

[100087] - Friends of Ellesmere Hospital Geoff Lill¹¹⁸

Address:

Postal Address:

Phone (day):

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Email:

Submission

Submission supplied as PDF or Word document, printed and attached as the following page.

Q1 HORORATA COMMUNITY HUB

No preference

Q2 UPPER ELLESMERE WATER RACE

No preference

Q3 WATER RACE RATING STRUCTURE

No preference

Q4 ECOLOGICAL ENHANCEMENT RATE

No preference

Q5 GENERAL: RATES INCREASES

Attached is a proposal for a feasibility study on rural health services in Ellesmere. Documents attached for detail.

Q6 OTHER COMMENTS

To the Selwyn District Council
Submission to the 2022 Annual Plan
On behalf of the Friends of Ellesmere Hospital

Submission

The Friends of Ellesmere Hospital (“the Friends”) wish to lodge a submission into the Selwyn District Council 2022 Annual Plan regarding a feasibility study to be completed on the provision of community health facilities and services in Leeston. We would see the feasibility work as a collaborative effort involving the council, ourselves, and industry specialists as the need arises. Ongoing engagement with the government funding providers and the wider community would also be integral to this process.

We see a unique opportunity for Ellesmere to be visionary in its approach to future health services, with the health industry currently in a state of great change and uncertainty. We would like to approach the feasibility with a focus on the health needs of our community for the current and future generations, and not be bound by limitations on existing infrastructure or possible budgetary constraints. We see the council taking a lead role in the planning, consultation and development of facilities and service delivery, and we are happy to support this as we are able. We would also see the potential for this work to provide a template for other areas within Selwyn and beyond.

We have outlined in our submission a potential plan, but this will change as the needs of the community and the costs and funding model are better understood. Future facilities may include a new medical centre and ancillary health rooms, one and two bed independent-living aged care villas or apartments, and potentially a development of more intensive hospital care suites.

Background

The Friends of Ellesmere Hospital are a volunteer group who support the staff and patients at Ellesmere Hospital. As a result of the uncertainty surrounding the future of the hospital building and ongoing government funding, we are now taking a more active role in helping define future health solutions in the Ellesmere district, and are considering an update to our Constitution to reflect this.

The Ellesmere district has historically been very well served with quality health services provided by our local GP’s along with the nursing staff based in the hospital in Leeston.

It is however now recognised that the CDHB owned and operated hospital building is nearing the end of its useful life as a hospital. The building is 100 years old and is in urgent need of long-overdue and extensive maintenance and upgrade. The CDHB appear to have little appetite or budget to spend on the maintenance and repair of the building, and the hospital is currently closed temporarily due to Covid concerns – a date for reopening has yet to be confirmed by the CDHB.

Further, the council owned medical centre is also in need of significant repair or upgrade with earthquake rating and “leaky roof” issues. We understand that the council is currently considering options to either repair the existing building or rebuild on the current or an alternative site, but that no decision has been made on which option it will take forward. We would encourage the council to engage fully with the community on decisioning this as we want to ensure the medical centre facility will serve Ellesmere for the next 50+ years, and becomes a legacy asset that we can all be proud of.

The Friends have been working closely with the council and CDHB Executive over the past 2-3 years to better understand and help shape the future health services and facilities based in Leeston and

serving the local Ellesmere region. As a result of the current uncertainty around the hospital closure, we feel that there is now an urgency to bring this work forward. We are getting no clear direction from the CDHB on their commitment to the existing or future support model or funding, and the impending health restructure is adding further uncertainty to the future of local health services.

As a result, the Friends have commissioned reports on potential options for the future. These include an operational plan and concept design, along with estimated capital costs, for a community hub development in Leeston. The concept design and plan give us a vision for what is possible and what might serve the Ellesmere district for future generations.

The council owned “Carrodus site”, situated adjacent to the RSA hall on the corner of Leeston High St and Leeston and Lake Roads, has been identified as a potential site for this community hub. A development could incorporate the planned community centre and library, along with medical and aged care facilities. The large (12,700 sqm) site sits adjacent to the existing Abbeyfield development and is very handy to the main shopping area and town services. The site is very appealing with easy street access and an open north facing aspect overlooking Leeston Park.

We have engaged a group of experienced and highly regarded aged care industry specialists for their feedback and vision, and their reports are attached to this submission. They are as follows –

1. “Leeston Health Hub and Retirement Village Proposal” – author Rhonda Sherriff, co-owner and operator of Chatswood Retirement Village, a high-spec village in Opawa incorporating apartments, care suits and a rest home with hospital level care. Rhonda is a registered nurse and highly regarded consultant to the industry, and is currently the NZ Aged Care Association Clinical Advisor. Rhonda has led a major redevelopment recently at Chatswood

Rhonda’s report was commissioned in September 2021 and since then there have been several further iterations of the concept design and development plan. She has included some indicative sales values, costings and revenue streams for the various care options

2. High St Leeston, Mixed Use Development – author Simon Johnson, a Southbridge born (and Christchurch based) architect who has extensive experience in design and development of aged care facilities. Simon recently started his own business Figure & Ground (F&G) and attached to this submission is his latest concept design
3. High St Leeston, Mixed Use Development – Jimmy Percival and Richard Astley of BP Construction (BPC) – until recently both were with Armitage Williams Construction. They have given us some high-level capital costings for a proposed development (including the community centre and library)

We have also been actively engaged with the team at Akaroa Health, and they have been very supportive in helping us develop our proposal for Ellesmere. Their model for their integrated health hub incorporating the medical centre, respite/flexi beds and aged care has been a huge success and a wonderful asset for their community, and has had a significant influence on our thinking for Ellesmere. They undertook a massive fundraising drive within their local community, were very successful with their various grant applications, and significantly too gained operational funding support from the CDHB (due in part to their geographic isolation).

The Opportunity

We feel we have a unique opportunity as a community to be visionary, and to shape our future health care and ensure our local needs are met, now and into the future. We want to, and need to, own this as a community for the sake of our elderly and for future generations. We are continually hearing from the community that they do not want their elderly, sick, injured or more vulnerable to be forced to live or convalesce outside the district and for the families to then have to travel considerable distances to visit. We have countless examples for instance, of families so grateful that their elderly parent or grandparent has been able to see out their days in their community and under the expert and compassionate care of our hospital team.

We understand too, that under the upcoming health restructure, Health NZ and the Maori Health Authority will be seeking input from communities on health needs for those individual districts. Just what this consultation process will look like and the outcomes delivered remain uncertain, and we as a community will want to be fully engaged in that process. As we work through that process, we will look to retain as much of the current CDHB capital and operational budgets within Ellesmere as possible, but we would imagine the community too will be willing to contribute. Whether this is via a concerted fundraising effort or perhaps a targeted rating is yet to be discussed or determined but, given the current constraints on the health budget, the community will be required to contribute. We will be active in seeking grants and the council too, may see this as an opportunity to provide a community asset that that they are prepared to support via a reduced commercial return.

We are very keen to partner with our local IWI to ensure the best outcomes for our community, and have been discussing a joined-up approach to the situation we are all facing with Liz Brown, chairperson of Te Taumutu Runanga. Liz's whanau are Ellesmere locals and she a strong supporter and advocate of achieving local health outcomes.

A number of potential ancillary services that could be aligned with the health hub (and may/may not be part of the medical centre) have been identified by us, the support team and our local nursing team. These include –

- GP acute observational or rehab beds, in order to prevent admissions to Christchurch if patient can be managed low tech
- Respite beds for patients who are unable to remain in their home. These could have a multi-purpose use if not required for respite
- End of Life and palliative care beds. It is well known that the need for this type of bed is only going to increase, statistics are indicating this now, so for locals to remain as close to home as possible with family input in very valuable
- “Meals on Wheels” has been a vital service to the community allowing people to remain in their homes for longer. Currently the hospital staff are producing and delivering around 12 meals per week along with 30+ frozen meals a month
- Rest home or long-term care. Currently there a number of large-scale developments either underway or planned in neighbouring districts. Our plan is to have a smaller scale, higher spec but competitively priced alternative for our elderly to remain truly local
- Day care is also needed for main carers to have time out
- Rural mental health is a significant and growing issue in our community. The mental health team currently visit Leeston and have been seeing patients upstairs in the hospital (at no charge)
- District nursing, nurse practitioners and after-hours care providers are likely going to take on an even greater significance in the community as the indications from the CDHB are that our elderly and others will have services provided in their own homes where possible

- Maternity health services – we are hearing more and more about the challenges facing maternity services with providers in Lincoln and Christchurch either closing or under threat of closure
- The opportunity exists to provide rooms/facilities to accommodate dentistry/oral health, optometry, school nursing, and consulting rooms for a number of services (podiatrist, dietician, audiology, counselling, psychologist etc)
- Physio and ancillary services – we are very fortunate to have a growing and very active and progressive physio practice in Leeston
- Other services provided locally include massage therapist, St John and pharmacy

We feel we have the opportunity to work with the government health authorities to develop a template that could possibly help other rural districts. Ellesmere is not alone or unique in the challenges we are facing.

Consultation and Engagement

We established a working party over 2 years ago in order to better understand the issues and formulate a joined-up approach. This group included a number of interested and motivated community-minded individuals and has been very well supported by council.

Wider community consultation has now become more urgent with the uncertainty created by the hospital closure and the pending health reforms.

We have been in consultation with key community individuals and groups to gain better understanding of community interest and support. All of the following are very supportive of our proposal to collaborate and help drive local health solutions, and a number are to submit to the 2022 Annual Plan process –

- Te Taumutu Runanga led by chairperson Liz Brown
- Our SDC councillors and staff, led by Grant Miller
- Our local GP, Andrew Ralston
- The Community Committees in Leeston, Southbridge and Dunsandel
- The Ellesmere RSA
- Ellesmere St John
- Abbeyfield and the Vintage Village Trust
- Our MP, Nicola Grigg
- Emma Winter, owner/operator of the Leeston physio practice

Capital Budget and Funding Model

The attached BPC estimates include high-level costings for –

1. Library, Community Centre, Medical Centre and siteworks etc	\$8.603m
2. Aged care residential area (including siteworks etc)	\$8.354m
3. Contingencies, Design Fees, Consenting etc	<u>\$4.916m</u>
Total costing estimated	\$21.873m

This submission feasibility primarily focuses on the medical centre and ancillary health rooms along with the aged care facility, as we understand funding for the library and community centre has already been confirmed.

The BPC estimates include a significant (\$1.7m) allocation to Design Fees, but they suggest a more cost-effective approach would be via design and build with subcontractors.

We have taken advice on the funding model for the aged care development, and it seems these units could be largely self-funding when developed and operated under an Occupation Rights Agreement (ORA) model. The ORA model would potentially enable the council or developer to recycle the development funding for other purposes as the ORA's are sold or turned over. The financial returns on a development such as this are yet to be determined but should be at worst neutral whilst providing ratepayers with a significant social asset for future generations.

We also see an opportunity to attach ancillary rooms as part of a larger medical centre/health hub. We have already had potential interest for rooms/space from allied health services in a larger build.

It is important to note too that we are hearing from the community that they want to be actively involved in any proposed solutions, not just in developing the needs assessment but also in the funding solution. We would envisage there will be a strong community support for fundraising in a similar manner as happened with the Abbeyfield development. This has been an absolute success story with a significant sum raised by volunteers to assist with the initial development and subsequently with repayment of the council loan. Abbeyfield also raised funding via grants and this is an area that we will explore too.

Risks and Mitigants

We have identified a number of risks associated with the proposed development, but we feel there are sound mitigating factors for each of them. These include –

1. Demand for the villa units – the proposed design is for a higher spec boutique style development, as compared to those of other developments in surrounding districts. The advice we are receiving is that this style of unit would be sought after even in the current market. We have an aging but relatively wealthy population and Ellesmere is currently undergoing unprecedented growth
2. Resourcing risk – the health industry is currently under extreme pressure, with years of underfunding and immigration rules now significantly impacting staff availability, facilities and resourcing. The Minister of Finance has announced health as a priority in this year's budget, but uncertainty remains around future spending priorities. We are very fortunate in Leeston to have our highly capable hospital nursing staff, many of whom are registered nurses, as mostly local residents
3. Funding risk – we would be seeking council support for the feasibility and any development, but we would also be exploring community grants and looking to the community to support the fundraising. As with the Abbeyfield development, we envisage a very strong appetite from the community to contribute to ensure we retain health services locally
4. Development risk – inflationary risks on capital development currently are high, but the council is experienced in this type of community asset development and professional in its approach
5. Health reforms – the outcomes of the impending health reforms and future priorities are unknown, but we can only hope that future government funding will be sufficient and flexible enough to allow our community to focus spend where it is needed

Feasibility Study

The Friends ask that the SDC complete a comprehensive feasibility study into the above proposal, including actively collaborating with the CDHB and other supporting parties in that process. We, the Friends, are very keen to remain involved in these discussions and would appreciate the opportunity to speak to the Annual Plan hearings on 30th and 31st May 2022.

Friends of Ellesmere contacts –

- Robyn Casey – president
- Geoff Lill – treasurer

FIGURE & GROUND

high street leeston mixed use development.

preliminary concept master plan

22nd APRIL 2022 - rev B

the opportunity

- Uses on the site could include a community centre, library, movie theatre, sports changing room/s, playground and medical centre
- Later living accommodation to be incorporated as an complementary use adjacent to health and residential areas
- Medical centre to be incorporated - draft design currently underway and to be incorporated once finalised
- High specification development for any accommodation element desired in this rural community
- We also see recognition and some level of integration with the existing Abbeyfield's facility as being desirable if able to be accommodated
- Potential to relocate the RSA hall into the development and making a feature close to the community centre
- Make the most of the park outlook, north facing, access to High St shopping/cafes etc
- Recognising the remediation work that could be required along Leeston Lake Road on the bus site and along the old railway line
- Recognising too the Reserve land adjacent to the existing sports field
- It is unlikely there will be any appetite for additional sports fields on the site (despite the field outlined in the draft bulk and location drawings)



age friendly design principles

Designs are conceptualised and developed by responding to our fundamental Design Principles. These Design Principles are used to guide the vision and establish a consistent framework for design decisions. They drive the design process and will serve as the guiding principles for the project.

- Familiarity

1

Familiarity refers to the extent to which the built environment and its elements are recognisable to seniors and how easily they are understood by them.
- Legibility

2

Legibility refers to the extent to which the built environment and its elements help Seniors understand where they are and how to identify which way they need to go. Legible environments have an easy to understand typology, language and materiality that provide easy to understand hierarchies.
- Distinctiveness

3

Distinctiveness relates to the extent to which the environments give a clear image of where the Senior is, what the uses are for and how they are to be used. Distinctiveness reflects culture and character of their life history through colour, texture, forms and materials.
- Accessibility

4

Accessibility refers to the extent to which environments and its components enable Seniors to mobilise around spaces and places they need or desire to visit regardless of any physical, sensory or cognitive impairment.
- Connectivity

5

Connectivity relates to ability for environments to act as conduits and connectors for seniors and their family friends and greater community.
- Safety

6

Safety refers to the extent to which environments and its parts enable Seniors to use, enjoy, socialise and move around the spaces without fear of falling, tripping and becoming disorientated.
- Individual Choice

7

Individual choice relates to the fact that we are all unique. Environments must facilitate our diverse desires and needs. Environments should not adopt a 'one size fits all' mentality. We must consider the wide variety of lifestyles when designing Seniors environments so that every person is afforded the same level of choice.



FIGURE & GROUND

the location



industrial

residential

HIGH STREET

retail

LEESTON AND LAKE ROAD

the site
12,700m2

RSA

commercial

LEESTON PARK

recreation

location + diversity + community + health = unique opportunity

precinct precedent imagery



community



health



later living

preliminary concept master plan

SCALE 1:750 AT A3

LEESTON AND LAKE ROAD

- COMMUNITY FACILITIES - 1,660m²
- 3 1 BED + STUDY VILLA - 90m² + 27m² TERRACE
- 19 2 BED VILLA - 125m² + 31m² TERRACE



playground adjacent to recreation area, located in reserve to promote intergenerational connectivity



communal space for resident amenity and family use



retained landmark heritage building



FACADE VARIATION THROUGH VILLA PRECINCT

ABBYFIELDS AFFORDABLE LATER LIVING

community

health

later living

HIGH STREET & PARK CONNECTIVITY

COMPLEMENTARY MEDICAL

HIGH-END ACCOMMODATION

FIGURE & GROUND



High St Leeston Mixed Use Development
PRELIMINARY CONCEPT VISION

what can you come to expect from Figure & Ground?

We deliver exceptional outcomes coming from an established team and reputation.

We are a unique combination of local expertise with international experience.

You can expect professional advice, but in a language you understand.

We deliver creative and elegant designs, across a variety of sectors including; residential, multi-residential and later living.

We are commercially minded and creative thinkers, who translate your ideas into reality.

Simon Johnson brings a wealth of expertise to later living projects given his experience in Australia and more recently throughout New Zealand, with a variety of both private clients and larger operators.

This knowledge extends across independent living and care environments, translating global research, operational requirements and innovative design outcomes into the built form.

11

experienced staff nationwide

studios in Auckland & Christchurch, with a shared office space in Wanaka

400

units/dwellings approved by local councils in 2021

experienced design & documentation team with capacity to deliver

4

architecture awards

across Canterbury and Otago regions



FIGURE & GROUND



the team



Simon Johnson Director

With equal measures of design ability, eye for detail and commercial acumen, you get Simon.

With Simons background, you can expect that he has pretty much done just about anything and everything across many sectors. But what he commits to, is a unique design for his clients.

He's been part of an award winning practice (Marchese Partners and Life3a) which gives our clients a skill set that spans 16 years in Australia and New Zealand. Simon returned to Canterbury to reconnect with his roots, bringing his immense skill set across private residential, later living and multi-unit developments.

Simon has lead projects in the later living sector for industry leading operators such as; Aveo, Lendlease, Retire Australia, Northbrook, Lime Living, Arena Living, Bolton Clarke, LifeCare Residences and Stockland. Prior to founding Figure & Ground with Sam, Simon played a pivotal role in establishing the design blueprint for the new later living brand, The Sterling aswell design lead for Pararekau Island.

When you work with Simon, you can expect someone who listens, someone who doesn't throw jargon at you, someone who wants to get to the heart of your vision and a partner to deliver over and above.



the team



Sam Connell
Director

When you meet Sam, you know you're in good hands.

Sam has built a reputation based on efficiency and quality, always meeting that fine balance but never compromising both sides of the coin.

Sam is down to earth, pragmatic and gets where you're going. He built his award winning practice (Connell Architecture) from ground up through sheer determination and a passion for delivering for his clients, which is evident throughout his extensive portfolio of work.

Sam loves a challenge, particularly ensuring you get the best value from your site. The challenge also extends to his desire to be uncompromising when it comes to budget and the finished product. He will ensure you maintain the integrity in your design, taking your plans from a feasibility study through to reality.

He's not only a designer, but is practical and realistic and this has been proven with his successful reputation. He will collaborate with you to build a plan that you didn't think was possible.



later living & care experience

Image credit: Projects led by Simon Johnson while at Marchese Partners







multi residential

FIGURE & GROUND

www.figureandground.co.nz
studio@figureandground.co.nz
+64 3 352 4333

Tuesday, 10 May 2022

To whom this may concern,

High Street Leeston – Mixed Use Development

We have pleasure in submitting our overarching estimate of of **\$21,873,188.00 (Twenty One Million, Eight Hundred and Seventy Three, One Hundred and Eighty Eight Dollars,)**, plus GST, for the above works, all in accordance with the following: -

BASIS OF ESTIMATE

- Figure & Ground Preliminary Concept Master Plan Rev B dated 22/04/2022
- Mid to High Specification of finish and design intent has been allowed for.
- An escalation Factor of 8%of the overall project value has been applied
- Consent / Development Contribution value assumed at 3.5% of the overall project value
- Design Fees value assumed at 10% of the overall project value; note we feel this can be reduced by utilizing design and build with subcontractors.
- Includes allowance for all roading, infrastructure and soft / hard landscaping.
- Figures are estimated; these should not be treated as confirmed costs.

EXCLUSIONS

- GST
- Asbestos Testing and Removal / Ground Contamination
- Dewatering
- Demolition
- Fixtures, Fittings & Equipment (including appliances)
- Window Furnishings
- Contract Works Insurance
- RSA Relocation
- Traffic Management
- Boundary Fencing
- Works outside of the 12,700m2 site area
- Services connections
- Services upgrades

Yours Sincerely



Richard Astley
Commercial Manager

High Street Leeston - Estimate

Job Name : LEESTONHIGHSTREET

Job Description

Client's Name :

Item Description	Quantity	Unit	Material Rate	Mark Up %	Labour Factor	Labour Qty	Labour Rate	Amount
Trade : <u>LEESTON HIGH STREET</u>								
BP Construction Ltd								
LEESTON HIGH STREET - MIXED USE DEVELOPMENT **Figure & Ground 22/4/22**								
COMMUNITY FACILITIES								
LIBRARY								
Main Building	575.00	m2	5,500.00					3,162,500.00
COMMUNITY CENTRE								
Main Building	490.00	m2	4,250.00					2,082,500.00
Changing Facilities	110.00	m2	3,900.00					429,000.00
Deck Area	135.00	m2	250.00					33,750.00
MEDICAL CENTRE								
Main Building & Service	380.00	m2	4,250.00					1,615,000.00
Communal Area	120.00	m2	4,250.00					510,000.00
Deck Area	70.00	m2	250.00					17,500.00
SITEWORKS / LANDSCAPING								
Parking Road Area	2,300.00	m2	105.00					241,500.00
Commercial Road Crossing	1.00	sum	20,000.00					20,000.00
Soft Landscaping	1,390.00	m2	95.00					132,050.00
Hard Landscaping	470.00	m2	250.00					117,500.00
Playground Area	1.00	sum	100,000.00					100,000.00
Infrastructure (In-ground services, drainage)	1.00	sum	140,000.00					140,000.00
RESIDENTIAL AREA								
1 Bed Villa (s)	270.00	m2	2,800.00					756,000.00
2 Bed Villa (s)	2,375.00	m2	2,800.00					6,650,000.00
Terrace Areas (assumed exposed aggregate concrete)	670.00	m2	250.00					167,500.00

High Street Leeston - Estimate

Job Name : LEESTONHIGHSTREET

Job Description

Client's Name :

Item Description	Quantity	Unit	Material Rate	Mark Up %	Labour Factor	Labour Qty	Labour Rate	Amount
Trade : <u>LEESTON HIGH STREET</u>								(Continued)
Siteworks (Roding / Driveways)	2,650.00	m2	105.00					278,250.00
Infrastructure (In-ground services, drainage)	1.00	sum	215,000.00					215,000.00
Soft Landscaping	2,820.00	m2	95.00					267,900.00
Commercial Road Crossing	1.00	sum	20,000.00					20,000.00
Subtotal								<u>16,955,950.00</u>
CONTINGENCY (DESIGN & CONSTRUCTION)								
7.5%	1.00	sum	1,271,696.25					1,271,696.25
ESCALATION								
Forecasted to 2023 @ 8%	1.00	sum	1,356,476.00					1,356,476.00
DESIGN FEES **SUGGEST ECI, D&B ROUTE**								
10%	1.00	sum	1,695,595.00					1,695,595.00
CONSENT / DEVELOPMENT CONTRIBUTIONS								
3.5%	1.00	sum	593,458.25					593,458.25
Subtotal								<u>21,873,175.50</u>
<u>LEESTON HIGH STREET</u> Total :								21,873,175.50

Early Contractor Engagement



1. ECE (EARLY CONTRACTOR ENGAGEMENT)

Early contractor Engagement (ECE) is an **approach to contracting that can complement either a traditional or novated design and build delivery model**. ECE can be used to gain early advice and involvement from a contractor into the buildability, costing and optimization of designs. We thank you for the opportunity to add our knowledge and expertise alongside the Design Team in a Pre-Construction capacity within this prestigious project.

2. EARLY CONTRACTOR ENGAGEMENT BENEFITS

- | | |
|--|--|
| ➤ Collaborative approach | ➤ Shared Vision |
| ➤ Address buildability challenges | ➤ Opportunity for innovation |
| ➤ Clear budget expectations | ➤ Estimating accuracy, based on live market data |
| ➤ Improved risk management | ➤ Programme savings |
| ➤ Better communication | ➤ Construction plan understood |
| ➤ Team involvement;
Client-Consultants-Contractor | ➤ Subcontractor base |

Early Contractor Engagement

3. EC SEQUENCE

BP Construction Ltd's Involvement would consist of but not limited to the following;

- Attend project design meetings
- Budget estimates and planning (at each design stage document drop if required)
- Programme development as the design progresses
- Construction plan and knowledge
- CPU and council requirements
- Site establishment / set up to ensure minimal disruption and isolation from residents
- Control of Site Access / Site Security
- Traffic Management
- Material / plant procurement strategies
- Scoping and procurement of subcontractor packages where appropriate
- Co-ordination of subcontractors in align with the programme requirements

Early Contractor Engagement

4. BP PROJECT ROLES & RESPONSIBILITIES SAMPLE TABLE BELOW

Name	Role / Responsibility	Area of Expertise / Responsibility
Jimmy Percival	Construction / Project Manager	Attend project meetings Provide technical expertise and advice Overall supervision of project Assisting in communication for construction to progress efficiently and on programme. Construction monitoring Assigning labour & resources for plant Quality control reporting and communication Forward planning Attend Meetings and contractors reporting to Client Subcontractor liaison RFI Monitoring
Justin Newall	Site Manager	Programme co-ordination Forward workload Consultant meetings Services co-ordination Ordering materials Arranging subs Working out dimensions Prepare and assist with paperwork Sign off sub works Arrange co-ordinate 'look-ahead sub review' Managing labour only contractors RFI Monitoring Design review Distribute SI's (With QS) Control Site Inductions Safety Task Analysis – Subs Review Subcontractors SSSP
Richard Astley	Commercial Manager / Senior Quantity Surveyor	Cost Control and Financial Reporting Programme co-ordination Overall Project QS Procurement Monthly Payment Claims Pricing VO's / VPR's Budget Control Project analysis Subcontractor liaison RFI Monitoring Attend site meetings
Construction Manager	Jimmy Percival	Assigning labour resources for plant Construction monitoring Provide technical expertise and advice
Louisa Percival	Contract Administrator	Preparing Construction issue documents with QS for review Preparing documents for site issue. Communication support when needed

Early Contractor Engagement

Paul Tonkin / Tim Raine (Woods Harris Consulting)	Programmer	Provide construction programme and updates as required.
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5. PROJECT DELIVERY & SYSTEMS

Construction Management and Communication Systems

BP Construction Ltd utilizes an online / server based document and communication management system. This allows us to effectively manage project communication and documentation. This is our master tool for the site operation, all our staff are required to use it. Our clients, partners and sub-contractors are also invited to use the system for each individual project, keeping the documentation trail vibrant, present and allowing all users to gauge where certain key elements of the project are up to.

From RFI's, Shop Drawing Submittals, Reports, Photos, Daily Logs, Drawing issue and Collation of superseded Drawings, it really has made site control in this area more efficient.

The software is accessed via a website portal, iPad/ iPhone app (screen shot on the right), or Android phone/ tablet app.

Financial Management Systems

BP Construction Ltd has purchased 'Simpro' software for the financial management of all our projects. This is a job costing, accounting and documentation system that has been developed for contractors within the construction industry.

This system allows the capture and tracking of all nominated cost centres, this allowing for the cost control of expenditure against budgets on a weekly basis. Along with logging and processing variation orders, retentions and progress claims in a comprehensive fashion.

In addition, we utilise Buildsoft Global for collating all our Quantity Surveying practices for tendering and cost management processes.

Project management and programming of the project

On all projects undertaken by BP Construction Ltd own dedicated team of Project Managers to manage the construction site and to lead the communication between the site-based team, client and client engaged consultants.

In conjunction with having our own Project Managers we utilize a cloud-based documentation control system; this has been tailored to suit BPC Ltd's work practices and assists us in reporting, RFI documentation, shop drawings submittals, transmittals of CI's, weather logs, daily site diary, photos and reports, drawing/ document control, E-mailing, directories for the project.

Early Contractor Engagement

With the assistance of our Programming Partner – Woods Harris Consultants we provide a comprehensive Construction programme which notes critical path activities and key milestone dates. This is then reported against during the delivery phase and updated as required. We feel strongly about being a proactive and solutions-based construction company, we are regularly reviewing working programmes and monitoring these against critical path tracking along with prospective gains where possible.

If critical path activities and key milestone dates are not being met, we will implement short term target programmes to get the project back on track.

BPC Ltd believe in transparency within project teams, this ensures the best outcome for the client but also the most suitable, practical, and efficient methods to remain focused on the project and key objectives.

Systems and ability to develop, implement and maintain a project specific safety plan

Project Specific Safety Plans are collated prior to any works commencing, in this a rigorous review of all tasks and activities is undertaken and controls will be covered and drafted. Once work commences the safety plan is reviewed monthly by the BPC PM and designated H&S consultant or at any other time as deemed necessary in regard to changes of work/deviation of intended practices to ensure that key staff/personnel are up to speed with intended work tasks.

BPC Ltd currently implements a safety management system consisting of review, plan and action on various aspects of the work we are involved with. This forms part of our annual improvement of our health and safety to reduce our workplace injuries and illnesses by using health and safety management information for the business and consists of:

- Commitment
- Review, plan and action
- Risk and hazard management
- Information, training and supervision
- Injury, illness and Incident Reporting and Investigation
- Worker engagement, participation and Representation
- Emergency readiness
- Contractor management
- Return to work

As part of our processes, BPC Ltd implements software to record, monitor and control Health and Safety, Risk and Auditing by assisting in the ongoing management of health and safety and consist of:

- Actions
- Incidents
- Hazards
- Training
- Safety Plan
- Audits
- Contractor Management
- E-learning

All BPC Ltd employees undergo various training, internally as well as externally, depending on the various roles and responsibilities within the organisation.

Training consists of various Site Safe courses as applicable (Building Construction Passport, Advanced Passport, Gold Card, Consultant Passport, Height and Harness as well as Leadership), along with external

Early Contractor Engagement

course including, but not limited to elevated work platform, dogman, hazard identification and risk management, Accident investigation as well as other training to enhance individual performance.

BP Construction is very pro-active and at the forefront in the implementation of Health & Safety systems in the work place; eliminating and avoiding any risk is a key objective.

BP Construction actively encourages the registration and participation of Health & Safety monitoring and reporting pre-qualification systems such as:

- Site wise
- CPNZ

Systems to involve the PCBU in health and safety conversations during construction

BP Construction Ltd undertakes a monthly Site-Specific Health & Safety Report, this is then sent to the principal for further discussion as required. We believe in active participation and conversation between all project stakeholders when it comes to H&S.

Skills – Quality Control

At BP Construction Ltd we pride ourselves on being able to repeatedly deliver overall quality to our clients. We are not prepared to lower our quality standards, and ensure all subcontractors adhere to the same level. We believe in the mantra 'only the best is good enough'; and our rigorous on and off-site quality management systems and procedures ensures this. This is amplified by key hold down points within the construction delivery phase.

All our staff are actively passionate about upholding the company name's meaning; this being '**BEST PRACTICE**'. This is a key factor when recruiting but also when promoting internally. We believe this approach is fundamentally important to be all-encompassing and is applied from the Directors downwards. This ensures that we all strive and work to delivering the same very high standard each and every project regardless of size and complexity.

Our site staff are backed up by a management team of experts encompassing the fields of construction management, quantity surveying, estimating, programming, cost planning, site evaluation and design. An intrinsic part of the team approach is the close involvement of the Managing Directors in the day-to-day operation extending through to quality control and time related performance.

Jimmy Percival

Construction Manager / Director

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e Jimmy@bpconstruction.co.nz



Jimmy came to NZ in 2012, bringing with him a wealth of knowledge and construction experience from Ireland. Jimmy ran his own construction company in Ireland for 12 years where he employed up to 20 staff before relocating to Christchurch.

Jimmy initially started as a Site Manager, before progressing into the role of Project Manager and subsequently Construction Manager (all within the commercial sector). This was all prior to forming BP Construction Ltd in late 2021.

His experience across numerous roles within the industry have resulted in strong relationships with all stakeholders (clients, subcontractors and consultants).

Jimmy enjoys working in a team environment and has excellent communication skills, he is very client focused and will go the extra mile to ensure a project is delivered to a high standard.

Qualifications

- City and Gills Certificate in Carpentry
- Sitesafe Supervisor Gold Card First Aid Certificate
- Green Star Accredited

Project Experience

Selwyn Aquatic Centre Extension (\$11.4m)

Project Manager

Works included a 25m pool complex extension, and refurbishment of the existing facility. Works included upgrading the existing ceiling and roof structure, which was undertaken over 65-night shifts.

Windermere Redevelopment Stage 1 (\$28.4m)

Project Manager

This is a two and three-storey aged care facility with 139 rooms and units including 68 mostly two-bedroom apartments.

St Patrick's Catholic Church (\$4m)

Project Manager

This award-winning church is constructed of both tilt-panel and steel, it features cedar as the main exterior cladding a timber vaulted ceiling.

Chatswood Stages 1 – 5 (\$17m)

Project Manager

Constructed over 5 stages, with additional works in the pipeline. The rebuild of Chatswood has includes a hospital wing, retirement village facilities, care suites and a series of 1 and 2 bedroom apartments.

Jellie Park & Pioneer Pool (\$14m)

Project Manager

Works to Jellie Park and Pioneer pools included spa, steam, sauna, indoor hydroslide, outdoor pool, reception and changing rooms along with fitness centre and gym. there were considerable scope changes which required careful management and coordination to ensure the clients objectives and desires were met.

Akaroa Salmon (\$4.5m)

Project Manager

A total of 2,500 square metres of office space, temperature-controlled factory space and café featuring insulated panel walls and steel frames, clad with a mix of weatherboards, metal, and exposed concrete.



St Patrick's Catholic Church



Chatswood Retirement Village



Akaroa Salmon

Richard Astley

Commercial Manager / Senior Quantity Surveyor

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A fully qualified Quantity Surveyor, originally from Wales. Richard moved to NZ in 2013 and has spent 8 years within the commercial construction sector.

Richard has a proven track record of delivering effective cost management combined with his innovative and logical approach to problem solving across a range of project types.

During his time in commercial construction Richard has gained valuable insight and experience, and proactively puts this into any new tender or project.

Qualifications

BSc with Hons in Quantity Surveying
(Liverpool University)

Memberships

NZIQS Affiliate
RICS Affiliate
LPMS Registered Member

Project Experience

Boxman Construction (\$11.5m)

Quantity Surveyor

The largest warehouse on the South Island. This warehouse features precast concrete panels with an extensive 24.5 m high structural steel frame. The foundations consist of full-length ground beams and a 150mm floor slab reinforced with 129 tonnes of reinforcing steel.

Arvida Park Lane Living Well Centre (\$6.6m)

Quantity Surveyor

The first of its kind in Australasia for the client. A community wellness centre incorporating retail space, indoor pool & gymnasium, wellbeing services and a fully operational commercial kitchen & café area. This was delivered through an ECI and negotiated tender process inclusive of a thorough value engineering phase.



Club House at Waimea Plains Retirement Village (\$3.3m)

Quantity Surveyor

High specification faux heritage style community centre complete commercial kitchen, extensive siteworks and bowling green.



PwC Building & Associated Fitouts, Cashel Street (\$55m)

Quantity Surveyor

5-Storey high end central city office complex, featuring buckling restrained braces, bespoke structural steel frame and glazed curtain wall elements ex China. This was a complex 24-month project with over one hundred subcontractors involved.

Commercial Architectural Award,
2017 Canterbury Architecture Awards



Briscoes Bush Inn (\$4.2m)

Quantity Surveyor

Incorporating 770m2 of inwards goods warehouse and 2000m2 of retail space construction features precast concrete perimeter walls, steel frames and screw pile foundations.

Bupa Parkstone Retirement Village and Community Centre (\$45m)

Quantity Surveyor

Constructed over two phases consisting of three multi-storey buildings and a new community centre complete with internal swimming pool. This was delivered through an ECI and negotiated tender process inclusive of a thorough value engineering phase.



Ellesmere Health Solution - High level planning document

1. Executive Summary

Over the last 18 months, a group of Ellesmere community members, with the support of Selwyn District Council (SDC), have been meeting to discuss the future of health services in the Ellesmere district.

The drivers for the discussions include the future of the Leeston Hospital (which is approaching the end of its practical life), the SDC owned building where the GP practice is located (which requires a new build), community concerns over unavailable health services (such as aged care), and concerns over the capacity to meet the community's future health needs.

The recent Rangiora Health Hub development and the Akaroa Health integrated health centre provided opportunity for the group to consider different options for the future. SDC has indicated its support to build the health facilities.

In late 2019 the Ellesmere Health Steering Group visited Akaroa Health Centre. Discussions with Akaroa Health Ltd (AHL) General Manager and Akaroa Community Health Trust Chair included the development of the integrated model of care and the unique business model that was undertaken in Akaroa. The group considered whether a similar model may work for the Ellesmere community.

A brief meeting was held in December 2020 with CDHB to gauge CDHB support for development of the Ellesmere health services. It was agreed to hold a second meeting in late March for further discussions. To date the group has called on the AHL GM (with agreement from AHL) for to leverage her expertise and experience to assist in the initial planning.

Current health services in Ellesmere are somewhat disjointed and fragmented with poor transfer of information and duplication of costs across multiple service providers. Health services are being delivered away from home or in expensive secondary or tertiary care environment and there is an untapped community resources which can support funded health services to better utilise the health dollar. There are also a number of health services which are not available to the community, many of which require travel and/or the complete, permanent move away from the district. There is poor, unreliable access to public transport for attending health services in Christchurch.

We, the Ellesmere community, are wanting to partner with the CDHB to deliver a comprehensive and positive outcome for local health services that align with goals set out in the Health and Disability Review (Simpson Report). The aim is to provide local, integrated, proactive, community focused and responsive health services with the most efficient use of the health dollar, to provide best health outcomes to our community. To achieve this, it will take four years of planning, community and stakeholder engagement, development, establishment, transition and a move to business as usual.

Vital to the success of this will be securing the required expertise and experience to lead and plan the development and the stakeholder engagement, develop the model of care along with a sustainable business model, and ensure best outcomes are delivered for the community. It is envisaged that this is a single project role, and the Ellesmere community will require assistance in funding for this critically important role.

1.1. What we are seeking from CDHB

The Ellesmere Health Steering Group recognize the value of quality advice and the proven ability to deliver both services and infrastructure.

Ellesmere Health Solution - High level planning document

The Steering Group and SDC have committed resource (financial and staff time) to facilitate the exploration of the opportunity around Health and Community Services in the Ellesmere area.

We understand that the CDHB currently resources the fixed term position that Jenni Masters holds in as GM of Akaroa Health. Her position has, as planned, recently been recruited as a full-time role and her contract is due to end in April.

We believe there is significant value to the project if CDHB were to continue to resource Jenni on a fixed term basis for the proposal being developed for Ellesmere. This would enable a high quality, real world business case to be developed (and if agreed, be delivered) which CDHB would have partnered in and have confidence in.

Cr Grant Miller has also spoken to the Mayors of Waimakiriri and Hurunui. They have facilities similar in nature to Ellesmere. We believe there is an opportunity to develop a template which could be replicated in these or other communities. We are interested in speaking further on this issue with CDHB.

In short, what we are asking CDHB for is nothing more than is currently being funded while we work through the development of a business case.

2. Current State – What are we like now?

The Ellesmere community currently has access to a number of health services which includes (but is not limited to):

- Primary Care services. The GP practice is GP owned and has a funded population of 4,800 with a significant expected growth in the population over the coming years. The current GP building has significant issues and requires a new build, and discussions between the GP practice owner and the SDC are well advanced on this. The GP practice provides not only GP services but also phlebotomy, urgent care, immunisation, chronic illness care, B4 school checks, cervical screening and regularly has GP registrars training. Through the PHO there is access to other services such as brief intervention counselling and GP led palliative care. The GPs also provide medical support for Leeston Hospital.
- CDHB Leeston Hospital. The hospital is CDHB owned and operated and provides hospital level aged care, recovery post op, and inpatient palliative care. Whilst the services provided are of a high standard, it is acknowledged that the current building is near end of practical life and would be significantly improved with either major renovation or from a cost and purpose perspective, a rebuild.
- Community services. Nurse Maude provide community services out of Christchurch which includes District Nursing and home-based palliative care. The Home Care Services are provided by Access from Christchurch.
- Accommodation for older community members. Abbeyfield Ellesmere provides flatting like accommodation (studio units with 2 cooked meals provided a day) for older people who are not in need of residential care but require more support. Abbeyfield Ellesmere is a franchise of Abbeyfield New Zealand – an international model of community housing. The building is owned by The Vintage Village Trust.
- St John. Local volunteer staff with on-site ambulance.
- Other privately operated health services. These include physiotherapy and podiatry.

Ellesmere Health Solution - High level planning document

Stakeholders in the future development include (but is not limited to) Iwi and local runanga, SDC, CDHB and staff at Leeston hospital, Friends of Ellesmere hospital, GP and staff, PHO, Abbeyfield and The Vintage Village Trust, Nurse Maude, Access, St John, physiotherapist, pharmacists, mental health, community organisations, and of course, the community itself.

3. Current Issues – What are we trying to solve?

Although there are a number of health services listed above there are significant issues which include

- Disjointed and fragmented services resulting in poor access, untimely care with referral and resource issues
- Poor transfer of information resulting in clinical risk and ultimately poorer health outcomes
- Duplication of costs with multiple service providers many of whom are not engaged with the needs of the community
- Health services being delivered away from home or in expensive secondary or tertiary care environment
- Building issues
- Disjointed COVID-19 response across the community
- Untapped community resources which can support funded health services to better utilise the health dollar

There are also a number of health services which are not available to the community (e.g. oral health and optometry), which require travel and, as with aged care, complete move away from the district, friends and family, to be able to access appropriate care.

4. The Ellesmere Health Steering Group

The Ellesmere Health Steering Group comprises –

- Geoff Lill – Friends of Ellesmere Hospital
- Cr Grant Miller – SDC
- Pat McEvedy – Abbeyfield and ex SDC councillor
- Jenni Masters – AHL and project lead
- Andrew Rawstron – Leeston GP and practice owner
- IWI representative – tbc

5. The Future - What are we trying to achieve?

The development of future health services for the Ellesmere community aims to achieve:

- Integrated, proactive, community focused and responsive health services with efficient use of the health dollar, to provide the best and most appropriate health outcomes to the community. A model where services move to provide care for the person rather than the current model of people having to move around the services, repeating the same information frequently and negotiate the complex health environment to get their needs met.

Ellesmere Health Solution - High level planning document

- Cost effective, timely, high quality and comprehensive care to the community where community access health services close to home and in the most appropriate arena such as primary care rather than secondary care.
- Health services which are developed to expressly meet the needs of the community as the community grows and changes over the next few decades.
- Look to establish a template for other CDHB (or national) owned/managed rural hospitals or health centres.

6. What might it look like?

The SDC are looking at developing a community hub on SDC owned land in Leeston, that could include multiple services such as a library, community centre, sports changing or training facilities, space for social care agencies and visiting national services such as WINZ, IRD etc.

The community hub would also house a 'one stop shop' integrated health facility with telemedicine capacity and services, which could include:

- GP practice and associated services, nurse practitioners, afterhours care etc
- Aged residential care including respite care, rest home and hospital level care
- Inpatient beds including palliative care, rehab and acute observational
- Oral health
- Community based services including DN, home care, school nurse, well child nurse,
- Visiting specialist CDHB services such as diabetes and mental health teams
- Consulting rooms for other private health professional such as physio, podiatrist, dietician, audiology, counsellor, psychologist etc.
- Pharmacy
- Other services such as St John

7. Plan - How will we do this?

This model is in its infancy and will require engagement and development over the next 1-3 years. The community is unaware of the discussions to date as we have wanted to seek support from CDHB before we start engagement with the community.

The plan is to first develop a model of care to inform the facility design and engage stakeholders in the development of a community integrated health hub model.

The SDC are well into the planning stages for the new GP site and build, with bulk and location designs being drawn up. We have initial drafts of these. SDC and the GP are also well into the negotiations over the proposed development, plus lease and other terms.

8. Timeframes and Resources - How long and what will we require?

The development of future health services can be structured into four stages, each taking approximately a year.

Ellesmere Health Solution - High level planning document

2021 – year 1. **Develop** the model of care, business case and design for facility.

2022 – year 2. Build, **establishment** of structure of ownership, staffing (including reporting), business model.

2023 – year 3. **Transition** of services into new facility, transition of services to gain efficiencies, transition of contracts to increase revenue.

2024 – year 4. Hand over to **business as usual**.

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Ellesmere Health Solution - High level planning document

The table below provides a high-level view of what will be required to complete the development of health service for Ellesmere. This includes who will lead the pieces of work and how this may be funded.

Year 1 – Pre-Development stage			
Date	Detail	Who	Options for funding
March 2021 and April 2021	Develop high level plan – meet CDHB	Ellesmere Steering Group AHL GM	Friends of Elles Hosp
	Stakeholder development and engagement		
	Development Group		
	First development group meeting		
	Community meeting		
Year 1 - Development Stage			
May 2021 – December 2021	Meetings and workshops to develop Model of Care	PM	CDHB
	Development and Establishment Plan	Ellesmere Steering Group	
	Business Plan	Lead and SDC	
	Building design	SDC	SDC
Year 2 – Establishment Stage			
2022	Build completed	SDC Consultation with PM, CDHB PRN	SDC CDHB
	Structure of Health services including ownership, staffing models, business model	PM Ellesmere Steering Group	CDHB
Year 3 – Transition Stage			
2023	Fitout of new facility	SDC, CDHB, PM	SDC CDHB GP
	Services into the new facility	PM, CDHB, GP Staff	CDHB
	Efficiencies with new business model and model of care	PM and staff	CDHB
Year 4 – Business as Usual Stage			
2024	Hand over to long term management structure	PM to new management	Leeston Group

Ellesmere Health Solution - High level planning document

The table below sets out indicative, more detailed timeframes for the first year.

Year 1 – Pre-Development stage			
What	Detail	Who	Date
Initial document for CDHB meeting	First draft	Jenni	12/3/2021
	Final	Jenni	23/3/2021
Meet CDHB		Geoff/Grant	29/3/2021
Stakeholder development	Comprehensive list, importance, actions, etc	Jenni	5/4/2021
	Initial engagement with stakeholders (depending on outcome of CDHB meeting)	Geoff/Jenni	12/4/2021 onwards
Steering Group	Finalise members	Geoff/Grant/Jenni	5/4/2021
	Terms of reference	Jenni	5/4/2021
	Formal communications to members for first meeting	Geoff/Jenni	5/4/2021
	First meeting	Geoff/Jenni	By 16/4/2021
Community meeting	Introduce Steering Group, model of care development and receive feedback	Geoff/Jenni	By 30/4/2021
Year 1 - Development Stage			
Model of Care	Discussed at Steering Group meeting and community meeting		By 30/4/2021
	Meetings and workshops to develop Model of Care		10/5/2021 ongoing
	First draft Model of Care after ongoing discussions with key stakeholders		30/06/2021
	Final Model of Care		31/12/2021
More detailed plan for next 4 years	With options of service configurations for discussion		31/5/2021
	Final Plan		29/10/2021
Business Case	Initial development		Start 1/6/2021
	Final completed		29/10/2021