AGENDA

Canterbury District Health Board
Te Poari Hauora o Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
to be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 4 March 2021 commencing at 1.00pm

Administration			
	Apologies		1.00pm
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 5 November 2020		
3.	Carried Forward / Action List Items		
Reports for Decision			
4.	Community Water Fluoridation Position Statement	Evon Currie *General Manager, Community & Public Health*	1.10-1.35pm
Reports for Noting			
5.	Covid-19 Update (Oral)	Dr Ramon Pink *Public Health Physician/ Medical Officer of Health*	1.35-2.00pm
6.	CDHB Pacific Health Strategy – Implementation Plan – Targets & Indicators	Hector Matthews *Executive Director, Maori & Pacific Health* Ralph La Salle *Acting Executive Director, Planning Funding & Decision Support*	2.00-2.20pm
7.	Community & Public Health Update Report	Evon Currie	2.20-2.30pm
8.	Planning & Funding Update Report	Ralph La Salle	2.30-2.40pm
9.	2021 Workplan		2.40-2.45pm
ESTIMATED FINISH TIME			**2.45pm**

	Information Items:
	• Remembering a Pacific Community Hero
	• CPH 6 Month Report to MoH
	• CCN Q1 2020/21
	• Disability Steering Group Minutes:
	  ○ 25 September 2020
	  ○ 23 October 2020
	  ○ 27 November 2020		

NEXT MEETING: Thursday, 6 May 2021 at 1.00pm

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

Aaron Keown (Chair)
Naomi Marshall (Deputy Chair)
Catherine Chu
Jo Kane
Gordon Boxall
Tom Callanan
Rochelle Faimalo
Rawa Karetai
Yvonne Palmer
Michelle Turrall
Dr Olive Webb
Sir John Hansen (Ex-officio)
Gabrielle Huria (Ex-officio)

Executive Support
(as required as per agenda)

Dr Peter Bramley – *Chief Executive*
Evon Currie – *General Manager, Community & Public Health*
Savita Devi – *Acting Chief Digital Officer*
Dr Richard French – *Acting Chief Medical Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Acting Executive Director of Nursing*
Ralph La Salle – *Acting Executive Director, Planning Funding & Decision Support*
Paul Lamb - *Acting Chief People Officer*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Hector Matthews – *Executive Director Maori & Pacific Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Karalyn Van Deursen – *Executive Director of Communications*

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

COMMITTEE ATTENDANCE SCHEDULE 2020

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	04/03/21	06/05/21	01/07/21	02/09/21	04/11/21
Aaron Keown (Chair)					
Naomi Marshall (Deputy Chair)					
Catherine Chu					
Jo Kane					
Gordon Boxall					
Tom Callanan					
Rochelle Faimalo					
Rawa Karetai					
Yvonne Palmer					
Michelle Turrall					
Dr Olive Webb					
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
Te Poari Hauora ō Waitaha

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

Aaron Keown **Chair – CPH&DSAC** Board Member	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall **Deputy Chair – CPH&DSAC** Board Member	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Gordon Boxall	**Akaroa Community Health Trust (*ACHT*)** – Chairperson and Trustee A charity established to develop a new model of care that integrated local primary care services with aged care, respite and modern health services fit for the rural community. Its primary goal was to establish a new facility, in partnership with CDHB, to replace the hospital and unviable aged care home, post earthquakes. **Akaroa Health Limited** – Director Wholly owned charity which is the operating arm of ACHT. The new facility accommodates a GP practice, eight aged care beds and four flexi beds. It has contracts with CDHB. **Pathways** – Director National provider of mental health and wellbeing supports and services. It has contracts with CDHB. **People First / Nga Tangata Tuatahi** – National Advisor Volunteer role to support people with learning / intellectual disabilities to govern their own organisation. **Weaving Threads Limited** – Owner / Director Provides mentoring services to leaders in the disability sector and contracts with disability and mental health agencies.
Tom Callanan	**CCS Disability Action** – Services Manager, Canterbury Service provider within disability sector in New Zealand, including advocacy and information sharing. Receives funding for services from MoH and MSD. **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
Catherine Chu Board Member	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Rochelle Faimalo	**Christchurch City Council** – Community Development Advisor **Faimalo Limited** – Director & Shareholder
Jo Kane 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.
Rawa Karetai	**Christchurch Heroes** – Chair LGBTI inclusive sports trust. Five different sport codes. **Hui Takatapui** – Board Member Organising with Maori kaupapa LGBTI biannual conference. **Kahukura Pounamu** – Volunteer Organising Maori LGBTI events, networks and support for South Island. **ILGA Oceania** – Board Member and New Zealand Representative Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations. **ILGA World** – Bisexual Steering Committee Chair and Board Member Support LGBTI civil society worldwide through advocacy and research projects, and give grassroot movements a voice within international organisations.

	Ministry of Health Disability Directorate – Principal Advisor Disability Network - Chair All of Ministry Communications - Director Alternative Formats and Accessible Communications All of Government Disability COVID-19 Response - Director Enabling Good Lives, Governance of the Disability Directorate, stakeholder engagement, strategy, change, leadership, communications, All of Government, and All of Ministry. **Qtopia** – Chair LGBTI youth organisation. Celebrate, educate and advocate for young LGBTI youth.
Yvonne Palmer	**Safer Waimakariri Advisory Group** – Member
Michelle Turrall Manawhenua	**Canterbury Clinical Network (CCN) Maori Caucus** - Member **Canterbury District Health Board** - daughter employed as registered nurse. **Christchurch PHO Ltd** – Director **Christchurch PHO Trust** - Trustee **Manawhenua ki Waitaha** – Board Member and Chair **Oranga Tamariki – Iwi and Maori** – Senior Advisor **Papakainga Hauora Komiti – Te Ngai Tuahuriri** – Co-Chair
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.
Sir John Hansen **Ex-Officio – CPH&DSAC** Chair, CDHB	**Bone Marrow Cancer Trust** – Trustee **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **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	**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*). **Rawa Hohepa Limited** – Director Family property company **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband

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, 5 November 2020 commencing at 1.00pm

PRESENT

Aaron Keown (Chair); Gordon Boxall; Tom Callanan; Catherine Chu; Rochelle Faimalo; Jo Kane; Naomi Marshall; and Michelle Turrall.

Attending via Zoom: Rawa Karetai; and Sir John Hansen (Ex-Officio).

APOLOGIES

Apologies for absence were received and accepted from Yvonne Palmer; and Olive Webb.
Apologies for lateness were received and accepted from Gordon Boxall (1.28pm); and Michelle Turrall (2.05pm).

EXECUTIVE SUPPORT

Dr Andrew Brant (Acting Chief Executive); Evon Currie (General Manager, Community & Public Health); Dr Jacqui Lunday Johnstone (Director of Allied Health, Scientific & Technical); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

EXECUTIVE APOLOGIES

None

IN ATTENDANCE

Full Meeting

Allison Nichols-Dunsmuir, Health In All Policies Advisor
Kathy O'Neill, Team Leader, Primary Care

Items 1 to 7

Anne Hawker, Ministry of Social Development
Grant Cleland, Chair, Disability Steering Group

Item 8

Dr Martin Lee, Clinical Director, Community Dental Service
Bridget Lester, Child & Youth Team Leader, Planning & Funding

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

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

2. CONFIRMATION OF MINUTES

Resolution (02/20)
(Moved: Aaron Keown/Seconded: Naomi Marshall – carried)

"That the minutes of the meeting of the Community & Public Health and Disability Support Advisory Committee held on 3 September 2020 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward action list was noted.

4. ACCESSIBLE INFORMATION CHARTER

Dr Jacqui Lunday Johnstone presented the report, which was taken as read. It was noted that this is part of the journey in continuing to implement the Canterbury West Coast Disability Action Plan and further recognises that we are on a journey to improve how we do things in a way that supports all our community to have access to the support, information, guidance etc that they require in order to support their health journey.

Kathy O'Neill, Team Leader, Planning & Funding, introduced Anne Hawker from the Ministry of Social Development, who was in attendance. Ms Hawker is the founder of this document, along with her DPO colleagues nationally. A training session was held this morning across CDHB, with CCN also present. It was a very informative and useful session and we thank Ms Hawker for that.

Ms Hawker noted that disability is not about an impairment, it is about the barriers that are created to effective participation. This is about creating equity or equality of opportunity.

There was a query around the five years. Ms Hawker advised we are already two years into it and we are just starting to get some of the thinking to change. It is quite a behavioural and cultural change. It is the behavioural change that takes the time. This is saying you embed accessibility from the beginning.

Dr Lunday Johnstone advised there is a real opportunity to build on momentum. This is a particularly timely point for us in our journey in Canterbury because we are looking at how we automate communication with patients and GPs etc. To make this an integral part of how we do it from the get go, rather than doing something and then having to retrofit.

Dr Lunday Johnstone further advised there is a compelling narrative around doing better in this space – only data will help us show that what we have done has made a difference. It is marginal gains in a number of areas and it is the accumulation of people owning the need to do things differently.

Ms Hawker commented the disabled community is not an interest group, it is a population group, counting for about 24% of the population. There needs to be a focus on how you make information born accessible.

Resolution (03/20)
(Moved: Aaron Keown/Seconded: Jo Kane – carried)

The Committee recommends that the Board:

i. endorses the New Zealand Government Accessible Information Charter (the *Charter*);
ii. approves a signed copy of the Charter being forwarded to the Office of Disability Issues and the Charter's founder within the Ministry of Social Development to recognise CDHB's commitment;
iii. notes the Terms of Reference for the Accessible Information Working Group;
iv. notes that six monthly updates will be provided to CPH&DSAC on actions undertaken to meet the objectives of the New Zealand Government Accessible Information Charter; and
(v) looks at innovative ways and opportunities to source new monies to help support the budgets in this area.

Gordon Boxall joined the meeting at 1.28pm.

5. WORKING MATTERS – MINISTRY OF SOCIAL DEVELOPMENT (PRESENTATION)

Anne Hawker, Ministry of Social Development, spoke to the Committee about "Working Matters" – an Action Plan to ensure disabled people and people with health conditions have an equal opportunity to access employment.

Ms Hawker provided the history to this document, as well as outlining:

- Who the plan is for.
- Why the plan is important.
- What success looks like.
- How the plan will be implemented.
- The kaupapa guiding the plan.
- The objectives of the plan:
    - support people to steer their own employment futures;
    - back people who want to work and employers with the right support; and
    - partner with industry to improve work opportunities for disabled people and people with health conditions.

The Committee had the opportunity to ask questions and discuss various aspects of the plan with Ms Hawker.

The Chair thanked Ms Hawker for her attendance.

6. DISABILITY STEERING GROUP UPDATE (ORAL)

Grant Cleland, Chair, Disability Steering Group (*DSG*), provided an update on the work of the DSG. The following points were highlighted:

- Looking at the priorities within the Disability Action Plan.
- Getter the Accessibility Charter across the line has been a number one priority, in terms of changing the systemic and structural change that is required.
- Physical access. Getting systems in place that are looking at systemic change and ensuring that we are not having to retrofit.

- Disability responsiveness training for staff. Members of the DSG have been working with members of the People & Capability Team around reviewing training, particularly for non-clinical staff, but also clinical staff. This is an essential piece of work going forward.

Michelle Turrall joined the meeting at 2.05pm.

- Continuing to look at how we get more disabled people employed. Project Search has done wonderful things and continues to do so. Building on that is important.
- Had a workshop on 23 October 2020 around the UN Convention, the process of which was to help identify some of the gaps in terms of the UN Convention and Services.
- Working on the development of a template for monitoring the Disability Action Plan, so that we are very clear about the outcomes, priorities, how we measure that etc.
- Have met with the recruitment team for the new Chief Executive and other Executive positions, giving advice on what was thought to be required from a disability perspective.

There was a query about the New Brighton Chaired Plan Pilot. Kathy O'Neill, Team Leader, Primary Care, advised this is using the acute and personalised shared care plans initially looking at people who are in residential learning disability facilities. Went to NZ Care, a large residential provider in Christchurch, a lot of whose facilities go to the New Brighton medical centre. It is the GP and their team that populate the shared care plan with the carers from NZ Care and the individual that the plan is written about. Wanted to use it as a pilot, because the plans were not written for disabled people – they were written with more of a health focus in mind. We wanted to know if it worked for that population. It was found that while it does take quite a bit longer to get fully completed, we are now looking wider and getting it publicised in general practice that you need to be using these with disabled people. We have also started promoting it on the West Coast.

Dr Lunday Johnstone noted there are a number of future work pieces that will help us have a greater understanding of what we have achieved. The challenge is actually knowing who our employees are who identify as disabled, and we have done work to identify that through Max. Similarly, we need to understand if people identify as disabled when they are in our system, it allows us then to make those reasonable accommodations that people with communication difficulty, for example, may have – including interpreters – this is not just for people with disabilities, it relates to people whose first language is not English. There are lots of opportunities for that cross fertilisation, but we need to recognise what we know now and what do we not have data on that will help inform our improvement journey.

The Chair thanked Mr Cleland for his attendance.

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

Allison Nichols-Dunsmuir, Health In All Policies Advisor, presented an update on what has been happening with the Canterbury Accessibility Charter. The presentation highlighted the following:

- The big picture – progress to date.
- Accessibility Charter strategic issues.
- Accessibility Charter strategic challenges.
- The Accessibility Charter:
  - Terms of Reference for the Accessibility Charter Working Group (ACWG)
  - Implementation Plan (July 2019)
  - Meeting monthly aligned to the Disability Steering Group

  - Update Report to EMT
  - One–pager includes Three Pillars Model
  - Busy work programme
  - Influencing processes via specifications
  - Report to Ministry Disability Support DDG
  - Why this makes sense nationally
  - Specification framework
    - commitment to accessibility MoH and DHBs
    - tender documents
    - project management
    - specific areas eg toilets, car parking
- Hillmorton new buildings.
- Outpatients Audit of Toilet Rooms.
- Car parking building.

A member queried whether there was anything else needed from the Committee to help endorse the direction. Dr Lunday Johnstone advised that in the context of our current issues and challenges we are looking to explore a hybrid model where we are using existing expertise built onto someone's existing role. We will try that and see how that goes. Given the extent of additional construction that will be going on in this DHB for some considerable time, then if there is more than this individual person can do, we may need to come back to this Group with a proposal.

Mr Keown noted that at the Christchurch City Council there is a Disability Issues Working Group. Where CCC wants to end up at is: "what does best practice look like?". It is very hard to work out. Even consenting staff are struggling to find what best practice looks like.

There was a request for information to be provided on lessons learnt with regards to the Outpatients Audit of Toilet Rooms and how we stop this happening again.

With respect to car parking, it was stressed we will never get this right if we only put a few mobility carparks in. Attention also needs to be paid to the width of carparks, to ensure appropriate accessibility.

Dr Lunday Johnstone noted that the key thing that Ms Nichols-Dunsmuir is articulating here is that we are trying to learn as we go and systematise what we are doing to avoid these things from happening. It is not straight forward, especially when you are dealing with a building that is being looked after by a Ministry, and the points at which audits are required to be done. None of that is always at our door. What we are trying to do is make sure that right from the concept design commission, that our processes and systems and project management is being put in place.

There was a query about the upcoming retrofit of Parkside. A member requested that this Committee get to look at what a retro-fit will look like on tight dollars.

The Committee thanked Ms Nichols-Dunsmuir for the update.

8. ORAL HEALTH UPDATE (PRESENTATION)

Dr Martin Lee, Clinical Director, Community Dental Service; and Bridget Lester, Child & Youth Team Leader, Planning & Funding, provided an oral health update to the Committee. An apology for absence was noted from Dr Lester Settle, Clinical Director, Hospital Dental Service.

The presentation highlighted the following:

- Oral Health System in Canterbury
- Community Dental Services (*CDS*) outcomes
- CDS Challenges and Opportunities
- Patient demographics for adolescent oral health
- Adolescent dental – challenges and opportunities
- Key findings from talking to Year 10-11 students about dental health
- Hospital Dental Services
- Tertiary Level Services & Relief of Pain
- Relief of Pain services 2018/19
- Hospital Dental 2019/20 data
- Oral Health Service Development Group 2020-2022
- Oral Health Promotion

A member queried the slide that commented "access to oral health services, and poor oral health remains an issue for Maori and Pacific within the CDHB region", noting this was not an issue for Maori and Pacific, but rather an issue for CDHB with its Maori and Pacific population.

There was discussion around oral health for the disabled community and also for those receiving mental health services.

There was considerable discussion around fluoride, including Ashburton's experience with fluoridating / not fluoridating its water.

A member commended progress being made on accessibility for Child Oral Health. The extension to clinic hours, clinical availability during school holidays, as well as notes being sent home has proven very beneficial. Very positive to see things are progressing.

The Committee noted the Oral Health Update.

Catherine Chu retired from the meeting at 3.32pm.

9. FIRST 1,000 DAYS REPORT UPDATE

Evon Currie, General Manager, Community and Public Health presented the report. She noted this was a South Island report for the Hauora Alliance. Found that the report itself was circulated much more widely than anticipated and was picked up by areas we had not even anticipated would find it of value. It has had an influence in a variety of different settings, across a variety of groups.

There was no discussion.

The Committee noted the First 1,000 Days Report Update.

Naomi Marshall retired from the meeting at 3.40pm.

10. COMMUNITY & PUBLIC HEALTH UPDATE

Ms Currie presented the report which was taken as read, noting it provided an update on activity in Community and Public Health.

Surprise was expressed at the recent "rheumatic fever and housing" case. Ms Currie noted whilst it is not as significant an issue in this area as it is in the likes of Auckland, it is a little more common than perhaps we realise.

The Committee noted the Community & Public Health Update report.

INFORMATION ITEMS

- Disability Steering Group Minutes: 24 July & 28 August 2020
- Maori Population, Partnership, Health & Equity (ex Board – 15 Oct 20)
- CCN Q3 & Q4: Jan-Jun 2020
- 2021 Meeting Schedule
- 2020 Workplan

There being no further business the meeting concluded at 3.42pm.

Confirmed as a true and correct record:

_____ _____

Aaron Keown Date of approval
Chair

CPH&DSAC MEETING 5 NOVEMBER 2020
ACTION NOTES

Clause No		Action Points	Staff
	Apologies	Absence - Yvonne Palmer and Olive Webb Lateness – Gordon Boxall (1.28pm) and Michelle Turrall (2.05pm).	Anna Craw
1.	Interest Register	Nil	
2.	Confirmation of Minutes – 3 September 2020	Adopted: Aaron Keown / Naomi Marshall	Anna Craw
3.	Carried Forward Items	Nil	
4.	Accessible Information Charter	Recommended through to Board: Aaron Keown/Jo Kane	Anna Craw
5.	Working Matters – Ministry of Social Development	Nil	
6.	Disability Steering Group Update	Nil	
7.	Canterbury Accessibility Charter – Accessibility Working Group Update	Provide to committee information on lessons learnt with regards to the "Outpatients Audit of Toilet Rooms" and how we stop this happening again. One page paper to CPH&DSAC meeting on 5 March 2021. **Report due to Anna Craw: 20 February 2021.**	Allison Nichols-Dunsmuir
8.	Oral Health Update	Nil	
9.	First 1,000 Days Report Update	Nil	
10.	Community & Public Health Update	Nil	
	Info Items	Nil	

Distribution List:
Allison Nichols-Dunsmuir

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 4 MARCH 2021

	DATE	ACTION	REFERRED TO	STATUS
1.	05 Nov 20	Lessons learnt from the audit of Outpatients Toilet Rooms	Allison Nichols-Dunsmuir	Report to 6 May 2021 meeting.

CDHB POSITION STATEMENTS

STATEMENT	DATE ADOPTED	STATUS
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Fluoridation Position Statement	Jul 2003	Under revision.
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	

COMMUNITY WATER FLUORIDATION POSITION STATEMENT

Canterbury District Health Board
Te Poari Hauora o Waitaha

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

PREPARED BY: **Information Team, Community and Public Health**

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

DATE: **4 March 2021**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This Statement was developed for the Canterbury District Health Board by the Information Team, Community and Public Health (*C&PH*), a division of the Canterbury District Health Board.

C&PH carries out scheduled reviews of existing CDHB position statements. This updated background paper and position statement on Community Fluoridation are the result of this process.

2. RECOMMENDATION

The Committee recommends that the Board:

i. adopts the reviewed Position Statement on Community Water Fluoridation.

3. DISCUSSION

Background

- New Zealand water supplies generally have naturally low concentrations of fluoride, typically within the range of ~0.1-0.2 mg/L.
- Community water fluoridation at concentrations in the range 0.7 and 1.0 mg/L provides additional caries protection by favourably shifting the de-/remineralisation balance in the oral cavity, and fluoride is most effective when provided at multiple times during the day.
- Community water fluoridation is safe and effective in preventing tooth decay.
- Community water fluoridation is a passive fluoride delivery method, and individuals in all social strata benefit. The greatest benefits are seen in those with most disease.
- Water fluoridation provides benefits across the life-span.
- Support for community water fluoridation as a public health measure is unreserved among scientific experts and major health organisations.

Position Statement

Purpose

The purpose of this document is to outline the Canterbury District Health Board's support for community water fluoridation as a safe and effective way of improving oral health and reducing oral health inequities.

Definitions

Community water fluoridation is the controlled addition of fluoridating agents into municipal water supplies. Community water fluoridation adjusts the level of naturally-occurring fluoride in drinking water to an optimal level for protection against tooth decay (0.7-1.0 mg/L).

Scope

The focus of this position statement and background paper is on the safety and effectiveness of community water fluoridation. A brief discussion of relevant legal and ethical considerations is also included.

Position

The Canterbury District Health Board:

- recognises that dental caries is caused by a range of socio-behavioural risk factors and the burden of tooth decay in Canterbury is substantial (page 9);
- recognises that persistent oral health inequalities exist for some vulnerable groups, including those who experience socioeconomic disadvantage (page 9);
- recognises that Māori in Canterbury carry an enduring and disproportionate oral health burden compared with non-Māori, and that community water fluoridation is pro-equity and consistent with Māori values (page 12);
- accepts the extensive scientific evidence that community water fluoridation is a safe, effective and socially equitable public health strategy for the prevention of tooth decay for whole populations (page 10, 12, 13); and
- supports fluoridating community water supplies to the level recommended by the Ministry of Health.

4. APPENDICES

Appendix 1: Community Water Fluoridation Position Statement

Community Water Fluoridation Position Statement

2019

DRAFT

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

About this Position Statement

This Statement was developed for the Canterbury District Health Board by the Information Team, Community and Public Health, a division of the Canterbury District Health Board.

Contents

POSITION STATEMENT

Purpose

The purpose of this document is to outline the Canterbury District Health Board's support for community water fluoridation as a safe and effective way of improving oral health and reducing oral health inequities.

Definitions

Community water fluoridation is the controlled addition of fluoridating agents into municipal water supplies. Community water fluoridation adjusts the level of naturally-occurring fluoride in drinking water to an optimal level for protection against tooth decay (0.7-1.0 mg/L).

Scope

The focus of this position statement and background paper is on the safety and effectiveness of Community water fluoridation. A brief discussion of relevant legal and ethical considerations is also included.

Position

Note: (page numbers) refer to the corresponding sections of the Background Paper

The Canterbury District Health Board:

1.1 recognises that dental caries is caused by a range of socio-behavioural risk factors and the burden of tooth decay in Canterbury is substantial (*page 9*)

1.2 recognises that persistent oral health inequalities exist for some vulnerable groups, including those who experience socioeconomic disadvantage (*page 9*)

1.3 recognises that Māori in Canterbury carry an enduring and disproportionate oral health burden compared with non-Māori, and that community water fluoridation is pro-equity and consistent with Māori values (*page 12*)

1.4 accepts the extensive scientific evidence that community water fluoridation is a safe, effective and socially equitable public health strategy for the prevention of tooth decay for whole populations (*page 10, 12, 13*)

1.5 supports fluoridating community water supplies to the level recommended by the Ministry of Health.

BACKGROUND PAPER

In brief

- New Zealand water supplies generally have naturally low concentrations of fluoride, typically within the range of ~0.1-0.2 mg/L.
- Community water fluoridation at concentrations in the range 0.7 and 1.0 mg/L. provides additional caries protection by favourably shifting the de-/remineralisation balance in the oral cavity, and fluoride is most effective when provided at multiple times during the day.
- Community water fluoridation is safe and effective in preventing tooth decay.
- Community water fluoridation is a passive fluoride delivery method, and individuals in all social strata benefit. The greatest benefits are seen in those with most disease.
- Water fluoridation provides benefits across the life-span.
- Support for community water fluoridation as a public health measure is unreserved among scientific experts and major health organisations.

Key considerations

Background

Community water fluoridation is a common method of population-level fluoride delivery[a] (Box 1). Water can be fluoridated through the controlled addition of a fluoride compound to a public water supply [1] with the optimum level considered to be 0.7 – 1.0 mg/L [2]. Fluorides are widespread in the earth's crust and are naturally present in water with varying concentrations from less than 0.5 parts per million (ppm) to 25ppm [3]. When fluoride is continually present in saliva it is adsorbed strongly to the surface enamel mineral, and this reduces the acid solubility of the enamel [4]. Therefore, fluoride is most effective in preventing and slowing the progression of dental caries when it is frequently available at low concentration. Community water fluoridation provides an optimal system of delivery [3,5,6]. Community water fluoridation does not affect the appearance, taste, or smell of drinking water.

Currently, more than 30 countries and over 250 million people participate in water fluoridation programs in countries that include the USA[b], Canada, the UK, Ireland, Brazil, Australia and New Zealand[c][7].

Water fluoridation coverage in New Zealand is incomplete. Currently, just over half of the total population receive fluoridated water. In 2016, approximately 2.27 million people across New Zealand were supplied with fluoridated water, with the potential for a 1.45 million increase in coverage if all drinking-water supplies servicing over 1000 people were fluoridated [8]. The cities of Auckland[d], Wellington and Dunedin comprise the greatest populations with fluoridated water.

Box 1

Origins/history

Community water fluoridation has its origins in Trendley Dean's studies of naturally occurring fluoridated water in the US in the 1930s. Dean and colleagues published a series of epidemiological studies describing the relationship between the different levels of fluoride naturally present in public drinking water supplies and the prevalence and severity of dental fluorosis and dental caries (Dean, 1956; Dean, Arnold, & Elvove, 1942a; Dean, Arnold, Jay, & Knutson, 1950).

In 1942, Dean demonstrated a clear curvilinear relationship between dental caries rates and the natural fluoride content of the public water supply. On the basis of these findings, the first community water fluoridation programme was initiated in Grand Rapids Michigan in 1945, along with a 15 year trial of the effects.

[a] Other fluoride delivery methods include delivery via milk or salt or supplements, via toothpaste, mouth-rinses, gels, and varnishes.
[b] Two-thirds of the US population received fluoridated drinking water from water fluoridation schemes in 2014 (≈211 million) (CDC, 2014).
[c] Community water fluoridation has been implemented in many regions in New Zealand for over 60 years.
[d] Auckland (Super City) accounts for two thirds of the population that has fluoridated water.

Importance of oral health

Dental caries is a chronic and progressive disease of the mineralised tissues of the teeth, caused by interactions over time between tooth substance and acid produced by certain micro-organisms when they metabolise dietary carbohydrates. New Zealand's oral health statistics compare unfavourably with similar countries such as Australia and the United Kingdom. There are also persistent differences in child and adult oral health across different ethnic, socioeconomic, and other population groups [9-12]. Dental caries is associated with pain, infection, tooth loss (Box 2), reduced quality of life, and, for school children, lost school time and restricted activity days, as well as problems in eating, speaking and learning [13,14]. The carious process can progress to serious destructive disease resulting in hospitalisations among children, and the cost of treatment under general anaesthetic is substantial. For many adults, the formation of new cavities continues unabated throughout the lifespan in a linear relationship (**Error! Reference source not found.**) [12,15,16]. By Age 65, an estimated three-quarters of the New Zealand adult population has had one or more teeth removed due to decay, an abscess, infection or gum disease [12].

Box 2

Burden of disease: destructive tooth decay in New Zealand, 2017/18

"An estimated **40,000 children** aged 0-14 years and an estimated **272,000 adults** had one or more of their teeth removed in the past 12 months, due to decay, an abscess or infection in 2017/18" Ministry of Health (2018)

Poor oral health and oral health inequities

By five years of age, 40 percent of New Zealand children have already experienced tooth decay (2017/18) [17]. There are statistically significant differences within the population by ethnicity and deprivation [12]. In 2017/18, 50.3 percent of Māori children and 63.3 percent of Pacific children experienced dental decay in their lifetime compared with approximately 35 percent of the total population and 30 percent of 'other' (at 5 years, mean dmft[e] Māori =2.42; mean dmft Pacific =3.43; mean dmft total population =1.6; and mean dmft 'other' =1.32). Further, approximately 15 percent of Māori and Pacific children (0-14 years) had experienced at least one tooth extraction due to decay in their lifetime, compared with approximately 10 percent of European/Other children (2017/18) [12].

For all adults aged 15+ years in 2017/18, 46.3 percent reported that at least one tooth had been removed because of tooth decay, an abscess, infection or gum disease in their lifetime and for Māori adults the proportion was over half (53.4%) [12].[f]

Box 3

The Dunedin Study

The Dunedin Study (Broadbent et al. 2008) remains the only dental study to have followed a group of individuals from birth to adulthood (Poulton et al. 2015). The study demonstrated that the rate of increase in caries-affected teeth (surfaces) was linear, with no apparent drop-off in the rate of increase in disease with increasing age. The study shows that childhood and adolescence are *not* periods of *special* risk for dental caries, rather, caries-preventive measures are necessary at all stages of the life-course.

[e] The dmft/DMFT index is one of the most common methods for assessing dental caries prevalence. The lower case notation 'dmft' refers to decayed, missing, or filled deciduous ("baby") teeth while the upper case notation DMFT refers to permanent teeth. Missing teeth (M/m) are teeth that have been extracted due to decay

[f] After adjusting for differences in gender and age.

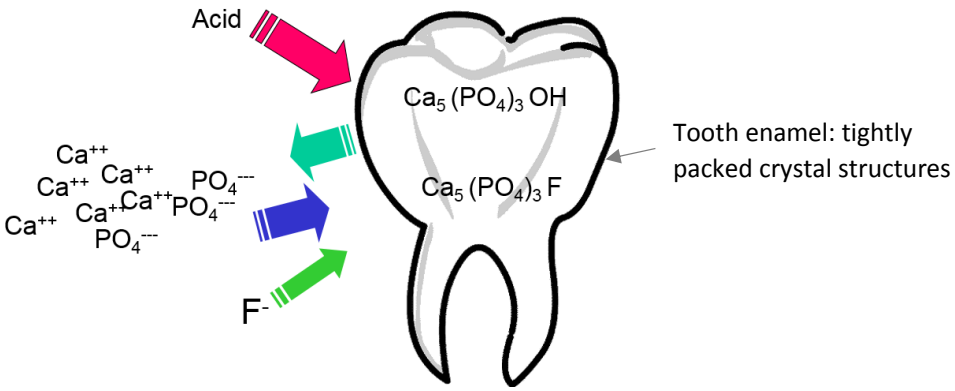
Contribution of fluoridation

International and New Zealand studies show that community water fluoridation is associated with fewer decayed, missing, and filled teeth, and a greater proportion of children remaining caries free [9,18-24]. The greatest benefits from community water fluoridation are experienced within lower socio-economic status communities as these communities typically have higher rates of tooth decay [9,11]. A comprehensive approach to controlling dental caries in high-risk populations may include reducing exposure to sugary food and drinks, ensuring the use of fluoride toothpaste and other forms of individual-level fluoride delivery, implementing passive fluoride delivery via community water supplies, and configuring oral health services to include easy access. Community water fluoridation is considered international best-practice and is recommended by the World Health Organization as one of the most effective public health measures for prevention of dental decay [25]. The benefits of community water fluoridation accrue in addition to other approaches [26].

Mechanism of action and delivery methods

The principle actions of fluoride in reducing caries is its effects on demineralisation (the loss of calcium and phosphate) and subsequent remineralisation of enamel during caries initiation and progression [14] (Figure 1). The beneficial effects of fluoride predominantly rely on continued and frequent topical interactions with the tooth surface [6,27]. A constant low level of fluoride ion in saliva and plaque fluid reduces the rates of enamel demineralisation during the caries process and promotes the remineralisation of early caries lesions [6,14,27].

Figure 1: The role of fluoride in the demineralisation and remineralisation of tooth enamel



The figure shows that fluoride forms an acid resistant $Ca_5(PO_4)_3F$ 'fluorapatite-like' reinforcement of the enamel matrix. Bacteria feed on fermentable carbohydrates and produce the acids that dissolve tooth mineral (demineralisation). Demineralisation leads to the release of mineral ions into the solution and a loss of tooth enamel (calcium and phosphate). When fluoride is present in the biofilm fluid, the net demineralisation is reduced. Remineralisation occurs after the exposure to sugars has ceased, and acids in the biofilm are cleared by saliva and converted to salts. If the biofilm still contains fluoride, then the calcium or phosphorus that has leached out of enamel can be recovered more efficiently [28]. Fluoride inhibits demineralisation and enhances remineralisation [27].

Adapted from: Featherstone JD (1999) Prevention and reversal of dental caries: role of low level fluoride. Community Dent Oral Epidemiol 27: 31-40.

Operationally, community water fluoridation involves three main processes: (1) delivery of the fluoridating agent to the treatment plant or point-of-supply (2) the metered dosing of the water supply, and (3) real-time monitoring of the concentration of fluoride in the community supply.

Effectiveness

Community water fluoridation provides protection against tooth decay across the lifespan when used at the concentration recommended by the New Zealand Ministry of Health [25]. In reaching this conclusion, the review panel of the Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor (RSNZ/OPMCSA) [25] considered a large body of epidemiological evidence spanning 60 years, including a number of systematic reviews and numerous New Zealand and international studies. The evidence summarised in the RSNZ/OPMCSA report includes the five most commonly cited systematic reviews published since 2000[g]: specifically, the York review/NHS England (2000), and the reviews conducted by the NHMRC Australia (2007), Health Canada (2010), and Rugg-Gunn and Do, (2012).

The RSNZ/OPMCSA report concluded that:

> 'There is compelling evidence that fluoridation of water at the established and recommended levels produces broad benefits for the dental health of New Zealanders' (reference p. IV).

The most recent review of community water fluoridation by the Cochrane Collaboration (2015) was published subsequent to the RSNZ/OPMCSA report. Together, these publications include over 150 studies of community water fluoridation. The reviews [19,20,24,29,30] summarise individual studies reporting reductions in the incidence of decayed, missing, and filled deciduous teeth (dmft) in the range of 14-68% with water fluoridation compared with no fluoridation, and reductions in the incidence of decayed, missing, and filled permanent teeth (DMFT) in the range of 0-85% with water fluoridation compared with no fluoridation.

Overall, the pooled results from the child and adolescent caries severity data indicate that the initiation of community water fluoridation results in reductions in *dmft* of approximately 35% and reductions in *DMFT* of approximately 26%, compared to the median control group mean values [20]. These data also indicate absolute increases in the proportion of *caries-free* children in fluoridated areas of approximately 15%.

Fewer studies have estimated the effectiveness of community water fluoridation in preventing dental caries for adults [15,19,31-34]. However, Griffin et al. (2007) analysed 20 comparisons of community water fluoridation versus no water fluoridation among adults (aged 20+ and aged 40+ years) and derived a prevented fraction of 27% (absolute difference in annual caries increment) [19]. Table 1 summarises the available findings for dmft, DMFT, and % caries-free, for children, adolescents, and adults.

Table 1: Summary of effectiveness, fluoridation vs, no fluoridation

Group	Age	Measure	Caries reduction	Source
Children	≈0-11	dmft	35%	Iheozor-Ejiofo, 2015
Adolescents	≈11+	DMFT	26%	Iheozor-Ejiofo, 2015
Adults	20+ & 40+	DMFT	27%	Griffin, 2007
Children	≈0-11	% caries-free deciduous	Δ% caries-free = +15$_{pp}$	Iheozor-Ejiofo, 2015
Adolescents	≈11+	% caries-free permanent	Δ% caries-free = +14$_{pp}$	Iheozor-Ejiofo, 2015

pp = percentage points

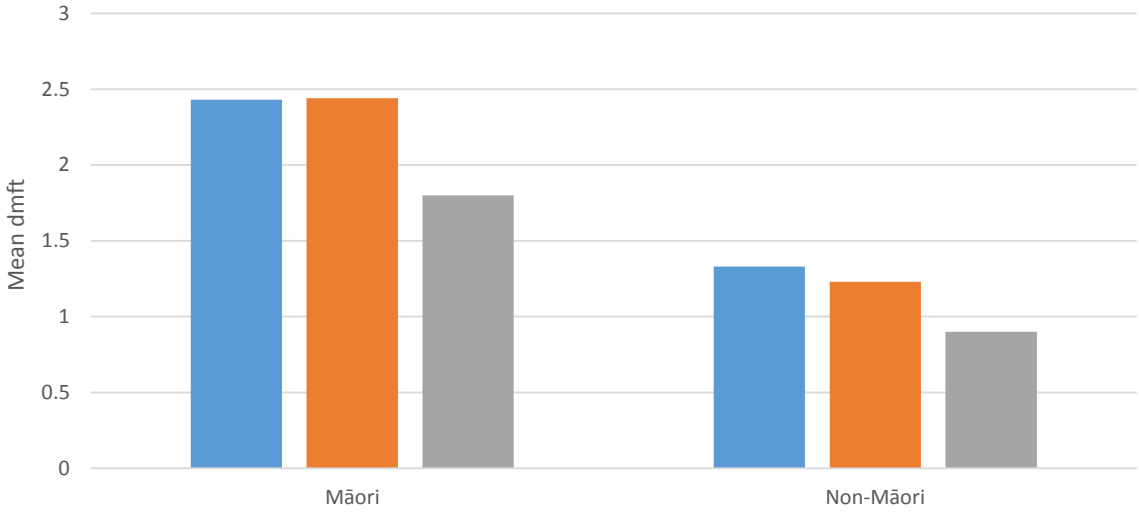
[g] Most studies of community water fluoridation have focused on children because the data are more readily available.

Impact on inequities

Tooth decay is strongly associated with social deprivation [10,26,35]. As community water fluoridation is a passive fluoride delivery method, individuals in all social strata benefit from its effects. It has also been suggested that there should be focused effort to fluoridate water supplies in rural, remote and indigenous communities to ensure that that those people with the potential to benefit most receive the intervention equally [36].

In the New Zealand context, Māori children continue to carry a disproportionate oral health burden when compared to non-Māori children [9-11]. Figure 2 shows the comparison between levels of tooth decay (dmft) for Māori and non-Māori five-year-olds living in both Canterbury and Southern District Health Board areas, with and without fluoridation, in 2017. The Figure shows that the mean dmft values for Māori children were considerably higher than non-Māori children and that mean dmft was also related to fluoridated area status [17].

Figure 2: Mean dmft for Māori and non-Māori five-year-olds, Canterbury and Southern District Health Board areas, with and without fluoridation, 2017



	Māori	Non-Māori
Canterbury DHB (non-fluoridated)	2.43	1.33
Southern DHB (non-fluoridated)	2.44	1.23
Southern DHB (fluoridated)	1.8	0.9

Source: Ministry of Health (2017)

A similar pattern is seen nationally (data not shown)[h]. Routine child oral health service dental examination data show that water fluoridation is effective but 'not a panacea' [11, p.9]. However, there can be little argument that population-level interventions such as community water fluoridation can provide a valuable contribution to addressing disparities in oral health outcomes in Canterbury.

[h] Data for the whole of New Zealand and for regions within New Zealand are not always directly comparable because the population distribution may be different– for example there are a greater proportion of low income Māori in rural North Island (non-fluoridated) areas, compared with Canterbury.

Safety

Objections to community water fluoridation have been raised since its inception and often centre on safety. A large number of systematic reviews of water fluoridation attest to its safety, with dental fluorosis identified as the only potential adverse outcome [37]. A recent review of community water fluoridation's effectiveness and safety was conducted by the Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor (RSNZ/OPMCSA) [25]. With respect to safety, the report concluded as follows:

> "From a medical and public health perspective, water fluoridation at the levels used in New Zealand poses no significant health risks" … and,
>
> 'the prevalence of fluorosis of aesthetic concern is minimal in New Zealand, and is not different between fluoridated and non-fluoridated communities' [25, p.10].

The RSNZ/OPMCSA review also determined that the weight of evidence does not support a link between exposure to fluoride in drinking water (at the recommended levels) and any adverse health effects, including skeletal fluorosis, cancer, cardiovascular or metabolic conditions, reproductive and related effects, immunotoxicity, and/or developmental effects – and that no subset of the population is at risk because of fluoridation [25].

Cost effectiveness/Cost benefit

Economic analyses seek to answer broad questions about value: essentially "Is the effect worth its costs to individuals and/or society"? To answer this question, the Ministry of Health commissioned an updated review of the costs and benefits of community water fluoridation in the New Zealand context (updating Wright et al. 1999) [38]. The review, by the Sapere Research Group [39], focused on the cost-effectiveness (patient outcomes)[i] and cost-benefit (monetary outcomes)[j] of community water fluoridation.

The analyses demonstrated that community water fluoridation is on average cost-saving for water treatment plants serving populations over 500 (i.e., with existing water treatment plant infrastructure).[k] The report also noted the strong evidence that water fluoridation reduces dental decay regardless of ethnicity, socioeconomic status and age. From an equity perspective, this provides a rationale for extending coverage to include smaller more remote communities despite less favourable cost-effectiveness. Wright et al. (1999) previously summarised that where the community has a substantial proportion of Māori, a socio-economic status lower than average, or a high proportion of children and young people (aged 1-20 years) then the economic argument is particularly persuasive.

A supplementary report by the Sapere Research Group [40] provides DHB-level analysis [39]. The analysis found fluoridation to be cost-saving in all DHBs when adding fluoridation to existing water treatment plants serving populations of more than 500 people, using a 20 year time horizon. The Canterbury District Health Board results are summarised in Table 2.

[i] Measured by natural units (e.g., dental decay experience, and quality adjusted life years).
[j] Where the benefit is measure by monetary units.
[k] The report notes that small community settings may require further economic evaluation (on a case-by-case basis) as the cost-benefit ratio is sensitive to the type/configuration of existing infrastructure.

Table 2: Benefits and costs of fluoridation for Canterbury DHB: 20 year time horizon, providing water fluoridation to plants supplying populations over 500

DHB	Cost per person p.a.	Cost of Fluoridation ($ million)	Cost saving dental decay ($ millions)	Net saving ($ millions)	Net QALYs
Canterbury	$1.7 - $5.0	$15 - $46	$106 - $318	$60 - $303	592 - 2,764

Source: Moore & Poynton/Sapere Research Group (2016), DHB-level analysis, p. 13.

Fluoridation: a polarising issue

Support for community water fluoridation as a public health measure is unreserved among scientific experts and major health organisations. However, progress towards increasing fluoridation coverage in developed countries is often disrupted by anti-fluoridation groups. The strongest reason for community water fluoridation's suitability as a public health measure, its passive nature, also appears to be the main reason for its lack of acceptance. Opposition appears to originate from the perception of restricted freedom of choice, and from individualised differences in perceptions of risk and benefits.

Community water fluoridation has been the subject of many referenda regarding both introducing and removing fluoridation (e.g., in the US, over 1000 since 1980) and historically, approximately two-thirds of referenda 'vote down' community water fluoridation at the ballot box [41].[l] Theory suggests that voters will vote in their own best interest, which fluoridation fulfils. However, this assumes that voters have complete information and are able to compare expected advantages with and without fluoridation. In reality, voters face incomplete or conflicting information and this conflicting information can alter what voters understand to be their best interest. In the case of new proposals to fluoridate, this confusion (i.e., low health literacy with respect to fluoridation) can prompt voters to simply maintain the status quo to avoid perceived risk [42,43].

Two recent High Court challenges have been brought against New Zealand local authorities that have adopted water fluoridation.[m] These cases [8] tested the claim that community water fluoridation programmes are an unjustified breach of the right to refuse medical treatment under section 11 of the New Zealand Bill of Rights Act and that the Council had failed to meet the obligations under Section 5 of the Act to ensure that any curtailment of human rights is demonstrably justified in a free and democratic society. In rejecting both claims, the High Court found that fluoridation is not a medical treatment for the purposes of the Act and that a council's power to fluoridate water is justified because the benefits of fluoridation far outweigh its risks. Although the High Court found in favour of the local authorities in each of these cases, none of the Court's decisions rule out further challenges and councils continue to face the prospect of having to undertake further public consultations and to revisit decisions to fluoridate [8].

The ethics of community water fluoridation have also been tested internationally. The London-based Nuffield Council on Bioethics review found that community water fluoridation contributed to the

[l] Note: The Health Select Committee recommends inserting section 69ZJD in clause 8 if the Health (Fluoridation of Drinking Water) Amendment Bill to make it clear that local authorities would not be required to consult their communities about a DHB's direction to fluoridate or its invitation to comment because the DHB would have the ultimate decision-making power about fluoridation.

[m] Notably: *New Health New Zealand Inc. vs. South Taranaki District Council [2014] NZHC 395, and Safe Water Alternative New Zealand Inc. vs. Hamilton City Council [2014] NZHC 1463.*

central goals of public health stewardship by reducing inequities, reducing disease through environmental measures, and benefiting child health [44]. The review recommended that the effects and ethics of both fluoridating and not fluoridating community water supplies be considered when local decisions are made, in a similar way to decisions about water chlorination [43,44]. Community water fluoridation sets no precedent [43]. Adding fluoride to water is just one of many instances where a chemical or nutrient is added to a food or beverage for public health benefits.

The Ministry of Health's position on fluoridation

The Ministry of Health recommends community water fluoridation where technically feasible as a safe and effective means of improving oral health [45]. Recently, the Ministry of Health has commissioned a number of reports which update the evidence relating to the effectiveness, safety, and economics of community water fluoridation. These reports include the Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor's evidence review of the health effects of water fluoridation [25], and the Sapere Research Group's economic evaluations of the benefits and costs of water fluoridation in the New Zealand setting [39,40]. In addition, the Code of Practice for Fluoridation of Drinking-water Supplies in New Zealand was released in December 2014 by Water New Zealand (with input and endorsement from the Ministry of Health)[46,47].[n] This publication provides up-to-date technical guidance for treatment plant designers, operators and asset managers. The Ministry of Health has also been instrumental in the drafting of the Health (Fluoridation of Drinking Water) Amendment Bill (see below) and in the preparation of the final report of the Health Committee (May 2017).

District Health Boards' role

Under current New Zealand law (New Zealand Public Health and Disability Act 2000) [48], district health boards are responsible for protecting the health of their populations. However, the decision-making processes and implementation of community water fluoridation are currently the responsibility of individual territorial authorities (for water supplies owned by the local authority). The Health (Fluoridation of Drinking Water) Amendment Bill (referred to the committee on 6 December 2016) would amend Part 2A of the Health Act 1956 by inserting a *power* for District Health Boards to make decisions and give directions about the fluoridation of local government owned drinking water supplies in their areas (i.e. it *transfers* decision-making from Territorial Authorities to District Health Boards). The stated aim of the Bill is to achieve more consistency in the implementation of community water fluoridation across New Zealand. For water supplies which are already fluoridated, the Bill would require water fluoridation to continue unless directed otherwise by the DHB.

[n] These reports can be accessed via the government's community water fluoridation webpage at https://www.fluoridefacts.govt.nz/ or via the Ministry of Health's website at https://www.health.govt.nz/your-health/healthy-living/teeth-and-gums/fluoride

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COVID-19 UPDATE (ORAL)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CDHB PACIFIC HEALTH STRATEGY – IMPLEMENTATION PLAN – TARGETS & INDICATORS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Finau Heuifanga Leveni, Pacific Portfolio Manager**

APPROVED BY: **Hector Matthews, Executive Director, Maori & Pacific Health**
Ralph La Salle, Acting Executive Director, Planning Funding & Decision Support

DATE: **4 March 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report originated from the aspiration of the Canterbury District Health Board and Pacific communities in Canterbury to improve the health outcomes of Pacific people in Canterbury. The purpose of this report is to present the targets and indicators for the Implementation Plan of the Pacific Health Strategy.

2. RECOMMENDATION

That the Committee:

i. notes the Pacific Health Strategy Implementation Plan 2021-2022 – Targets and Indicators (Appendix 2).

3. SUMMARY

The Canterbury District Health Board, together with strategic partner Pasifika Futures Ltd, have developed a Pacific Health Strategy and action plan to guide the actions of the wider Canterbury health system in Pacific health from 2020 – 2030. The Strategy (Appendix 1) was endorsed by the Board in August 2020. At that meeting, CDHB and Pasifika Futures agreed, once developed, to present to CPH&DSAC the strategy's implementation plan, including targets and indicators (Appendix 2).

4. DISCUSSION

Background

Pacific people continue to experience poor health and social outcomes. In Canterbury progress has been made in children's immunisations, cervical screening, and general practice enrolment. Despite this there remains low rates of breast-feeding, poor rates of oral health enrolment and low rates of breast screening. Much more concerning are the high rates of avoidable admissions to hospital for both children and adults and the increasing rates of chronic disease.

The health challenges facing Pacific families are complex and multi-layered often going hand in hand with poor socioeconomic status. Pacific families aspire to live long and healthy lives and to contribute to New Zealand society as active members. In order to achieve this aspiration, families need to be supported by a responsive, innovative health system that recognises the diversity of Pacific families and the context within which they live. The challenges facing a rapidly growing population in Canterbury will require a collective effort to make an impact.

Accountability

The content of the strategy is a result of two co-design workshops held with organisations, leaders in the health sector and most importantly, representatives from Pacific communities in Canterbury, where families told us what they need from the health system and how it might be shaped. We remain accountable to our communities in the implementation of this strategy. We also remain accountable to CPH&DSAC for the targets and indicators contained in the implementation plan.

In addition, this Strategy also aligns with the Ministry of Health's Pacific Health and Disability Action Plan Ola Manaia and its strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific peoples.

5. CONCLUSION

The purpose of this document is to provide strategic guidance and direction for Pacific health across the CDHB and the broader Canterbury health system. It is intended to provide a clear direction on the areas we will be focussing on and the actions we intend to take, in particular it will provide tangible targets and indicators to guide the work. All parts of the health and disability system are responsible for improving Pacific health outcomes. The strategy can help guide not only CDHB but also Pacific NGOs, primary care, community health and social services. The strategy and the targets and indicators will also be used to monitor and evaluate our progress as we move forward.

6. APPENDICES

Appendix 1:	Pacific Health Strategy: 'Alunga Fo'ou: A New Path. Canterbury District Health Board Pacific Plan 2020-2030
Appendix 2:	Implementation Plan 2021-2022
Appendix 3:	List of Attendees at CPH&DSAC meeting: 4 March 2021

‘Alunga Fo’ou: A New Path

Canterbury District Health Board Pacific Plan 2020-2030

Canterbury District Health Board
PACIFIC HEALTH

Pasifika futures
PROSPERITY FOR PACIFIC FAMILIES

'Alunga Fo'ou' is a Tongan phrase referring to a "new way" or "new pathway". *'Alunga* is a combination of the Tongan words *'alu* - 'to go' and *anga* - 'way' (in this context) and the word *fo'ou* which means 'new'. It speaks of forging new pathways or changing existing ways in order to reach the desired destination. It also inspires connotations of the courage, fortitude and resilience required before embarking on a new voyage or journey.

Acknowledgements

The development of this Strategy is the collective result of our strategic partnership with Pasifika Futures the Whānau Ora Commissioning Agency for Pacific families. Together, we led two co-design workshops held with organisations, leaders in the health sector and most importantly, representatives from Pacific communities in Canterbury, where families told us what they need from the health system and how it might be shaped. Canterbury District Health Board and Pasifika Futures would like to take this opportunity to thank all those who were involved in the co-design and contributed to this Strategy. This Strategy would not have been possible without your valued input, honest insights, and ongoing talanoa.

The Canterbury District Health Board would like to thank our strategic partner for Pacific health – Pasifika Futures Limited, for partnering with us on this journey to improve Pacific health outcomes in Canterbury and for always challenging us. We are grateful for your tireless support.

This Strategy acknowledges Te Tiriti o Waitangi as the foundation for the relationship with Tangata Whenua. Pacific peoples place great importance and respect for the Tangata whenua and their status as indigenous people of Aotearoa New Zealand. Pacific people are connected to Maori through genealogy, traditional kinship ties and cultural beliefs that strengthen their relationships in modern day Aotearoa New Zealand.[1]

[1] Ministry for Pacific Peoples, 2018. *Yavu Foundations of Pacific Engagement*. Wellington: Ministry of Health, p1.

Kia Ora Koutou from the Chief Executive, Canterbury District Health Board

David Meates
Chief Executive,
Canterbury District Health Board

Talofa lava, Kia orana, Malo e lelei, Ni sa bula vinaka, Fakaalofa lahi atu, Taloha ni, Halo olaketa, Ia orana, Namaste, Mauri.

It is our pleasure to present the first Pacific Health Strategy for Canterbury District Health Board. The strategy recognises our commitment as an organisation to work in partnership with Pacific communities and families to improve health outcomes and to ensure that our collective

Vision of "Prosperous and Healthy Pacific Families in the Canterbury region" is achieved.

This strategy is a milestone in our health journey with Pacific people in Canterbury. We have long-standing relationships with Pacific communities and see this strategy as building on the gains we have made. It sets a firm stake in the ground and signals our intentions to do better. We want to do better, we MUST do better. The strategy recognises that in order to impact and meet the diverse needs of Pacific communities, we may need to do things differently, structure things differently, fund things differently and think differently. We recognise that not only is this critical, it is the right thing to do if we are committed to achieving equitable health outcomes with and for Pacific communities.

The Canterbury population is changing and becoming more diverse, the Pacific population has increased by 31% in the last five years and Pacific under-15s have grown by 35%. It is appropriate that health services are fit for purpose and can meet the needs of all communities. The challenges in Pacific health are complex. Pacific people continue to face inequities which are complex and longstanding. In Canterbury too many Pacific adults and children are admitted to hospital with preventable conditions and complications that could be best managed in the community and at home. Pacific communities are often overrepresented in negative health statistics, but these challenges are not insurmountable. We can overcome these challenges if we are willing to do it the Pacific way – together, collectively. We are willing and prepared to face the challenge.

We would like to thank and acknowledge all those who contributed to the development of this plan and this new pathway forward. We are extremely grateful to Pasifika Futures the Whānau Ora Commissioning Agency for Pacific families, our strategic partners for Pacific Health, who have been a valuable source of guidance, support and insight on this journey.

We look forward to walking alongside you and invite you to join us in our efforts to ensure equitable outcomes for Pacific families and communities become a reality.

Haere ora, haere pai

Go with wellness, go with care.

Kia Orana from the Chair, Pasifika Futures

Dr Kiki Maoate ONZM, FRACS
Chair,
Pasifika Medical Association Group, Pasifika Futures Ltd, Whānau Ora Commissioning Agency for Pacific Families

The launch of this strategy marks an important point in time for both Canterbury District Health Board and the many Pacific communities in our region. This strategy recognises the many dedicated community members who have worked tirelessly for more than 20 years to ensure that the "voices" of the Pacific community are heard and that health services are accessible and available to meet our aspirations.

As we enter these challenging times, we have a new opportunity, a new pathway forward and a new way of working. This strengthens our collective approach to the most serious challenges our communities face. The challenge to ensure that Pacific people live longer, healthier and better lives. We all have an obligation to work together to see our aspirations realised and to co-create a better future.

We recognise this would not have been possible without the commitment from Canterbury District Health Board and the leadership from CEO David Meates. We acknowledge your desire for meaningful and real change and your commitment to innovation. This has enabled us to build on our strengths together, to challenge each other but most of all to make a significant difference and move forward.

As a clinician, a member of the Canterbury Cook Islands community and a resident of Christchurch I understand the complexity of Pacific communities, the inequalities communities experience and the work required to make an impact. I also recognise the diversity, the strength and the immeasurable talent and contribution that Pacific communities make and will continue to make in the future in Canterbury. It is our time to shine, it is our time to step forward. I am excited about the opportunities ahead and the future we are facing.

Thank you for inviting us to join you we treasure our partnership.

Kia manuia


ga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030
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Purpose

The purpose of this document is to provide strategic guidance and direction for Pacific health across the Canterbury District Health Board and the broader Canterbury health system. It is intended to provide a clear direction on the areas we will be focussing on and the actions we intend to take.

All parts of the health and disability system are responsible for improving Pacific health outcomes. The strategy can help guide not only Canterbury District Health Board but also Pacific non-governmental organisations, primary care, community health and social services. This strategy will also be used to monitor and evaluate our progress as we move forward. For the strategy to be successful we require unity, collaboration and partnership. Therefore, this document also serves as an invitation, to all government agencies, community organisations, businesses and individuals who share the same vision for equitable health outcomes for Pacific communities, to partner with us and walk alongside us as we navigate this journey together.

Achieving equitable health and wellbeing outcomes for Pacific peoples

The core of this strategy is achieving equitable health outcomes for Pacific peoples. The Ministry of Health defines equity as:

"Differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."[2]

The Health and Disability System Review says:

"Of all ethnic groups in New Zealand, Pacific peoples are amongst those most affected by inequities in the socioeconomic determinants of health, including living in areas of high socioeconomic deprivation, being unemployed and having low weekly earnings…"[3]

Equity in health outcomes is a priority for Canterbury District Health Board and will require us to continue to build our own capacity and capability to ensure equity is achieved for Pacific communities.

[2] Ministry of Health. 2019. *Achieving Equity in Health Outcomes: Summary of a discovery process*. Wellington: Ministry of Health.

[3] Health and Disability System Review. 2019. *Health and Disability System Review – Interim Report – Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā*. Wellington: HDSR., p25

Our Vision

Prosperous and healthy Pacific families in Canterbury.

The vision is based on the aspirations and ideals shared by Pacific communities in Canterbury who spoke of Pacific families being supported to shape better outcomes for the future and achieve health and wellness.

Our Values

▸ Families:

Āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili are the core of our communities and influence all we do. Family provides identity, status, shelter and comfort.

▸ Shared responsibility:

We are committed to working with partners and families to improve outcomes. This requires us to understand our own responsibility for achieving outcomes and to support others in our shared vision.

▸ Integrity:

Our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words will be for the greater good of the relationship.

▸ Relationships:

Are important in all aspects of our work and will be based on care, respect and reciprocity. We recognise the diversity in all Pacific communities and understand that relationships are multi layered and complex, anchored in evolving cultural frameworks.

▸ Strengths based:

We celebrate the resilience and strength in our families and communities. We focus on what is possible and build on our collective strengths.


'Alu[illegible] Fo'ou Canterbury District Health Board Pacific Plan 2020-2030
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18,927
Pacific peoples
in Canterbury, NZ

Increase of **49%**

18,927 — 2018 Census

12,720 — 2013 Census

3.2%

Pacific peoples make up **3.2%** of the total Canterbury population

Median age
22.9 years

Age Group

Under 15 years
Increase of **50%**
4434 (2013) → 6648 (2018)

30-64 years
Increase of **51%**
4230 (2013) → 6375 (2018)

15-29 years
Increase of **43%**
3603 (2013) → 5154 (2018)

65 years & over
Increase of **64%**
456 (2013) → 750 (2018)

Total
12,723 (2013) → 18,927 (2018)
Increase Of 49%

"There is no generic 'Pacific community' but rather Pacific peoples who align themselves variously, and at different times, along ethnic, geographic, church, family, school, age/gender-based, youth/elders, island-born/ New Zealand-born, occupational lines, or a mix of these."[4]

Pacific Diversity Statement

The term "Pacific" is used in this document to describe the ethnically diverse group of people in New Zealand, who are derived from and connected to the indigenous cultures of the Pacific islands.

Canterbury District Health Board acknowledges the commonalities, but also recognises the important differences, between the Pacific ethnic groups. As highlighted in Yavu: Foundations of Pacific Engagement: "Each Pacific nation is different and within each nation there is further diversity. It is also important to recognise that status, authority, tradition, obligations and power structures are different for every group. "

The term "Pacific" is used in this document to describe the ethnically diverse group of people in New Zealand, who are derived from and connected to the indigenous cultures of the Pacific islands.

Canterbury District Health Board acknowledges the commonalities, but also recognises the important differences, between the Pacific ethnic groups. As highlighted in *Yavu: Foundations of Pacific Engagement*: "Each Pacific nation is different and within each nation there is further diversity. It is also important to recognise that status, authority, tradition, obligations and power structures are different for every group."[5]

It is therefore important in the varied contexts of 'Pacific communities' that Canterbury District Health Board, are clearly defined in the advice that we provide and the intelligence we impart.

This Strategy also refers to families as the unit of change rather than generic communities. It is our Pacific families that are directly impacted by inequity and therefore our Pacific families that should be the drivers of change and innovation.

Canterbury District Health Board is designated as one of 7 District Health Boards with specific Pacific responsibilities and the only District health with specific responsibilities in the South Island.

[4] Anae, M., Coxon, E., Mara, D., Wendt-Samu, T., Finau, C., 2001. *Pasifika Education Research Guidelines Final Report*., Auckland: Auckland Uniservices Limited., p7.

[5] Ministry for Pacific Peoples, 2018. *Yavu Foundations of Pacific Engagement*. Wellington: Ministry of Health, p1.

Pacific peoples in Canterbury

The number of Pacific peoples in Canterbury reached 18,927 in the 2018 census[6], an increase of 49% from 12,720 in the 2013 census[7]. Pacific peoples living in the Canterbury region make up 3.2% of the total Canterbury population (599,694) slightly increasing from 2.4% in 2013. This growth in Canterbury's Pacific population also represents an increasing proportion of the total Pacific population in New Zealand (381,642) increasing from 4.1% in 2013 to 5% in 2018.

There were 9,999 Pacific males in Canterbury, making up 52.8% of its Pacific population. This is slightly higher than the number of Pacific females at 8,928 (47.2%) as recorded in the 2018 census. Pacific population in Canterbury continues to be youthful with a median age of 22.9yrs compared to 38.7yrs for total Canterbury. A breakdown of Canterbury's Pacific population by age group and change is provided. The largest change was in the 65 years and over age group, followed by 30 – 64, under 15 then 15 – 29.

Christchurch City remains home to most Pacific peoples in Canterbury despite declining from 79% in 2013 to 75% in 2018. This is followed by Ashburton (9%) and Timaru (5%) Districts both increasing slightly from 8% and 4% respectively in 2013. The number of Pacific peoples residing in these Districts is provided including the percentage change from 2013. The largest change was recorded in Timaru (84%), followed by Ashburton (69%) then Christchurch city (40%). Eighty-nine percent of the Pacific population in the Canterbury region resides in these three Territorial areas[8].

A breakdown of Pacific ethnicities[9] in Canterbury from the 2018 Census is provided. The largest Pacific ethnicity continues to be Samoan (10,092), followed by Tongan (3,192) surpassing Cook Islands Maori in third place (3,132). Compared to the 2013 Census, Fijian experienced the largest increase (72.9%), followed by Tongan (63.4%) while Samoan had the lowest (44.5%).

The Pacific population in Canterbury is projected to continue its strong growth estimated to reach 30,600 in 2038[10], which is more than double the 2013 population[11] (base year) as shown in the table below.

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[6] 2018 Census, Statistics New Zealand. https://www.stats.govt.nz/2018-census/

[7] Statistics New Zealand, 2013 Census. http://archive.stats.govt.nz/Census/2013-census.aspx#gsc.tab=0

[8] Statistics New Zealand, *Age and sex by ethnic group (grouped total responses), for the census usually resident-population count, 2006, 2013, and 2018 Censuses* (RC, TA, SA2, DHB). http://nzdotstat.stats.govt.nz/WBOS/Index.aspx?DataSetCode=TABLECODE8277

[9] Statistics New Zealand, *Ethnic group (detailed total response - level 3) by age and sex, for the census usually resident population count, 2006, 2013, and 2018 Censuses* (RC, TA, SA2, DHB).http://nzdotstat.stats.govt.nz/WBOS/Index.aspx?DataSetCode=TABLECODE8277#

[10] Statistics New Zealand population projections (2013 base on medium growth.

[11] Statistics New Zealand, *Subnational population and dwelling projections: 2013 (base)-2043 update* http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE746&ga=2.164356927.1807635901.1596595077-1088216397.1534214871#

Territorial Authority/District

Christchurch City

Increase of **40%**

10,101 (2013) → **14,178** (2018)

Timaru

Increase of **84%**

480 (2013) → **882** (2018)

Ashburton

Increase of **69%**

1017 (2013) → **1716** (2018)

Total

11,598 (2013) → Increase Of **45%** → **16,776** (2018)

Ethnic Groups

Samoan

Increase of **44.5%**

6984 (2013) → **10,092** (2018)

Cook Island Maori

Increase of **45.6%**

2151 (2013) → **3132** (2018)

Niuean

Increase of **49.5%**

612 (2013) → **915** (2018)

Tongan

Increase of **63.4%**

1953 (2013) → **3192** (2018)

Fijian

Increase of **72.9%**

984 (2013) → **1701** (2018)

Tokelauan

Increase of **54.3%**

138 (2013) → **213** (2018)

Other Pacific Peoples

Increase of **48.1%**

468 (2013) → **693** (2018)

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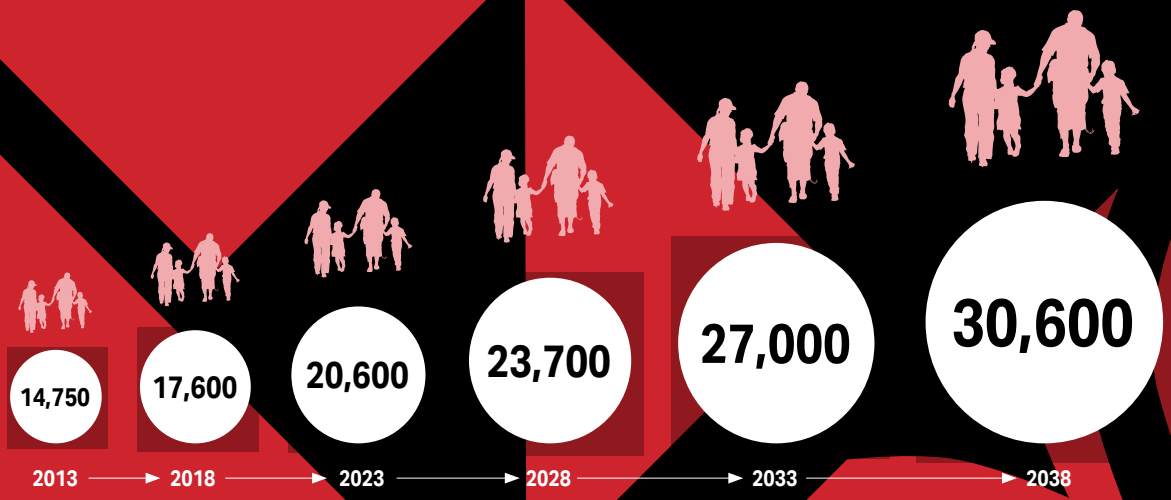
Projected Pacific Population in Canterbury



Pacific Health Outcomes

Pacific people continue to experience poor health and social outcomes. In Canterbury progress has been made in children's immunisations, cervical cancer screening, and general practice enrolment. Despite this there remains low rates of breast feeding, poor rates of oral health enrolment and low rates of breast screening. Much more concerning are the high rates of avoidable admissions to hospital for both children and adults and the increasing rates of chronic disease. The health challenges facing Pacific families are complex and multi-layered often going hand in hand with poor socioeconomic status. Pacific families aspire to live long and healthy lives and to contribute to New Zealand society as active members. In order to achieve this aspiration families, need to be supported by a responsive, innovative health system that recognises the diversity of Pacific families and the context within which they live. The challenges facing a rapidly growing population in Canterbury will require a collective effort to make an impact. Canterbury District Health Board and Pasifika Futures have the collective expertise, resources and commitment to make this a reality.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Our Outcomes

In our talanoa with Pacific communities about their aspirations and the outcomes they want for themselves and their families, Pacific families told us they wanted to have greater autonomy and control over their health, they wanted to feel empowered when engaging with the health system. They also told us they wanted to see their children and grandchildren prosper with more opportunities, not just regarding physical health, but also mentally, spiritually and financially. And finally, they told us they wanted to be treated fairly and with respect and to have good access to services when they need it.

We are grateful for the gift of the many stories that have been shared with us and that have provided the direction for this strategy:

Priorities
— Pacific people described a desire to live active, healthy lives enabling them to contribute to their families, communities and country. They envisioned a world where they were the leaders in their own health and well being and services were arranged to respond to and support their needs.
— Pacific communities described driving the design and development of services and programmes that reflect family driven, family centred, culturally anchored principles. This will necessarily require a prioritisation of policies, resources and processes that explicitly intend to improve outcomes for Pacific peoples and reduce inequalities.

Our Strategic Priorities

In order to achieve these two outcomes, we have identified several strategic priorities and focus areas, highlighted from the co-design talanoa workshops, to help focus and direct efforts in a consolidated and coordinated manner.

Outcomes	Strategic Priorities
▸ **Outcome 1:** **Pacific peoples live longer, healthier and better lives, able to manage their own health and wellbeing**	— Strengthening health knowledge to support Pacific families to be leaders in their own health and well being — Co-designing and reimagining services that deliver services in a community-based setting that are family centred, family driven and support families setting their own pathway.
▸ **Outcome 2:** **Pacific people have equitable health outcomes**	— Partnering with Pacific communities to ensure that health and social sector creates environments that improve health equity for Pacific communities

Actions to achieve outcomes

The health system in Canterbury is complex and multi-layered. In order to achieve our aspiration of better health outcomes for Pacific peoples we will need to take a measured and systematic approach. Appendix A presents some actions that build on the work already underway.

Focus Areas

Focus Areas	Outcomes
1. **Service Priorities** At the heart of supporting Pacific families in Canterbury to be healthy and prosperous is the way in which that support is designed and delivered by the Canterbury District Health Board and how it is accessed by Pacific communities. This requires services to be co-created and codesigned by Pacific families to improve access, quality and equity. Priority areas for focus will be mental health, child and youth health integrated primary/ community-based care	▸ **Outcome 1:** – Ensure Pacific families have access to more knowledge and skills to manage their own health and well-being ▸ **Outcome 2:** – Creating a space where Pacific people can access quality primary integrated healthcare, can receive and access timely health information and feel culturally supported and safe. – Improve mental health, addictions and wellbeing outcomes for Pacific families through improving Pacific people's access to and choices of accessing mental health and addiction services.
2. **Workforce Development** We recognise that as a health system we need to value, understand and reflect the communities we serve. Developing a more diverse workforce is not just about representation, it is about equity and doing what is needed so our communities feel valued, supported, respected and welcomed. The workforce needs to be culturally safe and responsive to the health needs of all Pacific communities and the capacity and capability of the Pacific health and disability workforce will be strengthened. Partnerships with the University of Otago, University of Canterbury and other training institutions will be key to progress this priority.	▸ **Outcome 1:** – Ensure that Pacific communities are aware of pathways into health careers, including access to scholarships and training opportunities. Increase the recruitment of Pacific peoples into the health workforce. Increase the Pacific health and disability workforce. ▸ **Outcome 2:** – Support Canterbury Health System staff to become culturally safe and responsive to Pacific families through strengthening the skills of the non-Pacific workforce. Deliver Pacific cultural safety training that addresses the issues of bias and ensures that the workforce understand the context in which Pacific families live their lives, culture and how they can make a positive impact on Pacific health outcomes.
3. **Pacific Leadership** Pacific leadership needs to be grown and actively supported within Canterbury District Health Board Health system and community-based services	▸ **Outcome 1:** – Actively support Pacific community leadership capability and capacity ▸ **Outcome 2:** – Increase Pacific participation in clinical governance, leadership and management at all levels of Canterbury District Health Board. Develop a Pacific centre of focus within Canterbury Health system to support staff, organisational development and Pacific intelligence and monitoring and become the lead Pacific District Health Board for the South Island.

Focus Areas	Outcomes
4. **Partnerships** Partnerships and relationships are integral to the Pacific way of life. Canterbury District Health Board is committed to genuine relationships of mutual trust and respect. Long standing partnerships have been developed with the Pacific community including support to the region through humanitarian responses and training.	▸ **Outcome 1:** – Continue to strengthen and develop partnerships with Pacific communities and families and give 'voice' to the diversity within the region. ▸ **Outcome 2:** – Continue to partner with Pasifika Futures as Canterbury Health Systems Strategic Partner to advance Pacific health outcomes. – Continue to support humanitarian responses to the Pacific region & opportunities.
5. **Innovation** Canterbury District Health Board is recognised for its innovative approach to service delivery, design and integration. Services for Pacific people need to be culturally anchored and utilise technology to support better outcomes. Canterbury Health System is a center for Pacific Health innovation.	▸ **Outcome 1:** – Partner with Pacific communities to develop innovative approaches and solutions to Pacific health challenges. ▸ **Outcome 2:** – Support the strengthening of a family centred integrated Primary care, family, community and mental health service. Utilise technology to improve access for Pacific families to health services
6. **Research, data and evidence** Story telling is a way of life in the Pacific with histories being told and re-told through our talanoa and skilled orators. In order to tell the Pacific health story correctly, Pacific research, data collections and the use of Pacific data to drive evidence-based actions that improve Pacific health outcomes must be strengthened.	▸ **Outcome 1:** – Increase Pacific family's participation in research pathways and programmes. ▸ **Outcome 2:** – Improve the way that ethnicity data is collected and the quality of Pacific ethnicity data. – Strengthen accountability for Pacific health outcomes through establishing a Pacific evidence and data insight framework. Establish innovative research partnerships to enable research that will strengthen Pacific health outcomes.

Outcomes Framework

Focus Areas	Short term (1-2 years)	Mid-term (3-5 years)	Long-term (6-10 years)
1. Service Priorities	**Pacific families are:** — Increasing their knowledge and skills to manage their own health and wellbeing. **Health system:** — A Pacific centre of excellence and innovation where Pacific people can access integrated primary care, family, mental health and addiction services is developed.	**Pacific families:** — Manage their own healthcare and wellbeing. — Reduce presentations at the Emergency Department and avoidable admissions to hospital. **Health system is:** — Actively engaging with Pacific families through culturally safe and equitable models of care. — Access to priority services is achieved.	**Pacific families have:** — Improved health outcomes in mental health and addiction, child and youth health and long-term conditions. — Reached equity in health outcomes with non-Pacific Cantabrians. **Health system has:** — Demonstrated equitable Pacific health outcomes in Canterbury region.
2. Workforce Development	**Pacific families are:** — Aware of pathways into health careers and are undertaking training in health professions. **Health system:** — Pathways are strengthened in schools to increase the uptake of STEM and improve access into health career training. — The current health system is prepared for the reality of a diverse workforce through delivery of a cultural safety program.	**Pacific families:** — Are reflected in the Canterbury Health system workforce. **Health system:** — Staff demonstrate cultural capability and capacity to provide culturally safe and responsive services for Pacific families. — The number of Pacific graduates employed, increases and supports the Pacific health and disability services workforce in Canterbury.	**Pacific families:** — Are visible at all levels of the Canterbury Health system workforce. **Health system:** — Reflects the diversity of the Pacific population of Canterbury and is a culturally safe and responsive employer. — Non-Pacific workforce understands Pacific culture, context and inequities.
3. Pacific Leadership	**Pacific families:** — Pacific leaders are engaged in the design of services. — A "Pacific space" os co-designed within Canterbury District Health Board. **Health system:** — Training and professional development of Pacific Leaders is supported through a targeted approach.	**Pacific families:** — Pacific Leadersare present in the Canterbury Health system. — Actively utilise the "Pacific space" in Canterbury District Health Board as a community resource and feel welcomed and safe. **Health system is:** — A place where Pacific Leadership both clinical and non-clinical is visible and supported to excel and advance in their careers.	**Pacific families:** — Canterbury District Health Board has strong and established relationships with Pacific community leaders. **Health system has:** — Pacific leadership is an integrated part of governance, planning, funding, management and clinical leadership in the Canterbury Health system.

Focus Areas	Short term (1-2 years)	Mid-term (3-5 years)	Long-term (6-10 years)
4. Innovation	**Pacific families;** — Co-designing innovative solutions to challenges they face. **Health system** — Develops technology to improve access for Pacific families to services.	**Pacific families:** — Partner to implement innovative solutions. **Health system** — Integrated primary care, child and youth health and mental health and addiction services are well established.	**Pacific families** — Use technology to support their health journey and partnerships. **Health system** — Canterbury District Health Board leads Pacific health innovation in New Zealand.
5. Partnerships	**Pacific families are:** — In partnership with health professionals to support their management of their family health plan. **Health system:** — Pasifika Futures, the Whānau Ora Commissioning Agency, is the Pacific strategic partner, strengthening existing partnerships and exploring new ones.	**Pacific families are:** — Partner in the development of policy and services in the health sector. **Health system:** — Provides a platform for Pacific voices — Partners and influences government agencies to address Pacific health issues.	**Pacific families:** — Have a strong partnership of mutual trust and respect with the health system. **Health system:** — Recognises Pacific families as partners in healthcare.
6. Research, Data & Evidence	**Pacific families are:** — Aware of research partnerships and projects for Pacific health. — Access their own health data. **Health system:** — Accountability framework based on Pacific health data and evidence covering services, policies, plans and outcomes is implemented.	**Pacific families:** — Access new and innovative research on Pacific health. — Access good quality data on ethnic specific Pacific health statistics. **Health system:** — Produces quality Pacific health research, data and evidence to inform interventions.	**Pacific families:** — Benefit from Pacific specific health research. **Health system:** — Delivers analysis of Pacific ethnicity data. — New, innovative and equitable Pacific health actions are based on collected data and evidence.

Appendix A: Priority Actions

Priority	Actions
1. Service Provision	1.1 Develop a pacific public health communication campaign to enable families to improve their knowledge to support management of their own health and wellbeing. 1.2 Support the development of a Pacific Innovation Hub that includes an integrated Pacific primary, family support, mental health and addictions services. 1.3 Establish Pacific specific services in Ashburton. 1.4 Reorganise all Pacific contracts through a "One family – Outcome agreement" that reflects a new commissioning framework for Pacific health service sin Canterbury.
2. Workforce Development	2.1 Scope a business case for a Pacific STEM academy in Canterbury to improve Pacific entry into health sciences. 2.2 Complete a Pacific Health Workforce Plan for the Canterbury Health system, including a workforce census. 2.3 Implement a Cultural Capability program for Canterbury Health staff. 2.4 Develop a Pacific pathway for recruitment at all levels into the Canterbury health system.
3. Pacific leadership	3.1 Identify a cohort of Pacific health professionals across the Canterbury Health system to commence a Pacific health leadership program. 3.2 Implement a Pacific health leaders' pathway within the Canterbury Health system to support improve Pacific health capacity. 3.3 Establish a Pacific community leadership forum to develop a strong sustainable partnership with pacific community leaders in Canterbury.
4. Parnerships	4.1 Continue to strengthen the Co-commissioning partnership with Pasifika Futures to improve Pacific health and social outcomes. 4.2 Formalise partnerships to extend our impact with organisations with similar vision including University of Otago, University of Canterbury. 4.3 Strengthen our support and partnerships with regional partners including Pacific Ministries of Health.
5. Innovation	5.1 Develop technology innovations to improve access for Pacific families to services and information. 5.2 Implement innovative solutions to Pacific family needs.
6. Research, data and evidence	6.1 Develop research proposals that extend our understanding of effective interventions for pacific families. 6.2 Ensure all Canterbury health system partners collect ethnicity and family data. 6.3 Partner with research agencies to implement specific Pacific research.

Appendix B: Targets & Indicators

Priority	Target	Indicator
1. Service Priorities		– % Pacific people enrolled in primary care – % ASH Rates – % Pacific people with a mental health disorder who are utilising services – % Alcohol, drug use and smoking – % Pacific people up to date with cancer screening – % Pacific babies exclusively breastfed 0-6 months – Total alcohol consumption 15 years and over – Tobacco use and prevalence – Weight for height in Pacific children under 5 years – % Obese pacific adults – % Intimate partner violence
2. Workforce Development		– # Pacific health workers per population – Pacific health workforce and distribution – % Pacific health professionals per ethnicity of population – %Pacific people customer survey experience improved
3. Pacific leadership		– # Pacific health professionals in governance, management and clinical leadership roles – %Pacific Community survey satisfaction with services – # Pacific leaders supported with professional development
4. Parnerships		– % Satisfaction survey between Canterbury DHB and Pasifika Futures – # Outcomes achieved through Partnership Agreements – # Partnership Agreements completed
5. Innovation		– # Innovations implemented – % Innovations evaluated
6. Data, evidence & research		– % Ethnicity reporting – Investment in Pacific research – Published articles

Appendix C: Agreement

Introduction

A. Canterbury District Health Board (CDHB) was established under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of communities residing in the Canterbury region.

B. The Pasifika Medical Association (PMA) was established in 1996 as an incorporated society of Pacific health professionals working together to meet the health needs of Pacific people in the Pacific region. After 20 years of exponential growth, the Pasifika Medical Association Trust (PMA Trust) incorporated on 28 August 2017 as a limited liability charitable company (company number: 6407414) and a registered charitable organisation under the Charities Act 2005. The PMA Trust controls various entities, including: Pasifika Medical Association Membership Trust; Pasifika Futures Trust; Etu Pasifika Trust; and Fale Futures, which are collectively referred to as Pasifika Medical Association Group (PMA Group). The PMA Group commissions and invests in programmes that improve outcomes for Pacific families living in New Zealand and the Pacific Region, and also deliver Pacific, and health and social services.

C. Pasifika Futures Ltd is the Whānau Ora Commissioning Agency (PFL) for Pacific families in Aotearoa.

Collectively, referred to herein as the Parties to this Memorandum of Understanding

Background

A. Canterbury is home to approximately 19,000 Pacific peoples, who represent 5% of Aotearoa New Zealand's Pacific population. The pacific population in Canterbury makes up 3.2% od the total population in Canterbury. Although relatively small the Pacific population is responsible for an increasing number of ambulatory sensitive admissions to hospital and is over represented in poor health and social outcomes.

B. Pacific peoples are one of the fastest growing, diverse and youthful populations in Aotearoa New Zealand. They represent 16 distinct ethnic groups, languages and cultures, many identify with more than one ethnic group, more than one-third are younger than 15 years old and only 5% are older than 65 years. In Canterbury the growth rate over the 5 years between 2013-2018 is 49% indicating this population is one of the fastest growing populations in New Zealand.

C. Our diverse, youthful Pacific population continues to contribute significantly to cultural, social and economic life in Aotearoa New Zealand. Despite this, Pacific peoples continue to experience poor socio-economic well-being, which is related to their poor health outcomes. The impact of these disparities on the health of Pacific families is reflected across all ages and important summary measures of health. There is a 7-8-year gap in life expectancy between Pacific and non-Maori/non-Pacific ethnicities. At CDHB, Pacific people have the lowest life expectancy of all groups.

D. The diversity, youthfulness, and unique characteristics of Pacific peoples, coupled with the inequities they experience, poses both challenges and opportunities for those working to improve Pacific outcomes. We recognise that we can achieve more working together. We will partner and align our efforts to better support and empower Pacific patients, āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāmili to experience equitable healthcare and health outcomes, shape a better future and achieve their aspirations.

E. We recognise the strengths we bring to our partnership and joint work. CDHB works in the community and with other agencies to support the more than 600,000 people living in their region; commissions a range of health and disability services; owns and operates hospital and outpatient services.

F. As the only Whānau Ora Commissioning Agency for Pacific families in the country, Pasifika Futures and partners continue to engage and connect with Pacific families and communities in ways that are meaningful and relevant for them. Since 2014, more than 18,155 Pacific families comprising of 104,001 individuals have engaged with Pasifika Futures' Whānau Ora programme (35% of the Pacific population in New Zealand) and achieved 39,000 well-being outcomes. Pasifika Futures also provided substantial support to Pacific families during COVID-19 Alert Level 4 and supported the Canterbury Public Health Welfare Response by rapidly standing up a pathway for Pacific cases and contacts to receive the welfare supports required to enable them to safely complete their isolation and quarantine periods. In Canterbury the Pacific partner ETU Pasifika delivered 1140 packages of support to families, benefiting over 5,400 individuals and over 1,000 families. In addition, they supported 19 positive COVID-19 referrals and provided supported accommodation for 5 families.

G. Pasifika Medical Association Membership Trust is a network of over 3000 Pacific health professionals in New Zealand and across the Pacific region, who work collaboratively to strengthen Pacific health workforce capacity and capability. They are in a unique position to support Pasifika health workforce initiatives.

H. Etu Pasifika Trust is an integrated Primary Care, Whānau Ora and Behavioural Support service based in Christchurch delivering innovative, family-based services to over 5,000 Pacific people in the Canterbury catchment area. The integrated model design is led by the PMA/PFL Trust and provides unique opportunities to support health service re-design.

I. We recognise the value of having a strategic partnership, and collaborative approach to strengthen the capacity and capability of the Pacific health workforce, to develop a joint work programme to improve health care and outcomes for our Pacific āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili and communities, and to share and develop insights and data about the needs of Pacific populations, their experiences of health care and health outcomes, and effective models of care.

We Agree:

1. Purpose

This Memorandum of Understanding (Memorandum) supports us to have a strategic, collaborative, respectful relationship. It sets out the vision, values and principles that will underpin the relationship between us, and clarifies the scope and effect of this Memorandum.

2. Vision

Prosperous and healthy Pacific families (āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāmili) in Canterbury.

3. Values

The values that guide our joint work to achieve our vision:

▸ Families:

Āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili are the core of our communities and influence all we do. Family provides identity, status, shelter and comfort.

▸ Shared responsibility:

We are committed to working with partners and families working to improve outcomes. This requires us to understand our own responsibility for achieving outcomes and to support others in our shared vision.

▸ Integrity:

Our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words will be for the greater good of the relationship.

▸ Relationships:

Are important in all aspects of our work and will be based on care, respect and reciprocity. We recognise the diversity in all Pacific communities and understand that relationships are multi layered and complex, anchored in evolving cultural frameworks.

▸ Strengths based:

We celebrate the resilience and strength in our families and communities. We focus on what is possible and build on our collective strengths.

3.1 Relationship principles

The principles that will guide our relationship and how we work together:

3.1.1 Reciprocity - we conduct ourselves recognising the need for mutual benefit and understanding. We each bring unique strengths and resources that enable us to overcome our challenges together.

3.1.2 Autonomy – we each have the freedom to manage and make decisions. We commit to make decisions and take actions that respect and strengthen the collective interest to achieve our shared vision.

3.1.3 Honesty – we will be truthful and authentic even when that makes us uncomfortable. This includes honesty about facts, feelings and intentions;

3.1.4 Loyalty – we are each committed to our relationship. We will value each other's interests. Standing together through adversity will be key.

3.1.5 Equity – we are committed to fairness which does not always mean equality. We will make decisions based on a balanced assessment of needs, risks and resources.

3.1.6 Integrity – our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words and actions will be for the greater good of the relationship.

4. Scope

The Parties agree to collaborate on work that will contribute to achieving equity for Pacific peoples living in Canterbury, as described in the Canterbury Pacific Health Strategy: "'Alunga Fo'ou – A New Path"

Canterbury District Health Board
PACIFIC HEALTH

Pasifika futures
PROSPERITY FOR PACIFIC FAMILIES

‘Alunga Fo’ou: A New Path

Canterbury District Health Board Implementation Plan 2021-2022

Canterbury District Health Board
PACIFIC HEALTH

Pasifika futures
PROSPERITY FOR PACIFIC FAMILIES

'Alunga Fo'ou' is a Tongan phrase referring to a "new way" or "new pathway". *'Alunga* is a combination of the Tongan words *'alu* - 'to go' and *anga* - 'way' (in this context) and the word *fo'ou* which means 'new'. It speaks of forging new pathways or changing existing ways in order to reach the desired destination. It also inspires connotations of the courage, fortitude and resilience required before embarking on a new voyage or journey.

Acknowledgements

The development of this Strategy is the collective result of our strategic partnership with Pasifika Futures the Whānau Ora Commissioning Agency for Pacific families. Together, we led two co-design workshops held with organisations, leaders in the health sector and most importantly, representatives from Pacific communities in Canterbury, where families told us what they need from the health system and how it might be shaped. Canterbury District Health Board and Pasifika Futures would like to take this opportunity to thank all those who were involved in the co-design and contributed to this Strategy. This Strategy would not have been possible without your valued input, honest insights, and ongoing talanoa.

The Canterbury District Health Board would like to thank our strategic partner for Pacific health – Pasifika Futures Limited, for partnering with us on this journey to improve Pacific health outcomes in Canterbury and for always challenging us. We are grateful for your tireless support.

This Strategy acknowledges Te Tiriti o Waitangi as the foundation for the relationship with Tangata Whenua. Pacific peoples place great importance and respect for the Tangata whenua and their status as indigenous people of Aotearoa New Zealand. Pacific people are connected to Maori through genealogy, traditional kinship ties and cultural beliefs that strengthen their relationships in modern day Aotearoa New Zealand.[1]

[1] Ministry for Pacific Peoples, 2018. *Yavu Foundations of Pacific Engagement*. Wellington: Ministry of Health, p1.

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Purpose

The Canterbury District Health Board (CDHB) Pacific Strategy 2020-30 "Alunga Fo-ou: A New Path" provides the strategic guidance and framework to improve outcomes for Pacific people and families in Canterbury.

The purpose of this document is to provide an implementation pathway for 2021-2022 for Pacific health across the Canterbury District Health Board and the broader Canterbury health system. It is intended to provide a clear direction on the areas we will be focussing on and the actions we intend to take.

All parts of the health and disability system are responsible for improving Pacific health outcomes. The implementation plan can help guide not only Canterbury District Health Board but also Pacific non-governmental organisations, primary care, community health and social services. This plan will also be used to monitor and evaluate our progress as we move forward. For the plan to be successful we require unity, collaboration and partnership. Therefore, this document also serves as an invitation, to all government agencies, community organisations, businesses and individuals who share the same vision for equitable health outcomes for Pacific communities, to partner with us and walk alongside us as we navigate this journey together. This plan is an 18 month plan which outlines details on the actions we will take under each focus area in order to achieve the outcomes outlined in the strategy.

Achieving equitable health and wellbeing outcomes for Pacific peoples

The core of this strategy is achieving equitable health outcomes for Pacific peoples. The Ministry of Health defines equity as:

"Differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."[2]

The Health and Disability System Review says:

"Of all ethnic groups in New Zealand, Pacific peoples are amongst those most affected by inequities in the socioeconomic determinants of health, including living in areas of high socioeconomic deprivation, being unemployed and having low weekly earnings…"[3]

Equity in health outcomes is a priority for Canterbury District Health Board and will require us to continue to build our own capacity and capability to ensure equity is achieved for Pacific communities.

[2] Ministry of Health. 2019. *Achieving Equity in Health Outcomes: Summary of a discovery process*. Wellington: Ministry of Health.

[3] Health and Disability System Review. 2019. *Health and Disability System Review – Interim Report – Hauora Manaaki ki Aotearoa Whānui – Pūrongo mō Tēnei Wā*. Wellington: HDSR., p25

Our Vision

Prosperous and healthy Pacific families in Canterbury.

The vision is based on the aspirations and ideals shared by Pacific communities in Canterbury who spoke of Pacific families being supported to shape better outcomes for the future and achieve health and wellness.

Our Values

▸ Families:

Āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili are the core of our communities and influence all we do. Family provides identity, status, shelter and comfort.

▸ Shared responsibility:

We are committed to working with partners and families to improve outcomes. This requires us to understand our own responsibility for achieving outcomes and to support others in our shared vision.

▸ Integrity:

Our actions will be intentionally consistent with our words and agreements. Decisions will be aligned with our shared vision and guiding principles. Our collective words will be for the greater good of the relationship.

▸ Relationships:

Are important in all aspects of our work and will be based on care, respect and reciprocity. We recognise the diversity in all Pacific communities and understand that relationships are multi layered and complex, anchored in evolving cultural frameworks.

▸ Strengths based:

We celebrate the resilience and strength in our families and communities. We focus on what is possible and build on our collective strengths.

"There is no generic 'Pacific community' but rather Pacific peoples who align themselves variously, and at different times, along ethnic, geographic, church, family, school, age/gender-based, youth/elders, island-born/ New Zealand-born, occupational lines, or a mix of these."[4]

Pacific Diversity Statement

The term "Pacific" is used in this document to describe the ethnically diverse group of people in New Zealand, who are derived from and connected to the indigenous cultures of the Pacific islands.

Canterbury District Health Board acknowledges the commonalities, but also recognises the important differences, between the Pacific ethnic groups. As highlighted in Yavu: Foundations of Pacific Engagement: "Each Pacific nation is different and within each nation there is further diversity. It is also important to recognise that status, authority, tradition, obligations and power structures are different for every group. "

The term "Pacific" is used in this document to describe the ethnically diverse group of people in New Zealand, who are derived from and connected to the indigenous cultures of the Pacific islands.

Canterbury District Health Board acknowledges the commonalities, but also recognises the important differences, between the Pacific ethnic groups. As highlighted in *Yavu: Foundations of Pacific Engagement*: "Each Pacific nation is different and within each nation there is further diversity. It is also important to recognise that status, authority, tradition, obligations and power structures are different for every group."[5]

It is therefore important in the varied contexts of 'Pacific communities' that Canterbury District Health Board, are clearly defined in the advice that we provide and the intelligence we impart.

This Strategy also refers to families as the unit of change rather than generic communities. It is our Pacific families that are directly impacted by inequity and therefore our Pacific families that should be the drivers of change and innovation.

Canterbury District Health Board is designated as one of 7 District Health Boards with specific Pacific responsibilities and the only District health with specific responsibilities in the South Island.

[4] Anae, M., Coxon, E., Mara, D., Wendt-Samu, T., Finau, C., 2001. *Pasifika Education Research Guidelines Final Report*., Auckland: Auckland Uniservices Limited., p7.

[5] Ministry for Pacific Peoples, 2018. *Yavu Foundations of Pacific Engagement*. Wellington: Ministry of Health, p1.

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Pacific Health Outcomes

Pacific people continue to experience poor health and social outcomes. In Canterbury progress has been made in children's immunisations, cervical cancer screening, and general practice enrolment. Despite this there remains low rates of breast feeding, poor rates of oral health enrolment and low rates of breast screening. Much more concerning are the high rates of avoidable admissions to hospital for both children and adults and the increasing rates of chronic disease. The health challenges facing Pacific families are complex and multi-layered often going hand in hand with poor socioeconomic status. Pacific families aspire to live long and healthy lives and to contribute to New Zealand society as active members. In order to achieve this aspiration families, need to be supported by a responsive, innovative health system that recognises the diversity of Pacific families and the context within which they live. The challenges facing a rapidly growing population in Canterbury will require a collective effort to make an impact. Canterbury District Health Board and Pasifika Futures have the collective expertise, resources and commitment to make this a reality.

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Our Outcomes

In our talanoa with Pacific communities about their aspirations and the outcomes they want for themselves and their families, Pacific families told us they wanted to have greater autonomy and control over their health, they wanted to feel empowered when engaging with the health system. They also told us they wanted to see their children and grandchildren prosper with more opportunities, not just regarding physical health, but also mentally, spiritually and financially. And finally, they told us they wanted to be treated fairly and with respect and to have good access to services when they need it.

We are grateful for the gift of the many stories that have been shared with us and that have provided the direction for this strategy:

Priorities

— Pacific people described a desire to live active, healthy lives enabling them to contribute to their families, communities and country. They envisioned a world where they were the leaders in their own health and well being and services were arranged to respond to and support their needs.

— Pacific communities described driving the design and development of services and programmes that reflect family driven, family centred, culturally anchored principles. This will necessarily require a prioritisation of policies, resources and processes that explicitly intend to improve outcomes for Pacific peoples and reduce inequalities.

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Our Strategic Priorities

In order to achieve these two outcomes, we have identified several strategic priorities and focus areas, highlighted from the co-design talanoa workshops, to help focus and direct efforts in a consolidated and coordinated manner.

Outcomes	Strategic Priorities
▸ **Outcome 1:** **Pacific peoples live longer, healthier and better lives, able to manage their own health and wellbeing**	— Strengthening health knowledge to support Pacific families to be leaders in their own health and well being — Co-designing and reimagining services that deliver services in a community-based setting that are family centred, family driven and support families setting their own pathway.
▸ **Outcome 2:** **Pacific people have equitable health outcomes**	— Partnering with Pacific communities to ensure that health and social sector creates environments that improve health equity for Pacific communities

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Focus Areas

Focus Areas	Outcomes	Short-term Outcomes 18-24 months	Actions	Indicators
1. **Service Priorities** At the heart of supporting Pacific families in Canterbury to be healthy and prosperous is the way in which that support is designed and delivered by the Canterbury District Health Board and how it is accessed by Pacific communities. This requires services to be co-created and codesigned by Pacific families to improve access, quality and equity. Priority areas for focus will be mental health, child and youth health integrated primary/ community-based care	▸ **Outcome 1:** – Ensure Pacific families have access to more knowledge and skills to manage their own health and well-being ▸ **Outcome 2:** – Creating a space where Pacific people can access quality primary integrated healthcare, can receive and access timely health information and feel culturally supported and safe. – Improve mental health, addictions and wellbeing outcomes for Pacific families through improving Pacific people's access to and choices of accessing mental health and addiction services.	**1.1 Pacific Families are:** – Increasing their knowledge and skills to manage their own health and wellbeing.	– 1.1 Develop a Pacific public health communication campaign to enable families to improve their knowledge to support management of their own health and wellbeing.	– 1.1 A Pacific public health communication campaign is developed to enable families to improve their knowledge to support management of their own health and wellbeing.
		1.2 Health System: – A Pacific centre of excellence and innovation where Pacific people can access integrated primary care, family, mental health and addiction services is developed.	– 1.2.1 Support the development of a Pacific Innovation Hub that includes an intergrated Pacific primary, family support, mental health and addictions services.	– 90% Pacific people enrolled in primary care (Baseline 80%)
				– 5% reduction in ASH rates (0-4) (Baseline: 9240 per 100,000)
				– 5% reduction in ASH rates (45-64) (Baseline: 4753 per 100,000)
				– 70% Total alcohol consumption 15 years and over (Baseline 2014-17: 75.8%)
				– 30% Tobacco use and prevalence (Baseline 2014-17: 36.5%)
				– 5% Pacific people with a mental health disorder who are utilising services (Baseline 3.45%)
				– 70% Pacific people up to date with Breast cancer screening (Baseline 67%)
				– 65% Pacific people up to date with cervical cancer screening (baseline 63%)
				– 55% Pacific babies exclusively breastfed 3 months (Baseline 53%)
				– 55% Obese Pacific adults (Baseline 2014-17: 58.7%)
				– 85% Children receivinga B4SC (Baseline 80%)
				– 15% Weight for height in Pacific children under 5 years (Baseline 9%)
				– Carries free at 5 years old (Baseline 40% Target 65%)
			1.2.1 Establish Pacific specific services in Ashburton	1.2.1 A Pacific specific service is established in Ashburton
		1.3 Improve mental health, addictions and wellbeing outcomes for Pacific families through improving Pacific people's access to and choices of accessing mental health and addiction services.	1.3. Reorganise all Pacific contracts through a "One Family - Outcome Agreement" that reflects a new commissioning framework for Pacific health services in Canterbury.	1.3. A new commissioning framework for Pacific health services in Canterbury is developed

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Focus Areas	Outcomes	Short-term Outcomes 18-24 months	Actions	Indicators
2. **Workforce Development** We recognise that as a health system we need to value, understand and reflect the communities we serve. Developing a more diverse workforce is not just about representation, it is about equity and doing what is needed so our communities feel valued, supported, respected and welcomed. The workforce needs to be culturally safe and responsive to the health needs of all Pacific communities and the capacity and capability of the Pacific health and disability workforce will be strengthened. Partnerships with the University of Otago, University of Canterbury and other training institutions will be key to progress this priority.	▸ **Outcome 1:** – Ensure that Pacific communities are aware of pathways into health careers, including access to scholarships and training opportunities. Increase the recruitment of Pacific peoples into the health workforce. Increase the Pacific health and disability workforce. ▸ **Outcome 2:** – Support Canterbury Health System staff to become culturally safe and responsive to Pacific families through strengthening the skills of the non-Pacific workforce. Deliver Pacific cultural safety training that addresses the issues of bias and ensures that the workforce understand the context in which Pacific families live their lives, culture and how they can make a positive impact on Pacific health outcomes.	**2.1 Health system:** – Pathways are strengthened in schools to increase the uptake of STEM and improve access into health career training.	– 2.1. Scope a business case for a Pacific STEM academy in Canterbury to improve Pacific entry into health sciences.	– 2.1. A business case for a Pacific STEM academy in Canterbury is developed to improve Pacific entry into health sciences.
		2.2 Health system: – The current health system is prepared for the reality of a diverse workforce through delivery of a cultural safety programme.	– 2.2.1. Complete a Pacific Health Workforce Plan for the Canterbury Health system, including a workforce census.	– 2.2.1. A workforce census and a Pacific Health Workforce Plan for the Canterbury Health system is developed.
			– 2.2.2. Implement a Cultural Capability programme for Canterbury Health staff.	– 2.2.2 A Cultural Capability programme for Canterbury Health Staff is developed and implemented.
		2.3 Pacific families are: – Aware of pathways into health careers and are undertaking training in health professions.	– 2.3. Develop a Pacific pathway for recruitment at all levels into the Canterbury Health system.	– 2.3. A Pacific pathway for recruitment at all levels into the Canterbury Health system is developed.
3. **Pacific Leadership** Pacific leadership needs to be grown and actively supported within Canterbury District Health Board Health system and community-based services	▸ **Outcome 1:** – Actively support Pacific community leadership capability and capacity ▸ **Outcome 2:** – Increase Pacific participation in clinical governance, leadership and management at all levels of Canterbury District Health Board. Develop a Pacific centre of focus within Canterbury Health system to support staff, organisational development and Pacific intelligence and monitoring and become the lead Pacific District Health Board for the South Island.	**3.1 Pacific families:** Pacific leaders are engaged in the design of services.	– 3.1. Identify a cohort of Pacific health professionals across the Canterbury Health system to commence a Pacific health leadership programme.	– 3.1. A Pacific health leadership programme is developed for a cohort of Pacific health professionals from across the Canterbury Health system.
		3.2 Pacific families: A "Pacific space" is co-designed within CDHB.	– 3.2. Implement a Pacific health leader's pathway within the Canterbury Health system to support and improve Pacific health capacity.	– 3.2. A Pacific health leader's pathway is developed and implemented within the Canterbury Health system to support and improve Pacific health capacity.
		3.3 Health system: Training and professional development of Pacific Leaders are supported through a targeted approach.	– 3.3. Establish a Pacific community leadership forum to develop a strong sustainable partnership with Pacific community leaders in Canterbury.	– 3.3. A Pacific community leadership forum is established to develop a strong sustainable partnership with Pacific community leaders in Canterbury.
4. **Partnerships** Partnerships and relationships are integral to the Pacific way of life. Canterbury District Health Board is committed to genuine relationships of mutual trust and respect. Long standing partnerships have been developed with the Pacific community including support to the region through humanitarian responses and training.	▸ **Outcome 1:** – Continue to strengthen and develop partnerships with Pacific communities and families and give 'voice' to the diversity within the region. ▸ **Outcome 2:** – Continue to partner with Pasifika Futures as Canterbury Health Systems Strategic Partner to advance Pacific health outcomes. – Continue to support humanitarian responses to the Pacific region & opportunities.	**4.1 Pacific families are:** – In partnership with health professionals to support their management of their family health plan.	– 4.1. Continue to strengthen the co-commissioning partnership with Pasifika Futures to improve Pacific health and social outcomes.	– 4.1. The co-commissioning partnership with Pasifika Futures is strengthened to improve Pacific health and social outcomes.
		4.2 Health systems: – Pasifika Futures, the Whanau Ora Commissioning Agency, is the Pacific strategic partner, strengthening existing partnerships and exploring new ones.	– 4.2.1. Formalise partnerships to extend our impact with organisations with similar vision including University of Otago, University of Canterbury.	– 4.2.1. Partnerships are formalised with organisations with similar vision including University of Otago, University of Canterbury to extend our impact.
			– 4.2.2. Strengthen our support and partnerships with regional partners including Pacific Ministries of Health.	– 4.2.2. Partnerships with regional partners including Pacific Ministries of Health are strengthened.

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Focus Areas	Outcomes	Short-term Outcomes 18-24 months	Actions	Indicators
5. **Innovation** Canterbury District Health Board is recognised for its innovative approach to service delivery, design and integration. Services for Pacific people need to be culturally anchored and utilise technology to support better outcomes. Canterbury Health System is a center for Pacific Health innovation.	▸ **Outcome 1:** – Partner with Pacific communities to develop innovative approaches and solutions to Pacific health challenges. ▸ **Outcome 2:** – Support the strengthening of a family centred integrated Primary care, family, community and mental health service. Utilise technology to improve access for Pacific families to health services	**5.1 Pacific families:** – Co-designing innovative solutions to challenges they face	– 5.1. Develop technology innovations to improve access for Pacific families to services and information.	– 5.1. Technology innovations to improve access for Pacific families to services and information are developed
		5.2 Health system: – Develops technology to improve access for Pacific families to services.	– 5.2. Implement innovative solutions to Pacific family needs.	– 5.2. Innovative solutions to Pacific family needs are implemented
6. **Research, Data And Evidence** Story telling is a way of life in the Pacific with histories being told and re-told through our talanoa and skilled orators. In order to tell the Pacific health story correctly, Pacific research, data collections and the use of Pacific data to drive evidence-based actions that improve Pacific health outcomes must be strengthened.	▸ **Outcome 1:** – Increase Pacific family's participation in research pathways and programmes. ▸ **Outcome 2:** – Improve the way that ethnicity data is collected and the quality of Pacific ethnicity data. – Strengthen accountability for Pacific health outcomes through establishing a Pacific evidence and data insight framework. Establish innovative research partnerships to enable research that will strengthen Pacific health outcomes.	**6.1 Pacific families are:** – Aware of research partnerships and projects for Pacific health	– 6.1. Develop research proposals that extend our understanding of effective interventions for Pacific families.	– 6.1. Research proposals that extend our understanding of effective interventions for Pacific families are developed
		6.2 Pacific families: – Access their own health data	– 6.2. Ensure all Canterbury health system partners collect ethnicity and family data.	– 6.2. All Canterbury health system partners collect ethnicity and family data
		6.3 Health system: – Accountability framework based on Pacific health data and evidence covering services, policies, plans and outcomes is implemented	– 6.3. Partner with research agencies to implement specific Pacific research. –	– 6.3. Pacific specific research is implemented with research agencies

'Alunga Fo'ou Canterbury District Health Board Pacific Plan 2020-2030

Outcomes Framework

Focus Areas	Short term (1-2 years)	Mid-term (3-5 years)	Long-term (6-10 years)
1. Service Priorities	**Pacific families are:** — Increasing their knowledge and skills to manage their own health and wellbeing. **Health system:** — A Pacific centre of excellence and innovation where Pacific people can access integrated primary care, family, mental health and addiction services is developed.	**Pacific families:** — Manage their own healthcare and wellbeing. — Reduce presentations at the Emergency Department and avoidable admissions to hospital. **Health system is:** — Actively engaging with Pacific families through culturally safe and equitable models of care. — Access to priority services is achieved.	**Pacific families have:** — Improved health outcomes in mental health and addiction, child and youth health and long-term conditions. — Reached equity in health outcomes with non-Pacific Cantabrians. **Health system has:** — Demonstrated equitable Pacific health outcomes in Canterbury region.
2. Workforce Development	**Pacific families are:** — Aware of pathways into health careers and are undertaking training in health professions. **Health system:** — Pathways are strengthened in schools to increase the uptake of STEM and improve access into health career training. — The current health system is prepared for the reality of a diverse workforce through delivery of a cultural safety program.	**Pacific families:** — Are reflected in the Canterbury Health system workforce. **Health system:** — Staff demonstrate cultural capability and capacity to provide culturally safe and responsive services for Pacific families. — The number of Pacific graduates employed, increases and supports the Pacific health and disability services workforce in Canterbury.	**Pacific families:** — Are visible at all levels of the Canterbury Health system workforce. **Health system:** — Reflects the diversity of the Pacific population of Canterbury and is a culturally safe and responsive employer. — Non-Pacific workforce understands Pacific culture, context and inequities.
3. Pacific Leadership	**Pacific families:** — Pacific leaders are engaged in the design of services. — A "Pacific space" os co-designed within Canterbury District Health Board. **Health system:** — Training and professional development of Pacific Leaders is supported through a targeted approach.	**Pacific families:** — Pacific Leadersare present in the Canterbury Health system. — Actively utilise the "Pacific space" in Canterbury District Health Board as a community resource and feel welcomed and safe. **Health system is:** — A place where Pacific Leadership both clinical and non-clinical is visible and supported to excel and advance in their careers.	**Pacific families:** — Canterbury District Health Board has strong and established relationships with Pacific community leaders. **Health system has:** — Pacific leadership is an integrated part of governance, planning, funding, management and clinical leadership in the Canterbury Health system.
4. Innovation	**Pacific families;** — Co-designing innovative solutions to challenges they face. **Health system** — Develops technology to improve access for Pacific families to services.	**Pacific families:** — Partner to implement innovative solutions. **Health system** — Integrated primary care, child and youth health and mental health and addiction services are well established.	**Pacific families** — Use technology to support their health journey and partnerships. **Health system** — Canterbury District Health Board leads Pacific health innovation in New Zealand.
5. Partnerships	**Pacific families are:** — In partnership with health professionals to support their management of their family health plan. **Health system:** — Pasifika Futures, the Whānau Ora Commissioning Agency, is the Pacific strategic partner, strengthening existing partnerships and exploring new ones.	**Pacific families are:** — Partner in the development of policy and services in the health sector. **Health system:** — Provides a platform for Pacific voices — Partners and influences government agencies to address Pacific health issues.	**Pacific families:** — Have a strong partnership of mutual trust and respect with the health system. **Health system:** — Recognises Pacific families as partners in healthcare.
6. Research, Data & Evidence	**Pacific families are:** — Aware of research partnerships and projects for Pacific health. — Access their own health data. **Health system:** — Accountability framework based on Pacific health data and evidence covering services, policies, plans and outcomes is implemented.	**Pacific families:** — Access new and innovative research on Pacific health. — Access good quality data on ethnic specific Pacific health statistics. **Health system:** — Produces quality Pacific health research, data and evidence to inform interventions.	**Pacific families:** — Benefit from Pacific specific health research. **Health system:** — Delivers analysis of Pacific ethnicity data. — New, innovative and equitable Pacific health actions are based on collected data and evidence.

Canterbury District Health Board
PACIFIC HEALTH

Pasifika futures
PROSPERITY FOR PACIFIC FAMILIES

Appendix 3: List of Attendees

1. Dr. Kiki Maoate ONZM, FRACS Chairperson Pasifika Medical Association/Pasifika Futures Whanau Ora Commissioning Agency
2. Mrs. Debbie Sorensen, CEO, CCT. Pasifika Medical Association/Pasifika Futures Ltd
3. Mr. Hector Matthews, Executive Director, Maori & Pacific, CDHB
4. Dr. Greg Hamilton, General Manager, Specialist Mental Health Services, CDHB
5. Ms. Sandy McLean, Team Lead, Mental Health, Planning and Funding, CDHB
6. Mrs. Finau Heuifanga Leveni, Pacific Portfolio Manager, Planning and Funding, CDHB

COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & 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: **4 March 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee:

i. notes the Community and Public Health Update Report.

3. DISCUSSION

COVID-19 Update

Community and Public Health continues to manage cases identified in our Managed Isolation and Quarantine facilities and provide assistance at a national level as required. Staff from Southern DHB and Nelson/Marlborough DHB recently attended case investigation training at Community and Public Health. Increasing the number of case investigators remains a key focus as we remain alert to the possibility of increased case numbers both locally and nationally.

We continue to focus on managing entry of passengers at the border. Our existing relationships with border agencies and the airport company have gone from strength to strength in this period. In addition, new relationships have been built with stakeholders with whom we previously only had peripheral contact, including the US and NZ Antarctic programmes, Immigration NZ, and GCH Aviation.

Workload at the maritime border has also increased substantially with the new COVID-19 requirements.

Significant Focus Areas

- Managing significant demands at the border; ongoing work with partner agencies to manage arrivals/departures at the border (both air and maritime ports).
- Ongoing work with partner agencies around managed quarantine/isolation for incoming international passengers and passengers arriving on air bridge flights from locations within NZ.
- Responding to cases in local Managed Isolation and Quarantine facilities.
- Readiness to rapidly upscale (including staff and equipment) should case numbers significantly increase.
- Readiness to accept cases and/or contacts as delegated by Ministry of Health/PHUs.
- Supporting staff as they continue to manage the ongoing and prolonged implications of the COVID-19 response alongside the challenges of maintaining non-COVID priority work.
- Complacency related to scanning and keeping a diary of locations visited; encourage use of the NZ COVID Tracer App.

- Concern or hesitancy related to COVID-19 vaccination uptake; align local messaging with any national campaign/approach and ensure best-evidence is highlighted.

The Getting Through Together Campaign

The Getting Through Together campaign just had its contract extended through to the end of June 2021.

https://www.allright.org.nz/articles/top-tips-to-get-through

The Campaign evaluation continues to be positive. The latest findings are that one in four New Zealanders are aware of Getting Through Together and have done something about their wellbeing as a result.

The Getting Through Together Campaign, a partnership with 'All Right?', the Mental Health Foundation of NZ and Te Hiringa Hauora (Health Promotion Agency), launched its summer campaign in mid-December. The purpose of the campaign is to remind people that even when times are tough, it is the simple things that bring us joy, and see us through – ahakoa he iti, he pounamu. The campaign is designed to respond to the COVID-related stressors of the year as well as seasonal financial and social pressures. The summer campaign and campaign themes will continue through mid-March.

Love Kai

Community and Public Health – Health Promotion in Education Settings – 2020 was our first year involved in the Healthy Active Learning initiative, with our role as a Public Health Unit to support ECE settings and Schools to develop and implement policies that align with the Ministry of Health's 'Healthy food and drink guidance'. We identified most schools in Canterbury as having a food and drink policy but aligning this with the guidelines and then putting it into practice is a challenge. While waiting for the Ministry of Health to release a toolkit to support this work we developed 'Love Kai' as a strength- and values-based programme for promoting a positive kai environment in schools. During Term 4 2020 we met with 10 schools interested in doing the Love Kai programme in 2021 with a further nine schools having also expressed an interest. We are also working with Sport Canterbury to support healthy food and drink policy development with the schools they are engaged with with regard to the physical activity component of Healthy Active Learning.

We have started the complex work of scoping the food and drink policy status of ECE settings in Canterbury with the status of over 150 identified so far. It is important to note that our Health Promoters have been co-opted to assist with COVID-19 case investigation and contact monitoring work, which has restricted the amount of time available for this work.

Waka Toa Ora: Networking To Enhance Health

Waka Toa Ora is a network of organisations active and interested in the health and wellbeing of the Canterbury region. The network is led by the Canterbury DHB and is based on the World Health Organisation's Healthy Cities model. The network was established in 2001 as Healthy Christchurch. The Waka Toa Ora Support Team is based at Community and Public Health. The team coordinates meetings of the Advisory Group; responds to enquiries; manages and maintains the signatory database and website; produces the weekly email newsletter; and coordinates signatory-led lunchtime seminars as well as the annual hui.

The Waka Toa Ora website provides an information portal for news, events and opportunities of interest to signatory organisations and the community. Waka Toa Ora seminars and consultation events are regularly posted along with items from the community.

Find out about upcoming Waka Toa Ora activities and updates, including lunchtime seminars.

Posts to the Waka Toa Ora website are distributed in a weekly email newsletter on Fridays to subscribers. Subscribe to the Waka Toa Ora email newsletter.

Wellbeing Recovery Inequity Following The 2010/2011 Canterbury Earthquake Sequence

An equity focused paper using data from the Canterbury Wellbeing Survey has been published by the Australia and New Zealand Journal of Public Health on 30 November. This paper considers population wellbeing, as measured by the WHO-5 emotional wellbeing scale, by household income group. It covers the time period of 2013 to 2019. The paper is authored by staff from Community and Public Health together with Professor Philip Schluter from the University of Canterbury.

Abstract

Objective: To track population mental wellbeing following the 2010/2011 Christchurch earthquakes and after- shocks.

Methods: The Canterbury Wellbeing Survey, a cross- sectional survey of randomly selected adults aged ≥18 years resident in Christchurch, was repeated biannually from April 2013 until June 2017 and annually thereafter. The self- reported 5- item World Health Organization Well- Being Index (WHO- 5) has been elicited from April 2013. Regression analysis was employed to model WHO- 5 score patterns over time and between important socio- demographic groups.

Results: Between 1,137 and 1,482 adults participated in each survey, totalling 14,100 overall. The mean WHO- 5 significantly increased ($p<0.001$) from 52.4 (95% confidence interval [CI]: 51.1, 53.8) in the April 2013 survey to 60.8 (95%CI: 59.7, 61.9) in the June 2019 survey. A significant and sustained household income group disparity existed ($p<0.001$), even when adjusting for age, gender and ethnic differences.

Conclusions: The disaster appeared to affect the mental wellbeing of all, and recovery was incremental and prolonged, taking a number of years. Those within the lowest household income group had lower mean WHO- 5 scores than their wealthier counterparts at every measured time point.

Implications for public health: Recovery takes time, and pre- existing inequities persist despite the implementation of recovery processes aimed at mitigating these risks.

Read the full paper here: https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.13054

Alcohol Licensing Team Update

- The Medical Officer of Health opposed the renewal of Papanui Road Limited – The Carlton Bar, in November 2019. The opposition was based largely around suitability of the applicant, the systems staff and training and other matters which involved serving alcohol to intoxicated persons which resulted in death from injury sustained in a fall on the premises due to intoxication.

  A District Licensing Committee hearing was held in October 2020 with the Inspector and Health opposing the renewal and the Police not opposed. There was one public objector to the renewal.

  The Committee issued a decision in November 2020 declining the application. The applicant appealed the application which is set down to be heard by the Alcohol and Regulatory Licensing Authority (*ARLA*) in February 2021 and an application for a new on-licence has been submitted by a new company.

- The Medical Officer of Health opposed an off-licence application for a stand-alone Thirsty Liquor bottle store in the rural township of Amberley. The opposition was lodged in February 2020, based on staff systems and training, density of licensed premises, and an acknowledgement of the depth of Community objection. The Medical Officer of Health was the only member of the tri-agency to oppose, however, the application attracted 96 public objections and approximately 32 Amberley residents and experts gave evidence at the hearing health 14 -16 September 2020.

  The application was declined in a decision released in November 2020. The applicant appealed the decision in December 2020 and an ARLA hearing will be held in due course. The grounds of the

appeal are based on the DLC erring in their weight applied to various evidence. The Medical Officer of Health will not be present at the hearing, as there is no requirement to do so.

PLANNING AND FUNDING UPDATE REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

PREPARED BY: **Ross Meade, Information Analyst, Planning & Funding**

APPROVED BY: **Ralph La Salle, Acting Executive Director, Planning, Funding & Decision Support**

DATE: **4 March 2021**

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 2020/21.

2. RECOMMENDATION

That the Committee:

i. notes the update on progress to the end of quarter two (Oct-Dec) 2020/21.

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. Delays and recovery following the impact of staff and resources being redirected to the COVID response have been highlighted and discussed throughout the document.

Key Points to Note

- Work is underway on the development of a Māori Health Profile for Canterbury which will support the work on the development of a Māori Health Improvement Plan.
- The Pacific Health Strategy has been developed and approved by the DHB's Board. An implementation plan is being developed alongside a performance dashboard to track progress over time.
- A kaiwhakapuawai has been employed to work in the SUDI space and support community engagement, particularly with young whanau. The resource will help ensure appropriate referrals for safe sleep spaces, and increased delivery and awareness of wrap-around services that support SUDI prevention.
- The Te Ha Waitaha stop smoking service has piloted Hikitia Te Haa Incentive programme within the Kohanga reo. All six participants had a 100% success rate. This will be evaluated with the intention of rolling out to other kohanga reo, specifically reaching out to whanau Māori.
- Fifteen education sessions supporting suicide prevention and resilience were provided for health professionals, peer support workers and whānau in quarter two.
- Rural community infusion sites have been established in Amberley and Kaiapoi, reducing the need to travel and disruption in people's lives. The community infusion service has delivered 173 blood transfusions to December 2020.
- 85 users across the South Island now have access to HealthOne and Health Connect South, including Aged Care, Maori/Pasifika agencies, Dentists, Urology Clinics and Refugee Services. This work will contribute to a multidisciplinary approach and support the continuum of care for our population.

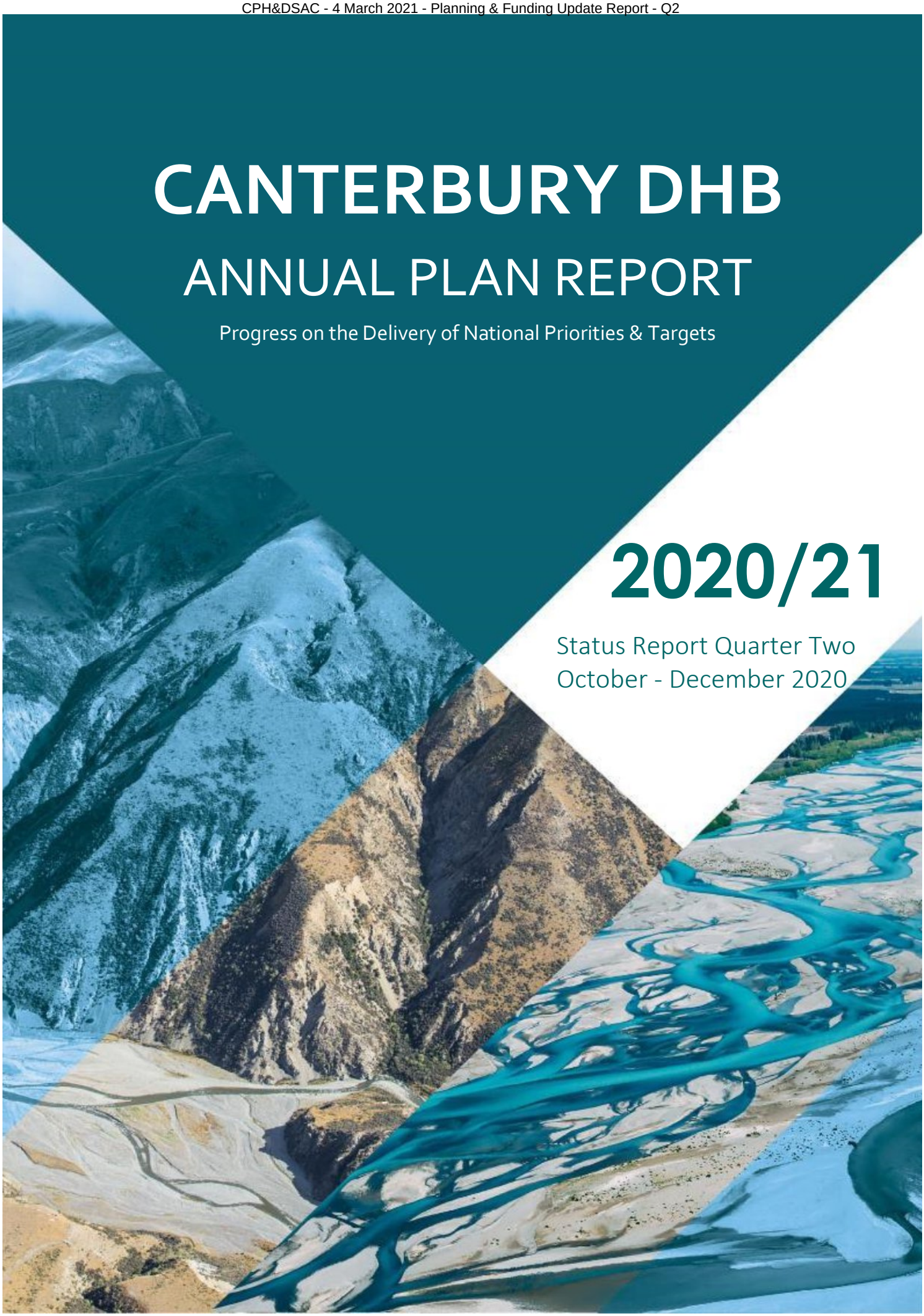
4. APPENDICES

Appendix 1: Annual Plan Report Quarter Two

CANTERBURY DHB

ANNUAL PLAN REPORT

Progress on the Delivery of National Priorities & Targets



2020/21

Status Report Quarter Two
October - December 2020

Give Practical effect to He Korowai Oranga - The Māori Health Strategy

Planning Priority: Engagement and Obligations as a Treaty Partner			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain our strategic relationship with Manawhenua Ki Waitaha and key networks, to promote Māori participation in the design and development of strategies to improve Māori health outcomes.	Q1-Q4: Agreed equity actions reflected in the DHB's Annual Plan and SLM Improvement Plan.	✓	Equity actions have been agreed in both the Annual Plan and SLM Improvement Plan.
In partnership with Manawhenua Ki Waitaha, review the MoU with the DHB Board to ensure it captures shared expectations and strategies to progress health improvement and equity. (EOA)	Q3: MoU reviewed.		
Partner with Māori leaders through the CCN to implement a new approach to co-design of strategies that will better capture the voice and aspirations of people that experience inequities. (EOA)	Q2: New co-design approach agreed and in place.	↺	Substantial research, learnings and engagement with Maori leadership groups informed the reshape, redesign and documentation of a new approach to the co-design of services. The working version (currently called Partnering in Design) brings together a principle-based framework that has as foundations, the Canterbury Māori Health Framework and co-design methodology. A hui has been held with Te Matau a Maui Provider Collective, Te Kahui o Papaki kā Tai, and the CCN Māori Caucus to provide feedback on the draft co-design approach and it is now with Mana Whenua for their support and refinement before it is fully documented.
In partnership with Manawhenua Ki Waitaha, engage with iwi, hapū Whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with the national direction but targeting local priorities. (EOA)	Q2: Strategy development underway.	↺	The start of this work has been delayed while key positions were recruited but development of a Māori health profile is now underway, and Strategy development will follow.
	Q4: Māori Health Improvement Plan developed.		
Design and make publicly available a Māori Health Profile to support progress towards Pae Ora (Healthy Futures) for Māori in Canterbury. (EOA)	Q3. Māori health profile complete.	↺	An expert working group has been formed to develop the Māori health profile with oversight from a Kaitiaki group.
	Q4: Pae Ora measures published.		
Prepare a proposal for the DHB's Board on options for training in Te Tiriti o Waitangi, Māori health equity and Māori health outcomes.	Q1. Proposal presented to Board.	✓	A paper was presented to the Board on the 15th of October 2020.
	Q4: Board training program delivered.		

Planning Priority: MHAP- Accelerate the spread and delivery of Kaupapa Māori Services			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Identify opportunities to increase investment in Hapū Wānanga to better promote antenatal health, SUDI prevention, and access to smoking cessation, safe sleep devices and breastfeeding assistance. (EOA)	Q2: Contract Updated.	✓	Contract in place.
Increase Kaupapa Māori investment to expand clinical capacity as part of their lead role, providing additional mental health and wellbeing support to Muslim community following the Mosque attacks. (EOA)	Q1: Additional clinical resource in place.	✓	We have added a clinical FTE to Purapura Whetu's contract for the Muslim Support Work Team established post shooting. This is to provide support to the team and also facilitate access to SMHS and/or other clinical services as needed.

Work with Kaupapa Māori providers, to identify learnings from the COVID-19 response and invest national COVID-19 funding (via Te Herenga Hauora) to capture and embed opportunities to build capacity and embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	Paper written about learnings and changes to emergency response required to embed equity from outset; national COVID-19 funding distributed with reporting requirements that will further capture provider learnings.
Invest in the provision of an Evaluation Workshop Series through Te Matau a Māui to support providers to develop capability to evaluate the effectiveness of services in meeting the needs of Māori. (EOA)	Q2: Three workshops delivered.	✓	Three workshops were delivered in 2020.
Work with Te Matau a Māui and Pegasus PHO, to support Māori providers to access HealthOne. (EOA)	Q1: Options for expanded access agreed.	✓	Eight providers now have access to HealthOne to view record; one has declined. A process is now underway to include referral options into HealthPathways and ERMS

Planning Priority: Planning Priority: MHAP- Shifting Cultural and Social Norms			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to invest in Te Tiriti o Waitangi and Tikanga best practice programmes, to build the knowledge of staff and support our commitment to equity. (EOA)	Q1: Training on HealthLearn	✓	HealthLearn training options in place.
	Q4: Evidence of increased uptake of HealthLearn training.		
Utilise the HSQC's "Bias in Health Care" modules to highlight potential bias in clinical decision making as a learning tool for clinical staff across the Canterbury health system. (EOA)	Q1: Bias in Health Care modules live on HealthLearn.	✓	Modules are now live on HealthLearn
In partnership with the University of Otago (Māori Indigenous Health Institute) investigate options to develop an educational package for staff to reduce the institutional barriers to equity and advance their skills in responding to the needs of Māori and their Whānau in hospital settings. (EOA)	Q1: Options identified.	✓	Options have been identified with Māori Indigenous Health Institute, a proposal is now in development.
	Q3: Proposal developed.		

Planning Priority: MHAP- Reducing Health Inequities- The Burden of Disease for Māori			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Rangatahi (Child Health and Wellbeing) - *Refer to the Child Health & Wellbeing action tables for further initiatives in this priority area.*			
Develop Oral Health Performance Reporting Programme with a strong focus on equity, to raise the focus of oral health, including regular reports through to the CCN and Māori Advisory Groups. (EOA)	Q1: First of the bi-annual reports delivered.	↺	This work has been delayed while staff have focused on developing a pathway for the transfer of care of year eights to private dentists, this work will now occur in quarter three.
Refine data processes to identify Māori children lost to recall and re-engage them and their Whānau with school and community oral health services. (EOA)	Q2: Process review complete.	✓	Regular reports are now being run between the National Immunisation Register (NIR) and the DHBs oral health patient management system to identify children who have left or moved to the DHB, who may not be picked up via LinKIDS. As part of the Child Oral Health Patient Flow process, we are now identifying how best to link with these families.
Collaborate with CPH to advocate for, and support, policies that will improve oral health for our most vulnerable populations, including water fluoridation and reduced sugar/ sugar free policies. (EOA)	Q3: Fluoridation and Sugar-Free Policies refreshed.		

Undertake a patient flow project to investigate how Māori with acute dental needs flow through the system and identify opportunities to improve links into earlier dental care. (EOA)	Q4. Opportunities identified.		
Develop an Oral Health Promotion Programme to increase engagement with oral health services and promote good oral health habits. (EOA)	Q4: Promotion Programme in place.		
Mental Health and Wellbeing - *Refer to the Improving Mental Wellbeing action tables for further initiatives in this priority area.*			
Engage Māori stakeholders and providers in the implementation of the Te Tumu Waiora, to ensure the new model is responsive to the needs of Māori experiencing mental distress or need support. (EOA)	Q1: Māori engaged at a leadership level to support the rollout.	✓	Māori are represented on the Sponsors and Implementation groups and two Māori Providers have staff involved in the roll out of the model across practices.
Track and monitor the local implementation of Te Tumu Waiora to determine equity of access and outcomes. (EOA)	Q3-Q4: Report on progress.		
	Q4: 20 HIP and HICs in place.		
Partner with Te Matau a Māui, to enhance our integrated Kaupapa Māori approach to mental health and wellbeing with a successful bid for the next tranche of the national primary mental health and addiction support initiative funding. (EOA)	Q2-Q3: Kaupapa Māori funding bid submitted.	✓	Kaupapa Māori proposals for Integrated Primary Mental Health and Addictions have been submitted by appropriate organisations and supported by CDHB.
Planned Care			
Identify services with high Māori Did Not Attend (DNA) rates and support the service to take new approach with patients to identify and eliminate barriers to access within our hospital setting. (EOA)	Q1: Priority services identified.	✓	A DNA dashboard has been recently established and shows key priority service areas to be: Diabetology, Specialist Paediatric services (other, neonatal and respiratory) and ENT.
Introduce the tracking of DNA rates as a regular item on the agenda of EMT and DHB Board agendas to support shared learnings and increase viability of opportunities. (EOA)	Q1: DNA reporting in place.	✓	The DNA dashboard will begin to be shared with the Hospital Advisory Committee this quarter.
	Q2-Q4: Opportunities captured.	↺	

Planning Priority: MHAP- Strengthening System Settings			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Through the CCN support an annual process whereby the Māori Caucus will provide input into Alliance workplans to support improve focus on Māori health priorities and for Māori. (EOA)	Q1: Agreed equity actions reflected in the DHB's Annual Plan and SLM Improvement Plan.	✓	Equity actions have been agreed in both the Annual Plan and SLM Improvement Plan.
Promote and provide training in the use of equity assessment tools, identifying options to incorporate and embed them into organisational decision-making processes. (EOA)	Q1-Q4: Report on Progress.	↺	Work has been started with our Quality Team to embed the HEAT tool into quality improvement project planning.
	Q4: Evidence of increased application of equity assessment tools in decision-making.		
Redesign processes within the DHB's Planning & Funding Division to enhance the Māori voice in Resource Allocation and Funding decisions. (EOA)	Q1: New process in place.	✓	Resource Allocation and Funding team includes Maori and Pacific Portfolio Leads to supported improved decision making.
Design and make publicly available a Māori Health Profile to progress towards Pae Ora for Māori in Canterbury and regular report against agreed key population health measures to identify and respond to areas of opportunity. (EOA)	Q3. Māori health profile complete.	↺	An expert working group has been formed to develop the Māori health profile with oversight from a Kaitiaki group.

Improving Sustainability

Planning Priority: Improved Out Year Planning Processes
Status Report for 2020/21

Key Actions from the Annual Plan	Milestones	Status	Comments
Financial Planning			
Implement a new finance reporting and forecasting tool to assist with improving financial forecasts and aligning financial forecasts with workforce planning.	Q1: Implementation complete.	✓	Completed with enhancements ongoing into the foreseeable future. The introduction of the new reporting tool has enabled better processes between our production, finance, and workforce planning. This is a long-term piece of work with more progress likely in later quarters.
	Q2: Forecasts aligned to workforce plans.	↺	
Enhance the business partnership model with Finance, to support the delivery of savings targets while ensuring ongoing operational performance.	Q1: New process in place to support delivery of savings targets.	✓	PMO Office established to support the delivery of the Accelerating our Future Programme.
Integrate end-to-end production planning daily, monthly, annually and out to 15 years with associated operational management processes to align resources to forecast activity.	Q1: Projections (daily to out-years) run from single data source.	↺	External provider development of single data source has been delayed, internal resource is being investigated with decision support. To-date the focus has been on the annual operational planning process for demand and capacity across the system. This has identified current and future system constraints which is being used across the system to focus 'new ways of working' (improvement initiatives) to respond to these constraints. Assessing and modifying how the operational plan is set at time of roster creation and the linkage of resourcing to the plan underway.
	Q2: Operational management system integrated to forecast demand.	↺	
Workforce Planning			
Work towards full implementation of Care Capacity Demand Management (CCDM), to better align workforce planning with service demand and patient acuity.	Q2: TrendCare Implementation in all inpatient clinical areas.	↺	Trendcare is implemented in 82% of clinical areas. We have had to delay the implementation to ICU and day stay areas due to COVID, the move to new facilities and the clash of training dates. We have completed the implementation into maternity areas.
	Q4: Core data set is monitored, reported and actioned.		
Expand the capacity and capability of people analytics function to provide data, analytics and insights on our employees to enable managers and leaders to make data-informed decisions on all key aspects of our workforce, including the work to be done, the person to do the work and the place where the work is to be performed.	Q1: Increased capacity and capability available.	✓	We have grown the capability and capacity within our people analytics function and have new skills in business intelligence reporting, data visualisation, data modelling, qualitative research and specialisation in HR and organisational psychology metrics. We have drafted a set of operational KPIs for our clinical services, which will be implemented in line with the clinical governance group's balanced scorecard service reporting.
	Q2: Set of reporting routines established including KPIs and performance measures across targeted services.	↺	

Planning Priority: Savings Plans- In-Year Gains			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Work, Working Better: This programme of work focuses on capturing opportunities to streamline and modernise clerical, administration and non-clinical systems and processes across the DHB.	Q1: Stakeholder engagement, identification of opportunities and service change impacts and confirmation of proposals.	✓	Digitizing of GP letters underway, mapping of workflow impacts. Ongoing engagement with staff around process. Further market review of supporting technology to be undertaken in quarter three.
	Q2-Q4: Implementation in line with agreed plans.	↺	

Clinical Resourcing: This programme of work is focused on optimising the mix and use of clinical resources to better align resourcing with demand, enhance service efficiency and improve the flow of patients - reducing avoidable expenditure and treatment costs associated with long hospital stays.	Q1: Change in service approach to winter planning.	✓	Winter flex removed and maintained resourced beds NetP graduate nursing positions reviewed against confirmed vacancies. This work is ongoing, engagement with staff continues to review continuous improvement plans and identify where changes could occur. Any reconfiguration will begin following confirmation of proposals.
	Q1: Confirmation of reduced graduate nursing recruitments.	✓	
	Q1: Stakeholder engagement, identification of opportunities and service change impacts and confirmation of proposals.	↺	
	Q2-Q4: Reconfiguration in line with agreed plans.	↺	
SMO and Service Reconfiguration: This programme of work is focused on better aligning resourcing with demand, applying a consistent approach to leave malmanagement and using evidence to appropriately size roles to implement the best mix of staff and support system sustainability.	Q1: Stakeholder engagement, identification of opportunities and service change impacts and confirmation of proposals.	✓	Project plan developed and engagement with the SMO workforce continues. Further work to Identify resourcing is needed to undertake specialized activity.
	Q2-Q4: Reconfiguration in line with agreed plans.	↺	
Continuous Improvement: This programme of work is focused on improved thinking and processes to support clinical decision making, modernise service delivery models and reduce duplication of effort and resources.	Q1: Continued review of HealthPathways.	↺	HealthPathway review ongoing with increased equity focus. Choosing Wisely programme is ongoing. A revised campaign being released in quarter three linking new treatments and technology activity.
	Q1: Continued process mapping and engagement with key Choosing Wisely projects.	↺	
	Q2: Prototype implementation of virtual models of care.	↺	
External Provider Contracts: This programme of work will focus on external provider contracts to optimise revenue, identify operational efficiencies and ensure investment is prioritised towards the areas of greatest need and those services providing the greatest return on investment.	Q1: Stakeholder engagement, identification of opportunities and service change impacts and confirmation of proposals.	✓	Engagement with external providers continues to identify opportunities. Current contract reviews ongoing with a number of operational efficiencies already identified and captured and service reconfigurations underway.
	Q2-Q4: Identified service shifts initiated.	✓	
Non-Personnel Cost Management: This programme of work is focused on improved thinking and processes to capture and implement operational efficiencies and savings including patient safety, new medical technologies, new procedures and practice and procurement improvements.	Q1: Continued process mapping and engagement with key projects.	✓	Further work underway around supplies and procurement including delegations. Monitoring of non-catalogue purchasing on going. ECRI Savings to date $900K.
	Q3: Audit of projects adopted demonstrates evidence of collective purchasing.		

Planning Priority: Savings Plans- Out-Year Gains			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Work, Working Better: Continued implementation of this programme of work focused on capturing opportunities to streamlining and modernise clerical and administration processes across the DHB.	Q1: Further stakeholder engagement, identification of opportunities, change impacts and confirmation of proposals.	✓	Refer to progress above. The Accelerating our Future website is now live and offers staff opportunities to contribute ideas and projects.
	Q2-Q4: Continued implementation in line with agreed project plans.	↺	
Clinical Resourcing: Continued implementation of this programme of work focused on optimising the mix and use of clinical resources across services to support operational efficiency and system sustainability.	Q1: Further stakeholder engagement, identification of opportunities, change impacts and confirmation of proposals.	↺	
	Q2-Q4: Continued implementation in line with agreed project plans.	↺	
SMO and Service Reconfiguration: Continued implementation of this programme focused on optimising the mix and use of clinical resources across services to support operational and system sustainability.	Q1: Continued stakeholder engagement, and reconfiguration in line with agreed project plans.	✓	
Continuous Improvement: Continued implementation of this programme of work	Q1-Q4: Further stakeholder engagement, identification of	↺	

focused on improving clinical decision making, modernising service delivery models and reducing duplication of effort and resources.	opportunities implementation of change in line with agreed principles and processes.		
External Provider Contracts: Continued implementation of this programme of work to optimise revenue, identify operational efficiencies and ensure investment is prioritised towards the areas of greatest need and those services providing the greatest return on investment.	Q1: Continued review of external contracts, stakeholder engagement and confirmation of proposals.	✓	
	Q1-Q4: Identified service shifts initiated.	↺	
Non-Personnel Cost Management: Continued implementation of this programme of work including full implementation of the New Treatment and Technology's Programme by August 2022.	Q3: Māori representation on all new treatment and procedure projects.	✓	Electronic notification and access to all projects completed with Pou Whirinaki and cultural support in place. All projects with benefits entered into reporting tool –KeyedIn. Monitoring non-catalogue purchasing on going. Policy signed off by CMO, in process of implementation with supply and procurement and setting up of Vistab.
	Q3-Q4: ECRI projects monitored for realisation of anticipated benefits.	✓	
	Q3-Q4: Supply department connected to the purchase of all new consumables through ECRI work streams.	↺	
	Q3-Q4: New Visiting External HealthCare Company Representatives Policy in place.	↺	

Improving Child Wellbeing- Improving maternal, child and youth wellbeing

Planning Priority: Maternity			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop a Maternity workplan for 2020-22 identifying, in consultation with the community, priorities to achieve equity across our population and increase the diversity and cultural responsiveness of our maternity workforce. (EOA)	Q1: First Hui held.	✓	The completion of a workplan has been superseded by the completed Maternity Strategy. Communities are looking at the mahi they are doing using the Strategy as a framework. - Indian community is looking at diet and also support for women as family can no longer visit. - Pasifika have written their own Pasifika strategy and discussions will commence with the community early 2021 in regard workforce and parenting. - Tangata Whenua continue to consider their first steps with meetings planned with various groups early 2021. Focus for the year includes increased use of Te Reo in maternity units and cononsideration of how we grow Māori midwives.
	Q1: Workplan complete.	-	
	Q2-Q4: Implementation underway.	✓	
Ensure the Maternity Oversight Group is representative of our community with strong Māori and Pacific representation. (EOA)	Q1.	↺	Work is underway to ensure responsiveness to Māori and Pacific peoples and the Indian community and teams are being realigned.
Establish a migration plan to support the move of primary birthing unit in Selwyn into the new Rolleston Health and Social Services Hub, to provide services closer to the growing population in a modern integrated health facility.	Q1-Q4: Report on progress.	✓	Selwyn health Hub being built by Selwyn Regional Council with completion due December 2020. Fitout of the leased DHB space will commence January 2021 and date to move remains July 2021.
	Q4: Primary Birthing Unit operating in Rolleston 2021.	↺	
Collaborate with the local LMC Liaison to support LMC midwives in the region and ensure good access	Q2-Q3.	✓	Very successful working plan with local Midwifery Resource Centre and LMCs. In December the only cover the DHB

to services for women who are due to birth over the Christmas period.			needed to provide was on Christmas day itself.
Collaborate with the Ara Midwifery School to offer orientation for new graduate LMCs, with the aim of recruiting around 10 new graduates each year.	Q1-Q4.	✓	Advertised and connected with Schools in person and via Zoom. We have recruited and 6 and the advertisement remains open.
Commence implementation of TrendCare and the Care Capacity Demand Management programme to ensure variance response management is enabled in all DHB Maternity Units.	Q1.	↺	Trendcare has been implemented in 70 of 72 clinical areas with some last delays caused by COVID.
Collaborate, through the South Island Workforce Development Hub, to develop a strategy to recruit and retain midwives in rural settings, including developing a pathway to support a dual nursing/midwifery scope of practice. (EOA)	Q4: Dual scope pilot underway in one South Island DHB.	✓	In 2020 the Midwifery Council announced changes to RPL process for any health professional who has registered in NZ in past 10 years. The Council approved a shortened programme for applicants who hold current registration and practising certificates with other health professional responsible authorities.

Planning Priority: Maternity and Early Years			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Identify opportunities to increase investment in Hapū Wānanga (Kaupapa Māori antenatal education) to promote antenatal health and birthing, SUDI prevention, access to smoking cessation, safe sleep devices and breastfeeding assistance. (EOA)	Q2: Contract Updated.	✓	Contract in place.
	Q4: A minimum of 710 safe sleep devices provided to at risk whānau.		
Collaborate with partner organisations to facilitate ongoing engagement with young Māori wāhine and teen parent units to promote safe sleep and a reduction of risk factor associated with SUDI. (EOA).	Q2.	✓	A kaiwhakapuawai has been employed to work in the SUDI space. This role will include community engagement particularly with young whānau. They will share both the SUDI messaging, refer appropriately for safe sleep spaces, and all the wrap around services that support SUDI prevention.
Develop a Product Buying Guide to inform parents of infant products that pose a SUDI risk, and translate into Te Reo to improve engagement with Māori mothers and Whānau. (EOA).	Q2. Guide complete.	↺	The Product Guide has been developed and currently in draft. It has recently been reviewed by the Maternity Consumer Council and is being updated to reflect their feedback.
	Q4: Translated to Te Reo.		
Agree actions, with the three Canterbury PHOs, to increase the proportion of Māori pepi enrolled in general practice at 3 months of age. (EOA).	Q2-Q4.	↺	As a DHB we continue to have high New Born enrolment rates at this age. However, Māori coverage is 15% lower. Work is underway to identify reasons for this inequity and ensure ethnicity is being coded correctly.
Develop and implement a breastfeeding action plan which prioritises evidence-informed activity with a proven impact on breastfeeding rates for women in Māori, Pacific and high deprivation populations. (EOA).	Q2-Q4.	↺	Revisions are currently being made to the Plan following significant feedback from priority populations at Community Breastfeeding Hui (Nov 20) and the recent release of the National BF Strategy (Dec 20).
Respond to the recommendation of the Well Child Tamariki Ora Services Review, when released.	Q1-Q4.	×	The national Well Child review report has not yet been released

Planning Priority: Immunisation			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**

Develop a process to identify women who have not been vaccinated during pregnancy, to support LMCs and GPs to reach these women and better promote pregnancy vacations, particularly to Māori and Pacific women where vaccination rates are lower. (EOA)	Q1: Process established	↺	It took longer than anticipated to access patient level data to identify who hasn't been vaccinated. Now available the local data indicates that, as suspected, Māori and Pacific women are vaccinating during pregnancy at a lower rate (at around 30%) compared to 62% across other populations. This gives us a clear target and we are currently relooking at our deliverables for the 2020/21 year.
	Q2: Process implemented.	↺	
Refresh the current Immunisation Service Model to better respond to current challenges within the system, with a focus on improving data and links between services to ensure Māori, Pacific and vulnerable children are reached. (EOA)	Q2: Model refreshed.	×	Key staff from the Immunisation Service Level Alliance have been focused on the DHBs' COVID Response, and Measles catch-up up programme. It is expected the national COVID programme will now take capacity and this work will be looked at in 2021/22.
	Q4: Change implemented.	×	
Review the impact of COVID-19 on the delivery of childhood immunisations, with a focus on prioritising children who missed vaccinations during this time.	Q1: Rates reviewed and catch-up implemented.	✓	We have identified a number of children who have not been vaccinated in General Practice. They have been picked up by the missed events and outreach immunisation services.
Implement the Immunisation Conversation Programme, to support LMCs, GP teams and Well Child Providers to have difficult conversations with parents who are undecided about vaccinations.	Q4: Programme implemented.		
Implement the catch-up MMR programme for those age 15-29, with a focus of reaching Māori and Pacific youth and reducing the equity gap in uptake. (EOA)	Q1: MMR catch-up programme launched.	✓	This programmed was initiated with a soft start in September.
Engage with the ED of Māori and Pacific Health to develop strategies and innovative solutions to maintain high immunisation rates amongst Māori and Pacific children in Canterbury. (EOA)	Q1-Q4: Ongoing engagement with Māori leads.	✓	We have strengthened Māori representation on the Immunisation Service Level Alliance (SLA) with two Māori leads.

Planning Priority: School-Based Health Services			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Monitor and provide quantitative reports on the delivery of SBHS in all decile one to five schools and alternative education settings across Canterbury and provide quantitative reports on service performance to the Ministry in quarters 2 and 4.	Q2-Q4: Reports provided.	✓	Ongoing monitoring and reporting of SBHS is occurring every six months. Following submission of the latest report a national meeting was held to discuss issues and barriers to delivery of SBHS. Changes to reporting tools are being considered at a national level. We are working closely with providers to ensure there are clear expectations for delivery and reporting of data.
Review service delivery to determine the impact of COVID-19, and work with the school-based nursing team to agree a catch-up plan and prioritise assessments for young people identified by schools as higher need. (EOA)	Q1: Gaps identified and catch-up plan in place.	✓	This has been completed, no key service gaps were identified.
Collaborate with SBHS providers to identify three areas of continuous quality improvement and develop a plan to work towards improving these. At least one of these improvement areas will have an equity focus. (EOA)	Q3: Areas identified.		
	Q4: Plan underway.		
Refresh the work plan of the Child & Youth Alliance Workstream's Health and Education Subgroup, to strengthen our youth focus.	Q1-Q2: Plan refreshed.	✓	Refresh is completed of the C&Y Workstream. This has resulted in more targeted work programme to be

			developed. Work is yet to occur on the Health and Education Sub group.
Facilitate increased collaboration between health services going into schools (PNHS, Public Health, Mana Aka), to ensure a coordinated approach to meeting the needs of young people.	Q1: First collaborative provider hui held.	↺	This work has been delayed due to COVID reprioritisation. We expect the first hui to be held in quarter three.
Provide quarterly activity reports to the Alliance Leadership Team (and MoH) on the actions of the Child & Youth workstream and its Health & Education Subgroup, to track progress and performance.	Q1-Q4: Quarterly progress reports provided.	✓	Ongoing.

Planning Priority: Family Violence and Sexual Violence			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain investment in the Violence Intervention Programme (VIP) and in line with the agreed Strategic Services Plan provide all staff in core areas with core, refresher or advanced VIP training.	Q1-Q4: Delivery of VIP Core Training continues to meet expectations.	✓	Eight, 8-hour Core VIP Training sessions have been completed to date this year with three more to follow. Cancellations occurred due to COVID and it has been problematic to reschedule all of these. All training sessions are evaluated and alterations to the course are co-ordinated and responsive to trainees learning goals 216 staff have attended the Core Training to date in 2020.
	Q4: Number of DHB staff attending training sessions: baseline 460 staff.	↺	
Work with Te Matau a Māui to identify and address barriers for Māori service providers to undertake FVSV training, with a specific focus on providers working with Māori parents, caregivers of children and vulnerable pregnant women. (EOA)	Q3: Barriers to access identified.		
	Q4: Resolution agreed.		
Review current screening and disclosure processes within Paediatrics, Emergency and Maternity Service areas to identify areas of opportunities for improvement.	Q1: Review of reports of concern, noting actions taken and outcomes.	✓	All Reports of Concern are reviewed prior to uptake on to the Child Protection database, and education and support given individually to practitioners within the DHB as required.
	Q4: Improved screening, disclosure rates and reporting across services.		
Continue to participate in the Police-led Integrated Safety Response (ISR) Programme, to support a rapid response from government and social agencies to the needs of vulnerable people and families affected by family violence. (EOA)	Q1: Agree ongoing resource allocation to the ISR programme.	✓	Our service actively works on ISR cases seven days a week. We action our health tasks within a 48-hour period. We include ISR in our staff core training and have several speakers from ISR attend our training.
Take part in a South Island Child Protection Forum, convened by the South Island Child Health SLA, to support staff to gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Q4: Staff attendance at the South Island Forum.	✓	South Island Child Protection Forum was attended by staff in February 2020.

Improving Mental Wellbeing

Planning Priority: Mental Health and Addiction System Transformation			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Placing people at the centre of service planning/implementation/monitoring programmes			
Explore current consumer feedback practices across mental health services, in line with the work on the HQSC consumer experience markers.	Q1-Q4.	↺	A survey has been sent out which once compiled will complete the stocktake. This will contribute to the exploration of consumer feedback practices.
Map the number of lived experience and peer support workers supported or employed across	Q3: Stocktake complete.	↺	

policy, strategy and quality programmes, to identify strengths and gaps, with a focus on supporting Māori peer support and whānau roles. (EOA)			
Identify pathways for increasing participation and engagement from a wider group of consumers, with a focus on Māori and Pacific service users and those with lived experience and their whānau. (EOA)	Q4.		
Establish joint biannual meetings with mental health and addiction consumer advisors to strengthen our relationships with consumer advisors and support monitoring of observance of the Code of Rights.	Q2. First joint hui held.	✓	Regular meetings between mental health and addiction consumer and peer advisors have strengthened this year negating the need for a wider hui.
Embedding a wellbeing and equity focus			
Establish a "Recovery College" curriculum, in partnership with NGO mental health service providers, to strengthen the focus on health promotion, prevention, identification and early intervention.	Q3.	✓	A Youth Recovery College involving peer input has been co-designed and is well underway. An adult Recovery College summer school was held in January and the curriculum is being tailored to the needs of the participants. Due to COVID-19, Recovery College moved online (Zoom) which has been very effective. A move to blend the two delivery methods is underway.
Identify and promote mental health and addiction training and education for people with lived experience, to increase the capability of peer supporters. (EOA)	Q1-Q4: 3 Training programmes run.	✓	Four training programmes delivered for peer organisations and ten workshops were held in quarter two.
Evaluate the pharmacy-based engagement approach to smoking cessation for people with severe mental illness and addiction (piloted in Philipstown Pharmacy), with a view to extending the model.	Q4: 12-month evaluation complete.		
Continue to invest in Equally Well (through our PHOs and Specialist Services) to support the focus on wellbeing and improve physical health outcomes.	Q1-Q4.	✓	Both the PHOs and the DHB continue to provide focused Equally Well responses to consumers with ongoing collaboration aiming to improve outcomes.
Invest in co-existing problems training for community organisations to enhance inter-agency collaboration for this highly vulnerable population group.	Q4: 6 training sessions delivered.		
Collaborate with community providers to increase transitional housing options for people experiencing mental health and addictions issues.	Q1: 4 additional houses available.	✓	Four new transitional housing properties were made available from July 2020.
Work with MSD and other key agencies to provide increased vocational options and opportunities for people with complex mental health issues.	Q1: Interagency group established.	✓	An interagency group is meeting fortnightly to review cases that involve multiple agencies and generate shared solutions.
Distribute information on Supporting Parents Healthy Children programmes to primary and NGO networks to promote the service options available and increase referral for Māori and Pacific families. (EOA).	Q1.	✓	Information and resources including the Ministry of Health Framework have been distributed to all PHO and NGO Providers in Canterbury.
Increasing Access and Choice of sustainable, quality, integrated services across the continuum			
Maintain the delivery of brief intervention counselling in primary care to support earlier intervention for people with mild to moderate mental health needs.	Q1-Q4.	✓	Delivery of Brief intervention counselling continues and is monitored quarterly.
Continue to invest in the community-based peer-led acute residential service (established in 2019), to support the capacity of acute services in Canterbury.	Q1-Q4.	✓	This service is well utilised, an evaluation of the service will commence in quarter three.
Evaluate the impact of the Homecare Medical triage for crisis calls, with a focus on responsiveness to Māori and Pacific as high need populations. (EOA)	Q2: 12-month data set evaluated.	↺	Data sets are now available to be reviewed. Evaluation will be undertaken in the coming quarter.

Evaluate the DHB's MindSight programme (for people with personality disorders) with a view to reaching more of our most complex consumers. (EOA)	Q3.		
Work in partnership to implement the national Te Tumu Waiora model, to support earlier intervention for people experiencing mental distress or who need behavioural advice and support.	Q4: 20 HIP and HICs in place in Canterbury.		
Track and monitor the implementation of Te Tumu Waiora to determine equity of access and outcomes for people being support by the programme. (EOA)	Q3-Q4.		
Undertake an annual review of contract delivery and apply cost pressure funding to support the sustainable delivery of mental health services.	Q1-Q4 Ongoing Contract Review	✓	A review has been undertaken of all Canterbury contracts and a plan to support cost pressure sustainability is currently being finalised.
Suicide Prevention			
Complete a reporting framework aligned to Canterbury's Suicide Prevention Action Plan to track progress against key actions in the Plan.	Q2. Reporting Framework confirmed.	↺	Delayed due to Action Plan not being completed. This is now expected in quarter three.
Evaluate the use of the Canterbury Suicide Prevention Website to identify enhancements to improve the provision of information and support on all aspects of suicide prevention in Canterbury.	Q2: Evaluation complete.	↺	Website awaiting whakatauki and design. This is now expected in quarter three.
	Q3: Site updated.		
Collaborate with the Mental Health Education Resource Centre to provide access to suicide prevention education and training for health professionals, peer support workers and whānau.	Q1-Q4: 4 Education opportunities provided.	✓	Fifteen education sessions supporting suicide prevention and resilience in quarter two.
Provide annual opportunities for training and networking to support Postvention Coordinators in rural areas. (EOA)	Q1-Q4: 2 networking forums held.	↺	The first of two network forums was held in December. The second forum is being planned for quarter four.
Collaborate with the Office of Suicide Prevention and Clinical Advisory Services Aotearoa to implement a new postvention counselling service pathway to improve access for people bereaved by suicide. (EOA)	Q3: Pathway established.		
Continue to gather data in support of the implementation of the national suicide prevention strategy 'Every Life Matters' and evaluate local initiatives to better to promote wellbeing, respond to suicidal behaviour and offer support after suicide.	Q1-Q4	↺	Work is commencing in identifying data sets useful to the strategy and aligning with national work in this space.
Workforce			
In partnership with Te Pou and Mata Raki promote workforce development training to strengthen people capabilities when working with people and whānau experiencing mental health and addiction issues, including promotion of "Let's Get Real" to our staff and networks. (EOA)	Q1-Q4: 20 HIP's trained through Te Pou.	↺	HIP recruitment is progressing, training will be dictated by places available nationally.
Identify and promote mental health and addiction training and education for people with lived experience, to increase peer support. (EOA)	Q1-Q4: 3 training programmes run.	✓	Four training programmes delivered for peer organisations.
Explore the engagement of non-registered health professionals within SMHSs to increase capacity to support the delivery of safe, effective care.	Q4.		
Forensics			
As Lead DHB, collaborate with the Nelson Marlborough, South Canterbury and West Coast DHBs to improve and expand youth forensic mental health service capacity, with a focus on earlier intervention and supported discharge.	Q1: Working group established.	✓	The Canterbury DHB Youth Forensic Team are providing an enhanced service as agreed by all DHBs to provide services across the region.
	Q2: Investment agreed.	✓	
In collaboration with Corrections, review the implementation of the triage pilot at Christchurch	Q3: Review complete.	✓	The pilot was undertaken by Corrections. This is now complete and

Women's prison, supporting earlier identification and support for women with mental health issues, with a view to implementing the model. (EOA)			steps have been taken to appoint a permanent Registered Nurse to continue the triage role. CDHB continues to support Corrections in providing suitable and effective mental health access.
Review the impact of the provision of audio-visual prison assessments, as a means of enhancing capacity by reducing clinicians travel time for face2face assessments.	Q3: Review complete.		
Provide input into the national Forensic Framework Project to improve the consistency and quality of current and future services as opportunities arise.	Q1-Q4	✓	Forensic Clinical Director has ongoing involvement through NZ Forensic Psychiatry Advisory Group. The forensic team completed Survey remotely due to COVID.
Commitment to quality services and positive outcomes			
Track and monitor service utilisation data, and reporting into national systems, to support improved decision making and service planning.	Q1-Q4	✓	PRIMHD monitoring is ongoing in Canterbury DHB. Anomalies are being investigated and addressed as they arise.

Planning Priority: Mental Health and Addictions Improvement Activities			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Enable project teams to attend and participate in the mental health and addictions improvement programme projects for Safer for All, Connecting Care and Learning from Adverse Events, to ensure a continued focus on minimising restrictive care and improving transitions.	Q1-Q4.	✓	Project teams are supported to participate in the HQSC education programme on an ongoing basis and continue to progress the improvement programme. HQSC involvement in "Connecting Care" has concluded but local work to embed and sustain improvements in this area continue.
Promote the role of Pukenga Atawhai and Te Kaihapai in minimising the use of restrictive care for Māori and effectively document their involvement in care order to identify gaps and measure impact. (EOA)	Q1-Q4.	✓	FTE for Pukenga Atawhai has been increased with recruitment underway. The focus of Te Kahui Pou Hauora Māori (governance group) has been reviewed with increased attention on equity issues. Pukenga Atawhai and Te Kaihapai have a direct role in restraint minimization and are key members of the Restraint Minimisation Committee.
Refocus the working group on addressing reducing seclusion, moving on from reducing incidents but making use of learnings from the 2019/20 programme.	Q1-Q4	↺	Subgroups are being set up across different areas of the SMHS to explore how each area can address the drivers contributing to over representation of Māori in seclusion rates.
Review the impact of changes made in 2019, to reduce rate of assaults, and spread learnings across the division.	Q2: Review complete.	✓	Impact of changes have been reviewed with significant reduction in assaults on staff achieved. Learnings are being shared through Restraint Minimisation Committee.
	Q3: Learnings dispersed.	✓	
Review the impact of the changes made as part of the youth to adult transition programme in 2019, with a view to embedding successful elements of the model to support young people back into the community.	Q3.	✓	The new youth to adult transition process is being applied on a trial basis to actual transitions from CAF to adult services. The new process and associated tools are subject to an ongoing review and evaluation process with oversight and governance from the CAF and Adult service leadership

			teams and the SMHS Quality & Patient Safety Team.
Optimise the unique role of Pukenga Atawhai in the transition process for young Māori. (EOA)	Q3-Q4.		
Implement a qualitative discharge/transition plan audit tool to identify gaps and support training and education to improve the use and quality of transition and wellness plans.	Q1.	✓	First round of auditing was completed November 2020. Areas of improvement have been communicated to the clinical teams.
Support the mental health services facilities development process to ensure facilities are designed to support patient and safe safety.	Q1-Q4.	✓	Significant work undertaken to support facilities development programme. High level of involvement from the user groups to inform design and model of care principles.

Planning Priority: Addiction			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with community providers of alcohol and other drug services (AOD), through the Central Coordination Service, to streamline AOD pathways and remove access barriers to minimise wait times.	Q1-Q4.	↺	This is ongoing work with routine governance and operational meetings to monitor and review wait times and access issues.
Enhance referral pathways to support increased access to community-based residential care and support for people with co-existing problems. (EOA)	Q1-Q4.	↺	
Identify continuing care/post treatment options to enhance the continue of care in Canterbury, with focus on Māori, Pacific & Youth populations. (EOA)	Q2-Q3.	✓	The rollout of Integrated Primary Mental Health and Addictions services includes community-based services for youth, Māori and Pacific.
Take the lead in developing a regional Hub and Spoke model to build community-based withdrawal management capacity across the South Island.	Q1: Regional agreement on service model.	✓	There is agreement across the South Island regarding this model and work to implement the model is now underway.
	Q4: Pathway in place.		
Reconfigure and consolidate current mental health service options to expand respite capacity and support a more immediate service response for people with addiction issues, with a specific focus on culturally supportive options. (EOA)	Q4: Increased respite capacity available across Canterbury.		

Planning Priority: Maternal Mental Health Services			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Launch the Maternal Health Pathway on HealthPathways documenting links to infant mental health services and early parenting support.	Q1. Pathway Launched.	✓	A Canterbury specific Maternal Mental Health pathway has been launched and is being utilised.
	Q4: Number of 'hits' on the Pathway.		
Coordinate a regional hui with key stakeholders to strengthen links between maternal and infant service providers working with women and their whānau in the first 1,000 days and promote the effective sharing of resources and learnings.	Q3.		
Using the service mapping completed in 2019/20, identify opportunities to enhance primary and community support for women with maternal mental health issues, including the possible reallocation of resource to focus on earlier intervention and high need populations. (EOA)	Q1: Options identified.	✓	Scoping of potential community based maternal mental health services completed and options for new resource in discussion.
	Q3: Proposal delivered.		
Evaluate the extended access timeframes put in place by Plunket to determine its effectiveness in reaching	Q2.	✓	Increasing extended access timeframes for the Plunket postnatal mental health

high need Māori and Pacific women, with a view to embedding the framework if successful. (EOA)			service has reduced wait times for Māori and Pacific women and is ongoing.
Engage with Canterbury's Well Child Tamariki Ora providers to understand their training and education needs to support a more effective responses to women who may be experiencing mild to moderate mental health issues post pregnancy.	Q2.	✓	Plunket are upskilling their nurses around identifying maternal mental health issues. Discussions have been held with other providers about training and education needs but no specific training has been facilitated.
Partner with general practice, to implement the Te Tumu Waiora model which will support earlier intervention for women and their whānau who are experiencing mental distress pre or post pregnancy.	Q4: 20 HIP and HICs in place in Canterbury.		

Planning Priority: Mental Health Support in Earthquake Affected Schools			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Embed the Mana Ake Initiative, undertaking regular monitoring to enable schools to flex resources to respond to identified need and clarifying and enhancing pathways for support. (EOA)	Q1-Q4. Report on progress.	✓	Quarterly reporting is shared with schools and the first quarterly cluster forum has been held.
Maintain active oversight of the Initiative through the CCN Mana Ake Service Level Alliance and provider networks, tracking and monitoring equity of access to ensure culturally appropriate interventions are being accessed across the region. (EOA)	Q1-Q4: Quarterly reports delivered.	✓	Reporting shared with the SLA and Executive Director Maori and Pasifika Health
Produce and provide an interim evaluation report to the SLA and the Alliance Leadership Team on delivery and outcomes of the Initiative.	Q1.	✓	The ImpactLab independent evaluation has been completed and suggests a social return on investment of $13.32 for every dollar invested.
Maintain teacher education sessions to build local capacity and capability to meet wellbeing needs within schools.	Q1-Q4: Number of attendees at education sessions.	✓	Education sessions are now held as webinars to increase participation. 320 teachers and other professionals attended the quarter one session.
Implement ERMS online for schools to build communication between education and health.	Q2: Number of schools enrolled with ERMS Online.	✓	161 out of 240 schools have registered for ERMS-Online. Every school has been contacted and some have chosen not to opt in at this time. The team is working to increase understanding and engagement.
Support the 13 NGO Mana Ake Provider Network to develop a shared workforce development plan to prepare for workforce transitions support the sustainability of the initiative.	Q2. Workforce Plan developed.	-	This work is now sitting alongside broader work with NGOS, Oranga Tamariki and Ministry of Education local leadership to look at potential for whole of children's workforce approach in Canterbury, with the Children's Team Local Governance Group engaged. This provides greater opportunity to build sustainability across the sector than our original intention to work with the Mana Ake Provider Network only.
Embed the use of Leading Lights across services and schools to support long term sustainability.	Q4. Increasing use of Leading Lights (page views, % returning visitors).		

Improving Wellbeing through Prevention

Planning Priority: Environmental Sustainability			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Through Transalpine Environmental Sustainability Governance Group, develop an Environmental Sustainability Policy and Implementation Plan.	Q1-Q4	✗	Work on this has been delayed as a result of COVID. We hope to reengage in quarter three.
Develop intranet sustainability pages to support the sharing of resources, initiatives and projects and encourage staff to make sustainable changes.	Q2: Pages live.	↺	Go live has been delayed with progress expected in quarter three.
Include environmental sustainably questions in procurement tenders to mitigate future environmental impacts on health.	Q1-Q4	✓	
Commence reporting on Carbon Offsetting for travel carried out under Senior Medical Officer's Continuing Medical Education agreements.	Q1: Reporting underway.	↺	Carbon offsetting program is established, and reporting set up. Very few SMOs have been travelling in this time period due to COVID-19.
Use the Energypro Software to monitor energy use across DHB sites and identify areas for improvement.	Q1-Q4	✓	Monitoring of energy use (at a lot finer level than energypro) is being carried out and areas to improve have been identified.

Planning Priority: Antimicrobial Resistance (AMR)			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Awareness and understanding			
Extend multidisciplinary professional development activities for Antimicrobial Stewardship.	Q4: Antimicrobial Stewardship intranet site live.	↺	Information to go on the new intranet site is being prepared.
Share resources generated by the Antimicrobial Stewardship Committee with community healthcare providers including PHOs, the Canterbury Community Pharmacy Group and neighbouring DHBs.	Q1-Q4.	✓	Antimicrobial Stewardship Strategic Group has commenced engagement with local PHOs and Te Matau A Maui. West Coast DHB and South Canterbury DHB have been offered the opportunity to adopt our new approach to vancomycin dosing.
Share resources generated by the Antimicrobial Stewardship Committee with Te Matau a Māui (our collective of Māori and Pacific providers), emphasising the risk for Māori and Pacific. (EOA)	Q1-Q4.	✓	
Surveillance and research			
Improve access to antimicrobial usage data in "real time" from the electronic prescribing and administration MedChart to inform AMS ward rounds.	Q4: Antimicrobial usage data available.	↺	Antimicrobial prescribing data now enables tracking of antimicrobial stewardship initiatives such as indication documentation. A process for using antimicrobial dispensing data to create quarterly reports on the volume of antimicrobials used in our inpatients is being extended (we have data from 2010 – 2017, but not for 2018 or beyond).
Undertake a Point Prevalence Survey of adult inpatients at Christchurch Hospital, with a view to analysing antimicrobial guidelines, compliance and appropriateness by age sex and ethnicity. (EOA)	Q2: Analysis undertaken.	↺	Audit work was completed in early November 2020. Data entry and analysis are being undertaken to produce a report for next quarter.
	Q3: Report completed.		
Establish a process for the annual development, publication and dissemination of the Canterbury Health Laboratories antibiogram (data) to healthcare providers across the Canterbury health system.	Q3: Process established.	✓	Process is established for publication in the Pink Book guidelines, Hospital and Community HealthPathways, CHL internet site, and the New Zealand
	Q4: Canterbury Health Laboratories antibiogram published.		

			Microbiology Network (NZMN) website).
Infection prevention and control			
Promote collaboration and coordination across our system, to support prevention activities and the management and control of antimicrobial resistant organisms (in line with the Infection Prevention, Control & Management of Carbapenemase-Producing Enterobacteriaceae (CPE) Guidelines).	Q4: CPE Response Plan developed.		
Monitor adherence to active surveillance, patient screening and transmission-based precautions as outlined in the DHBs Multidrug Resistant Organisms (MDRO) Infection Prevention & Control Guidelines and Admission Assessment Flowchart, and the latest evidence for identification and isolation processes.	Q1-Q4.	✓	Daily review and liaison with clinical areas for multi-drug resistant organisms (MDRO). Live feed data via CDHB electronic surveillance system (ICNet) TAG reports and monitoring summarised in monthly IPC Surveillance reports
Undertake an evaluation of Peripheral Intravenous Catheter Hospital-Acquired Bloodstream Infections to identify and address specific risk factors for Māori and Pacific populations. (EOA)	Q1-Q4.	✓	Daily review of possible Peripheral Intravenous Catheter Hospital-Acquired Bloodstream Infections. Live feed data via CDHB electronic surveillance system (ICNet). Individual case review with in collaboration with Nurse Consultant- Venous Access. Each case reported in Safety 1st and feedback to clinical leaders in area.
Provide advice on prevention, management and control of Multidrug Resistant Organisms, from dedicated Infection Prevention Control nurses and in collaboration with CPH, to Te Matau a Māui and Aged Residential Care providers. (EOA)	Q1: Education Schedule in place	✓	Education underway with delivery of sessions.
	Q4: Evaluation Report completed		
Antimicrobial stewardship			
Establish a policy requiring documentation of antimicrobial indication on prescriptions to support appropriate use of antimicrobials.	Q2: Policy agreed.	✓	The DHB Antimicrobial Stewardship Strategic Group have set a target of ≥ 95% of antimicrobial prescriptions to have an indication documented. This has been agreed nationally via the NZ Antimicrobial Stewardship/Infection Pharmacist Expert Group. Canterbury's baseline to be confirmed with the audit above. Education material has been developed and used nationally.
	Q3: Baseline of current documentation established to track adherence to the policy Baseline established.	↺	
	Q4: Education initiative developed, and clinical pharmacists enlisted to improve compliance Initiative.	✓	
Take action to reduce unnecessary antimicrobial use for surgical prophylaxis.	Q3: Guidelines for surgical antimicrobial prophylaxis reviewed.		
	Q4: Education provided to clinical staff of the changes.		
	Q4: Antimicrobial prophylaxis audited in General Surgery to establish compliance with DHB's Pink Book guidelines.		
	Q4: Vulval excision antimicrobial prophylaxis audited to establish the regimen used.		
Engage with the Orthopaedics Service to improve compliance with HQSC Surgical Site Infection Improvement Programme for hip/knee arthroplasty.	Q1-Q4.	✓	Orthopaedic pharmacists at Christchurch and Burwood Hospitals enlisted to help improve guidelines compliance. Infectious Diseases to provide education as part of orthopaedics RMO orientation.
Governance, collaboration and investment			
Establish regular reporting to the Clinical Board on the activities of the Antimicrobial Stewardship Strategic Group and Committee.	Q1: First report provided.	✓	First report (written and verbal) provided to the Canterbury Health System Clinical Board.
Participate in the development of National Antimicrobial Prescribing Guidelines.	Q1-Q4.	✓	The two leads for antimicrobial stewardship at Canterbury DHB participated in the Steering Group for the scoping part of this project.

Engage with the CPH team, through the Antimicrobial Stewardship Strategic Group, to investigate and consider further avenues of engagement regarding Antimicrobial Stewardship.	Q1: Further areas of engagement considered.	×	Further areas of engagement are deferred while focusing on other regional engagement as outlined above.

Planning Priority: Drinking Water			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	Status	**Comments**
Deliver and report on the drinking water activities and measures in the MoH Environmental Health exemplar to ensure high quality drinking water.	Q2: Progress report	↺	The ability to deliver all drinking water activities has been impacted by our COVID response. Transgression responses and Water Safety Plan processing have been priorities.
	Q4: Progress report		
Provide technical advice on marae drinking water quality to local rūnanga via the ECan Tuia initiative to contribute to Māori health and wellbeing. (EOA)	Q1-Q4: Number of contacts with rūnanga representatives.	×	Work in this space continues remains on hold as resources are directed to the COVID response.

Planning Priority: Environmental and Border Health			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Deliver and report on the activities contained in the MoH Environmental and Border Health exemplar, including undertaking compliance and enforcement activities relating to the Health Act 1956, to improve the quality and safety of our physical environment.	Q1-Q4: Quarterly Border Health report delivered.	✓	There is a strong focus on Border Health at the moment due to COVID response.
Maintain relationships with local rūnanga to support ongoing partnership in addressing environmental health issues. (EOA).	Q1-Q4: Number of contacts with rūnanga representatives.	↺	Rūnanga relationships maintained through recreational water and COVID response planning.

Planning Priority: Healthy Food and Drink			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Audit the implementation of our Healthy Food and Drink Policy, and ensure alignment to national policy, to ensure the DHB is taking a lead in creating supportive environments to promote health eating and healthy choices.	Q4: Audit of DHB sites.		
Track and report on the number and proportion of provider contracts that include the clause stipulating providers will develop a Healthy Food and Drink Policy that aligns to national policy.	Q2: Report on progress.	✓	The contracts template has been updated so all new and renewed contracts have a healthy food and drink clause.
	Q4: Proportion of providers with clauses in their service contracts.		
Collaborate with Sports Canterbury and other education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only (including plain milk) and healthy food policies in line with national Healthy Active Learning Initiative. (EOA)	Q2-Q4: Report on adoption of policies and proportion of schools with water-only and healthy food policies.	✓	As at December, 35% of Canterbury early childhood education settings confirmed as having a nutrition policy, with the status of 65% unconfirmed, 30% confirmed as having a water and plain milk only policy, with the status of 67% unconfirmed. In total 77% of Canterbury schools are confirmed as having a Nutrition Policy, with the status of 22% unconfirmed, 8% are confirmed as having a water and plain milk only policy with the status of 92% unconfirmed.

Planning Priority: Smokefree 2025			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Provide two training sessions for LMCs to increase stop smoking referrals for Māori and Pacific and women living in low decile areas, using Motivating Conversations techniques. (EOA)	Q2-Q4. Two sessions delivered.	↺	Work is underway to develop a selection of smokefree motivating conversations training videos. These videos are specifically designed for LMCs and with a strong focus increasing referrals specifically for wahine Māori and Pacific. This tool will replace face to face training. This tool will enable all LMCs access to the information as often as required. An LMC Stop Smoking Referral pathway is under development. Exploring the most suitable pathway for LMCs via ERMs or SharePoint.
Track and monitor the delivery of ABC across primary and secondary care to ensure consistent messaging around smoking risks and to support more people to stop smoking.	Q1-Q4.	✓	Monthly Secondary care smoking reports help to identify areas that are under performing and need more input from the smokefree team. Smoke and Mirrors – smokefree education package has been developed by Pegasus PHO in collaboration with the ABC Smokefree Liaison and Education team to ensure consistent messaging. Delivery of this education package has begun.
Track and monitor PHO stop smoking referrals to Te Hā Waitaha by ethnicity to ensure equity of service to Māori and Pacific communities. (EOA)	Q1-Q4.	✓	Reporting for Te Ha Waitaha is now 6-monthly. The past 6 months has seen a steady increase of referrals into the service – total of 1900. Of which 363 were for Maori
Provide training to ChCh hospital staff to ensure understanding of how to use Floview to identify patients who require a smokefree intervention and facilitate referrals to stop smoking support.	Q1-Q4.	↺	After investigating the best way of facilitating referrals to Te Ha Waitaha, it was identified that Cortex was better than Flowview. Training to use Cortex is ongoing. However, staff changes (secondments to Covid Case Management work) means the work delivered as and when the staff are available.
Engage with ChCh hospital consultants to ensure standardisation of best practice smokefree documentation within the medical notes in Cortex.	Q1-Q2.	↺	Education and support about smokefree referrals via Cortex is ongoing to ensure there is an understanding of what smokefree information needs to be captured and that it is standardised throughout the hospital.
Collaborate with Stop Smoking Practitioners from primary care and Māori and Pacific provider organisations to share information and skills, and provide wrap around services to at-risk clients, with a focus on Māori and Pacific. (EOA)	Q1-Q4.	✓	Face to face hui with SSPs from PHO, Māori and Pasifika providers and Te Ha Waitaha occur fortnightly, providing peer support, training, networking. SSPs each take turns to facilitate these hui, which enable the other SSPs to know what supports are available from the partner services for their clients. Just prior to Christmas, we reached out to an SSP trained nurse. In 2021 we will engage and support this individual within smokefree.
Establish an incentive programme to engage and retain young Māori women in Te Hā Waitaha. (EOA)	Q2: Incentive programme established.	✓	The service has piloted Hikitia Te Haa Incentive programme within the Kohanga reo. All six participants had a

			100% success rate. This will be evaluated with the intention of rolling out to other kohanga reo, specifically reaching out to whanau Māori. In late 2020 a working party set to redesigning a pathway and communications to specifically engaging with young Māori Women
Through, Smokefree Canterbury inform and prepare submissions on the proposed vaping legislation, with a focus on reducing uptake by young people. (EOA)	Q1.	✓	Submissions on the new vaping legislation to be included on the Smokefree Environments Act were provided to the Health Select Committee by Smokefree Canterbury, the Canterbury DHB / Community and Public Health, and by other local organisations. There were three presentations made to the Select Committee at the hearings stage, which were very well received. Encouragement and support were provided by SFC to other local organisations who wished to submit.
Undertake compliance activities relating to the Smokefree Environments Act 1990, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q2: Report on activity	✓	Complaints: 5 Retailer Education Visits in preparation for tobacco Controlled Purchase Operations: 9 Tobacco Controlled Purchase Operations: 0 Smokefree Enquiries: 1 Note: There has been reduced activity in Smokefree enforcement for 2020 due to the Smokefree Enforcement Officer being seconded as a Case Investigator for Covid response.
	Q4: Report on activity		

Planning Priority: Breast Screening			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with ScreenSouth to facilitate 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-based education to general practices. (EOA)	Q1-Q4: Monthly data matching to support recall of priority women.	✓	Ongoing data matching and recall supports the delivery of the programme.
	Q1-Q4: >40 practices provided with recall support.	↺	
	Q1-Q4: >6 'Top and Tail' clinics held.	↺	Canterbury continues to support top and tail clinics which have been effective in improving access to women in the region. A schedule of clinics for the year is being worked through currently.
Track performance against the national screening targets and facilitate discussion on progress with ScreenSouth, the three PHOs and Pasifika Futures to maintain momentum in reducing the equity gap for pacific women. (EOA)	Q1-Q4.	✓	Performance is monitored and highlighted through 6-weekly PHO meetings, and Board reporting.
Coordinate and facilitate biennial screening appointments for women living in the Chatham Islands, who travel to Christchurch for mammograms. (EOA).	Q1: Screening appointment held in Christchurch.	✓	

Planning Priority: Cervical Screening
Status Report for 2020/21

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with ScreenSouth to facilitate the alignment of the Breast and Cervical Screening Programmes. Work will include opportunities for joint promotion and delivery of screening; support for the recall of priority (Māori, Pacific and Asian) women for both programmes; and the provision of process-based education to general practices. (EOA)	Q1-Q4: Monthly data matching to support recall of priority women.	✓	Ongoing data matching and recall supports the delivery of the programme.
	Q1-Q4: >40 practices provided with recall support.	↺	
	Q1-Q4: >6 'Top and Tail' clinics held.	↺	Canterbury continues to support top and tail clinics which have been effective in improving access to women in the region. A schedule of clinics for the year is being worked through currently.
Invest in the provision of free cervical smears to eligible priority women and unscreened and under-unscreened, women. (EOA)	Q4. >560 free smears provided.		
Deliver an annual cervical screening clinic on the Chatham Islands to ensure equitable access for these women. (EOA)	Q3: Clinic delivered.		
Promote He Waka Tapu as the Māori cervical screening service in Canterbury and facilitate collaboration between He Waka Tapu and ScreenSouth to increase the uptake of screening by Māori women. (EOA	Q1-Q4	↺	He Waka Tapu has been contracted to provide a hard to reach service for cervical screening in priority women. Regular meetings between Screensouth, He Waka Tapu, the PHOs, have resumed with one held in November.
Track performance against the national targets and facilitate discussion on progress with ScreenSouth, the three PHOs and He Waka Tapu to gain momentum in reducing the equity gap for Māori women. (EOA)	Q1-Q4.	✓	Performance against targets is tracked and monitored at monthly meetings between PHOs, ScreenSouth, and He Waka Tapu.

Planning Priority: Reducing Alcohol Related Harm			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q2-Q4: Report on activity	✓	Regulatory work has been delivered in accordance to the Sale and Supply of Alcohol Act 2012 including submitting written and oral evidence and oppositions where appropriate. Notable District Licensing Committees license declines following Community and Public Health opposition include the new Amberley Thirsty Liquor and the Carlton on-license renewal.
Deliver against the objectives of the Christchurch Alcohol Action Plan (CAAP) in line with the Canterbury Health System Alcohol Harm Reduction Strategy.	Q2-Q4: Progress report against Alcohol Plan and Strategy objectives.	✓	The implementation of the CAAP and Health System Strategy plans, include the appointment of the new CAAP Coordinator, holding the CAAP Forum (with about 80 participants), submitting on the draft CDHB Alcohol and Drug Policy and rolling out a media campaign for Crate Day.
Partner with hapū Māori and Māori organisations to strengthen Māori voice in alcohol licensing decisions in higher Māori population neighbourhoods. (EOA)	Q1-Q4: Number of engagements with local Māori and Pacific communities.	✓	Manawhenua Ki Waitaha are the Treaty partner to the DHB and seven hapū have all been notified of 5 new off-licence applications. Public objection templates in Te Reo Māori and English have been distributed to the seven hapū and local Māori community providers.

			Marae Katoa Alcohol Policy and Alcohol Management Plan templates have been developed and promoted.
Partner with Tangata Atumotu and the Health Promotion Agency to apply for funding for training for public health staff to increase responsiveness to our pacific population around alcohol-related harm. (EOA)	Q2-Q3: Funding application submitted.	↺	The funding application to reduce alcohol-related harm in Pasifika families is being progressed between Tangata Atumotu and Te Hiringa Hauora HPA, to be submitted early 2021.

Planning Priority: Sexual Health			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Promote and provide regular public health promotion education sessions and a regular public health newsletter for staff from the DHB and other organisations who work with sexual health issues.	Q1-Q4: Number of sexual health education sessions provided and number of participants.	✓	Convened one national Sexual Consequences Hui on August 26 2020. There were 64 participants via zoom and 20 in the person. Sexual Health Seminar held at Manawa on 26 November with 25 attendees. Planning underway for the next Sex and Consequences National Hui, May 2021.
Provide free sexual and reproductive health consultations in general practice for young people under 17 years and promote access to low-cost Long-Acting Reversible Contraception (LARC) to reduce cost barriers for high need women. (EOA)[1]	Q1-Q4: Uptake of sexual health consultations and LARC by priority populations.	✓	Youth under 17 have access to free sexual & reproductive consults in all general practices in Canterbury. A provision for youth to attend free consults outside of their normal general practice is also available to reduce access barriers.
Review utilisation data from Youth Sexual Health Services and general practices across Canterbury to ensure equity of access for priority populations. (EOA)	Q4: Review complete.		
Implement outreach services to increase access to Long-Acting Reversible Contraception for priority populations. (EOA)	Q4: Service in place.		
Establish a Syphilis Working Group with West Coast DHB and CPH to ensure actions to prevent new syphilis cases and congenital syphilis are aligned across the two regions and support the National Syphilis Action Plan.	Q2: Working Group Established.	✓	Syphilis Working Group established with community and public health providing the Chairperson.

Planning Priority: Communicable Diseases			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Monitor and report communicable disease trends and outbreaks.	Q1-Q4.	✓	Monitoring and reporting continued through usual channels.
Follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate responses. (EOA)	Q1-Q4.	✓	The multi-disciplinary adult rheumatic fever clinic had 15 out of 18 attending, paediatric clinic had 100% attendance. Clinicians are seeing desired outcomes being met. Feedback from families proves the appropriateness of having all appointments in one place catering for the various family situations.

[1] Low costs access to LARC is available to women who are enrolled in a Canterbury general practice and live in quintile 5 areas; or hold a community services card; or are high risk of an unplanned pregnancy and poor health outcomes.

			A health determinants approach to a recent rheumatic fever case saw cooperation between the Communicable Disease Nurse, CPH's health promoter housing and CCC Environmental Health who identified uninhabitable housing resulting in a family being relocated within 3 months and action taken to demolish the non-compliant house – a good example of a "system" approach.
Identify and control communicable disease outbreaks, with a focus on culturally appropriate responses. (EOA)	Q1-Q4.	✓	Covid-19 has remained a focus through quarter one and quarter two. In quarter two this involved extensive use of interpretation services to appropriately support a number of large groups in Managed Isolation Quarantine Facilities.
Develop and deliver public health information and education to improve public awareness and understanding of communicable disease prevention.	Q1-Q4.	✓	Publicity to legionellosis prevention when gardening was organised– article placed in Well Now magazine, radio interview by Dr Pink and other publicity including a new leaflet provided to retailers of compost and gardening products.

Planning Priority: Cross Sectoral Collaboration including Health in All Policies			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Deliver Broadly Speaking training (including the use of HEAT and other equity tools) to staff from the DHB and other health and social service agencies, to support and grow Health in All Policies work in our region. (EOA)	Q1-Q4: Number of Broadly Speaking training sessions held.	✓	Broadly Speaking delivered in November to a very engaged and diverse group of 17 participants. Two more sessions scheduled before June 2021.
	Q4: Number of non-health agencies attending Broadly Speaking training sessions.		
Refresh our Joint Work Plan with Environment Canterbury and the Christchurch City Council to improve health in our region.	Q1-Q4: Number of joint (ECAN, CCC, CDHB) initiatives agreed.	✓	Joint workplan meetings and review continue albeit at a lesser pace due to Covid-19.
Through the Waka Toa Ora forum, and in partnership with key Māori and Pacific organisations, provide advice to other agencies and sectors on implementing a Health in All Policies approach in their work with a strong focus on addressing health equity for Māori, Pacific and low decile communities. (EOA)	Q1-Q4	✓	Waka Toa Ora advisory group meetings support discussions of health impacts of Covid-19 from partner agencies. Weekly newsletters keep sector informed but face-to-face seminars not organised at this time. A meeting was held in Selwyn District during this period in recognition of our wider regional focus.
Develop and deliver submissions related to policies impacting on our community's health with emphasis on higher need population groups. (EOA)	Q1-Q4: Number of public health related submissions made.	✓	Thirteen submissions were prepared across the DHB during quarter two. As in quarter one all have an equity lens but five consultations specifically affected higher needs groups (two were about mental health and wellbeing monitoring frameworks and strengthening Te Reo in educational instruction).
Collaborate with Healthy Families NZ on wellbeing promotion, including co-convening a wellbeing impact assessment practice group and supporting the Food Resilience Network. (EOA)	Q1-Q4: Community garden workshops delivered.	×	There is interest in co-convening a wellbeing impact assessment practice group, but this is not currently being pursued due to changed capacity.

Better Population Health Outcomes Supported by Strong and Equitable Public Health and Disability System

Planning Priority: Delivery of Whānau Ora			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to invest in initiatives to build Māori and Pacific provider capability and capacity through Te Matau a Māui, to influence and shape practice and empower the development of Whānau ora approaches across our community. (EOA)	Q1-Q4.	↺	This work is ongoing.
Continue to strengthen the strategic partnership with Pasifika Futures (the national Whānau Ora Commissioning Agency) and develop a strategy and action plan to improve outcomes in line with the new national Pacific Action Plan. (EOA)	Q1: Local Pacific Health Strategy, development underway.	✓	The Pacific Health Strategy has been developed and aligned with the national Pacific Health Action Plan. An implementation plan is being developed.
Engage with Pasifika Futures, to identify the learnings from the COVID-19 response and invest national COVID funding to capture and embed opportunities to build capacity and embrace new ways of working. (EOA)	Q2: New Whānau ora integrated model implemented.	✓	This work has made up part of the Pacific Health Strategy. An implementation plan is currently being developed.
Engage with Te Pūtahitanga to identify opportunities where an aligned Whānau Ora approach would improve support to Māori and their Whānau. (EOA)	Q1: Opportunities identified.	↺	Initial meeting held to discuss direction and opportunities. Joint planning has been delayed and this will be revisited in the coming quarter.
	Q2: Joint plan agreed.	×	

Planning Priority: Ola Manuia 2020-2025: Pacific Health and Wellbeing Action Plan			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop a local Pacific Health Strategy, partnering with Pasifika Futures and in collaboration with the CCN and Māui Collective, to improve health outcomes for our Pacific communities. (EOA)	Q1. Draft Strategy developed and socialised.	✓	The Pacific Health Strategy has been developed and approved by the DHB's Board. An implementation plan is being developed alongside a performance dashboard to track progress over time.
Include actions to support delivery of the new national Pacific Health Action Plan (once agreed and released nationally).	Q2-Q3.	✓	
Commence implementation of the local Pacific Health Strategy. (EOA)	Q4.		

Planning Priority: Care Capacity Demand Management (CCDM)			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Establish permanent governance for Care Capacity Demand Management (CCDM) programme including both the CCDM council and local data councils.	Q1: 25% of wards have local data councils.	✓	34% of wards have local data councils, the delay is due to COVID and the interruption to the implementation training plan. We are now planning on having 100% of wards with a Local Data Council by quarter three 2020-21
	Q2: 50% of wards have local data councils.	↺	
	Q3: 75% of wards have local data councils.		
	Q4: All inpatient wards have a local data council established.		
Embed systems, processes and training to ensure the validated acuity tool is used accurately and consistently in daily operational and annual planning activities.	Q1: TrendCare in 86% of inpatient clinical areas.	↺	Trendcare is implemented in 82% of clinical areas. We have had to delay the implementation to ICU and day stay areas due to COVID, the move to new facilities and the clash of training dates.
	Q2: TrendCare implemented in inpatient clinical areas.	↺	
	Q1. Implementation in Maternity Units commenced.	✓	
	Q3: BAU training program commenced.		

	Q4: BAU, acuity measures included in the core data set and reported from the floor to the CCDM Board.		We have completed the implementation into the maternity areas.
Develop a knowledge base of the reporting required to meet patient cultural / spiritual needs as part of nursing care. (EOA)	Q1: Recommend to vendors the need to have cultural needs indicator as part of reporting for all patient types.	✓	Recommendations have been made by Central TAS with DHB support. We are now awaiting a decision from the vendor.
Enable the use of the core data set to evaluate the effectiveness of care capacity demand management in the DHB and identify improvements.	Q1: Core Data working group agree on a workplan.	✓	Workplan agreed. The layout has been agreed and we are finalising the display data i.e. including percentage and actuals.
	Q2: Layout of core data established.	✓	
	Q3: Core date set displayed.		
	Q4: Core data set is monitored, reported and actioned.		
Establish an integrated operations centre where hospital-wide care capacity and patient demand is visible in real time 24/7 to support variance response management.	Q1: Workstreams and project plans established.	✓	We have developed the escalation plans (standard operating procedures) for each campus and are working on the operationalisation of these next quarter. We are developing the smart five for each clinical area. We have a trendcare dashboard for care capacity at a glance data for those areas with complete data.
	Q2: Standard Operating Procedures and 'Smart Five' operationalised.	↺	
	Q4: Electronic display of care capacity and patient demand available in real time for areas with Trendcare.	✓	
Establish the processes and systems need to use the CCDM staffing methodology to establish staffing numbers, staff and skill mix for each ward/unit (using a validated patient acuity system with 12 months of accurate data).	Q1: Vendor requirements for patient acuity data for the wards who have completed IRR testing met.	✓	We have completed IRR testing in 36% of clinical areas. IRR is in process in 30% of areas, 17% to be commenced in February 2021 and the remaining areas to commence in March 2021. We have commenced work on the FTE working group with the first meeting in January 2021
	Q2: FTE working group established.	↺	
	Q3: FTE workplan agreed by the Governance Group.		
	Q4: FTE calculations commenced for the wards with 12 months of validated data.		

Planning Priority: Disability Action Plan			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Through the Disability Steering Group, and working with consumers and key stakeholders, complete the refresh of the Transalpine (Canterbury/West Coast) Disability Action Plan to improve health outcomes for disabled people. (EOA)	Q2: Updated Plan published.	↺	Updated Plan completed. Publishing the updated plan is delayed to quarter three as we await input from tangata whenua and the timing of Board meetings.

Planning Priority: Disability			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with the Disability Working Group and other key stakeholders continue to develop the Diversity and Inclusion Framework.	Q1: Diversity and Inclusion Hui held.	✓	Eight hui were held with staff across the WCDHB and the CDHB who expressed their interest. A framework was developed based on the feedback from staff.
Continue to provide disability training (via HeathLearn) for staff on what needs to be considered when interacting with a person with a disability (while the Diversity and Inclusion Framework is developed).	Q1-Q4: Number and percentage of staff completing training.	✓	2,734 disability awareness training sessions have been completed across CDHB and WCDHB in the year to date.
Engage with primary care, Māori and residential providers to advocate the use of electronic Shared Care plans for people with a disability, particularly for those with intellectual disability and/or communication challenges. (EOA)	Q1: Engagement held.	✓	Primary care teams continue to be encouraged and supported to create care plans with their most vulnerable patients. Patient cantered care plan brochures have been distributed to
	Q2: Joint creation of plans commenced.	✓	
	Q4: Increasing number of Shared Care plans accessible in the system.		

			primary care, public health and some NGOs.
Make key health information available on the front page of the DHB website (including public health alerts). The DHBs website is compliant with the national Web Accessibility Standards and all new content is vetted to ensure it meets this standard.	Q1-Q4: Increasing number of key health information and alerts made available in Easy Read.	✓	We have created several templates and our own set of icons/images for use in relation to common health warnings and immunisation advice.
Train the Communications Team in the use of Easy Read, to improve the accessibility of key health communications provided by the DHB.	Q2: Training delivered.	✓	Members of the communications team along with staff from other areas responsible for producing communications, attended internal training and the MSD Accessible Information Training.
Begin to track the number of key public health information messages, public health alerts and warnings the DHB issues each year, and the number translated into New Zealand Sign Language.	Q4. Report on number of key health information and alerts translated into New Zealand Sign Language.		

Planning Priority: Planned Care			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Use key production planning tools including maximum wait lists, increased triage management and patient flow management, to reduce the ESPI 2 wait list to green for ENT services, to contribute to immediate and future service sustainability.	Q1-Q3: Report on progress.	✓	An ENT production plan has been developed and shared with the service for validation. As per the wider Planned Care Improvement Action Plan agreed with the Ministry of Health, a return to green status for ENT is now expected by 31 December 2021.
	Q3: Green status for ESPI 2 in ENT by 31 March 2021.	↺	
Establish rural community infusion sites in Amberley and Kaiapoi to provide a range of community infusions closer to people homes, reducing the need to travel and disruption in people's lives. (EOA)	Q2. Sites established.	✓	Sites have been opened in Amberley and Kaiapoi medical centres.
Shift the provision of 100 blood transfusions from the hospital setting into a community infusion centres to optimise sector capacity and capability. These will be distributed around community centres to ensure equity of access amongst our population. (EOA)	Q2-Q3. Shift in service setting implemented.	✓	The community infusion service is well embedded. In the year to December 173 blood transfusions have taken place.
Contribute three planned care initiatives to the Ministry of Health for consideration. These will be aligned to national direction but focused on addressing Māori, Pacific and rural inequities in a local context. (EOA)	Q2.	×	Canterbury's three year planned care plan which aims to address planned care backlog and waitlists has been delayed this year due to competing priorities. The gap analysis to identify these initiatives will be included in the 2021-22 annual plan.
Hold two meetings with our consumer council and Manawhenua Ki Waitaha during the year to gain a clearer understanding of unmet need, consumer's health preferences, and inequities that care be addressed, with a view to developing the 2021/22 planned care programme. (EOA)	Q1-Q2: Planned care Hui held.	↺	Due to a focus on preparations for the move into Waipapa, no hui has been held. Community consultation is being planned in order to feed into annual planning for the coming year.
	Q3: Plan finalised.		
Implement operation plans to reduce any loss of planned care capacity during the migration of services to the new Hagley Building.	Q2-Q4.	✓	A detailed transition plan has been agreed and is being implemented.

Planning Priority: Acute Demand			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**

Complete the implementation of SNOMED coding in the Emergency Department through the implementation of the new ED at a Glance (EDaaG) Patient Management System.	Q1-Q4: SNOMED coding submitted to NNPAC in 2021.	✓	SNOMED coding is currently being submitted to NNPAC
Provided deep dive sessions exploring the SNOMED data to clinical staff who have been trained in using EDaaG, to identify opportunities for improving demand management.	Q2.	↺	This work has been delayed with the migration into the new emergency department.
Test the integration of EDaaG and South Island Patient Information Care System (SIPICS) systems to ensure technical capture of timestamps provides an accurate reflection of performance.	Q1.	✓	Testing and analysis of EDaaG and PICS integration has been undertaken by the DHB with areas for improvement identified and corrective actions initiated.
Through the Urgent Care Service Level Alliance, develop new acute care guidance to maximise the benefits of investment in the community-based Acute Demand Management Service, with a focus on appropriately targeting Māori and Pacific as populations of high need. (EOA).	Q2: New guidance endorsed and on HealthPathways.	↺	Development of the guidance has been delayed as key staff are focussed on COVID response. This work will considered the latest demand levels in ED and the community response.
Through the Integrated Respiratory Service Development Group, identify opportunities to enhance the system-wide response for people with COPD to reduce unnecessary hospitalisation and length of stay, with a focus on Māori people with COPD as a high need group. (EOA)	Q1-Q4.	✓	Monitoring of COPD admissions is performed regularly with the Community Respiratory Physician and the Integrated Respiratory Service Development Group. Engagement with key partners such as ambulance and the Acute Demand service is increased in the period leading up to winter. Integrated Respiratory Nursing Service continues to support referred patients with Breathlessness Plans and management strategies, especially those at risk of frequent attendance at hospital. Respiratory Nurses are working to support COPD patients discharged in order to reduce readmission. A new initiative will enable the respiratory physician to work with the general practice team with a virtual patient review.
Decant and shift ED services into the Hagley facility (acute services building) as the new facility becomes operational, enabling new models of care to be enacted within the hospital setting.	Q2: Decant complete.	✓	Decant has been completed.

Planning Priority: Rural health			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Facilitate the construction and opening, by South Link Health Services, of an IFHC at the DHB's Rangiora Health Hub, with extended operating hours to improve access to urgent care after-hours for people living in North Canterbury. (EOA)	Q4. Rangiora IFHC open.	↺	The Minister of Health has provided approval for the DHB to enter into a lease with South Link Health and the next step will be demolition of the old hospital building.
Upgrade the outpatient booking system to have the functionality to identify patient location to enable different options to be made available for rural people to improve access to services. (EOA)	Q4: Functionality operational.		
Through the Rural Health Workstream, develop a new funding model for primary care in rural communities, to ensure sustained local access to	Q2: Proposal for new funding model released.	↺	Development of this new model has begun with a presentation made to the

emergency and urgent medical care, and promote increased collaboration between providers.			workstream in October 2020. Further progress is expected in quarter three.

Planning Priority: Healthy Ageing			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Building on the success of the automatic (falls prevention programme) referral pathway, collaborate with ACC, ARC and general practice, through the CCN HOP Workstream, to expand the automatic referral process to two more fragility conditions.	Q4: Automatic referral process expanded to two further conditions.		
Expand the implementation of ACC non-acute rehabilitation (NAR) bundles of care to target those who are living in rural settings who would benefit from accessing the Community Rehabilitation Earlier Supported Discharge service. (EOA)	Q1-Q4.	✓	ACC non-acute rehabilitation (NAR) bundles of care have been expanded into the Hurunui this quarter.
Continue to collaborate with the Technical Advisory Services and the Ministry of Health to aid and inform the development of the National Framework for Home and Community Support Services (HCSS).	Q1-Q3.	✓	Collaboration between the DHB, TAS, and Ministry of Health continues to work well. The Canterbury Model of Care for HCSS has been adopted nationally by the Ministry and has been published.
Track and monitor service delivery to ensure that all clients in receipt of HCSS for more than six weeks (long-term) have had a needs assessment using the InterRAI geriatric assessment tool and progressively implement the proposed national review and re-assessment timeframes for those long-term clients.	Q1-Q4	✓	Tracking and monitoring of HCSS occurs monthly. There has been an increase in needs assessments completed since the COVID lockdown period ended.
Embed the Kahukura Kaumātua Programme for kaumātua living in Birdlings Flat, and produce an evaluation report reflecting on lessons from the project to support the development of the programme in other rural areas. (EOA)	Q2: Lessons learnt report circulated.	↺	Report is currently in draft with expected delivery in quarter three. This reflects on the achievements and lessons learned from the Kaumātua programme to date.
	Q4: Six Kahukura sessions held.	✓	
Building on the first Kahukura Kaumātua Programme, undertake a similar process of hui and service development to identify and address service gaps for older rural-based Māori in the Hurunui. (EOA)	Q3: Hui held.		
	Q4: Proposal complete.		
Engage with the Pacific community to identify service gaps and improve awareness of existing community services for Pacific elders and their families. (EOA)	Q3: Hui held.		
Investigate practical solutions to issues raised by the Dementia Stock-take, to promote timely dementia diagnoses - including implementing a new diagnosis (M-ACE) tool in general practice and scoping Specialist Dementia Nurses roles.	Q3: M-ACE tool introduced.	✓	M-ACE tool has been introduced, with training modules on HealthLearn in place to ease this transition for clinical staff.
	Q4: Roles scoped.		
Identify a "frail" cohort of patients (via interRAI) and trial a referral process that supports access to appropriate services to reduce acute demand and restore function, including Strength and Balance programs where appropriate.	Q2: Cohort identified.	✓	Cohort identified as those receiving an interRAI assessment with a score of 2a or 2b, who may not qualify for other services, but whose condition has prompted an interRAI assessment to be undertaken. As such, these individuals may be "pre-frail" where early intervention such as referral to falls programme may improve outcomes and arrest decline.
	Q3: Pathway developed.		
	Q4: Process in place.		

Planning Priority: Improving Quality
Status Report for 2020/21

Key Actions from the Annual Plan	Milestones	Status	Comments
Improving Equity			
Build on the work begun in 2019/20 to increase Māori and Pacific uptake of the programmes offered by Canterbury's Integrated Respiratory Service by presenting at marae and community health hui and working with community leaders to identify alternative methods of reaching priority groups. (EOA)	Q1: Current access reviewed.	↺	This work has been delayed due to the refocus of primary care onto the COVID response this will be picked up in the coming quarter.
	Q4: Alternative models identified.		
Continue to invest in the delivery of community-based spirometry testing, to improve earlier diagnosis of asthma and chronic obstructive pulmonary disease with a focus on access for Māori and Pacific populations. (EOA)	Q1-Q4.	✓	Spirometry testing continues to be delivered in the community with a focus on ensuring appropriate access. In the first two months of the year over 460 tests were provided on track to meet the year-end target.
	Q4: >2,000 spirometry test provided in the community.		
Provide free Better Breathing Pulmonary Rehabilitation programmes for people with COPD to help them to better manage their condition and connect with other people with similar conditions.	Q4: Nine Better Breathing Programmes delivered.		
	Q4: >250 people access community-based pulmonary rehabilitation courses.		
Monitor hospital presentations for people with COPD to identify frequent attenders who need individualised respiratory and physiotherapy support to better manage their condition. (EOA)	Q1-Q4.	✓	Monitoring is ongoing.
Improving Consumer Engagement			
Following on from the pilot, establish a formal oversight group (staff and consumers) to guide implementation of the quality and safety maker for consumer engagement.	Q1: Oversight Group in formalised.	↺	A terms of reference document has been drafted for endorsement. Consultation is underway for a formal oversight group.
Develop a toolkit (using an equity lens) to communicate the purpose and benefit of the consumer engagement marker to consumers and stakeholders. (EOA)	Q1.	✓	A communication tool, Te Whare was developed with consumer and Maori and Pacific input. Te Whare captures the building blocks of the consumer engagement Framework and the maturity journey in understandable language: thinking about it; building it; doing it; and living it. Canterbury DHB has developed a video telling the story of the journey so far.
Engage with consumer groups and key stakeholder organisations to develop and agree an implementation plan for roll-out of the marker.	Q1.	✓	Consultation with e key stakeholders has been held to determine the approach of the implementation plan.
Agree the process for information collection and reporting against the marker.	Q2. Process Agreed.	↺	This is awaiting a decision from the oversight group. Delayed until quarter three.
	Q4: Data uploaded to Quality Safety Marker dashboard.		
Include the consumer engagement marker on the agenda of existing forums to raise the focus and improve how we listen, respond and partner with consumers.	Q3.		
Evaluate the impact on the quality and safety of service provision by reporting against the framework.	Q4: Report completed.		
Spreading Hand Hygiene Practice			
Progressively implement and monitor compliance with the Hand Hygiene NZ programme in operating theatres across campuses, focus on preoperative care for day of surgery admissions and post-recovery care for all cases.	Q1: CHCH theatres.	✓	Specific resources developed for Operating Theatres. Theatre Gold Auditors trained. Collection commenced in Christchurch Theatre. Burwood implementation plan planned for quarter three.
	Q2: Burwood theatres.	↺	

Begin implementing the Hand Hygiene NZ programme in Specialist Mental Health Services, evaluating rollout in one ward before applying lessons learnt to the next.	Q1. Rollout underway.	✓	HHNZ programme commenced in the clinical services unit (one ward) at SMHS.
Progressively implement the programme in all clinics with invasive procedures.	Q3. Rollout underway.		
Collaborate with the health of older people and rural health divisions to introduce a tailored hand hygiene programme for ARC beds in DHB facilities.	Q4.		
Compile an Annual Report of moments across all hospital areas, audited against the National Hand Hygiene Practice performance target, to identify areas where further education is needed to lift rates.	Q4: Report Completed.		

Planning Priority: New Zealand Cancer Action Plan 2019-2029			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Use data/intelligence systems to monitor the 62-day and 31-day wait times for access to cancer treatment and undertake a breach analysis for every patient who waits longer than target, to identify any emergent systems issues and capture opportunities to reduce process delays.	Q1-Q4.	✓	Canterbury continues to meet the Faster Cancer Treatment (FCT) targets of seeing more than 90% of patients within 62 days of receiving a referral and starting treatment for more than 85% of patients within 31 days of agreeing a treatment plan. Breach analysis continues to be a part of the DHBs response to FCT.
Initiate a pilot in the Bone Marrow Transplant Unit to check all patients' personal details, including ethnicity and next of kin to identify where changes are needed to improve the data collection process and the accuracy of our data. (EOA)	Q2. Pilot underway.	✓	The personal detail and ethnicity audit has been completed.
	Q4. Improvement actions identified.		
Disseminate a written resource that supports kōrero about cancer, with substantial use of te reo Māori, plain English, and simple phonetics, based off the resources developed in Nelson Marlborough and West Coast DHBs. (EOA)	Q1-Q2.	↺	The booklet has been reviewed by the Medical Illustrations Team who have updated the photos. It is now back with the Cancer Nurse Coordinators for checking and will be sent to the Quality Team for a final review before being issued.
Based on the above deliverable, disseminate a written resource that supports our Pacific population with information on cancer, with substantial use of Sāmoan, plain English, and simple phonetics. (EOA).	Q3-Q4.		
Investigate 62 and 31 day wait times by ethnicity to identify any patterns of inequity and gain insight into areas of focus for 2021/22 planning. (EOA)	Q3.	✓	Our FCT reports now contain ethnicity data which will enable us to analyse trends in service delivery.

Planning Priority: Bowel Screening and Colonoscopy Wait Times			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Reassess outsourced and outplaced capacity as part of the production planning process, using trend and service demand forecasts to anticipate volumes.	Q1.	✓	Outsourcing and outplacing contracts have been reviewed and rolled over.
Complete recruitment to SMO positions within the service to ensure capacity to meet procedural requirements of the bowel screening programme.	Q1.	✓	Recruitment continues with some issues related relating to COVID interrupting training programmes, however recruitment is set for: SMO (1.0 FTE) starting July 2021, SMO (x2 1.0 FTE) starting January 2022

			FTE of 0.8 recruited through till 2022 to cover gaps, in conjunction with two Surgical locums expected to cover until full complement has commenced January 2022.
Subject to meeting the prerequisites of the readiness assessment, commence implementation of the National Bowel Screening Programme in Canterbury.	Q1.	✓	Canterbury Bowel Screening programme commenced in November 2020.
Develop and implement an Outreach Programme to follow-up non-participants, with a focus on priority populations. (EOA)	Q1: Programme developed.	✓	Outreach plan developed and submitted as part of readiness actions
Track and monitor colonoscopy service wait times to identify and respond to areas of pressure, with a focus on reducing long-waits for non-urgent scans identified in 2019/20 as an area of priority.	Q1-Q4.	✓	This occurs as part of the DHBs regular quarterly reporting as well as through fortnightly reporting to the NBSP team.
Track and monitor the incoming workload against production plans to ensure the service is delivering on expectations with regards to access and wait times.	Q1-Q4.	✓	Regular monitoring and analysis of workflow is undertaken to ensure wait times are being addressed and improvement continues.
Engage GP Liaisons to provide education and support to general practice around their role in the implementation of the bowel screening programme, include interaction with Māori and Pacific health services providers to ensure consistent messaging for our priority population groups. (EOA)	Q1-Q4.	✓	Education is provided via webinars, face to face sessions, and drop in sessions. Approx. 72 practices covered in which 1 or more practitioners have engaged in the education process. 250+ clinicians (total) have received education
Launch local marketing informing consumers about the national programme, targeting Māori, Asian, Pacific and Dep 9/10 priority populations. (EOA)	Q3-Q4		
Following on from the Expression of Interest process run in 2019, call for proposals to identify additional endoscopy capacity to support the future demand for services following implementation of the bowel screening programme in Canterbury.	Q4: Additional capacity identified.		

Planning Priority: Workforce – Workforce Diversity			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Workforce Priorities			
Develop our kaiāwhina (support worker) roles and hospital aide/ health care assistant (HCA) roles as an integral step in scaffolding people into the health workforce and onto other healthcare professional roles, with a specific focus on the development of Māori and Pacific Kaiāwhina and HCA roles. (EOA)	Q1-Q4: People in new and existing Kaiāwhina and HCA roles are supported to complete relevant NZQA level training.	↺	Currently there are a total of 15 AHA enrolled in Career Force Training. These are staff who have not already completed training or are newly recruited to service. A role has been established for Māori kaiāwhina. The role is named Kaitautoko which is for the provision of cultural support for staff and whanau support.
	Q2: Māori kaiāwhina roles established as part of the regional redesign of Child Development Services.	✓	
	Q4: Scaffolding career framework developed.		
Building on the work begun in 2019, identify further improvements to our Nurse Practitioner professional development package to support equitable access to professional development.	Q1: Service areas integrate the changes with the NP professional development packages into their services.	↺	A postgraduate nursing stocktake is underway in relation to national packages/policies for professional development. The DHB is currently collating information to present to CDHB DONs in February. Once this has been finalised it will go up to EMT for approval and will be part of any role sizing and budget planning for NPs in future.
	Q3: Opportunities for further improvement to the NP development package Identified.		
	Q4: Updated, improved professional development package for NPs approved and in use across all active service areas.		

Use the six targets outlined by Te Tumu Whakarae (the National Māori GMs Group) to inform our actions to improve equity for Māori by increasing participation in our health workforce.			
Build business intelligence infrastructure to track progress towards equity outcomes for Māori, Pacific and other minority groups. (EOA)	Q1: Set of metrics and data requirements to measure progress against Te Tumu Whakarae targets developed and prioritised.	↺	First set of diversity metrics aligned with Te Tumu Whakarae have been scoped with People Analytics. Diversity dashboard implemented and updated quarterly.
	Q2: Dashboards for first set of metrics implemented.	↺	
	Q4: Metrics and dashboards reviewed and refined.		
Implement affirmative action measures to increase the number of Māori, Pacific and people living with disabilities in our workforce. (EOA)	Q1: Process for people who meet minimum requirements to go to interview stage developed and tested.	↺	Ethnicity and disability status are now being collected at application to enable our recruitment team to identify candidates that meet our equity criteria. Process development and change management planning and are underway to use this data to support affirmative action measures. In December 2020 the "How We Hire Around" e learning module was released and also made available as a workshop here and includes unconscious bias as an aspect of the learning. All hiring managers will be made to complete the module.
	Q2: Hiring managers educated on best practice in hiring for diversity and guidelines that reduce bias in hiring process implemented.	✓	
	Q3: Develop and implement targeted support for Māori, Pacific and people with disabilities who are unsuccessful in applications.		
In partnership with Māori, improve the cultural competency of our workforce and leaders. (EOA)	Q1: Hui held to co-design cultural competency learning pathway.	✓	Consultation occurred with Te Herenga Hauora on the 20th October. We are aiming for a South Island approach to cultural competency. Cultural competency integration has not been completed as it requires further information and advice from Te Herenga Hauora and our Maori workforce and cultural programme leads to enable inclusion of specific learning content. Te Reo Māori has been integrated into all the organisational learning produced from November 2019.
	Q2: Cultural competency integrated into the self-learning pathway.	↺	
	Q3: Additional online learning resources developed to support outcomes of co-designed plan.		
	Q3: Te Reo Māori incorporated into all Talent, Leadership, and Capability-building Learning Material.	✓	

Planning Priority: Workforce - Health Literacy			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Following on from the health literacy review in 2019/20, develop an action plan identifying short, medium and long-term improvements.	Q1-Q4.	↺	An action plan has been completed and will be disseminated for review in quarter three.
Complete and disseminate a written resource that supports kōrero about cancer, with substantial use of te reo Māori, plain English, and simple phonetics, based off the resources developed in Nelson Marlborough and West Coast DHBs. (EOA)	Q4: Written resource launched to support Health Literacy of cancer patients and their whānau.	↺	The booklet has been reviewed by the Medical Illustrations Team who have updated the photos. It is now back with the Cancer Nurse Coordinators for checking and will be sent to the Quality Team for a final review before being issued.
Engage consumers and Māori and Pacific providers in the implementation of the cancer written resource, so that it enhances consumers experience of care and supports health literacy. (EOA)	Q2-Q4	✓	

Planning Priority: Workforce – Cultural Safety			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**

Facilitate and promote access to "Understanding Bias in Health Care" modules from the Health Quality and Safety Commission (HQSC), to enable nursing staff to confidently and competently respond to clients within a cultural safety and interprofessional framework. (EOA)	Q1: Understanding Bias in Health Care modules live on HealthLearn.	✓	Modules have commenced and are live on HealthLearn. These courses are also mandated to be completed by staff as part of cluster update days. 941 people have completed to date This is to be introduced as a compulsory component Nursing Entry to Practice Programme, enrolled Nurse Support into Practice Programme, and Internationally Qualified Nurses orientation. Currently all NETP/ENSIPP receive face to face education session in relation to diversity and inclusion and Māori Health access and inequities.
Continue to develop staff competency by promoting the education and development of nursing staff in one or more of the following: Takarangi Cultural Competency, Tikanga Best Practice Guidelines, or Cultural Safety. (EOA)	Q4: Cultural safety training options approved.		
Advance the skill development of our clinical staff to confidently and completely engage with and respond to Māori patients and/or whānau by delivering MIHI 401: *Application of the Hui Process/Meihana Model to Clinical Practice* course for post-graduate house offices (PGY1 and PGY2).	Q1-Q4: MIHI 401 course delivered to PGY1 and PGY2 house officers.	↺	Delivery of this training was not completed in quarter one as resources were limited as a result of COVID. This training is likely to occur in the New Year.

Planning Priority: Workforce - Leadership			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop the Hub for the Essentials of Leadership and Management (HELM) and increase uptake from Canterbury audiences.	Q2: Relevant learning packages available on HELMLEADERS.ORG.	✓	Recently completed a communications campaign to boost engagement with HELM content. To date there have been: 3,475 total HELM course completions. 60% of managers have completed at least 1 HELM course. 9,719 users have visited HELMLEADERS.ORG.
Launch 'Leading-Self' leadership pathway to support Leaders and those with leadership potential including links to relevant content and the Our Leadership Koru.	Q2: Leading Self pathway on HELMLEADERS.ORG.	✓	Released the Leading Self Pathway in September 2020. The pathway contains 9 eLearning modules and one face to face workshop totalling over 12 hours of development time. 116 Pathway enrolments. two Pathway Completions.
Scope the work required for developing a 'Leading-Others' leadership pathway, including determining work with internal and external partners.	Q2: Content review complete.	✓	Content review has been completed. A workshop is being run on the 9th of March to determine a gap analysis of the leading others pathway.
	Q3: Gap analysis of current learning content complete.	↺	
In partnership with Māori, develop a leadership development programme to progress Māori into leadership roles. (EOA)	Q2: Hui held to co-design programme.	↺	Delayed due to capacity constraints
	Q3: First phase agreed.		
Initiate phase 2 of the success and development framework to support succession planning and role progression.	Q3: Tool updated.		

Planning Priority: Workforce – COVID-19

Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Convene and facilitate an interagency (cross-sector) psychosocial group to develop and deliver on an integrated programme of action to support the psychosocial wellbeing of communities and individuals through and following the pandemic.	Q1: Group convened.	✓	A regional and local psychosocial group is in place – facilitated by Community and Public Health. A programme of action is being developed
	Q2: Shared programme of action established.	↺	
	Q4: Number of agencies contributing.		
Undertake a debrief of the sector response to COVID-19 to capture learnings and areas for improvement, including greater engagement with community providers.	Q1: Review completed.	✓	The review has been completed. An action/workplan is now in draft
	Q2: Action Plan agreed.	↺	
Strengthen Health Emergency Governance with greater participation of Māori and wider health sector organisations.	Q2: Broad membership of Governance Group.	✓	Te Ohus Urupare established. Māori partner group established to support emergency response activity
Work with our Kaupapa Māori providers to identify learnings from the COVID-19 response and invest the national COVID funding (via Te Herenga Hauora) to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	Paper written about learnings and changes to emergency response and; national COVID-19 funding distributed with reporting requirements that will capture provider learnings
Engage with Pasifika Futures, to identify the learnings from the COVID-19 response and invest the national COVID funding to capture and embed opportunities to build capacity and embrace new ways of working. (EOA)	Q2: New Whānau ora integrated model implemented.	✓	This work has made up part of the Pacific Health Strategy. An implementation plan is currently being developed.

Planning Priority: Data and Digital			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Undertake the following activities to improve our IT security maturity to level 3 (ref: SANS Security Maturity Model): - Implementation of a phishing education tool - Delivery of security awareness training for staff - Moving email environment onto Office 365.	Q1-Q4. Updated on progress.	✓	We continue to promote the security education course and phishing training. Level Two of phishing training was recently released to users. Components of the Office 365 migration are complete (Teams, MFA, office rollout as part of Windows 10 deployment project). Work has commenced for other components of Office 365 which require prerequisite activities to be completed prior to migration e.g. Exchange On Line migration requires clinical application authentication methods to change to ensure clinical users can still successfully logon to the various applications. The initial pilot users have been successfully migrated to Exchange On Line. Technical debt is impacting the pace of wider migration and we are working on ways to address this.
	Q4: Improved IT security maturity level.	↺	
Include approved standards and architecture in all technical documents relating to digital system initiatives and investments.	Q1-Q4.	↺	Approved standards and architecture have been identified for inclusion in digital system technical documents.
Continue to expand HealthOne to allied health, aged care, community nursing, pharmacies, Kaupapa Māori and other non-government organisations to improve the continuum of care for patients. (EOA)	Q1-Q4: Increase in the number of providers with access to HealthOne.	✓	Citrix (Read only) access to HealthOne and Health Connect South has now been provided to over 60 sites across the South Island. While the majority are in Aged Residential Care, we are also connecting Maori/Pasifika

			agencies, Dentists, Urology Clinics and Refugee Services. A HealthOne-on-the-web solution using Azure B2C has been prototyped. This is viewed as an effective low-cost solution, giving benefits of account management and the ability to implement privacy auditing components. A pilot is due to commence early 2021.
Commence implementation of our faxing replacement solution including completing the RFI process and addressing change management.	Q1.	✓	RFI completed, costs understood, and a has been vendor selected. Implementation is now in its early stages.
Complete a pilot to digitize the paper 'end of bed-chart' to provide quick and reliable access from multiple sources of clinically critical applications at any given time regardless of location.	Q4.	✓	The pilot project has been completed. While successful, delivery of this project will be placed on hold due to funding constraints.
Implement ServiceNow as a platform to deliver electronic requests to replace existing-paper forms and improve the efficiency of our non-clinical support services.	Q4.	↺	First tranche functionality has been achieved with the delivery of the IT iSupport incident management and self-service portal on the ServiceNow platform.
Complete our robotics process automation proof of concepts in selected non-clinical support services areas, to enable the development of a more comprehensive plan to improve timeliness of service delivery and release time for higher value activities (with a focus on addressing change management).	Q4: Robotics Process Automation PoC completed.	✓	The first Production services are in place. Customer engagement for using these services continues to grow. Approximately 500 tickets have been processed by Robotic Process Automation since the start of November 2020.
Improve alignment with national digital services, data collections and governance and stewardship. -	Q2: Plans to implement the National Maternity System Confirmed.	×	This work is delayed, Health Connect South continues to provide an interim solution while the DHB confirms solutions and the requirements for the national solutions with the MoH. ISG has successfully upgraded the Gastroenterology department PC's to run Provation, completing its key role in the implementation. The TrendCare application is used by most of the Christchurch Hospital sites and further roll out is being completed by the CCDM team. The MoH and National Data and Digital Forum are working on a joint HIP investment plan.
	Q2: National Bowel Screening Programme (ICT component) implemented.	✓	
	Q3: Full implementation of TrendCare software complete.	✓	
	Q3: MDM-upgrade and HPI extension (RSPI Project) implemented leading towards phase one and two implementation.		
	Q4: Working with the MoH on HIP implementation.	↺	
Implement actions, following our Digital Maturity Assessment in December 2019, that target opportunities for greater integration and efficiencies between the Canterbury and West Coast DHB (e.g. In Tune, MFA, One Drive, Windows 10).	Q1-Q4.	✓	MS Teams has been rolled out to all users in Canterbury DHB and adoption sessions are being held to increase usage. We have implemented Intune to manage our Mobile phones and IPads (to better protect our organisation data at an application level). OneDrive Testing has been completed, and we are getting ready to migrate users' H drives to OneDrive. We are also piloting the MS Teams Walkie Talkie (instant push to talk communication) function with Radiology and Orthopaedics.
Apply for capex funding to the implement ServiceNow Case Management Data Base to	Q3.		

maintain our Application portfolio and physical assets to improve asset management.			
Develop an ICT portfolio Asset Management Plan to communicate and justify funding requirements, to comply with regulatory requirements and meet demand forecast and service expectations.	Q3: Plan developed.		
Migrate suitable applications to a Cloud Environment to improve our Application Portfolio asset management.	Q1-Q4.	✓	Delphic LIS, InterRAI Kotahi (National instance), Trendcare, ICNet and TeamPlay have all been migrated to the Cloud. Future migrations in progress include MedChart, Decision Support Data Warehouse, Provation, High Volume Automation (HVA), Chest Pain Pathways, Cortex, Zebra, CDHB Phonebook and SIPICS (High availability / Disaster Recovery Proof of Concept)."
Through the South Island Information Systems SLA, develop a South Island Data and Digital Health Strategy to ensure local and regional alignment of the Vision and Strategic Principles, Goals and key focus areas.	Q3: Release of South Island Data and Digital Strategy.	↺	The "Data and Digital Health Strategy 2020-2030" is with the South Island Alliance Leadership Team for approval. Steps to operationalise the strategy continue with the South Island holding a Digital Blueprint/Road Mapping Workshop in November 2020. A subsequent workshop will be progressed in quarter three to build the roadmap and detailed workplans.
Through the SIIS SLA, establish Māori data governance and sovereignty including processes and mechanisms incorporate components such as the role of kaitiaki; partnership with tangata whenua; and acknowledging data as a living 'taonga. (EOA)	Q4: Partnership in place to guide and govern the use of data.		
Submit quarterly reports to the MoH on progress against key priorities identified in the DHB ICT Investment Portfolio, to support national alignment.	Q1-Q4.	✓	Regular and ongoing reporting is provided to the Ministry on ICT investment.

Planning Priority: Implementing the New Zealand Health Research Strategy			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain our strategic partnership through the Te Papa Hauora Health Advisory Council to provide opportunities for health professionals and researchers to work together to support innovative outcomes for education and health.	Q1-Q4.	✓	Ongoing.
`Develop and document a Canterbury DHB Health Research Strategy, to support implementation of the New Zealand Health Research Strategy and the growth of local health delivery research and innovation capability.	Q1. Health Research Strategy published.	✓	Completed as Planned.
	Q4; Increased number of DHB staff engaged in research and innovation.		
Formalise a Transalpine Research Partnership with the West Coast DHB to support joint innovation and research for the benefit of both populations.	Q2. Transalpine partnership formed.	↺	Joint work is occurring and although the formalisation of the partnership has been delayed joint bid as being worked on as planned.
	Q4: Transalpine Health Research Grant applications submitted.		
Embed Transalpine Health Research NZ Career Development positions in research projects.	Q1-Q4: Report on Progress.	✓	The DHB was selected by the Health Research Council for the Health Sector pilot collaboration Grant Round. Two Research Activation Grant applications were successful, and five Research Career Development Awards were successful. Once contracting is finalised with the Health Research
	Q4: Five Transalpine Health Research Council of New Zealand career development positions embedded.	↺	

			Council these are expected to begin in quarter three.
Through the Te Papa Hauora partnership, review consultation processes to establish a continuous process for Māori research consultation. (EOA)	Q3: Review underway.		
	Q4: Proposal for single Māori consultation process developed.		
Review the process for legal review of commercial research in alignment with the national review of clinical trials.	Q4. Review complete.		

Planning Priority: Delivery of Regional Service Plan Priorities & Relevant National Service Plans			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Regional Services Plan – Ageing Population			
Collaborate with Community and Public Health to develop dementia related health messaging and promote brain health throughout life.	Q1: Promotional strategy confirmed.	↺	Delays experienced as a result of COVID have meant messaging is still under development. This work is likely to be completed in the new year.
Identify service initiatives and opportunities to address delayed dementia diagnosis in primary care settings by improving processes and pathways for assessment, diagnosis and referral of people with dementia.	Q2: Opportunities identified.	↺	The Canterbury Dementia Stakeholders group will reconvene in 2021 with the explicit intention to address solutions to delayed dementia diagnosis in General Practice. We have recently transitioned to the Mini-ACE dementia assessment (which is a shorter tool that takes less time to deliver) and will work with practices to ensure nursing staff as well as GPs are familiar with this tool, and with the appropriate pathways for referrals on diagnosis.
Streamline the system to support uptake of Carer Support and develop an information package for carers promoting the benefits of taking time out.	Q3: Information package approved.		
Identify key actions to achieve a 'Dementia Friendly' status for the Burwood Hospital, to ensure we are providing a best practice environment in alignment with the NZ Framework for Dementia Care.	Q4: Dementia Friendly status achieved at Burwood Hospital.		
Hepatitis C			
Take the lead in the regional Hepatitis C workstream to support the South Island DHBs to deliver against the key actions in the regional Hepatitis C workplan.	Q1-Q4.	↺	Canterbury is taking the lead for roll out of Point of Care Testing program
In partnership with Māori consumers establish a focus group to support the development of strategies to reach and effectively engage with Māori living with Hepatitis C. (EOA)	Q2: Focus group established.	↺	Following liaison with Māori Health Workers, this plan has evolved to direct engagement with Māori Health providers.
	Q4: Identification of initiatives that focus on Māori living with Hep C.		
Review PHO practice data to look at correlations between high volume practices with known Hepatitis C+ patients and general practices with at risk populations to target direct engagement between hepatitis nurses and general practice teams and re-engage with at-risk patients.	Q3.		
In partnership with the Department of Corrections, introduce a pilot testing Hepatitis C awareness focusing on probation clients and people undergoing community work orders. (EOA)	Q3: Pilot underway.		

Better Population Health Outcomes Supported by Primary Health Care

Planning Priority: Primary Health Care Integration			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Partner with Māori and Pacific leaders to design and implement a new approach to the co-design of services that better captures the voice and contribution of people that experience inequities. (EOA)	Q1: New co-design approach agreed.	↺	Substantial research, learnings and engagement with Maori leadership groups informed the reshape, redesign and documentation of a new approach to the co-design of services. The working version (currently called Partnering in Design) brings together a principle-based framework that has as foundations, the Canterbury Māori Health Framework and co-design methodology. The process is with Mana Whenua for their support and refinement before it is fully documented. During quarter two, the Alliance Leadership Team approved the use of the new co-design approach (Partnering in Design) to develop principles for all healthy lifestyle programmes to ensure they are accessible for the most vulnerable target populations.
	Q2: New approach trialled to improve access to healthy lifestyle services.	↺	
	Q4: Approach refined and documented.		
Enable an increased number of different organisations to have access to the shared electronic health record (HealthOne). (EOA)	Q2: Recommendations presented and approved.	✓	Citrix (Read only) access to HealthOne and Health Connect South has now been provided to 51 sites (85 users) across the South Island, including Aged Care, Maori/Pasifika agencies, Dentists, Urology Clinics and Refugee Services. A prototype technical solution for web access to Health Connect South and HealthOne has been completed with the aim to widen accessibility and equity of service. Arrangements are now being made to pilot this solution to gain user feedback.
	Q4: Increased number of diverse organisations accessing HealthOne.	✓	
Implement the newly developed best practice guidelines for interpreter services across alliance partner organisations to improve access to health services for people from culturally diverse background. (EOA)	Q1: Best practice guidelines collated and socialised across alliance partners.	✓	The best practice guidelines have been completed and endorsed by the CCN Alliance Leadership Team. Initial communication of the guidelines has occurred through the CCN newsletter with 'follow u' engagement planned for quarter two to four.
	Q4. Alliance partners progressing changes in line with Guidelines.		
In partnership with Kaupapa Māori providers and Corrections, improve access to general practice services for people on release from Corrections facilities or deported from Australia, (EOA)	Q2-Q4. Increased number of people accessing free general practice consultations.	↺	Analysis of this programme will take place in quarter three to establish its effectiveness. We have made progress in providing better navigation to these services for eligible people.
Review Māori enrolment rates and the quality of ethnicity data following the COVID-19 pandemic and lockdown and work PHOs to develop recovery plans where required. (EOA)	Q1: Rates reviewed and responded to.	✓	Māori enrolment rates have been reviewed post COVID and individual reports provided to the PHOs regarding missed enrolment numbers. An agreement has been made with PHOs that LinKIDSs will contact and arrange for enrolment of the missed children with a priority focus on Māori.

Planning Priority: Emergency Ambulance Centralised Tasking
Status Report for 2020/21

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain our commitment to the 10-year plan to achieve a high functioning and integrated National Air Ambulance service and actively participate through the National Ambulance Collaborative to achieve this.	Q1-Q4: Ongoing commitment maintained.	×	The MOH/ACC/DHB Ambulance Collaborative has not yet been established and a joint national work programme including activity to support the national tasking service has therefore not been developed.

Planning Priority: Pharmacy			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Through the Pharmacy Service Level Alliance, track and monitor the delivery of Medicine Use Review and Medicines Therapy Assessments by ethnicity, to reduce harm from medication, with a focus on people with chronic conditions and on multiple high-risk medications. (EOA)	Q1-Q4. MURs and MTAs reported by ethnicity.	✓	Maori received 5% of MURs and MTAs. Pasifika received 3% of MURs and MTAs.
	Q4: >1,000 people access a Medicine Use Review or Medicines Therapy Assessments.		
Identify opportunities through the Pharmacy Workforce Development programme, to enable training in cultural competence for pharmacy technicians and other pharmacy staff to improve access to pharmacy care and medicines for Māori and Pacific patients. (EOA)	Q4: Options identified and promoted.		
Commission pharmacies to provide funded influenza and MMR immunisations to improve the uptake of vaccinations amongst targeted groups in the community. (EOA)	Q1-Q4: Vaccinations reported by ethnicity.	✓	Ongoing.
Complete the evaluation of the opioid substitution treatment (OST) integrated care pilot and share findings with the Ministry of Health, with a view to embedding this model if successful.	Q2. Review complete.	✓	Report on the pilot was completed in September 2020 and endorsed by the Pharmacy Service Level Alliance in November 2020. This report has been shared with the Ministry, and roll-out to other pharmacies now underway.
	Q3: Learnings shared.		
Survey pharmacies on the resilience of their services to pandemics, natural disasters and other civil emergencies, including identified vulnerabilities and mitigating measures, to build on strengths and improve system planning.	Q1. Survey complete.	↺	This work has been delayed as we finalise the survey design. We expect the survey to be completed in quarter three.
Engage with general practices to shift further prescription and pharmacy referral flows to digital transmission, using the New Zealand electronic prescription service (NZePS), to enable timely low-contact healthcare.	Q2-Q4: Report NZePS uptake.	↺	74 of 116 PHO practices in Canterbury were connected to NZePS by December 2020.

Planning Priority: Long-term Conditions including Diabetes			
Status Report for 2020/21			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Invest in Motivating Conversation Training, to support general practice to engage people in difficult conversations about risk behaviours and provide evidenced based nutrition and physical activity advice including Green Prescriptions.	Q1-Q4. Report on progress.	✓	During quarter two, new approaches were agreed for Green Prescription provider, Sport Canterbury, to motivate their participants. Sport Canterbury will survey participants 6-8 months after the programme to assess the goals of participants having made changes to their diet, being confident about physical activity and continuing to undertake physical activity.
	Q4: >100 people engage in Motivational Conversations training.		
Monitor and use PHO/practice level data to better prevent, identify and manage long-term conditions,	Q1-Q4.	✓	Canterbury, PHO and Practice level data is received 6-monthly. Analysis of

and inform quality improvements to better support and wrap care around those with the poorest health outcomes.			the data is completed and distributed to the Diabetes Governance Group to plan future initiatives and to PHO and practice to review performance.
Collaborated with the three Canterbury PHOs to implement the new integrated approach to the prevention and management of cardiovascular disease (CVD) to support the introduction of the new national guidelines for CVD Risk Assessment and Management in Primary Care.	Q1-Q2.	↺	We are still awaiting the Ministry CVDRA tool which was delayed as a result of COVID. A CVDRA Expert Advisory Group has been established between the Ministry and DHBs. PHOs are providing reports on their activity to support at risk patients.
Establish systems to collect and monitor performance against the new national guidelines and performance measures (focused on high risk younger aged Māori and Pacific people) once agreed nationally. (EOA)	Q3-Q4.		
Promote the Better Breathing pulmonary rehabilitation and community exercise programmes to primary care and allied health professionals to increase referrals for priority populations. (EOA)	Q1-Q4.	✓	The Better Breathing Pulmonary Rehabilitation Programme and community exercise programmes are widely promoted to general practice, community pharmacy, hospital and community providers. The team are working with Māori and Pasifika providers, especially, to support these populations to join a programme that suits them, as well as provide support for other exercise programmes to be developed.
Collaborate with the IRSDG, Māori and Pacific providers and community leaders to identify alternate methods of engaging with people with respiratory conditions who find it hard to access services, with a view to designing and delivering alternative rehabilitation programme models. (EOA)	Q4: Alternative model/s agreed.		
Diabetes			
Monitor access to annual reviews, retinal screening and specialist services to ensure the effective management of diabetes and inform quality improvements to better support and wrap care around those with the poorest health outcomes.	Q1-Q4.	✓	Data continues to be reviewed. COVID escalated the retinal screening waiting times and we saw a decrease of testing in the over 65-year age group who were advised to stay home during COVID. Feedback has been provided to general practice
Complete a gap analysis against the national Quality Standards for Diabetes Care to ensure delivery against the standards and effective targeting of those at risk (EOA).	Q1-Q2.	✓	Gap analysis was completed and reviewed in November. New standards will be included, and a further review undertaken in 2021.
Implement the redesigned diabetes self-management education model, to support improved engagement and access to services for priority populations. (EOA)	Q1: Rollout compete.	✓	Community classes are progressing well, additional classes have been scheduled to clear the back log of referrals from cancelled courses due to COVID. A monitoring group has been established to ensure quality improvements. Pacific & Māori classes will commence in February, work is underway to ensure culturally appropriate content.
	Q3: Outcomes framework in place.		
Complete the work begun in 2019/20 to integrate the diabetes nursing workforce, to support service delivery closer to communities of need and improve equity of access (regardless of the complexity of people's diabetes). (EOA)	Q1: Implementation plan agreed.	✓	An Integrated Workshop was held in August. Combined clinical oversight and support is currently being set up and a forum to review case studies and support community providers is scheduled to start in November.

WORKPLAN FOR CPH&DSAC 2021 *(WORKING DOCUMENT)*

	4 March 2021	6 May 2021	1 July 2021	2 September 2021	4 November 2021
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 & Pacific Health Progress Report	Community and Public Health Update Report Planning and Funding Update Report – Q4	Community and Public Health Update Report	Community and Public Health Update Report Planning and Funding Update Report – Q1 Maori & Pacific Health Progress Report
Planned Items	Community Water Fluoridation Position Statement COVID-19 Update CDHB Pacific Health Strategy – Implementation Plan – Targets & Indicators	Disability Steering Group Update Transalpine Strategic Disability Action Plan Refresh Update CDHB Workforce Update Public Health Roles / Functions		Community & Public Health Update – Disability Sector	Disability Steering Group Update Transalpine Health Disability Action Plan Canterbury Accessibility Charter – Accessibility Working Group Update Accessible Information Charter
Governance and Secretariat Issues	Draft 2021 Workplan				
Information only items	Remembering a Pacific Community Hero CPH 6 Month Report to MoH CCN Q1 2020/21 Disability Steering Group Minutes	Outpatients Audit of Toilet Rooms – Lessons Learnt CCN Q2 2020/21 Disability Steering Group Minutes 2021 Workplan	CCN Q3 2020/21 Disability Steering Group Minutes 2021 Workplan	CCN Q4 2020/21 Disability Steering Group Minutes CPH End of Year Report to MoH 2021 Workplan	Disability Steering Group Minutes 2022 Meeting Schedule 2021 Workplan

15 February 2021

Remembering a Pacific community hero

Lemalu Lepou Suia Tu'ulua sadly passed away on Sunday 7 February. Canterbury DHB and the Canterbury DHB Disability Steering Group (DSG) send best wishes and condolences to her whanau.

Here's how the Independent Chair of the DSG, Grant Cleland summarised Lemalu's important contribution as he shared the sad news:

Lemalu was a very active member of the DSG and had recently been acknowledged as a 'Community Hero' on the Government's official COVID-19 website for her work with Pacific peoples' communities. While she was typically humble, you could see how proud she was that her work was being recognised.

"Lemalu was also playing an active role in the development of a Pacific Peoples' disability plan and her contribution will be greatly missed. Our thoughts and prayers go out to Lemalu and her family at this difficult time."

The response from the DSG was almost immediate and here are just some of the comments and thoughts that came straight back.

"She was so passionate in her advocacy and care for others. She is a great loss to her community and the wider health system, as well as to her family and friends."

"Lemalu was a great advocate for Pasifika people in general and Samoan people in particular. This, combined with her support for people with disabilities, made her the very special person that she was."

"Ka tangi te pouri, cries of sadness...
I had the privilege of working alongside Lemalu during COVID-19. Arohanui to her whānau.

"Amazing advocate for her people and other cultures as well. Kind, open-hearted and always humble."

Here's an extract from the COVID-19 Community heroes site:

"Lemalu was a broadcaster with Plains FM on the weekly Samoan language programme Samoa Feso'ota'i. During the lockdown last year she was active in her community, translating and broadcasting important COVID-19 messaging on the weekly radio show and podcast. She also delivered food parcels, food vouchers, hygiene packs and face coverings to over 200 families and 10 churches in the Christchurch area."

Canterbury DHB Pacific Portfolio Manager Finau Heuifanga Leveni knew Lemalu well and added this moving tribute:

"Lemalu was, and will always remain, a well-loved member of the Canterbury Pacific community. A staunch advocate on behalf of Pacific peoples she worked tirelessly to support those in need. It was not uncommon for her to work long beyond her office hours or to pay for things from her own pocket to help Pacific families. This was the kind of person she was, big-hearted, compassionate and fearless. She never sought the limelight for her years of selfless work, often preferring to work diligently behind the scenes and just 'get on with it' as she would often say. Her passion, dedication and presence in our Pacific communities will be greatly missed.

"Personally, I will miss her unwavering friendship, her endless optimism and wisdom, her infectious smile and her warm, embracing personality.

"Toka ā 'i he nonga moe fiemalie 'a hotau 'Otua.

"Ia manuia lau malaga Lemalu Lepou Suia Tu'ulua."

Canterbury District Health Board Public Health Report July to December 2020

Community and Public Health

Christchurch Office

353617/0

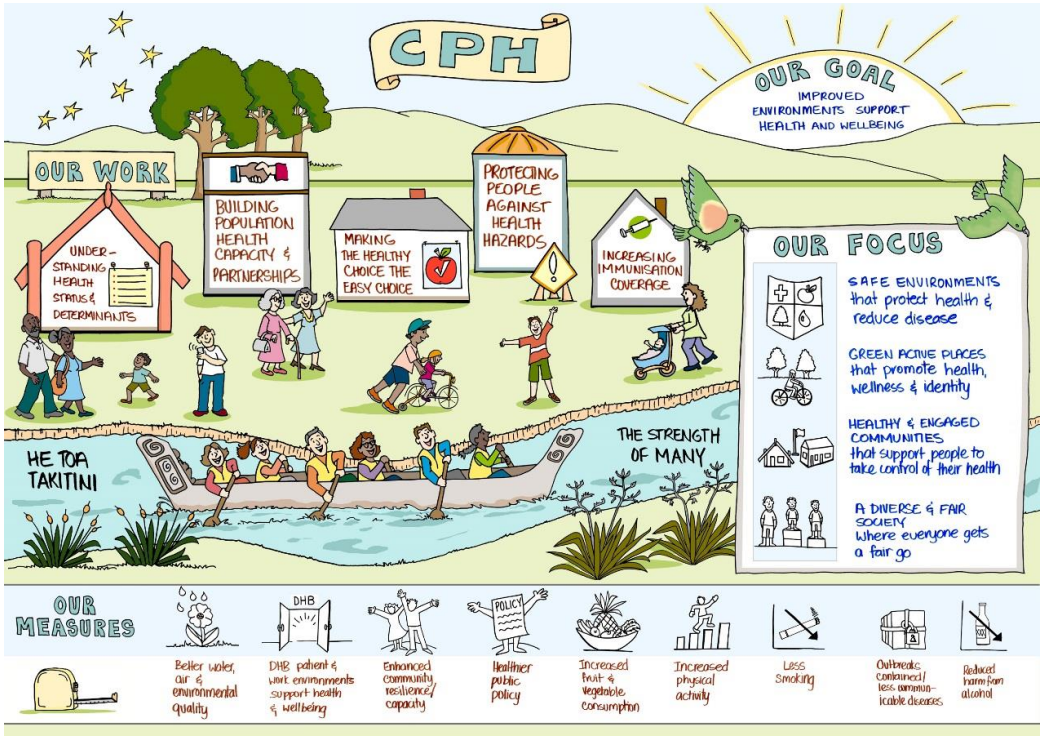
1. INTRODUCTION

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 priorities in our 2020-21 programme area plans.
Due to the ongoing need to prioritise the COVID-19 response, a COVID-19 programme area has been added for the 2020-21 planning year.

[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. COVID-19

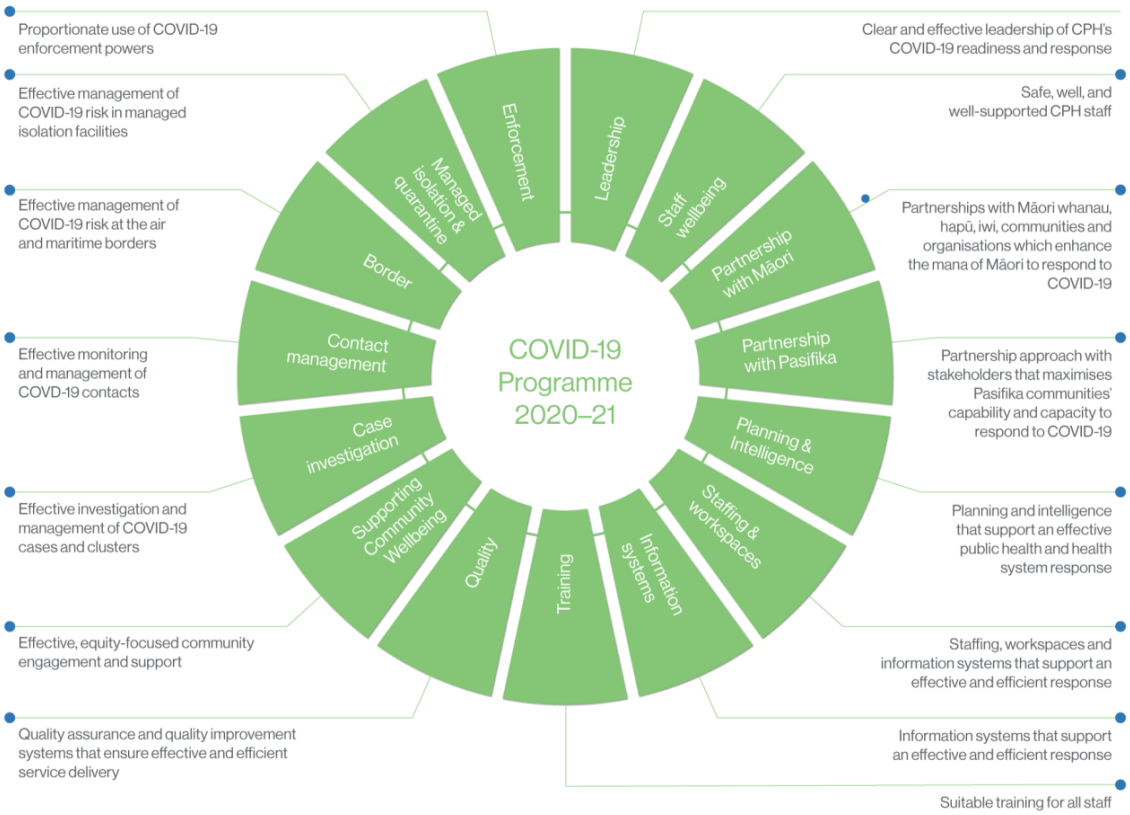
"Minimising COVID-19's impact on health, wellbeing and equity in our communities, and supporting a positive community response"

The focus of the COVID-19 response during this reporting period has been embedding ongoing COVID-19 work. This has involved moving from a CIMS model to a programme plan which has been designed to be sustainable for our workforce and able to respond rapidly to changing needs over time.

Our COVID-19 Programme Plan takes a health-in-all-policies approach by not only incorporating outbreak management functions, but also through placing an emphasis on interagency working at the border and MIQF. Engaging with identified communities makes up core components of our plan, in particular our Māori and Pasifika leaders in order to build collaborative relationships which prepare these communities to mobilise and identifies appropriate responses to wellbeing and cultural needs should community transmission occur. Ensuring the wellbeing of our workforce also features prominently.

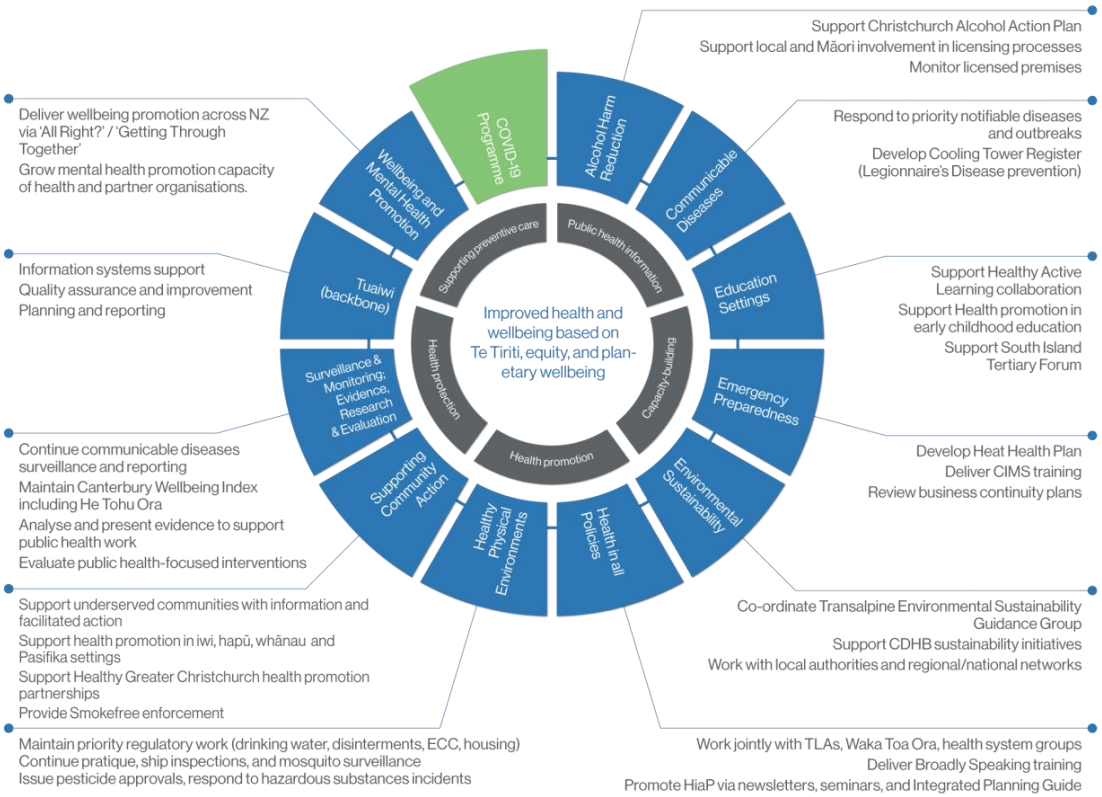
All Community and Public Health staff have been allocated to various 'response roles' which may sit outside their usual job functions and therefore requires across-team working. A comprehensive training package has been developed and delivered to all staff, incorporating Ministry of Health online modules.

The Programme Plan is organised under 15 'workstreams' incorporating the following priority outcomes:



3. NON-COVID PRIORITIES

Non-COVID priorities identified for 2020-21 for each Programme Area



4. SURVEILLANCE / MONITORING

"Tracking and sharing data to inform public health action"

Supporting the COVID-19 Programme Area through the provision of Planning and Intel has been a key activity through this period. The International Mariner's outbreak associated with two cases in MIQF workers demanded daily intel reports, as did the cases in the International Cricket squad – both also involved considerable media scrutiny. Tailored situation reports were developed for each scenario.

Ongoing Public Health Updates are provided to health professionals in our three districts (July, October, December). The most recent update in December, included information about enteric infections in the CPH region, a COVID-19 update, information about alcohol-related admissions to Christchurch Hospital Emergency Department, and also profiled the Getting Through Together's latest national wellbeing campaign: It's the simple things that bring us joy.

Weekly and monthly reporting of notifiable diseases (for South Island DHBs) has continued throughout this period; we have been unable to provide our normal range of reports (i.e. monthly rates graphs and tables) due to the reference population data not being available in the new EpiSurv system.

Team members who regularly use EpiSurv and NCTS have become 'super-users' for the purposes of supporting the COVID-19 response and particularly case investigation. In addition, to supporting case investigators in real-time, team members also engage in auditing of EpiSurv and NCTS outputs to ensure all information is entered as is required/necessary. Information Team members also provide training sessions on using NCTS and EpiSurv in the context of COVID-19 case investigation.

Team members who have access to QlikSense regularly provide the COVID-19 Programme Area leadership with updates on COVID-19 related key performance indicators. A COVID-19 Qlik KPI Data Reporting Procedure has been developed.

The Canterbury Wellbeing Survey concluded in the field late in 2020 with a pleasing number of responses. Once the survey data is received, a significant update of the Wellbeing Index will be undertaken. CPH staff have continued to update other measures as data become available, including updating He Tohu Ora which presents indicators that reflect a Māori view of wellbeing.

5. EVIDENCE / RESEARCH / EVALUATION

"Providing evidence and evaluation for public health action"

Supporting the COVID-19 Programme Area through the provision of Planning and Intel has been a key activity through this period. The International Mariner's outbreak associated with two cases in MIQF workers demanded daily intel reports, as did the cases in the International Cricket squad – both also involved considerable media scrutiny. Tailored situation reports were developed for each scenario.

Twice-weekly intel updates are provided to staff via the CPH intranet; items of interest (e.g. literature; useful links) are posted by exception.

Maintaining and updating the COVID-19 protocol continues to be a key activity; version 22 was published in December.

During this period the team developed a full COVID-19 Response Plan, and also supported the new COVID-19 Programme Area leadership as they transitioned into managing the fortnightly COVID action planning process.

The team also developed procedures for the scoping, and management of, COVID-related OIAs and parliamentary questions.

A report on CPH's 2019 measles outbreak has been published in the NZMJ Vol 133 No 1522: 25 September 2020 https://www.nzma.org.nz/journal-articles/lessons-from-a-system-wide-response-to-a-measles-outbreak-canterbury-february-april-2019

Late in 2020, a Toothbrushing Programme was implemented at Arowhenua School in South Canterbury. As part of the evaluation of the programme piloted in this setting, a decision was made to capture the initial experiences of the kaiako, tamariki and whānau participating in the programme during Term 4 of 2020. Surveys were developed for each of these groups and completed by respondents late in 2020. A report of the survey findings will be prepared and available in early 2021.

Getting Through Together is a national mental health promotion response to the COVID-19 pandemic, led by the Christchurch-based *All Right?* campaign team. The Canterbury District Health Board, the Mental Health Foundation, and Te Hiringa Hauora/Health Promotion Agency worked together to develop and implement the Getting Through Together campaign. An evaluation undertaken by the team during this period, documents the process of creating and implementing this national wellbeing campaign through interviews with 15 key stakeholder participants. The report will be finalised, and available, in the new year.

In December, at the request of the C-RIQ leadership team, CPH carried out a rapid review of the literature relating to stigma and discrimination among those working in frontline healthcare and other services. In addition, a survey was developed together with the C-RIQ leadership, to explore the experiences of those working in Canterbury's Managed Isolation and Quarantine facilities. The survey was emailed to staff late in December and will close in mid-January. A report will be provided to the C-RIQ leadership in February.

6. HEALTHY PUBLIC POLICY

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

The Broadly Speaking programme was delivered to 17 attendees from a diverse range of agencies. One clinician noted that: "*Broadly Speaking discussions about population health outcomes…helped clarify my thinking. In particular, it helped provide clarity when conversations considered a Treaty lens on equity, then considered the more general idea of fairness, within Aotearoa.*"

The HiAP team was asked to provide input into MoH's guidance on Urban Design. We encouraged participation at Broadly Speaking which remains popular and in demand locally and from other public health units.

We have contributed to a paper on COVID-19 experiences of disabled people in Canterbury. There is a lot of work being done to document COVID-19 /health/disability/service delivery/equity issues and we want to see a process to collate and analyse this. We were also invited to speak at a global forum on HiAP and COVID-19. Our presentation was well received, and we were invited to a second forum. In our HiAP newsletter in November we considered, "*Whether or not the language of the HiAP approach is used, the pandemic has shown the power of this approach to modify established ways of doing things".*

We have continued to work both internally and externally in cross-sector engagement raising the importance of accessibility, inclusion, and wellbeing to influence practical solutions. Examples include providing feedback on draft building plans for the CDHB and local government strategies. Our partners are aware of our reduced capacity and have stepped up to support the HiAP approach. We have met with CCC and ECan about how we can use systems already in place, such as the Joint Work Plan, to support collaborative BAU in times of disruption.

We have continued to support the development of local and organisational-wide submissions with over 27 submissions led by the team. We provide an equity focus for all, but some consultations have a greater focus than others. Two examples in this period are 'mental health and wellbeing monitoring frameworks' and 'strengthening Te Reo in educational instruction'.

Activity for Waka Toa Ora included continued production of weekly newsletters; a sector meeting held in Selwyn; support for a community consultation workshop on the GCP 2050 Plan; a 'Reimagining Wellbeing' workshop, and a COVID-19 Update seminar.

A Health Promotion stocktake has been completed and presented to the CCN Oral Health Service Development Group, introducing models and concepts of health promotion where knowledge of this varies considerably within the group. It has also highlighted some of the amazing project work which has taken place within our oral health services, such as development of "access to subsidised oral health care" information and toothbrush packs to those with severe mental illness and modernising the Year 8 transfer process from letter-based to text-based communication with whanau, among others. A cross-service project group has been developed and we are collaborating with Pegasus, for the first time, on integrating oral health promotion into primary care.

One of our Health in All Policies advisors has been seconded part-time to the Greater Christchurch 2050 team (a cross-agency project) team since August. This project aims to develop a strategic framework and plan for the Greater Christchurch Partnership for intergenerational wellbeing in 2050 in the Greater Christchurch area. Our advisor has added her invaluable expertise in the areas of community development, equity, health and wellbeing throughout the stakeholder engagement processes and Community and Public Health's General Manager has acknowledged the HiAP input flowing through the process and documentation to date.

7. SUPPORTING COMMUNITY ACTION

"Supporting communities to improve their health"

Responding to our communities needs we demonstrated diversity, creativity and flexibility in navigating the pandemic challenges. All team members were trained and rostered to support roles in the COVID-19 response. Highlights for this period include:

Facilitated a Pasifika Community Session on Family Wellness advocating health and wellbeing through good nutrition, being active and positive thinking. Partnered with Ministry for Pacific People on an initiative exploring the impact of COVID-19 and focused on upskilling young Pasifika mothers including financial literacy, and community-based activities with Canterbury Pacific Churches Network. Led an evaluation project, via Ihi Research, on the impact of Tangata Atumotu Trust programs.

CPH was involved in successful deputations with the Cancer Society to the Christchurch City Council and Waimakariri District Council to include Vaping in their Smokefree Policies. Christchurch City Council adopted this approach and Waimakariri has requested a background paper for decision-making in February 2021. In this period 24 Smokefree compliance visits were completed and four complaints and Smokefree enforcement enquires were responded to.

The successful Aranui Bike Fix Up initiative, which supports vulnerable young people in the area, offered 22 sessions in this period and 100 bikes were given to attendees. The BuyCycles bike ownership initiative provided 67 bikes to clients. Pop Up Fix Up sessions were held resulting in the gifting of 22 children's bicycles to the Pasifika community.

CPH received and processed 7,280 orders in this period; this included resources and information for the Getting Through Together All Right? campaign and mental health (101, 343), nutrition (35,837), AOD and safety (8,700), and sexual health (8,200). CPH refills Health Information stands at 14 priority sites.

CPH staff are preparing Ruralco and Hōhepa workplaces for WorkWell Bronze accreditations. Other workplaces engaged with WorkWell include Fulton Hogan, Salvation Army Oasis, Seafarers' Welfare Centre Lyttleton Port, Comcare, Keraplast Manufacturing and Barkers (Geraldine).

CPH facilitated a series of enquiry sessions, as part of our advisory role for the Food Resilience Network, for community and interested organisations to determine gaps, needs and opportunities to move towards a food secure Canterbury.

At a national level CPH is participating in discussions about food systems with PHUs, Allied Health Aotearoa NZ, and Tertiary research institutes. CPH is advocating for equity-sensitive approaches to food systems to increase accessibility to culturally appropriate kai, whilst supporting local producers and economies.

CPH convened the national Sexual Consequences Hui in August; 64 participants attended via zoom and 20 in person. A Sexual Health Seminar was hosted in November with 25 attendees. As part of our involvement in the CDHB Syphilis Working Group, syphilis information was provided at a recent Kaumatua Hui (60 attended).

The Waka Toa Ora Advisory Group has begun to utilise a rotating chair and administration, which has enhanced relationships and functionalities across those involved. Advisory Group meetings in 2020 focused on Selwyn's contributions to a healthy region and developing communications collateral regarding the impacts of climate change in Canterbury in support of LTP community consultations.

8. EDUCATION SETTINGS

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

Health Promotion with Early Childhood settings

Settings-based Health Promotion support was offered to six Kōhanga Reo, kindergarten and preschool settings. Our ECE settings Health Promoter ascertained their health and wellbeing priorities were and assisted with ideas and actions to address these. Staff wellbeing was identified as a common priority. A case example was documented to assist in understanding the complexity of factors in the ECE settings which contribute to staff workplace stress and how these might be addressed.

Healthy Active Learning

We developed 'Love Kai' as an evidence-based health promotion approach for engaging schools in improving their food and drink policies to better align with the National Healthy Food and Drink Guidelines. Love Kai was promoted via email to Canterbury Schools and resulted in 19 responses indicating an interest in going through the programme. Planning with these schools was carried out during term four with nine beginning the first step – appraising their current school values, tikanga, practices and policies associated with kai.

We participated in the Canterbury Regional HAL Leadership Group led by Sport Canterbury. Through beginning delivery of Love Kai with Burnside Primary – who are engaged with Sport Canterbury for the Physical Activity component of HAL – we are showing Sport Canterbury how Love Kai can be utilised with the schools they are engaging with.

Through continuing our support for Edible Canterbury, we helped organise another bi-annual school gardening workshop with over 70 school and ECE staff in attendance. This provided an opportunity to promote Love Kai, with schools expressing interest in how to go about creating and sustaining positive kai environments.

School Docs (whose parent IT company Streamliners are based in Christchurch) were influenced to make positive improvements to their nutrition policy template provided to the 1300+ schools nationally who use their services. The policy now references the National Healthy Food and Drink Guidelines.

Tertiary Education settings

Following 3 years of development, a new online toolkit to support tertiary institutions in preventing and reducing student sexual harm is now 'live'. Called, 'Addressing Sexual Harm on Campus', the comprehensive toolkit incorporates good practice campus policies; monitoring, reporting and evaluation; disclosures and complaints; upstander or bystander interventions; healthy relationships; consent; communications; awareness campaigns; alcohol and drug; key groups; staff training; and support services. The project was supported by our Tertiary settings Health Promoter working with the Ara Institute of Canterbury, the University of Canterbury and Lincoln University, and is being hosted by Universities New Zealand at https://www.notonmycampus.nz/

9. COMMUNICABLE DISEASE CONTROL

"Preventing and reducing spread of communicable diseases"

CPH staff have Identified, managed and isolated all COVID-19 cases, close contacts and clusters throughout the reporting period. Records of all case and cluster activities recorded in Episurv and NCTS. We have maintained operational partnerships with other response agencies, including primary and secondary care, IPC, ID, Labs, Occ. Health, NCCS, other PHUs, MIFs, MBIE.

Our existing airport relationships have gone from strength to strength in this period, with multiple layers of depth within border agencies and the airport company. In addition, new relationships have been built with stakeholders with whom we previously only had peripheral contact including the US and NZ Antarctic programmes, Immigration, and GCH Aviation.

CPH's relationship with IPC is strongly collaborative, including staff training sessions on PPE and at the border. IPC have completed four walkthroughs of the border processing and carried out 2 audits and provided recommendations which have been completed. We have also put IPC in touch with the airport company, so they can offer advice on the proposed separate pathway for passengers returning from MIQ countries.

CPH is participating in the ESR study exploring Yersiniosis attribution. It is hoped that the study will commence early 2021 – shortlisting for the ESR-based position is currently taking place with ESR requesting CPH's presence on the interview panel.

Work continues with CCC and Worksafe to establish a database and verify/visit cooling towers in Christchurch to ensure PCBUs are compliant with Part 2 and 3 of AS/NZS 3666. Eight premises were visited between July – December. 91 sites have been identified and verification continues.

As part of investigation into recent cases of legionellosis, CPH contacted ECan and Christchurch City Council regarding a major compost manufacturer in Christchurch. After discussion, the compost manufacturer agreed to routinely monitor for legionella in addition to *E.Coli* and faecal coliforms as required by NZS 4454:2005. This is a good proactive move for this extensive plant.

CPH has worked with the needle exchange program, NEX trusts, and authorising services to ensure services can be maintained during any future lockdowns. This continues with the use of courier services.

We are committed to a health determinants approach to communicable disease events. A recent RF case investigation saw cooperation between CPH's Communicable Disease Nurse, CPH's housing health promoter and a CCC Environmental Health Officer when uninhabitable housing was identified – as a result the case and family were relocated to compliant housing within three months and Council action was taken to demolish the non-compliant house – a good example of a "system" approach.

Enteric illnesses continue to be reported with sporadic cases of cryptosporidium, giardia and *E.Coli*. Whilst the sources and methods of spread are many and varied, swimming pools remain a risk factor for the spread. CPH has been proactive in redesigning posters for use in both public and private pools with QR codes that link to factsheets for cryptosporidium, giardia and *E.Coli.*

10. HEALTHY PHYSICAL ENVIRONMENT

"Supporting communities to improve their health"

Drinking water: CPH has continued to respond to all transgression and incidents. Annual survey and compliance reports were completed on time. The processing of WSPs under the new framework has been a significant challenge to the team due to the time it takes to process applications and the large number of WSPs we have received under the new framework. The team approved the first WSP in NZ under the new Framework for the Hurunui District Council. Due to the COVID-19 response, the team has had to allocate priority to all drinking water work. As we have advised the Ministry of Health there are a significant number of implementations overdue.

Hazardous Substances: The processing of VTA applications has been maintained. Highest workload currently in this area is the auditing of VTA permissions. HSDIRT notifications continue to be actioned in a timely manner.

Mosquito surveillance and response to interceptions: CPH has maintained surveillance and response capacity through-out this year. We have had a number of interceptions which has increased workload and increased requirements for the on-going monitoring of traps.

Recreational water: Public notification/media releases to exceedances of public health risk – media releases produced for six algal bloom exceedances; two related to local lakes and the remaining 4 were associated with local rivers (CHCH).

Border work: CPH has continued to maintain services around pratique and ship sanitation inspections (in addition to COVID-19 work). Workload in the maritime areas has increased substantially with the new COVID-19 requirements. On a positive note, this has forged improved relationships with the Ports which was previously more difficult.

Christchurch International Airport Emergency Response Plan: The public health update to the plan has been completed with the addition of COVID-19 provided. There has been a significant and sustained response and onsite presence at CIAL due to COVID-19. Once again, the well-established relationships have proven their value in a rapidly changing response. There are now multiple levels of depth in the relationships with all agencies which will serve us well into the future. CPH is part of a small working group for CIAL around the development of a dedicated pathway for quarantine flights.

Resource Management: Due to the COVID-19 workload, CPH has only submitted on submissions with a very high public health impact. These include Tyre NES, Fulton Hogan Quarry development Templeton, CCC Waste Minimisation, and drinking water protection zones. CPH has continued to be involved in the consent for the new Akaroa waste water treatment plant. The outcome of where to dispose of the treated waste water from the new (yet to be built) waste water treatment plant has finally been decided upon after many years and multiple submissions on different proposals. The final decision is that treated waste water will be irrigated to native tree blocks in the Inner Bays area option of Robinsons Bay, Takamātua and Hammond Point.

Environment Canterbury: We have continued to try and maintain our strong working links with the regional council. While this has been a challenge with the COVID-19 response, we have managed to conduct joint meetings on key areas like transport, air quality, and contaminated land. Successful outcome from the Contaminated Sites Remediation Fund (CSRF), for the remediation of lead contaminated land across approximately 20 properties in a suburb in South Christchurch. Successful incorporation of public health risk management through the planned remediation process.

11. EMERGENCY PREPAREDNESS

"Minimising the public health impact of any emergency"

As a result of Community and Public Health being fully committed to the COVID-19 response:

- the draft Heatwave Response Plan has been put on hold for the time being. Nevertheless, given the forecasted likelihood of a long, hot summer, arrangements are in place for heat health advice to be broadcast to the public via CDHB Communications. as and when appropriate.
- CIMS in Health training courses for staff has been suspended until further notice
- No internal/external emergency response exercises took place during the previous six months and it is unlikely that any will be scheduled to occur in the coming months.

Previous CIMS in Health training, along with the experience derived from staff participation in internal and inter-agency exercises, has served Community and Public Health well in respect of the COVID-19 response. In particular, the Medical Officers of Health, Managers, Communicable Disease Nurses, and Health Protection Officers collaborated effectively with the CDHB Service Continuity Manager, Infection Prevention and Control, Canterbury Laboratory, and Communications, Border Control Agencies, and St John Ambulance. These well-established relationships greatly assisted Community and Public Health in restricting widespread community transmission on the occasions when COVID-19 cases arose in the Community.

Moreover, new relationships were forged during the response with the Canterbury RIQ leaders; Nursing personnel and Defence staff in the Managed Isolation Facilities; Airline Company Managers and Shipping Agents; as the response escalated. This additional collaboration, involving considerable sharing of information, proved crucial to Community and Public Health successfully overcoming COVID-19 response challenges and achieving its response objectives to date.

Importantly, the Māori Relations Manager engaged with Ngāi Tahu and Papatipu Rūnanga and provided advise relating to COVID-19.

With regard to the COVID-19 response, Community and Public health has:

- a COVID 19 Programme Plan covering 15 response elements
- a COVID-19 Programme Action Plan which is updated fortnightly
- trained additional staff in contact tracing and leased parts of two vacant office premises, in Manchester Street and Columbo Street, respectively, as work bases for them.

Border health control is of paramount importance in respect of preventing the spread of COVID-19. Therefore, our Medical Officers of Health and Health Protection Officers strictly apply the Ministry of Health protocols put in place in respect of returning New Zealanders and other overseas passengers, such as Antarctic programme and maritime crew change personnel, arriving at Christchurch Airport. Likewise, for foreign seamen arriving at Lyttleton seaport.

12. SUSTAINABILITY

"Increasing environmental sustainability practices"

The Transalpine Environmental Sustainability Governance Committee meet twice in this period to continue to support sustainability efforts across the Canterbury and West Coast DHBs. A new active member from the West Coast DHB joined the committee and is keen to drive local action. Members within the group are progressing projects such as swapping the hard-plastic trays currently used by anaesthetists for cheaper, smaller and potentially recyclable products. Electric car numbers are to be increased and Community and Public Health is likely to host a number of these.

The Canterbury DHB continues to support Toitū Reduce (previously CEMARS) and we are preparing to also use the nationally agreed system measuring buildings' energy use (NABERS NZ). Each hospital site will be measured separately when it is rolled out. Date yet to be advised.

Engagement continues through CPH's chairing of the South Island Public Health Partnership sustainability workstream, and membership on the Sustainable Health Sector National Network. These networks allow us to share experiences and provide support across all DHBs. For this period DHBs such as ours, without a dedicated sustainability office, have engaged as able alongside the high level of commitment required in the COVID-19 response. The COVID-19 response has not surprisingly led to a reduction in flights taken and an increase in 'Zoom' or 'Teams' type meetings. Data to understand this further will be explored in 2021.

Within CPH the Zero Heros program has continued strongly with regular newsletters showcasing a range of sustainability options for staff. Zero Heros are also celebrated for their individual efforts such as biking to work more, adding an e-scooter to reduce car use, or sharing new and innovative products etc. New options for recycling difficult products such as pens, and beauty product containers, have been established and the CPH e-bike continues to be popular.

We have continued to work alongside the Christchurch City Council, Environment Canterbury and the wider CDHB to support the Healthy Commute program which supports staff to engage with active and public transport options and reduce car usage. This remains a strong focus to push through all levels of the DHB particularly with regard to ensuring sufficient bike parking is available to support the increase in staff numbers cycling.

13. WELLBEING AND MENTAL HEALTH PROMOTION

"Improving mental health and wellbeing"

Earlier this year, a substantial amount of our mental health promotion work was redirected to responding to COVID-19. We remain deeply immersed in supporting the general public, our organisation, and the workforce.

We continue to operate the Canterbury DHB's Transalpine Psychosocial Steering Group to coordinate psychosocial support across South Canterbury, West Coast, and Canterbury, and the Canterbury Psychosocial Committee. We have worked with a local Council as they drafted their COVID-19 'recovery' plan and engaged with other organisations involved in this process.

Although aspects of the psychosocial groups pertain to the workforce, there is separate workforce-specific work. We promote wellbeing through a staff wellbeing oversight group, PHU staff wellbeing workshops, and through staff communication, both tactical (e.g. regular staff emails/Zoom updates) and strategic (e.g. promoting transparency, reassurance). We have responded to stigma facing frontline workers at MIQFs with communications designed to celebrate the efforts of this workforce.

The focus of *'All Right?*' is still the national 'Getting Through Together' (GTT) campaign. A major campaign initiative for this period was Mental Health Awareness Week (MHAW), with the theme 'Reimagine Wellbeing Together | He Tirohanga Anamata.' The findings for GTT have been outstanding; the campaign has strong (and improving) reach and activation, as well as equity of impact and value. Following MHAW, one in four New Zealanders had heard of the campaign and taken an action to improve their wellbeing as a result. The vast majority of people – roughly 9 out of 10 – believe the campaign is valuable for the community they live in.

The public value the pre-COVID work of *'All Right?*', too. The campaign regularly receives positive feedback about previous resources, and the campaign's design has been recognised by the Designers Institute of New Zealand. In Canterbury, the team has supported locally-led projects, such as the development of the 'In Common' initiative borne of the mosque attacks, the Gap Filler 'Moodshift' wellbeing series, and planning for the River of Flowers earthquake commemoration.

As part of the Te Waioratanga stream of work, the Maramataka resource has been updated and re-promoted. The project highlights the connection between the moon and our wellbeing.

After MHAW, GTT supported Pink Shirt Day. The year wrapped up with the launch of the next major campaign, a summer campaign, 'It's the simple things | Ahakoa he Iti te Pounamu.' The campaign was designed to support people to appreciate the simple things and to alleviate the financial, social, and personal stressors that can accompany the holiday season, especially with the potential compounding stressors from a momentous year.

14. ALCOHOL HARM REDUCTION

"Reducing alcohol-related harm"

Alcohol health promotion work has had some success engaging communities in new neighbourhood-based off-licence applications. This includes more personalised engagement with rūnanga and Māori organisations to strengthen Māori voice and a constructive relationship with Community Law Canterbury, in a 3-year pilot with Canterbury communities and licence applications.

Other Alcohol health promotion projects include the Good One Party Register which has been experiencing higher student registrations and improved communication between police and universities over problematic parties.

The first two local secondary schools in Canterbury have committed to work with Tūturu as a whole-school approach to alcohol and drug harm minimisation. Work is underway with Tangata Atumotu around developing a whole of community alcohol harm prevention project and scoping alcohol use in Pasifika communities. Two rugby clubs are looking at trialling an alcohol ban, following the lead of Canterbury Rugby League.

The CDHB partners with the Christchurch City Council and the NZ Police in the Christchurch Alcohol Action Plan (CAAP). The new CAAP Coordinator has helped strengthen relationships with police, family violence and Māori organisations. The CAAP Forum in October focused on partnership approaches to reducing alcohol-related harm and attracted a wide range of people from community, government and non-government organisations, with keynote speaker Ben Birks-Ang (pictured).

Convened by CPH, the Canterbury Health-System Alcohol Harm Reduction Strategy working group has made submissions to help the Pregnancy Warning Labels on Alcohol Beverages became law, to prevent FASD. A media campaign promoted safer drinking with regards to harm on Crate Day in December, including social media, a story in the national press and resources shared with other interested DHBs. The working group also submitted on the draft CDHB Drug and Alcohol Policy.

Regulatory work continues at high volume. Highlights include the Hurunui DLC's decision to decline the Amberley Thirsty Liquor new off-licence application following CPH and community opposition, and the Christchurch DLC's decline of the Carlton Hotel's on-licence renewal following opposition from CPH, the inspector and a community member (both appealed). DLC and ARLA hearings continue to be increasingly complex and legalistic, which is challenging for Health without legal representation.

15. TUAIWI

"Providing infrastructure and support for effective public health action"

One of the main achievements in this period was setting up two additional workspaces, complete with network equipment, desktop devices, wireless capability, conference facilities and telephony to handle 3 additional case investigation teams to support any requirement to 'uplift'.

CPH has continued to support and expand, upon request from the Ministry and other Public Health Units, the SIPHAN-based COVID news and discussion group and document library. The COVID group now has 341 members.

CPH has continued to support the operation and enhancement of the NCTS. This has included active participation in Ministry convened working groups, including NZ Covid Tracer App Working Group (both the original group and the group reconvened for Bluetooth functionality) and the NCTS Enhancement Users Group.

CPH has acted to work in partnership with the vaping programme at the Ministry of Health to supply geocoding and address validation services for the Transitional Specialist Vape Retailers (TSVR) register. Updates to the TSVR are forwarded to CPH by the Ministry and we process the retailer data – which is then uploaded back to the Smokefree Enforcement group on SIPHAN for use by group members working in public health services.

CPH continued to support Healthscape for partner PHUS. This work has included action template and report definition creation, data processing and import of 848 entities into Nga Tai Ora – Public Health Northland's instance of Healthscape for their Te Tai Hapori – Community Wellbeing Team. This included the following: updated all ECE data in Northland (231); all Regional Sports Organisations data (45); Food premises in Whangarei (393) and marae through the region (179) - for a total of 848 LEP entity records added or updated. Due to the detailed nature of the updates and complexities and gaps in the supplied data this was largely a manual process, including geo-location where possible, supplemented also where possible, with automated processes for importing and geocoding data.

Also in partnership with the Ministry and CPH's protection team, we developed the https://www.borderhealthtraining.nz/ site to act as a host for border health training videos produced by CPH's protection team. This mobile-responsive site also included development of quiz functionality to reinforce user's understanding of the video content.

We have continued to support our previously developed Authorised Vaccinators Database application, which holds and processes authorisation details for 929 currently approved vaccinators across Canterbury, South Canterbury and West Coast, and in total holds records for 3,089 vaccinators past and present in our region.

Developed a COVID-19 Quality plan, including record-keeping and audit, with monthly reporting on quality measures for each COVID-19 workstream.

The COVID-19 document suite (procedures, forms, flow charts, letters) are controlled in EDMS and available online to all staff and to the other two South Island PHUs.

CCN highlights - Q1 2020/21

Each year, the workstreams, Service Level Alliances (SLAs) and working/ development groups that make up the Canterbury Clinical Network (CCN) plan their activities for the year ahead, which forms the basis of an annual work plan.

The work plan aligns with the strategic objectives of the Canterbury Health System - supporting people to take responsibility for their health, stay well in their own homes and access timely and appropriate care when needed.

Here's a look at some of this quarter's hightlights...

CCN enablers, development and working groups

Integrated Diabetes Services: Improved access to diabetes education in the community

A new Diabetes Education Programme is improving people's access to support with managing their diabetes. The programme is delivered in the community by Nurse Maude and Sport Canterbury. There has been good attendance and excellent feedback from participants:

"This course has been extremely helpful. Team is wonderful, helpful and pleasant. No pressure on anyone. A genuine team who I can see have put a lot of delivery of a good service."

Tangata Atumoto Trust are developing a Pacific diabetes education programme and classes focusing on meeting the needs of Māori will be co-hosted by Te Pua Waitanga and the Diabetes Centre. These classes will start in early 2021.

Oral health: Improving the patient pathway

Work has started on the Oral Health Patient Pathway with a focus on how children access oral health services and how adults access emergency dental services.

Two workshops have been held; the first mapping the current flow of people through the service; and the second looking at what issues, challenges and barriers to access exist.

Workstreams

Health of Older People: Connecting through kōrero

Participants attending the Kaumātua programme at Birdlings Flat have reported more social engagement and increased knowledge about health issues.

Service Level Alliances

Ashburton: Easier access to general practice services

Ensuring people and their whānau can get care when and where they need is a top priority for the SLA and the wider health care community in Ashburton. A process to support patients to transfer and enrol with general practices in the region was put in place 15 June. In Q1 23 people that presented to the Acute Assessment Unit at Ashburton Hospital were supported by a health navigator to enrol with a local practice, improving their access to timely care.

Immunisation: Increase in flu vaccination coverage amongst Kaumātua

The importance of increasing flu vaccination coverage in Māori aged 65 years and over emerged as a priority through Covid-19. The Kaumātua Flu Programme implemented over winter provided a targeted response, increasing coverage from 48% to 57% for this group.

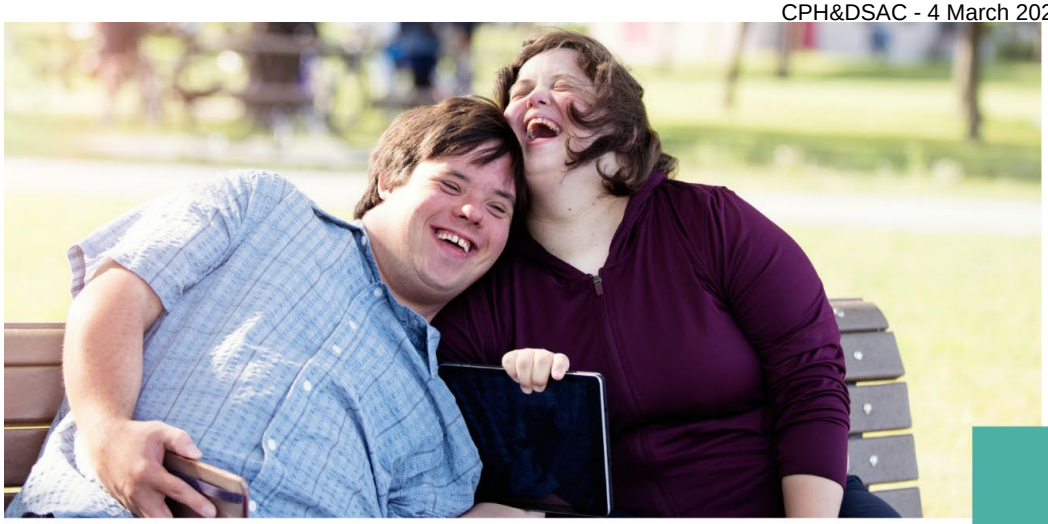
Pharmacy & Mental Health: Enhanced provision of OST

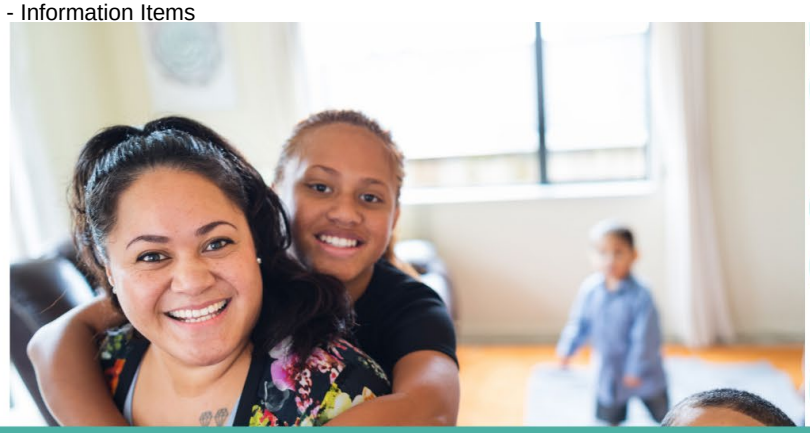
Cantabrians receiving Opioid Substitution Therapy (OST) will receive improved care following a recent project to strengthen collaboration between community pharmacists and Canterbury Opioid Recovery Service (CORS). This demonstrated a reduction in administration, so more time can be spent helping clients and provides a safer more user-friendly service for consumers and providers.

Pharmacy: Cultural development of pharmacists

Three pharmacists have been funded by the Canterbury Community Pharmacy Group to train on the Meihana model. Feedback from participants will be used to adapt the training, so a pharmacy specific training programme can be developed and rolled out across Canterbury. This will assist with increasing pharmacists' cultural competency and improved access for priority populations to pharmacy services.

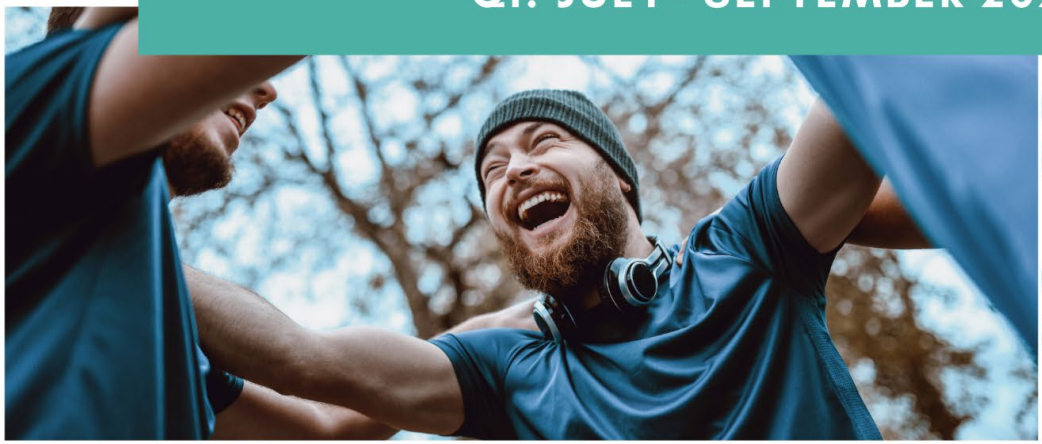
Canterbury Clinical Network
Transforming Health Care, Whanau Ora ki Waitaha





CCN QUARTERLY REPORT

Q1: JULY- SEPTEMBER 2020



Summary highlights and comments

Ashburton Service Level Alliances (ASLA)

- Feedback on barriers to Aged Residential Care (ARC) residents accessing primary care services in Mid-Canterbury prompted the SLA to investigate model of care options. Consultation with ARC facilities identified a general preference for aligning with one general practice. Consultation with ARC residents and their families on their preference is being considered before a communication from the SLA to general practice is made on a preferable model of care.
- The cultural competence of the health care workforce in Ashburton to serve the region's growing multicultural population can be a barrier to accessing health services. A working group is undertaking a stock take of SLA member organisation's documentation on cultural development to identify any gaps and the future direction of this work.
- Access to sexual health services has emerged as an area of need following the withdrawal of the family planning services from Ashburton last year. While this was raised as a concern for the youth of Ashburton, it impacts the wider population. The SLA is monitoring services and identifying opportunities for improving access. Alongside this some local clinicians are working together to establish a new sexual health service for 14-17-year olds.
- The Ashburton Community and Social Sector Research Report released in September, identified 24 areas in which to support the community and social sector post COVID 19. This report viewed here raises areas of overlap with Safer Mid Canterbury and The Ashburton District Council. A meeting is scheduled in September to discuss these opportunities.

Child & Youth Health Workstream (CYWS)

Ngaire Button and Michael McIlhone formally took over the role of Co-Chairs of the Workstream in September. They have taken time to engage with CYWS members to understand their view of workstream priorities and consider any changes (e.g. to group and meeting structure), that may better support the CYWS priorities to be achieved. A report summarising themes from the discussions will be circulated in Q2; this will inform a workshop with CYWS members early in 2021 to reset the purpose and structure of the group.

In the interim, while the lack of facilitator and project leads within Planning and Funding has impacted progress, some work on the group's priorities has continued, notably in the following areas:

- The Canterbury Breastfeeding group is exploring alternative ways to improve access for Māori and Pacific women.
- Strengthening Pacific engagement in the Parenting and Pregnancy Education programmes.
- Access to Sexual Health services for Youth including any opportunities to utilise the current School Based Health nurses in this role.

Community Services Service Level Alliance (CSSLA)

- The CSSLA is currently rolling out an electronic referral process for Community Services. This is the culmination of two years of work designing and implementing the form and working with Strata Prism to enable this way of working. This referral process situates service allocation with providers, who can better determine the needs of the individual in their own home, rather than a referral covering generic services, as imagined from within the hospital. It is a shift of focus that will have important ongoing effects for the delivery of services in the community.

- The SLA is continuing to provide some oversight to the CREST (Community Rehabilitation Enablement & Support Team) service transition. Of note the SLA is working with the Planning and Funding analyst team to ensure that the data implications of this service change are visible. Reports from the Older Person's Health clinical team and providers indicate that this transition is going well. Ideally no change will be visible to the consumer from this operational change, and with very few exceptions this seems to be holding up.
- The SLA is contributing to ongoing work around the benefits of restorative care. They have contributed to an education package on HealthLearn, and plan to publish a short information brochure explaining the goal of restorative support and how this is used, in the context of Community Services, to enable greater independence for older people living in the community.

Coordinated Access on Release (Te Ara Whakapuāwai)

- In September 2020, members from the group attended a half day visit to Christchurch Men's Prison. The visit was informative and will help put future discussions into context. The visit also highlighted the opportunity to do more for people on remand, especially young men. A visit is planned for Christchurch Women's Prison in November 2020.
- Initial communications to raise awareness amongst Corrections staff, prisoners on release and general practice of the free and extended consultations that are available to people when they are released from prison, has been drafted. The group is also exploring the use of a brochure for the reintegration teams to use when working with prisoners. This will include how to enroll and access general practice and the free and extended consultations that are on offer in Canterbury. These consultations target an 'at risk population' and help improve access to primary care. They also ensure that prisoners on release are well supported with planned care whilst integrating back into the community.
- A data dashboard is being developed, which will provide a snapshot of the consultation claiming data and uptake of these by General Practice. The aim is to have the dashboard finalised by the end of 2020.

Health of Older People Workstream

- We are seeing outcomes from the Kaumātua programme of an increased engagement with Kaumātua in Birdlings Flat (who might otherwise have few connections with the health system). Kaumātua who attend have reported increased social engagement (overall, not only in relation to this programme) and an increased knowledge of various health issues that may concern them.
- The Workstream have considered the available data to identify measures that will enable the group to capture a picture of the drivers impacting the health of older people within that system and to monitor progress on the Workstream's important pieces of work.
- The ongoing work of the Workstream includes preventative actions around dementia and early diagnosis. This work will ensure older people receive the benefits of early engagement with our health system, including early care planning and education for the person with dementia and their whānau/ care partner. Early diagnosis also provides a system measure to ensure we can meet the anticipated demands of expected increase in dementia incidence by 2030. In Canterbury, we are already near capacity in terms of Specialised Dementia Level Aged Residential Care, even though we currently have a greater number of dementia beds than other equivalent DHB with work underway to explore this situation.

Immunisation Service Level Alliance

- The Kaumātua Flu programme (targeted at Māori 65 years and over), while not on the SLA's workplan emerged as a priority through the COVID response. It sought to increase influenza vaccine coverage in Kaumātua as a way of managing the health of this vulnerable population. This targeted approach increased coverage from 48% to 57% for Māori over 65-year olds, with the DHB total population over 65-year-old coverage at 74%.
- In Q1 the national Pertussis vaccination in pregnancy data was available. It showed that in 2019 Canterbury coverage for the Total population was 61.7% while coverage for Māori and Pacific women was 35%. This reinforces using targeted initiatives, including for the promotion of the Pertussis vaccination.
- In Q1 the DHB did not achieve the 8-month target, missing around 46 children. Of these children 10 had declined Outreach Immunisation Services (OIS) and six are still on the OIS schedule.

Integrated Diabetes Service Development Group (IDSDG)

An Integrated Diabetes Services Workshop was held in August to progress the Diabetes Review recommendations. The workshop aimed to:

- Consider how we ensure services are available at the right time, right location and delivered by the right provider;
- Identify how we make sure we have a skilled, competent, and connected workforce; and
- Identify what integrated clinical oversight could look like.

The well attended workshop was an opportunity for networking, with community providers gaining greater visibility and an increased appreciation of the different providers and services available to support individuals and their whānau living with Diabetes. Māori and Pacific providers who attended had previously been under-utilised and a commitment was made to be a more connected workforce was identified as being valuable for the consumer and in particular for people / whānau from priority populations and who traditionally have not engaged with Diabetes services. One opportunity identified from the workshop was to improve community providers access to specialist clinical input. In response, a regular meeting for case reviews and ongoing education has been established that is open to all providers.

The newly established Diabetes Education programmes in the community has had good attendance and received excellent feedback from attendees. Three Community Diabetes Education classes have been held and work is underway to further improve access for people from priority populations. Tangata Atumoto Trust and their mobile nursing team are developing and will run a Pacific diabetes education classes commencing in February 2021. While classes focusing on access for Māori will be co-hosted by Te Pua Waitanga and the Diabetes Centre and will also commence in early 2021.

Integrated Respiratory Service Development Group

- Respiratory physicians continue to support virtual ward rounds with COVID positive patients managed isolation and quarantine facility with multi-disciplinary teams.
- The Community Respiratory Service continues to deliver the new rolling Better Breathing - Pulmonary Rehabilitation programme with positive feedback from patients and volunteers. The team continue to prioritise Māori and Pasifika referrals to the services. The Integrated Respiratory Nursing Service (CRISS, Community Respiratory Service and CanBreathe) continue to meet regularly. A member of the team attends the discharge meetings on the ward to encourage further referrals to the community services.

Laboratory Service Level Alliance

Subgroups have been established by the SLA to progress key pieces of work including:

- Exploring whether access to home visit lab tests is equitable.
- Determining lab test markers as indicators of optimal use of lab tests.

In addition, progress on the E-Lab Ordering in Q1 has included Information System Group (ISG) identifying a project lead to work alongside Planning and Funding and staff from the two Labs, to develop the software needed. Time frames for completion of the project by March 2021 have been established.

Mana Ake Service Level Alliance

- *Evaluation:* The Impact Lab GoodMeasure Report August 2020 identified that for every $1 invested in Mana the social return on investment of $13.32 is returned. In addition, the Ministry of Health has commissioned Malatest International and Aro Solutions (Auckland) to undertake an external evaluation of Mana Ake. The Interim report is due to the Ministry of Health 30 November with the final report due April 2021.
- *Mana Ake Website:* A decision has been made not to pursue the Mana Ake Facebook page and concentrate resource investment into the Mana Ake Website. A link from the Mana Ake website to a mailbox @Mana Ake Feedback will enable requests for service and information are directed. And will offer some of the function sought from the Facebook page.
- *School Cluster Forums:* Cluster Forums continue to be provided virtually and are well attended. Participants form outside of Christchurch appreciate the opportunity to attended without travelling.
- *Professional development***:** During the COVID response the approach for delivery shifted from large presentations to virtual methods for educators to engage in professional development. The first Mana Ake webinar (autism) was held 19 August with 320 people registered from 138 separate entities, organisations or schools included. 115 of the registrations were from people that have not previously registered for a Mana Ake Professional Development and Learning session. The webinar is available on Leading Lights approximately two weeks after the live event enabling enablers to access these at a time that suits. A further webinar is scheduled for the 28 October
- *Podcast*: The first podcast on School Attendance, was loaded on to Leading Lights in August. A second podcast was posted mid-September. As experienced with the Professional Development it appears that teachers and educators are ready to embrace new ways of accessing professional development. It is noted that there is no cost to schools for these sessions. We will closely monitor usage of podcasts before making a recommendation as to whether to make these regularly available.

Mental Health Workstream

Key highlights from Q1 include:

- At the end of Q1 Canterbury Te Tumu Waiora Programme had 19 general practices in the implementation pipeline, which will service a population of approximately 138,000 people.
- A consortium of Canterbury youth agencies was successful in their bid for a Ministry of Health Request For Proposal for Youth Primary Mental Health and Addiction Services. This will increase the number of clinicians providing care through the Community Youth Mental Health Service (CYMHS) by approximately 9 FTE with additional service funding by early 2021 as part of a CYMHS Wellbeing 2025 Service.
- The initial phase Opioid Substitution Therapy (OST) Programme) has been completed and agreement reached on the roll out of this across Canterbury. This new approach to the management of OST provides a safer and more user-friendly service for both consumers and providers.

Oral Health Service Development Group (OHSDG)

- The priority for the OHSDG has been re-establishing the dental services that ceased during level 3 and 4 lockdowns including catch-up appointments for people whose attendance at community and hospital dental services was delayed. The period of lockdown also impacted private dental practices; the subsequent increase in demand for adult services has raised concerns about possible impacts on access for adolescents. Improving Youth access to services is a priority area of improvement for the OHSDSG.
- Work has commenced on the Oral Health Patient Pathway with a focus on how children access oral health services within our system and how adults access emergency dental services. Two workshops have been held; the first mapping the current flow of people through the services, and the second looking at what issues, challenge, barriers to access exist and opportunities for system wide improvement. A third workshop will be held in December, to agree recommended ways to improve the overall flow of people through the services. Ahead of the third workshops the Health Equity Assessment Tool will be applied to identify ways to improve equity of access and outcomes through the process
- Hector Matthews attended a Dental Association branch meeting and presented on cultural awareness.

Pharmacy Service Level Alliance (PSLA)

- Completion of the Enhanced Opioid Substitution Therapy (OST) project in September 2020 that demonstrated benefits for clinicians and clients from using an electronic prescribing solution to provide an enhanced OST service. Agreement was also reached on progressing a Canterbury-wide roll-out of the project between October 2020 to June 2021.
- Three pharmacists have been funded by the Canterbury Community Pharmacy Group (CCPG) to receive training on the Meihana model. Feedback from the attendees will be used to revise this training with the expectation that a pharmacy specific training programme will be developed and rolled out across Canterbury. This will assist with increasing pharmacists' cultural competency and improve access for the vulnerable population to the health care provided by pharmacists.
- In Q2 the polypharmacy work group will meet to consider the PHOs response to the work to get equitable access to general practice audit of people on multiple medications and review the future priorities of the work group for 2021.

Population Health and Access Service Level Alliance (PHASLA)

- An update from PHOs and CCPG on their approach to health promotion and services to improve access. This will inform further discussions on across Canterbury work in these areas.
- Eline Thompson presented progress on the research project on 'Access to primary health care for people with poor access.' The overall objective is to improve the group's understanding of people who are unenrolled or tenuously enrolled with a general practice team. This work has been delayed due to COVID-19.
- Endorsement of the Tobacco Control Plan for 2020-21. This Plan brings together Tobacco Control activity across Canterbury and supports delivery against the Tobacco Control Agreement between the Ministry of Health and the Canterbury DHB.
- A draft reset of the co design was tabled with a number of Māori leadership groups. The feedback received was used to inform the development of a final draft tabled with the Te Tiriti and Equity group 9 October. This reset of the co design will guide how the SLAs work on Healthy Lifestyles (Supporting people whānau to manage their own health and Wellbeing) occurs.

Rural Health Workstream (RHWS)

While progress has been made in the following areas work on a revised approach to rural subsidies and workforce analysis has been delayed. Both pieces of work will be tabled with the RHWS in December.

- The CCN Technology-enhanced Education Working Group met to develop a guideline to education providers due Q2 on improving remote access to education.
- Jaana Kahu continues to support kōrero with the group on the role of Manawhenua Ki Waitaha (MWKW) and further understanding our commitment to Te Tiriti o Waitangi. Given the health disparities between Māori and non-Māori, the next steps for RHWS are to establish/maintain relationships across the hapū (listen, then act) and to identify the key rural Māori population issues to progress across Waitaha.
- Sian Sunckell (Youth Perspective, St John) presented her literature review entitled 'Telehealth: Overcoming Barriers for Rural Healthcare' completed as part of her nursing degree. This highlighted access to specialist services is often limited, provided examples of addressing Māori inequity through telemonitoring equipment; and barriers of up-to-date, reliable equipment and internet stability. The full paper can be accessed here.
- Advocacy to Otago and Auckland universities for a 12-week Rural Trainee Intern Programme in New Zealand as an alternative to international intern programmes. This was well received and will start early 2021 and comprise of three – four weeks in a Rural Community Hospital, three weeks in the Mobile Health Bus, and three weeks in a rural general practice to support the growth of rural workforce.

System Outcome Steering Group

The identification of a facilitator for the SOSG in October has supported work of this group to progress, including responding to the Ministry's requirements around reporting and the development of the 2020-21 System Level Measures Improvement Plan.

Urgent Care Service Level Alliance

- Work has begun on decreasing the number of frail elderly patients presenting to ED. At the SLA meeting 10 November an update will be provided on the pilot underway involving the 24-Hour Surgery and ARC facilities. This pilot aims to redirect appropriate ARC residents' patients from ED.
- Work is continuing on increasing visibility of St John and Home Care Medical data. Gaining regular updates will provide the SLA with a more comprehensive picture of urgent care provision across the system.
- A meeting between each of the urgent care facilities and St John in September discussed opportunities to increase the rate of transport to non-ED destinations. Since 2017 the average rate for Canterbury has been 2.4%, the highest rate in the country is 4%. The group is meeting monthly to continue identifying where improvements could be made with and the SLA continuing to monitor transportation data closely.
- Total occupied bed days - acute admissions was slightly higher this quarter than last seeing 69,329 compared to 55,343 last quarter. We also saw a large increase in occupied bed days for Māori with 7,125 this quarter compared to 4,444 last quarter.
- A change in membership on the SLA from Planning and Funding staff impacted the access to data and the ability of the group to progress some objectives in Q1. An analyst has been identified and will attend the November meeting.to discuss data requirements.

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 25 September 2020 Canterbury DHB Disability Steering Group (DSG)

Attendees by Zoom:
Grant Cleland (Chair), Jacqui Lunday Johnstone, Shane McInroe and Dan Cresswell (Meeting Assistant), Dave Nicholl, Sekisipia Tangi, Thomas Callanan, Rāwā Karetai (Zoom), Suia Tuula, Harpreet Kaur, Kathy O'Neill, Kay Boone (Zoom), George Schwass, Paul Barclay, Allison Nichols-Dunsmuir, Simon Templeton, Rose Laing, Joyce Stokell, Catherine Swan, Elyse Gagnon, Lemalu Lepou, Waikura McGregor, Lara Williams (Administrator).
Apologies: Mick O'Donnell, Jane Hughes, Susan Wood
Speaker: Bruce Penny, Maka Ake Facilitator

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant welcomed the group and Grant 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 No conflicts of interest for this meeting. August minutes passed as correct. **Action point:** Action points carried over to be added to register	
		Action points register – completed **Action point:** George will follow up with another transport group for clarification on taxi availability during lockdown. ✓ George met emergency planning group to action single point of contact during emergencies and lockdown. **Action point:** Kathy to Connect Waikura with Nicole for Whanau Ora services. ✓ Waikura and Nicole have each others details **Action point:** Workshop to be scheduled at next face to face meeting to discuss gaps between services and UN Convention ✓ scheduled **Action point:** Terms of Reference. Kathy/Grant to discuss at next meeting. ✓ Completed **Action point:** Feedback to Comms on Deans Ave. ✓ Allison has conveyed to group the 0800 parking number is successfully updated with mobility info, not usable for wheelchairs.	

	Agenda Item	Summary of Discussion	Action/Who
		Action point: Deaf appointments at hospital. ✓Joyce has met with Interpreter with regular meetings to take place.	
		Action points outstanding from July and August **Action point:** Tom to contact Kathy with link to group run by Environment Canterbury. Report back for next meeting. **Action point:** Work plan priority: Kathy/Grant to develop a plan about how progress with these priorities will be monitored. Discuss at upcoming meetings. **Action point:** Kathy to contact Nicole to follow up on social work resources available in the community. Tom also has offered links. **Action point:** 2021 meetings. Two monthly from 2021. Kathy to send working groups and schedule, Lara will send to calendars. 27 November meeting to continue. **Action point:** Updated on AWG. Allison to circulate one page summary to DSG. **Action point:** Latest proof of DAP. Members to give feedback to Kathy asap.	
3.	Presentation – Autism Project – Streamlining the Patient Journey	Bruce Penny presented the interface between health and education. Focus is on what is best for the child/patient. For the system to work well the key is working better at the interface. Feedback given on need for single point of entry. Mana Ake is empowering. Maori community highly represented in autism numbers. Waikura will discuss with Bruce the Australian model of a Hub as a single point of entry. Bringing professionals in to this one hub. Leading Lights offers easier entry as it isn't diagnosis based. Leading Lights is offered in schools to anyone working with children. Key Barriers identified: • Difficulty navigating and getting services. • Getting a diagnosis can be difficult. Solutions: • Better Collaboration between health and education. • Agreement between managers and clinicians. • Improve interfaces between services. • Reliable information about services to families. • Reliable information about who to contact.	**Action point:** ✓ Bruce has contacted Waikura since meeting.

	Agenda Item	Summary of Discussion	Action/Who
4.	Work Plan Priorities How are we monitoring progress. + Identifying what we want from future agendas to support this	Grant/Kathy Action list from Covid has been kept on work plan. First step is to consult with Heads about priorities. Grant/Kathy will complete template with each person's responsibilities over next 12 months. Agreed timelines either quarterly or 6 months to keep momentum going. Template to include all involved to identify gaps.	**Action point:** Kathy to prepare Work Plan template
5.	Articles of UN Convention and Assessment of CDHB against the Articles. Planning for Workshop scheduled for October meeting	Allison will provide articles for reading before October 23rd workshop. Four groups, each will get even time to look through. The full DSG group will look at the Health section.	**Action point:** Allison to provide articles to Lara to send with September minutes
6.	Presentation – Newly Developed Interpreter Guidelines	Ester and Jules from Population Service Level Alliance Best Practice Guidelines for Interpreter Services. Written to provide guidelines in providing an equitable service to all including urban and rural. *Discussion on first point, age limit.* Pasifika members noted that all family members are important including those under 17 years of age. All agreed that using family under 17 years of age can carry some risk and needs to be used appropriately. Sometimes this is appropriate and other times not. The key is family members are not pressured by staff to interpret, when they do this is effective and that interpreting services are offered rather than just relying on family members. Notes from Ministry of Health "not use minors aged 17 years or younger" as this is age discrimination. However, to get around this, you have mentioned qualified interpreters. I would also advise that we should not use "Communicators" - Communicators are not as skilled as qualified interpreter. A professional qualified interpreter has to do three years study. https://www.odi.govt.nz/nzsl/tools-and-resources/how-do-i-know-if-a-nzsl-interpreter-is-professionally-competent/ Examples given of administrators, students and staff within the hospital being called in on consultations and clinical interpretation. Using interpreters enables privacy for all. Feedback given for notes to be included on front of folder that interpreter is needed. This is for all consultations and rounds, as well as acute consultations.	**Action point:** Joyce to contact Ester with feedback. Guidelines circulated to DSG To be on agenda for 27 November meeting

	Agenda Item	Summary of Discussion	Action/Who
		Allison asked for the guidelines to be endorsed as a CDHB official document. This would need to be supported by a department. Jacqui confirmed she would be happy to endorse.	
7.	Update on Accessibility Working Group	Allison provided update. Audit of outpatients buildings has taken place. Lessons learned on toilets. Setting up specifications to prevent these things happening again.	**Action point:** Allison to circulate one page update for next meeting
8.	Accessible Information Training Scheduled 5 November 2020	Anne Hawker from MSD will be meeting with and providing training for this group on the 5th of November. This will focus on the Accessibility Charter.	**Action point:** Kathy to check with Anne if Rāwā is needed for this Workshop
9.	Any other business	Proposed meeting schedule to move to 2 monthly agreed. Dates: 23 Oct, 27 Nov 2020, 22 Jan, 26 March, 22 May 2021 Pacific Providers have formalised with other services, Pegasus, CPH, to discuss ways of looking after each others client base to enhance support for families. Vaka Tautua now have Regional Managers. Pacific Radio in broadcasting in pacific languages. Harpreet updated that community organisations have held Zoom meetings to build more collaboration between services.	**Action point**
10.	Anything that's different in a disabled person's life since we last met.	Shane reported that some people with learning disability using masks on public transport have been feeling anxious when other bus users are reluctant to wear masks. Also there needs to be better education when people with learning disability aren't able to use masks, so they don't get criticised by other bus users. Rāwā showed on Zoom the sign available "I am exempt from wearing a face covering". Rāwā also confirmed MOH is working with media on disabled issues coverage. Good news on mobility parking at child health. 3 carparks reinstated - important info had been taken off letters. An example of groups working together. There was discussion around whether the 23rd October 2020 – UN Convention Workshop should be postponed due to Labour Weekend. Lara will contact DSG members to see who can attend, and if the majority can still attend then we will proceed with this workshop.	
	Next Meeting	23rd October 2020 – UN Convention Workshop	

Canterbury District Health Board Te Poari Hauora o Waitaha	Minutes – 23 October 2020 Canterbury DHB Disability Steering Group (DSG)

Attendees by Zoom:
Grant Cleland (Chair), Shane McInroe and Dan Cresswell (Meeting Assistant), Rāwā Karetai (Zoom), Suia Tuula, Harpreet Kaur, Kathy O'Neill, Kay Boone, Allison Nichols-Dunsmuir, Simon Templeton, Joyce Stokell, Catherine Swan, Elyse Gagnon, Dave Nicholl, Lemalu Lepou Suia Tuula, Waikura McGregor, Jane Hughes, Lara Williams (Administrator).
Apologies: Jacqui Lunday Johnstone, Mick O'Donnell, Rose Laing, Sekisipia Tangi, Paul Barclay, Thomas Callanan, George Schwass, Susan Wood
Speaker: None

	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Grant 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 No conflicts of interest for this meeting. September minutes to be passed at November meeting.	
		Action points register – completed **Action point:** Autism Project ✓ Bruce has contacted Waikura since September meeting **Action point:** ✓2021 dates have been sent **Action point:** ✓ Joyce has contacted Ester with interpreter guidelines feedback **Action point:** ✓ UN Convention - Allison to circulate articles to DSG before Nov meeting	
		Action points register - outstanding **Action point:** Work plan: Kathy/Grant to develop a workplan template and circulate for November meeting. **Action point:**	

	Agenda Item	Summary of Discussion	Action/Who
		Transport discussion in August meeting. Tom to contact Kathy with link to group run by Environment Canterbury. Report back for next meeting. **Action point:** July meeting. Kathy to contact Nicole to follow up on social work resources available in the community. Tom also has offered links. **Action point:** Interpreter guidelines. Include on agenda for November meeting. **Action point:** Kathy to check with Anne if Rāwā is needed for Nov 5th DSAC meeting. **Action point:** Allison to circulate 'one pager' developed by Accessibility Charter Working Group describing their work authorised by EMT **Action point:** September minutes to be passed at November meeting.	
3.	Articles of UN Convention and Assessment of CDHB against the Articles. Workshop discussion	Allison scribed key discussion points. Summary – barriers to access, rural access, hearing impaired access. Right to live independently, equipment, technology including low rate of internet access at home. Access for women, healthy relationships, networking for GPs on disability education, challenges of disability awareness in the CDHB clinical settings.	**Action point:** Allison to circulate discussion points Future agenda item on P&C disability awareness work
4.	Update on Accessibility Working Group	Not discussed.	
5.	Any other business	Not discussed.	
6.	Anything that's different in a disabled person's life since we last met.	Not discussed.	
	Next Meeting	27 November at 32 Oxford Terrace Room 2.1. 11-1pm.	

Canterbury District Health Board
Te Poari Hauora o Waitaha

Minutes – 27 November 2020
Canterbury DHB Disability Steering Group (DSG)

Attendees:
Grant Cleland (Chair), Shane McInroe, Dan Cresswell (Meeting Assistant), Rāwā Karetai (Zoom), Harpreet Kaur, Kathy O'Neill, Allison Nichols-Dunsmuir, Joyce Stokell, Catherine Swan, Dave Nicholl, Lemalu Lepou Suia Tuula, Jane Hughes, Rose Laing, Paul Barclay, Thomas Callanan

Apologies: Jacqui Lunday Johnstone, Mick O'Donnell, Sekisipia Tangi, George Schwass, Susan Wood, Kay Boone, Simon Templeton, Elyse Gagnon, Waikura McGregor

Also In Attendance: Faye Tiffin (minutes), Two Interpreters
Speaker: Irihāpeti Mahuika

Item	Action	Responsibility	Due
1.	Contact Carina Duke and ask if they can have both a CDHB and DSG representative attend the Greater Christchurch Disability Reference Group meetings. And also obtain a schedule of their meetings.	Tom Callanan	22/01/2021
2.	Highlighted individuals to create some simple, measurable actions that be completed within 6 months for the Action Plan Template.	All	22/01/2021
3.	Check if there is a CDHB-wide review of the COVID-19 response with an equity lens and that incorporates the DSG Paper. If not check if other reviews (DSG and Irihāpeti's review) can be incorporated.	Kathy O'Neill	22/01/2021
4.	Forward the DSG Covid 19 Paper to Irihāpeti.	Kathy O'Neill	22/01/2021
4.	Ask Waikura McGregor if she is available to attend 11th December meeting with Irihāpeti.	Kathy O'Neill	11/12/2021
5.	Follow up with Jules regarding Interpreter Guidelines document, to see if linked to CDHB policy.	Kathy O'Neill	22/01/2021
6.	Send Joyce Stokell the minutes from the meeting where Interpreter Guidelines were discussed.	Grant Cleland	22/01/2021
7.	Progress report to group on draft of UN Convention.	Allison Nichols-Dunsmuir	26/03/2021
8.	Email out the draft paper on Physical Access to the group.	Allison Nichols-Dunsmuir/Kathy O'Neill	22/01/2021
9.	Organise a DSG tour of Waipapa Building in the new year. Preferably a Friday 11am – 1pm on a non-meeting day.	Dave Nicholl	22/01/2021
10.	To meet with John Wilkinson (Decision Support) to discuss SI PICS and Disability data capture.	Dave Nicholl/ Kathy O'Neill/ Allison Nichols-Dunsmuir	22/01/2021
11.	Write report on progress of DSG's COVID-19 Response recommendations and circulate to group members.	Kathy O'Neill	24/12/2020
12.	Review DSG meetings to date and provide thoughts/feedback at January 2021 meeting.	All	22/01/2021

	Agenda Item	Summary of Discussion
1.	Karakia Timatanga	Grant welcomed the group and provided a karakia. Group break for morning tea.
2.	Conflicts of Interest	To be added for Rāwā Karetai: • International Initiative for Disabled Leadership.
3.	Apologies/October Meeting Minutes & Actions	Apologies were given. The minutes from the October meeting were approved. Review of Actions from October meeting: **Action point:** ✓ Allison circulated discussion points on Articles of UN Convention. **Action point:** ✓ Future agenda item on P&C disability awareness work. **Additional Action point:** ✓ Tom followed up with Carina Duke (chair) and shared information with group on the Greater Christchurch Disability Reference Group. • Tom to go back to Carina and ask if they can have both a CDHB and DSG representative attend the Greater Christchurch Disability Reference Group meetings. Also obtain a schedule of their meetings. • Suggestion: Would be helpful to have a map/list of all the various Disability groups in Christchurch.
4.	Template for Monitoring the Action Plan	Discussion on the proposed Template for Monitoring the Action Plan. Based on the 2020/21 Action Plan, Kathy has added some accessible information measures. Individuals from the group have been listed against each of the actions/measures, and are now tasked with identifying some simple, measurable actions that can be completed within 6 months. • P&C have already identified their actions. • Members to modify/edit the wording for the priority actions, by the 15th of January for the 22 January DSG Meeting.
5.	COVID-19 Response: Equity Review	The group welcomed Irihāpeti Manuika, Director of Hauora Māori and Equity at Pegasus Health *Kāi Tahu, Kāti Māhaki ki Te Tai Poutini*, to discuss her July paper: **A Review of Canterbury's COVID-19 Response with an Equity Lens.** Irihāpeti provided the group with a bit of background to her COVID-19 Response Equity Review. Working in primary care she noticed during lockdown that the COVID-19 Response wasn't incorporating the stated values around equity. The Review centres on key themes. • Moving forward: Now looking to focus on what can be done differently for next emergency response. Also focusing on developing TeleHealth, as received good feedback on this during lockdown.

	Agenda Item	Summary of Discussion
		• 11th December: Irihāpeti meeting with public-facing communications to discuss incorporating equity lens. Kathy to ask Waikura McGregor if she would like to attend as DSG representative. DSG have developed their own Review on the COVID-19 Response with an equity lens, and discussed this with Irihāpeti, including their recommendations: - SPOE, contact points, a Disability response strategy etc. Kathy to check if there is a CDHB-wide review of the COVID-19 response with an equity lens and that incorporates the DSG Paper. If not check if other reviews (DSG and Irihāpeti's review) can be incorporated. Allison also has a list of other groups which have COVID Response reviews. Group consensus that the reviews/recommendations now need to be reaching the key policy/decision-makers to effect any change. Group feedback: • TeleHealth: Ensure text is also an available option – as some users can't use the phone/video call option. • Suggest feeding back to Pegasus on incorporating more of a Disability lens in their equity policies and education development. • Focus: Who will be impacted in the long-term?
6.	Interpreter Guideline – developed by Population Health SLA	Group discussion on the newly developed Interpreter Guideline, which was developed by Population Health SLA. Feedback: • Need to examine relationship between this document and CDHB's interpreter policies, to make sure on same page. • Kathy suggested that this document should be referenced in the CDHB policy if possible. Will follow up with Jules to see if these are linked. • Grant to send Joyce the minutes from the meeting where the Interpreter Guidelines were discussed.
7.	Draft of UN Convention feedback	Allison provided the group with some feedback and update on the articles for the draft UN Convention. Not all of the articles were covered at the last meeting, so there will likely be another meeting to discuss the remaining seven. She thinks some of the articles require discussion with P&C. • Progress report due at 26th March DSG meeting. • DSG members will determine some measures and priority actions to inform this piece of work.
8.	Update on Accessible Information Charter	Group congratulations to Kathy O'Neill on the passing of the Accessible Information Charter by both the Advisory Committee and the Board. The Accessible Information Working Group will meet next on Thursday 3rd December to now develop an Action Plan.

	Agenda Item	Summary of Discussion
9.	Update on Physical Access paper	Group discussion of Allison's draft paper on Physical Access, which has now been signed off by the Leadership Team. Grant read the template/draft paper to the group (also to be emailed out). Group to read and send any feedback to Allison directly. Allison trying to get MoH buy-in, as this could be a helpful tool/investment for them to incorporate in their decision to fund new buildings. Group discussed the new Waipapa Building. Feedback is still being collated on the function of the building for another 6 months. Group expressed interest in touring the new building in order to provide their feedback - Dave Nicholl to organise.
10.	Report back on other meetings	• DSAC: Productive meeting with Māori/Pasifika forum. Received great feedback. This group expressed interest in developing a shared workspace with DSAC and want to meet again in the new year. • DSAC: A lot of new membership this year. Noted the positive feedback from members of other groups and successful raising/awareness of issues. • Combined CPHAC/DSAC meetings: disability issues regularly on agenda and receiving good visibility.
10.	Disability Data Capture	Brief discussion over lack of Disability data capture in CDHB information systems. Ministry of Health currently seeking feedback on Health and Disability Services Standards Review (due 13 January 2021). • Dave, Kathy and Allison to meet with John Wilkinson (Decision Support) to discuss SI PICS and Disability data capture.
11.	COVID-19 Response Review – Update on recommendations	Before the Christmas break, Kathy will go through DSG's Review of COVID-19 Response paper and will write a report on progress of recommendations to date. This will be circulated to DSG members.
12.	DSG Meeting Times	Clarification that DSG meetings in 2021 will be every two months. There are currently no further meetings scheduled in between these dates, however, further meetings may be scheduled on a case-by case basis as and when needed – e.g. if workgroup needed to focus on measure/tasks of the Action Plan. Clarification that Dan Cresswell's official title is Meeting Assistant. If required, minutes and meeting notes to be corrected accordingly. Over the Christmas/New Year break, members are being tasked with reviewing the DSG to date and to be prepared to feedback to group in January meeting: • What can we do to improve? • Anything else that would like to see done differently?
	Next Meetings	22 January 2021, 26 March 2021, 22 May 2021.

Meeting close at 1pm.

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