

Canterbury

District Health Board

Te Poari Hauora o Waitaha

**Response from
Canterbury District Health Board**

October 2011

**Canterbury Earthquake Recovery Authority
Draft Recovery Strategy for greater Christchurch
for discussion and comment**

Contents

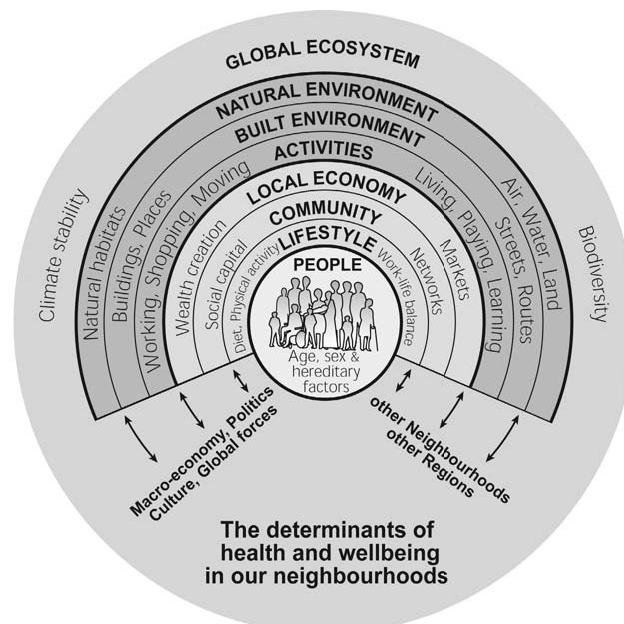
Summary of Key Points _____	3
Rationale _____	4
Health is a Resource for Living _____	6
Health as a System _____	7
Health System Direction and the Draft Recovery Strategy _____	9
Health System Economic, Infrastructure and Land Issues _____	11
Leadership _____	11
Conclusion _____	11
Appendix One – Healthy Design Guidelines _____	12

Summary of Key Points

1. The Canterbury District Health Board (CDHB) encourages the Canterbury Earthquake Recovery Authority to consider health as a key issue in all its forward planning and to assess all recovery plans with respect to their implications for health.
2. While health care services are an important determinant of health, most of the determinants of health lie outside the traditional 'health sector'. Because of this, initiatives to improve health must involve organisations and groups beyond the health sector, such as central and local government, if they are to have a reasonable impact.
3. The Canterbury District Health Board recognizes the unprecedented opportunity to enhance the greater Christchurch area in support of improved health outcomes.
4. The Canterbury District Health Board's Earthquake Recovery Plan includes key issues for the Canterbury Health System as follows:
 - a. Managing demand in light of reduced hospital and aged residential care capacity, and the challenge of maintaining access to acute and elective surgery
 - b. The need to support general practice stability, to enhance access to services for vulnerable populations and reconnect general practice with its population in order to reduce acute demand on the hospital
5. We endorse the establishment of Integrated Family Health Centres as an 'early win' (CERA Recovery Strategy p.24).
6. We recommend that the Recovery Strategy support the health system to meet changing needs as a result of population shift.
7. A top priority for the Canterbury District Health Board is the redevelopment at the Christchurch and Burwood Hospitals. We endorse any plans, policies or regulations that support that redevelopment and any future redevelopment.
8. We recommend that the Recovery Strategy capitalizes on the opportunity to improve housing quality, and thus health, by promoting the installation of insulation and improved heating in house repairs.
9. We recommend that the provision of affordable housing be facilitated, for example, by rebuilding social housing to allow for affordable rents.
10. In the interests of ensuring a healthy future for greater Christchurch, our public health division, Community and Public Health is available to support CERA through Health Impact Assessment Processes.
11. The Canterbury District Health Board is open to discussion with CERA regarding opportunities to collaborate in the pursuit of shared outcomes.

Rationale

1. The Canterbury District Health Board (CDHB) welcomes the opportunity to comment on the Draft Recovery Strategy for greater Christchurch. It is recognised that this Strategy has the potential to significantly influence the health outcomes of the people living and working in greater Christchurch now and into the future.
2. The Canterbury District Health Board recognises that a robust prioritisation and options analysis process that takes into account both financial and non-financial elements is required for future planning for the greater Christchurch area. The Canterbury District Health Board Executive Management Team wishes to remain engaged in this prioritisation process.
3. Canterbury District Health Board staff are available to further discuss the points raised within this document.
4. The Canterbury District Health Board is the largest employer in the South Island with over 9,500 direct employees and plans and funds \$1.4 billion of health services per year. In addition it provides \$100m of tertiary health services for other South Island District Health Boards and some North Island District Health Boards.
5. The World Health Organization has defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.¹
6. Health is influenced by a wide range of factors beyond the health sector. Health services help to restore people to good health or provide care for people when they are in need. However, various analyses of the gains made in life expectancy, attribute between only 10 - 30 percent to health services.²
7. Much greater impacts are attributed to environmental, social and behavioural factors.³ The diagram below presents some of the main factors determining the health of our local populations.



Source: WHO
 Healthy Cities and Urban Policy, University of the West of England, Bristol,
 URL: <http://www.bne.uwe.ac.uk/who/researchthemes.asp>

Collaborating Centre for

¹ World Health Organization, *Constitution of the World Health Organization*. 1948.

² Ministry of Health. 2005. Advice to Incoming Minister of Health. Ministry of Health: Wellington.

³ Public Health Advisory Committee. 2004. The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health. Public Health Advisory Committee: Wellington.

8. While health care services are an important determinant of health, most of the determinants of health lie outside the traditional 'health sector'. Because of this, initiatives to improve health must involve organisations and groups beyond the health sector, such as central and local government, if they are to have a reasonable impact.⁴
9. Public policy plays a significant role in shaping the health of populations. Policies that enable all to play a full and useful role in the social, economic and cultural life of their society will enable healthier communities than those where people face insecurity, exclusion and deprivation.⁵
10. Working intersectorally utilising a determinants, or Health in All Policies, approach enables experts across a range of disciplines to contribute to the development of plans which advance human development, uphold sustainability and equity principles and assist in the resolution of complex problems whilst improving health outcomes.
11. We commend to you the healthy design guidelines presented in the 'Integrated Recovery Planning Guide'⁶ and 'Health Promotion and Sustainability Through Environmental Design: A Guide for Planning'.⁷ We also commend to you the CDHB report, 'Long term planning for recovery after disaster: ensuring health in all policies'.⁸
12. This document has been developed by CDHB staff and its Board, including elected representatives. All divisions of the CDHB were invited to contribute and the draft document was referred to Board members for comment. The final response was approved by the Board.

David Meates
Chief Executive Officer
Canterbury District Health Board

⁴ McGinnis JM, Williams-Russo P, Knickman JR. 2002. The case for more active policy attention to health promotion. *Health Affairs*, 21(2): 78 - 93.

⁵ Wilkinson, R and Marmot, M. (Eds.) 2003. *Social Determinants of health: The Solid Facts* (2nd edition). Copenhagen: The World Health Organization.

⁶ CCC and CDHB. 2011. *Integrated Recovery Planning Guide, Version 2.0*. Christchurch: CCC and CDHB.

http://www.cph.co.nz/Files/IntegratedRecoveryGuideV2_Jun11.pdf

⁷ CCC and CDHB. 2008. *Health Promotion and Sustainability Through Environmental Design*. Christchurch: CCC and CDHB.

<https://outlook.ccc.govt.nz/Environment/HPSTED/HPSTED.pdf>

⁸ <http://www.cph.co.nz/files/LTPlanningAfterDisastersFull.pdf>

Health is a Resource for Living

13. The Canterbury District Health Board recognises the unprecedented opportunity to enhance (CERA Recovery Strategy p.15) the greater Christchurch area in support of improved health outcomes. We support the commitment to making 'greater Christchurch **better** while restoring and rebuilding the basics' (CERA Recovery Strategy p.18).
14. The Canterbury District Health Board recognises the importance of creating an environment where the needs of citizens are considered. It is also important to consider the fairness of plans or programmes for all current and future members of our community. We endorse the goal of "supporting people, in particular those facing hardship and uncertainty, through provision of quality housing, education and health services" (CERA Recovery Strategy p.19).
15. We recommend that the Strategy should incorporate a commitment to promoting social equity and ensuring better health and social outcomes for all citizens through tackling existing inequalities. We ask that our most vulnerable citizens are considered in all contexts.
16. We know that social and economic circumstances affect health throughout life. A Strategy that increases opportunities for educational success, addresses insecurity and unemployment and improves housing standards will directly improve health outcomes.
17. We note the importance of creating an Age Friendly greater Christchurch. There is a significant opportunity and urgency to progress Christchurch City as a city that promotes active ageing, particularly in light of the ageing demographic of Canterbury. We commend to you the World Health Organization's Age Friendly Cities Guide⁹ for consideration.
18. We also note the importance of engaging with the youth of greater Christchurch. The provision of a youth friendly city will encourage young people to remain and support the on-going process of recovery.
19. We note the importance of allowing for cultural diversity as a key factor for an individual's health. We acknowledge CERA's commitment to working together with Te Runanga o Ngai Tahu through recovery.
20. We note the importance of ensuring that information, in a clear and easy to read format is available to all Cantabrians (utilising the 5 main languages spoken in Christchurch) and of encouraging people from culturally and linguistically diverse backgrounds to participate in the recovery process.
21. We note the importance of developing an environmentally sustainable, integrated transport system providing accessible, affordable and safer travel choices. We highlight the importance of active transport which is a key factor for increasing physical activity and improving public health. We commend to you the Canterbury District Health Board paper 'Quantifying the economic benefit of increasing physical activity'¹⁰.
22. We ask you to consider the importance of the Healthy Design Guidelines¹¹ to population health. The Guidelines include Lifestyles, Transport, Equity, Social and community capital, Cultural diversity, Neighbourhood amenity, Public services, Housing stock, Economic development, Community safety, Natural capital, Resource sustainability, Community resilience and Food security. Please see [Appendix 1](#) for additional details.

⁹ http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

¹⁰ Bidwell, S. 2010. Quantifying the economic benefit of increasing physical activity. C&PH, CDHB: Christchurch. <http://www.cph.co.nz/Files/QuantEconBenefitPhysicalActive.pdf>

¹¹ CCC and CDHB. 2011. Integrated Recovery Planning Guide, Version 2.0. Christchurch: CCC and CDHB. http://www.cph.co.nz/Files/IntegratedRecoveryGuideV2_Jun11.pdf

Health as a System

23. The Canterbury health system is complex and multi-faceted. The Canterbury District Health Board is responsible for the planning and funding of all publically funded health services within the Canterbury Health System and spends \$1.4 billion annually. This funding purchases services via CDHB Public Hospitals (Christchurch, Christchurch Women's, Burwood, Princess Margaret, Ashburton and 8 small community based facilities), CDHB Specialist Mental Health Services (Hillmorton and numerous community locations), CDHB Community and Public Health, 131 General Practices, 116 Community Pharmacies, 109 Dentists, 105 Aged Care Facilities, and over 56 NGOs. In addition the CDHB funds over \$10m of services via Private Hospitals and provides over \$100m of tertiary level health services on behalf of other South Island DHBs and some North Island DHBs. The illustration on the following page highlights the diverse nature of the health system in Canterbury.
24. The Canterbury District Health Board recognises that most of the major risks to the Canterbury Health System require a whole of system response that crosses several service areas.
25. Before September 2010, the Canterbury District Health Board identified physical capacity as a key limiting factor to the ongoing sustainability of health service provision¹². The CDHB has implemented significant service delivery changes over the past three years that have seen amongst other things a 38% increase in elective surgery and 18,000 people now being managed in the community who would be hospitalised if they were elsewhere in the country. The CDHB has had to innovate to just live within its pre-earthquake capacity and this had led to the submission of a detailed business case for the development of Christchurch Hospital and Burwood Hospitals to met future demands. The reduction in capacity following February 2011 leaves the Canterbury health system in a critical and vulnerable position with limited access to respite/convalescent care and limited space for new admissions to aged residential care.
26. The Canterbury District Health Board's Earthquake Recovery Plan (described further under 'Health System Plans', below) focuses on capacity, with initiatives to improve patient flow by: 1) reducing admissions; 2) reducing length of stay; 3) supporting the recovery of aged residential care facilities; and 4) providing alternatives to hospital and/or aged residential care admission when required.

¹² 2008 Health Services Planning, Vision 2020

Health System Direction and the Draft Recovery Strategy

27. Since 2007, and in response to growing demand for all health services, Canterbury primary and secondary clinicians, other health and community workers and the Canterbury District Health Board have been working together to transform the way we design, deliver and fund health services - reorienting the Canterbury health system around the needs of the individual and removing traditional boundaries and barriers to improve outcomes for our population. This health system transformation recognizes the need not just for hospitals but for a responsive and sustainable system where providers work collaboratively to wrap care around the individual.
28. A range of transformation initiatives has been developed focused on improving front-line health care services to align with a patient-centred vision consistent with the Canterbury District Health Board's 2011-12 Annual Plan and 2011-2014 Statement of Intent¹³, 2008 Health Services Plan, and Vision 2020.
29. The key planning initiatives are:
 - Investing in peer support, health promotion, self management and rehabilitation programmes, to support people to take more responsibility for their own health;
 - Enhancing general practice access to diagnostics, simplifying the transfer of care between settings and providing access to specialist advice without the need for a hospital appointment, so that services traditionally provided in hospitals are now being provided in the community; and
 - Supporting the provision of less complex services in community settings, and so freeing up our secondary care capacity to cope with growing and increasingly complex demand.
30. As noted above (paragraph 25), this work has resulted in significant change in the type and location of services being provided in Canterbury, and real improvement in the health environment and in health outcomes. It has also aided Canterbury to respond as one health system to emergent health needs in the community following the 2010 and 2011 earthquakes.
31. The Canterbury District Health Board Earthquake Recovery Plan¹⁴ builds on existing Canterbury planning documents. The Plan tracks the progress of approximately 200 projects/initiatives that have been developed with the support of clinical engagement from across the health system. The Plan includes both new initiatives and accelerations of previously planned activity and is continually reviewed and refined as new initiatives are identified and current ones implemented. There is a common theme across all of the recovery initiatives in keeping with the direction of health system transformation: providing treatment and care either in or as close as possible to people's own homes.
32. The CDHB Earthquake Recovery Plan identifies key issues for the Canterbury Health System:
 - Managing winter demand (in light of reduced hospital and aged residential care capacity and the challenge of maintaining access to acute and elective surgery).
 - Managing primary and community care (by supporting general practice stability, enhancing access to services for vulnerable populations, reconnecting general practice with its population and reducing acute demand on the hospital).

¹³ Canterbury District Health Board., 2011. A Healthier Canterbury. Annual Plan 2011-12 and Statement of Intent 2011-14.
http://www.cdhb.govt.nz/communications/documents/pdf/annualplan/annual_plan_2011_2012.pdf

¹⁴ Canterbury District Health Board. 2011. Canterbury DHB Earthquake Recovery Plan Summary Version 1.

- Meeting the mental health needs of the population (by increasing support provided to other sectors and increasing the range of community based services).
33. We commend the aspects of the Draft Recovery Strategy that support and enable the ongoing transformation of the Canterbury health system and the implementation of the CDHB Earthquake Recovery Plan. In particular:
- We note the recognition (CERA Recovery Strategy 3.3.1, p. 19) of the importance of “developing and implementing solutions to obstacles to economic recovery through collaboration between local and central government and the business sector” as these obstacles also affect the health system, for example, via both provider-owned and non provider-owned infrastructure.
 - We note the recognition (CERA Recovery Strategy 3.3.2, p. 19) of the importance of “delivering community health, education and social services that are collaborative, accessible, innovative and flexible” and “supporting people... through provision of quality housing, education and health services”. We recognise the profound impacts of the earthquakes on Canterbury’s hospitals, primary care, community provider, and NGO infrastructure and staffing, and consequently their capacity to provide health care. The February earthquake also displaced many patients from their homes and communities, and consequently from their health providers and health records. Accessibility is a defining feature of primary care and an essential consideration for those in pre-existing vulnerable groups and/or the worst affected suburbs.
 - Similarly, we endorse the establishment of Integrated Family Health Centres as an ‘early win’ (CERA Recovery Strategy p. 24). We would be interested in seeing further detail, and being involved in any discussions concerning any regulations or plans that will potentially impact on the health system direction towards decentralizing some services and putting in place new delivery models (such as Integrated Family Health Centres) throughout wider Christchurch.
34. The Canterbury District Health Board makes the following recommendations regarding the Draft Recovery Strategy:
- We recognise that the viability of some general practices and pharmacies in areas of depopulation is at risk, while other practices may struggle to meet the increased demand in areas of in-migration. As a result of these population movements, there is a need to continue to monitor health system activity to ensure that primary care and community services follow the population shift in the medium to long term. We recommend that the Recovery Strategy support the health system to respond quickly to meet these changing needs, for example by supporting timely land-use decisions and that “ensuring that all new housing services are well planned’ (CERA Recovery Strategy p.19) includes consideration of access to community health and social services.
 - Housing is consistently recognised as a key determinant of health. We recommend that the Recovery Strategy capitalises on this unique opportunity to improve housing quality, and thus health, by promoting the installation of insulation and improved heating in housing repairs, including considering the use of incentives for such improvements in rental properties.
 - Unaffordable housing costs encourage overcrowding, acceptance of poorer quality housing, and a reduction in the amount of money available for home heating and other essentials such as food and health care. We recommend that the provision of affordable housing be facilitated, for example, by rebuilding social housing to allow for affordable rents, schemes to promote home ownership (such as shared equity and co-ownership arrangements) and planning regulations that incentivise the building of affordable homes in new developments.

Health System Economic, Infrastructure and Land Issues

35. The Canterbury District Health Board is a significant component of the Christchurch economy. As the South Island's largest employer the CDHB employs 9,500 people directly with a total of 16,000 people working across the whole Canterbury Health System, spends \$1.4 billion every year and owns \$1.4 billion of physical infrastructure.
36. The Canterbury District Health Board recognises the importance of the Land, Building and Infrastructure Recovery Plan (CERA Recovery Strategy p. 29) to the health of populations. We note that the direction set in this plan will have important implications for infrastructure across the health system, for example zoning decisions will affect the viability of aged residential care. The Canterbury District Health Board is available to inform the drafting of this plan.
37. A top priority for the Canterbury District Health Board is the redevelopment at the Christchurch and Burwood Hospitals. We endorse any plans, policies or regulations that support that redevelopment and any future redevelopment.

Leadership

38. The Canterbury District Health Board supports collaborative leadership and is positive about opportunities to work collaboratively with CERA in a purposeful relationship to accomplish shared outcomes.
39. The Canterbury District Health Board supports community participation as critical to building wider community confidence.
40. The Canterbury District Health Board recognises the challenges for CERA in integrating the Central City Plan with the plans for greater Christchurch and suggests that leadership in this context will be pivotal to maximising opportunities for all.
41. On-going opportunities will occur for CERA to act decisively in the short-term for long-term health benefit. Examples with direct implications for human health include: ensuring housing developments consider and address the potential for future land and infrastructure vulnerabilities; and ensuring homes are retrofitted with insulation during earthquake repairs.

Conclusion

42. We acknowledge that all aspects of the CERA Recovery Strategy will have implications for the people of greater Christchurch now and into the future.
43. We encourage CERA to consider health as a key issue in its forward planning and to assess all recovery plans with respect to their implications for health.
44. In the interests of ensuring a healthy future for greater Christchurch our public health division (Community and Public Health) which provides guidance and support to help create healthier physical¹⁵ and social environments, is available to support CERA through Health Impact Assessment processes and with expertise in relation to the Built and Social Environments.

¹⁵ Community & Public Health facilitates improvement in the quality of community drinking water supplies by administering the requirements of the Health (Drinking Water) Amendment Act 2007 and assessing compliance of water suppliers with the Drinking-water Standards for New Zealand 2005 (Revised 2008). Responsive to the monitoring advice provided by the Regional Council, concerning coastal waters and freshwater waterways, Community and Public Health also supports territorial local authorities by advising the public of any health risks and ensuring that all steps are taken to remove contamination (where possible).

45. The Canterbury District Health Board is open to discussion with CERA regarding opportunities to collaborate in the pursuit of shared outcomes. Opportunities to contribute to intersectoral meetings are both encouraged and valued.
46. The Canterbury District Health Board reiterates its availability to further discuss any of the points raised in this response to the Draft Recovery Strategy for greater Christchurch.

Appendix One – Healthy Design Guidelines

Lifestyles	The environment heavily influences a person's lifestyle and activity levels. Ready access to open spaces and safe walking and cycling routes enable people to exercise regularly.
Transport	Better transport opportunities, including cycling and walking opportunities, build safer and more liveable communities, and reduce environmental degradation, enhancing health.
Equity	Social and economic circumstances affect health throughout life. Increasing opportunities for educational success, addressing income inequities and unemployment and improving housing standards all directly improve health outcomes.
Social and Community Capital	Strong communities have strong social connections – trust, connectivity and shared values.
Cultural Diversity	A strong sense of cultural identity is recognised as a key factor for an individual's health. Living in an environment of inclusion, acceptance and tolerance enhances mental health and promotes social cohesion.
Neighbourhood Amenity	Well-designed public amenities encourage use by local residents and increase social and emotional wellbeing.
Public Services	The provision of good quality accessible public services has a positive effect on wellbeing. When members of the public engage in the operation and management of these services there is a positive effect for the greater community.
Housing Stock	Housing that is affordable, secure, dry and warm is critical for ensuring good health outcomes.
Economic Development	Prosperous businesses, quality employment and job security can increase health and wellbeing as well as making it easier to pursue a healthier lifestyle.
Community Safety	Traffic crashes are a major cause of injury in New Zealand. Reducing crime rates can enhance people's physical and mental wellbeing as well as enhancing social cohesion.
Natural Capital	The quality of our air, water and soil underpin the health and economic prosperity of society.
Resource Sustainability	The relationship between environmental damage caused by human settlement and ill health is well recognised. We can minimise the use of non-renewable resources and energy and water use, whilst encouraging waste reduction and promoting reuse and recycling.
Community Resilience	Resilient communities are those that plan and prepare for inevitable and significant risks. Plans can assist communities to be more adaptable and resilient to future disasters.
Food Security	Food security is access to enough appropriate food, by all people, to support and active, healthy lifestyle.