

AGENDA

**COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
MEETING**

**To be held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
Thursday, 9 May 2019 commencing at 9:00am**

	Apologies		9.00am
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 7 March 2019		
3.	Carried Forward / Action List Items		
4.	Planning & Funding Update Report	Carolyn Gullery	9.05-9.15am
5.	Community & Public Health Update Report	Evon Currie	9.15-9.25am
6.	AllRight? - Presentation	Sue Turner	9.25-9.45am
7.	Public Health Clinical Network - Presentation	Evon Currie	9.45-10.05am
8.	South Island Public Health Partnership – Presentation	Ramon Pink	10.05-10.25am
9.	Ko Awatea Transgender Health Working Group - Presentation		10.25-10.45am
MORNING TEA			10.45-11.00am
10.	Canterbury Accessibility Charter – Accessibility Charter Working Group	Allison Nichols-Dunsmuir	11.00-11.15am
11.	Equally Well Programme Update	Jacqui Lunday Johnstone	11.15-11.30am
ESTIMATED FINISH TIME			11.30am
	Information Items <ul style="list-style-type: none"> • CPH&DSAC Terms of Reference – amended by Board 21 March 2019 • Process for the Review of CDHB Background Papers and Position Statements • Food Resilience Network • Rural Health Promotion 		

AGENDA



	<ul style="list-style-type: none">• Disability Steering Group Minutes – Feb 2019• 2019 Workplan		
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NEXT MEETING: Thursday, 4 July 2019 at 9.00am

ATTENDANCE**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**COMMUNITY AND PUBLIC HEALTH
ADVISORY COMMITTEE**

Dr Anna Crighton (Chair)
 David Morrell (Deputy Chair)
 Sally Buck
 Tracey Chambers
 Jo Kane
 Chris Mene
 Wendy Dallas-Katoa
 Rochelle Faimalo
 Dr Susan Foster-Cohen
 Yvonne Palmer
 Dr John Wood (ex-officio)
 Ta Mark Solomon (ex-officio)

**DISABILITY SUPPORT
ADVISORY COMMITTEE**

Tracey Chambers (Chair)
 Chris Mene (Deputy Chair)
 Sally Buck
 Dr Anna Crighton
 Tom Callanan
 Dr Olive Webb
 Hans Wouters
 Dr John Wood (ex-officio)
 Ta Mark Solomon (ex-officio)

Executive Support

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

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

COMMITTEE ATTENDANCE SCHEDULE 2019**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

NAME	07/03/19	09/05/19	04/07/19	29/08/19	31/10/19
Dr Anna Crighton (Chair, CPHAC)	√				
Tracey Chambers (Chair, DSAC)	√				
David Morrell (Deputy Chair, CPHAC)	#				
Chris Mene (Deputy Chair, DSAC)	√				
Sally Buck	√				
Jo Kane	√				
Tom Callanan	√				
Wendy Dallas-Katoa	√				
Rochelle Faimolo	#				
Dr Susan Foster Cohen	#				
Yvonne Palmer	#				
Dr Olive Webb	√				
Hans Wouters	√				
Dr John Wood (ex-officio)	√				
Ta Mark Solomon (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 o Waitaha

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

<p>Dr Anna Crichton Chair - CPHAC Board Member</p>	<p>Christchurch Heritage Limited - Chair - Governance of Christchurch Heritage</p> <p>Christchurch Heritage Trust – Chair - Governance of Christchurch Heritage</p> <p>Heritage New Zealand – Honorary Life Member</p> <p>CDHB owns buildings that may be considered to have historical significance.</p>
<p>Tracey Chambers Chair - DSAC Board Member</p>	<p>Chambers Limited – Director Chambers Limited has clients and former clients that may mean a conflict or potential conflict arises. These will be discussed at the appropriate time if they arise.</p> <p>Rata Foundation – Trustee Rātā Foundation, formerly The Canterbury Community Trust, was established in 1988 and is one of New Zealand’s largest philanthropic organisations. The Foundation holds in trust for Canterbury, Nelson, Marlborough and the Chatham Islands an endowment, or putea, of over half a billion dollars. Investment returns on their capital base enables them to make millions of dollars in grants each year to community organisations across their funding region.</p>
<p>David Morrell Deputy Chair - CPHAC Board Member</p>	<p>British Honorary Consul Interest relates to supporting British nationals and relatives who may be hospitalised arising from injury related accidents, or use other services of CDHB, including Mental Health Services. A conflict of interest may also arise from time to time in respect to Coroners’ inquest hearings involving British nationals. In addition, the British Foreign and Commonwealth Office (FCO) may expect Honorary Consuls to become involved in trade initiatives from time to time.</p> <p>Canon Emeritus - Christchurch Cathedral The Cathedral congregation runs a food programme in association with CDHB staff.</p> <p>Friends of the Chapel - Member</p> <p>Great Christchurch Buildings Trust – Trustee The Trust seeks the restoration of key Christchurch heritage buildings, particularly Christchurch Cathedral, and is also involved in facilitating the building of social housing.</p> <p>Heritage NZ – Subscribing Member Heritage NZ’s mission is to promote the identification, protection, preservation and conservation of the cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns</p>

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

	<p>RANZCOG – Cultural Advisor, He Hono (Wahine Maori Collective of Obstetrics and Gynaecologists)</p> <p>Te Kahui o Papaki ka Tai – Mana Whenua Representative (Cultural Advisor) Maori Advisory Group to Pegasus Health/PHO</p> <p>Victoria University – Women’s Health Representative</p>
Rochelle Faimalo	<p>Hurunui District Council – Community Team Leader</p> <p>Canterbury Youth Workers Collective – Committee Member</p>
Dr Susan Foster-Cohen	<p>Director Champion Centre Receives funding from both the MoH and CDHB.</p> <p>Dyspraxia Support Group – Patron Parent Support Group for families/children with dyspraxia.</p> <p>Early Intervention Association of Aotearoa New Zealand – Chair Professional association that aims to support early intervention professionals through professional development and information sharing. Has representation on ECAC and Early Childhood Federation.</p> <p>New Zealand Institute of Language Brain and Behaviour – Member Researcher with NZILBB through Champion Centre partnership.</p> <p>New Zealand Speech Therapy Association – Associate Member Professional body for Speech and Language therapists.</p> <p>University of Canterbury – Adjunct Associate Professor Researcher and graduate student supervisor in Linguistics and in Communication Disorders. (Lecturer on short term contracts as needed.)</p>
Jo Kane Board Member	<p>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.</p> <p>HurriKane Consulting – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised.</p> <p>Latimer Community Housing Trust – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community.</p> <p>NZ Royal Humane Society – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.</p>
Yvonne Palmer	<p>Age Concern Canterbury – Project Coordinator Staff member responsible for education courses and events.</p> <p>Canterbury Community Justice Panels – Facilitator/Panel Member/ Member Steering Group</p>

	<p>Canterbury Justice of the Peace Association Incorporated – Elected Councillor</p> <p>Safer Waimakariri Advisory Group – Member</p> <p>Styx Living Laboratory Charitable Trust – Trustee</p>
<p>Ta Mark Solomon Ex Officio–CPH&DSAC Deputy Chair – CDHB</p>	<p>Claims Resolution Consultation – Senior Maori Leaders Group – Member This is an Advisory Board to MSD looking at the claims process of those held under State care.</p> <p>Deep South NSC (National Science Challenge) Governance Board – Member The objective of Deep South NSC is set by Cabinet, and is to understand the role of the Antarctic and Southern Ocean in determining our climate and our future environment. Building on this objective, the mission was developed to guide our vision, research priorities and activities.</p> <p>Governance Board (General Partnership Limited) Te Putahitanga o Te Waipounamu – Board Member Te Putahitanga o Te Waipounamu is a commissioning entity that works on behalf of the iwi in the South Island to support and enable whanau to create sustained social impact by developing and investing in ideas and initiatives to improve outcomes for Māori, underpinned by whānau-centred principles and strategies, these include emergency preparedness and disaster recovery. Te Pūtahitanga o Te Waipounamu also invests in Navigator roles to support and build whānau capability.</p> <p>Greater Christchurch Partnership Group – Member This is a central partnership set up to coordinate our city's approach to key issues. It provides a strong, joined up way of working and ensures agencies are travelling in the same direction (so they do not duplicate or negate each other's work).</p> <p>He Toki ki te Rika / ki te Mahi – Patron He Toki ki te Rika is the next evolution of Māori Trade Training re-established after the earthquakes to ensure Maori people can play a distinguished role in the Canterbury rebuild. The scheme aims to grow the next generation of Māori leadership in trades by building Māori capability in the building and infrastructure industries in Canterbury.</p> <p>Liquid Media Operations Limited – Shareholder Liquid Media is a start-up company which has a water/sewage treatment technology.</p> <p>Maori Carbon Foundation Limited – Chairman The Maori Carbon Foundation has been established to deliver environmental, social and economic benefits through the planting of permanent carbon forestry, to Maori and New Zealand landowners throughout the country.</p> <p>Ngāti Ruanui Holdings – Director Ngati Ruanui Holdings is the Investment and Economic Development Arm of Ngati Ruanui established to maximise profits in accordance with Te Runanga directions in Taranaki.</p>

	<p>NZCF Carbon Planting Advisory Limited – Director NZCF Carbon Planting Advisory Limited is a company that carries out the obligations in respect of planting and upskilling relating to the Maori Carbon Foundation Limited.</p> <p>Oaro M Incorporation – Member ‘Oaro M’ Incorporation was established in 1968. Over the past 46 years successive Boards have managed and maintained the whenua, located at ‘Oaro M’, Kaikōura, on behalf of its shareholders. Over time shareholders have requested the Board consider establishing an education grant in order to assist whānau with their educational aspirations.</p> <p>Police Commissioners Māori Focus Forum – Member The Commissioner of Police has a group of senior kaumatua and kuia who meet with him regularly to discuss issues of mutual interest and concern. Known as the Commissioner's Māori Focus Forum, the group helps guide policing strategy in regard to Māori and provides advice on issues of the moment. The Māori Focus Forum developed The Turning of the Tide with help from Police. The forum plays a governance role and helps oversee the strategy's implementation.</p> <p>Pure Advantage – Trustee Pure Advantage is comprised of business leaders who believe the private sector has an important role to play in creating a greener, wealthier New Zealand. It is a not-for-profit organisation that investigates and promotes opportunities for green growth.</p> <p>QuakeCoRE – Board Member QuakeCoRE is transforming the earthquake resilience of communities and societies through innovative world-class research, human capability development, and deep national and international collaborations. They are a Centre of Research Excellence (CoRE) funded by the New Zealand Tertiary Education Commission.</p> <p>Rangitane Holdings Limited & Rangitane Investments Limited - Chair The Rangitāne Group has these two commercial entities which serve to develop the commercial potential of Rangitāne’s settlement assets. A Board of Directors oversee the governance of the commercial entities, and are responsible for managing Crown lease properties and exploring commercial development opportunities to support the delivery of benefits to Rangitāne members.</p> <p>SEED NZ Charitable Trust – Chair and Trustee SEED is a company that works with community groups developing strategic plans.</p> <p>Sustainable Seas NSC (National Science Challenge) Governance Board – Member This is an independent Board that reports to the NIWA Board and operates under the Terms and Conditions specified in the Challenge Collaborative Agreement. The Board is responsible for appointing the Director, Science Leadership Team, Kāhui Māori, and Stakeholder Panel for projects within the Sustainable Seas NSC. The Board is also responsible for approving projects within the Research and Business Plan and for allocating funding.</p>
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	<p>Te Ohu Kai Moana – Director Te Ohu Kai Moana is an organisation that works to advance Maori interests in the marine environment, including customary commercial fisheries, aquaculture and providing policy and fisheries management advice and recommendations to iwi and the wider Maori community.</p> <p>Te Waka o Maui – Independent Representative Te Waka o Maui is a Post Settlement Governance Entity.</p> <p>Interim Te Ropu – Member An Interim Ropu has been established to work in partnership with the Crown, Ministers, and the joint venture to help develop and shape initial work on a national strategy to prevent and reduce family violence, sexual violence and violence within whānau. The interim Te Rōpū has been appointed by the Minister of Māori Development and the Lead Minister in consultation with the Minister of Māori/Crown Relations. It comprises up to ten members who bring appropriate skills and expertise and who can reflect communities, rangatahi and whānau, urban and regional Māori and wāhine Māori. The group will help inform the terms of reference of the permanent Te Rōpū, with advice due by April 2019.</p>
Dr Olive Webb	<p>Canterbury Plains Water Trust – Trustee Greater Canterbury Forum - Member Private Consulting Business Sometimes works with CDHB patients and services.</p> <p>Frequently involved in legal proceedings alleging breaches of human rights of people with disabilities in Ministry of Health and District Health Board services.</p>
Dr John Wood Ex Officio–CPH&DSAC Chair CDHB	<p>Advisory Board NZ/US Council – Member The New Zealand United States Council was established in 2001. It is a non-partisan organisation, funded by business and the Government, and committed to fostering and developing a strong and mutually beneficial relationship between New Zealand and the United States. The Advisory Board supports the day to day work of the Council by providing strategic and operational advice to both the Executive Board and the Executive Director.</p> <p>Te Arawhiti, Office for Maori Crown Relations Governing Board, Ministry of Justice – Ex-Officio Member Te Arawhiti, Ministry of Justice, are responsible for negotiating the settlement of historical Treaty of Waitangi claims, and the administration of the Marine and Coastal Area (Takutai Moana) Act 2011. They also advise and help claimant groups so they are ready to enter negotiations.</p> <p>Chief Crown Treaty Negotiator for Ngai Tuhoe Settlement negotiated. Deed signed and ratified. Legislation enacted.</p> <p>Chief Crown Treaty Negotiator for Ngati Rangi Settlement negotiated. Deed signed and ratified. Legislation awaiting enactment.</p> <p>Chief Crown Treaty Negotiator, Tongariro National Park Engagement with Iwi collective begins July 2018.</p> <p>Chief Crown Treaty Negotiator for the Whanganui River Settlement negotiated. Deed signed and ratified. Legislation enacted.</p>

	<p>Chief Crown Negotiator & Advisor, Mt Egmont National Park Negotiations High level agreement in principle reached. Aiming for deed of settlement end of 2018.</p> <p>School of Social and Political Sciences, University of Canterbury – Adjunct Professor Teach into graduate and post graduate programmes in political science, trade policy and diplomacy – pro bono appointment.</p> <p>Te Urewera Governance Board –Member The Te Urewera Act replaces the Te Urewera National Parks Act for the governance and management of Te Urewera. The purpose of the Act is to establish and preserve in perpetuity a legal identity and protected status for Te Urewera for its intrinsic worth, its distinctive natural and cultural values, the integrity of those values, and for its national importance. Inaugural term as a Crown appointment, re-appointed as a Ngai Tuhoe nominee.</p> <p>University of Canterbury (UC) Council) – Council Member The University Council is responsible for the governance of UC and the appointment of the Vice-Chancellor. It sets UC's policies and approves degree, financial and capital matters, and monitors their implementation.</p>
Hans Wouters	<p>New Zealand Spinal Trust – Chief Executive Provides support services to patients of the Burwood Spinal Unit during and after admission. NZST receives regular funding from CDHB and MoH as a contribution towards services rendered.</p>

MINUTES

DRAFT
MINUTES OF THE COMMUNITY & PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
held in the Board Room, Level 1, 32 Oxford Terrace, Christchurch
on Thursday, 7 March 2019 commencing at 9.00am

PRESENT

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

APOLOGIES

Apologies for absence were received and accepted from Rochelle Faimalo; Dr Susan Foster-Cohen; David Morrell; and Yvonne Palmer.

Apologies for lateness were received and accepted from Jo Kane (9.07am); Dr Olive Webb (9.10am); and Sally Buck (9.12am).

IN ATTENDANCE

David Meates (Chief Executive); Evon Currie (General Manager, Community & Public Health); Carolyn Gullery (Executive Director, Planning Funding and Decision Support); Jacqui Lunday-Johnstone (Director of Allied Health, Scientific & Technical); Hector Matthews (Executive Director Maori & Pacific Health); Kathy O'Neill (Team Leader, Planning & Funding); Justine White (Executive Director, Finance & Corporate Services); Kay Jenkins (Executive Assistant, Governance Support); and Anna Craw (Board Secretariat).

Item 8

Vivien Daley, CDHB Smokefree Manager, Community & Public Health.

Item 12

Mark Lewis, Head of Talent Leadership and Capability, People & Capability.

Dr Anna Crighton, Chair, CPHAC, chaired the first part of the meeting.

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. MINUTES OF THE PREVIOUS MEETING

Resolution (01/19)

(Moved: Wendy Dallas-Katoa/Seconded: Tom Callanan – carried)

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

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward action list was noted.

4. 2019 DRAFT WORKPLAN

The Committee received the 2019 Workplan, noting that it was a working document.

It was noted that further Project Search updates would be provided in the CDHB Workforce Update reports scheduled for the Committee’s July and October 2019 meetings.

5. MAORI & PACIFIC HEALTH PROGRESS REPORT

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

- Maori children’s oral health, for the first time ever, has crossed the 50% mark for both indicators (enrolment and caries free). This is the result of steady improvement each year for three consecutive years.
- Improvements in Maori women cervical screening rates – now 10% higher than 2016/17.
- Successive improvement trending in Pacific children’s oral health enrolment.
- Encouraging signs in the continuing improvement for Pacific HPV immunisation rates.

Jo Kane joined the meeting at 9.07am.

There was discussion around HPV immunisations and the ongoing shift in perceptions from this being a sexual health issue to one of a preventative vaccination issue. Education is ongoing in this area.

Olive Webb joined the meeting at 9.10am.

Sally Buck joined the meeting at 9.12am.

Discussion took place around the requirement to no-longer have a specific Maori Health Plan. It was noted that this has led to a significant change in what is now required in the DHB’s Annual Plan, with every part of the plan now requiring an equity action, noting that an equity action does not include conversations or counting numbers, but must be an action folded into every element demonstrating an integrated approach.

The background around Maori Health Plans was discussed. History shows frequent pendulum swings between having a separate plan and not. It was noted that neither approach has worked perfectly.

Carolyn Gullery, Executive Director, Planning Funding & Decision Support, advised that a proposal had been made last year to put a long term CDHB Maori Health Strategy in place, with

yearly measures. CCN is considering a similar approach. It was believed that putting effort into this would provide good outcomes.

Resolution (02/19)

(Moved: Chris Mene/Seconded: Ta Mark Solomon – carried)

“That the Committee:

- i. notes the Māori and Pacific Health Progress Report.”

6. DRAFT CDHB PUBLIC HEALTH PLAN 2019-20

Evon Currie, General Manager, Community & Public Health (CPH), presented the report, highlighting that the Plan operated from a South Island perspective, personalised for each individual DHB. Inequity, wellbeing and climate change are well reflected in the Plan.

A Committee member referenced an interview yesterday with a public health expert on Radio NZ. The link for this interview is to be forwarded to Committee members.

There was discussion around links with the business community and the importance of strengthening relationships in this area (eg, Chamber of Commerce). This is to be progressed.

It was requested that emphasis be given under the “Emergency Preparedness” section of the Plan to the expectation that the community will need to be prepared for up to two weeks with no support in the event of an emergency.

There was discussion around resilience and varying ways this can be built. Community resilience was stressed, as was the importance of building it now, as opposed to waiting.

There was a request for additional information on the Food Resilience Network.

There was a request for information on CPH work in rural areas, mainly from an education perspective.

It was noted points raised during today’s discussions will be incorporated into the programme plans for delivery of the Plan.

Resolution (03/19)

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

“The Committee recommends that the Board:

- i. endorses the draft Canterbury DHB Public Health Plan, 2019-20.”

7. COMMUNITY & PUBLIC HEALTH UPDATE REPORT

Ms Currie presented the update.

There was discussion around the All Right? campaign. A business case has been submitted to the Ministry of Health (MoH) requesting a further three years of funding. The success of the campaign locally, nationally and internationally was noted. There was discussion around campaigns having a finite life and ensuring that messaging remains relevant and effective.

Resolution (04/19)

(Moved: Ta Mark Solomon/Seconded: Jo Kane – carried)

“That the Committee:

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

8. TE HA – WAITAHA STOP SMOKING PROGRAMME UPDATE - PRESENTATION

Vivien Daley, CDHB Smokefree Manager, presented an update on the Te Ha – Waitaha Stop Smoking Programme.

Discussion took place around the new challenge of vaping. It was noted that whilst vaping is safer than smoking, it is not completely safe. A “Vaping to Quit” Health Promotion Agency (HPA) campaign will commence in July, with regulations developed by the end of 2019.

The Committee invited Ms Daley to provide a further update to its October 2019 meeting.

9. PLANNING & FUNDING UPDATE REPORT

Kathy O’Neill, Team Leader, Planning & Funding, presented the report.

There was a query around the status of the Greater Christchurch Settlement Pattern Review – Our Space 2018-2048. Ms Currie advised that public hearings have been held and whilst CPH has been involved throughout the process, it took the opportunity to present to the hearing panel to highlight the issues of climate change, wellbeing and equity. CPH has subsequently been requested to put words together around this for consideration.

There was robust discussion on having an overarching disability lens across all DHB work. The Committee noted that it closely monitors the Transalpine Disability Action Plan, which provides a ten year plan with overarching objectives, from which priority actions are identified. It was further noted that the current priority actions are due for review this year, with a refreshed plan scheduled to come before the Committee later in the year. As an aside to this, the Committee requested that without undermining work in this space, a report be provided on the focus on people with disabilities throughout the DHB system and its plans.

Resolution (05/19)

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

“That the Committee:

- i. notes the update on progress to the end of quarter two (Oct-Dec) 2018/19.”

10. INFLUENZA – PHARMAC APPROVALS

Ms O’Neill presented the report. There was no discussion.

Resolution (06/19)

(Moved: Jo Kane/Seconded: Chris Mene – carried)

“That the Committee:

- i. notes a population-wide influenza vaccination campaign is not supported by Pharmac.”

The meeting adjourned for morning tea from 10.55 to 11.16am.

Ms Tracey Chambers, Chair, DSAC, chaired the remainder of the meeting.

11. STEP UP PROGRAMME UPDATE

Ms O'Neill presented the report.

The success of the programme was discussed, noting its flexible and responsible approach. It does not perpetuate dependency, but rather builds confidence, resilience and self-efficacy.

There was a query around general practice participation. Whilst initially this has been Pegasus practices, a Christchurch PHO is now on board, with future practices to join as capacity permits.

The importance of targeting those most in need was discussed. It was acknowledged that there are other programmes that support return to work and it was seen as important that Step Up focused on those most in need of its intensive programme

The Committee noted that the measuring of outcomes will be important. The Ministry of Social Development (MSD), as funder of the programme, will be undertaking an evaluation process and has issued an RFP for an independent evaluation to be conducted. The evaluation will be important in changing expectations.

There was a query around costing out the programme. It is assumed that this will be addressed as part of MSD's evaluation process.

The Committee noted the report.

Jo Kane retired from the meeting at 11.40am.

12. CDHB WORKFORCE UPDATE

Mark Lewis, Head of Talent Leadership and Capability, presented the report.

An update was provided on the Project Search internship programme which was launched at Burwood Hospital on 24 January 2019, including learnings to date and the incorporation of these into improvement processes.

The challenge of gaining sustainable funding was discussed, which will be necessary to enable the programme to operate over the longer term and in multiple organisations, enabling transferable skills to be developed.

Whilst initially focused at school leavers, future internships may be opened to a wider audience. CDHB continues to work with the MSD and the Ministry of Education to ensure maintaining the programme in a sustainable manner.

There was a query around capturing staff feedback on the internship programme. Whilst no structured programme is in place at this time, it is certainly the intent to do so.

Project Search Staff from the United States are expected for a further visit in April 2019.

The Committee noted the report.

INFORMATION ITEMS

- Disability Steering Group Minutes – (Sep/Oct/Dec 2018 and Jan 2019)
- CCN Q2 2018/19
- CPH Six Month Report to MoH

There being no further business the meeting concluded at 11.58am.

Confirmed as a true and correct record:

Dr Anna Crighton
Chair, CPHAC

Date

Tracey Chambers
Chair, DSAC

Date

CARRIED FORWARD/ACTION ITEMS

**COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD / ACTION ITEMS / POSITION STATEMENTS
AS AT 9 MAY 2019**

	DATE	ACTION	REFERRED TO	STATUS
1.	07 Mar 19	Presentation on “Vaping to Quit” Health Promotion Agency (HPA) campaign, launching in July 19	Vivien Daley	31 October 2019 meeting
2.	07 Mar 19	Food Resilience Network	Evon Currie	Today’s agenda – Information Item
3.	07 Mar 19	CPH work in rural areas, from education perspective	Evon Currie	Today’s agenda – Information Item
4.	07 Mar 19	Report on focus on people with disabilities throughout the DHB system and its plans	Evon Currie / Jacque Lunday Johnstone	Report to 29 August 2019 meeting
5.	21 Mar 19 (ex Board)	Options around a Maori Health Plan.	Hector Matthews / Carolyn Gullery	Report to 4 July 2019 meeting

CDHB POSITION STATEMENTS

STATEMENT	DATE ADOPTED	STATUS
Alcohol Position Statement	Jul 2012	
Canterbury Water Management Strategy	Oct 2011	
Fluoridation Position Statement	Jul 2003	Due to be reviewed.
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	

PLANNING AND FUNDING UPDATE REPORT

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

SOURCE: Planning & Funding

DATE: 9 May 2019

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

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 2018/19.

2. RECOMMENDATION

That the Committee:

- i. notes the update on progress to the end of quarter three (Jan-Mar) 2018/19.

3. SUMMARY

The attached quarterly report has been prepared to highlight progress being made against the commitments set out in Canterbury DHB's Annual Plan for 2018/19.

Overall there is good progress across most focus areas. Some services within the DHB have experienced disruption this quarter due to the measles outbreak and the mass casualty event of 15 March 2019. Delays in some areas, related to staff capacity, hospital build delays and confirmation of business cases and proposals for change, are anticipated to be resolved for quarter four unless otherwise stated.

Key Points to Note

- A post-discharge voucher program was trialled over winter to improve readmission rates. An evaluation of the trial has been completed and the results presented to the Urgent Care Service Level Alliance. Although no noticeable reduction in readmission rates could be seen, feedback from clinicians has been positive
- The steering group overseeing implementation of the national Supporting Parents Healthy Children guidelines has completed its review and identified three priority actions.
- Mana Ake now has more than 80 kaimahi (workers) operating in all 219 schools with year 1-8 students across Canterbury.
- Work is ongoing to address immunisation rates in Canterbury. A programme is being developed for practice nurses to have difficult immunisation conversations. This programme will target practices with the highest number of immunisation declines.

4. APPENDICES

Appendix 1: Annual Plan Report Quarter Three

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

Canterbury DHB Annual Plan 2018/19

Delivery of National Priorities & Targets

Status Report Quarter 3

January - March 2019

Status Key:

✓	Completed As Planned
↻	Underway (but not yet completed)
✗	Delayed / At Risk

Mental Health Services

Population Mental Health Services

NZ Health Strategy link - One Team

Status Report for 2018/19

Performance Reporting Link – PP43

Key Actions from the Annual Plan	Milestones	Status	Comment
<p>Continue to invest in the delivery of Brief Intervention Counselling in primary care to provide earlier intervention and therapeutic support to youth and adults.</p> <p>Continue to invest in extended GP consults to support young people aged 13-24 with mental health, alcohol or other drug issues.</p> <p>Continue to invest in the Equally Well programme to promote the physical health of people with mental health conditions.</p>	Q1: Quarterly monitoring of BIC and extended consult access rates by demographic.	✓	Quarterly monitoring of BICs by age, gender and ethnicity in place.
	Q2: Quarterly monitoring of Equally Well programme uptake established.	✗	Funding for Equally Well consults is now allocated to practices on a capitation basis.
	Q3: Opportunities to reduce BIC wait times identified and implemented.	✓	Primary mental health teams have implemented effective triaging with greater clarity regarding eligibility. Training is also occurring to trial embedding mental health expertise into primary care teams.
<p>Invest in the development of a community-based acute residential service to provide alternative options for people experiencing an acute episode of mental health illness.</p>	Q1: Service provider identified.	✓	The new service has been operational from 8 April.
	Q3: Community-based Acute Residential Service operational.	✓	
<p>Complete development of a whole-of-system performance Dashboard highlighting service and outcome performance by demographic.</p> <p>Use the Dashboard to identify opportunities to reduce equity gaps. (EOA)</p>	Q2: Dashboard operational.	↻	Work to identify opportunities for addressing equity gaps was delayed along with the completion of the dashboard due to staff capacity. The dashboard will be ready for presentation during quarter four.
	Q3: Opportunities to reduce equity gaps presented to the CCN Mental Health Workstream.	↻	
<p>Establish a cross-sector Suicide Prevention Governance Committee to support a collective response to suicide prevention.</p> <p>Update the Suicide Prevention Action Plan. Ensure a strong Māori and Pacific voice (as priority groups) in the consultation on the refreshed Action Plan and on the Governance Group. (EOA)</p>	Q1: Suicide Prevention Governance Committee established.	✓	Governance Group established with membership from Ngāi Tahu.
	Q2: Ngāi Tahu representation on the Governance Committee.	✓	A Canterbury DHB suicide action plan is in place with reporting against actions underway. A whole of system suicide prevention plan is still under development. We are awaiting the national suicide prevention plan to be completed to align both documents.
	Q2: Cross-sector consultation undertaken.	✓	
	Q3: Refreshed Action Plan released.	↻	
<p>Review progress in implementing the national Supporting Parents Healthy Children guidelines and confirm priority actions.</p>	Q2: Review completed.	✓	<p>A steering group is overseeing workplan activities for the identified priority actions:</p> <ul style="list-style-type: none"> • identify family/whanau champions • Develop family care plans • Develop workforce training to support family inclusion
	Q3: Priority actions identified.	✓	
<p>Coordinate Inquiry Panel visit to provide opportunities for agencies to be heard.</p> <p>Publish submission and feedback dates to ensure people opportunity to participate.</p>	Q1: Agencies given opportunity to be represented.	✓	<p>There was good engagement with the Inquiry panel in Christchurch. Meetings included clinicians, service users, Māori, families, Canterbury DHB, and Alliance Leaders.</p>
	Q1: DHB actively participates in Mental Health Inquiry and provides feedback to the Panel.	✓	
Key Performance Measures		Result	Comment
>500 Young people (0-19) accessing brief intervention counselling in primary care.		443	<p>The DHB and specialist mental health services continue to work through a number of changes to support a more integrated approach and reduced wait times across the system this includes, strengthening of programmes delivered by NGOs and in primary</p>
>4,500 Adults (20+) accessing brief intervention counselling in primary care.		5,058	
80% of people referred to specialist mental health services are seen within 3 weeks.		73%	
95% of people referred to specialist mental health services are seen within 8 weeks.		92%	

		care with specialist support through consult/liaison.
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Mental Health Improvement Activities

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – PP7

Key Actions from the Annual Plan	Milestones	Status	Comment
Participate in regionally-based learning opportunities and co-design workshops related to seclusion reduction and improving transitions. Complete an evaluation of consumer, Whānau and staff experience of seclusion Support a strong focus on ensuring culturally safe approaches for Māori/Pacific mental health consumers and their whānau.	Q2: Focus groups/interviews of consumers, whānau, and staff to understand their experience.	✓	Consumer/whānau interviews have been completed and further interviews are being arranged in order to gather more information.
	Q3: Thematic evaluation complete and ideas for testing, identified.	✓	Testing of ideas and themes that have come through the evaluation process is now ongoing as part of a continuous improvement programme within specialist mental health services.
	Q3: Ideas tested in the clinical environment and evaluated for effectiveness.	✓	
	Q4: Balancing metrics captured and reported to HQSC– use of seclusion, use of restraint, use of sedatives.		
Develop programme of improvement for youth to adult transitions Improve consistency of discharge planning documentation. Develop tool for auditing wellness / transition plans.	Q2: Project plan for improving youth to adult transitions agreed.	✓	A review has identified the development work required to improve the functionality of the electronic platform which contains our treatment and discharge documents.
	Q3: Discharge plans consistently identified and recorded to support accurate measurement.	↻	
	Q4: Audit tool developed, tested and implemented.		Improving the standardisation of how transition plans are documented remains a key focus and work on defining qualitative criteria is ongoing. We are also working through a process for upgrading guidance for clinicians on effective treatment and discharge planning.
Key Performance Measures		Result	Comment
95% of clients discharged have a transition or wellness plan in place.		78%	The work outlined above will help to improve these rates.
95% of audited files meet accepted good practice.		n/a	Work is ongoing to define the criteria for these audits, which will begin once this is completed.

Addictions Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP8

Key Actions from the Annual Plan	Milestones	Status	Comment
Continue to work through the CCN Mental Health Workstream to support the development of whole of system pathways for people with addiction issues.	Q1: Quarterly monitoring of wait times and ongoing improvements to data collection.	✓	Wait times are monitored quarterly. Dashboard to be presented to Mental Health Workstream in quarter four.
Work with He Waka Tapu to roll out access to their online support service (Whaiora Online) to other service providers, to support people's health and wellbeing and recovery after treatment. (EOA)	Q2: Increase in the number of users accessing Whaiora online.	✓	He Waka Tapu has increased client engagement and are working with other AOD providers to implement Whaiora online for their client.
Investigate options to further develop community-based withdrawal management support.	Q2: Additional community-based withdrawal management support options identified.	↻	The SMHS proposal for change feedback has expanded options to consider. These will be worked through following the release of the MoH response to the national Mental Health Inquiry.
	Q4: Increased community-based withdrawal management capacity available.		
Key Performance Measures		Result	Comment
80% of people referred to specialist addiction services are seen within 3 weeks.		65%	Addiction services are providing immediate access to a range of non-specialist options, including formal and informal peer support. While this is not reflected in treatment services wait times, it provides a meaningful intervention on its own and/or strengthen the individual's readiness for treatment. This data also currently reflects inclusion of people not available for treatment. We are working to clarify this impact on the results.
95% of people referred to specialist addiction services are seen within 8 weeks.		85%	

Mental Health Support in Schools

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP42

Key Actions from the Annual Plan	Milestones	Status	Comment
Support the cross-sector CCN Mana Ake Service Level Alliance to oversee the design and delivery of the initiative in Canterbury. Continue the rollout, focusing the first clusters on school in areas of highest need. (EOA)	Q1: Mana Ake rolled out to 3 more school clusters.	✓	As at April 2019 Mana Ake has more than 80 kaimahi (workers) operating in all 219 schools with students in years 1-8 across Canterbury.
	Q4: Mana Ake rolled out to all eligible primary schools in Canterbury (Year 1-8 children).		
Work in partnership with providers to identify Kaimahi (staff) to support the rollout. Use school rolls to identify optimal allocation of Kaimahi to ensure children and whānau have access to culturally appropriate support. (EOA)	Q4: 80 Mana Ake Kaimahi in place.	✓	
Invest in the development of Leading Lights (web based tool) to clarify support pathways for children and young people and provide schools with reliable, consistent information.	Q2: 10 topics available on the Leading Lights website, to schools with the Mana Ake initiative.	✓	Leading Lights is now available in all schools.
	Q4: Leading Lights available to all primary schools in Canterbury.	✓	
Implement the agreed evaluation approach, focusing on four outcome domains: children, whānau, school and system to inform opportunities for ongoing improvement.	Q1: Evaluation approach agreed.	✓	The DHB has agreed an evaluation approach with the Ministry of Health.
	Q4: Evaluation report on impact of Mana Ake completed.		
Key Performance Measures		Result	Comment
Number of children and families accessing services.		911	590 seen as individuals, 321 in groups to March.
Number of visits to Leading Lights pages.		10,415	1,322 new users to March 2019. 27% of views are from returning visitors.
Positive impact demonstrated across four domains: children, whānau, school and system.		Q4	On track with positive feedback coming from schools.

Primary Care Services

Service Access

[NZHS Link – Closer to Home](#)
[Status Report for 2018/19](#)
[Performance Reporting Link – PP22](#)

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Through the Primary Care Under 13's Working Group, complete the review of the current model for Zero Fees for children under 13 years.</p> <p>Analyse after-hours access patterns to ensure free after-hours provision accounts for geographic and demographic factors that are potential barriers to access. (EOA)</p> <p>Agree with PHOs the access and funding arrangements for extending zero fees for children from under 13 to children under 14 from 1 December.</p> <p>Work with PHOs, to keep general practice informed about the details of the community services card policy as they are released, and identify processes that will lead practice to choose to offer reduced consultation fees.</p> <p>Work with the three Canterbury PHOs to ensure practices update their public websites showing details of their zero-fee arrangements.</p>	Q2: Consultation and review completed.	✓	<p>Canterbury has 100% uptake of zero fees from Canterbury general practices. This covers approximately 95% of the Canterbury 0-14 population at current enrolment rates.</p>
	Q2: Proposed new model communicated and agreed with general Practice.	✓	
	Q2-Q3: Implementation of zero fees model for children <14 (both in and after- hours).	✓	
	Q4: General practice websites are confirmed as updated.		
	Q4: Monitor access patterns for all under 14s in-hours and after-hours.		
	Q4: 95% of children <14 have zero fee access to general practice services and prescriptions.	✓	

System Integration

[NZHS Link – Closer to Home](#)
[Status Report for 2018/19](#)
[Performance Reporting Link – PP22](#)

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to invest in the CCN District Alliance as a mechanism for leading service and system improvements.</p> <p>Monitor system performance against Canterbury's Outcomes Framework and the national System Level Measures to identify areas for improvement and focus.</p> <p>Embed the four new service level alliances: Primary Care Capability, Population Health & Access, Oral Health and Mana Ake. (EOA)</p> <p>Extend Alliance partnerships, with a focus on engaging with ACC.</p>	Q1: Work plans for four new alliance groups endorsed by the Leadership Team.	✓	<p>Work plans for the Primary Care Capability, the Population Health & Access SLA and the Oral Health Service Development Group were endorsed by the Alliance Leadership Team in quarter two.</p>
	Q2: ACC endorsed as members of at least two alliance groups.	✓	
	Q4: Delivery of the actions agreed in the CCN work plans for 2018/19.		<p>Mana Ake progress reporting is being captured in the Child & Youth Workstream work plan.</p>
	Q4: Delivery of the actions agreed in the 2018/19 System Level Measures (SLM) Improvement Plan.		<p>ACC is a member on four groups:</p> <ul style="list-style-type: none"> Falls & Fractures SLA Urgent Care SLA Older Persons Workstream Alcohol & Harm work Group
<p>Working through the joint SLM Alliance Steering Group, refresh and refine the SLM Improvement Plan outlining collective activity to improve performance against the national measures.</p>	Q1: Implementation of agreed Improvement Plan underway.	✓	<p>Work steered by the Improvement Plan is underway and being reported quarterly.</p>
	Q1: Quarterly review of progress against the Improvement Plan.	✓	<p>Quarter three reporting shows actions are on track against plan.</p>
<p>Investigate nurse practitioner internships for rural nurses in Canterbury.</p> <p>Develop a training initiative to assist the support care workforce who have trained overseas to integrate into workplaces that may be different than where they trained.</p>	Q2: Nurse practitioner internships scoped and recommendations made.	✗	<p>Canterbury registered their interest in the Health Workforce New Zealand (HWNZ) Development Fund in quarter one. We are still awaiting a formal response from HWNZ</p>
	Q4: Support care worker training initiatives scoped and recommendations made.		

CVD and Diabetes Service Improvement		NZHS Link - One Team	
Status Report for 2018/19		Performance Reporting Link – PP20	
Key Actions from the Annual Plan	Milestones	Status	Comments
Support PHO clinical and executive teams to identify and support practice level champions and follow up with practices with below average performance.	Q1: Quarterly performance reporting by general practices.	✓	Quarterly reporting against targets by ethnicity is in place.
	Q1: Quarterly performance reporting by ethnicity.	✓	
Support PHOs to maximise the capability of IT audit, dashboard and new algorithm tools to prompt the delivery of a CVD risk assessment and streamline the recording of this activity.	Q4: Pegasus rollout of the Sirius PMS system (with enhanced dashboard tool) complete.	↻	Rollout of the new patient management systems (Sirius and Evolution) is underway and will continue over the coming months. Canterbury DHB has funded support services for Pegasus Health, Rural Canterbury, and Christchurch PHO to enable and enhance General Practices capability and capacity to move to these new systems and support the use of new tools as practices adopt the Health Care Home model.
Support PHOs to implement initiatives targeting high-need Māori and Pacific populations through collaboration with local organisations that have high reach into these populations. (EOA)	Q1: Quarterly reporting of existing and upcoming initiatives.	✓	Discussion regarding new national assessment criteria was held at the Pacific Reference Group and with the Pacific Rural Navigator at Rural Canterbury PHO. Work planned to be undertaken at Polyfest was unfortunately cancelled with the event following the events of 15 March. This will be rescheduled.
Progress a redesign of the patient education model to improve engagement with services and increase the health literacy of our high-need Pacific populations. (EOA)	Q1: IDSDG sub-group set up to progress the redesign.	✓	An Integrated Diabetes Services Group sub-group has been set up to progress the four key priorities from the Diabetes Review. Participants have been identified to guide and inform the new model of education and develop an implementation plan.
	Q4: Draft model developed.		
Further integrate the diabetes nursing workforce to support service delivery closer to communities of need, and maintain consistent clinical oversight and equity of access (regardless of the complexity of people's diabetes). (EOA)	Q3: Workshop held to develop roadmap and identify quick wins.	✗	Staff capacity has meant this work has been delayed but work is now being completed to identify people to lead a roadmap workshop. A working group will be established once participants are identified and a plan developed.
	Q4: Implementation plan for the reorientation of diabetes services completed and agreed.		
Explore opportunities for increasing access to dietetic and nutrition services in the community and aligning the workforce to the location of service delivery.	Q2: Working group formed to identify barriers to access.	↻	An oversight group has been established under the Integrated Diabetes Services Group. Clinicians and consumers across a range of ethnic groups have been identified as key people to inform the changes.
	Q4: Change proposal developed.		
Key Performance Measures		Results	Comments
90% of the eligible population have had a CVD risk assessment in the last 5 years.		TBC	Quarter three results from the MoH have been delayed.
90% of eligible Maori men (35-44) have had a CVD risk assessment in the last 5 years.		TBC	
90% of the population identified with diabetes have had an annual HbA1c test.		90%	Results to December 2018

Newborn Enrolment

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – SI18

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Invest in the LinkKIDS coordination function to support the multiple enrolment process, connect children to available health services and better inform parents. (EOA)</p> <p>Work with PHOs to refresh the multiple enrolment process chart and support general practice to engage with the process.</p> <p>Align the National Immunisation Register and LinkKIDS process to reduce the number of children with an unknown provider.</p> <p>Provide feedback to LMCs when they notify LinkKIDS of a birth with no nominated or identified general practice.</p>	Q1: Expansion of the LinkKIDS programme.	✓	<p>A LinkKIDS programme coordinator was appointed in December and a refreshed process chart was distributed in January.</p> <p>Education sessions have occurred with practice nurses around LinkKIDS, and an information package has gone out to General Practice Teams.</p> <p>Work to align NIR and LinkKIDS processes has been placed on hold due to capacity issues. This will now occur by the end of quarter four.</p>
	Q2: Refreshed process chart circulated to general practice.	✓	
	Q3: NIR and LinkKIDS processes aligned.	↻	
	Q4: >95% of children have a known provider.		
Key Performance Measures		Results	Comments
85% of newborns are enrolled with general practice by 3 months of age.		79%	

Pharmacy Action Plan

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
Work with local pharmacies and the Canterbury Community Pharmacy Group to implement the new agreement locally.	Q1: All pharmacies in Canterbury sign the new service agreement.	✓	All pharmacies in Canterbury have new service agreements in place.
	Q4: 120 pharmacies have new 'evergreen' pharmacy service agreements in place.	✓	
<p>Support pharmacists to provide medication management reviews (MURs) and medication therapy assessments (MTAs) for people on high risk/multiple medicines.</p> <p>Analyse polypharmacy patterns by demographics to increase GP visibility of enrolled patients on multiple medications and guide refinement of actions to improve performance. (EOA)</p>	Q2: Analysis of polypharmacy patterns circulated.	✓	A tool has been made available to Pegasus GPs to easily identify patients at-risk from polypharmacy.
	Q4: Increased uptake of MURs and MTAs by high need populations.		
Invest in a pharmacy outreach programme for Māori, promoting health literacy and self-management of medicines. (EOA)	Q3: Kaupapa Māori mobile clinics launched.	✓	A Maori pharmacist has been engaged part-time providing outreach education and medicines use reviews for Maori.
Engage pharmacists in protecting our community against influenza by vaccinating pregnant women and people aged 65+.	Q4: >80 Pharmacies providing free influenza vaccinations.		
Key Performance Measures		Results	Comments
>1,000 people receive a Medication Use Reviews (MUR).		978	
>250 people receive a Medication Therapy Assessments (MTA).		103	GP referrals for the new services are building slowly. It is unlikely that we will meet the previously anticipated target by year end.

Support to Quit Smoking

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor the DHB's Tobacco Control Plan to support an integrated approach to achieving Smokefree Aotearoa 2025. Review the current Plan to ensure smokefree efforts are focused on communities, whānau and groups with a higher smoking prevalence (Māori, Pacific and people living in more deprived circumstances). (EOA)	Q1: Continued delivery against the Tobacco Control Plan.	✓	The DHB's Tobacco Control Plan is being drafted and the updated plan will be taken to Population Health and Access Service Level Alliance for endorsement before being submitted to the Alliance Leadership Team and the Ministry of Health in May.
	Q3: Plan reviewed and updated for resubmission in May 2019.	✓	
Continue to support the rollout of the Motivational Conversations Programme, to support health professionals to have difficult conversation with patients about risk behaviours and adopting healthier lifestyles.	Q1: Ongoing uptake of motivational training.	✓	
	Q4: 25 training events delivered.		
Support the continued development of our Stop Smoking Service (Te Hā Waitaha). Monitor enrolments by referrer and ethnicity to identify opportunities for improvement and to ensure uptake by Māori, Pacific and high need population groups. (EOA)	Q1: Quarterly monitoring of referrals and enrolments.	✓	
	Q4: Increased enrolment rates amongst Māori, Pacific and high need population groups.		
As an integral part of Te Hā Waitaha, continue to invest in a programme that incentivises pregnant women to stop smoking. Complete an evaluation of the incentivised programme to identify successes and opportunities for improvement.	Q1-4: Increased enrolments rates for pregnant women.	✓	
	Q4: Evaluation completed and circulated to Alliance partners.		
Key Performance Measures		Result	Comment
90% of PHO enrolled patients who smoke are offered brief advice/support to quit.		TBC	Quarter three results from the Ministry of Health have been delayed.
90% of pregnant women who identify as smokers upon registration with an LMC are offered brief advice and support to quit smoking.		TBC	
95% of hospitalised patients who smoke are offered brief advice and support to quit smoking.		TBC	

Child Health Services

Maternal Mental Health Services

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP44

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Develop a system-wide Maternity Strategy to support the realignment of our maternity system and improved health of mothers and babies.</p> <p>Ensure a targeted focus on Māori and Pacific, women living in lower decile areas and younger mothers as populations of higher need. (EOA)</p>	Q1: Feedback from co-design workshops used to inform the development of the Strategy.	✓	The proposed strategy was presented to the DHB Board in quarter two.
	Q2: Strategy presented to DHB Board.	✓	The strategy has four themes: <ul style="list-style-type: none"> - Becoming pregnant in Canterbury. - Having a baby in Canterbury. - Becoming a parent in Canterbury. - Being a child in Canterbury.
	Q3: Implementation Plan agreed.	✓	Feedback on the Maternity Strategy was received in quarter three and taken into account for the current draft. We expected to make this draft available for consultation among maternity stakeholders in quarter four.
<p>Identify all community-based DHB funded services and initiatives currently in place to support maternal mental health.</p> <p>Identify the number of women being supported.</p>	Q2: Stocktake report completed.	✓	The completed stocktake has been shared with the Ministry of Health.
	Q4: Access report provided to the Ministry of Health.		

Child Wellbeing

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP27

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Establish a cross-system Oral Health Service Development Group under the CCN Alliance.</p> <p>Develop a 'whole of life' oral health communication/education strategy to raise awareness of the importance of good oral health and motivate behaviour change.</p> <p>Include the Community Dental Service in the multiple enrolment process to capture children in the database at birth. (EOA)¹</p> <p>Use the LinkKIDS coordination function to support the Community Dental Service to connect with children lost to recall. (EOA)</p> <p>Use focus groups to determine factors impacting adolescent engagement with dental services with a focus on Māori and Pacific youth. (EOA)</p>	Q1: Terms of reference and work plan for Oral Health SDG endorsed by the Alliance Leadership Team.	✓	Work has begun to identify children who are identified as "lost to recall" and link them with the LinkKIDS service to determine if they can be reached.
	Q2: Oral Health Strategy agreed.	✓	
	Q3: Adolescent focus groups held.	↻	Due to capacity issues the adolescent focus groups have been delayed until quarter four.
	Q4: Whole-of-Life communications plan and key messages developed to support improved oral health at any stage in life.	↻	
<p>Undertake further research on why Pacific children are more likely to end up admitted to hospital with an avoidable condition. (EOA)</p> <p>Work with Whānau Ora providers to strengthen referral pathways for children admitted to hospital services acutely.</p> <p>Increase general practice visibility of their enrolled 0-4-year olds who are admitted to hospital with an avoidable condition.</p>	Q1: Quarterly monitoring of Avoidable Hospital Admissions.	✓	Quarterly monitoring is part of the System Level Measures monitoring.
	Q3: Referral pathways strengthened in two key areas.	✓	A referral pathway for 0-4 year olds admitted to ED and/or Children's Acute Assessment (CAA) has now been implemented.
	Q3: Avoidable admissions of enrolled 0-4-year olds identifiable to each general practice.	✓	Avoidable admissions are now identifiable by general practice where patients are enrolled. Consultation is now underway to determine the best way to share this data with practices.
	Q4: Further research identifies opportunities for focus.	↻	2018 ambulatory sensitive hospitalisation data is being reviewed to identify where the greatest need is.
<p>Continue to invest in the Violence Intervention Programme (VIP) and activity to support a reduction in harm and adverse health outcomes.</p>	Q1: VIP training sessions ongoing.	✓	
	Q4: VIP audit results >70/100.		
Key Performance Measures		Results	Comments
95% of children (0-4) are enrolled with Community Dental Services.		83%	The LinkKIDS programme and the subsequent changes to enrolment process have improved preschool enrolment rates with an increase of 25% since 2016.
90% of enrolled children (0-12) are examined according to plan.		88%	Rates have been affected by higher than anticipated unplanned leave and unfilled vacancies within the dental services.
>61% of adolescents (13-17) are accessing DHB-funded oral health services.		Q4	

¹ A higher proportion of Māori and Pacific children are 'lost to recall' when they cannot be contacted and are made inactive on the Community Dental Service database.

Supporting Health in Schools

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP39

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to support the Health Promoting Schools framework in decile 1-4 schools and schools with a high proportion of Māori and Pacific students. (EOA)</p> <p>Continue to support interschool forums and deliver professional development and training workshops for schools.</p> <p>Identify all actions and initiatives currently underway to support health in primary and secondary schools in Canterbury.</p> <p>Develop action plans with each priority school engaged in the HPS framework.</p>	Q2: Interschool forum held.	✓	The stocktake was completed and includes those services that are unique to Canterbury (such as Specialist Mental Health Services in Schools and Mana Ake).
	Q2: Professional development workshop held.	✓	
	Q2: Stocktake report completed.	✓	
	Q4: >50 schools have action plans.		

School-Based Health Services (SBHS)

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Undertake a stocktake of all school-based health services (SBHS) currently provided in public secondary schools in Canterbury.</p> <p>Work with decile 1-4 schools to identify and reduce barriers to participation in routine health assessments, with particular focus on Māori and Pacific participation. (EOA)</p> <p>Work with Te Pa o Rakaihautu School to identify an appropriate model or approach to school-based nursing support in a kaupapa Māori environment. (EOA)</p> <p>Work with schools and providers to roll out SBHS to all decile 4 schools and develop an implementation plan for expanding SBHS to all public secondary schools in Canterbury.</p>	Q2: Stocktake report completed.	✓	The stocktake was completed and includes those services that are unique to Canterbury (such as Specialist Mental Health Services in Schools and Mana Ake).
	Q3: Kaupapa Māori model/approach identified and supported.	✓	
	Q4: SBHS in place in all 1-4 decile schools in Canterbury.		
	Q4: Implementation plan for expanding SBHS to all schools completed and provided to the Ministry of Health.		
	Q4: 95% of year nine children receive a HEEADSSS assessment.		

Immunisation		NZHS Link – One Team	
Status Report for 2018/19		Performance Reporting Link – PP21	
Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to invest in the outpatients' vaccination programme to reach women and children who are not vaccinated. (EOA)</p> <p>Continue to support practices with catch-up schedules and overseas vaccination history for children new to living in Canterbury.</p> <p>Refresh the immunisation process chart and include tips and prompts for having difficult immunisation conversations.</p> <p>Engage with alliance partners to better understand Māori and Pacific five-year-old declines rates and work with practices to reduce declines for these high need populations. (EOA)</p>	Q1: Quarterly review of immunisation and decline rates by ethnicity.	✓	The process chart has been refreshed and printed. Staff are currently focussing on responding to the measles outbreak, the process chart will be distributed to general practice teams once the outbreak is under control.
	Q1: LMC focus group held to identify barriers to promoting immunisation.	✓	
	Q2: Refreshed process chart issued to general practice.	↻	
	Q3: Options for difficult conversation training for practice nurses explored.	✓	Work is underway on the development of a programme for practice nurses to have difficult immunisation conversations. This programme will target practices with the highest number of immunisation declines. We are aiming to have our first "course" held in quarter four, once the quarter three declines are identified.
	Q4: Opportunities to reduce decline rates captured.		
Key Performance Measures		Results	Comments
50% of pregnant women vaccinated for Pertussis.		55%	
95% of 8-month-olds fully immunised.		94%	Performance in quarter three has been impacted by the measles outbreak with DHB resources being reallocated to supporting the outbreak. A number of parents have indicated they wish to delay immunisation rather than decline.
95% of 2-year-olds fully immunised.		93%	
95% of 5-year-olds fully immunised.		93%	
			The eight-month immunisation target was missed by 18 children in quarter three.

Responding to Childhood Obesity

NZHS Link – Value and High Performance

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Monitor the delivery of B4 School Checks (B4SC) and referrals to the Healthy Lifestyle Coordination Service, by ethnicity and deprivation, to ensure all children are being appropriately assessed and referred for support where needed. (EOA)</p> <p>Investigate reasons why families don't take up and/or complete family-based nutrition, activity and lifestyle interventions.</p>	Q1-Q4: Quarterly monitoring of assessments, referrals and programme uptake.	✓	Rates are monitored quarterly by the Child & Youth Workstream.
	Q3: Audit to identify reasons for those declining referrals.	↻	A research and evaluation programme was instigated through the Healthy Weight in Childhood Clinical Advisory Group as part of the South Island Child Health Alliance. This was designed to follow up on children and families who declined to participate in the healthy lifestyle programmes. A report on findings will be published before the end of the year.
	Q3-Q4: Provision of 'difficult conversation' training for staff assessing and referring families.	✓	Training has been delivered to Well Child/Tamariki Ora nurses with further training available through the Pegasus PHO education programme.
<p>Expand the range of nutrition, activity and lifestyle interventions available, to provide general practice teams with multiple referral options when referring overweight children and their families.</p> <p>Explore the development of services tailored specifically to meet the needs of Māori and Pacific children, and children living in high deprivation areas. (EOA)</p>	Q3: Identify models and service interventions that are succeeding elsewhere in NZ.	✓	Alternative models of service delivery have been explored. A Proposal is being developed to trial the Te Whanau Pakari model operating in Taranaki.
	Q4: Identify a pathway for the development and/or implementation of additional programmes in Canterbury.		
Key Performance Measures		Results	Comments
95% of children identified as obese at their B4 School Check are offered a referral to a health professional for clinical assessment and family-based lifestyle intervention.		100%	The programme is on track and exceeding expectations.

Older Person's Health Services

Healthy Ageing

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP23

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to work with partner organisations through the CCN Falls and Fractures SLA to enhance and integrate falls and fracture prevention services.</p> <p>Support Sport Canterbury to accredit community strength and balance classes targeted towards Māori and Pacific people. (EOA)</p> <p>Engage with other existing DHB funded rehabilitation and education programs to bring in a strength and balance component.</p> <p>Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (NOF) are referred to the in-home Falls Prevention programme.</p>	Q1: ACC endorsed as a member of the Falls and Fractures SLA.	✓	<p>A connection with Te Puawaitanga was developed through the delivery of an 8-week exercise programme, creating the opportunity for ongoing community classes to meet the needs of Maori participants.</p> <p>The falls pathway on health pathways has completed its review and has been updated to reflect the suite of options now available in regards to fall prevention activity across the health system.</p>
	Q2: Māori and Pacific focused community strength and balance classes accredited.	✓	
	Q2: Falls Prevention Pathway reviewed and updated.	✓	
	Q4: DHB funded rehabilitation or education programmes accredited to provide community strength and balance components.		
	Q4: 150 community strength and balance places in place, targeted towards Māori and Pacific.		
<p>Review the Community Services Operations Manual to further support and embed the restorative approach across the system.</p> <p>Establish a reporting framework to raise the focus on the rate by which Māori and Pacific people (50+) are having their needs assessed using the InterRai tool. (EOA)</p> <p>Work with partner DHBs on the InterRAI Visualisation Project to develop a single dashboard view of people's assessments and make this available to the health professionals involved in their care.</p> <p>Design a new community services referral process to streamline service referrals.</p>	Q2: Community Services Operations Manual updated.	↻	<p>The updating of the Community Services Operations Manual has taken longer than expected. We have an initial draft and expect the final manual to be completed in quarter four.</p> <p>The new referral form has been formulated and is currently being trialled in paper form. Progress on the electronic referral system is contingent on capacity with developers, negotiations are underway to achieve this.</p>
	Q2: InterRAI reporting framework in place, and assessment rates tracked by ethnicity.	✓	
	Q4: Prototype InterRAI dashboards available to general practice via HealthOne.		
	Q4: New electronic community services referral forms operational and HealthPathway updated.	↻	
<p>Work with our partners in the CCN Urgent Care Workstream, to review and target the Acute Demand Management Service to reduce avoidable ED presentations.</p> <p>Invest in GP visit vouchers for people seen at risk of re-presentation to ED following discharge with a focus on high need people aged 50+. (EOA)</p> <p>Analyse the 65+ cohort with repeat acute admissions and investigate potential interventions. (EOA)</p>	Q1: Quarterly monitoring of uptake of the ADMS by age and ethnicity.	✓	<p>The post-discharge voucher program was implemented over winter. An evaluation of the trial has been completed and the results presented to the Urgent Care Service Level Alliance. Although no noticeable reduction in readmission rates could be seen, feedback from clinicians has been positive</p>
	Q1: Launch of the post-discharge voucher program (over winter).	✓	
	Q2: Strategies for repeat admissions cohort identified.	↻	
	Q3: Review uptake of post-discharge vouchers.	✓	
	Q4: Alternative pathways and/or interventions introduced.		
Key Performance Measures		Results	Comments
12,000 places available at accredited strengths and balance classes.		33,201	This is the total number of places available at community strength and balance classes that have been accredited by ACC as part of the Live Stronger for Longer initiative.
1,200 referrals made to the Falls Prevention Service.		1,530	
2,100 people supported by the Fracture Liaison Service.		667	The Fracture Liaison Service reviews the treatment of patients presenting to hospital with a fracture. This is not always face to face and not always recorded. The FLS Nurse is also responsible for the promotion of the service throughout secondary care,

		establishing DHB reportage to the Hip Fracture Registry and maintaining key contacts with ACC and primary care. It is unlikely that we will meet this target by year-end.
95% of long-term Home-Based Support Services clients have had an InterRAI assessment and have a completed care plan in place.		InterRAI data has been delayed this quarter.
<25 days median wait time for an interRAI Assessment.	41	The percentage of people 65+ living in their own homes in the community is increasing which means more InterRAI assessments are needed. Home Based Support services and a care plan are put in place whilst a person waits for their assessment
Baseline established for the rate of InterRAI assessments per 1,000 population.	✓	11.84 per thousand people

Improving System Settings

Strengthened Delivery of Public Health Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – SI16

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to invest in the Integrated Family Health Services (IFHS) Programme to support new ways of working in general practice.</p> <p>Continue to invest in models that enhance care and enable self-management for patients with long-term conditions.</p> <p>Continue to invest in subsidised procedures to enable the delivery of services in general practice rather than hospital settings.</p>	Q3: Review of investment in healthy lifestyle programmes to maximise opportunities for impact.		Work to establish what is currently delivered by the DHB in the Healthy Lifestyles space has been completed. (The next step is to determine how best to progress this work).
	Q3: New subsidised procedures investigated.	✓	New pathways for community infusion of bisphosphonates and infliximab are in development.
	Q4: Increased uptake of shared electronic individualised care plans across general practice.		
<p>Partner with Pasifika Futures to identify and establish priority areas to improve health outcomes for our Pacific population. (EOA)</p> <p>Engage with our Pacific community to better understand and improve the experience of Pacific service users. (EOA)</p> <p>Invest in the design and development of innovative service models to better enable and support our Pacific population. (EOA)</p> <p>Identify opportunities to increase the cultural capacity and capability of DHB staff working within priority services. (EOA)</p>	Q1: Joint portfolio role established.	✓	A joint Pasifika Portfolio Manager is now in place and the DHB and Pasifika Futures have agreed on focus areas.
	Q1: Areas of focus identified.	✓	
	Q1: Pacific health outcome indicators established	✓	A contract is under development to enhance Integrated Family Health Services (IFHS) for Pasifika, which will include a capacity focus.
	Q2: Opportunities for enhancing Etu Pasifika IFHS model identified.		
	Q2: Capacity building approach agreed.		
	Q3: Pacific service users targeted with patient experience survey.		
<p>Continue to support the Rural Sustainability Programme to develop sustainable rural health service models and improve service access for people in rural settings. (EOA)</p> <p>Invest in the development of rural-based restorative models of care to support older people living in rural areas. (EOA)</p> <p>Invest in the development of telehealth and telemedicine in rural settings to reduce unnecessary travel. (EOA)</p>	Q1: Rural Supported Discharge Service co-design workshop held.	✗	The Rural Supported Discharge Service co-design workshop has been delayed due to a review of the Community Rehabilitation Enablement Support Team (CREST) service. This workshop is yet to be rescheduled.
	Q1: Trial of new after-hours model underway in Hurunui.	✓	
	Q3: Trial of new observation service underway in Hurunui.		Workshops are underway with clinicians from both the Hurunui and Oxford districts to develop a clinical pathway to define entry and exit criteria, resourcing, and staff training requirements. The trial is delayed until 2019/20.
	Q3: Rural Supported Discharge Service model agreed.	✗	Delayed pending the above workshop.
	Q4: Akaroa Health Centre open.		
Key Performance Measures		Result	Comment
> 500 people have Personalised Care Plans in place.		1,547	
>2,500 people have Acute Plans in place.		2,796	
>30,000 urgent care packages provided in the community.		26,218	On track.
>10,000 subsidised procedures delivered in primary care settings.		9,163	On track.

Disability Support Services

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – SI14

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Form a transalpine West Coast/Canterbury DHB Diversity Training Group to develop a diversity education framework.</p> <p>Engage the Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate. (EOA)</p> <p>Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18.</p> <p>Track uptake and feedback on modules as a means of evaluation.</p>	Q1: Diversity Training Group established.	✗	<p>Due to a review of how anytime learning for Canterbury DHB and West Coast DHB managers and leaders will be delivered, including the use of healthLearn, there has been a delay to starting this work.</p> <p>People and Capability are yet to confirm the timeframe for development and deployment of this work.</p>
	Q2: Diversity education framework approved.	✗	
	Q2: Development of training modules complete.	✗	
	Q3: Disability training modules launched on HealthLearn.	✗	
	Q4: Report on uptake of training modules.		
Key Performance Measures		Result	Comment
Percentage of staff completing disability training modules.		Q4	
Percentage of staff rating content positively.		Q4	

Shorter Stays in Emergency Departments

NZHS Link – Value and High Performance

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
Working through the Urgent Care SLA, refine the Acute Demand Management Programme to better target the rural population who can be looked after in the community. (EOA)	Q2: Rural stabilisation supports implemented to manage patient flows closer to home.	✓	New rural stabilisation funding was made available in December for remote rural practices to enable observation of patients while they wait for transfer to hospital.
	Q4: Uptake assessed and supports modified as required.		
Ensure timely patient flows from ED to ED Observation and the Acute Medical Admission Unit (AMAU).	Q1: Monitoring of ED Observation and Acute Medical Admission Unit volumes and ED length of stay.	✓	<p>Volumes in ED Observation and AMAU have remained stable over the first three quarters of 2018/19. The average lengths of stay in ED Observation and AMAU are approximately 4.5 hours and 15 hours respectively.</p> <p>An evaluation of the post-discharge voucher limited trial has been completed and the results presented to the Urgent Care Service Level Alliance. The average length of stay in ED for quarter 1 was 3.2 hours. In quarters 2 and 3, time stamps remain problematic with LOS indicated as 3.8 and 3.7 hours respectively which is an over-estimate.</p>
	Q3: Frail older person's pathway updated to maximise flow, including review of uptake of post-discharge vouchers.	✓	
	Q4: Alternative pathways and/or interventions introduced.		
Continue to develop capabilities and processes in preparation for shifting to the Acute Services Building early 2019/20.	Q2: Mapping of processes for each treatment area.	✓	ED processes for each treatment area continue to be reviewed with a focus on future service configuration.
	Q4: Complete staffing profile for shift.		
Key Performance Measures		Result	Comment
95% of patients are admitted, discharged, or transferred from ED within six hours.		n/a	As a result of the move to the new patient management system ED wait times is currently unavailable.
<15% of patients admitted from ED observation to inpatient wards (nat. guidelines <20%).		15%	We expect to report this from quarter four.

Cancer Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP30

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to use data/intelligence systems to support discussion with specialties who are missing wait time targets and identify opportunities to reduce process delays. Complete the head and neck cancer patient pathways review, a joint DHB project between Nelson Marlborough and Canterbury.	Q1: Quarterly monitoring of cancer wait times.	✓	Improvement work to reduce progress delays is ongoing. A review of written and online information has been undertaken by the Patient Information Group and the Patient Diary has been updated to include more Maori & Pacifica information.
	Q1: Head & Neck Review report published and circulated.	✓	
	Q2: Improvements identified and implementation underway.	✓	
Engage locally in the regional Te Waipounamu Māori Cancer Pathway Project to support improved outcomes for West Coast Māori. (EOA) Appoint a Māori Pathways Haematology Nurse to support service improvements for Māori and Pacific patients. (EOA) Work with the Māori Pathways Haematology Nurse to identify opportunities to reduce treatment delays. (EOA)	Q1: Māori Pathways Haematology Nurse in place.	✓	A Māori Haematology Nurse is in place and has identified areas where she can make a difference including enhancing cultural responsiveness and building community links. The Māori Haematology Nurse is working with other departments to identify and promote better ways of working.
	Q1: Review of current issues and opportunities completed.	✓	
	Q2: Opportunities of the new role identified and disseminated to other pathway areas.	✓	
Incorporate references and links to Kupe (the national prostate cancer decision support tool) to support men and their families to understand the risks and benefits of treatment before having a prostate cancer check, so that they can make informed decisions.	Q2: Kupe link on HealthPathways to support GP/patient conversations.	✓	Links to the KUPE tool are loaded on HealthPathways and HealthInfo.
	Q2: Kupe link on HealthInfo to support patients and their families to make informed decisions.	✓	https://kupe.net.nz/en/taking-action
Engage with the Southern Cancer Network, Cancer Society and others to develop a national Cancer Survivorship Consensus Statement.	Q1: Feedback provided on the national Survivorship Consensus Statement.	✓	
Key Performance Measures		Result	Comment
90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks.		95%	
85% of patients receive their first cancer treatment (or other management) within 31 days of date of a decision-to-treat.		89%	

Elective Services		NZHS Link - Value & High Performance	
Status Report for 2018/19		Performance Reporting Link – PP45	
Key Actions from the Annual Plan	Milestones	Status	Comments
Review production and capacity plans and determine outsourcing needs for the 2018/19 year, in order to meet Electives Targets and Elective Services Patient Flow Indicator (ESPI) expectations.	Q1: Production and capacity planning completed and elective funding schedule agreed.	✓	Service planning is being impacted by several factors including ongoing delays with the completion of the Acute Services Building, knock-on effects of industrial action, and the introduction of the new Patient Management System (South Island PICS).
	Q1: Outsourcing contracts in place.	✓	
	Q4: Production and capacity planning for 2019/20 includes repatriation of outsourcing.	↻	As a result of the events of 15 March, Canterbury DHB has advised the Ministry of Health that we will not meet elective results this year.
	Q4: Services on track to meet ESPI expectations.	✗	
Build on the experience and research of the Māori Pathways Haematology Nurse as a model to improve awareness of factors that impinge on equity within elective service streams. (EOA)	Q2: Work undertaken with services to identify barriers and ways to raise cultural awareness within teams.	✓	Work is on-going with patients and their whānau to provide health education that is responsive to their individual needs and health literacy requirements. This work involves the development of whakawhanaungatanga and manaakitanga (relationship building within a Māori context). Strategies are in place to enhance the cultural responsiveness of the haematology team so that information for patients is delivered in a way that supports Māori health.
	Q3: Information for patients reviewed and refined to reflect different needs and health literacy levels.	↻	
	Q3: Services linked into Did Not Attend (DNA) and Improving Accuracy of Ethnicity Data projects.	↻	A project is underway to improve access to care and reduce the incidence of DNA. This work includes the development of whakawhanaungatanga and manaakitanga (relationship building) with patients and their whānau, and working collaboratively with community services such as Leukaemia & Blood Cancer New Zealand, Cancer Society and Te Puawaitanga ki Ōtautahi. Education is being provided to clinician and administrative teams to highlight the significance of high-quality and accurate ethnicity data.
Develop a plan for transitioning outpatient appointments to the new Outpatients Building for November 2018. Develop an online scheduling tool to support the smooth flow of 800+ outpatient appointments a day from across the Christchurch Hospital campus to the new Building.	Q1: Population and demand profile reviewed to confirm use of space in the new Building.	✓	Outpatient Move Complete. The online tool has been developed and roll out is now underway.
	Q1: Elective Services Guidelines (Orange Book) updated to include new standardised ways of working.	✓	
	Q1: Online scheduling tool developed.	✓	
	Q2: Online tool implemented.	✓	
Define levels of service to be provided in the public system in Canterbury for people with gender dysphoria, in line with national expectations. (EOA)	Q1: Clinically-led group established to oversee pathway development.	✓	Pathways to support service delivery are being finalised, the pathways are on track to be place in quarter four.
	Q2-Q3: Pathway to support service delivery developed.	↻	
	Q4: Pathway in place.		

Key Performance Measures	Result	Comment
21,782 elective surgeries delivered.	13,365	Our ability to report progress against the Electives and ESPI targets has been affected by the introduction of PICS.
100% of people are seen for their First Specialist Assessment within four months.	n/a	
100% of people receive treatment within four months of the commitment to treat.	n/a	
Average elective length of hospital stay at or below 1.54 days.	1.55	The DHBs response to the March 15 mass casualty event as well as continued delays with the Acute Services Building and key staff shortages have has a significant impact on target performance. The DHB is not likely to meet the electives target.

Service Quality

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – SI17

Key Actions from the Annual Plan	Milestones	Status	Comments
Build understanding of asthma's contribution to avoidable admissions for Pacific children 0-4 years. (EOA) Work with CCN to increase general practice visibility of their enrolled 0-4-year olds who are admitted to hospital with asthma.	Q3: Avoidable admissions (including contribution of asthma) of enrolled 0-4-year olds identifiable to each general practice.	✓	Avoidable admissions are identifiable by general practice where patients are enrolled. Consultation is now underway to determine the best way to share this data with practices.
Work with consumers and staff to co-design and articulate the role of a 'nominated or preferred' contact person. Work with consumers to develop material describing and clarifying the role. Develop an organisational change process, including training and materials for staff who collect patient details, to ensure a patient's nominated or preferred person is identified in the early stages of admission.	Q1: Terminology agreed.	✓	This work has been delayed due to staff capacity issues. The work has been reallocated with the quality team and we expect to see progress in quarter four.
	Q2: Procedure for contact details collection updated to include nominated contact person.	↻	
	Q3: Organisational change process confirmed and tested.	↻	
	Q4: Change process approved and implemented.		
	Q4: >57% of inpatients felt 'staff included their family/whānau or someone close to them in discussion about their care'.		

Waste Disposal

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP41

Key Actions from the Annual Plan	Milestones	Status	Comments
Distribute materials to pharmacies for educating patients about returning unused and expired medicines and used sharps.	Q1: Educational materials distributed to pharmacies.	✓	
Commence PVC recycling with the collection of oxygen tubing and masks from theatres, the post anaesthetic care unit and surgical wards.	Q3: PVC recycling materials developed and circulated.	✓	PVC recycling has commenced in Theatre, Post-Anaesthetic Care Unit (PACU) and two surgical wards.
	Q4: PVC recycling commenced.	✓	
Launch the peritoneal dialysis (at home) recycling scheme for solution bags and pouches.	Q4: Peritoneal dialysis recycling scheme launched.		
Undertake a stocktake on current disposal processes for each category of waste to identify opportunities for improving waste disposal.	Q2: Stocktake report completed and submitted to the Ministry.	✓	Stocktake shared with the Ministry.

Climate Change

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP40

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a Sustainability Governance Group to develop and implement a DHB wide Environmental Sustainability Strategy. Maintain CEMARS certification and work towards achieving a Gold Energy Mark by identifying further opportunities to reduce energy use, costs and emission.	Q1: Sustainability Group in place.	✓	The Sustainability Governance Group (SGG) has been established with a Chair and Executive sponsor identified. The sustainability position statement has been delayed as staff respond to the recent measles outbreak in Canterbury.
	Q2: DHB Environmental Sustainability Position Statement developed.	🔄	
Validate alignment of current initiatives with position statement and operation policy to identify priority focus areas.	Q2: Stocktake of current actions completed.	✓	Stocktake complete and submitted to the Ministry of Health.
	Q4: First order priorities identified.		
Replace Christchurch and Ashburton Hospital coal boilers with carbon neutral biomass boilers to reduce emissions.	Q4: Replacement of Boilers is planned for 2020/21.		
Develop a travel demand management plan to support Christchurch Hospital staff to get to work in healthy and sustainable ways.	Q1: Travel demand management pilot launched in ICC.	✓	The ICU pilot was a success. A travel demand management plan has now been rolled out to Christchurch campus and on-line. The Orientation programme is underway.
	Q2: Travel demand management plan fully actioned.	✓	
Engage with the Christchurch City Council to share their electric fleet, reducing the reliance on fossil fuel/LPG.	Q2: Corporate users using CCC Fleet for appropriate journeys.	✓	Corporate users are using the CCC fleet and Lime scooters for travel across town to meeting.
Key Performance Measures		Result	Comment
CEMARS certification maintained.		✓	CDHB was a 'Top 20' reducer in NZ CEMARs certified organisations.
Gold Energy-Mark certification achieved.		✓	CDHB is the first DHB to achieve Gold certification.
Energy consumption per square metre.		Q4	Total energy use is rising due to increased building size but per square metre consumption is stable.
Continued reduction of CDHB carbon emissions.		✓	Our emissions profile continues to improve.

COMMUNITY AND PUBLIC HEALTH – UPDATE REPORT

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

SOURCE: Community and Public Health

DATE: 9 May 2019

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

***All Right?* Social Marketing Campaign – An Update**

Following the terrorist attack at two Christchurch Mosques on 15 March 2019, the *All Right?* campaign has reached out to Cantabrians through the *All Right?* Facebook page and produced a downloadable poster for workplaces which promotes six practical wellbeing tips. As with all of *All Right?*'s messaging, the tips are reminders of the small things we can do to look after ourselves and others even when times are tough. The emphasis is on encouraging Cantabrians to reach for their innate coping skills to actively look after themselves.

In addition, *All Right?* launched a new city-wide 'above the line' campaign on 1 April 2019 reminiscent of the first phase of the campaign following the earthquakes. The six messages are as follows, it's all right to: talk it out, need a hug, have a cry, reach out, take a breather, and keep ticking along. These messages will appear on posters around the city, on postcards in cafes, and on corflutes. The reverse side of the postcards will promote the six tips mentioned above.

A meeting of the *All Right?* Champion's group took place on 27 March 2019 with 40 people in attendance. The meeting focused on recent events, and provided participants with the opportunity to connect with others, share feelings and identify the strengths that were displayed by them and others in the aftermath of the tragedy. The group expressed their appreciation of *All Right?*'s presence at such a difficult time. The Champions represent a wide range of people and organisations, who support the work of *All Right?* by promoting it in their workplaces and communities.

Communicating by Colour

The *All Right?* badges have been our most popular resource, and now they're helping to open up new channels of communication. The Science Communicator's Association recently used our badges to help autistic people indicate their willingness or inability to communicate at their conference.

All Right? badges were used in a traffic light system, with all attendees encouraged to take part if they thought using the badges would benefit them.

- Green: Go – ‘Hi! Let’s chat’
- Orange: Slow please – ‘I’d prefer to only chat now if we’ve met previously’
- Red: Stop – ‘Not able to interact currently’

The team at SCANZ also added in a “blue light”, which indicated that someone would like to chat, but was feeling unsure about where to start. Attendee, Dr Susan Rapley, said this was a subtle way of asking for a little extra help, without having to explicitly do so.

The Power of Downtime Dice

Trustpower’s Safety and Wellbeing Manager Angelique ordered Downtime Dice for her staff in December. ‘The dice helped us share the message of the importance of a good break, encouraging our employees to spend some quality time with loved ones, enjoy that time off and to really connect with family and friends’, Angelique said.

The dice were well received. Angelique was inundated with emails from staff who were very grateful for the gift. Downtime Dice can be ordered from the *All Right?* website <https://allright.org.nz/tools/downtime-dice/>

Canterbury Measles Outbreak

In the period 21 February to 26 April, 2019, Community and Public Health staff have investigated 229 measles notifications. Of these notifications, 38 have been confirmed as measles cases.

An additional confirmed measles case, who became unwell while overseas and travelled to Christchurch on 19 March 2019, does not meet the case definition and is not included in the confirmed case total above, but may result in secondary cases from both in-flight and Christchurch contacts.

Confirmed cases have been in contact with large numbers of people with complex networks, including in early childhood centres (*ECEs*), schools, tertiary settings and healthcare facilities. At least 12 cases have attended ECEs, schools and tertiary settings whilst in the infectious period. Those settings have been alerted and supported accordingly. Substantial follow-up of Christchurch Hospital patients and staff was managed by Occupational Health and Infection Control teams.

The overall goal of the public health response to the outbreak is to prevent the spread of measles in the community and to increase overall measles immunity in the community through supporting primary care in increasing MMR vaccination coverage. Communications through media, communities and to organisations have been an essential part of the public health response. This has provided practical information and advice for those seeking help.

As at 22 April 2019, 677 MMR vaccines had been delivered in Canterbury since 4 March 2019. Community and Public Health has worked closely with Canterbury Primary Response Group (*CPRG*) and the Ministry of Health to support the primary care MMR vaccination strategy.

Since 11 March 2019, confirmed measles cases reported elsewhere in New Zealand include: Auckland DHB eight cases, Waitemata DHB nine cases, Bay of Plenty DHB seven cases, and Southern DHB one case (*EpiSurv* 0830, 23 April, 2019). Measles continues to circulate globally and the Ministry of Health issued a national advisory about overseas measles outbreaks on 28 February 2019. The Immunisation Advisory Centre has created a new Measles 'Hot Topic' page on its website and has a new measles update video for health professionals.

Measles Facts

- Measles is a highly infectious viral illness spread by contact with respiratory secretions through coughing and sneezing.

- People are infectious from five days before the onset of the rash to five days after the rash starts. Infected persons should stay in isolation - staying home from school or work - during this time.
- The best protection from measles is to have two MMR vaccinations. MMR is available from your family practice and is free to eligible persons.
- People are considered immune if they have received two doses of MMR vaccine, have had a measles illness previously, or were born before 1969.
- Anyone believing they have been exposed to measles or exhibiting symptoms, should not go to the ED or after hours' clinic or general practitioner. They should instead call their GP any time, 24/7 for free health advice.

Biosecurity Activities – 'Mega Survey' Undertaken

Biosecurity activities undertaken by Community and Public Health staff help to reduce adverse health effects and optimise positive health effects of the global environment, including, import control, international travel and vector control (e.g. mosquito control). The primary aim of the 'mega survey' was to:

- check for the arrival and/or establishment of exotic mosquitos (of public health significance);
- identify mosquito breeding sites and arrange for these sites to be eliminated or controlled; and
- record the distribution and habitat preference of mosquito species in New Zealand.

The mega survey was conducted by Community and Public Health, with assistance from Southern Monitoring Services (*SMS*), the Ministry for Primary Industries (*MPI*), the Lyttelton Port Company (*LPC*) and the Christchurch International Airport Company (*CIAL*). Twenty-two sites tested positive at the airport and five at the Lyttelton port. The mosquito samples were processed and sent to SMS for further identification. The mosquitos have been identified as *culex pervigilans* and *culex quinquefasciatus*, local species of no concern. As a result of the findings, recommendations to both *CIAL* and *LPC* regarding ongoing local mosquito control have followed.

Kaikoura Urban Water Supply Update – Boil Water Notice (*BWN*) Now Lifted

The *BWN* for the Kaikoura Urban water supply was removed on 18 April 2019. The Kaikoura Urban water supply remained on a *BWN* whilst major structural works on the storage reservoirs and bore heads were undertaken. Although extensive works have been carried out to the supply to improve its safety, Community and Public Health will remain vigilant for any potentially water-related illness. Community and Public Health's Drinking Water Assessor will also continue to work closely with the Kaikoura District Council.

Previously, on 7 March 2019, a *BWN* was issued on the Kaikoura Urban water supply following high numbers of coliform bacteria found in water samples taken post water storage reservoirs. Subsequent investigations highlighted integrity issues with two of the storage reservoirs as well as damaged supply bore heads.

In addition, there were notifications of gastrointestinal illness in the Kaikoura community and in particular at a local pre-school. A full investigation involving the local Environmental Health Officer, the Drinking Water Assessor (Community & Public Health), the Kaikoura Medical Centre and the Kaikoura Council could not determine the cause or the likely source of the illness and so the notifications could not be linked directly to the water supply.

Hanmer Springs Smokefree / Vapefree Zone – Launch of Trial

On 14 February 2019 the Hanmer Springs Smokefree / Vapefree Main Street trial was launched. The six month pilot was the result of an ongoing relationships with the Hurunui District Council and local businesses and residents. The pilot is an initiative between the Canterbury District Health Board, the Cancer Society, and the Hanmer Springs Community Board with the support of the Hurunui District Council. The aim of the pilot is to encourage people to choose not to smoke or vape on specific streets

within Hanmer Springs. The purpose of this is to reduce the visibility of addictive behaviours to the next generation, as well as the environmental advantages such as reducing cigarette butts and fire danger.

Hanmer Springs is one of the first townships where an entire retail area has gone Smokefree / Vapefree and, as such, an evaluation framework is in place to capture feedback from local residents, visitors and business. Locals will have the chance to give feedback on whether they wish the trial to be extended beyond the six months phase and become a permanent feature. Significant work has been invested in the communications for the trial, with the Canterbury District Health Board, the Hurunui District Council, and the Cancer Society working closely to ensure the values and interests of each organisation are reflected in communications to the general public and local residents and business owners in the area.

An analysis of the responses to press releases and Facebook postings has been undertaken. While the overall responses to these have been favourable, there have been some challenges within the area of communications: early access to the information regarding the pilot (via publicly available council minutes) led to the pilot being discussed in the media earlier than anticipated - ensuring the media accurately presented information provided in media releases required significant follow up; dealing with misinformation regarding the level of public consultation prior to the pilot has also required follow up. All these issues have been worked through by Cheryl Ford of the Cancer Society.

Preparation is underway to ensure those visiting the area will have a platform to express their views on the Smokefree / Vapefree Main Street trial. A 'Have Your Say' card has been prepared in both English and Mandarin and the main accommodation providers in the area have agreed to have these available in visitor's rooms. While the majority of visitors to the area come from the domestic market, the Chinese market is of particular interest to businesses in the area, as they typically spend more per person. It is hoped that the feedback received, will help allay the concerns of local businesses regarding any economic impact this trial might have. Having reviewed overseas data on Smokefree spaces, the expectation is that it will be generally well embraced by those visiting the area and have a positive impact on the local economy.

A full evaluation of the trial is being undertaken by the Information Team at Community and Public Health in collaboration with the Cancer Society. A report of the findings will be available later this year.

Health Promoting Schools – School Gardening Hui

As part of Edible Canterbury, the Health Promoting Schools team supported a School Gardening Hui on 26 March 2019 at the New Brighton Community Gardens. This was well attended by 31 people who were involved with running their school's garden. Four workshops were run simultaneously, covering an education programme about the role of bees, a curriculum linked science programme on what is in our soil, the art of storytelling, and permaculture.

Edible Canterbury workshops for schools are part of the Food Resilience Network's emerging strategy to develop a collaborative approach to more comprehensively and sustainably support edible gardening in the region's schools and wider community.

Active Transport – Learn to Ride a Bike Pilot for Migrant and Refugee Women

On International Women's Day (8 March 2019) a pilot 'Learn 2 Ride' morning was offered to women from the migrant and refugee community. This was a collaboration between Community and Public Health, Revolve, and Go Cycle Christchurch. Two 1-hour sessions at the Canterbury Netball Courts were promoted to migrant and refugee organisations, and throughout the Canterbury District Health Board. Thirty women registered and 15 volunteers were recruited. Due to bad weather on the day (wet, windy and cold) only 12 women participated. Feedback from attendees was that follow up sessions were required. As a result, three sessions were planned by Community and Public Health for 27 March, 10 April and 1 May 2019. Another series of 'Learn 2 Ride' sessions is planned for October 2019. Funding for external contractors is being sought to lead this project into the future.

Report prepared by: Nicola Laurie, Public Health Analyst
Report approved for release by: Evon Currie, GM Population and Public Health

Evaluation of the All Right? Campaign's Facebook intervention post-disaster in Canterbury, New Zealand



“A comprehensive and effective psychosocial recovery programme needs to support the majority of the population who need some psychosocial support within the community (such as basic listening, information and community-led interventions) to allow their innate psychological resilience and coping mechanisms to come to the fore”

Professor Sir Peter Gluckman, May 2011. (Prime Minister's Chief Science Adviser)



**Mandate for
population
based
campaign 2012**

**By Canterbury
for
Canterbury**

**Based on
international
evidence**



**I THOUGHT
I WASN'T
AFFECTED BY
THE QUAKE,
BUT THEN ONE
DAY I JUST
ENDED UP
BREAKING
DOWN. ALL
GOOD NOW
THOUGH.**

— George

**all
right?**

phantom
billstickers Ltd.

All Right?
works to
support and
improve
wellbeing in
Christchurch
as we recover



It's **All Right**
if you're feeling
challenged,
excited, brave,
unsure, stoked
or **overwhelmed**
today.

However you're doing, you can reach out or help out, and there is always someone to talk to.

canterbury.ac.nz/student-support



Help Canterbury feel like home



Share a smile. Start a conversation.
The little things you do can make a big difference.



All Right?
works to
support and
improve
wellbeing in
Christchurch
as we recover



All Right? Facebook



Research aims

- To explore the extent to which people interacted with All Right? Facebook and the reasons for the interaction
- To assess the impact that the All Right? Facebook page had on the people who were using it

Health Promotion International, 2019, 1–12

doi: 10.1093/heapro/day106

Article

OXFORD

Evaluation of the All Right? Campaign's Facebook intervention post-disaster in Canterbury, New Zealand

Kristi Calder^{1,*}, Lucy D'Aeth¹, Sue Turner¹, Annabel Begg¹, Ekant Veer², Jo Scott³, and Ciarán Fox⁴

¹Community and Public Health, Canterbury District Health Board, ²Department of Management, Marketing and Entrepreneurship, University of Canterbury, ³Great Scott Communications and ⁴Mental Health Foundation, Christchurch, New Zealand

*Corresponding author. E-mail: kristi.calder@cdhb.health.nz

Methods

Mixed methods

- Key stakeholders interviews
- Those accessing the Facebook page were invited to an online survey
- Participants were invited to participate in a telephone interview to gather more in depth information



Success factors identified included:

- Making relevant regular posts, with a focus on issues that affect everyone in Canterbury
- The timeliness of posts

I've had times when I've been posting in the middle of the night around aftershocks, and that's when you really open the conversation...

Results –
stakeholder
interviews

all
right?

Further success factor:

- Local research by All Right? informed the use of appropriate language for translating evidence-based wellbeing messages into the local setting

Results – stakeholder interviews

It's about being aware of what people are taking about.

all
right?

Results - online survey

- Over 200 people (n=212) responded to an invitation to complete an online survey.
- Of the 212 respondents, almost all reported that they had 'liked' the All Right? Facebook page (97%, n=205).
- Over four fifths (85%, n=178) of respondents reported that they had liked or posted a comment on an All Right? Facebook post at least once.



Results - online survey

98% All Right? Facebook posts are helpful

97% AR? Facebook posts
made me think about
how I'm feeling

96% AR? Facebook posts give me ideas
of things I can do to help myself

93% AR? Facebook posts regularly
make me think about my wellbeing

85% I have done activities or things as a result of
what I've seen on AR? Facebook posts

*Percentages of respondents to online survey

all
right?

Results - online survey

Why do you follow All Right? Facebook ?

- the most frequent response was the posts were helpful (80%, n=158)



Results - online survey

*What do you like best about All Right?
Facebook?*

- The tone of the page (consistent, cheerful, fun, caring encouraging)
- Non judgemental
- Helpful tips and advice
- Reassurance that what they were feeling was normal
- Posts encourage people to think about their wellbeing
- Opened up a conversation about wellbeing



...the struggle we face is real... and All Right? validates that.

I love seeing the All Right? posts after an earthquake or aftershock, makes me feel safe.

...seeing comments from others so I am not coping through this alone. All Right? facilitates that beautifully.



Motivating factors for people to engage with the All Right? Facebook page:

- when they were feeling low and struggling to cope
- for trusted and consistent information on wellbeing post disaster
- to feel part of a collective experience
- to find out more about the All Right? campaign

**Results –
Follow up
interviews**



All Right? Facebook posts that helped them most...

- posts immediately following aftershocks, for example...

‘Did you feel that one Canterbury? I hope you are okay’

...it's just that question, (if you're all right?) - somebody's actually interested enough to ask me... it's the fact that someone cares enough to do that is sometimes just all I need

- advice and tools to improve wellbeing

**Results –
Follow up
interviews**

*all
right?*

...from what All Right? was doing and how I engaged with All Right?, if there wasn't a Facebook page I don't know where I would have gone. I don't know what I would have done... it has made a difference to my health and wellbeing, without a doubt

'...and it's like having a friend tap you on the shoulder and say it's all right.'



Conclusion

Social media can be an effective tool,
post disaster, in the wider public
health toolkit



All Right? on Facebook:

- brought people to a collective forum
- individuals felt part of a wider social network
- trusted and consistent information on wellbeing post-disaster, in particular for wellbeing tips and reassurance that how they were feeling was normal
- participation in social media post-disaster can result in some behaviour change.

Conclusion



All Right? Facebook

Ka whāngaiā ka tupu ka puāwai **all right?**

He wā whakatā **all right?**

👍❤️😄 335 12 Comments 255 Shares

👍 Like 💬 Comment ➦ Share

Most Relevant ▾

Write a comment... 😊 📷 GIF 🗨️

Press Enter to post.

Amanda Condon Thank you All Right? You are so amazing at giving us support when you are also going through this dreadful time with us 💜 8

Like · Reply · 1w


Rachel Jennings Are you OK All Right? 6

Like · Reply · 1w

All Right? Thanks for asking, Rachel - like everyone, we're very sad. But we're following our advice and taking care of each other. 8

Like · Reply · 6d


All Right? Facebook


All Right?
 Published by Donovan Ryan [?] · 29 March at 19:51 · 🌐

Tough times affect each of us differently – give yourself time to find what works for you.


He waka eke noa | We're all in this together
 سلام, Salam, Peace, Aroha, Kia Kaha x... [See more](#)

IT'S ALL RIGHT TO TALK IT OUT.




ALLRIGHT.ORG.NZ

IT'S ALL RIGHT TO NEED A HUG.




ALLRIGHT.ORG.NZ

IT'S ALL RIGHT TO HAVE A CRY.



ALLRIGHT.ORG.NZ

IT'S ALL RIGHT TO REACH OUT.



ALLRIGHT.ORG.NZ

All Right?
Community organisation

[Send Message](#)

🌱 **Get more likes, comments and shares**
Boost this post for \$44 to reach up to 12,000 people.

👤 **87,247** people reached [Boost Post](#)

👍❤️ 432 13 Comments 641 shares

Performance for your post

87,247 People Reached

4,080 Reactions, comments & shares ⓘ

2,427 👍 Like	303 On post	2,124 On shares
877 ❤️ Love	137 On post	740 On shares
2 😂 Haha	1 On post	1 On shares
2 😞 Sad	0 On post	2 On shares
132 Comments	18 On Post	114 On Shares
650 Shares	641 On Post	9 On Shares

8,444 Post Clicks

4,107 Photo views	26 Link clicks	4,311 Other Clicks ⓘ
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NEGATIVE FEEDBACK

10 Hide Post **7** Hide All Posts

0 Report as Spam **0** Unlike Page

Reported stats may be delayed from what appears on posts

The overall success of All Right? Facebook was reliant on being part of a trusted population-wide wellbeing campaign



Introduction to the Public Health Clinical Network

Background

Public health units make a number of key contributions to health outcomes in New Zealand, including:

- Reducing demand for health care services over the long term
- Improving the overall health of the population, reducing inequalities, and, in particular, improving the health of Māori
- Enhancing the effectiveness of prevention activities in other parts of the health system
- Improving the effectiveness of health spending by providing information about population health status and effective population health interventions, and managing emerging health risks
- The current public health unit configuration has a number of strengths, but also important limitations.

Purpose

The Public Health Clinical Network has been established by representatives of the 12 public health units (Service Managers and Clinical Directors) and the Ministry of Health to provide leadership for and strengthen the performance and sustainability of public health units.

Goals

The goals of the Public Health Clinical Network are to:

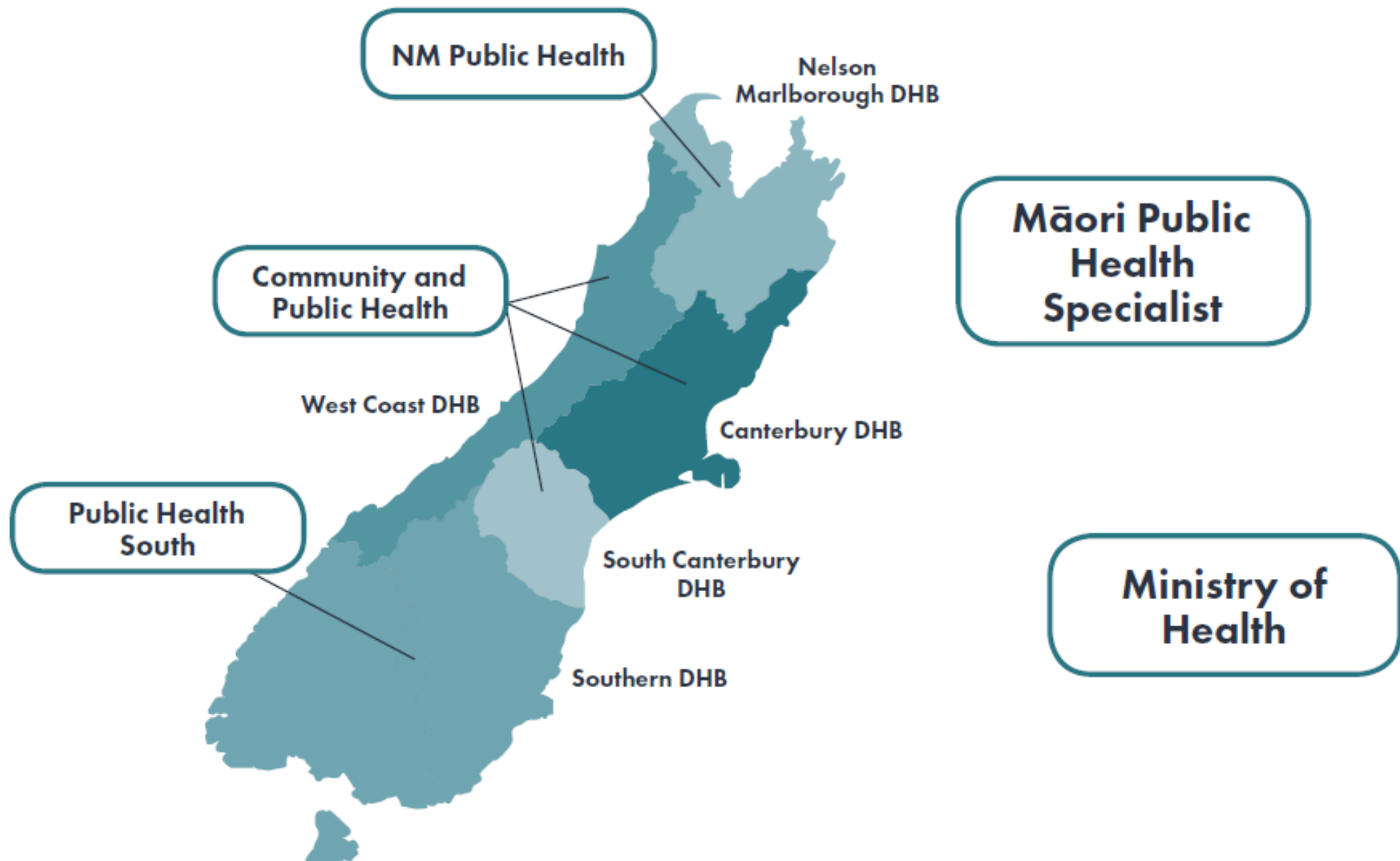
- Bring expertise to shape national public and population health services
- Enhance consistency and quality of public health service delivery
- Align planning and improve co-ordination between public health units
- Improve co-ordination between public health units, the Ministry of Health and other public health stakeholders
- Ensure the development of appropriate and sustainable systems to support these goals.

Introduction to the South Island Public Health Partnership



Potted History

- Long history of co-operation between South Island public health units
- SI Public Health Partnership formed under the SI Alliance in 2010
- Contracted by the Ministry of Health– public health capacity development
- Proposal to form a regional, cross-sector public health alliance approved by Alliance Leadership team in August 2016
- Following co-design process in 2017 an *independent* cross-sector group (Hauora Alliance) emerged which is “hosted for now” by the SI PHP
- Some members of the SI PHP are also members of the Hauora Alliance Steering Group.
- Currently chaired by Evon Currie (Community and Public Health, CDHB) , with programme facilitation from Ruth Teasdale (South Island Alliance Programme Office) .



Purpose and Scope

- Maximize the collective impact of working together to improve the health and wellbeing of the South Island population with a particular focus on equity and improving Māori health outcomes
- Effective and efficient regional and local delivery of Ministry-funded Public Health Unit (PHU) services.
- Improving the interface and support between PHUs and other parts of the health system.
- Embedding a South Island way of working that enhances joined-up work.

Recent Achievements

- South Island Position Statements –*Housing* and *Sugar Sweetened Beverages* (endorsed by SI Alliance ALT in December 2018) joining *Alcohol* and *Tobacco*.
- Environmental Sustainability Position Statement available for discussion.
- South Island Strategic Framework for Public Health Units.
- South Island Quality Framework for Public Health Units.
- South Island template for SI Public Health Units' Annual Plans.
- South Island PHP Healthy Eating and Active Lifestyles Working Group established and now actively developing a plan based on the WHO Action Plan with active links to the Ministry of Health's work in this area.
- Contribution of the South Island *The First Thousand Days* Population Health Report (developed under the auspices of SI PHP) to the Hauora Alliance

South Island Public Health Partnership 2018/19 Plan

- Key focus areas:
 - **Collective impact and partnerships**
 - Supporting Hauora Alliance and other cross-sector initiatives with First 1000 Days and Social Determinants
 - **Partnership with Te Herenga Hauora**
 - Focusing on public health indicators and position statements to contribute to equitable outcomes for Maori
 - **Facilitating a health promoting health system**
 - Tackling social determinants with a specific focus on healthy housing, environmental sustainability and sugar sweetened beverages
 - **Regional alignment**
 - Focusing on drinking water, psychosocial wellbeing, alcohol harm reduction, and the promotion of healthy eating and active lifestyles

SI PHP Working Groups and Networks

- Environmental Sustainability
- Alcohol Harm Reduction
- Healthy Eating and Active Lifestyles
- Workforce Development
- Analysts/ Health Intelligence
- SI PHUs' Annual Plans

CANTERBURY ACCESSIBILITY CHARTER – ACCESSIBILITY CHARTER WORKING GROUP



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

SOURCE: Corporate

DATE: 9 May 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The Canterbury DHB became a foundation signatory of The Accessibility Charter- Canterbury: Te Arataki Taero Kore in November 2017.

As part of the work under this Charter, Canterbury DHB's Executive Management Team (EMT) agreed to the formation of the Accessibility Charter Working Group (ACWG) in mid-2018.

The ACWG has prepared an implementation plan and has been carrying out work to achieve the activities outlined in that plan for 2019.

2. RECOMMENDATION

That the Committee:

- i. notes the Canterbury Accessibility Charter – Accessibility Charter Working Group update.

3. DISCUSSION

Since EMT's approval in June 2018 to establish an ACWG, the group has developed an Implementation Plan and carried out work in each of the specified activity areas. It has kept the Disability Steering Group regularly updated, with Gordon Boxall as the chair of both groups.

Meetings have been held most months. The table below summarises progress and issues since June 2018.

Activity	Work in progress	Issues arising
Project planning – design, build, repairs and maintenance	Agreement that the CDHB's NZP3M ¹ work, including CDHB project planning manuals, will include a hyperlinked page collating accessibility information for project managers. Implementation expected prior to end of 2019.	Accessibility information eg https://www.building.govt.nz/building-code-compliance/d-access/accessable-buildings ² This will assist project managers, when appropriate, to include and 'make the case' for accessibility features that exceeds Building Code minimum requirements. However, success in this is affected by financial considerations.

¹ This is a new project management framework being developed to address Treasury expectations.

² This is a new document that explains a wide range of accessibility issues, why they are needed, design options, and reference to the Building Code.

Activity	Work in progress	Issues arising
Information about accessibility	ACWG has identified a range of sources of information. Includes Quality and Safety (Complaints processes, Consumer feedback, Patient Experience Surveys) Health and Safety, Operations, Maintenance and Engineering, Project Management.	Currently there is not a well-known or connected up approach to collating information on accessibility from patients, families and staff. Further work needed to improve coordination, use and communication.
Stocktake	Have collected information on ongoing Maintenance and Engineering Projects. Awaiting information on Site Redevelopment Projects	Identification of projects in which a focus on accessibility is particularly important.
Technical accessibility advice	ACWG has discussed options on in-house vs contracted expertise, and will be collecting more information on options. Will make recommendation in 2019 report to EMT. May pilot in the meantime to increase our understanding.	There are questions regarding funding/resourcing for all options as the CDHB's accessibility technical expertise is a gap.
Communications	Discussion re public release of ACWG Implementation Plan.	
External work	Barrier Free NZ Trust and Earthquake Disability Leadership Trust have not organised any cross-signatory work.	
Issues identified but not considered in 2019	These are being documented in preparation for the 2019 summary report.	Examples: Accessibility 'upgrades' of existing facilities Leased facilities West Coast Projects that are not about designing and building – accessibility considerations?

Report prepared by: Allison Nichols-Dunsmuir, Health in All Policies Advisor,
Community and Public Health

Report approved for release by: Jacqui Lunday Johnstone, Executive Director Allied Health,
Scientific and Technical

EQUALLY WELL PROGRAMME UPDATE

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

SOURCE: Planning and Funding

DATE: 9 May 2019

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

This update was requested by the Disability Support Advisory Committee following the report to the Committee about Equally Well in 2018.

2. RECOMMENDATION

That the Committee:

- i. notes the Equally Well Programme update.

3. SUMMARY

The previous report in 2018 summarised evidence that people using mental health services have more than twice the mortality rate of the general population, with the disparity even more pronounced for people with a psychotic illness.

This report summarises the progress on the Equally Well response in Canterbury over the last 12 months.

4. DISCUSSION

Equally Well is a programme of collaborative action in New Zealand to address the poor physical health and reduced life expectancy of people who experience serious mental illness (*SMI*) and/or an addiction.

In 2015, the Canterbury DHB, along with a number of mental health NGO providers, endorsed the [Equally Well Consensus Position paper](#), which signals the commitment by an organisation that they will ensure that the Equally Well objective of taking action to improve the physical health of people with a SMI and/or an addiction is prioritised and implemented.

In Canterbury, there are two groups meeting regularly to progress this work: the Specialist Mental Health Services (*SMHS*) Equally Well Working Group and the Primary Care Equally Well Group, with overlapping membership that includes NGOs to ensure an integrated approach.

SMHS are working with teams to develop and implement physical health screens to facilitate engagement in primary care. The initial approach was to undertake comprehensive health screens, but this proved difficult to implement despite significant work in the development phase. The working group has recently reviewed work to date and refreshed their plan with routine meetings for monitoring progress reinstated.

NGOs are providing consumers with wellbeing information that includes physical health and how to access primary care. The targeted extended consults in primary care are no longer trackable as the funding has been distributed across practices alongside capitation to minimise the administrative

burden of claiming through PHOs. A more effective means of removing the cost barrier is being explored.

Pegasus is undertaking a project to identify opportunities for future work and this will result in a report in the coming months. This will provide a platform for identifying what is working and what else can be implemented to achieve the overall goal.

5. CONCLUSION

The initiatives to improve the physical health and wellbeing outcomes for people with serious mental illness and/or addictions have had limited success to date. A review from primary care and a refreshed plan for SMHS is expected to improve on this going forward, with opportunities identified for more effective future work.

Report prepared by:	Sandy McLean, Team Leader, Planning and Funding
Report approved for release by:	Jacqui Lunday Johnstone, Executive Director Allied Health, Scientific and Technical

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

Canterbury
District Health Board
Te Poari Hauora o Waitaha

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the Canterbury District Health Board (CDHB), established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB, and will apply from 21 March 2019.

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

FUNCTIONS

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

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

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

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

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

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

The Committee will effect these functions by:

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

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

Canterbury
District Health Board
Te Poari Hauora o Waitaha

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

SUBMISSION PROCESS

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

KEY PROCESSES

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

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

Canterbury
District Health Board
Te Poari Hauora o Waitaha

ACCOUNTABILITY

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

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

WELLBEING HEALTH AND SAFETY

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

LIMITS ON AUTHORITY

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

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

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

Canterbury
District Health Board
Te Poari Hauora o Waitaha

RELATIONSHIPS

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

- The Board.
- Consumer groups.
- Management of the CDHB.
- Clinical staff of the CDHB.
- Manawhenua Ki Waitaha.
- The community of the CDHB.
- Other Committees of the CDHB.

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

TERM

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

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

MEMBERSHIP OF THE COMMITTEE

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

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

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

The Chair(s) of the Community and Public Health and Disability Support Advisory Committee will be members of the Board and will be appointed by the Board, who may also appoint a Deputy Chair(s) of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board will

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

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be ex-officio members of the Community and Public Health and Disability Support Advisory Committee and will have full speaking and voting rights at all meetings of the Committee.

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

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

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

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

MEETINGS

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

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

REPORTING FROM MANAGEMENT

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

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

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MANAGEMENT SUPPORT

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

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Ministerial direction and Board resolutions, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of \$250 per meeting up to a maximum of ten meetings per annum, total payment per annum (\$2,500). The Committee Chair(s) will be remunerated for attendance at meetings at the rate of \$312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum (\$3,125). These payments may be reviewed by Ministerial directive. Ex-officio members (if appointed) are not remunerated.

These payments are made for attendance at public meetings and do not include workshops.

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

Adopted by Board: 19 April 2018.








Amended by Board: 21 March 2019.

PROCESS for the review of Canterbury DHB BACKGROUND PAPERS and POSITION STATEMENTS

February 2019

Background

The Canterbury DHB has approved a number of position statements on a range of issues with impacts on public health. Currently these are as follows:

 Alcohol Position Statement (July 2012) and background paper
 Canterbury Water Management Strategy (October 2011) – statement of support; no background paper
 Fluoridation (July 2003) – includes a summary document
 Gambling Position Statement (November 2006) – supporting evidence provided
 Housing, home heating and air quality (April 2012) and background paper
 South Island Smokefree Position Statement (2012) and background paper
 Unflued Gas Heaters Position Statement (July 2015) and background paper

Most of the position statements are accompanied by a background paper which outlines the current evidence and other relevant matters, such as legislation which is pertinent to the issue. Each agreed position statement is consequently based on the best evidence available at the time of writing. Background papers, and associated position statements, may also include a number of evidence-based actions for consideration by the Board.

Some position statements were approved by the Board more than ten years ago and therefore, it is considered prudent to instigate a review process for each of the associated background papers (if they exist). Such a process will ensure the integration of new evidence, including any new research related to evidence-based actions.

Some position statements were developed as part of a South Island process (e.g. Alcohol and Smokefree), and although signed off by individual DHBs, they were in alignment across the South Island. This will need to be considered as part the review process.

Review Process

1. That the reviews are led by Community & Public Health, unless another division of the Canterbury DHB is identified to lead/undertake the review (e.g. Community Dental Service for Fluoridation). The review process will include an identified Clinical Director who will sign-off the review including any recommendations.
2. That each background paper (if one exists for the position statement under review) is reviewed at least once every five years. A review may be instigated in the interim period if significant developments regarding evidence, changes in legislation, or other contextual factors, occur in the interim.
3. If the Clinical Director overseeing the review process identifies either no need for change, or for only minimal change in either of the reviewed documents (background paper and the associated position statement), then these may be signed off by the Chair of CPHAC and the Chair of the Board.
4. If the Clinical Director overseeing the review identifies that there is sufficient new evidence necessitating change, a redrafted background paper, and/or position statement, will be prepared. In the first instance these documents will be considered by CPHAC. Following CPHAC's deliberations the documents will be provided to the Board.

TIMETABLE FOR REVIEW OF CDHB POSITION STATEMENTS

In planning a timetable of review for the current Canterbury DHB Position Statements it is important to note the following background papers and position statements which have been, or are in the process of being, developed by the Information Team at Community and Public Health for the South Island Public Health Partnership for adoption by all South Island DHBs. These are as follows:

- Housing,
- Sugar Sweetened Beverages, and
- Sustainability (due to the SI Public Health Partnership early 2019).

Each of these background papers and position statements will come to CPHAC and the Board in the near future. It is recommended that the Housing background paper and position statement replaces the more narrowly and post-earthquake focused 'Housing, home heating and air quality' position statement developed in 2012.

It is suggested that the existing background papers and associated position statements each undergo a review by the end of 2020. The timetable has been determined by the age of the current position statements.

Please note:

This timetable will be subject to available resources in the Information Team (Community and Public Health) and the possible impact of other priorities.

Following the review and sign off of each position statement, an agreed period to next review will need to be determined.

Review of Background Paper and Position Statement	Proposed date to CPHAC, by end
Fluoridation (2003)	June 2019
Gambling (2006)	September 2019
Canterbury Water Management Strategy (2011)	November 2019
Housing, home heating and air quality (2012) – developed post-earthquake this background paper and its associated position statement focus on specific aspects of housing that were particularly pertinent in 2012.	It is recommended that this position statement is replaced by the new and more encompassing South Island Housing position statement recently signed off by the SI Public Health Partnership (process underway)
South Island Smokefree (2012)	April 2020
South Island Alcohol (2012)	July 2020
Unflued Gas Heaters (2015)	October 2020

Food Resilience Network

Community and Public Health have been connected with the Food Resilience Network since its inception. Janne Pascoe, a health promoter with a dietician background, was a member of the committee during this time. When Janne retired Tim Weir, Communities Team Leader, took over this role and has continued to support the work undertaken by the network. Tim was pleased to provide an update of the current activities the network is focussing on and his update is provided below for your information.

From a health promotion perspective our role is to encourage and support the development of community based initiatives that encourage not only the focus on specific areas of value (ie: food resilience) but also the growth of community involvement and ownership of such undertakings – our aim is to be a background supporter – providing expertise to assist where this is valuable but always ensuring the leadership, direction and ownership resides with the community.

Over the past year Michael Reynolds has been working as the Food Resilience Network Coordinator to drive the development of the Network's activities beyond the Ōtākaro Orchard building project that had been occupying most of the Network's energy. During this time Michael has networked extensively within the sustainable food growing community and initiated public events and activities resulting in a number of new members joining the committee with helpful expertise (Angela Clifford from Eat NZ, Hamish Duff from Recalibrate, Matt Morris from Canterbury University and Sarah Butterfield from Avon Ōtākaro Network). The Network is currently going through a strategic planning process to systematically plan its priorities for the next financial year beginning 1 September.

Activities of the Network include:

- FRN website about to be launched with interactive food resilience map, story-telling platform, local food producers & retailers profiles/directory and links to member/partner organisations
- Events and workshops including a series of Food Talks, Video Story Telling workshop, activities at FESTA, Everybody Eats dinner, Edible Canterbury week, seed swap, and sustainable local food economy documentary screenings
- Writing opinion pieces on local sustainable food eg one in The Press.
- Ran another Edible Canterbury workshop for schools as part of the Food Resilience Network's emerging strategy to develop a collaborative approach to more comprehensively and sustainably support school and community edible gardening in the region.

The Ōtākaro Orchard sustainable building project that includes a café and community meeting rooms now has building consent. Funding has been secured in the form of grants, donations (of money and in-kind materials or professional time) and a loan. The project will break ground shortly and 3750 adobe bricks having already been hand-made through community working bees in anticipation. The Orchard will become a great teaching space, community facility and public café promoting local food and sustainability when completed later in the year.

Rural Health Promotion

Health Promoting Schools (*HPS*) is an initiative undertaken by health promoters from Community and Public Health. The HPS approach in Canterbury is one that is responsive to local needs, utilises a community development approach and also supports health in schools as part of a wider approach to improve child wellbeing. The team ensure that we continue to effectively integrate with our District Health Boards, with local initiatives such as WAVE, Mana Ake and support the Prime Minister's Child Wellbeing Strategy.

Health Promoting Schools has a relationship with and is supporting to varying degrees all seven rural decile 1-4 year 1-8 schools in the CHDB region. Due to the distance required to travel, most communication is via email and phone calls with some schools only able to be visited once or twice a year. The HPS Team has also supported where there's an invite to work with a wider number of rural schools through their Kāhui Ako (Community of Learning/School Cluster) eg assisting Hakatere and Opuke Kāhui Ako (Ashburton and mid-Canterbury) with student and staff wellbeing inquiry, and supporting school leaders and postvention responders after recent losses of two students to suicide. Advice has been given to Ngā Mātāpuna o Ngā Kāhui Ako (Selwyn/Lincoln) on health and wellbeing inquiry processes and staff wellbeing. Work of rural schools has been among that promoted and celebrated in our quarterly Health Promoting Schools magazine.

Rural mental health continues to be a focus for our Ashburton Health Promoter, responding to the impacts of *microplasma bovis* on dairy farmers and the flow on effects of the stress for families, schools and communities. This has included working with the Rural Support Trust in running numerous wellbeing workshops for various groups in farming communities in mid-Canterbury.

Smokefree has made good progress in mid-Canterbury with support for Smokefree playing fields being obtained from Mid-Canterbury Rugby. In Hanmer, a pilot Smokefree / Vapefree precinct was launched on 14th February. This was fully supported by the Community Board and endorsed by the Hurunui District Council. Planning is underway for the evaluation of this pilot. Full scoping with business owners and those affected in the precinct was undertaken prior to the commencement of the pilot.

Workplace wellbeing promotion work continues to grow with multiple companies in Ashburton being assisted (eg Bradfords and Ruralco) and ACL progressing their accreditation for WorkWell with our Ashburton-based health promoter. Expressions of interest in WorkWell from South Pine and Spraymarks in Rangiora are being followed up by our Christchurch workplace health promoter.

<div><div><div>Canterbury</div><div>District Health Board</div><div>Te Poari Hauora o Waitaha</div></div></div>		Minutes – Friday 22 February 2019 Canterbury DHB Disability Steering Group (DSG)	
Attendees: Gordon Boxall (Chair), Kathy O’Neill, Sekisipia Tangi, Jacqui Lunday Johnstone, Allison Nichols-Dunsmuir, Maureen Love, Catherine Swan, Dave Nicholl, Mick O’Donnell, Kay Boone, Lara Williams (Administrator)			
Apologies: Susan Wood, Simon Templeton, Ngaire Button, Waikura McGregor, George Schwass, Paul Barclay, Prudence Walker, Jane Hughes, Kathryn Jones			
	Agenda Item	Summary of Discussion	Action/Who
1.	Karakia Timatanga	Dave presented a karakia and Gordon welcomed the group.	
2.	Apologies above Previous minutes, matters arising and any conflicts of interest for today’s agenda items	Minutes passed as correct. More we can do to address issues for children with disabilities? Project Search launch video to be made available. Mick confirmed it needs to be edited before being circulated. Maureen contacted Erin about correct Ten Commandments version. The link has been forwarded to Mark Lewis to decide whether to include as content. Employing more disabled people. Kathy asked group for contacts. May start with initial meeting to get things going. Disability Awareness training for Managers is definitely on the agenda. Maureen has passed Prudence’s contact details to the designers, and will convey Dave’s concerns regarding effectively reaching clinicians for training. Official Information Act request about disabled Maori is being answered by Planning & Funding.	Action point – Jacqui will provide information on a Scottish joined-up approach to services for children, Ready to Act, at future meeting Action point – Mick to follow up when video is available. Action point – contacts to be sent to Kathy asap.
3.	Phase One Health and Disability Review	Review summary information tabled. Submission from CDHB is being organised by Planning and Funding. There is an opportunity for DSG to contribute at a system level to the nine questions asked by the review. DSG asked to contact their groups and provide 2-3 for bullet points for each question, and send to Kathy asap.	Action point – Group to send suggestions to Kathy before March 22. Kathy will collate and DSG will discuss at next meeting.
4.	Annual Planning Guidance for 2019/20	Discussion on relationship of Disability Awareness, Person Centred care and Clinical Education/Training on disability issues (latter eg disabling conditions like Cerebral Palsy, Autism, Down Syndrome, Spinal Cord Injury). HealthPathways is where treatment pathways are located, but some of this may not relate to Pathways. Example of patients presenting with acute challenges, managing challenging behaviour, de-escalation skills. Each health profession has its own education/training/ongoing professional development. However, patients are treated by teams so that perspective is important as well. Discussion concluded it would be useful to:	Action point – Maureen to raise with P&C about Clinical Training. Action point - Kathy to look into Annual Plan and find focused points to achieve enhanced training.

	Agenda Item	Summary of Discussion	Action/Who
		<ul style="list-style-type: none"> - Understand processes for clinical education/training across the board in CDHB - Consider who keeps the overview and the role of P&C - Identify some possible initiatives <p>Acknowledged we need to include Pasifika and Maori disability perspectives.</p> <p>Discussed the possible opportunities presented at CDHB induction process to give inclusion messages, and direct people to where they can find relevant disability information. This could become a measurable approach. Eg how many people have attended.</p> <p>Discussed future possible initiatives during International Day of People with Disabilities (3 Dec) to highlight CDHB disability work. EG profile patient experience by extending Ngaere Dawson's patient journey videos.</p>	<p>Action point - Gordon to meet with Dave on issues and ideas.</p> <p>Action point - Kathy and Jacqui to meet about clinical education</p> <p>Action point - Maureen to ask P&C about integrating disability content into onboarding.</p>
5.	Minister's expectations for DHBs for 2019/20	<p>David Clark's letter tabled.</p> <p>Minister's expectations highlight requirement for contractors, as part of their plans, to provide a more accessible service.</p> <p>Minister also expects DHBs to implement the UN Convention on the Rights of Persons with Disabilities. This has many relevant clauses. DAG should look at this at future meeting.</p> <p>CDHB uses Safety 1st for collecting Health and Safety data. At times this will be relevant to the experiences of disabled people in the health sector. We should learn more about Safety 1st as it relates to issues arising from disability. Note Susan Wood is a DSG member</p> <p>It is positive for disabled people that bed boards are moving into new Acute Services building.</p>	<p>Action Point:</p> <p>Planning and Funding will progress this.</p> <p>Action point: Allison will do a UNRPD presentation at a future DSG meeting</p> <p>Action point - Safety 1st Rep to be invited for future meeting</p> <p>Action point - Kathy to speak to Roxanne McKerras about patient boards</p>
6.	Updates	<p><u>System Transformation</u></p> <p>In Palmerston North, the prototype, Mana Whaikaha, already has a six week waiting list.</p> <p>Disability Support Services in Ministry of Health has a new Deputy Director General Adri Isbister (and Disability is new to MoH Executive Management Team but is 13 staff short. See press release re DDG below)</p> <p><u>Tō Tātou Ora Workstream</u> This is a P&C workstream related to occupational health and safety, and Staff Wellbeing. Kathy is involved and Jacqui is on the Advisory Group. Jacqui to provide overview at next DSG meeting.</p> <p><u>Accessibility Charter Working Group update</u></p> <p>The Charter Implementation Plan is being finalised for a March EMT meeting.</p> <p>Hillmorton continues to be of interest as it is in its early stages and can have well organised accessibility input, supporting the aim of embedding into business as usual.</p>	<p>Action point – Jacqui to provide overview at March meeting</p>

	Agenda Item	Summary of Discussion	Action/Who
		<p>There continue to be parking, bus and taxi issues at Chch Hospital/Outpatients. Allison has initiated a project with Environment Canterbury to promote accessible bus options for travel to hospital. This will help reduce people not attending appointments due to parking challenges.</p> <p>Clash of meeting times – Brad Cabell can't attend current start time Suggestion for 11-1pm for our meetings.</p> <p><u>Update proposal on engagement with West Coast</u> WC want more than two meetings, two monthly meetings are suggested.</p>	<p>Action point –Kathy to straw poll DSG about 11am start time.</p>
7.	General Business	Kathy is building links with Pasifika groups in the community. Seki will get in touch with Finau, Pasifika Portfolio Manager, Planning & Funding	
8.	Anything that's different in a disabled person's life since we last met?	<p>Positive feedback about Hospital Dental Service at new Outpatients building. Room and equipment were flexible, accessible and welcoming for wheelchair user.</p> <p>Project Search students have all started work with their Corporate Orientation happening on Monday.</p>	
	Next Meeting	<p>Next meeting Friday 22nd March 2019</p> <p>10:30-12.30pm</p> <p>32 Oxford Terrace</p> <p>April meeting will be at Burwood. Please note the April meeting is April 26th, after Anzac Day, there may be a lot of the group unable to attend.</p>	<p>Action point – Maureen to enquire about visiting Project Search at Burwood for 26th April.</p> <p>Maureen will also contact Erin to confirm her attendance in April.</p>

Media release

17 January 2019

The Ministry of Health has announced the appointment of Adri Isbister to the role of Deputy Director-General Disability.

Adri was most recently the CEO of Wairarapa DHB and during her tenure, led the development of cross-sector work and the implementation of Health Care Home, a primary care initiative.

More broadly, Adri has over 25 years' experience in the health and disability sector. She is the former leader of LIFE Unlimited, a national health and disability service provider. Adri also supported the implementation of the New Zealand Disability Strategy and has held governance positions within the national Needs Assessment Service Co-ordination Association (NASCA) and disability information services. Adri holds an executive Masters in Business Administration and in her career has received two business excellence awards.

WORKPLAN FOR CPH&DSAC 2019 (WORKING DOCUMENT)

	7 March 2019	9 May 2019	4 July 2019	29 August 2019	31 October 2019
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	Planning and Funding Update Report Community and Public Health Update Report Maori and Pacific Health Progress Report	Planning and Funding Update Report Community and Public Health Update Report	Planning and Funding Update Report Community and Public Health Update Report	Planning and Funding Update Report Community and Public Health Update Report	Planning and Funding Update Report Community and Public Health Update Report Maori and Pacific Health Progress Report
Planned Items	Draft CDHB Public Health Plan 2019-20 Influenza – Pharmac Approvals Te Ha – Waitaha Stop Smoking Programme Update Step-Up Programme Update CDHB Workforce Update	AllRight? – Presentation Public Health Clinical Network (PHCN) – Presentation South Island Public Health Partnership (SIPHP) - Presentation Ko Awatea Transgender Health Working Group - Presentation Canterbury Accessibility Charter – Accessibility Working Group Update Equally Well Programme Update	Child & Youth Workstream Update Work in Schools – Presentation Water Progress - Presentation Healthscape - Presentation Maori Health Plan Options Disability Steering Group Update People & Capability Disability Update Disability System Transformation	Oxford Model of Care Update Communicable Diseases - Presentation Broadly Speaking (HIAP Training Program) - Presentation Focus on People with Disabilities Throughout DHB System / Plans Transalpine Strategic Disability Action Plan Update Community & Public Health Update – Disability Sector Step-Up Programme Update	Wellbeing Index Update – Presentation Hauora Alliance – Presentation Greater ChCh Partnership - Presentation Vaping To Quit Health Promotion Agency Campaign People & Capability Disability Update Disability Steering Group Update Canterbury Accessibility Charter – Accessibility Working Group Update Equally Well Programme Update
Governance and Secretariat Issues	Draft 2019 Workplan				
Information only items	Disability Steering Group Minutes CCN Q2 2018/19 CPH 6 Month Report to MoH	CPH&DSAC Terms of Reference – Amended Process for the Review of CDHB Background Papers & Position Statements Food Resilience Network Rural Health Promotion Disability Steering Group Minutes 2019 Workplan	CCN Q3 2018/19 Disability Steering Group Minutes 2019 Workplan	Disability Steering Group Minutes CCN Q4 2017/18 CPH End of Year Report to MoH 2020 Meeting Schedule 2019 Workplan	Disability Steering Group Minutes 2019 Workplan