MINISTRY OF HEALTH
MANATŪ HAUORA

Update on the COVID-19 Vaccine Rollout for Disabled People

Date due to MO:	2 August 2021	**Action required by:**	3 August 2021
Security level:	IN CONFIDENCE	**Health Report number:**	20211755
To:	Hon Chris Hipkins, Minister for COVID-19 Response		

Contact for telephone discussion

Name	Position	Telephone
Jo Gibbs	Director, COVID-19 Vaccination and Immunisation Programme	s 9(2)(a)
Jason Moses	Group Manager Equity, COVID-19 Vaccination and Immunisation Programme	s 9(2)(a)

Minister's office to complete:

☐ Approved ☐ Decline ☐ Noted

☐ Needs change ☐ Seen ☐ Overtaken by events

☐ See Minister's Notes ☐ Withdrawn

Comment:

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To:	Hon Chris Hipkins, Minister for COVID-19 Response		

Purpose of Report

This report provides an overview of the COVID-19 Vaccination and Immunisation Programme strategy and implementation for disabled people in New Zealand and seeks agreement to request the engagement of Minister Sepuloni in vaccination programme.

Summary

This report outlines:

- An overview of the COVID-19 Disability Strategy and Plan, including a summary of delivery models and enablers, and delivery challenges
- An update on delivery progress for Disability Support Services (DSS) clients and Accident Compensation Corporation (ACC) clients
- Areas of focus for the programme to improve uptake for disabled people including communications and engagement

Recommendations

We recommend you:

a) **Note:** the information that is outlined in this report **Yes/No**

b) **Action:** Send the report to Minister Sepuloni in preparation for officials meeting on Wednesday 4 August **Yes/No**

Jo Gibbs
Director
COVID-19 Vaccine and Immunisation Programme (CVIP)
Date:

Hon Chris Hipkins
Minister for COVID-19 Response
Date:

Update on the COVID-19 Vaccine Rollout for Disabled People

Background

1. The COVID-19 Vaccination and Immunisation Programme will be New Zealand's largest ever immunisation programme. The purpose of the programme is to support the immediate COVID-19 health response and achieve longer-term outcomes of protection for Māori, Pacific peoples and disabled people who have been assessed as having elevated risk associated to COVID-19.

2. The COVID-19 Vaccination and Immunisation Programme (CVIP) has identified disability as a central component of the equity strategy and have prioritised disabled people in the sequencing framework, recognising both the elevated risk for some individuals, and wider systemic disability health inequities. The programme has developed a disability strategy and associated operational plan to support the establishment and delivery of an inclusive and accessible programme for disabled people.

3. Through the COVID-19 vaccination programme there has been significant investment in new delivery models, new technology and data infrastructure, and new ways of engaging with New Zealanders. A central consideration for the programme is to provide a legacy of a strengthened immunisation and wider health system. Examples for the disability programme include the development of capability and understanding of supported decision making and progressing the government disability data strategy.

Disability Planning and Implementation

Disability strategy and plan development

4. The CVIP disability strategy and plan was developed in conjunction with the programme disability advisory group Tātou Whaikaha. The core elements of the strategy and plan include:

    a) Collaboration with the sector and community to ensure that disabled people are supported through the vaccination journey

    b) Providing tools and education for disabled people, familiar persons, and health professionals on supported decision making, consent and Right 7 of the Health and Disability Consumer Code of Rights

    c) Development of realistic delivery models, including ensuring mainstream services are accessible and inclusive, and the provision of disability-specific sites including temporary sites at familiar locations, home bubble vaccinations and establishment of low sensory services.

5. DHBs were directed to establish a disability lead for each DHB that would be responsible for the coordination of services and liaising with their local populations. The role recognised that there are additional coordination and delivery efforts required to ensure that disabled people experience an inclusive and accessible vaccination experience in their respective region.

6. DHBs have not been provided with disability-specific funding, rather, they are expected to deliver appropriate services for their population within the funding envelope for COVID-19 vaccination delivery, which included an adjustment and consideration for high need populations.

Sequencing, Identification, and Invitation

7. The vaccination sequencing framework includes disabled people in Group 2b if they are in a residential type setting, and Group 3 using the social model of disability definition. The social model of disability enables people to self-identify as disabled. The sequencing framework definition provides an inclusive framework for disabled people to have access to a vaccination, it has posed significant challenges for the health system to identify and invite individuals.

8. Working with providers of residential services, the Ministry of Health provided detailed information on clients in Group 2b, provided by providers and needs assessment coordination services (NASCs), with DHBs to support their planning and delivery to residential clients.

9. For Group 3, DHBs were expected to work directly with their local community networks, DPOs, providers and NASCs. Given Disability Support Services clients only accounts for a small proportion of disabled people in New Zealand, the community and network approach was encouraged in the first instance to ensure that a broad range of people were identified and invited by DHBs.

10. On behalf of DHBs, the Ministry established a data sharing Memorandum of Understanding with ACC to collect and distribute NHI and contact information data on clients who have been supported by ACC for more than six months to DHBs who have opted into the arrangement.

11. Disabled people and their carers can now directly book their vaccination through the national COVID Vaccination Healthline managed by Whakarongarau Aotearoa and Book My Vaccine. Disabled people will continue to be prioritised for the vaccination over Group 4 as the rollout progresses.

Services and Delivery

12. Central to the delivery strategy is ensuring that DHBs provide a range of high-quality services, which are required to ensure that disabled people have access to an inclusive and accessible vaccination.

13. For standard services, the Operating Guidelines outline a series of equity and accessibility considerations for all services, including accessible information, staff training in disability equity and supported decision making, and physical access. DHBs have been encouraged to complete accessibility audits on their large community sites and seek regular feedback from disabled people on their services to make regular improvements.

14. For people living in residential settings, the usual delivery model is mobile teams making site visits. Given that residential sites are on a smaller scale than aged residential care, and the complexity of the needs of clients in residential services, the rollout is significantly more resource intensive in terms of both staffing and time required to safely deliver vaccinations.

15. Residential providers are asked to ensure that they have appropriately worked through supported decision making with clients prior to vaccination, or if the client is likely to be

unable to consent, the appropriate consultation has occurred with relevant people prior the vaccination team visit.

16. As at 01 August, of the 6,643 clients in residential settings, 3,329 (50.1%) have received dose 1 and 1,862 (28.0%) have received dose 2. The Ministry is commencing monitoring of DHBs' progress in rollout of the vaccine to residential providers in the week of 2 August and will provide regular updates in the Vaccine Weekly Report from 9 August until the rollout is completed.

17. For some individuals, a vaccination from their usual health practitioner is preferred because of the perceived clinical complexity of their individual situation, or because they are a familiar person to the individual. In the initial stages of the programme primary and community care were limited as a result of vaccine supply. The programme currently has a workstream focussing on the onboarding of primary and community care to scale up delivery in these settings. Some individuals may prefer to wait until their preferred practitioner is on-boarded or consider an alternative delivery model with their respective DHB disability coordinator.

18. The home bubble vaccinations are available for limited cases. The model is not without added clinical complexity due to additional precautions and considerations associated with the transportation and cold chain storage requirements of the vaccination. The resourcing required to deliver home bubble vaccinations is a constraint in the context of a programme that is scaling to deliver significant volumes.

19. There will be some individuals who, because of intense phobias, consent, or vaccinator and client safety, cannot be vaccinated during the current campaign. DHBs will consider these situations on a case-by-case basis with the individual and people familiar with the individual's situation to determine the appropriate outcomes for the individual.

Consultation, Engagement and Communications

20. A disability advisory group, Tātou Whaikaha has been formed to provide an advisory function to the programme. The group is chaired by Dr Tristram Ingham and membership includes representatives from the Disabled People's Assembly (DPA), Office of Disability Issues (ODI), the Ministry of Health's Disability Directorate, disability service providers and advocacy groups, the Human Rights Commission and a District Health Board. As chair of Tātou Whaikaha, Dr Tristram Ingham represents the views of Tātou Whaikaha on the Independent Immunisation Advisory Group (IIAG).

21. An engagement group, the Disabled Persons Engagement Group, was formed in April 2021 to provide a forum for the community and Ministry to engage. The membership includes disabled peoples organisations, DPA, disability provider representatives and DHB Allied Health leaders. A subset of the engagement group meet in alternate weeks to provide feedback into national communications to improve representation and quality of communications for disabled people and people with impairments.

22. In May 2021 a $2 million Disabled Peoples Communications Fund opened for applications from disabled peoples organisations to provide community-led initiatives to increase uptake, access, supported decision making and information dissemination. In total, 43 applications were received and 35 recipients have been awarded funding. Three providers are resubmitting or reviewing their application. Contracting is expected to be completed in the week of 2 August. s 9(2)(g)(i)

s 9(2)(g)(i) [redacted]

23. The programme is reviewing the mainstream communication strategy and equity communication strategy to strengthen the mainstream campaign for disabled people and prepare a communications strategy for disabled people.

24. The Ministry engagement team meets twice weekly with the Alternative Format Group and aims to have key content produced in accessible formats within a week of announcements.

25. The programme Equity team has a standing fortnightly hui with the Ministry of Social Development to discuss equity matters in the COVID-19 programme.

Critical Enablers for the COVID-19 Vaccine Rollout for Disabled People

Consent and Supported Decision Making

26. Consent and supported decision making were identified in the strategy as critical enablers for the safe and effective delivery of the vaccination programme. A series of tools and training have been developed for disabled people, their familiar persons and health professionals.

27. A supported decision-making tool for disabled people and their familiar persons was developed in conjunction with Tātou Whaikaha and advocacy groups. The tool is published on the Ministry of Health website and has been circulated through a number of channels, including the Disability Directorate and Office of Disability Issues to encourage people to work with the people that they support to prepare for a vaccination.

28. For health professionals, a training module has been developed by CareerForce and is hosted on the Immunisation Advisory Centre (IMAC) platform. This training provides an overview of the principles of the UN Convention on the Rights of Disabled People on consent, and the tools that have been developed for the vaccination programme.

29. Where someone is not able to consent, and there is not an enduring power of attorney or welfare guardian that has been activated for medical purposes, advice has been included in the Operating Guidelines as to the appropriate protocol to follow. This involves consulting with people who are interested in the welfare of the individual and a health practitioner that knows the individual to confirm whether it is in the individual's best interest to receive a vaccination.

30. The programme recognises that there is an ongoing change programme required across the wider health sector and will consider ongoing activities in the transition of the programme and future state activities.

Data, Reporting and Monitoring

31. Accurate monitoring of the uptake of the vaccine by disabled people is difficult with the social model of disability that has been included in the sequencing framework. Disabled people will be recorded against the respective group in which they present (i.e Group 3 which includes people 65+ and with pre-existing health conditions). Individuals are not asked if they are disabled during the vaccination event therefore there is not an accurate means to measure the vaccination of disabled people from the clinical record.

32. Tātou Whaikaha has advocated for the collection of disability data from the initiation of the programme to be able to accurately assess equitable uptake, with a preference for collecting Washington Group Short Set information. The collection of quality and detailed personal information within the vaccination process poses operational challenges and was determined not to be the most appropriate avenue of data collection.

33. The programme is closely monitoring vaccine uptake for DSS clients, including by primary disability type and care arrangements (whether living in a residential type setting or in the community). Current monitoring of uptake by primary disability type indicates that there is equitable uptake across disability types of the DSS cohort (autism spectrum disorder, neurological, intellectual disability and physical disability).

34. For ACC clients, the programme can determine uptake by NHI, but has no other information to provide greater insight by disability or impairment type. As at 01 August, of the 6,747 clients being supported by ACC for longer than 6 months, 2,244 (33.3%) have received dose 1 and 1,307 (19.4%) have received dose 2.

35. A summary of progress by DHB region against DSS clients and ACC clients is presented in Appendix One.

36. The programme continues to consider avenues to collect Washington Group Short Set information at an NHI level as part of the legacy contribution to the health and disability system. This project aligns to the Disability Action Plan 2019-2023 and wider government disability data strategy.

37. s 9(2)(f)(iv) [redacted]

Challenges

38. In July 2021, as an inflection point in the programme, the Equity team consulted with a number of stakeholders on the progress of the programme to identify strengths in the delivery of the programme that could be shared more widely and challenges that need attention.

39. The initial strategy and implementation approach was identified as predominantly taking a disability provider-centric approach to identification and delivery. While this approach will capture and prioritise many disabled people who have an elevated risk of COVID-19 due to health factors or their living and support arrangements, it does not appropriately capture the wider disability community and the associated equity issues.

40. For high and complex-needs clients, the implementation process does require greater resource, time, and care for a safe vaccination. The challenges for some individuals to receive a vaccination are considerable and need to be recognised.

41. Delivering low volume and bespoke vaccination events which require high resourcing levels are difficult to delivery in an environment where there is significant focus on the development of the capability and capacity to deliver at scale.

42. Tātou Whaikaha noted that many of the issues raised during the vaccination rollout are the result of the lack of a systematic approach to disability within the health system, and

that disability equity and leadership were not embedded into the national or DHB programmes from the outset, which the programme acknowledges.

43. The strategy and implementation approach has taken a disability provider- centric approach to identification and delivery. While this will capture and prioritise many disabled people who have an elevated risk of COVID-19 due to health factors or their living and support arrangements, it does not appropriately capture the wider disability community and the associated equity issues.

44. The Programme Steering Group has endorsed an action plan to increase the rate of vaccination uptake for disabled people (Appendix Two) and ongoing improvements to support disability equity. Core elements include raising the profile of disability across the programme and improving communications.

Equity

45. The COVID-19 vaccination and immunisation programme has included disability within the equity strategy and prioritised disabled people in the vaccination rollout, recognising both of elevated risk of some individuals, and the historic inequitable health outcomes for disabled people.

46. The programme strategy aims to create an inclusive and accessible vaccination journey to ensure that disabled people have access to a safe and appropriate vaccination during the 2021 programme.

47. The quality of the vaccination experience is important for disabled people as many people have traditionally had poor experiences and outcomes in the health system. A poor experience in the vaccination programme will likely perpetuate inequities.

48. The programme continues to consider the contribution of the programme to improving the wider health system for disabled people. Key areas of focus are likely to include improving the understanding and application of supported decision making and Right 7, and the collection of high quality disability information by NHI.

Next Steps

49. COVID-19 vaccination and immunisation programme officials will meet with Minister Sepuloni on Wednesday 4 August to discuss the progress of the COVID-19 vaccine and immunisation programme for disabled people.

50. The programme is seeking Minister Sepuloni's support in upcoming communication and engagement activities to raise the profile of the vaccination programme for disabled people within the health system and the community.

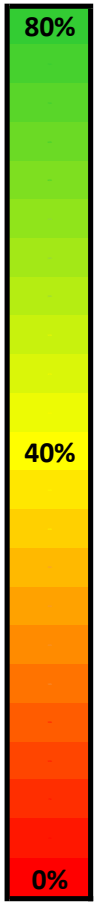
END

Disabled Peoples Vaccine Uptake by DHB

Covid-19 Vaccine Immunisation Programme - Disability Equity Report

Report generated: Monday, 02 August 2021, 14:14
Data valid up to: Sunday, 01 August 2021, 23:59

DHB	Population	Dose 1	Dose 2	Dose 1 Uptake	Dose 2 Uptake
Northern					
Northland	1,746	532	243	**30.5%**	**13.9%**
Auckland Metro	9,807	2,857	1,377	**29.1%**	**14.0%**
Midlands					
Waikato	2,854	744	357	**26.1%**	**12.5%**
Bay of Plenty	2,211	664	454	**30.0%**	**20.5%**
Lakes	844	338	186	**40.0%**	**22.0%**
Tairawhiti	398	111	78	**27.9%**	**19.6%**
Taranaki	1,201	216	74	**18.0%**	**6.2%**
Central					
Hawke's Bay	1,248	171	115	**13.7%**	**9.2%**
Wairarapa	391	208	147	**53.2%**	**37.6%**
Capital Coast & Hutt Valley	2,179	657	208	**30.2%**	**9.5%**
MidCentral	2,179	546	271	**25.1%**	**12.4%**
Whanganui	677	289	183	**42.7%**	**27.0%**
Southern					
Canterbury & West Coast	5,012	1,139	529	**22.7%**	**10.6%**
Nelson Marlborough	1,396	657	423	**47.1%**	**30.3%**
South Canterbury	507	290	160	**57.2%**	**31.6%**
Southern	2,783	1,356	723	**48.7%**	**26.0%**
Other Sites					
Unknown	176	45	20	**25.6%**	**11.4%**
National	**35,609**	**10,820**	**5,548**	**30.4%**	**15.6%**



This is a subset of the idnetifiable disability population - DSS clients between the ages of 16-64, and clients supported by ACC for longer than 6 months.

Five Point Plan to Increase Disability Vaccine Uptake

1. **Authorising environment**
   - Raise profile of disability vaccination programme to Minister level, and provide visibility of Minister involvement to the community
   - Increase visibility of disability at DHB leadership level, with focus on disability equity and leadership

2. **Communications**
   - Disability communications fund awarded and contracting to commence in week of 19 July
   - Gap analysis performed on awarded communications proposals to assess geographic and disability specific and community coverage. Identified gaps will be specifically commissioned with underspend

3. **Invitation and accommodations**
   - Actions underway to share information with DHBs to identify and invite Disability Support Clients and ACC clients that have not been identified
   - Disability and impairment accommodations support to be released in Book my Vaccine for 28 July. Operating model to be finalised which will improve confidence that disabled peoples needs will be met at sites
   - Ongoing engagement with DHBs to ensure that services are inclusive and accessible
   - Alternative disability specific contact centre proposal being developed by Whakarongarau Aoteraroa

4. **Supported Decision Making and Consent**
   - Supported Decision Making training for health professionals released on IMAC and promoted through wide range of channels [Completed]
   - Operational Guidelines and Service Standards refined to endorse and encourage use of Supported Decision Making [Completed]
   - Learning session with Disability Directorate to support promotion of Supported Decision Making with disability sector
   - IMAC to host seminar with key disability and clinical leaders on Supported Decision Making

5. **Progressing legacy activities for future vaccination programmes**
   - Work in partnership with community to determine the legacy of the disability COVID vaccination programme, for future vaccination programmes, or for embedding within upcoming health reform