

Absolutely Positively
Wellington City Council

Me Heke Ki Pōneke

Ordinary Meeting of Kōrau Mātinitini | Social, Cultural, and Economic Committee Ngā Meneti | Minutes

9:30am Rāpare Thursday, 12 Whiringa-ā-nuku October 2023
Ngake (16.09), Level 16, Tahiwī
113 The Terrace
Pōneke | Wellington



PRESENT

Mayor Whanau
Deputy Mayor Foon
Councillor Abdurahman (Deputy Chair)
Councillor Apanowicz
Councillor Brown
Councillor Calvert
Councillor Chung
Councillor Free (via audiovisual link)
Puiwi Hohaia
Puiwi Kelly
Councillor Matthews
Councillor O'Neill (Chair)
Councillor Pannett
Councillor Paul
Councillor Randle
Councillor Wi Neera
Councillor Young

TABLE OF CONTENTS

12 OCTOBER 2023

Business	Page No.
1. Meeting Conduct	5
1.1 Karakia	5
1.2 Apologies	5
1.3 Conflict of Interest Declarations	5
1.4 Confirmation of Minutes	5
1.5 Items not on the Agenda	5
1.6 Public Participation	6
2. Petitions	6
2.1 Petition: Call for public toilets at Carrara Park, Newtown	6
3. General Business	7
3.1 Advisory Group Annual Reports and Work Plans	7
3.2 2022/23 Capital Carry-Forward and Capital Programme Review	8
3.3 Actions Tracking	9
3.4 Forward Programme	9

1. Meeting Conduct

1.1 Karakia

The Chairperson declared the meeting (hui) open at 9:31am and read the following karakia to open the hui.

Whakataka te hau ki te uru,	Cease oh winds of the west
Whakataka te hau ki te tonga.	and of the south
Kia mākinakina ki uta,	Let the bracing breezes flow,
Kia mātaratara ki tai.	over the land and the sea.
E hī ake ana te atākura.	Let the red-tipped dawn come
He tio, he huka, he hauhū.	with a sharpened edge, a touch of frost,
Tihei Mauri Ora!	a promise of a glorious day

1.2 Apologies

Moved Councillor O'Neill, seconded Councillor Paul

Resolved

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

1. Accept the apologies received from Councillor McNulty for absence, and Councillor Wi Neera lateness

Carried

1.3 Conflict of Interest Declarations

No conflicts of interest were declared.

1.4 Confirmation of Minutes

Moved Councillor O'Neill, seconded Councillor Matthews

Resolved

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

1. Approves the minutes of the Kōrau Mātinitini | Social, Cultural, and Economic Committee Meeting held on 31 August 2023, having been circulated, that they be taken as read and confirmed as an accurate record of that meeting.

Carried

1.5 Items not on the Agenda

There were no items not on the agenda.

(Councillor Wi Neera joined the meeting at 9:35am)

1.6 Public Participation

1.6.1 Dr Graham Sharp ONZM – Wellington Regional Charity Hospital Trust

On behalf of the Wellington Regional Charity Hospital Trust, Dr Graham Sharp addressed the hui regarding the establishment of the Wellington Regional Charity Hospital

Attachments

- 1 Dr Graham Sharp ONZM Presentation
- 2 Dr Graham Sharp ONZM handout

(Councillor Brown left the hui at 9:45am)

(Councillor Brown returned to the hui at 9:48am)

2. Petitions

Moved Councillor Abdurahman, seconded Deputy Mayor Foon

Resolved

2.1 Petition: Call for public toilets at Carrara Park, Newtown

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

1. Receive the information and thank the petitioners, noting that the investigation of this need is recommended to be added as a new action in Te Awe Māpara. ~~Although this will require additional funding to be included in the 2024 Long-term Plan to carry out this needs analysis and feasibility study, and, if evidence supports the need, to install a new public toilet.~~
2. **Note the strong public support for public toilets at Carrera Park.**
3. **Direct officers to investigate options for the low-cost provision options of toilets at Carrera Park in the 2024-34 Long-Term Plan.**

Carried

Secretarial Note: The motion moved was different to the recommendations in the officers report, the changes are crossed out and marked in red.

The hui adjourned at 10:01am and resumed at 10:13 am with the following members present: Councillor Abdurahman, Councillor Apanowicz, Councillor Brown, Councillor Calvert, Councillor Chung, Deputy Mayor Foon, Councillor Free, Pouiwi Hohaia, Pouiwi Kelly, Councillor Matthews, Councillor O'Neill, Councillor Pannett, Councillor Paul, Councillor Randle, Mayor Whanau, Councillor Wi Neera and Councillor Young.

3. General Business

3.1 Advisory Group Annual Reports and Work Plans

Moved Councillor O'Neill, seconded Pouiwi Kelly the following motion

Resolved

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

1. Receive the information.
2. Thank the advisory groups for their contributions.

Carried

Attachments

- 1 Pacific Advisory Group - Workplan 2023-2024

Moved Councillor Abdurahman, seconded Councillor Chung the following amendment

Resolved

3. Agree to explore options for advisory groups, including establishing an Ethnic Advisory Group in 2024, and direct officers to report back.
4. Direct officers to provide advice on the funding implications and options for establishing an Ethnic Advisory Group as part of the LTP process.

Carried

A division was called for under Standing Order 27.6(d), voting on which was as follows:

For:

Mayor Whanau, Councillor Abdurahman (Deputy Chair), Councillor Apanowicz, Councillor Brown, Councillor Calvert, Councillor Chung, Deputy Mayor Foon, Councillor Free, Holden Hohaia, Liz Kelly, Councillor Matthews, Councillor O'Neill (Chair), Councillor Pannett, Councillor Paul, Councillor Randle, Councillor Wi Neera

Against:

Councillor Young

Absent:

Councillor McNulty

Majority Vote: 16:1

Carried

Moved Councillor O'Neill, seconded Pouiwi Kelly the following substantive motion

Resolved

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

1. Receive the information.
2. Thank the advisory groups for their contributions.
3. Agree to explore options for advisory groups, including establishing an Ethnic Advisory Group in 2024, and direct officers to report back.
4. Direct officers to provide advice on the funding implications and options for establishing an Ethnic Advisory Group as part of the LTP process.

Carried

Secretarial Note: Councillor O'Neill tabled the attached document.

The hui adjourned at 10:35am and resumed at 10:50 am with the following members present: Councillor Abdurahman, Councillor Apanowicz, Councillor Brown, Councillor Chung, Deputy Mayor Foon, Councillor Free, Pouwi Hohaia, Pouwi Kelly, Councillor Matthews, Councillor O'Neill, Councillor Pannett, Councillor Paul, Councillor Randle, Mayor Whanau, Councillor Wi Neera and Councillor Young.

(Councillor Calvert returned to the hui at 10:56am)

The hui adjourned at 11:24am and resumed at 11:36am with the following members present: Councillor Abdurahman, Councillor Apanowicz, Councillor Brown, Councillor Calvert, Councillor Chung, Deputy Mayor Foon, Councillor Free, Pouwi Hohaia, Pouwi Kelly, Councillor Matthews, Councillor O'Neill, Councillor Pannett, Councillor Paul, Councillor Randle, Mayor Whanau, Councillor Wi Neera and Councillor Young.

The hui adjourned at 11:48am and resumed at 11:50am with the following members present: Councillor Abdurahman, Councillor Apanowicz, Councillor Brown, Councillor Calvert, Councillor Chung, Deputy Mayor Foon, Councillor Free, Pouwi Hohaia, Pouwi Kelly, Councillor Matthews, Councillor O'Neill, Councillor Pannett, Councillor Paul, Councillor Randle, Mayor Whanau, and Councillor Young.

(Councillor Wi Neera returned to the hui at 11:51am)

3.2 2022/23 Capital Carry-Forward and Capital Programme Review

Moved Councillor Matthews, seconded Councillor Wi Neera

Resolved

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

- 1) Receive the information,
- 2) Note the capital spend for 2022/23 was \$369 million, which was \$80 million below revised budget of \$450 million (82% of our capital plan was spent),
- 3) Note that the net total of the requested carry-forward (reflecting the underspend from the 2022/23 financial year) and the rephasing of future capital spend is \$83 million. This is slightly more than the net underspend of \$80 million due to some projects being ahead of planned delivery but not expected to be over-budget and some unbudgeted spend,
- 4) Note that there was additional unapproved spend to budget in the following areas.
 - a. Wellington Water Limited - \$5.4 million
 - b. St James Theatre - \$1.1 million
 - c. Wellington Zoo - \$2.3 million (offset with external revenue through zoo's fundraising)
- 5) Agree to carry-forward prior year underspends as detailed in the "Carry-forward" ledger of appendix 1 – "Recommended Capital Plan",
- 6) Agree to reprogramme the 2023/24 Annual Plan and future years' budgets as detailed in the "Plan Change" ledger of appendix 1 – "Recommended Capital Plan",
- 7) Note that budgets in all future years will be intensively reviewed as part of the 2024-34 Long-term Plan process,

- 8) Recommend to Council – Te Kaunihera o Pōneke to agree budget changes as detailed in the “Budget Changes” ledger of appendix 1 – “Recommended Capital Plan, namely the previously agreed Sub-surface Data project spend which is funded via Better Off Funding,
- 9) Recommend to Council – Te Kaunihera o Pōneke to agree an increase to operational budget for 2023/24 of \$6.7m for Let’s Get Wellington Moving, which is a carry-forward of prior year underspend.

Carried

Attachments

- 1 Premeeting Question and Answer document

Secretarial Note: Councillor Calvert tabled the attached document.

(Mayor Whanau left the hui at 12:13am)

(Mayor Whanau returned to the hui at 12:15am)

3.3 Actions Tracking

Moved Councillor O’Neill, seconded Councillor Matthews

Resolved

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

1. Receive the information.

Carried

3.4 Forward Programme

Moved Councillor O’Neill, seconded Councillor Matthews

Resolved

That the Kōrau Mātinitini | Social, Cultural, and Economic Committee:

1. Receive the information.

Carried

The hui concluded at 12:22 pm with the reading of the following karakia:

Unuhia, unuhia, unuhia ki te uru tapu nui	Draw on, draw on
Kia wātea, kia māmā, te ngākau, te tinana, te wairua	Draw on the supreme sacredness To clear, to free the heart, the body
I te ara takatū	and the spirit of mankind
Koia rā e Rongo, whakairia ake ki runga	Oh Rongo, above (symbol of peace)
Kia wātea, kia wātea	Let this all be done in unity
Āe rā, kua wātea!	

Authenticated: _____

Chair

He Ringa Āwhina - Wellington Regional Charity Hospital

Nau Mai Haere Mai
Welcome



He Ringa Āwhina

Wellington Regional Charity Hospital

Ngā ringa o Te Wheke-a-Muturangi

*The many hands of Te Wheke-a-Muturangi
make light work when in unison*

In confidence



He Ringa Āwhina

Wellington Regional Charity Hospital

The Unmet Needs

- *Concerned medical professionals met to discuss recurring challenges*
- *A survey of Wellington Region general practitioners and surgeons identified significant unmet demand for day-hospital specialist care*

In confidence



He Ringa Āwhina

Wellington Regional Charity Hospital

Our vision

A New Zealand where everyone has access to the surgical and medical services they need to live their life with dignity

In confidence



He Ringa Āwhina

Wellington Regional Charity Hospital

Our Solution

To provide care by building a resilient and sustainable organisation on foundations of dignity of life, love and care, voluntarism, charity and run on values of compassion, hospitality, respect, stewardship and teamwork.

In confidence



He Ringa Āwhina
Wellington Regional Charity Hospital

Our Home



In confidence

Our Home



In confidence



He Ringa Āwhina

Wellington Regional Charity Hospital

Ngā ringa o Te Wheke-a-Muturangi

*The many hands of Te Wheke-a-Muturangi
make light work when in unison*

Ngā mihi nui!

heringaawhina.org.nz

Our Team – Board of Trustees



- **Rt Hon Dame Patsy Reddy GNZM CVO QSO DSt, Patron**
- **Dr Graham Sharpe, ONZM (Chair)**, Former specialist anaesthetist, Wellington Hospital; former President of the NZ Society of Anaesthetists
- **Dr Phil Dashfield (Trust Settlor)**, General Practitioner, Wellington
- **Dr James Tietjens**, Consultant general surgeon, Hutt Hospital
- **Dr Anna Davison**, Associate General Practitioner, Newlands Medical Centre, Wellington
- **Tim Clarke**, Lawyer Partner, Russell McVeagh
- **Murray Jack**, Independent director and advisor. Former CEO and Chair, Deloitte NZ
- **Peter Samual Jackson**, (Taranaki/Te Atiawa) Cultural consultant and independent director
- **Vito Lo Iacono**, Chief Executive, Business executive and Independent strategic consultant

Our Team - Advisors



- **Dame Kerry Prendergast**, Former Mayor of Wellington City
- **Neil Paviour-Smith**, Managing Director, Forsyth Barr
- **Chris Norman**, Former Operating Theatre Services Manager, Wakefield Hospital
- **Mike McCombie**, Dedicated philanthropist with strong commitment to supporting important charitable causes
- **Debbie Gee**, (Ngāi Tahu/Ngāti Mamoe) Independent communications consultant, Flourish Consulting



He Ringa Āwhina

Wellington Regional Charity Hospital

Vito Lo Iacono
Chief Executive

He Ringa Āwhina
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**HE
RINGA
ĀWHINA**

**Wellington Regional
Charity Hospital**

Our Charity Hospital



He Ringa Āwhina

Wellington Regional Charity Hospital



Our Vision

An ambitious vision drives the team behind He Ringa Āwhina – Wellington Regional Charity Hospital: a New Zealand where everyone has access to the medical services they need to live their life with dignity.

The purpose is to create a charitable day hospital that provides free surgical services for the people of the Wellington region who are ineligible for such care from the existing public health institutions and are unable to afford private medical care or health insurance.

Ngā ringa o Te Wheke-a-Muturangi


The many hands of Te Wheke-a-Muturangi make light work when in unison.*

He Ringa Āwhina will provide care by building a resilient and sustainable organisation on foundations of dignity of life, love and care, voluntarism, charity and run on values of compassion, hospitality, respect, stewardship and teamwork.

Funded by the community, for the community, it will ensure our community receives the care they deserve by providing healthcare for eligible people. Our patient catchment will match the area covered by Wellington Free Ambulance: from Cook Strait to just north of Waikanae on the Kapiti Coast, and across to Mt Bruce in the Wairarapa - a population of 500,000 people.

He Ringa Āwhina is modelled on the successful Canterbury Charity Hospital, which has helped thousands of patients since its inception in 2007.

**The concept of Te Wheke, the octopus, is to define family health. The head of the octopus represents te whānau, the eyes of the octopus as waiora (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health. The dimensions are interwoven and this represents the close relationship of the tentacles.*



The challenge in our society

In 2020, a comprehensive survey of Wellington Region general practitioners identified significant unmet demand for public hospital specialist care.

Nearly half said their patients were often unable to access publicly-funded specialist assessment and treatment.

This unmet need is borne most heavily by patients who can't afford the cost of private hospital care or health insurance. Most end up putting up with their problems and looking to their GPs for solutions that they can't provide. Some will eventually deteriorate to the point that they meet public system thresholds for treatment, enduring reduced quality of life along the way.

Their conditions will often impair their ability to work, socialise, maintain relationships, exercise, be mobile and independent with the often negative effect on their mental health.

The unmet need is not for life-threatening conditions like cancer, heart disease and acute emergencies. These are already treated and well-served by the public health system.

He Ringa Āwhina will complement the public health service. While the public system is busy treating the urgent and life-threatening problems, it does not have the resources to treat many of these other lower-priority cases.

He Ringa Āwhina Wellington Regional Charity Hospital is being established to provide a range of free elective day surgery and medical outpatient clinics for those in the Wellington, Kāpiti and Wairarapa communities who are unable to access these services because they:

- Do not qualify for the public health waiting list
- Do not have medical insurance and
- Do not have any other means of covering the cost of their treatment.

Patients will need a referral from their GP or nurse practitioner. They will also need to provide some background information on their financial situation and complete a patient declaration form.

“The true measure of any society can be found in how it treats its most vulnerable members” - Mahatma Gandhi



Volunteer Medical Services

All clinical services will be provided voluntarily by surgeons, anaesthetists, medical and nursing staff from across the Wellington region for free.

Operating processes, procedures and systems will be modelled on the Christchurch Regional Charity Hospital, with a small team of two to three paid staff to provide management and fund-raising capability.

Wellington region doctors, nurses, dentists, health professionals and other public-spirited people will volunteer their time and expertise to help make He Ringa Āwhina a success and enable us to provide our services for free.

We have already received extensive offers of support from a range of medical professionals in Wellington for our charity hospital concept. The medical staff will be supported by a team of volunteers providing support and administration services.

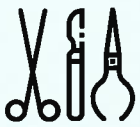
Together, we will make a huge difference to the health and wellbeing of our community as a whole.

We have already received extensive offers of support from a range of medical professionals in Wellington for our charity hospital concept. The medical staff will be supported by a team of volunteers providing support and administration services.



He Ringa Āwhina Services

Services are continually changing to meet the needs of the community and the changing capacities of the public health system. This requires ongoing monitoring of referral patients and regular communication with the public system and staff. The exact details of the services He Ringa Āwhina will provide are to be determined, but we are aiming at providing the following:



General Surgery: Hernia, Anorectal (Haemorrhoids), Colonoscopy

Capacity to manage GP referrals for hernia surgery is already stretched. As seen in other Charity Hospitals, provision of colonoscopy can be invaluable in aiding diagnosis.



Orthopaedics: Hand/Foot surgery (trigger fingers/ ganglion/ carpal tunnel/ hallux valgus corrections)

These simple, quick procedures are often not prioritised highly in the public system.



Plastics / dermatology / GP: Skin Lesions

The time to be seen for non-cancerous skin lesions in the region continues to grow and patients are often waiting many months.



Vascular: Varicose Vein procedures

Unless the disease is severe, this condition is often declined treatment in the public hospitals.

Other procedure include Hysteroscopy / Cataracts / Simple ENT procedures / Flexible Cystoscopy for Urological complaints, along with other non surgical and procedural options.

We will make a tangible difference to the lives of ordinary Wellingtonians



These services will make a difference to:

- The boy embarrassed to be seen in public because of the benign but unsightly growth on his neck
- The woman who can barely walk to her letterbox because of the pain in her foot
- The music teacher who can't play for his students because his hand requires surgery
- The woman who can't drive because she can only have the cataract removed from one eye in the public system

We will make a difference to ordinary citizens like this, who can't lead the lives they want and deserve to live because of health problems that could be fixed with a simple operation.

Our Team

He Ringa Āwhina – Wellington Regional Charity Hospital has been incorporated and has been granted Charitable Trust status. The Trust will pursue sound, transparent financial practices, and exercise good stewardship of its resources.



Dr Graham Sharpe

ONZM (Chair)
Graham has been a specialist anaesthetist at Wellington Hospital for over 30 years. A former President of the New Zealand Society of Anaesthetists, he is also a reserve officer in the RNZAMC and has served on a number of medical boards and committees.



Dr Phil Dashfield

Phil works as a GP at Newtown Union Health Service, a primary care practice in Wellington which serves an ethnically diverse, low income population. The vast majority do not have health insurance or the means to pay for private hospital care when the public system declines them for treatment, so Phil has almost daily experience of the frustration and suffering resulting from patients' unmet need.



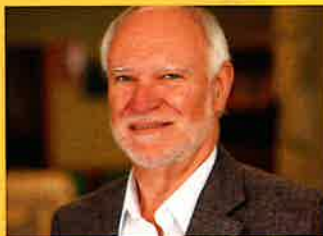
Dr Anna Davison

Anna is a long term associate general practitioner at Newlands Medical Centre in Wellington where she has worked since 2006. She has a wide interest in all aspects of family medicine and has postgraduate diplomas in paediatrics and obstetrics and gynaecology. Anna has been a tutor in medical student training and has been extensively involved in her community as a volunteer through her children's schools and sports teams.



Dr James Tietjens

James has worked as a consultant general surgeon at Hutt Valley DHB since 2017. He maintains a wholly public practice with a subspecialty interest in colorectal surgery. James is currently the supervisor of general surgery training in the hospital, and is a strong advocate for trainee welfare and education.



Murray Jack

Murray is an independent director and advisor. He is a previous Chair of the Financial Markets Authority and Chartered Accountants Australia & New Zealand. He was formerly Chief Executive and then Chair of Deloitte New Zealand (2005-2014). He has served on advisory boards and Ministerial committees and has carried out several independent reviews for Ministers and government agencies. Most recently he has served on the oversight bodies for the COVID 19 vaccination and health system preparedness programmes.



Tim Clarke

Tim is a Partner in law firm Russell McVeagh, where he leads the Public Law and Policy practice. He is a member of the Trust Boards of the Motu Economic Trust and Foundation and the Advisory Board of Bridget Williams Books. Tim is also the pro bono legal advisor to Zealandia and the Akina Foundation. Tim has a long-standing interest in medico-legal issues and was part of the legal team that assisted Ms Lecretia Seales in her law reform project on End Of Life Choice.



Vito Lo Iacono
Chief Executive

Originally from Sicily, Vito has now lived in NZ for 28 years. He has deliberately carved out a varied career spanning the music industry, marketing, sports management, NFP and public sector. As an independent strategic consultant, Vito's specialist interest and passion in leadership development, coaching and business growth sees him partner with SMEs and charity organisations helping them understand their teams, inspiring leaders to look at the behaviour of their business from a strategic standpoint. Vito's deep understanding of employee experience directly affecting customer experience, helps organisations bridge the gap and result in their desired growth.

Our Team

The establishment Trust Board is also served by a team of experienced advisors:



Dame Kerry Prendergast

Dame Kerry chairs Wellington Free Ambulance, the NZ Film Commission, the Royal NZ Ballet, Wellington Opera, and she sits on the board of Oceania Ltd, an age care provider, Victoria University Foundation, NZ Community Trust, and several other organisations. She has been the chair of NZ Tourism and EPA. A local government politician for 27 years, she was Mayor of Wellington from 2001-2010. Her profession was a nurse and then midwife.



Neil Paviour-Smith

Neil is the managing director of Forsyth Barr and was an inaugural recipient of a Sir Peter Blake Trust Leadership Award in 2005. He is a Fellow of the Institute of Finance Professionals NZ, and has been Chair of the NZ Society of Investment Analysts. He has worked in financial markets based in Wellington for over 30 years with extensive governance experience. He is the past Chancellor of Victoria University of Wellington and has served as a Director of NZX and Chartered Accountants Australia New Zealand. He is a Director of the economic think-tank New Zealand Initiative and NZ Art Show Ltd.



**Chris Norman
Advisor**

Chris was appointed to the position of Operating Theatres Services Manager at Wakefield Hospital in 1999. This role involved the clinical and management aspects of complex surgery across 6 operating theatres. Chris resigned from this position after 21 years in October 2021. Prior to this Chris managed the Acute Out of Hours surgery in the Operating Theatre at Capital Coast Health. Theatre has always been her passion due to the complexity and diversity of the surgery.



**Debbie Gee
Independent communications
consultant**

Debbie had extensive experience in senior leadership and strategy in central and local government prior to setting up her own business. Her areas of expertise and experience include stakeholder engagement, communication, public consultation, social marketing and change and project management across a diverse range of organisations and sectors. Debbie is also a qualified mediator, facilitator, coach and trainer and serves as a director on a number of non-profit boards.

Our Fundraising Campaign

Does our vision sound like something you would like to support? Does it align with your own philanthropic goals? Would you like to join the many medical, nursing and other volunteers who are donating their time to make this a reality?

To offer the services envisaged, He Ringa Āwhina will need to locate suitable premises and fit them out with theatres, medical equipment, consulting rooms and administration support.

He Ringa Āwhina will not receive any Government or DHB funding and will rely on donations, grants and the generosity of the wider community to continue helping people in the Wellington region in need.

Principal sources of funding will be grant funding and major philanthropic investment for major capital expenditure such as leasing and fitting out our premises and acquiring medical equipment and plant (estimated to be about \$4 million), and public donations, bequests and fundraising activities to cover on-going running costs, including medical supplies (estimated at about \$1 million per year).

As an indication, it costs an average of \$18,000 a week to run other NZ charity hospitals.



He Ringa Āwhina

Wellington Regional Charity Hospital

Wellington Regional Charity Hospital Trust
is a registered charity with the New Zealand Charities Commission (CC59721)
PO Box 10-214, Wellington 6011
info@heringaawhina.org.nz
Mobile 021 795 724

Designed by Ocean

Pacific Advisory Group Work Programme – 2023-24

Introduction

The Pacific Advisory Group terms of reference requires an annual work programme to be developed and presented to the relevant Council committee once a year. The work programme will be determined jointly between the Pacific Advisory Group, Council officers, chair of the appropriate Council committee, and the Councillor liaisons.

The work programme is set out below and highlights key areas of work that the Pacific Advisory Group will contribute to over the 2023-24 fiscal year.

Purpose

As per the advisory group terms of reference, the purpose of the Pacific Advisory Group is to:

- Advise Council on how to help grow a great City, where Pasifika peoples thrive and contribute to Council's priorities.
- Bring knowledge and extra insight into Council about how the different needs of Wellington's Pasifika communities can be addressed in the context of Council's roles and priorities.
- It is recognised that members come from and remain connected to their communities, it is from this foundation members share their expertise and lived experience in this advisory role and engage with their communities and others as part of the wider council consultation processes. The expectations around this connection are set out in the *Communication and Involvement of communities* points [in the terms of reference].

Draft work programme:

In the 2023-24 year, the Pacific Advisory Group will contribute to Council projects and priorities in the following areas:

- Fale Malae developments
- Sports fields and recreation centres
- Water infrastructure including the impact of the Three Waters Water Reform
- Public transport, bike network engagements and Let's Get Wellington Moving
- Long-term Plan engagement
- Digital City Model/Digital Twin
- District Plan
- Climate Change mitigation and adaptation
- Economic Development
- Pasifika Festival

Additionally, the Pacific Advisory Group has the following areas of interest:

- Pacific Migration into Wellington – support for employment and connectivity to city services offered by WCC
- Support for Pacific language weeks led by the Ministry of Pacific Peoples
- Internal WCC progress including support for Pasifika staff and machinery of Wellington City Council

- Elections – supporting Pacific engagement for both the General election and local elections in partnership with the Electoral Commission
- Newtown Festival

This work programme is not prescriptive and the group may work on projects outside of these priorities.

Questions & Answers

Kōrau Mātinitini | Social, Cultural, Economic Committee

12 October 2023

2.1 Petition: Call for public toilets at Carrara Park, Newtown

1. Could we have a breakdown on why the costs to install a toilet please?

Based on previous toilet installation costs, the capital cost of a new toilet is between 350K and 450K and operating cost are around \$45,000 per annum. These costs vary depending on location and infrastructure costs.

2. What is the need to do the needs analysis and feasibility study as well, as we have the petition for the needs analysis - what long-term benefit do these reports provide?

As we have an E petition and support of the Residents Association along with a history of previous requests and a community playground at Carrara Park, Officers advice is we could undertake a more targeted needs analysis as part of the project.

A feasibility study will be undertaken as part of the project and assess the most practical location to build a toilet in the park, this will include assessing the availability of services and undertaking a report that consider safety and accessibility for users.

3. Is this something we could do in house to save on costs?

The feasibility study for the toilets at this site would be undertaken as part of the project and associated costs, there are no saving, external technical expertise will be engaged where required.

4. If councillor's direct officers to take the funds from the Newtown Workingman's bowling club budget - how long would it take to get the toilet implemented?

To work through the design/engineering, planning, engagement, consent, procurement and construction process, the estimated timeframe is between 12-18 months.

5. Do we need to go through public engagement also?

We assume that this would be a non-notified resource consent, public engagement would be targeted towards the Residents Association and neighbours on the proposed location in the park this would happen as part of the project.

3.2 Capital Carry-forward and Capital Programme Review.

1. **Please provide the latest version of the major projects capital programme performance report that has been provided to the Executive team.**

The latest version of the major projects capital programme performance report for Q3 was reported to the 31 May 2023 Long-term plan, finance and performance committee.

2. **Please provide the 2022/23 Quarter 4 report on the major capital projects (noting in Q3 this had been renamed to “Health Performance for the LTP significant projects (investments) Portfolio“**

A quarter 4 report is NOT prepared, as the Annual Report incorporates Q4 data in the end of year results.

3. **Please provide an explanation on how the appendix correlates with the content of the paper in terms of amounts and projects**

- The first table of appendix 1 provides a summary of the annual capital plan from the annual plan with the requested adjustments.

The adjustments are:

- Carry forwards from the prior year – reflects previously approved capital projects which underspent against budget but still need the funds allocated. We are requesting approval to carry forward this budget so it can be spent in the current financial year. Increase in \$94m.
- Plan changes reflect the rephasing of the future capital spend. Reduction in \$11m.
- Budget Changes – New spend we are requesting approval. \$2m
- The second table summarises the net of the carry forwards and the plan changes and identifies the key projects driving the change.
- The third table highlights the new projects we are requesting approval. In this instance it's the sub surface data projects which is being funded by better off funding.

4. **Please provide a list of all projects that receive a portion of the carry forward and totalling the \$94 million being requested as carry forward.**

<https://wccgovtnz.sharepoint.com/:b:/s/FinanceBusinessPartneringTeam-FBPLeadershipTeam/EfCS7RqAQR1KuUP0EQ-dCzUBzJlBzvYD96Rmf9HTu8M5A?e=PEQ8pk>

5. **Please provide details of the Better off Funding projects that are being included- including specific amounts for each projects- what has been spent to 30 June 2023 and what remains to be spent.**

There are 3 projects that have been allocated better off funding.

1. Subsurface Digital Twin. This was allocated \$4m better of funding. As of 30 June 2023 no capital spend had been incurred. The balance is expected to be incurred in 2023/24 & 2024/25 financial years.
2. The Climate Action Focus project was allocated \$3m of Better Off Funding. This project is categorised as opex and as such has no impact on capital budgets.
3. The Social Housing CHP tenant support fund was allocated \$7.42m. This project is categorised as opex and has no impact on capital budgets.

6. Please provide the amount of carry forward (of underspent capital programme) for the previous three years including the budgeted capital expenditure programme for each of the respective years

Year	2020/21	2021/22	2022/23
Carry Forward	77,331	52,247	93,541
Underspend	93,720	66,935	80,244
Budget	360,388	355,665	449,582
CF as % of Budget	21%	15%	21%
Underspend as a % of Budget	26%	19%	18%