

Northern Region COVID Vaccination Summary

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Maaori Health NRHCC COVID Vacc team
Summary of actions re Lead role and South
09 April 2021

Summary for last few weeks

Strategy with 5 elements

Aiming to influence and lead aspects of mainstream (NRHCC) approach

Access equity for Maori

Within the NRHCC overall planning approach
* (Article 3)

Communication

Reframing vaccine hesitancy
Overall Maori comms strategy alongside NRHCC Comms

Workforce

Work with NRHCC teams to train and support any workforce requirements

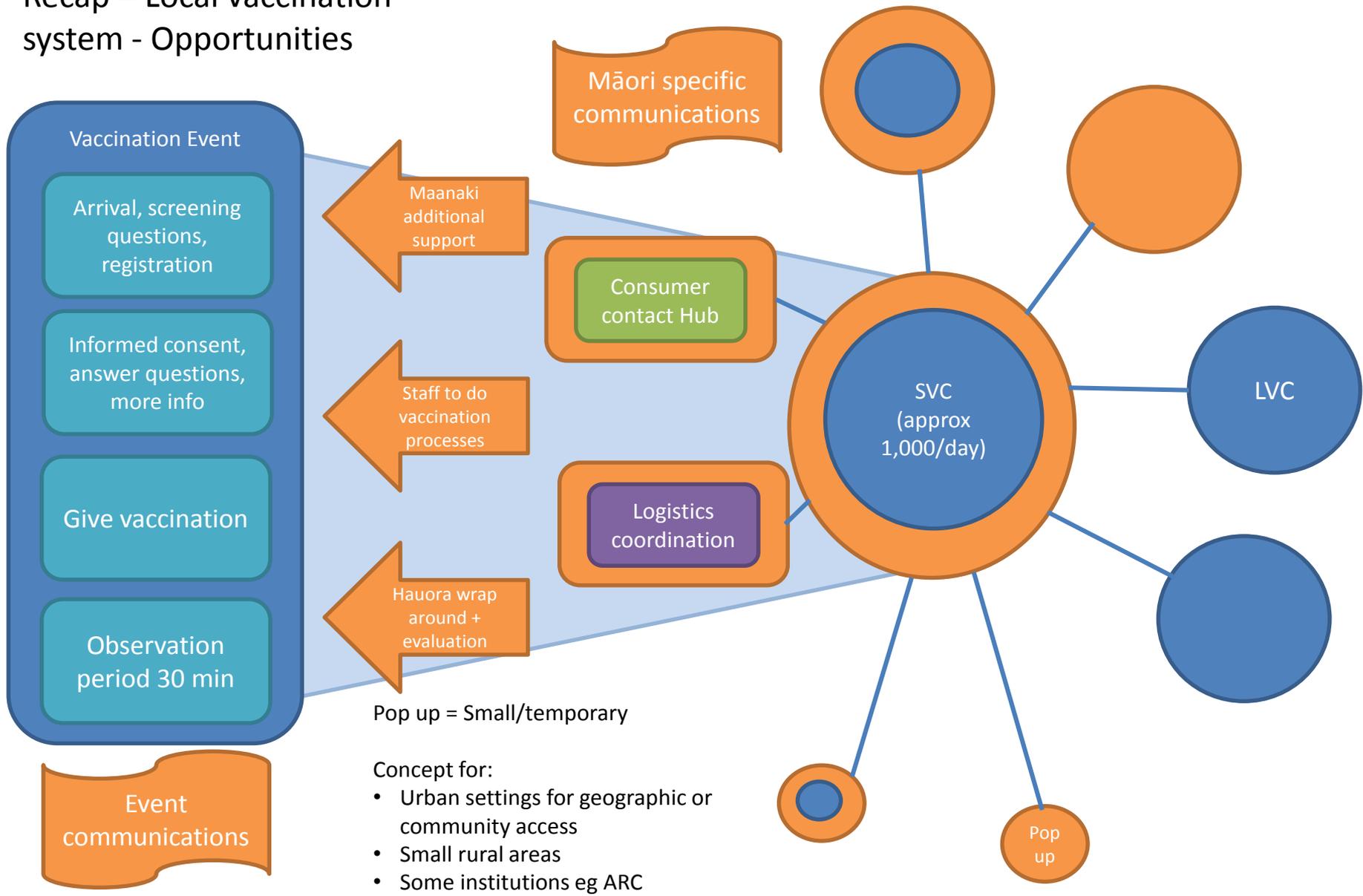
Vaccine delivery

First SVC and LVC
Process doc for LVCs
Site assessments u/way
Pathways to partnership and responsiveness to partners

Monitoring/evaluation

Population data for geographic approach and pop register
Booking system + data
Evaluation plan
Experience survey

Recap – Local vaccination system - Opportunities



- Concept for:
- Urban settings for geographic or community access
 - Small rural areas
 - Some institutions eg ARC

Mobile may be possible after working through logistics

1. Access equity

- REF papers to propose alternative to 65+ - 55+ or all Maaori 18+ and to propose geographical approach to invitation to balance vaccine supply and capacity
- Booking and invitation system important factors in the success of this approach until national booking system and pop register agreed/available
- Continual focus on equity required in all meetings
 - Pressure and requirements for rapid changes in approach
 - Always a risk of dropping the Maaori first approach in favour of 'easy' solutions

2. Comms strategy



- ‘Vaccine hesitancy’ international literature review and assessment of local insights
- Alongside the considered expertise of Te Roopuu Whapakaupapa Urutaa
- Rejects the term ‘vaccine hesitancy’ as deficit focused – proposed journey to vaccine confidence – supported by comms tailored to the stage of the journey
- Built this into the Maaori comms strategy (commissioned Erin Stirling Mihi Media to develop this) – ahead of MoH comms platform and fits well with NRHCC comms direction (support for additional Maaori resource)

3. Workforce

- Training pipeline and lay vaccinator priority
- Development and agreement of proposal to cycle Maaori provider staff through SVCs (and in time LVCs) in a systematic way to further develop expert vaccinator skillset
- Supporting of mainstream workforce with provider capacity eg Whanau Ora and SVC South site leads x2



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Appendices/Links to other documents

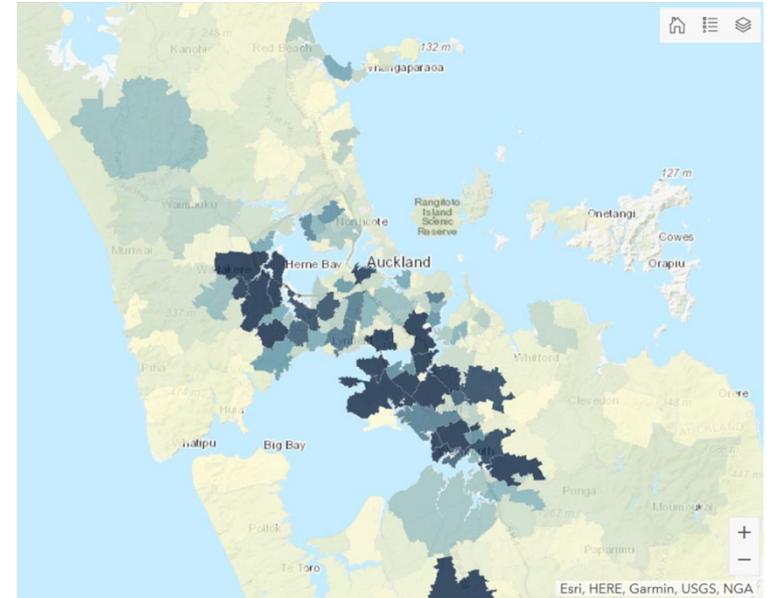
- [The Ministry of Health Operating Guidelines for DHBs & Providers](#)
- [SOP Vaccination Site Operational Overview - example](#)
- [SOP NRHCC COVID-19 Vaccine \(or 'Clinical' SOP\)](#)
- [Working with the COVID Immunisation Register](#)
- [Māori-led Commissioning Framework](#)
- [Criteria for selecting sites](#)
- [Consumables quantities](#)
- [Pacific-led Commissioning Framework](#)

4. Vaccine delivery

- Supporting provider determination for partnership opportunities across the spectrum of SVCs, LVCs, primary care LVCs and in a configuration that they wish to undertake
- Supporting LVC site selection processes by manawhenua and provider collaboratives, and facilitating NRHCC resource to support the assessment of options (challenges with limited resource)
- End-to-end process document on LVC set up to develop a work backwards timelines and checklist with the various NRHCC functions

5. Monitoring and evaluation

- Ethnicity reporting all relevant dashboards and reports
- Population data (specific mapping) for planning SVCs, LVCs, geographic primary care LVCs
- Evaluation plan with NRHCC P&I
 - Develop and deliver specific exploratory phone interviews for 'unsure' whaanau
 - Develop and deliver SVC site patient experience survey and analyse by ethnicity



Top 10 areas - indicative

Maori
Manurewa - 6053
Papakura - 4687
Papatoetoe - 3472
Henderson - 3301
Otara - 3003
Pukekohe - 2611
Massey - 2588
Mangere East - 2454
Mangere - 2404
Clendon Park - 2230

Key

South West

South Sites

- Minister and Government directive to focus on South Auckland Maaori and Pacific populations as most at risk from potential outbreak
- SVC partnership with Whanau Ora – manaaki and hauora roles
 - Opportunities for site flow improvement provided
 - Opportunities for provider training identified
 - Experience in large site management important for LVC development and leadership
- LVC site
 - Manurewa marae, provider collaborative supported by Whanau Ora
- Next sites: Primary care (first tranche) and another SVC?
 - Significant time and capacity required to identify (non-primary care) and establish sites
- Estimated capacity of 20,000 vax per day if all sites/options go live

Current priorities

- LVC next level implementation site planning esp re booking/invitation process and management of walk-ins
- Risk of moving rapidly with starting community roll out including primary care approach is that equity of access will no longer be the priority
- Further development of an Active Follow-up and Outreach model with Homecare Medical
- Ensuring LVCs are successful and sustainable and can leave the provider capacity legacy required
- Ensuring the supportive comms strategy is in place to walk with whaanau along the journey and to support feeling of the need to defer with accessible options