

# Northern Region COVID Vaccination Summary

Sharon McCook

Maaori Health NRHCC COVID Vacc team  
Summary of actions re Lead role and South  
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# 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

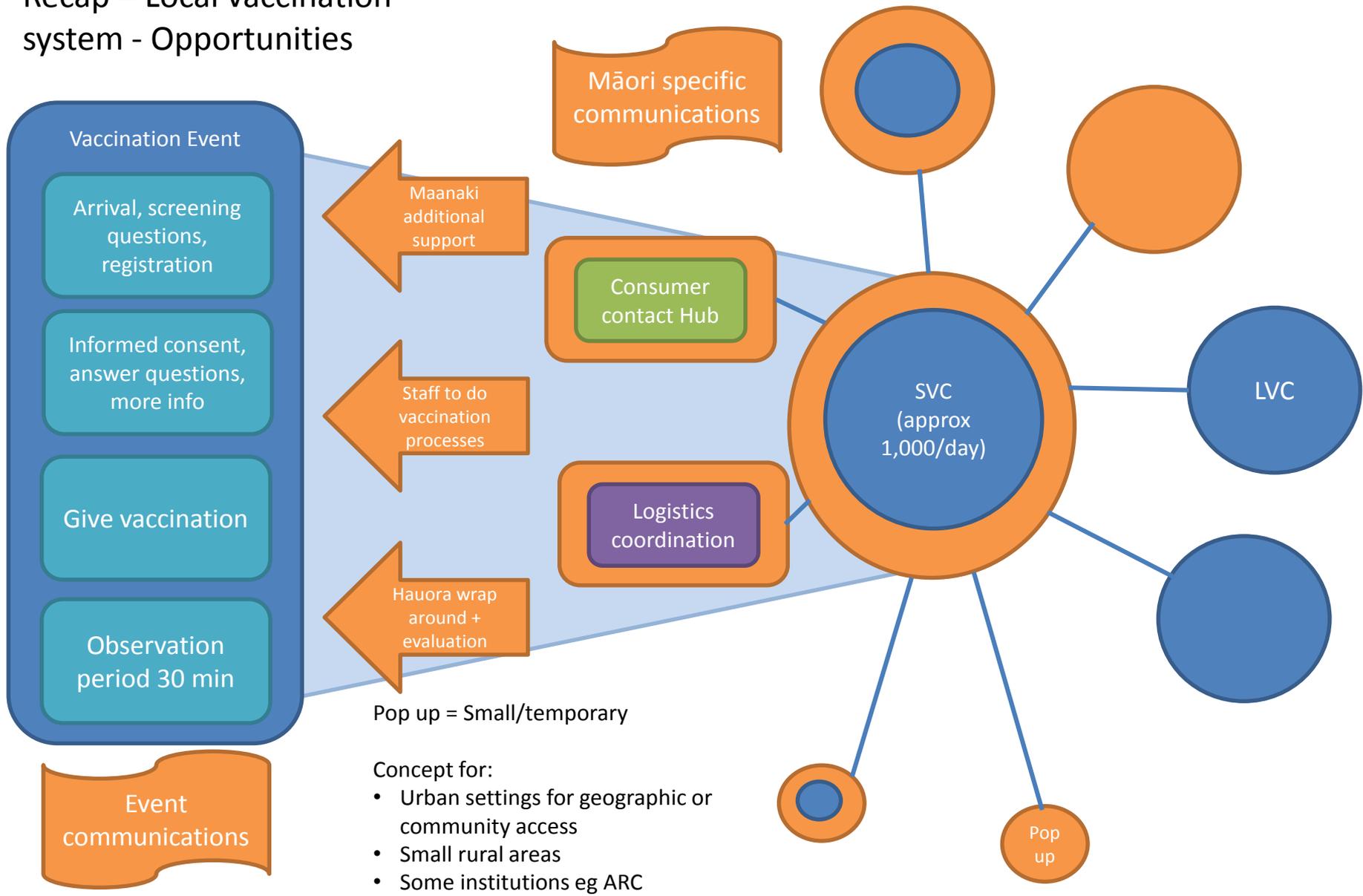
## Vaccine delivery

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



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

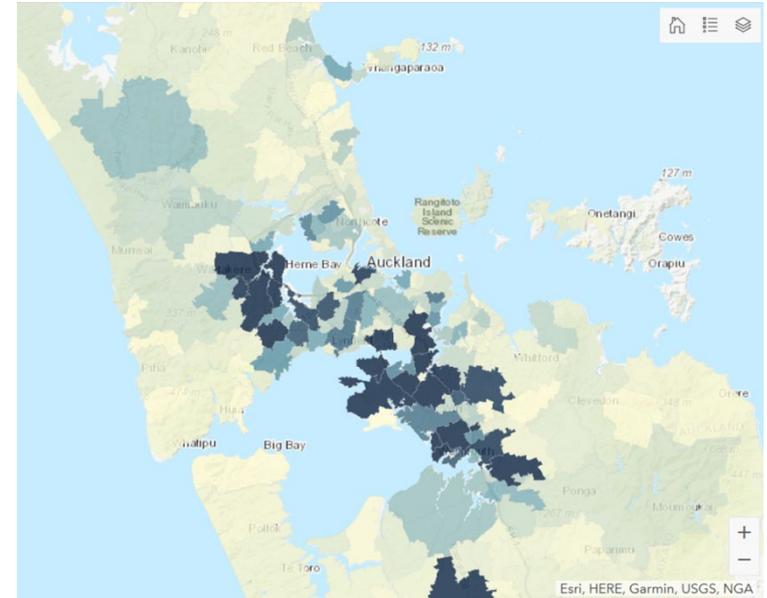
- [The Ministry of Health Operating Guidelines for DHBs & Providers](#)
- [SOP Vaccination Site Operational Overview - example](#)
- [SOP NRHCC COVID-19 Vaccine \(or 'Clinical' SOP\)](#)
- [Working with the COVID Immunisation Register](#)
- [Māori-led Commissioning Framework](#)
- [Criteria for selecting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