

## **In Confidence**

Office of the Minister of Health

Cabinet Social Wellbeing Committee

## **Health system preparedness for winter 2023**

### **Proposal**

- 1 This paper reports on health system preparedness for winter 2023, as requested by the Cabinet Social Wellbeing Committee (SWC) in October 2022.

### **Relation to government priorities**

- 2 The Government is committed to protecting, promoting, and improving the health of New Zealanders, and achieving equitable health outcomes, in line with the purpose and principles set out in the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act), Te Tiriti o Waitangi, and Wai 2575: Health Services and Outcomes Kaupapa Inquiry (Wai 2575). The actions described in this paper support achieving these goals during the busy winter 2023 season.

### **Executive Summary**

- 3 This Cabinet paper provides SWC with a report on the actions that Te Whatu Ora is taking to prepare for, and mitigate, the impact of winter 2023 on delivering health services.
- 4 Preparing for winter is a top priority. Alongside specific actions to prepare for winter, making progress on my two other priorities – waitlists and workforce – will impact the system's ability to deliver timely, safe, and effective health services this winter.
- 5 In 2022, COVID-19, seasonal illness and operational challenges put pressure on providers, increasing demand for services and constraining the ability to meet it due to staff vacancies, and illness. Demand for health care did not abate in spring and summer, and officials expect high demand to continue in winter 2023.
- 6 Recognizing that high demand does not occur only in winter, Te Whatu Ora uses a national model to manage pressure on the system whenever and wherever it occurs, as part of its day-to-day operations. This concerted, national approach has been made possible by the health reforms. Using this model, Te Whatu Ora and Te Aka Whai Ora are developing a winter Preparedness Plan for 2023. Winter planning is ongoing. This paper provides the high-level version of this Plan.
- 7 Winter initiatives span the health system and will need to work together to mitigate winter pressures. They focus on enhancing primary and community services, reducing pressure on emergency departments (EDs) and acute care

by improving hospital flow and discharge, maintaining planned care, strengthening immunisation, using short-term workforce actions, and maintaining the COVID-19 response.

## **Background**

- 8 On 17 October 2022, Cabinet directed the Ministry of Health, in consultation with Te Whatu Ora and the Department of the Prime Minister and Cabinet, to provide updated advice to Ministers early in 2023 on planning for Winter 2023, including advice on the further use of vaccinations and boosters [CAB-22-MIN-0443 refers].
- 9 Several papers related to COVID-19 are scheduled for Cabinet in March, April, and May 2023. Decisions made in these papers will impact the health system in winter 2023.
  - 9.1 Strategic Framework for Managing COVID-19, which will outline the high-level approach for managing COVID-19 into the future
  - 9.2 COVID-19 Plan 2023/24, which will set out services and activities for managing COVID-19 in the coming year, and seek agreement to draw down funding from the COVID-19 contingency fund to fund several key services through to June 2024
  - 9.3 Proposed measures to manage COVID-19 from April through to end of May 2023 (regular review).

### *Winter 2022*

- 10 Traditionally, winter, and its increase in respiratory illness, puts increased pressure on health systems. In recent times, these pressures have become more widespread, extending beyond the traditional winter season, and requiring ongoing (rather than seasonal) response.
- 11 In 2022, traditional winter pressures in New Zealand were compounded by COVID-19, the re-opening of the border and re-emergence of infectious diseases, and interrupted preventative health care and screening.
- 12 These factors had two impacts on providers: they created increased demand for services, while also constraining services' ability to meet this demand due to staff vacancies, fatigue, and illness. These pressures were felt across hospitals, primary and community care providers. On the ground, this meant: high ED attendances and hospital occupancy, a workforce challenged by vacancies, fatigue, and illness, and busy primary health care practices, including those with high populations of Māori, Pacific people, and disabled people managing higher levels of health complexity. These pressures did not abate when winter ended and have continued to affect the health system through Spring and Summer.

*Lessons learned and Winter Surge Review*

- 13 As a result of the health reforms, for the first time in 2022, Te Whatu Ora was able to review performance nationally. The review highlighted three areas that could have the greatest impact on mitigating pressures in 2023:
  - 13.1 strengthening primary and community services, especially in areas where patients are experiencing busy EDs and long hospital stays
  - 13.2 improving systems to improve how patients move through the hospital system and how smoothly they are discharged
  - 13.3 standardising escalation responses within hospitals to direct resources to under-pressure facilities, and patients to the best place for treatment.
- 14 Te Whatu Ora has introduced a nationally consistent system pressures operating model. Recognising that demand pressures are no longer winter-specific, the model is designed to manage systems pressures whenever they occur and wherever they occur.
- 15 There is also a focus on meeting obligations under Te Tiriti o Waitangi, improving access to quality, timely, and culturally safe health care, and ensuring partnership with providers and communities. Pacific people, rural communities, disabled people, and other populations are also a focus.
- 16 In November 2022, Manatū Hauora also commissioned a review of the COVID-19 winter Surge Package 2022. The review recommended timely winter planning; a clear communications campaign; tools and partnerships to support equity; and ensuring Māori are partners in policy and implementation. In addition to lessons learned through internal reviews above, these recommendations inform winter preparations.

*Assumptions for winter 2023*

- 17 As experienced in the Northern Hemisphere, seasonal and concurrent surges of COVID-19, RSV, influenza, and other diseases are expected to put pressure on the New Zealand health system this winter. Officials also expect recent extreme weather events to continue to have an impact in affected regions. For example, in the response phase in Hawke's Bay and Tairāwhiti, planned care services were postponed and primary and community providers temporarily closed their doors. As the recovery begins, delayed care will likely increase demand on providers. The cyclone itself may also increase demand for services, for example, by increasing demand for mental health care.
- 18 Winter pressures will not be felt evenly across the country or by all population groups. Māori and Pacific people are more likely to visit busy EDs for things that could have been treated in primary health care; older people and disabled people are more likely to go to EDs and stay in hospital for longer; and rural populations find it harder to get primary health care appointments.

- 19 The benefits of the health reforms and the ability to respond as a whole system are beginning to be realised. While 2022 saw successes, officials expect high demand on the system in winter. The actions outlined in this paper build on lessons from 2022 to mitigate the effects of high demand but it remains likely that the health system will continue to be under strain.

### **Winter Preparedness Plan for 2023**

- 20 Te Whatu Ora and Te Aka Whai Ora are developing an operational, system-wide winter Preparedness Plan. This Cabinet paper provides the high-level version of this plan, describing the 24 initiatives included in the winter Preparedness Plan. A summary of these initiatives, including expected timelines, impact, and priority, is included in Appendix 1. The initiatives included are the priority initiatives for roll-out in winter 2023. In addition, regions and local hospitals will continue to use existing initiatives to mitigate winter pressures.
- 21 The Winter Preparedness Plan builds on this Cabinet Paper, detailing the specific operational details about how, when and where the initiatives will be delivered, who is responsible for delivering them, and how they will be monitored. This operational planning is ongoing will be finalised no later than May 2023.
- 22 Implementing the initiatives in this paper, and the Plan, will be phased across the priority regions. Phasing will depend on local challenges, including workforce availability and the degree of system change required in that hospital. Where initiatives are in place, they will be scaled and enhanced, and lessons considered for roll out in other regions. Te Whatu Ora will regularly report to me on its progress implementing these initiatives.
- 23 Many of the areas in this paper require long-term solutions (e.g., workforce pipelines, addressing bias). Neither this paper, nor the Plan, provide those long-term solutions. Rather it is focused on initiatives that are actionable and will help to mitigate pressures this winter.

### **Reducing and mitigating system pressures in primary and community settings**

- 24 Winter 2023 planning has a focus on primary and community care. Officials are nationally scaling successful regional initiatives and leveraging models of care established in the COVID-19 Care in the Community Model, working alongside continued COVID-19 measures such as free Rapid Antigen Tests and anti-viral medicines (see paragraph 52).
- 25 Initiatives will be prioritised for delivery in winter in the eight priority regions experiencing the highest pressures, later followed by the other regions. The priority areas are: Whāngarei, Middlemore, Auckland, Tauranga, Palmerston North, Wellington, Christchurch, and Invercargill. Regions and local hospitals outside of these eight areas will continue using existing initiatives to mitigate pressures, and will be assessed for further support if additional pressures arise. While winter planning is nationally led, each region will tailor these

initiatives to meet local needs. The initiatives focus on Māori, Pacific people, disabled people, and older people.

*Using telehealth to support access to primary care*

- 26 Clinical telehealth services will be used to improve access to primary care for rural, Māori and Pacific communities. This initiative aims to support primary care capacity and prevent avoidable ED admissions. Services will support primary health care practices including nurse triage, general practitioner overflow to support patients when there are not enough appointments to meet demand, and after-hours consultations.

*Clinical telehealth to support ambulance services*

- 27 Telehealth will also be used to improve advice to St John paramedics caring for people in the community. Support, by ED doctors and GPs, will help low-risk patients be safely treated in the community.

*Piloting remote patient monitoring to support rural Māori communities*

- 28 The Remote Patient Monitoring prototype, using Te Ao Māori approaches and digital and telehealth solutions, will launch in three rural Māori communities (Northland, East Coast and Wharekauri). The goal is to increase access to care and reduce hospital admissions. This initiative is an example of innovation made possible by the health reforms.
- 29 The pilot will include proactive, non-invasive monitoring (e.g., for asthma), acute non-invasive monitoring (e.g., influenza), and point-of-care testing (e.g., for diabetes, medication changes). For example, remote monitoring may trigger a clinician to contact the patient to begin a pre-agreed action plan.

*Supporting pharmacies to make care for minor ailments accessible to communities*

- 30 This initiative aims to reduce pressure on primary care and hospital services by providing tamariki (under 14) and Community Services Card (CSC) holders free access to pharmacist consultations (and medicines such as paracetamol, as appropriate) for minor illness (e.g., eczema).

*Increasing primary care capability to prevent ED visits and hospital admissions*

- 31 *Community radiology*: this initiative will expand access to urgent radiology for acute conditions. Many patients attend EDs to access radiology. By increasing funding to community providers, officials expect to be able to provide this service to a significant number of people in the community, reducing hospital demand.
- 32 *Comprehensive Primary Care Teams*: will combine traditional primary care services (GPs and registered nurses) with physiotherapists, practice-based pharmacists, care coordinators, and registered social workers. This initiative is aimed at avoiding hospital admissions, strengthening primary care, and health prevention and promotion. While a longer-term initiative, initial roll out will

begin in winter 2023, focussing on recruiting kaiāwhina. Māori, Pacific, and lower income communities are the focus of the initial roll-out.

- 33 *Expanding access to Primary Options for Acute Care (POAC)*: will standardise and simplify community hospital avoidance programmes, with the goal of minimising unnecessary demand on hospitals and reducing variation. POAC will increase the capability of primary care to work with other providers to support patients and whanau in the community to avoid hospital admission (e.g., intravenous treatment, short-term beds). .

*Making accident and medical care more accessible to reduce ED pressure*

- 34 Accessible accident and medical (A&M) care will roll out in the priority regions this winter (and other regions to follow), focusing keeping A&M doors open. This initiative is intended to reduce pressure on EDs by improving access to A&M care. Planning is in early stages but will determine mechanisms for making A&M accessible and then consider funding requirements.

**Preventing hospital admission and ensuring timely hospital discharge**

- 35 Timely discharge from hospital is critical to ensuring improved flow through the hospital system, reducing how long patients stay and freeing up beds. In particular, addressing admissions and improving discharge for older people, especially those with complex needs, has been identified as having a significant impact on system pressure.

*Initiatives to support aged residential care (ARC)*

- 36 In 2022 regions used telehealth and other initiatives to support ARC facilities with high staff vacancies and illness. These initiatives support ARC staff to care for residents and can help prevent hospitalisation. Existing initiatives will continue in winter 2023.

*Ensuring faster transfer from hospital to the community*

- 37 Work is under way to ensure there are no unnecessary delays in transferring patients from hospital to the community (e.g., ARC) including delays in receiving an interRAI assessment to determine their long-term care needs. This complex assessment can take several hours to complete by a trained professional. There are known occasions that some patients remain in hospital until their assessment is complete, often delaying discharge by 3–5 days. These changes will be prototyped in the Auckland region.

*Expanding community rapid response services to prevent hospital admission*

- 38 Community rapid response services can prevent people being admitted to hospital, reduce the time they spend there, and increase capacity by providing care in the community. The two rapid response initiatives below will be in place in winter 2023.

- 39 *Community Allied Health Rapid Response Services* will use allied health staff to support people with complex needs at home, preventing hospital admission or facilitating early discharge. These initiatives are in place in Auckland and Canterbury, and will be phased in across Midcentral and Wellington, reflecting local models of care.
- 40 *Hospital in the Home services* provide defined hospital-level care to people at home, with appropriate support, to avoid them having to go to, or stay in, hospital. These services are in place in Auckland and Canterbury and will be maximised to reduce avoidable pressure.

### **Reducing system pressures by improving acute flow**

- 41 Acute flow refers to a patient's pathway through their time in hospital, from entering the ED to being discharged. Flow initiatives address demand pressures, reduce how long patients stay in hospital, and ensure they are discharged in a timely and safe way. This helps ensure EDs can access beds, reduces ED congestion and risk, and improves patient outcomes.
- 42 The National Flow Improvement Programme is driven by the health reforms and supports the system pressures approach, driving improvement where acute flow is challenged. The Programme prioritises the eight priority regions (paragraph 25). The programme is in the diagnostic phase, focusing on identifying key challenges at each hospital, co-developing action plans, and agreeing on the support required to achieve improvements.

### *Data-informed decision making and National and Regional Escalation Models*

- 43 The Rapid National Data Automation Project provides daily, patient-level data that allows Hospital & Specialist Services Region Directors (and their teams and commissioning partners) to see which hospital services are under the greatest pressure. Data can be disaggregated by select demographic characteristics.
- 44 This data informs National and Regional Escalation Models. These models create nationally consistent measures to determine system pressure (e.g., adult inpatient occupancy), and locally appropriate thresholds to determine when escalation processes are triggered (e.g., 95% occupancy triggers 'amber status' and the associated escalations). Example escalations include diverting ambulances to less busy EDs within a region or sharing staff across regions within or across regions to support care delivery.

### *Supporting people with mental health needs to avoid visits to ED*

- 45 Local areas are using mental health rapid response services to support people in acute mental distress. These initiatives aim to reduce how many people attend, and stay in, ED. Additional mental health support to EDs varies by region but includes mental health clinicians in EDs and co-response teams that coordinate between clinicians, Police, and ambulance services. These initiatives are supported by Budget 22 initiatives.

## **Maintaining planned care delivery under system pressure**

- 46 Delivering planned care services is a priority. Planned care services were disrupted due to COVID-19 and pressure on acute care and continue to be impacted by these pressures. This work is in progress and is guided by the following expectations: (1) all mitigating actions will be exhausted before planned care cancellations are considered; (2) cancellations should be time limited and communicated to patients as far in advance as possible; and (3) to prevent the need for cancellation, new approaches to service and resource configuration will be piloted (e.g., 'cold sites' where only elective work is done, reserved theatres).

## **Increasing immunisation to protect from severe illness and hospitalisation**

### *Increasing COVID-19 boosters prevent severe illness and hospitalisation*

- 47 COVID-19 vaccination is an important tool to reduce the risk of serious illness and hospitalisation. From 1 March 2023, bivalent COVID-19 boosters will be available to eligible people. Bivalent boosters will be available to an expanded group from 1 April 2023. This timing is intended to optimise protection before winter 2023.

### *Increasing influenza vaccination, especially Māori and Pacific people*

- 48 The seasonal influenza vaccination campaign begins on 1 April 2023. This campaign is intended to reduce the burden of severe respiratory disease and hospitalisation. Funding is focused on Māori and Pacific providers. Fully funded vaccines for Māori and Pacific people over 55 years, 3–12-year-olds, and those with serious mental health and addiction will continue.

### *Promoting concomitant childhood vaccination to reduce impact of disease*

- 49 This initiative encourages whānau to vaccinate tamariki for pneumococcal disease, meningococcal B, and influenza alongside their COVID-19 vaccines. Concomitant delivery will support equity by increasing access, and reduce burden on providers (e.g., reduced resources for booking and recall). Implementation is a high priority.

## **Addressing workforce pressures and supporting staff**

### *International recruitment to grow the clinical workforce*

- 50 Efforts to recruit international professionals continue. These initiatives include the International Recruitment Centre, an international recruitment campaign, and adding nurses and non-surgical Senior Medical Officers to the Tier 1 visa category. These initiatives are a long-term strategy. However, results suggest a small impact for winter 2023. Since 4 July 2022, there have been 1,336 work visa applications (all visa categories) where Te Whatu Ora is the employer (1,125 approved).



*Expanding Earn and Learn for Health Care Assistants to reduce staffing pressures*

- 51 Health Care Assistant (HCA) Earn and Learn employs HCAs while they complete NZQA Level 3 qualifications. It is intended to address significant HCA vacancies. HCAs work alongside registered nurses and teams to support care delivery (e.g., patient hygiene needs). The Earn and Learn Model aims to increase diversity and focusses on the Māori and Pacific workforce. Existing Earn and Learn programmes will continue to operate this winter in hospitals where the programme currently exists (Waitematā, Auckland, Counties Manukau, Waikato, Tairāwhiti, Canterbury). Beyond winter 2023, work is under way to roll out a national programme and expand to other providers (e.g., community home-based support, ARC).

*Removing barriers to staff influenza vaccination*

- 52 Te Whatu Ora Staff will be able to directly access fully funded influenza vaccinations, and staff outside Te Whatu Ora (e.g., community providers) will be eligible for reimbursement. This action will minimise the impact of influenza on staff health and reduce shortages due staff illness.

**Reducing system pressure through communications and behaviour change**

- 53 Te Whatu Ora has committed to a year-long, nation-wide communication and behaviour change initiative: “Right Care Right Time.” The purpose of this initiative is to encourage behaviour change and educate and empower people to choose the most appropriate care for their needs. In addition to general messages, there will be a local focus on Māori and Pacific communities.

**Reducing the impact of COVID-19 on system pressure**

- 54 COVID-19 is likely to remain a long-term challenge. Over the next year, we will transition away from an emergency COVID-19-specific response and embed a COVID-19 system of care into our health system.
- 55 In April I intend to bring to Cabinet a draft *Strategic Framework for Managing COVID-19*. This Framework will provide an overview of the objectives, measures, and activities to ensure that New Zealand is well positioned for future waves of COVID-19. I will also provide a *COVID-19 Management Plan 2023/24* that will set out the COVID-19 response through to 30 June 2024. In the meantime, existing COVID-19 measures are in place for winter 2023.
- 55.1 Surveillance (e.g., whole genome sequencing, wastewater testing)
  - 55.2 Laboratories and diagnostics (e.g., supply of rapid tests, lab testing)
  - 55.3 Infection prevention and control (e.g., Personal Protective Equipment)
  - 55.4 Case and clinical management (e.g., therapeutics supply and access)
  - 55.5 Supporting health services (e.g., scalable national telehealth services)

- 55.6 Vaccination (e.g., vaccination supply and vaccinator workforce)
- 55.7 Therapeutics (e.g., access to antivirals to reduce serious illness)
- 55.8 Communication and engagement (e.g., ongoing public messaging)
- 55.9 Public health risk assessment (e.g., assessing the epidemiological situation and reviewing measures to manage risk).

### **Overarching risks to these initiatives in winter 2023**

- 56 The actions in this paper are intended to mitigate the impact of winter on the health system. Given that many challenges require long-term solutions (e.g., workforce, reducing bias) risk remains that significant increases in demand, or reductions in capacity, may cause deterioration in system performance and require emergency measures (e.g., cancelling planned care services).
- 57 *COVID-19 uncertainty and other outbreaks:* future waves of COVID-19 may affect demand for services and constrain services' ability to meet it. There is also a risk that other outbreaks (e.g., measles, influenza) coincide with COVID-19 waves. Officials are preparing for this risk through disease surveillance and monitoring, ensuring sufficient supplies, and surge plans for hospital, community, and national telehealth services.
- 58 *Workforce:* Workforce recruitment and retention, staff illness and vacancies will have significant bearing on success of all winter initiatives. While shorter term workforce initiatives are showing some results, most have a longer time horizon and will not see results in winter. While the actions in this paper are intended to reduce demand and, therefore, workforce pressures, unpredictable surges in illness or other challenges may reduce their impact. Workforce risks will be monitored nationally (e.g., daily stand-ups) with Directors collaborating to mitigate these risks (e.g., to re-deploy resources).

### **Communications approach for winter initiatives**

- 59 As part of ongoing winter planning, a communications plan has been developed to ensure each initiative is well understood within Te Whatu Ora, across the whole health system, and with the public. Internally, this will include engaging with health care stakeholders about each of the initiatives to ensure they are aware of the changes being made to better prepare the system for winter. Externally, this work aligns with the public-facing communications initiative (Right Care Right Time, paragraph 50) and initiatives to recruit health care workers.

### **Financial Implications**

- 60 Most actions in this report-back have a specific funding source, either through Budget 2022, a previous budget decision where the revenue has transferred to Te Whatu Ora from Manatū Hauora, consolidation of existing resources, or by re-commissioning, re-design, and re-contracting of existing services.

61 Several significant COVID-19 health service activities (e.g., vaccination, antivirals) are funded through the COVID-19 contingency fund through to 30 June 2023. I will be seeking Cabinet approval to release further funding from the contingency in May 2023 to fund these services through June 2024. Many of these COVID-19 initiatives contribute to reducing general demand and capacity pressures across the system.

**Legislative Implications**

62 There are no legislative implications.

**Impact Analysis**

63 No impact analysis is required for this report.

**Population Implications**

64 Population impacts of winter 2023 preparedness actions are outlined below.

Group	Actions that will impact this population group
Māori	<ul style="list-style-type: none"> <li>• Clinical telehealth will support Māori providers.</li> <li>• Influenza vaccination programme and funds will focus on Māori providers.</li> <li>• COVID-19 boosters, and campaigns, will focus on vulnerable populations.</li> <li>• Expanding accessible A&amp;M and Urgent Care.</li> <li>• Comprehensive Primary Care Teams initial roll-out focuses on Māori providers.</li> <li>• Remote Patient Monitoring prototype with a specific Te Ao Māori approach in rural Māori communities.</li> <li>• Workforce recruitment ensures international workers receive cultural safety information in the context of Aotearoa.</li> <li>• Earn and Learn programmes have focus on Māori health care assistants.</li> <li>• “Right Care, Right Time” campaign will have specific focus on Māori and partner with communities to deliver it successfully.</li> </ul>
Pacific people	<ul style="list-style-type: none"> <li>• Clinical telehealth services will support Pacific providers.</li> <li>• Influenza vaccination programme and funds will target Pacific providers.</li> <li>• COVID-19 boosters, and campaigns, will focus on vulnerable populations.</li> <li>• Expanding accessible A&amp;M and Urgent Care.</li> <li>• Earn and Learn programmes have focus on supporting Pacific health care assistants.</li> <li>• “Right Care, Right Time” campaign will have specific focus on Pacific people and partner with communities to deliver.</li> </ul>

Children and young people	<ul style="list-style-type: none"><li>• Pharmacists treating minor ailments will target children under 14 years old, CSC card holders, and their families.</li><li>• Concomitant childhood vaccinations will increase access by reducing stress and cost of vaccination.</li></ul>
Rural communities	<ul style="list-style-type: none"><li>• Rural telehealth service will increase access to primary care in rural communities.</li></ul>
Older people	<ul style="list-style-type: none"><li>• Conducting needs assessments in the community, not in hospital.</li><li>• Expanding rapid community support services to prevent hospital admission and speed-up discharge.</li><li>• COVID-19 boosters, and campaigns, will focus on vulnerable populations.</li></ul>
Disabled people	<ul style="list-style-type: none"><li>• Expanding rapid community support services to prevent hospital admission and speed-up discharge.</li><li>• COVID-19 boosters, and campaigns, will focus on vulnerable populations.</li></ul>

## Human Rights

65 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

## Consultation

66 There has been collaboration across Te Whatu Ora, Te Aka Whai Ora, and Manatū Hauora to manage and mitigate ongoing health system pressures.

67 This report-back was prepared by Te Whatu Ora. It was shared with the following agencies: Accident Compensation Corporation, Department of the Prime Minister and Cabinet, Manatū Hauora, Te Aka Whai Ora, and Whaikaha. Feedback from these agencies informed the final paper.

## Recommendations

The Minister of Health recommends that the Committee:

- 1 note that in October 2022, Cabinet requested a report-back on actions to prepare the health system for winter 2023 [not minuted]
- 2 note that this paper provides the high-level version of the Te Whatu Ora winter Preparedness Plan, with initiatives that aim to mitigate winter pressure
- 3 note that winter planning is ongoing and operational details will be finalised in the final, detailed winter Preparedness Plan in May 2023
- 4 note that in March, April, and May I will be seeking Cabinet approval of the following, which will impact health system preparedness in winter 2023 and beyond:

4.1 Strategic Framework for Managing COVID-19

- 4.2 COVID-19 Plan 2023/24 and release of funding from COVID-19 contingency fund
- 4.3 Proposed measures to manage COVID-19 from April through to end of May 2023 (regular review).

Authorised for lodgement

Hon Dr Ayesha Verrall

Minister of Health

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## Appendix 1: Summary of Initial winter Preparedness Actions

The table below summarises the actions described in this paper, their goal, implementation timelines, expected impact, and an indication of priority for winter 2023. Impacts, timelines, and prioritisation will be confirmed in the detailed winter Preparedness Plan, which will be finalised no later than May 2023.

Action	Goal for winter 2023	Implementation start date	Expected impact in winter 2023	High priority for winter 2023	Paragraph reference
<i>Reducing and mitigating system pressures in primary and community settings</i>					
Using telehealth to support primary care	Increase access to, and reduce pressure on, primary care services in rural communities with a focus on those served by Māori and Pacific providers.	Rural communities: June 2023	Low	Yes	26
Clinical telehealth to support ambulance services	Reduce congestion at EDs by supporting ambulance staff to treat patients on scene.	Auckland: in place Priority regions: phased from May 2023	Moderate	No	27
Remote patient monitoring prototype	Increase access to culturally appropriate care in the community for remote Māori communities.	May 2023	Low	No	28
Pharmacies to treat minor ailments	Reduce pressure on primary and hospital services by increasing access to care in the community for minor ailments to priority populations, children, and their families.	Auckland, Upper Hutt and Bay of Plenty: in place Priority regions: May 2023	Moderate	No	30
Community radiology services	Reduce pressure on EDs by increasing access to radiology services in the community.	Priority regions: May 2023	High	Yes	31
Comprehensive primary care teams	Reduce pressure on hospital services by increasing access to care in the community.	June 2023	Low	No	32
Primary Options for Acute Care	Reduce pressure on hospital services by increasing access to care in the community.	Priority regions: June 2023	Moderate	Yes	33

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More accessible A&M care	Reduce congestion at EDs, especially among priority populations, by improving hours of access to A&M and Urgent care.	Priority regions where A&Ms exist: May 2023	Moderate	Yes	34
<i>Preventing hospital admission and ensuring timely discharge</i>					
Initiatives to support ARC	Increase ARC capacity to care for residents and reduce workforce pressures.	Select regions: in place	Moderate	No	36
Needs assessments occur appropriately and do not delay patients	Reduce patient length of stay and improve hospital capacity by assessing patients in the community rather than waiting in hospital for 3–5 days.	Select regions, with priority to Auckland: from June 2023.	High	Yes	37
Community Allied Health Rapid Response Services	Prevent hospital admissions among vulnerable groups, and speed-up hospital discharge, by providing hospital services in the home.	Auckland and Canterbury: in place Two additional sites phased from May 2023.	High	Yes	38
Hospital in the Home	Prevent hospital admissions among vulnerable groups, and speed-up hospital discharge, by providing hospital services in the home.	Auckland, Waitemata, Counties Manukau and Canterbury: in place (to be expanded).	Moderate	No	40
<i>Reducing acute pressures by improving acute flow</i>					
Rapid National Data Automation Project	Reduce congestion, improve flow, and improve hospital capacity by supporting directors to make real-time decisions, across regions.	In place (July 2022)	Moderate	Yes	43
Regional and National Escalation Pathways	Reduce congestion, improve flow, and improve hospital capacity by diverting resources and patients within and across regions to support under-pressure facilities.	In place (July 2022); enhancements ongoing	Moderate	Yes	44
Mental health support to EDs	Reduce visits to, and stays in, EDs for people with mental health needs.	In place	Low	No	45
<i>Maintaining planned care under system pressure</i>					
Maintaining planned care capacity	Maintain planned care delivery as much as possible to reduce patients waiting for treatment.	May 2023	Moderate	Yes	46

<i>Increasing immunisation to protect from severe illness and hospitalisation</i>					
Bivalent COVID-19 boosters	Prevent serious illness and hospitalisations from COVID-19, especially in vulnerable populations.	March 2023	High	Yes	47
Influenza vaccination campaign	Reduce pressure on primary community, and hospital services by preventing serious illness from influenza, especially in Māori and Pacific communities.	April 2023	High	Yes	48
Concomitant vaccines for children	Reduce pressure on primary community, and hospital services by preventing serious respiratory illness in children.	February 2023	High	Yes	49
<i>Addressing workforce pressures and supporting staff</i>					
International nurse and other health professional recruitment	Reduce the impact that staffing pressures, such as illness and vacancies, have on the system's ability to deliver care.	In place (November 2022)	Low	No	50
Earn and learn programmes for health care assistants	Reduce staffing pressures associated with significant health care assistant vacancies, including flow-on pressures to nurses.	Existing hospitals: in place	Low	No	51
Staff influenza vaccinations	Reduce the impact of staff illness on the system's ability to deliver care.	April 2023	High	Yes	52
<i>Reducing system pressure through communications and behaviour change</i>					
Right Care Right Time Communications Campaign	Reduce pressure across the whole health system by encouraging behaviour change.	April 2023	Moderate	Yes	53
<i>Reducing the impact of COVID-19 on system pressure</i>					
COVID-19-specific surveillance, response, and services	Reduce the impact of COVID-19 specifically on providers through monitoring, surge and response plans, and services.	In place	High	Yes	55