

In Confidence

Office of the Associate Minister of Health

COVID-19 PACIFIC RESPONSE PACKAGE

Proposal

- 1 The purpose of this paper is to seek your agreement to the investment of \$17 million in 2019/20 to secure the capacity of the Pacific health and disability sector and support a national response to the health and disability needs of Pacific communities.
- 2 This investment forms part of the Pacific Health COVID-19 Response Plan, which is a subset of the national COVID-19 Health and Disability System Response Plan.

Relation to government priorities

- 3 This paper relates to the Government's response to the COVID-19 pandemic and contributes to efforts to deliver equitable health outcomes for Pacific people as part of that response.

Background

- 4 Cabinet agreed to set aside funding of up to \$500 million for the COVID-19: Public Health Response [CAB-20-MIN-110 refers].
- 5 The Ministry of Health has developed the COVID-19 Health and Disability System Response Plan, which provides the framework for the national pandemic response.
- 6 The Pacific Health COVID-19 Response Plan forms part of the national response identifying overall priorities for Pacific communities and ensuring that priorities and actions from the national response take account of the needs of Pacific communities.
- 7 I am finalising a Pacific Expert Advisory Group comprising senior Pacific clinicians, health management and researchers to advise me on the specific priorities and actions as part of the COVID-19 health sector response for Pacific communities.
- 8 Funding is required to deliver on the priorities of the Pacific Health COVID-19 Response Plan to ensure that the overall national response delivers equitable health outcomes for Pacific peoples.

Particular challenges for Pacific communities

- 9 There are two risks this paper seeks to manage:
 - 9.1 Pacific communities are at higher risk of more rapid COVID-19 spread given their vulnerabilities; and

- 9.2 Pacific communities are at high risk of also experiencing harm from not accessing care as service models in primary and hospital care shift from face to face to virtual/telehealth.
- 10 We need to balance and reduce the harm or deterioration in health outcomes from both COVID-19 and the consequences of health care services becoming less accessible to Pacific populations.
- 11 Pacific communities are vulnerable to COVID-19 because our population is highly urbanised, face financial challenges, and many live in damp, cold and overcrowded housing conditions which increases the risk of transmission of infectious diseases.
- 12 Furthermore, Pacific peoples have a disproportionate burden from long-term conditions. Many in our Pacific communities have poor access to telehealth and other options for remote access to primary and secondary health and disability care.
- 13 Many Pacific people, particularly those with the highest health needs, rely on the services provided by Pacific health and disability service providers. These organisations provide crucial support to Pacific peoples through their family-orientated models of care which are effective in overcoming health system barriers to accessing quality services.
- 14 The Pacific Expert Advisory Group and the Ministry of Health have advised me that the providers of health and disability services to Pacific communities are experiencing an unprecedented demand for their clinical, home care and health promotion services.
- 15 Pacific health and disability service providers are meeting this increased demand, in part, by changes to their clinical and operational arrangements, but capacity and capability constraints are emerging.
- 16 It is clear from the advice that I have received that the capacity of the providers of health and disability services to Pacific communities to respond to the COVID-19 pandemic is sharply constrained by the high levels of demand.
- 17 At the same time, we need to ensure that efforts to meet the health needs of Pacific communities during the COVID-19 pandemic are well-organised, community-centred and complement regional and national communications.
- 18 The diversity of the Pacific population means that we need to adapt health messaging to the cultural, socioeconomic demographic, housing and uncertainty in income, low health literacy, bilingual and ethnic-specific context of Pacific people and their often large, complex families.
- 19 This outreach to communities will require the expansion of outreach services delivered by non-clinical trained health workers to enable sustained health awareness at a local level, and to support Pacific people to manage conditions in their households as both hospital, primary and ambulatory care

reduce face to face consultations and prioritise follow up for high-risk patient groups.

- 20 These approaches will need to be tailored to the large Pacific population in Auckland and our smaller Pacific communities across New Zealand.

Priorities for investment

- 21 I propose that Cabinet agree that up to \$17 million from the COVID-19: Public Health Response be used to ensure that the overall national response to the COVID-19 pandemic delivers equitable health outcomes for Pacific peoples.

- 22 The funding sought through this paper will:

22.1 enable Pacific health and disability service providers to meet the increased demand for their services by supporting backfilling and additional workforce capacity arrangements;

22.2 s 9(2)(f)(iv)

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- 23 See appendix 1 for a further break down of funding.

- 24 This health proposal focuses on ensuring that the necessary national coordination of the Pacific response is delivered, while also collaborating with district health boards to complement their work and address gaps, with a particular focus on those district health board regions where the majority of our Pacific populations.
- 25 This health proposal forms part of our cross-government Pacific COVID work programme in response to the pandemic.

Financial Implications

- 26 Cabinet agreed to set aside funding of up to \$500 million for the COVID-19: Public Health Response [CAB-20-MIN-110 refers] comprising:
- 26.1 \$238.2 million that was appropriated to immediately progress initiatives to delay the onset of community transmission;
- 26.2 \$23.0 million was appropriated for the COVID-19 Māori health response,
- 26.3 Leaving \$238.8 million remaining in the COVID-19: Public Health Response Tagged Contingency to meet future potential responses.
- 27 I propose that Cabinet agree to draw-down \$17 million from the COVID-19: Public Health Response Tagged Contingency in 2019/20 to Vote Health to secure the capacity of the Pacific health and disability sector and support a national response to the health and disability needs of Pacific communities.

Legislative Implications

- 28 There are no legislative implications arising from the recommendations in this paper.

Impact analysis

- 29 The Impact Analysis requirements do not apply to this paper.

Gender Implications

- 30 There are no gender implications arising from the recommendations in this paper.

Disability Implications

- 31 There are no implications for disabled people arising from the recommendations in this paper.

Human Rights

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

Consultation

- 33 The following agencies were consulted on this paper: The Treasury. I also consulted with the Pacific Caucus who are supportive of this paper as an urgent priority.

Communications

- 34 I propose a public announcement following consultation with my Pacific Ministers' Caucus colleagues.

Proactive Release

- 35 This Cabinet paper will be proactively released following the public announcement. The release is subject to redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister of Health recommends that you:

- 1 **Note** there are two risks associated with Pacific Peoples that need to be managed as part of the Government's response to COVID 19:
 - 1.1 Pacific communities are at higher risk of more rapid COVID-19 spread given their vulnerabilities; and
 - 1.2 Pacific communities are at high risk of also experiencing harm from not accessing care as service models in primary and hospital care shift from face to face to virtual/telehealth.
- 2 **Note** that funding of up to \$500 million has been set aside for COVID-19: Public Health Response [CAB-20-MIN-110 refers], of which:
 - 2.1 \$238.2 million that was appropriated to immediately progress initiatives to delay the onset of community transmission;
 - 2.2 \$23.0 million was appropriated for the COVID-19 Māori health response,
 - 2.3 Leaving \$238.8 million remaining in the COVID-19: Public Health Response Tagged Contingency to meet future potential responses.
- 3 **Agree** to draw-down \$17 million from the COVID-19: Public Health Response Tagged Contingency in 2019/20 to ensure that the overall national response to the COVID-19 pandemic delivers equitable health outcomes for Pacific peoples.
- 4 **Agree** to secure the capacity of the Pacific health and disability sector and support a national response to the health and disability needs of Pacific communities as part of the broader national COVID-19 Public Health Response Plan.

IN C O N F I D E N C E

- 5 **Approve** the following changes to appropriations to provide for the decision in recommendation 3 above, with a corresponding impact on the operating balance and net core Crown debt:

	\$m – increase/(decrease)				
	2019/20	2020/21	2021/22	2022/23	2023/24 & outyears
Vote Health					
Minister of Health					
Non-Departmental Output Expense: Public Health Service Purchasing	17.00	-	-	-	-
Total Operating	17.00	-	-	-	-
Total Capital	-	-	-	-	-

- 6 **Agree** that changes to appropriations for 2019/20 above be included in the 2019/20 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply.
- 7 **Agree** that the expenses incurred under recommendation 3 above be charged against the “Public Health Responses to COVID-19 – Tagged Contingency” described in recommendation 2 above, leaving \$221.8 million available in the tagged contingency to meet future potential public health response expenses and demands.
- 8 **Authorise** the Minister of Finance and Minister of Health to transfer any unspent funding in Vote Health agreed under recommendation 3 to the 2020/21 financial year, as required, with no impact on the operating balance and net core Crown debt across the forecast period.
- 9 **Note** that up to \$3 million of funding from baselines could be reprioritised for the Pacific Health COVID-19 response.

Authorised for lodgement

Hon Jenny Salesa

Associate Minister of Health

Appendix 1

Table 1: Breakdown of planned expenditure

	Area of spending*	\$ million
1	Support and surge capacity for Pacific Health and Disability providers	7.5
2	§ 9(2)(f)(iv)	
3	§ 9(2)(f)(iv)	
4	§ 9(2)(f)(iv)	
	Total**	17

*Note this table is subject to contract discussions and detailed costing proposals which are expected to occur over the next week. This may alter the distribution of the \$17 million.

**Note this does not include the \$3m of funding that could be reprioritised.

The funding is expected to be distributed in waves managed by the Ministry of Health.

Table 2: Planned allocation of funding to organisations

§ 9(2)(f)(iv)

Wave 1: is expected to be communicated to providers immediately following this papers approval, contracting and funding will be out within 3 days.

Wave 2: proposals have been received and thinking is supported in-principals, final allocation work is still to be completed.

Wave 3: Aligns to early intelligence received, this could be considered more as contingency funding as of the 26 of March with the likely requirement to drawn on this consider high within the coming weeks.