

[REDACTED]

From: Official Information
Sent: Monday, 31 July 2017 4:50 p.m.
To: [REDACTED]
Subject: LGOIMA 17/271 response - [REDACTED] - Community Resilience Partnership Fund
Attachments: 2017 Contract_MoH_CCC Funding Mental Health.pdf; Business Case.docx

Dear [REDACTED],

Thank you for your email, received on 6 July 2017. You made the following request, under the Local Government Official Information and Meetings Act 1987 (LGOIMA):

"Please provide the following information in respect of the Community Resilience Partnership Fund:

- 1. Is there any agreement or understanding between the Government and The Council as regards the use of this fund and / or its administration?*
- 2. If yes to above please provide a copy of any relevant document recording that agreement or understanding.*
- 3. Is the fund contestable?*
- 4. If yes to 3 above, please explain the basis upon which the fund is to be contested and any relevant documents / application forms.*
- 5. If no to 3 above how are potential recipients selected for consideration. Please provide any documents relating to how the recipients are to be selected for consideration.*
- 6. What are the criteria for eligibility for the fund. Please provide any documents in which the criteria for eligibility are set out or discussed."*

Release of information

We will respond to each of your points in turn.

- 1. Is there any agreement or understanding between the Government and The Council as regards the use of this fund and / or its administration?*
Yes – please find this attached.
- 2. If yes to above please provide a copy of any relevant document recording that agreement or understanding.*
Yes – please find this attached.
- 3. Is the fund contestable?*
No.
- 4. If yes to 3 above, please explain the basis upon which the fund is to be contested and any relevant documents / application forms.*
- 5. If no to 3 above how are potential recipients selected for consideration. Please provide any documents relating to how the recipients are to be selected for consideration.*
Please note the contract was only signed in April 2017, so there is no agreement yet on the potential recipients.
- 6. What are the criteria for eligibility for the fund. Please provide any documents in which the criteria for eligibility are set out or discussed.*
The criteria are set out in the attached contract and business case.

You have the right to ask the Ombudsman to investigate and review our decision. Complaints can be sent by email to info@ombudsman.parliament.nz, by fax to (04) 471 2254, or by post to The Ombudsman, PO Box 10152, Wellington 6143.

Publication of responses to LGOIMA requests

Please note: this LGOIMA response will be published on the Christchurch City Council website shortly, with your personal details withheld. If you have any concerns about this please contact the Official Information team on officialinformation@ccc.govt.nz.

Yours sincerely,

Anna Sinclair

Public Information Adviser

Office of the Chief Executive

Christchurch City Council

53 Hereford Street, Christchurch 8011

PO Box 73016, Christchurch 8154

Agreement

between

HER MAJESTY THE QUEEN IN RIGHT OF HER GOVERNMENT IN NEW ZEALAND (acting by and through the Ministry of Health)

650 Great South Road
Private Bag 92-522
Wellesley Street
Auckland 1141
Ph: 09-580 9000
Fax: 09-580 9001

130 Grantham Street
PO Box 1031
Waikato Mail Centre
Hamilton 3240
Ph: 07-858 7000
Fax: 07-858 7001

133 Molesworth Street
PO Box 5013
Lambton Quay
Wellington 6145
Ph: 04-496 2000
Fax: 04-496 2340

6 Hazeldean Road
PO Box 3877
Christchurch 8140
Ph: 04-496-2000
Fax: 03-372 1015

481 Moray Place
PO Box 5849
Dunedin 9058
Ph: 03-474 8040
Fax: 03-474 8582

Contact:

Natu Levy

and

Christchurch City Council Supporting Mental Health Services in Canterbury – Community Resilience Partnership Fund

PO Box 73015
Christchurch
Ph: 03-941 8999
Fax: 03-379 7786

Contact:

Karleen Edwards

You, as the Provider, agree to provide the Services on the terms of this agreement.

Signed for and on behalf of
**HER MAJESTY THE QUEEN IN RIGHT OF
HER GOVERNMENT IN NEW ZEALAND**
(acting by and through the Ministry of Health)
by:



Authorised Signatory

Name: SAM KELLOWHER

Position: GROUP MANAGER

Date: 3/4/17

Signed for and on behalf of
CHRISTCHURCH CITY COUNCIL by:



Authorised Signatory

Name: Karleen Edwards

Position: Chief Executive

Date: 28-3-17

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SECTION A: GENERAL TERMS AND CONDITIONS

A1 MĀORI HEALTH

An overarching aim of the health and disability sector is the improvement of Māori health outcomes and the reduction of Māori health inequalities. You must comply with any:

- (a) Māori specific service requirements;
- (b) Māori specific quality requirements; and
- (c) Māori specific monitoring requirements

contained in the Service Specifications to this Agreement

A2 RELATIONSHIP PRINCIPLES

The following values will guide both of us in dealing with each other under this agreement:

- A2.1 **Integrity** - we will act towards each other honestly and in good faith;
- A2.2 **Open communication** - we will listen, talk and engage with each other openly and promptly including clear and timely written communication;
- A2.3 **Valuing People** - we will work in a co-operative and constructive manner recognising each other's viewpoints and respecting each other's differences;
- A2.4 **Accountability** - we will each recognise the accountabilities that each of us have to our respective and mutual clients and stakeholders; and
- A2.5 **Innovation** - we will build on our successes and encourage new approaches and creative solutions to achieve positive outcomes for communities and consumers of health and disability services.

A3 RESERVED

A4 TERM

This agreement will be from 1 April 2017 to 30 June 2019 unless ended earlier by either of us on the terms of this agreement.

A5 PROVISION OF SERVICES

You must provide the Services and conduct your practice or business in a prompt, efficient, professional and ethical manner and in accordance with:

- a. all relevant published Crown objectives and guidelines;
- b. Our Objectives and all relevant standards published or approved by us including any relevant Provider Quality Specifications; and
- c. all relevant Law.

A6 PAYMENTS

- A6.1 We will pay you for the Services as specified in the Service Schedule to this agreement.
- A6.2 We will pay you default interest on any amount due to you under this agreement and in arrears for more than 20 days at the base interest rate of our bankers plus 2% per year calculated from the due date for payment to the date of actual payment. You must first have given us an invoice completed in the format required and we must have received it by the date specified in the Service Schedule to this agreement.
- A6.3 We may withhold any payment for Services while you are in breach of this agreement.

A7 OTHER ARRANGEMENTS

- A7.1 You must not enter into any other contract or arrangement, which might prejudice your ability to meet your obligations in this agreement, but subject to this you may provide services to others.
- A7.2 Nothing in this agreement gives you an exclusive right to provide the Services and we may source services equivalent to yours from other suppliers.

A8 SUBCONTRACTING AND ASSIGNMENT

- A8.1 You must not subcontract or assign the benefit or burden of any of your obligations under this agreement without our prior written consent which may not be unreasonably withheld. If we give consent you must comply with any reasonable conditions we impose as part of the consent.
- A8.2 You will be responsible for all acts and omissions of your employees, agents and subcontractors even if they are done without your knowledge or approval.
- A8.3 We may transfer our rights under this agreement by giving you notice of this.

A9 INFORMATION AND INTELLECTUAL PROPERTY

- A9.1 The purpose of this clause A9 is to both of us all the rights we need to use and own the results of the Services, without the need for further consent. In this clause:

Author's Rights: means those rights given to an author in Part IV of the Copyright Act 1994 (including rights to identification and restrictions on certain uses of the work);

Information: means any information or material owned by us; or that you obtain from us; or you otherwise acquire or produce directly in connection with the provision of the Services;

Intellectual Property Rights: means copyrights, design rights, patents, trade or service marks (whether or not registered and including applications for registration) and all rights or forms of protection of a similar nature.

- A9.2 We acknowledge that the Intellectual Property Rights that you own prior to the date of this agreement remain your property. You grant us a non-exclusive, transferable, irrevocable licence to use your Intellectual Property Rights but only to the extent that is necessary for us to use and own the results of the Services.
- A9.3 Nothing in this agreement gives us ownership of your nga mea tikanga me nga taonga Māori.
- A9.4 You acknowledge that the Intellectual Property Rights we own remain our property. We grant you a non-exclusive licence to use these Intellectual Property Rights, for the purpose of you performing your obligations under this agreement.
- A9.5 You confirm that:
- a. the creation and use of the Information, the assignment and licence of any rights to us under this agreement and your performance of the Services will not infringe the rights of any person; and
 - b. you have, or will obtain, all necessary licences and consents required to perform the Services and your obligations under this agreement (before you start to perform them), including the irrevocable waiver by all relevant persons of their Author's Rights in the Information in relation to its use by either of us.

In respect of any Health Education Resources and any other copyright works (as defined in the Copyright Act 1994) which you produce or arrange to be produced directly in connection with the Services, both of us will share all present and future copyright in those copyright works related to the services performed in this agreement.

A9.6 If any claim is made against us that our use of the Information infringes the Intellectual Property Rights of anyone, you will, at your cost, provide us with all reasonable assistance to defend the claim.

A9.7 When this agreement ends (for whatever reason) you will assist us to share and transfer the Information within your possession or control to us in a manner that preserves the Information and its integrity. You must ensure that the shared Information transferred is of sufficient quality, clarity and completeness to enable us to understand it and use it for our purposes. If this agreement is lawfully ended due to a breach by a party, then the party in breach will pay the costs of complying with this transfer clause, otherwise these costs will be shared equally.

A10 INFORMATION AND REPORTS

You must:

- a. keep secure accurate records of the performance by you and your employees, agents and advisers of this agreement (Records) and make them available to us in accordance with our reasonable instructions;
- b. keep proper business records and promptly complete a balance sheet, statement of income and expenditure and cashflows in accordance with accepted accountancy principles at the end of each financial year; and
- c. report to us on the performance of this agreement in accordance with our reasonable instructions and if requested by us send reports direct to any Minister of the Crown or any governmental body in the manner we specify.

A11 AUDIT

A11.1 You and your permitted sub-contractors must allow us and our authorised agents, access on reasonable notice to:

- a. your premises;
 - b. all premises where the Records are kept; and
 - c. staff, sub-contractors or other people used by you in providing the Services,
- and allow us to interview any staff, subcontractors and the people you supply Services to (and their families) for the purposes of carrying out an audit of your performance and compliance with this agreement.

A11.2 Our right to audit under this clause continues after this agreement ends but only to the extent that it is relevant to the period during which this agreement exists.

A12 INSURANCE

You must effect and maintain such insurance that will cover a minimum of three times the total value of this agreement.

A13 INDEMNITY

You must indemnify us against all claims, damages, penalties, losses and costs (whether direct or indirect) which we incur as the result of your performance of the Services or your failure to comply with your obligations in this agreement.

A14 COMPLAINTS

You must comply with any applicable standards for the health sector relating to complaints and comply with the requirements of any Complaints Body. If there is no applicable standard, then you must implement a complaints procedure if specified in this agreement.

A15 NOTIFICATION OF PROBLEMS

A15.1 You must advise us promptly in writing:

- a. of anything which may or is likely to materially reduce or affect your ability to provide the Services, including anything relating to any premises or equipment used by you or your key personnel;
- b. if you materially fail to comply with any of your obligations in this agreement;
- c. of any serious complaints or disputes which directly or indirectly relate to the provision of the Services; and
- d. of any issues concerning the Services that might have high media or public interest.

A15.2 You must have in place realistic and reasonable risk management processes and contingency plans to enable you to continue to provide the Services on the occurrence of any of the matters in this clause 15, and must provide us with details of those plans if we request them.

A16 PUBLIC STATEMENTS AND ADVERTISING

A16.1 Neither of us may during or after this agreement either directly or indirectly criticise the other publicly, without first fully discussing the matters of concern with the other in good faith and in a co-operative and constructive manner. Nothing in this clause prevents either of us from discussing any matters of concern with our respective staff, subcontractors, agents or advisers.

A16.2 You must not use our name or logo without our prior written consent and then only in accordance with our instructions.

A17 DISPUTE RESOLUTION

A17.1 If either of us has any dispute with the other in connection with this agreement, then:

- a. both of us will use our best endeavours to settle the dispute by agreement between us and act in good faith and co-operate with each other to resolve the dispute;
- b. if the dispute is not settled by agreement between us within 30 days, then, unless both of us agree otherwise:
 - i. full written particulars of the dispute must be promptly given to the other; and
 - ii. the matter will be referred to mediation in accordance with the Health Sector Mediation and Arbitration Rules 1993, a copy of which is available from us;
- c. neither of us will initiate any litigation during the dispute resolution process outlined in paragraph b. above, unless proceedings are necessary for preserving the party's rights; and
- d. both of us will continue to comply with all our obligations in this agreement until the dispute is resolved, but payments may be withheld to the extent that they are disputed.

A17.2 Clause 17.1 will not apply to any dispute:

- a. concerning any renegotiation of any part of this agreement; or
- b. directly or indirectly arising from any matter which has been referred to a Complaints Body unless the Complaints Body directs otherwise.

A18 VARIATIONS TO THIS AGREEMENT

We may vary this agreement by 30 days written notice to you to comply with any requirement imposed on us by the Crown, but otherwise this agreement may only be varied by written agreement signed by both of us.

Where possible we will give you at least 30 days notice of any change to this agreement required by the Crown and we will consult with you to reach agreement on the changes. If we cannot both agree within 30 days, then either of us may cancel this agreement by giving at least 30 days prior written notice.

A19 OUR LIABILITY

A19.1 While we are liable to pay you for the Services on the terms of this agreement, we are not liable to you for any claims, damages, penalties, losses or any other costs you incur in performing the Services.

A20 ENDING THIS AGREEMENT

A20.1 Without limiting any other rights we may have, we may end this agreement immediately by written notice to you if :

- a. we have good reason to believe you are or will be unable to carry out all your material obligations under this agreement. (Before ending this agreement for this reason we must Consult with you and if we believe the health or safety of any person is at risk we may suspend your provision of the Services while we Consult with you);
- b. you have failed to carry out any of your obligations in this agreement and the failure is material and cannot be remedied;
- c. you (or any one of you) are adjudged bankrupt;
- d. you are a company and you are placed in receivership or liquidation;
- e. you have failed to carry out any of your obligations in this agreement and the failure can be remedied by you but you fail to do so within 30 days of receiving written notice of the default from us.

A20.2 If after 30 days from your receiving our notice referred to in clause 20.1e, the obligation still has not been met, we may by written notice, instead of ending this agreement:

- a. at any time vary or withdraw from the coverage of this agreement any of the Services in respect of which you have not met your obligation, either straight away or at any later date; and
- b. cease payment for any of the Services from the date of their withdrawal.

You have the same rights and must follow the same procedures if we have not met a material obligation under this agreement and as a consequence you wish to withdraw the relevant Service.

A21 CONFIDENTIALITY

Except to the extent that this agreement otherwise provides, or we are required to disclose information by law, neither of us may disclose to any other person any information provided to the other which we agree is confidential or which is either commercially sensitive or not intended for disclosure to third parties (Confidential Information), unless and until the Confidential Information becomes public knowledge but not because of a breach of any obligation of confidence.

When this agreement ends you must return to us all of our Confidential Information in your possession or control.

Both of us acknowledge that this agreement, but not any Confidential Information, may be published by us through any media including electronically via the Internet.

A22 NO ACTION BY THIRD PARTIES

This agreement is not intended to confer legally enforceable benefits on any person who is not a party to it and no third party may enforce any of the provisions in this agreement.

A23 WAIVER AND RIGHTS

- A23.1 Your Services must always be performed in the time frame specified in the agreement. Any waiver by either of us of this requirement or of any other right or remedy we may have under this agreement must be in writing and duly signed. Each waiver may only be relied on for the specific purpose for which it is given. A failure or delay by either one of us to exercise any right given to it under this agreement does not mean that the right has been waived.
- A23.2 The exercise by us of any express right set out in this agreement (Express Right) does not limit any other rights, powers or remedies available to us under this agreement, at law or in equity, including any rights, powers or remedies which would be available to us if the Express Rights were not set out in this agreement.

A24 ENTIRE AGREEMENT

This agreement sets out the entire agreement and understanding between both of us and replaces all prior oral or written statements, representations and agreements or arrangements relating to its subject matter.

A25 NOTICES

- A25.1 Any notice given pursuant to the agreement must be in writing and may be served personally or sent by registered mail or by facsimile transmission. All notices must state the contract reference number given to this agreement.
- A25.2 Notices given:
- a. personally are served upon delivery;
 - b. by post (other than airmail) are served three days after posting;
 - c. by airmail are served two days after posting; and
 - d. by facsimile are served upon receipt of the correct answer back or receipt code.
- A25.3 The address and facsimile number for each of us are as specified in this agreement or as from time to time notified in writing to the other party.

A26 RELATIONSHIP

Nothing in this agreement should be interpreted as constituting either of us an agent, partner or employee of the other and neither we nor you may represent to anyone that:

- A26.1 it is the other party or is an agent, partner, trustee, joint venture partner or employee of the other party; or
- A26.2 it has any power or authority to incur any obligation of any nature on behalf of the other party.

A27 PARTIAL INVALIDITY

Each term of this agreement is separately binding. If any provision in this agreement is lawfully held to be illegal, unenforceable or invalid, this will not affect the remainder of this agreement which will remain in force.

A28 INTERPRETATION

In this agreement:

- a. "we", "us" and "our" means the Ministry of Health including its legal successors and its permitted consultants, subcontractors, agents, employees and assignees;
- b. "you" and "your" means the Provider named in this agreement including its permitted subcontractors, agents, employees and assignees;
- c. "both of us", "each of us", "either of us" and "neither of us" refers to the parties;

- d. terms given a defined meaning in this agreement have that meaning where the context permits words referring to the singular include the plural and the reverse;
- e. any reference to any of the parties includes that party's executors, administrators or permitted assigns, or if a company, its successors or permitted assigns or both;
- f. everything expressed or implied in this agreement which involves more than one person binds and benefits those people jointly and severally;
- g. clause headings are for reference purposes only;
- h. a reference to a statute includes:
 - all regulations under that statute;
 - all amendments to that statute; and
 - any statute substituting for it which incorporates any of its provisions
- i. all periods of time or notice exclude the days on which they are given and include the days on which they expire; and
- j. all references to "including" are to be read as "including without limitation".

A29 DEFINITIONS

In this agreement the following expressions have the stated meaning:

<u>Expression</u>	<u>Meaning</u>
Act	The New Zealand Public Health and Disability Act 2000.
Agreement	This agreement and each schedule to this agreement.
Complaints Body	Any organisation appointed to deal with complaints relating to the Services: <ul style="list-style-type: none">a. under this agreement;b. by both of us by mutual agreement;c. by a Health Professional Authority;d. by Law; ore. by us as an advisory committee.
Consult	Each of us must: <ul style="list-style-type: none">a. fully state our proposals and views to the other and carefully consider each response to them;b. act in good faith and not predetermine any matter; andc. give the other adequate opportunity to consult any other interested party. <p>The obligation of either of us to Consult will be discharged if the other refuses or fails to Consult.</p>
Health Education Resources	Leaflets, posters, stickers, cards, manuals, resource kits, training kits, videos or other similar material (but excluding newsletters) which are about promoting health for general distribution or for people in a specified group provided for under this agreement.
Health Professional Authority	Any authority or body that is empowered by any statute or the rules of any body or organisation, to exercise disciplinary powers in respect of any person who is involved in the supply of health and disability services.
Law	Includes: <ul style="list-style-type: none">a. any legislation, decree, judgment, order or by-law;

- b. any rule, protocol, code of ethics, practice or conduct and other ethical or other standards, guidelines and requirements of any Health Professional Authority;
 - c. any relevant standards of the New Zealand Standards Association; and
 - d. any future law.
- Ministry The Ministry of Health (by whatever name known) and any successor department of state and include the Minister of Health and the Director-General of Health and any of his her or their delegates.
- Our Objectives Include:
 - a. the objectives specified in our statement of intent (as defined in the Act); and
 - b. to meet the Crown's objectives notified to us under the Act from time to time.
- Services The health services and/or disability services specified in the Service Schedule.

SECTION B: PROVIDER SPECIFIC TERMS AND CONDITIONS

B1 INTRODUCTION

B1.1 It is agreed that the following details apply to this Service Schedule.

Legal Entity Name	Christchurch City Council
Legal Entity Number	226431
Contract Number	357467/00
Service Commencement Date	01 April 2017
Service End Date	30 June 2019

It is agreed that the services will be paid for in accordance with the details given in the Payment Details below.

B2 DETAILS OF ALL PURCHASE UNITS WHICH APPLY TO THIS SERVICE SCHEDULE

Purchase Unit (PU ID)	Total Price excl. GST	GST Rate (%)	Payment Type
MHFF Mental Health Flexi Fund	\$3,000,000.00	15	CMS
Total price for the Service Schedule	\$3,000,000.00		

B3 PAYMENT DETAILS

B3.1 Price

The price we will pay for the Service you provide is specified above. Note that all prices are exclusive of GST.

B3.2 Invoicing

We will pay you on the dates set out in the Payment Schedule below for the services you provide in each invoice period so long as we receive a valid GST tax invoice from you. The invoice must meet all legal requirements and must contain the following information:

- provider name (legal entity name)
- provider number (legal entity number)
- provider invoice number
- contract number
- purchase unit number or a description of the service being provided
- date the invoice is due to be paid/date payment expected
- dollar amount to be paid
- period the service was provided
- volume, if applicable
- GST rate
- GST number

If we do not receive an invoice from you by the dates set out in the Payment Schedule below, then we will pay you within 20 days after we receive the invoice.

B3.3 Invoicing Address

Send invoices to:

providerinvoices@moh.govt.nz

or post to:

Provider Payments
Ministry of Health
Private Bag 1942
Dunedin 9054

B4 PAYMENT SCHEDULE

Payments will be made by us on these dates:	On invoices received by us on or before:	For services supplied in the period:	Amount (excl GST)
03 April 2017	01 April 2017	01 July 2017 – 30 June 2017	\$1,000,000.00
20 July 2017	30 June 2017	01 July 2017 – 30 June 2018	\$1,000,000.00
20 July 2018	30 June 2018	01 July 2017 – 30 June 2019	\$1,000,000.00
Total			\$3,000,000.00

B5 VULNERABLE CHILDREN ACT 2014

According to section 15 of the Vulnerable Children Act 2014¹, children's services cover the following:

- services provided to one or more children
- services to adults in respect of one or more children

NB At a future date, the scope of children's services can be expanded by regulations. Expansion may include services to adults which could significantly affect the well-being of children in that household.

Child Protection Policy

If you provide children's services as per section 15 of the Vulnerable Children Act 2014 you will adopt a child protection policy as soon as practicable and review the policy within three years from the date of its adoption or most recent review. Thereafter, you will review the policy at least every three years. In accordance with the requirements set out in section 19(a) and (b) of the Vulnerable Children Act 2014, your child protection policy must apply to the provision of children's services (as defined in section 15 of the Act), must be written and must contain provisions on the identification and reporting of child abuse and neglect in accordance with section 15 of the Children, Young Persons, and Their Families Act 1989.

Worker Safety Checks

If you have workers that provide children's services, the safety check requirements under the Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015 will need to be complied with.²

¹ <http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html>

² <http://www.legislation.govt.nz/regulation/public/2015/0106/latest/DLM6482241.html>

SECTION C: SERVICE SPECIFICATION

Supporting Mental Health in Canterbury - Community Resilience Partnership Fund

Background

1. In May 2016, the Minister of Health announced a package of initiatives that would boost current mental health services.
2. The package included additional localised clinical and non-clinical resources as well as further funding for current programmes.
3. You are actively involved in psychosocial recovery and are well placed to support community-led recovery initiatives that will build stronger, more resilient and connected communities.
4. This Agreement reflects our commitment to provide one million dollars (\$1,000,000.00) (excluding GST) per annum to the Christchurch City Council's Earthquake Fund (the Fund) for three years from 1 April 2017 to 30 June 2019.
5. You have resolved to commit \$1 million to the Fund in your 2016/17 Annual Plan.
6. For 2017/18, and 2018/19, we agree that the ongoing funding of \$1 million per annum by the Ministry will be subject to the Council's ability and commitment to provide matching funds of \$1 million per annum to the Fund.
7. The Fund is to support projects that strengthen communities by increasing community participation, connectedness and resilience.
8. The intention is that the Fund will focus on innovative projects that will make a measurable difference within communities.
9. The Council will work with communities, community organisations and other stakeholders to develop local projects and initiatives that support communities to renew, rebuild, adapt and thrive in the 'new normal'.

Collaboration

You agree to:

10. Seek a high degree of collaboration and trust between the Council and communities, neighbouring councils from across the greater Christchurch area, and other agencies.
11. Include the Psychosocial Governance Group as a key partner who will be consulted on for key initiatives supported through the fund.
12. Consider working with agencies involved in the Psychosocial Governance Group who wish to be actively involved in the initiatives.

Funding

13. We agree that the Fund may be used by you to fund initiatives where the Fund is either the sole funding source or initiatives where there are multi funders.
14. You will be responsible for managing services, projects, activities, the overall aims, objectives and intended outcomes of the Fund.

15. You will not use this Fund for providing for, or conducting, the following services or activities:
- 15.1 Specialised mental health services or services to individuals
 - 15.2 Universal health promotion activities that replicate the "All Right" Campaign
 - 15.3 Retrospective costs or project or purchase costs incurred or settled before the agreed commencement date of the funding agreement
 - 15.4 Debt servicing or re-financing costs
 - 15.5 Stock or capital market investment
 - 15.6 Gambling or prize money
 - 15.7 Entertainment costs (except for costs directly linked to volunteer recognition)
 - 15.8 Fundraising or general income-growth purposes
 - 15.9 Medical or healthcare costs – including treatment and insurance fees
 - 15.10 Payment of fines, court costs, IRD penalties or retrospective tax payment
 - 15.11 Projects that are considered to be the primary responsibility of a Council unit, a Central government agency or another agency.

Evaluation

16. You will undertake, if appropriate, evaluations and reviews to ensure activities and services supported by the Fund are high quality, effective, efficient and are appropriately targeted.
17. The Fund may also be used for the purpose of conducting evaluations or reviews to ascertain the effectiveness of the projects and activities carried out by community partners associated with the Fund.

Reporting

18. You will provide evidence that the Council's contribution have been satisfied as set out in Clause 6 of this Service Specification.
19. We support your use of a Results Based Accountability (RBA) framework to measure improvements in outcomes in the provisions of mental health services in your region.
20. We broadly recognises RBA performance as those measures that inform us:
- 20.1 How much did we do?
 - 20.2 How well did we do it?
 - 20.3 Is anyone better off?
21. We may from time to time, require a summary report of the most critical RBA performance measures as determined by you, that best support community resilience and wellbeing in relation how the Fund has been used.
22. You may choose to supply summary information on any evaluations or reviews carried out by you to ascertain the effectiveness of the projects and activities carried out by community partners.
23. Reports should quote "Supporting Mental Health in Canterbury - 357467" in the subject line and sent to: MentalHealth&AddictionContracts@moh.govt.nz

BUSINESS CASE - A CROWN-COUNCIL-COMMUNITY RESILIENCE PARTNERSHIP

Purpose

1. The purpose of this paper is to:
 - 1.1. provide the rationale for establishing the Crown-Council-Community Resilience Fund; and
 - 1.2. provide operational details about the fund, including its objectives, outcomes and funding processes.

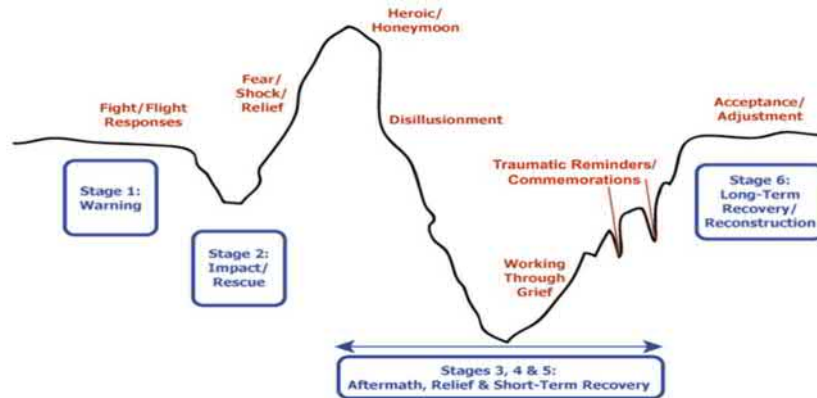
Background

2. On 18 February 2016 the Mayor of Christchurch wrote to the Minister of Health proposing the Crown consider partnering with the Christchurch City Council (the Council) to support community-led psychosocial wellbeing and resilience, and address outstanding earthquake issues acting as a barrier to people's participation in the recovery.
3. In May 2016 the Minister of Health announced a package of ten initiatives that would boost current mental health services. The package included additional localised clinical and non-clinical resources as well as further funding for current programmes such as the 'All Right?' Campaign. It also included a contribution of approximately \$1.0 million per annum to the Christchurch City Council's Earthquake Fund for three years from 2016/17.
4. The Council resolved to commit \$1.0 million to the Fund in its 2016/17 Annual Plan. Ongoing funding is subject to the Council's annual planning requirements (as required by the Local Government Act 2002).

Rationale for Partnership Fund

5. The people of Canterbury have had their quality of life and wellbeing affected by the Canterbury earthquakes. The following pages provide the rationale for the Partnership Fund, including the need to:
 - 5.1. Continue the work undertaken to date with the Christchurch Psychosocial Recovery Programme
 - 5.2. Increase community resilience and community participation and leadership
 - 5.3. Resolve the continued barriers to participation that people are facing.
6. International literature suggests that psychosocial recovery following a major disaster can take five to ten years. As noted in the Cabinet Paper: *Supporting Mental Health Services in Canterbury*, this places the people of Christchurch at the half-way point. The diagram below, *Phases of Collective Trauma Response* maps out a traditional, linear timeframe for single event. However, a map of the collective trauma response to the Canterbury earthquakes would look much different due to the number of seismic events that hit the city since 2010 and the repeated re-visiting of some of the phases.

Phases of Collective Trauma Response



Source: California Department of Mental Health (2012)

7. Peoples' anxiety associated with the earthquakes and aftershocks has generally diminished. However, the 14 February 2016 earthquake and the subsequent aftershocks were a sharp reminder of the continued seismic events that have been occurring in Christchurch. Reports suggested that these earthquakes were a setback for the mental health of many Cantabrians and a robust psychosocial recovery programme is still needed.
8. A comprehensive psychosocial recovery programme reflects the fact that most people are resilient and recover in time with the support of their families and communities. It also reflects that the best intervention is at the earliest opportunity and at the lowest level possible to try and stop problems escalating, becoming entrenched and becoming more costly to resolve. Support within the community allows peoples' innate psychological resilience and coping mechanisms to come to the fore.¹
9. For some people, more targeted interventions will be needed, depending on the nature and severity of disaster events and the intensity and persistence of primary and secondary stressors.^{2,3}
10. Psychosocial recovery is also inherently linked to other parts of the recovery process. This has become particularly evident in Canterbury as the rebuild process has taken longer than many people originally anticipated. The physical rebuild is now progressing well. However, the ongoing disruption to peoples' lives, including the relocation or loss of facilities (such as sporting facilities or shops), dislocation, and the sense of living in an extensively damaged environment continue to impact on the psychosocial recovery of people in Canterbury. Secondary stressors such as dealing with insurance issues, making decisions over repairs, and parents' concerns about impacts on their children continue to cause indirect stress^{4,5}.

¹ Richardson, A (2010) Review of Community Recovery Initiatives. Christchurch: CDHB; Gluckman, Peter (2011) The psychosocial consequences of the Canterbury earthquakes – A briefing paper. Wellington. Office Of The Prime Minister's Science Advisory Committee

² Lock et al (2002) Secondary Stressors and Extreme Events and Disasters: A Systematic Review of Primary Research from 2010-2011

³ Richardson, A (2010) Review of Community Recovery Initiatives. Christchurch: CDHB; Gluckman, Peter (2011) The psychosocial consequences of the Canterbury earthquakes – A briefing paper. Wellington. Office Of The Prime Minister's Science Advisory Committee

⁴ Hutton D. Psychosocial aspects of disaster recovery: integrating communities into disaster planning and policy making. Montreal: Institute for Catastrophic Loss Reduction, 2001

⁵ Lock et al (2002) Secondary Stressors and Extreme Events and Disasters: A Systematic Review of Primary Research from 2010-2011

11. The “uneven” progress of the recovery, especially for the hardest-hit communities, and for those with unresolved property issues, still places some in what the Prime Minister’s Chief Science Advisor Professor Sir Peter Gluckman describes as the “long-term recovery and rehabilitation phase”⁶

Christchurch Psychosocial Recovery Programme

12. Activities surrounding psychosocial recovery are set out in the *Community in Mind: Shared Programme of Action*, which was developed in 2014 by the Canterbury Earthquake Recovery Authority (CERA) in conjunction with its strategic partners, including the Christchurch City Council. The Programme of Action is intended to improve community and individual resilience and support people to shape and lead their own recovery.
13. The *Community in Mind: Shared Programme of Action* identified three priorities for effective psychosocial recovery of individuals and communities in greater Christchurch. These were:
 - 13.1. a community-led response in which community leaders and communities plan and initiate actions for recovery
 - 13.2. innovative service provision in which innovative support services are available for those who need them, with targeted services for those most in need
 - 13.3. communication and engagement between the service response, the self-organising responses and individuals and communities.
14. As the Cabinet Paper, *Supporting Mental Health Services in Canterbury*, identified, since the major earthquakes in Christchurch in 2010 and 2011, a range of local and central government agencies and organisations have been contributing to efforts to improve resilience, help communities reconnect, and provide targeted support services to avoid long-term mental health issues.
15. The Cabinet Paper also identifies the need to strengthen capacity across the continuum of psychosocial recovery. It is for this reason the engagement of the Council in the lower levels of the pyramid and the continuation of the ‘All Right?’ Campaign is critical.
16. The Council has been actively involved in psychosocial recovery. The Council is well placed to support community-led recovery initiatives that will build stronger, more resilient and connected communities.



⁶ Gluckman (2011) The psychosocial consequences of the Canterbury earthquakes

Community Resilience

17. Recovery arrangements need to be viewed within a resilience framework. The *Recovery Strategy for Greater Christchurch Mahere Haumanutanga o Waitaha*⁷ identified the need to strengthen community resilience and wellbeing and enhance quality of life by empowering local communities to shape and lead their own recovery.
18. Resilient communities are characterised by a shared commitment among people to act collectively and cooperatively for the good of their community. Strong communities maximise their resources by developing networks and relationships among people and groups, building trust and creating self-reliance.
19. The *100 Resilient Cities* Programme defines resilience as the capacity of individuals, communities, institutions, businesses, and systems to survive, adapt and grow no matter what kinds of chronic stresses and acute shocks they experience.
20. A Preliminary Resilience Assessment was published in September 2015 as a first stage in preparing the *Resilient Greater Christchurch Plan* (the Plan). The Resilience Assessment was based on extensive engagement with a wide range of stakeholders from the community, business groups, technical specialists, academics, community leaders and government agencies. From this work, a number of interconnected resilience challenges emerged, including:
 - 20.1. **Building community and social cohesion** - the importance of connections to each other – as neighbours, families, whānau and communities of shared interest and identity, as well as geographically.
 - 20.2. **Securing our future in the eastern parts of Christchurch** - earthquakes had a huge effect in the East, with more than 6000 homes demolished and 6.3 square kilometres of land declared a ‘residential red zone’. The East is also home to some of the city’s most socially and economically disadvantaged communities. The future use of the residential red zone is uncertain and will involve some difficult decisions but presents an exciting opportunity for a creative and collaborative solution.
 - 20.3. **Supporting community leadership** - the response and recovery to the earthquakes created an environment in which informal, spontaneous and organised responses were led by the community. This was built on the extensive existing community networks and support systems that connect communities in Greater Christchurch. Sustaining such community empowerment and leadership requires an enabling environment and support for leaders is crucial to building our capacity to respond, adapt and bounce back from shocks and stresses.
 - 20.4. **Building trust between the community and decision makers** - post-disaster experience around the world contains consistent accounts of phases of distrust in governance organisations. A key task is for government – central and local – to become more collaborative and consistent by uniting and working to build consensus. This is fundamental to building back trust which is essential in encouraging the community to participate in the projects, initiatives and decisions that affect them.

⁷ Canterbury Earthquake Recovery Authority (2012). *Recovery Strategy for Greater Christchurch Mahere Haumanutanga o Waitaha*. Christchurch: Canterbury Earthquake Recovery Authority.

Community Participation and Leadership

21. Resilience building is most effective when community members are engaged and invested. The people living within a community are often the most knowledgeable about its opportunities and challenges, and are best-suited to act on them.⁸
22. Community-led action strengthens the resilience of communities⁹
23. Communities have many assets and strengths that can help achieve a wide range of objectives that serve the interests of the community. Involving local people in the co-production of services and initiatives not only provides an opportunity for people to participate, but results in more effective services that are more appropriate for and appealing to the local population. Building on local knowledge and the energy and commitment of the people who live in those communities is important for achieving better results.
24. Following a disaster, enabling participation across a diverse range of interests has a more empowering psychosocial impact than other more remedial forms of psychological intervention, and the impacts can be positive and lasting.¹⁰
25. Local solutions are often more effective and enduring.¹¹ Social capital accumulates and evolves over time, allowing the community to continually build up its knowledge, skills and place-based wisdom. Psychological stress can be created or compounded when the interests and priorities of communities (or parts of communities) are not actively engaged in recovery planning and policy decisions. If residents are partners in reconstruction planning, they are tolerant of delays, and they are more satisfied with the results.¹²

Barriers to Participation

26. Currently, not all people are able to "move on" and/or participate in the rebuilding of their communities. More than five years after the earthquakes, there are still property owners with unresolved insurance issues. Recent figures from the Ministry of Business, Innovation and Employment provide that 7,470 properties have unsettled dwelling claims with the Earthquake Commission or with private insurers. These figures do not include properties that may potentially require the "re-repair" of substandard earthquake repairs.
27. The knock-on effects of unresolved property claims such as uncertainty, financial insecurity and exhaustion can cause high levels of stress and anxiety. The 2015 CERA Wellbeing Survey found that those with unresolved property claims and insurance issues continue to have poorer wellbeing outcomes than the rest of the population.¹³
28. Several organisations have been working in Christchurch to assist property owners to progress and/or resolve their insurance issues. These organisations include the Residential Advisory Service, the Canterbury Insurance Assistance Service and the Earthquake Support Coordination Service. The Council has previously funded both the Residential Advisory Service and the Canterbury Insurance Assistance Service from the Christchurch Earthquake Mayoral Relief Fund. Demand for assistance and support towards the resolution of property claims remains high.

⁸ Michael Lewis and Pat Conaty, *The Resilience Imperative: Cooperative Transitions to a Steady - State Economy* ,

⁹ Thornley et al, 2013, Nelson, 200

¹⁰ Gist et al., 1999

¹² Johnson and Olshansky, 2013

¹² Johnson and Olshansky, 2013

¹³ Unresolved property issues was a significant factor for those people less likely to rate their overall quality of life positively and who identified they experienced stress most of the time. Conversely of those more likely to rate their quality of life positively, 88% had not needed to make an insurance claim on their dwelling

29. The Ministry of Business, Innovation and Employment is currently facilitating city-wide discussions about what sort of service can best support those with outstanding insurance claims; how recovery organisations might work together effectively for homeowners, and how these services might be funded. It is likely that some or all of the existing services will be broadened to include not only legal and technical advice and advocacy services, but will also address the barriers and supports that people need to resolve their property issues.
30. Removing barriers to participation will improve both individual and community resilience. At an individual and family level, social connection is a major factor in promoting wellbeing and preventing mental health problems across all age groups. Having close relationships with others has been found to be a key characteristic of people who have high levels of wellbeing¹⁴. The most significant difference between people with mental health problems and people without is social participation¹⁵.

Community Resilience Fund (Crown-Council Earthquake Recovery Partnership)

1. This section provides an overview of the proposed Community Resilience Fund (Crown-Council earthquake recovery partnership), which is aimed at increasing community participation, connectedness and resilience.

Purpose of the Community Resilience Fund

2. The Community Resilience Fund will support projects that strengthen communities by increasing community participation, connectedness and resilience. The intention is that the Fund will focus on innovative projects that will make a measurable difference within communities. The Council will work with communities, community organisations and other stakeholders to develop local projects and initiatives that support communities to renew, rebuild, adapt and thrive in the 'new normal'.

Objectives of the Community Resilience Fund

3. The initiatives supported through his fund align with the priorities in the *Community in Mind: Shared Programme of Action*, the *Resilient Greater Christchurch Plan* and the evidence of effective psychosocial/resilience interventions
4. The Fund will invest in initiatives which contribute to Community Resilience through:

Community Connection and Activation

- § Strengthen connections between neighbours, families, whānau and communities of shared interest and identity, as well as geographically.
- § Create and activate places within local communities that increase access to opportunities for physical activity and social connection.

Community-led Response

- § Support local community-led initiatives

¹⁴ Jenkins et al. Foresight, Government Office for Science (2008), Mental Health: Future Challenges.UK

¹⁵ The New Economics Foundation (2008), Five Ways to Wellbeing: The Evidence. UK

- § Recognise and utilise the resources, skills, knowledge and infrastructure of local communities
- § Build on existing community strengths and reflect the local context.

Capacity Building

- § Strengthen the capacity and capability of communities to identify and deliver effective services and activities that will increase community resilience and wellbeing
- § Identify and cultivating local leadership

Collaboration

- § Create collaborative ways of working that will endure beyond the completion of a specific project.
- § Engage a broad range of stakeholders to identify common interests and benefits that might be achieved by working together and engender long-term commitment to being part of the solution.

Innovation & Enterprise

- § Encourage innovation and creativity
- § Encourage and enables social enterprise

Removing Barriers to Participation and Resilience

- § Remove earthquake related barriers to participation and resilience
- § Support initiatives that enhance peoples' ability to access to appropriate services
- § Increase participation in and awareness of community, recreation, sports, arts, heritage and environment groups, programmes and local events

Securing our future in the eastern parts of Christchurch

- § Secure a future in the eastern parts of Christchurch
- § Support or enhance legacy projects in eastern Christchurch

Evidence-informed Responses

- § Draw on research, data and community knowledge to enable initiatives to achieve the greatest impact.

Outcomes of the Community Resilience Fund

5. The strategic outcome for the Fund is resilient communities supporting the health, wellbeing and resilience of individuals and families.
6. The long-term outcomes for the Fund are:
 - § More communities empowered to plan and lead their own initiatives
 - § Active and thriving neighbourhoods
 - § Enhanced levels of social capital
 - § More integrated and resilient communities

7. The medium-term outcomes for the fund are:
 - § Active Citizens – Increased participation in community activities & decision-making
 - § Community Activation - Increased places within local communities to live, work, play and contribute. Better utilisation of public resources and spaces.
 - § Community-led - Increased community-led activities and initiatives
 - § Community Leadership - Increased leadership by and within communities
 - § Collaboration - More collaboration amongst stakeholders.
 - § Volunteering & Reciprocity - Increased voluntary actions
 - § Access to participation - Improved connection to support networks and services
 - § Optimism & Efficacy - Increased optimism and sense of efficacy

8. The Programme outcomes for the Fund are:
 - § More people volunteering and involved in community life
 - § Increased activities in local communities
 - § Increased attendance and active participation in community activities
 - § Increased resident satisfaction with local activities
 - § Increased sense of belonging to local community
 - § Improved access to services and programmes
 - § Increased mobilisation of local resources
 - § Increased leverage of outside support
 - § Increase innovation and creativity in local actions and responses

Outcome Framework

OUTPUTS	OUTPUTS		OUTCOMES		
	<i>Activities</i>	<i>Participation</i>	<i>Short</i>	<i>Medium</i>	<i>Long</i>
<ul style="list-style-type: none"> - Funding - Local people (skills and capacity) - Community development support - Local facilities and spaces 	<ul style="list-style-type: none"> - Development and Outreach work - Events - Facilities activation - Information Provision - Volunteering opportunities - Knowledge and learning/skills courses and programmes - Capacity building and mentoring schemes - Leadership Programme - Local support for isolated people - 	<ul style="list-style-type: none"> - Increased opportunities for people to connect and build social capital - Increased opportunities for learning and skill and confidence enhancement - Increased attendances and active participation - Increase opportunities for people to direct their desire to help others - More people volunteering and involved in community life - 	<ul style="list-style-type: none"> - Increased activation of community spaces - Increased understanding of local services and community issues - Increased growth and capacity of local voluntary and community groups - More people gaining new knowledge and skills - Increased social interaction, and new connections - Increased confidence, self esteem, personal responsibility and resilience - Increased knowledge, skills and qualifications - Increased resident satisfaction with opportunities 	<ul style="list-style-type: none"> - More people as active citizens e.g participating in social action and local decision making - Increased social investment, philanthropy and giving - Increased mobilisation of community assets - Increased volunteering and reciprocity - Increased delivery by community organisations and small and medium sized enterprises - Improved community infrastructure, image and identity 	<ul style="list-style-type: none"> - Improved health and wellbeing - More communities empowered to do things their way - Strong, attractive and thriving neighbourhoods - More integrated and resilient communities

Assumptions
 Community-led action strengthens the resilience of communities
 Socail capital

External Factors

Funding Process

Funding Approach

9. There are a range of approaches to funding, which are outlined and considered in *Table 1: Funding approach and relationship* below:

Type	Advantages	Disadvantages
Unrestricted Global Grant - Grant recipients have full power to choose what they do with the funds and to adapt and react to what's going on around them, without being tied down or having to ask permission.	- Demonstrates high degree of trust - Low administrative burden - Adaptable and responsive	- Greater risk – made more transparent through strong reporting mechanisms but these may also compromise the 'unrestricted' nature of the grant
Application submission - - Applicants identify different components to be funded	- Can be more transparent - Inclusive of 'new players' and 'new solutions'	- Tends to fund inputs or outputs rather than outcomes - Higher transaction & compliance costs can be high
Purchaser-provider - Competitive tender/ contracting - The funder decides what services are needed, then provides funding to purchase a particular service.	- Well-suited for work with established organisations and purchase of professional services - -Links resources with the needs it identifies in achieving community outcomes - -Opportunity for greater focus on people who might benefit from an organisation's work rather than the organisation itself - -Can be utilised in a parallel process alongside application submissions.	- Can restrict opportunities for services to present their own solutions to needs they observe - -Requires careful thought to purchase equitable services - -May promote competition instead of collaboration - -Can over-value narrow efficiency and cost considerations - -Greater focus on outputs than outcomes - -Purchase of a service can neglect organisational infrastructure
Participative partnering - Funder and grant recipient work together and see themselves as joint participants in a process - Community members are involved in initiative	- Information from organisations 'on the ground' or closer to the ground than the Council - Builds relationships/ social infrastructure - Funding relationship is flexible and allows for changing needs and responses - Community is the catalyst for the community resilience process	- Requires time by both parties - Communities without a common vision need more time

10. The Council intends to use **Participative Partnering** approach where the Council (as funder) and community grant recipient work together and see themselves as joint participants in a process.
11. The fund will have the scope to fund initiatives where it is the sole funding source or initiatives where there are multi funders
12. Grants will be made as one-off contributions or as multi-year grant investments for up to three years. Some grants may be graduated funding.

13. There is no limit to the level of funding. The level of funding will be decided on a case-by-case basis.
14. This method is as been selected because evidence highlights:
 - 14.1. The importance of strong local leadership of projects: led by local people who have the backing of the wider community and supported by the funder at the local level.
 - 14.2. Developing a shared vision is an essential foundation for successful community development and resilience, and adequate time should be allowed for the joint vision and outcomes to be identified. Realistic and achievable goals need to be set and outcomes jointly defined and owned. .
 - 14.3. A partnership approach will enable the development and shaping of initiatives that fulfil the objectives of the fund
 - 14.4. Sufficient flexibility is needed to recognise how initiatives and short-term outcomes may need to change over time
 - 14.5. There is greater community involvement and ownership of projects where community members share a common vision and understand the purpose of initiatives.
 - 14.6. Flexibility is needed regarding the best mix of services and activities developed to achieve the outcomes to allow the initiatives to respond to community needs and strengths
 - 14.7. Funding relationships based on the principles of partnership facilitate effective outcomes
 - 14.8. Prescriptive funding on services, inputs or outputs does not tend to delivery long term community development /resilience and tends not to be sustainable after funding is removed.

Selection Process

15. There are a number of processes used to select funding recipients. These are set out in the table below:

Type	Advantages	Disadvantages
Open competitive selection - Grants programme is advertised widely and applicants are assessed against set criteria.	- Allows open competition - High degree of transparency - Can attract new and previously unknown providers	- Time and resource to assess can be costly - Competition can work against local communities seeking cooperative approaches
Restricted competitive tender - A number of organisations are invited to submit applications and assessed against set criteria.	- Can be efficient where the 'market' has previously been tested - Useful if a specialised service is sought; allows targeting of providers with specialist knowledge or skills - Time and resource to assess can be less costly than open competitive selection process	- -New or unknown organisations cannot participate - -Less transparent than an open process - -May limit diversity - -Expectations of the Council around transparent process may make this a more difficult mechanism for the Council to consider.

Type	Advantages	Disadvantages
Multi-stage selection - Combines multiple models. An example could be: - -Stage 1: Competitive selection process to engage wide range of applicants - Stage 2: Targeted selection used to fill gaps identified in stage 1 (need, capacity, etc.) - Stage 3: Innovative pilots test new ideas and models	- Can identify new organisations and areas in need of capacity building - Can ensure best possible delivery of services	- Resource-intensive for groups and funders - Time consuming
Direct selection - A targeted approach is made to one potential organisation/community,	- Enables partnership through direct work with an organisation /community Workable within restricted timeframes and limited resources	- Can be less transparent than other models

16. The Council intends to primarily use a direct selection approach for this fund. This method is as been selected because:
- 16.1. This approach minimises the transaction and compliance costs for groups and Council
 - 16.2. Funding can be targeted based on the objectives of the fund
 - 16.3. The objectives will generally be most appropriately delivered by a group within a community. For example, a local organisation with the networks, credibility and capacity to deliver the activity
 - 16.4. Funding arrangement can be flexible and innovative activities developed as selection is not fired to an application or contract
 - 16.5. Council engages with a broad range of networks, communities, community organisations and government agencies and others. Through this Council is able to identify the priorities and the communities that are most likely to contribute to the outcomes sought.
 - 16.6. Consultation with other partners, including the Psychosocial Governance Agencies can be used to inform this process
17. Funding decisions for new projects are made by the Council. The fund will fund both established and emerging communities/groups.
18. At times the Council may decide to use an alternative selection process. The decision on the most appropriate selection approach will be made on a case-by-case basis, taking into account a range of factors In support of transparency and probity this decision making rationale will be recorded as part of each selection process.

What this fund will fund

19. The Fund will fund services, projects or activities that will contribute to achieving the Fund's objectives and outcomes.

This fund will not cover

20. This Fund will not fund specialised mental health services or services to individuals. It will not fund universal health promotion activities that replicate the 'All Right?' Campaign
21. The Fund also won't cover:
 - § Retrospective costs or project or purchase costs incurred or settled before the agreed commencement date of the funding agreement
 - § Debt servicing or re-financing costs
 - § Stock or capital market investment
 - § Gambling or prize money
 - § Entertainment costs (except for costs directly linked to volunteer recognition)
 - § Fundraising or general income-growth purposes
 - § Medical or healthcare costs – including treatment and insurance fees
 - § Payment of fines, court costs, IRD penalties or retrospective tax payment
 - § Projects that are considered to be the primary responsibility of a Council unit, a Central government agency or another agency

Examples of Potential Initiatives

22. An example initiative that has already been identified involves supporting communities to manage their local community facilities and spaces. The repair and rebuild of many local community facilities and spaces will be completed over the next three to five years. There are benefits in these facilities being community managed. However, communities may require resources to help develop the capacity to manage the facility until it is fully sustainable.
23. The activation of community spaces requires more than the physical space or facility. For example, resources are needed to employ a Community Activator or to develop activities. This approach is being developed with the Aranui Community Centre where the Council is partnering with the local community to manage its new community centre. The community needs support and additional resources to develop its capacity to manage the facility and to activate the space. Similar arrangements are planned for the Riccarton Community Centre and the Lyttelton Recreation Centre.

“A new facility does not make a stronger community. But a community’s choice to use and manage the facility together, and the process of doing so, does”
24. Other examples, include the development of community resilience plans with neighbourhood communities or communities of ‘circumstance’, which are created when groups of people are affected by the same incident, for example, rock-fall, flooding, re-zoning. Communities of circumstance are unlikely to have the same interests or come from the same geographical area but may form a community in the aftermath of an event. Although this sense of community may be temporary, the development of resilience plans can create a sense of empowerment.

Collaboration

25. How the Council administers this fund will be just as important as which initiatives it chooses to support or undertake through the Fund. The Council will seek a high degree of collaboration and trust between it and communities; as well as between the Council and other agencies.
26. The Psychosocial Governance Group will be a key partner and will be consulted on key initiatives supported through the fund. In some cases the agencies involved in the Psychosocial Governance Group may also wish to be actively involved in the initiatives.
27. The benefits from most city resilience projects will have a wider geographical impact. The Council notes that the Crown's intent to enable some activity beyond city boundaries can be met if projects funded are relevant. It is understood that the Council's role will include working with the Psychosocial Governance Group and neighbouring councils to ascertain necessity for relevant community projects from across the 'greater Christchurch area (Christchurch, Selwyn and Waimakariri) to be supported from the Crown-funded component of the fund.

Monitoring and Evaluation

Measuring Results

28. The Council has adopted Results Based Accountability to measure improvements in outcomes from funding.
29. Results Based Accountability (RBA) is a simple, common sense process which communities and agencies can use to improve community outcomes. It is an approach that emphasises the achievement of results of activities or services from the perspective of the community outcomes.
30. It starts with a distinction between:
 - 30.1. Service outcomes – results for the participants of a particular activity, programme or service.
 - 30.2. Community outcomes – results for whole populations (such as all communities, neighbourhoods, all citizens)
31. Results and indicators are about the ends (results) we want. Strategies and performance measures are about the means to get there.
 - 31.1. Indicators are about the ends (high level results) we want for people and communities.
 - 31.2. Performance measures are about the means to get there (strategies, actions, activities). How did the programme/service make a difference for those involved?
32. Performance measures comprise three questions:
 - § How much did we do?
Clients: e.g. number of people participating
Activities: e.g. number of activities
 - § How well did we do it?
Common quality measures: e.g. satisfaction, attendance rates

Activity-specific quality measures: e.g. percentage of staff trained/qualified, percentage of locally-managed facilities

§ Is anyone better off?

Number and percentage changes in: skills/knowledge, sense of belonging, self-rated health

33. From the outset of the Partnership, we will work with partners to define the overall results we hope to achieve and the data needed to measure those results.
34. The importance of collectively recognising each success as positive progress to be built on is important
35. To give our partners flexibility in how they achieve results, we will not require them to report on all of their activities. There will be sufficient flexibility to recognise that programme/service outcomes and goals may change of time. Because an RBA plan will only measure what it is designed to measure and it may miss unexpected or unpredicted things. There will be flexibility to add or change measures. We will focus on purposefully measuring the most critical metrics of progress that support community resilience and wellbeing.

Evaluation

36. Community partners will be encouraged to undertake internal evaluations of their own accord in order to promote quality activities and service delivery. Council may fund evaluations to ensure that our partners have the capacity and support to generate quality evidence.
37. The Council may undertake evaluations and reviews to ensure activities and services are high quality, effective, efficient and appropriately targeted. The Council will work with the funding recipients to agree and clarify :
 - 37.1. The purpose of the evaluation;
 - 37.2. Who is conducting the evaluation;
 - 37.3. The time frame in which it is to be conducted; and
 - 37.4. Involvement sought from the community group/organisation.
38. We consider evaluation to be a collaborative learning tool that provides us and our partners with feedback so we can learn, adjust, and decide how best to achieve outcomes. The purposes of evaluations include
 - 38.1. Improvement – gathering information to improve an activity.
 - 38.2. Effectiveness – identifying components which are working most effectively.
 - 38.3. Documentation – recording of how a programme is being implemented.
 - 38.4. Transferability – documenting the activity in detail so it can be used in other locations.
 - 38.5. Accountability – demonstrating to funding agency or management board that funding has been used as intended (Thomas 1998).
 - 38.6. Efficiency – identifying if the programme is efficient in producing specific outputs.
39. This may include

- 39.1. Formative evaluations - evaluation that takes part before a programme or service is fully implemented. The collection of information to help in develop and improve the activity as it is designed and implemented
- 39.2. Process or implementation evaluations - document what a programme consisted of in practice: what happened, why, where, when, with whom, in what context and at what costs. This information aids future extension and development of programmes, so that other people can replicate successful elements and avoid repeating unsuccessful ones.
- 39.3. Outcome evaluation - assessment of the extent to which an initiative met its objectives and any other intended and unintended outcomes. It is important that an outcome evaluation establishes whether outcomes resulted from the initiative, rather than from other factors.

Funding Pathway

