

# Delta Response Rapid Review Recommendations

June 2022

Review Recommendations	Ministry Response	Ministry actions and progress
<b>Equity-first approach and outcomes need significant work</b>		
<p>1. Partner with Māori and Pacific teams to further develop and support pro-equity approaches and a broader system culture, to ensure an intentional focus on equity in the design and implementation of sector-wide responses.</p>	<p>The Ministry strongly supports an equity-first approach and, building on experience from the 2021 Delta Outbreak, has now adopted a wide range of equity-first approaches.</p>	<p>The COVID-19 Care in the Community programme (Care in the Community) was established in November 2021 to support the pivot in the government's COVID-19 response to isolating cases in the community. Care in the Community then adapted to accommodate the shift from the Delta variant to Omicron. This response brings together the Ministry, the Ministry of Social Development (MSD) (who lead the welfare response) and the Ministry of Business Innovation and Employment (MBIE) (as the provider of alternative isolation accommodations services) to provide integrated care and support at the national, regional and local level, with equity embedded at its core. The Care in the Community model integrates support pathways across public health, clinical, social and wellbeing supports to ensure that individuals and their whānau are provided with the care they need in order to isolate safely and successfully at home. The delivery of services is coordinated at the local level through the establishment of 52 Care Coordination Hubs, which are set up across New Zealand to provide locally-led, tailored responses to meet the needs of communities. This programme of work is guided by our <i>COVID-19 Care in the Community Framework</i>, which provides direction to organisations and providers who are caring for people with COVID-19 in the community. We have partnered with a diverse range of teams, and health and welfare providers to develop this Framework, which is published on our website. In embedding equity into the Care in the Community model, the Framework sets out clear equity expectations that must be considered by all health and welfare organisations involved in managing COVID-19 in the community.</p> <p>The Ministry established the COVID-19 Equity Oversight Group in early 2021 to ensure that equity is encompassed in all internal and external processes across the COVID-19 Health System Response. The Group convenes weekly and provides a forum for equity advice and intelligence regarding any COVID-19 workstreams and programmes. The Group consists of a range of experts from across the Ministry, including the Māori Health Directorate, Pacific Health team, Mental Health and Addictions Directorate, and the Disability Directorate. It utilises the strong connections its members have with other key groups and communities, to ensure equity is embedded into the COVID-19 Response. Advice from the Group has informed decision-making across the COVID-19 response. For example, advice has been provided, and continues to be provide for isolation and quarantine strategies, the variant strategy, Care in the Community model, prescription of anti-viral medications, face covering exemptions, and access to testing and personal protective equipment (PPE) supply.</p> <p>In January 2021, the Ministry undertook a rapid review of the Northern Region Health Coordination Centre (NRHCC) and District Health Boards' (DHBs) approach to case and contact management for marginalised communities in the Delta outbreak across Auckland and Waikato. This report identified a range of critical success factors that have subsequently been interwoven into new approaches to the delivery of COVID-19 scare and support, including the design of the Care in the Community programme. The success factors include:</p> <ul style="list-style-type: none"> <li>• Whakawhānau - identifying and prioritising Māori, Pacific and other marginalised communities early, and establishing reciprocal, respectful and trusting relationships with these communities through others who have mana, can bridge the gap and guide the interaction</li> <li>• Manaaki first - humanising the approach through kanohi-ki-te-kanohi contact and providing generous and timely support to meet health and social needs</li> <li>• Taking a whole-of-system approach, including identifying and addressing pre-existing disadvantages and system barriers to access and engagement</li> <li>• Centring the response on the needs of communities by engaging with their leadership and empowering communities to do things for themselves</li> <li>• Applying flexible funding and contracting models which support nimble, innovative and relationship-based service provision, applying a bottom-up approach to support and resource a broader range of Māori, iwi, Pacific and other and social service providers to get resources into communities</li> </ul>

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		<ul style="list-style-type: none"> <li>Public Health Units (PHUs) and DHBs leading the planning, establishing timely systems and processes, and bringing together public health technical expertise, cultural competence and key stakeholders from the health and social sectors.</li> </ul> <p>The Ministry continues to undertake work informed by our COVID-19 Māori Health Protection Plan (the Protection Plan) that is published on our website. The Protection Plan provides a framework that is informed by Te Tiriti o Waitangi (Te Tiriti) to protect whānau, hapū, iwi and hapori Māori from the impacts of COVID-19. The Ministry is currently working on the release of the <i>COVID-19 Māori Health Protection Plan: May 2022 Monitoring Report</i>, which provides an update on relevant data and health outcomes as well as work underway related to the Protection Plan. The Protection Plan builds on earlier work undertaken in 2021 and 2020 that highlighted three pillars essential to responding to COVID-19 – Māori sector investment, localised communications and taking a whānau-centred approach. These pillars have been interwoven into the Care in the Community approach and other elements of the Ministry’s response to COVID-19.</p> <p>The National Immunisation Programme Equity Team actively works with respective Māori and Pacific health teams within the Ministry, as well as with Hauora Māori, Pacific providers, Tumu Whakarae (GM Māori Managers within DHBs), the Ministries of Māori Development, Pacific Peoples, the MSD and Education to inform an equity-first immunisation response. This advice has been incorporated into the design of local and national programmes to boost immunisation.</p> <p>Engagement between the National Immunisation Programme Equity Regional Account Managers (RAMs), DHBs and local Māori health providers has led to the planning and delivery of a range of vaccination events, including vaccination sprint events held in Tairāwhiti, Bay of Plenty and South Auckland. These events were often run in partnership with Māori health providers and DHBs and events featured a range of elements specifically designed to meet the needs of whānau. Events were often planned in consultation with communities, who gave their permission for sites such as marae to be used for sprint events and contributed to promoting the event.</p> <p>Throughout 2021, the Ministry convened fortnightly hui with its Disability Immunisation Advisory Group, Tātou Whaikaha (a sub-group of the Ministry’s Immunisation Advisory Group). Group members brought a range of perspectives including Māori lived experience of disability, disability service provider perspectives, DHB perspectives, Governmental perspectives (via representation from the Office of Disability Issues) and advocacy perspectives. Tātou Whaikaha was asked to help apply equity and disability-specific analysis to operational action plans to ensure population-specific considerations were used within the wider Ministry COVID-19 Vaccination and Immunisation roll-out, and to identify priority populations for implementing the Disability Equity Framework and consider complexity and approach, consent, and access. Tatau Whaikaha decided on actions to meet the needs of the identified priority populations including on processes, campaigns, people and workforce-related matters. Tatau Whaikaha also monitored and tracked the results for identified priority populations to ensure the Ministry’s COVID-19 Vaccination and Immunisation roll-out was successful.</p> <p>The Ministry has established a new Pacific engagement approach that has resulted in an unprecedented level of engagement with the Pacific health sector and Pacific communities. This was particularly highlighted during the Delta outbreak as the Ministry’s Pacific Health team held daily stand-ups with the Pacific Health sector including, Pacific clinical experts, Pacific DHB representatives, Pacific health providers, as well as partnering government agencies. A close working relationship with the Ministry for Pacific Peoples has also provided a very effective mechanism to hear from communities directly, through their national, regional and ethnic specific Zoom fono. These engagements enabled the promotion of Pacific ethnic-specific communication across Pacific communities to maintain an elevated level of compliance with public health guidance, including vaccination and testing measures. Importantly, it has also enabled the Ministry to be able to engage those Pacific peoples considered hard to reach.</p> <p>The Ministry regularly engages with the Māori Regional Coordination Hub (MRCH) and Pacific Regional Coordination Hub (PaRCH) which, among other aspects detailed in this table, provides opportunities for MRCH and PaRCH’s procedures and way of working to be fed into and inform operational changes for the National Case Investigation Service.</p>

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		<p>Engagement between Equity RAMs and leadership team of Te Matakahuki (the organisation that represents Te Kohanga Reo, Nga Kura a Iwi o Aotearoa Te Rūnanga Nui and Te Tauihu o ngā Wānganga) has led to the development of a Kura Kaupapa strategy around vaccinations (and hauora), which will be delivered in Te Reo Māori, as was requested by Te Matakahuki.</p> <p>Over the last two years, the Ministry has developed the Te Tiriti o Waitangi-grounded and evidence-based Pae Ora Commissioning Framework as a response to the WAI2575 health services outcome inquiry findings on primary and community care, the Te Puni Kōkiri-led Te Piringa research, the Health and Disability System Review recommendations, and insights from Whatua and Hui Whakaorganga. The commissioning for a Pae Ora approach has been endorsed for the Ministry in its current commissioning and ongoing stewardship role. The Ministry is working to have all 13 resources published on the Ministry website by June/July.</p> <ul style="list-style-type: none"> <li>• The Commissioning for Pae Ora guide - note the comments are there to show the designers where to add pop-out boxes/ graphics</li> <li>• Eight commissioning cases studies - cover all stages and levels of the commissioning process</li> <li>• The human and system costs experienced by three real people in the 'From missed to managed care' studies setting out the human and system costs of care that is not delivered in the right way or at the right time, and the benefits from working in a person and whānau-centred way.</li> <li>• A report capturing the theory of change for different Te Ranga Ora prototype collectives – set up to improve responses to long-term conditions in Counties Manukau, using participatory research, and the first step toward developing a social cost benefit economic model (the prototypes need some more time to develop and deliver).</li> </ul>
2.	Partner with those who have the skills, knowledge and ability to design and develop approaches that connect with these populations.	<p>The Ministry continues to invest in, and actively engage and build partnerships with, iwi, Māori and Pacific providers to develop and deliver COVID-19 initiatives that meets the needs of their communities.</p> <p>Through Budget 2022, the Ministry is providing significant, ongoing investment into Māori and Pacific models of care, as well as developing better engagement pathways for communities and whānau to design and influence health services. This investment includes:</p> <ul style="list-style-type: none"> <li>• \$30 million over four years for the Māori Provider Development Scheme and \$49.9 million for the Pacific Provider Development Fund, to support Māori and Pacific providers to adapt and transition their models of care to into the new health system and the new locality approach</li> <li>• \$8.830 million over four years to develop a consumer and whānau voice framework that will allow the health system to continuously ensure consumers and whānau contribute to the design, delivery, and evaluation of health services</li> <li>• \$168 million over four years for Hauora Māori commissioning, which will fund a range of initiatives to improve primary and community care for Māori and enable a Māori-led approach to population health and prevention that targets the wider determinants of health and wellbeing.</li> </ul> <p>Of the \$26 million investment to support the Delta response for Pacific communities, \$21 million was allocated to, and rapidly disseminated to Pacific health providers. The Ministry acknowledges Pacific health providers have played a significant role in the COVID-19 response for Pacific communities. These providers are both trusted by their communities and have been able to deliver a full spectrum of response activities which are based on family-oriented Pacific models of care.</p> <p>The Ministry has established and is currently delivering a nationally support, regionally coordinated, and locally-led Care in the Community programme that directly partners with iwi, Māori and Pacific providers and communities to care for people and their whānau isolating at home with COVID-19. This has included:</p> <ul style="list-style-type: none"> <li>• setting up 52 Care Coordination Hubs to connect health and local support, share information, and enable regional leaders to operate in a way that had not done so previously. A variety of models have been set up including iwi-based hubs where Iwi Māori are taking the lead. The Hubs have also partnered with the sector, bringing together iwi, PHUs, Primary Care, MSD and DHBs to coordinate and collaborate on delivering health and welfare support to those in need. Examples of partnerships include: <ul style="list-style-type: none"> <li>– partnering with the National Alternative Accommodation Service to support people isolating in the community to access safe housing</li> <li>– partnering with primary care, Māori and Pacific and community providers to advance planning and service responsiveness to people with a range of different needs</li> <li>– establishing contracts with transport providers and pharmaceutical companies to support the initiative</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li>– working with MSD Community Connectors and Pasifika partners to ensure whānau in self-isolation have access to essential services such as food and medicines.</li> </ul> <p>In late 2021, the Ministry supported Care Coordination Hubs to work with local Māori health providers to ensure whānau had access to rapid antigen tests (RATs). This led to the establishment of the national 'Māori providers distribution channel' where providers across New Zealand receive RATs from a central distribution point and distribute to whānau and organisations in their community.</p> <p>The Ministry engages regularly with the MRCH and PaRCH, who receive and manage all Māori and Pacific COVID-19 cases in Tāmaki Makaurau. This engagement includes providing MRCH and PaRCH with technical support and staff training to assist them in service delivery. MRCH and PaRCH provide a unique opportunity for Māori and Pacific people with COVID-19 to be supported and engaged through a by-Māori for-Māori and by-Pasifika for-Pasifika lens.</p> <p>The Ministry has partnered and continues to partner and design initiatives with Māori health providers, local iwi, Kura Kaupapa communities, DHBs, local communities and whānau to increase vaccination uptake. Recent initiatives include sprint events in Papakura, Gisborne, Rotorua, Christchurch and Northland.</p> <p>To boost Pacific vaccination rates, the Ministry commissioned research to better understand Pacific peoples' attitudes towards the COVID-19 vaccine and to identify the barriers to Pacific peoples getting vaccinated. This research was published on our website in September 2021 and has been used to inform the way the Ministry engages with Pacific communities on the COVID-19 vaccine rollout.</p>
<p>3. Maintain and prioritise equity-based forecasting and success indicators, with active assessment and monitoring of impacts on health and social outcomes for Māori and Pacific populations, as well as people with disabilities and other vulnerable populations.</p>	<p>The Ministry agrees that maintaining and prioritising the use of equity-based forecasting and success indicators is critical to an equity-first approach. The Ministry has demonstrated this through its continued collection, sharing and publication of data on priority populations to inform the COVID-19 response, and its commitment to the continual improvement of this process.</p>	<p>The Ministry is collaborating internally and externally to improve equity data including:</p> <ul style="list-style-type: none"> <li>• improving our reporting to focus on equity and the underlying causes of inequity that affect both Māori and Pacific peoples communities, particularly related to housing</li> <li>• engaging with academics and practitioners from different organisations and disciplines on developing modelling, surveillance, methodologies, and actions to address issues of inequity</li> <li>• Science, Surveillance and Insights, and Equity teams within the Ministry are collaborating to share data to inform pro-equity actions and surveillance.</li> </ul> <p>Examples of the approaches to equity-based data collection, forecasting and monitoring integrated across the Care in the Community programme are:</p> <ul style="list-style-type: none"> <li>• the Ministry works with Care Coordination Hubs to complete large scale risk stratification of their populations. Care Coordination Hubs have compiled risk scoring, local knowledge, and patient history to identify high acuity individuals and their whānau to deliver immediate and prioritised support</li> <li>• close monitoring of COVID-19 therapeutics on an ethnicity basis to ensure higher risk populations have appropriate access to these therapies</li> <li>• Regional Coordination Hubs collecting and managing case care data in the National Contact Tracing Solution (NCTS) and COVID-19 Care in the Community Module (CCCM). The collection of this data ensures oversight of, and integrated care across clinical, welfare and manaaki based pathways. Through the collection of this data regional Hubs coordinate the following: <ul style="list-style-type: none"> <li>– notification of patients</li> <li>– needs assessment and pathway determination</li> <li>– develop and offer appropriate care and support</li> <li>– discharge and follow up.</li> </ul> </li> </ul> <p>The Ministry is currently in the process of providing a report back to the Social Wellbeing Committee on the Pacific Delta response investment, and how it delivered on protecting the wellbeing of Pacific communities. This report back will present a breakdown of the financial expenditure across providers and highlight outcomes achieved and discuss lessons learned for future responses. The report back will be provided later this year.</p>

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		<p>The Ministry is updating its Surveillance strategy to focus more on Māori and other priority populations and the intersectional risks to their health from COVID-19. The soon to be released updated Surveillance strategy addresses these objectives in-more depth to emphasise Māori, priority populations and intersectional risks to health from COVID-19. The December 2021 Surveillance Strategy has these two objectives:</p> <ul style="list-style-type: none"> <li>• Objective One: monitor and describe the incidence, prevalence, geographic spread, and severity of COVID-19 in the population to estimate the burden of disease, assess trends, viral changes, and inform appropriate prevention and mitigation measures</li> <li>• Objective Two: assess COVID-19 relevant data and impacts on equity settings and populations at higher-risk for transmission, and poorer clinical and other outcomes.</li> </ul> <p>The soon to be released updated Surveillance strategy addresses these objectives in-more depth to emphasise Māori, priority populations and intersectional risks to health from COVID-19. This will be published on the Ministry website.</p> <p>From August-December 2021 the Ministry produced in-depth Equity Surveillance reports (published on our website) with a distribution list of 100+ outside and inside the Ministry. These were distributed to COVID-19 Policy, National Immunisation Programme and other key teams within the Ministry as well as many DHB, PHU, primary health organisations (PHOs) and key community providers. The reports were drawn on as intelligence for policy and decision-making.</p> <p>The Ministry continues to collect, share and publish data on priority populations to inform its response.</p> <ul style="list-style-type: none"> <li>• in April 2022, the Ministry published detailed COVID-19 data on Māori and Pacific peoples</li> <li>• from February 2022, the Ministry has been producing Māori and Pacific COVID-19 data weekly reports to a distribution list of 140+ people inside and outside the Ministry. These reports cover data on vaccination rates of disabled people and people with lived experience of mental distress or addiction. The Ministry has included a public version for community providers since early April 2022</li> <li>• the Ministry uses national and regional data to assess whether vaccinations are being rolled out equitably. This data informs strategies to increase vaccine uptake, with successful strategies shared between organisations and groups such as Te Puni Kōkiri, DHBs, iwi and Māori organisations.</li> <li>• the Ministry currently reports surveillance data by ethnicity, housing deprivation and DHB region and these are also broken down by age and gender</li> <li>• the Ministry conducts analysis to highlight the impact of deprivation, housing, and epidemiological trends on secondary attack rates and transmission in high-risk settings such as crowded households, aged residential care (ARC) facilities and within the health and border workforces.</li> </ul>
4.	Resource comprehensive and consistent support services for disabled people and their whānau in pandemic responses, which protects both lives and quality of life.	<p>The Ministry has significantly invested in support services for disabled people and continues to undertake a range of ongoing disability-focused COVID-19 initiatives, including the development of dedicated resources and tailored communications, to ensure that disabled people and their whānau are protected in the response.</p> <p>An additional \$29.6 million was allocated to support Māori health and disability providers to extend the reach of their services for whānau in response to the COVID-19 Omicron outbreak. A focus area for this funding was towards training, re-qualifying of staff who can re-join the workforce easily, and back up arrangements to ensure services can be maintained through the Omicron response and vaccination efforts.</p> <p>In September 2021, the Ministry established a \$4 million transport fund to support disabled people to access vaccination services and supported the standing up of a disability-focused phone and text service through Whakarongorau Aotearoa. The team is staffed by people with lived experience and whānau whaikaha (whānau of disabled people) and enables disabled people to ask questions, book transport and request home vaccinations through DHBs.</p> <p>Examples of work completed or underway to improve our COVID-19 response for disabled people include:</p> <ul style="list-style-type: none"> <li>• an online one-stop COVID-19 information hub for disabled people was launched on the Unite Against COVID-19 (UAC) website in April. The Ministry is working with other government agencies to regularly review and update the webpage to ensure information is current and available in alternate formats and in a range of languages</li> <li>• working to integrate New Zealand Relay into our contact tracing calling providers database (New Zealand Relay is the free government-funded service that helps people with hearing and speech impairments use the phone. New Zealand Relay offers many text-to-speech, New Zealand Sign</li> </ul>

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		<p>Language (NZSL), and other methods of making phone calls accessible. With New Zealand Relay's help, people with hearing and speech impairments can access case investigation and contact tracing calls</p> <ul style="list-style-type: none"> <li>• work to ensure that resources and communications on vaccinations are available in easy read, NZSL, Large Print and Braille.</li> <li>• in May 2022, the Ministry approved funding for a tender supporting vaccination social stories for neurodiverse and disabled people. Social stories deliver messages that supports neurodiverse and disabled people to learn skills and behaviours that will allow them to navigate the vaccination experience. Tools and resources to support whānau, carers, and health professionals to understand how to assist disabled and neurodiverse people with the vaccination journey will also be developed as part of this tender, with a 'go live' date of 1 August 2022</li> <li>• through the 'Request a RAT' service, the Ministry has made access to free RAT kits for disabled people who are symptomatic, or a household contact more readily available. In addition, all disability providers can order RAT kits for staff who are household contacts and distribute them to the disabled people they support. Disability support providers can also now access free masks for support workers to use when working with their clients.</li> <li>• the ongoing trial of alternative COVID-19 testing alternatives such as the 'Lolli-Sponge' tests, currently under trial with providers in Counties-Manukau DHB</li> <li>• a dedicated support line has been introduced for disabled people with vaccination queries through Whakarongorau. Support provided through this line includes: <ul style="list-style-type: none"> <li>– booking a vaccination for the service user and their family and identifying sites that can provide low sensory environments, wheelchair access and other requirements</li> <li>– arranging transport to a vaccination site via taxi or shuttle service at no cost to the service user</li> <li>– using the extra assistance process and providing DHBs with information so they can arrange a home visit vaccination</li> <li>– completing the mask exemption online.</li> </ul> </li> </ul> <p>The Ministry is actively working with providers to prepare for COVID-19 impacts on the disability workforce. Fortnightly meetings are held with home care support providers and Disabled Peoples organisations to work through alternatives and mitigations. A range of information has also been provided to inform disabled people and their whānau about the importance of preparing for COVID-19. This information is on the UAC website and now includes disability specific advice on "what to do if myself or my caregiver gets COVID-19".</p> <p>The Ministry has implemented a regular dashboard (the All of Government COVID-19 Disability Response Tracker), requested by the Minister for Disability Issues, that tracks the progress of work relating to disabled communities. Updated on a fortnightly basis, the Tracker is reviewed by the Office of Disability Issues before its submission to the Director-General of Health (the Director General) and relevant Government Ministers. It updates on a range of ongoing disability-focused COVID-19 initiatives undertaken by the Ministry's Disability Directorate and Care in the Community teams, as well as other government agencies.</p>
5.	Establish more systematic collection of disability-focused service and outcomes data to inform service planning and responsiveness.	<p>The Ministry has undertaken and commissioned work to improve data collection on the disabled community to inform our response.</p> <p>The Ministry has commissioned the Social Wellbeing Agency (SWA) to create a disability indicator using the Integrated Data Infrastructure to look at COVID-19 vaccination coverage for disabled people. The SWA completed the analysis of vaccination uptake rates for disabled people in December 2021 and updated the report to include disabled children in March 2022. The Ministry and the SWA shared the findings of this report with the National Immunisation Programme Leadership Group and Steering Committee. The Ministry also shared SWA's report with our delivery partners, including DHBs, to help inform their service delivery planning and outreach activities. The SWA also held a meeting with Minister Sepuloni around their analysis in March 2022.</p> <p>Work is underway by the Ministry to improve the quality of disability data at a more granular level as part of the patient Profile and National Health Index Project (PPNHI) in partnership with disabled people. One key aim of PPNHI is to identify disabled people by National health Index identifier, including tāngata whaikaha. The Ministry is also in the process of negotiating a data-sharing Memorandum of Understanding with the Accident Compensation Corporation to enable us to see vaccine uptake among this cohort.</p>

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		<p>The Ministry has undertaken work to improve disability data collection through the NCTS. This includes:</p> <ul style="list-style-type: none"> <li>• a self-identified disability question added to the NCTS for people testing positive for COVID-19. This can be reported by age, ethnicity, DHB area, and other measures</li> <li>• datasets of people receiving disability support are being linked with COVID-19 cases, providing measures of assessment timeliness, vaccination uptake, and service referrals (including accommodation and welfare)</li> <li>• data on hospitalisations and deaths are being linked to people that have been identified with disability in the NCTS.</li> </ul> <p>Updates to the online contact tracing form and the phone-based case investigation script mean we now collect more data on a person's disability status and any associated support needs, so that appropriate referrals for support can take place where required. Having this data available also ensures relevant analyses can be undertaken to monitor and improve service delivery for disabled people.</p>
<b>Bolstering response cohesion</b>		
<p>6. Improve clarity in roles, responsibilities and decision-making structures and processes between central agencies and regional response teams.</p>	<p>The Ministry has established mechanisms for improving clarity of roles and responsibilities in its Care in the Community Programme to ensure we are delivering a coordinated response at the national, regional, and local level.</p>	<p>The Ministry acknowledges that clarity of roles, responsibilities and decision making under its Care in the Community programme is critical to ensuring effective delivery. Through engagement, monitoring and feedback the Ministry has found that:</p> <ul style="list-style-type: none"> <li>• Care Coordination Hubs with well documented roles, responsibilities and processes are better equipped to manage higher numbers of COVID-19 positive cases, with reduced duplication in process, contact or supplies.</li> <li>• Care Coordination Hubs that work in collaboration with local partners, are in a better position to respond to a variant surge.</li> <li>• Care Coordination Hubs where service providers are co-located enable faster issue resolution, better coordination, and a reduction in duplication.</li> </ul> <p>Through the Care in the Community programme, the Ministry has provided direction to DHBs to support clear understanding of roles, responsibilities, and processes. Ministry direction to DHBs has supported:</p> <ul style="list-style-type: none"> <li>• ensuring positive test results are rapidly transmitted to the relevant clinical, welfare, and public health teams</li> <li>• establishing clarity in how patients are contacted – crucially that for Māori, Pacific, disabled and mental health and addiction patients wherever possible, the first contact is made by someone known to and trusted by the patient. Cultural appropriateness is critical, especially for those who may have low trust in the health system</li> <li>• DHBs to liaise more with local health providers for certainty about which health partner will contact a positive patient and if there are differing strategies needed out-of-hours for differing providers</li> <li>• ensuring clarity between DHBs and General Practice (GP) regarding roles and responsibilities, including what role post-diagnosis GP plays for a patient who is low risk and remaining well (for example if this case is handed to a national telehealth service for follow-up).</li> </ul> <p>To ensure clinical decision-making is consistent and monitored, there is a requirement in the Care in the Community framework for each locality to have appropriate clinical governance. To ensure a level of national consistency, the Ministry and its supporting government partners produce guidance and principle-based frameworks, which are then tailored and implemented at a regional, and local level according to individual population and community requirements.</p>
<p>7. Improve information sharing between central agencies and regional response teams.</p>	<p>The Ministry continues to improve sharing of information across agencies and regional teams through regular and active engagement.</p>	<p>The Ministry has bolstered cross-agency engagement and sharing of information with central agencies including MSD and MBIE through the delivery of the Care in the Community programme. This has enabled improvements in the end-to-end pathway for cases and contacts, particularly in the timely delivery of welfare support. Regular meetings include:</p> <ul style="list-style-type: none"> <li>• Care in the Community weekly interagency meeting, where government partners (including MSD) attend to discuss cross government projects</li> <li>• Care in the Community Framework meetings with MSD</li> </ul>

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		<ul style="list-style-type: none"> <li>• weekly DHB meetings coordinated by Care in the Community.</li> </ul> <p>Care Coordination Hubs are supported by a centralised Ministry Care in the Community team within the Health System Preparedness Programme. This operational team manages relationships with each Care Coordination Hub across New Zealand and provides an effective communication and feedback mechanism between Hubs and centralised agencies. Additionally, the Care in the Community programme utilises Regional Health Leads to connect in appropriately at a regional DHB level.</p> <p>The Ministry continues to engage regularly with PHUs on the utilisation of the NCTS, as well as regular system enhancements and training. This engagement has been a key enabler of information sharing and operational delivery of the case investigation and contact tracing service.</p> <p>The Ministry actively disseminates our weekly <i>Trends and Insights Report</i> across regional teams and central agencies involved in the response. Specifically, the <i>Trends and Insights Report</i> seeks to provide a broad national and regional overview with key insights focussing on quantitative trends across the COVID-19 epidemic for Aotearoa New Zealand. It covers the scale of infection and diagnosis domestically as well as morbidity and mortality, hospitalisations, modelling trends and an international update. It comprehensively reports on COVID-19 trends and insights on a weekly basis.</p>
8. Ensure the national plan for COVID-19 response and management enables local variation and innovation, in a way that is built into the functions, needs and pressures of business-as-usual health sector activity.	The Ministry's Care in the Community Framework and model of care is supporting locally-led, flexible responses that meet the needs of communities.	<p>This Care in the Community Framework provides principles-based direction for organisations and providers who are caring for people with COVID-19 in the community. It leverages existing DHB and local plans and processes, with the expectation that communities develop flexible, local practices that equitably support people and whānau with COVID-19 to isolate safely in the community. The Hub model, established under the Care in the Community Programme, facilitates 24/7 support across the continuum of care for those with COVID-19. Details on the Hubs are outlined below:</p> <ul style="list-style-type: none"> <li>• all DHBs have coordination centres and 52 Care Coordination Hubs have been set up across the country</li> <li>• the Care Coordination Hubs are equipped to engage with communities and have their own set processes, roles, and responsibilities for their staff to ensure that patients are triaged appropriately</li> <li>• there are a variety of models including eighteen iwi-based Hubs with iwi Māori taking the lead, three Pacific peoples Hubs, and two ethnic community Hubs</li> <li>• the general makeup of Care Coordination Hubs varies according to community requirements and established local level community providers. Additionally, the way a Hub may choose to meet its requirements can change according to its geography and socio-economic influence of its community</li> <li>• Care Coordination Hubs are formed in partnership between primary care, Māori, Pacific and community providers and the DHBs, and often include MSD and manaaki providers co-located with clinical teams enable wrap-around service provision for people who needed welfare supports.</li> </ul>
9. Partner with the sector and affected communities to implement more proactive and inclusive learning and development cycles, to build lasting responses to critical system challenges; these should combine needs identification, analysis and resolution.	The Ministry has undertaken, and continues to undertake, significant engagement with communities and those working on the ground to inform decision-making in real time and improve our response to prioritised populations.	<p>Engagement with the COVID-19 Equity Oversight Group has been utilised to inform the contact tracing system response to the Delta and Omicron outbreaks. Engagement has also occurred with PHUs, MRCH and PaRCH to inform system design and mitigate negative equity impacts resulting from system and approach changes. System changes to support an equitable approach include:</p> <ul style="list-style-type: none"> <li>• case investigation allows serious comorbidities, as well as welfare needs, to be flagged for follow-up by community care and welfare providers. Ensuring priority populations to report on these comorbidities and request and receive appropriate support is a crucial part of the equity-led approach to case investigation</li> <li>• enabling caller-case ethnicity matching where possible so that cases can be provided with culturally-safe support</li> <li>• caller capacity has been directed toward priority populations including Māori and Pacific peoples, supporting those that are not digitally enabled to receive direct phone support</li> <li>• prioritisation of case interviews (outlined in rec 10 below) has meant completion rates are now higher among priority groups than the rest of the population</li> </ul>



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		<ul style="list-style-type: none"> <li>enabling a high-trust model that acknowledges that Māori and Pacific health providers know exactly what their services and communities need, and how best to deliver them.</li> </ul> <p>The Ministry engaged with Māori, Pacific and other community providers as well as a wide range of communities representing at-risk populations in the preparation of its Omicron response through an intensive series of hui conducted between January and February 2022. Many of the issues raised in these hui were feed into decision-making on the response at the time including:</p> <ul style="list-style-type: none"> <li>enabling access to digital self-reporting of positive RATs for people who did not own or use a device</li> <li>enabling providers to access Ministry distribution channels for PPE, RATs, and pulse oximeters</li> <li>facilitating advice for community isolation and quarantine decisions</li> <li>advising and contributing to the traffic light setting decision making framework</li> <li>allocating funding to communities to support mental health workforce capacity.</li> </ul> <p>The Ministry engages in fortnightly hui with the lived experience group Te kōtuku e Rere to design and develop approaches that connect with rural Māori, Pacific, mental health and addiction and disabled populations. Examples of input into design are:</p> <ul style="list-style-type: none"> <li>contributing and advocating for Whakarongorau Health lines to expand accessibility for disability and non-English language speakers</li> <li>consultation for the National Immunisation Programme register design</li> <li>advice for the Omicron National Contact Tracing monitoring system</li> <li>advice for the new variant preparedness strategy</li> <li>advice for population surveys for behaviour research</li> <li>advice for changing isolation and quarantine planning.</li> </ul> <p>Through Budget 2022, the Ministry has been given \$20.09 million over four years to provide iwi-Māori Partnership Boards with dedicated support for whānau and hapori Māori engagement, and the policy and data analysis capacity needed to understand and respond to the health needs, aspirations, and priorities of local Māori communities.</p> <p>The Ministry is working to translate our learnings from the COVID-19 response to the new Public Health Agency and influence other aspects of the health reforms to ensure that knowledge and operations that were stood up for COVID-19 response are developed into long-term programmes and structures.</p>
10. Develop/strengthen care and funding models that support differentiated/prioritised responses to COVID across prevention, primary care and hospital-level care.	Through significant investment and the development and strengthening of systems and models of care, the Ministry is enabling flexible and prioritised approaches across primary, community, and clinical care.	<p>In December 2021, Cabinet approved \$50 million in DHB funding to provide regional and clinical co-ordination services (including establishment of regional Hubs). Through the establishment of these services, self-management and active management pathways were introduced (outlined in the Care in the Community framework). These pathways have enabled primary care providers to ensure appropriate and timely clinical assessments. These clinical assessments are triaged by Community Care Hubs to ensure higher risk patients are assessed first, and therefore the most at-risk and vulnerable populations enter care faster.</p> <p>Although welfare supports for those isolating in the community are provided by MSD, \$395 million of appropriated funds were allocated to primary and community healthcare providers, including Māori and Pacific providers to support the welfare response.</p> <p>Prioritisation of phone-based case investigations now means we reach prioritised or higher risk populations, primarily Māori and Pacific communities, at higher rates than previously. This means that people from priority or higher risk groups who register that they have COVID-19 will complete case investigation or triage faster than those identified as lower risk. This is important as case investigation provides cases with important public health</p>

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		<p>advice, as well as enables links into our Care in the Community pathways for individuals to receive clinical and wrap-around manaaki support where required.</p> <p>Budget 2022 provides \$168 million over four years to the Māori Health Authority's (MHA) direct commissioning budget so it can purchase Māori population health and prevention-based services to complement the locality rollout. This adds to funding provided through Budget 2021 for delivering hauora Māori services, as well as the Māori provider contracts that the MHA will pick up from the Ministry.</p> <p>The Ministry has invested \$21 million to sustain the service capacity of Pacific health providers to continue leading the response for Pacific communities. This investment has supported provider response activities such as maintaining a focus on vaccinations, delivering multiple additional pop-up testing sites, providing wrap-around health and social support, providing mental health support and delivering much needed business as usual services, particularly for Pacific families with complex needs. In many cases, providers were able to employ extra staff, as well as providing additional staff training to their workforces to better deliver on these activities.</p> <p>In August 2021, the COVID-19 Ministerial Group authorised the reprioritisation of up to \$26 million in 2021/22 from underspent COVID-19 funding in Vote Health to support the Pacific COVID-19 response provide targeted and tailored support to Pacific populations.</p>
<b>Securing the future of the workforce</b>		
<p>11. Establish a nationally supported workforce development plan (short and long term) that focuses efforts on developing a more culturally diverse, 'homegrown' workforce and also leverages the position of the Ministry to smooth the way for overseas entrants.</p>	<p>The Ministry has established an Omicron Workforce Plan that covers a range of short and long term actions to support, sustain and grow our workforce. A wide range of initiatives are being undertaken to grow a 'homegrown' and culturally diverse workforce and significant investment has been made to support capabilities, capacity, and resilience.</p>	<p>In the first quarter of 2022, the Ministry began planning for the future of the health workforce based on what it had learned from the Delta response and preparation for Omicron. An Omicron Workforce Plan has been developed based off the Ministry's Health Workforce Strategic Framework that was developed prior to COVID-19. The Omicron Workforce Plan has a range of initiatives over the short and long term, including those focused on developing a more culturally diverse and 'homegrown' workforce. These initiatives are detailed below.</p> <p>Short term:</p> <ul style="list-style-type: none"> <li>• organising local workforce plans with Regional Coordination Hubs</li> <li>• developing guidance for critical health services - revision of definitions has been completed</li> <li>• updating health workforce risk assessment and management</li> <li>• providing temporary accommodation for relocating healthcare workers or those who have vulnerable family members</li> <li>• surge funding for intensive care units.</li> </ul> <p>Midterm:</p> <ul style="list-style-type: none"> <li>• increasing DHB nurse educators and clinical coaches to provide 'on the job' training</li> <li>• scholarships to incentivise nurses into postgraduate clinical care study</li> <li>• allocation of funding for the health workforce caring for at-risk communities</li> <li>• DHB nursing pipeline to improve student completion of nursing programmes.</li> </ul> <p>Long term:</p> <ul style="list-style-type: none"> <li>• working with Tertiary Education Commission to consider investment in the undergraduate workforce pipeline</li> <li>• strategies to increase recruitment and retention into education pathways, especially where Māori and Pacific numbers are low</li> <li>• establish staff redeployment processes to support the DHBs Omicron response.</li> </ul> <p>Funding under this workforce plan includes:</p>

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		<ul style="list-style-type: none"> <li>• \$2 million allocated funding to DHBs to support critical care surge training initiatives covering over 1000 staff-regionally</li> <li>• \$3.6 million in funding delivered to critical care nursing initiatives</li> <li>• \$6.4 million funding to support locally led initiatives for the health workforce.</li> </ul> <p>Through Budget 2022, The Ministry has secured \$76 million over four years (and a further contingency of up to \$31 million) for the workforce training and development needed to underpin critical reform initiatives and support the delivery of services through locality networks. This includes funding to grow and develop the hauora Māori and Pacific workforces, and to provide training for Certified Patient Care Technician workforces that may not have previously worked in primary and community healthcare settings.</p> <p>The Ministry has undertaken work to increase the surge workforce of healthcare and medical students. This includes delivering a campaign in December 2021 for health students to register on the Hands Up database to support the COVID-19 response through paid employment. The Hands Up database is a searchable database of people that selected health and disability providers can search in order to fill any open roles they have.</p> <p>In response to the Director-General’s request, the Nursing Council introduced a new standard allowing for the inclusion of a specified number of hours in paid employment for COVID-19 related work within a nursing student’s required clinical learning hours and, in certain circumstances, a reduction in overall clinical hours. The Medical Council confirmed that medical students working as part of a surge workforce to support the COVID-19 response will not be required to be registered to undertake a range of clinical activities. The Medical Council has also extended the scope of practice for interns (post-graduate years 1 and 2) to allow them to work in COVID-19 related health services, outside of Council-accredited clinical attachments.</p> <p>The Ministry is engaging with the tertiary education sector around how we meet the future demand for the health workforce undergraduate pipeline. A key component of this work is looking to address the disparities in Māori and Pacific representation across the health workforce by focusing on growing entry rates and improving the retention of Māori and Pacific peoples in the health education pipeline.</p> <p>The Ministry worked with Te Puni Kōkiri to obtain \$39.6m funding for Māori and Pacific health providers (distributed by the Ministry) and \$6.2m Care in the Community funding as one-off grants to Māori and Pacific health providers to support workforce resilience initiatives.</p> <p>The Ministry is actively engaging with the MBIE on immigration policy to ensure overseas healthcare workers have pathways into New Zealand for work. This engagement so far has supported ensuring critical health workers have been able to enter New Zealand under border restrictions and had timely access to managed isolation spots.</p> <ul style="list-style-type: none"> <li>• The Ministry has worked closely with MBIE on the Immigration Rebalance to ensure that immigration settings remain favourable for health and disability workers. As a result, a number of health professions with significant workforce shortages have been included on the Green List which will make it easier for employers to hire and attract migrants through offering a fast tracked ‘Straight to Residence’ or ‘Work to Residence’ pathway.</li> <li>• A sector agreement for the care workforce is in development to allow employers of certain occupations in this workforce (including but not exclusive to carers who work in ARC, home and community, mental health and addiction, or disability support settings) to be exempt from the recently introduced median wage requirement in exchange for meeting particular conditions to be agreed with the sector.</li> </ul> <p>The Ministry is working to incentivise New Zealanders who are trained in health professions to return to the workforce or upskill. A range of initiatives include:</p> <ul style="list-style-type: none"> <li>• in response to the Director-General’s request, the Medical Council New Zealand (MCNZ) extended its COVID-19 pandemic scope of practice until 31 March 2023 for retired doctors wishing to return to the workforce short-term</li> <li>• in response to the Director-General’s request, the Nursing Council facilitated nurses to return to nursing to support COVID-19 vaccination programme by issuing certificates with conditions</li> </ul>

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		<ul style="list-style-type: none"> <li>• delivering the critical care nursing recruitment campaign. This campaign is currently running from February to June 2022, and is aimed at encouraging New Zealand registered nurses based overseas to return to New Zealand</li> <li>• providing 'return to nursing funding' for enrolled nurses working as Health Care Assistants to support them to obtain their Annual Practising Certificate</li> <li>• working to enable private health providers to join surge workforces supporting the COVID-19 response</li> <li>• ensuring any trained health professionals that want to return to the workforce are supported to do so by MCNZ, providers and surge co-ordination efforts, through communications including monthly webinars and weekly communications with the sector</li> <li>• facilitating pharmacy schools, pharmacy council and pharmacist representatives to develop creative solutions for the wider use of pharmacists. For example, the Pharmacy Council offered limited practising certificates to encourage those who had left the pharmacy workforce to return short-term, to increase the number of health workforce staff able to administer vaccines.</li> </ul> <p>The Ministry has commissioned the development of the Pacific Health Workforce Forecast (the Forecast). The Forecast will help to describe the current profile of the Pacific health workforce, and how the workforce is trained, recruited, upskilled, and retained. The development of the Forecast will also be an essential component to guide and support the Ministry's investment into the Pacific health workforce.</p>
12. Refine inter-regional modelling and surge planning for future periods of peak system demand.	The Ministry is working with DHBs and Regional Hubs on planning for surge demand, including the upcoming winter months. The Ministry has developed a resurgence plan and is working with DHBs to understand system preparedness.	<p>In December 2021, the Health System Preparedness programme (including Care in the Community) undertook a review across 10 DHBs to understand their response to Delta. These interviews informed a development of a Resurgence Plan and then repeated in January 2022 for Omicron. In March 2022, the programme conducted a follow up review across the four regional Hubs. The key purpose of these follow-up reviews was to gather detailed intelligence on DHB preparedness and communicate and seek feedback on contingency scenarios being developed at the regional and national levels, across the health sector and All-of-Government.</p> <p>The Ministry is working with Technical Advisory Services and a DHB modelling group to support regional modelling for operational planning. Scenarios for winter have been provided to DHBs. A Ministry led winter preparedness checklist was completed by DHBs on 6 May 2022. This built on the above previous System Preparedness programme (including Care in the Community) assurance reviews and provided an additional focus on the planning activities of primary and community care providers including pharmacies, primary care, and ARC. Preliminary analysis of the winter preparedness checklists show there has been an overall uplift in national preparedness with 88.7 percent of planning activities completed. The Ministry is now in the process of developing an action plan outlining how future focus areas identified by each region will be built into Care in the Community model processes. The Ministry will be responsible for ensuring these future focus areas are developed and embedded.</p> <p>The Ministry has commissioned modelling on hypothetical variants of concern that may arrive during or after winter. Model outputs have informed the ongoing variant scenarios health system operational readiness and response work.</p> <p>The Ministry is also currently scoping modelling to understand the possible impacts on health system capacity of other illnesses including Measles and Respiratory Syncytial Virus.</p>
13. Resource and support the primary care workforce to be able to provide care in the communities, to better distribute care responsibilities throughout the service provision system.	The Ministry has undertaken significant work to integrate primary care into COVID-19 Care in the Community pathways and has secured significant funding to strengthen this integration and improve equity of delivery over the next four years.	<p>Our Care in the Community model has been designed to integrate the end-to-end health system into a single service and coordinated model. Primary care is a critical part of Care in the Community as the primary and first point of contact for clinical support of COVID-19 patients isolating in the community. Through Care in the Community, the Ministry has worked to support the primary care workforce and improve distribution of responsibilities across the end-to-end care pathway to support their response. Work under the Care in the Community programme includes:</p> <ul style="list-style-type: none"> <li>• the Care Coordination Hubs have worked to taking demand off providers or to support providers that were struggling with workforce, including managing people who were not enrolled with a practice or primary care organisation</li> </ul>

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		<ul style="list-style-type: none"> <li>• in the NRHCC, a very targeted approach using Māori and Pacific providers was applied to ensure that ‘high risk’ individuals did not fall between the cracks, lessening the burden on mainstream providers</li> <li>• using the National Telehealth Service for outreach, particularly during the Delta response, to ensure the initial triage and assessment was done in a timely fashion and did not overwhelm providers – this provided clarity as to who the ongoing provider would be (local provider or central hub) and identified more at-risk whānau to insure prioritised support</li> <li>• funding given to specific rural providers to supply locum support</li> <li>• supporting the use of the non-regulated workforce for roles as support people, administrators, and vaccinators</li> <li>• the Hands Up database was made available to hubs and providers to source additional available workforce</li> <li>• \$5 million funding for interpreting services for GP, community NGO providers and community pharmacies specifically for COVID-19</li> <li>• Supporting Regional Coordination Hubs to redirect DHB workforce (e.g. nurses) to ensure support when it was evident that areas in the system were strained</li> <li>• regular meetings with sector groups for feedback to inform a more timely response (e.g. GP Sector Group meets every six weeks with the Director-General)</li> <li>• algorithms identifying those most at risk of admission to hospital and poor outcomes so that providers could appropriately prioritise their workload</li> <li>• the establishment of the CCCM which has replaced the Border Clinical Management System. This has enabled a shared record system to track individuals and ensure multiple players can view and prioritise care and actions. This was also used to enable the Regional Hubs to provide support including covering practices unable to provide weekend care</li> <li>• funding HealthPathways to ensure that updated guidance was available for GPs to access.</li> </ul> <p>Through Budget 2022 the Ministry has received significant funding to support primary care. This includes:</p> <ul style="list-style-type: none"> <li>• \$102 million over three years to establish integrated comprehensive primary care teams within locality networks that will join up General Practitioners (GPs) and registered nurses with other health professionals such as physiotherapists, optometrists and pharmacists, and a further \$32.418 million over two years for the network integration, change management and back-office support needed to bring together the providers and services within a locality</li> <li>• \$86 million over four years to ensure general practices are allocated funding more equitably and on the basis of their enrolled high needs populations</li> <li>• \$76 million over four years for the workforce training and development needed to deliver services through locality networks and to support the delivery of Kaupapa Māori and Pacific services.</li> </ul>
14. Channel newly-established COVID workforce capacity (e.g. vaccinators), into key areas of need such as restoring other immunisations to pre-COVID levels.	The Ministry has been working on a range of initiatives under a broad programme workstream focused on supporting and utilising our COVID-19 health workforce across our wider health system.	<p>In recognising the opportunities to better utilise existing knowledge, skills and competencies of the new and diverse COVID-19 community health workforce, particularly the Māori and Pacific workforces, the Ministry is developing micro-credentialing and exploring opportunities to expand the scope of roles to include childhood immunisations and mental health.</p> <p>The Ministry has led amendments to the Medicines Regulations 1984 that have been passed by Cabinet and came into effect on 19 May 2022. The new regulation 44AA ‘Alternative Authorisation of Vaccinators’ will enable a broader range of vaccinators, including COVID-19 vaccinators, to support National Immunisation Programme objectives.</p> <p>A Vaccinating Health Worker (VHW) role is being developed and will be rolled out using a phased approach. COVID-19 Vaccinators will work under supervision to administer other vaccines such as influenza vaccines, before progressing to more complex vaccines such as the Measles, Mumps and Rubella (MMR) vaccine at a later phase. The VHW role will also provide an enabler for other people working in healthcare to become vaccinators, including people in roles such as Kaiāwhina, pharmacy technicians, overseas registered health professionals and health sciences students. Upon being authorised by a national Medical Officer of Health, VHWs will be eligible to earn New Zealand Qualifications Authority (NZQA) micro credentials at the</p>

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		<p>equivalent of NZQA Level 3 and Level 4 (depending on the level of competency they attain). We will continue to work with Toitū te Waioira to determine whether these credentials could contribute to a relevant certificate or diploma.</p> <p>We are working on an initiative to upskill registered health professionals who are provisional vaccinators (PV) and currently only able to administer vaccines for MMR, influenza and COVID-19. A bridging course will be available from the end of May to support PVs to become fully authorised vaccinators, able to vaccinate in line with the National Immunisation Schedule and across the lifespan. A priority focus is on supporting PVs from Māori and Pacific health providers, through access to funded spaces on the PV bridging course.</p> <p>We are working on an initiative to enable students from Māori and Pacific schools of nursing to be trained as vaccinators acknowledging the value these students bring to their communities</p>



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