



# **RĀRANGI TAKE AGENDA**

## **Te Komiti Toitūtanga Pāpori | Social Sustainability Committee Meeting**

**I hereby give notice that a Meeting of the Te Komiti Toitūtanga Pāpori |  
Social Sustainability Committee will be held on:**

**Te Rā | Date: Tuesday, 5 November 2024**

**Te Wā | Time: 9.30am**

**Te Wāhi | Location: Council Chamber  
Ground Floor, 175 Rimu Road  
Paraparaumu**

**Brendan Owens  
Group Manager Customer and Community**

**Kāpiti Coast District Council**

**Notice is hereby given that a meeting of the Te Komiti Toitūtanga Pāpori | Social Sustainability Committee will be held in the Council Chamber, Ground Floor, 175 Rimu Road, Paraparaumu, on Tuesday 5 November 2024, 9.30am.**

**Te Komiti Toitūtanga Pāpori | Social Sustainability Committee Members**

Cr Martin Halliday	Chair
Cr Rob Kofoed	Deputy
Mayor Janet Holborow	Member
Deputy Mayor Lawrence Kirby	Member
Cr Kathy Spiers	Member
Cr Nigel Wilson	Member
Ms Kim Tahiwī	Member
Mr Huriwai Paki	Member
Ātiawa ki Whakarongotai Representative	Member
Mr Guy Burns	Member
Mr Jonny Best	Member
Mrs Jackie Elliott	Member
Ms Sorcha Ruth	Member
Mr Michael Moore	Member

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**1 NAU MAI | WELCOME****2 KARAKIA A TE KAUNIHERA | COUNCIL BLESSING**

I a mātou e whiriwhiri ana i ngā take kei mua i ō mātou aroaro *As we deliberate on the issues before us,*

E pono ana mātou ka kaha tonu ki te whakapau mahara huapai mō ngā hapori e mahi nei mātou. *We trust that we will reflect positively on the communities we serve.*

Me kaha hoki mātou katoa kia whaihua, kia tōtika tā mātou mahi, *Let us all seek to be effective and just,*

Ā, mā te māia, te tiro whakamua me te hihiri *So that with courage, vision and energy,*

Ka taea te arahi i roto i te kotahitanga me te aroha. *We provide positive leadership in a spirit of harmony and compassion.*

**3 WHAKAPĀHA | APOLOGIES****4 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:

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

4.2 – 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

**5 HE WĀ KŌRERO KI TE MAREA MŌ NGĀ MEA E HĀNGAI ANA KI TE RĀRANGI TAKE | PUBLIC SPEAKING TIME FOR ITEMS RELATING TO THE AGENDA****6 NGĀ TEPUTEIHANA | DEPUTATIONS****6.1 KĀPITI YOUTH SUPPORT****TE PŪTAKE | PURPOSE**

Raechel Osborne, Chief Executive, Kāpiti Youth Support, will give an update on their work and their Social Investment Funded project.

**6.2 KĀPITI IMPACT TRUST & VOLUNTEER KĀPITI****TE PŪTAKE | PURPOSE**

Sarah Doherty, Strategic Advisor, Kāpiti Impact Trust and a representative from Volunteer Kapiti will report back on their joint project funded under the Capable Sector Priority of the Contestable Social Investment Fund to grow a thriving community and social sector in Kāpiti.

### 6.3 KĀPITI HEALTH ADVISORY GROUP - UPDATE ON POLYCLINIC COMPELLING CASE

#### 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 for the development of the Kāpiti Health Centre into a polyclinic plan.
- 2 The current draft of the “Kāpiti Health Centre Polyclinic compelling case” is attached to support your discussion.
- 3 Of note, next steps in the Kāpiti Health Advisory Group’s work programme for this item will include discussing the current draft document with key stakeholders to gain further input and buy-in.
- 4 Once the compelling case is finalised, Council staff will provide a report to you seeking your agreement to write a letter of support to Ministers for the compelling case.

#### NGĀ ĀPITIHANGA | ATTACHMENTS

1. Kapiti Health Advisory Group - current draft Polyclinic Compelling Case [↓](#)
2. Proposed engagement list of the Polyclinic compelling case



Kāpiti Health Advisory Group

CURRENT DRAFT AT 30 OCTOBER 2024

An integrated and innovative  
health service for Kāpiti

Expanding availability from Paekākāriki to Ōtaki

October 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).
- The population of Kāpiti Coast has a compelling need for improved access to health services, both community and hospital.
- 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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## 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.

Space for little qualitative story???

## 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.

Story

## 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.

### 1 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*.

## 2 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.

### 3. 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.

#### **4 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.

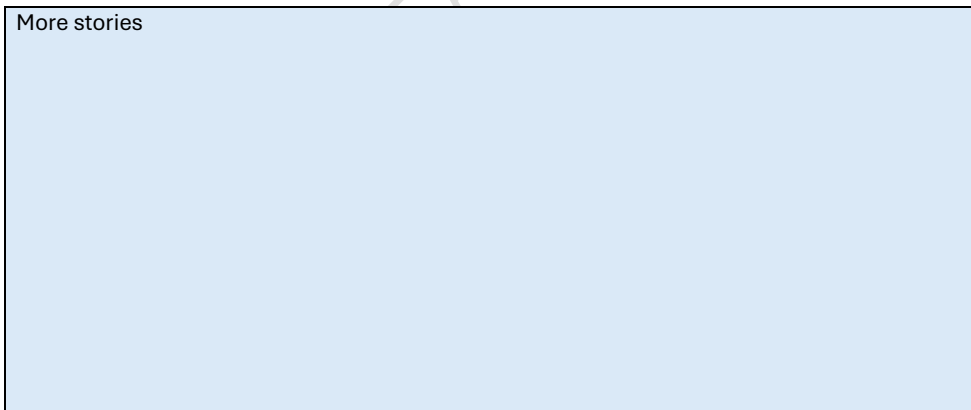
The developing health strategy introduces five focus areas for health and wellbeing in the Kāpiti Coast district:

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.

CURRENT DRAFT AT 30 OCTOBER 2024

## 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

### 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. 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).

While it would be unsurprising, given its relatively high deprivation level, that Ōtaki would have a discernibly higher rate of unenrolled residents, there are caveats. For



example, the sole general practice has been forced to close its books to new enrolments. While this might also contribute to a higher unenrolled rate, it might also lead to residents enrolling with a general practice to the north or south.

Ōtaki has one general practice (Ōtaki Medical Centre) with four GPs. The data provided by Tū Ora Compass is based on aggregated practice information. However, this is not possible in Ōtaki with only one practice. 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**

<b>Health Conditions</b>	<b>Greater Wellington excluding 16 Hutt Valley practices, 29 April 2024 (%)</b>	<b>Kāpiti excluding Ōtaki, 5 April 2024 (%)</b>
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)	4.76	2,232

to hospital within next 6 months)		
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 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)
<b>Total</b>	<b>3,461</b>	<b>14,249</b>	<b>1,114,150</b> <b>(18,569)</b>

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.

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## 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
<b>Total</b>	<b>6,821</b>	<b>6,918</b>	<b>7,479</b>	<b>7,421</b>	<b>7,644</b>

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
<b>Total</b>	<b>6,558</b>	<b>6,636</b>	<b>7,115</b>	<b>7,089</b>	<b>7,170</b>

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 Ōtaki)	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%



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
<b>Total</b>	<b>65,393</b>	<b>59,914</b>	<b>63,580</b>	<b>61,082</b>	<b>61,451</b>

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
<b>Total</b>	<b>6,821</b>	<b>6,918</b>	<b>7,479</b>	<b>7,421</b>	<b>7,644</b>

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.

## Additional Benefits of Proposed Polyclinic for Kāpiti's Health System

The primary benefit of the proposed polyclinic is to quantifiably improve the health status of Kāpiti's population by better enabling more health services to be provided within Kāpiti. Below, we provide some examples of the issues faced by some key services and explain how a polyclinic would support their work and the people they work with.

### Transport Hub

There is a necessity for a Health New Zealand transport hub to be based at the Kāpiti Health Centre. At present the closest HNZ bus service to Kāpiti patients is one that operates from Kenepuru and Wellington hospitals hourly. Those patients requiring transportation to Wellington Hospital depend on voluntary providers such as Kāpiti Carers. However, this is difficult to sustain reinforced by the fact that many of the volunteer drivers are older than their passengers.

Consequently the proposed Kāpiti Polyclinic should be enabled to provide a hub for a regular return bus service to Wellington Hospital. This direct link to hospital appointments would mean the deterrent expensive parking fees being avoided and less road traffic. It would also mean that driver volunteers could be used to provide the necessary return transport from homes to the hub.

### Kāpiti Youth Support

Kāpiti Youth Support (KYS) is one of the largest NGOs and providers of community services in Kāpiti and operates over five sites, which includes three school-based services. There are over 5,700 rangatahi accessing services – this represents approximately 68% of the youth population in Kāpiti.

Services and programmes offered include doctor and nurse appointments (primary health care), psychology, counselling, alcohol and drug services, social work, mentoring, parenting, peer support, financial capability (budgeting), LGBTQIA+, Youth Services that support rangatahi Not in Education, Employment or Training (NEET), Transition Services and various youth development programmes within schools and the wider community. KYS staff are passionate about providing services and programmes which truly make a difference.

KYS is currently the only service within Kāpiti that provides a wraparound service for rangatahi within one agency. It is committed to being inclusive; acknowledging and encouraging diversity and being reflective of the community it works in.

### Wellington Free Ambulance

Wellington Free Ambulance (WFA) provides emergency ambulance services for the districts of the former Capital & Coast, Hutt Valley and Wairarapa DHBs. This includes the Kāpiti Coast south of Ōtaki.

In addition to emergency ambulance services, it also operates a clinical communications centre, provides a patient transfer service, and provides medical support at a range of events across its jurisdiction.

Like much of the rest of the health system WFA's service has evolved significantly. Continuous improvement within the paramedicine profession has seen innovative developments to emergency healthcare and increased support for increasingly complex cases.

Furthermore, the role of emergency ambulance services has expanded over time to include ancillary services, such as CPR training, and patient transfer services. Increasingly this supports enhanced patient pathways and improved patient outcomes.

WFA staff have access to the diversion service run by Tu Ora Compass Health. Kāpiti residents (excluding Ōtaki) can avoid a trip to Wellington Hospital's emergency department if they are clinically assessed by its paramedics as being suitable for being treated by their general practitioner or at a local medical centre (at no cost to patients

because these patients would have otherwise been taken to the emergency department). This has proven to be successful with good success rates. Patients unable to be accepted under the redirection program or safely managed in Kapiti are transported to Wellington Hospital.

An earlier innovation involving WFA was the first extended care paramedic (ECP) model of care in New Zealand which was introduced in Kāpiti (excluding Ōtaki) in 2009. The ECP model aims at increasing the proportion of patients presenting to the ambulance service who could be treated in the community, including at home. ECPs have significant potential to reduce emergency department presentations.

WFA's ECPs are available from 6.30am to 6.30pm, seven days a week. These paramedics have an advanced scope focused on keeping and managing patients in the community. Given the long duration of the programme, the small team have good relationships in the community which leads to positive patient outcomes.

WFA has a local base on the site of the Kāpiti Health Centre. The proposed polyclinic provides a basis for strengthening this collaborative relationship as a critical component of the Kāpiti health system, including contributing to relieving the pressure on Wellington Hospital's Emergency Department through collaborative innovations such as ECPs and the diversion service.

### Mobile Health

Run by Mobile Health under a funding contract with Health New Zealand, The Mobile Surgical Unit ('bus') has a modern fully-equipped operating theatre, designed and built to be used for a wide range of elective day surgery.

The objective is to provide additional theatre capacity to help HNZ meet elective surgery targets, while providing patients treatment closer to home. It operates on a regular five-week circuit throughout rural New Zealand, operating out of 25 different rural locations, including the Kāpiti Health Centre (Mondays).

Currently it is providing paediatric dentistry. Previously it provided predominantly gynaecology when there were gynaecological providers available.

Between 4 March 2019 and 19 August 2024 there were 28 surgical bus visits to Kāpiti. For each visit the surgical bus was parked at the location the night before, in preparation for an all-day session, the following day.

**Table 10: Specialty, Number of Patients, and Number of Visits, 2019-24**

Year	Speciality	Number of patients	Number of Visits
2019	Gynaecology	46	6
2020	Vascular Surgery	9	1
	Gynaecology	12	2
2021	Gynaecology	37	4
	Vascular Surgery	8	1
	Urology	9	1
2022	Dental	21	3
2023	Dental	46	6
2024	Dental	34	4

Mobile Health also runs a Mobile Medical Unit (bus) which provides non-invasive kidney stone treatment.

Further, its new Mobile Imaging Unit (bus) has the first mobile PET-CT in New Zealand. This scan measures important body functions, such as metabolism. It helps doctors evaluate how well organs and tissues are functioning.

Gradually evolving the Kāpiti Health Centre into the Kāpiti Polyclinic will facilitate the ability to help make these additional Mobile Health services accessible for Kāpiti residents.

### Mary Potter Hospice

**To be developed**

Innovation and professional development hub

To be developed

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## Conclusion

The Kāpiti Coast has a population that is, on average, older than other New Zealand council districts, and is growing fast, with many young families moving into the district. Much of the Kāpiti Coast is considered to be 'rural' in health system terms, meaning that key health services – such as 24/7 urgent care and many outpatient services – are a significant distance away, requiring long travel times for residents to access care.

A number of reports have been completed about health services delivery on the Kāpiti Coast, recommending – as did Parliament's Health Select Committee – that more services be delivered locally. This is very much in line with recent government strategies to deliver services 'closer to home' and with the recently released Government Policy Statement on Health (2024-2027) to shift decision-making and resources in the health system closer to communities. But change has been very slow and with the Kāpiti population growing and access to services becoming more difficult for many. KHAG and KCDC are keen to see work progress more quickly in future.

This paper has demonstrated the importance of further developing services at the Kāpiti Health Centre, with an incremental approach to expanding the range of services delivered there, including (over time) through building upwards and outwards. The paper has demonstrated the extent of the potential benefits, which would include:

- better supporting local residents in accessing services closer to home, including people being able to access crisis services far more quickly;
- strengthening the local health infrastructure and connectedness between providers, to support locally efficient and integrated service delivery;
- reducing pressure on overloaded regional emergency departments;
- saving hours of time in travel for patients and their carers, as well as some key service providers (eg, ambulances);
- reducing stress at times when people are already stressed through being unwell; and
- supporting the local district in times of emergencies.





## Kāpiti Health Advisory Group

### Proposed roll out of the case for establishing an integrated and innovative publicly provided health service on the Kāpiti Coast

#### **Background**

Kapiti Health Advisory Group (KHAG) is nearing completion of the “compelling case” for establishing an integrated and innovative publicly provided health service on the Kapiti Coast. We are referring to this service as the “Kapiti Polyclinic” which we describe as 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.*

It is necessary now to determine the order and process by which this paper will be presented to the relevant decision makers and to the Kapiti Community to best seek their support for the proposal. This paper outlines a suggested approach.

#### **Proposal**

It is proposed that SSC will need to support the work and the consultation process we are outlining so need to be consulted first. It is also imperative priority engagement is undertaken with Hora Te Pai (general practice co-located in KHC), other general practices, relevant iwi, the Iwi Maori Partnership Board and relevant local groups shortly after the SSC meeting. Other groups and the general public will be consulted following these key stakeholders.

**Proposed Consultation**

Stakeholder	Priority	Contact
Social Sustainability Committee (SSC)	The SSC is the KCDC “sponsor” of KHAG and as such, needs to support the work and the proposal. Indications are that this is the case, but a formal go ahead is required from SSC before other contacts can proceed.	Gina Anderson-Lister and Martin Halliday
Hora Te Pai	Hora Te Pai primary care services are located on the KHC site so will need to be consulted as a priority as maintaining the primary care service on site is key to maintaining an integrated, polyclinic service	Chair of the Hora te Pai Trust and Clinical Lead
Iwi	It is now a priority that iwi are aware of and able to walk alongside KHAG as we seek support for the Polyclinic.	This will be done in liaison with KCDC Staff through Gina Anderson-Lister and Kris Pervan, and the KCDC Iwi Partnerships team
Community Boards	Paekakariki Raumati Paraparaumu Waikanae Otaki	Presentations to Boards and/or possible local public forums
Health Professionals	GP practices in Kapiti Relevant PHOs KCHN Dentistry Pharmacy	

	Wellington Free Ambulance Mary Potter KYS	
Politicians	Tim Costley and Barbara Edmonds (along with opposition Health spokesperson Ayesha Verrall) to receive copy of document, followed by meeting Minister of Health	
Health New Zealand (regional)	Personal contacts As recommended	
Kapiti Public	After SSC Agreement Press Release Via KCDC system : to include Kapiti News, KC News, The Post, Radio NZ, etc Public Forums	
Community Groups	Probus Rotary Lions Grey Power Soroptomists	There are a number of each of these in Kapiti – and offer to provide a speaker to each

**7 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) Members' Items

## 8 HE KŌRERO HOU | UPDATES

### 8.1 AGE FRIENDLY APPROACH UPDATE

Kaituhi | Author: **Emma Haxton, Team Leader Connected Communities**

Kaiwhakamana | Authoriser: **Brendan Owens, Group Manager Customer and Community**

### TE PŪTAKE | PURPOSE

- 1 This report provides an update on Te Ara Manaaki i ngā Kaumātua (Age Friendly Approach). A presentation will be provided at this meeting.

### TAUNAKITANGA | RECOMMENDATIONS

- A. That the Social Sustainability Subcommittee note the update on the implementation on Age Friendly Approach

### TŪĀPAPA | BACKGROUND

- 2 The Age Friendly Approach (the Approach) was adopted by the Strategy, Finance and Operations Committee in August 2023.
- 3 The Approach seeks to value and support ageing in Kāpiti with a focus on those aged 65 and over. Through extensive engagement, a vision, set of values, and focus areas were developed which reflect the voice and aspirations of our older communities.
- 4 The Approach contributes to Council's Long-term Plan 2024, particularly through the Community Outcome: 'Tāngata/people are supported to live, work, and play in our district'.
- 5 It seeks to ensure older people in the district are supported to flourish through three focus areas:
  - Older people feel connected and valued as an integral part of our district.
  - Older people can get around and have access to what they need.
  - Older people participate in their communities in ways that work for them.

### HE TAKE | ISSUES

- 6 An Age Friendly Kāpiti Reference Group (the Reference Group) was established to work with Council staff to develop the Approach. This group is made up of representatives from key organisations working with older people and older people in community leadership roles. The Reference Group has continued to support the initial phase of the implementation plan of the Approach this year.
- 7 The implementation of the Age Friendly Approach received \$100,000 contribution from Council's Three Waters Reform Funding (Better Off Funding). This is one-off funding for the 2024/25 financial year.
- 8 The Age Friendly Reference Group and Council staff established an implementation plan for the Better Off Funding, with projects being rolled out in the district from September 2024.
- 9 Projects were identified through an older person's community forum in early 2024. The Reference Group then engaged with key community organisations to develop a set of proposals. A robust non-contestable grants process was delivered with decisions made by the Reference Group, with Council staff support.
- 10 As a result, five Age Friendly Kāpiti community projects have been funded for one year:
  - **Age Concern:** Delivering two projects (\$24,689 grant funding):

- a) a programme of events to provide access for older people to find out about and participate in community activities
- b) an intergenerational initiative to foster mutual understanding and respect across generations.
- **Volunteer Kāpiti:** Delivering a sharing skills programme focused on growing older volunteers (\$15,000 grant funding)
- **Digital Seniors:** Delivering a pilot programme to establish digital senior hubs in Ōtaki, Waikanae, Paraparaumu, Paekākāriki (\$17,365 grant funding).
- **Hora te Pai:** Delivering kaumatua māori hui to strengthen connection and provide a safe space for kaumatua māori to engage with a range of community opportunities to learn and have voice (\$15,000 grant funding)

### NGĀ KŌWHIRINGA | OPTIONS

11 The are no options associated with this update.

### NGĀ MAHI PANUKU | NEXT STEPS

- 12 The five community projects will be delivered over 2025, and we will come back to the Social Sustainability Subcommittee once impact and achievements are reported.
- 13 A report on the implementation of an Age Friendly Kāpiti will be completed by June 2025.

### NGĀ ĀPITI HANGA | ATTACHMENTS

Nil

## 8.2 STRENGTHENING OF THE OLDER PERSONS COUNCIL, YOUTH COUNCIL AND DISABILITY ADVISORY GROUP

Kaituhi | Author: **Emma Haxton, Team Leader Connected Communities**

Kaiwhakamana | Authoriser: **Brendan Owens, Group Manager Customer and Community**

### TE PŪTAKE | PURPOSE

- 1 This report provides an update on the work being undertaken to strengthen Older Person's Council, the Disability Advisory Group and the Kāpiti Coast Youth Council. A short presentation will be provided at this meeting.

### TAUNAKITANGA | RECOMMENDATIONS

- A. That the Social Sustainability Subcommittee note the update on the work being undertaken to strengthen the Older Person's Council, Youth Council and Disability Advisory Group.

### TŪĀPAPA | BACKGROUND

- 2 We are undertaking a project over the next 6 months to strengthen the three advisory groups under Connected Communities. This includes the Older Person's Council, the Disability Advisory Group and the Youth Council.
- 3 All three groups have a long standing role in supporting a diversity of community voice to Council.
- 4 The Kāpiti Coast Youth Council acts as a voice for the young people of Kāpiti to Council with current members aged 14 – 20 years from across the district.
- 5 The Kāpiti Coast Older Persons' Council (formerly the Council of Elders) was established in 2008 as a voice for older people in our community. The Older Persons' Council has operated as an open forum for any member of our older community to participate.
- 6 The Kāpiti Disability Advisory Group (formerly the Kāpiti Disability Reference Group) provides advice to Council with a particular focus on issues of access, equity and inclusion for people with disabilities. It has members who have a wide range of disabilities.
- 7 This work is part of a broader Advisory Group Review being undertaken which is focused on operational aspects to enable consistency and strengthen accountability across existing Advisory Groups.

### HE TAKE | ISSUES

- 8 Effective participation is about creating opportunities for people to be involved in influencing, shaping, designing and contributing to policy and the development of services and programmes. The advisory groups provide a formal mechanism for this to occur.
- 9 Each advisory group has its own unique process and this project will ensure best practice engagement is tailored to their different needs and strengths.
- 10 Council staff have worked with the Chair of the Older Person's Council and the Chair of the Disability Advisory Group to scope the project. Throughout the process, we will be working closely with the two Chairs to develop recommendations.
- 11 With the Youth Council, we will work with a core group of Youth Council members to progress their 'strengthening' work. We have begun scoping their project with them to ensure it is in line with best practice youth engagement.
- 12 Engagement across the three advisory groups includes:

- opportunities for individual members from each group to meet with Council staff to share their thoughts and ideas
- a workshop with each of the advisory groups as part of their formal monthly meetings
- feedback opportunities as recommended changes are drafted
- ongoing co-design process with the Chairs of the Older Person's Council and the Chair of the Disability Advisory Group and a sub-group of the Youth Council
- conversations to get advice from the elected members appointed to each advisory group
- engagement with other stakeholders including the Chair of the Kāpiti Health Advisory Group and the previous Chairs of Older Person's Council and the Disability Advisory Group.

### **NGĀ KŌWHIRINGA | OPTIONS**

13 There are no options associated with this update.

### **NGĀ MAHI PANUKU | NEXT STEPS**

14 By April 2025, we will have completed this work and updated processes will be in place for all three groups.

### **NGĀ ĀPITI HANGA | ATTACHMENTS**

Nil



## 9 PŪRONGO | REPORTS

### 9.1 UPDATE ON THE HEALTH STRATEGY

Kaituhi | Author: **Victor Walker, Principal Policy Advisor**

Kaiwhakamana | Authoriser: **Kris Pervan, Group Manager Strategy & Growth**

#### TE PŪTAKE | PURPOSE

- 1 This report provides an update on the progress to finalise the Kāpiti Coast District Health Strategy, including:
  - 1.1 A summary of consultation to date.
  - 1.2 Feedback and proposed changes to the Health Strategy as a result.
  - 1.3 The proposed next steps and indicative timeline to finalise the Health Strategy.

#### HE WHAKARĀPOPOTO | EXECUTIVE SUMMARY

- 2 An executive summary is not required.

#### TE TUKU HAEPAPA | DELEGATION

- 3 The Social Sustainability Committee has authority to deal with this paper under the Governance Structure and Delegations Te Hanganga Ngā Kanohi Kāwanatanga 2022-2025 Triennium – C1.

#### TAUNAKITANGA | RECOMMENDATIONS

That the Social Sustainability Committee:

- A. **Note** that feedback on the Health Strategy Direction of Travel (DoT) to date:
  - Indicated general support for the focus areas set out in the Health Strategy DoT.
  - Sought a stronger focus around support for population health outcomes, aligning work around social needs analysis, and clarifying Councils and others roles in advocacy and partnerships
- B. **Note** that further socialisation of the Health Strategy DoT is planned for the remainder of 2024 and early 2025 following which a final version of the Health Strategy will be shared with this Committee and Strategy Operations and Finance Committee for approval

#### TŪĀPAPA | BACKGROUND

##### Health Strategy – Direction of Travel Feedback

- 4 In November 2023, the Social Sustainability Committee received an update on the Health Strategy and supported the planned content of the Health Strategy DoT content for consultation with the community.
- 5 On 22 February 2024, the Strategy, Operations and Finance Committee approved the *Health Strategy Direction of Travel: Consulting with our community – March 2024* (Health Strategy DoT) for consultation with the community. The Health Strategy DoT acknowledged that:
  - 5.1 There is growing community concern around gaps in health services with key concerns including limited access to 24/7 urgent health care; a serious shortfall of primary care doctors; and no public hospital in our district.
  - 5.2 While acknowledging Council does not provide health services, the Health Strategy DoT explained how we intended to work with the health sector to lift and refocus

collective efforts to address the health challenges our district faces. The Health Strategy DoT sought feedback on five proposed focus areas:

- 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.

6 Consultation was undertaken from 18 March to 20 April 2024. However, the update noted that more targeted engagement with key health sector stakeholders would be needed to ensure there was sufficient buy-in to the direction set out.

### Health Strategy – Work with Stakeholders

7 On 20 June 2024 the Social Sustainability Committee received an update on the Health Strategy advising of scheduled discussions with Iwi-Māori Partnership Board Chairs and Operational Leads, and with Regional Lead for localities in Te Whatu Ora.

8 Initial discussions with these stakeholders occurred from June to September 2024.

## HE KŌRERORERO | DISCUSSION

### Health Strategy – Direction of Travel Feedback

9 Council received 93 submissions addressing the questions asked in the consultation period, between March and April 2024. More substantive feedback was also provided by Greypower, Tu Ora Compass, Kāpiti Coast Youth Council, and the Ōtaki Health and Wellbeing Advisory Group. Oral feedback was received from the Kāpiti Disability Advisory Group, and KHAG.

10 **Appendix A** provides a comprehensive summary of the feedback we received on the Health Strategy DoT and through Vision Kāpiti. Of note:

10.1 The community 'Have your say' responses on the Health DOT indicated that our community:

- Supported the proposed areas of focus, except the idea of doing a health survey.
- Want better primary healthcare services including more doctors, health practitioners and nurses, and clinics along with a broader range of services including mental health counselling.
- Want better access to regional hospitals, but more submitters want a hospital located in our district.
- Strongly supports better urgent care 24/7 saying this was "a must".
- Would like to see Council focus on public health services in light of residential and commercial growth.
- Would like Council to clarify what is Council's role to do, and what it will be advocating for or working alongside others to achieve the desired changes to existing services.

10.2 Community feedback from Stage One of the *Vision Kāpiti* districtwide engagement allowed for a wide scope of health-related responses. At a very high level, our community noted the following aspirations for health in our district:

- Emphasised the importance of a safe, healthy, and well-connected community.
- Expressed concerns about the lack of local doctors, 24/7 urgent care, and specialist services.

- Struggles to access regional hospitals and is demanding improvement.
- Would like to see a right-sized hospital within the district.
- Calls for more outdoor activity infrastructure including attractive and safe playgrounds, parks and reserves and extended cycleways and walkways.
- Would like to see healthy living education in the home and school.
- A desire to have more access to affordable primary health services (including improvement in the currently limited urgent care service in our district, and reduction in the private costs associated with accessing emergency care and other hospital services).

- 11 As we refine the Health Strategy we will incorporate this feedback onto appropriate sections of the existing DoT.

### Health Strategy – Work with Stakeholders

- 12 We are prioritising building the supporting relationships to deliver on the Strategy’s aims, so that we are fulfilling our role as facilitator well and developing a shared view of issues and solutions to progress. To date, we have had discussions with:

12.1 Te Whatu Ora: Operational and Regional Leads were positive about the Health Strategy DoT, with agreement reached that further discussion on roles and responsibilities to support collective models for working together is needed before the Health Strategy is finalised.

12.2 Iwi-Māori Partnership Boards (IMPBs): both Te Pae Oranga o Ruahine o Tararua (responsible for the Ōtaki area) and Atiawa Toa Hauora (responsible for the area from about Peka Peka south through Paekākāriki) were positive about the direction in the Health Strategy DOT, and happy to hear about the work being progressed including our intention to progress a social need related to health. Both IMPBs had significant interest in the social determinants impacting the health space. They are keen to work together with us and be involved in this and the wider health strategy work we are planning.

- 13 The next step is a further discussion with key health sector stakeholders (IMPBs, PHOs and Te Whatu Ora local and regional representatives), and a stakeholder forum with wider health service provider stakeholders.

### What this means for the Health Strategy

- 14 The purpose of the Health Strategy remains unchanged – it is intended to provide a future high-level direction for the community and how the district’s many health challenges will be managed and prioritised.
- 15 In regards to feedback to date, we envisage that feedback to date will be incorporated into the proposed objectives and impacts in the Health Strategy DoT.
- 16 Immediately below is an image of the five focus areas that we consulted on in the Direction of Travel, and underneath that are potential shifts that will be investigated as we refine the Health Strategy:

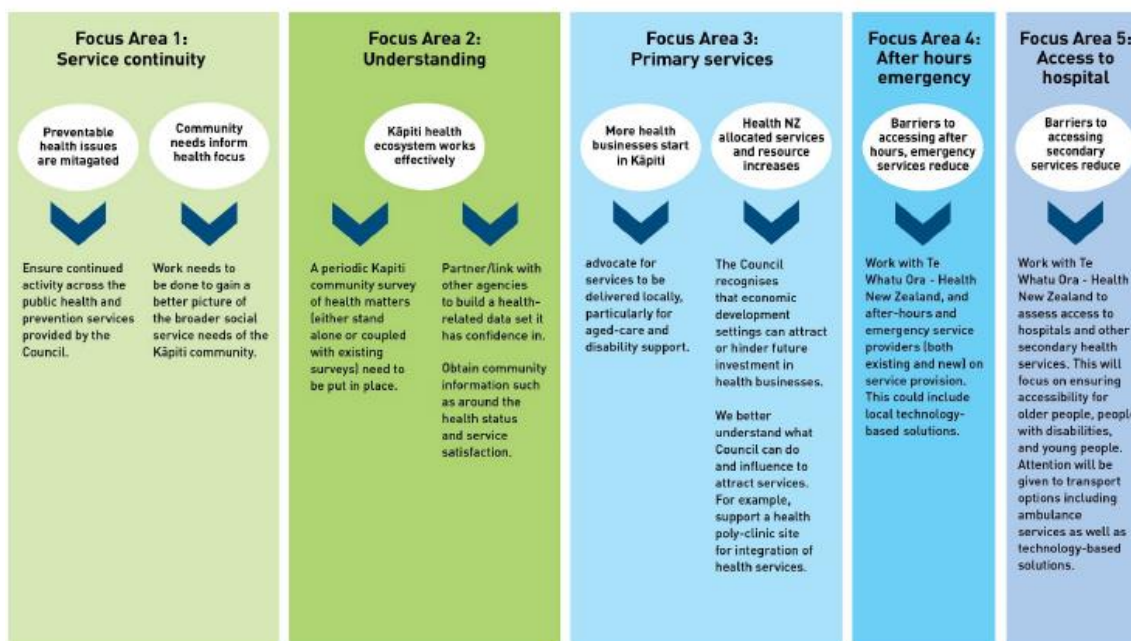


Figure 1 – Areas of Focus from the March 2024: Health Strategy Direction of Travel (DoT)

17 Potential changes in response to feedback may include:

- 17.1 Focus area 1, Council Service continuity: Additional emphasis regarding Council’s activity to provide infrastructure and facilities to support population health. This may include population health related areas of work such as policies around smoking/vaping and alcohol policies; and work that is progressed via KHAG.
- 17.2 Focus area 2, Understanding: Aligning existing discussion to the Social Needs analysis work of Council and the IMPBs; and emphasis on ensuring advocacy is based on evidenced need.
- 17.3 Focus areas 3-5 on access to services (Primary care, urgent & after-hours care, and access to hospital level services): providing clarity around the health sector eco-system and roles in primary and public health including the role of Council to facilitate, advocate and develop partnerships and our local eco-system.

**Next steps for engagement**

17 As part of next steps, we are proposing a two-step engagement process including:

- 18.1 **Late-February 2025: An initial health provider workshop.** The purpose of the workshop will be build relationships and improve our collective understanding of the current and future direction of key health services in Kāpiti and regionally. We are arranging to meet with local leaders for Te Whatu Ora, Capital, Coast and Hutt Valley and MidCentral districts, and Tu Ora Compass Health, Think Hauora and our Iwi Māori Partnership Boards. We consider these are the overarching bodies representing primary care practices in our region.
- 18.2 **Late-March 2025: A Health Sector Symposium.** The purpose of the symposium will be to engage with a broader stakeholder grouping to test the proposed strategies. This will draw on a wider group of health providers, support organisations and stakeholders. KHAG and the Ōtaki Health and Wellbeing Advisory Group will be included. Through this symposium we are hoping to gain a better understanding of who does what, and what direction they are heading in.

19 Following the planned further engagements over late 2024 and early 2025, the final Strategy document will be presented for discussion and endorsement to this Committee in May 2025.

**He take | Issues**

20 There are no specific issues to raise in relation to this report.

**Ngā kōwhiringa | Options**

21 Not applicable.

**Mana whenua**

22 On 30 October 2023, we discussed the development of the Health Strategy with Te Whakaminenga o Kāpiti.

23 To date we have progressed conversations with the chairs of the responsible Iwi-Māori Partnership Boards for our district, Te Pae Oranga o Ruahine o Tararua, and Atiawa Toa Hauora. We will continue to engage through the IMPB chairs and remain available for discussion through other mana whenua channels as the work progresses.

**Panonitanga Āhuarangi me te Taiao | Climate change and Environment**

24 There are no climate change or environment considerations with this update report.

**Ahumoni me ngā rawa | Financial and resourcing**

25 There are no financial or resourcing considerations with this update report

**Tūraru ā-Ture me te Whakahaere | Legal and Organisational Risk**

26 No legal or organisational risks have been identified

**Ngā pānga ki ngā kaupapa here | Policy impact**

27 There are no immediate policy impacts from this update paper. Consideration of a Local Alcohol Policy is likely to follow agreement to the Health Strategy.

**TE WHAKAWHITI KŌRERO ME TE TŪHONO | COMMUNICATIONS & ENGAGEMENT****Te mahere tūhono | Engagement planning**

28 We will be developing a communications plan for the health provider workshop and Health Sector Symposium to ensure broad awareness of this work, and the opportunity to get involved.

**Timing of the work ahead and estimated timing for producing the Health Strategy**

29 The following timeline is provided for the programme of work to complete the Health Strategy. The inclusion of the Initial Health Workshop and the Health Sector Symposium add a number of months to the overall timeline. We are aiming to have the Health Strategy agreed by Council in early May 2025.

Target Timing	Key Action of Milestone
February 2025	Initial provider workshop held
March 2025	Health Sector Symposium
Throughout March	Design and develop Health Strategy
May 2025	Paper for SOF seeking final approval of the Health Strategy
June 2025	Delivery – Publish Health Strategy online

**Whakatairanga | Publicity**

- 30 No further publicity is planned for the Health Strategy at this stage, some publicity may be developed for the publication of the Strategy.

**NGĀ ĀPITI HANGA | ATTACHMENTS**

1. Appendix A: Summary of the Community Feedback [↓](#)

**APPENDIX A: SUMMARY OF THE COMMUNITY FEEDBACK**

**Part 1: Community feedback on the Health Strategy - Direction of Travel**

1 The Health Direction of Travel received 93 submissions. Not all submitters answered every question. The following captures the essence of the district wide feedback:

1.1 Have we reflected the key issues faced by and aspirations of our community?

<b>Question 1A: Have we reflected the key issues faced by and aspirations of our community?</b>		
Yes	37	49.3%
No	8	10.7%
Critical	5	6.7%
Unclear	25	33.3%
Total	75	100.0%

1.2 Are we missing anything important?

- Overall, 18% of submitters commented in a way that suggests the Health Direction of Travel did not fully represent knowledge of, or the right focus on, the key issues concerning health. The suggestions were that the Health Strategy cover:
  - inclusion of Hauora Māori
  - inclusiveness of communities including marginalised groups
  - the foundation of social determinants of health
  - the role of Council in health - responsibility under the Local Government Act regarding community wellbeing and health and mandated roles providing public health infrastructure and services
  - broader provision of playgrounds, parks and recreation facilities etc which all support healthy living
  - desire to take on an advocacy role only regarding primary health, urgent health care and access to hospital, not a delivery role.

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

- There were 73 submissions on this question, with more than 83% favouring at least one of the 'Areas of Focus'. This result gives significant support from the community for the focus areas that were in the Direction of Travel.
- Many of the submitters added text indicating a priority for one or more of the focus areas, in particular regarding the advocacy for primary health care, urgent 24/7 care and the access to hospital.
- Some were concerned that these issues have been discussed for years but access to health services have not improved.

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

- There were 86 submissions on this question. By far the majority of submitters did not provide a prioritisation of the focus areas. Rather their submissions spoke directly to the focus area or areas that they considered most important.
- 45% prioritised more primary healthcare services, The consistent big themes in these submissions included the need for more doctors, health practitioners and nurses, and clinics. The desire for a broader range of services was also stated, including mental health counselling. Several submitters talked about the difficulty

getting registered at a clinic and the long time it takes to get a medical appointment. Primary healthcare services are falling further behind growing population demand.

- 45% prioritised hospital services. Of these 44% sought improved access to the regional hospitals, and 66% advocated for a hospital located in our district with some describing a smaller community type hospital with services to meet our highest needs.
- 36% prioritised urgent care 24/7 saying this was “a must”.
- 13% prioritised public health/infrastructure and healthy living. Essentially the theme here was that public health services should be Council’s primary focus in light of residential and commercial growth. A couple specifically commented that the intention to do a health survey would not be worthwhile as Council is not responsible for health services.

### Part 2: Community feedback from *Vision Kāpiti*

2 The feedback from Vision Kāpiti on health allowed for a wide scope of health-related responses. The following captures the essence of the district wide feedback:

2.1 What our community is most concerned/worried about in terms of the provision of health care in Kāpiti?

- **Health services/accessibility** — Respondents expressed concerns about the lack of doctors, emergency care, and specialist services in their area. They emphasised the need for better accessibility to healthcare, including GP services, mental health support, and medical centres. Many also advocated for the establishment of a local hospital to cater to the growing population and to address the difficulties of traveling to Wellington or Palmerston North regional hospitals. The distance to existing hospitals, long wait times, and the need for after-hours care were major issues raised by the respondents. Additionally, there were calls for improved support services, including home help and disability care, as well as better access to prescriptions and GP appointments.
- **Community/social wellbeing** — Respondents emphasise the importance of a diverse, safe, healthy, well-connected community in tune with nature in promoting overall wellbeing. Respondents also highlight the need for cultural inclusivity and access to services that are responsive to the needs of Māori communities to address existing health inequities.

2.2 What should Council focus on to help people in Kāpiti lead healthy lives?

- **Health Services/Accessibility** — Respondents have expressed the need for improved access to health services in the Kāpiti district, including the establishment of a hospital, more doctors and nurses, and additional medical clinics. They have also highlighted the importance of support for elderly individuals, including better rehabilitation facilities and aftercare day facilities. Additionally, they have emphasised the need for services such as community midwives, mental health services and an increase in in-home support services.
- **Amenities & Infrastructure** — Respondents are calling for more free outdoor gyms, covered outdoor gyms, and grants for sports clubs. They also want better playgrounds that are safe, shaded and fenced, with extended cycleways and walkways. Other suggestions included more ‘dog off-lead’ places, community veggie gardens, and reduced pollution from road traffic.
- **Healthy Living/Education** — Respondents mention the need to prioritise healthy living education in the home and school. They expressed opposition to the presence of vape shops and want policy changes related to protecting children from junk food.



**10 TE WHAKAŪ I NGĀ ĀMIKI | CONFIRMATION OF MINUTES****10.1 CONFIRMATION OF MINUTES**

**Author:** Jessica Mackman, Senior Advisor Governance

**Authoriser:** Brendan Owens, Group Manager Customer and Community

**TAUNAKITANGA | RECOMMENDATIONS**

That the minutes of the Social Sustainability Subcommittee meeting of 19 September 2024 be accepted as a true and correct record.

**NGĀ ĀPITI HANGA | ATTACHMENTS**

1. Social Sustainability Subcommittee Meeting Minutes - 19 September 2024 [↓](#)

## SOCIAL SUSTAINABILITY SUBCOMMITTEE MEETING MINUTES

19 SEPTEMBER 2024

**MINUTES OF THE KĀPITI COAST DISTRICT COUNCIL  
SOCIAL SUSTAINABILITY SUBCOMMITTEE MEETING  
HELD IN THE COUNCIL CHAMBER, GROUND FLOOR, 175 RIMU ROAD, PARAPARAUMU  
ON THURSDAY, 19 SEPTEMBER 2024 AT 9.31AM**

**PRESENT:** Deputy Mayor Lawrence Kirby (Chair), Cr Martin Halliday (via Zoom), Mayor Janet Holborow, Cr Nigel Wilson, Mr Jonny Best, Ms Kim Tahiwī, Mr Michael Moore

**IN ATTENDANCE:** Cr Sophie Handford (via Zoom), Mr Brendan Owens, Ms Kris Pervan, Ms Anna Smith, Ms Kate Coutts, Mr Evan Dubisky, Ms Emma Haxton, Ms Morag Taimalietane, Monique Engelen, Gina Anderson-Lister

**WHAKAPĀHA | APOLOGIES:** Cr Rob Kofoed, Cr Kathy Spiers, Ms Sorcha Ruth (Paekākāriki Community Board), Mr Guy Burns (Paraparaumu Community Board)

### 1 NAU MAI | WELCOME

Brendan Owens, Group Manager Customer and Community welcomed everyone to the meeting in the Chair and Deputy Chair's absence. The Social Sustainability Subcommittee then proceeded to elect a Chairperson for the duration of the meeting.

#### ELECTION OF MEETING CHAIRPERSON IN THE ABSENCE OF THE CHAIR AND DEPUTY CHAIR

##### COMMITTEE RESOLUTION SSS2024/25

Moved: Mr Michael Moore

Seconder: Mayor Janet Holborow

That Deputy Mayor Lawrence Kirby be elected to act as chairperson for the duration of the 19 September 2024 Social Sustainability Subcommittee meeting.

**CARRIED**

### 2 KARAKIA A TE KAUNIHERA | COUNCIL BLESSING

At the invitation of the Chair, the Mayor read the Council blessing.

### 3 WHAKAPĀHA | APOLOGIES

#### APOLOGY

##### COMMITTEE RESOLUTION SSS2024/26

Moved: Cr Nigel Wilson

Seconder: Mr Michael Moore

That the apology received from Cr Rob Kofoed, Cr Kathy Spiers, Ms Sorcha Ruth, and Mr Guy Burns be accepted.

**CARRIED**

## SOCIAL SUSTAINABILITY SUBCOMMITTEE MEETING MINUTES

19 SEPTEMBER 2024

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

The Chair noted that he had an interest in a Social Investment Fund recipient Kapiti Impact Trust, which briefly features in Item 8.1 *Update on Social Investment* within the agenda.

#### 5 HE WĀ KŌRERO KI TE MAREA MŌ NGĀ MEA E HĀNGAI ANA KI TE RĀRANGI TAKE | PUBLIC SPEAKING TIME FOR ITEMS RELATING TO THE AGENDA

There were public speakers at the meeting.

#### 6 NGĀ TEPUTEIHANA | DEPUTATIONS

##### 6.1 KĀPITI HEALTH ADVISORY GROUP WORK PROGRAMME UPDATE

Sandra Daly, Chair of the Kāpiti Health Advisory Group, alongside Janet Dean, Ian Powell and Clare Hynd, the leads of the Group's Tamariki and Rangatahi, Access to Services, and Mental Health workstreams, spoke to the appended presentation to provide an update on the workstreams, and answered Subcommittee members' questions.

##### Appendices

- 1 Presentation - Kapiti Health Advisory Group

The meeting adjourned at 10.44am and reconvened at 10.56am.

#### 7 NGĀ TAKE A NGĀ MEMA | MEMBERS' BUSINESS

- (a) There were no requests for a leave of absence.
- (b) There were no Matters of an Urgent Nature.
- (c) Members' Items was moved to a later part of the meeting.

#### 8 HE KŌRERO HOU | UPDATES

Cr Nigel Wilson returned to the meeting at 11.03am after the adjournment.

##### 8.1 UPDATE ON SOCIAL INVESTMENT

Emma Haxton, Team Leader Connected Communities and Monique Engelen, Manager Climate Action and Connected Communities spoke to the appended presentation to provide an update on Social Investment, and alongside Brendan Owens, Group Manager Customer and Community, answered Subcommittee members' questions.

Michael Moore left the meeting at 11.19am and returned at 11.20am.

##### COMMITTEE RESOLUTION SSS2024/27

Moved: Cr Nigel Wilson

Seconder: Ms Kim Tahiwī

That the Social Sustainability Subcommittee **note** the update on the Social Investment Fund heading into Year 3 of the funding.

**CARRIED**

**SOCIAL SUSTAINABILITY SUBCOMMITTEE MEETING MINUTES**

**19 SEPTEMBER 2024**

**Appendices**

- 1 Presentation - Update on Social Investment

Item 7(c) Members' Item was moved from earlier in the meeting. There were no updates on Members' Items to be provided.

**9 TE WHAKAŪ I NGĀ ĀMIKI | CONFIRMATION OF MINUTES**

**9.1 CONFIRMATION OF MINUTES**

**COMMITTEE RESOLUTION SSS2024/28**

Moved: Cr Nigel Wilson  
 Seconder: Mr Jonny Best

That the minutes of the Social Sustainability Subcommittee meeting of 1 August 2024 be accepted as a true and correct record.

**CARRIED**

**10 KARAKIA WHAKAMUTUNGA | CLOSING KARAKIA**

At the invitation of the Chair, Kim Tahiwī closed the meeting with karakia whakamutunga.

**The Te Komiti Whāiti Toitūtanga Pāpori | Social Sustainability Subcommittee meeting closed at 11.50am.**

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**HEAMANA | CHAIRPERSON**

11 PURONGO KĀORE E WĀTEA KI TE MAREA | PUBLIC EXCLUDED REPORTS

RESOLUTION TO EXCLUDE THE PUBLIC

**PUBLIC EXCLUDED RESOLUTION**

That, pursuant to Section 48 of the Local Government Official Information and Meetings Act 1987, the public now be excluded from the meeting for the reasons given below, while the following matters are considered.

The general subject matter of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 48(1) of the Local Government Official Information and Meetings Act 1987 for the passing of this resolution are as follows:

<b>General subject of each matter to be considered</b>	<b>Reason for passing this resolution in relation to each matter</b>	<b>Ground(s) under section 48 for the passing of this resolution</b>
<p><b>11.1 - 2024 Community and Affordable Housing Seed Fund - Summary of Applications and Funding Recommendations</b></p>	<p>Section 7(2)(b)(ii) - the withholding of the information is necessary to protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information</p>	<p>Section 48(1)(a)(i) - the public conduct of the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under section 6 or section 7</p>

**12 KARAKIA WHAKAMUTUNGA | CLOSING KARAKIA**

Kia tau ngā manaakitanga ki runga i a  
tātou katoa,

*May blessings be upon us all,*

Kia hua ai te mākihikihi, e kī ana

*And our business be successful.*

Kia toi te kupu

*So that our words endure,*

Kia toi te reo

*And our language endures,*

Kia toi te wairua

*May the spirit be strong,*

Kia tau te mauri

*May mauri be settled and in balance,*

Ki roto i a mātou mahi katoa i tēnei rā

*Among the activities we will do today*

Haumi e! Hui e! Taiki e!

*Join, gather, and unite! Forward together!*