

MINUTES	MEETING	TIME
KĀPITI COAST DISTRICT COUNCIL	TUESDAY 20 MAY 2014 WEDNESDAY 21 MAY 2014 THURSDAY 22 MAY 2014	10.00 AM

Minutes of a meeting of the Kapiti Coast District Council on Tuesday 20 May 2014, commencing at 10.00 am in Council Chambers, Ground Floor, Kapiti Coast District Council, 175 Rimu Road, Paraparaumu.

PRESENT

Mayor	R	Church	(Chair)
Cr	D	Ammundsen	
Cr	M	Bell	
Cr	M	Cardiff	
Cr	J	Elliott	
Cr	P	Gaylor	
Cr	K	Gurunathan	
Cr	J	Holborow	
Cr	T	Lloyd	
Cr	G	Welsh	

ATTENDING

Ms	F	Vining	(Chair, Paraparaumu-Raumati Community Board)
Mr	J	McDonald	(Chair, Paekākāriki Community Board)
Mr	J	Cootes	(Chair, Ōtaki Community Board)
Mr	P	Dougherty	(Chief Executive)
Ms	V	Starbuck-Maffey	(Democratic Services Team Leader)

The Mayor read the Council blessing and welcomed everyone to this meeting.

KCDC 14/05/091

APOLOGIES

There were no apologies.

It was noted that Cr David Scott and the Chair of the Waikanae Community Group Michael Scott were on leave of absence.

DECLARATIONS OF INTEREST

Cr Ammundsen declared an interest in relation to the submission from Keep Raumati-Paraparaumu Beautiful as she was also Chair of this group.

KCDC 14/05/92

MEMBERS' BUSINESS

- (a) Leave of Absence – none was requested
- (b) Matters of an Urgent Nature – there were none

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KCDC 14/05/93

HEARING OF SUBMISSIONS TO THE DRAFT 2014/15 ANNUAL PLAN

DAY 1 OF HEARINGS – TUESDAY 20 MAY 2014 (AP = Submitter)

AP 82 – Eddie Harnett spoke about the rates increase in Paekākāriki and said that as rates had been amalgamated, every area in the District should be treated the same.

There were no questions from Elected Members.

AP 374 – Mark Atkin spoke against fluoride and a copy of his powerpoint slides were circulated to Elected Members. He said that the views of pro-fluoride professionals had become institutionalized and this was why it was so hard for them to accept alternative views, even when faced with new science and facts about the harmful effects of fluoride.

Summary of Discussion Points Raised by Elected Members:

- Had Mr Atkin spoken to submissions in other areas of New Zealand?
- Could the point about an institutionalized mindset also apply to the anti-fluoridation group?
- Why has central government not dealt with this issue?

The Submitter commented as follows:

- Mr Atkin had spoken to submissions in other areas.
- The institutionalized mindset applied to institutions with a structure, not groups and therefore did not apply to the anti-fluoride group who welcomed any new knowledge about fluoride.
- The reason why the issue had not been dealt with at a central government situation was because politicians recognized it was a no-win situation. Ministers have consistently made it clear that the responsibility for the decision to fluoridate or not will remain with councils. The need for legislative change has only come into focus recently with the case in Hamilton.

The meeting adjourned at 10.17am and resumed at 10.24am.

AP 165 – Dr Mathieson spoke in support of fluoride citing a case in 1962 when the Lower Hutt City Council had added fluoride to the water supply and an ensuing legal challenge had been rejected in three Courts of Appeal.

Summary of Discussion Points Raised by Elected Members:

- If the scientific evidence was so clear that fluoride was not harmful, why was there so much controversy around this issue?
- If we now know that topical application of fluoride was more effective, doesn't this indicate that our understanding of fluoride is evolving over time?
- If fluoridation is not a treatment but a preventive measure, like vaccination, does this suggest that compulsory vaccination would also be appropriate?

The Submitter commented as follows:

- There is controversy because of amateur scientists, misinformation and an emotional feeling that councils should not medicate people against their will (i.e. it is seen as a civil rights issue).
- Yes our understanding is evolving over time, but if the science was good in 1962 it is good now. It would be expected that if modern scientists reach a new view, they would be able to demonstrate how earlier scientists got it wrong.
- The practicalities of fluoridation of water and vaccination were very different.

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AP 6 – Heather Smith / Malcolm Nurchie on behalf of Democrats for Social Credit, spoke about the financing of local bodies, the desirability of any country creating its own money, support for the Tobin tax, and non-support for the Trans-Pacific Partnership Agreement.

Summary of Discussion Points Raised by Elected Members:
There were no questions from Elected Members.

AP 110 – Paul Carlyon / Neil Ames from Otaki Surf Lifesaving Club asked Council to approve the free use of the Ōtaki Pool so surf lifesavers could practice their skills.

Summary of Discussion Points Raised by Elected Members:

- Are training sessions about making sure people build strength and endurance? Yes they are.
- Surf lifesavers are young volunteers – is this imposing a cost on young people to deliver a community service that saves lives?
- What is the annual cost burden to pay the extra cost? \$100 a week.
- If the request was approved how would this be a 'cost neutral arrangement'?
- As a compromise could the Club revert to the status quo?
- What about the Surf Lifesaving Club at Paekākāriki - should they be given free access to the Aquatic Centre as well?

The Submitter commented as follows:

- The arrangement would be cost neutral as the pool would be open anyway and lifeguards would be training between 7-8pm on weeknights.
- The Club could revert to the status quo in terms of funding support but any continued funding support would be appreciated especially in view of any extra fees imposed.
- There was a move afoot at the national level to have councils approve free access to pools no matter where they are but this was a long-term goal. The Club would support the Paekākāriki Club.
- When there was a problem with pool space, lifeguards join swim clubs so they can access the practice lanes.

AP 564 – Liz Koh was replaced by **Wendy Houston** as the speaker on behalf of the Chamber of Commerce. The Chamber wished to comment on seven different aspects of the Annual Plan. (1) The Town Centres project (2) earthquake strengthening (3) improving service levels in respect of resource consents (4) Council as an enabler in economic development (5) a joint project to develop digital tools used to improve business (6) youth engagement and employment (7) a separate water rate for businesses.

Summary of Discussion Points Raised by Elected Members:

- Cr Welsh declared an interest in that he was the Council appointee to the Chamber of Commerce.
- Could the 'umbrella' website be community driven and include tourism as well?
- How would the perfect resource consents process run?
- Is this Council the only one in the region that doesn't have a business differential in its rates?
- Council commented that a charging regime had already been established, and the Charging Regime Advisory Group had considered the impact of charges to retirement villages and business and the Chamber was a member on the Group. Many businesses were already on water meters so they had not been ignored in the process.

The Submitter commented as follows:

- The website should focus on the business community as tourism was quite a separate venture.

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- The resource consents customer experience was a people issue, not about flowcharts or diagrams and specifics had been raised with Council in the past.
- The Chamber did not want to see any issues around water (such as charging differentials) that would deter businesses (eg a brewery) from moving to Kāpiti.

AP 97 – Peter Ellis urged Council to install the second hydroslide at the Coastlands Aquatic Centre as soon as possible as money had been put aside in the budget.

Summary of Discussion Points Raised by Elected Members:

- If the hydroslide was deferred were there any other suggestions?
- It was pointed out that the hydroslide was not off the agenda, just delayed, and the timing in a year or two may refresh interest in the Pool's attractions.

The Submitter commented as follows:

- The greater the variety of possible activities at the Pool the better.

The meeting adjourned at 11.39am and reconvened at 11.45am.

AP 159 – Bob Cowper spoke on behalf of the Paraparaumu Beach Tennis Club about the seriously impaired Te Āti Awa courts facility used mainly by netball and tennis groups and urged the Council to undertake comprehensive repairs immediately.

Summary of Discussion Points Raised by Elected Members:

- Had the cracks become worse since the recent earthquakes?
- Had any assessments been done by Council engineering staff?
- Had there been any injuries directly attributable to cracks?
- The courts were resurfaced a year ago – were they failing too?

The Submitter commented as follows:

- Many people thought that the existing cracks had been made worse by the earthquakes, leading to further holes.
- Council staff had done previous monitoring; the submitter was not aware of specific assessments.
- While there had been no injuries directly attributable to the cracks, this would be difficult to prove.
- The resurfaced courts were failing as well.

Cr Cardiff left the meeting at 11.53am and returned at 11.56am.

AP 171 – Adrienne Burliegh spoke on behalf of the Keep Raumati / Paraparaumu Beautiful Group about providing suitable welcome signs for Kāpiti which should indicate how many people lived in the area, for example, and suggested some suitable sites.

Summary of Discussion Points Raised by Elected Members:

- It was suggested that the second site might be suitable as a site for memorializing stillbirths.
- As a first step, ownership of the two sites needed to be confirmed.
- Some welcome signs are sponsored by service clubs.

AP 169 – Viola Palmer spoke about vehicles on Ōtaki Beach and Beach signage, circulating a number of maps and urging the Council to prohibit vehicles on beaches altogether. She also requested that the area between Matene and Aotaki Streets in Ōtaki be a pedestrian precinct.

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Summary of Discussion Points Raised by Elected Members:

The Chair of the Ōtaki Community Board James Cootes commented that he was already working with police and the residents on the signage and enforcement issues and would be happy to meet with the submitter for further discussions.

AP 173 – Mr Lynn Sleath Kapiti Cycling Inc spoke to slides (copied and circulated) about shortcomings in the Kāpiti Road layout and he called for safe passageways for cyclists. He also spoke about alternative ways of controlling access points to reserves that still provided access for mums with prams and wheelchair users.

Cr Bell left the meeting at 12.12pm and returned at 12.15pm.

Summary of Discussion Points Raised by Elected Members:

- Misuse by motorcycles at reserves such as the one at Waikanae River was still a problem and a solution needed to be found and the suggestion that bollards be chopped down was not it.
- Regarding Kapiti Road, it was agreed that Council needed to look at a bigger solution and significant efforts had been made to establish safe access points. It was clarified that in the Older Persons' Council submission the concern was about crossing Kāpiti Road itself.
- There was a tension between providing good quality infrastructure for cyclists and pedestrians and allowing development of the Paraparaumu Airport Business Park. The airport does need intersections to develop that land. The Airport was not building right up to their boundary, realizing that Council would want to buy some of that land for its own purposes. While Council was disappointed in the 1.3 metre footpaths constructed by the Airport, Council had done all it could to ask for wider ones.

AP 431 – Ian Imray spoke in support of fluoridation, citing his children's and grandchildren's almost perfect teeth as proof that fluoride does help with dental health. He urged Council in its decision-making to be mindful of future generations.

Summary of Discussion Points Raised by Elected Members:

- How many times did you clean your teeth per day?
- Do you think this is an issue for central government to address rather than local government?

The Submitter commented as follows:

- The submitter said he brushed his teeth every day with tooth powder. His children brushed their teeth after every meal and used fluoride toothpaste once that came onto the market.
- Central government should address this issue; all of New Zealand should be drinking one kind of water.

AP 180 – Phil Gibbons, CEO of Sport Wellington spoke about the need for a cohesive and strategic vision across the region for sport and recreation over the next 15-20 years.

Summary of Discussion Points Raised by Elected Members:

- Do you think smaller areas would miss out under a regional strategy?

The Submitter commented as follows:

- Facilities specifically for suburbs or smaller areas would still be factored in to a regional strategy but we have to get smarter in our planning. We can't continue to supply one of everything (eg pool, velodrome) in every suburb.

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AP 192– Bruce McDonald spoke on behalf of the Ōtaki Kāpiti Principals Association about the need for high level funding support for the work of the Kapiti Safer Communities Trust in helping families.

Cr Elliott left the meeting at 12.50pm and returned at 12.53pm.

Summary of Discussion Points Raised by Elected Members:

- Was it Council's role to be funding something which was central government's responsibilities?
- Was there growth in the number of young families in the District and how would the work of the Trust continue to meet the need?
- What sort of issues led to referrals?
- If the Trust was unable to continue its work, what kind of impact would this have on the community?
- How often do you have to call on the Trust and is this frequency similar across schools?
- Should CYFS have greater involvement?
- Does Council need to take this issue to central government?
- What is the submitter's observations regarding the issue of psychoactive substances?
- What was the difference between funding received now from Council and the full cost required?
- It was suggested that the group be approached for input to the Long Term Reference Group.

The Submitter commented as follows:

- The Trust was the only agency which could coordinate other agencies, to meet the Community Outcomes espoused in the original Council 'Choosing Futures' planning document.
- The kind of issues leading to family breakdown included drug abuse/addiction, and the effects of sexual or physical abuse.
- If the Trust ceased to operate, agencies would not be able to be coordinated to help families. The Association did not have the time or resources to undertake this role.
- Currently there were weekly meetings with the Trust and five families are in the 'Strengthening Families programme, with a similar pattern across schools.
- CYFS could be involved but only as a last resort and it would be preferable that situations didn't escalate to this point.
- The resourcing issue had been taken to the Minister, but getting central agencies together was very challenging.
- Schools do have experience of psychoactive substance abuse.
- The differential between funding and full cost is about \$50-70,000 but the Trust could provide more accurate figures when they speak to their submission.

AP 241 – Merran Plunket spoke against fluoride and provided a handout with photos (circulated). Fluoride was an industrial by-product being used for mass dosing the population. She asked the Council to do what was right not what was politically expedient.

Summary of Discussion Points Raised by Elected Members:

There were no questions.

The meeting adjourned at 1.20pm and reconvened at 1.45pm.

AP 556 – David Ruddlesden spoke against fluoride with a focus on fluoride as a toxin and fluoridation as systemic poisoning the effects of which the Ministry of Health was downplaying.

Summary of Discussion Points Raised by Elected Members:

- Should this issue be managed by central government?

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The Submitter commented as follows:

- This matter should not be managed by central government; look at Ministry of Health – that's run by central government. They have connections with medical industries and with big Pharma.

AP 567 – Jennifer Gini spoke against fluoride, with a focus on distorted data being provided by agencies, the condition of teeth improving with non-fluoridation, the connection with cancers, and that its continued use and level of dosage was harmful at a cellular level. If there was any suspicion of harm about any substance it should not be used.

Summary of Discussion Points Raised by Elected Members:

There were no questions.

AP 385 – Brigid McKenzie spoke about the resurfacing of the Te Atiawa Courts (with reference to photos). (Cr Amundsen abstained from discussion as Patron of Kapiti Netball Association.). The submitter urged Council to repair the courts as a matter of urgency.

Summary of Discussion Points Raised by Elected Members:

- The issues had been the subject of a presentation by the Tennis Club earlier in the day.
- The pictures were helpful but did not indicate scale.
- Did the recent earthquakes create changes?
- Was there going to be scientific testing done, and would it include hydrolic testing around Kena Kena area as well as just the courts? (Council officers confirmed that an engineering assessment would be carried out soon.)
- The Te Atiawa courts were about 30 years old and had been built on swampland which had been filled in and compacted but the engineering quality controls systems now were probably a lot different than they were then. The cracks appearing on the courts now he believed were attributable to either earthquake or water or a combination. Over the years the courts were repaired by injecting into small hair-line cracks an all-weather surface compound and the courts were re-surfaced not with asphalt, but with the all-weather cover which was a paint. The current engineering assessment would reveal the true cause and temporary repair was probably the best option.

The Submitter commented as follows:

- Weeds and grass were growing up through the cracks which were affected by earthquakes. The surface was not lifting enough to be a tripping hazard but it would be very soon. The courts were resurfaced in 2010 and were pretty good until 2012; during the last two years they have noticeably deteriorated month by month.

AP 607 – Ann Lawler spoke in support of highlighting Ōtaki as a tourist destination.

Summary of Discussion Points Raised by Elected Members:

There were no questions.

AP 495 – Patrick Buckley spoke against fluoridation with a focus on the 1953 Napier/Hastings event and the ensuing distortion of data supporting fluoride as a preventive measure against dental caries. He urged Council to discontinue the toxic burden which was responsible for fluorosis, cancer and thyroid problems.

Summary of Discussion Points Raised by Elected Members:

- How much does the value of individual choice come into play in this matter. Can you explain how you feel about this?

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- How do you respond to some views? While you have fluoridated water in your tap which you pay for – spend money getting other water you consider is safe.
- I see here in your submission that you live in Porirua – curious to know why you are here?

The Submitter commented as follows:

- Recently in Hamilton they had a four day tribunal with experts from both sides and all the Council had access to all the professional information. A referendum was like a popularity contest. In a Council situation, Council can hear and do the research themselves and get a determination.
- When it comes to individual rights I don't want my neighbour choosing for me how I am medicated.
- You can travel and buy bottled water and it's difficult.
- I live in Porirua, I was raised on the Kapiti Coast and want to retire here and anybody can make a submission to any Council.

AP 582 – Kerstin Allan spoke against fluoridation in the water asking if fluoride was so beneficial, why had so many other countries such as Germany, Sweden, the Netherlands, and Israel banned it? No one knew the long term adverse health effects of this toxic substance.

Summary of Discussion Points Raised by Elected Members:
There were no questions.

The meeting adjourned at 3.05pm and reconvened at 3.15pm.

AP 546 – Julie Buckley spoke against fluoridation with a focus on being the mother of three teenagers. It was important to her to minimize toxins in the environment and in what they were consuming and they couldn't afford to avoid fluoridated water. It was about being able to make healthy choices for families, especially babies and young children.

Summary of Discussion Points Raised by Elected Members:

- There was a condition called fluorosis which was caused by a systemic exposure to fluoride – yet we are told that fluoridation only has a topical effect – affecting the structure of the teeth – can you clarify?
- Is there evidence that it is having a systemic effect on teeth in some way?

The Submitter commented as follows:

- Fluoride affected the whole skeleton.

AP 399 – Richard Halliday spoke about a number of matters: he did not support fluoridation as it was unnecessary and dangerous; with regard to the Town Centres project he disagreed with the proposed restriction of the present four lane to two lanes and thought NZTA was doing a good job by upgrading the existing highway. The four lane route through Waikanae should be retained. Re the projected rates increases he urged Council to think like a household on a limited income. He also appreciated the Civic Administration Building, enjoyed the Waikanae River trap and the Aquatic Centre, but please do not put in a second hydroslide.

Summary of Discussion Points Raised by Elected Members:

- The submitter was asked if he attended the public consultation session at Waikanae Library recently and it was suggested he make a written and verbal presentation to the Waikanae Community Board.

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AP 646 – Jennifer Pelvin spoke on behalf of Dental and Oral Health Therapists Association of New Zealand in support of fluoridation (including a video clip) because it was safe, effective and affordable and helped promote better oral health outcomes especially for children.

Summary of Discussion Points Raised by Elected Members:

- What year was fluoride introduced into the water in Wellington?
- Would you recommend extending fluoridation to Ōtaki and Paekākāriki?
- What would be the submitter's comment about advice across the world to parents not to include fluoridated water when bottle-feeding babies?

The Submitter commented as follows:

- Fluoridation in the Wellington water supply in the 1960s? The submitter had seen areas where fluoridation has been in and then removed – eg Hamilton, with a noticeable difference.
- The submitter would recommend extending fluoridation to other areas in the District.
- With regard to bottle-feeding babies the submitter's recommendation is only about increasing fluoridation to a safe level.

AP 492 – Janet Weber spoke as a member of the Waikanae Swimming Club against the proposed increase in swimming fees and in support of fluoridation as there was clear evidence that some fluoride was helpful.

Summary of Discussion Points Raised by Elected Members:

- Since most of Europe has banned fluoridating water, what science had fed into that action?
- What about dosage levels and babies?

The Submitter commented as follows:

- Countries in Europe may also have more fluoride in food supplies and two adjacent countries might have different scientific opinions.
- The evidence suggested that it was safe in terms of children drinking fluoridated water.

AP 621 – Hayder Al-Sabak spoke as a dentist in support of fluoridation, believing that fluoride had contributed significantly to the reduction of dental decay in New Zealand and other countries.

Summary of Discussion Points Raised by Elected Members:

- How is the amount of fluoride in toothpaste decided on?
- Are there people in the community who were allergic or medically sensitive to fluoride? And what percentage of the population might this be?
- Are there marked differences in dental health between people from Paekākāriki and Raumati?
- Given that potable water supplies are fluoridated within the country most of them would be chlorinated as well. Is there a correlation between chlorine and fluoride?
- Can dental hygiene and prevention of tooth decay be achieved by application of toothpaste?

The Submitter commented as follows:

- The inclusion of fluoride in toothpaste assumes that the patient will rinse their mouth out after brushing teeth; the amount of toothpaste is recommended to be pea-size – which also takes into account accidental swallowing.
- The submitter had not experienced personally anyone with allergic reactions.
- There was a significant reduction in dental decay patients who have had fluoride in their childhood but it was difficult to differentiate between people from Paekākāriki and those from Raumati Beach.
- Fluoride and chlorine are two agents acting differently.

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- Any drug or any substance consumed in moderation is safe, assuming that fluoride is taken in recommended dosage.
- With water fluoridation and toothpaste you get both systemic and topical daily doses of fluoride.

AP 421 – Gunda Tente spoke against fluoridation with a focus on why it was supported in New Zealand when so many countries in Europe had discontinued its use. It was an industrial and agricultural waste product that was not safe as its dosage could not be monitored; and it was a form of mass medication which affected other parts of the body.

Summary of Discussion Points Raised by Elected Members:

- The list in the handout was very helpful as it indicated the countries that were not supplying or putting fluoride into the water. But it did not say what the existing natural levels of fluoride were in the water in these countries.

AP 386 – Steven Robinson spoke against fluoridation with a focus on his concern, as an early childhood education teacher, about the effect that it could have on young children and babies who are exposed to too much fluoride. Research showed it was a possible cause of cancer. The vast majority of Western Europe countries did not use fluoride in the water.

Summary of Discussion Points Raised by Elected Members:

There were no questions.

AP 364 / AP 428 – Laura Ichim and Lydia Ng spoke together, as local dentists, in support of fluoridation as a naturally occurring compound that was a safe, cost-effective supplement, endorsed by a huge range of internationally recognised organizations – WHO, NZDA, Ministry of Health, New Zealand Medical Association, Plunket etc. They also referenced a 2010 Australian study which showed overall 28.7 percent higher caries rate in non-fluoridated areas.

Summary of Discussion Points Raised by Elected Members:

- There had been a lot of discussion about studies on fluoridation and non-fluoridated water with regard to teeth. Does the Australian study look at other health issues or only teeth?
- Are there marked differences between patients of fluoridated areas with those in non-fluoridated areas such as Paekākāriki and Ōtaki?

The Submitter commented as follows:

- The Australian study mentioned was a dental one – state funded dental clinics were looking at effective cheap methods to reduce tooth decay. According to the submitter's experience at Hutt Hospital, children from Petone – water not fluoridated – needed lots of treatment.

Meeting adjourned at 4.45pm and was scheduled to reconvene on Wednesday 21 May 2014 at 10.00am.

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Meeting reconvened at 10.00am Wednesday 21 May 2014

PRESENT

Mayor	R	Church	(Chair)
Cr	D	Ammundsen	
Cr	M	Bell	
Cr	M	Cardiff	
Cr	J	Elliott	
Cr	P	Gaylor	
Cr	K	Gurunathan	
Cr	J	Holborow	
Cr	G	Welsh	

ATTENDING

Mr	J	McDonald	(Chair, Paekākāriki Community Board)
Mr	S	Mallon	(Group Manager, Infrastructure Services)
Miss	A	McLaughlin	(Democratic Services Advisor)
Ms	S	George	(Personal Assistant to the Mayor)
Ms	T	Ferry	(Executive Secretary, Community Services)
Ms	S	Kershaw	(Customer Services Officer)
Mr	K	Owen	(Cadet)

It was noted Cr Scott was on leave of absence. The apologies of Cr Lloyd were accepted. The Chair advised there were media in the public gallery recording the meeting.

AP 111 – Fluoride Action Network New Zealand (FANZ) spoke against water fluoridation:

Dr Tralee Sugrue spoke of:

- The health dangers of water fluoridation; it was a toxic substance and was linked to health problems including bone cancer, hip fractures, dementia, renal impairment and dental fluorosis.
- Council had no control over the amount of water a person drinks and therefore no control over the amount of fluoride they are ingesting.
- Opting out of fluoridation was not an option for many people due to the cost and the harm to the environment caused by plastic bottles. She asked the Council to take the safe approach.

Dr Lawrie Brett spoke of:

- The case for fluoridation being mis-represented in the media over the last 40 years, including fraudulent advertising and the manipulation of statistics so as to give a false message.
- He quoted the introduction to the 2009 Oral Health Survey which said it “could not be used as a fluoridation study” but had been widely quoted nonetheless, and said the media reports of the South Taranaki Judicial Review misrepresented the judgment made. He said the best method of managing dental hygiene was by education, not fluoridation.

Mr Stan Litras began by clarifying he is not a member of FANZ but became interested in the topic and has been researching it independently:

- He had not been able to find any arguments that support the pro-fluoride message, despite 50 years of science stating that fluoride is beneficial.
- A 2006 review of health risks from fluoridation highlighted areas of concern and urged more research.

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- The problem was not knowing how much water people drink, their weight, health status and total fluoride consumption levels.
- He suggested Council insist the District Health Board monitors fluoride levels in urine before pushing the water fluoridation programme.

Dr Jane Beck spoke on whether fluoridation was serving the greater good:

- She quoted the Health and Disability Commissioner's (Code of Health and Disability Services Consumers' Rights) Regulations 1996 - the definition of public health meant it was for the public good, and questioned whether water fluoridation was safe, whether it was an effective public health measure and whether there were alternative public health measures.
- Water fluoridation was not completely safe, was ineffective and unnecessary for most people
- The *Childsmile* programme in Scotland promoted supervised toothbrushing and dental care in a town where the water was not fluoridated, and showed the incidence of tooth decay going down.
- Water fluoridation was unethical, unsafe, unproven and unnecessary.

Summary of Questions/Discussion Points Raised by Elected Members:

- The panel's opinion on why the fluoridation decision was not being made by central government, rather than local government.
- Whether there was any conclusive statistical evidence of the health issues caused by fluoride
- Whether there had been a marked statistical improvement of dental hygiene across the world in the recent years.
- Whether the issue was with the silico-fluorides used in New Zealand, or with wider fluoride compounds.
- Some countries had fluoride occurring naturally in their water; how did they remove it?
- There were 40% more submissions supporting fluoridation than against it. How was this explained?
- Were there statistics identifying those groups in the community who were historically not good at looking after their teeth?
- Apart from the Scottish example, are there any other examples of effective methods of improving the health of teeth in disadvantaged communities?

The Panel of Submitters responded as follows:

- The decision was not made by central government because it was a political hot potato; whoever takes the issue on will lose at the poll; further, it is correct for the decision to be at the local body level, as the more centralized it becomes, the less transparent it becomes. Fifty percent of New Zealand does not have fluoridation – those communities would not be happy with a central government decision that the whole country must be fluoridated.
- A recent study in Ireland had compared fluoridated vs non-fluoridated areas in Ireland, the list of health issues was "long and impressive".
- In the western world, tooth decay rates had fallen steadily since about 1960; this was thought to be due to refrigeration of food, better hygiene, better education re dental care and the introduction of fluoridated toothpaste. The decline was similar in fluoride vs non-fluoride countries.
- All fluorides are bad; the artificial ones get into the body easier and can then interfere with cellular processes.
- There are processes for removing fluoride from water but it was very difficult to do.
- The Dental Association had been encouraging their members to make submissions.
- The only statistics available from the Ministry of Health split populations into Māori, Pacific and Other; statistics by socio-economic status were not looked at.
- Northland is generally low socio-economic and the water is unfluoridated. The local DHB in a small rural town carried out a dental care programme including supervised toothbrushing, and

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the tooth decay rate over the next six months dropped dramatically. There is also data from the Waikato showing that Māori from unfluoridated areas have 50% less tooth decay than those from fluoridated areas.

Cr Elliott left the room at 11.23am and returned at 11.25am.

Discussion continued:

Summary of Questions/Discussion Points Raised by Elected Members:

- What was the average amount of water drunk per day?
- How would you know if your kidneys were not working properly?
- There were a lot of things we put into water to make it safe to drink e.g. chlorine – what was the submitter's stance on that?
- What was an acceptable fluoride level in the body?
- Would the \$15,000 spent per year on fluorine be better spent on toothbrushes, toothpaste and a parenting programme?
- Do bottled juices contain fluoridated water?
- Do you oppose fluoridated toothpaste?
- Had the national statistics been broken down into fluoridated vs non-fluoridated areas?
- Fluoride was first introduced because anecdotally it was noted that people in areas with naturally occurring fluoride in the water had better dental health – was that disputed?
- Are you aware of any current lobbying to the government?

The Panel of Submitters responded as follows:

- The average amount of water drunk was disputed, but is said to be somewhere between 1.5 – 2 litres per day.
- You would not necessarily know if your kidneys were not working properly; there could be problems you are unaware of.
- Fluoride was not put into the water to make it safe to drink, it's put in to achieve a supposed medical result.
- The upper toxic limit of fluoride in the body is 0.5mg/kg/day. Where dental fluorosis was noticed there was probably skeletal fluorosis as well, although it could not be seen. There was no proof other organs are also not harmed at those levels.
- \$15,000 per year would be better spent on dental hygiene programmes, however that figure probably does not include hidden costs such as maintenance, environmental affects etc.
- Bottled juices may contain fluoridated water – it depends what water they are made with.
- Fluoridated toothpaste is fine as it is a personal choice. But it should not be swallowed.
- The breakdown of data into fluoridated vs non-fluoridated areas was available at the DHB level – smaller communities would have to get that information via the Official Information Act.
- The notion that people in areas with naturally occurring fluoride in the water had better dental health is spurious reasoning and part of the original spin-doctoring of this issue.
- The panel was not aware of any lobbying to the government.

The meeting was adjourned at 11.38am and reconvened at 11.49am.

AP 639 – The Capital and Coast District Health Board spoke in support of fluoridation. The panel of speakers was supplemented by a number of short videos outlining the benefits to the community of water fluoridation:

Mr John Tait stated that water fluoridation was one of the oldest and most successful public health measures in New Zealand and the CCDHB strongly believed that water fluoridation was a safe and

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effective public health measure which complemented other community programmes such as school dental health programmes.

- He cited the three most recent referenda in New Zealand on the issue, all of which were in favour of fluoridation.
- Fluoridation was also supported by dental health professionals, who are more interested in health prevention than treatment.

Cr Bell joined the meeting at 11.55am.

Dr Liz Hitchings said if fluoride was taken out of the water it would seriously affect the oral and general health of the vulnerable and high-needs people that CCDHB care for.

- The CCDHB saw a lot of serious tooth decay where surgical intervention was required. One case involved a person dying as a result of septicaemia caused by a dental abscess.
- New Zealand's aging population were keeping their teeth longer than in the past, which meant a higher chance of tooth decay.
- Taking fluoride out of the water would create a higher demand for the CCDHB's services.
- Tooth decay was a lifestyle disease such as smoking or obesity; behaviour change was difficult, particularly for those without the personal or financial resources to do so.
- Water fluoridation improved the health of everyone without discrimination.

Ms Andrea Rutene gave an outline of the service currently provided to 0 – 12 year olds, which focused on prevention including education and regular checkups. If fluoride was removed from the water supply there would be a decrease in the number of children with no dental disease, an increase in the demand for resources, and the delivery model changed from prevention to intervention. She presented statistics for decayed, missing or filled teeth in Kāpiti children aged 2 – 12 years and confirmed the prevalence was higher amongst Māori.

Dr Stephen Palmer spoke of recent developments in the fluoride debate, including:

- The recent public referenda, the High Court decision in March 2014 and the Hamilton City Council's decision to recommence fluoridation.
- Overseas studies all say that although water fluoridation is not the silver bullet – there are other factors that contribute to tooth decay – it is recognised as the single factor that makes the most difference.
- He refuted findings and arguments presented by earlier speakers, that in the past 50 years the Ministry of Health recommendations had not changed, and said councils should be relying on the information presented by the Ministry of Health and their local District Health Boards.

Dr Virginia Hope said:

- The vast majority of health care professionals support the low levels of fluoridation currently used.
- Evidence suggests fluoridation helps general and dental health at all ages.
- It was the most beneficial public health intervention in use today.

Summary of Discussion Points Raised by Elected Members:

- The panel's opinion on why the fluoridation decision was not being made by central government.
- If water fluoridation ceased, would alternative solutions come into play?
- Graphs from other presenters show the difference was not significant, in contrast with the graphs the submitter provided. What was their response?
- Would the submitter accept the statistics from the Scottish programme gave a good indication of prevention as a way forward?

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- (To Dr Hitchings) You cited work experience in two different towns in the UK, one of which had water fluoridation and one of which did not. Was there a difference in dental education in those two towns?
- How many of the cases treated come from fluoridated water supply?
- Re the noticeable effect in the thyroid gland at 4mg and above – how many people on the Kāpiti Coast are likely to be drinking 4 – 8 litres of water a day?
- Why was every community in New Zealand not compelled to be fluoridated?
- Why do advisors to the central government not advocate this as the best possible outcome for New Zealand communities?
- Are there any plans to assemble data re the cost benefit of initiatives such as fluoridation? It would be beneficial to take this argument to other parts of New Zealand.
- Of the 20 water providers currently having this debate, were they fluoridating their water with silica or calcium fluoride? Was there a supply of calcium fluoride available?
- Other presenters stated the 2009 Oral Health Survey should not be regarded as a fluoridation study – had you been referring to it in your submission?
- In terms of alternative methods for maintaining/improving oral health – if this Council decided to stop water fluoridation, what do you see as its role in the future?
- What percentage of people is there for whom the ingestion of fluoride is adverse to their health?
- How many of the photos in your presentation are of children in New Zealand?

The Panel of Submitters responded as follows:

- The decision re fluoridation should be made by local government rather than central, as it is the local authority who owned the water supply.
- Water fluoridation was cost effective for the good it does for public health. The Scottish initiatives were very effective, but only for the children who attended that school. Adults needed this service as well. For select populations the alternative methods worked, but generally those alternatives were not as effective. It should be and/and, not and/or.
- There had been a lot of references to problems with the National Oral Health survey. However, there was a recent excellent study done in the Wellington/Kāpiti region, showing a 30-40% improvement in oral care. For this Council that was the best scientific explanation available.
- The Scottish programme was effective but not necessarily affordable.
- In the UK there was no school dental programme as there was in New Zealand – children were expected to go to the same private practice as adults.
- Almost all the people treated by the CCHB's dental team came from fluoridated water supply, because in the Capital and Coast area 96% of the water was fluoridated. However they also treated people pre-chemotherapy, of which about 80% of the children had no dental problems. Without water fluoridation they would expect to be seeing more patients.
- No idea of how many people on the Kāpiti Coast would be drinking 4 – 8 litres of water per day, but imagine they would be suffering from water intoxication.
- The submitter could not compel every community in New Zealand to be provided with fluoridation, but supported the recommendation.
- Unable to state why advisors to central government did not advocate the case – the principal dental advisor to the Ministry of Health would be speaking later and may be able to answer the question.
- The last economic analysis re fluoridation was done in about 2000; the principal dental advisor may suggest the research needs to be re-done.
- Kāpiti used sodium silico fluoride, which was manufactured in India to meet the standards required. Other forms of fluoride came from New Zealand; what many other councils use was a natural product which came from dinosaur teeth.

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- The CCDHB submission referred to the Lee Dennison study, but things have not changed much over the last decade and even with their disclaimer, the figures in the Oral Health Survey were not far off the mark.
- If this Council decided to stop water fluoridation it would have to have detailed discussions with CCDHB re how services could continue to be provided. There was no other programme that was as cost effective; toothbrush programmes in schools could have good results but the effects were not sustained – they were very dependent on the teacher’s time and enthusiasm, and took a lot of time and resources. Also these programmes offered no help for adults in the community.
- The health care system had long debates about screening programmes, ethics etc – this was one of the few things in medicine which had almost universal support.
- Apart from mild dental fluorosis the CCDHB would not expect to see any people for whom the ingestion of fluoride was adverse to their health. Renal impairment only occurs when levels are around 4; the Ministry of Health has set the maximum level at 1.5.
- All photographs in the presentation (except for one) are of CCDHB patients.
- CCDHB would like to see all children every year because there were many contributing factors to tooth decay e.g. fizzy drinks, some children cannot afford toothpaste.
- The CCDHB identified water fluoridation as one of the top ten public health initiatives in the last century.

Cr Bell left the meeting at 1.25pm.

The meeting was adjourned at 1.26pm and reconvened at 2.20pm.

AP 109 – Dr John Jukes spoke against the fluoridation of water supply:

- As a dentist practicing for 40 years, he had given his children fluoride tablets and then observed a high incidence of fluorosis in the children’s teeth. When he reported this to the provincial dental officer, was told to keep it quiet. From then on he began studying fluoridation.
- He concluded after studying for 30 years that it didn’t work.
- Sodium fluoride was not being put in the water supply, it was contaminated acid.
- The predicted 75% reduction in tooth decay didn’t happen.
- Hastings was fluoridated in 1954 but Napier wasn’t and a comparison showed that Napier was a little bit better than Hastings (in terms of dental health).
- Concentration was not a dose; once fluoride was in the water supply it as impossible to control the dose as it was present in every activity that involved water eg showering, bathing, and watering garden. Toxicity does not start at the same dose as everybody. To say that it is safe at that concentration in the water supply is no recommendation.
- The cause of decay was refined sugar – too much, too frequently.
- The school dental system was in a position to see every at-risk child which would be more successful.
- Counsel the child and the family to keep teeth clean, remove fizzy drinks.
- Foolish and unnecessary to fluoridate the water supply.
- Dentists were still believing what they were told was true when they were still teenagers and young adults at dental school.
- 90 percent of the world countries do not fluoridate their water.

Summary of Discussion Points Raised by Elected Members:

There were no questions.

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AP 149 – Pita Noanoa spoke against the fluoridation of water supply:

- How was the Council treating the submitter's taonga?
- What chemical concoction was being put in it? It was the same chemical concoction that is considered a toxic pollutant which is disposed of by land, sea or air.
- The submitter had asked for information about the substance but was told had to wait 20 days as part of an Official Information Act request – why the secrecy?
- What iwi consultation had occurred?
- It was the western processed diet that was the direct link to dental health and overall health
- The MOH claim that fluoride was safe, effective and affordable was not right.
- There were higher risks for over-exposure with only one claimed benefit which was dental.
- Affordability was interesting because at 50c per person most of it went down the drain without actually touching the teeth.
- Doing it for Māori children was not accurate - the greatest determinate for health or illness was being Māori and by exposing them to fluoride they had less resilience because they usually have lower nutrients due to lack of access to food and also living in poverty so they actually suffer more.
- The MOH recommended a filter, but poor people can't afford these.
- An holistic approach which addressed the causes (poverty and lack of education) would be more effective.

Summary of Discussion Points Raised by Elected Members:

- When Mr Noanoa's enquiry was sent to the Council - it was emailed about a week ago.
- If Mr Noanoa was speaking on behalf of a wider group of marae?
- Did the submitter have a dental health programme as part of his education programme for children, would there be funding to implement extra dental health programmes including work around nutrition and diet?
- Was the submitter aware the Association of Māori Dentists supported the addition of fluoride and no submissions were received from Māori on fluoridation.

The Submitter commented as follows:

- The question was where did the fluoride come from (what company supplied the Council) and Mr Mallon, General Manager, Infrastructure Services, answered that it was sourced from India, provided by Orica Chemicals and the cost was \$14,800 per year.
- He felt fluoride should not be used anywhere in the world.

AP 181 – Dr Neil Stephen spoke as a specialist in Restorative Dentistry and a hospital dentist in favour of the fluoridation of water supply:

- An increasing number of people with severe and profound physical and mental problems required specialised treatment.
- Community worth was the crucial factor for maintaining this measure to address the declining oral health in the most vulnerable and needy.
- The New Zealand Society of Hospital and Community Dentistry urged Council to support the continuation of community water fluoridation that contributes to the wellbeing of the community and helps protect the health of your least advantaged.

Summary of Discussion Points Raised by Elected Members:

- A number of countries around the world dropped fluoridation from their water supply. The submitter highlighted a specific point of disabled people not being able to perform good oral hygiene functions – are there any statistical evidence of those vulnerable members of the community, from those areas in the world that have dropped fluoridation, showing oral health deteriorating?
- Was the water in Otago still fluoridated?

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The Submitter commented as follows:

- Not sure where the Dental School actually takes its water supply from but believed Dunedin had a reticulated fluoride water supply.

AP 185 – Shaun O’Brien spoke against the fluoridation of water supply:

- From his experience as a builder he believed in pointing out hazards on a job.
- He liked the idea of fluoride stopping cavities and helping people but was concerned about the source of the supply, i.e. it was a chemical that was scrubbed from the chimneys of phosphate fertiliser industries, it did not come from dinosaur teeth.
- Did fluoridation mean a doctor/patient relationship was adopted with the community? Was forcing medication on a community an appropriate role for a Councillor?
- People should have the right to choose if they wish to ingest a harmful toxin that can clearly contribute to disease.

Summary of Discussion Points Raised by Elected Members:

- Mayor clarified that voting would involve the Mayor and 10 Councillors, 8 of whom were present and two who were absent (Cr Scott and Cr Lloyd) but who would also have the right to choose on whether they vote. If they feel they have not heard enough information they could choose not to vote.
- Cr Elliott asked whether it would be possible to ask a question of Dr John Jukes but the Chair disallowed it as inconsistent with protocol.

The meeting adjourned at 2.45pm and reconvened at 3.00pm.

AP 17 – Pat McNair – Dr Shelton spoke on behalf of Pat McNair against fluoridation:

- He was a GP at Plimmerton Medical Centre, had a Fellowship in Environmental Medicine and Nutrition, and taught for the Australasian College on Environmental Medicine which was the leading provider of teaching at postgraduate level in Australia and New Zealand.
- He was currently part of a working group developing a policy on fluoridation for consideration by Australia’s public health system and was also looking at work done around the world on fluoridation.
- Countries were moving away from compulsory fluoridation - only Singapore and Ireland continued with it and they had the worst dental health in the EU.
- In 2000 the UK Government produced the York report with strong evidence in support of fluoridating water for its effects on dental health - was really very weak and severely criticised the regional public health system for not having gone and questioned the evidence itself. Got together in 2007 and reiterated that the strong evidence supporting very dramatic effect of reducing dental caries was not there - evidence was in favour of fluoride in toothpaste and did seem to be a direct contact effect that provides a small reduction in caries, particularly in children.
- Israel had recently decided that there was not enough evidence to recommend fluoridating.
- 90% of fluoridated water used hydrofluorosilicic acid which was not a widely occurring form of fluoride in the natural world and was a by-product of industrial processes mainly in phosphate production.
- In terms of morality and ethics, adding a non-essential substance to everybody’s water for the purpose of providing a very small but highly specific health practice in one particular area against the consent of people, seems to go against the fundamental principle of informed consent.
- Strange that consent for vaccinations was required but not for fluoride.

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Summary of Discussion Points Raised by Elected Members:

- Sodium fluoride versus naturally occurring fluoride – if the type of fluoride was changed would there be less damage to other organs?
- Do you have to regularly tailor your medication on a case by case basis. i.e. age, size, specifically for young children?

The Submitter commented as follows:

- In response to the question about types of fluoride: toxicology tests had shown that hydrofluorosilicic acid was very reactive.
- Country after country decided there was not sufficient public good to justify the compulsory addition of fluoride to the water of a nation and we should be confident in the science supporting this.
- Public health authorities around the world all had access to the same research, should come to the same conclusion, and move away from fluoridation just as they had with the disappearance of mercury as a preservative in vaccines.
- Young children had a much higher proportion of body water so size, age etc is relevant and medication should be tailored to these specifications.

AP 381 – Ben Addington spoke in support of fluoridation with a focus on anecdotal (personal) evidence i.e. where fluoride had been used there was improved dental health for himself and his son. There was also a lot of scientific/medical evidence online to support fluoridation.

Summary of Discussion Points Raised by Elected Members:

There were no questions.

AP 168 – Tiffany Logan spoke in support of fluoridation (tabling a paper) as the General Dentist in Wellington, current President of the New Zealand Dental Association, and as a military dentist:

- She had two published papers to establish her research background.
- Most important thing with fluoridation process, through 60 years of science data, is that it was safe and needed.
- Masterton and Christchurch did not have fluoride and Christchurch had the highest number of dentists in New Zealand.
- The group most affected was teenagers and under 12s with statistics showing that up to 40% of that population were going to have fewer fillings (2009 studies).
- Pseudoscience on the issue was not subject to the rigorous standards of 60 years of science.

Summary of Discussion Points Raised by Elected Members:

- Dr Shelton commented about countries moving away from fluoridation - what is your comment about that?
- Netherlands removed it because of health issues – was there a big backlash from the Dental Association?
- Frequency of dental nurse service?
- Regarding areas where fluoridation had been removed from their water supply, there was certainly strong evidence on both sides.
- Globally there is very little evidence to say that when a country removed fluoride you saw a soaring amount of tooth decay.

The Submitter commented as follows:

- In the Netherlands their dental work was carried out in a different way – was not privately funded like in NZ - their taxes are extremely high – New Zealand doesn't have dental nurses in school like we used to.
- Vulnerable children need more dental nurses.

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- Sizable study in Australasia 18 year old military recruits revealed 20-30% less tooth decay if they came from a fluoridated area.
- Where there is less healthcare the fluoride is needed more.

AP 383 – Ian Ongley spoke in favour of fluoridation of water supply, having a Bachelor of Dentistry in 1976 and having worked as a dentist:

- From experience at the Dental School 1972-1976, if a small amount of fluoride ions was added to a water supply it was good for the health of New Zealanders as long as it was below below .7 to 1 part per million.
- Adding fluoride to our water supply has been a success both here and Porirua; it was a safe and highly effective public health measure, reinforced by several robust scientific reports.

Summary of Discussion Points Raised by Elected Members:

- .7 of 1 part million is a small amount. How much of that is reaching the teeth?
- What was the evidence or information on people with good teeth?
- Have you had patients from other areas like Ōtaki or Paekākāriki where it is not fluoridated?

The Submitter commented as follows:

- Over the years, the health of New Zealand teeth had got better.
- Paekākāriki children had more decay than Paraparaumu children.

The meeting adjourned at 3.36pm and reconvened at 4.00pm.

AP 73 – Wayne Cameron spoke in favour of fluoridation, having undertaken a study of dental health as Auditor General of Victoria in 2002 examining dental services across the state:

- He had provided charts showing areas that were or were not fluoridated and the level of tooth decay - the paper was tabled in the Houses of Parliament and hopefully influenced Government Policy there.
- Fluoride naturally occurs in soils and in some places there is no need to supplement water; two-thirds of Australia's water supplies were fluoridated.
- Those communities who had fluoridated water had 10-20% improvement in the condition of their teeth.

Summary of Discussion Points Raised by Elected Members:

- Did the study you quote take into consideration the general uptake of fluoridated toothpaste at the time?
- How would you respond to the assertion that all fluoride does is delay decay?

The Submitter commented as follows:

- No, the notion of topical application probably wasn't taken up as strongly. We did not look at alternatives.
- Work done on the health of adult population and those over 65 had missing teeth and for those over 40 their health was pretty good.

AP 83 – Robert Taylor spoke in favour of fluoridation, having a Bachelor of Dental Surgery and Membership in General Dental Surgery:

- Healthy teeth are essential; it was sugar and bacterial action that cause tooth decay.
- Fluoridation was introduced to counter this effect because naturally fluoridated water supplies resulted in less decay.
- Long term studies prove that fluoridation was effective and safe and there was no creditable evidence to suggest otherwise.

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Summary of Discussion Points Raised by Elected Members:

- Do you think local authorities are the best people to make this decision?
- Germany had removed fluoride and sulphur from their water supplies.

The Submitter commented as follows:

- No, it should be at a national level.
- Germans like their pure water and when it was tested it was full of ecoli.

AP 276 – Mr Ross Jackson spoke in favour of fluoridation as a practising dentist and had done laboratory based research work at the NZ Dental Research Unit. He had one publication relating to how fluoride works:

- Community water fluoridation was the most successful, cost effective health measure to reduce the incidence and severity of tooth decay and continued to provide significant protection over and above that achieved by tooth brushing with fluoride toothpaste alone. This can be substantiated at international, national and local levels.
- Fluoride in Europe was recognised as important for preventative dental care – they were not anti-fluoride it was just a different system.
- His practice offered free dental care for university students and had seen advanced decay.
- The statistics for sugar consumption in New Zealand were alarming. New Zealand and Australia were the 3rd most obese countries in the world behind Mexico and the US.
- With age, saliva diminishes and there was also root exposure.

Summary of Discussion Points Raised by Elected Members:

- Do you see a difference on a case by case basis on the quality and resilience of teeth in different siblings – some are prone to tooth decay more than others?

The Submitter commented as follows:

- The rate of tooth decay was not genetic but more about good diet.

AP 605 – Mr David Smith spoke against fluoridation as a dentist:

- The consumption of sugar needs to come down by 50% to help reduce the cancer rate, obesity and diabetes. The Government should bring the sugar level down in food.
- Fluoride's greatest benefit was as a topical application.
- The recommendation is .7 in the water but what should be looked at is the base level in people's food.
- Fluoride and lead have a similar toxicity.

Summary of Discussion Points Raised by Elected Members:

- Sugar reduction by 50% not to be substituted by other neuro toxins - was there another option?
- Countries where fluoridation has been stopped has resulted in reduced dental decay.
- How many brands of toothpaste are available without fluoride?

The Submitter commented as follows:

- Many of these substitutes are neuro toxins – it is a commercial issue.
- Fluoride is an enzyme disruptor – used in laboratories so removing it may be a fact but there may be a rebound that if we take the fluoride out we have to take other measures i.e. oral health initiatives.
- One, possibly two brands, of fluoride-free toothpaste are available.

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AP 191 – Dr Jane Beck spoke against fluoridation:

- Fluoride in drinking water puts us at risk of adverse health effects with the potential for a hidden epidemic of common health problems from the long term exposure to ingested fluoride - some were more at risk than others.
- Even using a water filter did not solve the problem; the manufacturer claimed that the tests were based on natural calcium fluoride and not hydrofluorosilicic acid and that was the why the filter did not work. Use bottled water now.
- People should have an informed choice to opt in rather than opt out.

Summary of Discussion Points Raised by Elected Members:

- Ingested fluoride remains in our body for years – who had done a study?
- If we are taking in .07, 1 part per million (a very small amount) and that amount of fluoride occurs naturally in some countries – we in New Zealand are not taking in anything worse than is naturally being taken in in some European countries.
- Naturally occurring fluoride, is this different to fluoride that is added?
- Have you tested your bottled water?
- In your research does it indicate percentage of population who are adversely effected by the ingestion of fluoride?

The Submitter commented as follows:

- There was a technical series report some years back reporting that 50% of the fluoride that an adult takes in remains in the body, mostly stored in the bone but also a constant level circulating in blood and this increases over time.
- In European countries there are small pockets of fluoridation.
- Naturally occurring fluoride is calcium fluoride.
- Tested bottled water and chose the one which had the least amount in it (.06).
- In the early 70s they looked at water fluoridation monitoring but decided it was too expensive for New Zealand to do research on the adverse health effects of fluoridation, so they followed up on international research and spent money (cheaper) to look at the positive effects and looked at the positive use of fluoridation – they chose not to look at the adverse health effects.
- There has been research done around the world which has looked at effects of fluoride and there is evidence that fluoride at various levels will cause health problems. The source of studies telling us something about the volume of people affected in a population has not been done.

The meeting adjourned at 4.53pm and reconvened at 6.00pm.

AP 106 – Gary Lawrence spoke in support of fluoridation as a practicing dentist:

- He was stunned at the high incidence of decay amongst young people in the 1970s in Levin and Palmerston North which were non-fluoridated areas.
- In the 1980s Kapiti was fluoridated (not Ōtaki or Paekākāriki) but Levin was not and there was a huge contrast in dental health of these different areas and whether they were fluoridated or not – better dental health in fluoridated areas.
- There was similar evidence during my time in Fiji as a volunteer dentist.
- Fluoridation strengthens the surface of the tooth and resists the demineralization of that surface of the tooth (see photos in submission) – high decay rates where demineralisation occurs through sugary diets.
- Decay not just limited to the young - large number of patients in their 70s+ group and growing
- Water fluoridation is one of the greatest public health improvement measures in the 20th century – safe, it works and cost effective.

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Summary of Discussion Points Raised by Elected Members:

- What percentage of the people would be better off if we kept it in?
- The photos provided were shocking: how long would it take for that point to be reached for a child/adult?
- Does nobody notice when a child actually started to display a bit of decay in one tooth?

The Submitter commented as follows:

- If fluoride is not in their water, we know from my experience, it is right through the whole of population, and the whole of the population (all age groups) need protection.
- The photos you mention: those children range from 6-10 years, with one in his early teens. If you took fluoride out of the water supply over the next ten years, the children born now going through into 10 years' time – we would be seeing that start.
- Unfortunately there were children who slipped through that do not get seen. That would take two-three years of neglect to go from early signs through to massive decay. With adult teeth you might see four-five years.

AP 140 – Lisa Talbot spoke against fluoridation as someone who worked in parent education and as a scientist:

- Parent education is the key - must manage behavioural change around dental hygiene.
- Parents do not want to be feeding their children fluoridated water.
- To remove fluoride from the water is a very expensive exercise and buying unfluoridated water is also very expensive.

Cr Elliot left the meeting at 6.15pm and returned at 6.19pm.

- Is it possible for the Council to provide unfluoridated water free of charge for those people who choose not to ingest fluoride and how can we be put back in charge of our health decisions we want to make?
- Ethics around removing people's ability to choose.
- It is our diet - that is the problem a better investment of public funds would be in more education around nutrition rather than the mass medication of the population.

Summary of Discussion Points Raised by Elected Members:

- Who has measured the effects of fluoride accumulating in bones over time to the point of brittleness and risk of bone fracture? (quote from submission)
- Where is the science that says we have got it in our bodies and causing harm?

AP 233 – Tony Bevin spoke in support of fluoridation from a personal perspective: his family's dental health was good and on balance he preferred the expertise of the DHB.

Summary of Discussion Points Raised by Elected Members:

- Do you believe as a parent that you are very conscientious about your children's dental hygiene and did you use fluoridated toothpaste?

The Submitter commented as follows:

- I do not think we used fluoridated toothpaste but we did give attention to children's health care.

AP 363 – Michael Woods spoke against fluoridation with a focus on the origins of its use: fluoridation started in 1940s when the main argument for the safety of fluoridated community water supplies came from three American scientists.

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- These experts sold us the notion that hard-to-get-rid-of industrial waste was good for our teeth and could be sold to local bodies for profit and added to the water supply – and dumped for a cost.
- The public health groups that have supported water fluoridation for some 60 years now have too much to lose by backing down after all these years. As you can see from my submission, there was disgraceful collusion between these corporations and the US government agencies.
- (*Mr Woods provided a list*) This is a list of communities that have stopped fluoridating since 1990 and they are not small communities - why have all these people rejected fluoridation if it is so good?

Summary of Discussion Points Raised by Elected Members:

- Did each community require a separate decision by the local authority?
- Is there a list of communities around the world who have started fluoridation since 1990s?
- The cost of the Council adding fluoride is \$15,000 per annum there are no huge profits to be made by corporations for fluoridating, yet this is one of your arguments.
- How are companies that are producing this disposing of it?
- If the market is decreasing what is the motivation for these big industries to provide misleading information?
- 366 submissions from this district asked for fluoridation.
- Why do you think government is not making it mandatory? By your logic central government should do it.

The Submitter commented as follows:

- Each community had to make a separate decision about fluoridation.
- Do you trust authorities?
- Disposing of fluoride is expensive.
- The worldwide trend is to get rid of fluoride.

AP 566 – Lynn Jordan spoke against fluoridation as a health professional:

- Referred to a deliberate and consistent misuse of statistics to mislead and deceive public about decay rates (and a chart was circulated).
- There had been a long campaign of lies by the Ministry of Health.
- The table could be used to show that fluoridation is not working anywhere.
- They are using the public as guinea pigs to support this continuing experiment.
- 10,000 people in New Zealand oppose fluoridation.
- Fluorosis was the first outward sign of fluoride poisoning.
- Fluoridation was rejected and scorned around the world.
- It was not Council's job to provide tooth brushing programmes in schools.
- A safe dose of poison is zero.

Summary of Discussion Points Raised by Elected Members:

- Lots of well qualified professionals have come in and made statements and claims contradicting previous speakers - can you clarify – in your submission you say: “DHB does not know where their figures come from or what they refer to”, and yet Dr Palmer (DHB) has given a graph showing Capital and Coastal DHB information data on Kapiti children?

The Submitter commented as follows:

- DHB had a quote on poster – 25 percent with Bright Smile and we asked where it came from - they were not sure where they came from - DHB Chairperson did not have figures – asked under OIA.

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AP 588 – Rudayna Ibrahim spoke in support of fluoridation as a dentist in Iraq for more than 25 years and a researcher (Masters and PhD):

- Teeth from fluoridated areas (in Iraq) presented as in better condition than teeth from non-fluoridated areas.
- Scientific research should be carried out on two communities with every variable the same except fluoridation; then real results could be obtained.
- Non-fluoridated teeth showed medium to large cavities after six months.

Summary of Discussion Points Raised by Elected Members:

- It is difficult to find a way through all the arguments from both sides.

The Submitter commented as follows:

- Iraq is still not fluoridated.
- Even with fluoride there is caries because of food and the need for good dental care.

AP 603 – Dr Robyn Haisman-Welsh spoke in support of fluoridation, as the Chief Dental Officer for the Ministry of Health:

- Fluoridation is a safe, effective and affordable way to prevent and reduce severity of tooth decay in communities.
- Tooth decay (caries) is recognized globally as the most common disease affecting humans of all ages and was largely preventable.
- The substantial decline in tooth decay since 1960s-70s has been largely attributed to the various forms of fluoride with water fluoridation being recognised as the single most effective public health measure to prevent tooth decay and the most cost effective preventative method in medicine.
- There was a large body of evidence of the safety and effectiveness of water fluoridation – when present in drinking water-recognized by WHO and other international health agencies. The Ministry has a statutory duty to improve, promote and protect the health of New Zealanders under the Health Act.
- The Ministry's policy recommended fluoride naturally present in New Zealand's water supplies be adjusted upwards to an optimum level while minimizing the risk of milder forms of dental fluorosis.
- Fluoridation should be maintained or introduced where it was technically feasible to do so.
- Latest information on the oral health status and oral health related behaviours of New Zealanders from 2009 New Zealand oral health survey - the Survey found overall the oral health of New Zealanders has significantly improved over the last 30 years but dental decay remains the most prevalent of the chronic irreversible diseases across all age groups in New Zealand.
- There are inequalities on oral health outcomes.
- Oral health survey showed both adults and children living in fluoridated areas at the time of the survey had significantly few decay filled teeth than those living in non-fluoridated areas, 40 percent less tooth decay on average, among New Zealand children and adolescents (aged two-17 years) in fluoridated areas.
- Nearly 10,000 people admitted to public hospitals in 2009/10 for the treatment of tooth decay – high proportion were young children.
- DHBs are working very hard to improve childhood oral health.
- A recent monitoring report identified 45 percent fewer hospital admissions of children one-four years for treatment of tooth decay in areas with Community Board fluoridation than in non-fluoridated areas.
- Within New Zealand a recent scientific article using Otago data on hospital admissions showed that children from low fluoridated areas were younger and had more severe tooth decay than those children from fluoridated areas.

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- New Zealand is not doing anything that is out of step with international practice.
- The Prime Minister's Chief Science Advisor, the President of the Royal Society of New Zealand and Children's Commissioner all released statements endorsing water fluoridation.
- The Ministry is supported by the National Fluoridation Service and other organisations.
- Oral health survey found 98 percent of New Zealanders had no fluorosis or only milder forms.
- Cost of fluoridation approx. 50c per person per year - cost of single filling \$130 per single filling.

Summary of Discussion Points Raised by Elected Members:

- Why does the Ministry of Health not compel councils (through a national policy) to put fluoride in their water supply?
- Quoting a previous speaker - 400 communities were not going to have fluoridation – what is WHO's stance on this?
- We have two communities that are non-fluoridated – quote: “the Ministry recommends community water fluoridation programmes be maintained or introduced where technically feasible” – can you explain “technically feasible”?

The Submitter commented as follows:

- The Ministry's role is not to provide advice for Central Government about changes to the Local Government Act. Government has said on a number of occasions recently that they feel that the decision around fluoridation of community water supplies rests appropriately with local councils ie Councils make a number of other health related decisions for their communities – Local Government Act allows for the community decision-making and over water supplies.
- WHO says that universal access to fluoride is basic human right. Recommend that countries who do not have population level fluoride measures should implement them. Some countries do not have water infrastructures that support water fluoridation. Number of different ways that fluoride could be provided: water, salt, milk, or oral health services. Individual's country's decisions about how they do provide those population level measures if they choose to do so.
- Central Government has indicated that they are not looking at changing the decision-making process. Ministry does interact with local government and Local Government New Zealand to provide information about fluoridation to support Councils. We have also formed the National Fluoridation Information Service – service available to local authorities as well as District Health Boards. Service that is set up to support Councils – we absolutely acknowledge there is a vast body of evidence which can be quite confusing. That is why we have this consortium of experts to review scientific articles – provide regular six monthly reviews of literature.
- Where there is reticulated water supply that will enable the fluoridation to be delivered - some areas where you have farms where they have no reticulated water supplies – no infrastructure there to support that people who are on tank water etc. – ESR did an evaluation about numbers of people living in communities of 1,000 or more who could benefit from fluoridation – over 1.4m.

AP 526 – Reece Baker spoke against fluoridation:

- This is a moral issue in that individual communities should make the decision for themselves and we need to talk to everybody in the District to get consent.
- This is a heavy toxic chemical and should not be in our water supply.
- The majority of councils do not fluoridate.
- There are other ways of addressing common environmental problems such as reducing waste.

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Summary of Discussion Points Raised by Elected Members:

- How do you propose to consult almost 50,000 people in Kapiti?
- Very hard to educate 50,000 to make educated decision.
- Food waste – there is a pilot programme in Waikanae Country Lodge to reduce food waste.

The Submitter commented as follows:

- There needs to be a District consensus.
- The DHB would be much better off spending money on education awareness – particularly in children and schools.
- Very hard to educate 50,000 to make an educated decision.
- Food waste – there is a pilot programme in Waikanae Country Lodge – introduced at Parklands and turned into competition between the two retirement villages.

The meeting adjourned for a break at 7.30 pm and resumed at 7.40 pm.

Fluoride Action Network New Zealand summed up their arguments against fluoridation.

Capital Coast District Health Board summed up their arguments in support of fluoridation.

The meeting adjourned at 8.45pm, and was scheduled to reconvene on Thursday 22 May 2014 at 10.00am.

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The meeting reconvened at 10am on Thursday 22 May 2014

PRESENT

Mayor	R	Church	(Chair)
Cr	D	Ammundsen	
Cr	M	Bell	
Cr	M	Cardiff	<i>From 1.55pm</i>
Cr	J	Elliott	
Cr	P	Gaylor	
Cr	K	Gurunathan	
Cr	J	Holborow	
Cr	T	Lloyd	<i>From 10.30am</i>
Cr	G	Welsh	

ATTENDING

Mr	J	McDonald	(Chair, Paekākāriki Community Board)
Mr	J	Cootes	(Chair, Ōtaki Community Board)
Ms	F	Vining	(Chair, Paraparaumu/Raumati Community Board)
Mr	P	Dougherty	(Chief Executive)
Mr	S	Mallon	(Group Manager, Infrastructure Services)
Mr	W	Maxwell	(Group Manager, Corporate Services)
Miss	A	McLaughlin	(Democratic Services Advisor)
Ms	S	George	(Personal Assistant to the Mayor)
Ms	T	Ferry	(Executive Secretary, Community Services)
Ms	S	Kershaw	(Customer Services Officer)
Mr	K	Owen	(Cadet)

Meeting reconvened on Thursday 22 May 2014 at 10.10 am.

AP 549 – Peter Rankin urged Council to increase the amount set aside for strategic land purchases, and commented that with regard to the major roading projects Council would have the opportunity to purchase land in the Paekākāriki area, such as the former Perkins farm. Council should signal its intention to purchase the land before any amalgamation of Wellington councils.

Summary of Discussion Points Raised by Elected Members:

- Was there interest from other parties?
- There was some agreement with the proposed idea, however, it is necessary to be realistic.
- Were there specific pockets of land that should be purchased, or rather as a strategic approach, should Council purchase the whole of Perkins farm?

The Submitter commented as follows:

- There appeared to be interest from a number of parties including DOC, Forest and Bird, QE Trust and other developers.
- It would be better to purchase the lot, then sub-divide and sell off the land.

AP 186– Betty van Gaalen spoke in support of fluoridation as a former dental health professional because she believed it protected children's teeth. Council should make its decision based on evidence and science.

Summary of Discussion Points Raised by Elected Members:

- Should the decision should be made by local authority or central government?

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The Submitter commented as follows:

- The decision should be made at a Health Authority/Department level based on medical opinion.

AP 611 – Betty van Gaalen and Trevor Daniells spoke on behalf of Kapiti Coast Grey Power Association Inc about a number of matters:

- The rates increase: although Grey Power appreciated the provisions of the Rates Relief Financial Hardship the average rates increase was almost three times that of inflation and was unacceptable.
- Economic Development: the expenditure on economic development produced little demonstrable benefit to the community and therefore Grey Power was opposed to the proposed increased demand of \$150K to pay the non-funded depreciation.
- Town Centre Development – Grey Power opposed the rush toward development of town centre and was concerned with how the Waikanae consultation was handled.
- Expressway – Grey Power has concerns on how the Expressway construction would reduce available rental housing stock resulting in some elderly tenants being evicted in order for owners to obtain higher rents.

Summary of Discussion Points Raised by Elected Members:

- Should the rates hardship fund be set up to provide for those with an ongoing disability, disease or age related condition who are in their own rated property or reside in a rated property?
- While it was stated that there was no empirical evidence to show that not having a commercial differential has attracted business, by the same token there is no evidence to show that there has not.
- In reference to town planning, was it not necessary to have a certain amount of structured planning?
- The urgency around the Town Centre project was largely a result of the Expressway project.
- The submission suggested cutting services, however, it refers to direct cuts in others areas but not those that affect Grey Power (ie. economic development).

The Submitter commented as follows:

- Re hardship, stated that staff could look at the conditions of how one gets a grant to see if that would be applicable.
- A commercial differential could be used, and the use of different targeted areas.
- All the Waikanae shops fronts need upgrading and why should rate payers pay for this?
- More planning is required – and should be addressed next year when more information was available.
- The funding for Economic Development should be structured in a different way.

AP 179 – John Hayes / Jill Stansfield / Bernie Randall spoke about a number of matters:

- The Council should support the local government funding review and establish a more sustainable funding system that is not regressive on older people and those on fixed incomes.
- Kapiti Road is hazardous for all road users - passageways are too narrow and surfaces too uneven.
- The Expressway construction, along with the interchange onto Kapiti Road must recognize the importance of the east west connection, including non-motorized vehicles; there must be separate passageways for walkers, cyclists and users of mobility scooters on both sides and through the expressway.
- Kapiti must take seriously the recommendation to reduce carbon emissions by 40 to 70% by 2015.

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- They are aware of issue associated with cost factor of trying to make Cycle and Bridleways separate to Walkways; encourage users to be more aware of personal responsibility to make their presence clearly known.
- Aquatic pool fees – do not increase fees for older persons, as they have limited incomes; the increase from \$2.20 to \$2.50 is an increase of 13.6% for seniors. Other local authorities allow users to pay \$5 for 3 months, swim as much as you like. The fee for Aqua fit classes is increased from \$5.00 to \$5.50, however, it should include the use of the Spa, to alleviate congestion in the changing rooms. This suggestion is supported by the Paraparaumu-Raumati Community Board.
- Seating/shelter at bus stops – given the high percentage of older persons who use bus shelter, the need for seating needs to be met.

Summary of Discussion Points Raised by Elected Members:

- Aquatic Fees – previously a question had been raised as to whether fees would be increased in the future. The response was “no” due to economies of scale.

AP 178 – Jill Stansfield spoke about the rates increase and proposed debt repayment increase with reference to the unique Kapiti demographic and statistics about annual earnings.

- Retirees often spend more money closer to home; therefore they do make a significant contribution in the area.
- Pensions do not keep pace with the increase in the cost of living - please reverse the decision on the proposed inclusion of 0.3% debt repayment as a component of the rates increase for the coming financial year.

Summary of Discussion Points Raised by Elected Members:

No questions were asked.

AP 384 – Bernie Randall spoke about the rates increase, suggesting that the Council should appoint a consultant prior to the Annual Plan workshops with a view to working with Councillors to see where meaningful savings could be made.

Summary of Discussion Points Raised by Elected Members:

- There was no budget for the suggestion.
- There is a pool of people in the Kapiti District and a process for submissions, therefore much of the advice can be received at no charge.
- One method of challenging or testing the budget, is a rate payers association.

The Submitter commented as follows:

- Because of the rates increase, advice was not free.
- Time spent at meetings was not spent on debating substantial issues or asking complex questions.

The meeting adjourned at 11.00am and reconvened at 11.15am.

AP 382 – Jude Simpson spoke on behalf of the Te Atiawa Courts Centre Inc, about worsening condition of the grounds and courts which require upgrading as they are becoming unusable.

- This deterioration is increasing the number of injuries as well as the potential for injuries.
- The facility has a high asset value as well as user value and is used all year round.
- A good time for Council to review funding provisions for an additional ‘warm up’ area – currently players warm up using the car park and road.

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Summary of Discussion Points Raised by Elected Members:

- Were the courts able to be played on currently?
- Was there an ideal time/period for assessment/work to be undertaken?

The Submitter commented as follows:

- The Tennis Club supported this submission as they use the courts.
- There is no short-term band-aid/remedial solution for the moment.
- It would be best to carry out the work in September/October/November.

AP 418 – David Hickman spoke on behalf of Paraparaumu Beach Bowling Club asking the Council to guarantor the Club's loan to convert one of the natural greens to an artificial green. As the Club did not own the land, the Club could not borrow against it.

Summary of Discussion Points Raised by Elected Members:

- Artificial greens increase all round year playing in other clubs.
- There is a Council policy stating Council does not guarantee loans, but suggested this would be discussed in another meeting, if a business case could be submitted.
- What was the life of an artificial green?
- What were the ages of players?

The Submitter commented as follows:

- Ten years was the life of the green.
- The Club was currently looking to interact more with the local colleges.

The meeting adjourned at 11.40am and reconvened at 11.55am.

AP 575 – Don Mowbray and Janet Bayly spoke on behalf of Mahara Gallery about reviewing the gallery's redevelopment plan:

- Recent Gallery projects and their benefits to the community were noted.
- The Gallery had enjoyed a successful partnership with the Council over the past years and has worked well to achieve significant progress towards Libraries, Arts and Museum priorities.
- The Gallery was progressing well towards meeting its funding target.
- The submitters also provided a supporting document which included the key areas for the Council to take into account as part of its proposed review.

Summary of Discussion Points Raised by Elected Members:

- What was the shortfall of funding?
- Mayor Ross Church and Don Mowbray both took the opportunity to publicly thank Janet Bayly for her work and commitment.

The Submitters commented as follows:

- The shortfall is \$3 million (funding has been requested from Government and other funding organisations).

AP 523 – Helen Edwards spoke on behalf of the Waikanae Swimming Club Inc on their submission to continue allowing the Club to hire the Waikanae Pool at a reasonable rate and without a proposed per head entry charge of \$1.00.

- A response to her earlier letter advised that there is no increased charge for the 'learn to swim' lessons. However, this presents a challenge in distinguishing when a learning to swim swimmer progresses to lane swimming.
- The Club was successfully meeting the Council threshold of 100 attendees per night.

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Summary of Discussion Points Raised by Elected Members:

- Was the dollar impact for Council approx. \$1,000, referring to the difference in revenue for Council based on this latest communication from the Aquatic Centre?
- What was the rationale given by Council for the imposed threshold (100/night)?

The Submitter commented as follows:

- Yes approximately, and it was dependent on the 'learn to swim' component/group of swimmers.
- Aquatic Centre Management had indicated it is a 'user pays' principle.

AP 498 – Ferial Falconer spoke on behalf of the Friends of the Waikanae River Inc about the Waikanae River Walkway brochure, and the updated access from Waikanae to Paraparaumu (offering copies to the Councillors and other members at the meeting):

- Elected Members were invited to visit the nursery.
- Once the SH1 road is returned to Council control, the SH1 bridge footpath is made safer for people using it.
- Council resigning from mowing lawns around the planted areas and the issue of planting of native vs non-native plants (approved species planting). She had information from Council stating there was no intention to resign from mowing areas where the Friends had planted. This contradicts the current action of Council mowers.
- Asked for continued support from Council both financially and practically.

Summary of Discussion Points Raised by Elected Members:

- Would it be useful if a plan/schedule was drawn up showing the areas which are not currently being mowed, and where the mowing should be taking place around the planted areas?
- The issue that was raised of whether the planting should be pre-European and post-European? Where they happy with the level of conversation that needs to take place to resolve these issues, and what is the urgency of this?
- Councillors believed, as they are a volunteer based organization, it would be advisable for Council to assist where possible to avoid creating any further frustration for the Group. Mayor Ross Church agreed, and advised that the Chief Executive would address these issues through appropriate channels.
- What is the status of the moratorium?

The Submitter commented as follows:

- They abided by the rules of GWR/KCDC, and wanted to resolve what can and cannot be planted (native, non-native/lists are provided and their queries are answered in relation to these).
- With regard to the moratorium, they are not removing any plants under 2 years old and certain plants are being transplanted.

AP 366 – Dr Robin and Ferial Falconer spoke about strategic land purchases with reference to the town centre and connectors projects, and that it was important to make sure the dynamics of the whole community are identified and considered, including proper consultation - not just the town centre. He also highlighted the fairly aggressive timeframe of the programme and the increased funding of \$550,000. He recommended that the strategic land purchase fund allocation be increased to \$905,000.

Summary of Discussion Points Raised by Elected Members:

- Council want to be involved in the town centre project and if timing becomes one of the issues, then it will be addressed.

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- The Chief Executive advised that there had been an error in printing the \$550,000 amount, and that it was shown as too low and this will be corrected to \$1 million.

Cr Bell left the meeting at 12.47pm and returned at 12.53pm.

The Submitter commented as follows:

- In relation to time pressure around the project the submitter said he was unsure of the rush and how it fits into the LTP and other statutory requirements – however, he agreed that the Expressway did have a bearing on this.

AP 505 – Grant Brenton spoke about his company WhiteWater NZ Limited who are water attraction designers and installers of aquatic entertainment, with reference to installing a feature attraction at Ōtaki Pool.

Summary of Discussion Points Raised by Elected Members:

- The Ōtaki Community Board have seen the proposal and commented that they are looking for alternatives to ‘just a splash pad’ and will look at the advantages and disadvantages of all options and will be making a recommendation to Council.

AP 553 – Kerry Hoggard spoke about the Ōtaki Heritage Bank Preservation Trust and Council funding of the Museum and activities. Mr Hoggard advised the Museum and collection are valued resources of Ōtaki and the wider region, and the collection was growing significantly. He also commented all work is undertaken voluntarily, and commented the Trust are very grateful for the support and funding from the Council and supports the provisions of the Annual Plan.

Summary of Discussion Points Raised by Elected Members:

- Was the building affected by the new earthquake prone building legislation?
- James Cootes, Ōtaki Community Board Chair, took the opportunity to thank the Group publicly and praised the exhibitions held.

The Submitter commented as follows:

- It is a category 2 listed building, and they were currently working to consider the financial implications of this.

AP 496 – Lauren Gibbs and Jordan Lang (Raechel Osborne) spoke on behalf of Kapiti Youth Support about the range of services KYS provides in meeting the health and the well-being needs of Kapiti youth.

The Submitters explained they have applied for an increase in the amount of funding they receive from Council, which would go towards mentoring young parents and their youth development programmes. It costs \$1.4 million per annum to run KYS and central government funding does not cover this.

Summary of Questions/Discussion Points Raised by Elected Members:

- How was the suitcase service in Ōtaki going?
- The submitters were thanked for the very successful service they are providing.

The Submitters responded as follows:

- A service is being provided from a house in Ōtaki, with doctors and nurses once a week, youth services and a young mums group. It is very busy and the numbers are increasing.

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AP 372 – Several members of **Waikanae On One** spoke about the Waikanae Town Centre transformation project:

- **Mr Chris Mitchell** commented on the consultation process, saying the law stated local government decision-making must be underpinned and informed by the communities affected by those decisions, otherwise there was a risk those decisions could be invalidated. He said the town centre project to date had not given the community the opportunity for involvement. The Waikanae Community Board has contributed little to public debate in recent years and a review of their meeting agendas and minutes shows no record of discussions on the town centre. The Waikanae Community Board does not represent the views of the community because it does not know what those views are. He expressly excluded Mr Westbury from this comment. He said WOO have offered several times to assist Council in finding the community's views, and the offer has never been taken up.
- **Mr David Royal** said WOO was concerned the town centre project transformation team had been given a very limited scope and time to carry out their work. The team needs to gather ideas from a wider group before producing the blueprint. 250 people turned up to the workshop on Saturday; there are 11,000 people in Waikanae whose views need to be heard. He urged councillors to take a more active role in directing the project team.
- **Ms Sue Smith** said improvements to Te Moana Road must be carried out at the same time as work to the Expressway is being done. The Expressway's heavy construction traffic is already having an effect on the road. Once the Expressway is complete speed and volume of traffic on Te Moana Road, as well as pedestrian and cycle traffic, will increase. Traffic calming measures and a pedestrian crossing should be created. WOO requests that in parallel with the Expressway programme, planning for this work should be included in the Annual Plan.
- **Mr Aldous McIvor** spoke about economic development of the Waikanae township. He said Council must consider options to reconfigure this badly planned and poorly presented town centre, with a view to invigorating present owners and potential investors. He queried how to use the Waikanae Capital Investment Fund for this purpose and said Councillors must be prepared to listen and work with the community to get their ideas.

Summary of Questions/Discussion Points Raised by Elected Members:

- It was agreed the timeline for the town centre development work was tight, and if it needed to be modified it would be.
- The Chief Executive advised the Waikanae Capital Improvement Fund is about \$1.2 million, and is under control of the Waikanae Community Board.
- Whether it would be beneficial to independently seek views of all property owners in Mahara Place?
- Concern was expressed that there were no representatives from the Waikanae Community Board present to respond to the challenge that had been made.
- The Mayor agreed that he and Cr Cardiff would contact WOO representatives within a week, to discuss further.
- The Chief Executive confirmed the project had been discussed by senior management and explained the planning/consultative process. He said although they would like to have something for the draft Long Term Plan in December, if it needs to take longer, then that is what will happen.

The Submitters responded as follows:

- No progress would be made unless all property owners in Mahara Place are consulted.

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AP 647 – Iride McCloy / Celia Harlen spoke about the Abbeyfield Society, explaining what the Society does and how it meets the housing needs of the aging population. They said the Abbeyfield Committee of the Kapiti Coast requires land to construct an Abbeyfield home for elderly persons on the Kapiti Coast. They had identified a suitable site on Raumati Road and had been advised by the Education Department (the land owners) to discuss this with Council. They were very keen for Council to look at how they could work together on this proposal.

Summary of Questions/Discussion Points Raised by Elected Members:

- Confirming the location of the plot of land the submitters have in mind. The Mayor said officers were checking and would advise.
- What was the value of the land?

The Submitters responded as follows:

- They confirmed the location of the site and stated there was sufficient land for both the performing arts centre and the Abbeyfield home.
- The value of the land was unknown.
- They were confident the proposal was feasible and could be achieved without the ratepayer losing money in the transaction.

Ms Reihana (iwi representative) left the table and Ms Ann-Maree Bukholt joined the table at 2.41pm.

AP 601 – Iride McCloy spoke on behalf of the Kapiti Tourism Action Group, saying that Council should work towards an economic development plan incorporating tourism as one of its key elements. An office of economic-tourism development should be sited within the business district and Council should work closely with tourism-economic development businesses to address the decreasing visitor numbers to Kapiti. **Martin Halliday** added that Council should focus its thinking and approaches in the Annual Plan towards tourism and business development.

Cr Lloyd joined the meeting at 2.51pm.

Summary of Questions/Discussion Points Raised by Elected Members:

- Whether tangata whenua/relationship to Māori had been considered.
- The submitters' thoughts on where the I-site in the district should be located.

The Submitters responded as follows:

- They had worked with the wananga; Te Whakaminenga o Kāpiti had considered putting a representative on their committee. They had also been contacted re Māori culture and bringing tours here – with Kāpiti Island there is a strong need for this but until the infrastructure is secured it would be hard for it to be successful .
- The I-site should be in an area that is easily accessible to the public and have all amenities – it is for the visitors, not locals.

Cr Elliott left the meeting at 2.55pm and returned at 3.09 pm.

AP 645 – Sue McIntosh spoke to the submission from the Waitohu Stream Care Group of the group's activities restoring vegetation in the Waitohu Stream area and those who participate, including James Cootes and Council officers. Their submission is that Council make a financial commitment in the Annual Plan for enforcement of beach by-laws.

Summary of Questions/Discussion Points Raised by Elected Members:

- There are similar issues at the south end of Ōtaki Beach.

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AP 554 – Karen Wibley spoke about the impact of major infrastructure projects and how that is reflected in the Draft Annual Plan (DAD). Although the DAP focusses on business opportunities and economic growth, what is missing is a focus on the people who live in the communities. The assumption that the community always benefits from major infrastructure projects cannot be taken for granted and social impact monitoring is vital.

The Submitter stated that the Board of Enquiry recognised the need for sufficient mitigations re the social effects of the Expressway construction. The Alliance and Council now had obligations to appoint those social impact monitors. The Submitter read out four questions regarding how the council will measure social impact monitoring, and agreed to email those questions through.

Summary of Questions/Discussion Points Raised by Elected Members:

- What was the role of the community consultation advisors and who would fund this? Any comment on why the role was not established earlier. Whether the Submitter had met the two appointees and whether she would like to.
- Whether the Submitter thinks the Council should undertake social impact assessments before major development takes place?
- If trucks are not abiding by resource consent conditions, approaches can be made to GWRC. The Alliance are building a road, not a community, and the challenge for Council is to ensure these projects do not impact negatively on the community.

The Submitter responded as follows:

- She agreed the role should have been established earlier, that was the intent of the Board of Enquiry. It is a large role but the expectations are well documented. The Submitter said she had not met the appointees and would like to do so; it is not too late to get some really good work done.
- The Submitter agreed it was important for Council to undertake social impact assessments before major development takes place, as it is important Council knows its communities well, and also acknowledges there are communities within communities.

The meeting adjourned at 3.20pm and reconvened at 3.30pm.

AP 1 – Roy Opie spoke about the upgrade of the Kapiti Senior Citizens' Centre at 45 Ocean Road. He said they had applied for funding in last year's Annual Plan, unsuccessfully, but had been invited to present a plan for consideration this year. He gave a history of the upgrade work to date, advising that other service clubs had helped, and that a Trust had been formed as requested. He also gave an outline of future work plans.

Mr Cootes left the meeting at 3.23pm and returned to the meeting 3.34pm.

Cr Holborow left the meeting at 3.35pm and returned to the meeting 3.37pm.

Dave Edwards spoke on behalf of the Kapiti Rotary Club. He said over the years the hall had suffered deferred maintenance. Recent work had brought the hall back to the standard it should have been at. The desire now is to upgrade it and make it a first class community facility.

Summary of Questions/Discussion Points Raised by Elected Members:

- What are the kitchen facilities like?
- What is the seating capacity inside?
- Have you considered a debenture release?
- Are you still looking for storage facility for the food bank?

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The Submitters responded as follows:

- The kitchen has had work done in the past; further improvement work can wait
- Seating capacity will be approximately 200.
- A debenture release has not been considered as they do not want to owe money; work will be done in stages as there is money to pay for it. It is considered a community facility and the same level of support may not be available if it were privately owned.
- Mr Edwards thought they were still looking for space for the food bank although he could not be sure as he was not on the committee.

Cr Bell left the meeting 3.48pm and returned at 3.54pm.

AP 361 – Helen Kieboom spoke about the Paekākāriki Station Museum. She explained this submission was not a request for funding per se, rather a request for Council support to explore avenues to enable a project of the museum, an Artist's Walkway, to be realised. She said the project was best located in Paekākāriki as it suited the type of residents there, but as a visitor destination would benefit the wider community.

Michael O'Leary from the Paekākāriki Museum Trust spoke further about the benefits to the community of the proposed walkway, particularly given that after the Expressway is built there will be fewer drop-in visitors to the village. The walkway would complement the proposed historic walk and St Peters Hall, would give recognition to local artists and could also involve young people in the community.

Summary of Questions/Discussion Points Raised by Elected Members:

- Is there a budget for the project?

The Submitters responded as follows:

- There is no budget for the project. It is envisaged it would be built over a four-five year period as funds permit. It could also be incorporated with other Council projects e.g. as the sea wall is developed. At this stage the Submitter is not looking for funding but rather for Council resources to help with planning.

AP 401 – Paul Matson spoke on behalf of the Raumati Swimming Club about the cost of lane and complex hire at the Coastlands Aquatic Centre. He was aware of the cost of running the centre and acknowledged users have a role to play in contributing to that cost, but wanted to highlight the impact of the proposed changes on Club members. He said it created an increase in costs of up to 67%.

Cr Ammundsen left the meeting 4.08pm and returned at 4.09pm.

The Submitter was concerned that with the additional charges, members would leave the club. He said he was happy to look at working with Council re alternative ways of charging. **Chris Dyhrberg** stated that when the Coastlands Aquatic Centre was being built it was considered it would be a strategic asset to the community and would bring money to the region. The problem now is that it is too expensive to hire. If the cost were lower it would bring more events to the region. Staff currently focus on operational management rather than events; Council was encouraged to think about how to change that dynamic.

Summary of Questions/Discussion Points Raised by Elected Members:

- The number of club members who attend sessions, the number of lanes they hire, the challenge of the cost of lane hire vs venue hire.
- Whether the submitters would prefer the status quo re charging, and what other clubs pay.

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- Whether there was a target in the original business plan for the CAC re number of events per year.

The Submitters responded as follows:

- The issue re cost is the effect of the changes on club members i.e. the size of the cost increase and the duplication of charging.
- Their preference is the status quo; it is not a cheap club to be a member of.
- The original CAC business plan was for one event per month and two national events per year; there have only been two events since the centre opened and one of those was because there was sponsorship to cover the hire cost.

AP 246 – Sarah Porter spoke against fluoridation. She referred to a paper by a Dr Colquhoun, a New Zealand dentist, who had been taught there was no issue with water fluoridation. He was sponsored to go on a world tour to find more information supporting fluoridation but was unable to find such data and has subsequently changed his mind on the issue. Council is charged with considering what best serves the needs of the community – is this a sensible use of the money when the benefits are questionable and arguably non-beneficial?

Cr Gaylor left the meeting at 4.20pm and returned at 4.33pm.

Mr Cootes left the meeting at 4.32pm and returned at 4.29pm.

AP 424 – Robert Borgers spoke about the document prepared for the original submission on the Coastlands Aquatic Centre, which included a 50m pool and a recreational centre. He said that report had been presented some years ago and was worth presenting again so councillors can revisit the economics of what was proposed. He said the plan for the 50m pool and recreation centre should be retained in the Long Term Plan. He then spoke about the proposed increase in pool charges, and said the CAC should be considered an asset that can be used to generate revenue for the region. He felt the proposed charges would not encourage people to come, and said productivity within the region would go up if assets were used correctly. He also referred to the original CAC sponsors and said there was an obligation to them to use the complex to add value to the community. He submitted that Council (and management) need to think about how they manage risk, and said the centre needs to be managed differently.

Summary of Questions/Discussion Points Raised by Elected Members:

- Whether the submitter had played water polo at the CAC?
- Whether spectators were charged?

The Submitters responded as follows:

- Mr Borgers was unable to play water polo at the CAC because the necessary equipment had not been installed.
- The Chief Executive confirmed that spectators are not charged.

AP 625 – Kevin Henderson referred to the previous discussion and stated that although he had criticized the Council a year ago he could now see the benefit of the Coastlands Aquatic Centre. He then spoke about problems on Kapiti Road and provided suggestions for improvement. He said he was pleased that Council was starting to repay debt, but there needed to be a cap on staffing and other unnecessary costs. There should be strict enforcement of by-laws particularly around beach and road safety.

Summary of Questions/Discussion Points Raised by Elected Members:

- Had the Submitter crossed Kapiti Road at the Mitre 10 roundabout?
- Could the Submitter elaborate on what he describes as an “eyesore” on Kapiti Road?

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The Submitter responded as follows:

- It was possible to cross at the Mitre 10 roundabout as long as the person was “situation aware”. Traffic lights hold traffic up and traffic on Kapiti Road is now at gridlock.
- The “eyesore” referred to is a hodge-podge of all sorts of things. Whitireia should not have been built so close to the footpath; the vacant land near the airport should be made into a reserve.

Cr Bell left the meeting at 4.50pm and returned at 4.55pm.

AP 28 – Nine Mariette spoke in favour of water fluoridation which she believes is for the greater public good. She quoted from a longitudinal study in Dunedin which released its results yesterday, saying the results underlined the importance of fluoridation as a public health measure in reducing rates of tooth decay in children.

AP 239 – Peter Daniel spoke against fluoridation. He said there had been massive cover-ups re fluoride emissions in industry and spin doctors had been employed to convince doctors in America that fluoride in water would be beneficial. He said fluoride was not an essential nutrient and only six countries out of 192 fluoridate their water.

Summary of Questions/Discussion Points Raised by Elected Members:

- Clarification that hydrofluorosilicic acid is heavily toxic?

The Submitters responded as follows:

- Yes. Too much of it deforms bones and may also cause brain damage.

The meeting adjourned for supper at 5.10pm and reconvened at 5.50pm.

Ms Bukholt left the meeting at 5.10pm and returned at 7.40pm.

AP 568 – Helen Ryan spoke as a small business owner at Raumati Beach about designating the Raumati Beach shopping area as a destination boutique shopping precinct similar to Greytown. She urged Council to proceed with the beautification of Margaret Road and signage on SH1 in an effort to attract more visitors.

Summary of Discussion Points Raised by Elected Members:

- Does the submitter intend to start up a business association? Getting landlords involved is key.
- The Ōtaki Village Promotions Group had been very successful even though the members are not the retailers but local residents.

The Submitter commented as follows:

- A retail association had already been started.

AP 620 – Andy Fraser Principal of Otaki College requested funding from Council for a kiosk which was focused on careers education. The kiosk would be another tool to help improve youth employment rates and it had been trialled in the College. The unit was unique on the market, was New Zealand made, and aligned with the Ministry of Education objectives. It could be customized to be region-specific and would be a valuable community resource, not just for school students.

Summary of Discussion Points Raised by Elected Members:

- It was suggested that Community Board funding could be sought.
- If Council did not fund the project what was Plan B?

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- Would young people not attached to an educational facility (i.e. transient) also be able to access the kiosk?
- What ability was there to input information about local opportunities?
- Was the College working with Kapiti Youth Support to realize the unit's true value?

The Submitter commented as follows:

- Ideally the kiosk would become self-sufficient so that Council funding was not sought on an ongoing basis.
- The trial of the unit was ongoing; although it was mobile and could be put together at another site, it was better off being used in a school setting.
- It could also be used for unemployed parents and local businesses.
- The college had good links with other agencies in the community eg Birthright, House of Hope, and interagency meetings were held on a regular basis to find out who was visiting or moving to the area.
- Local information and opportunities could be entered into the kiosk to maximize its local relevance.

AP 598 – Kim Nye-Picknell of the **Safer Community Trust** spoke about the work of the Trust and asked Council to continue funding the service. She outlined the Trust's history and management philosophy with an emphasis on early intervention. Without further funding the Trust was not expected to survive.

Summary of Discussion Points Raised by Elected Members:

- What funding was already being received from central government?
- How much time spent fundraising could be spent doing other things more central to the Trust's work?
- How many staff does the Trust pay?

The Submitter commented as follows:

- The Trust has three contracts, one from Child, Youth and Family, and two from the Ministry of Social Development. The Trust's Neighbourhood Support programme is operating without any funding.
- Around 30-40% of the submitter's time was spent on seeking funding.
- The Trust had six staff, and some contracted staff, altogether four fulltime (i.e. 30+ hours) positions.

Cr Gaylor left the meeting at 6.24pm and returned at 6.50pm.

James Cootes left the meeting at 6.24pm.

AP 310 – Normita Armstrong could not attend and her submission was presented by Cr Gurunathan. The Association asked Council to continue supporting Race Relations Day.

Summary of Discussion Points Raised by Elected Members:

- Did the Association receive any other funding? No, Council was the only source of funding; the event was supported by a range of volunteers and was open to all to attend.

AP 279 – Malcolm Thorpe spoke about a health and safety issue relating to the District Plan. He believed a clause should be included that gave property owners the right to remove trees, whether native or exotic, that were hazardous to human health.

Summary of Discussion Points Raised by Elected Members:

- Councillors sought clarification around the current rules in this instance.

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The Submitter commented as follows:

- The submitter did not believe trees should be protected regardless of circumstance.

AP 622 – Mary Byrne spoke about fluoridation (material circulated) focusing on the issue of dose versus concentration in water. She referred to the previous Council decision to reduce the level in the water supply to 0.7ppm. She discussed the dosage levels for bottle fed babies, a six month old baby and an adult. She calculated that babies were taking in five times more fluoride than an adult. A 2006 study had established what dose in a child would lead to dental fluorosis. Extrapolating from data about dosage levels, it was beyond doubt that bottle fed babies were likely to develop dental fluorosis which was the first outward sign of fluoride poisoning. The dosage was also affecting thyroid function and perhaps also IQ. As fluoride could not be boiled out of water it was important for parents to know this was going on. It was now accepted by experts that fluoride works topically so why did it have to be ingested? It was preposterous to suggest it worked through distribution, through tissues and salivary glands. Fluoride was also present in toothpaste. If fluoridation of the water supply was halted all that would happen would be that people would become healthier.

AP 283 – Michael Peryer spoke about the unrecognized tourism potential of the Waikanae Estuary Scientific Reserve and asked for Council's support in putting together a pocket guide to make people aware of the attraction. He had obtained quotes for this work with a total of around \$3,000 for 200 copies.

Summary of Discussion Points Raised by Elected Members:

- Had the submitter applied elsewhere for a grant (for example, from the Community Boards or the Department of Conservation?).
- Was the shelter at the Waimanu Lagoon still operational? This featured an interpretive sign which might be a useful format.

The Submitter commented as follows:

- The submitter clarified that he wanted the attraction promoted outside the Kāpiti Coast so that people would want to visit, similar to what happens with the Catlins.
- He also clarified that he wanted to produce the guide and then hand it over to Council to distribute it.

The meeting adjourned at 7.02pm and resumed at 7.10pm.

AP 580 – Katie Scotcher and other Youth Councillors spoke on behalf of the Youth Council in support of the Youth Centre and other initiatives. They thanked Council for providing funding for the netball court at Kaitawa Park. They had received a large number of submissions in support of the Youth Centre and urged Council to retain this project in the 2014/15 budget. They spoke about a number of other projects such as Ngā Kākano which sought to activate youth involvement to prevent harm caused by alcohol. The Council was asked for seed funding. A youth forum had resulted in a request for a basketball court to be built by Council at Ōtaki Beach. There were two courts at Ōtaki already but these were not readily accessible to youth. They also requested a court be sited at Mathews Park in Raumati as this was more centrally located near schools and existing facilities. Lastly they called for continuing Council support for Kapiti Youth Service (KYS) who were currently servicing over 4,700 young people and over 60% of youth population. However, KYS was finding it difficult to accommodate a growing demand.

Summary of Discussion Points Raised by Elected Members:

- With regard to Mathews Park, there were tennis courts nearby, but the submitter deemed these too far to walk to; a court at Mathews Park would be better.

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- Was the submitter requesting a whole court at Ōtaki Beach?
- An apology from James Cootes (Chair Ōtaki Community Board) was presented; the Board was very supportive of the Youth Council's operation.
- What else did young people want to see happen in Otaki?
- How would the submitter prioritise their proposals?
- Ngā Kākano – how much did the whole project cost and how much funding was being sought from Council?

The Submitter commented as follows:

- A half court at Ōtaki Beach would be sufficient, similar to one in Kaitawa.
- Ōtaki youth would prefer a greater focus on sports events and music events like skill development workshops, not concerts.
- The survey of Kāpiti youth would be updated and discussions on this are proceeding.
- The Youth Council would focus on Ōtaki as the next most important priority after the Youth Centre.
- Funding for Ngā Kākano was being sought from the Ministry of Youth Development and the outcome of the application was expected soon.

AP 572 – Rhea Dasent spoke on behalf of Federated Farmers about the average rates increase of 4.955 which she disputed; cumulatively the rates increase was 16%: a worrying trend (supporting material circulated to Elected Members). She was concerned that the Council was collecting more and more rates to spend on more projects, whereas the Federation believed rates should only be a charge for services received and Council should focus on its core functions. She believed there was a growing competitiveness between councils to see which area could be the most exciting and vibrant to live in. Councils were placing more pressure on existing ratepayers as a funding source. She urged Council to be sensible and keep in mind the new purpose of the local government rate as set out in the amended Local Government Act. Rates were diverting income away from more productive spending eg farmers investing in their own businesses. The Federation supported the Council's remissions and rebates schemes but questioned a number of aspects about eligibility and application of these schemes. For example the financial hardship policy should extend to rural ratepayers, and should also expand the definition of hardship to include hardship following a natural disaster. Lastly she spoke about roading and said that roads should be funded by users not property owners, specifically the Mangaone North Road, should be put on Council's work programme for attention as there was increasing traffic.

Summary of Discussion Points Raised by Elected Members:

- Query whether the water relief programme was not available to rural owners either?
- Horowhenua has a general hardship policy and a separate policy for hardship as a result of disasters. It was clarified that a hardship scheme was introduced with the Council probably being the first to do so.

The Submitter commented as follows:

- The submitter conceded that the Rating Act does restrict councils.
- The submitter would prefer targeted uniform charges. Rating based on capital value would be fairer.
- The Council should decrease costs as much as possible, for example, new cycleways, walkways, and bridleways. Why are we putting in new ones all the time? Farmers would also like to put in new infrastructure and technology but incomes don't always stretch that far.

The meeting adjourned at 7.52pm and reconvened at 8.00pm.

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AP 396 – Helene Donaldson said she was disgusted with the proposed rates increases of 4.95%, especially as she believed new water charges would be added on top of rates and so represented a much larger increase than the Council was portraying. Year after year submitters spoke about the need to keep rates low for low income groups and community organisations and yet these appeared to be ignored. She did not believe that water meters were introduced because of a water supply issue or for conservation reasons but so that Council could proceed with its big ticket items. Any pay increases people get do not keep up with rates increases. Costs could be kept down by, for example, examining the costs of litigation, communications, and staffing levels. There should be a restructure with all management positions being disestablished.

Summary of Discussion Points Raised by Elected Members:

- It was clarified that the 4.95% average rates increase did include the water charges.
- Was the submitter aware that a 4.95% rates increase equated to about 30 cents per week?

The Submitter commented as follows:

- The council is still wasting money, there are plenty areas where there could be huge cutbacks.

AP 515 – Michael Alexander spoke about an apparent anomaly around the Council leasing some land in Nikau Valley, and paying a lower rate per hectare than he was paying for similar land. He believed that rates were over-charged and asked if they were they delivering good value for money for residents on a sustainable basis? Many people believed they were not. He suggested the Council carry out a survey on this question. On page 27 of the Annual Plan he said that surveys were recorded as assets and he did not believe they were. Regarding rural roads it was important to get maintenance right first.

Summary of Discussion Points Raised by Elected Members:

- Questions were asked to clarify the Council land in question: the submitter was suggesting that Council was paying rates on the land, which was leased and that the lease did not cover the rates. The submitter confirmed this is what he meant.

AP 416 – Adrian McKenzie spoke on behalf of Kapiti Cycling Club (and related similar Clubs) about the support for a new project – a multisports facility on the Howarth Block. He fleshed out the concept via a series of concept design boards. The idea was for a multi-user racing track; the benefits to the community and sports codes were outlined. Council's support was requested.

Summary of Discussion Points Raised by Elected Members:

- A rough estimate of the cost was requested.
- Council was currently looking at a management plan for the whole (Howarth Block) reserve and this concept would not be precluded.
- Would there be trees near or around the track?
- Would this be a regional facility?

Cr Bell left the meeting at 8.30pm and returned at 8.34pm.

The Submitter commented as follows:

- The cost was estimated at \$1-1.5million and discussions have been ongoing with many trusts. Clubs were also keen to support a community project in Kapiti. It was believed up to 90% of the funding could be obtained from trusts.
- Trees would be part of the design as amongst other things, they provided good windbreaks.
- This facility would be a regional one as there is no other facility like this.
- The submitter undertook to email Councillors the 3D image, which showed the placement of the track in relation to the rest of the Block.

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AP 494 – Johan Boeyen spoke, as a swim coach at Waikanae, against the proposed \$1 per swimmer fee. Any increase in costs would be passed directly onto parents and would be detrimental to the provision of swimming classes as many families in the Waikanae area would not be able to afford the increase. The pool had been built by the community 44 years ago for the community and not as a source of revenue. He asked for a Memorandum of Understanding between the Council and the Swimming Club which would stipulate a fee review every three years; this would provide families with certainty around increases coming up.

Summary of Discussion Points Raised by Elected Members:

Council had received a lot of submissions on this topic and this was under consideration.

AP 368 – Mike Styles spoke about the proposed Youth Centre. He did not believe building a ‘bricks-and-mortar’ centre was the best spend for Council money, although he wholeheartedly supported youth in the community. If you googled youth centres in New Zealand, you would see that the focus is not on physical buildings but on the services provided. There was already a large range of excellent services for young people and they needed supporting. The District was a ‘ribbon’ community so wherever you built a centre it would mean that other areas along the Coast would feel disadvantaged. He suggested that Council create something more interactive and future proofed such as a virtual youth centre with a digital focus. The needs and interests of young people change quite rapidly; the risk was that by the time the building was erected their requirements would have changed. It would be better to look at connecting sites that already exist.

Summary of Discussion Points Raised by Elected Members:

- It was pointed out that the concept of not supplying support to youth in a specific area was in conflict with Māori tikanga which was place and family-specific.
- Council had already moved beyond the concept of a building and was proposing to lease a site, so the submitter’s logic had been picked up.
- The submitter would be provided with a copy of the feasibility study done last year by the Youth Council Advisory Group, which included consideration of a mobile centre.
- Leasing a building did not mean removing funding from existing youth services.

The Submitter commented as follows:

- The submitter was not discounting whānau support for youth but rather suggesting that there were other ways of connecting and supporting youth besides providing a building.
- He said that even leasing a site was still investing in real estate, not people, and was outmoded thinking.

The meeting concluded at 9.00pm.

Signed / / 2014

Mayor Ross Church, Chair