. I liked doing the crutches at first then it got boring.

I took the trolley down to the day clinic. I didn't expect to do this on my own or how to clean the dishwasher properly

I liked when visitors came, it was interesting

Ricky Reeves

I am feeling thankful to the staff for inviting us into their workplace.

Project SEARCH has taught me that there is more to life than meets the eye. Working is a good thing to help people and share life experiences.

My attitude and self-esteem has grown through the year. I have a more positive outlook for my life.

Changes would be more internships for people who are blind. My suggestion would be to hire a fantastic Youtuber/Marketer for Project SEARCH.

I am surprised that no matter who you are you can still find work. When I was at school, I had trouble making friends. Being part of Project SEARCH I have made lots of friends not just interns but with staff in the hospital.

We were all nervous at the start of the year but we all have grown together.


Thank You for your support
kia mihi ki nga tangata katoa

WORKPLAN FOR CPH&DSAC 2020 *(WORKING DOCUMENT)*

	5 March 2020	7 May 2020	2 July 2020	3 September 2020	5 November 2020
Standing Items	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes	Interest Register Confirmation of Minutes
Standard Monitoring Reports	Community and Public Health Update Report Planning and Funding Update Report – Q2	Community and Public Health Update Report Planning and Funding Update Report – Q3 Maori and Pacific Health Progress Report	Community and Public Health Update Report	Community and Public Health Update Report Planning and Funding Update Report – Q4	Community and Public Health Update Report Planning and Funding Update Report -Q1 Maori and Pacific Health Progress Report
Planned Items	Health In All Policies (*HIAP*) Coronavirus 2020 Influenza Vaccine Campaign Transalpine Strategic Disability Action Plan Refresh Update Step-Up Programme Update CDHB Workforce Update	All Right? / He Waka Ora CALD - availability & accessibility of health information in community Transalpine Strategic Disability Action Plan Refresh Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group Update Accessible Information Update	First 1,000 Days – development of South Island Plan Child Health Wellbeing & Disability CDHB Workforce Update Project Search	Community & Public Health Update – Disability Sector	Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group Update Accessible Information Update CDHB Workforce Update
Governance and Secretariat Issues	Draft 2020 Workplan Terms of Reference Review				
Information only items	Disability Steering Group Minutes CCN Q2 2019/20	CPH&DSAC Terms of Reference – Amended Disability Steering Group Minutes 2020 Workplan	CCN Q3 2019/20 Disability Steering Group Minutes 2020 Workplan	Disability Steering Group Minutes CCN Q4 2019/20 CPH End of Year Report to MoH 2021 Meeting Schedule 2020 Workplan	Disability Steering Group Minutes 2020 Workplan

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 25th October 2019 Canterbury DHB Disability Steering Group (DSG)

Attendees: Gordon Boxall (Chair), Jacqui Lunday Johnstone, Kathy O'Neill, Allison Nichols-Dunsmuir, Jane Hughes, Kay Boone, Catherine Swan, George Schwass, Dave Nicholl, Susan Wood, Mick O'Donnell, Paul Barclay, Waikura McGregor, Rose Laing, Thomas Callanan, Lara Williams (Administrator)

Guests: Adele Wilkinson, CEO of MHERC

Apologies: Simon Templeton, Hans Wouters, Kathryn Jones, Tyler Brummer, Sekisipia Tangi, Maureen Love, Ngaire Button,

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Karakia provided by Waikura. A moment's silence was offered to recognise the recent loss of Seki's brother Welcome to Adele Wilkinson of Mental Health Education and Resource Centre (MHERC).	
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Minutes passed as correct. Action points update: Welcome to Rose Laing who has joined as CCN Representative. Rose is the GP Liaison for CCN. GP at Cashmere Health, previously GP in Woolston and Salisbury Street. Clinical lead for two of the shared care plans available in Canterbury. Lived experience with arthritis.	
3.	Mental Health Education Resource Centre – presentation and discussion on their expansion into the wider disability focused space	Adele Wilkinson, CEO of MHERC presented resources to show their broadened scope to include disability. Thomas fed back that CCS Disability Action have accessed their services for dual referral clients (disability and mental health) with good outcomes MHERC are able to tailor projects to respond quickly to events such as support needed following March 15. The catalogue circulated details that providers can access subsidised training rates. Please enquire when booking.	**Action points for Adele–** Adele to talk to HealthInfo, about resources being available via HI. Also Adele can approach Community & Public Health regarding their Community Health

		Discussion about name change to include their increasing provision of wellbeing and disability related education. Written resources are available, including in PDF form so they can be printed off. MHERC are aware that some resources should be translated into different disability formats. Paul added that the Blind Foundation has recently changed their name to Blind and Low Vision NZ now encompasses low vision clients. Allison asked about resources on the website. Adele confirmed MHERC are happy to provide PDF's for providers to print themselves.	Information Centre resources which are widely distributed to GPs and NGOs Also Adele can access disability providers via NZDSN Henrietta Tripp
4.	Child Development Services –South Island Service Plan update	Jacqui reported the South Island proposal has been accepted. FTE of 30 South Island, 12 for CDHB. This is a 4 year funding model. Thanks given to Kay and her team with the three week proposal turnaround. The panel gave positive feedback for innovation funding to supplement existing teams, digital enhancement, using an equity lens to focus on vulnerable groups. One submission not accepted was self-directed learning packages for new graduates. Panel was pleased with Project Search. Discussion on capacity to meet needs, challenges of forecasting, the possible engagement with the Mana Ake model to upskill workers to work with children, cultural competency to support work on equity.	
5.	Accessible Information – Progress against Objective 10 of the Disability Action Plan	The DAP includes an action point specifically Accessible Information. There has been an initial meeting and this will form the basis of the working group to start the process on how this is progressed. Kathy is presenting a paper to DSAC 31 October and the group will provide regular feedback to DSG.	**Action point -** Kathy to email Susan Wood re a Quality team member for the working group. **Action point** Group members can contact Kathy with other ideas for who can contribute to the Accessible Information work
6.	Membership Update	Gordon and Kathy updated the group that interviews have been held and recommendations made. Final membership and Chair decisions rest with Jacqui.	**Action point** – Kathy to meet with Jacqui regarding final appointments.

		The additional Maori Representative has yet to be endorsed by mana whenua. We are fortunate to have applicants that have lived experience and provider experience. It is a reflection of the DSG's credibility that applicants have applied from across the community. In line with the Terms of Reference, it is recommended from DSG to have mental health, CALD and Learning Disability representation. This needs to be presented to Jacqui as there are resource implications with member payment.	
7	System Transformation – National Update	Tom advised that changes have been made so there is a Governance Group led by disabled people. Waikura complemented that it follows the approach taken in the Whanau Ora System transformation group. Gordon updated that there are new recruitments in the Ministry of Health, relationship building is occurring. There have been a couple of meetings. Ministers are listening. Whanau Ora approach sits with EGL principles. There is alignment with the Treaty of Waitangi. Gordon suggested for James Poskitt, Programme Lead, System Transformation Disability, Ministry of Health, to be invited to a future meeting	**Action point** – James to be invited once next year's schedule of meetings have been finalised.
8.	General Business Accessibility Working Group Update	Meeting earlier in the day included a Site Development Rep at their meeting. A summary report and recommendations will go to EMT in the new year. There is progress with access to 32 Oxford Terrace, the cross bracing at the entrance is non-compliant despite being granted building consent. The CDHB had a request for a changing room for people who require carer assistance, an adult changing table, etc. Short term solutions are being developed at Outpatients, Burwood and Hagley. Long term, actual Changing Places need to be considered (they are in the Australasian Health Facility Guidelines). Discussion on mobility toilets at Hagley and 3d interactive map being developed as part of wayfinding. Paper on dementia and Maori culture in the NZ Medical Journal. Allison will send to Lara to send to group. AWG presenting to DSAC 31 Oct	**Action point** – Allison to send dementia paper to Lara for circulation
9.	Anything that's different in a disabled person's life since we last met?	https://www.tvnz.co.nz/shows/i-am	

		Programme featuring lived experience and hospital experience as a Tetraplegic. Highly recommended by Allison (need to register with TVNZ On Demand. Mick reported positive feedback from RNZ enquiring about the second intake of Project Search. A good news story getting media coverage.	
10	Next Meeting	**Next meeting 22nd November 2019** **11-1pm, 32 Oxford Terrace** **Morning tea will be provided as last meeting of the year**	

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 22 November 2019 Canterbury DHB Disability Steering Group (DSG)

Attendees: Gordon Boxall (Chair), Jacqui Lunday Johnstone, Kathy O'Neill, Allison Nichols-Dunsmuir, Jane Hughes, Catherine Swan, George Schwass, Susan Wood, Mick O'Donnell, Paul Barclay, Kathryn Jones, Waikura McGregor, Maureen Love, Rose Laing, Tyler Brummer, Thomas Callanan, Lara Williams (Administrator)
Guests: none
Apologies: Hans Wouters, Dave Nicholl, Kay Boone, Simon Templeton, Ngaire Button, Sekisipia Tangi,

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Gordon welcomed the group and Waikura provided a karakia.	
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Action points from October meeting. Outstanding action point – Allison to send dementia paper to Lara to distribute No conflicts of interest. Minutes passed as correct.	
3.	Announcement of New Chair and Members	Welcome meeting taking place 6th December with new members. Members to update biographies.	**Action point –** Kathy to ask Mick about photos of new members. Individual or new team photo. **Action point** – Lara to circulate bio file for updating.
4.	People and Capability - update	Maureen and Tyler reported People & Capability progress on the two objectives identified in the Disability Action Plan. Thanks noted to the contribution and support of Burwood staff for Project Search. Tyler spoke of results to date of audit. Diversity data was gained via login window in staff Max system. CDHB staff have been encouraged to take leave over xmas and regularly, to help with wellbeing.	

	Agenda Item	Summary of Discussion	Action/Who
		Opportunity discussed for CDHB staff to identify and sponsor BE Leadership. Tom is a graduate of the BE programme. DSG remains available to support P&C in its diversity and inclusion work. The Board has noted the recent work positively.	**Action point -** P&C report circulated with minutes Report for Disability Steering G
5.	DSAC discussion -Health in All Policies Approach for Disability	Presentation focused on impact of health/disability sectors and non-health sectors in positive outcomes for disabled people. We need to always be mindful of barriers and their removal. CDHB is required to implement the UNCRPD, which is essentially a HiAP approach.	**Action point –** Allison's presentation circulated with minutes HiAPPublicHealthDSGNov2019.pdf
6.	Update: NZ Disability Action Plan released. Link here. https://www.odi.govt.nz/nz-disability-strategy/disability-action-plan-2/	Discussed DAP within a context of fiscal restraints. New Zealand Disability Support Network report highlights current shortcomings and concerns for future of System Transformation. NGOS sector particularly affected.	
7.	Feedback on Hillmorton Intellectual Disability services visit	Gordon, Kathy and Jacqui and C&PH representative met with Dianne, Senior Nurse at Hillmorton to discuss services including the impact of poor facilities. Current model of no capital investment is unacceptable. Gordon advocated for more collaboration across the sector, a focus on building capacity and capability within community based services and the development of specialist support/care consultancy and oversight by CDHB.	**Action point –** Kathy and Jacqui to meet and discuss the appropriate next steps.
8.	Accessibility Charter Working Group Update	Summary report for 2019 is being drafted. Final meeting of Group in December will focus on its content. Will then go to EMT in new year alongside with CDHB refreshed Disability Action Plan. ACWG will continue to work across the CDHB to progress plan in 2020. A key issue is filling the gap in technical expertise and lived experience for building projects, and on the ground accessibility advice to be proactive around accessibility.	

	Mobility Car Parking update	Support and positive feedback from Antigua Boatsheds and Curators House about the change to mobility carparks was noted. Mobility carparks are now permanent outside these cafes. Small investments = big gains. CCC have offered to change kerbs.	**Action point:** Mobility parking update.pdf
9.	Reflections from Gordon	Gordon fed back appreciation of member attendance and high quality work during his Chairpersonship. The DSG is an established and committed group, champions of disabled community. He is very pleased to pass the baton to Grant Cleland.	
10.	Anything that's different in a disabled person's life since we last met?	A DSG member reported a very positive experience at the 24 Hour Surgery over a recent holiday weekend. Reception, nursing and medical staff quickly recognised the particular needs for quick action to diagnose a tetraplegic, and agreed a plan that worked really well. Progress on the entrance way to 32 Oxford Terrace. The 32 Oxford Tce landlord has plans in place to put planter boxes that will direct people in the safe zone to prevent head injuries.	
	Next Meeting	**Next meeting 24 January 2020** **11am-1pm, 32 Oxford Terrace**	

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 24 January 2020 Canterbury DHB Disability Steering Group (DSG)

Attendees: Grant Cleland (Chair), Kathy O'Neill, Allison Nichols-Dunsmuir, Jane Hughes, Catherine Swan, Susan Wood, Mick O'Donnell, Paul Barclay, Waikura McGregor, Maureen Love, Rose Laing, Tyler Brummer, Thomas Callanan, Dave Nicholl, Kay Boone, Sekisipia Tangi, Joyce Stokell and interpreter, Dan Cresswell, Rāwā Karetai, Lemalu Lepou Suia Tuula, Lara Williams (Administrator). Shane McInroe and support person.
Apologies: Hans Wouters, Simon Templeton Jacqui Lunday Johnstone, George Schwass, Kathryn Jones

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Waikura provided a karakia. Request made to Waikura for a karakia for the group to learn.	**Action point:** Waikura to provide karakia to Kathy for circulation with agenda.
2.	Apologies to date, as above Previous minutes, matters arising and any conflicts of interest for today's agenda items	Action points from November meeting. No conflicts of interest for this meeting. Conflicts of interest register updated annually. If there are conflicts arising from monthly agenda items, this can be noted at each meeting. Minutes passed as correct.	**Action point:** Lara to circulate conflicts of interest register.
3.	Establishing/clarifying the expectations and roles for group members Reviewing the Terms Of Reference	Introductions made and welcome to new members. Expect minutes and agenda out the week before a meeting. Grant gave a purpose overview and encouraged members to link with	**Action point –** Members welcome to contact Grant or Kathy with any ideas or issues

	Agenda Item	Summary of Discussion	Action/Who
	Time for any questions particularly from new members	communities and bring issues to the table. Our key principles are in the Disability Action Plan. Note the need to not use acronyms in the meeting discussions. We have links with quarterly reporting: Jacqui to Executive Management Team (EMT) Thomas to Disability Support Advisory Committee (DSAC) Mick briefed the group on examples of how comms works: e.g. Coronavirus National Bowel Screening programme Heat warning, Cantabrians urged to keep cool and hydrated during scorching temperatures Website – making it easier to access info on website via subtitles and voice video Group photo taken by Medical Illustrations. Request for West Coast reps to be photographed.	they want to raise for future agendas **Action point –** Members welcome to contact Mick with any ideas they have re Comms **Action point –** Kathy to follow up about West Coast photo
4.	A brief overview of the Canterbury Health System	Kathy presented slides that describe the CDHB's approach to health services delivery, and changes over time. The presentation is attached to these minutes, however please do not circulate outside the group as it is a live document always changing. Any queries on the latest version please contact Kathy. Kay Boone requested the inclusion of Children's Team. Joyce Stokell provided feedback from the deaf community on staying in the home. Harpreet asked about funding.	

	Agenda Item	Summary of Discussion	Action/Who
		Jane Hughes acknowledged fiscal pressures on the entire system.	
5.	The refreshed Disability Action Plan	Noting the purpose of each section and key areas of change. Initial feedback from the group A workplan will be developed from that which will establish the focus areas. Grant said the February meeting will focus on getting feedback from the DSG members about the refreshed action plan.	**Action point –** Priorities for next 12 months to Kathy for February meeting
6.	Anything that's different in a disabled person's life since we last met?	Planter pots installed at entrance of 32 Oxford Terrace by landlord, to fix the problematic low head height clearance. Mick reported on Colgate Games, athletics event for children 7-14 years. For the first time disabled athletic events. With children offered the choice to compete with able bodied peers. Note there is a deaf doctor character on Shortland Street!	
	Next Meeting	**Next meeting 28 February 2020** **11am-1pm, 32 Oxford Terrace**	