Canterbury District Health Board Public Health Plan 2014-15

Canterbury District Health Board

Public Health Earthquake Recovery Plan 2014-15

THE CANTERBURY HEALTH SYSTEM

- working together to make it better

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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1. CANTERBURY DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2014–15

- **Canterbury DHB Mission:**

  To improve, promote and protect the health of the people in the community and foster the wellbeing and independence of people with disabilities and reduce disparities.

- **Canterbury DHB Vision - Tā Mātou Matakite:**

  Ki te whakapakari, whakamanawa me te tiaki i te hauora mō te oranga pai o ngā tāngata o te rohe o Waitaha.

  To promote, enhance and facilitate the health and wellbeing of the Canterbury community.

- **Canterbury DHB Values –A Mātou Uara:**

  Care and respect for others - Manaaki me whakaute i te tangata.

  Integrity in all we do - Hāpai i ā mātou mahi katoa i ruka i te Pono

  Responsibility for outcomes - Te Takohanga i ngā hua.

- This plan accompanies the CDHB Annual Plan and has been endorsed by the Executive Management Team and Board of the CDHB. It describes public health services provided or funded by the CDHB and its Public Health Unit and highlights key relationships with other agencies.
- The plan is based on a South Island planning template utilising the Core Public Health Functions framework (as agreed in the South Island Public Health Partnership plan).

a. Our Public Health Service

- Community and Public Health (CPH) is the public health division of the Canterbury DHB and provides public health services to Canterbury, the West Coast and South Canterbury.
- Following the February 2011 earthquake, CPH restructured its Christchurch office to reflect the expectation of a significant focus on Public Health recovery for the foreseeable future. The decision was made that Public Health recovery would be an intrinsic part of our annual Canterbury DHB Public Health Plan, as opposed to creating a standalone recovery plan.
- The Christchurch staff of CPH now work in a Team structure based on four areas of focus:

  Information, Analysis and Support (Information Team)

  Health in All Policies (Policy Team)

  Health Protection (Protection Team)

  Community Engagement and Resiliency (Communities Team).

- During the ongoing earthquake recovery phase, public health activities involve working in partnership with health and non-health agencies to improve health outcomes via a determinants approach.
- This plan, while primarily concerned with the work of Community and Public Health, also includes other DHB-funded public health activities, in particular those delivered by the Planning and Funding division of the CDHB and by the three Primary Health Organisations in the Canterbury region. The plan does not cover the work of non-DHB funded public health providers, such as non-government organisations, Māori and Pacific providers and private providers.
- Canterbury is currently the second largest DHB in New Zealand by population. The resident population of the Canterbury region has increased by 3.4% since the 2006 Census (482,180 in 2013 compared to 466,400 in 2006). There has been some slowing of the rate of population growth since the 2006 Census, which is likely to be partly due to due to the Canterbury earthquakes, but also reflects a slowing of population growth rate at the national level.
- Canterbury has the largest total population aged over 75 of any DHB. At the 2013 Census 15% of the Canterbury population was aged 65 years or older, which is higher than the 14.3% of the total

New Zealand population falling into this age group. Population projections[1] indicate that more than a fifth of the Canterbury population will be 65 years or older by 2026.

- The Canterbury population is also becoming more ethnically diverse, with greater proportions of Māori, Pacific and Asian ethnicities in 2013 than in 2006. Both Māori and Pacific populations have more youthful populations and higher fertility rates, meaning these populations are also growing faster than the total population.
- The population of males aged 20-29 years has increased substantially since 2006, reflecting the influx of workers for the Christchurch rebuild.
- The Canterbury population was relatively less socioeconomically deprived than the total New Zealand population at the time of the 2006 Census. For example, just over 12% of the population was in the two most deprived deciles (deciles 9 and 10) using NZDep2006, compared to 20% of the total New Zealand population. There is a gradient of socioeconomic deprivation for Māori and Pacific populations, with more Māori and Pacific people living in more deprived areas. This gradient is less steep in Canterbury than nationally[2].
- The work of this plan is guided by the following public health principles:
    a. focusing on the health of **communities** rather than individuals
    b. influencing **health determinants**
    c. prioritising improvements in **Māori health**
    d. reducing **health disparities**
    e. basing practice on the best available **evidence**
    f. building effective **partnerships** across the health sector and other sectors
    g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- The strategic direction of the Canterbury DHB is towards transformation of the health system, based around a continuum of care approach where the traditional boundaries within the system are removed, integrating and streamlining service delivery and ultimately resulting in improved outcomes for the population.

  Our vision is an integrated Canterbury health system that keeps people healthy and well in their own homes by providing the right care and support, to the right person, at the right time and in the right place.
- Four strategic health outcomes have been identified by South Island DHBs, including Outcome One 'People are healthier and take greater responsibility for their own health: The development of services that better protect people from harm and support people to reduce risk factors, make healthier choices and maintain their own health and wellbeing.'[3]

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives.
- The plan is aligned with and sits alongside the Canterbury DHB Annual Plan and Statement of Intent 2014-15 and the CDHB Māori Health Action Plan 2014-15. Community and Public Health activities are carried out under the public health service specifications as agreed by the Ministry of Health.
- The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The Canterbury DHB works in partnership with local iwi to reduce inequalities and improve the health status of Māori.

[1] All projections are based on 2006 Census data. Projections based on 2013 Census data are not yet available.

[2] CPH Region NZDep2006 data by ethnic group. NZDep2013 is not yet available.

[3] CDHB Annual Plan 2013-14.

- Community and Public Health is part of the South Island Alliance's South Island Public Health Partnership, which is a collaboration of the three South Island Public Health Units.
- This plan also outlines how Community and Public Health will meet the statutory responsibilities of a Public Health Unit and its designated officers in Canterbury, as specified by the Ministry of Health.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and ISE (Information Supporting the Estimates of Appropriation) reporting as outlined in the planning and reporting package for 2014-15.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network[4] and included in the draft revised Ministry of Health Tier One Public Health Service Specifications are:
    1. Health assessment and surveillance
    2. Public health capacity development
    3. Health promotion
    4. Health protection
    5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- The appendix outlines how public health strategies from a range of core functions are combined across the CDHB to address the priority health issues of tobacco control and alcohol harm reduction.

[4] Available at http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf

2. KEY RELATIONSHIPS

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

Local authorities:

Environment Canterbury (ECan) –(joint work plan)

Christchurch City Council

Waimakariri District Council

Selwyn District Council

Hurunui District Council

Kaikoura District Council

Ashburton District Council

District Licensing Committee (DLC)

Government agencies:

Alcohol Regulatory and Licensing Authority

Canterbury Earthquake Recovery Authority (CERA) – (MoU for Community Wellbeing Survey; joint work plan under development)

Department of Conservation

Environmental Science and Research

Environmental Protection Authority

Health Promotion Agency

Housing New Zealand

Ministry of Business, Innovation and Employment

Ministry of Education

Ministry for the Environment

Ministry of Health

Ministry for Primary Industries

Ministry for Social Development

New Zealand Fire Service

New Zealand Police

Māori / Iwi agencies:

Ngāi Tahu

He Oranga Pounamu (HOP) –(joint work plan)

Mana Whenua ki Waitaha

Educational institutions:

Christchurch Polytechnic Institute of Technology

University of Canterbury

University of Otago, Christchurch –(MoU with CDHB)

Schools participating in the Health Promoting Schools initiative

Cognition Education

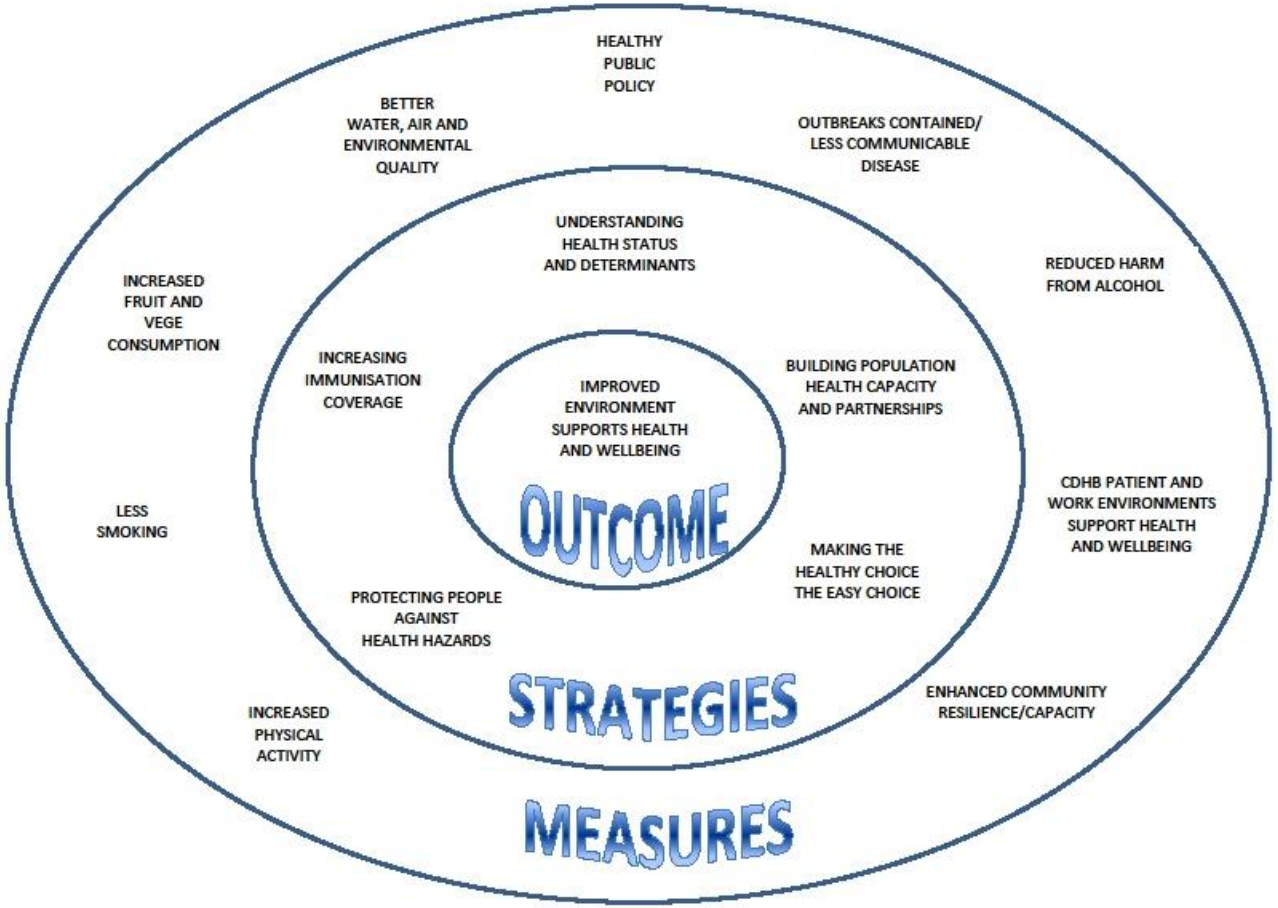
Non-Government Organisations/Networks:

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

Private sector:

Canterbury International Airport Limited (CIAL)
Lyttelton Port Company

3. OUTCOMES FRAMEWORK



4. HEALTH ASSESSMENT AND SURVEILLANCE

"understanding health status, health determinants and disease distribution"

a. Strategies

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning	Monitor, analyse and report on key health determinants, including the review of the City Health and Wellbeing Profile issues papers.	CPH (Information, Policy), P&F, Primary Care	Number and accessibility of reports. Formal/informal feedback
			Develop/update health status reports and health needs analyses for specific populations (including update of Canterbury Māori Health Profile).	CPH (Information), P&F, Primary Care	Number and accessibility of reports. Formal/informal feedback
			Develop disease-specific reports for conditions of concern, eg Pertussis.	CPH (Information)	Number and accessibility of reports. Formal/informal feedback.
			Develop communicable disease-specific profiles to identify at-risk groups.	CPH (Information),	Number and accessibility of reports.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Contribute to development of shared South Island alcohol-related harm indicators as part of package to support DHB Alcohol Harm Reduction Strategies. Contribute to related work of partner organisations, eg CERA Canterbury Wellbeing Index and Wellbeing Survey and Pegasus Health Primary Healthcare Reports.	CPH (Information), SI Partnership (Alcohol Workstream), Alcohol Harm Minimisation Coordinator CPH (Information), P&F	Progress, formal/informal feedback Effectiveness of contribution. Quality of working relationship.
	Improved public understanding of health determinants	Availability of information to public	Disseminate information in existing and dedicated reports (eg CDHB Quality Accounts; CDHB, CPH, and Healthy Christchurch websites; and print, broadcast and social media). Maintain effective working relationships with media.	CPH (Communications, Information, Policy), CDHB Communications Team CPH (Communications)	Number and nature of reports. Number and nature of media reports.
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern	Review, analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on notifiable diseases and influenza -May to September). Produce disease-specific reports for communicable diseases of	CPH (Information), Primary Care CPH (Information, Protection)	Number and accessibility of reports. Formal/informal feedback Number and accessibility of reports.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			concern, eg Pertussis, other diseases causing outbreaks.		Formal/informal feedback
			Review, analyse and report on other disease data (eg alcohol-related harm, and diseases relevant to post earthquake context eg mental illness, respiratory disease).	CPH (Information), P&F, Primary Care, Alcohol Harm Minimisation Coordinator	Number and accessibility of reports. Formal/informal feedback
			Contribute to the development of a SI Rheumatic fever register	CPH (Protection), SI Partnership (Communicable Disease Protocols group)	Record of progress.

5. PUBLIC HEALTH CAPACITY DEVELOPMENT

"enhancing our system's capacity to improve population health"

a. Strategies

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIRC, NIR; Community Health Information).	CPH (Information, Communications), P&F, Primary Care	Level of utilisation Completeness and currency of information

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Contribute to development and implementation of national, regional and local public health information systems.	CPH (Information)	Nature and effectiveness of systems, including degree of integration.
Partnerships with iwi, hapü, whānau and Māori	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Work with local iwi, hapü, whānau and Māori around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes Implement CPH Māori Health Plan. Contribute to development and implementation of overarching Canterbury Māori Health Framework.	CPH (All Teams), Primary Care CPH (Māori Health Sub-Group) CPH (Māori Health Sub-Group), P&F, Primary Care	No. of initiatives supported. Formal/informal feedback. Progress against plan, Progress against plan.
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Work with local Pacific and other ethnic leaders and communities around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes. Contribute to development of CDHB Pacific Health Framework. Participate in Pacific Island Reference Group.	CPH (All Teams), Primary Care CPH (Communities), P&F, Primary Care CPH (Communities)	No. of initiatives supported. Formal and informal feedback. Progress towards plan development. Record and impact of participation.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Support the implementation of the Pacific Earthquake Recovery Plan.	CPH (Communities)	Progress against plan.
Human resources	A highly skilled public health workforce	Workforce Development Plans Record of training opportunities (Training calendar)	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks.	CPH (Information), SI Partnership	Record of Learning and Development opportunities. Feedback from other PHUs
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports and publications	Support public health research and evaluation, (including earthquake recovery research) with a particular focus on improving Māori health and reducing health disparities. Support the Community Research website, ensuring relevant research from Christchurch is posted on line for use by and for communities. Pursue conference presentations and peer-reviewed publication where appropriate.	CPH (Information, Policy) CPH (Policy) CPH (All Teams)	Number and accessibility of reports. Formal/informal feedback Record of contribution. Formal/informal feedback. Number and impact of presentations and publications.
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice / reports	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence	CPH (Information, Policy), P&F, Primary Care, SI Partnership	Number and accessibility of reports. Formal/informal feedback.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			reviews, needs assessments, GIS analysis. Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health Medicine.	CPH (All Teams)	Record and impact of contribution.
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan and reports Accreditation results	Develop, implement and maintain the quality improvement plan, including: internal audit plan and provision of information, training and support to staff. Present annual quality report to Divisional Leadership Team. Contribute to the CDHB organisation-wide quality programme. Maintain IANZ accreditation of drinking water unit.	CPH (Information) CPH (Information) CPH (Information) CPH (Information), SIDWAU	Progress against plan, eg review of policies and procedures and internal audits. Progress against improvement recommendations log. Progress towards quality programme Accreditation maintained
	Effective regional delivery of public health core functions	Reports of South Island Public Health Partnership	Contribute to management and work groups as per *South Island Public Health Partnership Plan 2012-15:*	CPH (All Teams)	Progress against plan. Partnership evaluation.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			SI Public Health Analysts Network SI Alcohol Workgroup SI Workforce Development Plan Issues-specific work groups e.g. Sustainability, Tobacco, Communicable diseases protocols Management group		

6. HEALTH PROMOTION

"enabling people to increase control over and improve their health"

a. Strategies

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Policy	Policies and practices within and beyond the health sector that will improve health, improve Māori health, and reduce disparities	New and reviewed strategies, plans and policies reflect health priorities	Develop and make available resources to support health impact assessment (HIA) and a "health in all policies" (HiAP) approach. Support health and non-health sector staff with appropriate tools and customised advice to enable a HiAP approach eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED (Health Promotion and Sustainability Through Environmental Design) etc. Ensure these tools are	CPH(Policy) CPH (Policy)	Record of contributions and their impact. Record of contributions and their impact.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			available to all partner agencies and support their implementation.		
			Support settings (ie workplaces, schools) to develop policies which support health.	CPH (Communities), Smokefree ABC team	Record of contributions. Formal/informal feedback
			Engage with and co-ordinate efforts of key external agencies, including CERA and local iwi, to identify and support HIAP opportunities, including housing, transport, and earthquake rebuild.	CPH (Policy)	Record of contributions. Formal/informal feedback
			Implement, review and update joint work plans with ECan and He Oranga Pounamu.	CPH (All Teams, Policy and Communities Lead)	Formal/ informal feedback, including evaluation of joint work plans.
			Develop joint work plans with a range of stakeholders eg CCC and CERA.	CPH (All Teams, Policy Lead)	Progress against plans. Formal/ informal feedback, including evaluation of joint work plans.
			Support and co-ordinate development of CDHB and regional position statements and submissions on public health issues.	CPH (All Teams), SI Partnership	Number and impact of position statements and submissions.
			Support or coordinate CDHB-wide submissions on documents with public health implications and/or identified by the CDHB Board as relevant to the CDHB.	CPH (Policy)	Number and impact of submissions.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Social environments, media	Communities educated and aware of health issues and healthy choices and behaviours	Communications Plan, record of campaigns and information delivered	Develop and implement CDHB public health communications strategy. Deliver relevant and timely public health information and campaigns (including 'All Right?' Mental Wellbeing Campaign, World Smokefree Day, Mental Health Awareness Week, alcohol harm awareness/minimisation initiatives, cycling events, CTV slots, video, Voice of Pacific Women, Health Promoting Schools magazine).	CPH (All Teams, Communications Lead) CPH (All Teams, Communications Lead), Alcohol Harm Minimisation Coordinator	Progress against plan. No .and type of public health messaging distributed. Evaluation of reach and impact of individual campaigns.
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings evaluation reports	Develop and support health promoting schools initiatives, reflecting national strategic direction and guided by the draft service specification 2013/14. Form school action plans. Run youth forums. Support smoking cessation initiatives.	CPH (Communities) CPH (Communities) CPH (Communities) CPH (Communities), Smokefree ABC Team	Number of schools engaged. Number of action plans developed No of youth forums held. Evaluation of outcomes. Number of schools engaged in Auahi Kore activities and community smoking cessation initiatives.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Support school canteen networks and CTV project.	CPH (Communities)	Evaluation findings. Number of schools involved in school canteen networks and CTV project. Evaluation findings.
			Engage with school communities regarding park and walk to work initiatives.	CPH (Communities)	Number of schools engaged with. Formal/informal feedback.
			Continue to support schools in earthquake recovery context (with information, tailored interventions).	CPH (Communities)	Number of schools requesting support around Education Renewal Programme. Evaluation of planned strategies.
			Continue to develop and support school hubs in collaboration with other agencies to promote resilience and wellbeing.	CPH (Communities)	Number of hubs supported. Formal/ informal feedback.
			Work with tertiary education setting on Alcohol Harm Minimisation and other public health issues.	CPH (Communities)	Record of collaborative initiatives and their outcomes.
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives and evaluation reports	Work with priority workplaces and partners/networks (including CERA, ACC) to develop health promoting workplaces.	CPH (Communities), Smokefree ABC Team	No. of workplaces engaged No of strategic workplace networks engaged. Outcomes of workplaces' initiatives.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Marae and other Māori settings	Marae and other Māori settings that support healthy choices and behaviours	Marae and other Māori settings' initiatives and evaluation reports	Work with Marae, Runaka, and other Māori settings (eg Kohanga Reo, Tane Ora, community hubs) to support healthy choices and behaviours.	CPH (Communities), Smokefree ABC Team	No. of Māori settings worked with. No. of initiatives supported eg Auahi Kore, alcohol. No. of Tane Ora initiatives. Formal/informal feedback – including evaluation findings.
Other community settings	Other community settings that support healthy choices and behaviours	Setting initiatives and evaluation reports	Support communities to address priority issues, including community engagement initiatives and development of health promotion settings eg active transport (via initiatives such as ICECycles, Bikewise, bike to work day and walk to work day), food security, vegetable co-op, wellbeing, smokefree.	CPH (Communities)	No. of groups/settings engaged with. No. of initiatives supported and evaluated. Evaluation findings.
Community capacity	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Coordinate collaborative projects including eg: Healthy Christchurch, housing, alcohol harm minimisation coordination, Warmer Canterbury, community resilience projects, "All right?" Mental Wellbeing Campaign, integration of migrant workforce, Smokefree parks and playgrounds, and Te Wai Pounamu Māori Leadership Group for Cancer. Provide information about community engagement	CPH (Communities, Policy) CPH (Policy, Communities)	No. of collaborative projects No. of regional and national networks attended Formal and informal feedback – including evaluation findings. Formal/informal feedback. Website statistics.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			initiatives, community resilience activities, etc to community organisations through the Healthy Christchurch and All Right? websites.		
Individual skills	People with skills to enable healthy choices and behaviours	ABC coverage in primary and secondary care. Smoking quit rates Evaluation of other initiatives	Transition resources to focus on delivery of ABC in primary care, while maintaining delivery in secondary care. Deliver Aukati Kai Paipa and other cessation support. Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, nutrition/cooking and/or physical activity programmes for Māori and Pacific people, seniors, children and young people, and new migrants, fall prevention programmes, breastfeeding support) Deliver safe sexual health education and resources to priority groups.	CDHB Smokefree ABC Team CPH (Communities), Primary Care CPH (Communities), Primary Care, Other CDHB Teams / Services (eg Oral Health, Mental Health) CPH (Communities)	Progress against Health Target 5: Better support for smokers. Progress against AKP contract specifications Record of interventions. Formal/informal feedback, including evaluation findings. No. of resources distributed. No. of education sessions delivered. Formal and informal feedback.
Healthcare settings	Hospitals and community healthcare settings that support healthy choices and behaviours	Healthcare initiatives and evaluation reports	Work with hospital and community healthcare providers to develop health promoting settings (eg promoting support	CPH (Communities), Primary Care, CDHB Wellness Coordinator	No. of initiatives. Evaluation findings.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			for active transport by providing showers etc).		
			Plan, promote and implement targeted wellbeing initiatives for CDHB staff.	CPH (Policy), CDHB Wellness Coordinator, CDHB Staff Wellbeing Action Group	Record of initiatives. Formal/informal feedback.
			Actively engage in supporting a healthy settings approach in the facilities redevelopment process.	CPH (Policy)	Record of contribution and its impact.
			Sustainability-focused project internal to CDHB as part of wider SI PHP initiative (see SI Public Health Partnership 14/15 Annual Workplan).	SI Partnership	Record of initiatives. Formal/informal feedback.
			Contribute to the CDHB Mental Health Workstream, Child and Youth Workstream of the Canterbury Clinical Network, and CDHB Staff Wellbeing Action Group.	CPH (Communities)	Record of contribution and its impact.

7. HEALTH PROTECTION

"protecting communities against public health hazards"

a. Strategies

- Developing and reviewing public health laws and regulations[5].
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates and trends Outbreak rates and trends	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH (Protection)	Disease rates (as compared with previous years).

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

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Quality data entry in EpiSurv in a timely manner.	CPH (Protection)	Data quality as outlined in the ESR Annual Data Quality Report. Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.
			Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR Guidelines.	CPH (Protection)	Progress against outbreak debrief report action points.
			Contribute to the development of shared South Island communicable disease protocols.	CPH (Information, Protection)	Number and impact of shared protocols.
			Provide public information and advice, including promoting immunisation and hand hygiene.	CPH (Protection), Primary Care Infection control committee, Immunisation committees, including ISLA	Number of media releases and promotional opportunities.
			Work with priority settings and communities to increase immunisation and improve infection control.	CPH (Protection), Primary Care, Infection control committee Immunisation committees, including ISLA	Numbers of network groups, liaison and interagency meetings attended. Advocacy for public health outcomes in above forums as evidenced by meeting minutes.
			Work with the refugee and migrant community to facilitate	CPH (Protection)	Number of refugee health screens completed and FIV's organised.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			health screening and first introductory visits (FIV's).		Number of network groups, liaison and interagency meetings attended.
			Routinely offer Communicable Disease Information to Culturally and Linguistically Diverse (CALD) Communities.	CPH (Protection)	Impact of contribution as evidenced by meeting minutes.
			Provide vaccinator and programme authorisations as per Medicines Regulations.	CPH (Protection)	Documented numbers of authorised vaccinator & programme applications and approvals.
			Contribute to development and implementation of SI Rheumatic Fever Prevention Plan (reported through SI Public Health Partnership via CD protocols group).	SI Partnership (Communicable Disease Protocols Group)	Progress against Plan.
Border health protection	Reduced international spread of infectious disease	Evidence of imported or exported disease Port and airport compliance with International Health Regulations and Health Act quarantine requirements Exotic mosquito surveillance reporting	Provide pratique. Issue ship sanitation certificates. Assess port and airport compliance with IHR and Health Act requirements. Respond to notifications of unwell international travellers at Christchurch International Airport Ltd (CIAL) as per protocol. Routine monitoring for exotic mosquitoes at port and airport.	CPH (Protection) CPH (Protection) CPH (Protection) CPH (Protection) CPH (Protection)	Number of pratiques granted. Number of ship sanitation certificates granted. IHR reports completed. Record of response to border health incidents. Record of results on the National Mosquito Surveillance Database.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Investigate suspected exotic mosquito interceptions as per protocols.	CPH (Protection)	Record of interception actions.
			Provide assistance with incursions as requested by MoH.	CPH (Protection)	Record of assistance provided during incursions.
Drinking water quality	Improved water quality and protection measures in community drinking water supplies Increased public awareness of the importance of drinking water quality	% of minor, medium and large community supplies complying with DWS % of minor, medium and large community supplies with approved and implemented Water Safety Plans	Support local authorities to maintain catchment protection.	CPH (Protection)	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).
			Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality.	CPH (Protection)	
			Carry out functions and duties of a DWA as defined under the Health Act.	CPH (Protection)	DWA activities completed within legislative timeframes.
			Undertake Annual Survey.	CPH (Protection)	Annual Survey data provided by required date.
			Contribute to Canterbury Water Management Strategy via Zone Committees and catchment workshops.	CPH (Protection)	Meet requirements of CPH/ ECan Joint Work Plan.
Sewage	Less disease caused by human contact with sewage	Sewage-related outbreaks Environmental contamination events	Work with councils to promote and ensure safe sewage disposal.	CPH (Protection)	Record of external meetings attended and agreed actions.
			Work with councils to manage risks of unplanned contamination events.	CPH (Protection)	Record of overflow notifications received.
			Liaise with councils to provide public advice on safe sewage	CPH (Protection)	Record of contribution.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			disposal, sewage overflows, and waterways contamination.		
Recreational water	Less disease caused by contamination of beach, river and lake water	Waterborne disease outbreaks Beach and river water gradings	Agree recreational water protocols with councils annually. Work with councils to provide public information and advice, including health warnings and media releases. Contribute to Canterbury Water Management Strategy via Zone Committees and catchment workshops.	CPH (Protection) CPH (Protection) CPH (Protection)	Agreed protocol in place Number of media releases produced in relation to RW including micro quality and algal bloom events. Meet requirements of CPH/ECan Joint Work Plan.
Housing	Less disease caused by inadequate housing	Housing quality improvements	Work with relevant national, local and community organisations to ensure that population, especially vulnerable groups, has warm, dry and affordable housing (including identification and referral of vulnerable households).	CPH (Protection, Communities, Policy), Primary Care	Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.
Resource management	Regional and local council resource management practices and decisions reflect health priorities	Evaluation of council decisions, implementation and enforcement	Work with councils to ensure health issues are identified and considered in RMA processes. Assess and submit on consent applications.	CPH (Protection) CPH (Protection)	Number of applications assessed (scoped). Number of submissions made. Number of hearings where evidence presented.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Review council decisions in terms of uptake of health submissions.	CPH (Protection)	Number of decisions reviewed. Record of external meetings attended and agreed actions,
		Air quality monitoring results	Work with stakeholders to identify and address potential health issues.	CPH (Protection)	Record of formal advice given.
			Continue to progress agreed actions outlined in CPH/ECan Joint Work Plan.	CPH (Protection)	Progress and completion of actions is recorded in CPH/ECan reporting.
Hazardous substances	Public protected from exposure to hazardous substances	Reports of public exposure	Implement the Hazardous Substances Action Plan, including working with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints.	CPH (Protection)	Record of external (including HSTLC) meetings attended and agreed actions. Record of formal advice given.
			Conduct investigations where required.	CPH (Protection)	Number and outcome of investigations.
			Provide public information and advice (eg regarding asbestos).	CPH (Protection)	Record of advice given, including website utilisation.
			Process applications for vertebrate toxic agents under HSNO legislation and audit operations.	CPH (Protection)	Number of VTA applications processed and audited.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Early childhood education centres	Health hazards reduced in ECECs	Compliance with ECC Regulations, including infection control and lead exposure	Visit, assess and provide advice to ECECs Work with councils to ensure appropriate placement of new ECECs.	CPH (Protection) CPH (Protection)	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations Number of meetings held with MoE and TAs.
Emergency preparedness	Canterbury district prepared for emergencies impacting on public health	Effective emergency responses as required	Develop and maintain emergency plans. Deliver CIMS in Health training to new staff and refresher training to established personnel. Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health. Contribute to the development of an integrated South Island Public Health Business Continuity Plan. Maintain relationships with ECan, Christchurch City Council, and Civil Defence Emergency Management Group. Engage with Māori in terms of Community and Public Health aspects of emergency planning.	CPH (Protection) CPH (Protection, Information) CPH (Protection, Information) CPH (Protection, Information) CPH (Protection) CPH (Protection)	Emergency Plans are current. Record of training. Performance against exercise performance measures. Progress towards plan completion, implementation. Record of meetings attended, including impact of contribution. Record of progress.
Sustainability	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable approaches within our	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation	CPH (Protection), SI Partnership	Evidence of activity to improve understanding of sustainability and to promote sustainable practices

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
		DHBs and partner organisations.	strategies, eg planning for water supplies.		
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection. Retailer compliance during controlled purchase operations. Number and nature of workplace complaints.	Respond to public complaints. Complete education visit/compliance check prior to CPO/complaint. Inspect licensed premises for compliance in response to complaints Conduct Controlled Purchase Operations. Provide public and retailer information and advice.	CPH (Communities) CPH (Communities) CPH (Communities) CPH (Communities) CPH (Communities)	% complaints responded to within 5 days (target 100%) % of retailers inspected (target 20%) % of licensed premises inspected. Number of CPOs conducted (target 9). CPO compliance. Record of advice, information given.
Alcohol	Less alcohol-related harm	ED presentations Police data (violence, road traffic crashes) Retailer compliance during controlled purchase operations	Monitor licensed premises. Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLA where necessary. Conduct Controlled Purchase Operations.	CPH (Protection) CPH (Protection) CPH (Protection)	Number of licensed premises monitored. Number of licence applications processed and percentage processed within 15 working days. Number of Controlled Purchase Operations conducted. Number of premises visited during Controlled Purchase Operation. CPO compliance. Record of contribution.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Contribute to training of Duty Managers. Work with Police and DLC to support community alcohol initiatives, eg alcohol accords. Support councils' implementation of Local Alcohol Policies. Work with SI Public Health Partnership to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and indicators.	CPH (Protection) CPH (Protection) CPH (Protection) CPH (Protection, Communities, Information), Alcohol Harm Minimisation Coordinator, SI Partnership (Alcohol Workstream)	Record of tri-agency meetings attended and agreed actions. Impact of Local Alcohol Policies. Progress against workplan.
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013'	Retailer compliance during controlled purchase operations	Work with police and other agencies to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations	CPH (Protection)	Number of licensed retail premises assessed for compliance. Number of premises visited during Controlled Purchase Operations. CPO compliance
Other	Public protected from other health hazards	Evidence of harm to public	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria as per May 2012 request.	CPH (Protection)	Record of external meetings attended and agreed actions. Record of formal advice given. Number of documents reviewed. Number of decisions reviewed.

8. PREVENTIVE INTERVENTIONS

"population programmes delivered to individuals"

a. Strategies

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates	Immunisation co-ordination eg contribute to Immunisation Service Level Alliance (ISLA) implementation of immunisation promotion plan. Immunisation promotion eg HPV vaccination for target group. Immunisation delivery.	Primary Care, ISLA, CPH (Protection), P&F Primary Care, Public Health Nurses, CPH (Protection) Primary Care, Public Health Nurses, CPH (Protection),	Progress against plan. Record of promotion initiatives. Formal/informal feedback. Record of delivery activities / initiatives. Formal/informal feedback.
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity	Implement the ABC Smoking Cessation Strategy in primary care and the community. Work to progress the maternity smokefree health target.	Primary Care, Smokefree ABC Team Primary Care, Smokefree ABC Team, LMCs	Number of ABC training sessions provided in primary care. Health target quarterly reports.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Meet health target and PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers. Deliver smoking cessation support in primary care. Use evaluation recommendations to fine-tune service delivery.	Primary Care	Health target quarterly reports. Quarterly report to CDHB, including enrolments in cessation programmes.
			Develop training and resources to facilitate alcohol screening in primary care settings.	Primary Care, Alcohol Harm Minimisation Coordinator	Number of staff trained.
			Routinely collect alcohol intake data as part of patient dashboard.	Primary Care	Coverage of target group
			Implement an analytical tool for alcohol monitoring using routinely collected health system data.	Alcohol Harm Minimisation Coordinator (Lead), CPH (Policy), P&F, Decision Support, ED, Primary Care	Record of use of tool.
			Develop a Canterbury / Christchurch alcohol strategy.	Alcohol Harm Minimisation Coordinator (Lead), CPH (Policy), Healthy Christchurch, P&F, National Addiction Centre, Primary Care	Progress towards development/implementation of strategy.
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening	Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.	Primary Care, P&F	Record of strategies and outcomes.

	Short Term Outcomes (the results that we're working towards)	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Performance measures** (key measures of quantity or quality of activities)
			Undertake activities to increase uptake of breast screening.	Primary Care	Record of strategies and outcomes.
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes	Deliver against the national Health Target.	Primary Care	Health target quarterly reports.

9. GLOSSARY/DEFINITIONS

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

ACC – Accident Compensation Corporation

AHMC –Alcohol Harm Minimisation Co-ordinator

AKP - Aukati Kai Paipa – A face to face smoking cessation service, offered to Māori and their whanau.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CALD – Culturally and Linguistically Diverse Communities

CERA – Canterbury Earthquake Recovery Authority

CTV – Canterbury Television

CWI – Canterbury Wellbeing Index – An initiative of CERA, which will measure the progress of earthquake recovery, and inform the activities of CERA and other agencies.

CIAL – Christchurch International Airport Limited

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

CPH – Community and Public Health

CPO – Controlled Purchase Operation

CSNZ – Cancer Society New Zealand

CVD – Cardiovascular Disease

DAP – District Annual Plan

DLC – District Licensing Committee

DLT – Divisional Leadership Team

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECan – Environment Canterbury

ECC – Early Childcare Centre

ECECs – Early Childhood Education Centres

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

FIV – First Introductory Visits

GIS – Geographical Information Systems

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

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

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

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HPSTED – Health Promotion and Sustainability Through Environmental Design

HSNO – Hazardous Substances and New Organisms

HSTLC - Hazardous Substances Technical Liaison Committee

IANZ – International Accreditation New Zealand

IHR - International Health Regulations

IRPG – Integrated Recovery Planning Guide

ISLA – Immunisation Service Level Alliance

MOU – Memorandum of Understanding

NGO – Non Government Organisation

NIR – National Immunisation Register

PASHANZ – Promoters Advocating Sexual Health in Aotearoa New Zealand

PEGS (Preparation, Education, Giving Up and Staying Smokefree) - A smoking cessation programme promoted through Primary Care.

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHRMP – Public Health Risk Management Plan

P & F – Planning and Funding

PPP – PHO Performance Programme

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

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

RMA – Resource Management Act

RNs - Registered Nurses

RW – Recreational Water

SC – South Canterbury

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP - South Island Public Health Partnership

SIPHAN – South Island Public Health Analyst Network

STI – Sexually Transmitted Infection

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

TLA – Territorial Local Authority

VTA – Vertebrate Toxic Agent

10. APPENDIX

A comprehensive approach to Public Health issues

The main tables in this plan are based on the five core Public Health functions. This appendix is included to suggest the way strategies from multiple agencies and all the public health functions are combined in comprehensive approaches to individual public health issues, such as tobacco control or alcohol harm reduction.

Tobacco Control

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
1. Health assessment and surveillance: understanding health status, health determinants and disease distribution	Monitoring, analysing and reporting on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori. Detecting and investigating disease clusters and outbreaks (communicable and non- communicable).	Report on smoking prevalence and trends using routinely collected data eg Census and NZ Health Survey (such as City Health Profile, health status reports) highlighting disparities by ethnicity and/or deprivation. Contribute to national and regional monitoring, analysis and mapping of tobacco sales volumes, outlet distribution etc. National and local analysis of the impact of tobacco-related disease, including impact on specific population sub-groups and on health disparities.	CPH, P&F, Primary Care CPH, P&F, Primary Care CPH, P&F, Primary Care
2. Public health capacity development: ensuring services are effective and efficient	Developing and maintaining public health information systems.	Use local system (Healthscape) to monitor tobacco outlets, Smokefree Environments Act complaints, enforcement activities, controlled purchase operations. Use local system to monitor smoking status of patients in primary and secondary care. Use local systems to monitor cessation support activities (eg. AKP, ABC).	CPH Primary Care, P&F, Smokefree ABC Team CPH, Primary Care, Smokefree ABC Team
	Developing partnerships with iwi, hapü, whänau and Māori to improve Māori health.	Deliver Aukati Kai Paipa as per MoH contract. Support Māori communities to deliver Auahi Kore initiatives.	CPH CPH CPH, Primary Care, Smokefree ABC Team

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
		Work in partnership with iwi, hapü and whānau to ensure cessation services meet Māori needs. Develop, implement, evaluate new Māori-specific Smokefree initiatives.	CPH, Smokefree ABC Team
	Developing partnerships with Pacific leaders and communities to improve Pacific health	Work with Pacific leaders and communities to ensure cessation services are accessible and appropriate for Pacific people. Develop, implement, evaluate Pacific Smokefree initiatives.	CPH, Primary Care CPH
	Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions.	Workforce planning, recruitment, training and ongoing professional development of staff involved in primary and secondary care, cessation support, enforcement, policy analysis and informatics.	CPH, P&F, Primary Care, Smokefree ABC Team
	Conducting research, evaluation and economic analysis to support public health innovation and to evaluate the effectiveness of public health policies and programmes.	Research studies, including original research, evidence review and synthesis and project / programme evaluation to develop and assess innovative ways to decrease smoking initiation and effectively support cessation.	CPH, P&F, Primary Care
	Planning and managing public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.	Develop reports and advice to support robust tobacco control interventions, including evidence reviews, project / programme evaluations, needs assessments, GIS analysis. Contribute to / develop national and regional tobacco control strategies. Develop and support development of tobacco control plans for CDHB, PHOs (Pegasus, Christchurch, Rural Canterbury), and CPH, ensuring integration of local plans. Contribute to relevant national, regional and local Public Health infrastructure, eg NZ Public Health Association, Health Promotion Forum, Cancer Society, Heart Foundation.	CPH, P&F, Primary Care CPH, P&F, Primary Care CPH, Primary Care, Smokefree ABC Team CPH, Smokefree ABC Team

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
	Quality management for public health, including monitoring and performance assessment.	Continue standard-setting, reporting and audit of all tobacco control activities to ensure targets are achieved.	CPH, Smokefree ABC Team
3. Health promotion: enabling people to increase control over and improve their health	Developing public and private sector policies beyond the health sector that will improve health, improve Māori health and reduce disparities.	Advocate for fiscal policies to support tobacco sales reductions. Advocate for and support local council smokefree policies (eg smokefree playgrounds and sports venues, smokefree public events). Support businesses and organisations to develop tobacco policies (eg smokefree marae, employer support for smoking cessation, tobacco-free retailers). Support the implementation of the CDHB smokefree position statement.	CPH CPH CPH, Smokefree ABC Team CPH, Smokefree ABC Team
	Creating physical, social and cultural environments supportive of health.	Develop and deliver smokefree and smoking cessation initiatives in a range of settings including schools, alternative education providers, marae, workplaces. Work with partner organisations, eg Smokefree Canterbury and Smokefree mid-Canterbury, to increase the number of smokefree places (eg. playgrounds, other public places and events, marae, clubs, homes). Contribute to national, regional and local education and marketing campaigns to highlight the dangers of tobacco, encourage cessation and promote smokefree as a positive choice, including sponsorship and promotion of the "Smokefree" brand, (eg World Smokefree Day).	CPH CPH CPH
	Strengthening communities' capacities to address health issues of importance to them, and to mutually support their members in improving their health.	Support local communities to develop local smokefree policies (eg marae, playgrounds). Support community initiatives and events to raise tobacco awareness (eg World Smokefree Day). Contribute to the Te Wai Pounamu Māori Leadership Group for Cancer.	CPH CPH CPH, Primary Care

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
	Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families	Provide ABC programmes in primary and secondary care. Provide community cessation services (eg Aukati Kai Paipa), with a particular focus on those least able to access mainstream services. Promote Quitline. Work to progress the maternity smokefree health target.	Smokefree ABC Team, Primary Care CPH CPH, CDHB Smokefree ABC Team, Primary Care Smokefree ABC Team, Lead Maternity Carers
	Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, and injury, and rational use of health resources.	Collaborate to address local tobacco issues (eg developing smokefree campuses, co-ordinating tobacco control initiatives, recording of patient smoking status, ensuring accessible cessation support).	CPH, P&F, CDHB Smokefree ABC Team, Primary Care
4. Health protection: protecting communities against public health hazards	Developing and reviewing public health laws and regulations[6].	Contribute to development and updating of Smokefree Environments Act (SFEA) and other regulatory controls on tobacco use, sales, sponsorship.	CPH
	Supporting, monitoring and enforcing compliance with legislation.	Educate retailers and employers about SFEA responsibilities. Support compliance (eg providing advice and signage). Receive and investigate complaints about SFEA breaches. Conduct controlled purchase operations. Support partner agencies with prosecutions for breaches of legislation.	CPH CPH CPH CPH

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
	Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.	Publicly highlight tobacco use as an important risk factor for certain communicable diseases (eg meningococcal disease, legionnaire's disease).	CPH
	Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.	Highlight tobacco smoke as key indoor air pollutant. Work to increase the number of smokefree places (eg playgrounds, other public places and events, marae, clubs, homes).	CPH
	Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.	Address post-disaster smoking relapses as part of disaster recovery plans, through information, education and cessation support.	CPH, Smokefree ABC Team, Primary Care
5. Preventive interventions: population programmes delivered to individuals	Developing, implementing and managing primary prevention programmes (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).		
	Developing, implementing and managing population-based secondary prevention programmes (screening and early detection of disease: eg cancer screening).	Implement the ABC Smoking Cessation Strategy in primary care and the community. Meet the smoking health target and PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support. Deliver smoking cessation support in primary care.	Primary Care, Smokefree ABC Team Primary Care, Smokefree ABC Team Primary Care

Alcohol Harm Reduction

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
1. Health assessment and surveillance: understanding health status, health determinants and disease distribution	Monitoring, analysing and reporting on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori. Detecting and investigating disease clusters and outbreaks (communicable and non- communicable).	Report on alcohol intake and trends using routinely collected data eg NZ Health Survey (in reports such as City Health Profile, health status reports, CDHB Quality Accounts, SI alcohol-related harm indicators) highlighting disparities by ethnicity and/or deprivation. Contribute to national and regional monitoring, analysis and mapping of alcohol sales, outlet distribution etc. National and local analysis of the impact of alcohol-related disease, including ongoing collection of emergency department data regarding alcohol and implementation of an analytical tool for alcohol harm monitoring using routinely collected hospital data. This analysis will highlight the impact on specific population sub-groups and on health disparities. Develop/implement alcohol communications plan to inform stakeholders and the public about alcohol-related harm.	CPH, P&F, AHMC, Primary Care CPH, AHMC AHMC (Lead), CPH, P&F AHMC (Lead)
2. Public health capacity development: ensuring services are effective and efficient	Developing and maintaining public health information systems.	Use local system (Healthscape) to record and monitor license applications and licensed premises, Sale of Liquor Act complaints, enforcement activities, controlled purchase operations. Use local system(s) to monitor alcohol utilisation of patients in primary and secondary care.	CPH AHMC, P&F, Primary Care
	Developing partnerships with iwi, hapü, whänau and Māori to improve Māori health.	Support Māori communities to deliver alcohol harm reduction initiatives. Work in partnership with iwi, hapü and whānau to ensure alcohol support services meet Māori needs. Contribute to the Te Waipounamu Māori Leadership group for Cancer.	CPH CPH CPH

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
	Developing partnerships with Pacific leaders and communities to improve Pacific health	Work with Pacific leaders and communities to ensure alcohol harm reduction services are accessible and appropriate for Pacific people.	CPH
	Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions.	Workforce planning, recruitment, training and ongoing professional development of relevant health system staff to undertake alcohol screening; brief interventions and support for individuals; enforcement; policy analysis and informatics.	CPH, AHMC, P&F, Primary Care
	Conducting research, evaluation and economic analysis to support public health innovation and to evaluate the effectiveness of public health policies and programmes.	Conduct research studies, including original research, evidence review and synthesis and project / programme evaluation, to develop and assess innovative ways to reduce alcohol harm reduction.	CPH, AHMC
	Planning and managing public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.	Develop reports and advice to support robust alcohol harm reduction interventions, including evidence reviews, project / programme evaluation, needs assessments, gap analysis, GIS analysis. Facilitate the development of regional alcohol harm reduction strategies, with associated outcome frameworks and indicators. Develop a Canterbury / Christchurch alcohol strategy. Contribute to relevant national, regional and local Public Health infrastructure, eg NZ Public Health Association, Health Promotion Forum, Cancer Society.	CPH, AHMC, P&F, Primary Care SI PH Partnership, CPH, AHMC, P&F, Primary Care AHMC (Lead), CPH, P&F, Primary Care CPH
	Quality management for public health, including monitoring and performance assessment.	Continue standard setting, reporting and audit of all alcohol harm reduction activities to ensure targets are achieved.	CPH, AHMC, Primary Care

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
3. Health promotion: enabling people to increase control over and improve their health	Developing public and private sector policies beyond the health sector that will improve health, improve Māori health and reduce disparities.	Advocate for national, regional and local policies that support alcohol harm reduction, including fiscal policies to support sales reductions. Work with Police and DLC to support community alcohol initiatives, eg alcohol accords, input to licence applications. Support businesses and organisations to develop alcohol policies. Support and promote the CDHB position statement on alcohol. Support local authorities to implement Local Alcohol Policies.	CPH, AHMC CPH CPH CPH, AHMC, P&F, Primary Care CPH, AHMC
	Creating physical, social and cultural environments supportive of health.	Develop and support Health Promoting Schools, including supporting alcohol harm reduction initiatives. Work with tertiary education settings on alcohol harm minimisation. Promote ALAC messages to education settings and communities. Contribute to national, regional and local education and marketing campaigns to highlight the dangers of alcohol and encourage reduction / cessation.	CPH CPH CPH CPH, AHMC
	Strengthening communities' capacities to address health issues of importance to them, and to mutually support their members in improving their health.	Support local organisations (eg marae) to develop alcohol policies. Support community initiatives and events to raise awareness re alcohol-related harm. Co-ordinate collaborative alcohol harm minimisation projects, including under the Healthy Christchurch umbrella.	CPH CPH CPH, AHMC
	Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families	Provide brief intervention and / or referral in primary care to those with identified harmful patterns of alcohol use.	Primary Care Primary Care

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
		Provide community reduction / cessation services, with a particular focus on those least able to access mainstream services.	
	Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, and injury, and rational use of health resources.	Continue the work of the Alcohol Harm Minimisation Advisory Committee, including support for the Alcohol Harm Minimisation Coordinator. Develop a Christchurch / Canterbury alcohol strategy.	CPH, Primary Care, P&F
4. Health protection: protecting communities against public health hazards	Developing and reviewing public health laws and regulations[7].	Contribute to development and updating of the Sale of Liquor Act (SLA) and other regulatory controls on alcohol use, sales, sponsorship.	CPH, AHMC
	Supporting, monitoring and enforcing compliance with legislation.	Educate retailers and employers about SLA responsibilities, including contributing to training of Duty Managers. Inquire into all on-, off-, club and special licence applications and provide Medical Officer of Health Reports to DLC where necessary. Support compliance (eg providing advice and signage). Receive and investigate complaints about SLA breaches. Conduct controlled purchase operations. Support partner agencies with prosecutions for breaches of legislation.	CPH CPH CPH CPH CPH CPH

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
	Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.	Publicly highlight alcohol use as an important risk factor for certain communicable diseases (eg sexually transmitted infections).	CPH
	Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.	Address post-disaster alcohol use as part of disaster recovery plans, through information, education and reduction / cessation support.	CPH, AHMC, Primary Care
5. Preventive interventions: population programmes delivered to individuals	Developing, implementing and managing primary prevention programmes (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).	Develop training and resources to facilitate alcohol screening in primary care settings	AHMC, Primary Care
	Developing, implementing and managing population-based secondary prevention programmes (screening and early detection of disease: eg cancer screening).	Develop (i) a programme of alcohol brief interventions training for appropriate clinical staff and other professional groups and (ii) a database of trained staff.	AHMC, P&F, Primary Care