



## Healthy (Greater) Christchurch 2018 Hui

16-February 2018

Lincoln Event Centre

*70+ people across 40+ organisations – Thank you to all who participated*

Pictures available at <http://slickpic.us/1655791hhMh>

### Mihi whakatau

Healthy Greater Christchurch Interim Group member Wendy Dallas Katoa (Mana Whenua Ki Waitaha) liaised with Taumutu to arrange a mihi whakatau. On behalf of Taumutu, Karaitiana Tikkell delivered the mihi whakatau and referred to the change from Healthy Christchurch to Healthy 'Greater' Christchurch and challenged the group to think of all the ways the initiative could be made 'Greater.'

### Morning speakers

David Ayers – Deputy Chair, Greater Christchurch Partnership (and Mayor, Waimakariri District Council)

- The Greater Christchurch Partnership partners are the councils in the greater Christchurch area (Christchurch City Council, Environment Canterbury, Selwyn District Council, and Waimakariri District Council), Iwi (Te Rūnanga o Ngāi Tahu) and several government organisations (New Zealand Transport Agency, Canterbury District Health Board, Greater Christchurch Group – the Department of Prime Minister and Cabinet, and Regenerate Christchurch). The Greater Christchurch Partnership also has a close working relationship with Ōtākaro Ltd, Development Christchurch Ltd, and the regionally focused Canterbury Mayoral Forum.
- Until June 2017, the Partnership was known as the Urban Development Strategy Partnership. The change of name to Greater Christchurch Partnership reflects an expanded membership, a broader range of responsibilities post-quake, and a commitment to more visible leadership.
- One of the Greater Christchurch Partnership workstreams is 'Health and Community,' which Healthy (Greater) Christchurch now leads as a part of their work programme. The relationship with Healthy Greater Christchurch is important.
- The greater Christchurch boundaries—for urban planning purposes—include part (but not all) of Christchurch, Selwyn, and Waimakariri, but in other aspects of their work, take into account all of the three districts.
- Working in partnership is the right approach for addressing needs around regional housing, retail, business, health and social wellbeing, and enhanced environments.

### Evon Currie – GM Community & Public Health, Canterbury District Health Board

- The Urban Development Strategy and Healthy Christchurch are about as old as one another. They are both evolving to encompass greater Christchurch, and this alignment is positive.
- Although the list of acronyms used by the Greater Christchurch Partnership is a long one, it's beginning to share acronyms with Healthy Greater Christchurch, and this is just one aspect of growing connections.
- When Healthy Christchurch was being formed, the consultation process was lengthy. Given how lasting the initiative has proven to be, this demonstrates that good things take time—but they are enduring and sustainable.
- A key to the success of Healthy Greater Christchurch has been participation—the early engagement in Charter development and long-term support since then.

### Denise Kidd – Manager Community Relations, Selwyn District Council

- There are some unique aspects of Selwyn: it is a relatively youthful district, it is growing (fast), and it spans a huge area.
- When partnering with Selwyn, please recognise its attributes as a whole, as well as its unique sub-communities.
- There are still areas of commonality that can form a strong basis for partnership.
- Selwyn District Council is interested in community development. This includes organisations traditionally called 'NGOs' as well as the organisations that are technically NGOs but may not identify that way—e.g. clubs and support networks.
- Some of the opportunities Selwyn District is pursuing are around community capacity, whether through mentoring, partnership, or encouragement around volunteering. Volunteering has been shown to be great for people, and it's an important aspect of community and community-building.

### Q&A

#### *What's the relationship between the Greater Christchurch Partnership and Healthy (Greater) Christchurch?*

The Greater Christchurch Partnership's collaboration is based on a series of important planning documents, including the Resilient Greater Christchurch Plan. When the Resilience Plan was first being developed, it drew on the capacity of the then Healthy Christchurch champions and working group, so those groups were put into abeyance. Other Healthy Christchurch functions, such as maintaining the signatory noticeboard, signatory seminars, and hui continued. Now that the Resilience Plan has been developed, it's apparent that it doesn't span all of the issues that matter to Healthy Christchurch, so the working group has been reawakening to explore what to do next in our changing environment, doing what it does well and playing with others.

Healthy (Greater) Christchurch working group oversees the 'Health and Community' stream of the Greater Christchurch Partnership (GCP). This means that part of the Healthy (Greater) Christchurch workplan includes overseeing delivery of the relevant aspects of the Resilience Plan for the GCP.

#### *What would happen if there was no Greater Christchurch Partnership?*

It would be like Auckland a few years ago. We would risk that Councils might compete instead of working together.

*How are youth voices heard in engagement and consultation?*

The Healthy (Greater) Christchurch include signatories from the youth sector, but a youth voice has not yet been a distinct part of the Healthy (Greater) Christchurch Interim Group. The Interim Group has discussed the best way to ensure input from groups such as youth, people with disabilities, Pacific people, or other populations. This is not resolved yet.

For the Greater Christchurch Partnership, the partnership has a relationship with Youth Voice Canterbury. The boundaries of Youth Voice Canterbury don't align precisely with those of the Partnership, but this is not a challenge as the boundaries from organisation to organisation rarely align neatly.

*What would be the value of signing the Charter, particularly for organisations in Selwyn or Waimakariri?*

The benefits of Healthy (Greater) Christchurch are not really about the Charter level, they are more about what benefits signatories where they are. To elaborate, Healthy (Greater) Christchurch is sometimes called a superhero suit. Any time two or more signatories collaborate on a project, it could be a Healthy (Greater) Christchurch initiative, if the signatories want it to be.

For Selwyn, participating at the Interim Group level means getting to see Selwyn reflected in the work that is planned. Selwyn District Council believe in 'collective impact', so working together on projects has the benefit of achieving more together than could be achieved in isolation (and the Charter echoes this).

*What's the relationship with the Christchurch Alcohol Action Plan?*

Healthy (Greater) Christchurch has a strong history of involvement in the alcohol space. In this instance, the Safer Christchurch was in a better place to support this work but linkages occur between the two structures—for example, Evon is on the governance group of Safer Christchurch.

*What will the tangible outcomes be from the Charter and signatories in the next five years?*

The outcomes are always about the signatories, who ideally feel ownership of Healthy (Greater) Christchurch and a sense of belonging in it. Outcomes will have tapped into that.

In the next five years, we'd like to see outcomes with partners across the region. Sometimes this means adding value to existing networks and great work already under way, for instance, Waimakariri Health Advisory Group or Social Services Waimakariri.

*Has Healthy (Greater) Christchurch considered how to connect with the new government's child poverty priorities?*

It would be great to align with these, but Healthy (Greater) Christchurch and the Greater Christchurch Partnership and probably both in the same boat still trying to figure out how

(for this priority and other priorities of the new government). The Greater Christchurch Partnership is also expecting opportunities around topics like housing and land availability.

*What does the Greater Christchurch Partnership think about 'growth'?*

For the purposes of Waimakariri, it's not necessarily something that is pursued, at least not for its own sake. For instance, it would be nice to have more local jobs (Waimakariri has a high % of commuters)—so local economic growth might increase sustainability by decreasing commuting.

*Given the commitments to health and wellbeing, are there links to the Treasury Living Standards Framework?*

There was not much awareness of this on the panel, but the panel invited signatories aware of this initiative to bring it up in a pitch or in their work.

<http://www.treasury.govt.nz/abouttreasury/higherlivingstandards/his-usingtheframework-v2.pdf>

*Regional collaboration could have advantages and disadvantages. For instance, how will the Partnership set priorities?*

Selwyn is interested in this, too, as well as in the specific pieces of work.

Part of today is about identifying priorities based on what signatories and other participants today want to discuss and do. There is also the fact that there are things which are not 'priorities' but still matter a lot to someone—so there's a note of caution around setting 'priorities' in a process that is disempowering or that threatens equity.

*Is there a role for business? E.g. some supermarkets are moving to eliminate plastic bags.*

This is a good idea and there can be good outcomes from this. Locally in Waimakariri, 'Straw-Free Rangiora' is trying to gain traction on one issue, and this could be pursued in other places, too.

*What is Healthy (Greater) Christchurch doing to ensure opportunities to maximise autonomy yet embrace interdependence (Tāmati Kruger)? How is 'community' understood?*

Recognising interdependence while maximising autonomy seems like a great way of describing something that Healthy (Greater) Christchurch aims to do.

'Community' is a word with many layers, and might include groups arranged by geography, interest, issue, or identity. We don't really expect to be able to answer that question simply, though, so it's good for us all to keep considering.

## Late morning – Workplan Sessions

### Non-Profit – Third Section Involvement in Health Greater Christchurch

#### What did we talk about?

- Requirements for compliance restrict NGO activities, e.g. retired professionals unable to comment as not registered
- Common existence / the third sector needs to be recognised, its voice heard and respected
- NFPs are under-represented on interim working group despite making up around 80% of the signatories, hierarchy is barrier to diverse representation/participation
- Our mahi to be officially accounted for, not only financially but also in terms of sustainability and the needs we address
- Capability to disseminate information from this group to the community
- What does support look like?
- What can group enable?
- How can community groups contribute when they are time and money poor?
- Make provisions for community sector to get together
- Facilitate conversations

#### What do we want to do?

- Have a hui for the non-profit signatories to Healthy Christchurch to talk about this some more, and decide how non-profit voices can be selected and have a more active role

#### Will we meet again?

- ?

## Housing Themes

#### What did we talk about?

- Affordable rental and ownership
- Cost of land barrier
- Alternative housing models (e.g. tiny housing) and funding for them
- Fix existing (rental) housing
- Health of existing housing stock and the effect on the health of people living in them
- Carbon footprint issues – sustainable build
- Wikki homing (housing?)
- Links to services and supports
- Not just bandaids

#### What do we want to do?

- Collectively leverage our strengths
- Connecting up with each other – overcoming silos (info or web hub)
- Find out what are others (e.g. GCP) doing?

#### Will we meet again?

- ??

## Consideration of the Charter

### What did we talk about?

- Polishing (big changes not needed)
- Supportive group
- Name needs to be addressed, could be complemented with a whakatauki?
- Small changes and additions; keeping the one page length
  - Wanting people to feel connected (including nature, land)
  - Connectedness ... and safety
  - Maybe spell out Māori wellbeing
  - Ages, ethnicities
  - Equity
  - Rights and justice
- Using a piece of art could complement the expressions that are in words

### What do we want to do?

- Spell out Māori well-being in protocols
- Elevate the principle re Tiriti so that it is first
- Address the title
- Changes : added whenua, cultural
- Safety / peace (partnership and respect for similar groups is implicit)

### Will we meet again?

- Wendy and Gail will discuss Tiriti points with interim group
- Make tracked changes available via a Google Doc; wordsmith via email with this group
- After that, probably invite feedback from Interim Group and wider signatory list

## Health in All Policies and Urban Development

### What did we talk about?

- Importance of input from a range of groups to decision making
- Input at many levels needs supported
- Power imbalances or rather knowledge imbalance is a reality and we need to facilitate balancing this.
- Priorities change in communities so they may sometimes not be as able to engage

### What do we want to do?

- Make it easy to participate
- Help facilitate a common language
- Map out legislation so that it is possible to see how legislation already in place impacts current consultation
- Cross referencing plans with health and wellbeing as a valid outcome
- Continue to develop holistic overview

## Will we meet again?

- Much broader than this group so the notes will go back to HGC interim working group to do more work – maybe hold a seminar
- HGC continue to identify opportunities in the weekly posts

## Detailed discussion

- Understanding each other's language – development of a common language
  - Purposefully making connections
  - How to provide those in community interested in health/environment/planning connections a voice and forum to discuss
  - How to support these conversations
- Supporting Community - enabling individuals to feel part of their communities
  - Outcome – communities take stewardship role over health of their communities
  - Co-design processes – CCC have been leading such processes – good example already happening
- Need to be aware of national/strategic policies which will impact locally
  - Listening to community about what they want/need
  - Challenges: people working on projects change, length of time, interest
- Supporting communities to understand boundaries of legislation (e.g. district plan) and how communities can have influence in these hierarchies
- Health and wellbeing focus at strategic/policy/governance and grass-roots levels
  - Cultural/individual attitude change/shift
  - We are making cultural shifts at policy level but are we taking people along with this journey?
  - Competing priorities
- Agencies to clearly define what type of consultation they are doing during community engagement processes – transparency around this
- 'Road-mapping' – if a community development process is occurring linking relevant agencies/people to strategic /policy aspects to be mindful of

## Community Development in Selwyn

### What did we talk about?

- Selwyn DC provided examples of activities recently undertaken to build community connections – incl Meet the Street events and a Newcomers and Migrants bus tour series
- The importance of community connectedness for wellbeing and to reduce social isolation
- Sometimes communities aren't aware of what is available, what they can join, where they can volunteer – new Selwyn website mentioned
- Sometimes communities can do it for themselves and it may only require a spark (or some seed funding) to get a new initiative going (Selwyn Community choir example)
- Difficulties in getting new volunteers, getting people to understand that many organisations run on a volunteer basis (and helping people join in and help out via rosters)
- Succession planning for voluntary organisations with many volunteers getting older

What do we want to do?

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Will we meet again?

- Connections were made between individuals who may meet again
- Selwyn DC staff members made new community connections

## Afternoon Open Space Sessions

### Family Violence + Restorative Justice

What did we talk about?

- How to have conversations with vulnerable people and institutions around power and control
- Complex trauma and co-morbidity
- FV Collaborative – would you participate?
- Broadest reach possible
- Brainwave Trust

What do we want to do

- Incentives for parents with children to attend a local parenting centre for support and information
- Make funding available for evaluation

### How do we address inequity of experience of physical health in the mental health sector?

What we talked about and what we want to do

**Rationale:** people with experience of mental illness on average have worse health outcomes for all medical conditions and consequently have a shorter, with more pain, disability and chronic illnesses.

Ideas to shift this:

- Increase links with Green Prescription (Meg through Active Canterbury Network)
- Increase links with nutritional providers e.g. Appetite for Life (Meg through Pegasus Health)
- Increase activities of daily living skills- more occupational therapy in both in and out-patient services
- Increased levels of physiotherapists and social workers to support psychiatric nurses
- Lower the consumer:carer ratios
- More grass root community projects to improve health opportunities such as ICECycles and BuyCycles supported
- Link with Volunteer Canterbury for volunteers from the community to provide support (there is some sort of initiative like Big Sister Big Brother for grownups , we were not sure of the name)



- Increase affordable access to alternative health treatment such as chiropractic treatment, acupuncture, reiki, shiatzu, cranial/sacral, Bowen therapy, yoga etc. Currently it seems that only western medicine is the mainstream treatment option for this population - when it is accessed. These alternatives seem to cater for (or be more accessible to) the better resourced and mentally “well” sectors of society.
- Ensure that the Christchurch branch of “Equally Well”, a national group seeking to address this inequity of health, becomes a Healthy Christchurch signatory (Meg to take to next meeting).

## Collective Themes

### What did we talk about?

- Big enough to be impactful
- Small enough to be manageable
- Strength of the collaborative
- Opportunity for smaller groups
- Need to be planned in advance
- Can be multiple themes
- Online communication
- Highlighting existing services
- Build capacity
- Good way of staying connected
- No extra work
- What does success look like? – Gaps, community needs, wants.
- How do we determine them?
- How do we break down bureaucracy?
- What happens after?

## Ohu - Tūmanako Wellness Centre - an innovative mental health facility

### What did we talk about?

- Healing architecture
- Innovative health care – holistic
- Compassionate, patient centred care
- Strong connection to community
- Open door policy
- Safe place
- Integrated with food growing/food production and good nutrition
- Refrain from pathologising human behaviour
- Centre for world’s best practice, leading innovation and research
- Alternative approach to mental health
- Nurturing space – nature is part of the building

- Culturally responsive
- Family approach
- Zero waste / sustainable
- Range of spaces provided
- Re-integrate body and mind

## Unusual Suspects – Who isn't here that should be?

### What did we talk about?

- How do we get youth in the room?
- Many ways to earn trust
- Create a safe space for ideas – online platforms
- Smaller areas work more collaboratively
- Youth agenda need to suit / voice needs to be heard
- No token gestures or invitations
- Eliminate silos – be open to collaboration
- Use language that make collaboration possible – eliminate jargon
- Ok to look at big picture
- Ask how can we help you instead of promoting ourselves
- Be open to all possibilities from a chat
- Problem organisations can be part of the solutions (E.g. Coke, McDonalds)
- We are on the same team
- People centred – 9 to 5 services don't work

## How can we help LGBTI Takātapui people as a network?

### What did we talk about?

- Universal Periodic Review – measure government's performance
- Gender diverse collated data making
- Working with health sector – preventative care across life course
- Community wins can undermine the community – the importance of not pulling up the ladder when 'you' are liberated
- Equity vs justice – the act of putting things right
- Need to fund participation
- Over 100 definitions for gender, identity, sexual orientation, expression and sex characteristics (Sogiese)
- The common ground is the lack of human rights
- What we want to do

### What do we want to do?

- Census advice
- Ensure more representation

- Review Pink health directory
- NZ bill of rights doesn't cover trans/intersex people – neither do District Health Boards or Ministry of Health
- Listen to the younger voices – they're making great decisions

#### Will we meet again?

- Yes – meeting with others prior to UN conversation
- Come and join the conversation - **March 20<sup>th</sup>, 6pm 10 Show Place**

## Alcohol

#### What did we talk about?

- Christchurch City Council - Local Alcohol Plan (LAP) and Long Term Plan (LTP)
- Christchurch Alcohol Action Plan (CAAP)
- Waimakariri LAP and LTP
- Selwyn LAP and LTP
- Campaign to
  - Reduce supply
  - Increase community participation
  - Increase cost
  - Reduce advertising
  - Collect local data
- Who needs convincing?
- Non-Governmental Organisations are more nimble
- Zoning rules
- Local data collection – collective impact approach – Police and St Johns
- Technology
- De-normalisation

#### What do we want to do?

- District Licensing Committee membership could be more democratic
- Encourage and enable participation in licensing process – possibly run workshops

#### Will we meet again?

- This group probably won't meet again, but Paul [paul.mcmahon@sjog.org.nz] is interested in meeting with others to discuss working on:
  - Increasing participation of the community in the new LAP process
  - Being party of community-based campaigns and initiatives to increase engagement of the community in the alcohol licensing process.

## Collaborative working around Arthritis

#### What did we talk about?

- Work of the Arthritis Foundation and opportunities to see it extended
- Significant numbers of people affected by arthritis

- Selwyn's approach to community and community development

What do we want to do?

- Promote mutually beneficial events (e.g. suitable recreation activities for people with arthritis offered by Selwyn, events and information from the Arthritis Foundation)

Will we meet again?

- Yes, to look at options for activities, information evenings, and support group opportunities for those who suffer from arthritis in Selwyn

[Group formed beyond the pitches]

What did we talk about?

- Mental health and wellbeing
- Connection to nature
- What 'health' really looks like
- Will it make any difference
- Five-year 'success' – what does it look like?
- How does Healthy Greater Christchurch differ from other networks?
- What does HGC offer?
- Ways to create health by 'power-sharing' (letting go of power)
- Expanding vs colonising
- Health and wellbeing front and centre in decision making
- Interdependence with maximum autonomy
- Common ground developing a new theory of change to guide policy - based on a Te Ao Māori view (holistic?)

## End of Hui Reflection

From Lucy D'Aeth

Highlights of the day were:

- The facility (thanks for the welcome, Selwyn!)
- The company
- The kaupapa

The day has given the impression we are entering into a new stage of a long journey. Some parts of it we are still working out and trying to understand, like the Greater Christchurch Partnership. One thing that remains constant is that when signatories meet, we are Healthy Christchurch.

We heard from the speakers in our morning session about leadership through partnership and working together to grow capacity of community leaders wherever they are. Some of the words around this are about giving and connecting, which some of us will hear as the five ways to wellbeing.

The Charter group has already reported back, but I heard there that if you've had a thorough process the first time, that bears long-lasting fruit. In this group, we found that the Charter was basically still fit for purpose but history overtakes us—actually, now we can't even think about Te Tiriti being as the last bullet point, and actually, that group couldn't find a way to express itself without using Te Reo.

The biggest excitement of the day for me was how many people popped spontaneously to share ideas for sessions. We were told that however many people came to a session, it would be the right number, and that was true. In all the groups, there was strength in diversity. Outside the hui, our strength is always that if two or more of us come together, we are working on a Healthy Christchurch project.

The initiative might be for Greater Christchurch now, but I'll keep saying Healthy Christchurch because we all seem to agree that we need a better name than Healthy Greater Christchurch.

The feedback from the sessions showed expertise, enthusiasm, and pragmatism. We talked about plastic straws and supermarkets through to big legal changes and the UN—and it's wonderful that we can work across that range.

We discussed that perennial issue of equity around who is able to speak in this space and who is or isn't paid to be here and who can't be here because they can't afford it. We will keep wrestling with this problem and how to organise so that more voices can be heard.

The day was a reminder that we are Healthy Christchurch together. Different places and different priorities, with common ground and shared aspirations.

Close

Wendy Dallas Katoa closed the day.