

Canterbury District Health Board Public Health Plan 2017-18

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1. CANTERBURY DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2017–18

- **Canterbury DHB Mission:**
To improve, promote and protect the health of the people in the community and foster the well-being and independence of people who experience disabilities and reduce disparities.
- **Canterbury DHB Vision - Tā Mātou Matakite:**
To improve, promote, and protect the health and well-being of the Canterbury community.
Ki te whakapakari, whakamanawa me te tiaki i te hauora mō te oranga pai o ngā tāngata o te rohe o Waitaha.
- **Canterbury DHB Values –A Mātou Uara:**
Care and respect for others - Manaaki me whakaute i te tangata.
Integrity in all we do - Hāpai i ā mātou mahi katoa i ruka i te pono.
Responsibility for outcomes - Te Takohanga i ngā hua.
- This plan accompanies the CDHB Annual Plan and has been endorsed by the Executive Management Team and Board of the Canterbury DHB. It describes public health services provided or funded by the CDHB and its Public Health Unit (PHU) and highlights key relationships with other agencies.
- The plan is based on a planning template agreed by the three South Island PHUs, which utilises the Core Public Health Functions framework.

a. Our Public Health Service

- Community and Public Health (CPH) is the public health division of the Canterbury DHB and provides public health services to Canterbury, the West Coast and South Canterbury.
- Since the period following the February 2011 earthquake, the Christchurch office of CPH has been structured to support a significant focus on Public Health recovery. Rather than having a standalone recovery plan, Public Health recovery is considered an intrinsic part of the annual Canterbury DHB Public Health Plan.
- In December 2015 and March 2016 respectively, CDHB inherited, via the Ministry of Health, responsibilities for overseeing psychosocial recovery and social recovery monitoring of the 2010-2011 greater Christchurch earthquakes from the Canterbury Earthquake Recovery Authority (CERA). CPH staff also continue to contribute to psychosocial recovery and social recovery monitoring work in response to other events and in other parts of the CDHB region as appropriate.
- The Christchurch staff of CPH work in a team structure based on four areas of focus:
 - Information, Analysis and Support (Information Team)
 - Health in All Policies (Policy Team)
 - Health Protection (Protection Team)
 - Community Engagement and Resiliency (Communities Team).
- Public health activities involve working in partnership with health and non-health agencies to improve health outcomes via a determinants approach.
- This plan, while primarily concerned with the work of CPH, also includes other DHB-funded public health activities, in particular those delivered by the Planning and Funding (P&F) division of the CDHB and by the three Primary Health Organisations (PHOs) in the Canterbury region. The plan does not cover the work of non-DHB funded public health providers, such as non-government organisations (NGOs) and private providers.
- Canterbury is the second largest DHB in New Zealand and in 2017/18 will be home to 558,830 people. Despite a short drop in our population after the earthquakes, 2013 Census results and subsequent estimates show our population has returned to pre-quake levels, and continues to

grow. The 2017/18 estimated population is 14.8% higher than the 2006/07 population of 486,920.

- Canterbury has the largest total population aged over 75 of any DHB. Latest population predictions show 15.7% of our population is aged 65 and over - 87,560 people. Of those, 6.8% are aged 75 and over. By 2026 one in every five people in Canterbury will be aged over 65.
- There are currently 51,630 Māori in Canterbury and by 2026 Māori will represent 10.2% of our population. We have the second fastest growing Māori population in New Zealand and the sixth largest in terms of total numbers.
- The Canterbury population was relatively less socioeconomically deprived than the total New Zealand population at the time of the 2013 Census. For example, just over 9% of the population was in the two most deprived deciles (deciles 9 and 10) using NZDep2013, compared to 20% of the total New Zealand population.
- Māori and Pacific people are more likely to be living in more deprived areas than the non-Māori, non-Pacific population group. For example, in 2013, 50.5% of Canterbury Māori lived in decile 6-10 areas compared to 33.5% of Canterbury non-Māori. This socioeconomic disparity is less pronounced in Canterbury than nationally.
- The work of this plan is guided by the following public health principles:
 - a. focusing on the health of **communities** rather than individuals
 - b. influencing **health determinants**
 - c. prioritising improvements in **Māori health**
 - d. reducing **health disparities**
 - e. basing practice on the best available **evidence**
 - f. building effective **partnerships** across the health sector and other sectors
 - g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- The strategic direction of the Canterbury DHB is towards transformation of the health system, based around a continuum of care approach where the traditional boundaries within the system are removed, integrating and streamlining service delivery, and ultimately resulting in improved outcomes for the population.
- The vision is an integrated Canterbury health system. A system that keeps people healthy and well in their own homes, by ensuring the right care and support is provided in the right place, at the right time, by the right person.
- The first of the three strategic objectives for the Canterbury DHB is the development of services that support people to stay well and take greater responsibility for their own health and wellbeing.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives, including those set out in the Ministry's Statement of Intent 2015-19, the refreshed NZ Health Strategy Future Direction (2016), He Korowai Oranga (2014), and Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-18.
- The five South Island DHBs together form the South Island Alliance, which is committed to "a sustainable South Island health system focused on keeping people well and providing equitable, and timely, access to safe, effective, high-quality services as close to people's homes as possible."¹
- This plan is aligned with national, regional and local outcomes and outcomes measures work, including the Canterbury Health System, System Level Measures Framework (SLMF) 2016-17²;

¹ Te Wai Pounamu South Island Health Service Plan 2015-18.

² Canterbury Health System, Improvement Plan, System Level Measures Framework 2016-17.

and the South Island Alliance's Outcomes Measures, the latter of which includes measures against the outcome "Improved environments to support health and wellbeing".

- The plan is aligned with and sits alongside the Canterbury DHB Annual Plan 2017-18. CPH activities are carried out under the public health service specifications (Tiers One, Two and Three) as agreed by the Ministry of Health. The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The Canterbury DHB works in partnership with local iwi to reduce inequalities and improve the health status of Māori.
- CPH is committed to joined-up working, including via the South Island Alliance and the Canterbury Clinical Network (an alliance of healthcare leaders, professionals and providers from across the Canterbury health system).
- CPH is a part of the South Island Alliance's South Island Public Health Partnership (SIPHP) Workstream, which is a collaboration that includes the manager and clinical director of each South Island PHU, a Māori public health specialist, representatives from the South Island Alliance and the Ministry of Health, and an Alliance sponsor.
- The SIPHP has identified the following regional priorities for public health in 2017-2018:
 - Collective impact
 - Māori health
 - Environmental sustainability
 - Health in All Policies (particularly healthy weight, oral health, clean air, warm homes and alcohol harm reduction), and
 - Rheumatic Fever.
- The regional priority of "collective impact" refers to the establishment in 2017-2018 of a cross-sector, "one team" approach (undertaken by a body termed the South Island Public Health Alliance) to address the "wicked problems" of public health in the South Island. Once established, the South Island Public Health Alliance will operate under the auspices of the South Island Alliance to enable collective impact, with expected long term health, equity, social, environmental and economic benefits.
- The clinical director and manager of CPH will be included in the membership of the South Island Public Health Alliance.
- The SIPHP will continue to meet as an entity in 2017-2018, focussing on the regional priorities outlined above, with an emphasis on regional alignment between the three South Island PHUs, where this will be of benefit.
- This plan also outlines how CPH will meet the statutory responsibilities of a PHU and its designated officers in Canterbury, as specified by the Ministry of Health.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and 'Vital Few' reporting as outlined in the planning and reporting package for 2017-18.
- CPH will also provide information about population-level measures alongside other reporting.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network³ and included in the Ministry of Health Tier Two and Three Public Health Service Specifications are:
 1. Health assessment and surveillance
 2. Public health capacity development
 3. Health promotion
 4. Health protection
 5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered

³ Available at <http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf>

individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.

- This plan presents (short-term) outcomes, outcome measures and summary activities. In addition to the summary activities presented here, CPH undertakes and will report against all activities outlined in the Environmental and Border Health exemplar and all mandatory (regulatory) activities outlined in the Alcohol exemplar from the PHU annual planning package 2017-18.

2. KEY RELATIONSHIPS

The Public Health work of the CDHB involves partnership with many health and non-health agencies. Some key partners of CPH are listed below. Formal agreements are noted in parentheses.

Local authorities:

Environment Canterbury (ECan) - (joint work plan)

Christchurch City Council (CCC) - (joint work plan)

Waimakariri District Council

Selwyn District Council

Hurunui District Council

Kaikoura District Council

Ashburton District Council

District Licensing Committee (DLC)

Regenerate Christchurch

Ōtākaro Limited

Government agencies:

Alcohol Regulatory and Licensing Authority

Department of Prime Minister and Cabinet, Canterbury

Department of Conservation

Environmental Protection Authority

Health Promotion Agency

Health Quality and Safety Commission NZ

Housing New Zealand

Institute of Environmental Science and Research

Ministry of Business, Innovation and Employment

Ministry of Civil Defence and Emergency Management

Ministry of Education

Ministry for the Environment

Ministry of Health

Ministry for Pacific Peoples

Ministry for Primary Industries

Ministry for Social Development

New Zealand Airforce

New Zealand Customs Service

New Zealand Fire Service

New Zealand Police

Office for Disability Issues

Māori/Iwi agencies:

Ngāi Tahu

Te Runaka o Ngāi Tahu (TRoNT)

Mana Whenua ki Waitaha

Te Pūtahitanga

Health agencies/networks:

Canterbury Clinical Network (CCN)
South Island Alliance
Pegasus Health
Christchurch Primary Health Organisation
Rural Canterbury Primary Health Organisation

Educational institutions:

Ara Institute of Canterbury
University of Canterbury
Lincoln University
University of Otago, Christchurch - (MoU with CDHB)
Schools participating in the Health Promoting Schools initiative
Cognition Education
Massey University

Non-Government Organisations/networks:

Action on Smoking and Health (ASH)
Cancer Society
Earthquake Disability Leadership Group
Family Planning Association
Disability Information Service
Heart Foundation
Laboratories
Mental Health Foundation - (MoU around wellbeing campaign)
Smokefree Canterbury - (joint MoU with other partners)
Sport Canterbury

Private sector:

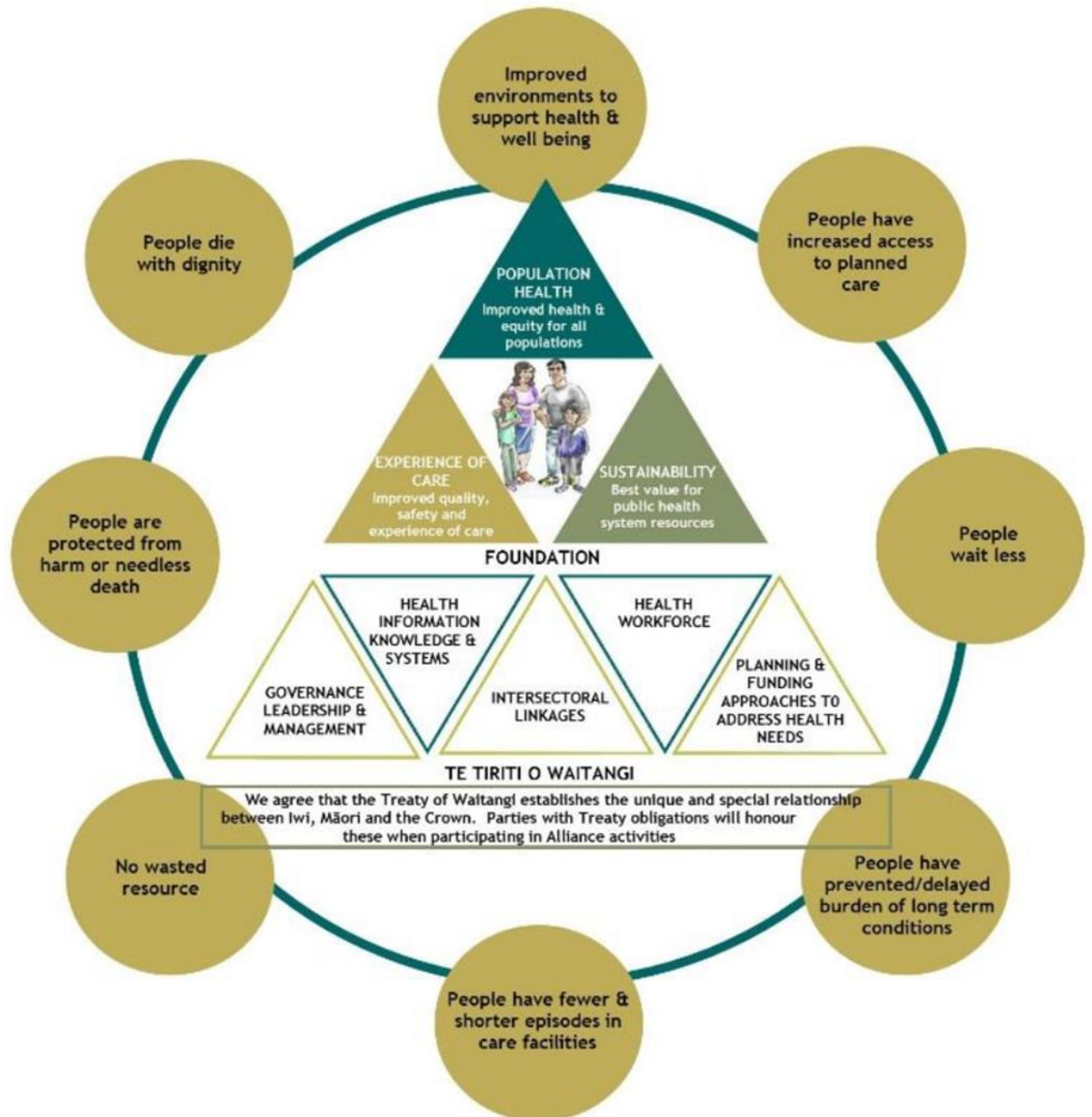
Christchurch International Airport Limited (CIAL)
Lyttelton Port Company
International Accreditation New Zealand (IANZ)

3. POPULATION-LEVEL MEASURES

The following population-level measures are impacted by a range of strategies throughout the plan. Additional population-level measures are noted in specific sections of the plan.

Percentage of the population over 15 who smoke
Percentage of Year 10 students who have never smoked
Percentage of the population over 15 who are obese
Percentage of children caries free at 5 years
Percentage of Māori children caries free at 5 years
Percentage of adults who consume the recommended daily intake of fruit and vegetables
Percentage of adults who are physically active
Percentage of adults who drink hazardously
Rate of hospitalisations wholly attributable to alcohol
Rate of reported alcohol-related motor vehicle crashes
Rate of alcohol-related motor vehicle crashes, by crash injury type

4. SOUTH ISLAND OUTCOMES FRAMEWORK



Source: Te Wai Pounamu South Island Health Service Plan 2015-18.

5. HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

a. Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning (narrative)	Monitor, analyse and report on key health determinants, including the review of the City Health and Wellbeing Profile issues papers.	CPH (Information, Policy), P&F, Primary Care
			Produce the Canterbury Wellbeing Index or related monitoring product with input from partner organisations.	CPH (Information, Policy)
			Work with partner organisations and the Nielsen research company to revise, conduct and report on the Canterbury Wellbeing Survey.	CPH (Information, Policy)
			Review the 2013 Youth Wellbeing Survey and decide appropriate next steps (i.e. further survey or other data collection).	CPH (Information, Policy, Communities)
			Develop/update health status reports and health needs analyses for specific populations.	CPH (Information), P&F, Primary Care
			Contribute to related work of partner organisations, e.g. DPMC monitoring of psychosocial recovery.	CPH (Policy, Information, Communities), P&F
			Contribute to work around alcohol-related data collection at Christchurch Hospital ED.	CPH (Policy, Information), Decision Support, ED

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Update and continue to use analytical tool for alcohol monitoring using routinely collected health system data (alcohol attributable fraction methodology).	CPH (Policy, Information), Decision Support
	Improved public understanding of health determinants	Availability of information to public (narrative)	Disseminate information in existing and dedicated reports (e.g. CDHB Quality Accounts; CDHB, CPH, and Healthy Christchurch websites; HiAP newsletter; and print, broadcast and social media) and in one-off reports.	CPH (Communications, Information, Policy), CDHB Communications Team
Develop new health information resources as appropriate utilising principles contained within Rauemi Atawhai – 'A guide to developing health education resources in New Zealand'.			CPH (All Teams, Communities lead)	
Process (newly developed and external) resources through internal Resource Approval Panel and distribute approved resources as required.			CPH (All Teams, Communities lead)	
Maintain effective working relationships with media.			CPH (Communications)	
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Surveillance system in place (narrative) Timeliness of reports for trends and outbreaks of concern (narrative)	Review (via EpiSurv and other sources), analyse and report on communicable diseases data, including via web applications and written reports (e.g. Public Health Information Quarterly, weekly reports on notifiable diseases and influenza - May to September).	CPH (Information, Protection), Primary Care
			Produce disease-specific reports for communicable diseases of concern, e.g. Pertussis, other diseases causing outbreaks.	CPH (Information, Protection)
			Review, analyse and report on other disease and determinants data (e.g. alcohol-related harm, and other health outcomes).	CPH (Information), P&F, Primary Care
			Write reports on significant outbreaks of communicable diseases and trends of concern.	CPH (Information, Protection)
			Provide reports to P&F for MoH on SI rheumatic fever incidence.	CPH (Protection), SIPHP
			Develop communicable disease-specific profiles to identify at-risk groups.	CPH (Information)

6. PUBLIC HEALTH CAPACITY DEVELOPMENT

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

a. Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, P&F, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Measures (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information (narrative)	Review, implement and maintain public health information systems (CFS; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Joint Workplan Portal, GIS systems, Health Pathways, Active Canterbury, Healthy Christchurch, Community Health Information, Emergency Information Systems).	CPH (Information, Communications), P&F, Primary Care
			Prioritise development and distribution of Healthscape upgrade.	CPH (Information Lead, Protection)
			Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH (Information Lead, Protection)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Joint approaches and initiatives (narrative)	Work with local Māori iwi, hapū, whānau around: -health information and analysis (including promoting Information Team services) -proposals and policies with health implications -health determinants and outcomes.	CPH (All Teams), Primary Care
			Revise/update, implement and report on CPH Māori Health Plan.	CPH (DLT Māori Health Rōpū)
			Contribute to implementation of overarching Canterbury Māori Health Framework.	CPH (Māori Health Rōpū), P&F, Primary Care
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint approaches and initiatives (narrative)	Work with local Pacific and other ethnic leaders and communities around: -health information and analysis (including promoting Information Team services) -proposals and policies with health implications -health determinants and outcomes.	CPH (All Teams), Primary Care, P&F
			Participate in Pacific Island Reference Group.	CPH (Communities)
Human resources	A highly skilled public health workforce	% Staff with appropriate or relevant public health qualifications (quantitative) Development/training provided and to whom (narrative)	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies, progressing a Te Tiriti based approach to public health, promoting CALD training for staff in key roles, and contributing to SI workforce development and national networks.	CPH (Information), SIPHP
			Assess the applicability of the Health Protection Officer competencies project and decide whether CDHB (CPH) will adopt it.	CPH (Protection, Information)
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Research/evaluation reports, publications and presentations (narrative)	Support public health research and evaluation (including earthquake recovery research), with a particular focus on improving Māori health and reducing health disparities.	CPH (Information, Policy)
			Systematically identify opportunities for conference presentations and peer-reviewed publication.	CPH (All Teams)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice/reports (narrative)	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, evaluations, GIS analysis.	CPH (Information, Policy), P&F, Primary Care, SIPHP
			Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Agency, Health Promotion Forum, SIPHP, South Island Public Health Analysts' Network, National Public Health Clinical Network, National HPS Group, New Zealand College of Public Health Medicine.	CPH (All Teams)
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan reports (narrative) Accreditation results (narrative +/- quantitative)	Review and deliver the quality improvement plan, including: policy and procedure maintenance; on-call documents available and accessible electronically and off-site; internal audit plan and schedule progressed; and provision of information, training and support to staff.	CPH (Information)
			Maintain CFS work plan. Complete all remaining CFS team and folder migrations.	CPH (Information)
			Complete CFS team audits.	CPH (Information)
			Present annual quality report to Divisional Leadership Team.	CPH (Information)
			Contribute to the CDHB organisation-wide quality programme including applications of Health Excellence for CPH.	CPH (Information)
			Maintain IANZ accreditation of drinking water unit.	CPH (Information), SIDWAU
			Plan to ensure sufficient accredited DWAs at all times, and monitor levels at six monthly Management Review meetings.	CPH (Information), SIDWAU
			Respond to IANZ issued Corrective Action Requests within allocated timeframes.	CPH (Information), SIDWAU
	Effective regional delivery of public health core functions	Reports of SI Public Health Partnership (narrative)	Contribute to management and regional work groups as needed, such as the: SIPHP Workstream	CPH (All Teams)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			SI Public Health Alliance SIPHP Alignment Group SIPHP Public Health Analysts' Network SIPHP Alcohol Workgroup SIPHP Sustainability Workgroup SIPHP Workforce Development Network	

7. HEALTH PROMOTION

a. Strategies

- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Building Public Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	New and reviewed strategies, plans and policies reflect health priorities (narrative)	Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach.	CPH(Policy)
			Support health sector staff with appropriate tools and customised advice to enable a HiAP approach e.g. the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, Broadly Speaking training, etc. Ensure these tools are available and support their implementation.	CPH (Policy)
			Support non-health sector staff with appropriate tools and customised advice to enable a HiAP approach e.g. the IRPG, Te Pae Mahutonga, HPSTED (Health Promotion and Sustainability Through Environmental Design), Broadly Speaking training, etc. Ensure these tools are available to all partner agencies and support their implementation.	CPH (Policy)
			Support settings (i.e. workplaces, education settings) to develop policies/strategies/activities which support health.	CPH (Communities, Policy)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including housing, transport, and earthquake rebuild.	CPH (Policy)
			Implement, review and update joint work plans with ECan and CCC including supporting the tripartite work plan portal between CDHB, ECan and CCC.	CPH (All Teams, Policy and Protection Joint Lead)
			Engage and input into regional planning documents including implementation of strategies.	CPH (All Teams, Policy Lead)
			Actively contribute to and support Canterbury-wide HiAP partnerships, planning and activity, including: CCC Disability Advisory Group, ECan Disability Reference Group, Regional Transport Committee, Joint Public Transport Committee, Accessible Canterbury Charter Development Group.	Policy lead, Protection
			Support and co-ordinate development of CDHB and regional position statements on public health issues.	CPH (All Teams), SIPHP
			Co-ordinate development and (as necessary) drafting of CDHB submissions on public health issues and/or submissions on documents identified by the CDHB Board as relevant to the CDHB.	CPH (All Teams, Policy Lead), SIPHP
Built Environments	Built environments promote health, and support healthy choices and behaviours	Evidence of Public Health contribution in key decisions (narrative)	Encourage the development of well-designed built environments (including transport networks and public spaces and promotion of urban design guidelines) that are universally accessible and promote health.	CPH (Policy -Lead, Protection)
Creating supportive environments	Settings that support healthy choices and behaviours	Number and type of settings that embed a systems approach to improving health (quantitative, narrative)	Work across networks to initiate and embed policies and programmes which support healthy choices, e.g. Greater Christchurch Psychosocial Committee, Resilient Cities, Urban Development Strategy, Healthy Christchurch.	CPH (Policy, Communities)
			Develop and support HPS initiatives reflecting service specification.	CPH (Communities)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings' evaluation reports, including environment changes achieved (quantitative, narrative)	Develop school and other education settings action plans with strategies to address priority issue areas, e.g. Smokefree, mental health and wellbeing, nutrition, physical activity.	CPH (Communities)
			Support cross-agency, collaborative, school-wide mental health initiatives implemented by MoE, Mental Health Foundation and Skylight Trust.	CPH (Communities)
			Support schools in earthquake recovery context (with information, tailored interventions), e.g. North Canterbury schools.	CPH (Communities)
			Facilitate and support South Island Tertiary Forum.	CPH (Communities)
			Engage with priority ECECs.	CPH (Communities -Lead, Protection)
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work with priority workplaces and partners/networks to develop health promoting workplace plans.	CPH (Communities, Policy), CDHB Smokefree ABC Team
Marae and other Māori settings	Marae and other Māori settings that support healthy choices and behaviours	Marae and other settings' initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work with Marae, Runaka, and other Māori settings to support healthy choices and behaviours.	CPH (Communities), CDHB Smokefree ABC Team
Other community settings	Other community settings that support healthy choices and behaviours	Evaluation reports, including environment changes achieved (quantitative, narrative)	Support communities to address priority issues, including community engagement initiatives and development of health promotion settings e.g. active transport (via initiatives such as ICECycles, Bikewise, bike to work day and walk to work day), food security, wellbeing, Smokefree, and accessible events.	CPH (Communities Lead, Policy)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Community action	Effective community action initiatives	Changes achieved by community partnerships (narrative)	Coordinate collaborative projects including Healthy Christchurch, housing, alcohol harm minimisation action group, community resilience projects, "All right?" mental wellbeing campaign, Smokefree parks and playgrounds, and Te Wai Pounamu Māori Leadership Group for Cancer.	CPH (Communities, Policy)
			Promote smokefree in priority education settings (decile 1-4, high Māori and Pacific populations), marae, sports clubs and workplaces as appropriate.	CPH (Communities)
			Provide information about community engagement initiatives, community resilience activities, etc to community organisations through the Healthy Christchurch and All Right? websites and Healthy Christchurch lunchtime seminars.	CPH (Policy, Communities)
			Actively support and drive the CDHB-led Healthy Christchurch initiative including exploring the expansion into the Urban Development Strategy Greater Christchurch. Support signatories, working group and champions.	CPH (All Teams, Policy Lead)
			Actively participate in the implementation of the Urban Development Strategy and Resilient Cities framework.	CPH (Policy)
			Support the planning and implementation of Healthy Families Christchurch including realigning activities where appropriate, increasing the focus on settings-based health promotion, and supporting the evaluation of strategic health promotion activities.	CPH (Communities)
			Where appropriate support the professional development of the Healthy Families Christchurch workforce, and proactively share learnings from current and previous health promotion activities.	CPH (Communities)
			Support the implementation and monitoring of the Community in Mind Shared Programme of Action.	CPH (Communities)
			Support communities in earthquake recovery context to address priority issues and initiatives.	CPH (Communities)
Develop personal skills		Lifestyle change support delivered (with	Engage with the implementation of the new tobacco control provider framework.	CPH (Communities), Primary Care

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	<p>People with skills to enable healthy choices and behaviours</p> <p>Communities aware of health issues and healthy choices and behaviours</p>	<p>success rates if available) (narrative +/- quantitative)</p> <p>Evaluation of other initiatives (narrative +/- quantitative)</p> <p>Impact of communications, including number of hits, community feedback etc (narrative, quantitative)</p>	<p>Develop and promote the referral pathway between secondary care and the local stop smoking service.</p> <p>Develop and deliver other lifestyle intervention support (e.g. Appetite for Life, Green Prescription, nutrition/cooking and/or physical activity programmes for Māori and Pacific people, seniors, children and young people, and new migrants, fall prevention programmes, breastfeeding support).</p> <p>Deliver safe sexual health education and resources to priority groups.</p> <p>Develop and implement CDHB public health communications strategies.</p> <p>Deliver/support relevant and timely public health information and campaigns (including 'All Right?' Mental Wellbeing Campaign, World Smokefree Day, Stoptober, Mental Health Awareness Week, alcohol harm awareness/minimisation initiatives, cycling events, Voice of Pacific Women, HPS magazine).</p>	<p>CDHB Smokefree ABC Team</p> <p>CPH (Communities), Primary Care, Other CDHB Teams / Services (e.g. Oral Health, Mental Health)</p> <p>CPH (Communities)</p> <p>CPH (All Teams, Communications Lead)</p> <p>CPH (All Teams, Communications Lead)</p>
Reorient health service	Preventative and population approaches support healthy choices and behaviours in healthcare settings	<p>ABC coverage in primary and secondary care (quantitative)</p> <p>Healthcare initiatives and evaluation reports (narrative)</p> <p>SLMF contributory measures:</p> <p># referrals from general practice to specialist smoking cessation providers (quantitative)</p> <p># green prescription referrals (quantitative)</p>	<p>Support achievement of Secondary and Primary Smokefree Health targets.</p> <p>Promote referrals to new local cessation service in all sectors including community.</p> <p>Work within the wider health sector to develop health promoting health systems.</p> <p>Plan, promote and implement targeted wellbeing initiatives for CDHB staff.</p> <p>Contribute to the CDHB Mental Health Workstream, Child and Youth Workstream of the Canterbury Clinical Network, Flexible Funding Pool Service Level Alliance, CDHB Staff Wellbeing Action Group and CDHB Disability Steering Group and implementation of the Canterbury & West Coast Health Disability Action Plan.</p>	<p>CDHB Smokefree ABC Team</p> <p>CPH (Communities, Policy), Primary Care, People and Capability</p> <p>CPH (Policy, Communities), People and Capability, CDHB Staff Wellbeing Action Group</p> <p>CPH (Communities, Policy)</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			<p>SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI Service Level Alliances and workstreams.</p> <p>Lead the development of a CDHB-led Health System Alcohol Harm Reduction Strategy in conjunction with the development of a wider Christchurch Alcohol Harm Reduction Strategy (led by tripartite relationship of CCC, Police and CDHB).</p> <p>Work with University of Otago to educate medical students about health promotion and social marketing in community settings.</p> <p>Top 3 physical activity priorities: -Adopt a HiAP approach to physical activity through strategic partnerships, e.g. Sport Canterbury -Support increased access to active transport through ICEcycles initiative. -Settings based approach to physical activity promotion e.g. 'All Right?' walking posters.</p> <p>Top 3 nutrition priorities: -Adopt a HiAP approach to healthy nutrition and beverage promotion through strategic partnerships, e.g. Primary Care -Participate in Christchurch Food Resilience Network -Promote healthy food and beverages through education environments.</p>	<p>CPH (Communities and Policy), SIPHP</p> <p>CPH (Policy, Communities, Protection)</p> <p>CPH (Communities, Policy)</p> <p>CPH (Communities)</p> <p>CPH (Communities)</p>

8. HEALTH PROTECTION

“protecting communities against public health hazards”

a. Strategies

- Developing and reviewing public health laws and regulations⁴.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates, outbreak rates and trends (quantitative) Reach and impact of prevention information and initiatives (quantitative, narrative) Outbreaks controlled (quantitative, narrative)	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH (Protection)
			Review communicable disease protocols.	CPH (Information, Protection)
			Carry out in-house training on the new Health Protection Amendment Act 2016 utilising the Guidance on Infectious and Communicable Disease Management under the Health Act 1956 document.	CPH (Protection)

⁴ Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Quality data entry in EpiSurv in a timely manner.	CPH (Protection)
			Carry out internal audits of selected cases for adherence to protocols.	CPH (Protection)
			Deliver education to relevant groups, e.g. hospital based practitioners, on relevant and topical issues, including: -provide input to Health Pathways portal -contribute to house surgeon training programme -work with quality leader/MoH -presenting to Infection Prevention Control (IPC) Nurses College study days and IPC Link Rep meetings.	CPH (Protection), Primary Care, Infection Control Committee Immunisation Committees, including ISLA
			Provide public information and advice, including promoting immunisation and hand hygiene.	CPH (Protection)
			Work with priority settings and communities to increase immunisation and improve infection control.	Infection Control Committee, Immunisation committees, including ISLA
			Work with the refugee and migrant community to facilitate health screening and First Introductory Visits.	CPH (Protection)
			Routinely offer Communicable Disease Information to CALD communities.	CPH (Protection)
			Provide vaccinator and programme authorisations as per Medicines Regulations.	CPH (Protection)
			Progress to an electronic processing platform enabling accurate processing data reporting for authorised vaccinators as well as program authorisations.	CPH (Protection, Information)
			Contribute to development and implementation of SI Rheumatic Fever Prevention Plan (reported through SIPHP).	CPH (Protection)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.	CPH (Protection)
Border health protection	Reduced international spread of infectious disease	Evidence of imported or exported disease (quantitative, narrative) Port and airport compliance with IHR and Health Act quarantine requirements (quantitative) Exotic mosquito surveillance reporting (quantitative)	Respond promptly to requests for pratique, inspections and certification (e.g. ship sanitation).	CPH (Protection)
			Identify and monitor border health protection risks.	CPH (Protection)
			Ensure designated points of entry achieve and maintain core capacities as required by the IHR 2005: audit core capacities annually.	CPH (Protection)
			Develop/maintain contingency plans to deal with border health risks.	CPH (Protection)
			Undertake routine monitoring for exotic mosquitoes at port and airport.	CPH (Protection)
			Respond promptly and investigate interceptions of pests with a human health significance and cases of imported disease as per protocols.	CPH (Protection)
			Maintain 24 hour coverage to respond to incidents and emergent issues as per protocol.	CPH (Protection)
			Contribute to or lead (when required) the preparation of HIAs in relation to border health protection threats and eradication and control activities.	CPH (Protection)
			Maintain strong relationships by attending border and other intersectoral meetings with border and other relevant agencies and organisations on matters relating to border health protection.	CPH (Protection)
			Provide public health training to air and seas port staff, as required.	CPH (Protection)
			Provide advice to relevant agencies and organisations on matters relating to border health protection.	CPH (Protection)
Drinking water quality	Optimised adequacy, safety and quality of drinking water in Canterbury	Prioritised plan agreed with TAs (narrative)	Implement the requirements of the DWS for New Zealand as required (e.g. P2 assignments, catchment risk assessments, secure ground water assessments).	CPH (Protection)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		Improvements achieved in water quality, water infrastructure, quality assurance systems (narrative) Number of supplies with approved and implemented Water Safety Plans (quantitative)		
	Prevention of spread of disease to the public through reticulated water supplies	Number/size waterborne disease outbreaks (quantitative, narrative)	Provide technical advice on public health aspects of drinking water supplies, including the implications of the Health Act 1956 and the DWS NZ to water suppliers, councils and organisations.	CPH (Protection)
Carry out functions and duties of a DWA as defined under the Health Act.			CPH (Protection)	
Identify and investigate incidents, complaints and notification of adverse drinking water quality (or adequacy) of tankers and networked and temporary drinking water supplies.			CPH (Protection)	
Carry out public health grading of drinking water supplies on request.			CPH (Protection)	
Ensure that the public health effects of drinking water supplies are considered and managed by making timely submissions. (See also Resource Management activities).			CPH (Protection)	
Undertake enforcement activities and investigations in consultation with the MoH.			CPH (Protection)	
Provide advice on the benefits of water fluoridation when the issue becomes a significant issue in the community.			CPH (Protection)	
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Sewage-related outbreaks (quantitative, narrative)	Work with councils to promote and ensure safe sewage disposal including making submissions on regional plans and policies, district plans and policies, resource consents. (See also Resource Management activities)	CPH (Protection)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		Environmental contamination events (quantitative, narrative)	<p>Liaise with councils to ensure that sewage overflows that pose a significant public risk are appropriately managed and to reduce overflows to high risk areas.</p> <p>Investigate and assess the public health need for sewerage systems in areas not adequately serviced, e.g. Darfield / Kirwee.</p> <p>Conduct routine evaluation of the performance of controlling authority management of public health aspects of sewage collection and disposal with reference to statute guidelines, standards, resource consent conditions and accepted public health practice.</p> <p>Investigate clusters and cases of illnesses associated with non-occupational exposure to sewage or other waste. (See also Communicable Disease)</p>	<p>CPH (Protection)</p> <p>CPH (Protection)</p> <p>CPH (Protection)</p> <p>CPH (Protection)</p>
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational waters (RW)	Beach and river water monitoring results, including improvements achieved (quantitative, narrative) Waterborne disease outbreaks (see above)	<p>Encourage local authorities to clearly identify and publically notify RW which do not meet minimum microbiological water quality guidelines. Completed through our agreed RW protocols with councils annually.</p> <p>Provide input into regional and local activities associated with RW quality. Provide public and stakeholders with appropriate advice relating to RW (e.g. public health fact sheets, media releases, updated website information)</p> <p>Respond to RW (including swimming pool) incidents and inquiries as required. Investigate cases of suspected or confirmed illness including any toxic shellfish poisoning. (See also Communicable Disease)</p> <p>Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations.</p>	<p>CPH (Protection)</p> <p>CPH (Protection)</p> <p>CPH (Protection)</p> <p>CPH (Protection)</p>
Housing	Less disease caused by inadequate housing	Housing quality improvements (narrative)	Work with relevant national, local and community organisations to ensure that population, especially vulnerable groups, has warm, dry, affordable housing (including ensuring health and non-health	CPH (Protection, Communities, Policy), Primary Care

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		Improvements achieved in protection and support for householders, especially tenants (quantitative, narrative)	agencies are aware of appropriate channels for identification and referral of vulnerable households. (See also Air Quality, under Resource Management)	
			Identify and enable referral pathways for vulnerable households.	CPH (Protection)
			Contribute to planning processes that impact on improved housing for Canterbury.	CPH (Policy, Protection)
Resource management	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Evaluation of council decisions, implementation and enforcement (narrative)	Encourage and assist Councils to develop and implement policies through processes, such as the review of district plans, including variations or plan changes or Council Long Term Plans that address the wider determinants of health.	CPH (Protection - Lead, Policy)
			Monitor decisions, including those made under the Resource Management Act 1991, to ensure that the health impacts of environmental hazards have been considered. Follow up with regional councils and territorial authorities where this has not occurred.	CPH (Protection, Policy)
			Inform other agencies and the public on the public health aspects of matters relating to sustainable resource management (including CCC and ECan through joint work plans).	CPH (Protection)
			Liaise and, where appropriate, undertake joint projects with consent authorities and affected communities to ensure that public health aspects of planning and resource management are considered (including actions outlined in CDHB/ECan Joint Work Plan and CDHB/CCC Joint Work Plan.)	CPH (Protection, Policy)
			Provide technical advice and information to regional councils and TAs.	CPH (Protection)
			Air quality monitoring results (quantitative)	Work with stakeholders to identify and address potential health issues relating to air quality.
			Liaise with stakeholders, other agencies and the public on matters of public health relating to sustainable resource management.	CPH (Protection)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
Hazardous substances	Public protected from exposure to hazardous substances	<p>Reports of public exposure (narrative)</p> <p>Management of emergency events (narrative)</p> <p>Safeguards in place, including interagency work, agreed protocols, and exercises (narrative)</p> <p>Promotion of the HSDIRT reporting process to GPs, hospitals and others (narrative)</p> <p>Reach and impact of public information (narrative)</p> <p>Number & nature of VTA permits issued and results of audits (quantitative, narrative)</p>	Use the priority criteria in the Hazardous Substances Action Plan, and injury surveillance data, to develop hazardous substances programme plans.	CPH (Protection)
			Audit compliance with, investigate breaches of, and, where appropriate, enforce the relevant Acts and Regulations, including attending hazardous substances incidents.	CPH (Protection)
			Maintain effective risk management strategies and response plans for hazmat incidents and emergencies. (See also Emergency Management)	CPH (Protection)
			Represent public health interests at meetings of the Area Hazmat Coordination Committee	CPH (Protection)
			Report all notifications of hazardous substances injuries to the science provider in the format required (HSDIRT), including GP notifications. Investigate notifications as required.	CPH (Protection)
			Promote hazardous substances injury notifications by GPs.	CPH (Protection)
			Promote public knowledge on the risks of environmental and non-occupational exposures of hazardous substances and products, including asbestos in the non-occupational environment.	CPH (Protection)
			Give advice and encourage and/or assist TAs and Regional Councils for issues related to contaminated land.	CPH (Protection)
			Process applications for vertebrate toxic agents under HSNO legislation and audit operations.	CPH (Protection)
			Ensure that the conditions imposed by the public health HSNO enforcement officer granting permits for the use of controlled VTAs are complied with. Undertake field or desktop audits of all permissions.	CPH (Protection)
Early childhood	Reduced incidence and impact of health issues in early childhood education centres (ECECs)	Compliance with ECEC regulations, including infection control and lead exposure	Conduct and report on pre-licensing inspections of ECECs, including compliance by the licensee of the premises with the Education (Early Childhood Centres) Regulations 1998.	CPH (Protection)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
education centres		(mainly narrative, including changes achieved)	Investigate/inspect and report on ECECs in response to complaints.	CPH (Protection)
Emergency preparedness	Canterbury district prepared for emergencies impacting on public health	Effective emergency responses as required (narrative) Safeguards in place, including interagency work, agreed protocols, and exercises (narrative) Reach and impact of public information (narrative)	Develop and maintain emergency plans.	CPH (Protection)
			Participate in emergency response(s) on an as-needed basis.	CPH (All Teams)
			Deliver MoH Emergency Management Training to new staff and refresher training to established personnel (e.g. CIMS in Health, Health EMIS).	CPH (Protection, Information)
			Have in place a written agreement (MoU) for 24/7 access to a quarantine facility (preferably off site for point of entry) and access to trained staff who can be employed.	CPH (Protection)
			Complete CPH Business Continuity Plan and share with other PHUs.	CPH (Protection, Information)
			Maintain relationships with ECan, CCC, CDHB Emergency Planner, Regional Emergency Management Advisor, and Civil Defence Emergency Management Group.	CPH (Protection, Information)
			Ensure relevant staff (Protection Team and those in relevant CIMS roles, e.g. Planning and Intelligence, Recovery) are oriented to the new combined Justice and Emergency Services Precinct.	CPH (Protection)
			Engage with Māori in terms of CPH aspects of emergency planning.	CPH (Protection)
			Develop a list of items staff will need to take while in the field during an emergency response over several days and may require self-sufficiency and determine which items CPH should have available in the storeroom.	CPH (Protection)
Sustainability	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations (narrative)	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies, e.g. planning for water supplies.	CPH (Protection, Policy), SI Sustainability Workgroup
			Support the CDHB advocacy group 'Sustainable Health 4 Canterbury'.	CPH (Policy)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Provide advice/recommendations to the CDHB Clinical Board about how best to progress CDHB's commitment to sustainable environments.	CPH (Policy)
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection (quantitative) Retailer compliance during CPOs (quantitative) Number and nature of workplace complaints (quantitative, narrative)	Respond to public complaints.	CPH (Communities)
			Complete education visit/compliance check prior to CPO/complaint.	CPH (Communities)
			Inspect licensed premises for compliance in response to complaints.	CPH (Communities)
			Conduct CPOs.	CPH (Communities)
			Provide public and retailer information and advice.	CPH (Communities)
Alcohol	Less alcohol-related harm	Improvements in licencing environment, including LAPs, accords, monitoring, enforcement, and other interagency work (narrative) Reach and impact of public information (narrative) Nature and impact of DHB alcohol harm reduction strategies (narrative) Number and impact of licence application reports and hearings (quantitative, narrative) Retailer compliance during CPOs (quantitative)	Undertake or work with other agencies to undertake monitoring visits of high risk premises as per PHU risk rating tool and/or based on local data, complaints or other intelligence including requests from police or licencing inspectors.	CPH (Protection)
			Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC, either where there are matters in opposition or recommendations (on the basis of application of the relevant risk assessment tool in the Public Health Alcohol Regulatory Officer Toolkit, May 2013).	CPH (Protection)
			Collaborate in police-led CPOs to reduce sale of alcohol to minors.	CPH (Protection)
			Work with special licence event organisers and support them to adopt and implement appropriate alcohol management plans or alcohol harm reduction practices.	CPH (Protection)
			Provide education as part of re-licensing and new licensing processes, including: -educating retailers, employers and their staff and volunteers (club licenses) about Sale and Supply of Alcohol Act 2012 responsibilities -contributing to formal training of Duty Managers.	CPH (Protection)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Liaise with and where appropriate undertake joint projects to proactively influence other local authority alcohol related policies and bylaws prior to the formal consultation process.	CPH (Protection)
			Support TAs to develop, implement and monitor their LAP.	CPH (Protection)
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during CPOs (quantitative)	Work with police and other agencies to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations.	CPH (Protection)
			Support local councils to develop Local Approved Products Policies.	CPH (Protection)
Other	Public protected from other health hazards	Impact of work (narrative)	Undertake other regulatory health protection work using a risk-based approach.	CPH (Protection)
			Conduct six monthly visits to commercial solaria to encourage compliance with best practice guidelines.	CPH (Protection)
			Ensure applications for approvals are complete for -disinterment -burials in special places -medical referee appointments, and -other burial and cremation approvals. Supervise disinterments as required.	CPH (Protection)
			Advise and assist applicants to escort cadavers, as required, to ensure public health concerns are addressed. (Note: cost recoverable activity)	CPH (Protection)
			Respond to section 126 referrals (Aged infirmed and neglected persons).	CPH (Protection)

9. PREVENTIVE INTERVENTIONS

a. Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: e.g. cancer screening).

“population programmes delivered to individuals”

b. Outcomes and Activities table

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

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		babies in smokefree households at 6 weeks post birth	smoking cessation providers and Green Prescription referrals	
			Explore appropriate interventions in primary care and other settings on completion of the Alcohol Harm Minimisation Strategy	CPH (Policy), Primary Care
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening Population-level measures: Percentage of women aged 50-69 who have had a breast screen in the last 2 years Percentage of Māori women aged 50-69 who have had a breast screen in the last 2 years Percentage of women who have had a cervical smear once in the last 3 years Percentage of Māori women who have had a cervical smear once in the last 3 years	Undertake activities to increase uptake of cervical screening. Undertake activities to increase uptake of breast screening.	Primary Care Primary Care
	Early detection of health, behavioural, social, or developmental concerns	Coverage rates for Before School Checks (quantitative)	Implement, and/or undertake activities to increase uptake of, Before School Checks.	Primary Care
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes Population-level measures: Percentage of people aged 45-74 who have had their cardiovascular risk assessed in the last 5 years	Undertake activities to increase coverage of CVD and diabetes screening.	Primary Care

10. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

CALD – Culturally and Linguistically Diverse

CCC – Christchurch City Council

CFS – Common File Structure

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CPH – Community and Public Health

CPO – Controlled Purchase Operation - where one CPO equals one total organised operation that targets a number of premises

CVD – Cardiovascular Disease

DHB – District Health Board

DLC – District Licensing Committee

DPMC – Department of the Prime Minister and Cabinet

DWA - Drinking Water Assessor

DWS – Drinking Water Standards

ECan – Environment Canterbury

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

GIS – Geographical Information Systems

Health EMIS – Emergency Management Information System

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy Christchurch – A collaboration of over 200 organisations in Christchurch who are all working together to promote, protect and improve the health and wellbeing of the people of Christchurch.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population.

HiAP – Health in All Policies

HPS – Health Promoting Schools

HPSTED – Health Promotion and Sustainability Through Environmental Design

HSNO – Hazardous Substances and New Organisms

HSDIRT – Hazardous Substances Disease and Injury Reporting Tool

IANZ – International Accreditation New Zealand

IHR - International Health Regulations

IPC – Infection Prevention Control

IRPG – Integrated Recovery Planning Guide

ISLA – Immunisation Service Level Alliance

LAP – Local Alcohol Policy

MoH – Ministry of Health

MoU – Memorandum of Understanding

NGO – Non-government organisation

NZDep2013 – New Zealand Deprivation Index (2013)

P&F – Planning and Funding

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHU – Public Health Unit

Pratique – The license given to a ship to enter a port which states that it is free from contagious disease.

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation used its money

RW – Recreational Water

SI – South Island

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP - South Island Public Health Partnership

SIPHAN – South Island Public Health Analysis Network

SLMF –System Level Measures Framework

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

TA – Territorial Authority

VTA – Vertebrate Toxic Agent