

# Taranaki Health Foundation

Project Maunga Stage 2



# What is Project Maunga Stage 2?

Project Maunga Stage 2 is an opportunity to **protect the future of Taranaki's health**

It is a **once-in-50-year** building project at **Taranaki Base Hospital** to build a new wing of the hospital which will house key departments that will support some of the most vulnerable people across Taranaki.

It is also an opportunity to create a **world leading healthcare facility** with carbon neutral properties that will be much easier to upgrade in the future.



# What is Project Maunga Stage 2?



# Timeline of Project Maunga

Taranaki Base Hospital Redevelopment, initiated in **August 2007** through the Health Services Improvement Project Business Case.

Stage One was completed and commissioned in **August 2013**

The Stage One Acute Services Building was officially opened in **June 2014** by former Minister of Health, Tony Ryall

**June 2017** an Investment Logic Map workshop identified some key reasons for further capital investment

**April 2016** Taranaki DHB commenced a long-term programme to assess its buildings and ensure appropriate upgrades and developments.

**September 2019** Minister of Health announces \$300m funding to build a new acute hospital building

**June 2020** Artist impressions and detailed designs underway



# Why is funding needed?

## GOVERNMENT FUNDING

**\$330 MILLION**



Pays for the structure and essential equipment to run certain wards. Based on the population of the region.

Government will not officially fund many services such as Neonatal and ICU, this creates budget issues.

## SHORTFALL

**\$25 MILLION**



\$25 million will allow us to provide all the services the region needs.

Many additional enhancements or vital equipment needed e.g. CT Scanner for the emergency Department, new MRI for Radiology.

# What will the additional funding go towards?



Maternity  
**\$6million**



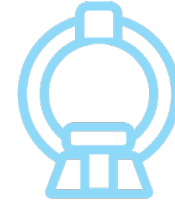
Neonatal  
**\$6 million**



ICU  
**\$3 million**



Emergency  
**\$5 million**



Radiology / Lab  
**\$5 million**

- The Emergency Ward has some key services missing, including a CT scanner that is vital to patient diagnosis
- ICU and Neonatal receive no Government funding in Taranaki, and so public funding is essential
- The Radiography department is currently working with an MRI machine that is 16 years old and has very poor image quality
- Each of these departments need updating. Some are part of the original 1970's building and haven't received updates in 30 years

# Other benefits of our funding

- Ensure the new wing is future-proofed as well as being carbon neutral
- The new build is targeting a five-star Greenstar certification
- This would be the first healthcare facility, public or private to do so



- This will reduce Taranaki DHB's carbon and energy footprint, whilst also having a significant benefit to staff, patient and whānau wellbeing



# Walkthrough video





# What do we need?

**We are fighting to make sure Taranaki's healthcare system is fit for purpose**

We need the **support** of businesses, foundations and the community

We are looking to give **opportunities** for organisations to show their support for one or all of the individual projects.

In return, we are offering a share of **\$1,500,000 worth of media coverage** over 4 years for organisations, as well as support in any way needed to help raise awareness of the involvement in the campaigns.



# Media Coverage

We will be creating individual campaigns for each of the departments to be funded. These campaigns will have a heavy media presence across multiple channels, with the most generous donors being given the greatest prominence.

## MEDIA SUMMARY

Sponsor level	Channel	Minimum number of insertions / year	Approximate value
Naming rights sponsor \$1.5 - \$3 million	Print	21	\$51,000
	OOH	2	\$5,000
	Radio	4	\$5,000
	Digital	54	\$65,000
Platinum sponsor \$500,000	Print	13	\$35,000
	OOH	2	\$5,000
	Radio	4	\$5,000
	Digital	44	\$40,000



# Example media breakdown

## MEDIA BREAKDOWN FOR NAMING RIGHTS & PLATINUM SPONSORS

This is an example of the types of media that we will be using to reach the Taranaki community. This is the minimum that we will be offering at each level.

Channel	Format	Sponsorship level	
		Naming Rights	Platinum
Taranaki Daily News	Double page spread	1	1
	Full page	4	2
	Half page	4	2
	Quarter Page	6	4
Midweek	Full Page	2	2
	Half Page	2	2
MAD Media	OOH	2	2
Mediaworks	More FM	2	2
NZME	The Hits	2	2
Stuff	Video Interscroller	2	2
	High Impact Banner	3	3
	Mobile Splash	1	
	Desktop Splash	1	1
	Sponsored Content	2	
	Native Post	4	4
	Social Card	4	4
	Sponsored Post	2	2
Neighbourly	Featured Post	2	2
	Display Ad	4	4
Metservice	Search Ads	6	6
Google	Organic Post	4	2
	Sponsored Post	2	2
Facebook	Organic Post	4	2
	Sponsored Post	2	2
Instagram	Organic Post	4	2
	Sponsored Post	2	2
LinkedIn	Organic Post	4	2
	Sponsored Post	2	2
THF owned	Homepage	1	
	Campaign homepage	1	1
	Dedicated sponsor page	1	1
	Generic donor page		
	Monthly newsletter profile	1	1
	Monthly newsletter recognition		
	Quarterly Magazine	1	1



# Māori Health Strategy

There is clear evidence of wide and enduring inequalities between the health status of Māori and non-Māori. The TDHB Health Needs Assessment 2007 shows this to be the case in Taranaki also, that Māori people have poorer health than the rest of the population dying on average eight years earlier than non-Māori.

Some of the significant health disparities include:

- Avoidable hospitalisation and deaths among Māori over 65 years were significantly higher than for non-Māori
- Hospitalisation and death rates for cardiovascular disease were significantly higher for Māori than non-Māori and higher in Taranaki than in New Zealand
- Death rates from lung cancer were three times higher for Māori than non-Māori
- Māori had significantly higher rates of chronic obstructive pulmonary disease hospitalisation, 2 times higher for women and 3.5 times higher for men
- Māori diabetes hospitalisation rates were three times higher than for non-Māori
- Among Māori females the rate of renal failure in people with concurrent diabetes was 11 times higher and 15 times higher in Māori males, than their non-Māori counterparts

Taranaki DHB has made a commitment to establish mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services. In 2009, TDHB Set out a 20-year Māori health strategy. That aligns with the principles set out in Te Tiriti o Waitangi.

## Partnership

Working together with iwi, hapū, whānau, and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

## Participation

Involving Māori at all levels of the sector in decision-making, planning, development and delivery of health and disability services.

## Protection

Working to ensure Māori have at least the same level of health as non-Māori, and safe-guarding Māori cultural concepts, values and practices.



# Taranaki Health Statistics

## POPULATION PROFILE<sup>1</sup>

Populations served by TDHB	117,561
Median age	40
Males / Females	49.5% / 50.5%
Māori number & percentage	23,298 / 19.8%
Median Māori age	24.9

## MATERNITY<sup>2</sup>

Number of births in Taranaki each year	1,500
Average length of stay for natural birth	2 days
Average length of stay for caesarean birth	3-4 days

## NEONATAL<sup>2</sup>

Number of babies in Neonatal in 2020	220
Percentage of babies born that require Neonatal	15%



1: 2018 Census

2: TDHB Statistics

# Taranaki Health Statistics

## ICU<sup>2</sup>

Number of beds available **15**

Average bed occupancy **55.6%**

## EMERGENCY<sup>2</sup>

Total admissions in 2020 **46,276**

Total admissions in 2021 **47,893**

Average daily admissions **131.2**

Number of beds available **21**

## EMERGENCY<sup>2</sup>

Top 10 reasons for admission in 2020/21

Reason for admission*	Number of case
Casualty	8,529
Injury	8,228
Abdominal pain	7,457
Chest Pain	5,417
General unwell	5,215
Short of breath	4,310
Injury of upper limb	1,497
General weakness / fatigue	1,406
Infection	1,356
Fall	1,297

\*Reasons for admission based on TDHB categorisation



1: 2018 Census

2: TDHB Statistics

# Taranaki DHB Budget (2019/20)

Taranaki DHB Received a budget in 2019/20 of \$388 Million. This was divided amongst the following DHB funded facilities in Taranaki:

Facility	Budget
Hospital provider	\$204.5m
Primary personal health	\$79.6m
NGO health of older people	\$52m
Pharmacy	\$28.3m
NGO mental health	\$12.8m
Labs	\$5.5m
NGO Māori health	\$2.7m
Funding & Governance	\$2.6m

The \$204.5m allocated to the provision of hospitals, was further split into these departments

Department	Budget
Inpatients	\$98.3m
Outpatients	\$26m
Other programs & services	\$23.6m
Mental Health	\$21.6m
Maternity & Neonatal	\$13.7m
Health of older people	\$6.4m
Domestic nursing	\$5.7m
Emergency	\$5m
Radiology	\$2.2m
Patient travel & accommodation	\$2m





# Emergency





# Emergency - \$5 million to be raised

## Reason for focusing on Emergency

Emergency needs to have its own CT scanner

## What happens if funds aren't raised

- Emergency department will remain overcrowded
- There will be delays in diagnosis due to having to use radiology's CT Scanner
- Mental health patients will be hard to treat safely due to not having a dedicated space

## Benefits of new unit

- New CT scanner that will speedup patient diagnosis and treatment
- Increased bed space to ease overcrowding
- More space dedicated to paediatric care
- Dedicated facilities for the safe assessment and treatment of mental health patients
- Tighter integration with other hospital departments

# ICU



# ICU - \$3 million to be raised

## Reason for focusing on ICU

There is no direct Government funding for an ICU unit in Taranaki

## What happens if funds aren't raised

- Essential life saving treatment is delayed
- Patients are transferred to Hamilton
- Family and loved ones are put under undue stress and cost at what is already a traumatic time
- Lives will be lost through a lack of equipment, beds and specialist care

## Benefits of new unit

- Patients get treated much faster
- There is less risk to the patient as there is no need to transfer
- Saves money for the hospital with less helicopter transfers
- Families can stay close to their loved ones being treated and have less impact on their day-to-day life

# Neonatal



# Neonatal - \$6 million to be raised

## Reason for focusing on Neonatal

Without these funds, Taranaki will have a subpar neonatal unit

## What happens if funds aren't raised

- More newborns transferred to Hamilton
- Parents required to take time off work in order to relocate to Hamilton
- Additional cost and stress to parents
- Lives will be lost through a lack of equipment, beds and specialist care

## Benefits of new unit

- A state-of-the-art Neonatal unit within Taranaki
- Parents can stay local
- More support from friends and whānau
- Treated by doctors known to the family
- Faster treatment for the child

# Maternity



# Maternity - \$6 million to be raised

## Reason for focusing on Maternity

Maternity is the oldest department in desperate need of modernising

## What happens if funds aren't raised

- Taranaki will not have a maternity department that can deal with the increasing population
- There will be no primary birthing options
- There is no direct access to operating theatres for emergency procedures
- Few options for partners to stay overnight

## Benefits of new unit

- A modern maternity unit that can handle a variety of different birthing options
- Centralised monitoring of all patients
- A primary birthing unit giving mothers more options to give birth
- More opportunities for partners to stay overnight
- Direct access to operating theatre meaning patients will no longer need to be transferred through public corridors

# Radiology





# Radiology - \$5 million to be raised

## Reason for focusing on Radiology

Radiology is key to most operations throughout the hospital and needs modernising

## What happens if funds aren't raised

- The hospital will continue to use an MRI that is 16 years old
- There will be continued reliance on sending patients to private radiology clinics

## Benefits of new unit

- A new MRI will have clearer imaging and abilities to be used remotely. This will give clearer and faster diagnosis.
- Less risk of machinery breaking down and requiring maintenance
- Less reliance on the private radiology clinics in the region, thereby reducing cost and risk to the patient

# THANK YOU



Adrian Sole [gm@thf.org.nz](mailto:gm@thf.org.nz) 021 866 338

Grant Carter [grant@thf.org.nz](mailto:grant@thf.org.nz) 027 248 4044