



APPENDICES MINUTES

**Social Sustainability Committee
Meeting**

Tuesday, 11 February 2025

Table of Contents

6.1	Deputation - Kāpiti Health Advisory Group	
Appendix 1	Compelling Case & Polyclinic Update (Ian Powell - Kāpiti Health Advisory Group).....	4
Appendix 2	Population Health Working Group (Don Hunn - Kāpiti Health Advisory Group)	18

Compelling Case and Polyclinic Update

Ian Powell

Social Sustainability Committee

11 February 2025

Stakeholders

- General practices – Ōtaki & rest of Kāpiti
- Kāpiti Youth Support
- Mary Potter Hospital
- Wellington Free Ambulance
- Mobile Health (child dentistry; imaging)
- Digital Health
- MPs – National and Labour
- Te Whatu Ora (socialising very thick treacle)

Time Frame: Community Boards

- Paraparaumu 11 February
- Paekākāriki 18 February
- Ōtaki 19 February (informal hui)
- Raumati 25 February
- Waikanae 4 March

Public Meeting (s)?

- Waikanae
- Paraparaumu Beach
- Paekākāriki
- Ōtaki

Recommendation 1

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

Recommendation 2

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

Timeframe

- Social Sustainability Committee

8 May

- Council

29 May

Compelling Case and Polyclinic Update

Ian Powell

Social Sustainability Committee

11 February 2025

Stakeholders

- General practices – Ōtaki & rest of Kāpiti
- Kāpiti Youth Support
- Mary Potter Hospital
- Wellington Free Ambulance
- Mobile Health (child dentistry; imaging)
- Digital Health
- MPs – National and Labour
- Te Whatu Ora (socialising very thick treacle)

Time Frame: Community Boards

- Paraparaumu 11 February
- Paekākāriki 18 February
- Ōtaki 19 February (informal hui)
- Raumati 25 February
- Waikanae 4 March

Public Meeting (s)?

- Waikanae
- Paraparaumu Beach
- Paekākāriki
- Ōtaki

Recommendation 1

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

Recommendation 2

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

Timeframe

- Social Sustainability Committee

8 May

- Council

29 May

Population Health Working Group – Issues to be considered at planning meeting**1. Government health policy**

We have been waiting for some time for a detailed Government statement on how it intends to implement its health policy. With the appointment of the new Minister of Health we could normally expect a detailed statement on his objectives and priorities. We are particularly interested in the Government's intentions in respect of greater emphasis on localisation and how this will influence the handling of population health issues. It is also expected that at some point the Government will announce its stance in respect of the role and responsibilities of local government, again this will affect the handling of population health issues and there has already been a major turnaround in this area with the return to local bodies of the responsibility for the management of the "3 Waters" and the removal of the "four wellbeings" from the Local Government Act. In terms of population health and greater emphasis on prevention and localisation, the first signs are not encouraging. There has been a significant reduction in Government public health staff and there is no reference to either of them in Simeon Brown's first Ministerial interview in the "Post" of 31 January.

2. KCDC Health Strategy

The development of a district health strategy has taken longer than first intended but we understand it will be considered by the Council over the next few months. A comprehensive paper, "Direction of Travel", was prepared by Council staff in March 2024 to seek community comment and to brief Councillors. The consultation period has closed and a summary of its findings has been prepared. There appears to be general agreement in the community that more emphasis should be given to the Council's responsibilities in the health sector, of which population health is a major component. The Direction of Travel paper identifies five areas of focus, the first of which is "ensuring existing Council activity improves its focus on public health and prevention services" while the second area of focus is to be "building our understanding of community health needs". PHWG/KHAG will have an important role in contributing to both of these and it has been agreed with the Council staff that once the council has approved the strategy, the Working Group will meet with them to discuss the Strategy Implementation Plan. The intended outcome of the public health aspects of the strategy is that "social determinants of health and public health issues are managed", while the impacts are seen to be "preventable health issues are mitigated" and "community social needs inform health focus". It is likely to be a demanding programme.

To demonstrate the variety of the tasks which will be involved in any Council population health plan, it is useful to consider the list of its public-health related legal responsibilities. The relevant statutes as listed in the Direction of Travel document, are:

- Local Government Act 2002
- Health Act 1956
- Pae Ora Act 2022
- Water Services Act 2021
- Building Act 2004

Food Act 2014
Burial and Cremation Act 1964
Litter Act 1979
Hazardous Substances and New Organisms Act 1996
Sale and Supply Of Alcohol Act 2012
Gambling Act 2003

3. Specific Population Health Issues

(a) Alcohol

Ron and Don attended a meeting with the Mayor in December to discuss Ron's experience on the District Licensing Committee. In the course of the meeting we advocated for the early consideration by the Council of a District Local Alcohol Policy as well as for more formal working arrangements between the Council staff and the working group to progress the issues and to determine the benefits for the district of an LAP (60% of the country is already covered by LAPs). The Mayor herself suggested that such a working arrangement might include all the population health issues which the Council will be considering in implementing its health strategy. A second meeting to take the matter further has been set for 17 February. As the proposed future working arrangements with PHWG will have major implications for how the other aspects of KHAG's work will be handled, Sandra Daly will also attend the Mayoral meeting.

(b) Tobacco

Last year the Mayor wrote to the Minister of Health expressing the Council's regret at the Government's decision to repeal the anti-smoking legislation which had proved so effective in reducing smoking, particularly among young people. At the time the Government indicated it would replace that legislation with other measures "which would be equally effective". There has been no sign since of this replacement Act but if and when it appears, it is likely the Council will want to make a submission on it. We have indicated that PHWG would welcome the opportunity of participating in the drafting of such a document.

(c) Vaping

Ron and Mandy will be continuing to work with Vape Free Kids in advocating for better regulation of vaping in the Kapiti district. In meeting with Tim Costley, our local MP, they were successful in arranging the attendance of three impressive young women from Paraparaumu College, which made a strong impression on him. Ron and Mandy will be continuing their interest in this issue and will report to the working group on any developments.

(d) Unhealthy Food

We have not taken our discussion on this issue very far at this stage but it is one of the triumvirate of population health matters emphasized by Health Coalition Aotearoa (alcohol, smoking/vaping and unhealthy food). Last year Ron had a preliminary talk with one of the staff of the regional public health authority which at that time had apparently commenced drafting a paper on the issue but we have heard nothing further. We will be maintaining the contact with HCA.

(e) Vaccinations

We have raised this issue in discussion within KHAG and with the Council staff. As a major preventative measure it will continue to be on our agenda.

(f) Water Management

The Mayor has indicated publicly that water management in its three aspects will be a major item for the Council to consider during the remainder of its current term - up to September this year. It has rejected the idea of joining the proposed greater Wellington regional arrangement but it still has to decide whether it will join up with our neighbours to the north and how best to handle the debt burden e.g. through a separate Council-owned Organisation. As all three aspects of water management have a substantial bearing on population health, we will want to work with Council staff on how the issues are to be managed for the continuing benefit of our residents. We have also raised the issue of whether the Council laboratory might have a more detailed programme of testing waste water commencing with alcohol as part of the Auckland University's research. To do so requires the Council's approval and direction. We will need to demonstrate the need and the cost of participating in the AU programme.

(g) Regional Public Health Forum

We have had one meeting with Councillor Halliday on his proposal for a Greater Wellington Region Public Health Forum. We decided that the best way to proceed was to contact the staff in each of the regional local authorities and obtain their reaction. However, before we commenced this task we were asked by the Council staff to hold off until after our Council had decided on its health strategy, so if this work is to go ahead it will have to remain postponed until that decision has been made. At the last KHAG meeting for 2024 Councillor Halliday undertook to let me have a note on his proposal. I will be following that up.

(h) Emergency Management

The presentation of its Social Vulnerability Indicator process by Barry's Massey Team proved to be an impressive introduction to thinking about emergency management. This is already a sensitive matter locally – as the reaction to the concept of “managed retreat” has indicated - and will remain so. Barry will keep us updated on the Massey project, (and he has indicated to the Council that his team would be happy to work with them) but it will be up to us to decide what contribution we might want to make to the Council's planning on risk management.

(i) Population Health Data Base

In order to ensure our advice is evidence- based, we need to work further on a population health data base for Kapiti.

(j) Links to official population health organisations

We made a promising start with forming a working relationship with the regional public health authority in Lower Hutt, (and they indicated at the time they would be prepared to help us in drafting submissions to the Council on public health issues) but it would seem from Ron's more recent contacts that the staff there has been significantly reduced, Earlier in the year we had a Zoom meeting with a contact in the Ministry of Health but nothing came of it. We will have to see if we can develop working relationships with whatever central and

regional population health organisations remain responsible for implementing the Government's policies in this area.

(k) National and Local NGOs

At the national level we have been in touch with Health Coalition Aotearoa. There are others we should make contact with. Locally, as a result of Mandy's membership of the working group our closest contact is with the Cancer Society (which itself is going through an organisational change process). But there are others it would be beneficial to work with, and we could possibly do that through Iride's membership of the Kapiti Community Network.

(l) Data sources

We should all receive the reports from the Public Health Communication Centre. Each of you has your own professional contacts. Perhaps we need to have a list of them to ensure we make the best possible use of the sources of information on population health issues and activities around the country.

(m) KCDC Social Sustainability Committee

We are scheduled to have our next presentation to the SSC on 11 February 2025.

Prepared by **Don Hunn, Convenor, Population Health Working Group**