AKAROA HEALTH
TE HAUORA O RĀKAIHAUTŪ

Model of Care

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Background

New Zealand's health system is facing considerable challenges including;

- A growing and ageing population
- Increasing ethnic diversity
- Growth in the incidence of chronic conditions
- The persistence of health inequalities
- Worsening workforce shortages
- Increase in health care expenditure
- Funding constraints

Akaroa and the bays also have these additional challenges;

- Limited aged care
- Difficulties accessing support workers in the community
- Increasing demand and public expectations on the provision of services
- Servicing remote communities
- Difficulty accessing emergency services and secondary care in adverse weather

Health care in New Zealand is changing. In order to meet patient needs, travel, telemedicine and electronic interactions will become a more common aspect of specialist service provision. Efforts to address health disparities and promote health equity have been a priority. Strategies include targeted healthcare programs for vulnerable populations and addressing the social determinants of health. There is a growing emphasis on patient-centered care, with a focus on involving patients in their healthcare decisions, respecting their preferences, and improving the patient experience.

The Ministry of Health launched Pae Ora which sets the direction for how all New Zealanders can be well and live longer in good health. It sets the direction for a system that is equitable, accessible, cohesive and people-centred.

Pae Ora is a Māori term that translates to Health Futures or pathway to wellness. The concept of Pae Ora aligns with the broader goal of achieving health equity and recognizing the importance of cultural identity and values in healthcare and wellness practices. It acknowledges that holistic well-being goes beyond just physical health and encompasses mental, emotional, social, and cultural aspects of health.

There are 3 interconnected elements

- mauri ora - healthy individuals
- whanau ora - healthy families
- wai ora - healthy environments

Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services.

Akaroa Health

Akaroa Health is designed to keep our people connected and healthy in our community for longer. It replaces the former Akaroa Hospital which was destroyed after the 2010/11 earthquakes.

Akaroa Health Ltd (AHL) is an integrated health service delivering primary care, inpatient care, emergency care, community care and aged residential care for the Akaroa and Bays community. Services are provided in and out of a purpose-built Integrated Family Health Centre which opened in August 2019.

AHL is wholly owned by Akaroa Community Health Trust with a committed Board of Directors, Clinical Governance Group and Risk Audit and Compliance Management Group.

Our Locality

As the only health provider in the area, we service all of Akaroa and the surrounding Bays. Akaroa Health's success as a locality provider can be attributed to its deep community integration, commitment to equity, readiness to respond to medical emergencies, and a holistic approach to healthcare. Akaroa Health is deeply rooted in the local community, this gives us a profound understanding of the unique healthcare needs and allows us to provide personalised care that takes into account the specific requirements of the people we serve.

The area is predominately rural with an estimated population of 8,800. Each bay is it's own community with the areas of Birdlings Flat, Okains Bay and Little Akaloa having the highest levels of deprivation on the peninsula. There are 4 marae located on the Peninsula in Rāpaki, Port Levy, Little River and Ōnuku. Each rūnanga has it's own governance structure.

Geographical isolation is one of the main barriers to healthcare in Banks Peninsula with a travel time of 1.5 hours to Christchurch hospital and roads becoming impassable in extreme weather due to slips and flooding. The increased cost of petrol and lack of public transport is also prohibitive.

Key Area Statistics

- 43% aged 40-64
- 93% European Ethnicity
- 8.3% Māori Ethnicity
- 42% are a couple with children
- 51% are employed full time
- 70% of all dwellings are owned
- 62% of all homes are unoccupied

Akaroa Health Key Statistics

- 1572 Total enrolled patients
- 9.5% Māori patients
- 34% aged over 65
- 13.5% under the age of 15

Our vision and purpose

Vision - The best health and wellbeing for the Akaroa and bays community
Purpose – To equitably provide, improve, promote and protect the health of the entire community

Our values

Everything we do is underpinned by our company values;

- **People focused**; We put people first. We listen and learn. We insist on a culture of respect. We do the right thing and we celebrate our successes.
- **Equitable and diverse**; We lead by example and welcome everyone equally. We value the views of others. We embrace differences and offer opportunities for all.
- **Professional**; We make evidence based decisions and continuously move forward. We are accountable, reduce risk and operate with transparency.
- **Working as a team**; We trust and respect our colleagues and keep a positive attitude. We value and develop our team and leverage our strengths. We have fun.
- **Kindness;** We treat people the right way. We show gratitude. We work with compassion and show empathy. We are patient.

What is a model of care

What is a model of care and why do we need one?

A model of care defines the way health services are delivered.

In order to safeguard the sustainability of Akaroa's health services, the community continues to need a Model of Care that recognises the unique differences in Akaroa, while also aligning with the wider health system. The initial Model of Care for Akaroa Health 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 has continued to evolve as new health needs have been identified and different ways of delivering services are being developed and introduced and has now been updated to reflect our integrated model.

The model of care, at all levels, must aim to;

- Improve the health status of the Akaroa population
- Empower people to self-manage their health and illness
- Reduce health inequities, especially for Māori and Pasifika
- Reduce pressure on Christchurch Hospital services
- Provide services closer to home
- Align with the positive aspirations of the New Zealand health system
- Promote innovative ways of working
- Address workforce issues and realities
- Minimise waste and duplication
- Address financial sustainability, cost effectiveness & efficiency

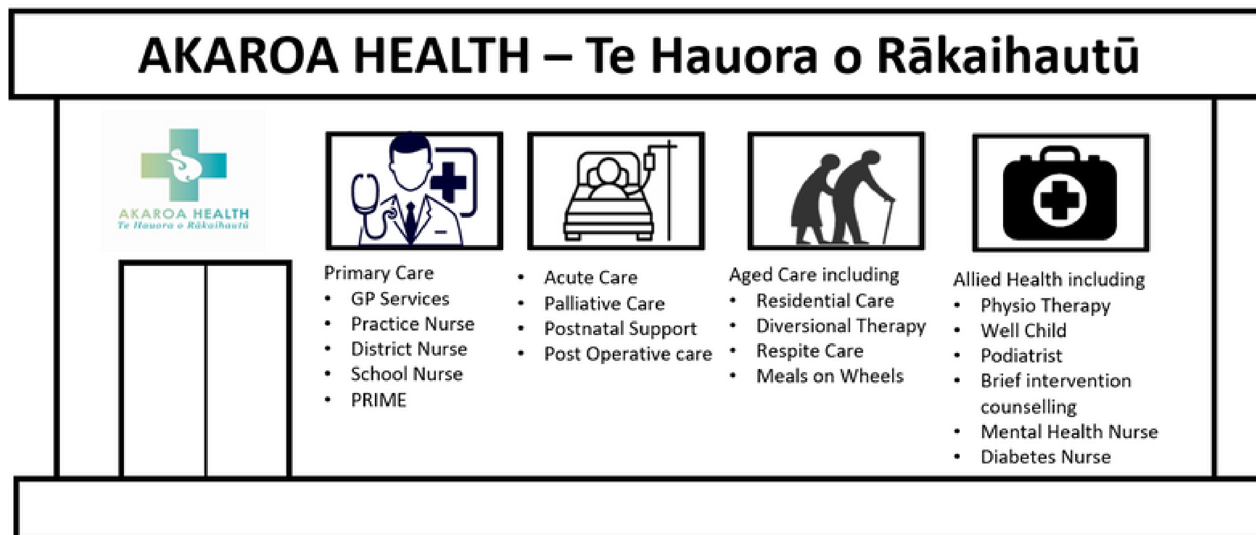
Model of care key areas

These key areas have been pulled from our long term strategic goals and ensure we remain aligned with the direction of health services in New Zealand

- Sustainable model
- Integrated health team
- Equity of access
- Improved health outcomes
- Culturally inclusive
- People at home for longer

Sustainable model

We will deliver a wide range of services, ensuring all services are clinically and financially sustainable and designed to meet future needs of the community. Sustainable healthcare involves balancing the delivery of effective and efficient care while managing costs and minimizing negative environmental and social impacts.



With local support from

With funding from

Effective resource management

Efficiently manage health care resources, including personnel, equipment, and facilities, to minimize waste and reduce costs. Implement sustainable procurement practices to reduce the environmental impact of medical supplies and equipment. We will prioritise the wellbeing of our workforce and ensure a safe work environment based on common values and leadership.

Workforce development

Invest in ongoing training and professional development for healthcare workers to improve their skills and job satisfaction. Implement strategies to retain healthcare professionals, such as providing competitive salaries, promoting work-life balance, and offering career advancement opportunities. The workforce will become increasingly diverse, reflective of our gender and cultural diverse population; for example, there is likely to be an increase in the number of nurse practitioners and health care assistants. We will contribute to the future workforce by hosting nursing and GP students.

Cost effectiveness

Multidisciplinary teams lead to cost savings in the long run by reducing hospital readmissions, unnecessary tests, and prolonged hospital stays. We will continue to explore different revenue sources, such as grants, partnerships, and value-based care arrangements, to reduce dependence on fee-for-service models.

Telehealth

Utilize telehealth and digital health technologies to improve access to care, reduce the need for physical infrastructure, and increase healthcare efficiency. Expand telehealth services to provide remote consultations, especially for primary care, mental health, and chronic disease management.

Integrated health team

Our skilled workforce will operate as one team that collaborates closely with other health providers, local and visiting, to meet the needs of our community. We will make the best use of the available workforce to coordinate care delivery and work hard to retain our valuable staff.

Improved access to care
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.

Enhanced Communication
Collaboration among team members fosters better communication ensuring that everyone involved in a patient 's care is on the same page. Utilisation of technology will enable improved remote access to services and specialist care.

Improved job satisfaction for health staff
This model contributes to improved job satisfaction and reduced stress for Akaroa's health workforce. By enabling clinicians to rotate across the service, they are offered more possibilities to up-skill and work at the top of their scope. Team members have opportunities to learn from one another and develop their skills. This continuous learning culture benefits both individual professionals and the healthcare institution as a whole.

Improved utilisation of funding
Better utilisation of funding, allocated where it is needed most.

Workforce flexibility
We accommodate changing needs and cater to worker preferences, by having staff work across the facility.

Improved patient experience
Patients will regard their local integrated family health centre as their 'health care home' and base provider of health care, as opposed to their local hospital. Patients will have access to better information about care pathways and, and better access to their personal records. There will be greater choice of services in communities. Patients can expect a personalised serviced with familiar staff.

We will continue to work with the following groups:

- Akaroa Community Health Trust
- HealthONE
- Akaroa Health Ltd
- Waitaha PHO
- Local, private and Canterbury community dental services
- Allied health providers
- Akaroa Community Health Advisory Group
- Community groups
- Onuku Marae
- Pompallier Village Trust
- Governmental organisations (e.g. CCC, ACC, Work and Income)
- Health New Zealand Te whatu Ora
- Non-governmental organisations
- Akaroa FireNZ
- Canterbury Clinical Network
- Other private health providers
- Heartlands
- Akaroa and Bays Community Forum
- Akaroa Pharmacy
- St John Hato Hone
- Access NZ
- Canterbury Primary Health Organisations
- Banks Peninsula Schools
- Akaroa Police

Equity of access

We will remove identified barriers to make our services easier to access and navigate, particularly for vulnerable members of our community.

Cost
Patient fees are kept as low as possible, with financial assistance available if required. A discounted rate for Community services card holders is offered. Petrol vouchers are available if the cost of distance is a barrier to attending an appointment.

Use of resources
By supporting people in the community rather than in a larger city hospital we make efficient use of time and clinical staff. We also reduce the significant cost of travel. We will invest in more point of care diagnostic resources.

Telehealth
Patients can choose how they prefer to engage with us and our providers; in person or via the phone. Patients can have the convenience of electronic communication. Clinicians will advise if the chosen method of engagement is suitable for the situation.

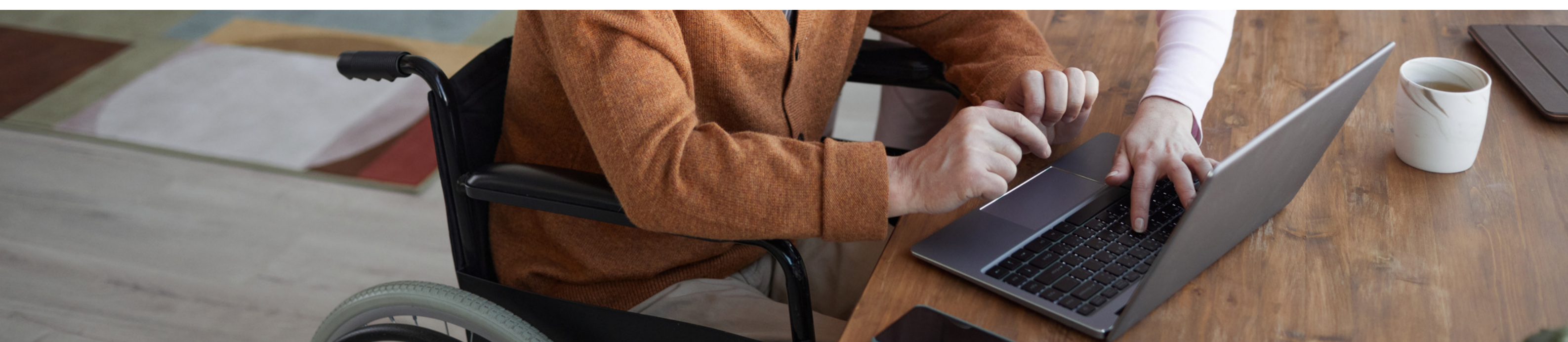
Online patient portal
Systems will be integrated to make the journey seamless and make health information easily accessible.

Community engagement
The community will have opportunities to feed into how we provide care and the standard of service via the community and bays forum, feedback forms, surveys and the Akaroa Health Trust.

Health promotion and communication
We will communicate via multiple channels including the local newspaper, our website, social media and our patient portal to ensure information is received by as many people as possible. We will hold community promotion events.

Language access
Interpreters and translated materials for patients with limited English proficiency are available.

Community health workers
We will liaise with local community health workers who can connect with patients and help them navigate the healthcare system and ensure they access all the appropriate and available help.



Improved health outcomes

Our services will proactively support people to live healthy lives which will reduce the demand on health services, we will maintain a focus on screening and prevention.

Improved diagnostic accuracy
Collaboration among specialists can lead to more accurate and timely diagnoses by accessing different perspectives and diagnostic tools.

Chronic conditions
Require a multidisciplinary team approach. Clinicians will make greater use of integrated electronic health records – particularly for people with multiple complex conditions. Teams can develop individualized treatment plans that consider all aspects of a patient's health, including physical, mental, and social factors.

Quality and safety
We will provide high quality, evidence based care. Quality standards will be maintained through shared best practice guidelines and patient pathways, and supported through clinical networks. We will maintain accreditation with both Foundation Standards and the Health and Disability Standards.

Health education
Empower rural residents to make informed health decisions. Education about alcohol and drugs will be a priority to help individuals make informed, safe choices, reducing substance abuse, addiction, related health issues, and societal harms.

Focus on mental health
Focusing on mental well-being offers benefits such as reduced stress, improved emotional resilience, enhanced cognitive function, stronger relationships, and overall better quality of life. It also contributes to better physical health and increased productivity.

Culturally inclusive

Cultural inclusivity in healthcare is an ongoing commitment, we recognise that culturally inclusive health services are essential for providing equitable and effective healthcare to our community.

Cultural competency training
All healthcare providers and staff members should receive training on cultural sensitivity, awareness, and competence. This training helps them understand different cultures, beliefs, and practices, enabling more respectful and patient-centered care.

Diverse workforce
We will encourage diversity in hiring and retention of healthcare professionals. Having a diverse staff can help bridge cultural gaps and provide more relatable care. The health workforce will represent our diverse community at all levels of the organisation.

Respect for cultural practices
All people, whanau and carers will be treated with dignity and respect. We will respect patients' cultural practices and beliefs, even if they differ from their own. This includes accommodating religious dietary restrictions, traditional healing practices, and rituals.

Local connections and partnerships
We will engage with Onuku and our local Māori community members to work with them to design and implement a relevant Māori health plan and a Māori residential care plan. We will develop relationships with other health providers and look for ways to remove barriers which affect whanau's ability to access services.

People at home for longer

We promote independence and improve the quality of life for older adults and individuals with chronic conditions to alleviate the burden on healthcare facilities. Advances in information technology, more efficient communication and greater staff mobility are enabling more services to be delivered in the home setting.

Palliative care
We will support patients to receive palliative care at home or onsite inline with their wishes, helping them, and their families, navigate the end-of-life journey with dignity and compassion.

Patient empowerment
Patients will be encouraged and supported to understand their own condition, set goals, self-monitor progress, and proactively manage their own health. Patients will have access to information, advice and support and know how to access services when they need them.

Tailored support and care
Services are customized to the individual's unique needs, preferences, and goals. This personalization ensures that the support provided is highly relevant and effective. Families will be engaged in the care planning process.

District nursing services
Visits from the District Nurse are more convenient for patients, place a beneficial focus on prevention, effectively reduce the need for hospital admission, and improve overall patient and population health outcomes.

Health promotion
Health promotion encourages healthier behaviors and lifestyles, leading to improved overall health, reduced risk of disease, enhanced well-being, and a lower burden on healthcare systems. Doctors, nurses and allied health professionals will place a greater focus on prevention activities. Agencies will collaborate across sectors to maximise the effect of health-promotion messages.

Wrap around services
Wrap-around services take a holistic approach, addressing an individual's physical, mental, and social needs. Health and social services will increasingly collaborate and operate out of the same location.

Meals on Wheels
Meals on Wheels provides nutritious meals and social interaction for elderly individuals, promoting their health, independence, and well-being while allowing them to continue living in their own homes. Special dietary requirements can be catered to.

Respite care
Respite care provides temporary relief to family caregivers by offering professional care for their loved ones. By giving caregivers a break and preventing burnout, respite care allows them to continue caring for their family members at home, delaying or avoiding the need for institutional care. This support helps people stay at home longer while maintaining their well-being.

Advance care planning
Advance care planning empowers patients to express their healthcare preferences, ensuring that their values and wishes are respected in medical decisions. It helps patients maintain control over their care, even if they cannot communicate their preferences, resulting in more patient-centered and dignified end-of-life care.

Measuring success

A sustainable model	• Appointment volume • Community touch points • Enrolled Patients • Occupancy rates • Financial sustainability
An integrated health team	• Documented staff training • Allied health appointments • Consistent and timely internal communication • Patient satisfaction and feedback • Clinical governance • Use of volunteers • Staff feedback
Equity of access	• Average wait time • Number and type of appointments • Patient portal use • School Nurse visits
Improved health outcomes	• % of immunised infants • % of eligible women receiving cervical screening • CVD risk assessment completion • Compliance through audits • Maintain accreditation • After hours and PRIME call volume
Culturally inclusive	• Cultural training ongoing • Bi-lingual signage and information • % of Māori employees • Māori Health plan in place • Feedback from local Māori
People at home for longer	• Number of district nurse visits • Meals on wheels deliveries • Respite care bookings