

COASTAL TARANAKI HEALTH TRUST



FEASIBILITY STUDY JUNE 2012

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1. EXECUTIVE SUMMARY

The issue of continuity and security of health and social services is an issue for most rural communities and South Taranaki is no exception. Opunake and the Coast was fortunate to have had Dr Gunatanga as its GP for more than 30 years and, because of this, was more secure than some other South Taranaki towns. That said, the community was aware that its local doctor was ageing and has been signalling a possible issue since 2002. This came to the fore with the eventual retirement in 2007.

It is clear that the town of Opunake in particular and coastal population to a lesser degree have a number of risk factors that have placed the area at a high level of deprivation according to the NZ deprivation Index. The area has a higher proportion of older people, Māori and sole parent families coupled with low income levels and a high proportion of people without any formal qualifications. It also has a higher proportion of smokers than the South Taranaki District and the region. It seems that this level of deprivation means that once people finally get to the doctor they have multiple issues, often at a chronic stage

“Opunake is a high risk practice, which requires chronic care management. Is hard work as patients tend to be sicker with a multitude of problems by the time they reach the doctor”.¹

Most of the area’s health and social services are currently delivered from the Opunake Health Centre/ Opunake Medical Centre in Havelock Street. This facility is less than ideal for use as a health centre. Its cramped spaces, poor disabled access, lack of smoke detection system do not provide a functional and user-friendly facility. Its status as a landbanked building means that it has suffered from deferred maintenance and current tenants do not have secure long-term tenure. Many of the cosmetic issues could be rectified if the landlord was willing but this would not solve issues of flow and functionality, which would require changes to the layout of the building.

The Trust’s proposal of one-stop shop is a solution that will solve current issues as well as allow new opportunities such as the development of an Integrated Family Health Centre and Whānau Ora. It will also provide a central venue for the resumption of services from agencies such as Work and Income and smaller social service providers. The inclusion of a pharmacy will solve another issue for the area. The Trust is keen to pursue all these opportunities.

The Trust has the skills, drive, commitment and community support to complete this project and to oversee the daily operation of the facility once it is established. Its fundraising projections are realistic and achievable within the stated timeframe.

Several recommendations are included in this report that can help the Trust achieve all that it hopes for its community. The most important of these is that the project receives generous funding so that it does not need to raise a mortgage to fund any fundraising shortfall. This will allow the Trust to be generous in its support of smaller service providers and health and social support services.

¹ Minutes of the Coastal Taranaki Health Trust, 19 December 2006.

2. BACKGROUND

It is not uncommon for rural communities to have difficulty maintaining adequate health and social services. In the past, the many small communities of South Taranaki each had a local doctor but, as many of these retired and left the area, communities have found it difficult to attract new doctors able to make the same commitment either socially or financially.

The Pisk Report, an independent study of health services in South Taranaki undertaken in 2001, found that the district has a long history of less than acceptable levels of primary health care access for its population. At that time the Taranaki region had a level of 7.1 doctors for every 10,000 residents and South Taranaki had only 5.1. The report also noted that for the many rural residents of the district, there were additional problems with transport to access GP services and in Patea and Opunake residents were unable to access a GP after hours.²

In the case of Opunake, this community was fortunate to have had the services of Dr Gunatanga for more than 30 years. When he announced his intention to retire in 2007 for health reasons, there was “widespread concern about recruiting and keeping doctors in the township.”³ The community was acutely aware that their pharmacist was also ageing and the remaining doctor, Dr Anderson, was working alone, a situation that put the provision of primary health care at some considerable risk. In addition, the existing Medical and Health Centre is sited in a land-banked building on Havelock Street in Opunake, which have never been ideal and are in need of serious maintenance, as is usually the case with buildings that have been landbanked for some time.



A group of concerned citizens called a community meeting on 11 April 2006 to discuss the future of health services in Opunake. The meeting, which was chaired by the then Mayor of South Taranaki, Mary Bourke, was also attended by Hayden Wano (Chair of the Taranaki District Health Board), Tony Foulkes (Chief Executive of Taranaki District Health Board) and representatives of two PHOs, Hau Ora and Pinnacle. The community members who had called the meeting had already undertaken some research into possible future options for health care in Opunake and were looking for and duly received a mandate from their community to continue this work. They expressed particular interest in following up successful collaborative ventures in Patea and Eltham with a view to implementing this type of model in their own area.

Within South Taranaki, individual communities have responded in different ways to the issues surrounding the provision of primary health care. The Patea community were the first to take action, forming the Patea Medical Trust in 1991. The Trust purchased their doctor's surgery and since that time has enjoyed a relatively stable level of healthcare. Today Taranaki Health leases one half of the premises while the Trust's General Practitioner

² South Taranaki District Community Development Plan (2004:32)

³ Opunake and Coastal News (20 April 2006).

occupies the other. In Eltham, the community worked with the resident doctor to establish a community health trust with the intention of purchasing the practice.

In August 2002, a group of South Taranaki primary healthcare providers asked the Council to consider contributing \$15,000 towards the cost of forming a charitable trust, which would further investigate the concept in Hawera. While the Council resolved not to provide funding, it did provide the services of a staff member to complete an initial feasibility study. South Taranaki residents surveyed gave a positive response to the proposal and only one respondent was completely opposed to the idea. As a result, a Southcare Charitable Trust was formed as a proactive way to deal with current and likely future problems of maintaining primary health care levels in Hawera.

The Coastal Taranaki Health Care Trust was formally established in June 2006 so that those concerned could continue to work together to ensure the future of primary health care for the benefit of the Coastal Taranaki Community. A considerable amount of research and consultation was carried out by the trust to determine the requirement for health services and appropriate delivery option. Trustees visited healthcare facilities in Patea, Eltham and Waitara to understand how they operate and the various models could operate in their own community.

At this time Opunake had two GP practices but, as expected, soon after its formation Dr Gunatanga retired and sold his practice to the current GP, Dr Brent Anderson. The Trust took the opportunity to talk with Dr Gunatanga about the issues and opportunities for primary health care in the town. He noted that he had found it very hard to recruit and retain nurses. On the positive side, the DHB incentive for rural doctors was very good. It was his opinion that 1000 patients were sufficient to sustain a medical practice and he had 1100-1200 patients. He also thought that there was room for three GPs in Opunake if they worked cooperatively⁴. At that time the Trust considered the option of purchasing Dr Gunatanga's business but, after completing due diligence, realised that this was not a viable option⁵.

The Trust consulted with Dr Brent Anderson, the other GP in Opunake, who was also interested in purchasing Dr Gunatanga's practice. He was able to provide further insight into the business of primary health care in Opunake. Of particular interest is this statement:

“Opunake is a high risk practice, which requires chronic care management. Is hard work as patients tend to be sicker with a multitude of problems by the time they reach the doctor”.⁶

Like Dr Gunatanga, Dr Anderson was of the view that it was better for the area to have a single GP practice so that doctors can work cooperatively to share overheads and provide optimum cover and care of patients. It was also suggested that the Trust should continue to work on developing a plan for the future so that if Dr Anderson should exit from the practice, there is continuity of health care for the community⁷.

Once the Trust realised that Dr Anderson would be purchasing Dr Gunatanga's practice and the community's immediate concerns were alleviated, the Trust felt less sense of urgency to find possible solutions. It did, however, host a successful community health meeting, to provide general information on nutrition, drugs and alcohol during April 2008. Soon after, it went into recess until 2010 when it was approached by a local person to support him in his

⁴ Minutes of the Coastal Taranaki Health Trust, 6 November 2006.

⁵ Minutes of the Coastal Taranaki Health Trust, 19 December 2006.

⁶ Minutes of the Coastal Taranaki Health Trust, 19 December 2006.

⁷ Minutes of the Coastal Taranaki Health Trust, 24 January 2007

proposal to seek funding for a pilot programme for youth and adult mental health in the South Taranaki area.

At about the same time the existing GP also approached the Trust to explain his difficulty in providing an appropriate level of medical care for the community in the current Medical Centre building, which is leased and subject to landbank conditions. The building is in a poor state of repair and it was becoming difficult to attract doctors to the area. As PHO restructuring was underway and funding was being directed into communities it had become an ideal time to look at a facility that can bring all the various umbrella groups under one roof in an integrated purpose-built facility. The Trust has now re-convened with a view to continuing with its original purpose and is looking to develop a one-stop shop for health and social services. It is proposed that the facility will:⁸

- establish a centralised location and base for a wide range of professionals, including GPs, a pharmacist, ambulance services, Plunket and allied social and healthcare services and District Health Board community support services
- provide integrated health and social services for the entire district
- be promoted within this district as a “one-stop-shop, multi-purpose health and social wellbeing facility”
- increase accessibility of services and encourage better utilisation of health and social services for a community in need;
- guarantee a long term legacy approach for the health, social and economic welfare of this high deprivation area.

3. ANALYSIS OF THE CURRENT SITUATION

The Trust proposes to provide a facility that will service the wider coastal area not just the Opunake township. This takes in the Census Area Units of Opunake, Rahotu and Kahui and includes the communities of Oeo, Te Kiri, Oaonui, Pihama, Rahotu, Pungarehu and Parihaka. This section includes an analysis of the demographics of this area as well as documentation of issues raised through community consultation that are relevant to this study. This section also includes a profile of the current health facility, which is now unsuitable due to its level of deferred maintenance.

3.1 Demographic Profile of the Area

Unfortunately there has not been a Census undertaken since 2006 so there is some dependency on data that cannot be considered as up to date. Statistics New Zealand does, however, provide estimates of population between each Census. From these it can be seen that the population of the catchment area has decreased 4.13% since the last Census. More worrying however, is the 18.5% drop from 5121 in 1991.

Estimated Sub national Population at 30 June 2006-11 (2011 Boundaries)						
Year at 30 June	2006	2007	2008	2009	2010	2011
Opunake	1400	1360	1340	1340	1320	1310
Rahotu	260	250	240	240	240	240
Kahui	2690	2650	2620	2610	2590	2620
TOTAL	4350	4260	4200	4190	4150	4170

Deprivation Index

⁸ Coastal Care Business Plan (2012:4)

Deprivation Index decile ratings are an indicator of the level of deprivation experienced in communities. The scale is from one to 10, with a decile 10 community being the most deprived. The decile rating for deprivation is based on census data for income; owned home; support; employment; qualifications; living space, communication and transport. This means that it, too, has not been able to be updated since 2006. As can be seen from the table, both Rahotu and Opunake have a high level of deprivation and Kahui is a little lower, although it is still not high.

Area	NZ Dep Decile
Opunake	9
Rahotu	6
Kahui	6

Ethnicity

The Coast is a strongly bicultural community with the greatest number of residents being European (73.5%) with Māori the next largest group (22.8%). There is, however, some difference in the ethnic composition of the three census area units that make up the Coast.

In Opunake, Māori make up 31.8% of the population, which is more than twice the percentage of Māori for the Taranaki region. More than two-thirds of the population (71.8%) were European and there are small numbers of Pasifika (1.1%) and Asian people (0.9%).

In Kahui, however, Māori only make up 17.7% of the population while Europeans make up 75.7%. In Rahotu, a small rural town north of Opunake, the population is made up of 70.2% European and 30.9% Māori – and in this regard it is more like Ohakune than its rural surroundings.

It is interesting to note that between the 2001 and 2006 censuses, the European population of Opunake decreased by nearly 6% while the Māori population remained relatively stable.

Ethnic Group by Age, 2006 Census								
Ethnic Group	European	Māori	Pacific Peoples	Asian	Middle Eastern/ Latin American/ African	Other	Not Elsewhere Included	Total
Opunake	957	426	15	12	3	138	33	1368
Rahotu	177	78	3	0	0	36	0	252
Kahui	1977	462	21	3	6	348	93	2610

Age

The population on the Coast is an ageing one as the table below clearly demonstrates. Between 2001 and 2006, both the numbers and percentage of the population aged under 40 in all census area units decreased slightly while both measures increased for those over 40. The town of Opunake has an older population (median age 41) than Taranaki as a whole (median age 37.5)⁹. There is also a higher proportion of the population aged over 65 years of age (19.3%) compared to Taranaki (14.8%).

⁹ Taranaki District Health Board (2010). Community Profile Opunake: 8.

The implications of an ageing population for the area are that the provision of health, social and care services become more important if the area is not to lose its older residents to bigger centres.

Estimated Sub national Population by Age at 30 June 2006-11										
Age	0-14 Years		15-39 Years		40-64 Years		65 Years & over		Total All Ages	
Year at 30 June	2006	2011	2006	2011	2006	2011	2006	2011	2006	2011
Opunake	280	250	410	370	440	410	270	270	1400	1310
Rahotu	70	50	90	80	60	80	30	30	260	240
Kahui	780	710	950	870	800	860	160	190	2690	2620

Family Structures

The number of two parent families has decreased markedly from 753 in 1991 to 498 in 2006 and make up 43.9% of all the families in the area. In Opunake, however, only 31.1% of families were couples with children, which is low compared to the wider Coastal area and Taranaki as a whole (39.6%).

Family Type by Family Income 2006 Census			
Family Type	Couple Without Children	Couple With Child(ren)	One Parent With Child(ren)
Opunake	159	114	90
Rahotu	21	24	21
Kahui	252	360	93

The number of couple-only households has increased from 383 to 432 during the same time period, almost certainly reflecting the area's ageing population. The percentage of one parent households has, however, remained relatively stable at 17.9% and is comparable with the region (18.2%). In Opunake, however, 24.6% of families only had one parent.

Employment and Income

In Opunake, the calculated median income of people aged 15 years and over was \$18,000 in 2006. This is significantly lower than the median for Taranaki of \$23,200. In Rahotu the median income is higher at \$23,900 but is highest in Kahui at \$28,900. The most common occupational groups are labourers and managers, as might be expected in this predominantly farming area.

When we look at the distribution of income on the Coast it is clear to see that families in the urban areas are less well off than their rural counterparts. In the town of Opunake, 11.3% of families earn less than \$20,000 while in rural Kahui, this proportion decreases to 7.1%. The reverse occurs for families earning more than \$100,000. In Opunake, only 8.9% of families enjoy this level of income while in rural Kahui almost a quarter of all families earn more than \$100,000. This pattern of income distribution is pervasive throughout South Taranaki and is well illustrated in the New Zealand Deprivation Index.

Family Type by Family Income, 2006 Census							
Family Income	\$20,000 or Less	\$20,001 - \$30,000	\$30,001 - \$50,000	\$50,001 - \$70,000	\$70,001 - \$100,000	\$100,001 or More	Not Stated
Opunake	42	63	75	57	33	33	66

Rahotu	6	9	21	9	6	9	6
Kahui	51	57	135	102	87	171	108
Total	99	129	231	168	126	213	180

Education/ Training

On the Coast, 36% of people had no formal qualifications, which is a slightly higher proportion than the regional level of 33%. In Rahotu, however, this rises to 37.7% and in Opunake it is 46.6%. The proportion of the coastal population with a school qualification is 32.3% while those with bachelor's degrees only make up 4.1% of the population and postgraduate qualifications are only held by .6% of the community.

Qualification (Highest) by Age 2006 Census								
	No Quals	Level 1	Level 2	Level 3	Bachelor Degree & Level 7	Post- graduate, Masters & Honours Degrees	Overseas Secondary School Qualification	Not Elsewhere Included
Opunake	447	150	99	36	48	9	15	132
Rahotu	69	30	15	9	3	0	3	21
Kahui	615	354	213	105	78	12	21	195

Housing

In Opunake there are 561 dwellings and 60.2% are privately-owned while in Rahotu, 43.8 percent of the 102 households in private occupied dwellings own the dwelling, with or without a mortgage. Surprisingly, in Kahui, which has significantly higher income levels only 29.5 % of householders own the dwelling, with or without a mortgage. This is significantly lower than the Taranaki figure of 56.5% but may be able to be attributed to the number of people in the area who are sharemilkers or farmworkers.

Dwelling Type, 2006 Census					
Dwelling Type	Separate House	Two or More Flats/Units/Joined Together	Other Occupied Private Dwellings	Occupied Private Dwelling Not Further Defined	Total Dwelling Type
Opunake	498	36	0	21	561
Rahotu	93	3	0	3	102
Kahui	873	6	3	39	921

There are very few flats or units available in the area and the majority of these are in the towns of Opunake and Rahotu.

Communication

With the Census figures for communication now six years old there is little point in analysing figures for internet connectivity as these are sure to have risen significantly as they have across the entire country. Phone connectivity, however, is of interest. Only 83.6% of Opunake households had access to a telephone at home, compared to 91.3% of households

in the Taranaki region. Nearly two-thirds (65.6%) had access to a mobile phone. This is also lower than the rate for Taranaki as a whole (72.1%).

Figures were slightly higher for Rahoitu with 87.9 % having access to a phone and 69.7% with a cellphone. In Kahui 90.2% have a telephone and 77.8% have a cellphone, with the latter being higher than the region.

Smoking

In the 2006 Census, 25.1% of South Taranaki residents reported smoking cigarettes regularly. This is higher than the rate for the region which sits at 22.4%. The proportion of smokers in Opunake and the Coast is higher than that of the region and the district. In Rahoitu, this rose 5.1% between 1996 and 2006, in contrast to Opunake, which dropped while Kahui remained the same.

Percentage of Smokers		
	1996	2006
Opunake	29.7%	28.0%
Rahoitu	29.9%	35%
Kahui	25.3%	25.3%

3.2 Health and Social Service Issues Raised in Community Consultation

Over the years many agencies have invited the community to put forward the issues they face in their community with a view to improving service levels and also community well-being. As far back as 2002, when the South Taranaki District Council was working with the community to develop the Opunake and Coast Community Development Plan, issues with the delivery of health and social services were noted as follows¹⁰:

- The provision of health services on the Coast was frequently raised. Residents would like 24 hour access to health care and better access to secondary services
- The medical fraternity feel that government funding levels are inadequate and do not reflect the level of service already given. Stress has become an issue for some medical staff.
- The future of the health service and how this will affect ownership and control was another issue. Concern was expressed about the funding of various health bodies to the detriment of primary care.
- There is no dentist on the Coast and travel for this service is difficult for low income families and those with no vehicle.
- Visits by government welfare and employment services have ceased and the impacts have been noticed by local voluntary services. Local budget advisory services have noticed an increase in the number of seniors who need to access financial assistance.
- There is a shortage of daytime ambulance volunteers, especially on weekdays and in weekends when sport is on.
- There are not enough training opportunities for young people on the Coast.
- It was suggested that scholarships should be made available where there are skills shortages – such as health workers.
- The population is ageing and the community is concerned that this will put pressure on existing services and infrastructure and would like to plan for this eventuality.

¹⁰ South Taranaki District Council (2003). Opunake & Coast Community Development Plan.

A research project undertaken by the Bishop's Action Foundation in 2010¹¹, to ascertain whanau needs and identify barriers to accessing services, did not target the Coastal community but its findings do add some weight to the issues already raised. These findings include:

- The cost of accessing services is prohibitive for some whanau
- Attending specialist appointments is inconvenient and times are not aligned to the free health shuttle services provided
- There is a lack of dedicated transport provision to attend ongoing treatment such as dialysis, which leads to people moving to New Plymouth
- The potential for the health promotion role is not being undertaken in South Taranaki and whanau are falling through the gaps.
- The limited access to GPs often results in attendance at A&E.
- Many services do not travel to outlying communities.

Eight years later, in 2010, Taranaki District Health Board Public Health Unit also undertook a community consultation exercise in the area. Its report¹² notes that three-quarters of all participants put forward issues to do with accessing services, including health services, especially after hours, and Work and Income services. Other issues of relevance to this study included:

- Alcohol and drug issues
- Local employment, particularly for youth
- Lack of money for essentials such as food, shelter and clothing
- Lack of transport
- Family violence
- People moving away to bigger towns for better access to health services and education.
- Improving the medical facility. One participant commented that it takes two weeks to get an appointment and prescriptions have to go to Manaia and are not available until the next day.
- Supporting the community gardens
- Running a healthy lifestyle programme for whanau
- Support for solo parent families
- Inconsistency of doctors.

These consultations with the local and district community show great consistency in terms of identifying the current shortfalls in service provision as well as the issues that communities experience as they endeavour to maintain their social well-being. In Opunake and the Coast, a competitive model of primary healthcare provision has not brought security of service provision. Some agencies such as Work and Income and Inland Revenue no longer offer service to the coastal community and have not done so for some time.

3.3 Current Levels of Health and Social Service Provision

Most of the area's health and social services are currently delivered from the Opunake Health Centre/ Opunake Medical Centre in Havelock Street.

¹¹ Bishop's Action Foundation (2010). Whanau Research.

¹² Taranaki District Health Board (2010). Community Profile Opunake: 24

Taranaki District Health Board operates the Opunake Health Centre from 10.00am to 2.30pm from Monday to Fridays. Outpatient clinics are held on a regular basis and currently include diabetes education, asthma education if needed, cervical screening, alcohol and drug counselling, vision and hearing testing, psychology if needed, psychiatry, social work, paediatrics and occupational therapy. Clinics held by private practitioners include podiatry, and counselling. The Centre is also used by the Public Health Nurse to deliver Before School Clinics. The Opunake Foodbank also provides its service from the Health Centre. Tui Ora integrated health service also uses a room in the Health Centre to provide services.

The Opunake Medical Centre is operated by Dr Brent Anderson, who also has a surgery in Oakura. There is one general practitioner available and on duty each working weekday on a roster basis and the Centre receives 3500 patient visits a year. Three qualified nurses work in this practice and there are two receptionists.

On the week that this writer visited the Medical Centre, no doctor was available. The next closest medical centre is located at Manaia, 30 kilometres southeast of Opunake. This practice is operated by Southcare, Hawera and is only open in the mornings from Monday to Thursday.

Opunake and the Coast has not had a dental service for more than ten years¹³. Patients attend dentists in Hawera, Eltham and New Plymouth. The local pharmacy, Caveney's, has now closed and patients must get their prescriptions from Manaia or further afield.

Opunake is fortunate to have the services of Opunake Cottage Rest Home, which is a small 20 bed rest home situated in the old maternity home in Opunake. It provides day care for those who want to have activities and meals and night care for those who want to stay at their houses during the day but need the safety and security of overnight care. It also provides full-time residential care.

The Rest Home also provides a meals on wheels service to the community of Opunake which operates Monday - Friday (not public holidays). It relies on volunteers to deliver the meals. Each meal, which includes a main and a dessert, costs \$8 and is delivered at lunchtime. It enjoys good support from Alzheimer's Society, Arthritis Society, Parkinson's Society, and the local Friendship Club. It is also fortunate to have wonderful community support for its programmes, so it can provide entertainment, wheelchair pushing for trips to town and volunteer Pastoral Carers work who with local clergy.

3.4. State of the Current Facilities

There is no doubt that the current facilities, although large and of strong construction, are less than ideal for the following reasons:

- Heating is inadequate and the building feels damp and cold, particularly towards the south end of the building where the large meeting room is situated.
- The roof leaks in some places



¹³ South Taranaki District Council (2003). Opunake and Coast Community Development Plan

This photograph shows damage to the ceiling from a leak that flows into the nurse's room of the medical centre.

- The facility is not purpose-built and the work spaces are cramped, with narrow corridors. The doctors' consulting rooms are warm and sunny but all other rooms are dark, cold and damp feeling.

- Staff facilities are inadequate. Although there is a kitchen, it is situated next to the public area. This means that staff use a room that, although sunny and warm, does not have a kitchen area and staff use a hand basin to wash their dishes.



- The building is not well set up for current digital technology. One of the consulting rooms features an external tangle of data cabling where the current tenants have attempted to rectify this.

- Decor is very dated, which contributes to the dark feeling of the facility.



- Disabled facilities are less than adequate. The disabled toilet is also the staff facility. The ramp could be an easier gradient although it is adequate.

The reception area and narrow corridors of the Medical Centre do not allow for easy access for or communication with those who are wheelchair-bound.



- Public spaces are in the thoroughfares of the building and are not welcoming nor do they offer any sense of privacy. Their very close proximity to the front entrance means they lose heat easily.



- There is no smoke detection or sprinkler system to give early warning of fire. The convoluted layout of the building means that some areas could be difficult to exit, particularly if a fire were to take hold in the back area of the building without detection.

It is conceivable that many of these inadequacies could be rectified; however, this requires a willing landlord. The building has been landbanked for use as part of the possible settlement package for Taranaki Iwi and this has meant that no maintenance has been completed for more than ten years. It also means that the future of the building is somewhat uncertain.

It needs to be considered that it is generally prohibitively expensive to make structural changes to buildings and this facility would greatly benefit from changes to its layout so that it is more functional work place and provides a more welcoming and professional-looking environment for users.

4. REQUIREMENTS TO ADDRESS THE ISSUE

The community of Opunake and the Coast has clearly been seeking a solution that will provide continuity and security in terms of health and social services for some time. The Coastal Care Trust has taken up this issue with a view to finding a long-term solution.

The Trust has put forward a proposal for a new “one-stop-shop” multi-purpose health and social well-being facility that will provide a modern, clean and safe building and bring all the related services under one roof. This will enable better co-ordination for users and greater efficiency through shared resources such as reception and information technology. It is also likely to provide more opportunities for collaboration, cooperation and better care for patients. The Trust is seeking to develop a facility that will be suitable to deliver a wide range of services into its community. Such a solution is likely to attract other services to the area and the Trust has provided evidence that interest has already been expressed by other potential building tenants.

A new building gives an opportunity to develop a purpose-built, low-maintenance facility that can provide an environment conducive to providing a long-term solution for the future. The area has an aging population and the proposed facility will be able to provide a better and more accessible service for these people. It is envisaged that the proposal will also take pressure off local hospitals.

The Trust proposes that the day to day operations of the facility will be overseen by a manager, appointed by and reporting to the Trust. This role will include coordinating the health and social service providers operating from the facility and managing any shared resources. The Trust will not have any direct management role nor give any direction on the day to day operations of the services offered within the facility. The facility will also provide a receptionist service and manage the cleaning of the facility.

Tenants will enter into formal agreements with the Trust and rent reviews will be undertaken periodically.

5. APPROACH

There are three possible approaches to the issue of long-term security of the delivery of health and social services to Opunake and the Coast:

1. Do nothing.

The existing services would continue to work from the current building, which will undoubtedly continue to fall into an increasingly unsuitable work and care environment.

The GP practice is owned by and reliant on a single doctor backed up with the support of locums, and it will almost certainly change hands again. Given that the facility is in such bad shape, it may be difficult to find a purchaser for the business and the community will again have to face possible loss of service.

There are no real benefits to this option other than continuation of the current level of service. There is, however, the risk that, as the facility becomes more run down, service providers leave or look for other premises. This reduces any opportunities for collegial support and integrated care.

2. Address the issue of security of health and social service provision.

This would involve the Trust purchasing the Opunake Medical Centre (should it be available for sale) and continuing to operate it as a business, an option that was considered by the Trust in 2006 when Dr Gunatanga retired. This could provide some certainty, should the Trust be able to attract a GP to the area, but only for medical services.

The Trust rejected this option in 2006 as it did not want to be in the business of operating a general practice and all that this might entail including the employment of staff. It needs to be considered that, as there are significant commercial aspects to this option, the Trust, even as a charitable entity, would find it more difficult to attract philanthropic funding. In addition, the poor condition of the current facility would remain as an ongoing issue. The current operator has already indicated that it is difficult to find doctors to work in the facility because of the sub-standard work environment it provides.

3. Address the issue of the currently inadequate facility.

This option would involve the Trust building a new facility as proposed and operate it as a landlord. This would mean that the community would own the facility and doctors would not have to purchase a business. It would also provide accommodation and meeting facilities for a range of health and social services including a much-needed pharmacy.

This model is already working well throughout South Taranaki. Should all the necessary funds be secured, it is a much less risky proposal from a business perspective and more suited to the community's needs than the previous option. This is primarily because it facilitates an extension to the current range of services available to the community.

The community would have a modern facility that co-locates essential health and social services and allows the possible up take of opportunities such as Integrated Family Health Centres and Whānau Ora. The co-location of a mix of healthcare professionals within the facility will be of benefit to each tenant, improve collegial relationships and reduce the possibility of services being siloed. The natural connection between the services offered will encourage the community to see the facility as a one stop shop.

For the community, this option will secure a modern, sustainable facility for the provision of social services for the whole community and that is attractive to services providers. It also provides an opportunity to better coordinate and provide care for all those seeking care and support.

One of the risks is that the cost of the proposed new facility may be difficult to raise for the Trust and achieving a strong level of funding is contingent on the success of the proposal. This is acknowledged by the Trust¹⁴. The total price is estimated at \$2,096,000 for a 900m² facility, which is calculated at an indicative unit rate of \$2222/ m² including data, fire and security costs and siteworks. To reduce any financial risk to the Trust and ensure ongoing sustainability it would be ideal if there was no need for any form of mortgage over the new facility and it was freehold on opening day.

Another possible risk is that while the formation of medical trusts can improve recruitment of doctors, it has been suggested that they do not always improve retention as doctors can leave the area more easily when they have not invested in a business¹⁵.

6. EVALUATION

The ability of any major community project to come to fruition is contingent on the skills and commitment of those involved, the support of the community and the final achievement of the funding goals that have been set. Once the facility is constructed, there is also the question of ongoing sustainability and the commitment of possible tenants. These aspects of the proposal have been evaluated on the basis of information provided by the Trust and other agencies including South Taranaki District Council and Taranaki District Health Board as well as the writer's own knowledge of the area and experience as a Community Development Advisor of nine years.

Trust Capability

This Trust is comprised of several well-known, highly capable individuals who are recognised for their commitment and diligence when it comes to serving their community. Collectively they have extensive skills in business management, the health and disabilities sector and facilities management.

They are:

- **Dan Holmes(Q.S.O): Chair**
A farmer and businessman as well as a Justice of the Peace and Grand Master of Freemasons New Zealand, Dan Holmes has two decades of service as a Chair and board member of many health-sector organisations. These include Taranaki Health Board, Taranaki CT Scanner Trust and Opunake Cottage Rest Home.
- **Adrienne Hickey: Secretary.** Adrienne has 20 years experience within local government in the human resources field.
- **Steve Corkill: Treasurer.** A local business owner with a particular interest in community health issues. Steve has worked as a business mentor for Venture Taranaki and been a judge for the Taranaki Business Awards. He has also been an elected member of the local Community Board.

¹⁴ Coastal Taranaki Health Trust (2012). Business Plan May 2012: 17

¹⁵ Blayney, K. (2004). Primary Health Care in Crisis in South Taranaki: 1.

- David Lusk: David is a retired dairy farmer who has served as a Councillor and Chair of the local Community Board in the past. He has been involved with a number of large community projects.
- David Tamatea (Q.S.M.). David has 29 years experience working in the health and disabilities sector and is an advocate for the sector at both a local and national level. He currently serves on the Ministry of Health National Maori Disability Steering Group and also the Ministry of Health New Module Steering Group (Disability Sector) as well as Te Whare Punanga Korero. He is also the Director of the Taranaki Iwi Claims Team.
- Mary Lawn: Mary is a registered general and obstetric nurse who is currently the Coordinator of the Taranaki Public Health Nurse Team. She has been involved with Plunket and also the Women's Health Advisory Team for the Taranaki District Health Board.
- Darrell Hickey
- Lynda Corkill: Linda works as the Facilities Maintenance Coordinator for the Maui Production Station. She is an active member of the local Volunteer Ambulance Service.

The Trust is also assisted by a wider group of community-based specialists including those with skills in accountancy, legal services, web design, social media, funding applications, media liaison and health services.

There is no doubt that this Trust has the skills and drive to complete the construction of the facility and then oversee its management.

Community Support

Since 2006, when this issue emerged, the Trust has been diligent in consulting with and motivating the local community. The Trust has received letters of support from over 300 individuals and organisations, including the Taranaki Iwi Trust.

The Trust has received substantial financial support from its community, a sure indicator that it has a great deal of local support. In addition, local services groups have agreed to carry out fundraising for the Trust including include Opunake Lions, Rahotu/ Pungarehu Lions and Pihama Women's Institute.

A recent development is the gifting of the proposed site by the South Taranaki District Council, which is very supportive of this proposal, as is the local Community Board. This land has a current value of \$97,000.00. The Order of St John has confirmed an agreement in principle that it will gift its land, valued at \$90,000.00, to the Trust.

Funding

The Trust has put together a plan for achieving its funding goals. It has already raised a total of \$446,014.53 including pledges of \$56,630.00 and is currently ahead of its planned goal of

\$339,279.80 by July 2012. This leaves a balance of \$1,687,385.30 to be raised by March 2013. The Trust plans to raise this as follows:

3 x Community Fundraising Events	\$150,000.00
Sponsorships (Riverlands, STOS, Fonterra)	\$100,000.00
South Taranaki District Council (for provision of public toilets)	\$125,000.00
Lotteries	\$330,000.00
TSB Community Trust	\$950,000.00
TOTAL	\$1,655,000.00

There is no doubt that this Trust is very skilled at raising funds in its community and can achieve this fundraising goal. The other estimated amounts seem feasible given the size of grants that are often made by these organisations. It should be noted that this schedule does not include the probability of strong support from gaming trusts with local interests. In particular, the Southern Trust and New Zealand Community Trust are generous funders of community projects. South Taranaki is a district with substantial private wealth and, given the patterns of donation to such projects as The Hub and Aotea Utanganui: Museum of South Taranaki it is also likely that private trusts and local benefactors will come forward should there be a need.

Operational Sustainability

The Trust has developed a business plan and indicative budget, which has been sighted by this writer. The budget assumes that there is no need for a commercial loan should there be a shortfall in funding. Rentals have been set at 10% below market rate, and have been calculated in consultation with potential users. The operational budget also includes staff and services costs and appears to be comprehensive. The daily operation of health and social services facilities, however, is not an area of expertise for this writer.

It is noted, however, that the Trust has had formal commitments of support from the following organisations that wish to be a part of the complex:

- Opunake Medical Centre confirmed its interest in a two year lease on 12 December 2011.
- Taranaki District Health Board (7 May 2012)
- Midlands health Network (2 April 012)
- Royal Plunket Society (27 February 2012)
- St John's Ambulance (2 April 2012)
- Ministry of Social Development (10 February 2012)
- Southcare Medical Centre. On June 2012, Kevin Simpson from Southcare expressed an interest in "sharing' doctors and leasing space in the new facility.

7. RECOMMENDATIONS

- That funders support this project generously so that no commercial loan is required for any funding shortfall. This will allow flexibility for the Trust in terms of the rentals it needs to charge, particularly for health and social services support groups and non-mainstream providers if required.
- That there is cultural input from an Iwi-mandated source into the design of the building so that tikanga can be observed when Māori groups or practitioners use the facility.

- That the facility is planned with maximum flexibility in mind. For example, it would be useful to have a community meeting room that social services providers and whānau can avail themselves of. It is noted that access to a community-friendly lounge is a condition of Plunket support.
- That the Trust consults with all potential users in the design of the building to ensure optimum functionality for all users.
- That the Trust firms up the indicative unit rate for construction as soon as possible and allows for inflation during the fundraising and tender process.