

AGENDA



Community and Public Health Advisory Committee, Disability Support Advisory Committee and Hospitals Advisory Committee

Please note the agenda is combined this month

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street, HAMILTON And by Zoom		
Date:	5 May 2022	Time:	9am – 12pm

Commissioners:	Emeritus Professor M Wilson, Deputy Commissioner (CPHAC/DSAC Chair) Mr A Connolly, Deputy Commissioner (HAC Chair) Dame K Poutasi, Commissioner Mr C Paraone, Deputy Commissioner Ms K Hodge, Iwi Māori Council Chair Ms R Karalus Dr P Malpass 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		

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**

AGENDA



Community and Public Health Advisory Committee, Disability Support Advisory Committee and Hospitals Advisory Committee

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 24 February 2022
 - 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 and to give their reflections/observations as Statutory Committee members
5. **PRESENTATION**
 - 5.1 [Locality Planning](#) (presentation from the Transition Unit at 9.30am)
6. **DISCUSSION**
 - 6.1 [Hospital and Community Services Monthly Report – Winter Planning and Planned Care Services](#)
 - 6.2 [Update on Disability Responsiveness Activities](#)
7. **INFORMATION/NOTING**
 - 7.1 [Waikato DHB Haerenga Pai Travel and Access Plan Update](#)
8. **GENERAL BUSINESS**



Apologies



Schedule of Interests

SCHEDULE OF INTERESTS FOR COMMUNITY & PUBLIC HEALTH, DISABILITY SUPPORT AND HOSPITALS ADVISORY COMMITTEES MEETING, MAY 2022

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	

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>
Deputy 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	
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	
Chief Advisor, Hauora Māori & Equity, Health Transition Unit, Department of Prime Minister and Cabinet	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	

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.

Ms Kataraina Hodge

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	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community & Public Health and Disability Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Iwi Māori Council, Waikato DHB	Non-Pecuniary	None	
Member, Te Manawa Taki Governance Group	Non-Pecuniary	None	
Chair, Raukawa Settlement Trust	Non-Pecuniary	None	
Deputy Chair, Waikato Regional Council	Non-Pecuniary	None	
Chair, Raukawa Charitable Trust	Non-Pecuniary	None	
Director, Raukawa Iwi Development Trust	Non-Pecuniary	None	
Member, Ngāti Tahu Tribal Lands Trust	Non-Pecuniary	None	
Trustee, Paeroa South 2B1B Land Trust	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	

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.

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	

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.

^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	
Advisor - Trust Board, Progress to Health (New Progress Enterprises) – a mental health and disability support service provider	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).

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.

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	

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	

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.



Conflicts Related to Items on the Agenda



Previous Minutes

WAIKATO DISTRICT HEALTH BOARD
Minutes of a combined meeting of the
Community and Public Health Advisory Committee and
Hospital Advisory Committee held on
24 February 2022 commencing at 0900hrs via Zoom

Present: Emeritus Professor M Wilson (Chair)
Mr C Paraone
Mr D Slone
Dr P Malpass
Mr F Mhlanga
Ms G Pomeroy
Mr J McIntosh
Ms A Elliott-Hohepa (on behalf of Ms K Hodge)
Ms R Karalus
Dame K Poutasi (Commissioner)

In Attendance: Ms D Chin
Dr K Snee, Chief Executive
Mr R Nia Nia, Executive Director – Māori, Equity & Health Improvement
Ms C Lowry, Operations Director – Hospital and Community Services
Dr J Carr, Chief Medical Officer – Primary Care
Mr N Hablous, Company Secretary
Mr G Morton (attending on behalf of Ms L Gestro)
Ms M Munro, Executive Lead COVID Directorate
Ms Mary Anne Gill (for part of the meeting) – Senior Writer, Te Awamutu & Cambridge News

Ms A Elliott-Hohepa lead the Karakia.

ITEM 1: APOLOGIES

The Committee:

- a) **Accepted** the apologies from Ms J Small, Ms K Hodge and Mr G Tupuhi.

ITEM 2: INTERESTS

2.1 Register of Interests

The Committee:

- b) **Noted** the Register of Interests.
- c) **Noted** amendments to the Interests for Dame K Poutasi and that the Interests register would be updated accordingly.

2.2 Conflicts relating to items on the Agenda

The Committee:

- a) **Noted** no interests related to items on the agenda.

ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

3.1 Waikato DHB: 25 November 2021

Resolved THAT

- a) The Minutes of the Community and Public Health Advisory Committee, including the Disability Support Advisory Committee held on 25 November 2021 are confirmed as a true and correct record.
- b) The Minutes of the Hospital Advisory Committee, held on 25 November 2021 are confirmed as a true and correct record.

Due to Covid protocols in place, Mr C Paraone indicated that the Community and Public Health Advisory Committee and Hospital Advisory Committee would be combined as one meeting today given common presentations and was supported in this by Professor M Wilson.

ITEM 4: COMMITTEE MEMBERS UPDATES

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

The following matters were raised:

- The need to get older people immunised against influenza.
- The lack of face to face contact with GPs was of concern with phone consults not offering the same degree of support.
- The need for equity of access to extend to the Disability Sector, especially given the inherent vulnerability of the disabled.

The DHB had raised these matters with General Practice and discussions are continuing.

Item 5: PRESENTATIONS

5.1 COVID Update

Ms M Munro delivered a comprehensive update on Waikato DHB's management of Omicron and updated the Committee on the following:

- System-wide Response (primary, secondary, tertiary care and supporting sectors) and on Testing/Case Management/Isolation and quarantine and Care in the Community.
- Tākina: Central Coordination Hub which was Whānau Centred/Manaaki-Led consisting of Local Community Hubs offering Marangai Areare and PCRU Support.
- Integrated Co-ordination Hub (ICC):
 - Single point of entry for any COVID related queries.
 - Direction to the appropriate service for action.
 - Admin support, information sharing, connections to Community hubs,
 - Support to stakeholders.
- Lists of Community Hubs.
- The Whānau Planning Booklet which is being finalised this week and going to print early next week.
- Vaccination Pathway – first and second doses of COVID vaccine for Māori, Paediatric vaccinations and rapid rollout of booster vaccinations.
- Testing – identifying current issues and mitigations.

- Hospital & Community Services – COVID Resilience Plan workstreams, and impact on services.

Of note:

- The team was to be congratulated for their hard work and excellent organisation to date.
- As of the date of the meeting, there were no patients in ICU and modelling on numbers continues.
- Self-management for people with a disability was challenging and required ready access to RATs and other supplies. Support was available from GPs, there was also a 0800 number people can call and some NGOs are providing support in their own right.
- There is a video on the DHB's Facebook page and Ministry of Health website showing how to do RATs tests.
- The migrant community is satisfied with the support being provided to it.
- Follow up conversation is to be held with Ms R Karalus on strategies to address boosters for children.
- Self-reporting of testing has meant data is not accurate. Anyone with a positive test should record this on the MyCovid web page against their NHI number but there will inevitably be cases where technology challenges and the distractions of life preclude this.
- Clarity would be provided on the testing requirements of people travelling overseas.
- The Whānau Planning Booklet and other relevant information would be provided to the media to assist public education.

Resolved

THAT

- a) The presentation delivered by the Executive Director of the COVID Directorate is received.
- b) A copy of the Whānau Planning Booklet is emailed to Committee members.

Professor M Wilson welcomed Mrs MA Gill (Senior Writer – Te Awamutu & Cambridge News) to the meeting and gave her a summary of topics discussed thus far during the meeting.

ITEM 6: DISCUSSION

6.1 Planned approach to MMR & Influenza vaccination.

The Chief Medical Officer for Primary Care delivered a comprehensive update on Waikato DHB's current status, issues and plans for vaccination programmes in 2022.

Of note:

- MMR – a lot of work has been done and this has been reinvigorated with winter approaching and borders opening.
- Joint planning with partners, PHOs, GP/primary care, Māori and Pacific providers and pharmacies is currently underway.
- Transitioning the Covid-19 workforce and increasing authorised vaccinators and targeting communications, promotion/education roles.
- Working with other sectors such as Education and Kainga Ora.
- Low vaccination for Māori – there is an urgency approach to this with the aim to start with the unenrolled population first.
- PCRU (Primary Care Response Unit) is encouraging people to enrol.
- There was a significant shift downwards in childhood vaccination rates since April 2020.

- Taking a Manaaki first approach.
- An appreciation that the workforce is really stretched at present and conversations occurring with all our partners to get a collective response.

**Resolved
THAT**

The presentation given is received and the excellent work being done is commended.

6.2 Hospital and Community Services Monthly Report – Planned Care

The Executive Director, Hospital and Community Services updated the Committee on planned care services performance and areas of focus to improve wait times and manage the impact of the Omicron outbreak.

**Resolved
THAT**

The Committee noted:

- a) There have been a number of factors that have impacted on planned care services during 2021/22.
- b) The services have delivered 98% of the PCI plan and 90% of the surgical discharges target despite these challenges.
- c) The number of patients waiting for services has increased as a result of these events.
- d) Service Plans are in place to assist with ensuring access for the most urgent patients and for those with the longest wait also taking into account equity impacts.
- e) There is ongoing monitoring to ensure clinical priorities are met and that the number of long-wait patients is decreasing.

6.3 Travel and Access Plan

The final Waikato DHB Haerenga Travel and Access Plan was submitted to the February Commissioner meeting for consideration. It set out actions aimed at addressing equity issues related to a high demand for car parking, low uptake of sustainable travel modes, poor transport and health appointment bookings co-ordination and limited travel support for DHB priority populations, in particular those for whom associated travel costs or options are barriers to accessing health care.

The plan identified problems and benefits, with associated evidence (including key Travel Plan project findings).

The seven key focus areas being:

- 1) Access, accessibility and networking of services for rural localities.
- 2) Improving consumer travel support, and travel/appointment bookings co-ordination.
- 3) Parking management and accessibility of the Waikato Hospital campus.
- 4) Travel choices to and from Waikato Hospital (greater Hamilton).
- 5) Staff travel between key DHB facilities in Hamilton and enabling remote working.
- 6) Communication, engagement and monitoring implementation.
- 7) Working with key partners to enable effective and equitable responses.

It was noted that Covid will impact how quickly implementation occurs.

Resolved
THAT
The report is received.

ITEM 7: GENERAL BUISNESS

No further business.

ITEM 8: DATE OF NEXT MEETING

Thursday 5 May 2022

It was agreed that the next meeting in May will be the last meeting and will cover:

- Transitional arrangements.
- Work on Localities.

Mr C Paraone closed with a karakia.

Chairperson: _____

Date: _____

Meeting Closed: 10.45am



Committee Members Updates and Reflections



Presentations

Locality Planning - presentation available on day of meeting



Discussion

**REPORT TO COMMUNITY & PUBLIC HEALTH,
DISABILITY SUPPORT AND HOSPITALS ADVISORY
COMMITTEES
5 MAY 2022**

AGENDA ITEM 6.1

HOSPITAL & COMMUNITY SERVICES MONTHLY REPORT

Purpose

The purpose of this report is to provide an update on Winter Planning and Planned Care Services within the Hospital and Community Services, and areas of focus that will support the maintenance of access to services over the coming months.

Recommendations

It is recommended that the Committee:

- 1) **Note** the impact of the COVID-19 outbreaks on planned care and wait lists.
- 2) **Note** that the services have delivered 87% of the PCI plan year to date with only 57% achieved in the month of March as a result of the Omicron outbreak.
- 3) **Note** that the number of patients waiting for services have increased as a result of these events.
- 4) **Note** service plans are in place to assist with ensuring access for the most urgent patients and for those with the longest wait also taking into account equity impacts.
- 5) **Note** the winter planning that is being progressed to ensure access to services is maintained.
- 6) **Note** the strategies that are being put in place to assist with managing the impact of a further COVID outbreak or other outbreaks relating to RSV and Influenza.
- 7) **Note** that the focus continues on staff wellbeing and resilience.

**CHRISTINE LOWRY
EXECUTIVE DIRECTOR HOSPITAL & COMMUNITY SERVICES**

1. Planned Care

Background

Planned Care

Over the months of March and April, Planned Care has been significantly impacted by Omicron as the DHB escalation processes have been triggered. This has impacted both First Specialist Assessments and surgical procedures.

Out Patient activity has been reduced to urgent cases only as face to face with a large number of patient appointments being converted to virtual.

Theatre activity has also been reduced to cancer and time critical planned surgeries and maintenance of access for acute surgery. Overall theatre capacity has also been impacted on by COVID related staff illness and vacancies.

The maximum number of theatres normally operating at Waikato Hospital full capacity is 24. Over March and April capacity has at times reduced to as low as 14 operating theatres in total.

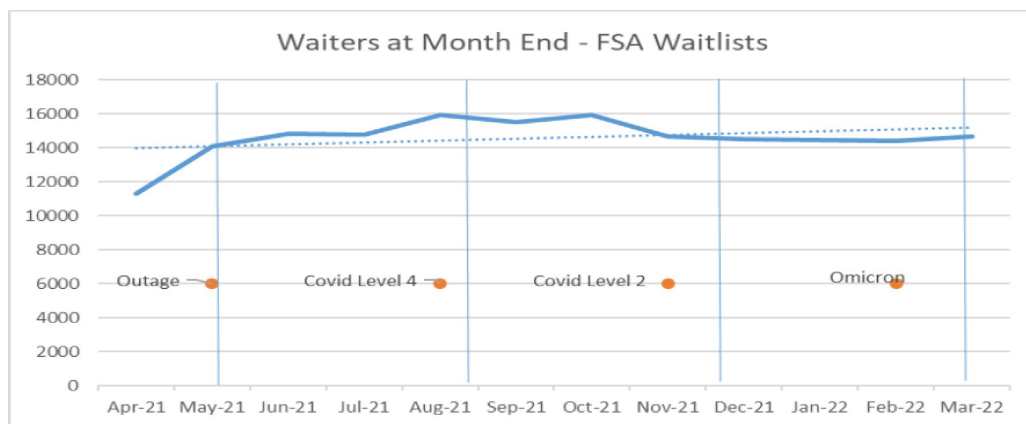
Due to the reduction in theatre capacity outsourcing of surgical planned care and facility lists have continued which has supported the YTD inpatient surgical throughput. Discharges are at 87% of the plan, noting that in March only 57% of inpatient surgical discharges were achieved as a result of the reduction in activity.

Waiting List Indicators

Omicron management plans have triggered reduced capacity for planned care delivery in February, March and April. Re-prioritisation of urgent and deferred patients has resulted in a cumulative growth in long waiters, and variability in waitlist numbers month to month for both FSAs and treatment.

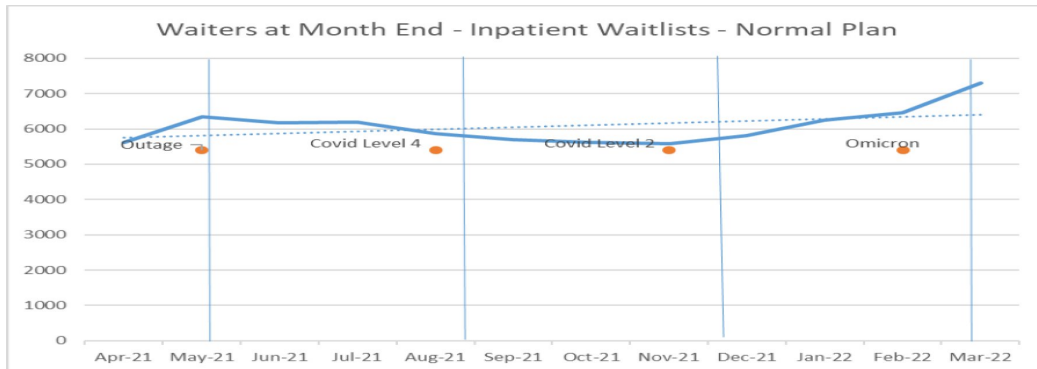
First Specialist Assessments

The total number of patients waiting for an FSA has increased slightly to 14,627. Outpatient delivery has been restricted to high suspicion of cancer, urgent referrals and time critical assessments only through March and April as part of the Omicron management plan. The graph below shows the outpatient wait list trend since prior to the cyber-attack through to the end of March. This reflects the impact of restrictions on delivery at different points.



Inpatient Wait List

The graph below shows the trend for the inpatient wait list from the period prior to the cyber-attack through to the end of March. Capacity for planned care has been significantly reduced over February March and April in response to workforce vacancy in theatre and the Omicron management plan. This has resulted in an increase in the number of patients on the inpatient waitlists.



Access to planned care remains a key priority within the Hospital and Community Services. Weekly meetings are in place to review planned care and wait lists to ensure we are minimising any potential risk resulting from deferment of appointments or treatment.

The specialties where we are seeing the biggest impact on wait lists include: ENT, Orthopaedics, Neurology, Ophthalmology, Maxillo Facial surgery and Cardiology.

Now that the impact of the Omicron outbreak on hospital and community services is starting to reduce, plans are in place to increase the level of planned care from the beginning of May to almost normal levels. The focus will be on high priority patients and where there has been an impact on equity in the first instance. The surgical outsourcing plan has been maximised and will continue. This has assisted to maintain some level of planned care over the last three months.

Work is also progressing locally and nationally looking at how we can reduce the impact of COVID on planned care overall.

2. Winter Planning

Every year we plan for the anticipated increase in demand over the winter months. Planning for the coming winter is in progress however this year we need to take into account the likelihood of a further COVID outbreak, RSV and Influenza outbreaks and any impact from the decrease in the immunization programme.

Our planning is underpinned by the need to maintain access to acute services and planned care, and the maintenance of safe patient care.

An assessment of preparedness has been undertaken as part of a Ministry led review looking at all parts of the system and how we might leverage off some of the initiatives implemented as part of our COVID reliance response.

Planning across the Hospital and Community services is being informed by national and local modelling that has been completed taking into account all of the above.

Worst case and best case scenarios are being developed based on the modelling and in line with the resilience planning completed for the Omicron outbreak. Planning assumptions allow for the management of 30 – 80 patients requiring isolation at any one time to manage the impact of a future COVID outbreak and other outbreaks relating to RSV and influenza.

We are also taking into consideration an increase in staff illness during this time and the impact this will have on service delivery.

Contingencies are in line with the COVID response plans and include:

- A focus on admission avoidance and early supported discharge – leveraging off clinical pathways and community supports that have been developed and enhanced over the last three months.
- Processes will continue in the emergency department to support the streaming of potentially infectious patients.
- Strategies to support timely assessment and decision making in the emergency department to support access and patient flow.
- Co-horting infectious patients to reduce the risk of nosocomial transmission.
- Continuation of the discharge coordinator role introduced as part of our COVID response.
- Staff redeployment plans to assist with managing the impact of staffing gaps resulting from illness and the underlying vacancies.
- Reduction in planned services will also be considered if this is required.

Staff wellbeing, recruitment and retention is a key priority given the impact the Omicron outbreak has had on staff. There is a need to balance supporting staff to take annual leave whilst maintaining rosters to support service delivery. The influenza vaccination is being promoted amongst staff and other staff wellbeing programmes will continue over the next few months.

There is a need to continue with active recruitment and reduce the number of vacancies whilst also developing strategies that will support the retention of staff now that the borders have opened. These are key priority areas that we continue to focus on with the workforce and recruitment teams.

**REPORT TO COMMUNITY & PUBLIC HEALTH,
DISABILITY SUPPORT AND HOSPITALS ADVISORY
COMMITTEES
5 MAY 2022**

AGENDA ITEM 6.2

UPDATE ON DISABILITY RESPONSIVENESS ACTIVITIES

Purpose

The purpose of this report is to provide a high level update on disability responsiveness activities including Hamilton City Council disability policy and planning and possible joint work opportunities.

Recommendations

It is recommended that the Committee:

- 1) Note the content of this report.

**LISA GESTRO
EXECUTIVE DIRECTOR STRATEGY, INVESTMENT & TRANSFORMATION**

APPENDICES

Draft Hamilton City Council Disability Policy (April 2022)

SUPPORTING DOCUMENTS

None

Background

The DHB Disability Responsiveness Plan and Whanau Haua Disabled Peoples Health and Wellbeing Profile have been completed and reported to CPHAC/DSAC in August 2021. Both documents were launched via the Waikato Disabled Persons Assembly on 21 February 2022.

Hamilton City Council (the Council) is currently updating its Disability Policy and Annual Action Plan and is engaging with the DHB as part of these processes. The Council is also

keen to discuss and identify with DHB possible joint work opportunities linked to our respective disability policies and plans.
This report provides an update on related activities.

Discussion

Given the Disability Responsive Plan was only launched in February this year, and the impacts of COVID on progressing implementation, this report focuses on providing an update on broader disability activities.

In summary, activities related to whānau hauā instigated or proposed for consideration by the DHB and/or Council include:

- Engagement with the Council's Disability Advisor on the draft DHB Travel and Access Plan (December 2021)
- A new ongoing whānau hauā/disability community health forum established (inaugural forum hosted by Waikato Disabled Persons Assembly, 11 April 2022) - agreement by forum participants to support implementation of Disability Responsiveness Plan actions, where appropriate
- Council instigated an engagement process on its draft Accessibility Policy (March - April 2022) - DHB to provide informal feedback on the draft policy as part of this (Appendix 1)
- Council is proposing an engagement process on its draft Disability Action Plan - DHB to provide feedback as part of this consultation
- Proposed for consideration and further discussion: Joint work (DHB / Council) on accessible transport advocacy and action e.g. future public transport planning
- Proposed for consideration and further discussion: Joint work (DHB / Council) to assess the feasibility of expanding the operative cross Council accessibility group to be a joint group which includes health representation (health consumers and/or staff).
- Proposed for consideration and further discussion: Joint work (DHB / Council) on identifying opportunities for joint workforce development (link to Action 3.1 of the DHB Disability Responsiveness Plan).

Representatives from the DHB and Council will speak to these activities.

The DHB will engage with Council to support further development of its Disability Policy and its next Action Plan. It will also discuss and agree with key Hamilton City staff joint work focus areas for the short term which will be reviewed and updated over time to ensure alignment with new health system identified needs and opportunities.

Equity

Mana Whakahaere (Article 1)

Māori leadership is evident throughout the planning, design, engagement and completion of the Disability Responsiveness Plan..

Mana Motuhake (Article 2)

The Disability Responsiveness Plan was co-developed with Māori Whānau Hauā and includes solutions that uplift Māori.

Mana Tāngata (Article 3)

Equity for Māori is a priority. Equity focused monitoring and evaluation must be prioritised.

Mana Māori (Declaration/Article 4)

Partnership and co-design is guided by tikanga and the Plan actively champions matauranga Māori models and frameworks.

Efficiency

The activities contribute to improved efficiency in regards to appropriate access to health care services.

Quality and Risk

The activities support continuous quality improvement to improve access to health care for the DHB's priority population groups

Strategy

Identified activities aligns with Te Korowai Waioira intent – goal 3 in particular, and Te Manawa Taki. They are also aligned to Council policy and planning.

Future Reporting

A future report on the Disability Responsiveness activities can be prepared on request.

Appendix 1: Draft Hamilton City Council Disability Policy (April 2022)

First adopted:	November 2012
Revision dates/version:	May 2019 / version 4
Next review date:	June 2022
Engagement required:	n/a
Document number:	D-2941729
Associated documents:	D-2941740 (2018/19 Action Plan)
Sponsor/Group:	General Manager Community

Disability Policy

Purpose and scope

1. To provide guidelines that enable the Council to comply with its regulatory function in relation to maintaining quality standards, safety and access.
2. To provide all people with equity of opportunity and access by removing barriers where possible.
3. This Policy applies to:
 - a. all Council owned and/or managed facilities
 - b. public places including parks, reserves and walkways
 - c. the roading network including footpaths
 - d. Council services, processes and projects
 - e. Council run events.
4. The Policy considers and aligns with the following:
 - a. The United Nations Convention on the Rights of Persons with Disabilities (ratified 2007)
 - b. New Zealand Disability Strategy 2016
 - c. National Disability Action Plan 2014-2018 (Currently under review)
 - d. He Korowai Oranga, the Maaori Health Strategy
 - e. 10-Year Plan 2018-2028
 - f. Hamilton Age Friendly Plan - 2018-2021
 - g. Traffic Bylaw 2015 (and subsequent amendments).

Definitions

Term	Means
Access	Ability to engage with, use, participate in, and belong to something.
Disability	Physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have. <i>NZ Disability Strategy (2016)</i>
Universal Design	Principles that encourage developers of spaces and places to meet the needs of people at all life stages.

Appendix 1: Draft Hamilton City Council Disability Policy (April 2022)

Principles

5. The Council recognises that disabled people need equity of access enabling them to participate fully in and contribute to community and civic life in Hamilton City.
6. The Council is committed to ensuring that both elected members and staff have awareness and understanding of the issues that affect the disability community.
7. The Council services, activities and facilities will be responsive to the diverse needs of disabled people.
8. The Council recognises and acknowledges that disabled people are experts in their own experience.
9. The Council will reinforce a culture that respects the diversity of all people who live in Hamilton and continues to strengthen partnerships with disabled people built on this respect.
10. The Council will support disabled people to fully participate in their communities considering the principles of universal design.
11. The Council recognises the need to improve access to facilities, programmes, services and information provision for disabled people.

Policy

12. Information from the Council will be appropriate and provided in accessible formats.
13. The Council Plans and Strategies will provide opportunities for participation and contribution to community life for disabled people.
14. The Council will work in partnership with Government and other organisations on behalf of and with disabled people to improve equity of access.
15. The Council facilities and infrastructure will be accessible and meet best practice standards.
16. The Council will provide appropriate parking for disabled people to enable permit holders to park close to their destination.
17. Public transport infrastructure managed by the Council will meet the needs of disabled people.

Monitoring and implementation

18. The implementation of the Policy will also be monitored by Council's Disability Advisor, supported by a cross Council accessibility group that includes representatives from the disability community.
19. Performance against agreed actions and targets in the Disability Action Plan will be monitored and reported annually to the Community Committee.



Information/Noting

**REPORT TO COMMUNITY & PUBLIC HEALTH,
DISABILITY SUPPORT AND HOSPITALS ADVISORY
COMMITTEES
5 MAY 2019**

AGENDA ITEM 7.1

**WAIKATO DHB HAERENGA PAI TRAVEL AND ACCESS PLAN
UPDATE**

Purpose

The purpose of this report is to update the Community and Public Health and Disability Advisory Committee on the status of the Waikato DHB Haerenga Pai Travel and Access Plan, and associated activity linked to its implementation.

Recommendations

It is recommended that the Committee:

- 1) Note the content of this report.

LISA GESTRO

EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION

REPORT DETAIL

Background

The DHB Travel Plan project has been completed and key findings were reported to the Commissioner in October 2021 along with other travel-related initiatives. It was adopted by the Commissioner on 23rd February 2022. This report updates on discrete activities completed in the interim, and provides a copy of the final DHB Haerenga Pai Travel and Access Plan (the Plan). The Plan was informed by the findings of the Travel Plan project and was developed with support from the DHB Equity team, the Consumer Council, Hamilton City Council and Waikato Regional Council.

Discussion

A number of activities associated with the Plan have been instigated over the past 12 months, and in summary these include:

- An equity focused review of the Waikato DHB National Travel Assistance (NTA) procedure (in progress)
- Upgrading signs for disability parking in Hague Rd car parking building e.g. for vans with mobility hoists/lifts (in progress)

- New cycle storage facilities completed (BEC July 2021, and Pembroke extension February 2022, and for the general public outside ED and adjacent to Henry Rongomau Bennett Centre, March 2022)
- E-bike 'Have a go' day and DHB bikes launch, Waiora CBD and Waikato Hospital (December 2021)
- Engagement with the DHB Equity team on the draft Plan (December 2021)
- Engagement with CPHAC member (Judy Small) on the draft Plan (December 2021)
- A joint staff presentation provided to Hamilton City Council Environment Committee and Waikato Regional Connections Committee on work undertaken and activities planned or completed to date (22nd February 2022, and 5th April, respectively)
- An agreement with Waikato Regional Council to commence a public transport fare concession for all users who tag on or off bus services at Waikato Hospital (to commence June 2022, subject to key considerations including COVID status, and Waikato Regional Council ticketing system feasibility testing)
- An update comment health transport services brochure has been completed and published on the DHB website and paper copies distributed to key services (October 2021- February 2022)
- A new community health transport parking vehicles area on top of the old Smiths Building adjacent to BEC (October 2021).
- Agreement in principle with Waikato Regional Council and the bus provider to proceed with the Taumarunui/Hamilton bus service improvement to enable access (via paid fare) to essential services in Hamilton for residents of Taumarunui Te Kuiti Otorohanga (December 2021). Further engagement on this initiative with Ruapehu residents and the local council is planned in April 2022.

Waikato DHB Haerenga Pai Travel and Access Plan

The final Waikato DHB Haerenga Plan Travel and Access Plan (the Plan) is attached for the Commissioners consideration - see Appendix 1. It sets out actions aimed at addressing equity issues related to a high demand for car parking, low uptake of sustainable travel modes, poor transport and health appointment bookings coordination, and limited travel support for DHB priority populations, in particular those for whom associated travel costs or options are barriers to accessing health care.

The Plan has identified problems and benefits, with associated evidence (including key Travel Plan project findings). The six key focus areas (*example action*) include:

1. Access, accessibility and networking of services for rural localities (section 5.1)

Action 5.1.7

Implement agreed initiatives to improve access to healthcare services for Māori living in rural localities, aligned with iwi health and wellbeing plans, as agreed by DHB governance, and with iwi and other key community partners (link to localities development) e.g. mobile health units.

2. Improving consumer travel support, and travel/appointment bookings coordination (section 5.2)

Action 5.2.1

Implement improvements to the DHB bookings system to ensure consistency by service, and equity, for DHB priority population (Māori in particular). This includes awareness of, and queries on, consumers' domiciled address, and associated travel times, and

available transport options by local area, and travel support, and encourage whānau support before confirming an appointment day/time². (Link to DHB Attendants Roadmap project).

3. Parking management and accessibility on the Waikato Hospital campus (section 5.3)

Action 5.3.3 Implement new parking management and payment system for Waikato Hospital campus to better manage parking usage and associated costs for key user groups. This will include a new support system to reduce costs for priority consumers who have multiple visits to access health care services¹.

4. Travel choices to and from Waikato Hospital (great Hamilton) (section 5.4)

Action 5.4.4 Review community health transport provider contracts to include requirements on data collection (by age, ethnicity, health service trips and by health service type, and to ensure provisions are in place for whānau support.

5. Staff travel between key DHB facilities in Hamilton and enabling remote working (section 5.5)

Action 5.5.2 Review and provide investment for accessible and sustainable travel options across Waikato DHB facilities – includes universal design (accessible access), walking and cycling (secure storage/repair/e-bike charging), and car pool improvements at all key DHB facilities (links to Waikato DHB Site Master Plan Update 2022)¹.

6. Communication, engagement, and monitoring implementation (section 5.6); and

Action 5.6.6 Create travel page(s) on DHB internet about travel and parking options, both for DHB staff and for visitors and patients (consider and involve DHB priority population groups in approach). Provide maps and information on DHB website for how to navigate to and through the hospital site via various means of travel (include use of te reo Māori and provide multiple accessibility formats).

7. Working with key partners to enable effective and equitable responses (section 5.7)

Action 5.7.4 Promote with other organisations, greater investment in wider pathways and off road cycle ways, and sustainable and accessible travel options (link to DHB Sustainability Plan and DHB Disability Responsiveness Plan)².

Actions in the Plan include many of the supplementary transport/travel initiatives outlined in an October 2021 report to the Commissioner. These include refined priority equity actions related to travel support and coordination of appointments and travel options outlined in the October 2021 report e.g. A Review of the 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.

Next steps

¹ Assess the feasibility of this action to determine rough order of costs to implement it, and then include in DHB budget process.

² With support from regional and local councils, iwi providers, community funders and/or other organisations; and linked to policy within the operative Waikato Regional Land Transport Plan and/or Waikato Regional Public Transport Plan

A design version of the final draft Plan attached is being prepared by DHB Communications and Media team, and once completed will be lodged on the DHB website.

Following DHB budget process considerations, implementation of further priority equity actions and 'quick wins' work will begin in mid-2022 as part of implementation of the Plan. These actions will be prioritised for implementation by the Travel Plan Reference Group. Examples include:

- Continue to work with CCS Disability, other approved providers (e.g. Smart Access) and DHB Property and Infrastructure to assess cost/scope and phase accessibility improvements - examples include: regular maintenance and accessibility mapping - to the Waikato Hospital campus grounds and main entrances for the mobility impaired
- Implement a carpool/ share scheme at Waikato Hospital (link to DHB Sustainability Commitment)
- Implement the public transport fare concession for passengers using bus services that stop or depart from Waikato Hospital (Pembroke St)

Relevant directorates will need to assess costs and feasibility for particular Plan actions so that assessments can be made whether or not to proceed e.g. infrastructure improvements related to travel. These assessment activities and associated OPEX will need to be considered by relevant directorates and services as part of the budget process for 2022/23.

Note that the Plan will also need to be updated to reflect commitments related to the Future of Health, and associated planning priorities at regional and locality levels.

Finally, a key next step will be to programme the launch the Haerenga Pai Travel webpage to coincide with the public transport bus fare concession for people travelling to and from Waikato Hospital - this is anticipated to occur in April/May 2022, subject to ticketing system feasibility testing. The webpage will be used to raise awareness of travel options and support, and to help monitor implementation. A cross directorate working group is to support implementation and monitoring of the Plan.

Equity

Mana Whakahaere (Article 1)

The DHB Transport and Access Plan Working Group include representatives of the precursor to Clinical Equity Leadership Group, and advice was sought on survey scope from ED MEHI and the Director Māori Health (SIT).

Mana Motuhake (Article 2)

CLEG feedback has supported development of the Plan and their guidance will support further engagement and implementation of agreed priority actions.

Mana Tāngata (Article 3)

Monitoring of Plan implementation will include collection of data by ethnicity, disability and domiciled address (for DHB consumers).

Mana Māori (Declaration/Article 4)

The Plan has a focus on DHB priority populations and equity, and tikanga will be observed to support its implementation.

Efficiency

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

Quality and Risk

The Plan support continuous quality improvement to improve access to health care for the DHB's priority population groups

Strategy

The Plan aligns 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 progress on priority equity actions, implementation of broader actions and associated investment, along with noting any Future of Health related planning impacts.

Quality and Risk

[Statement explaining how what is proposed in the paper will contribute to Quality and Risk]

Strategy

[Statement explaining how what is proposed in the paper will contribute to achieving the strategy]

Future Reporting

[If the matter will be reported upon often and/or instructions from Governance are unclear, set out when future reports will be submitted and what the content will be and include this in the recommendation]

Quality and Risk

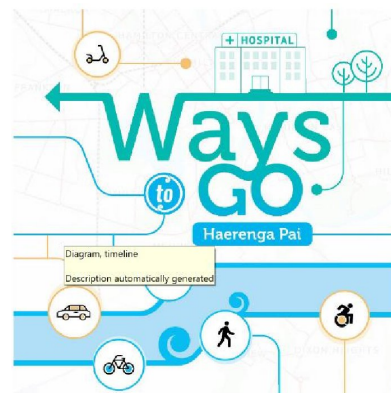
[Statement explaining how what is proposed in the paper will contribute to Quality and Risk.]

Strategy

[Statement explaining how what is proposed in the paper will contribute to achieving the strategy.]

Appendices: Waikato DHB Herenga Pai travel and Access Plan

Waikato DHB Haerenga Pai Travel and Access Plan 2021/22 - 2023/24



1 Introduction

Travel is about access, including access to healthcare and wellbeing services (community and primary healthcare through to hospital services). Access can be both physical and remote. For the former, Waikato DHB (the DHB) needs to find effective, efficient and sustainable ways for people to travel to access the health and wellbeing services that they need. Remote access can include both health services provision in local areas and telehealth (phone or digital access to health care).

Access to healthcare services needs to be effective for, and target the DHBs' priority population group's i.e. Māori, people living in rural areas, and people living with a disability (Waikato DHB Strategy 2016). Beyond enabling inclusive access, sustainable travel and transport can have health, environmental and economic benefits³, and is a component of the DHB Sustainability Commitment. In terms of access to health services, the DHB acknowledges its requirement to facilitate patient's rights to bring support people with them.

The purpose of the DHB's Haerenga Pai Travel and Access Plan (the Plan) is to make it easier for people to travel to and from Waikato Hospital (and staff to travel to and from Waiora CBD facility), including support for improved travel support for those most in need, and coordination of appointments and travel. The Plan is a strategic case response for collective action on travel, transport and access, along with discrete actions and support to address identified problems.

The Plan is informed by local, national and international evidence and includes links to regional land transport plans, travel plans from other DHBs, and the DHB Sustainability Commitment. It identifies problems, and desired practical responses to address these, and to achieve equity of access for all. It complements organisational improvement work being done to help enable healthcare provision closer to home. The Plan brings together the main actions needed to improve travel options and demand management over the next three years. It also builds upon prior DHB work related to improving health transport, and travel options. It is guided by and aligned to Te Korowai Waiora goals and activities.

These actions are guided by findings of the joint Haerenga Pai Travel Plan assessment work undertaken by Waka Kotahi, Waikato Regional Council, Hamilton City Council, and the DHB and completed in August 2021. This work has a focus on staff and consumer travel to and from Waikato Hospital and staff travel to and from the Waiora CBD facility in Hamilton CBD, and between this facility and the Hospital.

A cross-sector working group is guiding development of the Plan with representation from within the DHB, local and central government transport planners, and community health transport providers (Appendix 1). The DHB Clinical Equity Leadership Group is also providing input into the Plan. The DHB acknowledges both groups for their contributions to development of the Plan.

The DHB provides funding assistance to sixteen transport providers across its district. A list of community health transport providers providing services to Waikato DHB consumers is provided in Appendix 2. Travel (transport and accommodation) support is available to eligible Waikato consumers in line with the National Travel Assistance policy and associated criteria, and guided by the DHB NTA procedure.

³ Government Policy Statement on Land Transport , Ministry of Health (2020)

2 Objectives

The Plan is designed to complement the work the DHB is doing with others on transforming Waikato's health system, improving sustainability, and supporting COVID-19 response and recovery. The Plan will have a four year horizon, and a review of the Plan will occur in 2024/25. The Waikato Health System Plan, *Te Korowai Waiora* underpins the Plan. Implementation will contribute to work to help improve access for whānau.

The following objectives have been identified for the Plan:

1. To improve access to transport for healthcare services for the DHB's priority populations and links to the DHB appointments system—in particular for Māori and those living in rural localities with limited or no local transport options.
2. To work with others to improve travel options to and from Waikato Hospital, and between DHB facilities in Hamilton; and parking management at Waikato Hospital.

In 2020, the New Zealand Government announced the Carbon Neutral Government Programme (CNGP). The aim of the CNGP is to reduce government emissions at an accelerated rate and work towards carbon neutrality by 2025. This Plan also supports action on the transport components of the DHB's Sustainability Commitment (2021). *Te Manawa Taki (Regional Equity Plan) 2020-23* identifies that action plans are to include Māori outputs and outcomes data, and Māori health equity targets. Access, alongside quality and affordability is a key national/regional consideration in provision of health care. This was acknowledged in mahi which informed the decision to establish a new health system for Aotearoa.

The Plan is underpinned by the Waikato Health System Plan, *Te Korowai Waiora*. *Te Korowai Waiora* includes a focus on localities development, new models of care and providing health services closer to home (either physical were practicable, or via remote access e.g. telehealth). While there are links across several *Te Korowai Waiora* goals to travel and transport, goal 4 has a particular focus on improving access to services.

What does the plan aim to achieve?

- Getting to and from Waikato Hospital based appointments and work becomes easier for consumers and hospital staff - leading to reduced stress for consumers and staff, easier access to health care and work and improved staff satisfaction, wellbeing and retention
- Less reliance on single occupancy car travel and improved environmental sustainability outcomes
- Public transport, active transport and car sharing are attractive travel options
- Car parking demand is managed to support those who need it the most - the pressure on parking is reduced
- There are initiatives and learnings that may be applied to other Waikato DHB sites and other DHBs

Wider health system changes (Future of Health and Pae Ora) will see future updates to this Plan once the scope of operational priorities and their implications for travel and access at regional and local levels have been determined.

3 Local Context

This action plan does not exist in isolation. The figure below provides a summary of associated local, sub-regional and regional activities.



4. Travel and Access problems: A case for action

Key problems that form the basis of the Plan's case for action are identified below (see Appendix 3 for associated Waikato Regional Land Transport Plan (2018 Update) Strategic Case). These problems need to be viewed in the context of the agreed goals of the Waikato Health System Plan, associated implementation activity and broader operational matters.

Problem 1

A lack of suitable, accessible and affordable rural transport options and awareness of transport (to enable both local and at a distance access), travel time and links between transport, travel and health appointments bookings is impacting on access to healthcare services.

Problem 2

High population growth and increasing car dependency in greater Hamilton and a lack of alternative travel options is putting pressure on parking demand at Waikato Hospital, travel to and from the Hospital, and travel between the Hospital and key DHB facilities for visitors and DHB staff i.e. visitors, consumers and staff, and for the latter people moving between the Waiora CBD facility in Hamilton, and Waikato Hospital.

There is also an identified disconnect between the DHB's appointments system and available transport options in different localities, and the impacts of travel time for some people. Way-finding and accessibility at Waikato Hospital is an identified challenge for those living with a disability.

The DHB wants the Plan to achieve the following:

- Increased number of people able to access healthcare services – in particular, DHB priority population groups.
- More equitable access to transport service options and travel support for rural communities – in particular, DHB priority population groups.
- Better alignment between DHB appointments and available transport services by geographic locality.
- Improved parking management at Waikato Hospital for staff and consumers, and way finding and accessibility for consumers.
- Greater sustainable travel options available to DHB staff based at Waikato Hospital campus, and the Waiora CBD building⁴.

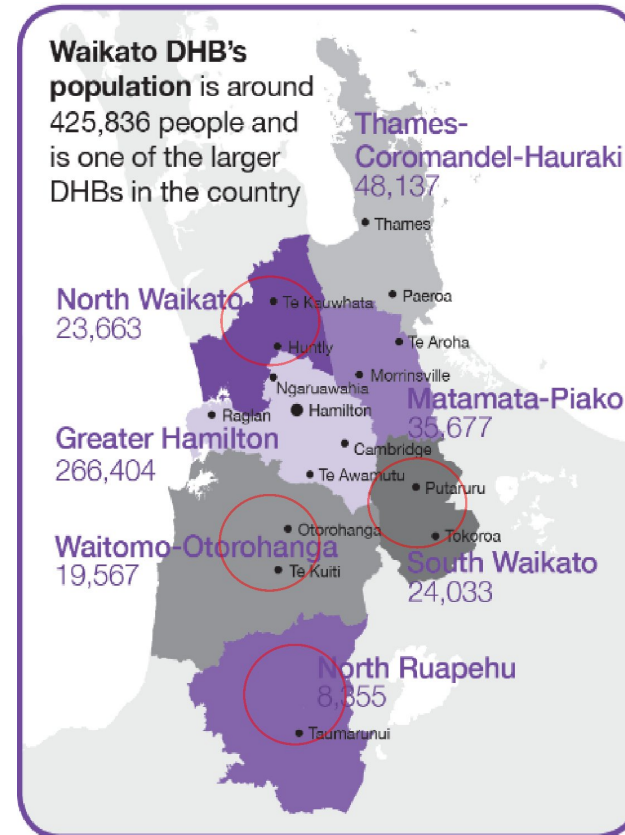
The following pages provide a summary of evidence associated with these problems, and further data collection and discussions will inform implementation of the Plan.

⁴ There are approximately 4,000 staff working across the Hospital and Waiora CBD sites (Waikato DHB, 2020)

Problem 1: Evidence summary

- **South Waikato (64%) North Ruapehu (59%) Waitomo/Otorohanga (41%) and North Waikato (36%)** are localities that have the highest proportions of people living in high socio-economic deprivation across the DHB geographic area⁵.
- **Limited public transport services are provided in some rural towns such as Tokoroa, and between rural towns outside greater Hamilton and Hamilton** - issues are linked to demand flows and available funding/funders.
- **Transport options to take people to essential services such as health care are limited**, in particular in some rural localities that have a high proportion of the resident population with high needs e.g. only one local community transport service in both Huntly and in Te Kuiti, and no local service in Meremere (Figure 1).
- **Parking options and processes at Waikato Hospital are challenging and fragmented** for community transport providers e.g. no parking available for community transport services that are car-based.
- Issues for Māori associated with travel and access to health care include **multiple appointments on different days, and hospital discharges with no access to travel/whānau support** (a need for coordinated appointments/travel and provision of wrap around social support for whānau).
- Evidence suggests caution on benefits to providers and their communities of coordination of community transport providers and services (Waikato Regional Council, 2016).

Figure 1: Waikato DHB geographic localities, and transport focus areas

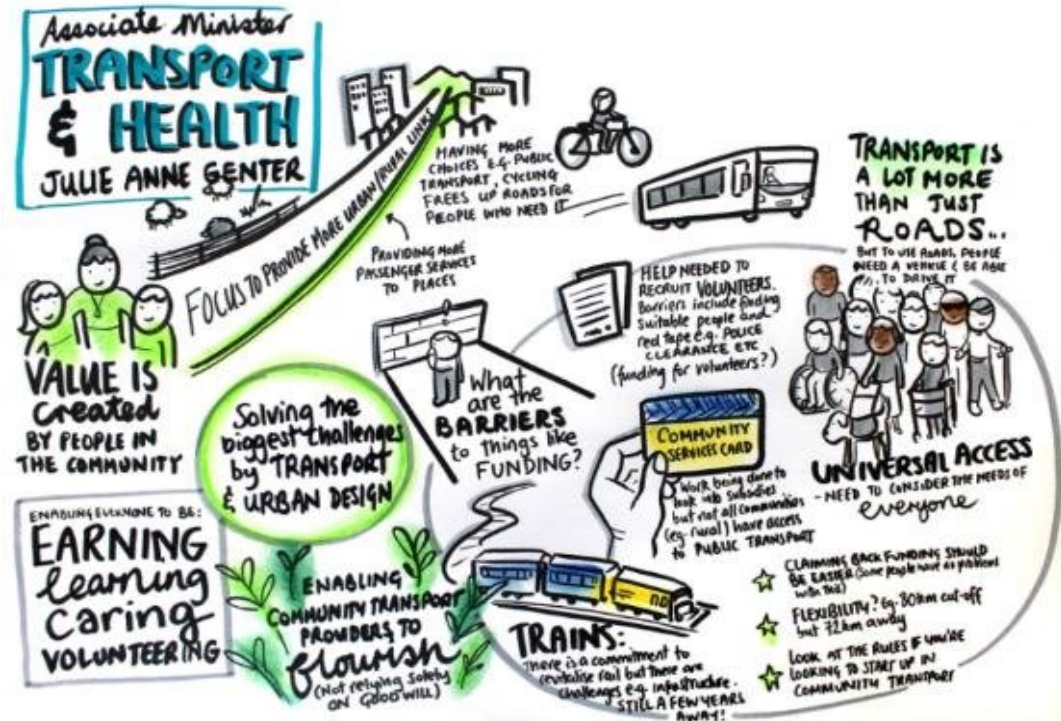


A key question to consider is “**How can community transport providers be enabled to flourish?**”⁶

⁵ Source: Socio-economic Deprivation in the Waikato Region –Percentage of population living in NZDep 9 and 10 areas

⁶ Source: NZ Community Transport Symposium (November 2019)

- **Accessible community transport services for people living with a disability in rural localities are limited**, including limited access to public transport services and total mobility services in some districts and towns e.g. Waipa District.⁷
- **Requirements regarding wheelchair hoists are also impacting negatively** on community transport providers (cost). Universal access is needed on health care services sites to enable access for people with a disability or with varying levels of mobility. Ageing volunteers are a further sustainability concern, and accessible travel is very limited in rural areas.⁸
- **Affordability/sustainability issues for community transport providers and volunteers** e.g. vehicle replacement costs. There is enabling policy to help address this in the Waikato Regional Land Transport Plan (2021-51) (Policy 30).



Source: NZ Community Transport Symposium (November 2019)

- **The DHB appointments system doesn't consistently recognise and take account of available local transport options and associated travel times** for communities that are more than one and half hours travel time from Waikato or Thames hospitals.

⁷ Source: Community Waikato

⁸ Source: NZ Community Transport Symposium (November 2019)

Problem 2: Evidence summary

- Waikato households have a high average percentage of car ownership, however there widely variable household access to a car. Some Census Area Units have almost 100% household access while others have less than 80%. **People in Hamilton have been driving increasing distances in single occupancy vehicles over time compared to the national average.**⁹
- **The dominant transport mode in Hamilton is private vehicles**, with 88% of journeys to work by car. Of this 88%, the vast majority are by people driving themselves (rather than as a passenger). Only around 2-3% of journeys are by public transport (bus).¹⁰
- Approximately half of the DHB’s staff (over 3,500 people) work at Waikato Hospital. this group, there were approximately 390 DHB staff living within 1km of the main Waikato Hospital carpark in 2019 **-approximately 11% of DHB staff fulltime equivalents at that time** (Figure 3) (1,585 staff (45%) live within 3km – see Appendix People living within this area are a 10-15 minutes’ walk away from the Hospital).¹¹
- The DHB also has up to 300 staff working from the Waiora CBD building in Alexandra St, Hamilton.

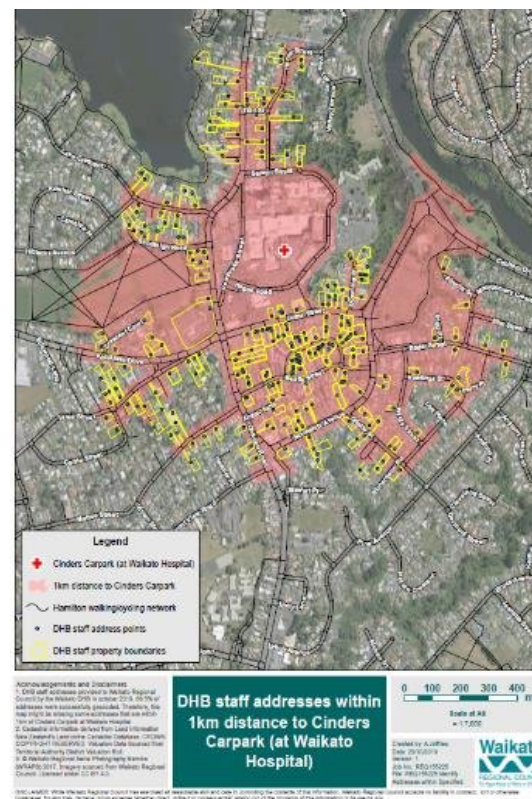


Figure 2: Waikato DHB staff addresses within 1km of Waikato Hospital Carpark (2019)

is
also

Of
4).

⁹ 2013 Census; Household Travel statistics, Ministry of Transport (2013)

¹⁰ Stats NZ Journey to Work Survey (2013)

¹¹ Waikato DHB staff data (2019)

- **Significant population growth in parts of the Waikato region (Hamilton and surrounding towns)** is increasing transport demand, and this is particularly evident in certain geographic areas. Hamilton is growing by about 2.5% per year and is forecast to grow more than 50% by 2048.¹²
- **Parking demand is high and cost and accessibility are barriers for consumers** who have frequent and ongoing health care appointments, and those living with a disability.
- **Accessibility and wayfinding at Waikato Hospital for consumers living with a disability Māori can be challenging** and impact on access to health services –examples include limited te reo signage and no signs communicating accessible routes to particular services, absence of mobility devices or on campus ‘shuttle carts’, no close accessible parking at Waikato DHB Child Development Service, and provision and DHB monitoring of accessibility parks.
- **30% of all traffic movements in and out of Hamilton occur in the general Waikato Hospital geographic area.** Many of these are generated by Waikato Hospital as a large employer and generator of traffic movement (Source: anecdotal comment from senior Waka Kotahi staff, based upon data from Waikato Regional Transport Model).
- **A critical public transport infrastructure constraint on Pembroke St** (Waikato Hospital, Hamilton) is preventing improving current levels of service i.e. number of buses stopping and service frequency. **High traffic volumes around the Waikato Hospital site** are also undermining travel efficiency and posing safety risks.
- **Although accessible public transport services are available** in Hamilton, and between Hamilton and surrounding towns, there are opportunities to increase uptake and expand accessibility. There is strong policy in the Waikato Regional Land Transport Plan (2021-52) to enable access and mobility including policies 26-29¹³.



and
the

¹² Source: Hamilton City Council (2020)

¹³ These policies include links to rural community transport services e.g. Policy 30 “Pursue new and alternative funding sources and co-investment opportunities to sustainably fund access and mobility initiatives in rural communities.”

Haerenga Pai travel project findings and opportunities for change

- The Haerenga Pai travel project (May - September 2021) collected evidence on travel behaviour to and from Waikato Hospital and Waiora CBD - see Appendix 5 for a summary of the projects key reported findings.
- Ability to change means of travel will be differ between people and groups, with some groups having more potential for change:
 - New staff
 - Non-shift workers living:
 - within 800m/10mins walk or 2.5km/10mins bike of Waikato Hospital (**76 and 228 people respectively**)
 - 2.5km-7.5km of the Hospital who drive & could potentially walk, bike or use public transport e.g. 1159 who could bike
 - Staff working daylight hours¹⁴, the majority of whom are likely drive (**1706 - 2085 people or 56 - 68% of all DHB staff**)
 - Shift workers open to changing how they get to work
- The DHB recognises that change will not work for everyone, however the evidence show opportunities for, and willingness to, change.
 - **70% staff/volunteers travel by car** to and from Waikato Hospital, with 50% of these people parking on the Hospital grounds
 - **62% of consumers/visitors travel by car** to and from the Hospital, with 72% of these parking on the Hospital grounds
 - At least 52% of all DHB priority population groups travel by car to the Hospital, with at least 20% travelling as a passenger, with up to 14% travelling by community health transport
 - **50% of staff/volunteers believe that they had more than one means of travel to the Hospital or Waiora CBD**
 - **20% of DHB staff/volunteers believe they could change their travel behaviour**, with 23% traveling less than 15 minutes to get to work
 - **33% of Māori /Pacific, 30% of those travelling with a disability and 29% of those living 50km or more aware from the Hospital agreeing or strongly agreeing to wanting to change their mode of travel**
 - All DHB priority population groups are most willing to use community health transport if it is provided, and is safe and convenient
 - **Convenience and travel time** (24% and 18% respectively) **were the most highly ranked factors**, followed by cost (12%) **for staff/volunteers.**
 - **Convenience and travel time** (24% and 17%, respectively) **were the most highly ranked factors**, followed by lack of options (13%) **for consumers/visitors**
 - Staff were particularly interested in **guaranteed rides home in case of emergency** (56%) and **subsidised public transport** (52%) as initiatives they would like to see implemented at the Hospital

¹⁴ non-shift workers and the morning and afternoon shifts -or everyone other than those on a night shift

5. Response to these problems

The Plan has been designed to support broader organisational and health system goals and associated improvements – both short term and longer term – including to provide access to healthcare services closer to home – a key element of localities development (Te Korowai Waiora , 2019-29). Examples include remote access to health via home and outpatient clinics provided in communities rather than on the Waikato Hospital site. Mobile health units to improve access and equity outcomes is a further example that has a transport link. There are opportunities to leverage of other existing transport services to improve access to health services.

Given available capacity and DHB hospital facilities, the DHB also wants to increase healthcare services delivery at Thames Hospital, where practicable. This Plan supports implementation of the DHBs’ Sustainability Policy and makes links where appropriate to the DHB Site Master Plan. Findings from informal stakeholder and community engagement on the draft Plan supported development of actions or responses¹⁵. The DHB commits to on-going monitoring of travel behaviour and to evaluating how well the objectives identified in the Plan have been achieved.

Six focus areas for action are included in the in the Plan, and these include:

- 4.1 Access, accessibility and networking of services for rural localities (focus on key localities)
- 4.2 Improving consumer travel support and travel/appointment bookings
- 4.3 Parking management and accessibility on the Waikato Hospital campus
- 4.4 Transport choices to and from Waikato Hospital (greater Hamilton)
- 4.5 Staff travel between key DHB facilities in Hamilton and enabling remote working;
- 4.6 Communication, engagement, and managing/monitoring implementation; and
- 4.7 Working with key partners to enable effective and equitable responses



Plan actions under each focus area are outlined on the following pages. The DHB secured co-funding from Waka Kotahi (NZ Transport Agency) and Hamilton City Council to complete a Travel Demand Plan (2020/21) on travel behaviour assessment for key groups. This has helped determine actions under focus areas 5.3 - 5.6 of the Plan (see Appendix 5 for a summary of key findings).

Explanatory note for the following pages:

Executive Director Strategy Investment and Transformation (ED SIT);

Executive Director Hospital and Community Services (ED HCS)

Executive Director Organisational Support (ED OS)

Executive Director Māori Equity and Health Improvement (ED MEHI); and

Director Media and Communications (D MC)

*** For actions in the table below mark with a *, the following is required: Assess the feasibility of that action and determine rough order of costs to implement it. DHB specific actions in green**

¹⁵ This engagement occurred with Māori (via Māori provider-based community hui in different localities), Waikato Community Transport Forum, Waikato Regional Council and Hamilton City Council transport teams, Enabling Good Lives Waikato whānau members, and via Waikato DHB community health forums.

5.1 Access, accessibility and networking of services for rural localities (focus on key localities)

Theme	Actions	Responsibility	Phasing		
			2021/22	2022/23	2024/25
Access, accessibility and networking of services for rural localities (focus on key localities)	5.1.1 Implement Policy 23-24 of the Waikato Regional Public Transport Plan 2018-28, with agreement from Waikato Regional Council and other key community partners ¹ .	ED SIT / Waikato RC		*	
	5.1.2 Expand DHB operational funding for community health transport service providers in the following localities (based upon level of need): North Ruapehu, part Waitomo/Otorohanga (Te Kuiti and surrounds), South Waikato and North Waikato where there are fewer providers, greater levels of deprivation and/or no or little current access to DHB funding support ^{1 2} (a particular focus on improving access for Māori).	ED SIT		*	
	5.1.3 Link health service demand and increased procedures offered at Thames Hospital to target consumers residing in Thames Coromandel and adjacent localities i.e. North Waikato and Matamata Piako to maximise local access and minimise consumer travel time (link to localities development) ² .	ED SIT / ED HCS	Ongoing		
	5.1.4 Where possible, leverage DHB and/or Waikato Regional Councils' purchasing ability to obtain best value for community vehicle/hoist purchase and/or professional services such as volunteer driver training ³ .	ED SIT / Waikato RC	Ongoing		
	5.1.5 Implement where supported by evidence, feasible and agreed, affordable joint initiatives with other organisations, including regional councils (Horizons and Waikato) and local councils to maximise travel choices to and from Waikato Hospital; and between key rural localities and Thames Hospital ^{1 2} .	ED SIT / ED HCS / Waikato RC / Horizons RC / TLAs	Ongoing		
	5.1.6 Where feasible, provide opportunities for outpatient clinics outside of normal business hours and/or at different hospital facilities –particular focus on Māori whānau (link to localities development) ² (links to localities development) ² .	ED HCS	*		
	5.1.7 Implement agreed initiatives to improve access to healthcare services for Māori living in rural localities, aligned with Iwi health and wellbeing plans, as agreed by DHB governance, and with iwi and other key community partners (link to localities development) e.g. mobile health units.	ED SIT/ ED MEHI		*	
	5.1.8 Require user manifest data collection by all community health transport providers to include ethnicity and level of physical mobility of service users, and collate to inform reporting and monitoring.	ED SIT	*		
	5.1.9 Assess and improve physical accessibility to all Waikato DHB hospital facilities, and provide information on travel options (link to DHB Disability Plan 2021) e.g. colour coded corridors to support journeys to key services areas (Outpatients/Inpatient wards/Day stay) [*] .	ED FPSC	*		

¹ With support from regional and local councils, iwi providers, community funders and other organisations; and linked to policy within the operative Waikato Regional Land Transport Plan and/or Waikato Regional Public Transport Plan. Focus on increased support for community transport initiatives

² Note that the DHB is also working to increase availability, support and uptake of telehealth and other remote appointment options across DHB services e.g. outpatients clinics –particular focus on Māori whānau.

³ Link to Waikato Regional Public Transport Plan 2018-2028, Policy 24 (Waikato Regional Council)

5.2 Improving consumer travel support, and travel/appointment bookings

Theme	Actions	Responsibility	2021/22	2022/23	2023/24
Improving consumer travel support, and travel and appointment bookings	5.2.1 Implement improvements to the DHB bookings system to ensure consistency and equity by service for DHB priority populations (Māori in particular), where feasible. This includes awareness of, and queries on, consumers' domiciled address, and associated travel times, and available transport options by local area, and travel support (including National Travel Assistance (NTA)), and encourage whānau support before confirming an appointment day/time ² e.g. Outpatient appointment letters. (Link to DHB Attendants Roadmap) e.g. improvements to Outpatient appointment letters.	ED HCS	*		
	5.2.2 Advocate for a national review, and promote findings of a local review of the National Travel Assistance policy that has a focus on process changes that enable equity of access for Māori.	ED SIT	Ongoing		
	5.2.3 Review Waikato NTA policy/procedure 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 policy ³ .	ED SIT / ED MEHI	*		
	5.2.4 Provide funding support options for travel (transport/accommodation) for Māori consumers based upon the revised Waikato National Travel Assistance policy/procedure, for outpatients' services in particular.	ED HCS / ED SIT	*		
	5.2.5 Investigate the feasibility of including 'Community Health Transport' and postal code tabs within the DHB's patient management system to identify consumers that use community health transport, and/or are located within the same geographic area when appointments are scheduled to support improved quality of care for consumers *.	ED HCS/ED SIT	*		
	5.2.6 Implement local access improvement (physical and remote access) for local communities in line with localities development and planned care initiatives as part of clinical service planning, by service e.g. outpatient clinics outside normal business hours and/or at rural hospital facilities, where feasible ² . (Make links to localities development and service equity action plans).	ED HCS	Ongoing		
	5.2.7 Expand the roles and responsibilities of the DHB's National Travel Assistance team to include stronger coordination between DHB frontline services staff (bookings), transport providers and consumers to ensure access to appropriate health transport options and appointment times for consumers who have no other transport option – consider also local National Travel Assistance implementation system improvements for Māori e.g. a dedicated travel support fund *.	ED HCS	*		
	5.2.8 Investigate the feasibility of grouping appointments by postal code area for more rural and remote localities such as part Thames Coromandel /Hauraki, part Waitomo/Otorohanga, North Ruapehu and South Waikato (where travel time to and from Waikato Hospital or Thames Hospital is greater than 1.5 hours).	ED HCS		*	
	5.2.9 Where feasible, develop processes/systems to support co-ordination of DHB Clinic appointments, to eliminate the need for multiple visits to the clinics for Māori in	ED HCS		*	

CPHAC/DSAC and HAC Agenda Pack for 5 May 2022 - Information/Noting

	particular - focus on more remote and rural localities. (Link to Action 3.3, DHB Disability Plan 2021, and link to localities development.				
	5.2.10 Investigate, identify, and implement a funded preferred transport option to support travel for Māori to selected health procedures that can only be provided in other regions (examples include Oncology and Paediatric services only currently provided in Auckland).	ED SIT		*	

² Note that the DHB is also working to increase availability, support and uptake of telehealth appointment options across DHB services e.g. outpatients clinics –particular focus on Māori whanau, and availability of local community clinics, where feasible an appropriate.

³ A particular focus on North Ruapheu, Waitomo/Otorohanga, South Waikato, North Waikato, and Thames-Coromandel/Hauraki localities.

5.3 Parking management and accessibility on the Waikato Hospital campus

Theme	Actions	Responsibility	2021/22	2022/23	2023/24
Parking management and accessibility at Waikato Hospital campus	5.3.1 Improve the Waikato Hospital campus parking management system to include appropriate dedicated spaces for key groups in key locations including: people with a disability, community health shuttles/cars, hospital volunteers, DHB staff who are carpooling, and if feasible, Emergency Department consumers (include dedicated facilities in Waikato DHB Site Master Plan Update 2022) e.g. improved disability parking and safe accessibility routes for Child Development Centre.	ED HCS		*	
	5.3.2 Review parking charges to support a reduction in all day staff parking, and incentivise a shift in staff travel behaviour to and from Waikato Hospital away from single occupancy private motor vehicles to other modes of transport e.g. priority parking areas for carpooling.	ED HCS		*	
	5.3.3 Implement new parking management and payment system for the Waikato Hospital campus to better manage parking usage and associated costs for key user groups. This will include a new support system to reduce costs for priority consumers who have multiple visits to access health care services *.	ED HCS		*	
	5.3.4 Provide improved DHB assistance and mobility aides for consumers with limited mobility and/or a disability and wayfinding support to enable them to navigate the Waikato Hospital Campus to access their clinic appointment ¹ e.g. signage in DHB buildings and colour-coded lines e.g. in Meade Centre by outpatient and day surgery clinics/services *.	ED HCS / ED FPSC		*	
	5.3.5 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.	ED HCS	*		
	5.3.6 Work with CCS Disability Action, other approved accessibility data/audit providers, and patients to check that the Waikato Hospital campus grounds, paths, parking buildings and main entrances are accessible for the mobility impaired and regularly maintained, and complete accessibility mapping for this site *.	ED FPSC / CCS Disability Action		*	
	5.3.7 Provide physical entryways and corridors that are universally accessible and with appropriate equipment available to enable access and mobility (link to DHB Disability Plan 2021) *.	ED HCS / ED FPSC	Ongoing		
	5.3.8 Continuous review of all DHB community and renal transport services to improve system equity, efficiency, resilience and integration.	ED HCS	Ongoing		

¹ Also noted in findings of community transport provider engagement report (Community Waikato, 2018)

5.4 Travel choices to and from Waikato Hospital (greater Hamilton)

Theme	Actions	Responsibility	2021/22	2022/23	2023/24
Travel choices to and from Waikato Hospital (greater Hamilton)	Monitoring				
	5.4.1 Work with Waka Kotahi, Waikato RC, Hamilton CC, and other interested parties to monitor and review the Travel and Access Plan for the Waikato Hospital site to better manage and optimise travel choices, access and accessible journeys for consumers (priorities population groups in particular) and staff.	ED SIT	*		
	5.4.2 Complete data collection via annual travel surveys (key staff groups/ consumers/ visitors), travel audits (walkability/ability to cycle/bus routes/accessibility) and local policy/facilities assessment (links to DHB Sustainability Plan and DHB Disability Responsiveness Plan) ¹	ED HCS / ED OS		*	
	5.4.3 Collect data on visitor and staff parking on the Waikato Hospital Campus during normal business hours to inform access improvement actions for visitors/consumers (monitor using new carpark management system).	ED HCS	Ongoing ²		
	5.4.4 Review community health transport provider contracts to include requirements on data collection (by age, ethnicity, health service trips and by health service type, and to ensure provisions are in place for whānau support.	ED SIT / Community health transport services	Ongoing		
	5.4.5 Monitor implementation/investment in recommended property and infrastructure improvements (Waikato Hospital campus) linked to safe and accessible travel for DHB priority groups as part of the DHB Site Master Plan Update 2022 (refer Haerenga Pai Environmental Stocktake Report 2021) *.	ED FPSC			*

¹ With support from regional and local councils, iwi providers, community funders and other organisations; and linked to policy within the operative Waikato Regional Land Transport Plan and/or Waikato Regional Public Transport Plan

² Once new Waikato Hospital parking management system is in place

Theme	Actions	Responsibility	2021/22	2022/23	2023/24
Travel choices to and from Waikato Hospital (greater Hamilton)	<i>Cycling and micro mobility</i>				
	5.4.6 Improve secure cycling, e-bike and scooter storage and mobility equipment and facilities, including share bikes, cycle repair, and e-bike recharging on the Waikato Hospital Campus where feasible and agreed – focus on security and sufficient capacity and include links to Waikato Hospital Campus Site Plan update (link to DHB Sustainability Plan). These facilities will ideally be located in easy to access and convenient locations, potentially on the periphery with clear walking paths to the key entrances ¹ (links to DHB Site Master Plan Update 2022) *.	ED HCS	*		
	5.4.7 Provide and/or improve cycle/e-bike/e-scooter/scooter parking at the Anglesea entrance of the Waioara CBD site for consumers and visitors. (links to DHB Site Master Plan Update 2022) *.	ED HCS / Hamilton CC		*	
	5.4.8 Provide end-of-trip facilities – Ideally, lockers, hair dryers, changing/drying facilities and showers where cyclists can get ready for work and leave their cycling gear and clothes secure during the day (these facilities can also be used by walkers, lunchtime joggers) (links to DHB Site Master Plan Update 2022) *.	ED HCS		*	
	5.4.9 Provide information on the DHB website, on wayfinding and on site signage regarding locations of cycling and micro mobility infrastructure on Waikato Hospital campus for people who cycle/e-bike/e-scooter/scooter to bike/micro mobility parking for consumers and visitors (links to DHB Site Master Plan Update 2022).	ED HCS / D MC		*	
	5.4.10 Work with Hamilton City Council to promote and incentivise staff and consumer participation in the Aotearoa Bike Challenge, Bike Week, Go by Bike Day, and Breakfast events, and advocate for separated and accessible shared use cycle/pathways to support journeys to and from Waikato Hospital.	ED HCS / Hamilton CC / D MC	*		

CPHAC/DSAC and HAC Agenda Pack for 5 May 2022 - Information/Noting

Theme	Actions	Responsibility	2021/22	2022/23	2023/24
Travel choices to and from Waikato Hospital (greater Hamilton)	Public transport				
	5.4.11 Work with transport partners and other interested organisations to implement joint transport incentives and service and infrastructure improvements for key groups to improve efficiency and sustainability outcomes ¹ e.g. improved cycle amenities and joint bus services between rural towns and Hamilton (DHB, University of Waikato, WINTEC, and Te Waananga) – link to 5.4.1 (links to DHB Site Master Plan Update 2022).	ED HCS / D MC / Waikato RC / University of Waikato / WINTEC / Te Waananga		*	
	5.4.12 Work with Hamilton City Council and Waikato Regional Council and bus users to review and make improvements to the bus stop locations and amenities around the Waikato Hospital to improve access and accessibility. Create maps of public transport bus stops in the area and clear routes to the main hospital entrances (links to DHB Site Master Plan Update 2022).	ED SIT / Hamilton CC / Waikato RC / CCS Disability Action	Ongoing		
	5.4.13 Implement with Hamilton City Council and Waikato Regional Council, joint agreed service improvements (linked to staff travel options to and from Waikato Hospital campus such as incentives and disincentives and bus timetabling that better suits Waikato Hospital staff, particularly to align with shift start/finish times e.g. public transport concessions for key groups and service frequency improvements and changes to parking management/charges) ¹ (links to DHB Site Master Plan Update 2022) *.	ED HCS / ED SIT / Waikato RC / Hamilton CC	Ongoing		
	5.4.14 Work with transport partners to implement, where feasible and agreed, co-funded public transport service and efficiency, access and accessibility improvements, including transport fare concessions for priority population groups and/or staff groups based at Waikato Hospital.	ED SIT / ED FPSC/ Waikato RC / Hamilton CC	*		
	5.4.15 Investigate with other parties the feasibility of new or relocated transport facilities / infrastructure ¹ (links to DHB Site Master Plan Update 2022) *.	ED SIT / ED FPSC/ Waikato RC / Hamilton CC			*
	5.4.16 Share information with staff / volunteers and patients/visitors (via DHB website and social media) on public transport services and service improvements, and stops near the Waikato Hospital and Waiora CBD site, and the Transit Real time app to plan and track bus journeys https://www.busit.co.nz/travelling-with-us/transit-app	ED SIT / Hamilton CC / Waikato RC	Ongoing		

¹ With support from regional and local councils, iwi providers, community funders and other organisations; and linked to policy within the operative Waikato Regional Land Transport Plan and/or Waikato Regional Public Transport Plan

Theme	Actions	Responsibility	2021/22	2022/23	2023/24
Travel choices to and from Waikato Hospital (greater Hamilton)	<i>Parking management, support and shared travel</i>				
	5.4.17 Review and update the Waikato DHB parking policy and permits system to prioritise the allocation of parking permits to those who need them most, and for multi-occupant vehicles (includes working with Hamilton CC on parking strategy) ¹ .	ED HCS		*	
	5.4.18 Implement systematic parking concessions/support for DHB priority population groups, for Māori in particular e.g. all services to offer parking concessions or support based upon agreed criteria, and recognise via existing DHB policy (or a policy(s) review).	ED HCS / ED IST	*		
	5.4.19 Improve the pickup/drop-off area for those dropping off patients at Waikato Hospital (links to DHB Site Master Plan Update 2022) - Focus on improvements to accessibility, safety and bathroom facilities.	ED FPSC			*
	5.4.20 Prioritise parking in the Waikato Hospital Hague Road and Pembroke Street car park buildings for consumers and visitors, and allocating specific parking areas for staff, and reserve spaces closest to hospital entrances for those carpooling and make provision for car share spaces - link to 5.4.17 DHB parking policy review (links to DHB Site Master Plan Update 2022).	ED HCS		*	
	5.4.21 Allocate and promote specific staff car park areas for key Waikato Hospital shift start times to increase safety for those working late - link to 5.4.17 DHB parking policy review.	ED HCS		*	
	5.4.22 Implement and promote free or concession-based priority staff carpool parks for people arriving with another member of staff. These can either be allocated to particular carpool groups or set up for use by people arriving with two or more people in the vehicle. Also, any system should allow for some flexibility, e.g. a group may carpool on three days out of five etc. Consider incentives such as free parking for those who carpool, and promote benefits via intranet - link to 5.4.17 DHB parking policy review (links to DHB Site Master Plan Update 2022) ¹ .	ED HCS / D MC		*	
	5.4.23 Establish and promote a guaranteed ride home scheme for DHB staff that have exhausted all other options and are formally in the scheme for car poolers that get stranded e.g. if their car pooler is unable to leave at the expected time, or has had to leave early to care for a sick dependent etc. This will require a policy covering conditions of use (e.g. number of times one individual can use the scheme in a year) as well as simple instructions on how to use the scheme which will need to take account of fringe benefit tax requirements. This document will form part of DHB travel policy. This scheme will also be available for those who travel by walking, cycling or bus - DHB parking policy / procedure review.	ED HCS / D MC		*	

¹ Links to consent conditions related to new Waikato Hospital based mental health facility.

Theme	Actions	Responsibility	2021/22	2022/23	2023/24
Travel choices to and from Waikato Hospital (greater Hamilton)	<i>Walking, wheeling and wayfinding</i>				
	5.4.24 Investigate the integration of pedestrian walkways / wheel ways within the Hague Road Carpark building with users (including Māori, rural and disability representatives) (DHB and CCS Disability Action); and review and map desire lines (unplanned social routes/paths) between bus stops, hospital entrances and key destinations with staff and consumers to make these routes permanent and accessible (links to DHB Site Master Plan Update 2022).	ED HCS / ED FPSC	*		
	5.4.25 Complete annual travel infrastructure checks of the Waikato Hospital campus (including main entrances) to ensure the grounds and entrances are accessible for the mobility impaired, and regularly maintained.	ED HCS	Ongoing		
	5.4.26 Implement the recommendations and actions outlined in the the Haerenga Travel Stocktake Report for Māori and those travelling with a disability (links to DHB Site Master Plan Update 2022).	ED SIT / CCS Disability Action / Hamilton CC			*
	5.4.27 Co-create and distribute with staff and consumers (Māori and those living with a disability in particular) meaningful maps that show 10, 20 and 30-minute walking/wheeling routes within a 2km radius of the Waikato Hospital campus to inform people about their walking/wheeling options and to encourage them to consider walking/wheeling for all or part of the journey (links to Action 5.6.6).	ED HCS / ED FPSC / Hamilton CC / Waikato RC / CCS Disability Action			*

5.5 Staff travel between key DHB facilities in Hamilton and enabling remote working

Theme	Actions	Responsibility	2020/21	2021/22	2022/23
Staff travel between key DHB facilities in Hamilton and reducing the need for staff travel	5.5.1 Work with others to implement agreed, joint transport, infrastructure and sustainability improvements that focus on travel between Hospital and key Hamilton-based DHB facilities (link to DHB Sustainability Plan) ¹ *.	ED HCS / ED FPSC / ED SIT / Hamilton CC / Waikato RC		*	
	5.5.2 Review and provide investment for accessible and sustainable travel options across Waikato DHB facilities – includes universal design (accessible access), walking and cycling (secure storage/repair/e-bike charging), and car pool improvements at all key DHB facilities (links to Waikato DHB Site Master Plan Update 2022) *.	ED SIT / ED FPSC	*		
	5.5.3 Promote a shift in staff travel behaviour between Waikato Hospital and key DHB facilities, away from single occupancy motor vehicles (link to DHB Sustainability Plan) ¹ (links to actions 5.4.1 and 5.6.6).	ED OS / ED SIT / D MC		*	
	5.5.4 Adopt and encourage a flexi working policy, for non-clinical staff in particular to enable remote working - Develop, adopt and launch a policy, including sessions for people leaders, offer training and monitor number of staff participating.	ED OS	Ongoing		

¹ With support from regional and local councils, iwi providers, community funders and other organisations; and linked to policy within the operative Waikato Regional Land Transport Plan and/or Waikato Regional Public Transport Plan.

5.6 Communication, engagement and managing/monitoring implementation

Theme	Actions	Responsibility	2020/21	2021/22	2022/23
Communication, engagement, and managing & monitoring implementation	5.6.1 Continue engagement with whānau about transport barriers to access; with support from the Clinical Equity Leadership (CEL) Group e.g. Māori health providers (link to DHB Sustainability Plan) ¹ .	ED SIT / ED MEHI	Ongoing		
	5.6.2 Explore the barriers, motivators, and triggers of each DHB priority population group to develop a more detailed action plan for each group.	ED SIT	*		
	5.6.3 Promote with whānau health transport options, transport support and whānau support provisions ¹ .	ED SIT / D MC	Ongoing		
	5.6.4 Provide information on, and where agreed incentivise, sustainable travel options for new staff as part of Employee Induction - include in DHB Staff Orientation and DHB service appointment notifications (links to DHB Sustainability Plan) ¹⁶ .	ED OS	Ongoing		
	5.6.5 Work with DHB's Communications team to develop a detailed Communications Plan for Haerenga Pai (travel options and Travel support) to promote sustainable travel option, including: <ul style="list-style-type: none"> • Key messages • Timeframes for events, launch, new services etc. • Media channels (e.g. intranet, Facebook etc.) • Personas Messaging and approach should be targeted based on willingness to change, Particular consideration should be given to DHB priority population groups ¹ .	D MC	*		
	5.6.6 Create travel page(s) on DHB internet about travel and parking options, both for DHB staff and for visitors and patients (consider and involve DHB priority population groups in approach). Provide maps and information on DHB website for how to navigate to and through the hospital site via various means of travel (include use of te reo Māori and provide multiple accessibility formats).	ED HCS / ED SIT / Waikato RC / Hamilton CC		*	
	5.6.7 Improve and make information available on the intranet about transport services and accessibility available to key Waikato DHB campuses. Information related to travel options and vehicle parking (location, costs, and travel support) to accompany DHB appointment letters (links to Action 2.2. DHB Disability Plan 2021).	ED HCS / D MC		*	
	5.6.8 Provide travel leaflets in Waikato Hospital receptions (information desks outpatient clinics, and National Travel Assistance team), via appointment letters, to Māori and Pacific health providers, and promotional material (posters, etc) – provide in accessible formats and reflect te ao Māori.	ED HCS		*	
	5.6.9 Provide and update information on available transport services by DHB locality area for DHB clinics, local healthcare providers and practices, and community organisations ¹ .	ED SIT / D MC	Ongoing		
	5.6.10 Include responsibility for ongoing Travel and Access Plan implementation and monitoring as part of the DHB Environmental Sustainability Officer role(s) (links to DHB Sustainability Commitment).	HCS	*		

¹ With support from regional and local councils, iwi providers, community funders and other organisations; and linked to policy within the operative Waikato Regional Land Transport Plan and/or Waikato Regional Public Transport Plan.

5.7 Working with key partners to enable effective and equitable responses

Theme	Actions	Responsibility	2020/21	2021/22	2022/23
Working with key partners to enable effective & equitable responses	5.7.1 Provide DHB information and advice to Waikato/Hamilton Metro Spatial Plan partners to support further development and implementation of this Plan e.g. accessible facilities and sustainable and accessible transport planning and development (link to DHB Sustainability Plan) ¹ .	CEO / ED SIT / Hamilton CC / Waipa DC / Waikato DC / Waikato RC	Ongoing		
	5.7.2 Work alongside neighbouring DHBs and key transport partners to enable corridor development (Hamilton to Auckland and Hamilton to Tauranga) that improves transport and access to health care ¹ .	CEO / ED SIT / CMDHB / Waikato DC/ Hamilton CC / Waikato RC	Ongoing		
	5.7.3 Work alongside iwi and other key partners on joint agreed transport initiatives to promote sustainability and travel behaviour change ¹ .	ED SIT / ED MEHI/ Hamilton CC / Waikato RC	Ongoing		
	5.7.4 Promote with other organisations, greater investment in wider pathways and off road cycle ways, and sustainable and accessible travel options (link to DHB Sustainability Plan and DHB Disability Responsiveness Plan) ¹ .	CEO /ED SIT	Ongoing		
	5.7.5 Advocate for a national review, and promote findings of a local review, of the National Travel Assistance policy that has a focus on process changes that enable equity of access for Māori.	CEO / ED SIT	Ongoing		
	5.7.6 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 ¹ .	ED SIT / Waikato RC	*		
	5.7.7 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 ¹ .	ED SIT / Waikato RC	*		
	5.7.8 Commit to support, subject to accessibility and affordability considerations, and where appropriate, Waikato Regional Land Transport Plan (2021-51) priorities and associated policies (e.g. Access and Mobility Priorities 1, 3, 5, 7 and 8); and Waikato Regional Public Transport Plan 2018 policies e.g. Policy P9 ¹ .	CEO / ED SIT / Waikato / RC / TLAs			*
	5.7.9 Raise awareness with growth partners of Waikato Hospital as a hub on the public transport network and as part of the transport component of the Greater Hamilton Metro Spatial Plan ¹ .	ED SIT / Waikato RC / Waka Kotahi /TLAs	Ongoing		

¹ With support from regional and local councils, iwi providers, community funders and/or other organisations; and linked to policy within the operative Waikato Regional Land Transport Plan and/or Waikato Regional Public Transport Plan

Haerenga Pai Travel and Access Plan: Targets and key performance indicators

Setting targets for behaviour change is an essential piece of any travel plan’s development. Figure 4 represents current staff and volunteer travel behaviour, travel mode as well as the potential future behaviours for travel to and from Waikato Hospital.

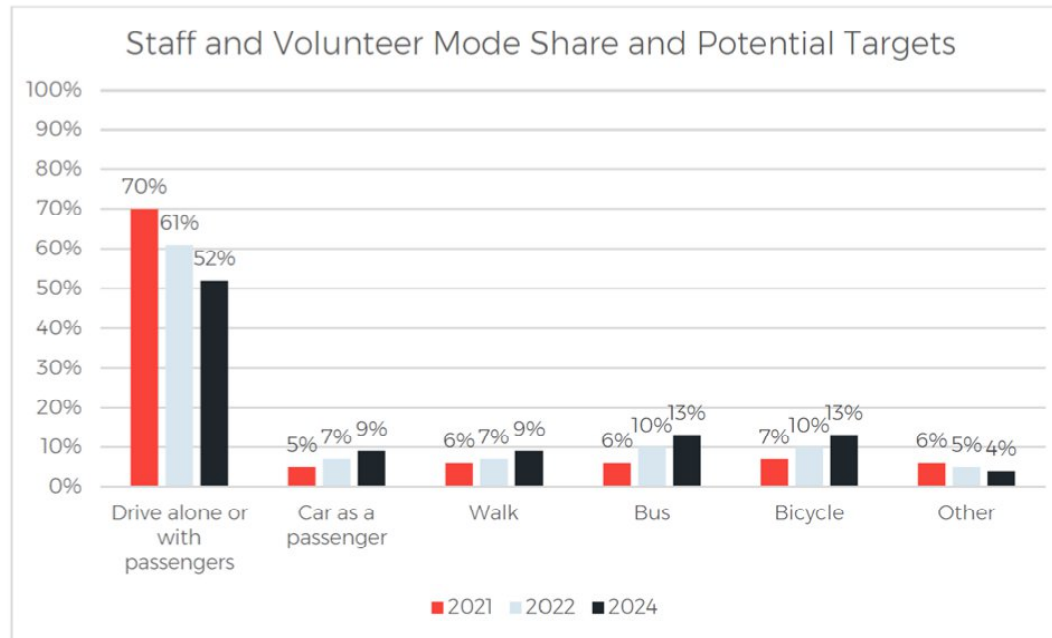


Figure 4 Staff and volunteer current and future travel behaviour

The potential for staff mode shift has been calculated as follows:

Car driver

- Travelling by another mode once a fortnight = 10% in year 1
- Benchmark against HBDHB with - 18% reduction in people who drove alone in two years
- 26% of staff/volunteers who would like to change how they travel

Car as passenger

- 40% of staff/volunteers are willing to consider carpooling in the future

Walking/wheeling

- 12% of staff living within a 20-minute walk of the Hospital (1600m)
- 21% of staff/volunteers are willing to consider traveling by walking in the future

Public Transport bus

- 43% of staff living within a 10-minute walk (800m) of an existing bus route with a direct service to the Hospital
- 44% of staff/volunteers are willing to consider traveling by bus in the future

Cycling

- 44% of staff living within a 20-minute cycling distance of the Hospital (5km)
- 30% of staff/volunteers are willing to consider traveling by bike in the future

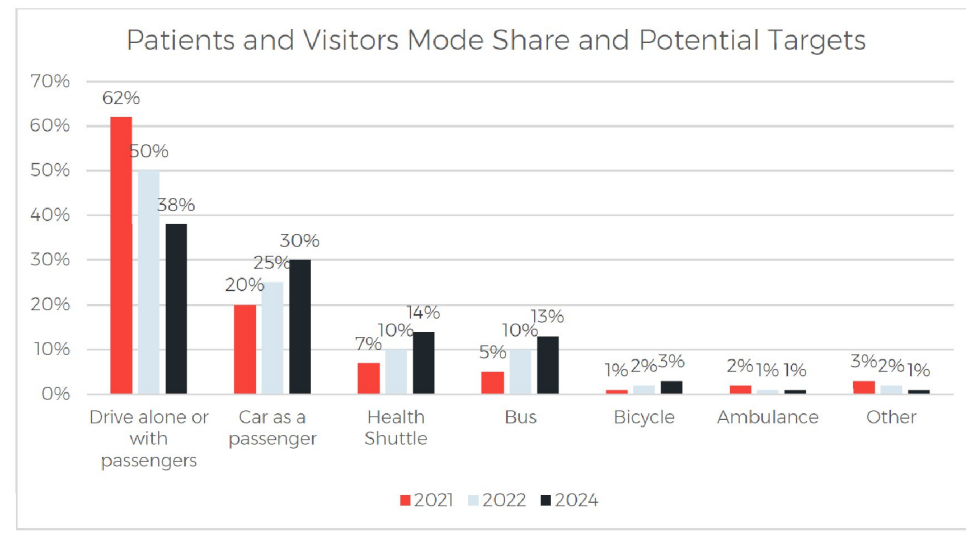


Figure 5 Patients and visitors' current and future travel behaviour

Figure 5 shows the current patient and visitor travel behaviour by travel mode as well as the potential future behaviours. The potential for staff mode shift has been calculated as follows:

Car driver

- 25% would like to change how they travel
- Benchmark against HBDHB with -8% reduction in people who drove alone in two years

Car as passenger

- 28% of patients/visitors are willing to consider carpooling in the future

Walking

- 3% of patients/visitor survey respondents living within a 20-minute walk of the Hospital (1600m)
- 8% of patients/visitors willing to travel by walking in the future
- Benchmark against HBDHB with +2% increase in patients/visitors who travelled by walking in two years

Community health transport

- 53% of patients/visitors living outside of Hamilton willing to travel by community health transport in the future (15% Year 1; 25% Year 2 and 35% Year 3, and 50% Year 4)
- Those who are not within the public transport/bus network could potentially travel by community health transport

Support people

- 100% of all community health transport services make provisions for support people

Public transport bus

- 34% of patients/visitor survey respondents living within a 10-minute walk (800m) of an existing bus route with a direct service to the Hospital
- 31% of patients/visitors willing to travel by bus in the future (consumers living within Hamilton travel by bus to and from Waikato Hospital - 12% (Year 1) and 17% (Year 2), and 25% (Year 3))

Cycling

- 23% of patients/visitor survey respondents living within a 20-minute cycling distance of the Hospital (5km)
- 7% of patients/visitors willing to travel by bike in the future

The targets in the graphs (figures 4 and 5) have been arrived at by balancing the current travel behaviour with people's willingness to change, and the potential for the transport network and Haerenga Pai Travel and Access Plan to enable and support change.

The current level of car parking provision also informs the level of change needed. The difference between the 'potential' figures and current behaviour is a gap that the Haerenga Pai Travel and Access Plan will need to close in order to meet the targets. For example, the people that are interested in cycling, but who are currently driving, will be encouraged to cycle by having access to better cycle facilities, a safe network of urban cycle lanes (which the Hospital can advocate for) and by creating a cycling culture. People living within walking distance of an existing bus route might be more encouraged to catch the bus if the timetable suited them better, or if the service was more frequent.

In addition to the mode share targets, the Haerenga Pai Travel and Access Plan's performance should also be measured against the following performance criteria:

- Awareness of Haerenga Pai Travel and Access Plan measures and initiatives.
- Number of staff reported injuries and near misses associated with transport to and from work (to ensure uptake of active transport modes does not increase injury risk to staff).
- Number of infringements of the parking policy.
- Number of complaints about travel and parking from the public.

These targets and the monitoring of performance outlined above is focused on travel, travel behaviour change and travel demand management. Wider monitoring will also need to occur to pick up on performance related to other Haerenga Pai Travel and Access Plan matters such as travel support, and appointment and travel coordination for consumers.

Appendix 1: Transport and Access Plan Working Group

The Waikato DHB Transport and Access Plan Working Group was established to guide development of the Plan. Membership included transport representatives from local government and the community along with staff and consumer representatives from key DHB services/groups.

Members included representatives from:

- Waikato Regional Council
- Hamilton City Council
- Waka Taitoko
- Te Puna Oranga
- Waikato Public Health
- DHB Business Services
- DHB Hospital and Community Services
- DHB Clinical Equity Leadership Group / Equity Office
- DHB Strategy and Funding
- DHB Consumer Council
- Waikato Community Transport Forum

Appendix 2: Waikato DHB community health transport providers*



Health transport services by locality¹

G2028HWF

<p>North Waikato locality *(part Waikato District) Nga Watene Māori o te Rohe Potae Regional Association (Māori Wardens) Contact person: Tina McFadyden Phone: 027 276 8690 Email: nwmotrp@maoriwardens.org.nz</p> <p>Te Kauwhata Community House* Contact person: Nicky Patterson (coordinator) Physical address: 1a Waerenga Rd, Te Kauwhata, 3710 Phone: 07 826 4303 or 027 519 8887 Email: tk.disc@xtra.co.nz</p> <p>North Waikato Transport Trust/Waka Tautoko (Huntly based) Contact person: Alicia Leef (coordinator) Physical address: 55 William Street, Huntly, 3700 Phone: 0800 828 865 or 07 8287559 Email: northwaikatotransport@gmail.com</p> <p>Waikato/Bay of Plenty Cancer Society Volunteer driving service Contact person: Nicola Bowe and Sue Worth Physical address: Cnr Beale and Grey Streets, Hamilton Phone: 07 838 2027 Email: NicolaBowe@cancersociety.org.nz</p> <p>Renal transport service* Contact person: Nicky Hagen or Michelle Higgins (Waikato DHB) Bookings made via Waikato DHB Renal Services Phone: 07 839 8741 (Regional Renal Services reception)</p> <p>Greater Hamilton locality (Hamilton/Waipā and part-Waikato Districts) Nga Watene Māori o te Rohe Potae Regional Association (Māori Wardens) Contact person: Tina McFadyden Phone: 027 276 8690 Email: nwmotrp@maoriwardens.org.nz</p>	<p>Waikato/Bay of Plenty Cancer Society volunteer driving service Contact person: Nicola Bowe and Sue Worth Physical address: Cnr Beale and Grey Streets, Hamilton Phone: 07 838 2027 Email: NicolaBowe@cancersociety.org.nz</p> <p>St John Health Shuttle (Hamilton, and Cambridge) Contact person: Niki Varley Physical address: 5 Devon Road, Frankton, Hamilton Phone: 0800 846 9992 Email: waikatohealthshuttles@stjohn.org.nz</p> <p>Te Awamutu Community Health Shuttle Contact person: Sarah Lewis (coordinator) Phone: 07 870 3258 or 021 178 7997 Email: tahs@xtra.co.nz</p> <p>The Raglan District Community Vehicle Trust / Raglan Health Shuttle* Bookings made via at the Raglan Community House Physical address: 45 Bow Street, Raglan 3225 Phone contact for bookings: 07 825 8142 Email: tjem.ryan@xtra.co.nz</p> <p>Cambridge Community House Driver Service Phone: 027 667 7076 for bookings Email: cchdriverservicecarole@gmail.com</p> <p>Renal transport service (Hamilton)* Contact person: Nicky Hagen or Michelle Higgins (Waikato DHB) Bookings made via Waikato DHB Renal Services Phone: 07 839 8741 (Regional Renal Services reception)</p> <p>Thames Coromandel/Hauraki locality (Thames Coromandel and Hauraki Districts) Coromandel Independent Living Trust* Contact person: Resource Centre reception</p>	<p>Physical address: 45 Tiki Rd, Coromandel Township Phone: 07 866 8358 Email: resourcecentre@cilt.org.nz</p> <p>Tairua Care and Friendship Club Inc.* Contact person: Marnie Goodman Physical address: C/- 20 Windsor Drive, Tairua Phone: 021 137 5688 Email: goodparker29@gmail.com</p> <p>Whitianga Community Services Trust Contact person: Chrissy Roe Physical address: 2 Cook Drive Whitianga Phone: 07 866 4476 Email: reception@wcst.co.nz</p> <p>Whangamata Community Services Trust* Contact person: Jess Matetaka, Heleene White Physical address: 505 Port Rd, Whangamata Phone: 07 865 7065 Email: admin@whangacst.co.nz</p> <p>St John Community Health Shuttles (Thames Paeroa, Waihi*, Whitianga and Whangamata*) Contact persons: Tricia Dawson (Thames / Paeroa), Natalie James (Waihi) and Lyn Bryant (Whangamata) Physical address: 1102 Queen St, Thames, 3540 Phone: 0800 934 287 for Thames, Paeroa, Waihi, Whitianga and surrounds areas</p> <p>Paeroa Community Support Trust, Volunteer Driver Service* Contact person: Hauraki Resource Centre Physical address: 4 Mackay St, Paeroa Phone: Resource Centre - 07 862 6110 Email: admin@pc.org.nz</p> <p>Renal transport service Contact person: Nicky Hagen or Michelle Higgins (Waikato DHB) Bookings made via Waikato DHB Renal Services Phone: 07 839 8741 (Regional Renal Services reception)</p>	<p>Matamata-Piako locality Matamata Community Health Shuttle Trust* Contact person: Jan Dench Physical address: 41 Hetana Street, Matamata Phone: 07 888 6040 for bookings (Pohlen Hospital) Email: Admin@matamatashuttle.co.nz</p> <p>Morrinsville Community Charitable Trust Contact person: Bryan Barker Physical address: 8 Holmwood Park Drive, Morrinsville Phone: 07 889 5636 Email: valbryan@xtra.co.nz</p> <p>Te Aroha Community Shuttle Phone: 07 884 9479 Email: tearoha.cs@gmail.com</p> <p>Renal transport service* Contact person: Nicky Hagen or Michelle Higgins (Waikato DHB) Bookings made via Waikato DHB Renal Services Phone: 07 839 8741 (Regional Renal Services reception)</p> <p>South Waikato locality Health transport service (Tues/Thurs) Bookings are made via Tokoroa Hospital Phone: 07 885 0600</p> <p>Renal transport service* Contact person: Nicky Hagen or Michelle Higgins (Waikato DHB) Bookings made via Waikato DHB Renal Services Phone: 07 839 8741 (Regional Renal Services reception)</p> <p>St John Health Shuttle (Tokoroa) Contact person: Niki Varley Physical address: 5 Devon Road, Frankton, Hamilton Phone: 0800 846 9992 Email: waikatohealthshuttles@stjohn.org.nz</p>
--	--	--	--

South Waikato Community Health Transport (Inc) (servicing Tokoroa, Putaruru, Arapuni and Tirau)*

Bookings contact: 07 883 6022
Email: secretary@swcht.org

Waitomo/Otorohanga locality

Nga Watene Māori o te Rohe Potae Regional Association (Māori Wardens)

Contact person: Tina McFadyden
Phone: 027 276 8690
Email: nwmotrp@maoriwardens.org.nz

Otorohanga Community Health Transport Service*

Otorohanga Support House Whare Awhina
Phone: 07 873 8156 for bookings
Email: manager@otosupport.nz

St John Community Health Shuttle (Otorohanga)

Monday-Thursday, twice daily service
Phone contact for bookings: 0800 846 9992

Te Kuiti Citizens Advice Bureau Volunteer Drivers

Physical address: 222 Rora St Te Kuiti
Phone: 07 878 7636
Email: cab.tekuiti@extra.co.nz

4H Community Trust Board (Waitomo District area only)

Contact person: Desiree McKenzie
Physical address: 28 Taupiri Street, Te Kuiti
Phone: 027 814 4663
Email: communityhouse@tekuiti.net.nz

Ngati Maniopoto Marae Pact Trust Transport (Kawhia based)*

Physical address: Taumarunui Campus, 56 Miriama Street, Taumarunui, 3920
Phone: 07 878 0028
Email: shirleyt@maniapoto.org.nz

Renal transport service*

Contact person: Nicky Hagen or Michelle Higgins (Waikato DHB)
Physical address: Bookings made via Waikato DHB Renal Services
Phone: 07 839 8741 (Regional Renal Services reception)

North Ruapehu locality (part-Ruapehu District)

Nga Watene Māori o te Rohe Potae Regional Association (Māori Wardens)

Contact person: Tina McFadyden
Phone: 027 276 8690
Email: nwmotrp@maoriwardens.org.nz

Ngati Maniopoto Marae Pact Trust Transport (Taumarunui)*

Physical address: Taumarunui Campus, 56 Miriama Street, Taumarunui, 3920
Phone: 07 878 0028
Email: shirleyt@maniapoto.org.nz

Taumarunui Mobility Van

Contact person: Peter Winterbottom
Phone: 022 012 1610
Bookings via Central King Country REAP
Phone: 07 896 8680
Email: taumarunui-mobilityvan@gmail.com

Taumarunui – Hamilton (and return) health bus

Waikato and Taumarunui Hospitals coordinate this service
Phone: 07 839 8899 ext 98849 (services desk) for bookings

Renal transport service*

Contact person: Nicky Hagen or Michelle Higgins (Waikato DHB)
Bookings made via Waikato DHB Renal Services
Phone: 07 839 8741 (Regional Renal Services reception)

National Travel Assistance

The National Travel Assistance Scheme (NTA) was set up to help people who need to travel long distances, or frequently, to receive specialist services to get some of their travel expenses reimbursed.

To be eligible for the reimbursement, you must:

- Be referred from one specialist to another, both specialists MUST be part of a publicly funded health and disability support service
- And, travel a minimum distance or make a minimum number of trips

If this sounds like your situation, check if you meet the criteria for an adult or a child under 18 years of age by contacting your local NTA coordinator at your local DHB.

Waikato DHB contact

Phone: 07 839 8899 ext 97233
Email: nta@waikatodhb.health.nz

Make sure your claim form is signed and stamped by clinic staff for each appointment you attend.

You must keep receipts for public transport and / or accommodation to support your claim.

Travel option for consumers access Waikato DHB health services

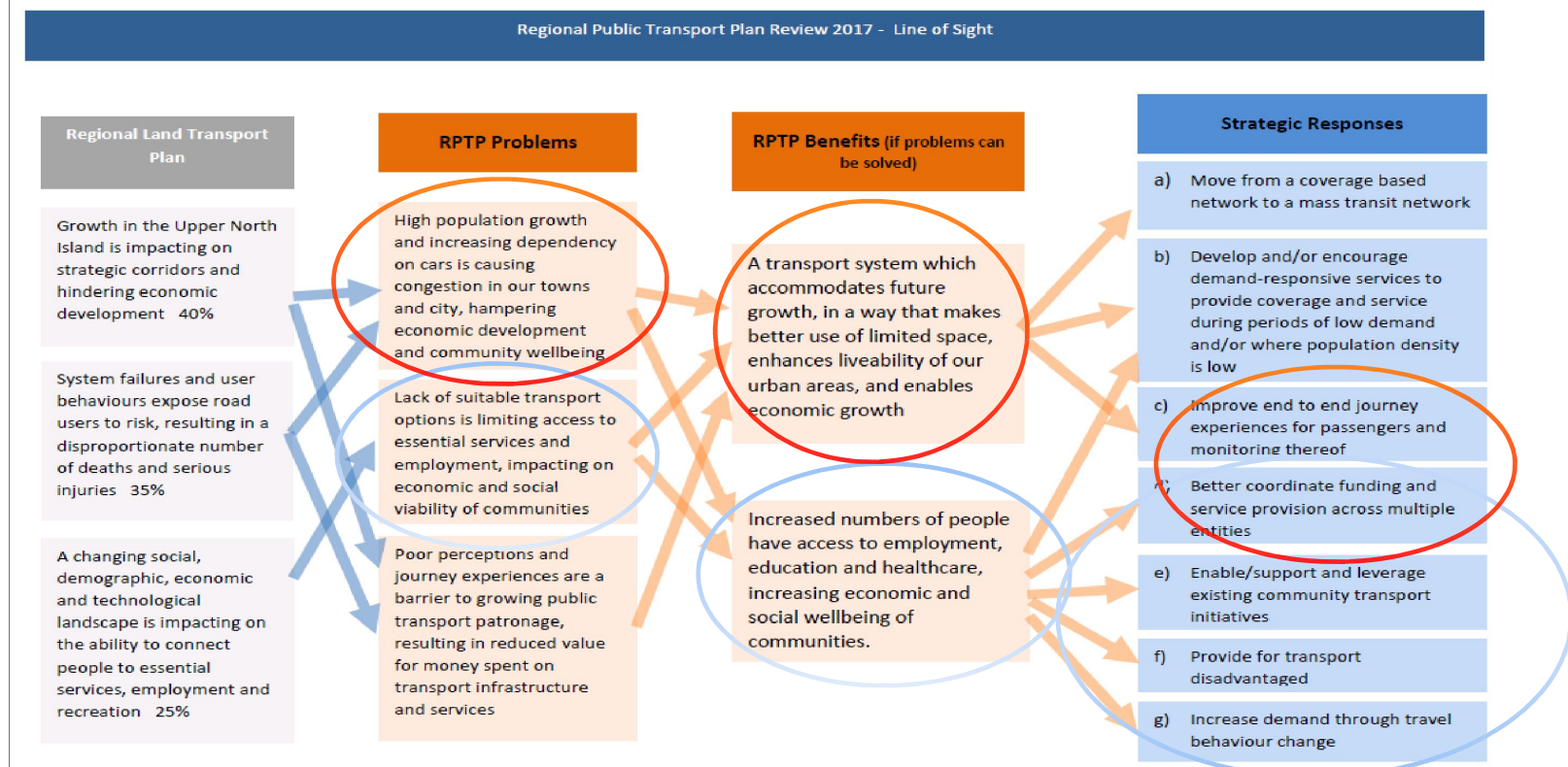
Transport options include, but are not limited to:

- 1. Own transport:** Travelling by private vehicle or with a family member / friend
- 2. Community transport:** many communities have community transport service run by volunteers (see listed services by local area)
- 3. Specialist health transport:** Renal health service consumers on dialysis can access renal transport services provided by Waikato DHB (see listed services by local area)
- 4. Public transport:** For travel within greater Hamilton, public bus services are available with the Comet service travel past the Hospital. For further information on available services, routes and fares see: busit.co.nz
- 5. Total mobility:** Total Mobility is available in Hamilton, South Waikato, and Waipā districts. The scheme provides financial assistance for travel within these districts, giving registered users a 50 per cent discount on taxi fares up to a maximum subsidy. The user pays the other half of the fare to the taxi driver. People who use the scheme must carry a valid Total Mobility photo ID card to get the discounted fare. For more information see: www.busit.co.nz/travelling-with-us/total-mobility/
- 6. Commercial transport options:** A range of commercial transport options are available including taxi and other on 'on demand' services (with greater Hamilton), and bus services.

This summary of community health transport providers is sourced from current providers part funded by Waikato DHB, and identified providers on Community Waikato's www.waikatocommunitytransport.org.nz/ website. It is accurate as at November 2020. Review is due in November 2021. Community transport services part funded by Waikato DHB are marked (NB renal transport services and the Taumarunui – Hamilton Health Bus are fully funded by DHB).

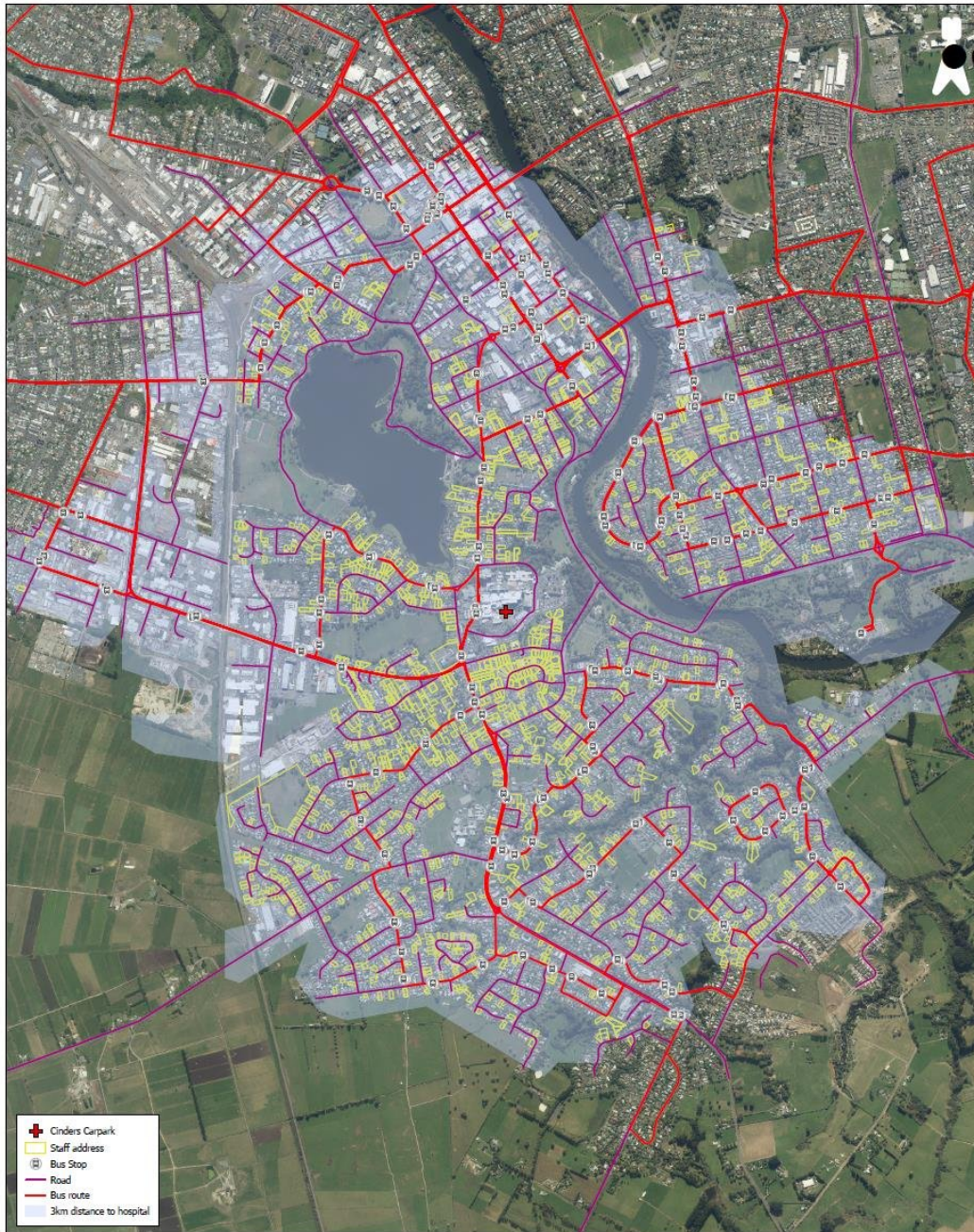
Appendix 3: Waikato Public Transport Strategic Case (2018 Update) summary

The Waikato Regional Public Transport Plan 2018-28 includes identified agreed strategic problems, benefits and responses that align to this Plan (see figure below –this shows links to the Plan **problem 1**, in blue and **problem 2**, in red). The problems identified below (including links to associated Waikato Regional Land Transport Plan problems) have been refined for this Plan, and are informed by supporting evidence.



Source: Waikato Region Public Transport Strategic Case (Waikato Regional Council, 2017)

Appendix 4: Waikato Hospital based staff addresses within 3km of Waikato Hospital site, and public transport routes



Acknowledgements and Disclaimers
 1. DHB staff addresses provided to Waikato Regional Council by the Waikato DHB in October 2019. 99.9% of addresses were successfully geocoded.
 2. Cadastral information derived from Land Information New Zealand's Landonline Cadastral Database. CROWN COPYRIGHT RESERVED. Valuation Data Sourced from Territorial Authority District Valuation Roll.
 3. © Waikato Regional Aerial Photography Service (WRAPS) 2017. Imagery sourced from Waikato Regional Council. Licensed under CC BY 4.0.
 4. © Waikato Regional Council 2006 - 2018 & Radiola Limited. Public Transport Bus Network data. Licensed under CC BY 4.0.

DHB Staff addresses within 3km of Cinders carpark (at Waikato Hospital).

0 0.5 1 km
 Scale at A4 = 1:27,500

Created by: AJH
 Date: 2/09/2020
 Version: 1
 File: REQ161841_

DISCLAIMER: While Waikato Regional Council has exercised all reasonable skill and care in controlling the contents of this information, Waikato Regional Council accepts no liability in contract, tort or otherwise howsoever, for any loss, damage, injury expense (whether direct, indirect or consequential) arising out of the provision of this information or its use by you.

**Appendix 5:
 WAIKATO DHB HAERENGA PAI TRAVEL PROJECT REPORTS (September 2021) :
 KEY FINDINGS ACROSS ALL DATA**



Element	Key findings
<i>Driving and parking</i>	<p>High private vehicle use and low uptake of other transport modes by DHB staff reduces car parking for patients and visitors; creates stress; likely a contributing factor to DNA; staff personal safety is an issue; parking building tight / narrow / dangerous.</p> <p>People whose travel was impacted by a disability were more likely to travel as a passenger in a car or arrive by ambulance. This group also has the highest levels of stress associated with their travel and were the least content with their current travel arrangements. They cited access to accessibility parking, use and management of accessibility parking and ease of journey to and from services as key challenges.</p>
<i>Community health transport services e.g. health shuttles</i>	<p>Patients value community health transport services; DHB priority population groups (People living over 50km from the Hospital, Māori, Pacific and those whose travel was impacted by a disability) have high uptake; more appropriate pick-up/drop off space needed at Waikato Hospital; challenges with whānau support provisions (often not provided for or whānau are not aware of these), and coordination/timing of appointments is causing stress.</p> <p>A majority of patients surveyed would consider traveling by a community health transport service.</p>
<i>Public transport</i>	<p>Quite high DHB staff willingness to use; current public transport use is low; schedule and lack of service coverage are challenges. Māori and Pacific are more aware of the Comet 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.</p> <p>Nearly half of DHB staff and volunteer survey respondents are aware of the Comet bus service but have never used it.</p>

<i>Cycling and micro mobility</i>	High DHB staff willingness; inadequate cycle/micro mobility routes, not enough secure bike/e-bike/e-scooter/scooter parking, and facilities; high level staff/volunteers of awareness of available secure cycle/micro mobility facilities and showers.
<i>Walking and wheeling</i>	DHB Staff willingness to walk; Unsafe or poorly maintained accessible footpaths and walkways and inconsistent connectivity are barriers.
<i>Wayfinding</i>	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.
<i>Services accessed</i>	Māori and Pacific are more likely to visit the inpatient wards than the average patient or visitor; the majority of respondents are likely to be attending outpatient appointments; people whose travel was impacted by a disability are more likely to visit the outpatient clinics than other patients and visitors; very few target group patient or visitor survey respondents travelled to the Waiora CBD site (to access Infant, Child and Adolescent Mental Health Service (ICAMS)).
<i>Potential for change</i>	<p>A reasonable amount of Waikato Hospital staff and volunteers would like to change how they travel, and recognise they have more than one means of travel; However many staff feel it would be difficult to change their current travel arrangements.</p> <p>The DHB priority population groups, more than the average patient or visitor, would like to change how they usually travel. Hospital staff and volunteers are most willing to consider travelling by public transport, carpool, community health transport, bike, train and/or walking (in that order).</p>
<i>Preferred initiatives</i>	<p>Schemes DHB staff/volunteers would like to see:</p> <ol style="list-style-type: none">1) Guaranteed ride home scheme,2) Subsidised public transport,3) Carpool schemes, and4/5) After hours security and additional secure bike parking.



General Business