

Canterbury District Health Board Public Health Plan 2015-16

*Canterbury District Health Board
Public Health Earthquake Recovery Plan 2015-16*

THE CANTERBURY HEALTH SYSTEM

- working together to

make it better

Canterbury

District Health Board

Te Poari Hauora o Waitaha

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1. CANTERBURY DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2015–16

- **Canterbury DHB Mission:**
To improve, promote and protect the health of the people in the community and foster the well-being and independence of people who experience disabilities and reduce disparities.
- **Canterbury DHB Vision - Tā Mātou Matakite:**
To improve, promote, and protect the health and well-being of the Canterbury community.
Ki te whakapakari, whakamanawa me te tiaki i te hauora mō te oranga pai o ngā tāngata o te rohe o Waitaha
- **Canterbury DHB Values –A Mātou Uara:**
Care and respect for others - Manaaki me whakaute i te tangata.
Integrity in all we do - Hāpai i ā mātou mahi katoa i ruka i te Pono
Responsibility for outcomes - Te Takohanga i ngā hua.
- This plan accompanies the CDHB Annual Plan and has been endorsed by the Executive Management Team and Board of the 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.

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 the annual Canterbury DHB Public Health Plan, as opposed to creating a standalone recovery plan.
- The Christchurch staff of CPH work in a Team structure based on four areas of focus:
 - Information, Analysis and Support (Information Team)
 - Health in All Policies (Policy Team)
 - Health Protection (Protection Team)
 - Community Engagement and Resiliency (Communities Team).
- Public health activities involve working in partnership with health and non-health agencies to improve health outcomes via a determinants approach.
- This plan, while primarily concerned with the work of 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 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.

- 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 increased substantially between 2006 and 2013, 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 2013 Census. For example, just over 9% of the population was in the two most deprived deciles (deciles 9 and 10) using NZDep2013, compared to 20% of the total New Zealand population. Māori and Pacific people are more likely to be living in more deprived areas than the non-Māori, non-Pacific population group. This socioeconomic disparity is less pronounced in Canterbury than nationally.
- The work of this plan is guided by the following public health principles:
 - a. focusing on the health of **communities** rather than individuals
 - b. influencing **health determinants**
 - c. prioritising improvements in **Māori health**
 - d. reducing **health disparities**
 - e. basing practice on the best available **evidence**
 - f. building effective **partnerships** across the health sector and other sectors
 - g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- The strategic direction of the Canterbury DHB is towards transformation of the health system, based around a continuum of care approach where the traditional boundaries within the system are removed, integrating and streamlining service delivery and ultimately resulting in improved outcomes for the population.
- This direction is dependent on achieving a truly integrated, approach where everyone in the health system works together to do the right thing for the individual and for the system.

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 five South Island DHBs together form the South Island Alliance, which is committed to “a sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people’s homes as possible.”¹
- A set of high level regional outcomes has been developed by the Alliance, which includes the outcome “Improved environments to support health and wellbeing”.
- The plan is aligned with and sits alongside the Canterbury DHB Annual Plan and Statement of Intent 2015-16 and the CDHB Māori Health Action Plan 2015-16. 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.
- 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.

¹ Draft South Island Regional Health Services Plan 2015-16.

South Island population health priorities for 15/16 are:

Reducing alcohol-related harm to communities via DHB Alcohol Harm Reduction Strategies.

Tobacco control – advancing achievement of a ‘Smokefree Aotearoa by 2025’, via growing public support for this goal.

Promoting environmental sustainability to improve population health and equity as well as system sustainability through enhancing DHB leadership and action and raising public awareness (particularly of links between climate change and health).

Obesity prevention through effective joined-up approaches.

- 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 2015-16.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network² and included in the draft revised Ministry of Health Tier Two and Three Public Health Service Specifications are:
 1. Health assessment and surveillance
 2. Public health capacity development
 3. Health promotion
 4. Health protection
 5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered 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.

² 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 (joint work plan)

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)

Department of Conservation

Environmental Science and Research

Environmental Protection Authority

Health Promotion Agency

Health Quality and Safety Commission NZ (HQSC)

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)

Mana Whenua ki Waitaha

Primary care:

Pegasus Health

Christchurch Primary Health Organisation

Rural Canterbury Primary Health Organisation

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

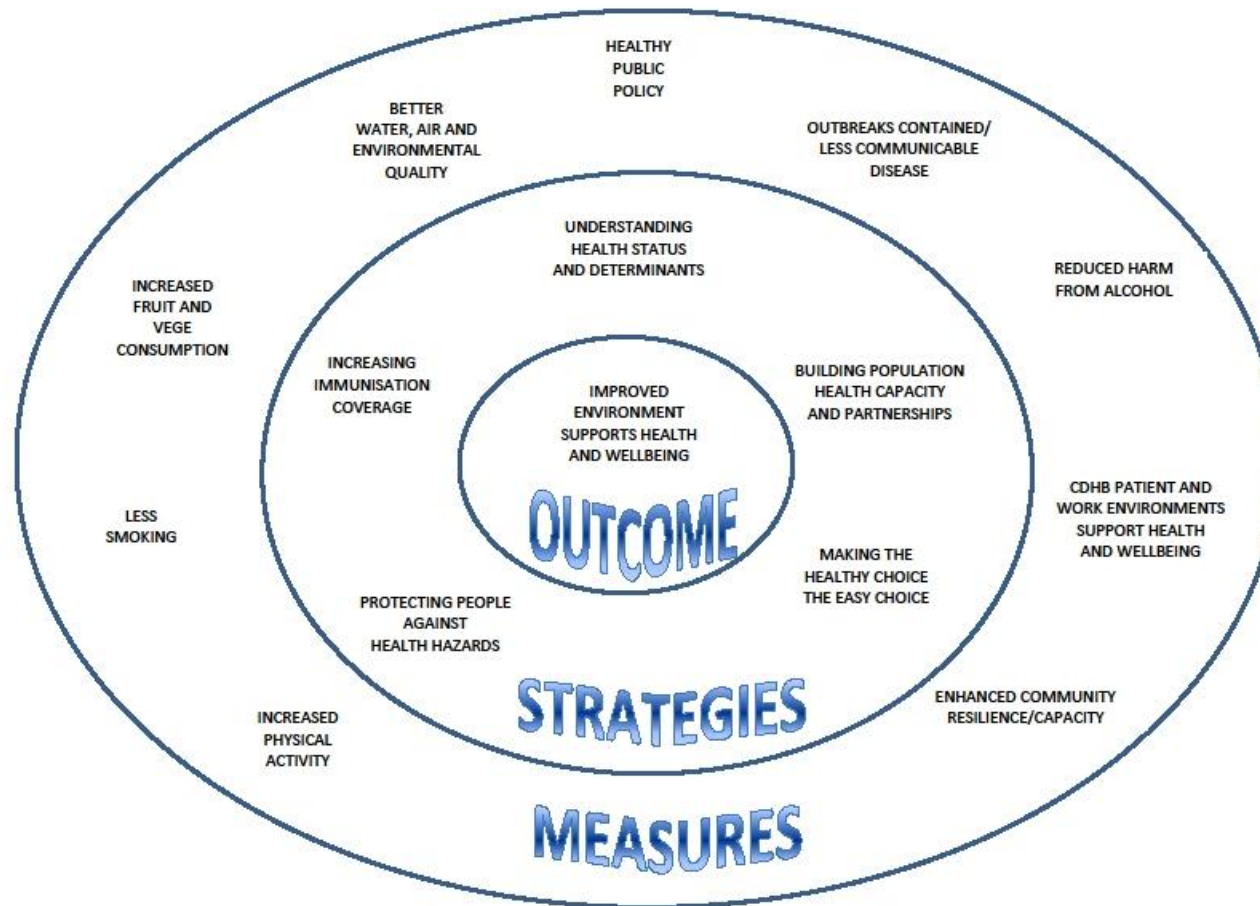
Non-Government Organisations/Networks:

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
International Accreditation New Zealand (IANZ)

3. OUTCOMES FRAMEWORK



4. HEALTH ASSESSMENT AND SURVEILLANCE

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).

“understanding health status, health determinants and disease distribution”

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Health assessment	Robust population health information available for planning health and community services	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 of reports updated	Accessibility of reports including web statistics. Formal/informal feedback	Availability of information for planning
		Develop/update health status reports and health needs analyses for specific populations.	CPH (Information), P&F, Primary Care	Number of reports	Accessibility of reports. Formal/informal feedback	
		Develop disease-specific reports for outbreaks and conditions of concern, eg Pertussis.	CPH (Information)	Number of reports	Accessibility of reports. Formal/informal feedback.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop communicable disease-specific profiles to identify at-risk groups.	CPH (Information)	Number of reports.	Accessibility of reports.	
		Contribute to update of South Island alcohol-related harm indicators.	CPH (Information), SI Partnership (Alcohol Workstream), Alcohol Harm Minimisation Coordinator	A set of common indicators is produced annually for each SI DHB.	Formal/informal feedback	
		Contribute to related work of partner organisations, eg CERA Canterbury Wellbeing Index and Wellbeing Survey	CPH (Information), P&F		Effectiveness of contribution. Quality of working relationship.	
		Contribute to new Canterbury Clinical Network 'Exercise as medicine' workstream	CPH (Policy)	Record of contribution	Effectiveness of contribution.	
	Improved public understanding of health determinants	Disseminate information in existing and dedicated reports (eg CDHB Quality Accounts; CDHB, CPH, and Healthy Christchurch websites; Health in All Policies newsletter; and print, broadcast and social media).	CPH (Communications, Information, Policy), CDHB Communications Team	Number of reports.	Formal/informal feedback	Availability of information to public

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Maintain effective working relationships with media.	CPH (Communications)	Number of media reports.	Nature of media reports	
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Review (via EpiSurv and other sources), 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).	CPH (Information, Protection), Primary Care	Number of reports.	Accessibility of reports. Formal/informal feedback	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern
		Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks.	CPH (Information, Protection)	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Review, analyse and report on other disease and determinants data (eg alcohol-related harm, and diseases relevant to post earthquake context eg mental illness, respiratory disease) including via the	CPH (Information), P&F, Primary Care, Alcohol Harm Minimisation Coordinator	Record of progress.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Environmental Health Indicators.				
		Provide reports to SI Rheumatic fever register	CPH (Protection), SI Partnership	Record of progress		

5. PUBLIC HEALTH CAPACITY DEVELOPMENT

a. Strategies

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

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we’ll monitor progress towards the results)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, GIS systems, Health Pathways, HIIRC, NIR;	CPH (Information, Communications), P&F, Primary Care	Level of utilisation	Completeness and currency of information Operational systems and documentation in place Upgrade of systems to current technical standards	Availability and accessibility of public health information

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Community Health Information).				
		Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH (Information)	Summary reporting of interactions with partner agencies at regional and national level	Nature and effectiveness of systems, including degree of integration or interoperability.	
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Work with local iwi, hapū, whānau and Māori around: -health information and analysis (including promoting Information Team services) -proposals and policies with health implications -health determinants and outcomes.	CPH (All Teams), Primary Care	No. of initiatives supported.	Formal/informal feedback.	Joint approaches and initiatives
		Implement CPH Māori Health Plan.	CPH (Māori Health Sub-Group)		Progress against plan	
		Contribute to implementation of overarching Canterbury Māori Health Framework.	CPH (Māori Health Sub-Group), P&F, Primary Care		Progress against plan.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		SI: Work with Māori GMs and Te Herenga Hauora, eg around shared communications.	CPH (GM and Māori Portfolio on SI Public Health Partnership)		Record of interactions and outcomes	
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Work with local Pacific and other ethnic leaders and communities around: -health information and analysis (including promoting Information Team services) -proposals and policies with health implications -health determinants and outcomes.	CPH (All Teams), Primary Care	No. of initiatives supported.	Formal and informal feedback.	Joint approaches and initiatives
		Contribute to implementation of CDHB Pacific Health Framework.	CPH (Communities), P&F, Primary Care		Progress against plan.	
		Participate in Pacific Island Reference Group.	CPH (Communities, Policy)		Record and impact of participation.	
		Support the implementation of the Pacific (Earthquake) Recovery Action Plan.	CPH (Communities)		Progress against plan.	
Human resources	A highly skilled public health workforce	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and	CPH (Information), SI Partnership	Record of Learning and Development opportunities.	Feedback from other PHUs	% Staff with appropriate or relevant public health qualifications

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		contributing to SI workforce development and national networks.				(Note: refer pp 8-9 of 'Guidance overview' in Planning and reporting package for detail)
		Assess the applicability of the Health Protection Officer competencies project and decide whether CDHB (CPH) will adopt it.	CPH (Protection, Information)	Record of assessment and decision.		
		SI: Contribute to regional workforce development processes.	CPH (All Teams, Information Lead)	Record of contribution		
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Support public health research and evaluation, (including earthquake recovery research) with a particular focus on improving Māori health and reducing health disparities.	CPH (Information, Policy)	Number and accessibility of reports. Formal/informal feedback		Research / evaluation reports and publications
		Systematically identify opportunities for conference presentations and peer-reviewed publication.	CPH (All Teams)	Number of presentations and publications.	Impact of presentations and publications.	
Planning and advising on	Population health interventions are based on best	Develop reports and advice for health and non-health organisations to	CPH (Information, Policy), P&F, Primary Care, SI Partnership	Number of reports.	Accessibility of reports. Formal/informal feedback.	Planning advice / reports

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
public health programmes	available evidence and advice	support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, evaluations, GIS analysis.				
		Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Agency, Health Promotion Forum, South Island Public Health Partnership, South Island Public Health Analysts' Network, 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	Review and deliver the quality improvement plan, including: policy and procedure maintenance; internal audit plan and	CPH (Information)		Progress against plan, eg review of policies and procedures and internal audits.	Quality improvement plan and reports Accreditation results

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		provision of information, training and support to staff.				
		Present annual quality report to Divisional Leadership Team.	CPH (Information)	1 report annually	Progress against improvement recommendations log.	
		Contribute to the CDHB organisation-wide quality programme.	CPH (Information)		Progress towards quality programme	
		Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors at all times.	CPH (Information), SIDWAU		Accreditation maintained	
	Effective regional delivery of public health core functions	Contribute to management and work groups as per South Island Public Health Partnership Plan 2012-15: <ul style="list-style-type: none"> • SI Population health analysts network • SI Alcohol workgroup • SI Smokefree 2025 group • SI Sustainability workgroup 	CPH (All Teams)		Progress against plan. Partnership evaluation.	Reports of South Island Public Health Partnership

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		<ul style="list-style-type: none"> • SI Obesogenic environments workgroup (to be confirmed) • Management group. 				

6. HEALTH PROMOTION

a. Strategies

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

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

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Building Public Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach.	CPH(Policy)		Record of contributions and their impact.	New and reviewed strategies, plans and policies reflect health priorities
		Support health and non-health sector staff with appropriate tools and customised advice to enable a HiAP approach	CPH (Policy)		Record of contributions. Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED (Health Promotion and Sustainability Through Environmental Design), Broadly Speaking Training, etc. Ensure these tools are available to all partner agencies and support their implementation.				
		Support settings (ie workplaces, schools) to develop strategies/activities which support health.	CPH (Communities),	Estimate: two workplaces, 50 schools supported	Record of contributions.	
		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	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Implement, review and update joint work plans with ECan and CCC.	CPH (All Teams, Policy and Communities Lead)	Two joint workplans in place	Formal/ informal feedback, including evaluation of joint work plans.	
		Explore opportunities to develop further joint workplans as relevant, including undertaking the development of a tripartite work plan between CDHB, Environment Canterbury and CCC.	CPH (All Teams, Policy Lead)		Record of progress. 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 of position statements and submissions.	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 of submissions.	Impact of submissions.	
		Co-ordinate/provide feedback to TLAs on Long	CPH (Policy, Protection)	Record of contribution	Impact of contribution	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Term Plans on behalf of CDHB.				
Built Environments	Built environments promote health, and support healthy choices and behaviours	Encourage the development of well-designed built environments (including transport networks and public spaces and promotion of urban design guidelines) that are universally accessible and promote health.	CPH (Policy)	Number of position statements and submissions	Impact of position statements and submissions Level of involvement in the drafting of Council plans and policies e.g. HIA work	Evidence of Public Health contribution in key decisions
Creating supportive environments	Settings that support healthy choices and behaviours	Work across networks to initiate and embed policies and programmes which support healthy choices, eg Greater Christchurch Psychosocial Committee, Resilient Cities, and refugee groups.	CPH (Policy, Communities)	Record of contribution	Contribution evident in decisions/outputs, including Council plans and policies, e.g. smokefree, psychoactive substances	Number and type of settings that embed a systems approach to improving health
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Develop and support health promoting schools initiatives, reflecting national strategic direction and service specification.	CPH (Communities)	Number of schools engaged.	Use of national HPS review tool indicates high levels of successful engagement and collaboration.	Education settings' evaluation reports

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop school action plans with strategies to address priority issue areas, eg Smokefree, mental health and wellbeing, nutrition, physical activity.	CPH (Communities)	Number of action plans.	Priority issues identified and addressed in action plans.	
		Facilitate school forums	CPH (Communities)	Estimate: Three forums held.	Evaluation of outcomes.	
		Establish cross agency, collaborative, school-wide mental health initiatives	CPH (Communities)	Number of cross agency initiatives.	Evaluation of outcomes.	
		Support schools in earthquake recovery context (with information, tailored interventions). Eg, Aranui Campus.	CPH (Communities)	Number of schools supported	Record of outcomes.	
		Develop Health Promotion plans in Tertiary Institutions, including University of Canterbury and Christchurch Polytechnic Institute of Technology.	CPH (Communities)	Estimate: Two Health Promotion plans established	Evaluation of outcomes.	
		Scope opportunities for engagement with priority ECECs.	CPH (Communities)		Scoping report complete.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Workplaces	Workplaces that support healthy choices and behaviours	Scope needs of Pacifica and Māori workers.	CPH (Communities)		Scoping report complete.	Workplace initiatives and evaluation reports
		Develop a strategy for promoting workplace health.	CPH (Communities)		Workplace Health strategy developed.	
		Work with priority workplaces and partners/networks to develop health promoting workplace plans.	CPH (Communities), Smokefree ABC Team	Estimate: Three priority workplaces engaged and plans developed.		
Marae and other Māori settings	Marae and other Māori settings that support healthy choices and behaviours	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.	Marae and other Māori settings' initiatives and evaluation reports
		SI: Develop and disseminate an Alcohol Harm Reduction kit for whānau (along lines of Northland's whanau pack) with support from Māori GM.	SI Alcohol Workgroup and Māori GMs		Feedback and demand for further kits	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Other community settings	Other community settings that support healthy choices and behaviours	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, wellbeing, smokefree.	CPH (Communities)	No. of groups/settings engaged with. No. of initiatives supported and evaluated.	Evaluation findings.	Setting initiatives and evaluation reports
Community action	Effective community action initiatives	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.	CPH (Communities, Policy)	No. of collaborative projects No. of regional and national networks attended	Formal and informal feedback –including evaluation findings.	Changes achieved by community partnerships

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Provide information about community engagement initiatives, community resilience activities, etc to community organisations through the Healthy Christchurch and All Right? websites.	CPH (Policy, Communities)	Website statistics.	Formal/informal feedback.	
		Support the implementation of the Resilient Cities framework	CPH (Policy)		Record of contribution	
		Support the planning, implementation and evaluation of Healthy Families NZ communities (in Spreydon-Heathcote, Christchurch), including via membership of the Governance Group	CPH (Communities)		Contributions recorded in Healthscape	
		Support Social Sector Trial initiatives in the community	CPH (Communities)	Number of collaborative projects developed and delivered under the Shared Programme Of Action (Greater Christchurch Community In Mind Strategy)	Contributions recorded in Healthscape	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Develop personal skills	People with skills to enable healthy choices and behaviours	Deliver Aukati Kai Paipa and other cessation support.	CPH (Communities), Primary Care		Progress against AKP contract specifications	Smoking quit rates Evaluation of other initiatives
		Strengthen the referral pathway between hospitals and cessation providers.	Smokefree ABC team	Number of referrals from CDHB to cessation providers		
		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)	CPH (Communities), Primary Care, Other CDHB Teams / Services (eg Oral Health, Mental Health)	Record of interventions.	Formal/informal feedback, including evaluation findings.	
		Deliver safe sexual health education and resources to priority groups.	CPH (Communities)	No. of resources distributed. No. of education sessions delivered.	Formal and informal feedback.	
	Communities aware of health issues and healthy choices and behaviours	Develop and implement CDHB public health communications strategies.	CPH (All Teams, Communications Lead)	Progress against strategies		Communications Plan, record of campaigns and information delivered

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Deliver/support relevant and timely public health information and campaigns (including 'All Right?' Mental Wellbeing Campaign, White Ribbon Day, the 'It's not OK' 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), Alcohol Harm Minimisation Coordinator	No. and type of public health messaging distributed.	Evaluation of reach and impact of individual campaigns	
Reorient health service	Preventative and population approaches support healthy choices and behaviours in healthcare settings	Support achievement of Smokefree Health target in Secondary and Primary care	CDHB Smokefree ABC Team		Progress against Health Target 5: Better support for smokers.	ABC coverage in primary and secondary care. Healthcare initiatives and evaluation reports
		Work with hospital and community healthcare providers to develop health promoting settings (eg promoting support for travel planning with a	CPH (Communities, Policy), Primary Care, CDHB Wellbeing Coordinator, CDHB Sustainability Advisor	No. of initiatives.	Evaluation findings.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		focus on modal shift from cars).				
		Plan, promote and implement targeted wellbeing initiatives for CDHB staff.	CPH (Policy, Communities), CDHB Wellbeing 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.	Impact of contribution.	
		Sustainability-focused project internal to CDHB as part of wider SI PH Partnership initiative, including a green and healthy hospitals communications plan (see SI Public Health Partnership 14/15 Annual Workplan).	SI Partnership, CDHB Sustainability Advisor	Record of initiatives.	Formal/informal feedback.	
		Contribute to the CDHB Mental Health Workstream, Child and Youth Workstream of the Canterbury Clinical Network, Flexible Funding Service Level Alliance and	CPH (Communities)	Record of contribution.	Impact of contribution.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		CDHB Staff Wellbeing Action Group.				
		SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI SLAs and workstreams.	CPH (Communities and Policy), SI Partnership	Record of initiatives.	Formal/informal feedback.	
		Develop CDHB Alcohol Harm Reduction Strategy as a sub strategy of a wider city Alcohol Harm Reduction Strategy (under CCC-CDHB workplan)	Alcohol Harm minimisation Coordinator, CPH (Policy, Communities, Protection)	Alcohol Harm Reduction Strategy in place by end of 2015.		
		Work with University of Otago to educate medical students about health promotion and social marketing in community settings.	CPH (Communities)	Estimate: 12 seminars and community visits	Student feedback	

7. HEALTH PROTECTION

“protecting communities against public health hazards”

a. Strategies

- Developing and reviewing public health laws and regulations³.
- 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)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and	CPH (Protection)	Disease rates and trends		Notifiable diseases and influenza rates and trends Outbreak rates and trends

³ 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)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		investigation of notifiable diseases and outbreaks.				
		Review communicable disease protocols	CPH (Information)	Estimate:10 protocols reviewed		
		Quality data entry in EpiSurv in a timely manner.	CPH (Protection)	Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report is on or above national average.	Data quality as outlined in the ESR Annual Data Quality Report.	
		Carry out internal audits of selected cases for adherence to protocols.	CPH (Protection)	4 audits annually		
		Deliver education to hospital based practitioners and nursing staff about timely notification on clinical suspicion: -input to Health pathways portal -house surgeon training programme -work with quality leader/MOH.	CPH (Protection), Primary Care, Infection Control Committee Immunisation committees, including ISLA	Number of presentations given to CDHB/NGO community groups	Advocacy for public health outcomes in above forums as evidenced by meeting minutes.	
		Provide public information and advice, including promoting	CPH (Protection)	Number of media releases and promotional opportunities.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		immunisation and hand hygiene.				
		Work with priority settings and communities to increase immunisation and improve infection control.	Infection Control Committee, Immunisation committees, including ISLA	Numbers of network groups, liaison and interagency meetings attended.		
		Work with the refugee and migrant community to facilitate health screening and first introductory visits (FIV's).	CPH (Protection)	Number of refugee health screens completed and FIV's organised.		
		Routinely offer Communicable Disease Information to Culturally and Linguistically Diverse (CALD) Communities.	CPH (Protection)	Number of network groups, liaison and interagency meetings attended.	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).	CPH (Protection)	Progress against Plan.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.	CPH (Protection)	Six-monthly review carried out and data provided to South Island Alliance and Ministry of Health		
Border health protection	Reduced international spread of infectious disease	Provide pratique.	CPH (Protection)	Number of pratiques granted.		Evidence of imported or exported disease
		Issue ship sanitation certificates.	CPH (Protection)	Number of ship sanitation certificates granted.		Port and airport compliance with International Health Regulations and Health Act quarantine requirements
		Assess port and airport compliance with IHR and Health Act requirements.	CPH (Protection)		IHR reports completed	
		Undertake routine monitoring for exotic mosquitoes at port and airport. Respond and Investigate interceptions of pests and cases of imported disease as per protocols.	CPH (Protection)	Record of results on the National Mosquito Surveillance Database. Record of interception actions and investigations.		Exotic mosquito surveillance reporting
		Maintain 24 hour coverage to respond to incidents and emergent issues as per protocol	CPH (Protection)	Record of response to border health incidents.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Provide assistance with incursions as requested by MoH.	CPH (Protection)	Record of assistance provided during incursions.		
		Attend border and other intersectoral meetings with relevant agencies and organisations on matters relating to border health protection.	CPH (Protection)	Record of meetings (quarterly meetings usually held with Port and airport authorities)		
		Provide advice to relevant agencies and organisations on matters relating to border health protection.	CPH (Protection)	Record of advice in Healthscape	Professional level of advice given.	
Drinking water quality	Optimised adequacy, safety and quality of drinking water in Canterbury	Support local authorities to maintain catchment protection	CPH (Protection)	Records of interactions recorded in Healthscape		Number of supplies with approved and implemented Water Safety Plans
	Prevention of spread of disease to the public through reticulated water supplies	Provide technical advice on public health aspects of drinking water supplies, including the implications of the Health Act 1956 and the DWSNZ to water suppliers, councils and organisations.	CPH (Protection)	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		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.	
		Carry out public health grading of drinking water supplies on request.	CPH (Protection)		Gradings completed and entered on WINZ	
		Provide drinking water input into RMA submissions. (See Resource Management activities)	CPH (Protection)	Record of input into submissions (See Resource Management)		
		Contribute to Canterbury Water Management Strategy via Zone Committees and catchment workshops. (See Recreational Water activities)	CPH (Protection)		Meet requirements of CPH/ ECan Joint Work Plan.	
		Respond to respond to transgressions and suspected water borne disease outbreaks and cases. (See Communicable Disease activities)	CPH (Protection)		Timely professional investigation reports produced. Recommendations provided that will prevent recurrence of incident suspected/confirmed	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
					water borne disease outbreaks	
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Work with councils to promote and ensure safe sewage disposal including making submissions on regional plans and policies, district plans and policies, resource consents. (See also Resource Management activities)	CPH (Protection)	Record of external meetings attended and agreed actions. (See Resource Management for submissions)		Sewage-related outbreaks Environmental contamination events
		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 disposal, sewage overflows, and waterways contamination.	CPH (Protection)	Record of contribution.		
		Investigate clusters and cases of illnesses associated with non-occupational exposure to sewage. (see Communicable Disease)	CPH (Protection)		Timely professional investigation reports produced. Recommendations provided that will prevent recurrence of incident	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
					(See Communicable Disease)	
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational waters.	Agree recreational water protocols with councils annually.	CPH (Protection)		Agreed protocol in place	Waterborne disease outbreaks Beach and river water monitoring results
		Work with councils to provide public information and advice, including health warnings and media releases and gradings where there is a potential public health risk from recreational water, shellfish growing waters or shellfish.	CPH (Protection)	Number of media releases produced in relation to RW including micro quality and algal bloom events.		
		Contribute to Canterbury Water Management Strategy via Zone Committees and catchment workshops.	CPH (Protection)		Meet requirements of CPH/ECan Joint Work Plan.	
		Respond to recreational water (including swimming pools) and shellfish cases of illness.	CPH (Protection)		Timely investigation reports produced. Recommendations provided that will prevent recurrence of incident.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		(also see Communicable Disease)				
		Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations.	CPH (Protection)	Record of information on NZS5862 provided during investigations		
Housing	Less disease caused by inadequate housing	Work with relevant national, local and community organisations to ensure that population, especially vulnerable groups, has warm, dry, affordable housing (including ensuring health and non-health agencies are aware of appropriate channels for identification and referral of vulnerable households). (also see Air Quality, under Resource Management)	CPH (Protection, Communities, Policy), Primary Care		Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.	Housing quality improvements
		Identify and enable referral pathways for vulnerable households.	CPH (Protection)	Number of referrals documented in Healthscape		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Contribute to planning processes that impact on improved housing for Canterbury.	CPH (Policy, Protection)		Record of contribution	
Resource management	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Submit on local government policies and plans including policy statements, regional plans, district plans, long term plans, sanitary works infrastructure planning and resource consent applications to ensure public health aspects are considered.	CPH (Protection)	Number of applications assessed (scoped). Number of submissions made. Number of hearings where evidence presented.		Evaluation of council decisions, implementation and enforcement
		Review council decisions in terms of uptake of health submissions.	CPH (Protection)	Number of decisions reviewed.		
		Liaise with stakeholders, other agencies and the public on matters of public health relating to sustainable resource management.	CPH (Protection)	Record of external meetings (other than community meetings) attended and agreed actions.		
		Continue to progress agreed actions outlined in CDHB/ECan Joint Work Plan and CDHB/CCC Joint Work Plan.	CPH (Protection)		Progress and completion of actions is recorded in CDHB/ECan reporting and CDHB/CCC reporting.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Work with stakeholders to identify and address potential health issues relating to air quality.	CPH (Protection)	Record of community meetings attended and any agreed actions.		Air quality monitoring results
		Liaise with stakeholders, other agencies and the public on matters of public health relating to sustainable resource management.	CPH (Protection)	Record of external meetings (other than community meetings) attended and agreed actions.		
Hazardous substances	Public protected from exposure to hazardous substances	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.		Reports of public exposure
		Conduct investigations where required, including entry into HSDIRT and response to HSDIRT notifications.	CPH (Protection)	Number and outcome of investigations.		
		Provide public information and advice (eg regarding asbestos and contaminated land).	CPH (Protection)	Record of advice given, including website utilisation.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Process applications for vertebrate toxic agents under HSNO legislation and audit operations.	CPH (Protection)	Number of VTA applications processed and audited.		
Early childhood education centres	Reduced incidence and impact of health issues in early childhood education centres	Visit, assess for pre-licensing and provide advice to ECECs.	CPH (Protection)	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations		Compliance with ECC Regulations, including infection control and lead exposure
		Work with councils to ensure appropriate placement of new ECECs.	CPH (Protection)	Number of meetings held with MoE and TAs.		
Emergency preparedness	Canterbury district prepared for emergencies impacting on public health	Develop and maintain emergency plans.	CPH (Protection)		Emergency Plans are current.	Effective emergency responses as required
		Participate in emergency response(s) on an as-needed basis.	CPH (All Teams)		Debrief reports	
		Deliver MoH Emergency Management Training to new staff and refresher training to established personnel (Eg CIMS in Health, Health EMIS)	CPH (Protection, Information)	Record of training	Evaluation of training	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health.	CPH (Protection, Information)		Performance against exercise performance measures.	
		Contribute to the development of an integrated South Island Public Health Business Continuity Plan.	CPH (Protection, Information)	Progress towards plan completion, implementation.		
		Maintain relationships with ECan, Christchurch City Council, and Civil Defence Emergency Management Group.	CPH (Protection, Information)	Record of meetings attended	Impact of contribution to meetings as evidenced in meeting minutes.	
		Engage with Māori in terms of Community and Public Health aspects of emergency planning.	CPH (Protection)	Record of progress		
Sustainability	Greater understanding of and action on sustainability	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies, eg planning for water supplies.	CDHB Sustainability Advisor, CPH (Protection), SI Sustainability Workgroup	Record of activity to improve understanding of sustainability and to promote sustainable practices		Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.
		Lead CDHB advocacy group 'Sustainable Health 4 Canterbury'.	CPH (Policy)	Estimate: 8 meetings per year with 6-weekly frequency.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Implement CDHB sustainability policy and Sustainability Advisor's workplan including pursuing CEMARS accreditation.	CDHB Sustainability Advisor, CPH (Policy)	Progress against workplan.		
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Respond to public complaints.	CPH (Communities)	% complaints responded to within 5 days (target 100%)		Retailer display compliance at inspection. Retailer compliance during controlled purchase operations. Number and nature of workplace complaints.
		Complete education visit/compliance check prior to CPO/complaint.	CPH (Communities)	% of retailers inspected (target 20%)		
		Inspect licensed premises for compliance in response to complaints	CPH (Communities)	% of licensed premises inspected.		
		Conduct Controlled Purchase Operations.	CPH (Communities)	Number of CPOs conducted (target 6).	CPO compliance.	
		Provide public and retailer information and advice.	CPH (Communities)	Record of advice, information given.		
Alcohol	Less alcohol-related harm	Monitor licensed premises.	CPH (Protection)	Number of licensed premises monitored.		ED presentations Police data (violence, road traffic crashes)

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.	CPH (Protection)	Number of licence applications processed.	Percentage of applications processed within 15 working days.	
		Support Controlled Purchase Operations.	CPH (Protection)	Number of Controlled Purchase Operations conducted (target 6). Number of premises visited during Controlled Purchase Operation.	CPO compliance.	Retailer compliance during controlled purchase operations
		Contribute to training of Duty Managers.	CPH (Protection)	Record of contribution. Estimate: 16 sessions.		
		Work with Police and DLC to support community alcohol initiatives, e.g. alcohol accords.	CPH (Protection), Alcohol Harm Minimisation Coordinator	Record of tri-agency meetings attended.	Agreed actions reflect Public Health contribution.	
		Support councils' implementation of Local Alcohol Policies.	CPH (Protection), Alcohol Harm Minimisation Coordinator		Impact of Local Alcohol Policies.	
		Work with SI Public Health Partnership to facilitate the development of CDHB Alcohol Harm Reduction Strategy with associated outcomes framework and indicators.	CPH (Protection, Communities, Information), Alcohol Harm Minimisation Coordinator, SI Partnership (Alcohol Workstream)	Progress against work plan.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013'	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 and/or manufacturers assessed for compliance. Number of premises visited during Controlled Purchase Operations.		Retailer compliance during controlled purchase operations
		Support Local councils to develop Local approved Products Policies.	CPH (Protection)	Record of submissions made and meetings attended. (see Resource Management)		
Other	Public protected from other health hazards	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria.	CPH (Protection)	100% of solaria contacted and visited every six months.	Solaria reports produced in accordance with Ministry of Health requirements	Evidence of harm to public
		Respond to requests for Offensive Trade Approval for registration.	CPH (Protection)	Requests and responses recorded in Healthscape		
		Disinterments to be processed and carried out in accordance with protocol.	CPH (Protection)	Disinterments recorded in Healthscape.		
		Appoint Medical Referees, Deputy and Second Deputy's Medical Referees in accordance	CPH (Protection)	Appointments recorded in Healthscape		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		with Environmental Health Protection Manual.				
		Radiation Protection Act and Regulations - Give formal advice on request and respond to radiation incident on request of the Ministry of Health's Office of Radiation Safety.	CPH (Protection)	Requests and responses recorded in Healthscape		
		Respond to section 126 referrals (Aged infirmed and neglected persons)	CPH (Protection)	Requests and responses recorded in Healthscape		

8. PREVENTIVE INTERVENTIONS

a. Strategies

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

“population programmes delivered to individuals”

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation co-ordination eg contribute to Immunisation Service Level Alliance (ISLA) implementation of immunisation promotion plan.	Primary Care, ISLA, CPH (Protection), P&F		Progress against plan. Evaluation of immunisation programmes.	Immunisation rates
		Immunisation promotion eg HPV vaccination for target group.	Primary Care, Public Health Nurses, CPH (Protection)	Record of promotion initiatives.	Formal/informal feedback.	
		Immunisation delivery.	Primary Care, Public Health Nurses, CPH (Protection)	Record of delivery activities / initiatives.	Formal/informal feedback.	
Lifestyle interventions	Systematic identification of and	Implement the ABC Smoking Cessation	Primary Care, Smokefree ABC Team	Number of ABC training sessions provided in primary care.		Completeness of practice and hospital information on smoking, alcohol

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	response to risk factors	Strategy in primary care and the community.				intake, and physical activity
		Ensure maternity smokefree health target continues to be met.	Primary Care, Smokefree ABC Team, LMCs	Health target quarterly reports.		
		Meet smokefree health target, including smoking status documentation and delivery of brief advice and cessation support to smokers.	Primary Care, Smokefree ABC Team	Health target quarterly reports		
		Develop training and resources to facilitate alcohol screening in primary care settings.	Alcohol Harm Minimisation Coordinator (Lead), Primary Care	Number of staff trained.		
		Explore routine collection of alcohol intake data as part of patient dashboard.	Alcohol Harm Minimisation Coordinator (Lead), Primary Care, P&F, Decision Support, ED	Coverage of target group		
		Update and continue to use analytical tool for alcohol monitoring using routinely collected health system data.	Alcohol Harm Minimisation Coordinator, CPH (Information), Decision Support	Record of use of tool.		
Screening and early detection	Early detection of cancer	Undertake activities to increase uptake of cervical screening.	Primary Care	Record of strategies and outcomes.		Coverage rates for cervical and breast cancer screening

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Undertake activities to increase uptake of breast screening.	Primary Care	Record of strategies and outcomes.		
	Early detection of health, behavioural, social, or developmental concerns.	Implement, and/or undertake activities to increase uptake of, Before School Checks.	Primary Care	Target quarterly reports		Coverage rates for Before School Checks
	Early detection of diabetes and cardiovascular disease	Deliver against the Integrated Performance and Incentive Framework (IPIF) target for heart and diabetes checks.	Primary Care	IPIF quarterly reports.		Coverage of diabetes and CVD screening programmes

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

CEMARS – Certified Emissions Measurement and Reduction Scheme

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.

HOP – He Oranga Pounamu

HPS – Health Promoting Schools
 HPSTED – Health Promotion and Sustainability Through Environmental Design
 HSNO – Hazardous Substances and New Organisms
 HSDIRT – Hazardous Substances Disease and Injury Reporting Tool
 HSTLC - Hazardous Substances Technical Liaison Committee
 IANZ – International Accreditation New Zealand
 IHR - International Health Regulations
 IPIF - Integrated Performance and Incentive Framework
 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 delivered in Pegasus Health.
 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.
 Primary Care – Primary care is the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. General practice and PHOs are a main stay of primary care, but not exclusively so as it also involves services such as midwifery, pharmacy, services that support positive behaviour change such as smoking cessation support programme, green prescription and so on and other roles that provide navigation, coordination, and education roles in community settings.
 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
 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, hapū, whānau and Māori to improve Māori health.	Deliver Aukati Kai Paipa as per MoH contract. Support Māori communities to deliver Auahi Kore initiatives.	CPH CPH

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
		Work in partnership with iwi, hapū and whānau to ensure cessation services meet Māori needs. Develop, implement, evaluate new Māori-specific Smokefree initiatives.	CPH, Primary Care, Smokefree ABC Team 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, Primary Care
	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, Healthy Families NZ (FlouriSH).	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.	<p>Advocate for fiscal policies to support tobacco sales reductions.</p> <p>Advocate for and support local council smokefree policies (eg smokefree playgrounds and sports venues, smokefree public events).</p> <p>Support businesses and organisations to develop tobacco policies (eg smokefree marae, employer support for smoking cessation, tobacco-free retailers).</p> <p>Support the implementation of the CDHB smokefree position statement.</p>	<p>CPH</p> <p>CPH</p> <p>CPH, Smokefree ABC Team</p> <p>CPH, Smokefree ABC Team</p>
	Creating physical, social and cultural environments supportive of health.	<p>Develop and deliver smokefree and smoking cessation initiatives in a range of settings including schools, alternative education providers, marae, workplaces.</p> <p>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).</p> <p>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).</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p>
	Strengthening communities' capacities to address health issues of importance to them, and to mutually support their members in improving their health.	<p>Support local communities to develop local smokefree policies (eg marae, playgrounds).</p> <p>Support community initiatives and events to raise tobacco awareness (eg World Smokefree Day).</p> <p>Contribute to the Te Wai Pounamu Māori Leadership Group for Cancer.</p>	<p>CPH</p> <p>CPH</p> <p>CPH, Primary Care</p>

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 ⁴ .	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.	Monitor and 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 smokefree health target and IPIF smokefree target. 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 update 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 and Supply of Alcohol 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, hapū, whānau and Māori to improve Māori health.	Support Māori communities to deliver alcohol harm reduction initiatives. Work in partnership with iwi, hapū 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 data analysis and presentation, evidence reviews, project / programme evaluation, needs assessments, gap analysis, GIS analysis. Facilitate the development of regional alcohol harm reduction strategies, with associated outcome framework(s). Contribute to annual review/update of South island Alcohol Harm Reduction Indicators. Develop a Canterbury / Christchurch alcohol strategy in partnership with Police, CCC. 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 eg Good One party register. Promote HPA (formerly 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

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
	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 facilitation of the Canterbury Alcohol Harm Minimisation Advisory Group (AHMAG), including support for the Alcohol Harm Minimisation Coordinator.	CPH, Primary Care, P&F
4. Health protection: protecting communities against public health hazards	Developing and reviewing public health laws and regulations ⁵ .	Contribute to development and updating of the Sale and Supply of Alcohol Act 2012 and other regulatory controls on alcohol use, sales, sponsorship.	CPH, AHMC
	Supporting, monitoring and enforcing compliance with legislation.	Educate retailers and employers about Sale and Supply of Alcohol Act 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 Sale and Supply of Alcohol Act breaches. Support controlled purchase operations. Support partner agencies with prosecutions for breaches of legislation.	CPH CPH CPH CPH CPH CPH
	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

Core function	Strategies	CDHB Delivered/ Funded Activities	Responsibility
	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