

## **Akaroa Integrated Health Service – Akaroa Health Hub Ltd.**

### ***Survey results following public consultation***

#### **OVERVIEW**

The public consultation document presented the Akaroa Community provided the current thinking including a conceptual plan, and sought community feedback. The public were invited to comment across five questions.

This meeting was held on 2 November 2013 in the Akaroa Area School Gymnasium, attended by around 70 persons.

An estimated 650 copies of the information and survey papers were issued. A total of 214 surveys were returned.

#### **POINTS TO NOTE**

The following report is the collated results from the surveys returned to the Steering Committee.

Three questions in the 'demographic information' section stated "Akaroa", where in fact it should have been "Akaroa area." Many respondents included their specific area so has been reported in locality groups.

Comments, ideas and themes in free text areas have been grouped together for this report and at times number of responses included in brackets. Comments expressly relating to individual health experience have been left out along with one other of a sensitive nature.

Three returns only provided the demographic information so have not been included. Where the respondents didn't tick a box these were treated as not stated (NS) and data excluded from the percentage results.

Where names were stated they have not been included in the report, but have provided assistance in collating. Several returns were from couples identified by inclusion of joint names with their response counted as one. Others were as individuals from same household so both counted. One person has obviously filled in three forms and named three members of that household therefore all counted.

Some comments/statements made clearly demonstrate that the document has not been read or possibly if it has, it has not been fully understood.

Several respondents stated that the meeting was not well advertised and the steering group needed to keep the Community informed on progress.

**1. Supporting the idea of a community owned charitable Trust/ company which would own the facility and be responsible for the delivery of health services in Akaroa**

Number who supported the proposed structure	189 (96%)
Number not in support	8
Number not stated (NS)	17

Where 'no' stated, alternative suggestions stated and number of respondents:

Should be owned by DHB/Public Hospital. (5)

Comments on Structure:

Don't understand/ Need more understanding.

What other options?

If we get sufficient funds (regular comment) / Need feasibility.

I question the need for a community trust and charitable company. Seems a double level of bureaucracy.

We are in fact part of the city who are not being asked to pay for health services.

Too complicated for such a small community and too expensive structure probably.

Would rather hospital as before. Needs more public input and information please.

Not if the DHB is dictating what you can / cannot have. We need a viable hospital. The grounds up high away from tsunamis are perfect.

I don't think "business model" is ideal for delivery of health services. (2)

*(Many comments were about actual building rather than services operating structure)*

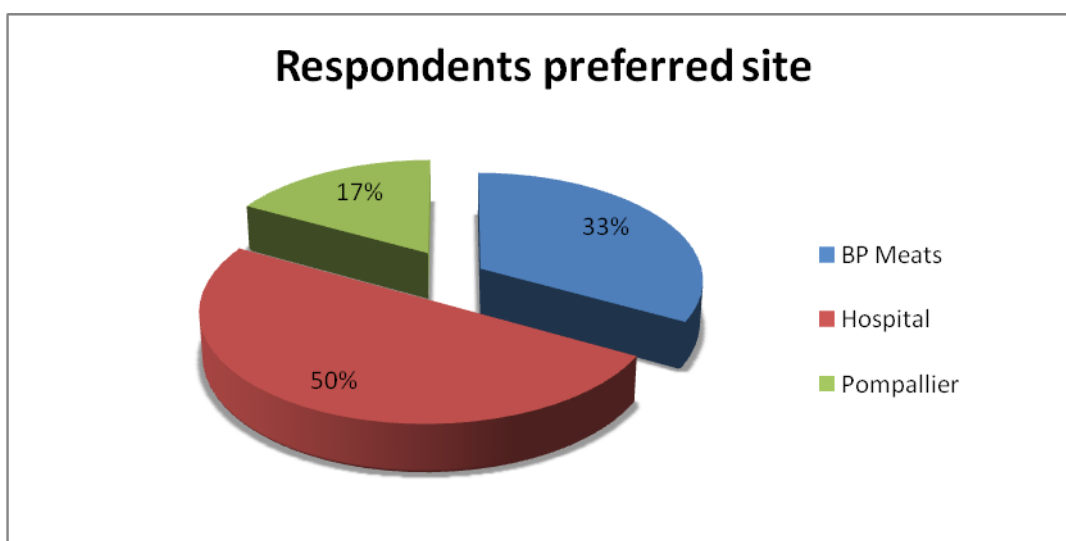
## 2. Supporting the use of the BP Meat site (subject to Council making it available):

Number who supported the BP Meats site	65
Number not in support	132
Number not stated (NS)	17

Where 'no' stated, alternative suggestions stated and number of respondents:

Pompallier site	28
Hospital site	92
Pompallier and/or Hospital site	12
House purchase near recreation green	1

Buy Akaroa Waterfront apartments and make the changes needed. You could have everything there (1)



### Comments on site selection:

Need feasibility study / financial viability a concern (Regular)

Upgrade Pompallier (Several)

Pompallier site would ensure financial viability for Pompallier House. (1)

Hospital site for holistic / Pompallier for future sustainability. (1)

Insufficient information to make a decision. (Several)

Where Hospital site stated as first preference Pompallier was second (6)

Hospital site as Akaroa township has limited space for future commercial development. Or use by CCC for related activities (6)

Pompallier site seems to small (2)

Have ALL the insurance, rebuild options been exhausted. You say it is unlikely to receive capital investment from Ministry of Health???

Could some of the DHB land be sold to assist with funds?

Reasons against BP Meats site:

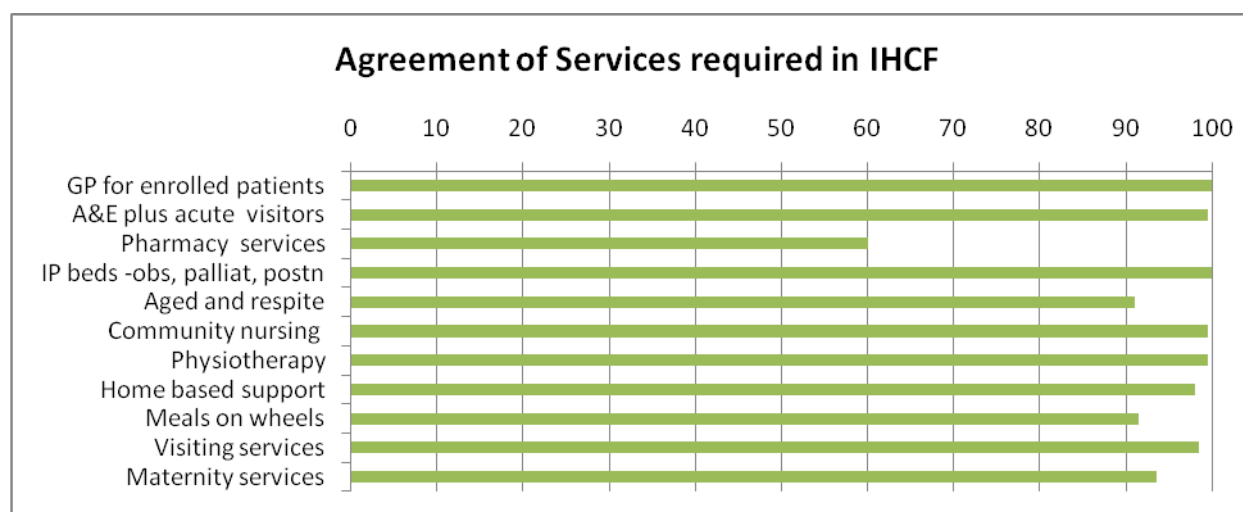
Noise	(12)	Flooding	(3)
Parking / Access	(15)	Traffic Congestion	(8)
Tsunami	(3)		

One respondent provided a map of tsunami wave effect on NZ coast. (*Refer: comments section*).

### 3. Agreement with the inclusion of the services as below:

(Please consider what services you would support being provided)

Services that could be included	Yes	No	NS	Percentage in Support
General practice services for enrolled patients	214	0		100
Accident and medical service for visitors	213	1		100
Pharmacy services	116	77	21	60
Inpatient medical beds for acute medical observation, palliative care, and postnatal care	213	0	1	100
Aged residential care and respite care	182	18	14	91
Community nursing services	209	1	4	100
Physiotherapy	211	1	2	100
Home based support services	192	4	18	98
Meals on wheels	182	17	15	91
Continuation of visiting services (Mental Health, other)	103	3	8	99
Maternity services	187	13	14	94



### 4. What other services do you believe “belong” in an IFHC?

- |  |      |                                       |     |
|--|------|---------------------------------------|-----|
| Plunket/Well Child   | (62) | Optician                              | (4) |
| Fitness Gym  | (3)  | Dentist                               | (8) |
| WINZ   | (12) | Podiatry                              | (4) |
| CCC  | (10) | Audiology                             | (5) |
| Maori Health   | (1)  | Overnight for visitor whanau/Families | (1) |
| Alternative medicine/natural medicine / acupuncture / massage (5)                            |      |                                       |     |
| First Response / Podiatrist / Counselling / Antenatal / X-ray / Consultation rooms for hire/ |      |                                       |     |
| Civil Defence / Elderly Day Care / Family Planning (1 to 3 on each of these)                 |      |                                       |     |

### Comments on services:

- Maternity not required – used so little use funds to provide what’s needed. (1)
- Birthing not required / Post natal only (16)
- Need more hours in Community Nursing and Home support (1)
- Home Support extension to the bays. (1)
- Don’t support non medical support services, should have own building/s. (1)
- If we have everything above (in table) that would be awesome.

### Comments in relation to Pharmacy:

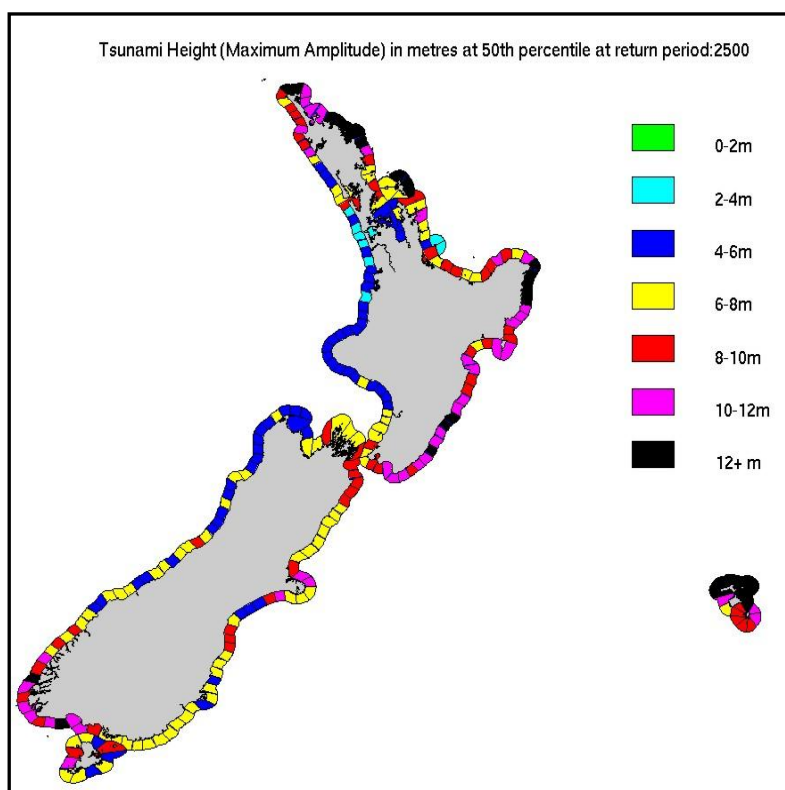
- Pharmacy retained in current situation. (Several)
- Pharmacy only if goes to BP Meats site (Few)
- Not at expense of current Pharmacy
- Split Pharmacy services. Retail stay where it is with Prescriptions to new location (2)
- Distance between all sites are only a matter of 3/5 minutes – nothing is too far.
- Do not believe Pharmacy Services are an absolute need “on site” in such a small town.

### **5. Additional Comments** *(These comments are a representation of what was submitted and in no particular order. Collation comments italicised in brackets):*

1. The DHB have been very clear they are not building a hospital in Akaroa. BUT they have the property which surely must or could be an excellent start for the Akaroa Health Trust. Maternity service is so little used it would be better that the Maternity capital is used for what is needed.
2. Would like to see Pharmacy with Health Hub. Look at Pomp. Social housing and health all together. Really like the Health Hub concept including MSD and any other support services. Joint overhead expenses cutting costs. Get on with the job. Need more beds ASAP. Look forward not back. A viable operation working together. Some Maternity but not delivery.
3. Now that you have the mandate from the public meeting of the 2<sup>nd</sup> Nov. Step forward with confidence, but keep the community well informed.
4. I would like to see the steering committee encourage the younger members of the community to get involved and voice their opinions. They are the future of this Integrated Health Centre. The public meetings are only attended by those aged 50+ so how do we get their opinions? *(Surveys distributed to plunket via their email database).*
5. I support all the services you are proposing to be under one roof with post natal and maternity care being the most important to me – being pregnant again and knowing many expectant mums on the peninsula. We have all done without other services since closure of hospital including Doctors visits, emergency visits, physio, etc. (Name not supplied, Akaroa).
6. The Trust needs a robust structure to enable evolution in the coming years, as the nature of health services evolves – eg telemedicine, geriatric care. The actual shape of services should not be second guessed beyond 10 years.
7. To me the BP meats site seems an awful place to consider aged residential and respite care. Surely a more peaceful and scenic spot would be more suitable. The inclusion of a pharmacy may provide an income stream, but would also cost a large amount of capital initially to set up. Are there still EQC issues with the current building? If you do go ahead with the BP meats site, surely a Pharmacy just over the road is more than adequate.
8. This sounds like a great idea, it would benefit the whole community and we need to look into the future of Akaroa / the bays healthcare – not the past.

9. Can the new medical centre make use of the present relocatable buildings when they move onto the BP meats site. If the DHB sell the present hospital site is there a chance to use some of the proceeds from this choice site. And it won't be left undeveloped like the primary school site. The butchers shop have a long lease from the council so they will stay. Presumably there would be sufficient access one-way between buildings and the shack and then one way out via Rue Balguerie.
10. Alternative site = Pompallier. By moving church forward (Piling is already badly in need of repair). Demolish existing presbytery & build much smaller apartment for priest thereby freeing up land to link Pompallier existing house with new build facility. Pompallier House could be renovated to become doctors surgery and physio establishment.
11. The obligation of the DHB is to provide services that cannot be provided elsewhere. The minimal requirements of the DHB would be to provide observation and palliative beds (currently being provided in Pompallier House). This was proposed by some members of the community as an "interim solution" while a better way is being worked through. If a community provider (such as a charitable trust / company or private operator) does not come forward to operate as proposed, or if sufficient funding for a new facility cannot be raised, this would be the "fall back" solution.
12. We need to take care to utilise the resources on the peninsula. Some of us travel to Little River or Lincoln and see an acupuncturist and herbalist who lives right in Little River.
13. The wording of Question 2 seems to indicate that the AWIHSG have already decided where the new facility should be, without debate from the community who are being expected to help with the facility. More democratic wording would have been: Which of the following three options would you support. (a) Hospital site (b)BP meats site (c) Pompallier. There needs to be far more consultation with the community before any decision is made.
14. A quiet site for acute, palliative, maternity = what a shame the hospital medical beds for all patients & emergency room, cant be where hospital site is now. Physio where medical centre is now in skyline garage. =Quiet=. =User friendly = The Drs offices at BP site where its accessible by everyone. (Those alone, who can't walk or get rides to the Centre where it is now) & those with bad injuries. The chemist is across the road and doesn't need relocating.
15. Only as best site preference = Preference is for Pompallier + opportunity to provide holistic care – Retention & survival of rest home – incorporates proximity to social housing, better access, parking and potentially less costly to build. Also Nth end of town better in times of adverse events.
16. Akaroa has been developed in an ad hoc way for many years. Putting a health facility in the middle of the town, at a real 'pinch point', without full investigation of all possibilities is irresponsible and shortsighted. Are the facilities like this in other parts of rural NZ sited in the town centre?
17. Expensive for community to finance new building when extension and modernisation of existing ones could work – ie Pompallier. Down to cost and ability of community to fund raise. Integrated health services sensible and fiscally sound if run properly – Several others around country successful. Community ownership makes sense.
18. I find it hard to consider the pharmacy is too far from Pompallier – the proposed site of BP meats is too central in what is already a congested are (traffic, parking, access etc). This site would be better utilised as the new Council Service Centre and Retail. (*Several comments similar*)
19. I believe non medical type community services should be in a specific building /area – eg CCC who should have designated areas for community gatherings within their buildings.
20. The hospital site is a perfect "healing" place. With a bull-dozing plan, there would be plenty of space for parking. The Community have indicated they would be prepared to fund raise. Better to work hard for 5 years to get what the Community would want rather than take the second choice now. In 5 years it would still be second or third choice. The Pompallier site seems too small. Money would have to be found to fund both sites. Where does the Catholic Church fit in with the Pompallier site? Why is the existing hospital insurance such a no-go? The Tapanui Medical Centre is a good model to look at.

21. Prefer the Pharmacy not to be any closer than it currently is to the Medical Centre. "Too far from Pompallier Villias"? Surely the Doctors have access to vehicles. Would hate to see MSD + WINZ services included. Plunket ok.
22. The hospitals present site takes away nothing from Akaroa but adds substantially to its future. There is enough land already used for the elderly.
23. The Hospital site is simply not appropriate now – too far away for a number of services that are planned.
24. (1) Communications – Monthly updates in the Akaroa Mail on progress towards new health facility. (2) Build in stages, ie Medical Centre first, Pharmacy etc. (3) ASAP
25. Important that the input by the CDHB is guaranteed both for the building and provision of healthcare. Community contribution must be considered realistically.
26. Currently we do not have full plunket services, our well child nurse is CHB employed. Many families would welcome opportunity to have Plunket-organised workshops, playgroups etc. Volunteers to assist those unable to get around. Please seriously consider a birthing unit. Chch Womens is becoming a factory = give birth + out the door within hours. Our town is hardly enormous getting out and about is good for physical and mental health. I cannot see huge issues with having services around town. Promotes exercise, social encounters. Could AWIHSG investigate option of repair to ground floor of hospital please? It may not be a priority for repair/replacement to DHB but could another group be allowed to repair and then have community owned trust deliver health services, under contract to DHB? (*shortened comments*).
27. 1920's – Doctors Rooms also in last 20 years – never been a problem. Modern mobility devices now allow people to travel anywhere in Akaroa without needing a car. "The current hospital irreparable" – who has decided this? Where can we see/read the report. Surely the insurance payout for the damage should come back to the Akaroa community not disappear in the CDHB coffers!
28. Tsunami Map provided by one respondent for information. (Source [www.civildefence.govt.nz](http://www.civildefence.govt.nz)). Tsunami heights calculated within each 20km zone.



29. The hospital site has strong cultural associations for member of Onuku Runanga along with many others in the community. The IHCF should not be located on land which is leased because the property owner can alter and change the terms of the agreement.

There has been virtually no public consultation on the proposal to date. With regard to the process that will be undertaken to use Crown land (the existing hospital site) for a private enterprise – I do not see this as presenting any problem or serious delay since the CDHB passed resolutions for the same activity to take place on crown land at Burwood and Ashburton Hospitals, (**October CDHB minutes were included as follows:**).

“Establishing Integrated Family Health Centres (IFHCs) and Community Health Hubs

**Akaroa** A limited liability company, Akaroa Health Hub Ltd, has been formed to progress the business case for a community owned and operated IFHC. Public consultation is planned in the next month.

**Ashburton** Following consultation with the public, the Board has endorsed further

October CEO Board report CDHB V2 (2) Page 12 of 16 10/10/13

**Burwood** engagement with private providers for the development of IFHCs on the Burwood and Ashburton Hospital sites.

Item 2 Pages 13,14 (in CEO report).

## **11. IFHC DEVELOPMENT – CONSULTATION**

Carolyn Gullery, General Manager, Planning and Funding, spoke to this report which provided feedback on the consultation process on these proposals. It was noted that if Board support was obtained to the proposal to use CDHB land for the development of Integrated Family Health Care Centres (IFHCs) then clarification of the issues previously raised with the MoH relating to leasing land would be followed up again with them.

Resolution (54/13)

(Moved Aaron Keown/seconded Wendy Gilchrist – carried)

That the Board:

- i. Notes the feedback provided through the public consultation.
- ii. Endorses further engagement with private providers for the development of IFHCs at both Burwood and Ashburton Hospitals.  
Board Public/2013/19 September/Minutes Page 5 of 7 19 September 2013
- iii. Supports progressing a formal request for a proposal for development of an IFHC on unused land on the Burwood Hospital site.
- iv. Supports progressing a formal request for a proposal for development of an IFHC on unused land and/or unused facilities on the Ashburton Hospital site”

It would appear that an IHCF can also be established on Akaroa Hospital land. In my view, the CDHB Board has used the opportunity of the earthquakes and the closing of the Akaroa Hospital to devolve costs and responsibility to the local community.

*(Some other points made not included here as previously covered in data capture with remainder of this respondent’s comments scanned and included on following page).*



In terms of the RMA (and BP District Plan) the Akaroa hospital site has existing use rights which have not been extinguished nor have they expired. The RMA is effects based therefore it makes no difference if the hospital is rebranded as a private money making enterprise. The use remains essentially the same. The location is on the edge of the Historic Area. With careful design and earthworks there should be no problem in terms of the visual impact of a new facility. Retaining the existing hospital site would be a cost saving exercise in that the land is already owned by the CDHB through the Crown and was partially funded by the borough council, Akaroa county council with additional financial donations from residents.

The Pompallier location is too low for the proposed facility. As part of Civil Defence we evacuated residents during the tusanmi alert to higher ground at the Akaroa Hospital several years ago.

The working party and CDHB needs to communicate with residents through the Akaroa Mail and an active website. To date there has been very little information available. There is a need for far greater accountability and transparency with regard to decision making and keeping the community informed.

With this in mind I would like to ask the following questions;

1. Who will read through returned consultation documents?
2. How will information contained in consultation documents be formatted and assessed?
3. When and how will residents be informed about the results of the consultation document?
4. When is the next public meeting scheduled to discuss consultation results and what is the next step in the overall process?

Residents have waited patiently for several years, we need results and a clear direction forward. Thank you.

30 Akaroa is simply too far away from Christchurch to meet many medical needs. Therefore a comprehensive medical facility in Akaroa.

31 Do not think integration of all services is best model. Big is far from beautiful – especially to the old who like a more “personal” service/situation.

32 How much longer will a new facility be? I understand the current hospital site was gifted to the people of Akaroa so it should remain for the people of Akaroa. There is nothing new in this document why has it taken over 2 years to formulate this plan. The amount of money spent on meetings could almost fund a new hospital.

33 The BP site is an absolutely mad idea by greedy people with private profit their motive. The existing site owned by the health board is the best site in Akaroa as our forfathers knew. The site and any insurance monies on the old building must be gifted back to the residents of Akaroa to be operated by a charitable trust providing health services in this area.

## Demographic Information

What area stated respondents lived in	
Akaroa	99
Robinsons Bay/ Takamatua / Duvauchelle	57
Barry Bay to Wainui	12
Outer Bays	36
Little River	3
Christchurch or wider Canterbury	4
Not stated	2

	Yes	No	NS
Resident of Akaroa area	209	5	0
Own Property in Akaroa area	182	29	3

	<30 yrs	30-40	>50 yrs	NS
Age Group	9	37	168	0