



Kāpiti Health Advisory Group

Kapiti Health Advisory Group

Report to Capital and Coast District Health Board

2020/21

Executive Summary

This report outlines activities of the Kapiti Health Advisory Group (KHAG) for the eighteen month period 1 July 2020 till 31 December 2021 – a slightly longer period than usual due to the disruption of Covid19 and other factors.

It details:

- KHAG Vision, Purpose and Objectives
- The highlights and achievements of the Group for the period.
- A summary of financial status.
- Details of some of the challenges faced this year.
- Opportunities for future actions.
- Proposed key deliverables for 2022 and beyond.

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1. Overview

1.1 Purpose of Report

The purpose of this report is to provide information on the Kapiti Health Advisory Group and the activity and progress made during 2020/21 on both the deliverables identified in the Service Specification document and on other activities of the Group. These activities are designed to support enhanced community engagement in the Kapiti locality between the Capital and Coast District Health Board (CCDHB) and the Kapiti Community with the aim of improving access to health services for Kapiti.

For the 2019/20 year, CCDHB provided \$20,000 to Kapiti Coast District Council to assist support KHAG activities undertaken for the purpose of improving community participation and activation in the work of the DHB. Due to the difficulties encountered during the 2020 year not all of this funding was utilised and this report covers expenditure and activity associated with the balance of the funding. At 1 July 2020, this amount was \$14,837.60.

This report was produced at the request of CCDHB to update the DHB on :

- KHAG purpose and objectives
- Highlights and achievements for the 2020/21 year
- Opportunities going forward
- Proposed key KHAG deliverables for 2022 and beyond.

1.2 KHAG Vision

The vision for Kapiti Health Advisory Group is :

The Kāpiti community has appropriate, affordable and timely access to the services needed to meet its health and associated needs.

1.3 KHAG Purpose

The Terms of Reference for the Group define its purpose as being :

To provide advice to the Kāpiti Coast District Council's (KCDC) Mayor's Office on health and related issues.

It will also :

- Work in a collaborative partnership with KCDC, MidCentral District Health Board (MDHB), Capital and Coast District Health Board (CCDHB), Wellington Free Ambulance, PHOs, iwi as represented by Te Whakaminenga o Kāpiti and other relevant parties to improve access to health services for the Kāpiti Coast Community.
- Provide input based on community assessment of needs into CCDHB planning for Kāpiti.
- Work collaboratively with the Ōtaki Health and Wellbeing Advisory Group as they monitor the implementation of the MDHB Locality Plan for Ōtaki.
- Inform and advise the Mayor's Office to advocate to improve health services for Kāpiti. This includes accessing the Mayor's ability to :
 - Potentially lobby DHBs
 - Advocate where relevant
 - Communicate with the public on relevant matters

1.4 KHAG Objectives

KHAG will do this by

- Gathering ongoing input from the Kāpiti community on health needs
- Working with DHBs and other groups to find ways to meet those needs, including assessment of how similar communities provide health services.
- Identifying other factors that impact on and/or are determinants of health status.
- Delivering such projects, outcomes and results as may be agreed by the Group.
- Meeting regularly (three times a year) with the Kāpiti Health Forum to discuss progress.

1.5 Definition of Community Engagement

Community engagement or activation requires an ongoing commitment and an interest in developing a deeper understanding and relationships with communities so that:

- Mechanisms exist for communities to inform the commissioning cycle and planning processes;
- Feedback loops are established allowing two way communication.
- Connection with community based health champions to ensure that efforts to influence change are underpinned by established relationships.
- Communities are actively supported to participate in achieving improved health outcomes.

The potential gains from active and engaged communities represent a source of untapped value for the health system.¹ Several studies have demonstrated a significant link between community activation and health care costs with more active communities having lower rates of hospitalisations and fewer visits to accident and emergency².

The important factor for CCDHB's planning is that investment in community engagement mechanisms will provide the balance required to inform the identification of realistic and appropriate locality specific workstreams.

KHAG has been identified as the Group most able to deliver these in Kapiti.

¹ Realising the value (2016) At the heart of health: realising the value of people and communities. London: NESTA.org.uk/publications/heart health realising value people and communities

² The Kings Fund (2014) Supporting people to manage their health, The Kings Fund, London

2. Background

2.1 Kapiti Health Advisory Group

In 2017, concerned at the difficulties many people in Kapiti were facing, Mayor Gurunathan asked Kathy Spiers to set up a meeting of interested parties and explore options for improvements that could be made to health and wellbeing in Kapiti.

From that meeting the Kapiti Health Advocacy Group (KHAG as it was then) was set up to identify health service improvements needed for Kapiti. A second group was set up to arrange a petition seeking a hospital for the area and members of this group have also attended KHAG meetings over the past two years.

By the end of 2018 it had become clear that the community expected the emphasis to shift from advocacy to action and in July 2019, Kapiti Health Advocacy Group evolved into a smaller Kapiti Health Advisory Group. The Terms of Reference identified its vision as above and its purpose to provide advice to the Kāpiti Coast District Council's (KCDC) Mayor's Office on health and related issues. KHAG would work in a collaborative partnership with a range of health providers, including CCDHB. The ToRs were signed on 2 July 2019.

After almost two years of extensive consultation with the Kapiti community, KHAG identified five key priorities where it believed additional focus, services and support were needed :

- Access to Services
- Urgent and After Hours Care
- Mental Health
- People with Disabilities
- Older People

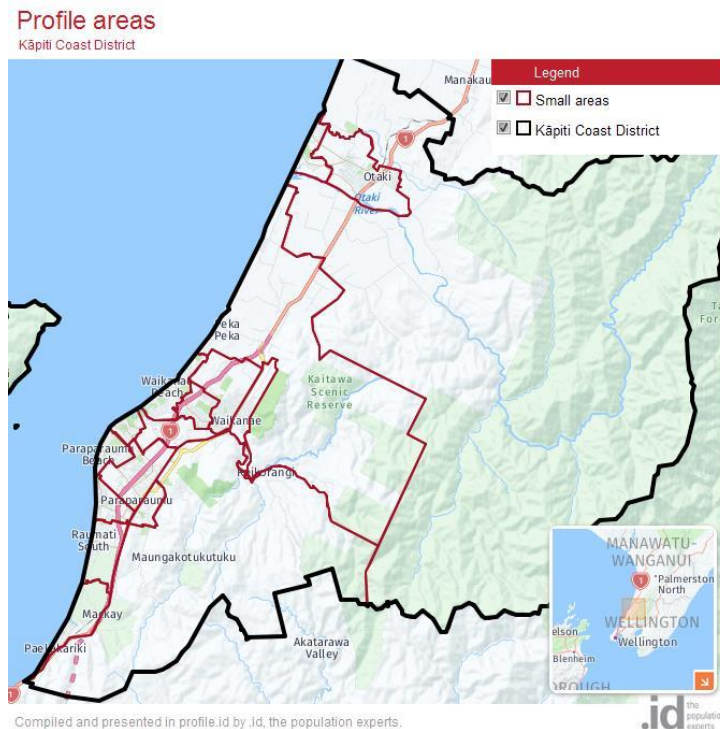
In October 2018, KHAG presented these priorities to the Health Services Committee (HSC) of the CCDHB who accepted that these would be key elements of the Localities Plan to be developed for the Kapiti Region and has aligned these KHAG priorities with the Committee's priorities.

Recognising that leadership, advocacy and support were the main attributes a volunteer community group could bring to the table, KHAG invited existing providers including Capital and Coast District Health Board (CCDHB), MidCentral District Health Board (MDHB); Compass Health (PHO) and Wellington Free Ambulance (WFA), to partner with them to find ways in which these priorities – identified by the community as the most critical and important – could be delivered.

In 2021, Kathy Spiers stood down as Chair of KHAG, but remained as Deputy Chair and Dame Karen Poutasi took over until other duties prevented her continuing in the role. Dr Colin Feek was invited by Mayor Gurunathan to replace her and has been Chair since September 2021.

2.2 Kapiti Demographics

Kāpiti Coast District – CCDHB does not include the areas beyond Peka Peka, for which MidCentral DHB provides health services. Sep



The 2018 Census identified the population of the Kapiti Coast District as approximately 54,000, of which circa 17% are resident in the MidCentral parts of the District. Thus the KCDC (CCDHB) population is approximately 44,820.

The population has increased by 9.4% over the past five years and it is anticipated that by 2043, the population will be approaching 70,000 people.

The 2018 Census ethnic population figures have not been released as at this date, however the largest ethnic group in Kapiti is European,

followed by Māori, Asian and Pacifica. Figures will be confirmed once the 2018 Census data is released.

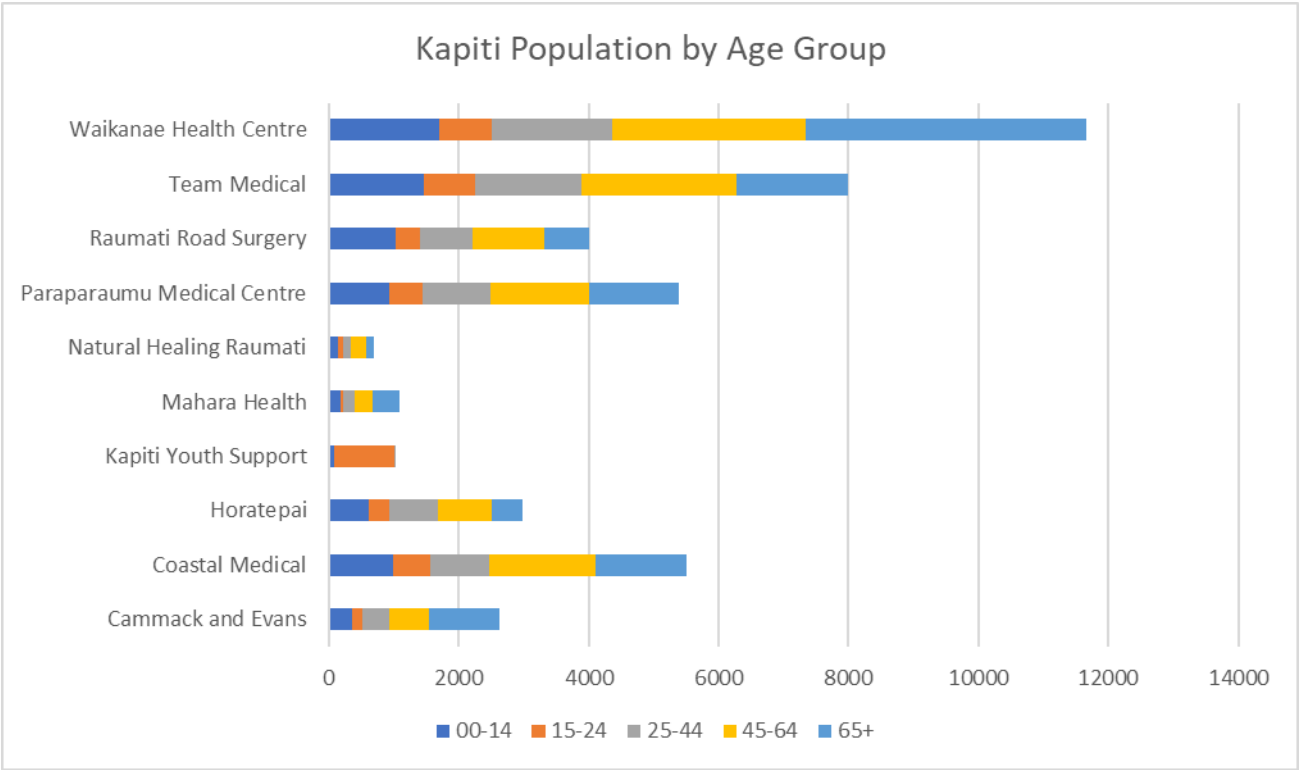
In 2018 the number of Households in the District was 22,403 and the number of Dwellings was 24,568.

The Median Age in the District stands at 46.9, significantly higher than the regional Median of 37.2. As was stated in the recent Kāpiti Hospital Petition submission to the Parliamentary Health Select Committee, “in 2018 32% of Kāpiti’s population was over the age of 60 compared to 18% in Wellington Region and 20% in New Zealand as a whole.”

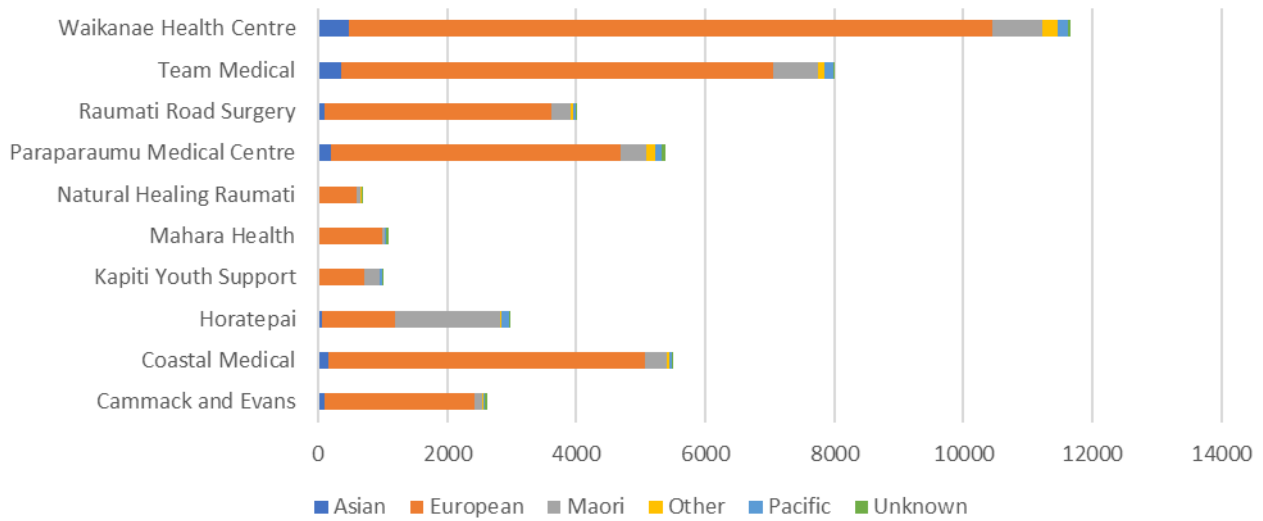
In addition to this population factor, almost 50% of families resident in the District are families without children, which may be seen as aligning with the District’s high percentage of people over 60. 33.8% are families with children and, again this statistic is regarded as significant, 16.5% are one parent families. There is growing evidence that younger families may be moving into the District, partly because of lifestyle and/or affordability factors, but also because of the increasing improvements in travel times between Kāpiti Coast and Wellington as a result of the construction of the new roading infrastructure.

23% of households are Low Income households, higher than the regional figure, which stands at 16.4%. Alongside this figure the Deprivation Index, with a mean of 1000 and a District score of 958, shows that Paraparaumu East and West are the areas in the District with high deprivation (exceeded only by Ōtaki, which is outside CCDHB, with a score of 1100) with scores of 1021 and 1014 respectively, whereas a score of 897 shows that Peka Peka is the least deprived area in the District.

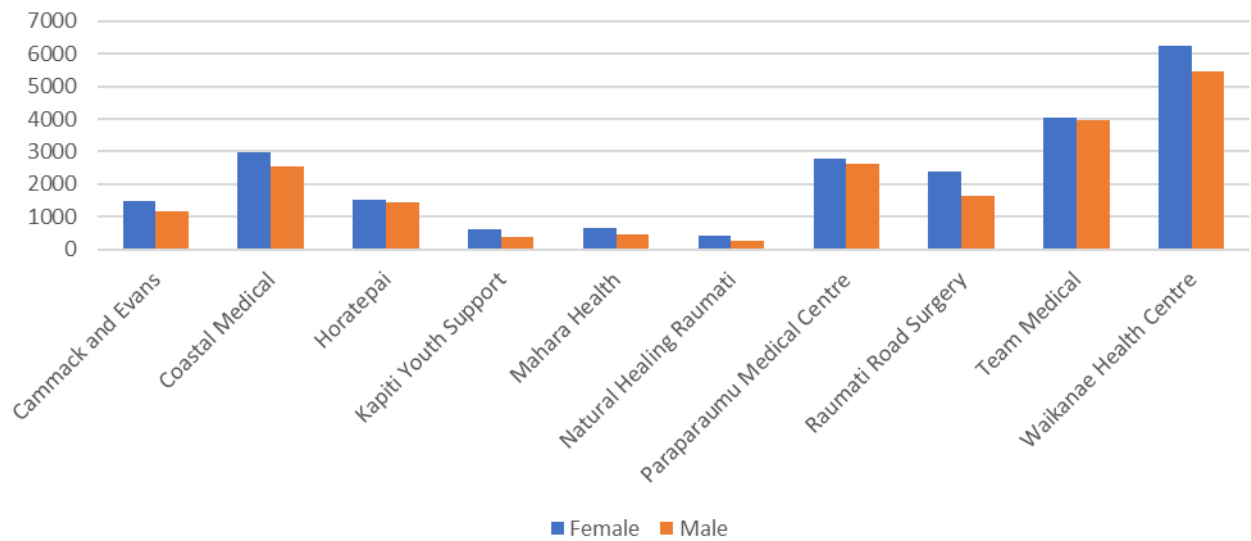
The graphs below provide demographic information on the Kapiti population as identified by the local health centres and providers.

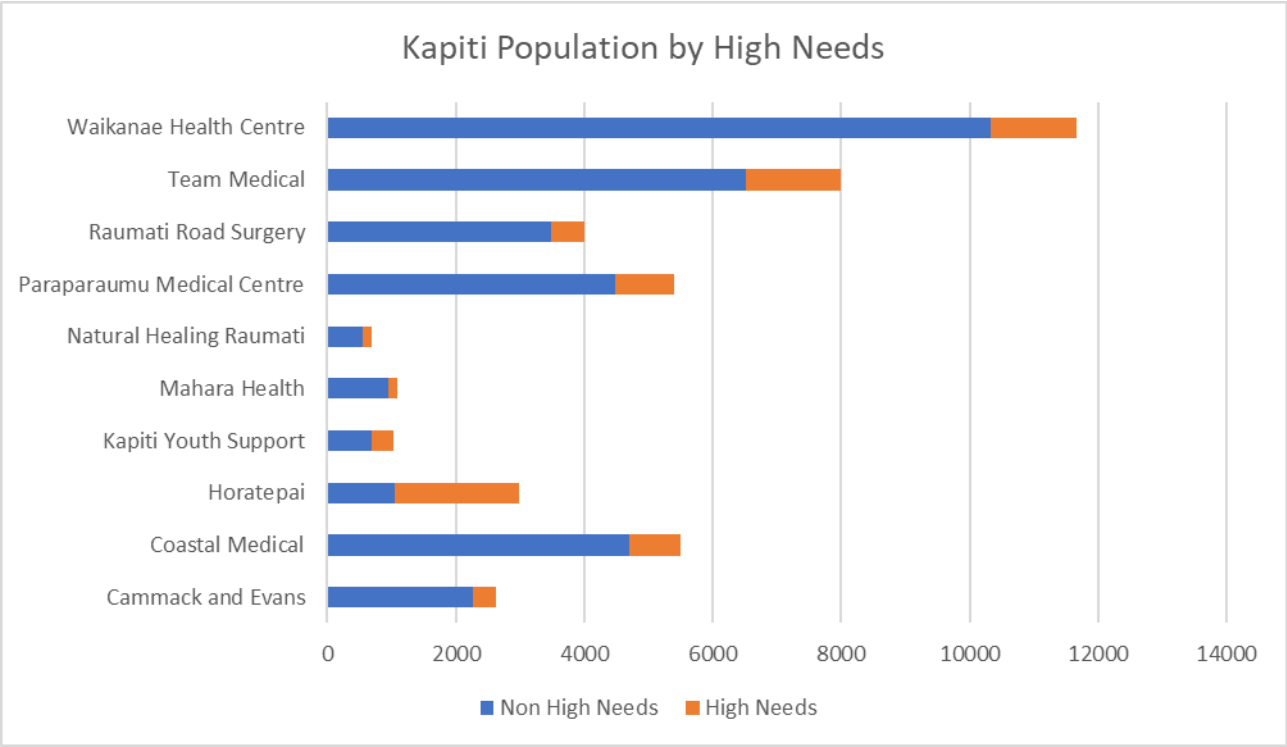


Kapiti Population by Ethnicity



Kapiti Population by Gender





3. Objectives

3.1 For Capital and Coast District Health Board (CCDHB) : Enhanced Community Engagement

In developing a Locality Plan for Kapiti, CCDHB is seeking enhanced community engagement in the Kapiti locality.

KHAG and its members have wide networks in the community including representatives from groups involved with children and young people; mental health support; Maori; Pasifika; Otaki Health and Wellbeing Group; older people and disabled people as well as individuals with strong links to community groups such as Rotary, Victim Support, Citizens Advice Bureau, Grey Power, Cancer Society and others.

KHAG has been identified as the primary body to provide leadership for CCDHB's enhanced engagement through the co-ordination and joint leadership of relevant meetings; through the establishment of timely feedback loops and through the provision of ad hoc updates and advice to the CCDHB Director Community Partnerships, Child, Youth and Localities team, Strategy Planning and Performance CCDHB.

3.2 For KHAG

- Enhanced community engagement in the Kapiti locality through the co-ordination and joint leadership of meetings of relevant individuals and groups to discuss and progress the five Kapiti priorities.
- Establishment of timely feedback loops to encourage the flow of communication between the CCDHB and citizens of Kapiti. This may be by way of focus groups or workshops that will contribute to helping CCDHB achieve its vision outlined in the Health System Plan 2030.
- Provision of updates and advice, on reasonable request, on engagement and linkages work to the Director Community Partnerships, Child, Youth and Localities team, Strategy, Planning and Performance, CCDHB.

4. 2020/21 Highlights, Achievements, Challenges and Opportunities

4.1 Highlights and Achievements for 2020/21 Reporting Period

- Regular monthly meetings held to gather information, report on progress on work plans and provide updates and information to members. While these were not always able to go ahead due to Covid restrictions, the work of the Group has continued in a number of other ways ;
- A planning day was held with a professional facilitator to consider KHAG structure, purpose and .work plan for the coming year. For a number of reasons, this day identified quite a lot of issues, but further work will be required to provide the action plan, future direction and best way for KHAG to move forward.
- Further meetings planned to consider these matters were deferred due to uncertainty relating to the Health Reforms, disestablishment of the DHBs and Covid19 concerns and lockdowns.
- KHAG arranged and promoted a Public Meeting to provide an opportunity for Professor Michael Baker to discuss Covid19 issues with our Kapiti Community. More than 200 people attended the meeting.
- KHAG recognised the need for a comprehensive “directory” providing Kapiti residents with information on the health and related services available and how to access them and navigate their way through multiple services. To enable this, an interactive website was developed and launched in August 2021.
- The website includes an extensive listing of the health and related services available in our community and provides a simple and quick means to identify these. The KHAG website links users directly to the websites of these providers which ensures information is always up to date.
- Continued to work in partnership with CCDHB, Wellington Free Ambulance and Tu Ora Compass on the Ambulance Diversion Service. This service avoids the need to transport people to Wellington Hospital and instead treats them in the community. More than 500 people have now been saved from the long and arduous trip by ambulance to Wellington Hospital and were successfully treated locally and returned home. The diversion approach is strongly aligned to the KHAG goal of timely, appropriate and affordable services for Kapiti residents.
- KHAG was delighted that its sponsorship of the Kapiti Health Shuttle resulted in support from CCDHB for the service with \$60,000 provided to ensure the shuttle was able to continue for 2021.
- Further branding and a new banner were developed and will be used for events in the community.
- KHAG participated in a school exhibition promoting health messages to the community.

- KHAG met with the CCDHB Health Systems Committee on 28 July 2021 and presented on KHAG progress. We again emphasised the importance of the five priorities identified by KHAG and the need for ongoing alignment of these with CCDHB planning.
- The decisions on the future of health services in New Zealand and the implementation of the Pae Ora (Health Futures) Bill potentially offer greater involvement opportunities for groups such as KHAG. In response to this KHAG provided a submission to the Select Committee considering the Bill and was invited to present to the Committee early in 2022.

Copies of the formal submission and the text of the oral submissions made to the Select Committee is attached.

- Representatives from KHAG participated in the work of the Health Services Committee, Integrated Collaborative Care (ICC) meetings, Citizens Health Council and the CCDHB Consumer Council
- The establishment of the Kapiti Community Health Network, co-chaired by the Chair of KHAG, was a significant step in the alignment of health services in Kapiti.
- The five KHAG priorities have been incorporated into planning for other health groups, including Wellington Free Ambulance and Tu Ora Compass Health, the relevant PHO. Work is ongoing with all of these organisations to ensure they and KHAG remain aligned and connected.
- KHAG submitted to the KCDC Long Term Plan, pointing out that the Council now has a responsibility to consider “well being” in its work and proposing that KHAG is well placed to contribute to the Council’s work in this regard. A bid for funding under the Long Term Plan was not successful, but other options for KCDC support have been suggested by the Mayor and will be pursued.
- KHAG strong working relationships with the Kapiti Mayor, Council and KCDC staff continues. Councillor Martin Halliday has been appointed to KHAG and continues as a strong supporter on our Group.
- KHAG members contributed to a range of CCDHB groups including ICC, Citizens Health Council and Disabilities Groups. One of our members continues to participate in the Suicide Prevention group set up by CCDHB to address the issue of relatively high numbers of middle aged and elderly men taking this drastic approach in the Kapiti area.
- The 2020 “mapping exercise” by a KHAG member contracted to CCDHB formed the basis for the information now available on the KHAG website.
- Interacted with a wide range of community groups including Kapiti Coast District Council; Kapiti Older Persons Council; Compass Health; St John Health Shuttle Otaki; Kapiti Age Concern; Kapiti Grey Power; Whirlwind (Men’s Mental Health group); Hora Te Pai Health Services; meetings on Alcohol, Drugs and Meth; Mental Health Network Group; Dementia Wellington; Disaster Preparedness; A Safe Kapiti; Access Home Health; Kapiti Carers; Kapiti Youth Support and others.

- Presentations providing information and insights into their work and identifying opportunities for future cooperation and collaboration were made to KHAG by a wide range of organisations including a number of CCDHB groups (ICC, CYL, Facilities); Greater Wellington Regional Council; Regional Public Health; Tu Ora, Wellington Free Ambulance; Dr Terry Fleming, Professor Population of Health, School of Health Victoria University, Wellington and others.
- Development of a database of contact details for almost 500 groups and individuals involved or interested in health issues in Kapiti has been incorporated into the website for distribution of KHAG information.
- The financial input from CCDHB required the establishment of a Finance Committee to determine policies and processes for expenditure and the development of a reporting regime for the Group.
- Kathy Spiers stepped down as Chair in early 2020 and was replaced by Dame Karen Poutasi. When Dame Karen was seconded to work on the reform of the health system, Dr Colin Feek was invited to take her place. Kathy continues as Deputy Chair of the Group.

4.2 Challenges for 2020/21

- COVID19 and the consequent lockdown periods and restrictions interrupted much of the work proposed for the past two years however KHAG continues to work enthusiastically to seek improvements to Kapiti health services.
- KHAG planning and work has also been impacted by the proposed changes to the New Zealand health system. Uncertainty about future roles of Councils, PHO, DHBs and community groups such as ours has impacted progress.
- Bereavements, family difficulties, travel and illness meant a number of members of the Group were unable to participate to the extent anticipated. Such disruptions are inevitable and KHAG continues to operate regardless.
- The public meeting set up to hear from Professor Michael Baker was severely impacted but the activity of anti-vaccine protesters.
- Opportunities to hold public meetings were limited by Covid restrictions.
- Groups such as Maori, young people, Pasifika and migrants are under-represented in KHAG, despite attempts to engage representatives from these group. Different approaches, including meeting with individual groups rather than public meetings, will be trialled during the coming year.

4.4 Opportunities for 2022/23

- KHAG is the only Kapiti group working closely with CCDHB, KCDC, Wellington Free Ambulance, Tu Ora Compass Health and other health and health related groups. We are optimally positioned to continue and to build on present levels of engagement, putting forward of ideas and working collaboratively with these group.
- We will continue to monitor the implementation of the new health structures and seek every opportunity to encourage roles for groups such as KHAG to represent the views of the community to the new organisations. A strong emphasis has been placed on the role of community in decision making in future and we will ensure we are positioned to take advantage of this approach.
- During 2022/23 KHAG will use our unique role to advance causes for our community and to plan further ways to engage with Kapiti residents.

- KHAG now holds an extensive database of individuals and groups who have expressed interest in engaging with our work. We anticipate using this information to set up meetings and other engagements on issues related to health and health services in Kapiti during the coming year.
- KHAG does not have a legal structure and this hampers the ability of partners to support us financially. It is proposed that we explore ways in which we can develop a more formal structure.
- KHAG will continue to press for more specific definition of the role of community groups in the new health environment and to seek a role that will advance the interests of Kapiti residents.
- Finding ways to fill the current identified gaps, including Maori, Youth, Pasifika and others provides opportunities for KHAG to ensure their ongoing needs are factored into KHAG's and its partners priorities and planning.

5. Comments and Learnings

- It was recognised that open public meetings risk disruptive interventions by groups with other agendas. While KHAG is likely to run other open events in future, being aware of this potential risk will mean decisions may be made to mitigate such behaviour.
- KHAG may instead focus on more interaction with specific targeted groups during 2022/23 rather than open public meetings.
- A long and cumbersome sign off process continues to make it difficult to publicise and promote some of our activities. In order to gain the support and community activation required, Kapiti people need to be aware of the work of KHAG and to understand what is being done on their behalf. Given the wide range of organisations involved in the work of KHAG (including KCDC, CCDHB, WFA, PHOs etc), timely and relevant information could often not be provided in the most suitable way and it is important that ways be found to speed this clearance of material.

6. Key Deliverables

6.1 Proposed key deliverables for 2022/23 and beyond

For the 2022/23 year KHAG and CCDHB will need to agree key deliverables for the year and the required performance against these. The following are proposed as a starting point for discussions and are draft only :

Deliverable	Date	Performance
Continue to meet regularly and provide details of attendance and minutes of meetings and work stream updates to relevant CCDHB or successor organisation		
Continue to improve and implement ongoing processes to support consistent and open communication between CCDHB, KCDC, KHAG and the Kapiti community, to build trust and understanding and provide validation of mutual objectives and goals		
Continue to monitor the implementation of the New Zealand Health Reforms and provide input as appropriate.		
Identify an appropriate legal structure for KHAG		

7. Financial Report

Income and Expenditure Statement 1 July 2020 to 31 December 2021

	Expenditure	Income	
Balance as at 1 July 2020			\$14,837.60
Directory research and development		\$3,000.85	
Website development and establishment		\$2,266.38	
Michael Baker Event			
Donations Received	\$1,213.80		
Expenditure – Publicity, Venue and Shuttle		\$3,022.95	
Contribution to Rotary Foundation		\$1,213.80	
KHAG Flag		\$260.00	
Patillo Workshop			
Fee		\$2,530.00	
Catering		\$189.44	
Closing Balance			\$3,567.62

Comment :

KHAG is grateful to the CCDHB for the funding received. This has helped with a number of projects, primarily the development of our directory and website and the public meeting with Professor Michael Baker.

The small balance remaining of \$3,567.62 has been carried forward and is expected to be used for website development and maintenance and possible further KHAG public meetings.

In addition, Kapiti Coast District Council has supported the work of the group in a number of ways, including provision of the Council Chambers as a venue for regular meetings and also by employing a suitably qualified person to provide secretarial services for meetings. This has also been appreciated.

8. Communities and Stakeholders

KHAG has strong links within the Kapiti Community and has identified the following organisations as important to community activation. KHAG will involve these people and groups in specific activation activities.

Organisation	Domain
Wellington Free Ambulance	Institutional
Kapiti Community Health Network	Institutional
Kapiti Coast District Council	Institutional
Tu Ora Compass Health	Institutional
Hora te Pai	Institutional
Kapiti Age Concern	Community
Wesley Care	Community
Whirlwind	Community
Kapiti Youth Services	Community
Age Friendly Communities	Community
Cancer Society	Community
Kapiti Citizens Advice Bureau	Community
Otaki Health and Wellbeing Advisory Group	Community
Greater Wellington Regional Council	Institutional
Impact Trust	Community
ASK Kapiti/Health shuttle	Community
Kapiti Grey Power	Community
Kapiti Horowhenua Parkinsons Group	Community
Kapiti Carers	Community
Kapiti Cardiac Club	Community
Kapiti Housing Taskforce	Institutional

Paraparaumu Medical Centre	Institutional
Summerset Retirement Village	Institutional
Regional Public Health – Hutt Valley DHB	Institutional
Te Ara Korowai	Community
Kites	Community
Access Home Support Services	Institutional

Appendices

1. Submission to the Select Committee considering the Pae Ora (Healthy Futures) Bill

Submission by Kāpiti Health Advisory Group (KHAG) to the Health Select Committee on Submission on Pae Ora (Healthy Futures) Bill.

KHAG was established four years ago as an Advocacy Group, primarily in response to the strong support shown by the community to the petition for a hospital in Kāpiti and was setup by Mayor Gurunathan. A wide range of groups with an interest in health and welfare in the Kāpiti Community attended meetings for the first two years.

Two years ago KHAG changed its role from an Advocacy Group with its key purpose being to advise the Kāpiti Mayor on health related issues but sees itself as an advocating for the community.

For more than two years KHAG undertook extensive consultation with Kāpiti stakeholders to identify the health services considered most important and needed by the community. Recognising that a hospital per se was unlikely in the short to moderate term, five priority needs were identified:

- Access to Services
- Urgent Care/After Hours
- Mental Health
- Care for Disabled People
- Care for Older Persons.

Capital and Coast DHB's (CCDHB) Health Systems Committee agreed with these priorities and has worked to include a focus on them in their locality and other planning. KHAG has good relationships with CCDHB who have two staff attending meetings. CCDHB is currently working to see whether some ophthalmology, respiratory and other services can be provided locally.

KHAG has successfully supported and lobbied for a number of improvements in Kāpiti health and related services, including the purchase of a wheelchair friendly shuttle, ongoing support for the Kāpiti Health Shuttle, publication of a brochure outlining options for transport to hospitals and support for the Wellington Free Ambulance (WFA) diversion scheme which has seen more than 500 people avoiding trips to Wellington Hospital and being successfully treated in Kāpiti. WFA is a member of KHAG. There is also work that is completed on a website which will be a directory of Kāpiti Health and Related Services.

KHAG has requested, through the Mayor, information on where Kāpiti residents receive services from CCDHB, as well as information on provision of services for the elderly, and who is travelling to Wellington Regional Hospital for urgent care but is being discharged the same day.

Kāpiti Health Network (KHCHN) was established by CCDHB in December 2020 in partnership with iwi (Te Ātiawa ki Whakarongotai) and Tū Ora Compass Health. The chair of KHAG shares [Chairmanship of the network. The initial three areas of focus are:](#)

- Health and social care integration to address social complexity such as residents of a local housing provider and a project around food scarcity
- Primary Care Options for planned care such as intraocular injections for macular degeneration and an intramuscular cancer treatment so that patients do not have to travel
- Health of the older person.

These priorities fit well with those of KHAG and KHAG sees it has a role of influencing and monitoring progress of the Health Network.

We would like to say while we fully support the proposal and will be working to ensure its success, the Bill is deficient in that Sections 48 and 49 are very general and that there needs to be more in the final Act to establish the community perspective and to ensure it is influential in the future operation of the health system. We suggest therefore that in addition to the current sections in the main part of the Bill there should be a schedule attached to it setting out Parliament's expectations as to how the community aspect might be assured. Alternatively the bill could include the possibility of Regulations. We recognize this needs to be flexible for an evolving future.

This Schedule or Regulations would have four components:

- a) the principles and criteria to be applied by the 4 regional authorities in defining the "locality" boundaries;
- b) the governing and management arrangements for each locality e.g. they could be set up as independent crown entities. If it was agreed that each locality should have its own organisational system and structure this would include the appointment of the Board Chair and members, staffing, funding, reporting and accountability.
- c) there should be some mechanism at both regional and central level (i.e. community representatives on both the regional boards and on Health NZ), to ensure the community perspective was maintained at all levels of the system.
- d) a formal obligation on Health NZ to undertake an assessment say every three years, of how successful the system had been in delivering health services through the locality approach. This assessment would include some form of public consultation with the communities within each locality.

KHAG sees its role as reflecting its community needs whereas KCHN is a group of primary provider organisations working with Iwi. Locality should surely merge both interests in Kāpiti where there is immense dissatisfaction with access to services locally, needs of Maori Health, elderly, and urgent care. Kapiti includes not only Paraparaumu but choices for access to services for Otaki residents across the old CCDHB and Mid Central DHB boarder.

Thank you for your time.

Dr Colin Feek (Chair KHAG)

1 December 2021

2. Text of verbal submissions to the Select Committee hearing the Pae Ora (Healthy Futures) Bill

Thank you for hearing from us. We are an Advocacy Group for Kapiti Residents and Advisors to the Mayor of Kapiti. We will not read from our submission but would like to make the following points:

- Kapiti has a history of major concern over the provision of health services closer to home with the Kapiti Health Trust in early 2000s, the hospital petition 2018/19 which was signed by over half of Kapiti residents and continuing concern to date. There is great anxiety over the provision of urgent care with 7,250 presentations to Wellington Emergency for 5,050 residents. 64% of those were discharged the same day. It takes nearly 2 hours to travel there and back. There is also poor coverage for urgent primary care with some at Team Medical at Coastlands and some at Kenepuru.
- Despite public policy intentions over the past decades with the aim of decentralizing health services to give more emphasis on home and community care, this has not been realized. We are therefore very interested to support the concept of localities to see whether services can be provided closer to home where clinically appropriate.
- The current provision of services by GPs has not achieved this and there has to be a better integrated system. A good example is that of Canterbury DHB. Whilst the Kapiti Coast Health Network consisting of GPs, CCDHB officials and Te Atiawa ki Whakorongatai has achieved some improvements it is not necessarily meeting the priorities of our residents. It is imperative that community representation is an input to localities, otherwise poor access of services will continue for Kapiti residents.
- The concept of localities which is provided for in the Bill is a promising but we need to see more detail to ensure its effectiveness. How are localities to be determined, how are they to be managed and funded, how are they to be assessed?
- The Act needs to reference the importance of community participation in decision making.
- Practical examples of services that could be decentralized are ophthalmology, orthopaedics, cardiac, respiratory and of course urgent care.
- The resources required to implement localities approach needs to be considered such as increasing role of nurse practitioners, equipment, accommodation, and transport.
- For more than two years KHAG undertook extensive consultation with Kāpiti stakeholders to identify the health services considered most important and needed by the community. Recognising that a hospital per se was unlikely in the short to moderate term, five priority needs were identified:
 - Access to Services
 - Urgent Care

- Mental Health
- Care for Disabled People
- Care for Older Persons.

Thank you for hearing from us, we believe localities need input and monitoring from community organisation such as KHAG if our communities are to get access to the health services they deserve. I now hand you over to my colleague Sandra Daly after which I hope there is some time for your questions.

Thank you. Members of Kapiti Health Advisory Group contend our group provides an example of the way communities can work with health providers and others to identify needs, assess options and select the best services for their areas.

Like all communities, Kapiti has a number of distinct features. We have one of the highest ratios of elderly people in the country - although this is changing and over the next decade we expect to grow by more than 30,000 people as the opening of Transmission Gully and changes to building legislation make our community more accessible and young families move into the area. But - our nearest emergency facility, hospital and outpatient provider is at least an hour's drive away in Wellington. A daunting fact for the elderly and young families alike and creating distinct challenges that we have been working on collaboratively with a wide range of local organisations.

From 2017 Kapiti Health Advisory Group brought together local groups with an interest in the health and wellbeing of Kapiti people. As Colin outlined, through this process we identified the health priorities for our community and have worked closely with DHBs, our Kapiti Coast District Council, PHO, local providers, ASK shuttle service, Wellington Free Ambulance and others to determine how improvements can be made. A number have been implemented and CCDHB has adopted our priorities for their Kapiti locality plan. These provide examples of what such collaboration can achieve.

We are pleased to see that it is envisaged that the future system proposed under this Bill will make it easier for “consumers, communities and whanau to contribute to our health system – from feeding into the design of their local services through to contributing to national strategies and plans”. This approach, if implemented as proposed, parallels the approach KHAG has taken and will provide opportunities for communities to determine what is needed, where and when. And for groups like KHAG to be truly involved in the development of health services. We applaud this.

The concept of "localities" is a promising start and the importance of community participation in decision making must be emphasised. It will always need to be recognised there are constraints but having the

opportunity to be involved in making choices for the available resources is the best way to gain support for decisions. These decisions affect the whole community and should not be determined solely by health professionals and managers.

KHAG has had a number of successes that provide evidence of what communities can achieve working closely with providers. Achieving the best outcomes for communities throughout New Zealand will require input from consumers, local Government, public and private health providers and other groups. The Bill must be structured to ensure these community members and groups like KHAG are enabled to work productively to achieve this.