



RĀRANGI TAKE AGENDA

Poari ā-Hapori o Paekākāriki | Paekākāriki Community Board Meeting

**I hereby give notice that a Meeting of the Poari ā-Hapori o Paekākāriki
| Paekākāriki Community Board will be held on:**

Te Rā | Date: Tuesday, 18 February 2025

Te Wā | Time: 7:00 pm

Te Wāhi | Location: St Peter's Hall, Beach Road, Paekākāriki

**Hara Adams
Group Manager Iwi Partnerships**

Kāpiti Coast District Council

Notice is hereby given that a meeting of the Poari ā-Hapori o Paekākāriki | Paekākāriki Community Board will be held at St Peter's Hall, Beach Road, Paekākāriki, on Tuesday 18 February 2025, 7:00 pm.

Poari ā-Hapori o Paekākāriki | Paekākāriki Community Board Members

Chair Kelsey Lee	Chair
Deputy Sorcha Ruth	Deputy
Mr Sean McKinley	Member
Mr Christian Judge	Member
Cr Sophie Handford	Member

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1 NAU MAI | WELCOME

2 WHAKAPĀHA | APOLOGIES

**3 TE TAUĀKĪ O TE WHAITAKE KI NGĀ MEA O TE RĀRANGI TAKE |
DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA**

Notification from Elected Members of:

3.1 – any interests that may create a conflict with their role as an elected member relating to the items of business for this meeting, and

3.2 – any interests in items in which they have a direct or indirect pecuniary interest as provided for in the Local Authorities (Members' Interests) Act 1968

4 HE WĀ KŌRERO KI TE MAREA | PUBLIC SPEAKING TIME

5 NGĀ TEPUTEIHANA | DEPUTATIONS

5.1 KĀPITI HEALTH ADVISORY GROUP

Author: Maria Cameron, Advisor Governance

Authoriser: Hara Adams, Group Manager Iwi Partnerships

TE PŪTAKE | PURPOSE

- 1 Sandra Daly and Ian Powell from the Kāpiti Health Advisory Group will provide an update on the current draft of the compelling case proposing the gradual development of the Kāpiti Health Centre into a polyclinic, providing a greater range and volume of healthcare services.

The current draft of the “Kāpiti Health Centre Polyclinic compelling case” is attached for the Board’s information (attachment two).

NGĀ ĀPITIHANGA | ATTACHMENTS

1. Kāpiti Health Advisory Group Presentation - Compelling Case & Polyclinic Community Boards February 2025 [↓](#)
2. Draft 'Compelling Case' Version 5, 19 January 2025 [↓](#)

Compelling Case and Polyclinic Community Boards Presentation

Ian Powell

Community Boards

February-March 2025

What it isn't and what it is

- **No** extra cost to ratepayers
- KCDC **not** a health provider
- Not a hospital – not surgical; not acute care
- Mix of community (include GP), 24/7 urgent care, and less complex non-acute hospital services (including visiting specialist outpatient services)
- Gradually expanding services at HNZ facility (Kapiti Health Centre)
- Ultimate destination: a polyclinic

Starting Point

- Function before form: need to improve health service access in Kapiti
- 2018 petition
- Form (structure) – incrementally expand HNZ health services at KHC
- Based on what makes good clinical sense

Health Needs Disadvantage

- 35,000 population increase over next 20 years
- Only urban area with 50k+ population without 24/7 emergency and acute hospital
- Higher health conditions need than greater Wellington region
- Similar to Wairarapa but....

Aligned with Government Policy

- Government Policy Statement on Health (2024-27) including health targets
- Rural Health Strategy (30 minutes from 24/7 acute hospital)
- Also: KCDC draft health strategy

Current KHC Services

- District health nurses
- General practice (Hora Te Pai)
- Maternity beds
- Outpatient clinics – allied health professionals; mental health; geriatric active rehabilitation; nursing
- Per week (50) 1/7/23-30/7/24: 69 clinics; 285 patients; 371 hours
- Scope for far greater expansion – numbers and range
- Potential service expansion; p.33
- Over time build outwards and upwards

Benefits to Wellington Hospital ED & Wellington Free Ambulance

- 2019 to 2023
- 3,900 (30%) increase in number of Kapiti patients treated and discharged within ED (ie, not needed to be admitted in hospital)
- Over half total Kapiti presentations through ambulance service direct contact (about one-third for total greater Wellington presentations)
- 24/7 urgent care has potential to significantly reduce pressure on ED and WFA

Integrated & Collaborative Part of Kapiti Health System

- General practices
- Pharmacy
- Kapiti Youth Support
- Wellington Free Ambulance (paramedics 'extended care')
- Palliative care – Mary Potter Hospice

Integrated & Collaborative Part of wider Te Whatu Ora (HNZ)

- Regionally (eg; outpatient clinics, emergency departments, Kenepuru)
- Innovation and professional development hub
- Mobile Health (Surgical Bus and more)

Recommendation 1

That Health New Zealand and Kāpiti Coast District Council enter into a joint memorandum of agreement to incrementally expand services at the Kāpiti Health Centre in order for it to evolve into the Kāpiti Polyclinic providing an integrated health service covering community (including primary), 24/7 urgent care, non-acute hospital diagnosis and treatment, and other support including telehealth.

Recommendation 2

That the implementation of this memorandum of agreement be co-designed and planned by Health New Zealand and Kāpiti Coast District Council in accordance with their respective statutory roles.

KCDC population

- Brochure
- Public meetings

Timeframe

- Social Sustainability Committee

8 May

- Council

29 May



Kāpiti Health Advisory Group

An integrated and innovative health service for Kāpiti

Expanding availability from Paekākāriki to Ōtaki

November 2024



At a Glance ...

- The approach taken in this paper is to begin with first discussing expanding healthcare access on the Kāpiti Coast in the context of first 'function' (what the purpose or need is) and then 'structure' (how the 'function' is to be performed).
- This approach picks up from where the 2018 petition to Parliament and subsequent involvement with Capital & Coast District Health Board for expanding services at the Kāpiti Health Centre left off.
- The population of Kāpiti Coast has a compelling need for improved access to health services, both community and hospital. This includes, where it makes good clinical services, to having these services provided within Kāpiti.
- Kāpiti is the only New Zealand urban area with more than 50,000 residents where the nearest emergency and acute hospital services are nearly an hour's drive away. (See Appendix 1)
- Relative to the rest of the Greater Wellington region the population of the Kāpiti Coast is disadvantaged, including access to preventative and higher end needs services.
- Ensuring that more health services are available in Kāpiti is needed to improve this critical access.
- To ensure this it is proposed that the range and volume services provided at Health New Zealand's (Te Whatu Ora) Kāpiti Health Centre in Paraparaumu should be incrementally expanded.
- The objective of this expansion would be to enable the current facility to become the Kāpiti Polyclinic providing community (including primary) and non-acute less complex hospital care (treatment and diagnostic).
- The proposed expansion is consistent with both the Government Policy Statement on Health 2024-27 and the Rural Health Strategy.
- The Kāpiti Polyclinic would be an integral collaborative part of the wider Kāpiti Coast health system.
- The Kāpiti Polyclinic would be an integral collaborative part of Health New Zealand's regional health system, along with the opportunity of reducing the pressure on its hospitals including emergency department presentations.



- The expansion towards the Kāpiti Polyclinic would be jointly planned by Health New Zealand (Te Whatu Ora) and the Kāpiti Coast District Council consistent with their respective roles.



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Appendix 1 : Comparison of Distance to Hospitals for Urban Populations in New Zealand



Recommendations

1. That Health New Zealand and Kāpiti Coast District Council enter into a joint memorandum of agreement to incrementally expand services at the Kāpiti Health Centre in order for it to evolve into the Kāpiti Polyclinic providing an integrated health service covering community (including primary), 24/7 urgent care, non-acute hospital diagnosis and treatment, and other support including telehealth.
2. That the implementation of this memorandum of agreement be co-designed and planned by Health New Zealand and Kāpiti Coast District Council in accordance with their respective statutory roles.

Introduction

The Kāpiti Health Advisory Group (KHAG) is a formal advisory committee of the Kāpiti Coast District Council (KCDC). One of our key objectives is to advocate for more services to be delivered within the geographic boundaries of KCDC, from Paekākāriki at the south end to Ōtaki in the north end. This would expand the availability of services and improve access to care for those living on the Kāpiti Coast.

This paper builds a case for Health New Zealand to address the serious lack of timely access to essential health services faced by the population of the Kāpiti Coast. In this sense, this paper picks up from where a 2018 petition to Parliament seeking the establishment of a local hospital left off (see below).

This paper differs from the petition in one key respect: it does not advocate for a fully-fledged hospital. However, it owes much to the drive behind the petition and its supporting submission. Its objective is to develop a compelling case for Health New Zealand to commit to collaboratively developing an innovative publicly provided integrated health service covering primary and community, 24/7 urgent, non-acute hospital level diagnosis and treatment, and other support services, including telehealth. The paper suggests that the best way to achieve this is to expand the services currently provided by the existing Health New Zealand-owned Kāpiti Health



Centre in Paraparaumu (on Warrimoo Road) to the extent that it would become a 'polyclinic'. This would involve rebuilding the existing facility both upwards and outwards.

The paper is set out as follows:

1. Recommendations
2. Background.
3. A Polyclinic for the Kāpiti Coast.
4. Contextual Policy Framework.
5. Context including current services provided.
6. Demography (and trends).
7. Health Access, Status and Needs.
8. Services currently provided at Kāpiti Health Centre
9. Benefits for Regional Hospital Emergency Departments.
10. Additional Benefits for Kāpiti's health system.
11. Conclusion.



Background

Improving access to a greater range of health services has been a pressing concern of KCDC's population for many years. A detailed health strategy for the district was developed in 2000, but little has changed since this time. Growing concern eventually led, on 14 June 2018, to a petition being presented to Parliament from Sue Emirali and 22,409 others.

The petition urged the government "to fund, construct and staff a seven day a week 24-hour hospital, including an accident and emergency service, on the Kāpiti Coast to ensure that people across the district have a facility that meets the current and future health needs of all residents."

Parliament referred the petition to its the Health Select Committee for consideration. In their report (November 2019), while not supporting a hospital in Kāpiti, the Committee concluded that necessary health services for the Kāpiti Coast be made available.

Not supporting a new hospital was a reasonable conclusion given that there is not a sufficient critical mass in Kāpiti to sustain what a hospital today would provide, including 24/7 acute and emergency care and surgery. Further, the substance of the submission was much more about more health services being provided in Kāpiti rather than building a hospital as it is now known.

The Select Committee expected that the Ministry of Health would progress a number of initiatives to improve access to services for Kāpiti's population. Activity around the petition did lead to some useful discussions involving the Ministry, Capital & Coast DHB and KHAG over health services access. However, the arrival of the pandemic early the following year and the subsequent health restructuring leading up to and following the Pae Ora Act 2022 precluded further progress from being made.

The importance of the petition was not that it succeeded in achieving a 'hospital' but that it highlighted the lack of sufficient access to necessary health services in Kāpiti. Now, in 2024, the petition has contributed to the development of this proposal for a polyclinic.



A Polyclinic for the Kāpiti Coast

The purpose of the Kāpiti Polyclinic is to provide a range of medical and other healthcare services in one place. It would offer consultations, tests, and treatments for various health issues. The intention is to enable Kāpiti Coast residents to access different types of medical services, including diagnostic tests, and to see a range of health professionals by ensuring comprehensive healthcare is delivered in one facility.

The defining feature of the proposed Kāpiti Coast polyclinic is that it would provide health services that cross the primary/community and secondary care divide. This would include 24/7 urgent care, general practice and lower level (non-acute and non-surgical) hospital services (such as outpatient clinics with visiting hospital specialists) along with relevant diagnostic capabilities. It would be integrative and, as much as makes good clinical sense, a one-stop shop. The polyclinic would also have a close collaborative relationship with Wellington Free Ambulance, which is co-located on the same site, in order to further enhance and develop relevant models of care.

The polyclinic would be designed to meet not just current demand, but also future anticipated demographic growth. Logically, it would also become an important part of an integrated relationship with neighbouring hospitals, particularly Wellington and Kenepuru but also Palmerston North and Hutt. One of the goals would be to help reduce the pressures of increasing patient demand on these hospitals, including their emergency departments.

The proposal is not for a hospital in terms of the contemporary use of the term. It is not 24/7 acute or surgical hospital and would not include an emergency department, although it would include 24/7 urgent care, including doctors registered in urgent care (rather than emergency) medicine. While it does involve expanding diagnostic services, it does not include a hospital laboratory. This is in recognition that the current population of the Kāpiti Coast does not have sufficient critical mass to justify a surgical hospital.

Nor is the purpose of the Kāpiti Polyclinic to co-locate health services presently provided on the Coast by other providers, such as general practices, unless by agreement and based on good clinical and organisational reasons.



Instead, the polyclinic would be an important integrated part of the wider Kāpiti health system collaborating within it on a relational basis. This integrated relational collaboration would also apply regionally, particularly with the Health New Zealand hospitals and, of course, as part of the wider national health system in the context of the current Government Policy Statement on Health.

Realistically both the expansion of services (including more outpatient clinics) and the associated rebuild need to be gradual. It would depend to begin with on workforce (health professional) capacity which currently is in short supply. While we would like to see the Kāpiti Health Centre operating as a polyclinic as soon as possible, it is accepted that extending the current building and delivering the full range of needed health services from the polyclinic will of necessity be incremental. In the first instance the focus would be on expanding health services provided at the existing facility as much as possible within the existing structure.

Initially, the focus would be on the population from Te Horo to Paekākāriki. This is estimated to be, according to the 2023 Census, at least 46,908 residents previously part of the former Capital & Coast DHB. But the Kāpiti Polyclinic should be future proofed to include some or all of Ōtaki's population (9,006), previously part of the former MidCentral DHB.



Contextual Policy Framework

In addition to governing legislation, specifically the Pae Ora and Local Government Acts, there are three policy initiatives that are relevant to the case for the type of polyclinic proposed. These are the Government's Policy Statement on Health (including the access targets), the rural health strategy, and KCDC's developing health strategy.

Government Policy Statement on Health, 2024-27

The proposed Kāpiti Polyclinic is both consistent with and provides a basis for localised application of the Government Policy Statement on Health (GPS) covering the years 2024 to 2027. This is particularly in respect of the five priority areas included within the GPS.

The five priorities have been developed around the key drivers of improvement in health outcomes and experiences for all New Zealanders and to support ongoing system stewardship. While these priority areas are distinct, they are interconnected and reinforce each other.

Over the next three years, the health system is expected to focus on improvements in five priority areas relating to health services; the first three involving healthcare and the remaining two as enablers for them. They are (see GPS, pages 6-7):

- 1 Access: Ensuring that every person *regardless of where they live in New Zealand*, has equitable access to the healthcare services they need. This is central to the objective behind the establishment of the Kāpiti Polyclinic proposal.
- 2 Timeliness: Ensuring that people can access the healthcare and services they need, *when they need them in a prompt and efficient way*. KCDC envisages that the polyclinic would be a facility enabler of this prerequisite for access.
- 3 Quality: Ensuring that healthcare and services delivered in New Zealand are *safe, easy to navigate, understandable and welcoming to users, and are continuously improving*. Being part of Health New Zealand and the wider Kāpiti Coast health system should both ensure quality and strengthening it through, for example, enabling locally based professional development and education.



- 4 Workforce: Having a skilled and culturally capable workforce who are *accessible*, responsive, and supported to deliver safe and effective healthcare. The polyclinic is intended to enhance the accessibility and responsiveness of this essential workforce.
- 5 Infrastructure: Ensuring that the health system is resilient and *has the digital and physical infrastructure it needs to meet people's needs now and into the future*. This is precisely the purpose of expanding the services that can be provided on the Kāpiti Health Centre site.

This proposal also aligns with the many statements in the GPS about shifting decision-making and resources *closer to communities*.

Health targets

The Government has committed to delivering on 10 targets which also form part of its GPS (five on health and five on mental health and addiction). The polyclinic proposal provides an important opportunity to further assist in achieving the targets at a local Kāpiti Coast district level.

The health targets are:

- 1 Faster cancer treatment – 90% of patients to receive cancer management within 31 days of the decision to treat.
- 2 Improved immunisation for children – 95% of children to be fully immunised at 24 months of age.
- 3 Shorter stays in emergency departments – 95% of patients to be admitted, discharged, or transferred from an emergency department within six hours.
- 4 Shorter wait times for first specialist assessment – 95% of patients to wait less than four months for a first specialist assessment.
- 5 Shorter wait times for treatment – 95% of patients to wait less than four months for elective treatment.

The five mental health and addiction targets are:



- 1 Faster access to specialist mental health and addiction services – 80% of people accessing specialist mental health and addiction services are seen within three weeks.
- 2 Faster access to primary mental health and addiction services – 80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week.
- 3 Shorter mental health and addiction-related stays in emergency departments – 95% of mental health and addiction-related emergency department presentations are admitted, discharged, or transferred from an emergency department within six hours.
- 4 Increased mental health and addiction workforce development – train 500 mental health and addiction professionals each year.
- 5 Strengthened focus on prevention and early intervention – 25% of mental health and addiction investment is allocated towards prevention and early intervention.

In various ways the polyclinic would be well placed to gradually facilitate the achievement of all of these targets by increasing the capacity and capabilities for service provision closer to home, both within in the facility itself and in collaboration with other providers in the wider Kāpiti health system. It would also help facilitate regionally achieving the shorter stay target for the relevant hospital emergency departments.

Rural Health Strategy

The Ministry of Health is responsible for the Rural Health Strategy which sets the direction for improving the health and wellbeing of rural communities over the next 10 years. Under the Rural Health Strategy, the definition of 'rural' is over 30 minutes from a hospital providing 24/7 acute and emergency services, including acute surgery under general anaesthesia and able to regularly undertake Caesarean sections.

Kāpiti Coast falls within this criterion. When there are low traffic volumes or no delays, Wellington Regional Hospital is 45 minutes from Paraparaumu and 60 minutes from Ōtaki. Palmerston North Hospital is 60 minutes from Ōtaki. Kenepuru Community



Hospital is 30 minutes from Paraparaumu but it does not have an emergency department or 24/7 acute services. Under the Official Information Act the Ministry of Health confirms that the median time for Kāpiti Coast at 47.2 minutes. Of the 731 square kilometres that make up KCDC's geographic territory, as much as 655 (90%) is classified as rural (the rest is urban classified).

Kāpiti Coast is categorized as 'Rural 1' which places it well within the Rural Health Strategy's ambit. Two of the Strategy's five priority areas are specifically relevant to the Coast's population – Priorities 3 and 4.

Priority 3 is that services are available closer to home for rural communities. This includes outreach services such as outpatient clinics and diagnostic services. Priority 4 is that rural communities are supported to access services at a distance.

The Ministry of Health advises, under the Official Information Act, that there are 44 rural communities in territorial authorities with median travel time over 30 minutes. Of these, half have a longer median travel time than Kāpiti Coast.

Although this Rural Health Strategy was developed under the former Labour government, there has been no indication to date that the current government will change or repeal it.

KCDC draft health strategy

This case is both cognisant of, and consistent with, KCDC's draft first Health Strategy triggered by the Pae Ora Act, including the abolition of DHBs, and the Council's wellbeing responsibilities under the Local Government Act.

The developing health strategy introduces five focus areas for health and wellbeing in the Kāpiti Coast district:

1. Ensuring existing community-based activity improves public health and prevention.
2. Building and sharing the understanding of community health needs.
3. Increasing local primary and community health services.
4. Supporting better access to local after-hours, urgent and emergency services.
5. Advocating for better access to hospital and other secondary health services.



It is intended that this KCDC Health Strategy will be a local foundation document for Kāpiti's community and enable KCDC to better participate in and influence future discussions around the provision of health services for its population.

Although it is not a provider of health services (and does not intend to be), KCDC has a statutory role to promote the health and wellbeing of its population under the Local Government Act. The starting point is the recognition that its population has a high level of unmet health need, difficult healthcare accessibility (in part linked to severe workforce shortages), a fast-growing population (including younger adults and families), and a high proportion of elderly people with high health needs who face financial and physical difficulties in accessing services in Wellington.

KCDC already has an important statutory role in providing infrastructure services such as potable water supply, wastewater services, waste management and other public health services (e.g., relating to alcohol) to meet mandatory legal requirements and community health outcomes.



Context including current services provided

Around 12,000 people (20,000 trips) are taken each year from Kāpiti to Wellington Hospital for outpatient appointments. A further 7,000 people a year travel from Kāpiti to the Wellington Hospital emergency department, over half by ambulance.

Kāpiti Coast's population has a higher median age with increasing health demands. The 2023 Census identified the population of the Kāpiti Coast District as approximately 55,914 people. The number of households in the district was 22,403 and the number of dwellings was 24,568.

23% of households in the district are estimated to be low-income households. This is a greater proportion than the Wellington regional figure of 16.4% being low income.

Kāpiti's population has a significantly older profile than the Aotearoa New Zealand's average with about 26% (24.2% male, 28.1% female) of our population over 65 years, compared to 15.3% nationally. The over 85 years age group is 3.8% of the district's population, compared to 1.8% nationally. The median age in the district is 46.9 years, significantly higher than the regional median of 37.2 years.

Kāpiti's elderly aged population is expected to have higher demands for both primary and specialised secondary healthcare and support services than those districts with a younger demographic.

Almost 50% of families resident in the district are families without children. One-parent families comprise 16.5% of all resident families. The district has 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 now appear to be moving into the district because of lifestyle and/or housing availability and affordability, and because the expressway has improved travel times between the Kāpiti Coast and Wellington.

According to the 2018 Census, reports on "activity limitations" (people 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) reveal that Kāpiti has higher average rates of disability. As many as 7.6% of its population (over 4,000) reported one or more



of these activity limitations. This compares with 6% for the Wellington region and 6.5% for all of New Zealand.

The 2021 General Social Survey conducted by Statistics New Zealand indicated that 28% of the New Zealand population report poor mental wellbeing. The demographic groups with the poorest wellbeing are people with disabilities, LGBTIQ+ and solo parents. The Kāpiti population would likely reflect these national indicators suggesting that there are around 15,400 residents with poor mental wellbeing.

In its submission to KCDC's Long-Term Plan, its Youth Council included the following relevant advice on health service access for Kāpiti residents:

Health services

As a community, Kāpiti has become increasingly isolated from everyday health services and there are noticeable gaps in the few health services that we do have in our district. We have no 24/7 urgent health care sites or services, let alone a paediatric or youth orientated care centre accessible in times of emergency or after hours. The general practices and mental health services that are in Kāpiti have waitlists for new patients and referrals which can be months long, there is a serious shortage of doctors (especially those specialising in psychiatry) in this district and our closest public hospitals with emergency departments (Wellington and Palmerston North) are an hour or more drive away. Additionally persons who experience non-life threatening but acute medical incidents have to wait for at least an hour or more for ambulance crew attendance. Moreover, with most specialised and emergency health services for Kāpiti residents provided at hospitals in Wellington, getting there is a headache for many who are unable to drive (or have someone willing to drive them) to the city and for whom the long and difficult trip by public transport is unrealistic. All of this needs to change.

To combat this the following policies should be implemented to improve outcomes for all:

- 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

Mental health

New Zealand's teen suicide rate is the second worst in the developed world (14.9 deaths per 100,000 adolescents), which is more than twice the average among the 41 OECD (Organisation for Economic Co-operation and Development) countries. The Kāpiti Coast needs more funding in the mental health sector so that we can prevent suicide and lower the rates. At all high schools on the Kāpiti coast there are facilities provided, but most of these services are booked out due to how understaffed they are. This results in some students being unable to get the care needed. As well as this KYS provides services too but they too also have a long waiting list due to being understaffed. We urge the Kāpiti Coast District Council to advocate for more funding into our existing youth mental health services in order for it to work the most effectively. Our mental health services desperately need more funding to lower the shockingly high suicide rates, as well as general anxiety and depression experienced by our rangatahi. While the council isn't always responsible for this funding, we request that they advocate for funding for our health services at a regional and central government level. Following COVID, this is now more important than ever.

There are 12 general practices within the boundary of KCDC employing around 40-50 general practitioners (full and part-time). Eight practices are in the most populous town (Paraparaumu). This includes the not-for-profit Kāpiti Youth Support which provides wider no-charge social support, including healthcare, for those aged 10-24 years. It is not a general practice as such but does directly employ some part-time GPs. In the rest of the district, Waikanae has two practices while Ōtaki and Raumati have one each. There is no practice in Paekākāriki. With the exception of Ōtaki, all are part of the same Primary Health Organisation (Tū Ora Compass Health).



Such is the pressure on primary care that most of Kāpiti's practices (nine) have had to close their books for new enrolled patients.

Kāpiti Coast is served by two ambulance services. The main service is Wellington Free Ambulance which covers all of the Coast's population excluding the Ōtaki Ward and predominantly takes patients to Wellington Hospital. Under DHBs, Ōtaki was part of MidCentral DHB while the rest of the Coast was part of Capital & Coast DHB. St John Ambulance covers Ōtaki and mainly takes patients to Palmerston North Hospital. Wellington Free Ambulance does not charge patients, but St John does.



Demography (and trends)

Below is the summary Census data of KCDC’s population from 2013 to 2023:

	Census usually resident population count			Increase or decrease 2013–18		Increase or decrease 2018–23	
	2013	2018	2023	Number	Percent	Number	Percent
Kāpiti Coast district	49,104	53,673	55,914	4,569	9.3	2,241	4.2

The population of the Kāpiti Coast is expected to grow by more than 35,000 (to over 85,000) over the next 20 years. This means that KCDC has to promote planning in order to future-proof the health needs of this growing population.

The demographics of Kāpiti Coast, including increasing life expectancy, are changing in a way in which greater future demand will impact on the already stretched health services. For example, the percentage of its elderly is expected to grow from 26% to around 30% in the next 20 years. However, the fastest growth rate expected over the next 20 years is younger adults moving to the district, many with families and many drawn by lower house prices. This means there will be increasing demand for maternity, child, family and youth health services.

The percentage of people ‘not in the labour force’, including those who are retired, is expected to increase. As age increases, so does the likelihood of living with a long-term physical or mental health condition, and disability.



Health access, status and needs

When the Kāpiti Coast is considered as part of urban New Zealand for Census purposes, important considerations which help to inform health access, status and needs become apparent. Based on estimated adjustments since the 2018 census, the following standout:

1. Taken as a whole, Kāpiti is the 15th largest urban area in New Zealand with 55,000 people.
2. Kāpiti has a larger population than cities and towns such as Gisborne, Hastings, Whanganui, Blenheim and Invercargill, all of which have local 24/7 acute hospitals.
3. Kāpiti is the only urban area with a hospital almost an hour's drive away.

See Appendix 1 for the full data **(to be updated by the 2023)**.

Ōtaki

Ōtaki is located at the northern part of KCDC. The 2023 census reports its ward population as being 9,006. This is a small decline from 9,117 in the 2018 census and in marked contrast with the 4.2% increase in the overall KCDC increase. Ōtaki's population is around 16% of Kāpiti's total population of 55,914.

According to 2018 Census information, 28% of Ōtaki residents are living in the highest levels of deprivation (deciles 9 & 10). Ōtaki has a much higher proportion of Māori residents at 24.9% compared to New Zealand with 14.1% and that Māori population is notably younger with a median age of only 26.9 years. Ōtaki is classified as socio-economically disadvantaged.

Prior to the disestablishment of DHBs on 1 July 2022, Ōtaki was part of MidCentral DHB while the rest of the Kāpiti Coast was part of Capital & Coast DHB. They also have different Primary Health Organisations – THINK Hauora and Tū Ora Compass respectively – and also two different ambulance services (St Johns and Wellington Free Ambulance respectively).

Hospital referrals from Ōtaki GPs normally go to Palmerston North while the rest of KCDC's population travel to the south to Wellington. However, the two DHBs had agreed



on a memorandum of understanding which made it easier for enrolled Ōtaki patients to access Capital & Coast DHB services.

Ōtaki has 5,739 patients enrolled with its PHO, around 64% of its estimated ward population. This suggests a potential unenrolled population of up to 36% compared with 6% nationwide and nearly 7% for the rest of KCDC's population. Contributing to this is the fact that the until recently sole general practice has been forced to close its books to new enrolments.

The unenrolled population for the whole of the former MidCentral DHB, including Ōtaki, is nearly 8%. The national unenrolled population is estimated to be around 6%. Ōtaki's population is around 5.1% of the former DHB's total population (an estimated 186,000).

Some residents not enrolled in Ōtaki may be enrolled in practices to the north in Levin and to the south in Waikanae-Paraparaumu (Kāpiti Youth Support has enrolled young people from Ōtaki). Further, the above mentioned new iwi based general practice in the town should contribute to increased the enrolled patient rate.

Nevertheless it is clear that, whatever the figure, given its relatively high deprivation level, Ōtaki has a discernibly higher rate of unenrolled residents regardless of location compared with the rest of KCDC and nationally.

At the time of data collection Ōtaki only had one general practice (Ōtaki Medical Centre) with four GPs. The data provided by Tū Ora Compass is based on aggregated practice information. However, this was not possible in Ōtaki with only one practice then. This has meant privacy issues and contributed to less comparative data.

Nevertheless THINK Hauora data reveals that of its enrolled population in Ōtaki:

- 54.2% (3,113) had 'high health' needs;
- 35.3% (2,026) are Community Service Card holders (hence having lower family incomes);
- 34.5% are Māori (1,982) while 58% (3,328) are European;
- the largest age group is 65+ years (28.5% - 1,636) while the second largest is 4-64 years (24.9% - 1,431);
- 67.3% are in the two worst deprivation quintiles; 31.6% (1,812) in the 5th and 35.7% (2,047) in the 4th; only 4.9% (284) are in the most well off (1st) decile; and



- 11.7% receive ‘Job Seeker Support’.

Kāpiti and Greater Wellington

The Kāpiti Coast (excluding Ōtaki) forms part of what is known as ‘Greater Wellington’. Of the five districts which make up the latter, the Tū Ora Compass PHO represents all the practices in four (Wellington City, Porirua, Wairarapa and Kāpiti). It only has a small presence in the fourth (Hutt Valley; Te Awakairangi Health Network is the dominant PHO).

Tū Ora Compass provides data on 15 health conditions across all of its practices. Of these conditions below (Table 1), Kāpiti has higher proportions of affected enrolled patients than the wider region in 14. The exception is ‘Chronic Conditions (Low Access)’. Kāpiti’s higher proportions are most pronounced in ‘Cardiac Conditions’, ‘frail elderly’ and ‘BMI’.

Table 1: Comparison of Tū Ora Compass Greater Wellington and Kāpiti Health Conditions Data

Health Conditions	Greater Wellington excluding 16 Hutt Valley practices, 29 April 2024 (%)	Kāpiti excluding Ōtaki, 5 April 2024 (%)
Diabetes	4.64	5.13
Pre-Diabetes	4.48	5.58
Cardiac Condition	7.12	11.20
CVR Risk (heart attack or stroke likelihood in next 5 years)	3.06	4.97
Frequent Attendees	4.14	5.92
Chronic Conditions (Low Access)	6.02	5.58
Older Persons’ Health (frail elderly)	3.76	7.79



COPD (chronic obstructive pulmonary disease)	1.60	2.40
BMI ≥ 30	19.73	22.04
Patients on Antipsychotic	2.19	2.45
High Predicted Risk (potential to be admitted to hospital within next 6 months)	3.01	4.76
Very High Predicted Risk (potential to be admitted to hospital within next 6 months)	3.01	4.87
3+ Chronic Conditions	3.11	4.71
High Falls Risk	0.94	1.56
Hepatitis C	0.14	0.15

Estimated numbers are extrapolated in Table 2 below. Given that the percentages for each of the 15 conditions do not include unenrolled patients the actual numbers are likely to be higher than the estimates.

Table 2: Estimated Tū Ora Compass Kāpiti Enrolled Patients with Specific Health Conditions

Conditions	Kāpiti (excluding Ōtaki), 5 April 2024 (%)	Estimated Number of residents affected (46,908; 2023 Census)
Diabetes	5.13	2,406
Pre-Diabetes	5.58	2,618
Cardiac Condition	11.20	5,253
CVR Risk (heart attack or stroke likelihood in next 5 years)	4.97	2,331



Frequent Attendees	5.92	2,777
Chronic Conditions (Low Access)	5.58	2,617
Older Persons Health (frail elderly)	7.79	3,654
COPD (chronic obstructive pulmonary disease)	2.40	1,126
BMI ≥ 30	22.04	10,339
Patients on Antipsychotic	2.45	1,149
High Predicted Risk (potential to be admitted to hospital within next 6 months)	4.76	2,232
Very High Predicted Risk (potential to be admitted to hospital within next 6 months)	4.87	2,284
3+ Chronic Conditions	4.71	2,209
High Falls Risk	1.56	732
Hepatitis C	0.15	70

Kāpiti and Hutt Valley

The population of the former Hutt Valley District Health Board in its final year (2022) was around 156,790. All but one of the general practices are part of the Te Awakairangi Health PHO (the other practice is part of Tū Ora Compass PHO).

Te Awakairangi Health’s enrolled population (as of 5 August 2024) is 111,024. The unenrolled population is estimated to be 17,331 (13% although this may include many unenrolled in neighbouring Wellington and elsewhere).



Of its 111,024 enrolled patients, 43,394 (39%) are identified as having ‘high needs’. Hora Te Pai, as a Very Low Cost Access practice co-located at the Kāpiti Health Centre, has 68% or more enrolled patients with high needs.

While Hutt Valley’s population has many critical health needs it also has a large public hospital centrally located within the region. Hutt Hospital offers a comprehensive range of secondary medical, surgical, mental health and diagnostic services, both acute and non-acute, as well as community-based healthcare.

Such is the extent of its services that it is also the main centre for five tertiary (usually low volume, high complexity) regional and sub-regional services, such as plastics, maxillofacial, burns, rheumatology, dental, and breast and cervical health screening.

Kāpiti and Wairarapa

Wairarapa is an appropriate comparator with Kāpiti because Tū Ora Compass is the PHO covering both Kāpiti (excluding Ōtaki) and the former Wairarapa DHB.

As of 31 December 2021, according to its final Annual Report, Wairarapa DHB’s population was 50,331. According to the 2023 census, Wairarapa province’s population was 51,250. Kāpiti Coast’s population (including Ōtaki) is 55,914 enrolled patients compared with 47,594 in Wairarapa. Excluding Ōtaki, the Kāpiti Coast has an estimated 46,908 residents.

Table 3: Comparison of Tū Ora Compass Wairarapa and Kāpiti Health Conditions Data

Conditions	Wairarapa, 5 July 2024 (%)	Kāpiti excluding Ōtaki, 5 April 2024 (%)
Diabetes	5.17	5.13
Pre-Diabetes	6.16	5.58



Cardiac Condition	10.48	11.20
CVR Risk (heart attack or stroke likelihood in next 5 years)	4.97	4.97
Frequent Attendees	6.29	5.92
Chronic Conditions (Low Access)	5.71	5.58
Older Persons Health (frail elderly)	5.50	7.79
COPD (chronic obstructive pulmonary disease)	2.92	2.40
BMI ≥ 30	25.00	22.04
Patients on Antipsychotic	2.79	2.45
High Predicted Risk (potential to be admitted to hospital within next 6 months)	3.21	4.76
Very High Predicted Risk (potential to be admitted to hospital within next 6 months)	2.86	4.87
3+ Chronic Conditions	4.88	4.71
High Falls Risk	0.87	1.56
Hepatitis C	0.20	0.15

The table above compares the 15 conditions recording by Tū Ora Compass. Largely the proportions are similar. Kāpiti (excluding Ōtaki) has higher percentages in five conditions – cardiac, frail elderly, high predicted risks, very high predicted risks, and high fall risks. They are the same for CVR (heart attack and stroke) risks.

The Kāpiti Coast has a slightly bigger population than Wairarapa along with more enrolled patients. But, in stark contrast, Wairarapa has a hospital with around 89



inpatient beds. It provides a full range of secondary medical, surgical and obstetrics and gynaecology services. It provides 24 hour acute/emergency services covering medical, surgical, obstetric, paediatric, assessment and rehabilitation for young and older adults, high dependency care and mental health.

However, Wairarapa has does have greater healthcare service accessibility issues. In part this is because it (the former DHB) is spread over around 5,936 square kilometres compared with 77 in Kāpiti. But the biggest difference is the impact on accessibility of the Remutaka Range and the longer distance and travel time to Hutt and Wellington hospitals. Travel time from Featherston to Hutt Hospital is an estimated 51 minutes.

Consequently, a hospital is not being proposed for Kāpiti. Instead the proposal is for establishing a polyclinic by expanding the range of services at Health New Zealand's existing facility in Paraparaumu.

Vulnerable children

The Children and Young Peoples sub-group of KHAG has conducted a survey of 25 services or organisations active on the Kāpiti Coast. The survey is qualitative rather than quantitative. The focus was on families who needed additional support. While many of the concerns require resolving social determinants of health to resolve, expanding services provided at the Kāpiti Health Centre would mitigate some of these effects.

On 4 September, the results were reported to KCDC's Social Sustainability Subcommittee. In summary:

Primary concerns organisations are seeing

- Families are struggling to care for children with complex needs.
- Many of the parents are neurodiverse or have autism.
- There is an increased number of children with anxiety and mental health issues.



- Many families have experienced childhood trauma and lived in homes with high levels of stress.
- A lot of parents and caregivers are overwhelmed by daily issues.
- There are long referral delays generating implications for accessing support/funding for additional services.

Specific concerns for the children

- High number of children who have been abused or have observed abuse.
- A number of children have high levels of anxiety – visible through ground down teeth or severely chewed nails.
- Support workers are aware of frequent infections of head lice, and see children suffering from asthma or eczema.
- Children sent to school without lunches.
- Families struggling to provide school uniforms and required devices.

Nourishment

The surveyed organisations are seeing:

- Many overweight teenagers.
- Many young girls (11-12 years) suffering from eating disorders, especially girls experiencing social media bullying.
- Families struggle to balance buying food with paying utility bills.
- Families are often connected to Foodbank or other agencies that can provide food or meals.

Access to medical help and sufficient care when unwell

- Many families don't have a local general practitioner. Some use Team Medical where there can be long wait times) or commute back to GPs where they used to live.
- There are issues with getting after-hours care or weekend services.
- Many families have transport issues, especially when they have children with special needs.



- Some families reported receiving “*receiving mediocre care*” and are unable to advocate on their own behalf.
- Some families have used “virtual GP”. While they see it as a good option it can’t cover all appointment types.
- Very limited access to mental health services for young children, young people and adults.

Making a difference?

- Follow-up services for young people with mental health issues.
- Removal of age limitations for referrals to specialist services such as hearing tests.
- Earlier diagnosis of autism and dyslexia.
- Better access to early pregnancy care.
- Urgently needed paediatric staff and services.



Services currently provided at Kāpiti Health Centre

The Kāpiti Health Centre on Warrimoo Road, Paraparaumu, is owned and operated by Health New Zealand (formerly by Capital & Coast DHB). It provides a maternity and obstetrics services (including a two-bedded maternity unit), outpatient clinics, community health, and child, adolescent and general adult mental health services.

It is a community health centre rather than a hospital providing 24/7 acute and urgent services. Its hours are confined to Monday-Friday (8am-4.30pm).

It is also the site for offering Hora Te Pai primary health care services to Māori, Pacific Island, and low income people residing between Paekākāriki and Peka Peka. The services of Hora Te Pai include general practice consultations, wellness courses, skin-cancer clinics, and Māori community health services.

Hora Te Pai is a Very Low Cost Access (VLCA) service, providing low cost and affordable quality healthcare services. Its enrolled population has 68% or more patients with high needs. It is a not-for-profit trust governed by a board of trustees. Its employees include five doctors and five nurses.

Table 4: Numbers, Attendances and Length of Clinics by Services at Kāpiti Health Centre, July 2023-June 2024 (Health New Zealand)

Services	Number of Clinics	Number of Face-to Face Attendances	Length of Clinics: Minutes (Hours)
Adult Mental Health	595	1,350	270,090 (4,501)
Allied Health & Other	799	3,365	149,130 (2,485)
Anaesthesiology	31	93	4,650 (77)



Cardiology	81	198	22,860 (381)
Child & Adolescent Mental Health Acute Inpatient	513	912	279,930 (4,665)
Diabetology	54	251	6,690 (111)
Endocrinology	71	441	17,540 (292)
General Surgery	1	11	150 (2)
Geriatric active rehabilitation	410	1,440	69,490 (1,158)
Gynaecology	46	393	13,395 (223)
Haematology	2	22	1,530 (25)
Maternity (no community LMC)	20	178	6,855 (114)
Maternity – well new born (no community LMC)	45	224	22,275 (371)
Neurology	30	195	8,010 (113)
Nursing	427	3,068	177,315 (2,955)
Ophthalmology	99	1,120	23,175 (386)
Orthopaedics	19	90	2,040 (34)



Ear, Nose & Throat	6	21	1,110 (18)
Paediatric Medicine	129	526	20,225 (337)
Psychogeriatric active rehabilitation	31	49	6,510 (108)
Renal Medicine	18	135	5,160 (86)
Specialist Paediatric Diabetology	13	54	2,610 (43)
Specialist Paediatric Endocrinology	21	113	3,410 (57)
Total	3,461	14,249	1,114,150 (18,569)

Note: Length of clinics was provided by HNZ in minutes. Hours was subsequently added to the table.



The new and expanded services to form part of the polyclinic

Below is a list of health services and outpatient clinics, including by visiting hospital specialists, to be gradually introduced or extended in the proposed polyclinic:

- General practice (co-located).
- 24/7 urgent care.
- Anaesthesia – pain and pre and post-operative management where appropriate.
- Audiology
- Cardiac including cardiothoracic.
- Dentistry.
- Dermatology.
- Diagnostic and interventional radiology.
- Family planning and reproductive health.
- General surgery.
- Internal and respiratory medicine.
- Nutrition.
- Obstetrics and gynaecology.
- Oncology.
- Orthopaedics.
- Otolaryngology (ear, nose and throat).
- Paediatrics.
- Palliative care.
- Physiotherapy.
- Podiatry.
- Psychiatry and wider mental health.
- Rehabilitation services.
- Sexual health medicine.
- Urology.

If provided these new and expanded services would provide comprehensive healthcare (including prevention) for KCDC's population.



There are also other services that could be provided at the polyclinic that would improve the accessibility and quality of healthcare for KCDC's population. Community infusion centres are outpatient clinics that are certified to administer infusion therapy, including blood products. Historically infusion therapy has been provided in hospitals. They require advanced equipment and competent staff who specialise in infusions. However, the former Canterbury DHB initiated two successful community infusion centres from 2018. Other examples include chemotherapy and dialysis.



Benefits for Regional Hospital Emergency Departments

The proposed polyclinic has the potential to reduce the pressure on the region’s emergency departments, particularly Wellington Hospital. Provisional data (not yet validated) provided by Health New Zealand indicate this potential.

Table 5 below reports that there were 7,644 presentations in the 2023 calendar year from the Kāpiti Coast. This was a 12% increase from 2019 which alone shows how fast things are changing. Of those presentations who were admitted into the hospital (3,744), there was an actual decline of 2% from 2019.

However, the number who were treated within and discharged from the emergency department (3,900) represented an increase of 30%.

Table 5: Number of Presentations from Kāpiti Coast to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)

Outcome	2019	2020	2021	2022	2023
Admitted	3,823	3,769	3,911	3,962	3,744
Treated and Discharged	2,998	3,149	3,568	3,459	3,900
Total	6,821	6,918	7,479	7,421	7,644

Table 6 below excludes Ōtaki (including Ōtaki Forks) from the above table. The results reveal a similar pattern to those for the whole district. There were 7,170 presentations in the 2023 calendar year from Kāpiti Coast. This was a 9% increase from 2019. Of those presentations who were admitted into the hospital (3,538), there was an actual decline of 5% from 2019.

The number who were treated within and discharged from the emergency department (3,632) represented an increase of 27%.



Table 6: Number of Presentations from Kāpiti Coast (excluding Ōtaki) to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)

Outcome	2019	2020	2021	2022	2023
Admitted	3,709	3,649	3,746	3,836	3,538
Treated and Discharged	2,846	2,987	3,369	3,253	3,632
Total	6,558	6,636	7,115	7,089	7,170

Tables 7 and 8 below contain the responses to the same questions as they apply to the Palmerston North Hospital emergency department (again provisional and unvalidated).

Table 7 reports that there were 946 presentations in the 2023 calendar year from Kāpiti Coast. This was a 16% decline from 2019. Of those presentations who were admitted into the hospital (363), there was an actual decline of 20% from 2019.

The number who were treated within and discharged from the emergency department (455) represented a decline of 23%.

Table 7: Number of Presentations from Kāpiti Coast to Palmerston North Hospital Emergency Department, 2019-2023 (Health New Zealand)

Kāpiti Coast (Including Ōtaki)	2019	2020	2021	2022	2023
Presented to Palmerston North Hospital Emergency Department	1,126	1,065	1,148	984	946
Admitted into the main hospital	456	386	447	374	363
Treated and discharged	590	609	587	487	455
Referred to another secondary service	6	<6	12	13	12



Note: The discrepancies above are because very small numbers of patients were also referred to other secondary services.

Table 8: Number of Presentations from Kāpiti Coast (excluding Ōtaki) to Palmerston North Hospital Emergency Department, 2019-2023 (Health New Zealand)

Kāpiti Coast (Excluding Otaki)	2019	2020	2021	2022	2023
Presented to Palmerston North Hospital Emergency Department	327	275	270	238	194
Admitted into the main hospital	104	80	89	78	56
Treated and discharged	188	172	147	125	110
Referred to another secondary service	<6	<6	<6	<6	<6

Note: The discrepancies above are because very small numbers of patients were also referred to other secondary services.

Table 9 below is derived from Tables 7 and 8 in order to estimate the number of presentations from Ōtaki only to the Palmerston North Hospital Emergency Department.

Table 9: Number of Estimated Presentations from Ōtaki to Palmerston North Hospital Emergency Department, 2019-2023 (Health New Zealand)

	2019	2023	Change	Percentage
Total Presented	799	752	-47	-6%
Admitted into hospital	352	307	-45	-13%



Treated & Discharged	402	345	-57	-14%
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Advice from a senior paediatrician at Palmerston North and familiar with Ōtaki believes the most likely explanation for these declining numbers from the area (Table 9) is that many of those who were poor in 2019 have become over this period more impoverished. The Horowhenua Health Centre in Levin does not provide after-hours care or urgent care medicine. **Requires discussion with Ōtaki GPs.**

Table 10: Total Referral Sources to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)

Referral Source	2019	2020	2021	2022	2023
General Practitioner	5,392	3,774	4,718	4,261	5,171
Kenepuru Accident and Medical	987	826	858	1,026	1,019
Self-referral	37,058	35,829	36,622	33,792	31,967
Outside agencies	21,183	18,861	20,749	21,243	22,299
Other	773	624	633	760	995
Total	65,393	59,914	63,580	61,082	61,451

Note: This data is provisional only and used for operational purposes. It has not been through a full quality assurance process.

Table 11: Total Kāpiti Coast Referral Sources to Wellington Hospital Emergency Department, 2019-2023 (Health New Zealand)

Referral Source	2019	2020	2021	2022	2023
General Practitioner	784	629	776	700	809



Kenepuru Accident and Medical	43	55	46	76	71
Self-referral	2,049	2,380	2,381	2,188	2,035
Outside agencies	3,875	3,783	4,204	4,376	4,616
Other	70	71	72	81	113
Total	6,821	6,918	7,479	7,421	7,644

Note: This data is provisional only and used for operational purposes. It has not been through a full quality assurance process.

Table 12: Percentage Comparisons of Total and Kāpiti Coast only Referral Sources to Wellington Hospital Emergency Department, 2023 (Health New Zealand)

Referral Source	Total Referrals	Kāpiti Coast only Referrals
General Practitioner	8%	11%
Kenepuru Accident and Medical	2%	1%
Self-referral	52%	27%
Outside agencies	36%	60%
Other	2%	2%

Note: Seeking clarification from HNZ on higher proportion of ‘outside agencies’ referrals from Kapiti. When contrasted with opposite contrast for ‘self-referral’ this suggests that ambulances linked to greater distance is the explanation.

6 NGĀ TAKE A NGĀ MEMA | MEMBERS' BUSINESS

- (a) Leave of Absence
- (b) Matters of an Urgent Nature (advice to be provided to the Chair prior to the commencement of the meeting)
- (c) Community Board Members' Activities

7 HE KŌRERO HOU | UPDATES

Nil

8 TE WHAKAŪ I NGĀ ĀMIKI | CONFIRMATION OF MINUTES**8.1 CONFIRMATION OF MINUTES**

Author: Maria Cameron, Advisor Governance

Authoriser: Hara Adams, Group Manager Iwi Partnerships

Taunakitanga | Recommendations

That the minutes of the Paekākāriki Community Board meeting of 10 December 2024 be accepted as a true and correct record.

NGĀ ĀPITI HANGA | ATTACHMENTS

1. Paekākāriki Community Board Unconfirmed Minutes from 10 December 2024 meeting [↓](#)

9 NGĀ TAKE E MAHIA ANA | MATTERS UNDER ACTION

9.1 MATTERS UNDER ACTION

Author: Maria Cameron, Advisor Governance

Authoriser: Oriwia Mason, Kaitohutohu Matua Hononga ā-lwi | Principal Advisor

MATTERS UNDER ACTION

Taunakitanga | Recommendations

That the Paekākāriki Community Board meeting notes the matters under action

NGĀ ĀPITI HANGA | ATTACHMENTS

1. Matters Under Action February 2025 [↓](#)

10 KARAKIA WHAKAMUTUNGA | CLOSING KARAKIA