Health Strategy

Direction of Travel: consulting with our community

February 2024

Purpose

Kāpiti Coast District Council (the Council) is currently working with the community to develop a Vision 2060 for the Kāpiti Coast. Health is one of five key operating strategies[1] supporting this Vision and respond to the highest-ranking concerns facing the Kāpiti Coast community.

This document shares an approach to set the agenda for the Council's work in support of health and wellbeing in the Kāpiti Coast District. We want to hear from you, our community, whether we've got the right focus and right priorities, before we finalise our Health Strategy.

What we want to achieve

Equitable population health outcomes

We know our communities have particular health demands, and people are worried about the lack of availability and access to affordable health services. The Council wants to make sure health services develop in a way that is equitable, sustainable and affordable, supporting all of our communities.

It is essential that the community voice helps shape the design for a health strategy to create more partnerships, better integration and coordination, and more health service capacity and access.

We know a lot already about the Kāpiti district. Existing data and information tell us that we have some specific challenges in health.

Higher than average overall age profile[2]:

Our population has an older profile than the country's average with about 26 percent (24.2 percent male, 28.1 percent female) of our population over 65 years, compared to 15.3 percent nationally. There is ethnic variation in Kāpiti Coast – overall median age is 47.9 years; but the median age of Māori is only 26.9 years.

The percentage of elderly in the Kāpiti Coast is expected to grow to 30 percent in the next 25 years. In line with our older age profile, we have a high proportion of people 'not in the labour force', included those who are retired.

We have a lower proportion of people aged 20-35 years, as many have moved away to access higher education or employment opportunities. However, younger working families may now be moving in because of lifestyle and/or affordability factors, and because of the expressway improving travel times between Kāpiti Coast and Wellington.

There are two associated challenges:

- There is a need for health services to keep pace with growth and maturing life course.

- There is a need for health services caring for children and young people.

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[1] Housing, Health, Climate Change and Resilience, Environment and Economic Development.
[2] All population statistics are sourced from Stats NZ from the 2018 Census.

Ethnic diversity is changing:

This finding is based on the 2018 Census. The Kāpiti community has a strongly European ethnicity at 87.7 percent of the population. However this percentage reduced from the previous Census while Asian, Māori, Pacific and Middle East/Africa/Latin American numbers increased. As our ethnic profile changes, there is likely to be an associated shift in the needs and aspirations for health.

Higher than average rates of disability:

This finding is based on the 2018 Census report on "activity limitations". These are persons who have 'a lot of difficulty' or 'cannot do at all' one or more of the following activities: walking, seeing, hearing, cognition, self-care, and communication. Kāpiti has 7.6 percent of its population reporting one or more activity limitations. Wellington region has 6.0 percent and New Zealand has 6.5 percent.

Ōtaki presents as needing support:

According to 2018 census information, 28 percent of Ōtaki residents are living in the highest levels of deprivation (deciles 9 &10). In comparison to the New Zealand population, Ōtaki has a much higher proportion of Māori residents at 24.9 percent compared to New Zealand with 14.1 percent.

A high proportion of those living in Ōtaki are also classified as living in the most socio-economically disadvantaged areas. There is some evidence to suggest that the health outcomes of those in Ōtaki are better than those seen in other populations with similar demographic profiles.

**Increasing utilisation of mental health and addiction services**:

The 2021 General Social Survey conducted by Stats NZ indicated that 28 percent of the New Zealand population report poor mental wellbeing. The demographic groups with poorest wellbeing are disabled, LGBT+ and solo parents. The Kāpiti population would likely reflect these national indicators.

A locally coordinated and connected wider health ecosystem

Council is not a provider of more traditional primary, secondary, or tertiary health services but it does have a health-related role set through legislation. We have outlined these in Appendix 2.

As part of a wider health ecosystem, which includes a mix of local and national participants. Successful ecosystems are those that are well connected, with strong levels of collaboration and inclusion to allow innovation and creative amongst participants to thrive. Accordingly ensuring that our health ecosystem is coordinated and connected is a focus for our community. The following diagram outlines the wider ecosystem context for the Kāpiti Coast:

Figure 1: The Wider Health Ecosystems
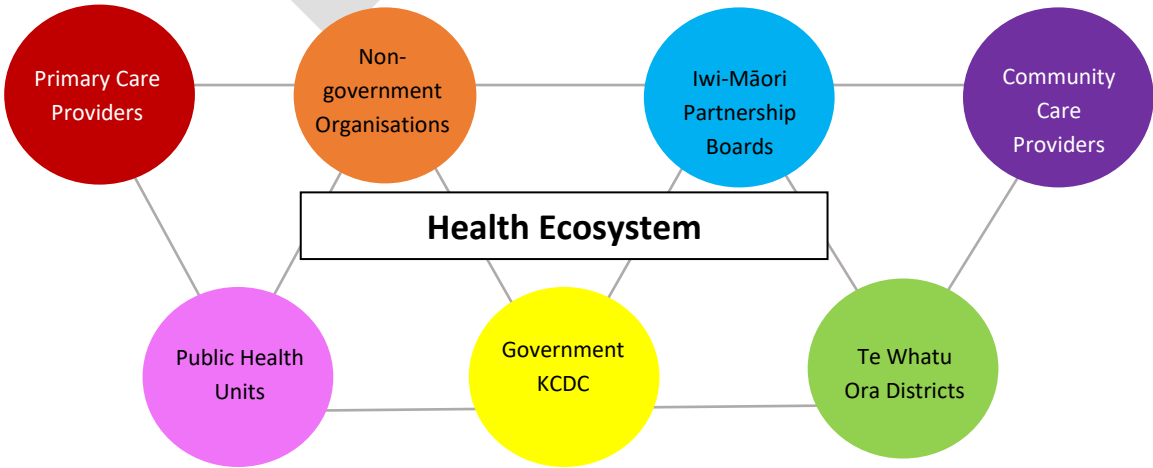
Holistic health management so that treatment focuses on the person, not the service

Ensuring people can access relevant health services is critical

The Council, and health sector, is working in a context of health system uncertainty and change. On 1 July 2022 District Health Boards were disestablished and two new entities – Te Whatu Ora| Health New Zealand and Te Aka Whai Ora|the Māori Health Authority – were established. The intention being to improve access to primary care, and give a greater focus to local planning, with the new health legislation (the Pae Ora Act 2022) specifying the development of 'localities' and 3-year locality plans, in consultation with local government, across the country.

The Council is now looking to see how the new government may stay with or alter this approach. Coalition agreements and proposed legislation support disestablishing the Māori Health Authority'. The full impacts of this on the work to identify localities and local health plans is not yet clear.

The Council considers that the current policy uncertainty from Wellington heighten the potential value of the Kāpiti Coast's efforts in establishing a Health Strategy. The Health Strategy will be a local foundation document enabling the Council to better influence any future discussions led by Te Whatu Ora|Health New Zealand around the establishment of localities and local health plans.

Health and wellbeing is about more than just services

The Te Whare Tapa Whā model of health is one model of the holistic nature of wellbeing. It shows different elements that are important for wellbeing and emphasises that they must all be supported for the wellbeing 'wharenui' to work well.

Figure 2: The Te Whare Tapa Wha holistic model of health
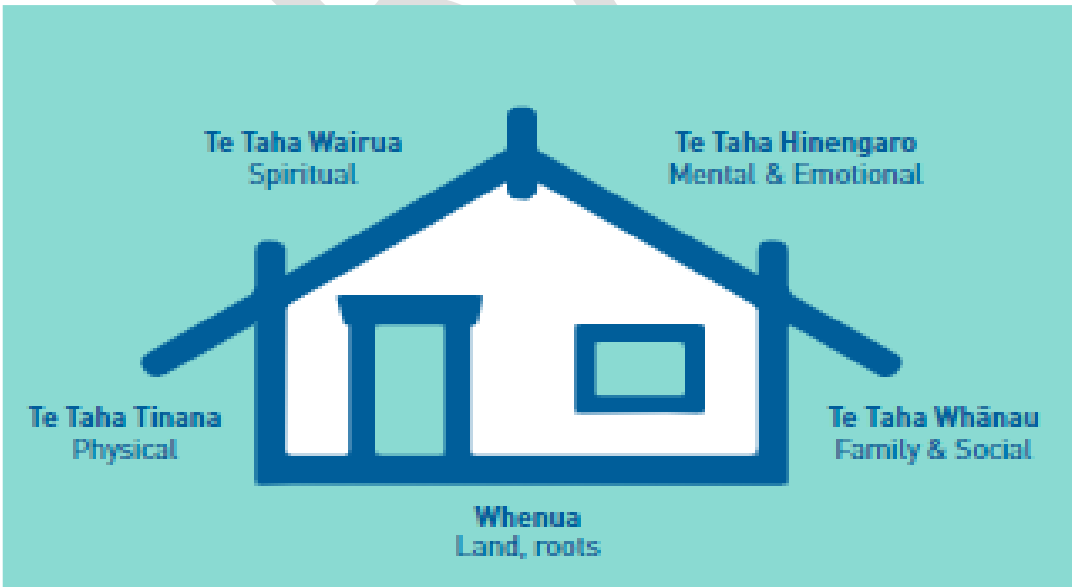
This model has informed the way we are thinking about our role in health, as it is a key factor in the wellbeing of our people. The Council is not a direct provider of primary, secondary or specialist health services, but has a role, as set by legislation, in improving the health and wellbeing of the community and in providing core public health services.

Addressing our most significant challenges and opportunities through our five health focus areas

What we have already heard from our community through the work of the Kāpiti Health Advisory Group, our elected members, and engagement programmes like Vision Kāpiti that is currently in progress, is in line with the findings above.

We have identified key challenges (dark green); and opportunities (light green) for businesses operating in the Kapiti Coast District which will inform the priority actions we progress in our Focus Areas. In summary these are:

Figure 3: The Community identified challenges and opportunities

We have identified five areas of focus which we believe will provide support for better health outcomes for people in our community.

These are:

- Ensuring existing Council activity improves its focus on public health and prevention services

- Building our understanding of community health needs

- Supporting more local primary and community health services

- Supporting better local after hours, urgent and emergency services

- Advocating for better access to hospital and other secondary health services

How we will drive change

Council is proposing that the District's Health Strategy will strengthen its existing public health responsibilities as well as new "areas of focus", including supporting the coordination and connectedness of the health ecosystem. The Health Strategy will expand on the following ideas that we have for the new activities to be done to achieve the outcomes and community impacts wanted. We want our community to experience an improvement in access, availability, and affordability of day-to-day health services to meet the growing health needs of people in our community.

For the new areas of focus" the following material gives an overview of the outcomes and impacts wanted and the activities proposed (table 1), and the success factors (table 3). Appendix 1 gives a simple overview of outcomes and activities that support the Council's mandated responsibilities.

What are the outcomes and impacts we want to see and what will deliver this?

Table 1: The outcome, impacts and proposed activity for each area of focus			
Areas of Focus	**Outcome**	**Impacts**	**Proposed Activity**
1) Ensuring existing collective activity improves focus on public health and prevention services	Social determinants of health and public health issues are managed	Preventable health issues are mitigated	Ensure continued activity across the public health and prevention services provided by the Council and others in the health ecosystem.
		Community social needs informs health focus	Council works with the local sector to land an agreed picture of the broader social service needs of the Kāpiti community; a social impact assessment will be produced and include health in its remit.
2) Building our understanding of community health needs	Comprehensive understanding community needs	Kāpiti health ecosystem partners working effectively together	Council facilitates bringing the Kapiti Coast District health ecosystem together to bring a more comprehensive view to the table, partners/links with other agencies to build a health-related data set it has confidence in, and obtains community information such as around health status and service satisfaction.
			A periodic Kāpiti community survey of health matters (either stand alone or coupled with existing surveys) is put in place.

Table 1: The outcome, impacts and proposed activity for each area of focus			
Areas of Focus	**Outcome**	**Impacts**	**Proposed Activity**
3) Supporting more local primary and community health services	Increased local provision and availability of services	More health businesses start up in Kāpiti (includes after hour and emergency services)	Targeted focus on increasing local health service provision and incentivising provision of such services in the Kapiti Coast District. This will include but it not limited to reviewing economic development settings to determine whether they attract or hinder future investment in health businesses; and how Council can address any issues or do more to attract services. For example, how we might support a single site integration of health services.
		Publicly provided service and resource from the increases in line with need	Advocate for services to be delivered locally, particularly for aged-care and disability support.
4) Supporting better local after-hours, urgent and emergency services	24/7 urgent and emergency care services in our community	Barriers to accessing emergency and after-hours services are reduced	With connection to the the wider health ecosystem, work with Te Whatu Ora|Health New Zealand, and after-hours and emergency service providers (both existing and new) on improving service provision. This could include local technology-based solutions.
5) Advocating for better access to hospital and other secondary health services	Accessible and integrated hospital services that meet future need	Barriers to accessing secondary services are reduced	With connection to the the wider health ecosystem, work with Te Whatu Ora|Health New Zealand to evaluate access to hospitals and other secondary health services. This will focus on ensuring accessibility for older people, people with disabilities and young people. Attention will be given to transport options including ambulance services as well as technology-based solutions.

More detailed actions will be set out in the implementation plan, following engagement with the wider Kapiti Coast District Health Ecosystem and community on this document. **Appendix B** provides the outcomes and activities in a diagram.

How will we know we are successful?

Table 2: The measure of success for each area of focus		
Areas of Focus	**Proposed measure of success**	
1) Ensuring existing collective activity improves focus on public health and prevention services	Periodic social assessment of health and wellbeing matters Existing public health related service levels	• Arranged and shows improvement over time • Maintained
2) Building our understanding of community health needs	Number and quality of data partnerships and links Periodic Health survey is done	• Increase • Arranged and shows improvement over time
3) Supporting more local primary and community health services	Number of clinics, GPs and specialist health-care practitioners, and as a percentage of population Satisfaction with local provision of care for older and disabled people Satisfaction with mental health service access	• Increase • Increase • Increase
4) Supporting better local after-hours, urgent and emergency services	Service coverage and access to local after-hours and emergency service Local technology-based solutions increase and ease-of-use improves	• Improve • Improve
5) Advocating for better access to hospital and other secondary health services	Satisfaction with access to hospitals and other secondary health services	• Increase

Community feedback

The purpose of this Direction of Travel document is to gather feedback, from the community and stakeholders, on the proposed focus and approach for Council's proposed Health Strategy. The key questions we are seeking feedback are:

Questions for our community:

We will ask the community and stakeholders:

➢ **Have we reflected the key issues faced by and aspirations of our community? Are we missing anything important?**

➢ **Are the areas of focus the right ones to resolve issues and meet our community's aspirations?**

➢ **What actions or areas of focus do you think are the highest priority?**

Next Steps

Following engagement, a Health Strategy will be prepared for endorsement by Council in mid-2024.

Once adopted, the Health Strategy will be part of a suite of 5 operating strategies for Council. These represent pathways and the direction of key activities to address local issues that will help us achieve our collective future aspirations.

They will be used to inform the Council's work into the future.

Appendix 1: Council public health-related activity

Our Legislation

Legislation	Role
Local Government Act 2002 [Sections 145, 147(2)]	Promoting social, economic, environmental, and cultural wellbeing. Allows for power to make bylaws to protect, promote and maintain public health and safety.
Health Act 1956 [Sections 23, 25, 81, 86]	Provide sanitary works; waste disposal, water and sewage, public toilets and related facilities, pools, dressing sheds, cemeteries and crematoria, collection and disposal of refuse and offensive matter, regulation of housing (healthy), and disinfecting and cleansing premises where directed by the Director General of Health.
Pae Ora Act 2022 [Section 55]	Locality planning.
Water Services Act 2021 [Section 21 and 22]	Fulfil responsibilities as drinking water supplier to maintain drinking water to national standard and provide sanitary, wastewater and stormwater services to good quality.
Building Act 2004 [Section 222]	Provide for public safety in relation to building consents and inspections including in relation to dangerous or unsanitary buildings
Food Act 2014 [Section 4, and 176]	Regulatory activities relating to food safety
Burial and cremation Act 1964 [Section 4]	Burial services, and maintenance of cemeteries.
Litter Act 1979 [Sections 10 and 11]	Litter control including grants, schemes, and campaigns.
Hazardous Substances and New Organisms Act 1996	Regulatory and enforcement activity relating to hazardous substances
Sale and Supply of Alcohol Act 2012 [Sections 75, 99, 186, and 196]	Ability to make Local Alcohol Policy of the supply of alcohol and appointment of district licensing committees and licensing inspectors
Gambling Act 2003 [Section 102]	Ability to make local policy on class 4 gambling venues

Our Activity

Activity area	Activity focus	Desired outcomes
Water and waste management services and regulatory services	Manage drinking water and waste, or affordable waters transition	Ensure continued protection from hazards
Open Spaces	Provide and maintain open spaces	Support active lives and connection
Connected communities	Support community connection activities especially for youth and older people	Support social interaction and support
Environment/Climate and Resilience	• Deliver against environmental protection activities • Deliver action to mitigate and adapt to climate change • Ensure resilience and recovery planning following emergency response situations	• Support health of the environment underpinning human health • Limit impact of climate change on human health • Support health and wellbeing in recovery
Transport	• Ensure transport enables access to health services • Support active transport options	• Ensure people are able to access the services they need within and outside of the district • Promote healthy lifestyles
ED/Income and employment	• Take action to support fulfilling employment options and good incomes in the district	• Enable wellbeing and ability to make healthy choices
Growth	• Support good growth and planning for future health service need in the district	• Ensure provision of adequate health service over time
Housing	• Ensure availability of range of affordable housing types • Ensure housing is good quality	• Ensure people have homes that provide healthy environments and wellbeing
Healthy activities	• Education and promotion of healthy lifestyles with National Public health Service • Ensure local alcohol, gambling and smoke/vapefree policies and other bylaws support and promote healthy choices	• Enable people to make choices that support healthy lives and wellbeing

Appendix 2: Areas of Focus – Diagram

Focus Area 1: Service Continuity	Focus Area 2: Understanding	Focus Area 3: Primary Services	Focus Area 4: After Hrs, Emergency	Focus Area 5: Access to hospital

Focus Area 1: Service Continuity

(Preventable health issues are mitigated)
(Community needs inform health focus)

Ensure continued activity across the public health and prevention services provided by the Council.

Work needs to be done to gain a better picture of the broader social service needs of the Kāpiti community.

Focus Area 2: Understanding

(Kāpiti health ecosystem works effectively)

A periodic Kāpiti community survey of health matters (either stand alone or coupled with existing surveys) needs to be put in place.

Partner/link with other agencies to build a health related data set it has confidence in.

Obtain community information such as around health status and service satisfaction.

Focus Area 3: Primary Services

(More health business start in Kāpiti)
(Health NZ allocated services and resource increases)

Advocate for services to be delivered locally, particularly for aged-care and disability support.

The Council recognises that economic development settings can attract or hinder future investment in health businesses.

We better understand what Council can do and influence to attract services. For example, support a health poly-clinic site for integration of health services.

Focus Area 4: After Hrs, Emergency

(Barriers to accessing after-hours emergency services reduce)

Work with Te Whatu Ora | Health New Zealand, and after-hours and emergency service providers (both existing and new) on service provision. This could include local technology-based solutions.

Focus Area 5: Access to hospital

(Barriers to accessing secondary services reduce)

Work with Te Whatu Ora | Health New Zealand to assess access to hospitals and other secondary health services. This will focus on ensuring accessibility for older people, people with disabilities and young people. Attention will be given to transport options including ambulance services as well as technology-based solutions.