

## CORPORATE OFFICE

Level 1,  
32 Oxford Terrace  
Christchurch Central  
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160  
Fax: 0064 3 364 4165  
[carolyn.gullery@cdhb.health.nz](mailto:carolyn.gullery@cdhb.health.nz)

5 April 2019

[REDACTED]

[REDACTED]

[REDACTED]

### RE Official Information Act request CDHB 10051

I refer to your email dated 5 March 2019 requesting the following information under the Official Information Act from Canterbury DHB.

- 1. Contract between the Akaroa Community Health Trust (ACHT) and CDHB with regard to the \$2.5m to be provided by the trust to the CDHB for the building of the health facility in Akaroa. The agreement may have been entered into by the forerunner of the ACHT, the Akaroa Structure Group.**

Please refer to **Appendix 1** (attached) for the Heads of Agreement document.

Please note we have redacted information under section 9(2)(b)(ii) i.e. *"would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information"*.

- 2. Lease between the ACHT and the CDHB.**

An Agreement to Lease and Service Contract as provided for in the Heads of Agreement is currently being negotiated. The agreement to lease will be in the form of the Auckland District Law Society standard forms of lease.

As this is still being negotiated it is withheld pursuant to section 9(2)(j) of the Official Information Act i.e. *"...enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations"*.

3. **Agreement between the Akaroa community and the CDHB with regard to facilities that the community wants in the Akaroa area. If this is not a formal document then would you please supply a copy of all minutes and documents in relation to this? If you are unsure as to what I am referring to here would you please contact the Hearings Panel convenor, Christchurch City Council as they have published a document stating that such an agreement was reached?**

Please refer to **Appendix 2** (attached) for the Akaroa Model of Care for the integration of health services in Akaroa (January 2018).

With regard to the Christchurch City Council and the document they have published, we are assuming you are referring to their consultation material for this project. Please refer to **Appendix 3** (attached) for a copy of the consultation leaflet and feedback/submission form.

<https://ccc.govt.nz/the-council/consultations-and-submissions/haveyoursay/show/197>

**Note:** This response also incorporates the transfer of your request (a copy of the contract) from the Christchurch City Council received on 2 April 2019.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz); or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**

# **Heads of Agreement**

**Canterbury District Health Board**

("CDHB")

**Akaroa Health Hub Limited**

("AHHL")

**Akaroa Community Trust**

("ACT")

Handwritten signatures in black ink, appearing to be initials or names, located in the bottom right corner of the page.

Heads of Agreement dated the

day of

2016

## PARTIES

**CANTERBURY DISTRICT HEALTH BOARD** at Christchurch ("CDHB")

**AKAROA HEALTH HUB LIMITED**, a duly incorporated company having its registered office at Christchurch (Company number 4648319) ("AHHL")

**AKAROA COMMUNITY TRUST**, a duly incorporated charitable trust under the Charitable Trusts Act 1957 with its registered office at Christchurch ("ACT")

## BACKGROUND

- A The Parties have agreed to establish a new Integrated Family Health Centre in Akaroa to be constructed on the site of the original hospital facility at Onuku Road, Akaroa ("IFHC").
- B The concept design for the IFHC is in the process of being finalised by the CDHB with input from Akaroa Health Hub Limited ("AHHL") and the Akaroa Community Trust ("ACT") (together the "Akaroa Entities"). The design anticipates a single story building divided into three distinct blocks:
- (i) Reception and waiting area;
  - (ii) General Practice Facility ("GP Facility") inclusive of inpatient beds; and
  - (iii) Aged Residential Care Facility ("ARC Facility").
- C The CDHB has agreed to fund and construct the reception and the GP Facility (inclusive of inpatient beds) parts of the IFHC.
- D The CDHB has agreed to construct the ARC Facility part of the IFHC on the basis and understanding that the Akaroa Entities will contribute \$2.5 million to the CDHB representing the Akaroa Community's funding contribution towards the cost of the IFHC ("Community Contribution"), recognising that:
- (i) The Akaroa Entities will need time to raise the Community Contribution; and
  - (ii) The CDHB will continue to progress, fund and build the IFHC in the interim without any further delays, with a Commencement Date estimated for February 2017.
- E CDHB has agreed to lease the IFHC to AHHL or its agreed nominee on terms to be agreed, recognising in those terms the Community Contribution.

- F Without in any way underwriting the operation of the IFHC, CDHB has agreed to provide a Service Contract to AHHL on terms to be agreed and in accordance with clause 7 below.

## **AGREEMENT**

### **1. Definitions**

- 1.1 "ACT" means the Akaroa Community Trust, a duly incorporated charitable trust under the Charitable Trusts Act 1957.
- 1.2 "Akaroa Entities" means ACT and AHHL.
- 1.3 "AHHL" means Akaroa Health Hub Limited (Company number 4648319).
- 1.4 "ARC Facility" means the Aged Residential Care facility comprising eight flexi beds to be constructed as part of the IFHC.
- 1.5 "Balance Payment Date" means the later of:
- 1.5.1 1 November 2020; and
- 1.5.2 Four years from the Construction Commencement Date.
- 1.6 "CDHB" means the Canterbury District Health Board.
- 1.7 "Commencement Date" means the commencement date of the operation of the IFHC.
- 1.8 "Community" means the Akaroa-Wairewa community.
- 1.9 "Community Contribution" means the funds raised by Akaroa Entities on behalf of the Akaroa Community totalling \$2.5 million.
- 1.10 "Construction Commencement Date" means the date that the CDHB has an executed building contract for the construction of the IFHC.
- 1.11 "GP Facility" means the GP facility inclusive of four in-patient beds to be constructed as part of the IFHC.
- 1.12 "IFHC" means the Integrated Family Health Centre to be constructed on the site of the original hospital facility at the Property.
- 1.13 "Property" means the land on which the old Akaroa Hospital was situated, being Onuku Road, Akaroa, and being legally described as Part Lot 1 on Deposited Plan 6634 as comprised in Certificate of Title CB9F/1157

- 1.14 **"Service Contract"** means a service contract which will commence on the Commencement Date that provides AHHL with funding for its operation of the IFHC pursuant to clause 7 of this Agreement.

## 2. Interpretation

In the construction of this Agreement, unless the context requires otherwise:

- 2.1 **Plurals and Gender:** Words referring to the plural include the singular and vice versa and references to one gender include the others;
- 2.2 **Clauses and schedules:** A reference to a clause or schedule is to a clause in, or a schedule to, this Agreement;
- 2.3 **Statutory Provisions:** References to any statute or statutory provision will be deemed to be references also to any corresponding amended or substituted provisions;
- 2.4 **Currency:** All references to "dollars" or "\$" will mean New Zealand dollars;
- 2.5 **Laws:** This Agreement is governed by, and construed in accordance with, the law of New Zealand;
- 2.6 **Headings:** Headings to clauses will be ignored.

## 3. Objectives

- 3.1 The objectives of this Agreement are to document the principal terms and conditions upon which the Parties have agreed to fund and construct the IFHC in Akaroa.
- 3.2 For the avoidance of doubt, this Agreement imposes binding obligations on the Parties.

## 4. CDHB's Obligations

CDHB agrees:

- 4.1 To fund and construct the IFHC which includes a 12 bed facility as designed by CDHB with input from the Akaroa Entities.
- 4.2 To accept a best endeavours commitment from the Akaroa Entities to raise the Community Contribution to be used for the funding and construction of the IFHC.
- 4.3 To receive the Community Contribution in accordance with the fundraising plan as tabled by AHHL to the CDHB and as attached to this Agreement as Appendix One.
- 4.4 That the Community Contribution will not exceed \$2.5 million (inclusive of GST if any), irrespective of the final costs incurred by CDHB to construct the IFHC.



- 4.5 To consult and seek input from the Akaroa Entities or their representatives as and when indicated on the Project Interaction/Change Request Plan as attached to this Agreement as Appendix Two, to the effect that the parties will work together to ensure that the finalised concept design plans meet the requirements of the agreed Model of Care. .
- 4.6 To use reasonable endeavours to meet the agreed timeframes in the construction programme for the IFHC, (currently intended to commence in February 2017 and be completed in October 2017).
- 4.7 To grant a lease of the IFHC once constructed to AHHL or its agreed nominee, such lease and rental payments to acknowledge and take into account the Community Contribution.
- 4.8 To grant the Service Contract to AHHL in accordance with clause 7 below
- 4.9 Subject to any express obligations of confidentiality owed to such parties, to immediately disclose to the Akaroa Entities any event, notice, demand or requisition that may have a material adverse effect on the existing health service providers in Akaroa.

#### **5. Obligations of the Akaroa Entities**

The Akaroa Entities agree:

- 5.1 To use their best endeavours to raise the Community Contribution by the Balance Payment Date.
- 5.2 To pay an initial payment of \$500,000.00 (inclusive of GST) on account of the Community Contribution to the CDHB as follows:
  - 5.2.1 A payment of \$100,000.00 (inclusive of GST) upon this Agreement being executed by both parties; and
  - 5.2.2 A payment of \$400,000.00 (inclusive of GST) on the Construction Commencement Date.
- 5.3 To pay the balance of the Community Contribution by the Balance Payment Date and in accordance with the Funding Plan as attached to this Agreement as Appendix One which includes:
  - 5.3.1 Reasonable timeframes for raising the Community Contribution;
  - 5.3.2 A breakdown of the anticipated sources of the Community Contribution;
  - 5.3.3 Detailed particulars about methods for raising the Community Contribution.



Notwithstanding this clause 5.3, the Akaroa Entities will make payments of the balance of the Community Contribution as they are reasonably able to so depending on the fundraising achieved from time to time and any requirements of their funders.

5.4 That the CDHB will have no obligation whatsoever to repay the Community Contribution to the Akaroa Entities.

5.5 That the IFHC constructed by the CDHB on the Property will be owned and/or controlled by the CDHB.

## **6. Mutual Obligations**

6.1 Prior to the Commencement Date, the CDHB and AHHL will negotiate and agree:

6.1.1 The terms of the Service Contract pursuant to clause 7 below; and.

6.1.2 The terms of a lease from CDHB to AHHL or its agreed nominee for the IFHC pursuant to clause 4.7 above.

6.2 The Parties are in the process of agreeing their respective funding sources for the development of the IFHC. During this process it may become evident that a different ownership or partnership model may be required. The Parties agree to consult and negotiate on any such different ownership model if this becomes a requirement of various funding sources and agencies that are providing funds to both or any of the Parties. For the avoidance of doubt, the Parties acknowledge and agree that the IFHC shall be owned and/or controlled by CDHB subject to the grant of leasehold rights to AHHL or its nominee as is provided for in this Agreement.

## **7. Service Contract**

7.1 Without in any way imposing an obligation on CDHB to underwrite or guarantee the operation of the IFHC by AHHL, it is the intention of both CDHB and AHHL that the Service Contract will provide reasonably sufficient funding to AHHL to allow AHHL to operate the IFHC on a sustainable basis for the service contemplated within the agreed Model of Care without the necessity of requiring ongoing fundraising from the community for its operational funding.

7.2 The Parties agree to negotiate the Service Contract and any renewals of the same in good faith, and the criteria for CDHB funding shall take into account the service configuration, based on the specific needs and requirements of the Akaroa-Waiwera District, the health demographics and Government funding available for the CDHB at any particular time.

## **8. Term**

This Heads of Agreement will commence on the date of this Agreement and will continue until the Community Contribution has been paid in full.

Handwritten signatures and initials in black ink, including what appears to be 'el', 'SHO', and 'SJR'.



**9. Failure to Satisfy Obligations**

- 9.1 If the Community Contribution has not been paid in full by the Balance Payment Date, then the CDHB, without prejudice to its other rights under this Agreement or at law, may charge interest on the balance of the Community Contribution outstanding as at that date at a rate equal to the BNZ floating residential mortgage lending rate plus 2% as at that date.
- 9.2 If any part of the initial payment of \$500,000.00 (including GST) is not paid by the Akaroa Entities to the CDHB pursuant to clause 5.2, then the CDHB may issue notice requiring the outstanding amount to be paid within seven (7) working days and should payment still not be received within that time period, the CDHB may terminate this Agreement and cease construction of the IFHC. Termination under this clause 9.2 shall be without prejudice to any rights that the CDHB may have against the Akaroa Entities that were accrued prior to termination.

**10. Relationship Between the Parties**

- 10.1 The Parties agree that as from the date of this Agreement, until they are released from their obligations, or this Agreement is terminated, they will:
- 10.1.1 be just and faithful to each other in their dealings in relation to the matters contemplated by this Agreement; and
- 10.1.2 recognise the need for open communication, honesty, respect and trust in all of their dealings.
- 10.2 The Parties agree to work together in a co-operative and collaborative manner.

**11. Review Process**

- 11.1 The Parties shall meet at the reasonable request of either Party to review compliance with each Party's obligations and/or the terms and conditions of this Agreement.
- 11.2 Upon the completion of a review the Parties will determine whether any provisions of the Agreement require amendment.
- 11.3 In addition to the termination right in clause 9.2, this Agreement may be terminated by any party giving notice to the other parties if:
- 11.3.1 A party has been placed in receivership, liquidation or otherwise entered into a composition with creditors;
- 11.3.2 A party fails to observe any of the provisions of this Agreement after having first been given thirty (30) days' written notice of the breach required to be remedied,

provided that termination shall be without prejudice to any rights that either Party may have against the other that was accrued prior to termination.

**12. Confidentiality**

All information relating to this Agreement, whether directly or indirectly, and any information obtained by a party about another party shall be confidential and shall not be divulged to any third party, without the written agreement of the party involved or otherwise at law.

**13. Force Majeure**

- 13.1 No party shall be liable for failure to fulfil any term or condition of this Agreement where fulfilment is delayed, interfered with or prevented by an event which is beyond the reasonable control of that party so long as the party being delayed or interfered with or prevented has notified the other Parties immediately the delay, interference or prevention occurs and so long as reasonable steps are taken to minimise the extent and the effects of the failure. For the avoidance of doubt, the failure in itself of the Akaroa Entities to raise the Community Contribution (unrelated to any unforeseen event or act of God) shall not be a force majeure event.

**14. Notices**

- 14.1 **Form of notice:** Any notice, or other communication under this Agreement is to be in writing, is to be made or given by facsimile or personal delivery to the addressee at the facsimile number or address, and is to be marked for the attention of the person or office holder, set out below:

- 14.1.1 In the case of CDHB:

**Canterbury District Health Board**

PO Box 1600

Christchurch

Telephone: 03 364 4106

Fax: 03 364 4101

Attention:

*h*  
*SA*  
*PJR*

14.1.2 In the case of ACT:

**Akaroa Community Trust**

PO Box

Telephone:

Fax:

Attention:

14.1.3 In the case of AHHL:

**Akaroa Health Hub Limited**

PO Box

Telephone:

Fax:

Attention:

A party may change its facsimile number, address or the person for whose attention notices should be marked, by giving notice of such change to the other party in accordance with the provisions of this clause.

- 14.2 **Notice effective:** No notice or other communication will be effective until received. A notice or other communication will be deemed, in the absence of proof to the contrary, to have been received by the party to whom it was sent:

14.2.1 In the case of personal delivery, when delivered.

14.2.2 In the case of a facsimile, on the working day on which it is transmitted and a transmission confirmation report is received from the machine on which it was transmitted.



15. **Dispute Resolution**
- 15.1 If a party has any dispute with the other party in connection with this Agreement:
- 15.1.1 That party will promptly give full written particulars of the dispute to the other parties.
- 15.1.2 The Parties will promptly meet together and in good faith try and resolve the dispute.
- 15.2 If the dispute is not resolved within five (5) working days of written particulars being given (or any longer period agreed to by the parties) the dispute will be referred to mediation.
- 15.3 A party must use the mediation procedure to resolve a dispute before commencing arbitration or legal proceedings.
- 15.4 The mediation procedure is:
- 15.4.1 The Parties will appoint a mediator and if they fail to agree the mediator will be appointed by the President of the New Zealand Law Society or the President's nominee.
- 15.4.2 The Parties must co-operate with the mediator in an effort to resolve the dispute.
- 15.4.3 If the dispute is settled, the Parties must sign a copy of the terms of the settlement.
- 15.4.4 If the dispute is not resolved within ten (10) working days after the mediator has been appointed, or within any extended time that the Parties agree to in writing, the mediation must cease.
- 15.4.5 Each party must pay an equal share of the mediator's fee and costs.
- 15.5 If the dispute is not resolved by mediation, any party may commence arbitration proceedings.
- 15.6 If the dispute is referred to arbitration, the provisions of clause 43 of the ADLS Commercial Lease (Sixth Edition 2012) shall apply.
- 15.7 Neither party will unreasonably delay the dispute resolution procedures in this clause.




- 15.8 This clause does not apply to an application by either party for urgent interlocutory relief.
- 15.9 Pending resolution of any dispute, the Parties will perform their obligations under this Agreement in all respects, including performance of the matter which is the subject of dispute.
16. **General**
- 16.1 **Modification:** No modification or alteration of, or addition to, any of the provisions of this Agreement is to be effective unless it is agreed by all of the Parties in writing.
- 16.2 **No assignment:** Neither party may sell, transfer, assign, alienate or otherwise dispose of (whether by operation of law or otherwise) its rights or interests arising under this Agreement.
- 16.3 **No waiver:** Failure by a party to exercise or delay in exercising a right, power or remedy does not prevent its exercise and is not to amount to a waiver.
- 16.4 **Costs:** Except as otherwise agreed, each party shall each bear their own costs incurred in relation to the preparation and execution of this Agreement.
- 16.5 **No Partnership:** anything in this Agreement is to be deemed to constitute a partnership or fiduciary relationship between the parties. Except as expressly provided in this Agreement, one party will not have any authority to bind the other parties.
- 16.6 **Illegality:** If one or more of the provisions of this Agreement is held to be invalid or unenforceable, the remaining provisions of this Agreement are not to be affected and are to continue in full force and effect.
- 16.7 **Entire Agreement:** This Agreement constitutes the entire agreement as between the Parties and supersedes any negotiations, agreements or undertakings, which may have been made prior to the execution of such.

16.8 **Counterparts:** This Agreement may be signed in counterparts which together shall constitute one agreement binding on the parties, notwithstanding that all of the Parties are not signatories to the original or same counterpart.


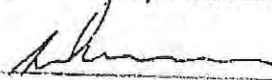
**EXECUTED AS AN AGREEMENT**

Executed by  
**CANTERBURY DISTRICT HEALTH BOARD**  
in the presence of

  
\_\_\_\_\_  
CEO, Canterbury DHB

  
\_\_\_\_\_  
Witness signature  
  
\_\_\_\_\_  
Full name  
Executive Assistant  
\_\_\_\_\_  
Occupation  
  
\_\_\_\_\_  
Address

Executed by  
**AKAROA HEALTH HUB LIMITED**  
in the presence of

  
\_\_\_\_\_  
(As Director, Akaroa Health Hub Ltd)  
  
\_\_\_\_\_  
(As Director, Akaroa Health Hub Ltd)

  
\_\_\_\_\_  
Witness signature

Full name  
NICHOLAS J D STRETTELL  
SOLICITOR  
CHRISTCHURCH  
Occupation

Address





Executed by  
AKAROA COMMUNITY TRUST  
in the presence of

 (Trustee)

 (Trustee)



Witness signature

Full name

NICHOLAS J D STRETTIEL

SOLICITOR

Occupation

CHRISTCHURCH

Address


APPENDIX ONE

*See attached*

*SR*

Appendix one

CHARRIS LIMITED

48 Penrose Street, Lower Hutt

Email [carol@charris.co.nz](mailto:carol@charris.co.nz)

Mobile 021 894 620

### Funding Strategy - Akaroa Health Hub

The CDHB have agreed to construct a 12 bed facility (Integrated Family Health Centre - "IFHC") in Akaroa which will include eight aged care/flexi-beds on the following basis:

- a. That the Akaroa Community ("AC") will raise \$2.5m towards the construction costs of the IFHC.
- b. That based on that contribution the IFHC will include the establishment of eight aged care/flexi-beds.
- c. The CDHB will underwrite the full cost of the IFHC in the meantime.
- d. The CDHB anticipate commencing construction of the IFHC in November 2016.

The IFHC comprising the 12 bed facility will include four GP beds for overnight care/observation, respite, post natal and palliative care and primary health services.

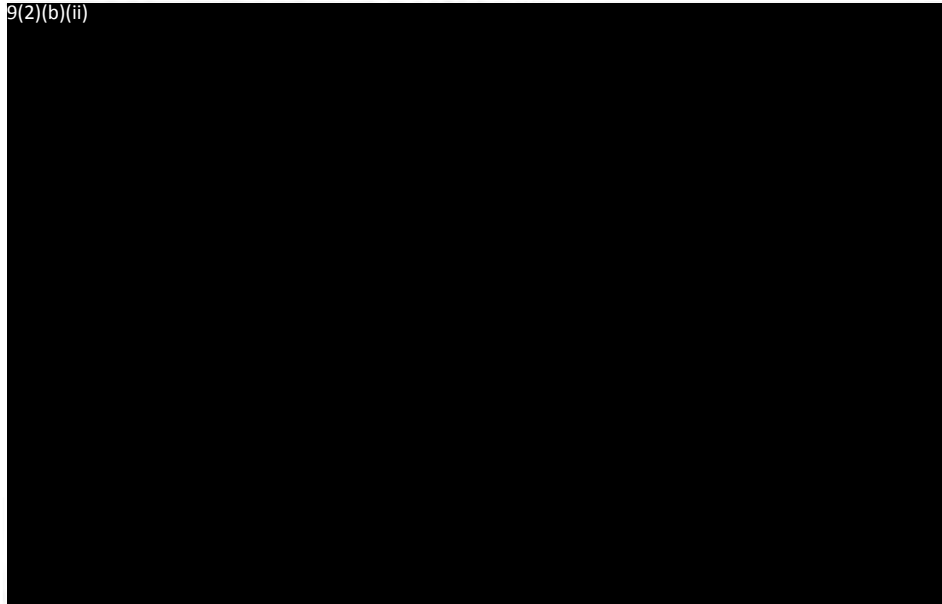
The Akaroa community has estimated a timeframe of four years to raise the \$2.5m as its contribution.

In addition to the Akaroa Community's contribution to the construction of the IFHC, the community estimates it will be required to raise at least a further 9(2)(b)(ii) in order to cover consultants and other professional costs of its own that it will incur during the process of the development of the project.

The Akaroa Community therefore estimates it will be required to raise up to \$2.9m for the entire project.

Below is a summary of the possible source of funding.

9(2)(b)(ii)



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
9(2)(b)(ii)



#### **Funding**

##### **Akaroa Community**

Akaroa community fundraising. This be a challenge to Akaroa citizens and the wider Banks Peninsula community and may take a number of years but funds will be raised through a number of community fundraising activities and community days. Fetes, cycle events, antique fairs, sailing regattas, give-a-little, Facebook, social media and the myriad of other potential fundraisers will need to be considered.

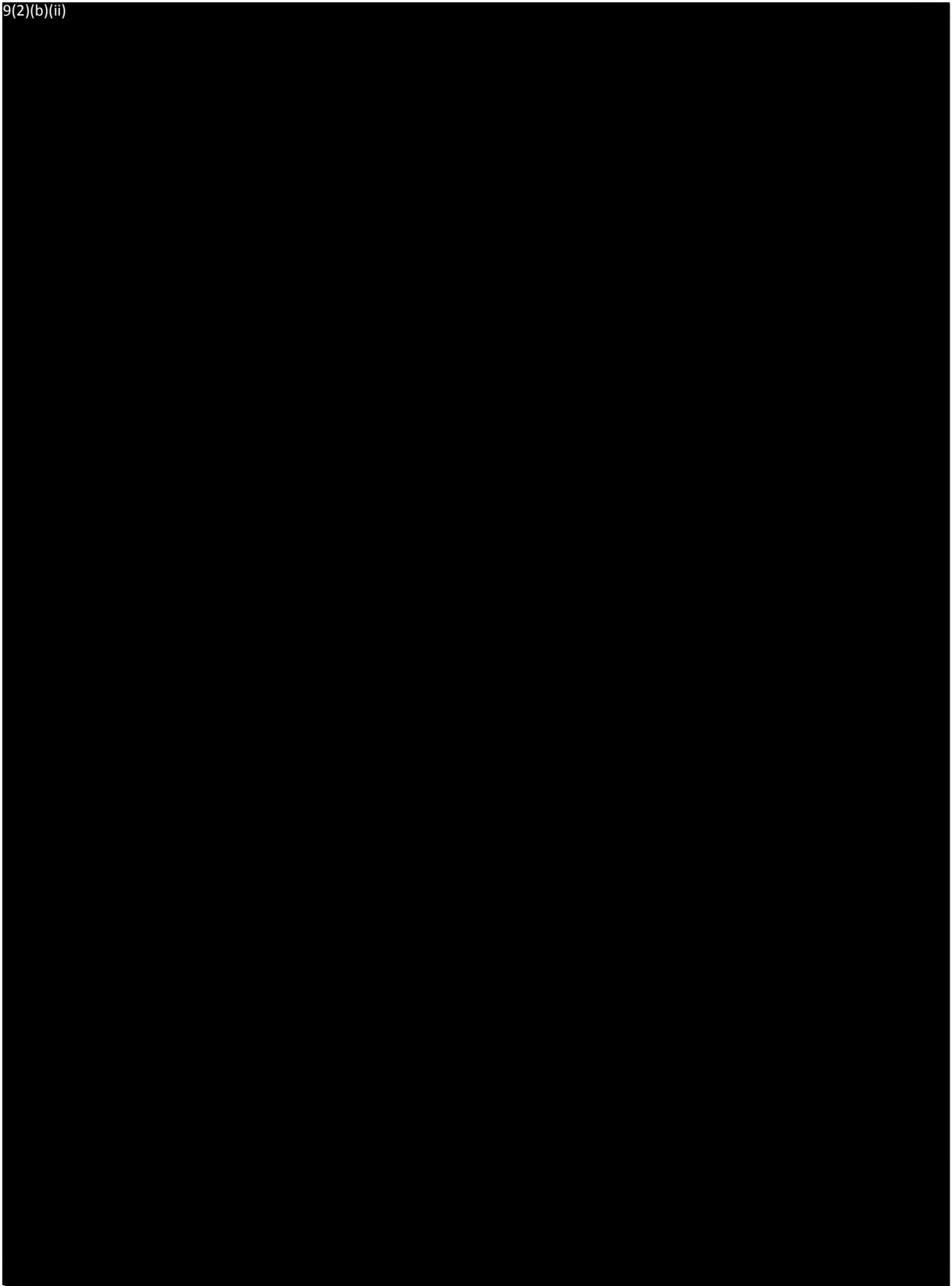
- Possible Future Contribution - 9(2)(b)(ii)
- Money currently held in bank - 

The fundraising plan for the Akaroa community would be to approach the following organisations for donations;

9(2)(b)(ii)



9(2)(b)(ii)



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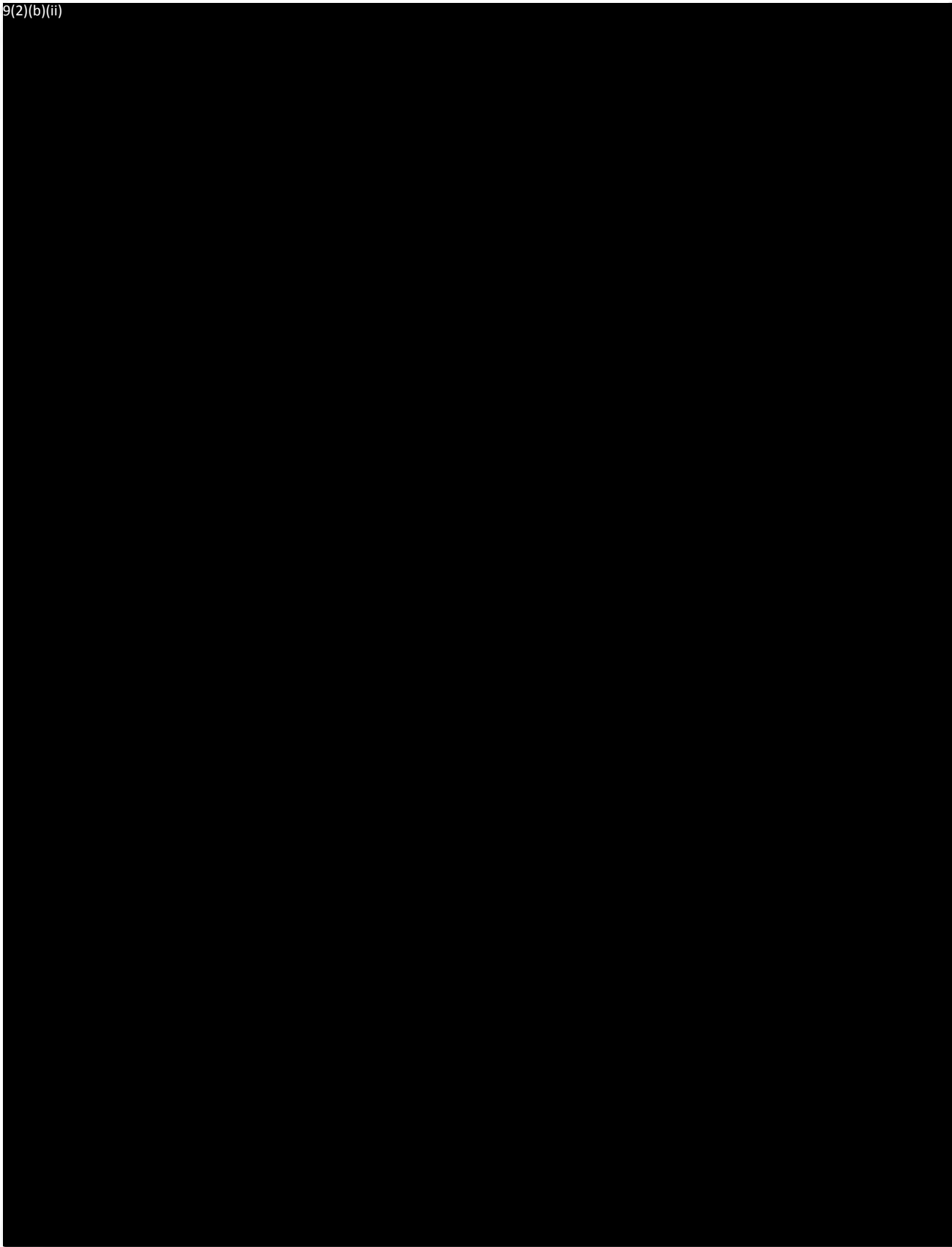
9(2)(b)(ii)



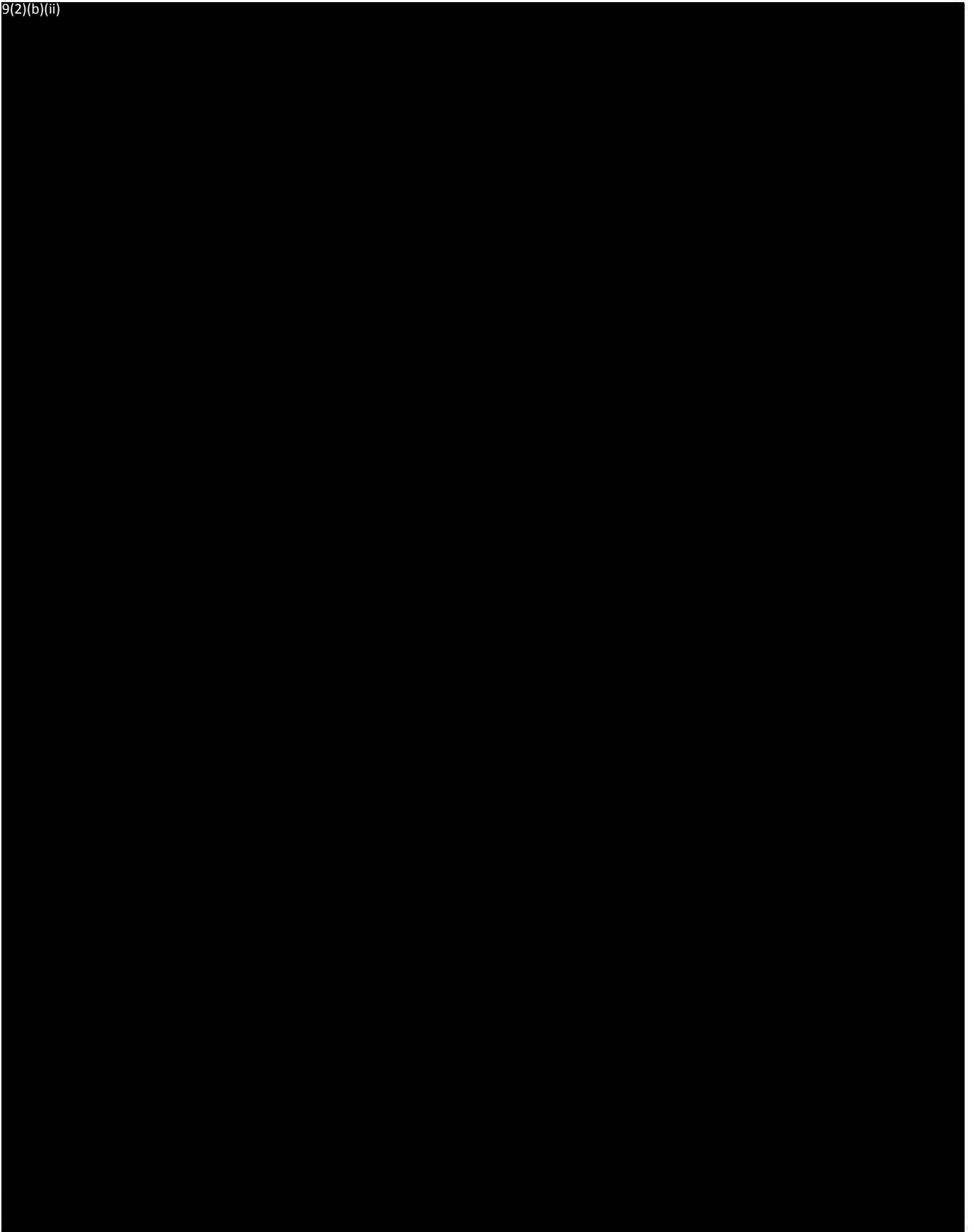
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9(2)(b)(ii)



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PJR

APPENDIX TWO

See attached

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*p/r*

# Project Interaction / Change Request plan Akaroa Health Hub

Name / Role	Concept Stage											Task / activity																			
	concept planning	Architect Tendering	Architect Selection	Consultant Tendering	Consultant Selection	Concept Design	Resource Consent	Concept Costing	Initial Funding	Business Case	Board Approval	Full Design and Contractor Tendering				Structure			Operational Functions				Cost								
												Detailed Design	Detailed Costing	Consent Process	Contractor Tendering	Contractor Selection	Contractor Appointment	Layout	Buildability	Detailing	Materials	Finishes	Fixtures	Colours	Contractor Programme	CDHB Cost Implication	Community Cost				
CDHB Board	I																														
CDHB Project Team	I	PR	PR	PR	PR	PR	PR	PR	PR	PR	PR																				
CDHB Legal	I	PR	C	I	PR		PR																								
Architect						PR	PR	C																							
Main Design Consultants					PR	PR	C	C																							
Client QS					C	C	PR																								
Main Contractor																															
Akaroa Group / Alan Bradford	I	I	I	I	PR	PR	C	C	C	C	I	C	C	I	C	C	I	C	C	I	C	C	C	C	C	C	C	C	C	C	C

PR: Primary Role  
 CRC: Can Request Change  
 CAC: Can Approve Change  
 C: Consulted on change  
 I: Informed of Change only

Stake Holder Plan Akaroa Health Hub

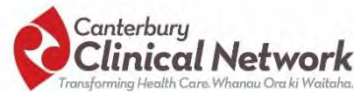
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# AKAROA MODEL OF CARE

January 2018





## Integration of health services in Akaroa

### Introduction

The Model of Care was developed through a series of community and health provider forums and workshops, to provide the people of Akaroa and Bays (Akaroa) with improved access to the most appropriate and sustainable health services. The Model of Care will continue to evolve as new health needs are identified and different ways of delivering services are developed and introduced.

There are many exciting and challenging developments happening for health services in Akaroa. The most visible of these is the construction of a new health facility Akaora Health Centre – Te Hauora o Rakaihautū which is anticipated to open in mid-late 2019.

### Background

#### What's happening in the Canterbury Health System?

New Zealand's health system is facing considerable challenges. People are living longer, they're living with long-term or multiple health conditions and there's rising rates of obesity within our young people. Our health workforce is ageing – with 40% of doctors and 45% of nurses aged over 50 years.

The Canterbury health system has its own challenges. In addition to an ageing population, there's an increased demand on our mental health services following the significant earthquakes in 2011 and 2016.

In Canterbury we are ahead of the curve in innovating to ensure our community has access to high quality health services, actively redesigning the way services are delivered to improve health outcomes which are being delivered by passionate health professionals.

This change is focused on delivering an integrated health system that keeps people healthy and well in their own homes by providing 'the right care and support, to the right person, at the right time and in the right place'.

### **What's happening in the Akaroa and Bays health system?**

In 2012, the Akaroa Wairewa Integrated Health Services Group (AWIHSG) began working with the Canterbury DHB on ways to integrate and improve health services for the Akaroa and Bays (Akaroa) community following the earthquakes and the closure of Akaroa Hospital. This group surveyed the Akaroa Community in November 2013 on a proposed new configuration of services in Akaroa.

In 2014, after public consultation, the Akaroa Structure Group was formed to work alongside the Canterbury DHB on building a new health facility. A plan for a joint venture for shared ownership in the new building between the Akaroa Community, Ngai Tahu Property and Canterbury DHB did not proceed.

In April 2016, the Canterbury DHB agreed to build the facility with a community contribution of \$2.5M to allow all of the funded services, including the aged residential care services, to be on the same site. The Akaroa Structure Group established the Akaroa Community Health Trust (the Trust) which holds the shares in the operating company Akaroa Health Ltd. The Trust and the operating company Akaroa Health Ltd are registered charities.

### **Who will be leading this process for the Akaroa communities?**

Akaroa Health Ltd will operate and manage the Akaroa Health Centre and take the lead in integrating service delivery across providers for the Akaroa community. Akaroa Health Ltd will negotiate service agreements with the Canterbury DHB.

The Akaroa Community Health Trust and Canterbury health system will continue to engage with the Akaroa community and health providers to ensure health services evolve to meet the changing needs of the community.

The Canterbury DHB is working with the present health services providers in Akaroa, the Akaroa Community Health Trust and Akaroa Health Ltd to guide and support the integration and transformation of health services in Akaroa.

Akaroa Health Ltd will run the general practice services in Akaroa from 1 April 2018. An Akaroa Health Centre General Manager will be appointed by Akaroa Health Ltd in early 2018 to support the ongoing development of the Model of Care.

**Find out more: [www.akaroahealthhub.org.nz](http://www.akaroahealthhub.org.nz) or contact**

The Chair,  
Akaroa Community Health Trust, Health Advisory Committee,  
Attention Pam Richardson,  
PO Box 161,  
Akaroa 7542

[information@akaroahealthhub.org.nz](mailto:information@akaroahealthhub.org.nz)

# Where we've come from | Where we're going

## THE BEGINNING OF CHANGE

The Canterbury health system is undergoing large-scale change.

Like many Canterbury communities, Akaroa has its own unique challenges, damaged and aging infrastructure, an ageing patient population and remoteness.

It was clear that large-scale change was necessary to meet the needs of the unique requirements for health services in Akaroa.



## A NEW HEALTH FACILITY

As part of the health system's transformation, construction is about to begin on a new health facility in Akaroa.

The new facility will be a purpose-built Integrated Family Health Centre (IFHC) that aims to provide primary and community health care, aged residential care and health promotion, prevention and treatment services closer to home for the community, including visitors.

It is anticipated that the new health facility will formally open in mid-late 2019.



## A NEW SERVICE MODEL

We now have an Akaroa Model of Care with the health needs of the Akaroa community at the centre; driving contract negotiations and service delivery options that best meet the needs of the community.

This is an important step in safeguarding the sustainability of health services and ensuring the people of Akaroa have access to the best possible healthcare within the funding available.

Akaroa Health Ltd will take ownership of the medical centre and run the general practice services in Akaroa from 1 April 2018.



## A NEW WAY FORWARD

Formation of a fully integrated health service and a new innovative way of working.

Liaison with other agencies and NGOs to deliver joined up health and social services.

Establishing a forum that provides an opportunity for ongoing community engagement to help ensure services continue to meet evolving needs.

## What is a Model of Care?

A Model of Care is the framework for delivering health care. It identifies the services that will be delivered, how those services will operate and forms the basis for planning for and responding to the health events of defined populations.

### WHAT CAN BE ACHIEVED WITH A NEW MODEL OF CARE?

- Improved access and service equity within the funding available
- Improved patient journeys through the health system
- Better identification of workforce requirements
- Easier collaboration and resource sharing between health staff
- Better opportunities for health professionals to extend their scope of practice
- Better informed health service planning

### WHY DOES AKAROA NEED A NEW MODEL OF CARE?

In order to safeguard the sustainability of Akaroa's health services, the community needs a Model of Care that recognises the unique differences in Akaroa, while also aligning with the wider health system.

The new Model of Care is an important step for better integrating primary and community health services to meet the needs of the Akaroa community, ensuring service delivery best meets the needs of patients, their whānau and the wider Akaroa community, including visitors.

Some of the challenges and opportunities identified in Akaroa include:

#### Challenges

- An ageing population and workforce shortages
- Services delivered in separate sites
- Difficulties accessing support workers in the community
- Barriers between staff in different areas of the health services
- Increasing demand and public expectations on the provision of services
- Servicing remote communities

#### Opportunities

- A healthcare system that more effectively addresses the needs of the community
- An overall improvement in community wellness and clearer pathways of care
- Improved sustainability of health services by further developing the nursing structure to enable nurses to develop an advanced level of skill
- Better utilisation of health professionals and broader acute medical coverage
- Construction of a new health facility and the opportunity to integrate services to provide seamless healthcare

# The Model of Care

The AWIHSG, the Akaroa Structure Group, Trusts and the Health providers in Akaroa have developed a proposed Model of Care that addresses the opportunities, challenges and underlying objectives for the Akaroa health system. As with all Canterbury health system transformations, the aim of Akaroa's new Model of Care is to put the needs of patient, family, whānau and community at the heart of decision-making.

In order to ensure the Model of Care for the Akaroa community continues to meet the health needs of the community there will be ongoing engagement and further work on the Model of Care to ensure that pathways for care are appropriate, comprehensive, complete, effective and efficient.

## THE FINAL MODEL OF CARE MUST, AT ALL LEVELS:

Deliver outcomes that improve the health status of the Akaroa population | Develop a more personalised primary healthcare system by placing greater emphasis on empowering people to self-manage their health and illness | Reduce health inequities, especially for Māori | Reduce pressure on Christchurch Hospital services by facilitating integration within and between community-based and Akaroa IFHC based care, and providing services closer to home where practicable | Align with the wider Canterbury health system | Promote innovative ways of working | Address workforce issues and realities | Minimise waste and duplication | Address financial sustainability, cost effectiveness & efficiency

## THE PROPOSED CHANGES CAN BE GROUPED INTO 5 AREAS:

### 1. Health Services

### 2. One Integrated Health Team

### 3. Innovative Technology

### 4. Pathways for Care

### 5. Working Relationships



## 1. Health Services

**In the Model of Care all existing health services available in Akaroa will continue. Current health services include:**

### EXISTING SERVICES TO CONTINUE

- Primary Care/General Practice
- Rest home care
- Hospital care
- Respite care
- Visiting specialist consultations
- Stabilisation of trauma
- Acute Medical beds
- Physiotherapy services
- PRIME
- St Johns
- Pharmacy
- Ante and Post Natal care
- Community nursing (district nursing and acute nursing in the community)
- Occupational therapy (visiting contractors)
- Social work support
- Mental health support (including visiting Primary Health Organisations and Canterbury DHB specialist mental health teams, Brief Intervention Counsellors and Community Support Workers)
- Home-based support
- Meals on Wheels
- Palliative Care
- Youth Sexual Health
- Community Dental
- Well-Child/ Plunket

## 2. One Integrated Health Team

The new service will operate as one team that collaborates closely with other health care providers based in the community and visiting Akaroa's health centre. Benefits to this model include:

**BETTER ACCESS TO CARE FOR THE PATIENT:** Operating as an Integrated Health Team would provide patients with better and timelier access to a wider range of services by enabling clinicians to better collaborate, work in areas where the need is greatest and deliver more streamlined continuity of care. For example, one Integrated Health Care Team would enable clinicians to collaborate on one shared patient record, provide one After Hours service, and provide timely access to care and medications (such as through Standing Orders).

**IMPROVED JOB SATISFACTION FOR HEALTH STAFF:** This model would contribute to improved job satisfaction and reduced stress for Akaroa's health workforce. For example, operating as one team provides better flexibility to staff areas of greatest pressure, reducing the stress placed on specific services and staff. By enabling clinicians to rotate across the service, they are offered more possibilities to up-skill and work at the top of their scope.

**BETTER UTILISATION OF FUNDING:** Enables better utilisation of locally allocated funding as it can be allocated where it is needed most.

**BETTER SERVICES AVAILABLE TO THE COMMUNITY:** One Integrated Health Team would enable services to reach further into the community to provide care closer to people's homes and the development of new roles and services that improves the patient's journey through the healthcare system.

**IMPROVED HEALTH WORKFORCE RECRUITMENT:** This model would enable the establishment of a district-wide clinical education and training programme for in-patient, primary and community health care. This would not only facilitate the recruitment of health staff in Akaroa, but would contribute to a more sustainable health system that is better positioned to meet future needs.

**BETTER UTILISATION OF CLINICIANS' SKILLS:** Greater attention to "the right services at the right time, by the right person" will allow health providers (doctors, nurses, care assistants, allied health providers) to rotate around the various facets of the health service enabling better utilisation of skills across the team.

### 3. Innovative Technology

#### SHARED PATIENT RECORD

It is recommended that one Patient Management system is used. HealthONE is already in use at the Medical Centre and will continue to be used.

#### TELEMEDICINE

Telemedicine technology helps people in rural communities like Akaroa to access health services closer to home. Investment in reliable telemedicine technology for Akaroa would enable specialist outpatient consultations without the need to travel to Christchurch, consultations with isolated rural patients in emergency situations, consultations with Emergency Department physicians for acutely unwell patients, dermatology outpatient clinics and distance learning for staff.

#### Equipment necessary for these technologies:

- Cameras and screens for telemedicine use
- Screens for reviewing X-rays
- Equipment to enable health professionals access to patient records and information when working in the community

#### ONLINE PATIENT PORTAL

Allowing patients in Akaroa to access their own health records online helps them better manage their own health.

In Canterbury, a safe and secure system called a Patient Portal based in primary care is starting to allow people to access some of their health records, make some appointments, order some prescriptions and check some blood test results without having to travel to see a health professional.

## 4. Pathways for Care

In order to better coordinate Akaroa's health services in the community with/and in the new facility, it is recommended the Patient Pathways are developed or refined over time. Work has commenced on some Pathways for Care. These include care for mothers and babies, accident/trauma, palliative care, chronic conditions and frail elderly / dementia.

Pathways will require regular reviewing to ensure they are comprehensive, appropriate, complete, effective and efficient.

## 5. Working Relationships

For the proposed model to work, strong working relationships will be required that enable continued support and training for the Akaroa health workforce. This will maximise the resources available to the rurally isolated Banks Peninsula communities and ensure continuity and consistency of care. This means working collaboratively and in an integrated way with these key groups and ensuring all contributors are partners in the delivery of our integrated health system.

### Key groups currently recognised:

- Akaroa Community Health Trust
- Akaroa Health Ltd
- Akaroa Health Centre
- Pompallier Village Trust
- Canterbury District Health Board
- Canterbury Clinical Network
- Rural Canterbury PHO
- Akaroa Pharmacy
- Access NZ
- Canterbury Primary Health Organisations
- HealthONE
- Local, private and Canterbury DHB community dental services
- Allied health providers
- Community groups
- Governmental organisations (e.g. CCC, ACC, Work and Income)
- Non-governmental organisations
- Other private health providers
- Akaroa and Bays communities
- St John Ambulance
- Onuku Marae

Decision making process

A Hearings Panel made up of Councillors and Community Board members will consider all written and oral submissions and then make a recommendation to the Council. The Council will then consider the recommendation from the Hearings Panel and decide whether or not to provide grant funding and set a targeted rate.

If the Council agrees to the request from the Trust, both the grant amount and the rate requirement will be included in the Council’s Annual Plan 2019/20. This would mean the rate is set for the 2019/20 year and would be charged from 1 July 2019.

The date of the Hearing will be sometime in April/May 2019. Please ensure you indicate on your feedback form if you would like to speak at the Hearing. The Council decision is then expected to be made sometime in June 2019.

All submitters will receive written updates on the project, including details of the staff and Hearings Panel recommendations and decision meeting.

How to have your say

Consultation is open from Monday 25 February until Wednesday 27 March 2019.

Written feedback

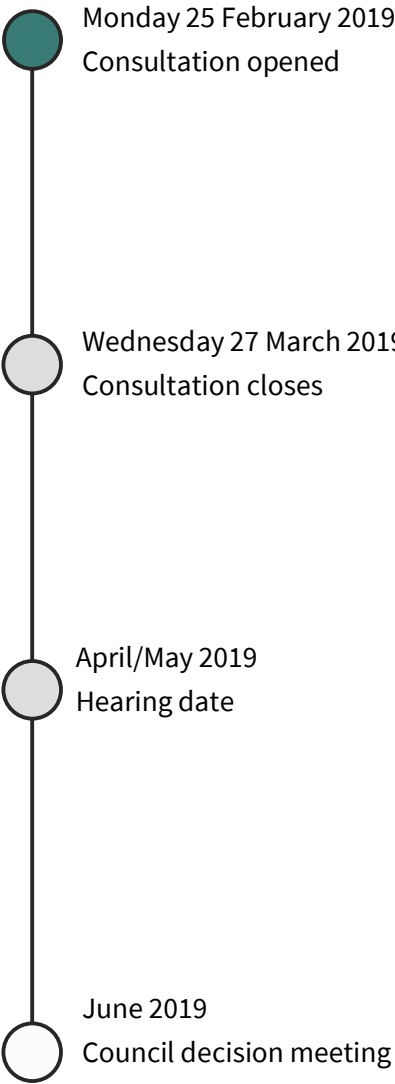
- Fill out the online submission form at [ccc.govt.nz/haveyoursay](http://ccc.govt.nz/haveyoursay)
- Fill out the submission form included in this leaflet
- Email your feedback to [engagement@ccc.govt.nz](mailto:engagement@ccc.govt.nz)
- Post a letter (please ensure the letter reaches us before 5 pm on 27 March 2019) to:  
Tara King  
Senior Engagement Advisor  
Akaroa targeted rate submission  
Christchurch City Council  
PO Box 73016  
Christchurch 8154
- Or hand deliver to the Civic Offices at 53 Hereford Street, Christchurch.

To comment on the proposal and find out more

- Go online [ccc.govt.nz/haveyoursay](http://ccc.govt.nz/haveyoursay) or complete the enclosed freepost form and return to:
- Christchurch City Council,  
PO Box 73016, Christchurch 8154

Consultation is open until 5pm Wednesday 27 March 2019

Timeline:



HAVE YOUR SAY

Proposal to set a targeted rate to provide funding to the Akaroa Community Health Trust

Consultation closes Wednesday 27 March 2019

[ccc.govt.nz/haveyoursay](http://ccc.govt.nz/haveyoursay)



The Akaroa Community Health Trust (the Trust) has requested a grant of up to \$1.3 million from the Council, and has proposed for this to be recovered through a targeted rate on all properties within the Akaroa subdivision of the Banks Peninsula ward.

The Council will agree to make the grant and set the targeted rate only if there is strong community support for it - both in terms of the number of people responding to this consultation and the level of support for the targeted rate.

It is important to have your say

If you have a view on this project we’d like to hear from you on whether you support this targeted rate, and, if it goes ahead, whether you would prefer to pay it over four or ten years. If this grant is approved it will result in a rates increase being charged, so it is really important that we understand your views on this.

How did this proposal come about?

The Canterbury District Health Board is rebuilding health facilities in Akaroa. It has a funding arrangement with the Akaroa Community Health Trust for a contribution to the cost of the facility so that additional services not originally proposed for the facility, such as respite and aged persons’ care, could be included.

The Trust has agreed to provide \$2.5 million in community funding towards the capital cost of the new health centre. The facility is forecast to cost \$5,932,000. So far the Trust

Talk to the team

Saturday 9 March 2019,  
9.30 am - 11.30 am  
Akaroa Farmers Market  
Madeira Car Park,  
48 Rue Lavaud, Akaroa



Artist impression of the Akaroa Health Centre

has raised \$1.34 million. The Trust will also incur additional costs estimated at \$0.5 million associated with establishing the health centre.

What is a targeted fixed rate?

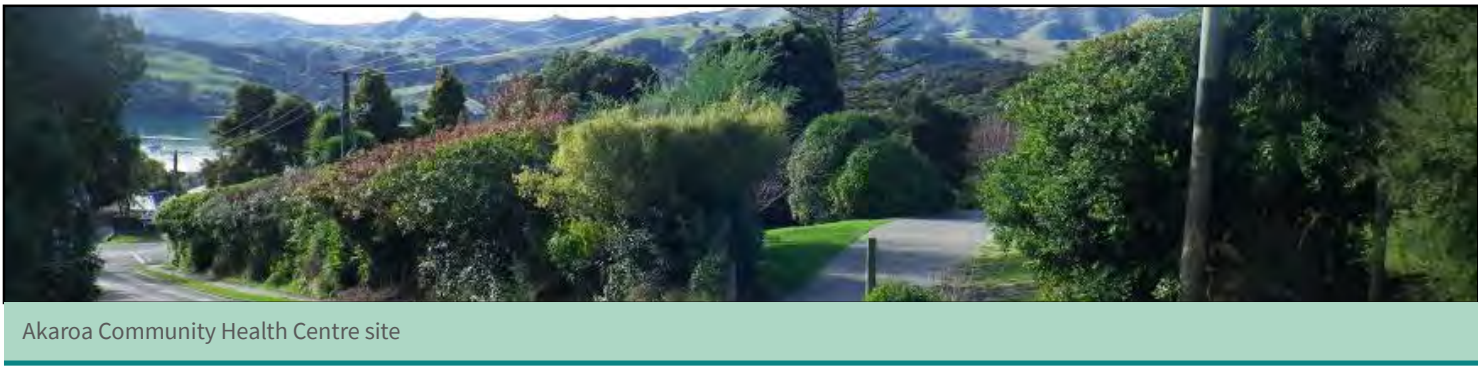
If Council makes the grant to the Trust, the cost of the grant will be recovered over time through a new targeted rate on properties in the Akaroa subdivision of the Banks Peninsula ward. The Council’s Revenue and Financing Policy allows for a targeted rate to be set to recover the cost of a grant of this type.

A targeted fixed rate is a separate additional rate set on a particular part of the community to fund a service provided that benefits only or mainly that part of the community.

Ratepayers would pay an additional fixed charge on each ‘separately used or inhabited part’ (SUIP) of their property. A SUIP is defined as a part of a property which can be separately let and permanently occupied. The number of SUIPs associated with each property is shown on your rates invoice. It is the number of times you pay the Uniform Annual General Charge (UAGC). Most properties have only one SUIP, but a property with two flats, for example, will have two SUIPs.







Akaroa Community Health Centre site

Who would be included in the targeted rate?

The targeted rate would be set on all separately used or inhabited parts of property in the Akaroa subdivision of the Banks Peninsula ward. This area closely aligns with the Canterbury DHB advice on health service patterns in Banks Peninsula. The map opposite gives you more detail on the areas included in the targeted rate. All those properties within or partially within the Akaroa subdivision boundary will be included.

Business and rural properties will also pay the targeted rate, but non-rateable properties such as churches and schools will not.

What would the rate be and how long would it be in place?

There are two options for you to consider in this consultation - a fixed charge over four years or over 10 years. In general, the longer the rating period the lower the annual additional rate will be. However, funding over a longer period will incur some interest costs that will be passed on through the rate.

Rating method	4 year term Additional rate per annum (incl GST)	10 year term Additional rate per annum (incl GST)
Fixed charge	\$130.20 (estimation only)	\$58.63 (estimation only)

The targeted rate is based on an estimate of there being 2,801 rateable properties in the proposed catchment area. The rate recognises Council will be able to earn interest on rates income received before the grant is made, and will incur interest when rates income is received after that date.

If the Trust raises further funds in the future to the extent that the full \$1.3 million grant is no longer required, the Council will make a smaller grant and will reduce the targeted rate accordingly.

What happens if feedback from the community does not support the targeted rate proposal?

This would be a matter for the Trust and the Canterbury DHB to resolve. The funding agreement between the organisations requires the community contribution to be paid by a set date and the Canterbury DHB may charge interest on any unpaid funding.

What will the rate be used for?

The rate will be used to reimburse the Council for making the grant to the Trust. The grant itself will be used by the Trust to meet its costs. The major component of those costs is the \$2.5 million obligation to the Canterbury DHB to fund additional services within the health centre. These additional services include aged care and respite care and are what the community has told the Canterbury DHB it wants, in addition to those the Canterbury DHB had committed to provide.

What other options were considered in relation to this grant?

We considered a number of options:

- An option to set the rate based on a proportionate basis. This means the rate would be based on property value instead of a fixed amount.
- To decline the application.
- To defer the request until the end of 2019, in order to have a clearer view of eventual funding requirements.

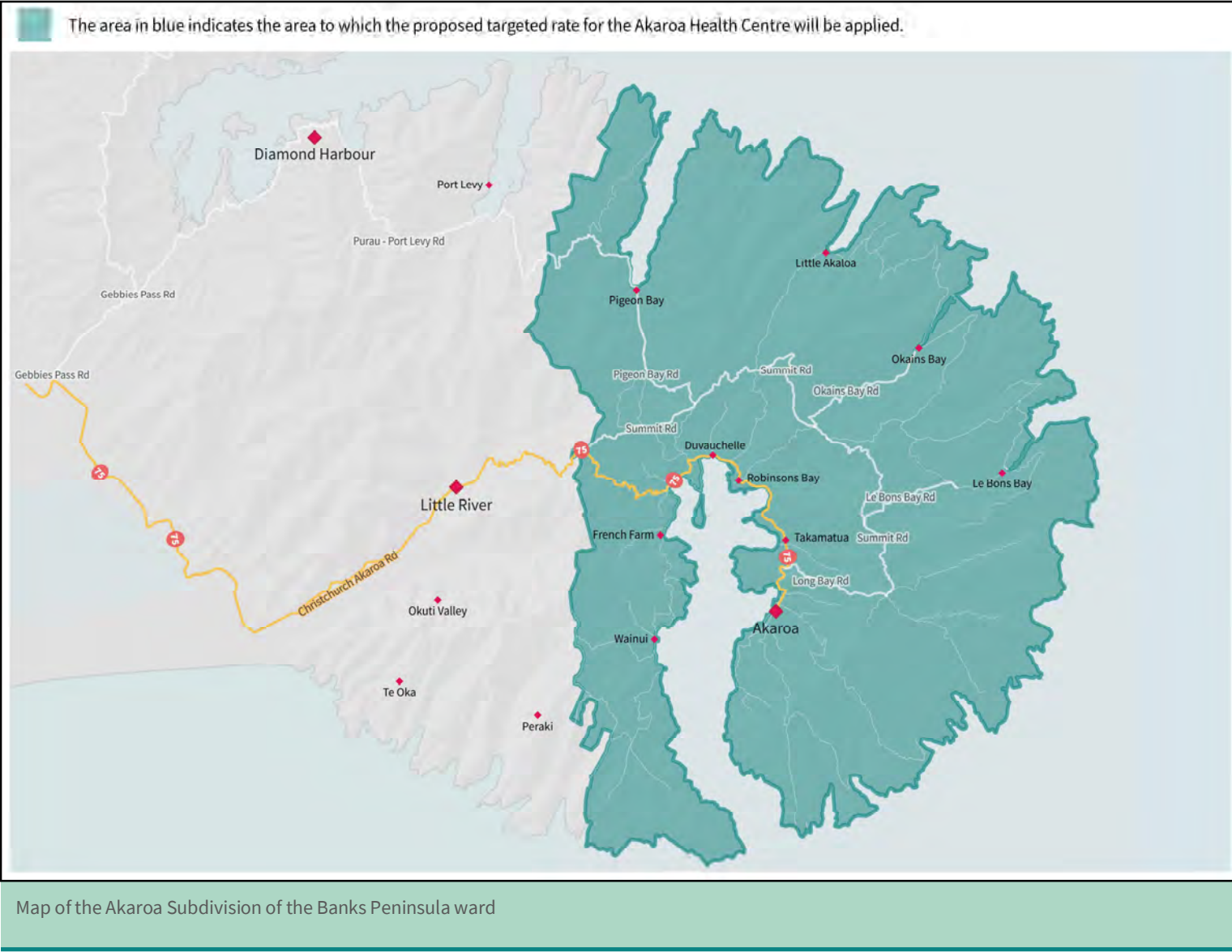
You can read more about all of these options in the staff report that was considered by elected members at the 7 February meeting of the Finance and Performance Committee of the Whole :

[http://christchurch.infocouncil.biz/Open/2019/02/FPCO\\_20190207\\_AGN\\_3471\\_AT.PDF](http://christchurch.infocouncil.biz/Open/2019/02/FPCO_20190207_AGN_3471_AT.PDF)

Who is the Akaroa Community Health Trust?

The Akaroa Community Health Trust was formed as a community partner in the establishment of the new health centre for Akaroa. The Trust has worked with the Canterbury District Health Board (CDHB) on behalf of the local community to ensure the new health centre meets local community needs and expectations.

For more information on the Trust and the Akaroa Community Health Centre please visit: [www.akaroahealth.co.nz/](http://www.akaroahealth.co.nz/)



Map of the Akaroa Subdivision of the Banks Peninsula ward



Construction works at the Akaroa Community Health Centre site



## HAVE YOUR SAY

# Proposal to set a targeted rate to provide funding to the Akaroa Community Health Trust



Save time and do it online [ccc.govt.nz/haveyoursay](http://ccc.govt.nz/haveyoursay)

**1.** Please tick the box to indicate whether you support the proposal for Council to provide a grant of up to \$1.3 million to the Akaroa Community Health Trust and for the cost of this grant to be recovered through a targeted rate on ratepayers in the Akaroa subdivision of the Banks Peninsula Ward (as per the map in the consultation leaflet). Please tick one box only.

- ☐ Yes - I/We do support the grant and targeted rate
- ☐ No - I/We do not support the grant and targeted rate

**2.** If the grant is made and the targeted rate set on properties in the proposed targeted rate area, which option do you prefer? (Please note that the rate amounts are an estimate only, the actual charge may be slightly different).

- ☐ \$130.20 incl GST (fixed charge) per SUIP\* year over 4 years
- ☐ \$58.63 incl GST (fixed charge) per SUIP\* year over 10 years

**3.** Please tick the box that is most applicable to you:

- ☐ I/We live in the Akaroa subdivision of the Banks Peninsula ward and am a ratepayer
- ☐ I/We live in the Akaroa subdivision of the Banks Peninsula ward but am not a ratepayer
- ☐ I/We am a ratepayer in the Akaroa subdivision of the Banks Peninsula ward but do not live permanently in Akaroa
- ☐ I/We do not live or pay rates in the Akaroa subdivision of the Banks Peninsula ward

**4.** If you would like the opportunity to speak to the hearings panel about your submission, please tick the box below. The hearings will be held in April/May 2019. Limited time will be allocated for speaking to your submission, including time for questions. We will contact you by phone to confirm the details of the hearing.

- ☐ Yes - I/We would like to speak about my submission to the hearings panel

**5.** Any other comments:

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\*SUIP - Separately used or inhabited part of the rating unit (property).

Name\* .....

Address\* .....

.....

.....

.....

Postcode\* .....

Phone\* .....

Email .....

\* required

**Please note:**

We require your contact details as part of your submission - it also means we can keep you updated throughout the project.

Your submission, name and address are given to decision-makers (Community Board / Committee / Council) to help them make their decision.

Submissions, **with names only**, go online when the decision meeting agenda is available on our website.

If requested, submissions, names and contact details are made available to the public, as required by the Local Government Official Information and Meetings Act 1987.

If there are good reasons why your details and/or submission should be kept confidential, please contact our Engagement Manager on (03) 941 8999 or 0800 800 169 (Banks Peninsula).

**Please fold with the reply paid portion on the outside, seal and return by 5pm, Wednesday 27 March 2019**

Fold

Staple or tape here

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If you wish to attach extra paper, please ensure the folded posted item is no thicker than 6mm. Alternatively, you can send your submission in an envelope of any size and address it using "Freepost Authority No. 178"

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FREEPOST Authority No.178



Attention: Tara King  
Senior Engagement Advisor  
Christchurch City Council  
PO Box 73016  
Christchurch Mail Centre  
Christchurch 8154