



Māori Regional Coordination Hub

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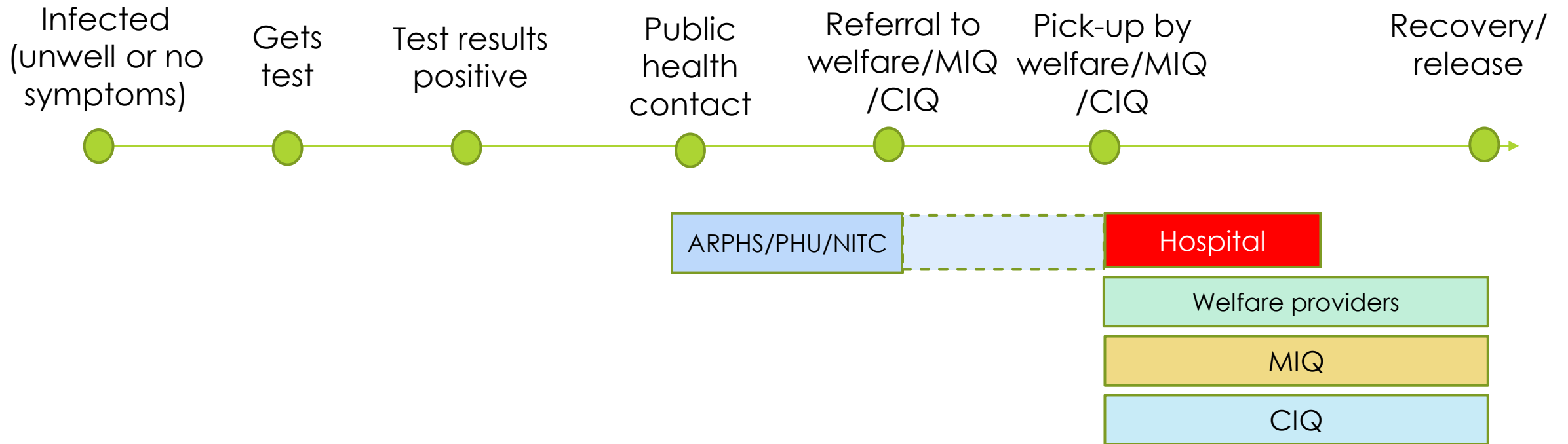
Current Context

- ▶ Māori communities disproportionately affected by Delta outbreak
 - ▶ Rolling 7 day average ~ 40% of all new daily cases
 - ▶ 5x more likely to catch delta than non-Māori
 - ▶ Auckland metro vaccination rate ratio: Māori 0.89 first dose; 0.88 second dose
 - ▶ 2.3x more likely to have severe illness and be hospitalised
 - ▶ 3.1x more likely to die from delta
 - ▶ Māori represent 42.9% of deaths in current delta outbreak; 20% higher than the national death rate
 - ▶ Predictably concentrated in “Hard-to-reach” with poor experiences of engagement from Crown agencies

Challenges with health system

- Public Health Service model designed to meet needs of middle-class Pākehā
- Māori “clip-ons” compensate for system failings for Māori (not best practice)
- MIQs limited by capacity, CIQ ‘in development’ with deaths occurring
- Organisation-centric rather than Māori-centric: institutional/public health/personal health patch protection
- No oversight of pathway for Māori, issues with gaps/duplication/poor handover
- Significant delays across pathway for Māori whānau (results, PH contact, welfare, C-SIQ, MIQ)
- Māori cases/contacts and whānau are at risk

Current Auckland pathway of care for Māori with COVID-19



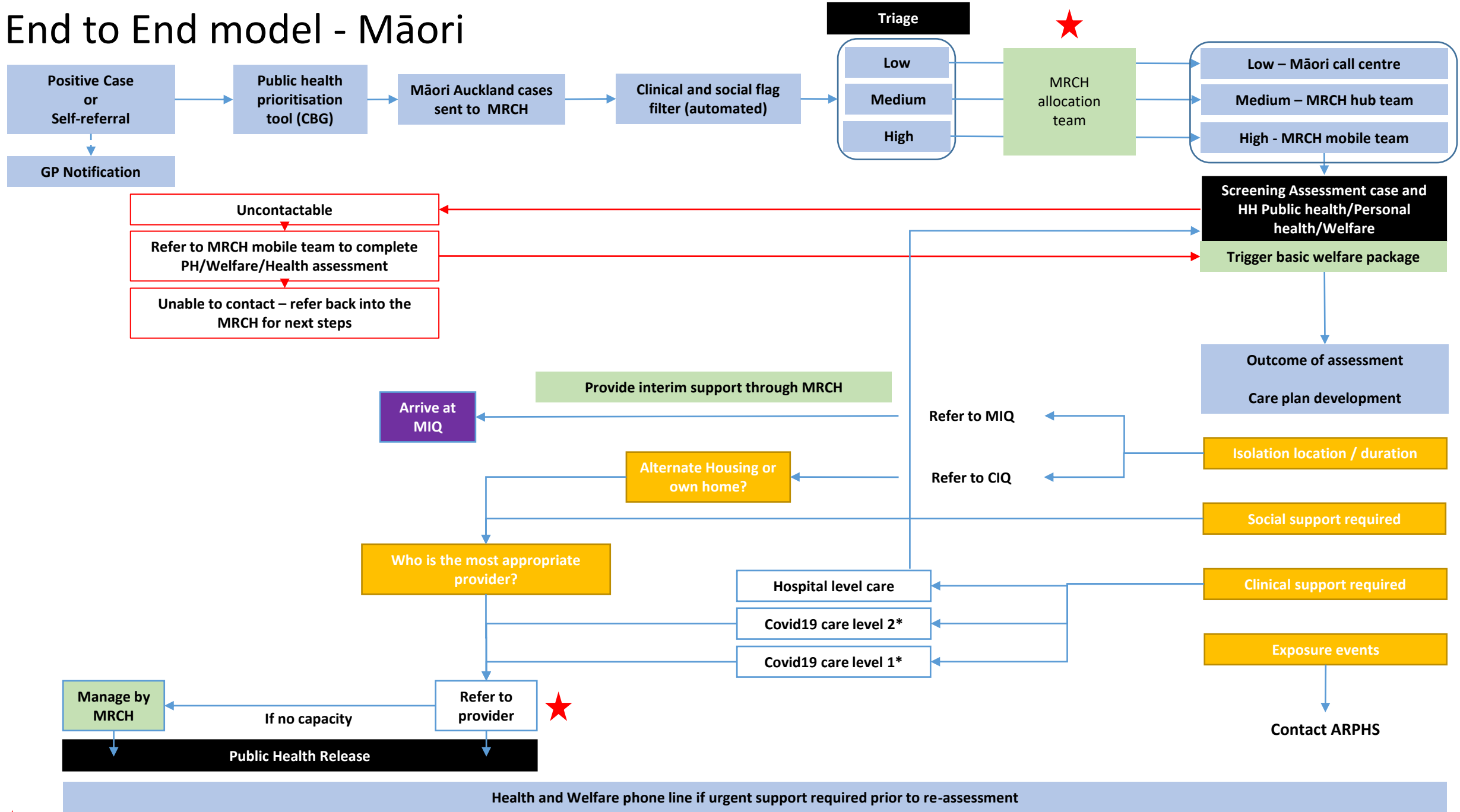
Need a solution that:

- ▶ brings combined assessment of needs (Public Health, clinical & welfare) earlier in the pathway
- ▶ prioritises the most high risk cases to be assessed first
- ▶ has end to end visibility and is networked to ensure people are safely managed
- ▶ enables Māori providers to deliver the most appropriate, holistic care for whānau (range of solutions to meet different needs)
- ▶ as few providers as possible to build trust and confidence and reduce frustration
- ▶ is Māori led – Treaty compliant and co-designed with iwi and mana whenua

Proposed Māori Regional Coordination Hub

- Single entity to coordinate entire care pathway for Metro Auckland Māori cases & whānau:
 - Receiving, triaging and allocating all positive results (with all cases assessed within 24hrs)
 - Making early & appropriate screening assessment of public health, clinical and welfare needs
 - Warm hand over to most appropriate isolation package required to keep whānau safe
 - Active management of Māori provider capacity
 - Overview and monitoring of Māori whānau progress from entry to release
 - Co-ordinate the delivery of other urgent needs e.g. (eg Covid & measles vaccinations)

End to End model - Māori



★ Refers to points where provider could join pathway

* Refers to care levels as per Health Pathways

Requirements for success

- ▶ Support (agreed to by Metro DHB CEOs)
- ▶ Urgent resourcing (funding, workforce & logistics)
- ▶ Willing collaboration & support from ARPHS
- ▶ Māori providers with capacity and training
- ▶ Trust in Māori leadership and solutions

Not just COVID-19

- ▶ Same weaknesses & solutions for all public health issues for Māori (rheumatic fever, measles, alcohol, cancer screening, diet....)
- ▶ Going forwards, a public health service that is:
 - ▶ Treaty-compliant
 - ▶ Pro-equity
 - ▶ Culturally safe
 - ▶ Anti-racist
- ▶ Māori public health services need Māori leadership = MHA