

## M E M O

**To:** Paraparaumu/Raumati Community Board  
**From:** Kathy Spiers  
**Date:** May 3, 2017  
**Subject:** Health Services in the Kapiti Coast District

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### **Introduction**

- 1 The purpose of this memorandum is to propose that the Paraparaumu/Raumati Community Board recommends to Council the inclusion of Health and Wellbeing in the Long Term Plan 2018/2038.

### **Background**

- 2 Since 1 November 2015 the Paraparaumu/Raumati Community Board (the Board) has been requesting the support of the Capital and Coast District Health Board (CCDHB) in the setting up of a Health Advisory Group on the Kapiti Coast.
- 3 In December 2016 Mayor Gurunathan requested that I bring together people who work in the Health Sector in Kapiti so that the Mayor could find out what the health issues are in our communities.
- 4 The Community Board wrote once again on 15 March 2017 to the CCDHB requesting how the CCDHB plans to address:
  - (i) Improved access to health services - both by bringing those services closer to home and by identifying a long term solution to support access for those who need to travel;
  - (ii) An increased CCDHB profile in the community; and
  - (iii) A Health Advocacy Group be set up in Kapiti to work with the CCDHB on these issues.
- 5 On 22 March 2017 a meeting was held in Council Chambers with health providers and people working to improve health outcomes for our people. The minutes of this meeting are attached to this report as Appendix 1.
- 6 A second meeting was held on 3 May 2017, with a resolution passed that the recommendations included in this report be supported by the Paraparaumu/Raumati Community Board and forwarded to Council.
- 7 The Board has received confirmation that Debbie Chin, Chief Executive of the CCDHB, is attending its Board meeting on 9 May 2017, and is asking the local Primary Health Organisation to present on the new models being developed in primary care, with the investments being made in 'Healthcare Homes' focussing on services closer to home.

- 8 Debbie Chin is looking to develop a future partnership/collaboration model in Kapiti. There will be a joint press release between CCDHB, Council and the Paraparaumu/Raumati Community Board.
- 9 Discussions need to be held with MidCentral DHB to include them in the partnership/collaboration model.

## **Issues**

- 10 Council's Annual Plan 2016/2017 and FutureKapiti consultation document has no mention of people's Health & Wellbeing.
- 11 The need is for CCDHB, MidCentral DHB, Council and the Health Advocacy Group, set up through this process, to work in partnership for improved health outcomes for the people of Kapiti.

## **Considerations**

- 12 That 'Health & Social Services' is included in the Long Term Plan 2018/38 as a Service of Council.

## **Community Engagement**

- 13 The Health Advocacy Group will need to engage with the community. It is also recommended that the Mayor appoints a councillor as a representative on the Health and Advocacy Group.

## **Publicity**

- 14 That a joint Press Release is done in partnership with Council, CCDHB, MidCentral DHB and the Paraparaumu/Raumati Community Board following this Board meeting.

## **Recommendations**

- 15 That the Paraparaumu/Raumati Community Board:
  - (i) Requests Council that 'Health and Social Services" be included in the Long Term Plan 2018/38;
  - (ii) Requests Council's continued support into the setting up of a Kāpiti Health Advocacy Group;
  - (iii) Requests a collaborative partnership be established in Kapiti between, CCDHB, MidCentral DHB, Council and the Kapiti Health Advocacy Group; and
  - (iv) Urges CCDHB and MidCentral DHB to conduct a Health and Disability Needs Assessment in Kāpiti, in conjunction with the Kapiti Health Advocacy Group.

## **Appendices**

- 1 Minutes of Health Forum meeting held in Council Chambers on 22 March 2017

Kapiti Coast District Council  
Health Forum Wednesday 22 March 2017 1-3pm  
Council Chambers

Karakia: Susan Shingleton

Present: Mayor Gurunathan, Chair Kathy Spiers, (Paraparaumu/Raumati Community Board member), Susan Shingleton (Facilitator), Jim Webber, Tristine Tilley, Vanessa Shaw, Martin Slowman, Ngaire Cook, Graham Priest, John Watkeys, Kevin Burrows, Sue Emirali, Jenny Ahern, Shona Cording, Kim Nye, Alison Chadwick, Iride McCloy, Conrad Peteren, Margaret Robins, Raeael Osborne, Marie O'Sullivan, Lyneve Spiers, Roger Booth, Dermot Whelan, Jenny Glen, Sue Hibbert, Jill Stansfield, Sandra Forsyth, Fay Doyle, Ron Tustin, Sherie Seemark, Robyn Elms  
Apologies: Councillor Fiona Vining, Wendy Huston, Janet Murray, Debs Phillips, Diana Ponsford, Alan Dempsey, Liat Greenland, Trevor Daniells

Mayor Gurunathan spoke on Health Services and the Long Term Plan which is coming up for consultation in the next few months

Discussion followed re health services, including after-hours accident and medical services at Kenepuru Hospital and Star 4 ward services in Horowhenua.  
The Forum then moved into group workshops to review (summaries follow):

- 1 – What health services are working well in Kapiti
- 2 – What health services are not working well in Kapiti
- 3 – What health services are missing

Next steps: Report and draft recommendations to be circulated before the next Health meeting -- on Wednesday May 3 in the Council Chambers.  
Final recommendations to be submitted to KCDC via the Paraparaumu/Raumati Community Board.

## **HEALTH SERVICES:**

Summary of health services available in Kapiti distributed at forum and people encouraged to access the Health Point website [www.healthpoint.co.nz](http://www.healthpoint.co.nz)

1. Review of Kenepuru Accident & Medical Services
2. Review of Star 4 Ward, Horowhenua Health Centre

Council had written to both Capital & Coast (CCDHB) and MidCentral DHBs (MCDHB) requesting information on above matters. MCDHB replied<sup>1</sup> on 21 March, 2017. Key matters raised in letter were:

- *New health services planned for Horowhenua Health Centre, including the establishment of 3 renal dialysis chairs;*
- *No change to bed numbers – Star 4 is a 20 bed ward;*
- *Retirement of medical officer and difficulties with GP recruitment, retention and workload issues;*
- *Increasing older population is a focus, goal is for the majority of care to be provided in community;*
- *Opportunities being explored to provide a more integrated community approach; and*
- *Plan to engage with consumer focus groups and the Horowhenua District Council on the proposed model.*

While no reply was received from CCDHB prior to the forum, information for the CCDHB Board meeting to be held on 22 March was discussed at the forum.

The recommendation to the Board was:

- *Endorse the development work underway to support interim solutions to support the Kenepuru Accident and Medical services while the wider system level solutions are developed.*

CCDHB remain committed to the on-going provision of over-night support at Kenepuru A&M. Further information on the proposed solution can be accessed on <https://www.ccdhb.org.nz>

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## FORUM RESPONSES:

- What is 'Interim Solution'?
- Local health needs assessment and analysis is required;
- Communication, collaboration between community and health sector needs to be improved;
- Need for DHBs to work better together – Plan for Kapiti and Horowhenua Health Centres, need a collective approach;
- Local NGOs providing health services need to check they are on website;
- Petition for hospital in Kapiti;
- People with disabilities have difficulties accessing and being transported to health services;
- Secondary care is being delegated to primary care;
- Chronic illness is the cost of not accessing quality services, especially primary;
- Kapiti Health Centre is at full capacity, Hora Te Pai is looking for new premises;
- Kapiti Health Centre needs to be extended, plan is required;
- Otaki shuttle transports people daily, has MCDHB financial support and wheelchair capability;
- Kapiti shuttle is not financially supported by CCDHB, over-stretched, no wheelchair capability – major concern, affecting access;
- Need more outpatient appointments to be provided at Kenepuru rather than Wellington;
- Why is Kapiti missing out on the GP bonding system?
- Kapiti Health Centre land needs to be retained for future growth and development.

In groups people discussed the three questions below and presented their thoughts to the wider group. The following notes have been compiled from information gathered.

1. What health services are working well in Kapiti?
2. What health services are not working well in Kapiti?
3. What health services are missing?

**NOTES:**

What health services are working well in Kapiti	What health services are not working well in Kapiti	What health services are missing
General Practitioner Services – daytime (sometimes long waiting times)	No late after hour services 10pm-7am in Kapiti	Development of plan to expand Kapiti Health Centre to support Wellington Hospital <ul style="list-style-type: none"> <li>• Smart IT medical services – increased technology</li> <li>• Feeder type assessments</li> <li>• Basic 24 hour emergency care services</li> <li>• Focus on low cost surgical services i.e. cataracts</li> <li>• Specialised women's clinic</li> <li>• Beds to support hospitals</li> <li>• Mental health crisis service</li> <li>• Rehabilitation services</li> </ul>
Pacific Radiology	Poor usage of mobile surgical bus – why? Visits KHC regularly	Lack of health funding/resources given population increase
Aotea Pathology	Difficult access to health services outside of Kapiti	Civil Emergency Plan to support the wellbeing of Kapiti
Paramedic and Ambulance Services	KHC maternity unit too small for population, secondary maternity services not provided locally	Lack of warm, insulated, affordable housing impacts on health of community
Pharmacies in Kapiti	Hospital services need to consider the time spent travelling and regular traffic congestion "Golden Hour" spent in traffic	Better access to existing facilities and services More secondary/specialist services in Kapiti and/or Kenepuru to reduce people travelling to Wellington
St John Shuttle (Otaki) – supported by MCDHB	Specialist outpatient appointment times unreasonable given Kapiti people travelling distances to either Kenepuru or Wellington	Better allocation of health resources/services/funding
Kapiti Transport Shuttle – not supported by CCDHB, reliant on volunteers (mainly older people)	Transport shuttle service reduced, no wheelchair access, no provision for children	Kapiti needs a voice on "DHBs" Advisory/Advocacy/Liaison Group?
Whirlwind App "Manage my health"	Continuity of mental health services (primary to secondary), CAT team services	DHBs need to consider improved ways of reaching community, improving communication, providing information

What health services are working well in Kapiti	What health services are not working well in Kapiti	What health services are missing in Kapiti
Improved access to primary health services (not including Otaki)	Home care & support services – short time (30mins) does not allow care-givers to develop relationship/empathy. Quantity over quality, casual low pay workforce.	KYS need more services in Otaki (MidCentral DHB) <ul style="list-style-type: none"> <li>Mental health</li> </ul>
KYS (Young People services) – free, qualified staff, integrated holistic one stop shop; service provided in Kapiti and Otaki, 75% of youth population use service	Waiting list for surgery and outpatient appointments	Kenepuru Hospital needs to be better utilised, Kenepuru people should be able to access outpatient services at Kenepuru as first option, Wellington as second
Kapiti Health Centre outpatient, maternity, district nurses, community mental health and Hora Te Pai services	Support for young mothers/parents	Low cost, increased primary care services
Quality specialist services @ Wellington Hospital	Waiting list for local physio/occupational therapy services	Linking community services to reduce isolation
Hospice Care services	Public transport to Wellington	Better planning for dementia and palliative care
Community voluntary commitment & communication	Access and transport especially for people with disabilities, older and young people difficult	Need Wellington – Kenepuru – Kapiti shuttle service
KHC Maternity Service, (includes birthing unit)	The level of secondary services being 'pushed' to primary	KINDNESS – Social capital and reciprocity; building strong communities
Improved mobility access in community	Untrained care-givers, lack of information provided to clients on home care services.	Affordable, available, local health care, KCDC support for local NGO's employing local people, local solutions for local issues
	Lack of organisation amongst home care services	
	Paramedics services have been reduced, limiting Ambulance responsiveness	
	One pharmacy in Otaki insufficient	
	KYS funding has not increased since 2008, fundraising needs to happen to provide services	