SUMMARY OF PUBLIC SUBMISSIONS

A Healthier Canterbury: Directions 2010

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Draft District Strategic Plan Consultation
22 April 2005 – 30 June 2005

Appendix 3.

Disclaimer
All care was taken in the preparation of this document. However, it should be noted that the document only reproduces and/or summarises the views expressed in written feedback or during meetings and is not indicative of all views held in the community. The views expressed in the submissions have not been checked for accuracy and reported information should not be assumed to be factual. The language used in the submissions may differ from the language used in this report and it is acknowledged that the same term may be used to mean different things by different submitters.

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Executive Summary

September 2005

From Board Chairman Syd Bradley and Interim Chief Executive Karleen Edwards
Summary of Submissions – A Healthier Canterbury Directions 2010.

Thank you to the many people and organisations who took the time to give us feedback about our draft Strategic Plan for the next five to ten years. It is very important to have that feedback so that as we prepare the final draft Plan, we can encapsulate the many different views and opinions.

During the consultation phase held from 22 April to 30 June this year, we received 119 written submissions and many verbal responses and suggestions at the 25 consultation meetings held throughout our region.

This document gives an overview of the themes and patterns of responses that came through from the written submissions and consultation meetings. This feedback has led us to reconsider the draft Plan in a number of areas. These changes are referred to in the response section of this document.

The aim of the consultation process was to find out how acceptable our draft Plan for the region's health care was to the community. This summary reflects that feedback.

The written and verbal feedback covered a wide range of issues and while it is not possible to reflect every response, we hope that the people who commented, can see the variances in the document as a result of the consultation process.

Our guiding principles have been to keep an open mind and to consider all suggestions before making any final decisions. We will also keep all the feedback in mind as we embark on the implementation of the Strategic Plan.

This summary is widely available for the community to read and copies can be obtained by phoning (03) 364 4160 or from our website: www.cdhb.govt.nz.

The aim of the Canterbury District Health Board is to fund the best health care we can for our community within the resources available. Resources are limited particularly with the implementation of Population Based Funding and therefore we must prioritise. The consultation process has greatly assisted in informing us about the community's views on prioritisation and the many issues relating to the delivery of quality health care in our region.

Syd Bradley
Chairman

Karleen Edwards
Interim Chief Executive

Introduction

Purpose of the Summary

The purpose of this document is to provide a summary of the feedback received in response to the Canterbury DHB's draft Strategic Plan *A Healthier Canterbury: Directions 2010*. The document describes the patterns of opinion, repeated themes or concerns that emerged during the consultation process.

This report only presents the views expressed during consultation meetings or provided in written feedback. It is not meant as a detailed interpretation of that feedback. It is also not an attempt by the Canterbury DHB to either answer the questions raised in the submissions or to provide responses to every comment. The response section at the end of this document provides a summary of the primary changes the Canterbury DHB made to its draft Plan as a result of the public feedback received.

The summary of submissions will be used:

- To make available to the public, information about how the submissions were summarised and what feedback was presented.
- To guide the Executive Management and Planning Teams as they edit the final version of the Strategic Plan.
- To provide the Canterbury DHB's Board with information to assist them to take the public's feedback into account before making final decisions about the content of the Canterbury DHB's Strategic Plan.
- To provide readers/submitters with an indication of the changes made to the draft Plan as a result of public feedback during the consultation.

Readers should note that the content of the submissions is also referred to as *feedback* in this document and the term *submitter* is used to refer to those individuals, groups and organisations who made submissions on the draft Strategic Plan, either in writing or by speaking at the consultation meetings.

Availability of the Summary of Submissions

This summary of submissions is available on request to all interested parties on the Canterbury DHB's internet site: www.cdhb.govt.nz or by telephoning (03) 364 4160 for a hard copy. A copy of the summary will also be sent to those who requested one at the time of making their written submission.

The summary of submissions will be an appendix to the final version of the Canterbury DHB's Strategic Plan and as such will also be presented to the Minister of Health.

Background and Analysis

Each of New Zealand's twenty one DHBs are required under the New Zealand Public Health and Disability Act 2000 (the Act which established and provides the framework for DHBs) to prepare a Strategic Plan for their region and to regularly review that Plan.

The Strategic Plan is based on a number of inputs: a health needs assessment of the DHB's region, initial prioritisation of the regions' health needs based on that assessment, current Government health strategies and priorities and the DHB's available resources. Each DHB is also required to consult publicly on its draft Strategic Plan and to consider the consultation feedback received before finalising its Plan for approval by the Minister of Health.

Consultation Background

The development of the Canterbury DHB's draft or 'proposed' Strategic Plan evolved through consideration of the above inputs with the most recent health needs assessment of the Canterbury region being undertaken by the Canterbury DHB in September 2004. The Canterbury DHB's process also included a review of the progress made against the last Strategic Plan (2002) in consultation with its Board and with key stakeholders in

November 2004 and consideration of the proposed directions and priorities for the 2006 Plan with the Board and Executive Management Team in March 2005.

The draft Strategic Plan for the Canterbury region, *A Healthier Canterbury: Directions 2010*, was derived from this work and was presented as a consultation booklet with a freepost form (ie, the submission form) included in the front of the booklet for submitters to provide their feedback.

The Canterbury DHB's public Strategic Plan consultation process, presenting the proposed Core Directions and Health Gain Priorities, ran for ten weeks from 22 April 2005 until 30 June 2005.

A large mail-out was undertaken providing the consultation booklet to health providers, key stakeholders, local MPs, local health and community groups, councils, libraries and service centres. The draft Strategic Plan was also placed on the Canterbury DHB website and was sent out to all its hospital sites with copies at the receptions of all major hospitals.

Advertisements were placed in local newspapers and were run on local radio, advising of public meetings, and these advertisements provided website and telephone contacts to access a hard copy of the draft Strategic Plan. Copies of the Plan were available at all public meetings. A number of global emails and notices of staff meetings were sent to Canterbury DHB staff and all these messages contained an electronic link to the Plan and request details for hard copies.

Along with the draft Strategic Plan a summary copy of the Canterbury DHB's Health Needs Assessment (2004), was included in mailouts and was available at public meetings to provide additional information to submitters and to assist with the completion of submissions.

Consultation Meetings

In addition to calling for written submissions, twenty five (25) consultation meetings were either specifically held by the Canterbury DHB or were attended by Canterbury DHB staff in order to:

- Provide a basic presentation of the contents of the draft Strategic Plan;
- Answer questions about the proposed Plan;
- Listen to verbal feedback;
- Encourage written feedback on the Plan; and
- Record the feedback for consideration alongside the written submissions.

The same presentation package was used at the consultation meetings to present the proposed Plan. At all meetings a minute taker was in attendance to record proceedings, the feedback given or any concerns raised. At most stakeholder meetings and at all staff and public meetings members of the Executive Management Team presented the proposed directions and priorities. At all staff and public consultation meetings members of the Executive Management Team and the Board were in attendance to hear the views expressed first-hand.

The 25 consultation meetings were the sources of the verbal submissions (feedback) on the draft Strategic Plan. The following consultation meetings were held or attended. The meeting types are explained below.

Meeting type	Meetings
Stakeholder meetings	12
Canterbury DHB staff forums	7
Public consultation meetings	6
Total number of meetings	25

Stakeholder meetings refer to meetings with a wide variety of people who have an interest in Canterbury's health and disability services, public health and/or health and well being in general. The purpose of these meetings was to ensure that individuals and groups with particular experience and expertise had opportunities to give feedback on the draft Plan. The stakeholder meetings held were with groups with interests in mental health, disability support, Māori health, Pacific people's health, alcohol and drug issues, child and youth issues, older person's health, community health and nutrition, diabetes and rural health.

Canterbury DHB staff forums refer to meetings held at the Canterbury DHB's major hospital sites. As an employer of over 8,000 staff, it was important to the Board and management to understand the views of staff on the draft Strategic Plan. The table below shows the sites at which staff forums were held and the number of

staff who were in attendance – this is an estimated number only based on a head count at the end of the meeting by the minute takers in attendance. No formal register of attendance was completed at the staff meetings.

Meeting location	**Numbers**
Burwood Hospital	28
The Princess Margaret Hospital	45
Christchurch Hospital	28
Hillmorton Hospital	24
Ashburton Hospital	35
Total	160

Public consultation meetings refer to the meetings that were held throughout the Canterbury region. They were advertised in the print media and on local radio in the preceding weeks. The table below shows the Canterbury communities in which the public consultation meetings were held and the number of people who signed the attendance register circulated. A number of those in attendance elected not to sign the register and in some cases this is an under representation of the numbers in attendance.

Meeting location	**Numbers**
Rangiora	10
Kaikoura	4
Akaroa	1
Christchurch Marae	15
Christchurch Town Hall	31
Ashburton	13
Total	73

Submission Analysis

All the written submissions and records of consultation meetings were read and categorised. They were then summarised into a database to assist the identification of repeated themes and patterns. All written responses were entered into the database in the wording of the original writer.

For several reasons the number of references to a particular view were not counted. Many submissions while written by one person were said to represent more than one person and the number of people involved in a submission was not always identified. A number of submitters did not answer every question and focused on areas of particular interest. Many repeated their points and comments in answering several questions.

Not all comments are reported in this document because many related to operational and specific issues, to contracts and service provision or were presentations of business proposals. These have been forwarded to the relevant Canterbury DHB divisions for further consideration.

Comments from the written and verbal submissions were given the same weight in the consideration of feedback. Both are reflected in all sections of the summary that follows.

Reporting the Feedback

The five questions presented on the submission form were open-ended ones, for example, *Have we chosen the right priorities?* and included a space for general comments. In light of the open-ended nature of the questions, the approach taken in this document has been to present the feedback as a summary of responses to the original consultation questions.

Under each of the original questions attempts have been made, as much as possible, to summarise the feedback into repeated themes, patterns of opinion and concerns. Attention to themes helps us to understand the overall feedback received (eg, the range of favourable and unfavourable responses to particular parts of the draft Plan). Quotes back up the repeated themes and in some cases suggest other considerations.

As much as possible the approach taken in summarising the submissions was to use wordings that are either the actual words used in the submissions, or to paraphrase using some of words from the submissions. Words in *italics* are direct quotes.

Most of the repeated themes or points presented reflect views that were mentioned by a number of submitters. However, some that were mentioned less frequently are included because they reflect particular concerns or expertise. These less frequently mentioned themes would for example, have been submitted by stakeholders such as patients/consumers of services, clinicians, Māori, Pacific peoples, service providers and many others who have particular expertise and/or experience regarding the service categories and strategies discussed in the Plan.

Acknowledgment of Proposals

A number of written submissions did not comment on the content of the draft Strategic Plan but rather offered written proposals for services that might assist the Canterbury DHB to better serve its community. These proposals were submitted by a range of stakeholders, including members of the public, Canterbury DHB staff and community providers (ie, Non-Government Organisations) both those funded and not funded by the Canterbury DHB. Many proposals indicated that they would require additional expenditure.

A summary of these proposals will be collated separately to this document in order to make relevant Canterbury DHB personnel aware they have been submitted. While the time and energy given to these proposals is appreciated, it should be noted that such proposals would need to be considered through the usual formal processes at a time when service development was possible.

Acknowledgment of Suggestions and Ideas

The question of *how* the Canterbury DHB will implement the draft Strategic Plan and achieve its goals was a repeated theme in the submissions received. Many submissions offered suggestions for how the Plan could be implemented. These suggestions have been noted, and like the proposals, will be collated for attention once the Plan is finalised and action on it proceeds.

Again, while the suggestions received are appreciated, it should be noted that not all the suggestions relating to types of service provision (eg, a suggestion of a type of service or practitioner) are fully summarised in this document. This is because the purpose of this summary is to identify patterns of acceptability or unacceptability of the proposed Plan - not to summarise all ideas for putting it into effect.

Summary of Consultation Feedback

Submitters - Analysis

Over two thousand (2000) documents were distributed through the Canterbury region, to a range of interested parties and stakeholders, including Māori and Pacific stakeholders, health and disability service providers, local Government, Canterbury DHB staff, special interest groups, health forums, members of the community and others.

One hundred and nineteen (119) written submissions were received in response over the ten-week consultation period. The majority were received on the freepost submission form provided, although some submitters sent letters expressing their views and a number attached other information such as articles, reports or proposals. In these cases, the issues raised were considered under the most appropriate question.

Estimated number of people represented by written submissions

In order to help make an estimate of the number of people involved in the written submissions, the submission form asked respondents to indicate the number of people their written submission represented. Almost all of the written submissions contained a response to this item. These responses indicated a range of representation from one (1) person, to the highest indications in some submission of over *1400, 1800*, and *4200* people. Some submissions stated they represented *the views and needs of thousands of people in Canterbury* and some that they represented their regions population base.

It is not possible to identify from the responses to this question the true number of people who are represented by the written responses. Submissions written by different members of the same organisation or group will mean some representatives will have been counted more than once. If the total number to which the written submission have been attributed is taken as an indication of the number of people involved in responding to the consultation (where an actual number has been given) – that number is over 9000. However, in truth there is insufficient information on which to make a conclusive statement.

Sources of submissions

In order to understand the expertise, interests and experience of those who made written submissions, the submission form contained a question asking whether the submission was being completed for the person named on the form, a group, organisation or other. It also contained two questions about the submitter's primary area of interest.

Of the 119 submissions received, 88% of submissions contained an answer to the question relating to the submitters' primary role, 57 indicated they were *users of health services*, 48 that they were *providers of health services*, 8 answered *other*.

Primary Interest	Percent
User of Health Services	50%
Provider of Health Services	43%
Other	7%

Of the 119 submissions received, 95% of submissions contained an answer to the question relating to the submitters' area of interest. However, with the exception of the submitters who indicated their area of interest as fluoridation, most submitters saw themselves as having a general interest in health rather than a interest in a particular area such as mental health, older people's health, respiratory disease etc.

Primary Interest	Percent
General	29.5%
Fluoridation	28.5%
Mental Health	11%
Older People's Health	8.5%
Public and Population Health	6%
Māori Health	3%
Child and Youth Health	1.5%
Primary Health	1.5%

Less than 1% *or one submission*
Respiratory
Plastic Surgery
Cardio Services
Genetics
Infections Control
Oncology and Palliative Care

The conclusion from the analysis of these figures is that there is insufficient data to allow accurate counting of the total number of stakeholders represented by all written submissions or, more importantly, the patterns of interest to establish any clear priority by category.

The limited number of submission and the wide variety of those submissions increased the level of difficulty in summarising the feedback. It should be noted that repeated themes or patterns of opinion in this document may represent comments made by as little as three or four submitters.

Question 1a - Challenges

1a. What do you think of the challenges we have identified?

- *Responding to the Impact of Lifestyle Diseases*
- *Addressing the Health Issues of an Ageing Population*
- *Reducing Inequalities and Improving Access to Health Care*
- *Community and Staff Expectations*
- *Increasing Demand for Services*
- *Focusing on Quality and Effective Services*
- *Supporting Other South Island DHBs*
- *Funding and Financial Pressures*
- *Increasing Productivity*
- *Infrastructure.*

The majority of the feedback received in response to the proposed challenges was supportive of those selected. A number of submitters put forward additional challenges that they thought should be acknowledged, which are presented in the next section (Question 1b) rather than having been referred to under the more general concerns summarised below.

Positive Comments on the Challenges

- *The Challenges identified are comprehensive and important, relevant and realistic.*
- *Key issues have been identified well and challenges identified are the priority ones.*
- *The challenges identified are all in need of attention and are well chosen.*

Concerns

- There is a particularly urban slant and the challenges don't address specifics for rural Canterbury.
- *There is no summary of what has been achieved over the last 5 years so it is difficult to answer.*
- Predictions are for 2021 and some challenges may not be as pressing as others in the short-term, need to be sure implications of our ageing population are not overstated.
- *Challenges without incentives to improve are meaningless.*

The challenges identified in the draft Plan are referred to below along with a summary of the feedback provided specifically relating to each one of them.

Responding to the Impact of Lifestyle Diseases

- Strong approval and support for this as the principle challenge for the Canterbury DHB (CDHB).
- Public health promotion needs to also be the first approach in dealing with challenges.
- Prevention should be the primary focus for the CDHB - *the focus on prevention is excellent.*
- Call for increased resources for promotion and prevention organisations and community agencies.
- *The biggest challenge for the CDHB and the community is to save the younger generation from eating and drinking themselves to death.*
- *Mental Health should also be included as this has a serious impact on individuals, families and society and can be significantly effected by improving one's lifestyle.*

Addressing the Health Issues of an Ageing Population

- Agreement expressed that the ageing population is of particular concern, *positive to see it highlighted*.
- Suggestion that ageing population is a major concern for 2021 not 2010.
- Important to be more specific in the goals set for addressing health issues of an ageing population.
- Important the CDHB maintains the current standards of excellence provided to older adults.
- Better access to well coordinated services for the elderly is essential but seen as difficult to innovate.
- *It was pleasing to see that the DHB (has) finally acknowledged the health issues of an ageing population and has identified it as a primary focus.*

Reducing Inequalities and Improving Access to Health Care

- Pleased to see inequalities listed as a challenge.
- Concerned to see no mention of the specific nature of this challenge as it relates to geographically disadvantaged individuals and rural communities.
- Strong support for the need to ensure GP costs are reduced to improve access for individuals.
- Concerned to see disabilities or equity of access for those with a disability not specifically mentioned.
- *Challenge to provide adequate parking provisions and transport for debilitated patients requiring essential access to rehabilitation services aimed at optimising self management and reducing readmission rates.*

Community and Staff Expectations

- Importance of acknowledging staff currently within the CDHB and supporting them – *staff morale has important spin-offs for patient outcomes.*
- Acknowledge challenge of increasing expectation of society - what is possible versus what is affordable.
- Questions as to why this is such a major concern – *are you trying to lower expectations of care?*

Increasing Demand for Services

- CDHB's biggest challenge is meeting demand for surgery and getting all the people off the waiting list.
- Mental health services will also have an increased demand placed on them in the coming years.
- Effective health promotion and health protection is needed to keep the demand on expensive hospital services to a minimum.
- Disagreement with comments indicating that health demand can never be met.
- *Budget constraints are appreciated but merely removing people from a waiting list creates a bureaucratic fantasy, not a health service.*

Focusing on Quality and Effective Services

- Commend the focus on quality, effective service delivery and 'Improving the Patient Journey'.
- *Great goal but seen as difficult to move from an ideal into practise.*
- Need to form a partnership with consumers to determine needs in service provision – risk of providing expensive, ineffective services that do not adequately meet the needs of consumers.
- Concern that without increased funding quality will decrease.
- *Would like to see 'continuity of care' as part of the focus on quality.*

Supporting Other South Island DHBs

- *Unclear on why this is a challenge for the CDHB?*

Funding and Financial Pressures

- *Financial challenges should be at the beginning of the document and not at the end.*
- Emphasis should be placed on funding and financial pressures for smaller rural communities.
- Agree with strengthening equity of money across the board, shifting it into areas that need it more.
- Concern that funding does not follow demand and that CDHB appears to accept this.
- *Continue to challenge PBFF and the notion the CDHB is over provided for especially in relation to older persons spending.*

Increasing Productivity

- Concern that this will mean greater throughput but less effective intervention, especially for those with high and complex needs.

Infrastructure

- Information sharing needs to be a focus, so that all providers have access to the same information.
- Should be a high priority, as ineffective infrastructure impacts on all areas of the health system.
- This challenge is *also about how the CDHB shares information and communicates with others*.
- Challenge of better information systems is imperative – particular need to improve discharge systems.
- *Improving information technology is crucial, not only for patient care but also to improve staff training and ongoing professional development.*

Question 1b – Other Challenges

1b. Are there any other challenges we should include?

In response to this Question, a number of submitters responded with comments indicating additional challenges that should be included. The suggested challenges have been grouped into the general themes below.

Mental Health Services – As a Priority

- All challenges relate to mental health as well as other services – *unclear as to why it is not a priority*?
- The demand on mental health services is seen as increasing and concern is expressed there is not enough emphasis on future support and development of those services to meet that need.
- *Surprised CDHB does not view increasing rates of depression and suicide rates as a challenge.*
- Physical illness is linked and intertwined with mental illness and implications for mental health needs must be considered alongside physical ill health.
- *We agree that lifestyle diseases are an important challenge to focus on, but would like to include mental health on that list. Mental illness has a huge impact on the health and wellbeing of individuals, families and society and can be significantly improved by changes to ones lifestyle.*

Rural Health Services – Specific Issues of Equity of Access and of Services

- Large hospitals are seen as getting the bulk of the upgrades while rural hospitals are seen to languish.
- Challenges of staff shortages are more marked in rural areas with reliance on volunteers.
- *We suggest the expansion of the challenges listed to acknowledge the considerable disadvantages that rural areas have with regards to access to health care.*
- The challenge to the CDHB is not just to provide access to primary services for rural communities but access to all public health services.

Workforce Challenges – Capacity and Sustainability

- Having the staff with the skills for the job and a remuneration that keeps them in Canterbury is seen as a significant challenge for both the CDHB and those providers it contracts with.
- Resources for nursing homes needs increasing and monitoring – maintaining staff levels is a challenge.
- *Canterbury is facing a staff crisis over all employment groups within the community and hospital based services – in addition to managing flow on effects, staff recruitment and retention requires addressing.*
- *Fair and equitable remunerations will always be a challenge.*
- Little mention, if any, of how challenges are to be met in terms of staffing – an increase in staffing levels will be needed before proposed changes in services offered are undertaken.
- Māori workforce development, monitoring and supervision across the DHB needs to be increased.

Collaboration - Engaging and Integration

- Important to ensure CDHB, Primary Health Organisations (PHOs) and Non-Government Organisations (NGOs) have effective communication and collaborative systems.
- It is a challenge to increase clinical linkages with PHO providers particularly around discharge planning when travel of some distance is involved.
- Improved communication needed with staff on matters of strategic importance including service and location reconfigurations.
- There is a need for the CDHB to have capacity to respond to an increasingly diverse population base and to link with other organisations to achieve this.
- *Providing workable avenues for community input is always going to be a challenge.*

Other Challenges Suggested

- Increased funding for a range of specialist services in the community so that people can have treatment and rehabilitation in their own homes rather than in the acute hospital setting.
- Improving discharge planning and discharge notification was seen as a specific challenge.
- *How to factor in political change, either at local or central government level.*
- *The development of community based wellbeing and recovery models included as a significant challenge.*

Question 2 – Core Directions

2. Are the Core Directions proposed the most appropriate Core Directions?

- *Improving the Health of Our Community*
- *Finding Better Ways of Working*
- *Working Together*
- *Developing Our Health Care Workforce*
- *Being a Leader in Health Care.*

The feedback in response to this question was largely positive with respect to the Core Directions proposed in the draft Strategic Plan. Feedback such as *excellent, sound, hard to disagree, pleased to see*, and others appeared under each of the proposed Directions. There was a more mixed reaction to the last Direction proposed – *Being a Leader in Health Care*, and this is referred to further below.

The question of *how* the Canterbury DHB will achieve the goals outlined under these Core Directions was important to those who responded to the question and a number of the concerns centred around this theme and the need for more specific actions and for indicators of success to be included. General positive comments and concerns are summarised below followed by submitters' more specific responses to each of the proposed Core Directions.

Positive Comments

- The Core Directions are well aligned with the challenges the CDHB will face over the next five years.
- *If these aims are carried out, this will be excellent.*
- Hard to disagree with any of these Core Directions.
- *These improvements are sound statements.*
- These are the most appropriate directions.
- *I generally support the directions.*
- *Support the DHB in its strategic objectives/core directions regarding finding better ways of working, and working together to improve the health and wellbeing of our community.*

Concerns

- The focus on community providers gives rise to concern, as they are often reliant on funding which can be difficult to obtain and are profit driven.
- *Include a section focusing on improving Canterbury's mental health.*
- No specific mention of the health issues of ethnic minorities other than Māori and Pacific – these groups and families need support in our community.
- Question the focus on high needs groups without including those with mental illness.
- *How? Very grand but what about specifics?*
- The statements are worthy ones, but words are not necessarily linked to actions.
- *Focus should be on outcomes*
- No argument with the directions, what is lacking is substance – all fine in theory but what about details.
- *You talk about what you will do in my opinion there is too much talk – procrastination will only increase the mounting unsustainable health problems of future generations.*
- Concern that there is omission of debate over the issue of high cost treatments for a minority of people.

Improving the Health of Our Community

The majority of the feedback related to this Core Direction was supportive, particularly for the focus on improving information on health needs, sharing data, and on lifestyle disease prevention and early intervention. The repeated themes that emerged from submissions related to this Core Direction are summarised below.

Support for a Focus on Lifestyle Disease Prevention and Increased Early Intervention

- Directions are good – particularly improving the health of our community.
- *The Healthy Eating Active Living component needs more emphasis – prevention rather than treatment.*
- Promotion of self-care is a challenge and an important direction for the CDHB.

- Focus also needs to include obesity.
- *Needs to be better prevention – be tougher on those at greater risk.*

Support for Developing a Better Understanding of the Health Needs of Our Community

- Information is a priority, continue to invest in technology to better understand the community's needs.
- *Actively look for gaps in the system* – support continued data collection
- Support the sharing of data with the primary care sector particularly on risk factors for disease priorities.
- Support the need for more information sharing and effective transmission of information.
- *Sharing research should have a wide basis and include areas, which while not directly related to health, do have an impact on it.*

Support for the Coordination of Services and Partnerships between Providers

- *Support developing coordinated approaches with other agencies to prevent illness and maintain health.*
- Support for a more coordinated approach for chronic disease, particularly multiple chronic diseases where patients need to be treated as a whole person not one disease at the expense of another.
- *Coordinated discharge planning is important in preventing risk of relapse or readmission.*
- *Working with NGOs should not just be restricted to improving access to primary health care but to a wide range of service to promote healthy living.*

Support for Improving Access to Services

- Support the focus on providing accessible primary health care for low income and high needs groups.
- *We agree that improving access to PHOs is key to reducing the pressure off hospital services.*
- PHO strategy seen as in evolutionary phase, concern about narrow focus or reluctance to work on developing ways to provide the most complete and accessible service for enrolled populations.
- Support the stated intention to continue to work with rural communities to improve access to services.
- *Emphasis should be on all public health services not just access to primary health care services.*

Comments on the Pressure on Community Services

- How can NGOs provide quality care with a disparity in FTE funding – if you push for care in the community there must be qualified and experienced staff, paid for the care they provide.
- *There is no evidence than an increased range and volume of quality community based services will be supported or funded by the CDHB. Contract negotiations would tend to suggest the reverse is true.*
- Important to prioritise education, training and pay parity for community carers.
- *Providing support for those where greatest health disparities currently exist … should include family carers who often care 24/7 and have to give up or greatly reduce paid employment for the caring role, and then must face living on a low income with all the additional costs caring brings.*

Emphasis on More Than Just Health Services

- Consider more that just healthy eating and active living – smoking, mental wellbeing, housing and workplace quality, access to clean air, food and water and waste management.
- CDHB should work with the Ministry of Education to promote healthy lifestyles in schools.
- Support for consideration of parenting education and parenting skills for Youth.
- Need for adequate parking and transport for rehabilitation patients to access classes and appointments.
- *Positive discharge planning should ensure a home environment that is healthy and therefore reduces (the) risk of relapse.*

Finding Better Ways of Working

A number of the submissions referring to this Core Direction suggested better ways of working and were generally supportive of the proposed aims listed under this Core Direction particularly for involving service users and consumers in decision making. The repeated themes that emerged are summarised below.

Support for Considering Perspective's of Consumers and Community

- Approve of the commitment to consider perspective's of consumers in the decision making process.
- Appreciation for inclusion of the aim to include consumers and community in decision making.
- Would like to see CDHB 'work' with consumers and the community rather than just 'consider' doing so.

- *The best part here is the considering the perspective's of health consumers and our community in decision making processes.*
- Support positive statements regarding involving service users in decision making.
- Need to work more closely with health staff and the community to identify areas in rural towns that are most in need of services.

Suggestions for Optimising Resources

- Should include standardising of information systems to enable sharing of information 'smarter working' processes - *staff should embrace technology as key enabler for effective work practices*.
- Approve of adoption of information technology to reduce duplication and increase efficiency.
- Promote access and use of the medical library as an excellent resource for sharing information.
- Need to centralise information systems and use similar interactive systems for effective transfer of information – develop one patient record system.
- Make better use of rural hospitals' assets - *Ashburton has the ability to contribute to an even greater extent in relieving the pressure being placed on surgical facilities in Christchurch*.

Support for a Focus on Hospitals Managing within Resources

- Support 'Improving the Patient Journey' project.
- Support continued reduction of fixed overhead costs.
- *Partnerships with senior medical staff are integral in making the most effective use of available funds.*
- *Ensure services are not duplicated, manage duplication and fragmentation*.

Comments on Innovative Models of Care

- Concern that new models of care appear to be continuously rolled-out and then replaced with another new model before there is time to fully implement or evaluate the previous one.
- *We need to look at more patient centred/focused ways of working away from medical models.*
- Greater use should be made of nurse road clinics to see follow-up patients after discharge to free-up consultations to see new referrals.

Working Together

There was supportive feedback for this Core Direction from submitters who wanted to see the Canterbury DHB focus on working in partnership with other agencies and with its health workforce. Concern was expressed by some submitters about hospital based services moving into the community and they emphasised the need for understanding gaps and consumers' needs and to provide appropriate funding and support if moves are made. The repeated themes that emerged are summarised below.

Positive Support for the Core Directions

- This is a very appropriate direction and pleased to see it acknowledged.
- Agreement and support for the focus on working with other organisations.

Support for Sharing Responsibility for Quality Health Outcomes

- Support for providing opportunities for strengthened partnerships between the CDHB and others.
- Support working to ensure services are not duplicated or fragmented and develop closer relationship with community nursing.
- Public health needs to be involved in sharing responsibility for quality outcomes.
- *The CCC recognises the importance of partnerships between local, regional and national authorities toward the achievement of Christchurch's Community Outcomes 2006-09.*

Emphasis on Increasing Consumer/Service User Input

- It is considered that there is significant work for the CDHB to do on all levels to improve the genuine participation of the community in decision making.
- There needs to be more focus on how Māori work in these areas – seamless referral processes, whaiora and whanau need to be the focus.
- *Providing workable avenues for community input is always going to be a challenge.*

Suggestions for Improving Integration between Services

- Planning for hospital stays and discharge should begin prior to admission to ensure community services are anticipated and available post discharge.
- *Support one integrated electronic health record for all providers.*
- Integration with primary care needs to be supported by information technology links.
- *Use NGOs more.*
- Mental health plays a significant role in other health outcomes.

Concern about Providing Services in the Community

- Fund service development by focusing on outcomes for consumers – not just to save costs.
- The reason for the shift to community providers must be based on what is best for service users to assist their recovery and wellness.
- *This is an applaudable commitment, but again unless the funding of community providers is realistic and enables equity in wages this is never going to occur. If the proposal to shift appropriate hospital based services to community based services is a financial one you will soon run out of high quality community based providers.*

Developing our Health Care Workforce

The submitters commenting on this Core Direction supported its inclusion and highlighted the importance of Canterbury's health workforce. A significant number responded with comment on the remuneration levels and the difficulty in recruiting and retaining community based health workers. The repeated themes are summarised below.

Importance of this Core Direction

- *This is a key area for the CDHB if you don't have the appropriate workforce you are not going to achieve anything else in this document.*
- Service development for older people relies on cooperation and workforce planning sector-wide.
- Replacing ageing rural health workers is important, a skilled workforce is vital to ongoing services.
- *The CDHB needs to note the specific issues associated with retaining and attracting suitably qualified medical staff to rural districts.*

Emphasis on CDHB Staff Morale and Importance of Recognition

- The best part is the organisational values - *are these values new we have not heard of them*?
- Approval and appreciation for current staff initiatives such as flu vaccinations, subsidised gym membership and health insurance.
- *What about retention of existing staff? Improving morale of current staff and making CDHB a better place to work is the best advertising you could do as an organisation, but this is not stated as an aim.*

Support for Good Health Promotion from within the Workplace

- Reduction of injuries is worth following – look after the safety of staff.
- Ensure internal polices and programs have a positive impact on health, incorporate tobacco control strategies and healthy eating and active living policies.
- *Absence of CDHB leading by example.*

Concern for Community Workforce – Role of the Canterbury DHB

- *Carers in the community need to be regarded as a critical part of Canterbury's health workforce otherwise all 'caring in place' strategies will fail.*
- *The specific issue of retention and skill development in Home Support Workforce is critical given the increasing reliance on these services.*

Emphasis on Funding and Remuneration Issues

- Need to plan for increased remuneration for all health workers both in the public sector and NGOs.
- The aim of the Plan to ensure a health care workforce to meet the needs of the population has not been evident in the public response by the CDHB to concerns about non-DHB district nurse pay rates.
- Home help and personal care providers are grossly underpaid, making retaining them very difficult.

- *More money needs to be spent on funding a workforce to maintain the current and proposed services before money goes into establishing the services themselves. Without a reliable workforce, the initiatives outlined in the Directions 2010 document will simply be unachievable.*

Being a Leader in Health Care

While a number of the submitters responded to this Core Direction positively, and expressed their support for particular aims listed under the Direction, there was caution expressed by others. Some submitters questioned whether this Core Direction would result in a use of health funding that ought to be used to address basic concerns like reducing waiting lists. The repeated themes that emerged are summarised below.

Concern over this Core Direction

- Disagreement with this Direction – *don't be the best just get the job done*.
- Why is there a separate section? The CDHB should always strive to provide the best service.
- Caution on spending valuable funding on being a leader.
- Disagree with introducing new services when current ones are suffering through lack of funding.
- *Elective Surgery should be a Core Direction - not the 'best' when people are not getting into hospital.*

Support for Innovation

- *Support for the focus on promoting a culture of innovation.*
- Need resources to support innovation in terms of expenses, researchers, training and time release.
- Needs to be a quicker response to innovative ideas and suggestions for improving services.
- *CDHB is supportive verbally (of innovation) but only with very limited financial support.*

Support for Emphasis on Partnerships

- Managing clinician/provider relationships is the key.
- *This section is good, particularly the plan to promote innovative clinical leadership.*
- Involve community nursing and home support services in all stages of the development of community health initiatives.
- Work more closely and collaboratively with NGOs.

Other Emphasis on Leadership

- The CDHB needs to provide leadership and look at more risk sharing and support of innovation to encourage PHOs to take a broad long-term approach.
- *What is absent is the organisation's commitment to leading by example* – the CDHB should act as an exemplary on addressing tobacco use and adoption of the Healthy Eating, Active Living Policy.
- Are we expecting leadership in mental health to come from the regional services – don't we want our own mental health division to be a leader in service provision?

Question 3 – Health Gain Priorities

3. Have we chosen the right Health Gain Priorities?

- *Child and Youth Health*
- *Older People's Health*
- *Primary Health Care*
- *Māori Health*
- *Disease Prevention/Management: Heart Disease, Diabetes, Cancer and Respiratory Health.*

The feedback received in response to this question was largely supportive of the proposed Health Gain Priorities. A number of the submitters requested additional priorities be included but these appeared to be in addition rather than in replacement of those already suggested. The additional suggested priorities are addressed in the next section (Question 4).

The majority of submissions received regarding the Health Gain Priorities were statements or comments referring to what submitters would like the Canterbury DHB to focus on under each priority rather than agreement or disagreement with the proposed priorities. Concerns were again expressed around *how* these priorities would be addressed; with submitters looking for actions, measurements and indicators of success. The general comments and concerns are summarised below followed by comments received in response to the individual Health Gain Priorities.

Support for the Proposed Priorities:

- Support the selection of health gain priority areas particularly in relation to older person's health, Māori and child and youth health.
- *We feel there should be strong emphasis on both Child and Youth and Older People's Health.*
- We support the CDHBs selection of health gain priority areas - they are probably all covered.
- *I believe you have chosen well.*
- The priorities are appropriate although they are extremely broad categories.
- *We commend the Board's choice of priorities.*
- *We feel the Health Gain Priorities have been covered.*

Concerns

- How can you have top priorities and not be less focused on the other issues?
- We do not have enough information to be able to set priorities.
- The integration between the top five priorities is high and yet not focused on in this document.
- How, who and when will results be presented. How will progress be communicated?
- Some of the areas are already well funded for outcomes *Oncology patients get treated with drugs costing several thousands of dollars when it is known the survival rates are only a matter of months*.
- There is too much money spent for a small minority on high cost treatments.
- Advocate for priority to be given to other ethnic groups where research shows these groups have health issues above the national average.
- *Providing care is just one piece of the puzzle. Health cannot be maintained if the lifestyles, diet and exercise are not a mandatory expectation of treatment.*

Child and Youth Health

The specific feedback in response to this priority was primarily supportive of its inclusion. The repeated comments or themes were of concern that alcohol, drugs and mental health issues were not referred to in the aims under this priority. Other comments were diverse and included reference to a focus on obesity and working closely with schools. The feedback is summarised below.

Support for the Priority

- Support for the identification of immunisation and smoking reduction as priorities.
- *Pleasing to note that Child and Youth Health appears as a top priority.*
- We support the general thrust of this priority area, in particular reducing cigarette smoking rates in Youth.

Alcohol, Drug Use and Mental Health

- Youth health should include a focus on drinking and drug misuse - these are problems for this group.
- Child and Adolescent Mental Health Services must receive increased funding to cope with growing demand.
- Mental health is ignored in the child and youth section, the focus is only on physical health.
- *Smoking is identified as an issue of concern within Child and Youth Health, however binge drinking and other substance misuse and mental health issues are also contributing factors to ill health in this identified priority area.*

Concerns

- Violence against children is mentioned. However, there is no action in response to this.
- Youth health services not meeting the needs of youth; concern that services will not be targeted appropriately and therefore will not be effective.
- With childhood obesity on the increase, obesity should be a primary focus within this priority.
- Gastrointestinal illness in children should be a focus, particularly in rural areas.
- Paediatric Diabetes should have a focus – childhood diabetes is missing in the Plan.

Other Suggestions for Focus or Attention

- Use obesity rates as a measure of success.
- Closer relationships should be developed with schools to promote healthy lifestyles and good health directly to children and to Canterbury's Youth.
- *Other organisations may be working effectively within schools … the CDHB should consider working more collaboratively with those organisations.*

Older People's Health

The specific feedback on Older People's Health was supportive of the inclusion of this priority. The majority of submitters who responded were concerned with a need for more specific aims and actions under this priority and with how the Canterbury DHB was going to fund services and service delivery going forward, particularly around the sustainability of home support and community care services. The summary of repeated themes follows.

Support for this Priority

- Older Persons health needs to be a priority – *should be number one priority*.
- *Encouraging to see older person' health is now a priority – the demographics and knowledge of what our population is going to look like have been well known for some time.*

Concerns

- How is the 'Ageing in Place' policy going to be successful given the ongoing recruitment, retention and general resource constraints within the CDHB?
- There is a lack of specificity and measurability and objectives are presented without performance measures or with performance measures that are not seen by submitters as relevant or suitable.
- How is the CDHB going to provide improved services within its financial constraints – need to be up front about the current and future situation.
- Rural communities have more elderly populations and therefore the need/demand is greater in rural areas.
- Little progress against strategies already endorsed including Health of Older People Strategy – criticism that progress in implementing change is slow and that focus in on *developing yet another strategy*.
- It is important that the challenge of an aging population is not overstated, an issue in 2021 rather than 2010.

Home Support and Community Services

- A focus on home support services is very important.
- More support for carers needed for strategies to be successful.
- Staffing issues in the community need to be addressed for this strategy and priority to be successful.
- Better residential respite care and step down residential care wanted.
- Concerns around emphasis on elderly receiving services in their own homes; lack of communication, isolation and transport costs.
- The personal cost of caring can be huge, carers need respite, training and financial assistance to cope.

Other Suggestions for Focus or Attention

- Need to add dementia as a focus – impacts not just on the individual but also on family and wider health system with missed appointments, poor medication management, etc.
- How will CDHB address issues of transportation in rural areas?
- More cataract operations and assistance for elderly with poor eyesight.
- Closer links between primary and secondary care and with rural councils.

Primary Health

The specific feedback regarding Primary Health was diverse. Submitters' comments were mainly in reference to actions or aims listed under the priority and provided conditional statements about how these aims might be achieved or reference to actions or aims they saw as having been omitted from the Plan. The repeated themes that emerged are summarised below.

Focus on Mental Health

- Support for identifying the needs of people with mental illness and the role of primary care, this recognition needs to be supported with community education, support for General Practitioners (GPs) and funding.
- Great that mental health is included in primary care but need to include promotion not just treatment.
- Concern about reference to a 'quick fix' for mental health issues by GPs, there are a number of funding and training issues concerning submitters.

Support for a Focus on Health Promotion and PHOs

- The integration of health promotion is central to changes leading to greater responsibility of primary care for their enrolled populations.
- For this model to be successful there needs to be a move away from the focus on the medical model and general practice.
- *Multi-disciplinary representation on PHOs is to be encouraged with significant investment in health education, promotion and awareness.*

Support for a Focus on Rural Access to Services

- Acknowledge the reference to issues of declining GP and health professional services in some areas – this is particularly so in rural areas.
- Rural GPs are already in crisis over lack of support for after hours care and the most logical support needs to come from rural hospitals.
- Staff shortages are more marked in rural areas than in urban.
- *Fully support the Board's intention to reduce barriers to primary care and to work with PHOs. The health and wellbeing of rural Cantabrians requires a focus on primary health care and a review of services available in consultation with rural providers to ensure that adequate services and funding are available to meet future needs.*

Focus on Involvement of NGOs

- The draft plan should recognise the NGO contribution and identify ways to enable existing recovery focussed work by NGOs to be considered alongside new PHO initiatives.
- Disappointment that the plan makes note about issues that can be dealt with by GPs but doesn't acknowledge the unfunded input from NGOs.

General Comments on this Priority

- Access to all services should be the main focus.
- Primary care implies a focus on general practice – a change of title to community care or home care would better reflect the intent.
- Great ideas but needs to be addressed at Government level – low incomes make access to PHOs difficult for most and results in increased emergency admissions at a secondary level.

Māori Health

The majority of the feedback on this priority showed support for progress in Māori Health. There were some comments which showed concern regarding the cost of making Māori Health a priority and some suggestions that the focus should be on the group with the highest need rather than what some submitters saw as priority based on ethnicity.

The repeated themes (which follow) were centred around the need for inclusion or involvement of Māori in making decisions on health care, on models and delivery of service, a number of submitters also commented on a wish to see more positive reporting of gains in Māori health.

Support for this Priority

- Support for the inclusion of Māori tikanga throughout all the Health Gain Priorities.
- *Congratulate the CDHB on its commitment to the Treaty of Waitangi and recognition of disparities needing to be reduced and health outcomes improved.*
- Māori health status is lagging behind other groups and needs more acknowledgment and resources.
- *Strategies for greater participation by Māori are very slow at being implemented and improved upon.*
- Māori workforce development needs emphasis, recruitment, retention and education.

Negative Comments

- Disagreement with Māori Health as a priority, too much money is spent on Māori Health.
- *Stop all this nonsense of focusing on ethnic groups we are all NZers and should have equality of treatment.*
- How do you provide evidence of progress, where are measures and targets?
- Support for Ethnicity Data Collection but little evidence of progress and assurance that this is priority for the CDHB.

Support for Leadership and Partnership at a Governance Level

- Emphasis on inclusion of Manawhenua in decision making and direction setting.
- Support for collaboration – doing it together works best for Māori
- Pleased to see Director of Māori Health Services reporting directly to Chief Executive Officer.
- *Affirm and endorse the need for Ngai Tahu representative at governance level of CDHB. It undermines the credibility of the board if it doesn't have what it is designed to provide ie cultural services appropriate to Māori such as the Treaty of Waitangi principles it supports.*

Community Services

- Emphasis on the importance of community and social agencies working together with families.
- Choice is a key issue for Māori and often choice is not available and only mainstream options possible.

Support for Alternative Methods of Service Delivery

- CDHB is not capturing the wider Māori community with its promotion campaigns.
- Support for fostering Māori community participation to ensure more effective health promotion.
- Māori access health services when in crisis situation, therefore there is a need to be more creative in the delivery of preventative models of care, promotion of healthy living, etc.
- *Māori tend not to access services early enough and this trend is emphasised in rural areas. We support much more pro-active delivery of promotion and prevention services into places where Māori gather or feel comfortable.*

Other Suggestions for Focus or Attention

- Be nice to hear what is working for Māori and health (how many given up smoking etc), stop focussing on the negative. The gains made need to be promoted.
- Promote gains in health to Māori more creatively i.e. not just in percentage data terms.
- Māori health workers are vital to the success of rehabilitation and community outreach programs.
- Support health promotion aimed at young people particularly around drug and alcohol misuse.

Disease Prevention/Management

In the draft District Strategic Plan four Disease Priorities were presented under this section.

Cardiovascular (Heart) Disease

The specific reaction to this priority was generally supportive with submitters referring to the importance of rehabilitation programs and the importance of parking for patients attending these programs. The repeated themes are summarised below.

Support for Rehabilitation Programs
- Support for improving systems and continuum of care for patients through inpatient and outpatient phases.
- Support for community nurse-led rehabilitation programs to improve the quality of life and to optimise medical therapy.

Facilities Issues
- Patients are expected to park on the street or in the car-parking building (and pay) which requires them to walk a distance and makes them unable to participate fully in rehabilitation classes. They need adequate parking.
- *You have highlighted the importance of cardiovascular and respiratory rehabilitation programs. However for this particular population (generally low income) to attend these courses, they need some form of transport provision or designated parking in close proximity to the buildings.*

Diabetes

Of the specific feedback referring to Diabetes there was general agreement that it should be a included as a priority. The specific comments made were primarily related to the need for a focus on childhood diabetes and emphasis on the need for health promotion and education. The repeated themes that emerged are summarised below.

Support for this Priority
- Yes – support diabetes as a priority.
- Nutrition and Diabetes should be a priority.

Focus on Childhood Diabetes
- Without a specific mention in the Plan, Paediatric Diabetes is in danger of being overlooked.
- *The Type 1 epidemic we are experiencing is not mentioned.*
- *Outcome targets are largely focused on adult population and also Māori and Pacific, outcomes for children (Type 1) are missing.*
- *Suggest that CDHB fund insulin pump consumables for children and young people in Canterbury currently on CSII therapy and those planning to use this therapy.*

Focus on Health Promotion and Education
- Support for CDHB working with the Ministry of Education to promote healthy lifestyles in schools.
- *Educate everyone on a proper diet. Have danger stickers on most supermarket foods that contain too much sugar and the drinks.*
- Consider including an increase in physical activity rates or at least stabilisation as a success factor.
- *Why is there no success measure for the plan to promote diabetes prevention by lifestyle intervention?*
- There is no specific mention of diet and exercise at all in relation to diabetes prevention.

Cancer

The majority of the submissions specifically referring to Cancer as a priority supported action to improve access to treatment and to ensure appropriate support to increase quality of life through provision of palliative care and community support services. The repeated themes are summarised below.

Focus on Provision of Treatment

- *The cancer services for those who can't afford to pay to go privately is in crisis.*
- *Care for people with Cancer and their families is often fragmented and ill-coordinated.*
- Recommend an 'Institute for Cancer' or 'Cancer Centre' to coordinate care, support integration of services, and integration of research in clinical practice, provide a focus for leadership, an interface between hospital and community services and produce efficiencies of practice and economies of scale.
- *The CDHB should be taking steps to decrease waiting time for radiotherapy and attracting radiation therapists if that is what is required.*

Palliative Care Services and Community Support

- More focus and funding should go into community supports and care, for quality of life.
- Community services will be important in the future as more people experience cancer as a chronic illness.

Health Promotion Focus

- The Tobacco Control Strategy should be central to the Cancer priority section.
- *Increasing evidence from around the world shows that nutrition plays a role in preventing cancer.*

Respiratory Health

The submissions received specifically referring to Respiratory Health were in support of the inclusion of this priority. The responses focused on the importance of rehabilitation programs and referred to the need for respite care and community services to increase quality of life. The repeated themes are summarised below.

Support for this Priority

- Yes, support this priority.
- *Support for the inclusion of Respiratory Health because as the population ages the number of patients with COPD will also increase.*

Focus on Rehabilitation Programs

- Lack of accessible parking often compromises clinic and rehab appointments.
- *COPD (Chronic Obstructive Pulmonary Disease) responds to rehabilitation and patients need quality of life with this disease.*
- Support nurse-led clinics and more support for rehabilitation programs.
- Māori health workers are vital to outreach programs in the Māori community.

Focus on Respite Care and Community Support

- Concern that there is no dedicated residential care for under 65s.
- Concern that there are no step-down beds for this group of patients with chronic health needs.

Other Suggestions for Focus or Attention

- The section on respiratory health is missing suitable emphasis on tobacco control.
- There is a tight correlation between high air pollution and high respiratory admissions – yet no actions.
- *Respiratory Health has a direct correlation with the area's wintertime air quality (yet) the draft plan does not mention air quality…. Environment Canterbury encourages the CDHB to recognise and include the role of air quality in achieving its goals in Priority 5(d).*

Question 4 – Other Health Gain Priorities

4. Are there any other Health Gain Priorities we should include?

Feedback in response to this question tended to be suggestions for the addition of Health Gain Priorities that had already been mentioned or referred to in relation to some of the earlier questions. Whilst mental health was most frequently referred to, rural health and health education and promotion were also suggested as priorities. The repeated themes that emerged are summarised below.

Mental Health

- Mental health has to be one of the main five priorities – it remains significantly under-funded.
- *Mental health always loses out against physical conditions that can be seen more easily often fixed having healing happen within a clear timeframe. (However) without mental health physical health means little.*
- The five outlined priorities all have mental health elements and yet mental health is not a priority.
- *Depression remains a rising health concern and given the impact of the mental health of people caused by diseased such as cancer and heart disease, it is difficult to see why it (mental health) does not remain a priority.*
- *Mental health plays a significant role in mediating other health outcomes – it is difficult to understand why mental health is not a CDHB priority.*

Rural Health

- Accessibility issues for rural based patients is important and rural health needs to be a priority.
- It is disappointing that rural health did not appear as a top priority.
- *What we require is simply equity of service provisions.*
- *Care of the elderly in the more remote areas is becoming an increasing challenge and will require increasing resources.*

Health Education or Promotion

- This (population/public health services) should be at the beginning in the priorities.
- Lifestyles should be a priority – *education instead of waving a stick after the fact*.
- Nutrition and diabetes should be priorities.
- Physical activity rates for residents should be a priority.
- *Would like to see a higher priority given to lifestyle disease (physical activity and reduction in the rates of obesity). Having a priority area called lifestyle disease, may focus attention* on what can be done.

Other Priorities Suggested Most:

- Access to Elective Surgery.
- Workforce.
- Exposure to noise and air pollution.
- Transport and parking provisions to support access to rehabilitation classes and outpatient appointments.
- *A healthy home environment needs to be promoted as a major health gain priority – improved physical and mental well being, reduced incidences of GP visits and hospitalisation and reduced seasonal mortality especially amongst the elderly.*

Other Priorities Suggested Least:

- Plastic Surgery.
- Palliative Care.
- Psychiatry Services for the Elderly.
- Would like to see Disease Prevention as a separate section from Disease Management to give it more emphasis – *nutrition and diet can greatly reduce incidence of disease*.
- Violence against children and others.
- *Refugee health (should be a priority) - they are in poor health and are in need of screening and education.*

Question 5 – Ongoing Work

5. *Do you consider that we have proposed the right Ongoing Work to address and/or are there other things we should be doing?*

Those submitters who responded to this question appeared to be in support of the areas of Ongoing Work that were proposed and many comments were in regard to additional aims submitters wanted to see under the various areas. The general feedback provided under this question has been summarised below, with more specific comments being allocated to the relevant section of Ongoing Work – where it was clear as to which area submitter was referring to.

Positive Comments

- Consider that you have chosen the right things to address - but more emphasis on prevention needed.
- All are important – but hope that they all get their fair share of attention.
- Excellent proposals – appears very comprehensive.
- Right things but more emphasis on prevention needed.
- *Support many of the priorities as set out in the District Plan that seek to improve physical and mental well-being of the community.*

Concerns

- *The proposals are just that - proposals. I would like to see a huge out flow of action.*
- *Need to target surgery. Need to reduce the monopolies of Nurses and Doctors.*
- *There is nothing specific in ongoing work for OPH (Older Persons Health) – the demand for community resources both professional and casual far exceeds the supply, this urgently needs addressing.*
- *It is a concern that many of the initiatives spelt out in the Plan are not fully explained in any meaningful or comprehensive detail.*
- The current population of rural communities referred to in the document is too low and consideration needs to be given to this when looking at rural based projects.

Other Issues/Focus Submitters Wanted Considered in 'Other Work'.

- Plans for preventing and controlling hospital-acquired infection – both for patients and staff.
- Collaboration with other organisations, social agencies, etc around influencing factors in health such as clear air, heating of homes, safer roads, reducing alcohol misuse etc.
- Work with the community on common goals to achieve buy-in, support and successful outcomes.
- Increased inclusion of allied health services such as occupational therapy, speech language therapy and physiotherapy in small rural towns needs to be considered.
- Consideration needs to be given to a coordinated and comprehensive Generic Service – improved patient outcomes are closely associated with accurate disease identification and staging allowing effective targeting of treatment.

Population and Public Health Services

Many of the comments received highlighted the importance of education and health promotion in making changes to the lifestyles of our community. Submitters regarded this work as integral to achieving action or success in the proposed disease priorities: Heart Disease, Cancer, Diabetes and Respiratory Disease.

There was significant support throughout the document for health promotion and education work. The repeated themes received in regard to this 'Ongoing Work' section are summarised below.

Support for this Work

- Clear that effective population/public health services underpin all the CDHB's stated priorities and there is a need to infuse population/public health into each of the priorities.
- The ongoing work to improve population health is good in encouraging a healthier lifestyle – this should include education on maintaining a healthy home including healthy temperatures and reducing damp.
- Public health is central to promoting, enhancing and facilitating health and wellbeing.

- *If just a few of the groups that are in danger of clogging up our health systems of the future can be persuaded to live a healthier lifestyle everyone would benefit in the long run.*
- *The health promotion projects progressed by the ECC (Elder Care Canterbury) project i.e. influenza, stay warm stay well and medication post cards have clearly demonstrated the benefits of education.*

Concerns
- Hope that overlapping areas eg smoking cessation/reduction are not dealt with by two separate campaigns.
- Prevention is good as long as it is not just a word.
- Include an increase in physical activity rates (or stabilisation) not just raising awareness – action is needed.
- Please include some specific outcomes.
- *The vision of the document highlights the significance of public health as a core direction, however greater emphasis on how it underpins key priorities is required.*

Support for Working with Other Organisations Outside the Canterbury DHB
- Work should be linked with SPARC (Sport and Recreation New Zealand) and Green Prescription for data support and targeting key groups.
- Please engage with Elder Care Canterbury's Community Stakeholders Group to promote a range of initiatives to target older people in their own homes.
- Education needs to be designed for the youth of Canterbury. Many could avoid long-term disease with early intervention and education – work closely with schools and the Ministry of Education.

Emphasis on Working from Inside the Canterbury DHB
- More training for nurses on diet and nutrition so that patients can receive education in hospitals.
- Development of on-site smoking cessation workers – *promotion to patients when they are in hospital*.
- *CDHB' staff should be leading by example.*

Support for a Specific Focus on Obesity
- Obesity should be considered under disease management and given a higher priority especially in children.
- *Continue work on reducing obesity in the CDHB population.*
- *Obesity is a killer of the young lets get behind attempting to change this modern habit.*
- Would like to add obesity as it own entity, as obesity underlies so many other health problems.
- *Support and applaud work by community dietitians – do not stop here, focus on obesity.*

Rural Health Services

Submissions ranged from expressing the view that the draft Plan showed a commitment to meeting the needs of rural Canterbury to concern that rural health was not a priority. Many submissions emphasised that rural communities faced the challenges or issues identified but to an even greater extent that urban communities and submitters were concerned that this was not reflected in the Plan. The repeated themes that emerged are summarised below.

Support for this Work
- This is a positive section - *very pleased with the 'we will have been successful if section'*.
- Support for the focus on recruitment and retention of health professionals in rural areas.
- Support the intention to work with rural communities to develop local plans focusing on access to services.
- Rural councils are willing to work with the CDHB on these rural issues.
- *The 'situation' as described is an accurate reflection of the current state of play and we commend the CDHB for their understanding of this area.*

Greater Pressure on Rural Communities
- Staff shortages are more marked in rural areas than in urban areas.
- Attracting GPs and other health professionals are matters in which rural areas experience difficulty.
- Like to see training and profession development in rural health needs – *distance education options are limited and with currently recruitment and retentions issues this needs to be a focus.*
- Would like to see very real issue of travel expenses noted – particularly costs for carers who cannot take on clients too far out of town because of personal cost issues.

Inequitable Services Provision in Rural Areas

- Rural communities need to be assured that emergency response services are adequate - *Ashburton is 60 minutes from Christchurch this is a critical period for medical intervention*.
- Access to dieticians, social workers and maternity services in small rural towns needs to be considered.
- There is a need to upgrade rural facilities – *hospitals need to reflect this century and better equipment would give more immediate results and better diagnosis reducing the need to travel to tertiary hospitals*.

Support for the Retention of Rural Services

- Seek commitment from the Board to retain and enhance Ashburton Hospital and rural medical services.
- *The Ashburton District Council and District Health Committee should be involved in any review of clinical services at Ashburton Hospital.*
- CDHB needs to recognise that the retention of Ashburton Hospital and its existing services (particularly emergency services) is vital to the continued well being of the people in that district.
- *There must be adequate specialist surgical services available at all times and anything less is totally unacceptable.*

Inadequate Reflection of Rural Populations

- Ashburton has an increasingly diverse ethnic mix - support is needed to meet these people's health needs.
- Concerns that the Health Needs Assessment population figures for Ashburton may be incorrect.
- Concern that the changing population and rural shift of population to places north of the Waimakariri River is not projected and services will not be adequately provided for these growing communities.
- Concern that key population figures do not reflect happenings in many rural areas where the percentage of population over 65 may already be over the 20% predicted in 2021.

Possible Solutions

- Increase surgical procedures in Ashburton Hospital to reduce Canterbury waiting lists.
- Kaikoura Hospital be replaced with a facility with beds for long stay, respite care and terminally ill patients.
- *More use should be made of rural hospitals to discharge elderly patients to at the weekends when carer assistance at home may not be available.* This would also help with discharge planning.
- Focus on good communication between rural doctors and hospital clinicians – *website and email good devices for instant communications.*

Pacific People's Health

The majority of the feedback on this section of the Plan came from public meetings and verbal submissions. The majority of submitters were supportive of the inclusion of Pacific Health in the Plan and there were a number of repeated themes that emerged from the feedback received which are summarised below.

Support for this Work

- Good to see more priority given to Pacific people's Health.

Support Improved Access to Services

- Many Pacific People go to the Emergency Department for treatment and experience long waiting times with little explanation – need improved communication.
- Cost is a significant barrier to GP and after-hours care, often the Emergency Department is the first contact.
- Trust levels lowered through poor experience means people are less likely to access services in the future.
- Concern expressed that no real changes have been experienced as a result of PHOs – no lowered costs.
- Need services after-hours – is there Pacific provider available after-hours?

Support For Child and Youth as Priority.

- A large percentage of the Pacific population is young and there was support for the child and youth priority
- Support higher intervention in form of health promotion and education for Pacific youth.
- Health promotion needs to be targeted and appealing to youth to be effective.
- Child and youth health is the focus for the Pacific population.

Pacific Health as Priority
- Significant health disparities exists – why is Pacific Health not a priority for the CDHB?
- This is a high needs group and warrants a higher focus.

Information and Data Collection
- How does the CDHB collect data to measure access?
- Concern that ethnicity data collection is slow to be implemented and still not collected well – needs focus.
- Suggestion that ethnicity should be mandatory field.
- Support for sharing data between providers and community groups for better planning.
- Emphasis on better information on the reasons for collecting ethnicity data, to encourage participation.

General Comments
- Support for Pacific providers.
- Support more funding directed at both Māori and Pacific health to eliminate Inequalities in health status.
- Question whether CDHB staff receive cultural training – interaction with elderly Pacific people not seen as positive, little understanding of cultural difference between Māori and Pacific.
- Concern that government focus is on 'more for less' concern expressed that it is hard to focus on quality service or improving health of community rather just treating illness.
- Pacific people do not live as long but experience impact of aging earlier. They need this focus to begin early 55 rather than 65.
- Supportive of health promotion and education programs.
- Supportive of increased level of communication and consultation with CDHB.

Mental Health

A number of submitters responding in regard to this section of the Plan viewed mental health as integral in achieving action or success in many if not all of the proposed priorities. Submissions relating to this work were concerned that mental health is no longer being presented as one of the priorities and many submitters questioned the reasons for it having been removed from the list. The repeated themes have been summarised below.

Support for this Work
- Commend the plan that you have outlined.
- *I agree with the plans for mental health.*
- Pleased to read your acknowledgment of mental health.
- Mental health shouldn't be in the ongoing section it is too critical and needs to be upgraded.
- Support for working collaboratively with mental health consumers and their families.

Support for a Mental Health Focus as Integral to all Priority Areas
- All the challenges relate to mental health as well as to other health services – intermingled.
- The importance of mental health is underplayed in this document. Mental well-being underpins all the priority areas identified.
- Many people within the five identified priority areas will experience episodes of mental ill health and alcohol and drug related problems – the plan could be strengthened by acknowledgment of this.

Concern for Addressing of Mental Health Issues by GPs in Primary Care Setting
- GPs are not ready or upskilled to take on mental health patients.
- Appointments are not long enough to cope with mental health consumers and costs are also a barrier.
- *GPs are not skilled enough to deal adequately with mental health problems. They must be comfortable to refer on to appropriate areas, just as they do for other specialised care.*

Emphasis on Training
- In addition to training for mental health workers, training focus should also extend to primary care workers and the families of consumers.
- Education and training for the community and media with respect to discrimination of people with mental illness and their families.

Community Support for those with Mental Illness – and their families

- Recovery is the key word in mental wellbeing. Develop more respite beds, use NGOs and work with them to create the best services.
- The CDHB needs to provide support for mentally ill people in city council housing.
- *People with severe mental illness sometimes require respite or permanent residential care.*
- Support should also be provided for carers of those with a mental health illness.
- More funding is needed to enhance community care for mental health consumers and to prevent people from falling into the gaps.

Other Concerns Raised by Submitters

- Although 3% have serious ongoing mental illness, you are not reaching this target group – what are you planning to do differently to meet the need?
- *The rural health services that we provide in mental health need to be increasingly valued and resourced.*
- Providing choice for consumers should be a measure of success.
- *Has there been a significant change in the rates of mental illness or quality of treatment to have it lowered in priorities?*
- The importance of being mentally healthy as opposed to being mentally ill should be emphasised.
- Depression is not mentioned anywhere is this document.
- *The document is silent on the mental health needs of children.*

Alcohol and Other Drug Treatments

There was limited specific feedback with regard to this section of the Plan, much of the feedback received by submitters on the Alcohol and Other Drug Treatment section was in relation to other sections. The comments expressed specifically under this section are summarised below.

Reaction to the Plan

- Smoking is identified as an area of concern, however binge drinking and other substance misuse and mental health issues are significant contributing factors to ill health – particularly for youth.
- Consider misuse of alcohol and drug addictions as lifestyle diseases.
- Emphasise the importance of early intervention in alcohol and drug problems.
- *The links between mental health and alcohol and drug services needs to be strengthened as the issues often coexist and clients get pushed from pillar to post or fall through the gaps; integrated databases are essential for effective care.*

Oral Health

The majority of the issue-specific feedback received in regard to this section of the Plan was specifically in response to the listed aim of *'educating communities about the benefits of fluoridated water or fluoride tablets'*. While a small minority of the responses were in support of this aim, a very clear majority of the responses were in opposition to the Canterbury DHB's position of support for fluoridation. A number of the submissions where accompanied by literature and articles supporting the opposition to fluoridation.

There were a number of comments that indicated submitters were confused as to the Canterbury DHB's role in regard to fluoridation with a number of submitters appearing to believe the Canterbury DHB had the authority to fluoridate the water rather than lobby for its inclusion. The repeated themes are summarised below.

Support for this Work

- The Emergency Dental Service provided for community service cardholders is working well.
- *The problem … appears to be a lack of school dental therapists, public misconception about the roll of fluoridation in water supplies and health education. A huge education program needs to be put in place, the fluoridation of Christchurch's water supply should be a number 1 priority.*

Opposition to Fluoridation

- *It is a ridiculous idea that fluoride should be pushed onto the whole population when it is to benefit the teeth of only a fraction of the population. We all know Christchurch water is pure, amongst the best in the world. I do not want fluoride nor any other unnecessary additive in it.*
- Fluoridation of the water takes away the right of individuals to choose.
- *Was there a referendum, were people able to debate the topic?*
- Money and effort should be targeted at high-needs groups rather than a blanket approach.
- *I write in opposition to Fluoridation of our water, I am totally against it and it is unacceptable that it be pushed on us when it has been proven to be toxic.*
- *I am totally opposed to the fluoridation of our drinking water with a dangerous chemical because that is what fluoride is.*
- Fluoridation is treating the symptoms and not the cause.
- *I understand you are considering putting fluoride into our beautiful clean natural water I am amazed at the recklessness of this action.*
- *I am quite concerned that Christchurch is going to be adding fluoride to its water supply within the next few weeks.*
- *I am writing to voice my concern that the Christchurch water supply may soon be contaminated with fluoride – this form of mass medication is unacceptable.*
- *Do not press ahead with your lunatic proposal to fluoridate our water supplies.*

Emphasis on Nutrition and Education

- The problems in oral health are seen as lack of education and awareness of good nutrition.
- The money spent on fluoridation should be spent on education about high sugar diets.
- *Educating the parents and kids regarding proper food and brushing their teeth regularly is the answer.*
- Work with the Ministry of Education to educate children in schools about oral health.
- If current eating trends continue, fluoridation alone is not going to make a huge impact on dental health.
- There are plenty of ways to obtain dental health. The tried and trusted ways are good diet and oral hygiene.

Suggestions from Submitters

- Improve affordable access to dental services for those communities identified as being at risk.
- Promote fluoride tablets.
- Provide free fluoride tablets and bottled fluoride water.
- Subsidise fluoride toothpaste for families with identified oral problems in children.

Disability Support Services

The specific responses to this section were limited, although those who did respond were concerned with the limited reference to disability issues in the rest of the Plan. The comments received under this section are summarised below.

Concerns

- Disability and disabled people do not get mentioned in the Plan.
- *Disabled people need more attention – more public facilities are needed for the disabled.*
- Big gap for children with disabilities who come under ACC, no social work support for school aged children.
- You have emphasised the need to improve access to services for people with a disability – are there plans for an increase in specific disabled parks on sites particularly those near outpatients and rehabilitation services?

Emphasis on Collaboration and Consultation

- Good health and a robust self esteem for people experiencing disability depends less on health than the other factors of access to a lifestyle available to the community at large – need to include collaboration with various agencies under this section.
- Avoid funder driven services – it is important to have consumer led services in the disability sector.
- Raising the bar on community consultation should be useful when relating to the disability sector.

Elective Surgery/Waiting Lists

Concern about waiting lists and the desire to address this problem was a repeated theme throughout the submissions. Only a few submitters asked that it be a priority, but it was clear that submitters find excessive waiting times, and the greater sickness or death perceived to result, unacceptable. The repeated themes that emerged are summarised below.

Importance of Elective Surgery Focus

- Concerned about the lack of emphasis being given to elective surgery, not adequately covered in the Plan.
- *This should be at the beginning – we can't get healthy if we can't get surgery.*
- *The community has expectations that their major health needs will be met by the public health systems – the absence of this from the Plan is a fundamental flaw.*
- *We believe that it is unacceptable to read that the health system cannot afford to fund all of the services required.*
- More emphasis is needed on surgery treatment for cataracts and eye conditions for elderly to enable them to live independently or with help at home – it also helps them avoid falls.

Concern about Waiting Times/Lists

- Waiting lists are a major concern.
- *Excluding people from the waiting list is seen by many as a betrayal of trust.*
- Waiting six months for the first specialist assessment is not appropriate, and gives no indication of the waiting time for treatment.
- Timeframes give no indication of any relief for those patients referred back to their GP without assessment.
- Concern that those on long-term waiting lists for surgery are being seen acutely as their condition worsens.

Other Comments from Submitters

- *Waiting lists is a very important consideration and what you plan to do looks very satisfactory.*
- Decisions on whether surgery is required and who should be on waiting lists should only be made by clinicians.
- The CDHB should work with other agencies to minimise the economic impact of illness.

Information Management

There was strong support from submitters in response to the focus on Information Management and the repeated themes emerging from the feedback are summarised below.

Support for Focus on Information Technology

- As an organisation, we should be open to, and aware of the possibilities that increasing appropriate use of technology can bring in terms of organisational efficiencies and ultimately a better patient experience.
- Access to information technology should be improved – all staff should have use of technology.
- Emphasis on information technology is appropriate with emphasis on Clinical Information Systems and stabilisation in the short-term and consolidation down to a single patient management system for the long term.
- An amalgamated patient database is going to become more and more vital.
- *We seem so far from an integrated system, however I feel it is crucial to ensure an efficient health system and a less painful patient journey particularly with the increase in chronic illness, which means multiple complex patient presentations.*
- Information Technology underpins all of the areas in the Plan and there is a need for streamlining and more use of electronic rather than manual systems.

Staff Use of Technology

- Ensure staff are informed of changes before they happen and that they are consulted.
- Help should be available 24 hours a day, 7 days a week to staff who have to use new systems.
- Is all the information taken really required? Consider a review on the time taken and eventual use of information collected.

Other Comments From Submitters

- Support use of CDHB website to ensure transparency in decision-making and changes – communicate more on waitlists, changes in key people, new services, etc.
- Concern that currently there appears to be no continuity of communication or information.
- What is the timeframe for implementing the clinical information system?

Question 6 – General Comments

General Comments.

A number of submitters made their full submission in response to this question or in a separate document they created. In some cases the feedback provided under this section or in the separate documents related to overarching concepts such as the perceptions of the Canterbury DHB as an organisation or aspects of the consultation process. In other cases, the feedback related specifically to other areas of the Plan, such as diabetes, oral health or child and youth health.

In the main, where feedback related to specific health areas that appear in the Plan, it has been included under the relevant topic in order to give that topic the correct emphasis. Otherwise the repeated themes and comments provided under this section are summarised below.

Overall Support for the Plan
- *The Plan is far better than the previous one.*
- Looking forward to working with the CDHB to achieve the vision.

Negative Feedback on the Plan
- Concerned that the planning process is too simplistic – no reference to state of change or political influence and is dependant on continued status quo with only population increases referred to.
- Other documents dealing with equally challenging and demanding issues have quantified performance measures – the DHBs document has no performance measures.

Comments on the Presentation of the Plan
- *I particularly liked the way in which the document was presented.*
- It will be important to list the successes as a comparison in the next Strategic Plan.
- *We find the form in which submissions are requested difficult to follow and containing fundamental flaws.*
- Information presented needs to be clear. Graphs need to be supported with further information.
- Like the format this time around.

Comments on the Consultation Process
- *I believe that the Draft Strategic Plan consultation meeting held in Kaikoura was well organised and presented.*
- *Concern expressed that there was not enough publicity about the Akaroa consultation meeting causing some members of the community to miss the meeting.*
- *Appreciation for attendance of board members at rural consultation meetings.*

Funding Concerns – Emphasis on Challenging the Status Quo
- Support for the CDHB continuing to challenge Population Based Funding (PBF) and the notion that the CDHB is overfunded.
- *Working with other Funders eg ACC (Accident Compensation Corporation) needs to be seen as a priority.*
- *Concerned that the CDHB appears to accept that current service levels can be maintained within existing funding – I do not believe this is possible.*
- The present Board is not able to represent adequately the interests of the local community due to the economic conditions imposed upon it by central and local government and its associated management.
- CDHB should provide evidence that there are enough resources and that with the best use of resources a certain level of funding is necessary. This should be used to seek adequate funding from the Government.
- *I wholeheartedly agree with the principle of clinical governance rather than financial governance – all funding should produce a clinical outcome and clinical outcomes should drive where the money is spent.*
- Advocate for a model in which funding for hospitals is ongoing from the government and based upon the medical needs of the community.

Emphasis on Need for More Information and Specifics Provided to Public
- Would like to see more information on future trends and facilities use – will the CDHB keep all the sites it currently has – too much money is currently spent on maintaining facilities – more specifics and detail is needed.

- The Board needs to be clear where the gaps in services are, reflect on which services are to be reduced and to put those to the community.

Concern that the Plan will not be Transferred into Action

- Could the CDHB address issues and provide leadership and funding required to implement one Plan before producing another one?
- *I hope there is obvious action and progress and this is honestly communicated.*

More than Just Health Services

- Educate children in schools about health and healthy choices – more resource for schools to undertake this education.
- The Plan should include a commitment to the health of the community in a wider context, emphasis should be placed on a healthy living environment to reduce the occurrence of disease and reduce relapse rates.
- Green Prescription should be included in the Plan, it is an important link for many programs.

Community and Collaboration

- The CDHB needs to promote community teams and services available for people.
- Community emphasis needs to ensure resource allocation for community teams.
- Community supports are fragmented and often picked up by hospital social work services ad-hoc.
- When will the CDHB mental health services and community services start working and communicating more effectively to ensure the health dollar and other resources are used as wisely and economically as possible.

Ethnic or Refuge Health

- Community education initiatives will be strengthened if they have the capacity to reach a range of ethnicities in Christchurch City.
- Need confidence that, regardless of language and cultural differences, health needs will be met.
- Support and applaud work on migrant health, translation of health material and work on foreign students' sexual health.
- Suggest subscribing to the Language Line to facilitate telephone contact with ethnic minority groups.

Other General Suggestions made by Submitters

Below are some of the suggestions submitted during the consultation. Whilst not all of the suggestions received are summarised in this document, they have been noted.

- Need community support workers to be available to people with mental illness over 65 as well as under – the lack of availability is discriminating by age.
- Pursue sheltered affordable housing for elderly residents in conjunction with local bodies.
- *… the CDHB needs to increase its support to residents with disabilities and mental health issues in CCC Housing Units and be part of this work.*
- Appreciate the problems the CDHB has in recruiting and retaining doctors and suggest identifying potential immigrants to fill skill shortages - linking with Newcomers Network to assist in selling the benefits of the district.
- Improve recruitment and retention in key areas by working with the Ministry of Health to have loan write-offs for student loans if work in a specified area for specified time period.
- More soap dispensers instead of unhygienic bars of soap – separate toilets for men and women.
- More chairs for patients to sit on and rest – wheelchairs and walkers provided for getting around hospital.
- Ban smoking from outside entrance of hospitals.
- Less money on pamphlets, brochures and advertising, articles in local community papers rather than producing your own.
- More use of private medical services – need to foster competition and individual responsibility and choice.

Response to the Consultation Feedback

The following table presents in general the changes to be made to the final Strategic Plan in response to the submissions received. The summary tables are ordered according to the questions asked on the submission forms provided for written submission.

The "*Repeated points from submissions"* row reflects those concerns most often raised in the feedback received about the acceptability of the various aspects of the draft Strategic Plan. Beneath each is another row entitled "*Response*" which explains the decisions or changes made, actions to be taken, or provides further explanation about the references in the Plan with which submitters were concerned.

This response section is meant to be of assistance in providing feedback on the changes made to the final Plan as a result of the public consultation.

Consultation Question	***What do you think of the Challenges we have identified?***
Repeated points from submissions	The responses to this question were largely positive and most submitters appeared to agree with the identified challenges particularly the challenges faced in responding to the impact of lifestyle diseases and in updating information technology infrastructures. • A number of submitters, while agreeing with a particular challenge were concerned that the wording did not refer to a particular group or issue, which they saw as important in relation to that challenge. Requests were made for reference to the demands on mental health and elective surgery under *Increasing Demand for Services* and for reference to specific access issues for those with disabilities or in rural communities under *Reducing Inequalities and Improving Access to Health Care*. • Other general concerns raised referred to the lack of a summary of achievements to date and the lack of incentives or specific targets and measures throughout the Plan.
Response	• The wording of the challenges was an attempt to concisely describe the issues faced in the coming years in a holistic manner, rather than to list every group to which each challenge applies. **The wording will be reviewed to be more descriptive and inclusive and to broaden the focus of the Challenges.** • The aim of the Strategic Plan is to provide strategic direction for the CDHB, it is a high level document and operational detail and specific actions are not intended to be provided in this Plan. Detail on aims and targets are provided in the CDHB's three-yearly Statement of Intent and its Annual Plans, along with the specific operational workplans and service level plans of divisions throughout the CDHB. The Strategic Plan provides the framework and direction for these Plans. However, the final version of the Plan will be reviewed and **a strategic snapshot of the current situation will be included in the Plan with long-term targets and measurements of success.**

<table>
<tr><td>Consultation Question</td><td>Are there any Other Challenges we should include?</td></tr>
<tr><td>Repeated points from submissions</td><td>Submitters referred to additional challenges rather than expecting to replace any one of the identified challenges with another. Those referred to most frequently were:

• Submitters saw the development of mental health services to meet future demand as a challenge for the CDHB.

• There were a number of references to rural health as being a specific challenge for the CDHB, due to the additional pressures experienced by rural communities.

• Workforce capacity and stability was seen as a challenge for both the CDHB and those providers it contracts with.

• Improving collaboration and communication was also seen as a challenge.</td></tr>
<tr><td>Response</td><td>• The challenges raised by submitters in regard to mental health demand and rural access are considered to already be covered in the challenges identified in the Plan namely; Increasing Demand for Services, and Reducing Inequalities and Improving Access to Health Care.

• There was acknowledgment that workforce issues were a significant challenge and in reviewing the challenges identified it was felt that recognition of this had been omitted and should be included in the final version of the Plan. The challenge Workforce Capacity will be included in the final Plan.

• The challenge of communication and collaboration are seen as already referred to and addressed under the challenges, Community and Staff Expectations and Focusing on Quality and Effective Services.</td></tr>
</table>

Consultation question	***Are the Core Directions proposed the most appropriate Core Directions?***
Repeated points from submissions	Feedback relating to the Core Directions was positive with support for lifestyle disease prevention, coordinated approaches and partnerships, improving access to health care services and improving information technology. There was also significant support for the commitment to consider perspectives of consumers and the community in decision-making. There were a number of repeated points where submitters were concerned with the aims presented under the Core Directions or referred to additional aims that should be included. • There was reference to the pressures on community services if there is a shift from hospital-based to community-based services. • Concerns were expressed at the lack of reference to plans for increased remuneration for health workers. • Submitters wanted to see reference to improving staff morale, making the CDHB a better place to work and CDHB staff leading by example. • Feedback suggested an emphasis was needed on more than just health services, submitters referred to other determinants having an impact on health status. • Concerns were raised over the costs of Being a Leader in Health.
Response	• The CDHB presents a number of aims under the Core Direction *Developing our Health Care Workforce*. These aims will be reviewed to ensure they reflect the CDHB's emphasis on maintaining workforce capacity and ensuring sustainability to enable service provision in the future. **This Core Direction will be improved and extended.** • The CDHB currently works with external organisations addressing other determinates of health such as those referred to by submitters. **The Plan will be re-worded to better reflect this focus.** • The Core Directions *Being a Leader in Health* will be reviewed to better reflect the CDHB's desire to be forward thinking in providing services to our community and in developing models of care. **This Core Direction will be reviewed and more clearly worded.**

Consultation question	*Have we chosen the right Health Gain Priorities?*
Repeated points from submissions	Support was evident for each of the proposed Health Gain Priorities and where submitters suggested other priorities these were in addition to those already proposed rather in replacement. Feedback in response to the proposed priorities included: • Concern with lack of reference to alcohol and drug misuse, mental health issues and obesity in Child Health Priority. • Concern with community workforce sustainability and how the CDHB was going to fund and deliver future services. • Support for the role of primary care in regard to mental illness, but concern about the reference to a 'quick fix' under the Primary Health Priority. Funding and training issues also concerned submitters. • Support for the involvement of Māori in decision-making with emphasis on the inclusion of Manawhenua at a governance level. • Feedback on the Disease Priorities was inter-related referring to the importance of rehabilitation programs and emphasis on education and healthy lifestyles. Submitters were concerned there was no mention of: commitment to access rehab programs through improved parking and transport, focus on childhood diabetes, action to improve access to treatment for Cancer and the tight correlation between air pollution and respiratory disease. • Concerns also were expressed that some disease priorities are over funded for outcomes - too much money spent for a small minority on high cost treatments.
Response	In the most part issues raised reflected ideas and issues that the CDHB needs to be aware of when addressing the implementation of strategies in the priority areas and the points will be taken into account. **The wording of all of the Health Gain Priorities will be reviewed and expanded where some references may help explain in more detail the CDHB's intention under each priority.** It is important to note that this Plan provides strategic direction and is not a detailed operational document. While the concerns have been noted, not every aim, action or intention of the CDHB over the next five years can be specifically outlined in a plan such as this. • Alcohol and drug misuse will be considered as part of the Youth Health Strategy to be developed in the next year and this will be reflected in the Plan. These issues will also be considered under health promotion work. A regional Alcohol and Other Drug Plan is currently being implemented. • The Older People's Services Strategy will look at a number of the issues highlighted by submitters and the challenge of meeting increasing demand within allocated funding. • The reference to the role of primary care in mental health services refers to a pilot, lead by the Ministry of Health, for which training, extended consultation times and funding will be provided. • The CDHB is currently looking at ways to work with Manawhenua at a governance level and is working on a Memorandum of Understanding between the parties. • The points raised under the Disease Priorities will be noted. • The points with regard to the high cost of new technology and treatments have been noted and the CDHB's Prioritisation Principles will be included in the final version of the Plan.

Consultation question	*Are there any other Health Gain Priorities we should include?*
Repeated Points from submissions	Submitters referred to additional Health Gain Priorities rather substitution for any of those proposed in the draft Plan a number of concerns were expressed as to how the CDHB could have priorities and not be less focused on the other issues or on Ongoing Work. • Submitters who responded regarding mental health supported its inclusion as a priority. Depression was referred to as a rising health concern and given the significant role mental health plays in mediating other health outcomes submitters found it difficult to understand why mental health was not a priority. • A number of submitters were concerned with the 'urban slant' of the Plan and the lack of focus on specific issues of access, equity, funding and financial pressures for smaller rural communities. Submitters referred to the need for rural health to be a priority to ensure equity and ongoing service provision. • A number of submitters also referred to the need for health education, health promotion and disease prevention to be a priority. Submitters requested that a higher priority be given to lifestyle diseases (physical activity and reduction in the rates of obesity) and commented that having a priority area on lifestyle disease may focus attention on what can be done.
Response	Submitters concerns on the selection of Health Gain Priorities are acknowledged. The CDHB as a large and diverse organisation has numerous priorities. The priorities selected reflect those areas where the CDHB believes it can make the greatest impact on the health of its community at this time. Ongoing Work reflects the areas where the CDHB acknowledges ongoing work is needed to continue to improve our current service delivery. • The importance of mental health in relation to other priorities is acknowledged. However it is considered that mental health, whilst obviously an area where ongoing work should continue, is not an area which needs to be included as a priority at this time. Service integration and collaboration is a focus under the Core Directions; Find Better Ways of Working and Work Together and these will be reviewed to ensure the link between mental health services and other services are clear. The links between mental health and the selected priorities are acknowledged and it is anticipated that work will overlap in a number of areas. • The Strategic Plan was not intended to contain an 'urban slant' and the content will be reviewed to ensure this is not the case. However, it is considered that the health status of those in rural communities is not such that it needs to be a priority at this time. A focus of current work in rural health is working with rural communities to develop local plans that will improve access to health services. This work is centred on an extensive review of rural health and the development of a specific Rural Health Plan. Consultation with rural communities has already begun. • The common link between disease prevention, health promotion and health education and their importance in relation to the Disease Priorities (particularly Cardiovascular, Diabetes and Respiratory) is acknowledged. **The appropriate portions of the ongoing work under the Population and Public Health section will be moved under the Disease Prevention section.** Previously Disease Prevention was listed as a priority without any specific actions or aims presented and the transfer of the relevant actions currently under Population and Public Health will rectify this and provide an overview to the Disease Priorities section.

<table>
<tr><td>Consultation question</td><td>Do you consider that we have proposed the right ongoing things to address and/or are there other things we should be doing?</td></tr>
<tr><td>Repeated Points from submissions</td><td>The majority of submitters appeared to be in support of the areas of ongoing work that were proposed. Repeated points include:

• Support for working from within the CDHB; dieticians and on-site smoking cessation workers for patients.

• The importance of cultural awareness and Pacific people experiencing the impact of aging earlier - submitters wanted to see emphasis on these points reflected.

• Emphasis on extending any mental health training to primary care workers and the families of consumers and a need for supporting families of those with mental illness.

• The need to improve links between alcohol and other drug treatment services and mental health services - integrated databases were referred to as essential for effective care.

• Collaboration with other organisations to improve lifestyles of those with disabilities, improvements in consultation and an avoidance of funder driven disability services.

• Emphasis on improving waiting times - transparency with regard to timeframes and relief for patients referred back to their GP without assessment.

• The importance of information management to ensuring an efficient health system with repeated support for a single patient record.

• There was considerable feedback in response to the Oral Health section, almost all in response to the listed aim of educating communities about the benefits of fluoridated water or fluoride tablets. A very clear majority of the responses were in opposition to the CDHB's position on fluoridation. A number of comments indicated submitters were confused as to the CDHB's role, appearing to believe the CDHB had the authority to fluoridate the water rather than lobby for its inclusion.</td></tr>
<tr><td>Response</td><td>Again, in the most part the points raised by submitters reflected ideas and points that the CDHB needs to be aware of when addressing the implementation of strategies and these will be taken into account. The wording of all of the Ongoing Work sections will be reviewed and expanded where some references may help explain in more detail the CDHB's intentions.

• With regard to the responses opposed to the aim of educating communities about the benefits of fluoridated water or fluoride tablets – considerable opposition was received (in comparison to the number of submissions overall). However this is a position, which has already been debated by the CDHB's Board and does not so much refer to the acceptability of the Plan but to the acceptability of a means of treatment. While the information provided with these submissions will be made available it is not recommended that this aim be removed from the Plan. It is suggested that the Board's role of advocacy rather than action be explained more clearly.</td></tr>
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Consultation question	General Comments
Repeated Points from submissions	In general, it would appear that the majority of those responding were supportive of the Core Directions and the Health Gain Priorities presented by the CDHB. Those concerns most frequently mentioned in this section and not already referred to are: • Concern that the planning process was too simplistic with requests for more information and specifics to be provided, more detail on future facilities use, and more transparency over gaps in services or reduction of services. • Concern that current service levels could not be maintained within existing funding and that quality of services would suffer in the future. • Concern that the needs of other ethnic groups (other than Māori or Pacific) and the need for a focus on refuge health were not addressed in the Plan. • Concern that the rural shift of populations were not projected in the Plan and that population figures do not reflect rural areas where populations over 65 may already be over the 20% predicted by 2021. • A number of submitters also voiced concerns (and compliments) about the consultation process and/or the consultation document.
Response	• It is reiterated that this Plan provides strategic direction and not operational detail. The comments and concerns have been noted and as the Plan is reviewed, these will be taken into consideration to ensure sufficient explanation is provided and the CDHB's intentions are made as clear as possible. • The CDHB provides a full Health Needs Assessment document on its website for anyone interested in further detail with regard to Canterbury communities' health needs. The population figures used in compiling the Strategic Plan were taken primarily from the 2001 Census. Comments and concerns with regards to the population figures for rural communities will be relayed to those completing the CDHB's Rural Health Review and those involved in developing the CDHB's Rural Health Plan. • The comments in regard to the consultation process and the consultation document are appreciated and will be considered as the process for future consultations is reviewed.