



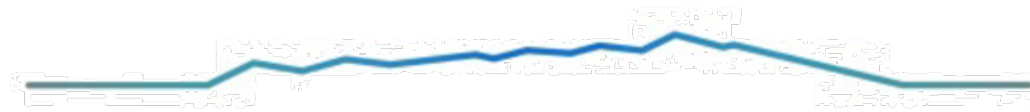
APPENDICES MINUTES

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

Thursday, 19 June 2025

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Kāpiti Health Advisory Group

Mental health and falls and fractures

Presentation to the KCDC SSC

Dr Graham Scott & Clare Hynd

KHAG

19 June 2025

Mental health - key points from previous presentation

- ▶ Using national information estimate Kāpiti has 3000 young people with MH and related problems

- ▶ Services available

GPs (no data), [Child and Adolescent Mental Health Services \(CAMHS and ICAFS\) | MHAIDS](#) (up to 18) through Kapiti Health Centre,

Kāpiti Youth Support (5000 enrolled, 28% Māori) includes MH among health, education and housing services in OSS (60% with complex needs)

School counsellors

Acute services through secondary care

- ▶ The system is short-staffed and degree of acuity is trending up

vulnerable teenagers wait months for appointments and get worse while they wait

Younger kids underserved

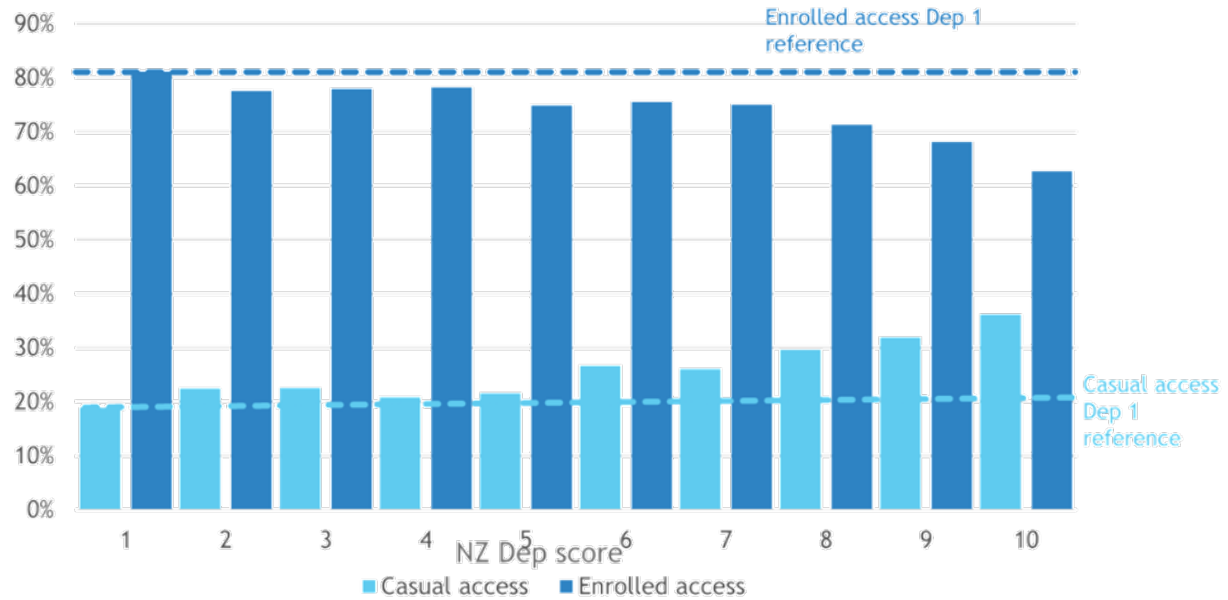
Buck stops with the schools

What has happened since - data on mental health and deprivation

- ▶ After months of negotiation with Stats NZ the Social Investment Agency did study for KHAG the relationship between deprivation and use of mental health services
- ▶ As mental health is adversely affected by deprivation we'd expect a positive correlation - but the data shows the reverse
 - ▶ Missing out on subsidies through non-enrollment with PHOs
 - ▶ Using casual services that are less effective and more expensive

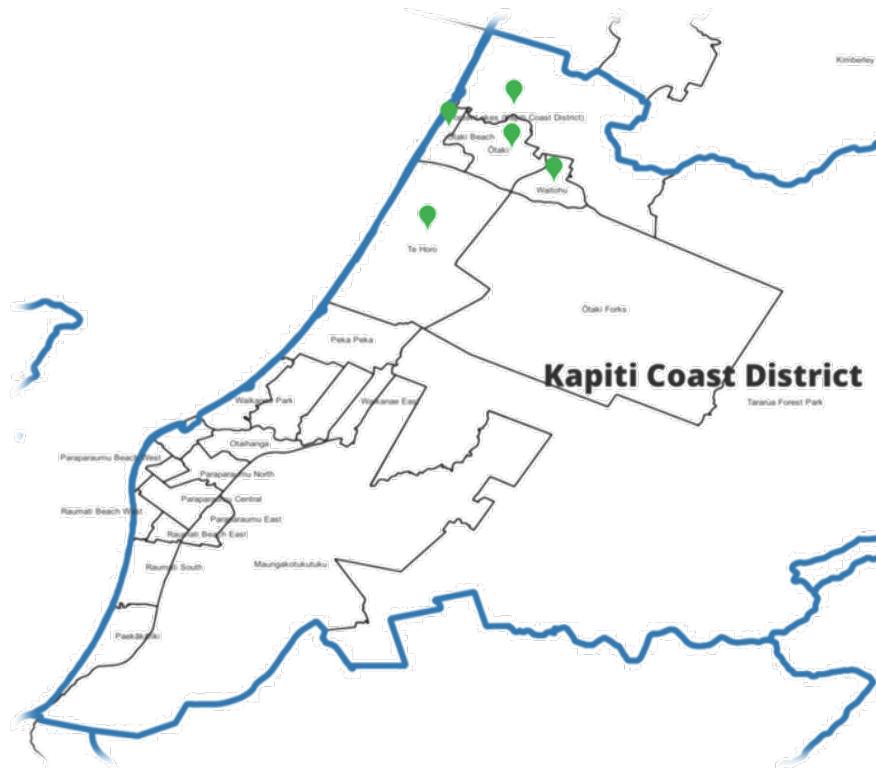
Primary care access (any contact)

- Enrolled access decreases with deprivation
- Casual access increases with deprivation



NB: Higher casual access use in higher deprivation groups may be driven by 0 - 4-year-olds who are not represented in service use data (see next slide).

Geographic distribution



Some areas also have:

- poorer formal primary care access
- higher casual access to services
- lower mental health care service use.

These areas include:

- Ōtaki Beach
- Forest Lakes
- Ōtaki
- Te Horo
- Waitohu

They represent the northern boundary of the Kāpiti District, where there is lower population density and more rural populations, but a mix of deprivation. This suggests that proximity to services may impact these results.

What has happened since - towards community mental health program

- ▶ The way forward is an integrated, primary, secondary, specialist and community service - I described a community mental health service in August 2024 presentation
- ▶ KHAG has worked to understand the concept and how it can work practically in NZ
 - Carolyn Gullery and David Meates are advising us from their experience designing and implementing the Mana Ake policy by CDHB
 - Amarjit Maxwell from Think Hauora is available to share her knowledge
 - The Government's mental health plans are slow to materialize and have not suited our main provider - KYS - but there is emphasis on community involvement
- ▶ Whānau ora changes from July 1: Te Rūnanga o Toa Rangatira will manage nearly \$38 million in the north Island south of Taupō. Primarily for provider and navigator workforce costs. It will stop being a service provider to avoid conflicting with the commissioning role.
 - No information yet on how this might affect Kāpiti

Mental health for the elderly

- ▶ No further funding from Health NZ for local providers of services.
 - ▶ Leads to increases in acute hospital admissions.
- ▶ What can we do on a local basis to help?
 - ▶ Design of public facilities and inclusive events.
 - ▶ Health NZ review of Aged Care not yet released.

Falls and fractures

- ▶ Kāpiti has above average incidence of falls as shown in the data
- ▶ Age structure of population must explain much of this
- ▶ There are national policies and services to reduce falls - 'live stronger for longer'
- ▶ Community strength and balance classes and Nymbbl app, vitamin D
- ▶ Fractures liaison service for people who are injured in falls
 - Target population for CSB: (65+ for NZ European, 55+ for Māori & Pasifika).
 - Target population for Nymbbl: (65+).
 - Target population for FLS: (50+).
 - Target population for FLS: (50+).
- ▶ Viewed as Social Investment these calculated rates of return on investment are enormous in cost savings in hospitals and wellbeing of individuals and their families from falls prevention - 520%

Falls and fractures

- ▶ We want to assess whether these policies are well-embedded in Kāpiti adjusting for the fact of our demographic make up
- ▶ I've approached ACC - Renee Graham - who heads injury prevention and promised us the ACC data for Kāpiti
- ▶ She notes that there are more claims for falls on ACC than work-place accidents
- ▶ I've asked Robyn Shearer from HNZ - Regional Deputy Chief Executive for us - for the data that will help us evaluate the situation

Re-launching the Advisory Groups

Disability Advisory Group

Youth Council

Older Persons' Advisory Group

Priorities

- **Greater diversity and representation**
- **Robust selection process**
- **Improving how we work with our advisory groups**

Community based advisory groups

**Their expertise is their experience, knowledge and
connection to people in the communities they
represent**

**Not technical experts
Not sector representatives**

Our Advisory Groups

Focus on:

- Providing feedback and ideas related to the communities they represent
- Acting as a conduit between the broader community and the Council
- Advocating for their communities

Disability Advisory Group

- We have a full group
- Induction is underway
- First official meeting: July

Older Person's Advisory Group

- We have a core group, continued recruitment
- Induction in June
- First official meeting: August

Youth Council

- Two stages of recruitment
- Full meetings continue on
- New Terms of Reference

What's next?

- **Development of Work Programmes**
- **Upskilling staff so we get the best from groups**
- **Council – Advisory Group relationship**