

Community and Public Health Advisory Committee and Disability Support Advisory Committee Agenda



Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON And by Zoom		
Date:	25 November 2021	Time:	9am

Commissioners:	Emeritus Professor M Wilson, Deputy Commissioner (Chair) Ms T P Thompson-Evans (Deputy Chair) Dame K Poutasi, Commissioner Mr C Paraone, Deputy Commissioner Mr A Connolly, Clinical Advisor to the Commissioner Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi		
In Attendance:	Mr K Whelan, Crown Monitor Dr K Snee, Chief Executive Other Executives as necessary		

Next Meeting Date:	24 February 2022		
Contact Details:	Phone: 07 834 3622 www.waikatodhb.health.nz		

Our Vision: **Healthy People. Excellent Care** 

Our Values: People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

Community and Public Health Advisory Committee and Disability Support Advisory Committee Agenda



Item

1. **APOLOGIES**
2. **INTERESTS**
 - 2.1 Schedule of Interests
 - 2.2 Conflicts Related to Items on the Agenda
3. **MINUTES AND MATTERS ARISING**
 - 3.1 Minutes 23 September 2021
 - 3.2 Matters Arising from the Minutes
4. **COMMITTEE MEMBERS UPDATES**
 - 4.1 The Chair will invite members to provide updates as they relate to Waikato DHB
5. **PRESENTATION**

Across the two Statutory Committees (CPHAC/DSAC and HAC) we will be presenting on our preparedness for COVID in hospital services, the community and regionally (Te Manawa Taki)
6. **DECISIONS**
7. **DISCUSSION**
 - 7.1 Waikato DHB Travel Plan, Transport and Access
8. **INFORMATION/NOTING**
 - 8.1 2022 Meeting Dates
 - 24 February
 - 5 May
 - 23 June

NEXT MEETING: 24 February 2022



Apologies



Schedule of Interests

SCHEDULE OF INTERESTS FOR COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETINGS TO NOVEMBER 2021

Dame Karen Poutasi

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Network for Learning	Non-Pecuniary	None	
Son, Health Manager, Worksafe	Non-Pecuniary	None	
Chair, Wellington Uni-Professional Board	Non-Pecuniary	None	
Chair, Taumata Arowai	Non-Pecuniary	None	
Chair, Transition Programme Assurance Group	Non-Pecuniary	None	
Member, Health System Readiness Assurance Group	Non-Pecuniary	None	

Mr Andrew Connolly

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Clinical Advisor to the Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Acting Chief Medical Officer, Ministry of Health (secondment to 31 December 2021, part-time)	Non-Pecuniary	None	
Board member, Health Quality and Safety Commission (position non-active whilst Acting Chief Medical Officer, Ministry of Health)	Non-Pecuniary	None	
Employee, Counties Manukau DHB	Non-Pecuniary	None	
Clinical Advisor to Chair, Southern DHB	Non-Pecuniary	None	
Member, MoH Planned Care Advisory Group	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Mr Chad Paraone

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Māori Health Director, Precision Driven Health (stepped down from role from October 2020 to December 2021)	Non-Pecuniary	None	
Committee of Management Member and Chair, Parengarenga A Incorporation	Non-Pecuniary	None	
Director/Shareholder, Finora Management Services Ltd	Non-Pecuniary	None	
Acting Chief Executive, Interim Māori Health Authority	Non-Pecuniary	None	

Emeritus Professor Margaret Wilson

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Waikato Health Trust	Non-Pecuniary	None	
Co-Chair, Waikato Plan Leadership Group	Non-Pecuniary	None	

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Ms Te Pora Thompson-Evans

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Attendee, Commissioner meetings, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Member, Te Manawa Taki Governance Group	Non-Pecuniary	None	
Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB	Non-Pecuniary	None	
Iwi: Ngāti Hauā	Non-Pecuniary	None	
Maangai Maaori:			
○ Community Committee	Non-Pecuniary	None	
○ Economic Development Committee	Non-Pecuniary	None	
Director/Shareholder, Haua Innovation Group Holdings Limited	Non-Pecuniary	None	
Director, Whai Manawa Limited	Non-Pecuniary	None	
Director/Shareholder, 7 Eight 12 Limited	Non-Pecuniary	None	

Dr Paul Malpass

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Daughter registered nurse employed by Taupo Medical Centre	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	
Eldest son employed by Presbyterian Support, Northern	Non-Pecuniary	None	

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Mr John McIntosh

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)	Non-Pecuniary	None	
Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_	Non-Pecuniary	None	
Trustee, Waikato Health and Disability Expo Trust	Non-Pecuniary	None	

Ms Rachel Karalus

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Aere Tai Pacific Midland Collective	Non-Pecuniary	None	
Member, Waikato Plan Regional Housing Initiative	Non-Pecuniary	None	
Chief Executive Officer, K'aute Pasifika Trust	Non-Pecuniary	None	

Ms Gerri Pomeroy

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Co-Chair, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Trustee, My Life My Voice	Non-Pecuniary	None	
Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly	Non-Pecuniary	None	
Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development	Non-Pecuniary	None	
Member, Machinery of Government Review Working Group, Ministry of Social Development	Non-Pecuniary	None	
Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health	Non-Pecuniary	None	
Member, Enabling Good Lives National Leadership Group, Ministry of Health	Non-Pecuniary	None	

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^aMr Fungai Mhlanga

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities	Non-Pecuniary	None	
Trustee, Indigo Festival Trust	Non-Pecuniary	None	
Member, Waikato Sunrise rotary Club	Non-Pecuniary	None	
Trustee, Grandview Community Garden	Non-Pecuniary	None	
Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross	Non-Pecuniary	None	
Volunteer, Ethnic Football Festival	Non-Pecuniary	None	

Mr David Slone

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director and Shareholder, The Optimistic Cynic Ltd	Non-Pecuniary	None	
Trustee, NZ Williams Syndrome Association	Non-Pecuniary	None	
Trustee, Impact Hub Waikato Trust	Non-Pecuniary	None	
Employee, CSC Buying Group Ltd	Non-Pecuniary	None	
Advisor, Christian Supply Chain Charitable Trust	Non-Pecuniary	None	

Ms Judy Small

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Director, Royal NZ Foundation for the Blind	Non-Pecuniary	None	

^a The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic Communities/Department of Internal Affairs).

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Mr Glen Tupuhi

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Board member, Hauraki PHO	Non-Pecuniary	None	
Board member , Te Korowai Hauora o Hauraki	Non-Pecuniary	None	
Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster	Non-Pecuniary	None	

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Conflicts Related to Items on the Agenda



Previous Minutes

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Community and Public Health Advisory Committee held on 23 September 2021 commencing at 0900hrs.

Present: Emeritus Professor M Wilson (Chair)
Dame K Poutasi
Mr C Paraone
Mr D Slone
Dr P Malpass
Ms T Thompson-Evans (9.45am)
Mr F Mhlanga
Ms G Pomeroy
Mr J McIntosh
Ms J Small
Mr G Tupuhi

In Attendance: Ms D Chin
Dr K Snee, Chief Executive
Ms L Gestro, Executive Director – Strategy, Investment & Transformation
Mr R Nia Nia, Executive Director – Māori, Equity & Health Improvement
Ms C Lowry, Operations Director – Hospital and Community Services
Mr N Hablous, Company Secretary

Apologies: Mr A Connolly

ITEM 1: APOLOGIES

Resolved

THAT the apologies from Mr A Connolly are accepted.

Noted that Prof M Wilson to be excused at 1150hrs to attend another zoom meeting.

ITEM 2: INTERESTS

3.1 Register of Interests

No changes were required to the register of interests.

3.2 Conflicts relating to items on the Agenda

No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

3.1 Waikato DHB: 24 June 2021

**Resolved
THAT**

The minutes of the Community and Public Health Advisory Committee held on 24 June 2021 are confirmed as a true and correct record.

The committee:

Requested the presentation by Mr Chad Paraone on the Health and Disability reform is circulated to the committee members. Donna Straiton to distribute.

Moved: Ms G Pomeroy
Seconded: Mr F Mhlanga

3.2 Matters Arising from the Minutes

Nil

ITEM 4: COMMITTEE MEMBERS UPDATES

Members were invited to provide updates as they relate to the Waikato DHB.

Mr Glen Tupuhi praised the strategy and responders to the recent Hauraki COVID event. The communication from Mr Riki Nia Nia and the Waikato DHB incident response team was to be commended and was appreciated by Iwi and Kaupapa Maaori providers.

Dr K Snee in return commended Te Korowai Hauora o Hauraki for its magnificent work.

Noted that there was a good turnout for testing, however there is still a need to improve vaccination status. The presentation planned for later on the agenda relating to all things COVID will provide a debrief and learnings from those on the ground.

Mr F Mhlanga shared how the migrant and former refugee communities had coped with the alert level restrictions. Access to health services was more organised and responsive during the recent outbreak. Vaccination programmes were made available in the settlement centres. There are still small pockets of communities that require more information on vaccinations.

The Chair acknowledged the awareness that the city is changing and becoming more culturally aware and the need to change our behaviours to ensure all communities are informed on the vaccination.

Ms R Karalus shared that the K'aute Pasifika community had experienced a tough time due to COVID lockdown with some in need of financial support.

Noted that vaccination mobile vans are running to reach and support those in rural communities. It is a matter of exploring where opportunities exist to increase our vaccination rates, including door knocking to capture the 20% - 30% yet to be vaccinated. From a planning perspective, it would be advisable to leverage partnerships to help manage communication and compliance, increase the vaccination rate and provide wrap around services to our communities.

Noted that communication to the communities encouraging vaccination was best coming from those influential on the ground and from the Marae.

Dr P Malpass - some rural communities are faced with the challenge of residing 50 kms or more from the nearest vaccination centre.

Ms G Pomeroy – noted large numbers of the disabled community were seeking mask exemption.

Mr P Slone - the disabled community needs were being met as the support services put in place during the first lockdown had rolled over seamlessly. A good number of the disabled community are in the process of being vaccinated.

Mr J McIntosh – shared that older persons were nervous about the future and getting out and about.

Ms J Small – noted that transport remains problematic for the disabled community.

Noted the importance of the committee group to gather feedback and feed back solutions to improve our vaccination status.

Noted that communities generally found access to health services very good with few problems encountered.

Item 5 PRESENTATIONS

5.1 All Things COVID

The Committee

Received the presentation delivered by Maree Munro, Senior Lead for Vaccination Programme and Testing Programme, Debi Whitham, Testing Lead / PHO Community Relationship Manager and Fiona Murdoch, Resurgence Manager.

Noted the processes and structures being used to manage COVID both generally and during an outbreak including testing and vaccination.

Acknowledged the Partnerships formed that have proven to be valuable and effective in responding to COVID. The DHB team were supported by Kaupapa Maori providers for swabbing; Kai manaaki offered vaccination bookings and Hauraki pop up testing provided by Te Korowai Hauora o Hauraki.

Noted the additional support for communities in the bespoke area during the COVID Hauraki event, particularly for those self isolating in remote areas when MIF / Q was not a suitable option. Additional support provided by Iwi and Whanau ora programme to local families.

Noted pending improvements to improve efficiency in the form of E-ordering and Saliva testing.

Noted the current vaccination status; 23% of our eligible Maori population are fully vaccinated, compared to 35.7% of total population fully vaccinated; posing a need to focus our attention on our Maori population vaccination uptake. The DHB is encouraging local communities to communicate and promote the importance of getting a COVID vaccination. Moving to a mobile strategy for coverage of the areas that are in need of extra work.

Noted discussion on challenges and initiatives to deliver vaccinations to Maori and Pacific populations, our younger population, and our remote communities.

Endorsed the sharing of ideas to identify the areas with low vaccination rates (the gaps), remove barriers and mobilise communities to vaccinate.

Noted the sense of urgency to drive up engagement with all stakeholders to increase percentage vaccinated.

Noted the resurgence planning framework with the aim to manage COVID-19 in the Waikato – including strong Equity and Clinical Governance perspectives.

Requested that the presentation is made available to the committee members.

ITEM 6: DECISIONS

6.1 Waikato DHB Disability Responsiveness Plan 2021 / 2023

The report was taken as read.

The Committee

Received the Waikato DHB Responsiveness Plan 2021- 2023.

Noted the purpose of the plan to improve the responsiveness of health services to address the barriers and inequities that Whanau Haua experience when using the services at Waikato (DHB).

Noted that the plan was a final draft following extensive community consultation and review by a number of parties including rangatahi, Maori, Pacific and older people across six localities of the DHB. The Plan had also been presented to the Consumer Council who were supportive of the Plan's implementation process commencing.

Noted page 41 / 42 referring to support and training of staff to be more responsive to the needs of Whanau Haua which supports the equity focus on achieving inclusiveness in access to health and wellbeing.

Noted Mr D Slone's concern regarding the mental health component in the document and how it would take the focus from other disabilities; the smaller disabilities risk being overwhelmed by the larger intellectual disabilities.

Agreed to move forward with the plan, taking into consideration Mr D Slone's comments regarding the mental health component. Lisa Gestro to disentangle the mental health component as the next course of action.

ITEM 7: GENERAL BUSINESS

No further business.

ITEM 8: DATE OF NEXT MEETING

25 November 2021

Chairperson: Professor Margaret Wilson

Date: 23 September 2021

Meeting Closed: 10.36am



Matters Arising from Minutes



Committee Members Updates



Presentations

Across the two Statutory Committees (CPHAC/DSAC and HAC) we will be presenting on our preparedness for COVID in hospital services, the community and regionally (Te Manawa Taki)



Decisions



Discussion

**REPORT TO COMMUNITY & PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY
COMMITTEE
25 NOVEMBER 2021**

7.1

AGENDA ITEM 7.1

WAIKATO DHB TRAVEL PLAN, TRANSPORT AND ACCESS

Purpose

The purpose of this report is to update on transport access and support initiatives.

Recommendations

It is recommended that the Committee:

- 1) Note the content of this report.

LISA GESTRO

EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION

APPENDICES

Appendix 1:

Draft Memorandum of Agreement (MOA) (Waikato Regional Council (Waikato RC) and Waikato DHB); Provision of public transport fare concessions for Waikato Hospital campus

Appendix 2:

Draft MOA (Waikato RC and Waikato DHB): Taumarunui/Hamilton Health Bus service

SUPPORTING DOCUMENTS

The following documents are available on request:

- Waikato DHB Travel Survey Report (WSP, September 2021)
 - Waikato DHB Environmental Stocktake (WSP, September 2021)
 - Waikato DHB Stakeholder and Consumer Feedback Report (WSP, September 2021)
 - Waikato DHB Travel Demand Management Plan Recommendations (WSP, September 2021)
-

REPORT DETAIL

Background

The DHB Travel Plan project is a key component of the broader Waikato DHB Travel and Access Plan) was to better understand how the DHB can make travel easier for consumers, staff, visitors, and volunteers travelling to and from the Waikato Hospital main campus and staff travel between the Hospital and Waiora CBD site. As agreed by partners, the project scope had a primary focus on the greater Hamilton area.

This Plan was jointly developed by Hamilton City Council (Hamilton CC), Waikato Regional Council (Waikato RC), Waka Kotahi and Waikato DHB (DHB). It sets out a high-level strategy with measures aimed at addressing issues related to a high demand for car parking, low uptake of sustainable travel modes, and transport and access around these two sites.

Also noted are a number of supplementary initiatives instigated by DHB staff, namely:

- Public transport service and access improvements – joint work (Waikato Hospital);
- Proposed improvements to the Taumarunui Health Bus service – joint work; and
- An NTA Waikato review.

Discussion

The Travel Plan was co-funded by partners (Hamilton CC, Waikato RC, Waka Kotahi and DHB) with the DHB responsible for a small proportion of the total cost of the project. WSP was identified by project partners as the preferred transport and travel planning provider and contracted to undertake the work. There were four phases of the Travel Plan project – an Environmental Stocktake, a Travel Survey, Stakeholder and Consumer Engagement, and a Travel Demand Management Plan.

The project was implemented and completed notwithstanding the DHB cyber outage and COVID incurred timeline extensions (May-August, with the survey occurring May-June). Now that the project has concluded, WSP has produced project reports for project partners (see identified Supporting Documents).

Project reference group representation included DHB staff from the precursor to the Clinical Leadership Equity Group. Engagement occurred with groups representing DHB priority population groups. All Māori and Pacific health providers were approached regarding a focus group/waananga but given COVID commitments the vast majority choose instead to participate and promote the travel survey to their whānau and whānau they support.

The data collection methods that were used to inform the Travel Plan included a transport access review (a focus on the Waikato Hospital site), a facility and policies review, consumer and stakeholder consultation, and a travel survey.

The Travel Survey had 1692 respondents, of whom 11 percent identified as Māori and two percent as Pacific. Reports that comprise the full Travel Plan package will inform the development of the final Waikato DHB Transport and Access Plan by providing baseline travel behaviour data for key groups (including DHB priority populations).

The project identified the following key findings (full raw data and percentages are available in the supporting documents e.g. Travel Survey Report):

DHB priority population groups (general)

- Consumers' value community health transport services; people living over 50km from the Hospital, Māori, Pacific and those whose travel was impacted by a disability have high uptake.
- Confusing signage around the Waikato Hospital campus; does not support users who are unfamiliar with the site, particularly for Māori patients/whānau and those living with a disability.
- Unsafe or poorly maintained footpaths and walkways and inconsistent connectivity are a barrier e.g. narrow pathways on site and poorly maintained road/pathway markings.
- DHB priority population groups, more than the average consumer or visitor survey respondent, would like to change how they usually travel.
- Cost and safety issues were also highly ranked factors considered important when it came to influencing transport choice.

Those who identify as Māori or Pacific

- High travel by car (66%), followed by as a passenger (20%), and use of community health transport (11%).
- Higher level of stress associated with travel (60%).
- Challenges with a lack of whānau support provisions eg. support people accompanying a consumer using community health transport.
- Māori and Pacific are more aware of the Comet public transport bus service, are less likely to travel by bus, and are the most willing to change how they travel compared to the average patient or visitor.
- Convenience and travel time were the highest ranked 'important factors' considered most important when it came to influencing transport choice to the majority of respondents.

Those whose travel is impacted by a disability

- More likely to travel as a passenger in a car (24%) or arrive by ambulance (5%).
- This group has the highest levels of stress associated with their travel (62%) and were the least content with their current travel arrangements.
- Access to accessibility parking, use of accessibility parking and ease of journey to and from services are cited as key challenges.
- Unsafe or poorly maintained accessible footpaths and walkways and inconsistent connectivity are a barrier e.g. poorly maintained tactiles at crossings.

Those who live over 50km from Waikato Hospital

- High travel by car (54%), followed by use of community health transport (11%).
- Poor coordination/timing of appointments with available community health transport services is causing stress. As an aside, the DHB is also aware of whole of journey ('Hospital to home') gaps for some consumers with no transport option in key localities e.g. Northern Ruapehu linked to the Taumarunui Health Bus.
- This group would like increased access to community transport services (52%), in particular for areas that are currently not well serviced.

DHB Staff and volunteers

- Infrastructure and parking issues e.g. double parking on the grass berms and visibility of carpark signage.
- High private vehicle use (70%) and low uptake of other transport modes by staff reduces car parking for consumers and visitors; creates stress; and is likely a contributing factor to DNA.
- Quite high staff willingness to use public transport (travel option staff most willing to use in future) (40%); while scheduled bus services, work shifts and lack of service coverage (public transport) are challenges.
- High staff willingness to travel by bike (30%); inadequate cycle/micro-mobility routes, not enough secure bike/e-bike/e-scooter/scooter parking, and facilities; high level of awareness of available secure cycle/micro-mobility facilities and showers.
- Staff willingness to walk to the Waikato Hospital; Unsafe or poorly maintained accessible footpaths and walkways and inconsistent connectivity are a barrier.
- A moderate proportion (26%) would like to change how they travel; recognise they have more than one means of travel; however, feel it would be difficult to change their current travel arrangements.
- Hospital staff and volunteers are most willing to consider travelling by public transport (44%), carpool/share (40%), and bike (30%) (in that order), if options were convenient and safe.
- Schemes staff/volunteers would like to see: 1) guaranteed ride home scheme, 2) subsidised public transport, 3) carpool/share schemes, 4/5) after hours security and additional secure bike parking (in that order).

The results of each of the four phases have been written up in detail in four reports prepared by WSP for project partners. These findings and recommendations also supported development of the proposed priority actions for inclusion in the DHB Transport and Access Plan.

The DHB has also been working alongside WRC on a number of public transport service improvements and on NTA support enhancements (for DHB priority population groups) which will inform further development of the DHB Transport and Access Plan.

Supplementary initiatives: Public transport related service and access improvements

These initiatives along with improving access with also help deliver sustainable outcomes linked to the DHB Sustainability Commitment.

Proposal for a public transport fare concession

This initiative will action a recommendation from the Travel Plan work which identified cost as one of the most important factors for consumers/visitors in regards to them changing their travel behaviour. Thirty three percent of survey respondents are not content with their current travel arrangements and forty four percent would travel by bus to and from work. GIS heat mapping shows a high clustering of DHB staff living in close proximity to the Comet bus route. Note that current bus stops are a constraint to increased demand generated by Waikato Hospital and also residential growth planned for southern Hamilton e.g. Peacocke development.

The proposed fare concession will be piloted and is outlined in summary form below.

- A 50 percent fare concession for all passengers who tag off their bus at Waikato Hospital. Passenger would either show their DHB IS card (staff) or a health service appointment letter to access this concession.
- DHB and Waikato RC MOA (Attachment 1) confirms that the DHB funding commitment for this concession would be up to \$200K per annum (estimate, still to be confirmed by Waikato RC), with any costs incurred over this amount via additional patronage demand covered by Waikato RC.
- Staff from both organisations recommend trialling this for a six month period (October 2021 - March 2022), and monitoring uptake via reporting from the bus ticketing system.

Note that there is a broader need for more direct and frequent public transport bus services to and from Waikato Hospital and this has been raised by DHB staff with Waikato RC.

Improvement to the Taumarunui/Waikato Hospital Health Bus

Discussions with Waikato RC have identified an opportunity to open up use of the bus to include the public (i.e. residents from Taumarunui and main stopping points including Te Kuiti), as per Waikato RC and Waikato DHB MOA (Attachment 2). The current daily return Taumarunui Health Bus service is fully funded by the DHB, and the service was improved in 2019/20 in response to consumer feedback.

This initiative should help improve physical access to access to essential services based in Hamilton for northern Ruapehu residents, and support a small financial sustainability benefit to the DHB. Further engagement will occur via the north Ruapehu community health forum before a decision is taken to proceed.

Some background and the proposed initiative is summarised below:

- Current patronage (DHB consumers and whānau support) on this bus service is around 3-15 people per day. As the service contract stipulates a 40 seat bus, the bus is currently not quite at 50 percent capacity for each trip.
- The DHB has been clear and it has been agreed with Waikato RC that health consumers (and whānau support) would always take priority in terms of service bookings, and that members of the public who are not health consumers or whānau support would pay a fare set by Council (see MOA for the proposed fare).
- Waikato RC will provide and install a ticketing machine on the bus at no cost to the DHB, and will also install an eftpos machine to enable patrons to purchase and use a Bee card.
- Any fare collected on the service from members of the public (non DHB health consumers and whānau support) would be reimbursed to the DHB to help offset the current cost of this bus service.
- It has been agreed with Waikato RC that strict protocols will be put in place to manage levels of risk appropriately during COVID alert levels.

Supplementary initiatives: Waikato National Travel Assistance (NTA) review

Waikato DHB NTA and SIT are reviewing the current nationally prescribed criteria for NTA support (locally adapted) for health consumers to enhance this where appropriate to meet newly defined needs. This process will be based upon the equity principles of the Clinical Leadership Equity Group, and Rapua Te Ara Matua (Equity Report). This review will be designed to meet the requirements and equity characteristics of the

seven DHB localities. This includes consideration of support for service only available via other DHBs.

Next steps

Subject to DHB budget considerations, implementation of some priority equity actions and 'quick wins' from the Travel Plan work will begin in late 2021. It's anticipated that implementation of the full plan, as part of the broader Waikato DHB Transport and Access Plan, will begin in 2022.

In implementing the Travel Plan it will be important that the project engages with and involves those who may be most affected by this change – this includes a cross-section of consumers, visitors, whānau, staff, volunteers, transport providers and councils. Priority population groups, including Māori need to have a voice and influence throughout the detailed refinement and implementation of the final Travel Plan e.g. via focus groups and/or Consumer Council.

Travel Plan implementation priority equity actions

The following priority equity actions are recommended by DHB staff for implementation by DHB staff related to travel support and coordination of appointments and travel options, subject to refinement and advice from the Clinical Leadership Equity Group:

- 1) Promote with whānau health transport options, transport support and whānau support provisions.
- 2) Ask consumers from DHB priority population groups on setting an appointment if the consumer has a travel option and if not suggest one, provide information on NTA support, and encourage and support Māori to bring whānau support.
- 3) Review Waikato NTA policy to enable equity and take account of Waikato characteristics and key criteria including but not limited to ethnicity, level of social deprivation and Rapua Te Ara Matua (Equity Report) findings, and implement the revised NTA policy. Notes that this review is in advance of a review of the national NTA policy.
- 4) Provide funding support options for travel (transport/accommodation) for all Māori consumers based upon the revised Waikato NTA policy.
- 5) As a trial, implement the agreed MOA between the DHB and Waikato RC for a public transport bus fare concession(s) for staff/volunteers and/or consumers/visitors tagging off at Waikato Hospital.
- 6) As outlined in the MOA (Waikato RC and Waikato DHB), trial public access to the Taumarunui Health Bus and monitor and report on patronage, ensuring consumer bookings take priority.
- 7) Consider recommended property and infrastructure improvements (Waikato Hospital) linked to safe and accessible travel for DHB priority groups as part of the DHB Site Master Plan (refer Environmental Stocktake Report).

Travel Plan implementation

Identified 'Quick wins' specific to DHB priority population groups include:

- 1) Continue engagement about transport; and expand to include with groups who may not have participated in the stakeholder interviews with support from the Clinical Leadership Equity Group e.g. Iwi and Māori health providers.
- 2) Co-design further initiatives with priority population groups e.g. any changes to community health transport service of booking system, additional public transport services or fare concessions (DHB and Waikato RC).

- 3) Explore the barriers, motivators, and triggers of each priority population group to develop a more detailed action plan to address challenges for each group.
- 4) Expand DHB support for community health transport and service options for community health transport serving areas identified as being of highest need i.ee North Waikato, South Waikato, part Waitomo/Otorohanga (Te Kuiti and surrounds) and North Ruapehu. Do this by working alongside Māori and those living with a disability or living at a distance from Waikato Hospital. As an aside, the DHB is establishing a contract with Nga Watene Māori O Te Rohe Potae (Māori Wardens) to provide a further option for community health transport services for whānau.
- 5) Monitor priority parking for mobility vans at Waikato Hospital to ensure only van users with a disability permit use this parking e.g. Hague Rd Carpark.
- 6) Continue to work with CCS Disability, other approved providers (e.g. Smart Access) and patients and DHB Property and Infrastructure to check that the Waikato Hospital campus grounds and main entrances are accessible for the mobility impaired and regularly maintained, and complete accessibility mapping for this site.
- 7) Include responsibility for ongoing DHB Travel Plan implementation and travel monitoring as part of the DHB Sustainability Officers(s) role(s) given the link to the DHB Sustainability Commitment and associated action plan.

Identified 'Quick wins' for DHB staff include:

- 1) Continue and expand the steering group and project working group to maintain and strengthen engagement and support e.g. expand to include Clinical Leadership Equity Group representation.
- 2) Co-design and implement a carpool/share scheme at Waikato Hospital with free parking for users.
- 3) Develop personas to help inform targeted social marketing campaigns to roll out alongside infrastructure and service improvements.
- 4) Provide a fleet vehicle to security staff after its dark to provide an escort service for staff to cars parked off-site to increase personal safety.
- 5) Establish priority parking areas for afternoon/evening shift workers.
- 6) Include responsibility for ongoing DHB Travel Plan implementation and travel monitoring as part of the DHB Sustainability Officers(s) role(s) given the link to the DHB Sustainability Commitment and associated action plan.

The Travel Plan is not asking everyone to change their everyday mode of travel - however if everyone travelled differently just once a fortnight then we would see an immediate ten percent improvement or positive change. It is also about providing support and opportunities to those who are keen to change how they travel. However the Travel Plan is not just about parking or access or transport, it's also about encouraging active lifestyles, for healthier communities and lessening impacts on our environment e.g. links to the Sustainability Commitment.

To conclude, Waikato DHB Commissioners in response to a report (27 October) noted the completed Travel Plan and that the Waikato DHB is developing a comprehensive Transport and Access Plan. They approved the implementation of discrete actions outlined above from the Travel Plan recommendations where these will not be impacted by the subsequent development of the full Transport and Access Plan; are supported by stakeholders; and can be accommodated within budget.

Commissioners also approved the trial of a public transport fare concession (for bus travel to and from Waikato Hospital) and of changes to the Taumarunui Bus Service

embodied in the Memorandum of Agreements attached noting that the financial impact will be closely monitored.

The Travel Plan findings were also reported to the Waikato DHB Consumer Council (4 November).

Discussion between Waikato DHB and WRC staff is occurring to confirm an agreed start date for the public transport fare concession. Again, discussion between Waikato DHB, WRC, the Taumarunui Health Bus service provider staff, and local community health forum participants (30th November) will help confirm the changes to the Taumarunui Health Bus Service, and the start date for these changes.

The Transport and Access Plan will likely be completed in early 2022 and the implementation plan arising from it will roll up the actions already commenced.

Equity

Mana Whakahaere (Article 1)

The DHB Transport and Access Plan Project Reference Group include representatives of the precursor to Clinical Leadership Equity Group, and advice was sought on survey scope from ED MEHI and the Director Māori Health (SIT). Consumer Council members were also involved in the Project Reference Group.

Mana Motuhake (Article 2)

Māori providers were included in stakeholder and consumer engagement. Consumer Council members were also involved in this. CLEG guidance will support further engagement and implementation of agreed priority actions.

Mana Tāngata (Article 3)

Data collected as part of the Travel Survey is split by Māori/Pacific, Those whose travel is impacted by a disability, and those who live 50km or more from Waikato Hospital. Findings where available were represented where possible and appropriate by DHB priority population group. Equity gaps identified inform the priority equity actions, and these include actions that target Māori exclusively.

Mana Māori (Declaration/Article 4)

The work was procured by Hamilton City Council on behalf of project funders who agreed collectively on the project scope. While not successful in advocating for inclusion of Matauranga Māori, the DHB was successful in arguing that the scope needed to have a focus on DHB priority populations and data was needed to support this. Tikanga was observed in engagement with Māori providers.

Efficiency

The project contributes to improved efficiency in regards to physical access to health care services.

Quality and Risk

The Travel Plan and transport access and support initiatives support continuous quality improvement to improve access to health care for the DHB's priority population groups.

Strategy

The Travel Plan and broader DHB Transport and Access Plan align with Te Korowai Waiora intent – goals 3 and 5 in particular, and Te Manawa Taki, along with the DHB's Sustainability Commitment. Given DHB involvement, it will also be designed to

complement and take account of the Greater Hamilton Metro Spatial Plan and associated transport planning.

Future Reporting

An update report will be provided in November 2022, including a priorities equity actions programme for investment.



Information/Noting

2022 Meeting Dates:

4 February
5 May
23 June



Next Meeting: 24 February 2022