WHĀNAU HQ
TE TUA HAPORI

Whanau HQ Model of Care

SLT Update Wednesday 16 Feb

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The **'Whanau HQ' model of care** was established in November 2021 to enable and support those isolating at home. The Whānau HQ model of care sits across primary, community and secondary care. A whānau centric delivery of continuity of care is to be provided, with a service that the whanau trusts.

This will help safely support whanau, minimise the negative impacts of COVID-19 and reduce the burden on hospital.

All confirmed cases of COVID-19, and their household contacts / bubble are eligible to access Whānau HQ care, free of charge.

OUR GOALS

Community

Slow the spread of COVID19 in the community with particular focus on Māori, Pacific, Q5 or low income/vulnerable people and their households

Sustainability

Reduce or mitigate the impact of COVID19 on deaths and long-term disability

Protect

Protect and hold Northland DHB at elimination for as long as possible and support increase vaccination rates for Northlanders

Resilience

Build resilience into the healthcare system as a whole to be able to withstand multiple surges of COVID19 and its variants in a 'manage it' phase

Equity

Ability to meet equitable outcomes for Māori and Pacific people

The equity expectations for the COVID-19 Care in the Community Framework are:

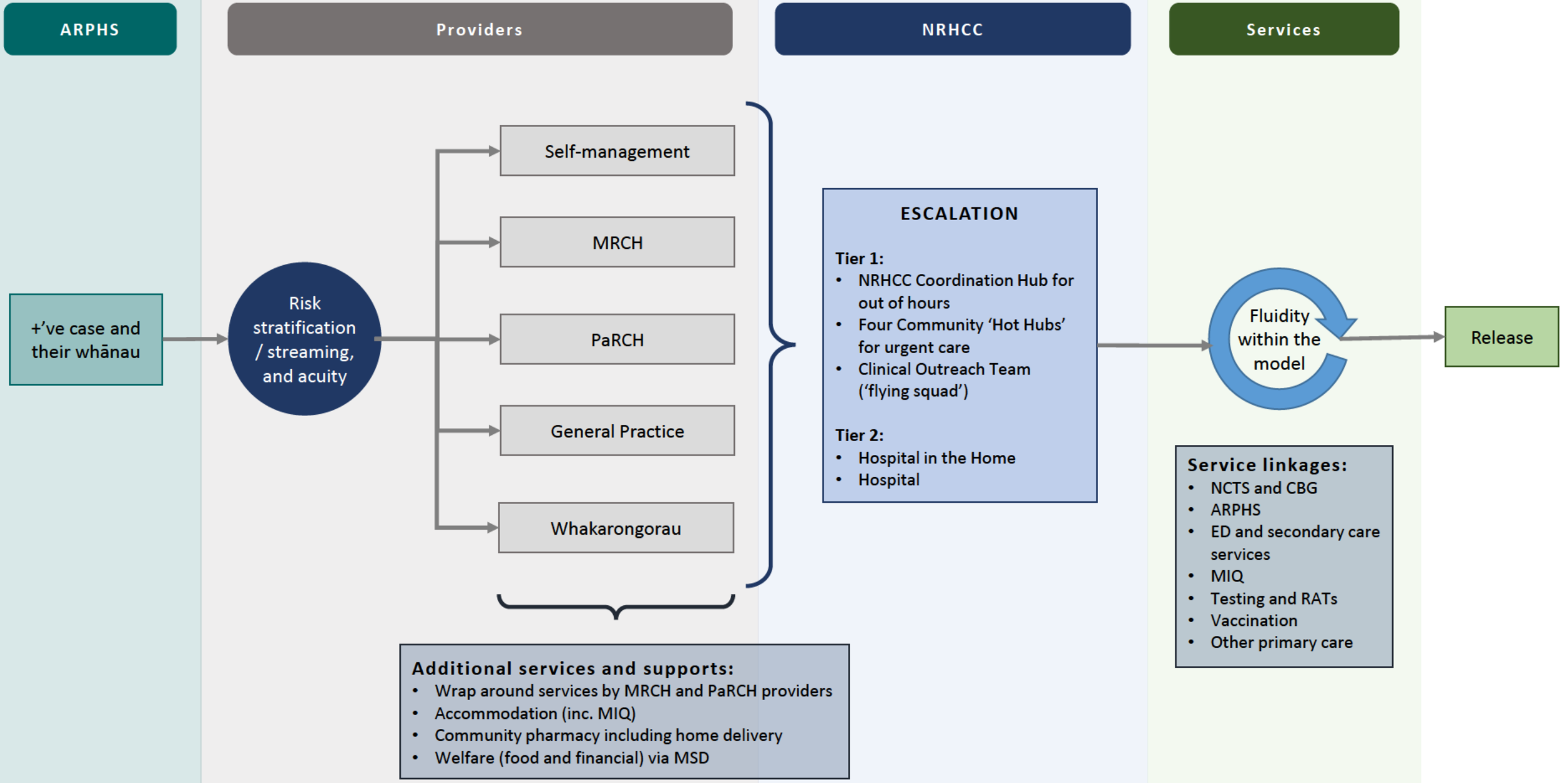
- Embed Te Tiriti in the response
- Support Māori and Pacific-led teams to deliver the initial engagement with Māori and Pasifika
- Support end-to-end services, care coordination, and wrap-around support
- Promote 'legacy services' to ensure whānau accessing care and support pathways wherever possible. Legacy Services designed to alleviate and address the negative impacts that Covid-19 and long standing health inequaltieis have had on vulnerable populations, particularly for Māori
- Design system enablers to drive equity for priority populations in the response; specifically:
  - Ensure strong Māori (as Te Tiriti partners) leadership and decision-making at all levels of the care in community response
  - Build community infrastructure by supporting Māori and Pacific providers, local services, and communities to drive local responses
  - Enable Māori and Pacific communities to design tailored and targeted models that are holistic and culturally responsive, sensitive, and safe across the care in the community continuum
  - Ensure that responses both build on and align with support provided by disability and mental health services as priority populations
  - Embed agile, flexible, and high-trust commissioning and contracting arrangements to enable local innovation and responsiveness
  - Build systems that enable better cross-agency collaboration and coordination that put the needs of whānau first
  - Ensure clear communication from all levels of government and service delivery while enabling localised initiatives
  - Continue to strengthen data collection and public health systems and processes (including IT and digital enablement) to deliver on equity.

Urupare ki ngā hiahia hapori
Responsive to community needs

Ngāwaritanga
Flexibility

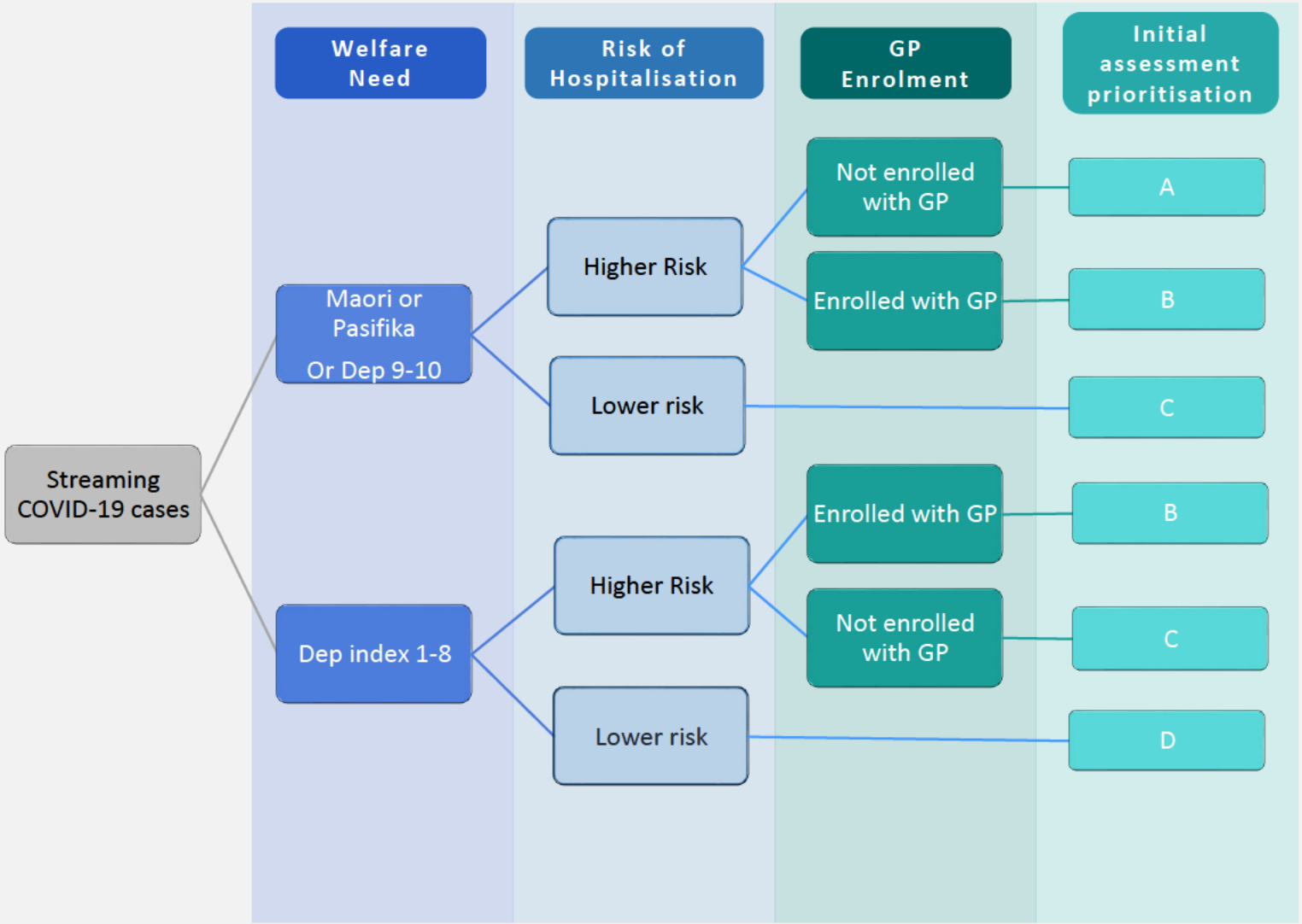
Mahi ngātahi
Unity of effort

Sourced from 'Coordinated Incident Management System (CIMS)', *Third Edition, August 2019, NZ Government*



Whole population approach to stratification of COVID Care Needs OMICRON Outbreak

Step 1: Stratification based on anticipated need for support and risk of more severe COVID



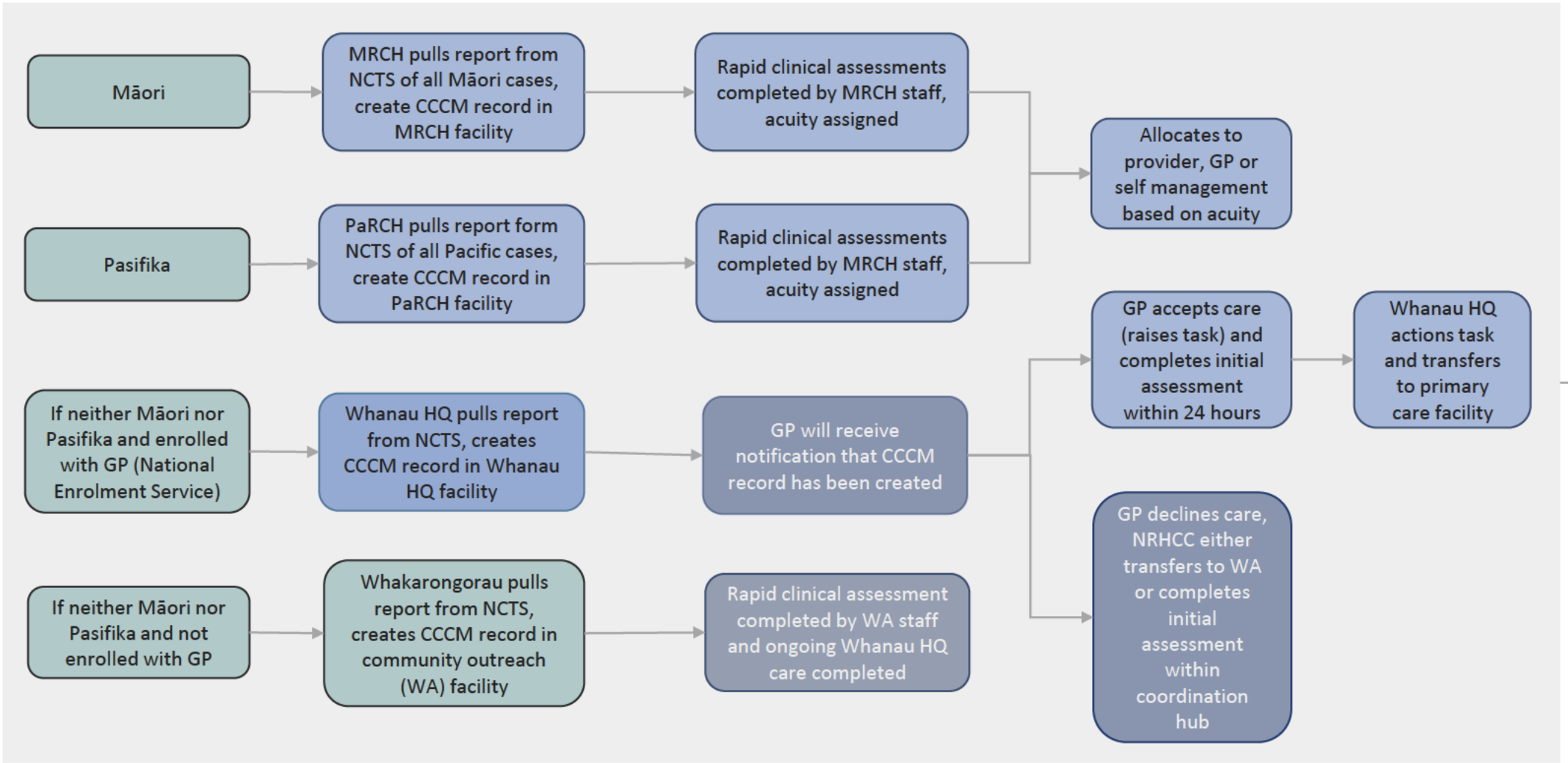
Step 2: Symptoms, clinical risk and social needs assessed

Clinical Acuity

1. Assess symptoms by call or self-serve
2. Assign clinical acuity
3. Check for higher risk bubble members
4. Re-assignment based on acuity and capability of self serve, if required – e.g. step up or down a level or assign to self-serve if appropriate

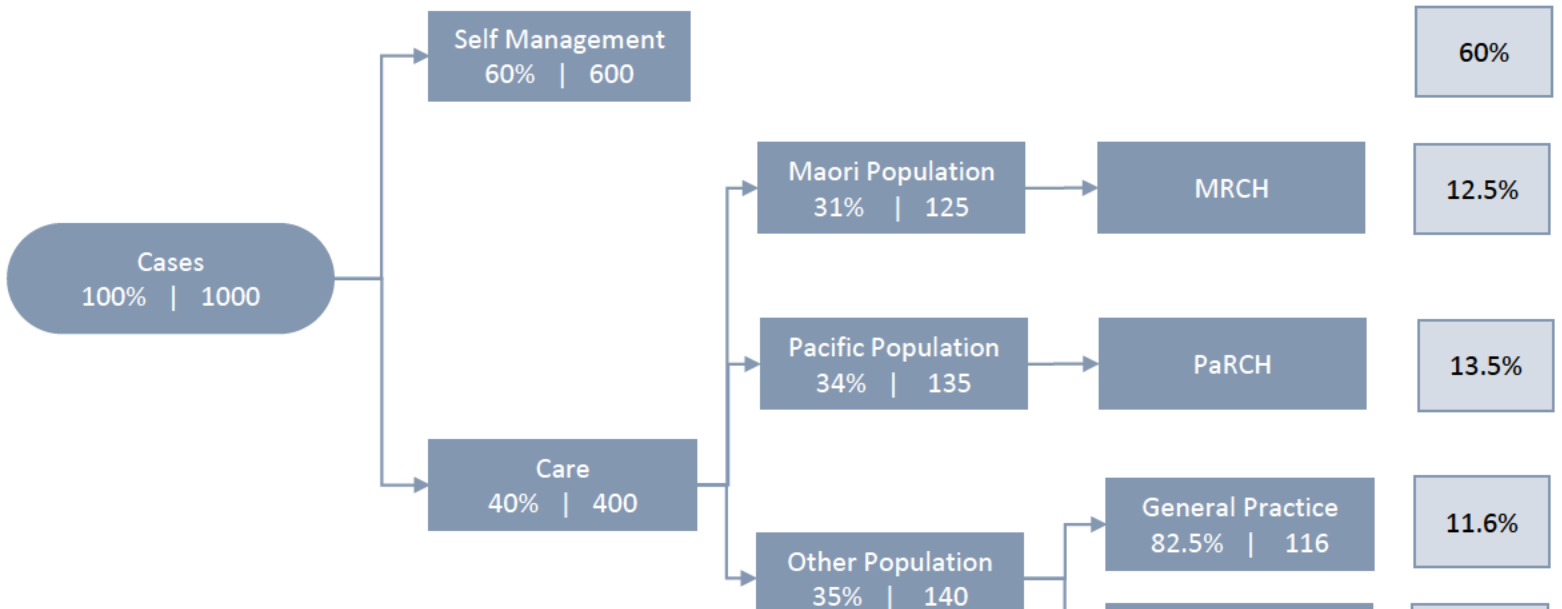
Severe symptoms (not palliative)	**Hospital**
Moderate symptoms and/or higher risk or palliative	**Acuity 5 & 6** Telehealth clinical Supported care
Mild symptoms and lower risk	**Acuity 1-4** Self-management telephone supported care

Allocation pathways for CCCM record New Cases (from 15th Feb)



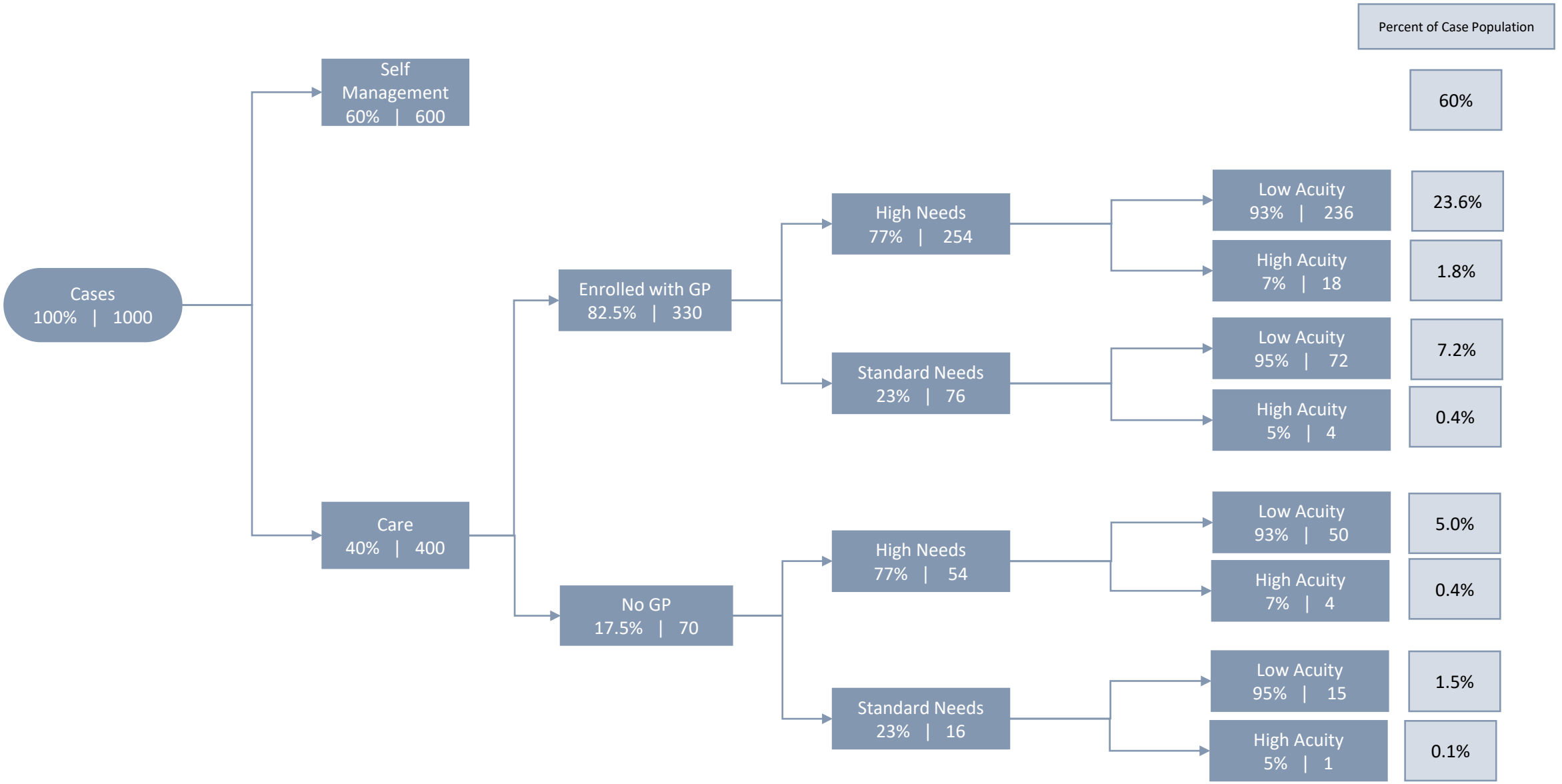
CBG / ARPHS Contact Tracing to continue in parallel

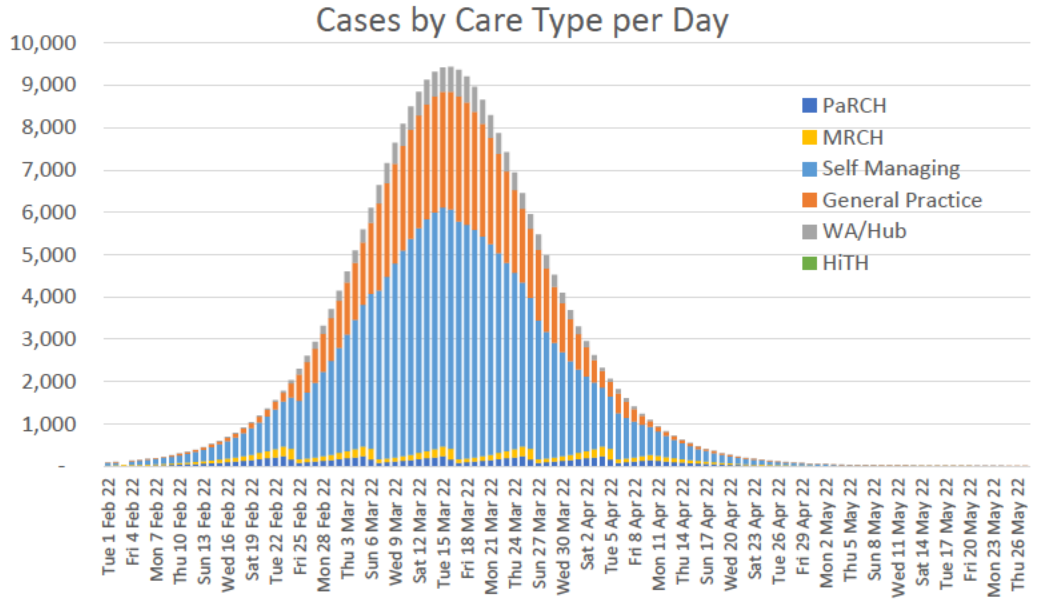
WHERE CASES GO: 60% SELF MANAGING

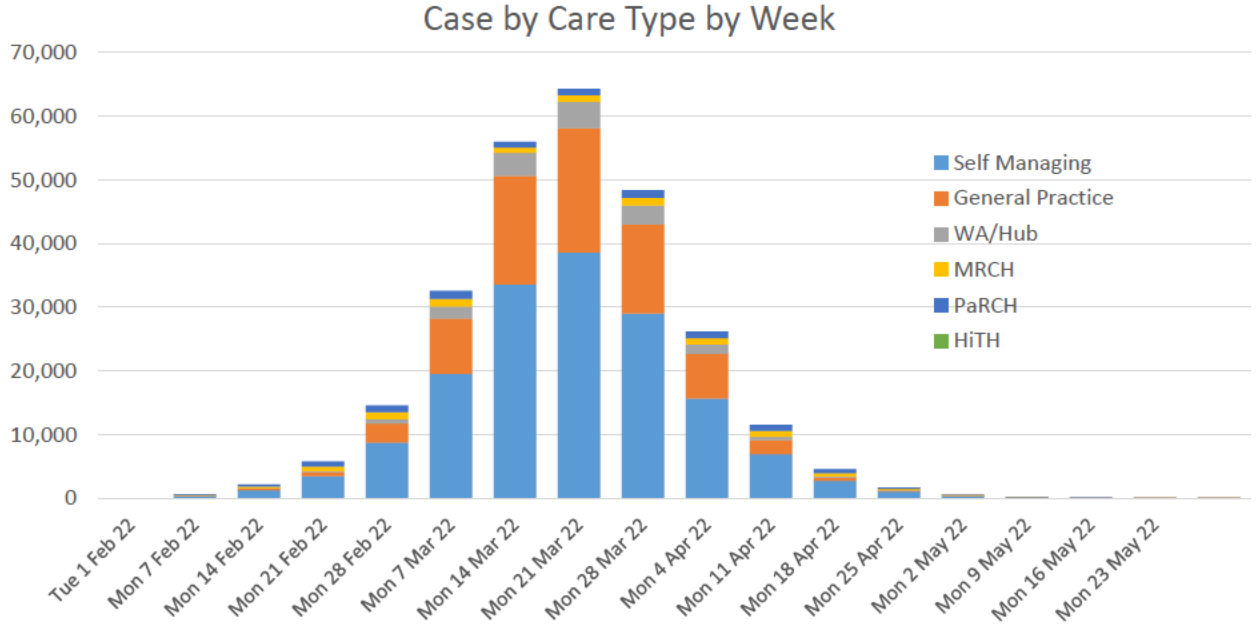


MRCH and PaRCH have a maximum capacity of 1,500 cases. When the capacity is reached then GP and WA manage the cases

1,000 CASES AT 60% SELF MANAGING







	60% Self Manage	Tue 1 Feb 22	Mon 7 Feb 22	Mon 14 Feb 22	Mon 21 Feb 22	Mon 28 Feb 22	Mon 7 Mar 22	Mon 14 Mar 22	Mon 21 Mar 22	Mon 28 Mar 22	Mon 4 Apr 22	Mon 11 Apr 22	Mon 18 Apr 22	Mon 25 Apr 22	Mon 2 May 22	Mon 9 May 22
Weekly Case Types	*Total cases*	***730***	***2,160***	***5,756***	***14,577***	***32,543***	***55,989***	***64,346***	***48,391***	***26,154***	***11,555***	***4,570***	***1,696***	***610***	***211***	***73***
	Self Managing	*438*	*1,296*	*3,454*	*8,746*	*19,526*	*33,593*	*38,607*	*29,034*	*15,692*	*6,933*	*2,742*	*1,018*	*366*	*127*	*44*
	Care	*292*	*864*	*2,302*	*5,831*	*13,017*	*22,396*	*25,738*	*19,356*	*10,462*	*4,622*	*1,828*	*678*	*244*	*85*	*29*
Weekly Care Breakdown	Enrolled with GP - Standard - High Acuity	3	9	23	58	130	224	257	194	105	46	18	7	2	1	0
	Enrolled with GP - Standard - Low Acuity	53	156	414	1,050	2,343	4,031	4,633	3,484	1,883	832	329	122	44	15	5
	Enrolled with GP - High Needs - High Acuity	13	39	104	262	586	1,008	1,158	871	471	208	82	31	11	4	1
	Enrolled with GP - High Needs -Low Acuity	172	510	1,358	3,440	7,680	13,213	15,186	11,420	6,172	2,727	1,079	400	144	50	17
	No GP - Standard - High Acuity	1	2	6	15	33	56	64	48	26	12	5	2	1	0	0
	No GP - Standard - Low Acuity	11	32	86	219	488	840	965	726	392	173	69	25	9	3	1
	No GP - High Needs - High Acuity	3	9	23	58	130	224	257	194	105	46	18	7	2	1	0
	No GP - High Needs - Low Acuity	36	108	288	729	1,627	2,799	3,217	2,420	1,308	578	229	85	31	11	4
	Total	**292**	**864**	**2,302**	**5,831**	**13,017**	**22,396**	**25,738**	**19,356**	**10,462**	**4,622**	**1,828**	**678**	**244**	**85**	**29**
	Self Managing	371	1,296	3,454	8,746	19,526	33,593	38,607	29,034	15,692	6,933	2,742	1,018	366	127	44
	General Practice	71	250	665	3,012	8,716	17,056	19,532	14,007	7,009	2,223	528	196	70	24	8
	WA/Hub	15	53	141	639	1,849	3,618	4,143	2,971	1,487	472	112	42	15	5	2
	MRCH	91	270	718	1,107	1,234	830	1,050	1,202	943	985	570	212	76	26	9
	PaRCH	99	292	778	1,074	1,219	892	1,013	1,177	1,022	942	618	229	82	29	10
	HiTH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**648**	**2,160**	**5,756**	**14,577**	**32,543**	**55,989**	**64,346**	**48,391**	**26,154**	**11,555**	**4,570**	**1,696**	**610**	**211**	**73**

60% Self Manage		February 2022	March 2022	April 2022	May 2022	Total
Monthly Case Types	*Total cases*	***26,536***	***215,239***	***27,302***	***317***	***269,394***
	Self Managing	*15,922*	*129,143*	*16,381*	*190*	*161,637*
	Care	*10,615*	*86,095*	*10,921*	*127*	*107,758*
	Enrolled with GP - Standard - High Acuity	106	861	109	1	1,078
	Enrolled with GP - Standard - Low Acuity	1,911	15,497	1,966	23	19,396
	Enrolled with GP - High Needs - High Acuity	478	3,874	491	6	4,849
	Enrolled with GP - High Needs -Low Acuity	6,263	50,796	6,443	75	63,577
	No GP - Standard - High Acuity	27	215	27	0	269
	No GP - Standard - Low Acuity	398	3,229	410	5	4,041
	No GP - High Needs - High Acuity	106	861	109	1	1,078
	No GP - High Needs - Low Acuity	1,327	10,762	1,365	16	13,470
	Total	**10,615**	**86,095**	**10,921**	**127**	**107,758**
	Self Managing	15,855	129,143	16,381	190	161,570
	General Practice	4,895	63,380	5,060	37	73,372
	WA/Hub	1,038	13,444	1,073	8	15,564
	MRCH	2,299	4,630	2,358	40	9,327
	PaRCH	2,366	4,641	2,430	43	9,480
	HiTH	0	0	0	0	0
	Total	**26,454**	**215,239**	**27,302**	**317**	**269,312**

- To date we have incurred costs of $[redacted] for:
  - MRCH establishment
  - PaRCH establishment
  - POAC for GPs providing care.

- A detailed financial model for the period 1 Feb to end of year is under development, currently tracking $[redacted]

					Forecast / Budget Costs								
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	FY	Already Incurred to Jan 222	Feb 2022 - Jun 2022	TOTAL
NRHCC -Coordination Hub	-	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Community Welfare (Door Knocking activity)	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Residential Facilities (Security et al)	-	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Maori Regional Coordination Hub (MRCH)	-	-	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Pacific Regional Coordination Hub (PaRCH)	-	-	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Primary Care POAC Claims	-	-	-	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Maori Provider MOC					[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Pacific Provider MOC					[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Respiratory Hot Hub (Covid +) UCCs	-	-	-	-	[redacted]	[redacted]	[redacted]	-	-	[redacted]	[redacted]	[redacted]	[redacted]
Pacific Provider Resilience										-	-	-	-
Maori Provider Resilience										-	-	-	-
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

ISOLATING AT HOME WITH COVID-19 IN AUCKLAND

Whānau HQ Te Tua Hapori

Unite against COVID-19

STAY IN YOUR HOME

You and everyone you live with needs to stay home. Do not leave your property for any reason, unless told to do so by a health professional or in an emergency if you have called 111.

Try and stay away from others in your home if possible.

IN AN EMERGENCY – CALL 111

If you or someone you live with becomes very unwell call 111 immediately. Get help if you have difficulty breathing, chest pressure, are unable to stand, or have severe dizziness, drowsiness or confusion.

There is no cost to use the ambulance.

WHO YOU SHOULD TELL

- Your employer
- Your child's school or Early Learning Service
- Friends, family and others you've spent time with recently
- Any organisations, businesses or services you attended indoors for more than 15 mins (e.g. your church or physio)

Tell people you've spent more than 15 minutes with in your infectious period to stay home and visit **www.closecontact.nz** for more information.

Your infectious period is 2 days before your symptoms started or 2 days before your test if you have no symptoms.

WHAT TO EXPECT

Most vaccinated people will have a mild illness for a few days. Some will have no symptoms at all.

If you are worried, call your GP or Healthline on 0800 358 5453.

MEDICATION

Continue to take your normal medications as usual.

If you need any medication contact your GP and tell them you are in home isolation. Ask them to send your prescription to a pharmacy, who will deliver it to you for free.

STAY CONNECTED

Because you can't have visitors while you isolate at home, reach out to a friend or family member who can check on you by phone or text message every day. This is especially important if you live alone.

HOW LONG DO I NEED TO ISOLATE FOR?

- You can leave home isolation after **10 days**.
- If your symptoms do not go away or get worse call your GP or Healthline on 0800 358 5453.

MY HOUSEHOLD BUBBLE

People you live with have to remain at home while you are isolating too. They need to get tested on Day 3 and Day 8. This is to check if they have COVID-19 too.

They can visit **www.closecontact.nz** or call Healthline on 0800 358 5453 for more information on what to do next.

FOOD & ESSENTIAL SUPPLIES

If you can, order your groceries and supplies online, or ask others to do a contactless delivery.

If you need help with food or other supplies, contact the COVID-19 Welfare line: 0800 512 337.

WORK AND FINANCES

Your employer (or you, if self-employed) may be able to apply for additional support.

If you need financial support contact the COVID-19 Welfare line: 0800 512 337.

IF YOU FEEL THAT YOU ARE NOT COPING

- **Need to Talk?** – call or text 1737 any time for support from a trained counsellor
- **Lifeline** – call 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- **Youthline** – call 0800 376 633, free text 234

STILL HAVE QUESTIONS?

Call Healthline on 0800 358 5453

Visit **www.whanauhq.nz** for more information on home isolation.

Call your GP or family practice.