

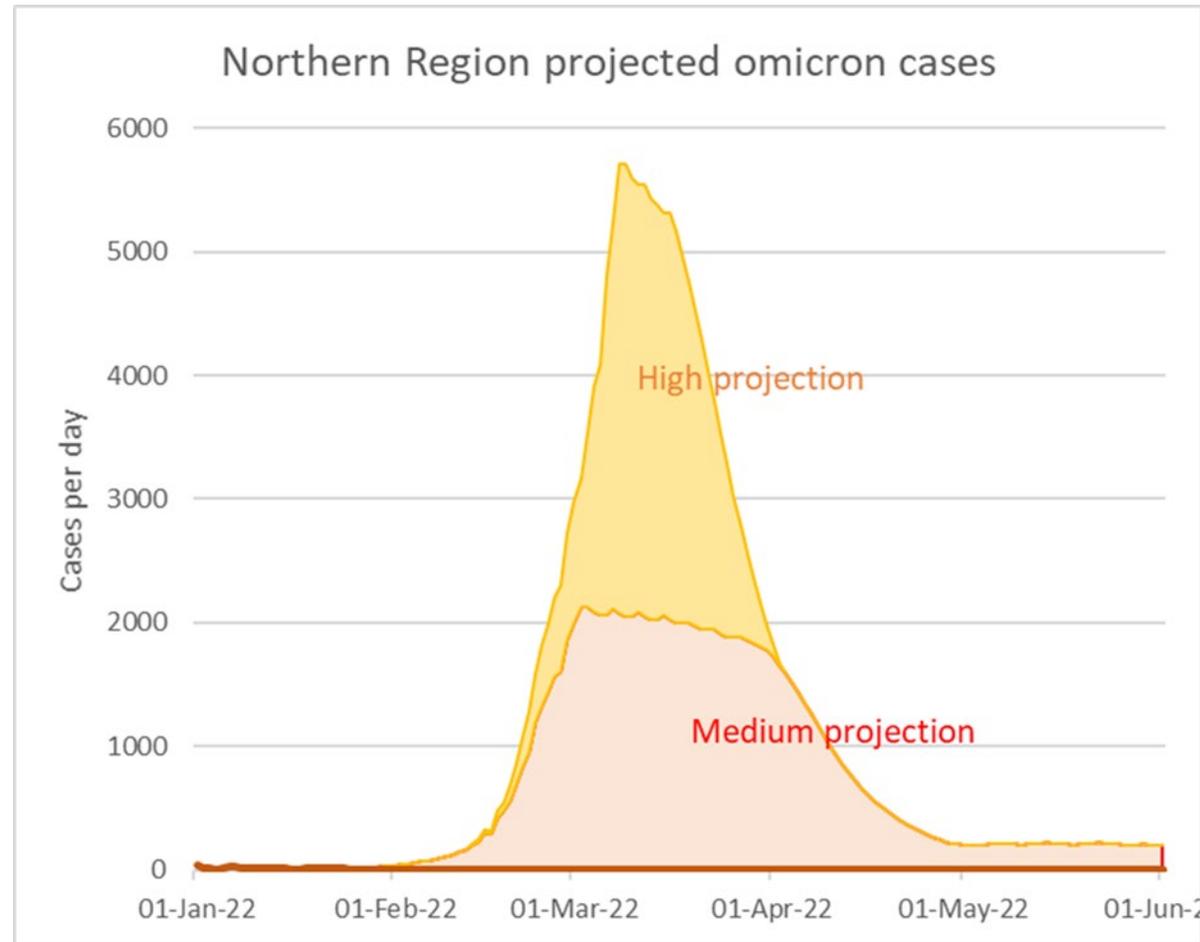
NRHCC Regional Māori Omicron Plan

Presenter: NRHCC Director of Māori
Karl Snowden

Omicron Outbreak Assumptions

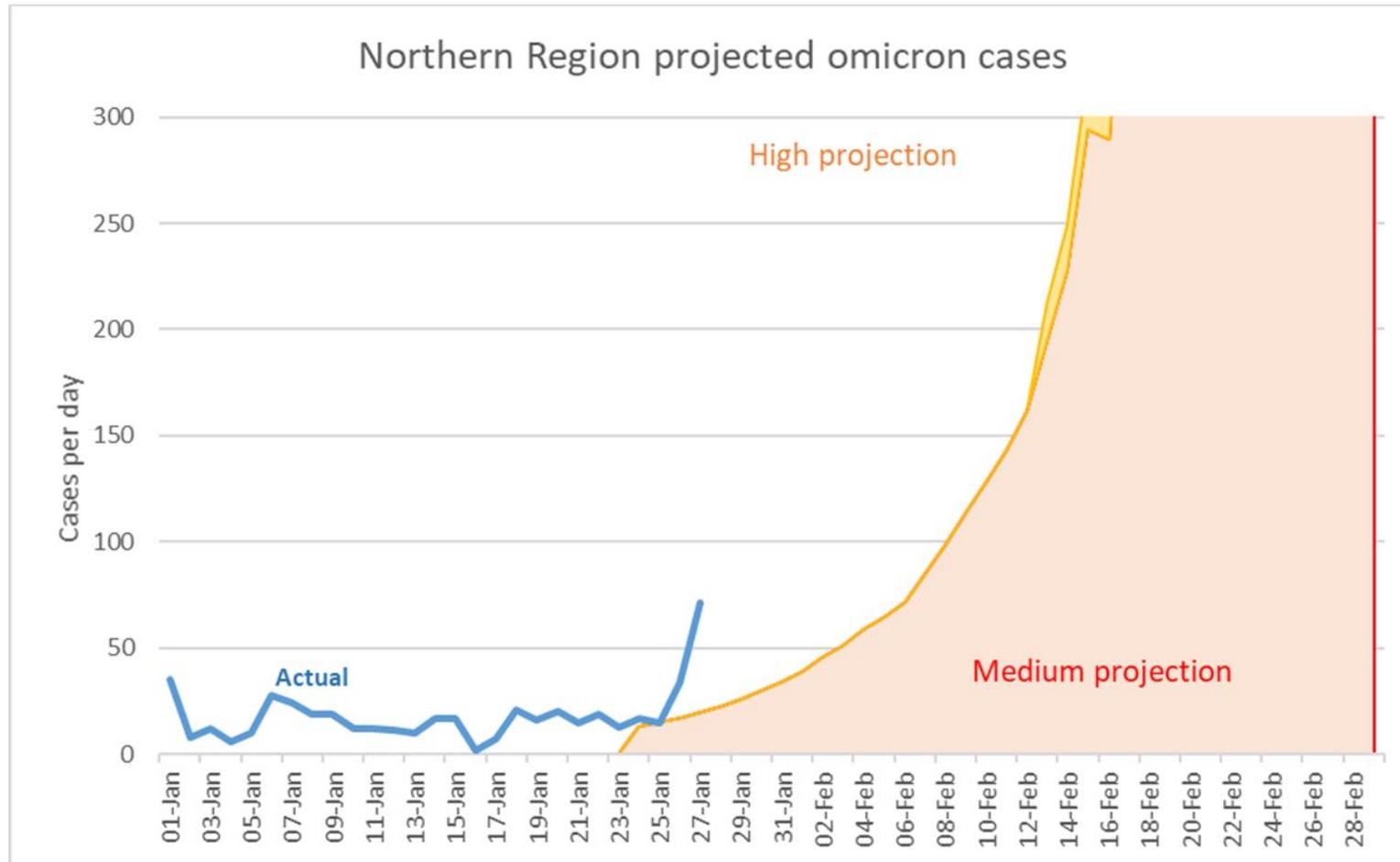
- Up to 4 generations of community transmission will likely have occurred before the first Omicron case is confirmed by whole genome sequencing (up to 80 cases)
- $R_0 > 2$ so exponential community growth is likely once the first case appears
- The number of cases will make current approaches unsustainable within a very short time period – all work streams will need to explore a “flipped model” where the emphasis is on self-management for most with “supported” model retained for high risk/complex cases, whānau and exposure events
- An equity approach must be embedded in all work streams
- Māori are supported to take action and seek their own solutions to this pandemic

Omicron Scenario



Based on Gary Jackson's modelling

Omicron Scenario – Zoomed In



Based on Gary Jackson's modelling

Current Situation – Delta Outbreak

1. Encouraging all symptomatic Māori to get tested at community testing sites
2. Encouraging all eligible Māori to get fully vaccinated (including booster if eligible)
3. Encouraging Māori cases to self- isolate within their homes, if possible, while being provided the required health and welfare supports to do so successfully

NRHCC Omicron Phases

- In order for the region to manage Omicron, the NRHCC will be taking a phased approach (aligns to MoH phases).
- As case numbers grow we expect both testing and isolation approaches will change. In order for the sector to successfully manage Omicron we must plan ahead and give Iwi, Hapu, whānau and our Māori providers a clear indication of what to expect and some guidance on what we will need to do collectively at each phase.
- This plan will detail at each phase a list activities that will ensure a comprehensive Māori response to the Omicron outbreak, taking into consideration the high rate of accountability our Māori Providers hold to deliver across the whole gambit of Covid-19 services within their communities as well as equity considerations which require immediate solutions from health sector services.
- The 3 phases are:
 1. Phase 1: There are some cases in the community but we continue to stamp it out
 2. Phase 2: Cases have spread in the community so we need to minimise and slow further spread and assist our vulnerable communities
 3. Phase 3: There are thousands of cases per day: most people will selfmanage and health and social services focus on families and communities that have the highest needs

Phase 1

- **Key Objective: Keep cases as low as possible for as long as possible to allow people to be boosted and children to be vaccinated without Omicron being widespread**

MoH Guidance	NRHCC Actions (Preparation Phase)
<ul style="list-style-type: none"> • Continue current contact tracing practices • Isolation – you are supported to isolate for 14 days for case, 10 days for a contact 	<ul style="list-style-type: none"> • Omicron model of care developed – Low touch for most and continued supports for high risk whānau • Whānau HQ scaled – increasing the number of Māori providers delivering home isolation supports • Māori regional co-ordination hub capacity increased for Omicron (MRCH) • Māori provider funding model finalised (FTE and Fee for Service options) • Ensure self service model works for Māori – any door is the right door/ texts/ online • Regional and local Māori preparedness comms developed
<ul style="list-style-type: none"> • Symptomatic people will be tested at a community testing station or at a primary health provider 	<ul style="list-style-type: none"> • Providers are supported to stockpile Rapid Antigen Tests (RATs) • A Māori and equity lens put on the MoH guidance for the use of RATs • Develop a regional stockpile of RATs for Māori • Evaluate the Māori RATs pilots that have been trialled by the MoH • Regional discussion/ plans – prioritisation of PCRs when we surge (Māori given priority)/ all whānau proactively given packs of RATs/ regional Māori ‘return to work’ plan • Regional and local Māori-led comms developed for how to use RATs and when
<ul style="list-style-type: none"> • Continued focus on vaccinating Māori <ul style="list-style-type: none"> • 1st and 2nd Doses • Boosters • 5-11 year olds 	<ul style="list-style-type: none"> • Full support of Māori-led vaccination events and initiatives (equipment and vouchers) • Māori providers prepared to pivot to drive through model when we surge • Roll out of regional and local Māori comms – Booster and 5-11 year old group

Phase 1 cont..

- Key Objective: **Keep cases as low as possible for as long as possible to allow people to be boosted and children to be vaccinated without Omicron being widespread**

Other Area of focus	NRHCC Actions (Preparation Phase)
<ul style="list-style-type: none"> • Our providers are resilient 	<ul style="list-style-type: none"> • Deliver a stocktake of services delivered by all Māori providers • Work with individual Māori providers to address immediate workforce capacity issues (Testing and Vacs) • NRHCC to develop a surge workforce and a prioritisation framework for the use of the surge pool – Māori provider capacity to be protected • Address all outstanding contracting issues before the surge • Supporting regional Māori forums like Taumata Korero to develop a Māori provider workforce solution for Omicron
<ul style="list-style-type: none"> • Whānau have access to other social supports when required 	<ul style="list-style-type: none"> • Fund and support the development of medical packs for whanau • Align NRHCC, MSD and Taumata Korero approach to managing welfare referrals • Advocate for whānau to access welfare supports without requiring proof of a positive covid test • Localised Māori-led Housing solutions assessed for surge

Phase 2

- Key Objective: **To slow the spread and protect our vulnerable communities**

MoH Guidance	NRHCC Actions (Transition Phase)
<ul style="list-style-type: none"> • Focus on most at risk • Isolation – you are supported to isolate for 10 days for case, 7 days for a contact • Cases using self service model where possible 	<ul style="list-style-type: none"> • MRCH delivering Omicron model of care – become outbound calling service for all high risk Māori cases • Contact tracing stopped for all individual Māori cases • Providers support whānau to use self care platforms (0800, Online, texts etc) • MRCH providing a Power Assessment and Screening tool (15 min assessment) to all high risk Māori cases • Māori providers, Pacific providers and GPs provide all community based wrap around supports for Māori cases and bubbles
<ul style="list-style-type: none"> • RATs may be used in addition to PCR testing for symptomatic people and close contacts • ‘Test to return’ to work • PCR testing to confirm diagnosis if positive RAT 	<ul style="list-style-type: none"> • Regional Māori RATs stockpile established • Whānau RATs self-testing options in development (MoH led). Specific Māori comms developed to ensure Māori have access to reputable advice on how to use a RATs • Key messaging for testing disseminated across multiple platforms/ channels – i.e Do not test if there are positives in the household (you are likely to or already have contracted the virus) • Localised Māori PCR testing solutions developed • Māori ‘return to work’ plan implemented
<ul style="list-style-type: none"> • Continued focus on vaccinating Māori <ul style="list-style-type: none"> • 1st and 2nd Doses • Boosters • 5-11 year olds 	<ul style="list-style-type: none"> • Māori provider sites are protected – regional workforce mitigation plans implemented • Again increase the focus on booster vaccination campaign targeting at Māori, Māori with underlying health conditions, disabilities and tamariki • Provider sites convert to drive through/outside models • Increase targeted regional and local Māori comms vaccination campaigns

Phase 2 cont...

- Key Objective: **To slow the spread and protect our vulnerable communities**

Other Area of focus	NRHCC Actions (Transition Phase)
<ul style="list-style-type: none"> • Our providers are resilient 	<ul style="list-style-type: none"> • All Māori provider have in place strong and resilient baseline workforces (Testing, Vacs and Whanau HQ) • Providers have adapted service delivery to ensure staff safety and the continuum of service delivery to whānau (i.e drive through, use of n95s etc). • NRHCC implements regional clinical and admin surge workforce to support Māori providers where required – Māori providers given priority • Māori provider collectives implement their own regional workforce plan (i.e Taumata Korero) • Provide continued training opportunities for provides and staff to continue to increase the pool of Māori health covid workforce (covid 19 vaccinators)
<ul style="list-style-type: none"> • Whānau have access to other social supports when required 	<ul style="list-style-type: none"> • Integrated MSD and Health welfare model implemented • Localised Māori-led housing support solutions identified, funded and implemented. Note that health might not be the funder

Phase 3

- **Key Objective: There are thousands of cases per day: most people will self manage and health and social services focus on families and communities that have the highest needs**

MoH Guidance	NRHCC Actions (At Peak)
<ul style="list-style-type: none"> • Majority of positive cases are self-management • Wraparound health and welfare support services will focus on those who need it most • Isolation – you are supported to isolate for 10 days for case, 7 days for a contact 	<ul style="list-style-type: none"> • MRCH model continued • Providers continue to support whānau to use self care platforms (0800, Online, texts etc) • Māori providers, Pacific providers and GPs continue to provide all community based wrap around supports for Māori cases and bubbles
<ul style="list-style-type: none"> • Focus of PCR testing is on priority populations • RATs used for diagnosis • RATs available for symptomatic or critical workers • ‘Test to return’ to work 	<ul style="list-style-type: none"> • Self testing RATs model implemented with Māori whānau • Continue to deliver key testing messages – use of RATs, how to access a PCR, how to use RATs • At this phase Māori PCR testing is again prioritised to confirm positive Māori cases – localised Māori testing solutions implemented • Māori ‘return to work’ regional plan in place • The region has in place a regional stockpile of RATs for Māori and stock managed by individual providers.
<ul style="list-style-type: none"> • Continued focus on vaccinating Māori 	<ul style="list-style-type: none"> • Māori provider sites continue to be protected • Again increase targeted regional and local Māori comms vaccination campaigns

Phase 3

- **Key Objective: There are thousands of cases per day: most people will self manage and health and social services focus on families and communities that have the highest needs**

Other Area of focus	NRHCC Actions (At Peak)
<ul style="list-style-type: none"> • Our providers are resilient 	<ul style="list-style-type: none"> • NRHCC regional clinical and admin surge workforce supports the successful delivery of Māori-led covid services • Māori provider collectives support providers to continue to deliver services • Provide continued training opportunities for provides and staff to continue to increase the pool of Māori health covid workforce (covid 19 vaccinators)
<ul style="list-style-type: none"> • Whānau have access to other social supports when required 	<ul style="list-style-type: none"> • Integrated MSD and Health welfare model in place • Localised Māori-led housing solutions being implemented

Summary

- Omicron cases will rise exponentially when it finally spreads
- NRHCC will deliver a programme that endeavours to address the probable Omicron spread in 3 phases
- The models of care being delivered at the peak of this outbreak will be totally different to those we have used in the past
 - Minimal contact tracing
 - Majority of cases being self-managed at home
 - PCR tested prioritised for Māori and RATs tests used as a diagnostic tool
 - All but the very high needs getting access wrap around supports at home
- Māori providers will again lead the delivery of many facets of the programme

Questions...

