

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

## Recovery Plan Update 26 August 2011

For use by the Executive Management Team of the Canterbury District Health Board



MENTAL HEALTH		
STABILISE	RECOVER	TRANSITION
<ul style="list-style-type: none"> <li>▪ Maintain funding at previous levels</li> <li>▪ Psychiatric Emergency Services Relocation to ChCH Hospital</li> <li>▪ Increase CAFLink (Child &amp; Youth Single Point of Entry)</li> <li>▪ Increase Community Mental Health Team capacity (12 FTE)</li> <li>▪ Increase Anxiety Disorders Unit capacity (3 FTE)</li> <li>▪ Improve access pathways to Community Support Workers, Res Rehab and Alcohol and Other Drugs services</li> </ul>	<p><b>IMPLEMENTED</b></p> <ul style="list-style-type: none"> <li>▪ Community Mental Health Services Relocation from Securities House (Anxiety Disorders) and Community Bases which are EQ Damaged</li> <li>▪ Supported and Alternative Accommodation Service Expanded</li> <li>▪ Extend hours of CMHT to support people housed in community (+ 12 FTE in 3 mths and + 12 FTE by 6 mths)</li> <li>▪ <b>Shared facility for peer support services</b></li> </ul> <p><b>IN IMPLEMENTATION - ON TRACK</b></p> <ul style="list-style-type: none"> <li>▪ Increased AOD services and capacity</li> <li>▪ Increased MH education/workforce development across the sector (MHERC)</li> <li>▪ Support mobilisation of resources across the sector to moderate variation in capacity and demand between providers</li> <li>▪ Flexible Model of Care designed – supports episodic care, increased support to community providers, increased consult liaison</li> </ul> <p><b>BEING IMPLEMENTED _ BEHIND PLAN</b></p> <ul style="list-style-type: none"> <li>▪ Increase size of primary mental health capacity (new tiered system Model of Care proposal) additional funding allocated- recruiting staff taking longer than anticipated</li> <li>▪ Staff accommodation - now urgent (Specialist Services). To look at various options before decision is made. Look at models available around the world to support a different way of working.</li> </ul>	<p><b>IN IMPLEMENTATION-ON TRACK</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health Adult Inpatient Service Reconfiguration (4 Wrd x 16 beds)</li> <li>▪ Extended Consultations – numbers re reducing.</li> <li>▪ Service manager from Mental Health seconded to Planning and Funding to support Rehab reconfiguration</li> <li>▪ Adult Inpatient Service project (building programme) going well</li> </ul> <p><b>UNDER DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>▪ Develop in-patient rehabilitation programme with capacity at Hillmorton (16 beds)</li> <li>▪ <i>Implementation of redesigned model of care Proposal for change in consultation.</i></li> <li>▪ Increase community based options for rehabilitation.</li> <li>▪ Temporary accommodation solutions being developed. 150 people to house (short to medium term accommodation - \$3M)</li> </ul> <p><b>UNDER REVIEW</b></p> <ul style="list-style-type: none"> <li>▪ Mental Health Commission to carry out review of Blueprint. New service specifications for mental health – implications to be discussed further.</li> </ul>

SURGERY		
STABILISE	RECOVER	TRANSITION
<ul style="list-style-type: none"> <li>▪ Vacate surgical ward 32 from L5 Riverside - ENT/Ophthalmology Ward (18 beds)</li> <li>▪ Vacate Lyndhurst day facility EQ damaged</li> <li>▪ Vacate Oral Health Building EQ damaged (18 chairs, 5 GA lists)</li> <li>▪ Temporary Lithotripsy Bus Parking (back to ChCh Hospital April)</li> <li>▪ Utilise ChCh Hospital Theatre space to cover oral health, Lyndhurst and ophthalmology</li> </ul> <p><b>New Strategy Required</b></p> <p><u>Need a repair plan and a linked communication plan to manage essential repairs with the minimum of disruption. Particularly in winter with reduced beds and increased demand</u></p>	<p><b>IMPLEMENTED</b></p> <ul style="list-style-type: none"> <li>▪ Decrease Pre-Op Wait for fractured NOFs (hips) (dedicated acute lists)</li> <li>▪ Orthopaedic Non-Weight Bearing Model of Care Introduced (following fractured NOFs transfer to Ashburton)</li> <li>▪ ENT Ward Relocation from Ward 32 to Ward 20</li> <li>▪ <u>Lyndhurst - relocation</u></li> </ul> <p><b>IN IMPLEMENTATION - ON TRACK</b></p> <ul style="list-style-type: none"> <li>▪ 23 Hour Ward Model of Care to Increase Bed Capacity (6-8 patients per day)</li> <li>▪ Electives Recovery Programme using Private Capacity (446 cases delivered)</li> <li>▪ Oral Health Maxillofacial Relocation</li> <li>▪ Oral Health Dental Chair Capacity Relocation (awaiting Hagley)</li> <li>▪ Oral Health - Paediatric GA Lists partially met by Private Capacity</li> <li>▪ Full Utilisation of theatre lists - Maximise operating theatre throughput with sub-acute</li> </ul> <p><b>IN IMPLEMENTATION - BEHIND PLAN</b></p> <ul style="list-style-type: none"> <li>▪ Decrease LOS through Nurse Led Pre-admission Model</li> </ul> <p><b>NEEDS REVIEW</b></p> <ul style="list-style-type: none"> <li>▪ Orthopaedic Sub-Acute Surgery Patients (appropriate patients wait at home rather than in hospital bed) (will be implemented when required). Orthopaedics down one bed whilst repairs are being carried out.</li> <li>▪ Plastics Sub-Acute Surgery Patients (appropriate patients wait at home rather than in hospital bed) (will be implemented when required)</li> <li>▪ Avastin (Ophthalmology) - Transfer of Procedures to Procedure Rooms (non-operating or non-sterile) maximising theatre productivity</li> <li>▪ Orthopaedics - CREST now operational.</li> <li>▪ Theatre space for 2012. To discuss further the options that have already been</li> </ul>	<p><b>IN IMPLEMENTATION _ ON TRACK</b></p> <ul style="list-style-type: none"> <li>▪ Move out-patients from current site to new site to create space for redeveloped AMAU</li> <li>▪ Develop new models with private hospitals to extend theatre and bed capacity- two year plan</li> </ul> <p><b>UNDER DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>▪ Establish new out-patients model with reduced hospital based activity, increased primary care activity and distributed specialist services delivery</li> <li>▪ Department of Surgery Offices - Relocation</li> <li>▪ General Surgery &amp; SPCU Ward Expansion - into Vascular Beds (+10 beds)</li> <li>▪ ICU Expansion into Cardiothoracic Ward (+6 beds). Repairs to ICU commence 18.8.11. Loss of 2 beds during repair work.</li> <li>▪ Cardiothoracic Ward - Relocation to Department of Surgery Area L2 Parkside (+ 4 beds)</li> <li>▪ Elective Surgery Outsourcing programme in place.</li> </ul> <p><b>NEEDS REVIEW</b></p> <ul style="list-style-type: none"> <li>▪ Clear schedule of stages for repairs is required with detailed comms plan in place before next Winter.</li> <li>▪ Ophthalmology - Relocation from</li> </ul>

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

	explored.	<p>temporary facilities. Jeremy Simcock now working there.</p> <ul style="list-style-type: none"><li>▪ Reduce FSA/FU activity to increase specialist capacity through pathway re-design Elective Surgery - final numbers for the last financial year are not yet available.</li><li>▪ Hagley Hostel site – decision to be made regarding utilisation - Being sealed for car parking.</li><li>▪ Overflow space for Neurosurgery to be addressed.</li></ul>
--	-----------	---

MEDICINE		
STABILISE	RECOVER	TRANSITION
<ul style="list-style-type: none"> <li>▪ Vacate 3 Inpatient Gen Med wards from L4 &amp; L5 Riverside - (27 beds per ward)</li> <li>▪ General Med Ward Temporary Relocation - to 3B PMH (+24 beds)</li> <li>▪ Extend acute demand management services scope to reduce admissions</li> </ul> <p><b>New Strategy Required</b></p> <p><i>Need a repair plan and a linked communication plan to manage essential repairs with the minimum of disruption. Particularly in winter with reduced beds and increased demand</i></p>	<p><b>IMPLEMENTED</b></p> <ul style="list-style-type: none"> <li>▪ 14 day acute plan to manage bed risk in place</li> <li>▪ Information &amp; Decision Support Services - Relocation - to free 4A &amp;4B for use as Gen Med Wards (+ 25 beds each)</li> <li>▪ General Med Ward Temporary Relocation - to 4A &amp; 4B PMH (+25 beds each)</li> <li>▪ Introduce Community Rehabilitation Enablement &amp; Support Team (CREST) - increasing supported discharge options and reducing acute and ARC admissions</li> <li>▪ Rapid assessment access for general practice</li> </ul> <p><b>IN IMPLEMENTATION _ON TRACK</b></p> <ul style="list-style-type: none"> <li>▪ Enhance the Acute Demand Management Service (ADMS) Programme - increasing community capability to manage acute unwell in community reduce bed demand.</li> <li>▪ Vaccinate under 18s against ‘flu – reducing bed demand. Currently at 20%, will not reach target of 30%.</li> <li>▪ Develop transport plan with St Johns to manage patient transfers between Canterbury hospitals-Dedicated team in place this week</li> <li>▪ Diversion (voucher) system in place. Capacity back on track</li> </ul> <p><b>IN IMPLEMENTATION-BEHIND PLAN</b></p> <ul style="list-style-type: none"> <li>▪ Commence “Save ED for Emergencies” communication strategy (April). Yet to commence. .</li> <li>▪ Accelerate implementation of Canterbury Clinical Network’s Urgent Care strategies to reduce ED attendances by frequent attendees.</li> <li>▪ Expand and speed up implementation of HSA Global – to support shared care</li> <li>▪ Use information to identify people at high risk of admission and utilize early intervention to reduce risk.</li> </ul>	<p><b>ON TRACK</b></p> <ul style="list-style-type: none"> <li>▪ Outpatients relocation off ChCh site - to make room for expanded AMAU</li> <li>▪ AMAU relocation to Parkside and expanded (24 to 36 beds)</li> <li>▪ General Medicine - Reconfigure Ward 23 and 24 (L1 Riverside) from old AMAU to Gen Med beds (+27 beds). Admissions operating from two sites.</li> </ul> <p><b>UNDER DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>▪ Reorganise patient pathways and support with integrated records to reduce FSAs and follow-up</li> <li>▪ Increase support to AMAU/SARA to facilitate streamlined assessment and discharge processes</li> <li>▪ Integrate ADMS/Supported Discharge/LTC/Frequent Flyers</li> <li>▪ Further develop a “risk of re-admission” tool based on SPARRA, InterRAI and Pharms Research</li> <li>▪ Cardio respiratory Outreach Office – Relocation</li> <li>▪ Infectious Disease Consolidation – improve clinical flow</li> <li>▪ Re-think medical day unit</li> <li>▪ Consider direct admission to wards based on PMH experience</li> </ul>

	<p><b>NEEDS REVIEW</b></p> <ul style="list-style-type: none"><li>▪ Increase support to AMAU/SARA to facilitate streamlined assessment and discharge processes</li></ul>	<ul style="list-style-type: none"><li>▪ Develop new COPD pathways in conjunction with St John's &amp; primary Community based physio support to reduce cystic fibrosis beds</li><li>▪</li></ul>
--	---	---

OLDER PERSONS		
STABILISE	RECOVER	TRANSITION
<ul style="list-style-type: none"> <li>▪ Vacate at risk facilities and transfer patients</li> <li>▪ Provide additional clinical support (including staffing) to facilities</li> <li>▪ Provide logistic support to facilities (i.e. water, toilets, generators etc)</li> <li>▪ Establish Vulnerable Persons response team</li> <li>▪ Temporary respite facility established (+10 beds)</li> </ul> <p><u>New response required for red zone impacts on ARC</u></p> <p><u>Discussed with CERA – Jo Lawrence the process to support solutions for the affected providers</u></p> <ul style="list-style-type: none"> <li>• Avonview Retirement village</li> <li>• Kate Shepherd</li> <li>• St Ives Rest Home</li> <li>• Joy Crumpton House for terminally ill</li> </ul> <p><u>Orange Zone ARC providers</u></p> <ul style="list-style-type: none"> <li>• Admatha</li> <li>• Chruchill</li> <li>• Willowlea</li> </ul> <p><u>White zone ARC providers – 13 new risk</u></p> <p><u>New Risk – x1 fragile provider (52 residents), old facility – will not rebuild.</u></p>	<p>IMPLEMENTED</p> <ul style="list-style-type: none"> <li>▪ Introduce Community Rehabilitation Enablement &amp; Support Team (CREST) – increasing supported discharge options and reducing acute and ARC admissions</li> <li>▪ Orthopaedic Non-Weight Bearing Model of Care Introduced (following fractured NOFs transfer to Ashburton) (10 beds released at ChCh)</li> <li>▪ Supported and Alternative Accommodation Service Expanded</li> <li>▪ Establish new dementia capacity</li> <li>▪ ARC Prioritisation Programme introduced for managing ARC beds for next 6 months and to support repatriation</li> <li>▪ Buy ARC bed capacity as it becomes available to maintain control over priority</li> <li>▪ Establishment of the ARC work group under the CCN Aged Care workstream</li> </ul> <p>ON-TRACK</p> <ul style="list-style-type: none"> <li>▪ 24 Month Programme for ARC recovery (+ fast track rebuilds etc)</li> <li>▪ CREST roll-out to surgery, ATR and then general practice in July</li> <li>▪ Ensure vulnerable people prioritised for replacement housing</li> <li>▪ Increase access to rapid specialist advice and diagnostics to reduce need for admission- . Rapid access clinic established</li> <li>▪ Enhance the Acute Demand Management Service (ADMS) Programme</li> </ul> <p>BEHIND PLAN/NEEDS REVIEW</p> <ul style="list-style-type: none"> <li>▪ Expand and speed up implementation of HSA global – to support shared care record</li> <li>▪ Re-implement advanced care planning</li> <li>▪ New community based models as alternatives to ARC – commissioned paper from Auckland Uni services to explore alternatives for supporting carers e.g. daycare, respite</li> <li>▪ increasing community capability to manage acutely unwell in community</li> </ul>	<p>ON TRACK</p> <ul style="list-style-type: none"> <li>▪ Convert 3B back to rehab when possible</li> <li>▪ Increased community capacity for rehab through CREST.</li> <li>▪ CREST now rolled out in Waimakariri District.</li> </ul> <p><b>UNDER DEVELOPMENT</b> Explore new models of ARC, Community Based Rehab, Sub-Acute Care</p> <p>Insurance Claims Issues for ARC facilities survey has been distributed to facilities. Paper detailing results to be produced by OPH P&amp;F and forwarded to CEO for discussions with CERA.</p> <p>ARC Workgroup – CNN aged care workstream. Meeting on 18.8.11 to discuss next steps/ action plan.</p> <p>Home Based Support (HBS) – further work to be completed regards Ali’s client transition. HBS workforce - 3,000 hours short fall pw. Domestic assistance requests being delayed in an effort to manage short fall. Need alternative models of care for people requiring lower level assistance.</p> <p><b>NEEDS REVIEW</b></p> <ul style="list-style-type: none"> <li>▪ Integrated pathway General Medicine/OPH/Community</li> <li>▪ Increased use of InterRAI – shared</li> </ul>

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

	reduce bed demand	care record <ul style="list-style-type: none"><li>▪ Shared Care / Day Care Reconfiguration</li><li>▪ Progress Burwood redevelopment to increase bed capacity</li><li>▪ Advanced care planning. Futility score to be created.</li><li>▪ Policy to be written for red zoned rest homes as Govt. offer to purchase does not apply to businesses. Discussed with CERA.</li></ul>
--	-------------------	--

PRIMARY CARE		
STABILISE	RECOVER	TRANSITION
<ul style="list-style-type: none"> <li>▪ Support General Practice Viability (bring capitation forward to maintain cash flow)</li> <li>▪ Decrease cost of access for ChCh people short term free primary care &amp; pharmaceuticals</li> <li>▪ Provide logistic support to facilities (i.e. water, toilets, generators etc)</li> <li>▪ Additional services provided via general practice and pharmacy to stabilize work force</li> </ul> <p><u>New response required for red zone impacts</u></p>	<p><b>IMPLEMENTED</b></p> <ul style="list-style-type: none"> <li>▪ Free GP access for displaced patients –ceased 1 July <u>t</u></li> <li>▪ Enhance the Acute Demand Management Service (ADMS) Programme - increasing community capability to manage acute unwell in community reduce bed demand Almost twice the number of cases being managed – <u>needs further work</u></li> </ul> <p><b>ON TRACK</b></p> <ul style="list-style-type: none"> <li>▪ Expand and speed up implementation of HSA Global – to support shared care</li> <li>▪ Vaccinate under 18s against ‘flu – reducing bed demand</li> <li>▪ Extend HealthPathways to support out-patient activity in general practice rather than hospital</li> <li>▪ Hospital diversion strategy for gridlock trialled includes divert by ambulance to primary care, increased Acute Demand activity and vouchers for ED</li> <li>▪ Increase size of primary mental health capacity (new tiered system MoC proposal) additional funding made available –recruitment back on track</li> <li>▪ Reassess funding issues/General Practice viability post May ‘CIC’ run (with analysis of population shift)</li> </ul> <p><b>BEHIND PLAN</b></p> <ul style="list-style-type: none"> <li>▪ Shared Information</li> <li>▪ Commence “Save ED for Emergencies” communication strategy 10/4</li> </ul> <p><b>NEEDS REVIEW</b></p> <ul style="list-style-type: none"> <li>▪ Concerns re IFHC’s. Meetings to recommence.</li> <li>▪ Re-deploy under-employed pharmacists into general practice and ARC</li> <li>▪ Support rural General Practices with increased loads with additional resources</li> <li>▪ Prepare emergency response to secure against another crisis</li> <li>▪ Rural subsidy being reduced (on a National level). Some areas to be reclassified as non rural.</li> </ul>	<p><b>UNDER DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>▪ Plan and establish Community based Hubs.</li> <li>▪ Integrate ADMS/Supported Discharge/LTC/Frequent Flyers</li> <li>▪ Support development of Integrated Family Health Centres in Eastern Suburbs and other affected areas</li> <li>▪ Increase follow-up care supported by pathways, funding and integrated IT</li> <li>▪ Primary care re-design supported by Sapere (development of IFHCs and consideration of community Hubs)</li> <li>▪ Extend focus of Falls Prevention Program</li> <li>▪ DHB commitment to maintain capitation levels across PHOs (before population decrease of 1.1%). Funding in place for one quarter at this point. General practice activity is down due to shift of population across city.</li> <li>▪ Rangiora After Hours Care issue – progress being made.</li> </ul>

COMMUNITY		
STABILISE	RECOVER	TRANSITION
<ul style="list-style-type: none"> <li>▪ Maintain funding at previous levels</li> <li>▪ Increased use of Lincoln / Rangiora birthing units</li> <li>▪ Transfer out maternal at risk in utero (8 in first week)</li> </ul> <p><u><i>New response required with red zone impacts</i></u></p>	<p><b>IMPLEMENTED</b></p> <ul style="list-style-type: none"> <li>▪ Health Protection/Living Conditions communication from Community and Public Health Services</li> <li>▪ CCCC managing patient flow</li> <li>▪ Community &amp; Public Health - Relocation EQ Damage</li> <li>▪ Community Rehabilitation Enablement &amp; Support Team (CREST) - increasing supported discharge options and reducing acute and ARC admissions</li> <li>▪ Community Allied Health redeployed to support new strategies</li> <li>▪ Lab alliance established to redesign lab services for Canterbury in the context of regional role</li> </ul> <p><b>ON TRACK</b></p> <ul style="list-style-type: none"> <li>• Two Community &amp; Public health staff starting with CERA on Monday.</li> <li>• One Community &amp; Public health staff member seconded into HOP (earthquake role).</li> </ul> <p>▪ Facility Manager appointed for Ashburton Maternity Services.</p> <p><b>NEEDS REVIEW-</b></p> <ul style="list-style-type: none"> <li>▪ Burwood Birthing Unit - increasing capacity 11 April (2 birthing suites and 7 postnatal beds)</li> <li>▪ Increase nursing/midwife FTEs - using deployed staff from other units</li> <li>▪ Three major consultations are underway:               <ul style="list-style-type: none"> <li>Central City Master Plan</li> <li>Regional Transport Strategy</li> <li>CERA Strategy</li> </ul> </li> <li>Health system to write a submission. To utilise health group meeting on 05 September to begin process. CDHB Board to become engaged, taking into account the tight timeframes. EMT invited.</li> <li>▪ Comms plan required re Christchurch post quake positivity, that innovative</li> </ul>	<p><b>UNDER DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>▪ Radiology model established to develop new pathways and re-balance capacity and demand across the whole system using ERMS Triage to improve community access to diagnostics</li> <li>▪ Opportunities fro extending public diagnostic capacity being explored</li> <li>▪ Consider new centrally located primary maternity care facility &amp;/or primary maternity care in Hubs</li> <li>▪ <b>New model of providing maternity care in Ashburton.</b></li> <li>▪ Lab Alliance - CCN Preferred option - hospital lab and a single community lab. Paper drafted. To go to the Board for process. Will go out for consultation. Lab contracts expire in September. Comms plan to be developed</li> <li>▪ Maternity capacity needs re-planning</li> <li>▪ Increased community based activity is stretching support worker workforce new solutions required.</li> <li>▪ Radiology - business cases under development</li> <li>▪ ESR working with CERA as no plan yet in place to deal with</li> </ul>

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

	<p>and exciting things happening with motivated Cantabrians who are able to plan their own future. Recruitment and study enrolment numbers have increased.</p>	<p>community issues. First community forum has been held. Addressing issues on how to improve future meetings. Two staff to be seconded .5 FTE to assist CERA on community engagement strategy.</p>
--	--	---

CHILD AND YOUTH		
STABILISE	RECOVER	TRANSITION
<ul style="list-style-type: none"> <li>▪ Non-Canterbury new CHOC patients and inpatient chemo transferred to Auckland</li> <li>▪ Non-Canterbury surgery deferred</li> <li>▪ Transfer out neonatal intensive and level 2 care babies</li> <li>▪ Oral health relocated to Hillmorton</li> <li>▪ Child &amp; Youth IP re-configured as 1 unit, with patient discharges</li> <li>▪ ‘Twin’ schooling</li> <li>▪ Social support for families with children</li> </ul>	<p><b>IMPLEMENTED</b></p> <ul style="list-style-type: none"> <li>▪ Vaccinate under 18s against ‘flu - reducing bed demand</li> <li>▪ Free GP access for displaced patients</li> <li>▪ Child Haematology Oncology Centre (CHOC) activity return to usual. Restrict in-patient admissions to 0-15y</li> <li>▪ Increase size of primary mental health capacity (new tiered system MoC proposal) may require additional funding</li> <li>▪ Decrease transfers and return neonates as capacity allows</li> </ul> <p><b>BEING IMPLEMENTED – BEHIND PLAN</b></p> <ul style="list-style-type: none"> <li>▪ CHOC business case awaiting building consent. DHB now have a specific Council Liaison person. Detailed design underway. CCC taking longer than anticipated, but this is not affecting progress.</li> <li>▪</li> </ul>	<p><b>UNDER DEVELOPMENT</b></p> <ul style="list-style-type: none"> <li>▪ Review facility requirements for child &amp; youth mental health, in-patients/out-patients and developmental paediatrics</li> <li>▪ Neonatal nursing recruitment strategy</li> <li>▪ Community paediatric service being scoped</li> <li>▪ Gateway assessments implementation being planned</li> <li>▪ Youth Strategy has been written</li> <li>▪ Working in conjunction with Plunket re use of PPI’s in unsettled children aged under 12 months.</li> </ul>

Public Health STABILISE	RECOVER	TRANSITION
<p>Support staff to work from home, expanded EOC, and interim hubs. Establish replacement premises – ongoing (new premises not ready to fully occupy, but in use as a hub).</p>	<p><b>IMPLEMENTED/ONGOING</b></p> <p><b>Communicable Disease</b> Identify and control communicable disease outbreaks. Promote preventive measures for communicable disease for vulnerable groups (eg hardest hit suburbs, young people, elderly, institutions). Promote high influenza vaccination coverage.</p> <p><b>Drinking Water</b> Ensure temporary drinking water safeguards (boil water notice, chlorination) maintained as long as needed and reintroduced when necessary. Promote prompt checking and repair of Christchurch drinking water sources and reticulation.</p> <p><b>Sewage</b> Encourage safe and equitable temporary sewerage. Provide public advice re safe alternative sewage disposal, contaminated waterways etc. Promote prompt checking and repair of sewerage system.</p> <p><b>Housing</b> Promote rapid and adequate repairs to keep houses dry and warm, especially for vulnerable groups. Provide advice and evidence to promote adequate temporary accommodation.</p> <p><b>Emergency Preparedness</b> Complete debriefs, apply lessons learnt.</p> <p><b>Transport</b> Promote and support use of active transport during recovery.</p> <p><b>Liquor Licensing</b> Encourage and enforce host responsibility in new and newly-busy</p>	<p><b>IN IMPLEMENTATION – ON TRACK</b></p> <p>Continue to liaise with Christchurch City Council regarding the duration of chlorination of drinking water. Ensure public health concerns addressed in Canterbury Water Management Strategy. Promote rebuilding that supports more and safer active transport. Inform and support Healthy Christchurch signatories to advocate for health in recovery/rebuilding process.</p> <p><b>UNDER DEVELOPMENT</b></p> <p>Develop a set of evidence-based public health indicators to monitor recovery.</p>

	<p>suburban premises.          Ensure Sale of Liquor Act compliance by off-licenses.          Community Engagement and Resilience          Link with CERA, especially Community Wellbeing Planners Group.          Engage with Ngai Tahu, Maata Waka and Pacific community leaders.          Identify and provide support for post earthquake issues in schools and school communities.          Initiate and contribute to initiatives around food security.          Assess needs in currently engaged high-needs workplaces.          Assess and respond to earthquake's impact on smoking patterns with appropriate cessation support.          Health in All Policies          Work with Waimakariri District Council, Christchurch City Council and CERA to embed Health in All Policies approach into all planning.          Information and Analysis          Provide evidence-based information, analysis and evaluation.          Provide surveillance of notifiable diseases, gastroenteritis, and influenza-like illness.          Produce and disseminate evidence-based messages to the sector and the public.</p> <p><b>IN IMPLEMENTATION - ON TRACK</b></p> <p><b>BEING IMPLEMENTED – BEHIND PLAN</b>          Complete and disseminate the City Health and Wellbeing profile.</p> <p>Urban Design Strategy (CCC) – now out of date due to earthquake.          Some concern re suburban spread.</p>	
--	--	--

# Canterbury

District Health Board

Te Poari Hauora o Waitaha