Te Whatu Ora
Health New Zealand

28 July 2022

Harold

Īmēra / Email: fyi-request-19525-ea95223b@requests.fyi.org.nz

Kia ora / Dear Harold

RE Official information request ChChD 10925 / HNZ 1770

I refer to your email dated 31 May 2022 which we received on 7 July 2022 requesting the following information under the Official Information Act from Waitaha Canterbury. Specifically:

- **I would like to make a request for a copy of the COVID-19 Southern Region Resilience Plan.**

Please find attached as **Appendix 1** the Southern Resilience Plan dated 21 October 2021.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Waitaha Canterbury website after your receipt of this response.

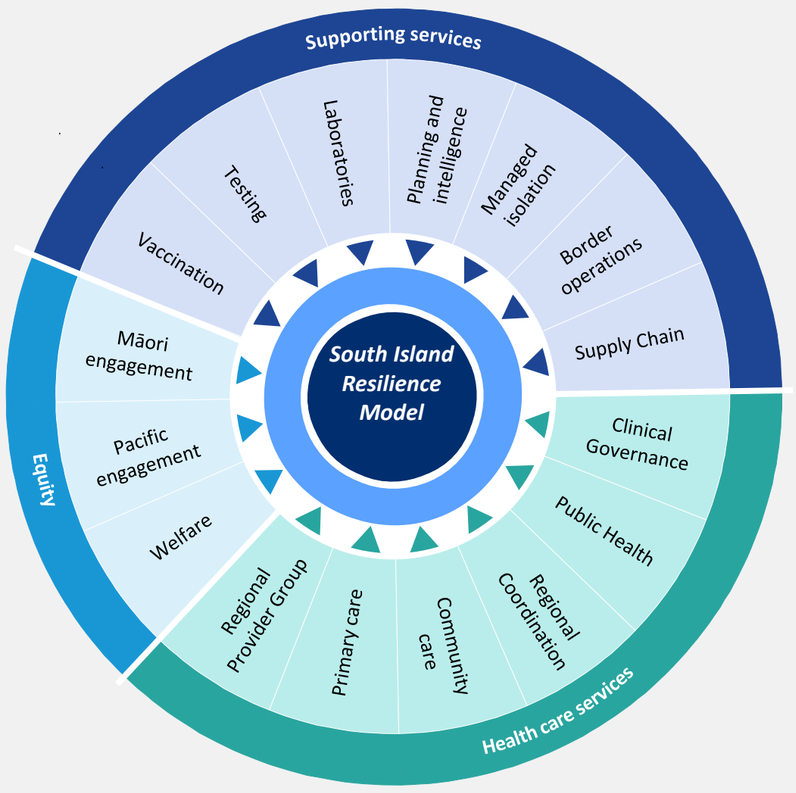
Ngā mihi / Yours sincerely,

Ralph La Salle
Senior Manager, OIAs
Waitaha Canterbury / Te Tai o Poutini West Coast.

Southern Regional Resilience Plan: update for Health Systems Readiness Steering Group

21st October 2021

Resilience Plan - Overview



The purpose of this plan is to provide advice to DHBs, Ministry of Health and Minister of Health and Associates on what will be required to build the resilience of the South Island healthcare system in anticipation of changes in pandemic management strategy and Government policy settings.

A function is considered resilient if it has the capacity and capability to support sustainable responses to recurring community resurgences of COVID-19, without limiting the ability to provide effective non-COVID related health care services.

Key assumptions
(from modelling by TAS)

The "worst case scenario" modelling has been used to inform resilience planning.

- 90% adult (16+) vaccination rate.
- No vaccination of <12 year olds.
- Loose public health controls.
- Loose border restrictions.

Predicted regional numbers per week (in 2022)

3,036
New cases

142
Hospital admissions

2,894
In community

14
Deaths

Priorities to build resilience

Priority area	Recommendations by December-21	Estimated additional funding required (Detailed costings can be produced on request)

Increasing Māori and Pacific Service Providers' capacity and capability to offer end-to-end care inclusive of COVID support services to their communities sustainably.	• Offer **flexible and sustained funding** models for **Māori and Pacifika Providers**, to fund end-to-end COVID services. Inclusive of:
	  • individual activities
	  • testing,
	  • Vaccination,
	  • welfare support for isolating households.
	• Fund **culturally competent** Training Providers to recruit, upskill and grow the available workforce pool.
	• **Increasing the Kaiawhina workforce**.
	• Providing **funding security** to allow workforce growth within Providers beyond the **health transition** in July 2022. (note MoH support needed)
		$40m

Enhance and establish systems and infrastructure for sustainable service to rural and vulnerable communities.	• Funding required specifically targeted towards **improving access to care** for COVID positive patients in **rural communities** and/or who have difficulty accessing care. • Comprehensive plan **to incentivise recruitment** of health care workers to **rural communities**. • Funding to enable networks of **24/7 Primary Care** to COVID Cases in rural communities. • Develop networks with **rural NGOs & communities** to ensure connection and consideration of rural services is transparent to health. • Extend digital or alternative connection to our **rural isolated communities**. (note MoH support needed) • COVID core data set needs to include monitoring of rural COVID service delivery and response. • Expediate the mobility of services across the whole system to support delivery of care to where it is needed.	$2m Recruitment and Training $20m Annual workforce Cost
Expand regional capacity for air and road transport services especially to rural areas.	• Support regional and local connections to ensure **urgent care transport** is efficient and available across our **rural and urban areas**. • National resourcing to **coordinate approach**. (note MoH support needed) • Increase local based ability to respond, within clinically appropriate times, for the **predicated increase in service demand**.	$ 10m Investment in St John as well
Upgrading the facilities, infrastructure and equipment to ensure there is appropriate and sufficient availability of space to treat patients who are COVID positive.	• Funding required to enable **facility and infrastructure changes** required across the five DHBs to sustain care for COVID patients and non-COVID activities. • Conduct rapid triage assessment for all community services to determine facility requirements. • Conduct rapid review of space available for screening, testing and pre-triage of patients at all health service entrance points–including standing up dedicated temporary space, or changes to entrance points, and implement recommendations from findings. • Support **ICU capacity** increase business case.	$29m (one off)

Workforce to meet the demand of COVID care.	• Increase the **provision of sustainable services** such as **Māori and Pacifika workforce** including **Kaiawhina workforce** and **consider alternative workforce** solutions.
	• Provision of a sustainable funding that enables capacity to manage predicted demand, such as:
	  • Extend IPC workforce.
	  • Optimise Workforce capacity requirements (Workplace bubbles, DNM after hours, pharmacy).
	  • Build staff wellbeing response.
	  • Ensure H&S requirements are met for staff across sector (N95 fit testing).
	  • Extend Public Health workforce.
	• **Build Mental Health** to support capacity and accessibility
		$2m
		Recruitment and training
		
		$34m
		Annual workforce cost

Offering a standardised Welfare package to enable families to safely self isolate with COVID.	• Ensure that the **appropriate agencies** have a scalable and **sustainable process** that provides an immediate **48 hour Manaaki package** to all families requiring to self isolate, including procurement, storage and logistics arrangements. (note MoH support needed) • Acquire equipment to allow **self-monitoring** of symptoms. • Implement **DHBs psycho-social responsibilities** during care in the community programme of activity.	$50m May include other agency funding
Set up communication system and data and information infrastructure.	• **Increase communication** resource for health workforce, unions and public/ community platforms. • Enhance **interoperability of information systems** across the system (e.g. Secondary to Primary, NCTS access for Primary Care). • Common Data analytics platform across the region enabling access to latest information and quick decision making. • Knowledge management program to **share models of care** and other COVID related innovation. • Fund a dedicated resource for media engagement. • Hardware that enables **workforce mobility**, and so **deliver care closest to the home.**	$1m Recruitment $20m Hardware and licensing costs
Develop and operationalise models of care that support rapid MDT review, supportive decision making and treatment/care planning for COVID positive patients.	• Implement **telehealth to enable community** outreach while supporting service capability and sustainability of BAU activity. • Support the development of **local and regional pathways** and decision making tools to enable seamless whole of system approach to care including the enablement of our **Kaiawhina approach to care in the community**. • Develop safe and efficient ways to manage the care pathways of asymptomatic COVID positive patients who require **planned or urgent care** unrelated to COVID infection	$6m Resource - telehealth
Community and Primary care	• National work and funding underway **" Care in the Community work Stream"** • Continue effective engagement and collaboration with primary and community providers	—

Scenario modelling overview

The below assumptions have been used to model the predicted impact of COVID in the South Island in 2022.

Key assumptions (Full assumptions available on request)

- 90% adult vaccination rate by Dec 2021.
- Children ages 12-15 are vaccinated.
- 0-11 year olds not vaccinated.
- Borders are opened 1 Jan 2022.
- Restrictions remain on travel to some countries, but otherwise quarantine-free travel is occurring.
- Assume Delta variant is main issue, medium R0 = 4.5 per REF.
- Assume variation in coverage by community around the average vaccination coverages.
- Vaccine efficacy (Pfizer) against Delta = 88%, against severe disease 94%.
- Assume severity proportions as per REF.
- Vaccine reduction in transmission - 85%.
- No further community lockdowns, but case isolation and contact tracing e.g. as measles is managed now, drops R0 44% [REF p11].
- Health care workers at 93% coverage - assume other groups slightly lower.
- M + P have 2.5 and 3x the rate of hospitalisation as European/Other.

	Over 2022 year							Average per week in 2022		
SI DHB's	**Cases**	**Hospitali-sations**	**Deaths**	**% cases M**	**% cases P**	**% deaths m**	**% deaths P**	**Cases**	**Hospitali-sations**	**Deaths**
NMDHB	21,200	1,100	120	12%	2%	x	x	408	21	2
WCDHB	4,400	240	30	12%	1%	x	x	85	5	1
CDHB	78,200	3,500	340	11%	3%	x	x	1,503	67	7
SCDHB	8,300	410	40	12%	1%	x	x	160	8	1
SDHB	45,900	2,100	210	12%	3%	x	x	883	40	4
Total Regional	**157,900**	**7,400**	**750**	**12%**	**3.5%**			**3036**	**142**	**14**

(Note, rounding may cause some variation in numbers reported)

Assumptions and notes

Priority area	Notes and assumptions	Estimated additional funding required
Enhance and establish systems and infrastructure for sustainable service to rural and vulnerable communities.	• Based on modelling approximately 43% of the south island population is classified as living outside of city centre. • This requires service delivery remotely with a reliance on mobility/ technology and transport to access patients and services. • The average travel time to a hospital for a rural patient is 2.5 -3 hrs and is highly weather dependant. • 24 additional FTE required to staff "Q@HomeHub" concept, with average salary of $100k per year. • Note some Primary Care funding may be from already allocated streams.	$40m
Increasing Māori and PacificService roviders' capacity and capability to offer end-to-end care inclusive of COVID support services to their communities sustainably.	• Based on modelling, approx. 15.5% of new cases will be Māori or Pacifika ethnicities, with an estimated 470 cases per week in these communities. • To accommodate the growth in cases within these communities, at least 100 additional FTE regionally will need to be trained and contracted by Providers. • An estimated training cost of $10k per person has been assumed based on current courses available. • An average salary of $100k per year has been used, with a 15% overhead margin. • Funding also extends to Kaiawhina workforce and welfare support.	$2m Recruitment and Training $20m Annual workforce Cost
Expand regional capacity for air and road transport services especially to rural areas.	• The South Island has two tertiary hospitals with Canterbury being the hub for speciality services. • Travel between the tertiary centres being in excess of four hours and the average travel time between hospitals is 2.5 hours which is highly weather dependant. • There is a significant increase in transpiration infrastructure including speciality configured vehicles, and increased number of drivers. • The impact on service availability of St Johns will be further comprised with requirements of transporting COVID patients.	$ 10m Investment in St John as well
Upgrading the facilities, infrastructure and equipment to ensure there is appropriate and sufficient availability of space to treat patients who are COVID positive.	• Note that some of these projects are already underway and retrospective funding will be required. • Note a business case is already progressing for approval to increase the number ICU capacity. • Increasing Christchurch's resourced ICU beds by 21 would bring Canterbury DHB's beds per 100,000 population to 6.8 (currently 3.4), and raises national beds to 5.4 (currently 5.0) per 100,000 population. • Conduct rapid review of options to increase laboratory capacity	$29m (one off)
Workforce to meet the demand of COVID care.	• Develop a strengthened kaiawhina workforce model within the DHB and Māori Health providers to support our Pae Ora model of care. Includes recruitment, orientation, education/training and leadership. • The clinical expertise and skillsets in the primary care sector needs to better leveraged and supported to manage the evolving COVID-19 pandemic. This is especially the case as the pandemic becomes endemic and part of everyday life and the shared care approach across primary care (general practice), telehealth services, secondary care, Māori and Pacific health care services and other allied health workforces.	$2m Recruitment and training $34m Annual workforce cost
Offering a standardised Welfare package to enable families to safely self isolate with COVID.	• Based on modelling, around 2,900 cases per week will not require hospitalisation. • Of these, we have assumed approx. 1 in 3 cases will require welfare support for their whānau, to enable safe self isolation. • The average cost to provide essential welfare support (food, clothing, telecoms, medication and children's items) has been $750 per whānau (from NRHCC Welfare team), in addition we have estimated an additional $250 per whanau to cover additional costs associated with rurality and transport/ supply. • Providing this support to the estimated number of cases will require an additional $961k per week. • Note this may be from other agencies budgets	$50m May include other agency funding
Set up communication system and data and information infrastructure.	• Central development of tools to allow many settings to self-manage exposure events without ARPHS involvement (e.g. schools, DHBs, Businesses) will release ARPHS capacity and allow triage function to be established. • Coordination of real-time view of ICU and hospital occupancy to enable planning of service delivery. • Enhance ethnicity reporting, surveillance and analytical support to ensure data driven decision making and service delivery	$1m Recruitment $20m Hardware and licensing costs

Develop and operationalise models of care that support rapid MDT review, supportive decision making and treatment/care planning for COVID positive patients.	• Providing frameworks for enabling MoC changes across:
	  • General Practice virtual/telehealth consult (Person's regular or alternative general practice provider)
	  • Workforce: GPs, Nurses, Public Health, translation services
	  • Decision-making framework: Adaptation of RPA Risk Stratification and Ontario model, Testing requirements for contacts who may be isolating with cases.
	  • Training / Guidance: COVID-19 Community HealthPathways, webinars, Clinician to Clinician line, 0800 COVID-19 Positive Line for cases
	  • IT: PMS integration with NCTS and BCMS
		$6m
		Resource - telehealth

Community and Primary care	• No funding required as assumed funding as part of the Care in the Community" programme. • The community care, welfare, home and community, mental health and disability support needs of the household/whānau are organised alongside the COVID-19 Primary Care Clinical Model	Funding from Care in Community Workstream