AGENDA

Waikato District Health Board

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:	24 February 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 J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi
In Attendance:	Mr K Whelan, Crown Monitor Dr K Snee, Chief Executive Other Executives as necessary

Next Meeting Date:	5 May 2022
Contact Details:	Phone: 07 834 3622
	www.waikatodhb.health.nz

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

Our Values:

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**
Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

AGENDA

Waikato District Health Board

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 25 November 2021
- 3.2 Matters Arising from the Minutes

4. COMMITTEE MEMBERS UPDATES
- 4.1 The Chair will invite members to provide updates as they relate to Waikato DHB

5. PRESENTATION
- 5.1 COVID Update (a joint presentation from the Provider and COVID Directorate will be given; the presentation slides will be available on the day of the committees' meeting)

6. DISCUSSION
- 6.1 Approach to MMR and Influenza Vaccination
- 6.2 Hospital and Community Services Monthly Report – Planned Care

7. INFORMATION/NOTING

8. GENERAL BUSINESS

NEXT MEETING: 5 May 2022

Apologies

Schedule of Interests

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

Dame Karen Poutasi

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

Mr Andrew Connolly

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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	
Contracted Advisor, Māori Health Authority	Non-Pecuniary	None	

Emeritus Professor Margaret Wilson

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

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Ms Kataraina Hodge

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

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Mr John McIntosh

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

Ms Rachel Karalus

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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	

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

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Ms Gerri Pomeroy

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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	

[a]Mr Fungai Mhlanga

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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	

[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.

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Mr David Slone

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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	

Ms Judy Small

Interest	Nature of Interest *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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 *(Pecuniary/Non-Pecuniary)*	Type of Conflict *(Actual/Potential/Perceived/None)*	Mitigating Actions *(Agreed approach to manage Risks)*
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.

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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 25 November 2021 commencing at 0900hrs via Zoom

Present:
Emeritus Professor M Wilson (Chair)
Mr C Paraone
Mr D Slone
Dr P Malpass
Ms T Thompson-Evans
Mr F Mhlanga
Ms G Pomeroy
Mr J McIntosh
Ms J Small
Ms R Karalus

In Attendance:
Ms D Chin
Dr K Snee, Chief Executive
Ms L Gestro, Executive Director – Strategy, Investment & Transformation
Mr R Nia Nia, Executive Director – Māori, Equity & Health Improvement
Ms C Lowry, Operations Director – Hospital and Community Services
Dr J Carr, Chief Medical Officer – Primary Care
Mr N Hablous, Company Secretary
Mr G Morton (Presenting Travel Plan Access Report)
Ms M Munro (Presenting Covid update)

Apologies:
Dame K Poutasi
Mr A Connolly
Mr G Tupuhi
Mr K Whelan

ITEM 1: KARAKIA

Mr Nia Nia lead the Karakia

ITEM 2: APOLOGIES

Resolved
THAT the apologies from Dame K Poutasi, Mr A Connolly, Mr G Tupuhi and Mr K Whelan are accepted.

Noted that it had been agreed prior that Ms R Karalus will be a few minutes late in joining the meeting.

ITEM 3: GENERAL

Mr C Paraone indicated that the Community and Public Health Advisory Committee, and Hospital Advisory Committee would be combined as one session today given common presentations and was supported in this by Professor M Wilson who would undertake the majority of the chairing.

ITEM 4: INTERESTS

4.1 Register of Interests
No changes were required to the register of interests. Should there be anything anyone needs to address this can be advised.

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

ITEM 5: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

5.1 Waikato DHB: 23 September 2021

Resolved
THAT

i) The minutes of the Community and Public Health Advisory Committee, including the Disability Support Advisory Committee held on 23 September 2021 are confirmed as a true and correct record.

ii) The minutes of the Hospital Advisory Committee, held on 23 September 2021 are confirmed as a true and correct record.

5.2 Matters Arising from the Minutes

Staff Turnover

Some staff were going to Australia and nursing had the highest turnover. Overall though turnover was manageable ranging from .74% - 1.4% per month over the last 12 months. There were a number of long term vacancies in mental health and a plan was in place to address them.

Localities

Ms L Gestro stated that she was working on more information on the shape of localities. She stated she will share the outcome from this at the next meeting.

Dr P Malpass acknowledged the pressure on staff through Covid and commended the hard work put in.

ITEM 6: COMMITTEE MEMBERS UPDATES

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

Ms G Pomeroy commended the way vaccination was handled in the Waikato region and specifically the advertising for Māori and Pacific peoples.

She acknowledged the Prime Minister launching (the Manaakitanga journey), a tool for disabled people. This was felt to be a step in the right direction especially for remote communities.

Mr J McIntosh stated that this lockdown was better handled and better received especially by people with a disability.

Dr P Malpass stated that planning was particularly strong in in his area. In some pockets vaccination was not yet supported. Was good to see Iwi, clinical and social groups coming together and putting a plan in place.

Mr F Mhlanga mentioned that his community had coped well this lock down whereas the last time people were scrambling for food; this time they were better informed and knew what to do. The community is aware that they need to get vaccinations up.

Ms R Karalus shared that the Pasifika community had concerns around the opening up of borders and with restrictions easing whether there is going to be a surge in cases. There was anxiety about preparedness and whether clinical support will be available to enable safe self-isolation. People are just coming to terms with understanding the traffic light system.

Ms M Wilson encouraged all members and their respective communities to get the vaccination passport.

ITEM 7: PRESENTATIONS

7.1 Travel Plan Access Report

Deputy Commissioner Margaret Wilson / Chair noted that travel and access, was a common theme at community health forums. The Committee supported the work along with its focus on and evidence related to DHB priority population groups and equity.

The Committee

i) Received the presentation delivered by Greg Morton, Senior Manager, Planning and Engagement and thanked him for the great work/input on delivering this plan.
ii) Supported the work to examine and improve access to Waikato DHB facilities for those with disability.
iii) Noted the relationship between setting appointments and transport access as well as between transport access and grouping of multiple appointments and encouraged further work around this.
iv) Requested a further update in February
v) Directed that the two commercial Memoranda of Understanding are removed from the report and treated as confidential.

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7.2 All Things COVID

Ms M Munro delivered a comprehensive update on the programme and future initiatives.

Testing teams have been set up right across around the holiday hot spots.

A series of events was planned for the coming weekend to keep momentum going.

It was anticipated that 7,000 more Māori need vaccinations to reach target with 65% of Covid cases affecting Māori. Booster shots for kaumatua were now being provided.

Modelling work being is being undertaken closely with the University of Waikato to understand projected weekly cases and hospitalisation.

Dr P Malpass stated that a primary care concern for Taumarunui was that if a patient's health deteriorates they will have a 6 hour journey to hospital and only 2 ambulances available. The question was how do we get them to Waikato?

Ms R Karalus stated that there was concerns over many families not registered with GP's and not wanting to be, and how they would be supported. This discussion would be picked up outside the meeting.

In response to general concerns about people isolating in the community and about the support they would receive, Dr J Carr stated that for Primary Care (a Primary Care Resilience Unit or PCRU) is working with Public Health, Marangai Areare and hospital teams to ensure pathways of care are agreed and as safe as possible.

COVID positive patients and households are managed by local GPs using telehealth for regular review. Waikato DHB is aware of the issues in rural areas so consider access to internet or phone and other resources when decisions are made about where they isolate.

There's a process of linking whaanau with a GP service if they don't have a regular GP. All isolating whaanau are given an 0800 number to ensure there's access to 24/7 care.

The team aware of all the different communities preparing and creating local hubs and primary care is involved in supporting this.

Surge capacity has been arranged through Tui Medical and Emergency Consult to cover the next two months, to take over from GPs during weekends and holidays, and to help cope with the expected summer visitor influx.

The Committee

i) Received the presentation delivered by Ms M Munro, Senior Lead for Vaccination Programme and Testing Programme.
ii) Congratulated Ms Munro on the success of the 1st dose vaccination and
iii) Requested that the poster/advertising materials for the coming weekend's big vaccination event are made available to the committee members.
iv) Requested the presentation is circulated to members.

ITEM 8: GENERAL BUSINESS

Dr P Malpass recommended that as the next Committee meeting is not until February 2022 the Committee should probably have a brief on line catch up in January on the status of Covid within the district.

The Committee agreed this was a good idea.

The Committee

Requested a brief update on Covid at the end of January.

Mr C Paraone thanked Professor M Wilson for chairing today's meeting and for each of the attendees for the work that they are doing.

ITEM 9: DATE OF NEXT MEETING

24 February 2022.

Mr R Nia Nia closed with a karakia

Chairperson: Professor Margaret Wilson

Date: 10 December 2021

Meeting Closed: 10.36am

Waikato District Health Board

Committee Members Updates

Presentations

COVID Update (a joint presentation from the Provider and COVID Directorate will be given; the presentation slides will be available on the day of the committees' meeting)

Discussion

REPORT TO COMMUNITY & PUBLIC HEALTH, DISABILITY SUPPORT AND HOSPITALS ADVISORY COMMITTEES
24 FEBRUARY 2022

AGENDA ITEM 6.1

APPROACH TO MMR AND INFLUENZA VACCINATION

Purpose
The purpose of this report is to provide an update on the planned approach to measles, mumps, rubella (MMR) immunisation catch up and influenza (Flu) vaccination.

Recommendations
It is recommended that the Committee:

1) Note the content of this report.

JULIA CARR
CMO PRIMARY CARE

APPENDICES

Appendix 1: Background to MMR catch up

REPORT DETAIL

Background

With the planned re-opening of New Zealand's border in the next few months, the risk of a serious flu or measles outbreak is significant. Both of these illnesses can cause serious morbidity and avoidable mortality, and put additional strain on all health services including hospitals. The additional strain on hospitals will impact the delivery of planned care and the pressure in primary care will likely result in more use of ED.

New Zealand's experience of measles outbreaks in 2019/20 demonstrated a disproportionate impact on Māori and Pacific children, and a relatively high hospitalisation rate.

Influenza

New Zealand has had relatively mild flu seasons over the last two years as a combination of lockdowns, reduced travel into the country and increased social distancing reduced transmission. However, this means that the population will be particularly susceptible to flu brought in by international travellers.

In 2021, flu coverage for over 65 year olds In Waikato DHB was 62.8% (target, 75%), 51% for Māori over 65 and 48.7% for Pacific. Much of general practice flu immunisation, particularly for Māori and Pacific populations, is for those aged under 65 with co-morbidities, however this coverage is not routinely reported.

DHB Approach to MMR and Flu vaccination in 2022

The DHB is taking a coordinated, pro-equity, system wide approach, building on learning, networks and momentum developed through the COVID-19 response. We are working actively across the sector to engage partners in planning and utilise Iwi, Māori provider, Pacific provider, GP and other community provider relationships to optimise coverage. COVID-19 boosters and children's immunisation are the dominant focus at present, but from the end of February, more emphasis will be on a coordinated offering, including MMR and, when available, flu vaccination.

The approach to flu and MMR will prioritise Māori and Pacific populations from the start, utilise Māori and Pacific leadership, communication networks, providers and outreach, and use regular, disaggregated data reports to review progress and better target resources.

A pro-equity approach in immunisation is also supported by high overall coverage, therefore supporting access for all, through the broad provider network, is complementary.

Actions

Actions planned or in progress include:

- Establishment of a single governance group to provide a coordinated, pro-equity focus across all immunisations.

- Planning with key partners including Iwi, Māori providers, Pacific providers, PHOs, general practices, NGOs, hospital partners (ihub etc), pharmacies, COVID hubs and other sectors (schools, tertiary institutions etc). Primary care and other networks in place for the COVID-19 response will be utilised.

- Expanding COVID-19 workforce and delivery mechanisms to include MMR and flu vaccination: much of the current workforce are 'provisional vaccinators' who can only give COVID-19 vaccination. Work is underway to transition this workforce to fully authorised vaccinators, and transition contracts with providers to support this broader focus. A limiting factor is that IMAC authorises a limited number of fully authorised vaccinators each year. The DHB is negotiating special sessions to facilitate faster progress – with the expectation of many more fully authorised vaccinators by the end of March. The focus is not only on DHB employed vaccinators, but those in Māori and Pacific providers and rural areas so that the expanded workforce is not Hamilton-centric.

- The mobile, outreach strategy by Māori providers, underpinned by data to inform the programme, has helped the DHB reach COVID-19 targets. We will build our MMR and flu immunisation campaign around this highly successful Whānau Hauora Mobile Response. This initiative, an Iwi led collaboration, contributed to a significant increase in flu vaccinations for high priority Māori populations last year. This infrastructure is currently in place and in some areas mobile teams are already providing MMR vaccinations.

- Pacific families: we are building on successful approaches during COVID-19 led by Pacific Services across Waikato. Pacific-led approaches will ensure that we engage with Pacific members of our community in a culturally appropriate and responsive way. The approach is holistic and includes wellness checks, to ensure families are supported with their broader health and social needs. National MMR catch-up promotional material available in Pacific languages will be utilised.

- Vaccinating pharmacies have contracts to deliver COVID-19, MMR and flu vaccination. Currently, there are 49 pharmacies with an agreement to provide MMR vaccination to over 16 year olds. This will provide a more flexible drop-in service not offered by general practice, and opportunities to offer MMR on the back of services such as emergency contraception.

- The MMR catch-up campaign 're-ignites' a plan developed in 2019, that was informed by extensive sector and youth/whānau engagement. Rangatahi-specific, Pacific-specific and youth-specific communications/events related to MMR are included. Initial MMR-focussed contracts are with Māori and Pacific providers, and include health promotion/educator roles, in addition to support for vaccination delivery.

- General practices plan to provide both opportunistic MMR catch up vaccination and flu vaccination. They are uniquely placed to contact over 65 year olds and those with multi-morbidity and have developed a variety of COVID-safe options to improve access (including drive-through clinics).

  PHOs provide general practices with prioritised lists to recall Māori, Pacific and other vulnerable patients for influenza vaccinations. General practices also provide targeted outreach to specific populations such as Kainga Ora housing tenants, provide or utilise home visiting services for those with access difficulty due to disability and many provide support for vaccination in Aged Residential Care and other residential settings.

- The Settlement Centre in Hamilton has been actively engaged with DHB staff and providers in COVID-19 vaccination and has a successful track record of ethnic-specific communications and immunisation events. The DHB will build on established relationships with the Centre, leaders in different communities and the network of providers to offer flu and MMR catch up immunisation.

- The COVID-19 vaccination work has strengthened relationships in the disability sector, and we will utilise these networks and delivery mechanisms including home-based immunisation where required. General practices, Māori and Pacific providers provide outreach for home-based vaccination.

- Ten COVID-19 support hubs are developing across the Waikato, with Iwi and community leadership and good networks developing with existing providers. This creates a unique opportunity to strengthen communication and access to flu and MMR, particularly in rural areas.

- The ihub service is located in a high traffic area within Waikato Hospital, and offers an opportunistic immunisation catch-up service for children. The service is based on manaakitanga and attracts a high number of Māori and Pacific whānau who are either visitors or patients at Waikato Hospital. The team has links into ED and children's ward. The focus will expand to include 15-29 year olds, and there is potential to include flu vaccination.

Childhood vaccination

The actions outlined are in addition to a work programme to improve childhood vaccination rates. The immunisation schedule has changed to include MMR at 12 months and 15 months, (previously 15 months and 4 years).

Coverage rates for childhood vaccination in Waikato DHB are worryingly low, particularly for Māori. Current 2-year old coverage for tamariki Māori is around 60%, a level not seen for decades. This creates additional risk for measles to spread with potentially devastating consequences.

The reasons for the falling rates are multiple, but include reduced face-to-face consultations in general practice and opportunistic vaccination, growing vaccination hesitancy, reduced and/or diverted childhood vaccination workforce, barriers for many children to enrolment in general practice and increased 'catch up required with the addition of a 12 month MMR.

The broadened role of the COVID-19 vaccination workforce will only partially address falling childhood vaccination rates. Vaccinating babies and pre-school children requires experienced, confident and trusted vaccinators, and most with these skills are in primary care with multiple competing workload pressures.

Waikato DHB has increased the focus on childhood immunisation with a project lead, more frequent engagement with PHOs, specific analysis to help direct resources and efforts to improve opportunistic immunisation in the hospitals and community. However, workforce shortages and a stretched primary care sector remain risks that need active management to make progress.

Discussion

The risk to the Waikato population from influenza and further measles outbreaks is well recognised. In addition to the health impact for those seriously affected, there are system impacts as health services will struggle to cope with the cumulative workload of measles cases, flu in a particularly susceptible population, ongoing COVID-19 in the community as well as the usual peak of winter illness and 'BAU'. Furthermore, the impact will fall disproportionately on Māori and Pacific populations, and reduce our ability and workforce to address existing inequities in other areas such as screening, planned care etc.

The DHB is working actively with partners to prepare for an effective immunisation programme for MMR and flu. There are both positive opportunities and learnings from the COVID-19 vaccination experience that can and will be utilised. At this stage, there

is a good platform to achieve our goals, and we are working actively to engage all relevant partners in the planning and implementation.

Equity

Mana Whakahaere (Article 1)
The immunisation campaign for MMR and flu is part of a broader programme of work that builds on Iwi leadership in directing service approach, design and guiding implementation. Immunisation does not stand alone, but our success reflects the strength of Iwi and Māori provider leadership in our approach to hauora, and the trust and confidence of whānau in the services provided.

Mana Motuhake (Article 2)
The MMR and flu immunisation campaign and delivery builds on relationships in place to guide the COVID-19 immunisation response. Within the DHB, leaders within the DHB Equity Team are actively guiding the approach and the experience and success of Maori providers and kaimahi is shaping the proposed service delivery.

Mana Tāngata (Article 3)
A pro-equity approach is required with differential investment in strategies and implementation that enable equitable access and coverage for Māori. Data for immunisation is more available than for many aspects of health care. Data on coverage, disaggregated by age, ethnicity, rohe/locality will be made available and used to direct resources appropriately.

Mana Māori (Declaration/Article 4)
Recognition that the design and delivery of MMR and flu vaccination will only occur successfully in the context of good partnership with Iwi and Māori communities. Collaborativ planning, efforts to improve access to health services and support for whānau underpins the approach. For this reason, the planning and delivery of immunisation is devolved as much as possible to Māori providers, with support where there are workforce and resource issues. This recognises the importance of Māori-led service delivery, so that service approach and delivery is anchored in tikanga.

Efficiency

Efficiency across the whole health system is enhanced by lower rates of vaccine preventable illness. Allocative efficiency will be reflected by a pro-equity approach to resource allocation.

Quality and Risk

The approach taken is inclusive and utilises a range of providers with a track record in safe and high quality immunisation delivery. An overarching governance group will monitor quality, including the equity dimension of quality.

Risks to successful implementation and achievement of high immunisation coverage include workforce shortages and workforce fatigue, reduced face-to-face primary care contact, increased vaccine hesitancy particularly with multiple vaccinations on offer with the addition of COVID-19, competing priorities for whanau, communities and providers, potential vaccine supply issues. These risks will be mitigated by collaborative planning and through existing mechanisms of communication and problem solving currently used well for the DHB COVID-19 response.

Strategy

The approach to MMR and flu vaccination aligns with the strategic direction and intent signalled in Te Korowai Waiora, and a pro-equity, collaborative approach to implementation will support achievement of strategic goals and key performance indicators for the DHB.

Future Reporting

An update on progress in the flu and MMR immunisation campaign will be provided as requested.

Appendix 1

Background to MMR catch-up

Measles is one of the most highly communicable of all infectious diseases (droplet and airborne spread) with an R0 of 12-18 (i.e. for every one case, 12-18 people become infected). In 2017, New Zealand was declared free of endemic measles.

In 2018, New Zealand experienced an increase in measles, with most initial cases imported from overseas. In 2019, there were over 1500 cases, with almost a third hospitalised. The outbreaks included at least two clusters in the Waikato. By mid-2020, Waikato DHB had over 50 cases with 12 (23.5%) hospitalised.

Overall, the burden of disease was highest in young infants under 2 years of age, followed by teenagers and young adults under 30. Māori and Pacific populations were disproportionately affected with Māori making up 39.6% of those hospitalised and 36% of those hospitalised were Pacific.

At that time, approximately 90% of children under 13 years old were fully immunised with two doses of MMR vaccine. However, because measles vaccine was introduced in New Zealand in 1969 and changed to the two dose MMR schedule in 1992, in 2018 only about 80% of teenagers and young adults were found to have received the full course of the MMR vaccine. Therefore, there is now a ‘catch up’ campaign for adolescents and adults.

All persons born from 1 January 1969 with only one documented dose of prior MMR should receive a further dose of MMR; if there are no documented doses of prior MMR or documented evidence of immunity, then two doses should be administered, at least four weeks apart.

REPORT TO COMMUNITY & PUBLIC HEALTH, DISABILITY SUPPORT AND HOSPITALS ADVISORY COMMITTEES
24 FEBRUARY 2022

AGENDA ITEM 6.2

HOSPITAL & COMMUNITY SERVICES MONTHLY REPORT - PLANNED CARE

Purpose
The purpose of this report is to provide an update on Planned Care Services performance within the Hospital and Community Services and areas of focus to improve wait times and manage the impact of the Omicron outbreak.

Recommendations
It is recommended that the Committee:

1) **Note** there have been a number of factors that have impacted on impact to planned care services over the current financial year.
2) **Note** that the services have delivered 98% of the PCI plan and 90% of the surgical discharges target despite these challenges.
3) **Note** that the number of patients waiting for services has 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 ongoing monitoring and reporting that is in place to ensure clinical priorities are met and the number of patients with the longest waits are decreasing.

CHRISTINE LOWRY
EXECUTIVE DIRECTOR, HOSITAL AND COMMUNITY SERVICES

Background
Access to planned care is one of the key priorities within the Hospital and Community Services. As reported previously to the Committee the Cyber Security attack, the RSV outbreak and the COVID outbreak towards the end of last year all had an impact on access to outpatients and Surgery and therefore our ability to deliver planned care within the agreed targets.

COVID 19 restrictions (L4 & L3 lockdown) earlier in 2021/22 significantly impacted services with patients whose conditions meant they were able to be deferred e.g. Ophthalmology and Orthopedics and those with higher risk of COVID 19 transition e.g. ENT and Dental

Our focus through this period was on maintaining access to acute services and ensuring time critical and urgent patients were still able to receive care.

The current Omicron variant COVID 19 outbreak is starting to further impact on planned care services. The impacts are expected to be significant with plans to defer all non-urgent planned care delivery as impacts increase.

Current Performance

Over the month of January Planned Care has continued in line with the national traffic light system response.

98% of the PCI plan has been achieved as at the end of the January. This is a slight reduction from December YTD position of 99%. Inpatient surgical discharges achieved 90% against plan compared to 91% in December.

Surgical Inpatient admissions were variable across services in December. Higher than expected acute demand, the resulting bed capacity constraints and a reduction in theatre capacity resulting from staff vacancies has had combined impact on planned inpatient surgical procedures for the month on January.

Waiting List Indicators

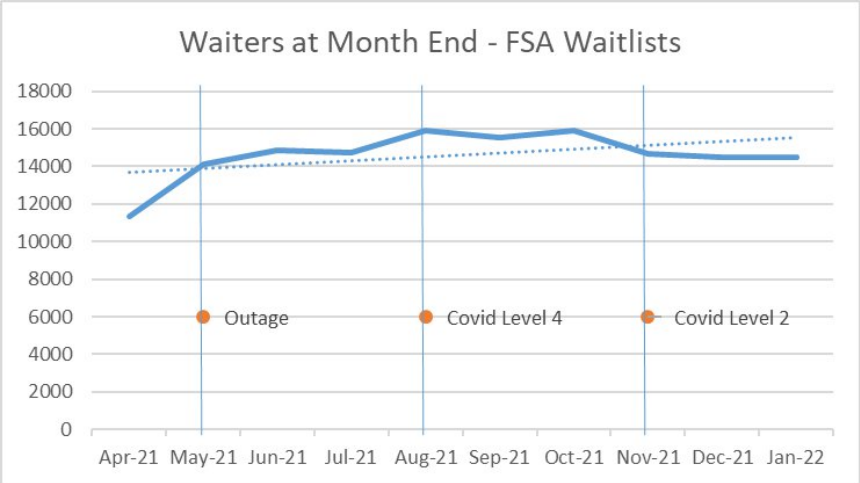
Waiting times for time to assessment increased as a result of planned reductions in delivery over the Christmas period to accommodate staff leave. Some restrictions remain in place to achieve access to services whilst maintaining safe distancing as part of the Omicron management plans. The need to re-prioritise urgent and deferred patients does mean we continue to experience some growth in long waiters and variability in waitlist numbers month to month.

Waiting times for treatment also continues increase. This has been impacted by theatre and bed capacity constraints through January.

Time referral received until patient notified has improved as a result of improved processes for the management of referrals that were implemented post the cyber security attack.

Waiting Lists - First Specialist Assessments (FSA)

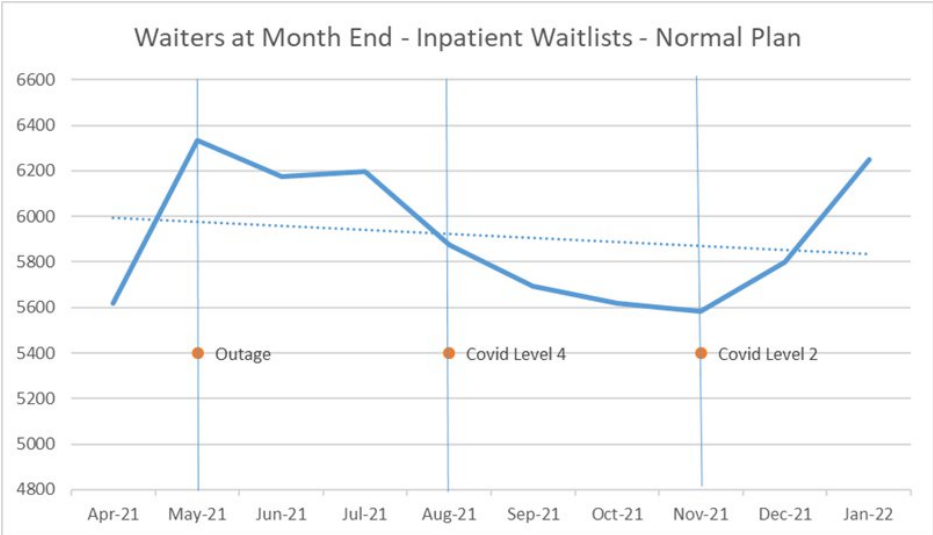
The total number of patients waiting for an FSA has reduced slightly to 14,545. The graph below shows the outpatient wait list trend since prior to the cyber-attack through to the end of December. This reflects the impact of the cyber security attack and COVID restrictions. The DHB is focused on delivering the maximum service that can safely be achieved within the current environment including virtual assessments and has seen a reduction in the total number of patients waiting in the last quarter.



Of the total number of patients waiting to be seen 40% have waited greater than four months. The specialties with the highest number of patients waiting are Orthopaedics, and ENT.

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 January. While there was an initial increase when the cyber-attack occurred, the total number of patients on the surgical wait list had been decreasing since June but shows an increase in December and January. This growth reflects the increase in FSA activity and conversion for treatment together with the reduced activity in December and January due to Christmas and capacity constraints.



Current Focus

Staff vacancies together with the impact of Omicron on staff are now starting to impact on planned care services. Further reductions in planned care capacity and workforce capacity are expected as the number of positive COVID cases in the community

increases. The impacts are expected to be significant with plans to defer all non-urgent planned care delivery as impacts increase.

In the meantime we remain focused on:

- Resurgence plans - plans have been developed at specialty level to address backlogs in outpatient and inpatient activity. The focus of these plans is to ensure we are able to maximize what we are able to do within the resources available and within the current pandemic environment, Patients with the highest clinical need and those who have been waiting the longest are being prioritized. These will be adjusted as the impacts of the pandemic increase
  The Ministry of Health has re allocated the Inpatient Action Plan Funding for 2021/22. The revised funding allocation is committed to the achievement of increased activity and/or reduction in the number of patients waiting greater than acceptable timeframes.
- A dedicated operational meeting has been implemented with a focus on delivery to plans and achieving waitlist and wait time reductions across services whilst balancing this against the constraints from the pandemic. Additional waiting list reporting was developed to support recovery from the Cyber incident and has been further enhanced to assist with management of all DHB waitlists. The reports provide waitlist reporting, wait times, acuity scores and ethnicity at a summary, specialty and detailed patient level.
- Monitoring - resource has been committed to a new process that has been implemented to centrally review and monitor wait times on all DHB waitlists and liaise with services to ensure plans are in place for the longest waiting patients, or a review is undertaken. The process includes a pro equity focus, with a lower threshold on wait times for Maori and Pacific to be identified to the service to ensure plans are in place.
- Contracts are in place with private providers for outsourcing and facility lists across a number of specialties. Improvement Action Plan funding has focused on ENT, Ophthalmology, orthopedics, cardiology and dental.
- Alternative models of care are being explored to support the management of the wait lists clinical review of long wait patients, and implementation of an allied health led early intervention programme for primary hip and knee joints.

Impact on Equity

There has been unease amongst clinicians and directorates around the potential for treatment delays to lead to adverse events and harm to patients waiting on waiting lists, exacerbated by COVID 19.

There is also the possibility of increasing inequity. A Clinical Equity initiative, focussed on mitigating the impact of the COVID 19 Omicron variant on planned care services for Maaori and Pacific patients has been developed in response to this concern

The areas of highest equity risks for Maaori and Pacific patients identified in planned care services are: the impact of deferred surgery, diagnostics, treatment and clinics along with inequitable access to acute and planned care services that remain open. These areas remain critical in creating the most significant equity pressure points in the Hospital and Community Services, where the equity gap will likely widen due to COVID-19 impact on staffing capacity and hospital services.

In 2021, following the Cyber outage, the Clinical Equity Leadership and Equity Office stood up a Whanau Hauora Integrated Response Initiative (WHIRI). This model of integrated coordinated care focussed on identifying at risk Maaori and Pacific patients in the outpatient clinics and ENT surgical waitlists. Exacerbation of inequity due to Omicron is likely, therefore it is critical we put in place initiatives that identify high risk

Maaori and Pacific patients early, provide comprehensive cultural, social, financial and clinical needs assessment and navigation of hospital and community care services. The focus of these initiatives must be towards those identified with COVID-19 and most importantly Maaori and Pacific patients who do not have a diagnosis of COVID-19 but whose care will be compromised due to services shutting down.

An operational plan for Kaitiaki and Kaimanaaki services has been developed as well as an equity impact and actions plan. The COVID-19 Omicron operational action equity plans – Hospital and Community Services Scenarios/ Activation Triggers and Response Levels, has enabled a plan of the way forward in surge planning.

Monitoring and Reporting
Whilst we will continue to be monitored and report against the National ESPI reporting framework to monitor compliance with wait times we will continue to monitor the total number of patients on the waiting lists and also the length of time patients are waiting to ensure those with the longest wait are reducing.

The equity framework will also continue to be applied to ensure equity is taken into account when booking patients for services.

Information/Noting

General Business

Next Meeting: 5 May 2022