TOI TE ORA
PUBLIC HEALTH
Bay of Plenty + Lakes Districts

BAY OF PLENTY AND LAKES COMMUNITY HEALTH AND WELLBEING NEEDS IMPACT ASSESSMENT

SEPTEMBER 2020

Table of Contents

1.0 Foreword

This report has been compiled as one input to the COVID-19 recovery planning for the populations served by the Bay of Plenty and Lakes District Health Boards.

After just eight months the COVID-19 pandemic has already had profound effects on many aspects of daily life, locally and around the globe. Many of these impacts have resulted from our response activities rather than from the viral infection itself. Nobody knows with any certainty how long our response to the pandemic will need to be maintained. However, it is not too soon to start developing our plans for how we are going to recover from the pandemic.

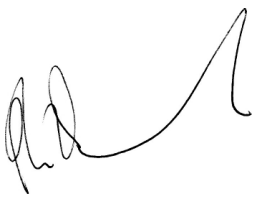
Ably led by Dr Lynne Lane, a public health physician now on the staff of Toi Te Ora Public Health, the team that has pulled this rapid need assessment together, has worked hard to gather as much relevant quantitative and qualitative data as possible. Thanks, in this regard go to all those who have contributed data for the report. Without this wealth of recorded knowledge, the report would have no basis of evidence.

As with any significant emergency event some people have already been more adversely affected by COVID-19, and our response to it, than others. It is also highly likely there will be as-yet unrecognised impacts at some time in the future. This report attempts to tease out what evidence there is of the impacts to-date, which population sub-groups have been most affected, and what we should anticipate in the months to come.

The intention is that local health services, along with other agencies, use the report to develop their plans to address population needs that have arisen from COVID-19, to help communities recover from COVID-19 and, especially, to achieve equitable outcomes.

A word of warning – be careful when making generalisations based on aggregate data. While averages can be useful, they also hide the range of individual experience. For instance, there are data showing that the overall economy has not been as adversely affected by the pandemic as was expected. However, underneath such data are those who have lost their jobs and their businesses. The pandemic, and especially the time we were at Level 4, has brought some whānau closer together. For some people it has been a period of extreme loneliness and anxiety.

This report is based on the best data that was available to the authors at the time it was written. It is a snapshot in time, one that should be revised on a six-monthly basis to incorporate updated data, along with new data sources as they come on stream.



Phil Shoemack
Public Health Medical Leader
Toi Te Ora Public Health

September 2020

2.0 Executive Summary

Toi Te Ora Public Health (Toi Te Ora) is the Public Health Unit for the Bay of Plenty and Lakes Region. The role of Toi Te Ora is to promote and protect the health of the population provides services to the population. A rapid community needs assessment was undertaken to determine the COVID-19 pandemic impact on the health and wellbeing of Bay of Plenty and Lakes communities. The findings will inform future COVID-19 response and recovery planning.

The COVID-19 pandemic, and the associated global crisis, has had an unprecedented impact on people's lives internationally. The Government's response was to go "hard and fast" to eliminate community transmission in New Zealand. It also included measures to mitigate the projected economic and psychosocial impact of the restrictive measures used. The Government explicitly intended to achieve equitable outcomes for Māori and other vulnerable population groups.

In New Zealand to date, the number of cases of COVID-19 and the direct impact on health was minor in comparison with most other countries. The COVID-19 response measures, however, had a significant impact on people's lives and their health and wellbeing. The impact has not be equally felt. Those with the highest socioeconomic disadvantage have been most adversely impacted with many needing support to cope with the essentials of life. The Bay of Plenty Regional Civil Defence Emergency Management Welfare Group is leading a recovery programme.

Routinely collected health sector data provide trends on the initial health impact of the national COVID-19 Emergency Response. Trends in the economic impacts, including job losses, and community surveys of people's responses, provides an indication of the wider Psychosocial impact.

During COVID-19 lockdown, late March and April 2020, the data shows utilisation of most health services were significant reduced compared with the same period in 2019. In May and June 2020, service utilisation began to increase and returned to previous levels or higher.

Economic indicators showed an initial significant impact mitigated by the emergency grants and then a better than expected overall recovery. However, some communities continue to need social support services.

The recent resurgence of COVID-19 in Auckland has raised concerns that a second national emergency response would have major negative impact on the signs of recovery currently being experienced.

To follow is the COVID-19 impact on community health and wellbeing needs assessment in the area covered by Toi Te Ora Public Health. It is based on national and local data and information available to the end of the June 2020 financial year.

1.1 Key findings

The following table provides a summary of the impact of COVID-19 and the associate emergency response on community health and wellbeing needs. Refer table 1.

Table 1: Summary of COVID-19 Impact in the area covered by Toi Te Ora Public Health

Table Key on Impact on Community Needs + + significantly less need, + slightly less need, 0 no change, - more need, - - significantly more need			
Chapter	**Key Indicator**	**Impact**	**Comment**
	Overall Health & Wellbeing		
	Māori • Adult • youth	--/- --	Māori communities with pre-existing high needs were most impacted. Māori youth were most negatively impacted overall. Emergency benefits and Iwi responses significantly mitigated impact
	Pasifika	--	Significant hardship for those on work visas unable to return home
	Foreign Nationals	--	Most experienced hardship with limited support available
	Children	+	Many enjoyed being at home and are happy to be back at school
	Youth Māori youth	-- ---	Anxiety ++ regarding disrupted learning, economic stress at home and experienced most job losses
	Young adults	--	Anxiety ++ hardest hit by job losses Disruption to careers and social lives
	Men	+/-	Some continued to work, enjoyed time with family. Others lost jobs, eligible for emergency benefits. Many significant hardship. Essential workers – anxiety +
	Women	- 0/- -	Sustained greatest job losses Working from home and child minding Essential workers – anxiety + Domestic violence increased ++
	Older people	--/-	Anxious and fearful initially, loneliness++ Delays seeking healthcare and supports Delayed transfers to ARC Family/friends stepped up and services reached out to ensure supports available
	People with Disabilities	+/-	Most supported in the community got the support they needed and enjoyed changes to stay at home during the day
7.0	**COVID-19 Case Management**		
	Case numbers COVID-19 screening Border control	+ + + -/0	Low number of cases overall/ no deaths Low rates in Māori and Pasifika High rates of testing in Māori Border control – managed isolation has good Psychosocial supports in place.
8.0	**Toi Te Ora Public Health Services**		
	Communicable Disease control	+ 0	Lower rates of notifiable diseases Rheumatic Fever rates – continued cases
	Influenza Vaccination	+++	Higher coverage earlier in the season Delay in onset and Lower rates of seasonal flu symptoms

	Childhood vaccinations	-/+	Initial decline in coverage rates now in catch up
	Alcohol consumption	-/+/0	Some drank more heavily, and others drank less, rates returning to baseline
	Tobacco consumption	-/+	Variable responses – some smoked more others smoked less and plan to stop
	Gambling	+	Levels of gambling declined
	Mental wellbeing	--/-	Overall people are more anxious but some groups more so than others especially youth, older people, and those with chronic health issues. Māori youth are most adversely impacted overall.
	Women –Breast and Cervical Cancer prevention	-/+	Screening programmes were on hold and are now catching up with women who are overdue for screening.
9.0	**Iwi led COVID-19 Response**		
	Psychosocial needs of Māori	--- 0	Communities with high percent of Māori population and high social deprivation were most adversely impacted. Iwi led rapid coordinated responses worked well but will be difficult to sustain without recognition and support.
10.0	**PHO Primary care services**		
	Demand for consultations Primary services referrals Specialist referrals COVID-19 assessment and screening	-- -- -- -- --	Consultations rates reduced significantly in some practices unless virtual consults were available. Rates are now higher than usual as deferred presentations are now being seen & anecdotally with increased acuity eReferral rates decreased significantly COVID-19 screening is stretching capacity.
11.0	**Community Based Support**		
	Disability Support Age related disability	+ 0 --/-	Flexibility in support services model resulted in needs being met and residential clients more settled. ARC in lockdown early – no cases in facilities Home based services – essential services limited to personal cares. NASC made regular contact to ensure other needs were met
12.0	**DHB Provider Arm Bay of Plenty/Lakes**		
	A&E Outpatient Appointments Booked Treatments Oncology Services Human Resources	++ -- --/+ --/0 0 - -	Less trauma cases Late presentation of other emergencies Less referrals /virtual consults, less DNAs Time to FSA and booked treatments – failed some targets but only initially Cancer services ran as an essential service Efficiency metrics targets not met Staff accrued leave increased
12	**Mental Health and Addiction**		
	Level of need	--	Significant increase in levels of mental distress with delayed presentation for referral to all services. Lowest ever utilisation and referral rates seen in April

	Service use	--/+	2020 and then highest rates ever in June 2020 and increasing
	Māori Youth/youth	--	Population groups most at risk
13	**Wider Determinants of Health**		
	Mental Resilience	+	Increased awareness of tools and techniques to build resilience. Resources widely shared. Many people enjoyed time at home with family.
	Economic/financial	--/0/+	Wide range of impacts overall negative – job losses high in some communities, emergency benefits mitigated impact, others worked as usual and a few did better than usual.
	Hardship	--/-	The most vulnerable people were hardest hit – many unable to meet basic financial commitments. Emergency grants gave short term relief.
	Housing	+/--	Homeless were put in temporary housing, increased numbers registered for emergency housing and housing supply reduced.
	Food security	--/+	Food parcels demand highest ever seen now eased
	Personal safety	--	Domestic violence – marked increase in families presenting for emergency support
14	**Visitors and Foreign Nationals**		
	Financial Hardship	--	Severe hardship for those on work visas unable to return home. Emergency relief now in place but very limited.

Summary of the key themes

- Increased disparities – those most disadvantaged are most negatively impacted.
- Health inequalities are likely to increase without proactive sustained interventions and working with local iwi
- Mental health – referrals to services decreased then increase significantly, people with high needs and services showing signs of being at capacity
- Unemployment and financial hardship have increased, especially for Māori, women/wahine, and young adults
- Increase in people unable to meet their basic needs including housing/homelessness and food insecurity
- Regular smokers increasing consumption, especially in Māori, and infrequent users decreasing consumption with the intention of quitting
- Decrease in childhood immunisation coverage and now a catch-up programme in progress
- Decrease in cancer screening coverage and now a catch-up programme in progress
- Decrease referrals for PHO and hospital services which is now increasing beyond the baseline indicating people deferred seeking care when they needed it
- Positive changes include:
  - Decrease in trauma cases over COVID-19 lockdown
  - Decreased DNA (virtual appt.), decrease notifiable disease, increase in influenza vaccination coverage (to a lesser extent for Māori), decrease in volume of gambling
- Concern that a resurgence of COVID-19 requiring an emergency response would have a greater negative impact than currently experienced.

1.2 Limitations

The review commenced in July 2020, one month after returning to COVID-19 Level 1. The data was therefore limited to the early impacts of the COVID-19 outbreak and the COVID-19 emergency response measures taken. The grim projections on the likely negative economic and Psychosocial impacts in the medium to long term are yet to be seen. The situation is evolving and over the course of the review, new data up to 30 June came available. Where possible relevant sections have been updated.

Key Gaps – includes intelligence that is beyond scope of project or unachievable in time frame, or data that was not available:

- Breakdown for ethnicity and location (e.g. Eastern Bay of Plenty), Western Bay of Plenty, Rotorua, Taupō) for some indicators, such as financial hardship, food security, has not been available
- Training - the government established free training options in response to COVID-19. The uptake of this training by locality has not been explored
- Environmental health – during lockdown decreased traffic, improved air quality, and improved water quality was seen. Analysis of the change since lockdown was not included in this report.
- Physical activity – increased active transport and use of green spaces during lockdown was seen. Data on whether this has continued since lockdown has not been explored. The New Zealand Government has made funding available for projects to increase active transport. Exploring how this funding has been accessed locally could be useful.

1.3 Key Indicator Dashboard for Ongoing Monitoring

Consideration needs to be given to an ongoing set of indicators to monitor progress in the recovery phase. Consultation with Māori should occur on what indicators would be most useful in monitoring their recovery.

3.0 Purpose

Toi Te Ora is responsible for providing public health services to protect, promote and improve the health of the population living in and visiting the Bay of Plenty and Lakes Region. A key objective of Toi Te Ora is to achieve equitable health gain, with a particular focus on Māori.

Toi Te Ora undertook this rapid review to determine the impact of COVID-19 on community health needs in the Bay of Plenty and Lakes Region and how well they are being met. The review considers the broader scope of the emergency response in order to determine the impact it had on health need but also the impact on the border determinants of health.

The findings in this report will be used to inform the work program of Toi Te Ora, which includes working alongside key sectors of influence and leading collaborative efforts to ensure the settings of everyday life make the *healthy choice the easy choice* and enables our population to achieve health and wellbeing. The information in this report will inform advice from Toi Te Ora on unmet and ongoing health needs as the country moves into a COVID-19 recovery phase and prepares to respond to potential resurgence of COVID-19 due to community spread.

4.0 Background

Prior to the initial case of COVID-19 confirmed in New Zealand, the Ministry of Health prepared a coordinated national response to identify cases and prevent the spread of the virus in New Zealand with the goal of eliminating community transmission.

Toi Te Ora, like other Public Health Units, is responsible for undertaking border control, contact tracing for cases of COVID-19 in its region, and to provide expert advice and information to health sector organisations in its region on how to operate safely. It was also responsible for providing advice and information to the public and essential services on how to deliver on their roles in the national emergency response. Toi Te Ora staff were redeployed to support this effort and the work programme prioritised to deliver only essential services.

4.1 National COVID-19 Emergency Response

The Department of Prime Minister and Cabinet led a whole of Government response to eliminate the spread of COVID-19 in New Zealand, to mitigate the impact on the national economy and to respond to the associated Psychosocial impacts. The Government explicitly stated the requirement to use an equity approach to ensure appropriate support is available for Māori and for vulnerable populations.

The Ministry of Health was the lead agency advising Government on the direct response to manage the initial surge of COVID-19 in New Zealand. As a result of the advice to implement a Four Level crisis response, and its impact on people's lives including their ability to work, other Government agencies were required to respond.

The National Emergency Management Agency, hosted by the Department of Prime Minister and Cabinet, is the lead agency responsible for coordinating the management of emergencies, working through the National Crisis Management Centre (NCMC). The NCMC is predominantly staffed by National Emergency Management Agency staff.

The National Welfare Coordinating Group has the responsibility for coordinating welfare functions in the time of an emergency. Psychosocial support is a sub-function (one of nine) of this group.

The Caring for Communities Executive Group has recently been established to lead the transition for community wellbeing and supplement oversight and guidance of welfare agencies. The committee specifically coordinates welfare responses and has executive management of community as the nation transitions from a state of national emergency.

To support moving into the recovery phase in the future, planning is underway by recently established regional cross sector leadership groups. The Bay of Plenty Regional Civil Defence Emergency Management Welfare Group is one of the first[1]. It is understood that this initiative has now been stood down. At the same time strengthened border control and managed isolation services have become an essential component of the strategy to keep our country COVID-19 free.

[1] BOP CDEM Welfare - NEMA FINAL Caring for Communities - Regional Operating Model COVID-19 2020-04-17

Pandemic emergency responses are unique in that there is no clear distinction between when the emergency event is over, and recovery begins. Pandemics often have a long tail and risk of resurgence. This means that response and recovery planning should happen in tandem.

COVID-19 National Response Timeline

The public health goal for New Zealand is to eliminate COVID-19 until a vaccine becomes available:

- Keeping it out by instituting tight border security including basic health screening of all incoming passengers and supervised quarantine for 14 days
- Stamping it out by adopting a low threshold for testing, identification and isolation of confirmed and probable cases, and promptly placing their close contacts in monitored quarantine
- Population level implementation of minimal person to person interaction, physical distancing, and personal hygiene, such as handwashing, and cough etiquette.

To follow is a summary of the COVID-19 pandemic response timeline in New Zealand to coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

International Events

Late in 2019, the novel coronavirus (2019-nCoV) was identified as the respiratory virus associated with an outbreak of pneumonia reported in Wuhan City, China.

30 January 2020	The infection became a notifiable Disease called COVID-19
11 March 2020	WHO declared coronavirus a “pandemic”

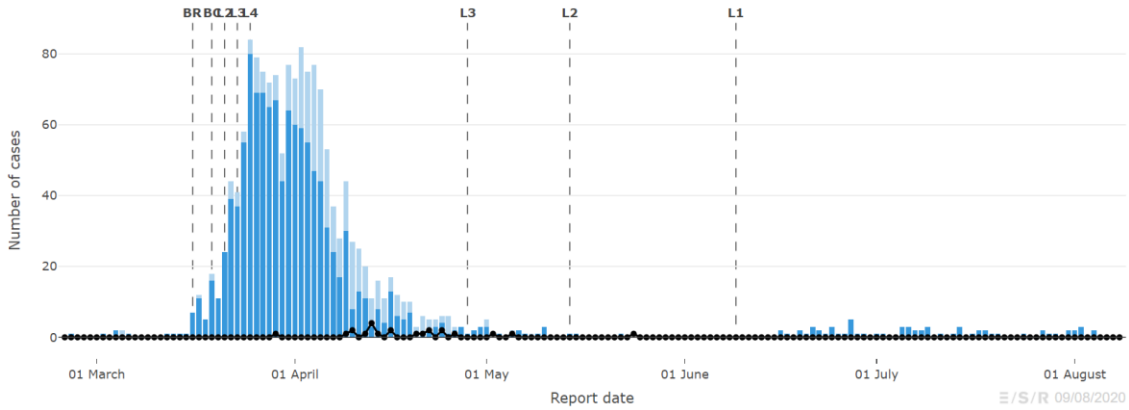
New Zealand COVID-19 National Response: Alert Levels 1-4

28 February	The first case of the disease in New Zealand was reported.
19 March	Borders and entry ports of New Zealand were closed to all non-residents
21 March	A four-level alert level system was introduced to manage the outbreak Level 2 commenced
23 March	Level 3 commenced
26 March	Level 4 commenced - putting the country into a nationwide lockdown.
Early April	Pandemic peaked at 89 new cases per day and 929 active cases
10 April	Citizens returning from overseas go into two weeks of supervised quarantine
27 April	Alert Level 3 - partially lifting some lockdown restrictions
14 May	Alert Level 2 - lifting the rest of the lockdown restrictions while maintaining physical distancing
22 May - 16 June	No active cases[1]
8 June	Alert Level 1 - removing all remaining restrictions except border controls.
5 August 2020	There have been a total of 1,569 cases (1,523 recovered, 22 deceased, 24 active cases in managed isolation) recorded in all twenty district health boards (DHB) areas.[2] 22 people have died from the virus.

[2] https://www.health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/COVID-19-current-situation/COVID-19-current-cases#dhbs

Refer to Figure 1. The dark blue shows the number of laboratory confirmed cases (1,219) and the light blue is probable cases (350) for a total of 1,569 cases. There have been 22 deaths. "BR" shows the date that border restrictions commenced.

Figure 1: National Daily Confirmed and Probable Cases COVID-19.



Source: from the ESR Dashboard: https://nzCOVIDdashboard.esr.cri.nz/#!/.

4.2 All of Government Response Caring for Priority Communities

The Government's response to COVID-19 was based on mobilising the collective capacity of government to eliminate COVID-19 while sustaining the economy and social cohesion. It recognised that COVID-19 would require a significant coordinated approach from across government for many months to come.

From 1 July 2020, the COVID-19 All-of-Government Response Group formally became a business unit of the Department of the Prime Minister and Cabinet. The business unit provides assurance of national level oversight and coordination of government agencies' responses to COVID-19, and include functions around:

a. **Strategy and policy** - developing scenarios and advice on New Zealand's preparedness for these scenarios, providing first opinion advice to Cabinet on the Government's policy response to COVID-19.

b. **Operational coordination** - that involves multiple agencies, the complex and high-risk border quarantine and managed isolation regime.

c. **Data analytics, monitoring, reporting and insights** - including coordinated reporting to provide a tested, robust and consistent source of information, and provide agencies with cross government developed modelling and operational trends. Data and information are updated daily and includes numbers in managed isolation and bed capacity across the country[3].

d. **Public communications** - including the public information and messaging and maintaining the COVID-19 website.

Regional Caring for Communities Committees

[3] https://COVID19.govt.nz/assets/resources/miq-data/miq-daily-update-2020-08-06.pdf

Caring for Communities is a cross sector operational model developed by Civil Defence to respond to the needs of communities. The Ministry of Health was not included in early discussions nor seen as essential in terms of the governance structure despite this emergency being a pandemic with health having a lead role to play. The roll out has been difficult locally and stalled as Civil Defence transitioned the leadership over to MSD in May 2020.

The Welfare Committees chaired by Local Council and Civil Defence worked well. They created regular opportunities to maintain situational awareness, gather intel and data, connect with community providers and provide agile responses to meet needs reported from the ground up. Following the transition these groups ceased to be active and that regular contact and updating has been missed. Ministry of Social Development (MSD) reinstated these meetings on a regional level to maintain relationship building and cross sector engagement and there is general agreement to meet on a fortnightly basis. The membership includes all of government agencies, reflective of the Regional Leadership Group (RLG): Oranga Tamariki, MSD, Ministry of primary Industry (MPI), Te Puni Kokiri, Ministry of Business Innovation and Employment (MBIE), Department of Internal Affairs (DIA), MSD, Lakes and Bay of Plenty District Health Boards (DHBs). Red Cross may also join as they have the remit to support Foreign Nationals.

Ministry of Health

The Ministry of Health is leading the health sector response to managing cases of COVID-19 and eliminate its spread. It has developed several COVID-19 Plans including how to ensure Equitable outcomes for Māori and a broader Psychosocial Response Plan[4]. These plans are covered in more detail in later sections of the report.

[4] https://www.health.govt.nz/publication/COVID-19-psychosocial-and-mental-wellbeing-recovery-plan

5.0 Scope and Method

5.1 Scope

The scope of the COVID-19 community needs assessment reflects the known health needs of the people in the Bay of Plenty and Lakes Region, the broad nature of the COVID-19 response measures taken, and the impact of these measures on the determinants of health. It also covers indicators associated with the goals of the Government COVID-19 response to support recovery that achieves equitable health and wellbeing.

A wider view of health need is necessary to determine the progress made against the Governments' goals to meet population health needs, to ensure access to the determinants of health have been met, and to achieve equitable health outcomes and wellbeing for Māori. The range of community needs include access to supports for health and mental health, social and economic needs including employment and income, housing, and education.

In order to complete the review in a short timeframe, it was agreed to limit the review to intelligence that was readily available and to insights from key people working in the field. Priority is given to indicators that health sector agencies have a primary responsibility to manage and to identify emerging trends in unmet needs.

The scope therefore includes the following elements:

- A scan of the literature for models of health needs assessment
- Involve a multidisciplinary team of staff from across the Bay of Plenty and Lakes DHBs
- Incorporate quantitative and qualitative data collected from government agencies, DHBs, Iwi, Non-Government Organisations (NGO) Health and Disability service providers
- Primarily inform the recovery planning of both DHBs, as well as be of value to other agencies in the community.

5.2 Models of Health Needs Assessment

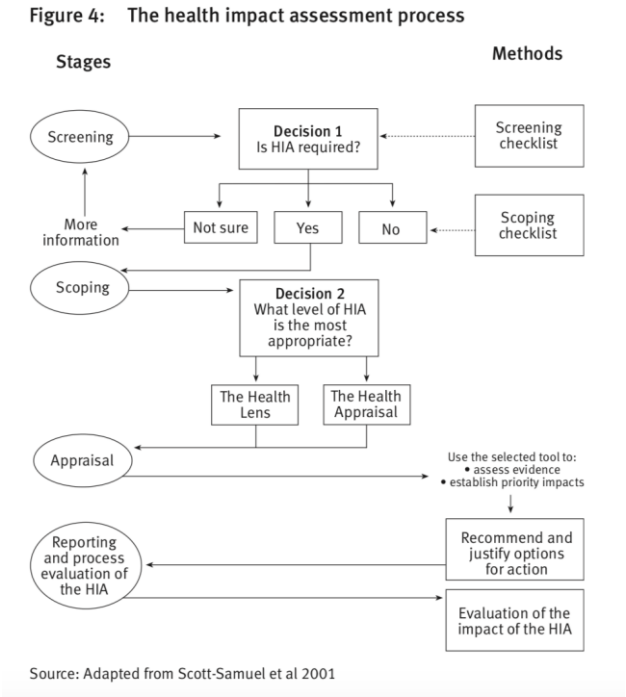
A rapid scan of the literature was undertaken to confirm the most appropriate model for a rapid community needs assessment following the COVID-19 emergency response. The key findings were as follows:

- A considerable body of literature on the topic has developed over the past 30 years
- Combinations of procedures, methods and tools that systematically judge potential and unintended impacts are appropriate [5] [6]
- Key stages of health impact or needs assessments have emerged – screening, scoping, appraisal, reporting and evaluation[7]. Refer to Figure 2
- Ensuring an equity focus that includes concepts of the Māori model of health is essential[8] [9]
- Views on the wider socio-economic determinants of health are widely accepted
- The purpose of the assessment must be clearly defined.

[5] MOH 2000, Health Needs Assessment for New Zealand. Background paper and literature review.
[6] Quigley and Watts, Sept 2012. Health Impact Assessment: Strengthening health and wellbeing and tacking inequalities.
[7] Public Health Advisory Committee, MOH, June 20015, A Guide to health Impact Assessment: A policy Tool for New Zealand.
[8] https://www.health.govt.nz/publication/health-equity-assessment-tool-users-guide
[9] Ministry of Health, 2007 Whanau Ora Health Impact Assessment.

- Robust clearly described methodologies should be used
- The resources available, including time are key determinants of the method
- Key stakeholder participation is essential and community involvement when possible.

Figure 2: The Health Impact Assessment Process



5.3 Project team

A multi-disciplinary team of staff was formed from across the Bay of Plenty and Lakes District Health Boards to provide oversight of the review. The team met weekly to confirm the scope of the review, to provide advice on, and to support intelligence gathering through their networks. The project team reviewed the draft report and provided feedback. The project team membership is attached in Appendix:1.

5.4 Data

Criteria

The project team agreed the following criteria for prioritising the collection and analysis of data:

1. Usefulness
   - Informs action required by the Bay of Plenty or Lakes DHB
   - Informs advocacy with other agencies and community groups
2. Timeliness
   - Informs changes in community need over the first six months of 2020
   - Is currently available or can be extracted from existing data sets within 3-4 weeks
3. Aligns with Māori models and concepts of community health and wellbeing

4. Focuses on most vulnerable population groups
    - Māori
    - Child and youth
    - Geographical communities with high social needs
    - People who are sleeping rough
    - Mothers and infants
    - Older people
    - People with chronic illness
    - People with mental illness and addictions
5. COVID-19 Response Impact
    - Provides insights regarding response effectiveness
6. Informs the six focus areas in the Toi Te Ora Strategic Direction 2019-2029 and the Annual Plan for 2020- 2021:
    - Preventing Childhood Obesity – All children have good food, adequate sleep and opportunities for healthy activity
    - Healthy Housing – All children have adequate, warm and dry homes
    - Childhood Smokefree – All children are born into and grow up in a smokefree environment
    - Preventing Childhood Infections – All children are immunised and live in environments that prevent diseases of poverty
    - Maternal and Infant Health – All women experience good health before, during and after pregnancy so that children have the best start in life, and that children are supported in their early development
    - Community Resilience – All communities are resilient to challenges in their environment
7. Includes analysis of Māori health and wellbeing in the Bay of Plenty[10] based on 3 key concepts
    - Whānau Ora – healthy families
    - Wairua – healthy environments
        a. Education
        b. Work
        c. Income and standard of living
        d. Housing
    - Māori Ora – Healthy individuals
        a. Pepi, tamariki – infants and children
        b. Rangitahi – young adults
        c. Pakeke– adults.

Data framework

The review provides intelligence focusing on the following areas:

1. The population profiles and known health needs need in the Bay of Plenty and Lakes Region prior to the onset of the COVID 19- Pandemic.
2. COVID-19 Health Services Response: case detection and transmission prevention.
3. Toi Te Ora: Impact on Public Health Services – Health Improvement and Protection
    - Childhood vaccination
    - Schools
    - Workplace Health
    - Women's Health

[10] Te Ropu Rangahou Hauora a Eru Pomare, University of Otago, Wellington. Ministry of Health 2015. Bay of Plenty DHB Māori Health Profile 2015

4. Iwi Led COVID-19 Responses
5. Community Based Health Services
    - Primary Care Primary Health Organisations (PHOs)
    - Iwi based services
    - Kaupapa Māori Primary Care
    - Aged Care & disability support services
6. DHB Services – Emergency Department (ED), Outpatient Departments (OPD) and Inpatient discharges and waiting lists
7. Mental Health Services – access to community based, outpatient and inpatient services
8. Psychosocial Factors – Wider determinants of health including
    - Employment and incomes
    - Housing
    - Food security.

Empirical data and qualitative information were sought for the year ending June 2020 in order to assess the impact of the national and local responses to COVID-12. The first 2 quarters July-December 2019 as a baseline and the last two quarters (January-June 2020) to assess changes from the baseline. Analysis by locality, district, ethnicity, gender and age is considered when available. National information is used as a comparison and when more specific information on the Bay of Plenty population is unavailable.

Data sources

The availability of national data and the nature of information is evolving to measure the impact of the COVID-19 pandemic on the population and how well the Government's response is supporting people to remain resilient and able to cope with life. Multiple government entities are involved in the emergency response and data is available on their websites as well as through the integrated data sets on statistics NZ website.

Health sector data is available from entities at the national level from Government agencies and national providers. District and local level data can be obtained from DHBs, PHOs and other NGO providers. However, locally available data from DHBs and PHOs is not always comparable across the region.

Various entities have recently completed and published survey findings to determine the health and Psychosocial impact of the COVID-19 Crisis Response on people's lives. Relevant information from these reports are included.

International experts are debating the best performance indicators to collect about the COVID-19 pandemic. They note that some information, while accurate, may be misleading and provide false assurances. Advice is also evolving on the most meaningful metrics to monitor transmission and the impact of control strategies of COVID-19 in a community. Appendix 2 provides information about common misconceptions when interpreting COVID-19 data. Dr Tom Frieden a former Centre for Diseases Control (CDC) Director warns of COVID-19 data myths and misuses, and outlines metrics that matter[11].

[11] https://www.vitalstrategies.org/former-cdc-director-and-resolve-to-save-lives-president-and-ceo-dr-tom-frieden-warns-of-COVID-19-data-myths-and-misuses-outlines-metrics-that-matter/

"What gets measured, matters. Lots of COVID-19 data that get attention are either inaccurate, partial, or misleading. Collected, analysed, and disseminated correctly, data can save lives and help restore livelihoods."

Key indicators considered most meaningful in assessing how well the virus is being contained include:

- The number of unlinked infections
- Isolation of patients within 3 days of symptom onset
- The proportion of cases arising among quarantined contacts
- The number of health care worker infections
- Trends in excess mortality
- Where and how the virus is spreading in each community.

While the recommended indicators above are not being formally reported on, the current processes at the border are consistent with ensuring these measures are met and containment occurs.

5.5 Stakeholder Engagement

Limited stakeholder engagement has been possible given the breadth of the scope of the issues to be assessed and timeframes for completion. The Project team identified key organisations and their personnel to contact for insights and data. It was also considered inappropriate to seek views from community organisations regarding their needs as it would unrealistically raise expectations.

6.0 Recent Health Needs Assessments in the Bay of Plenty Region

6.1 Population profile for the Bay of Plenty Region

The Bay of Plenty Region includes the areas covered by the Bay of Plenty DHB and Lakes DHB.

Figure 3: Map of the Area Toi Te Ora Public Health Service Covers.

Source: Toi Te Ora Annual Business Plan 2019-2020

Total population

The total combined population across the Region, at the time of the 2013 census, was just over 300,000 with 206,000 people living in the Bay of Plenty DHB area and 98,000 people living in the Lakes DHB area. The total population equates to 6.1% of the national population. Ministry of Health projections for district health board populations for 2019 estimate the regional population to now be over 350,00 (Bay of Plenty DHB at 240,00 and Lakes DHB 111,000).

Age profile

The 2019 projections indicate a higher proportion of the population were aged 65 years or more in the Bay of Plenty DHB (19.9%) and the Lakes DHB (16.5%) compared with New Zealand as a whole (15.7%).

The age structure of both DHB populations is projected to change significantly with declining birth rates and a higher proportion of people aged over 65 years. The Bay of Plenty DHB population is projected to increase by 9.1% over the next 10 years, while the Lakes DHB population is expected to increase by 2.5%.

Ethnicity

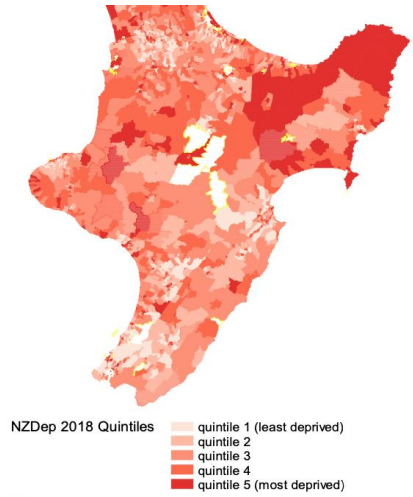
The proportion of Māori in the population is significantly higher in both the Bay of Plenty DHB (25%) and Lakes DHB (35%). Population growth is projected to be faster for Māori with an increase of 15.5% projected in the next 10 years for Bay of Plenty DHB and 10.7% for Lakes DHB.

Social Deprivation

According to the *New Zealand Index of Socio-economic Deprivation* approximately 25% of the Bay of Plenty DHB and 34% of the Lakes DHB populations live in high deprivation areas (NZDep2013 Quintile 5). Bay of Plenty and Lakes DHBs have many high needs communities where over 50% of the populations live in quintile five.

NZDep 2018 has been updated to include the new supported living benefits and measures such as access to the internet. The new scores confirm the areas of high social deprivation in the Bay of Plenty Region. Refer Figure 4.

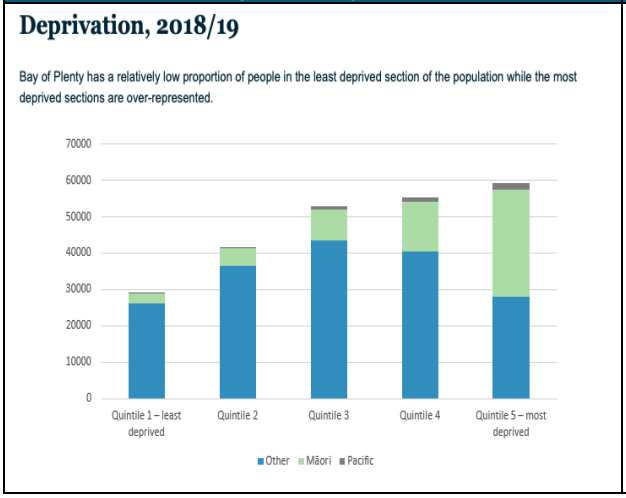
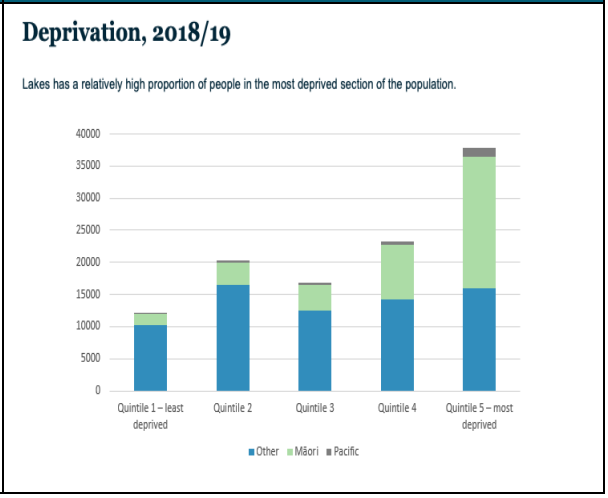
Figure 4: NZ Dep 2018 Distribution in the North Island of New Zealand



Source: Otago University[12]

Bay of Plenty and Lakes DHBs have relatively high proportion of their populations in the most deprived areas, and in these localities, Māori make up over 50% of the population. Refer to Table 2.

Table 2: Deprivation Population profiles by Ethnicity for Lakes DHB and Bay of Plenty DHBs

Bay of Plenty DHB	Lakes DHB
	

Source: MOH website

[12] https://www.otago.ac.nz/wellington/otago730394.pdf

Over the past decade, multiple health needs assessments have been completed by individual District Health Board. To follow is a summary of their findings.

6.2 The Bay of Plenty District Health Board

Previous reviews of the Bay of Plenty's population health profile and health needs highlight significant opportunities for health gain, and inequities for the Māori population. [13] [14]

Most recently in 2016, The Bay of Plenty DHB Health and Service profile was completed by EY.[15] Key findings include the following:

- The Bay of Plenty population has generally good health compared with the national data
- There is generally good access to health services
- Steady population growth is projected for Tauranga and Western Bay of Plenty, with negative population growth in the East.

The largest potential for health gains in the Bay of Plenty arises from:

- Eliminating smoking
- Addressing obesity
- Reducing Māori inequalities.

The Māori population:

- Māori make up 25% of the population in the Bay of Plenty
- Multiple iwi (18) lie within or across the DHB borders
- The proportion of Māori by TLA is greatest in the east, ranging from 17% of Western Bay of Plenty, 58% of Kawerau District Council and 54% of Opotiki District Council
- The Māori population is relatively young and growing faster than the rest of the population
- Life expectancy for Māori males is eight years less than for non- Māori, and for Māori women 7.6 years less
- Reduced access to the broader determinants of health including:
  - Adequate housing conditions
  - Access to education
  - Adequate income and meaningful employment
  - Political participation[16].

Social deprivation:

- Bay of Plenty has a higher proportion of people residing in the most deprived areas than the New Zealand average
- Over 50% of Māori occupy the 2 most deprived deciles (9-10) which is higher than the national rate for Māori. By comparison, only 15% of non- Māori in the Bay of Plenty live in deciles 9-10.
- Kawerau and Opotiki are the most deprived districts with 100% of the population in quintile four and five areas

[13] Massey University 2011. Health needs Assessment Bay of Plenty District Health Board for the Ministry of Health.

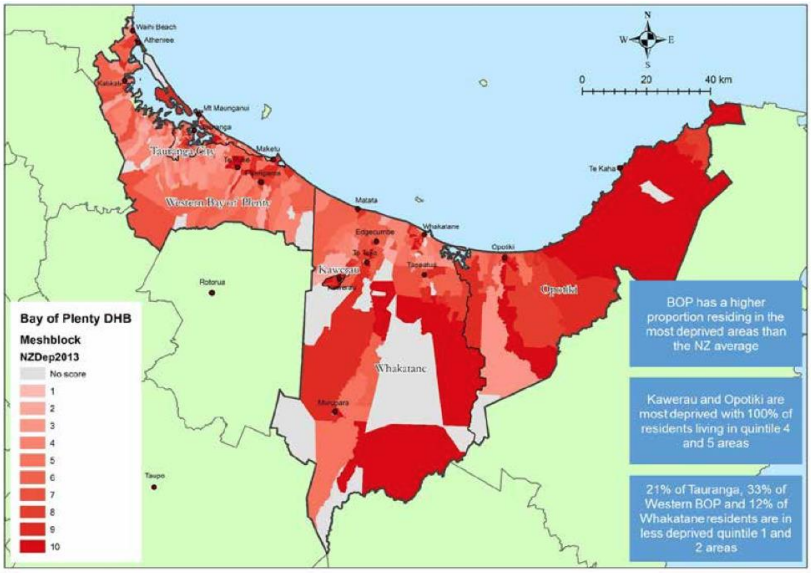
[14] Whanau Ora Assessment Te Moana a Toi 2012-13

[15] EY, 2016. Bay of Plenty Health and Service Profile. https://www.bopdhb.govt.nz/media/60565/health-and-service-profile-2016.pdf

[16] Whanau Ora Assessment Te Moana a Toi 2012-13

- Thirty three percent of Western Bay of Plenty, 21% of Tauranga and 12% of Whakatane residents live in the least deprived quintile one and two areas. Refer Figure 5.

Figure 5: NZDep 2013 for the Bay of Plenty Area Health Board District



Source: Compiled by Ministry of Health from Atkinson J, Salmond C, Crampton P. 2014. NZDep2013 Index of Deprivation. Wellington: University of Otago.

Indicators of health and wellbeing:

- Bay of Plenty has higher life expectancy and a higher amenable mortality than the national average
- Heart disease and suicide are the largest causes of premature death.
- Diabetes in Eastern Bay of Plenty and Motor vehicle injury in Western Bay of Plenty have higher mortality than other parts of Bay of Plenty
- Māori in Bay of Plenty are comparable to Māori in NZ on most indicators. There are significant opportunities for making rapid health gains for Māori
- Children (0-14 years) and youth (15-24 years) are at generally higher risk than their national counterparts. Issues of concern include overcrowding, lack of home heating, child abuse, dental health, ambulatory sensitive hospitalisations, suicide and self-harm
- Prevalence of risk factors is relatively high compared to the national average including hazardous drinking, tobacco consumption, obesity (over 57,000 obese adults and 10,000 morbidly obese adults, and 4000 children are obese)
- Sixteen percent of adults have chronic pain with many requiring home care. Rates of long-term opioid use are high despite lack of effectiveness
- Older people (age 75+) appear to have good access to hospital and community-based services, with good ageing in place support.

Service utilisation:

- Māori are lower users of primary health care than indicated by their health status
- Overall Bay of Plenty ambulatory sensitive hospitalisation rate for 2010-2015 is higher than the national average
- Most inpatient care is provided by local hospitals across the region. In the Bay of Plenty both planned and unplanned admissions rates are above the national rates
- Emergency department (ED) attendance rates are above the national rates, and are particularly high at Whakatane Hospital, possibly due to lower afterhours access to primary care for this area.

The Bay of Plenty Māori Health Plan 2016-17[17]

The Bay of Plenty DHB Māori health Plan provides a detailed analysis of the population profile and communities of relatively high health needs. It also includes service provision indicators focusing on measuring services improvements to achieve equitable health gains. Refer Table 3.

The Primary care dashboard for Māori Health targets indicates the extent to which service delivery is ensuring equitable access to services for Māori. The data was last updated in December 2019.
At that time targets were generally being met. The exceptions were for breast feeding rates, attendance at appointments and influenza vaccination coverage.

Table 3: Māori Health Plan Dashboard

Maori Health Plan Dashboard — **Dec-19**

Monthly Results

Target	Indicator	Baseline Maori*	Target	Result Maori	Result Non-Maori/Total	Numeric results	Δ from BL	Disparity	2018/19 Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	2019/20 Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Imms	Immunisation (8 mths)	87%	95%	78.6%	85.0%	239 immunised of 304 *A further 30 immunisations required to meet target*	-8.4%	-6.4%	73.4%	72.0%	70.7%	72.2%	72.9%	75.3%	77.8%	77.9%	78.8%	80.1%	78.9%	78.6%
Dental	Oral Health: Maori pre-school children enrolled in dental	65%	95%	99.2%	107.9%	6,416 enrolled of 6,470 *Target met*	34.2%	-8.7%	97.7%	97.5%	97.6%	97.0%	97.7%	96.8%	94.7%	96.2%	97.0%	97.2%	98.3%	99.2%
DNA	Did-Not-Attend Rate - Maori	16%	5%	13.8%	6.7%	288 DNAs of 1,822 *A further 197 patients needed to attend their outpatient appointment to meet target*	0.2%	9.1%	13.3%	13.9%	14.3%	11.9%	12.9%	13.3%	13.0%	14.8%	13.7%	13.9%	13.7%	13.8%
Breastfeeding	Breastfeeding at 6wks (full & exclusive)	59%	75%	60.7%	71.9%	17 exclusive of 28 *4 additional mothers would need to exclusively breastfeed at 6 weeks to meet target*	1.4%	-11.2%	60.4%	46.4%	59.5%	64.0%	58.9%	71.0%	51.4%	76.3%	51.0%	43.2%	60.4%	60.7%
	Breastfeeding at 3mths (full & exclusive)	47%	70%	48.3%	66.1%	14 exclusive of 29 *7 additional mothers would need to exclusively breastfeed at 3 months to meet target*	1.3%	-17.8%	63.4%	42.9%	46.7%	45.5%	59.3%	55.6%	48.6%	52.3%	65.7%	58.8%	41.2%	48.3%
	Breastfeeding at 6mths (receiving breast milk)	61%	60%	61.3%	74.7%	19 receiving breast milk of 31 *Target met*	0.3%	-13.4%	62.5%	58.8%	60.0%	62.2%	74.2%	69.7%	42.4%	54.8%	60.0%	66.7%	56.3%	61.3%
ASH Events / Acute	Maori ASH Rate per 100,000: 0-4yrs	7183	6345	6867	6104	59 0-4 ASH discharges *2 Fewer Discharges Required to meet target*	-316	763	5185	4630	8148	6852	6667	6852	6325	11566	7229	6867	7048	6867
	Maori ASH Rate per 100,000: 45-64yrs	7421	7050	6026	2731	59 45-64 ASH discharges *Target met.*	-1395	3294	6051	6154	6974	6256	7590	8513	10009	8477	7455	7047	6536	6026

Quarterly Results

Target	Indicator	Baseline Maori*	Target	Result Maori	Result Non-Maori/Total	Numeric results	Δ from BL	Disparity	2018/19 Q3 2018/19 (Jan-Mar)	Q4 2018/19 (Apr-Jun)	2019/20 Q1 2019/20 (July-Sept)	Q2 2019/20 (Oct-Dec)
PHO / Practice Enrolment	Population BOP	n/a	n/a	60,410	243,240	n/a	n/a	n/a	59,310	59,310	60,410	60,410
	Enrolled in PHOs: BOP	54,412	53,380	58,894	241,342	n/a	4,482	n/a	57,330	57,489	58,442	58,894
	Enrolled in PHOs: BOP %	97%	90%	97.5%	99.2%	n/a	0.5%	-1.7%	96.7%	96.9%	96.7%	97.5%
	Enrolled in PHOs & GP Practices: BOP	55,733	53,380	60,222	242,845	n/a	4,489	n/a	58,561	58,780	59,752	60,222
	Enrolled in PHOs & GP Practices: BOP %	97%	90%	99.7%	99.8%	n/a	2.4%	-0.1%	98.7%	99.1%	98.9%	99.7%
CVDRA	More Heart & Diabetes checks (CVDRA) within 3yrs	89%	90%	86.5%	91.2%	14,430 checks of 16,664 *A further 368 checks required to meet target*	-2.5%	-4.7%	86.6%	86.5%	N/A	N/A
CVDRA	More Heart & Diabetes checks (CVDRA) for Maori Men 35-44	74%	90%	72.0%	NA	2,040 checks of 2,822 *A further 300 checks required to meet target*	-2.1%	NA	72.3%	72.0%	N/A	N/A
Breast screening	Breast Screening Rates 50-69 Maori	60%	70%	67.5%	75.2%	3,716 screens of 5,505 *A further 137 screens required to meet target*	7.6%	-7.7%	65.2%	66.1%	66.4%	67.5%
Smoking Quarterly	Smoking Cessation Advice (Hospital) Maori	96%	95%	93.7%	97.1%		-2.3%	-3.4%	97.5%	93.7%	No Longer Available for BOP DHB	No Longer Available for BOP DHB
	Smoking Cessation Advice Primary Care Maori	87%	90%	87.6%	88.7%	10,827 advised of 12,354 *A further 292 people to be advised to meet target*	0.6%	-1.1%	86.8%	85.6%	86.0%	87.6%
	Smoking Prevalence in Pregnancy	47%	25%	26.3%	13.5%	5 smokers of 19 *A further 1 woman needs to be smoke free to meet target*	-20.7%	12.8%	40.5%	42.9%	40.7%	26.3%
	Smoking Cessation Advice in Pregnancy	89%	90%	100.0%	85.7%	5 advised of 5 *Target met*	11.0%	14.3%	93.3%	100.0%	72.7%	100.0%
Imms Flu	Influenza Immunisation (65+)	50.0%	75%	54.5%	63.7%	2,478 immunised of 4,550 *A further 935 immunisations required to meet target*	4.5%	-9.2%	51.3%	52.6%	54.4%	54.5%
Cervical	Cervical Screening Rates Maori (25-69)	70%	80%	73.5%	79.5%	9,892 screens of 13,454 *A further 871 screens required to meet target*	3.5%	-6.0%	73.5%	72.6%	72.8%	73.5%

* Note: Where possible, Maori baselines are taken from the Maori Health Plan 2016/17. All other baselines are based on actual Q4 2015/16 results.

Key to colour coding
Target Attained
Target within 10%
Target within 20%
Target outside 20%

6.3 Lakes District Health Board

In 2012, the Ministry of health also completed a Health Needs Assessment for Lakes DHB[18]. This information was updated by the Lakes System Level Health Improvement Plan 2018-19.[19] The key findings in this report are provided below.

[17] https://www.bopdhb.govt.nz/media/59441/bopdhb-maori-health-plan-2016-17.pdf

[18] https://www.ehinz.ac.nz/assets/Reports/HNA-2012/Lakes-HNA.pdf

[19] https://nsfl.health.govt.nz/system/files/documents/pages/2018-19_lakes_dhb_slm_plan.pdf

The Lakes DHB population can be best summarised as:

- lower population growth
- higher social deprivation
- higher proportion of Māori.

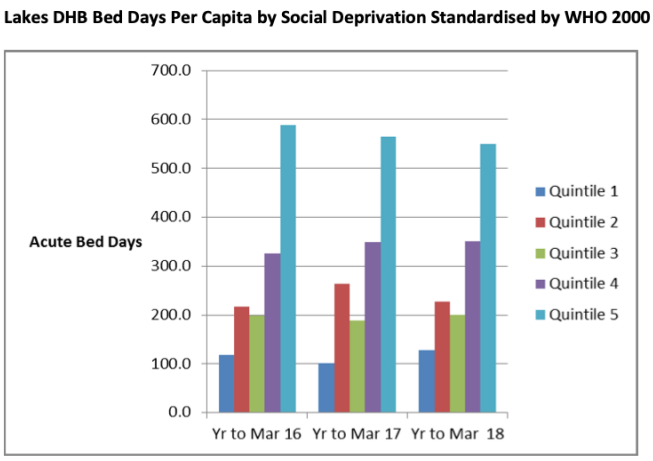
Socio-economic and ageing challenges for their communities can mask overall health indicators and hide what might be happening within subgroups. To understand this, the report highlights key data points below:

- Thirty five percent of Lakes population is Māori
- Current annual growth is estimated at 1% per annum bringing the Lakes' projected population to 108,320 for the 2017/18 fiscal year
- Most of this projected growth (85%) sits in the 55 years and over age group with the majority of this population being non- Māori
- Migration and housing demand pressures are contributing to higher population estimates
- The population of those less than 15 years of age is predicted to grow slowly with Māori growing more quickly providing an opportunity to refine the approach to child health
- 52% of the enrolled population in primary care can be defined as 'high need' compared with 36% for Bay of Plenty
- The Index of Multiple Deprivation (IMD) shows Lakes as having the third most deprived population behind Tairawhiti and Northland DHBs
- Lakes DHB has particular challenges in the areas of education, crime and housing
- Over half (55%) of the population resides in areas designated as quintile four and five (the two most deprived quintiles) compared with 40% nationally
- Over 50% of Māori reside in areas designated quintile five
- Average life expectancy (LE) in Lakes DHB is about 2.7 years less than the national average with Māori life expectancy at birth still some 7- 8 years less than non- Māori.

Acute Service utilisation by social deprivation

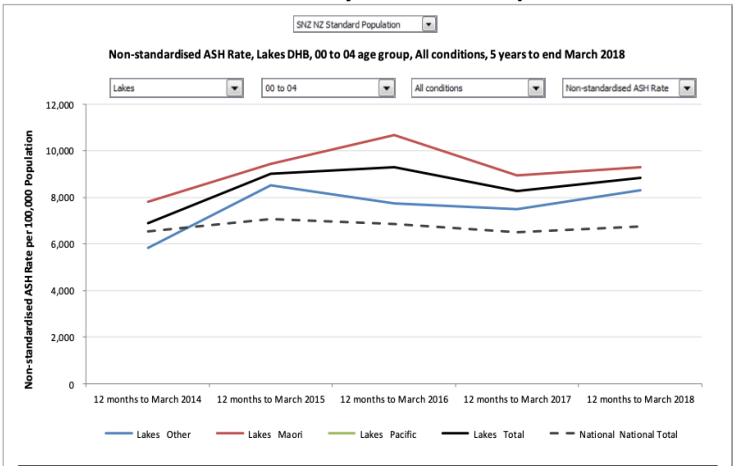
The Lakes DHB Health Improvement Plan included the following graphs that illustrate the higher acute health needs of the Lakes population that live in socially deprived localities over 3 years from year ending March 2016 to 2018. A slight reduction in acute bed days is noted for people living in the most socially deprived localities. Refer Figure 6.

Figure 6: Standardised Bed Days Per Capita by Social Deprivation 2017-2018



Ambulatory Sensitive Hospitalisation (ASH) rates in Lakes are an indicator of the opportunity to improve health outcomes for children. The DHB is giving priority to reducing ASH by improving the determinants of health including earlier access to health services. Refer Figure: 7

Figure 7: Trends in Lakes DHB Ambulatory Sensitive Hospitalisation Rates 0-4 year olds



Source: Lakes DHB System Level Plan 2018-19

The Lakes System Level Improvement Report also states principles for improvement measures were collectively agreed by Team Rotorua and Midland Health Network Alliance partners, and Community Public Health Advisory Committee (CPHAC).

These principles are reflected in the COVID-19 response led by Te Arawa[20] as follows.

- Maintain an equity focus
- Be mindful of social determinants (beyond health)
- Consider Whānau Ora philosophy so we can see activity in terms of Māori health
- Use key data to measure the success of Alliances and as a lever for change
- Ensure measures of success are visible and track progress eg use info graphics/dashboards linking data and priorities
- Allow inclusion of innovation and wider agency activity
- System Level Measures need to join up bits of the health system and show contribution of all the parts, not just general practice e.g. immunisation as outreach, National Immunisation Register (NIR), general practice, pharmacy etc.
- Choose a small set of contributory measures that are important to Lakes
- Build from the health needs assessment to have regular conversations.

Refer to Section 9.3.2 Te Arawa COVID-19 Response for more information.

[20] Te Arawa COVID-19 Response Hui 24 April 2020, Final PPT Presentation

7.0 COVID-19 Case Management

7.1 Key Findings

1. The COVID-19 websites managed by the Department of Prime Minister and Cabinet (DPMC) [21] and by the Ministry of Health[22] provide daily updated intelligence on COVID-19 indicators. As at 31 July, data indicated the national response to eliminate community spread of COVID-19 and border control was working well . The goal to protect population groups most at risk of COVID-19 severe respiratory illness was also being achieved.
2.
3. In the Bay of Plenty region 63 COVID-19 cases were confirmed, and there were no associated deaths. Contact tracing undertaken by Toi Te Ora has required significant resource with staff being re-deployed to manage time sensitive workloads.

4. Within the Bay of Plenty Region, managed isolation is occurring in three facilities in Rotorua. The service is delivered by a multidisciplinary team to ensure health and psychosocial needs are met. Psychosocial resources developed locally for this service could be adapted for use in the wider community recovery process.

5. COVID-19 testing rates for Māori and Pacific population nationally and locally are higher than the total population. The percentage of positive tests in these populations is lower than the rest of the population. These data indicate relatively high access to assessment and screening is being achieved.

6. Concerns were raised about the need to increase access to Community Based Assessment Centres (CBACs):
   - Access to after-hours assessment was insufficient during the crisis
   - Continued access is needed to ensure appropriate access to screening and assessment over the winter colds and flu season. Primary Health Organisations (PHOs) indicated that clinics are finding it difficult to manage the backlog of deferred care in March – April, as well the number of people presenting with winter upper respiratory illnesses requiring assessments.

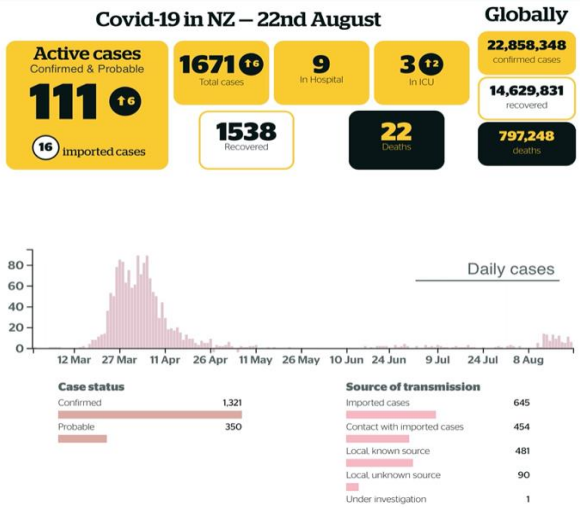
7. The risks from COVID-19 continue to emerge. In early August, after 103 days without community transmission, a new cluster of cases occurred and is under aggressive management to "stamp it out". Refer Figure 8 below.
   - The source of the new outbreak has not been identified.
   - Genomic testing does not link it to previous outbreaks in New Zealand and the possibility of transmission on frozen food packaging at the site where the original cased works is being investigated.
   - There is information available that indicates similar findings of COVID-19 on frozen foods imported into China causing new outbreaks. There are also indications that China is now restricting importing of frozen food from high risk areas[23].

[21] https://COVID19.govt.nz

[22] https://www.health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/COVID-19-current-situation/COVID-19-current-cases#dhbs

[23] XIIID Global Strategy and Research "What I learned this week" August 20,2020.

Figure 8: COVID-19 Situation report 22nd August 2010



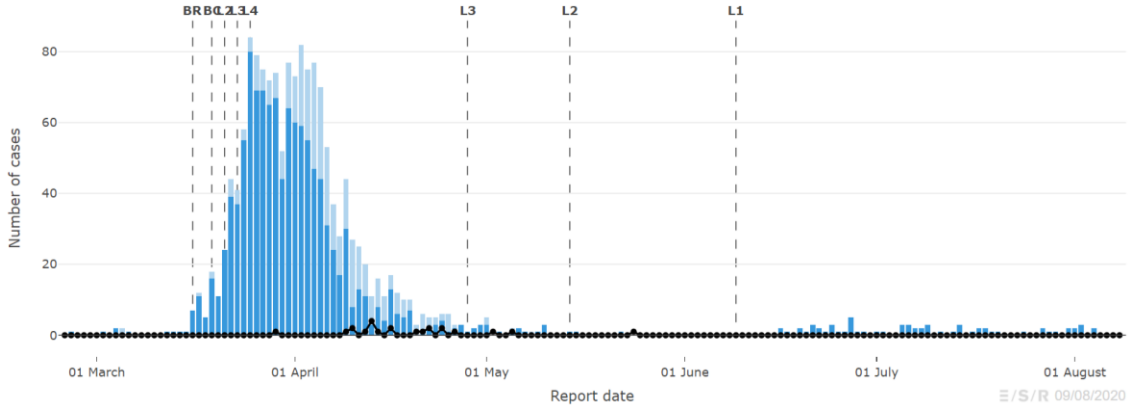
7.2 National COVID-19 Cases

Number of cases nationally

As at 5th August 2020, a total of 1,569 COVID-19bcases have been confirmed in New Zealand. Of these 1,523 have recovered, 22 are deceased, and 24 active cases are in managed isolation [24]. As of 10th August there were no new cases from community spread for 100 days. Refer Figure 9. At this time:

- Contact tracing capacity was rapidly increased
- Community testing rates recently increased
- There is no sign of community transmission.
- All cases were being detected at the border
- Measures were in place to strengthen enforcement of managed isolation for all people entering the country
- There were no cases in hospital

Figure 9 : National Confirmed and suspected COVID 19 Cases.



Source: ESR Dashboard: https://nzCOVIDdashboard.esr.cri.nz/#!/

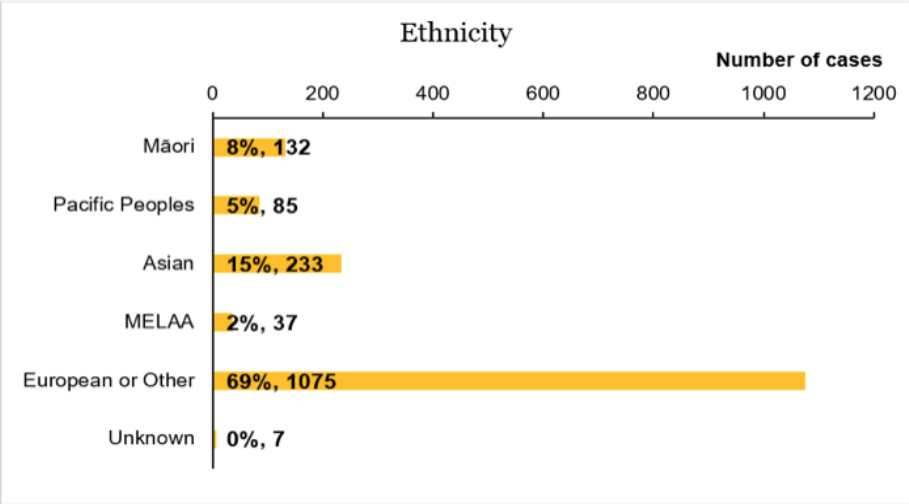
[24] https://www.health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/COVID-19-current-situation/COVID-19-current-cases#dhbs

The dark blue shows the number of laboratory confirmed cases (1,219) and the light blue is probable cases (350) for a total of 1,569 cases. There have been 22 deaths. The label "BR" shows the date that border restrictions commenced.

Cases by ethnicity

Currently 8% of COVID-19 cases are Māori indicating that the priority to reduce the risk of transmission in the Māori population group is being achieved.

Figure 10: Total Cases Nationally by Ethnicity



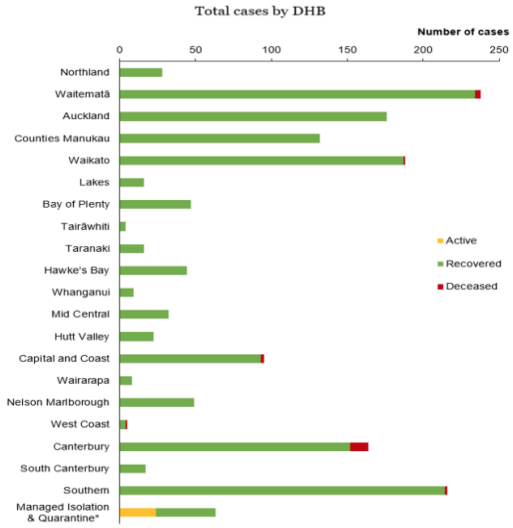
Total cases by ethnicity as at 9.00 am, 6 August 2020

Note: Prioritised ethnicity classification is used for reporting purposes. Each case is allocated to a single ethnic group based on the ethnic groups they have identified with, which are, in order of priority: Māori, Pacific Peoples, Asian, MELAA (Middle Eastern / Latin American / African) and European/Other. This means that if a person identifies as being Māori and New Zealand European, the person is counted as Māori.

COVID-19 case numbers by DHB

The numbers of notified cases by DHBs are reported on the Ministry of Health website as per Figure 11 below.

Figure 11: Total Cases of COVID-19 by DHB



Source: EpiSurv extract as at 9.00 am 6 August 2020

7.3 Bay of Plenty Region COVID-19 Cases

Case numbers

There have been a total of 63 COVID-19 cases in the Bay of Plenty Region notified to Toi Te Ora Public Health. It has been more than 124 days since the last confirmed or probable case was notified. The most recent notification (report date) in the Bay of Plenty was the 19th of April and the most recent notification in Lakes district was on the 17th of April. The nine confirmed cases identified in managed isolation facilities in Lakes are excluded from these data. Refer to Figure 12.

Figure 12: Confirmed and Probable Cases as at 9 August 2020 (no change since 19 April)

Area	Confirmed	Probable	Totals
Bay of Plenty DHB	33	14	47
Lakes DHB	15	1	16
Toi Te Ora Public Health	48	15	63

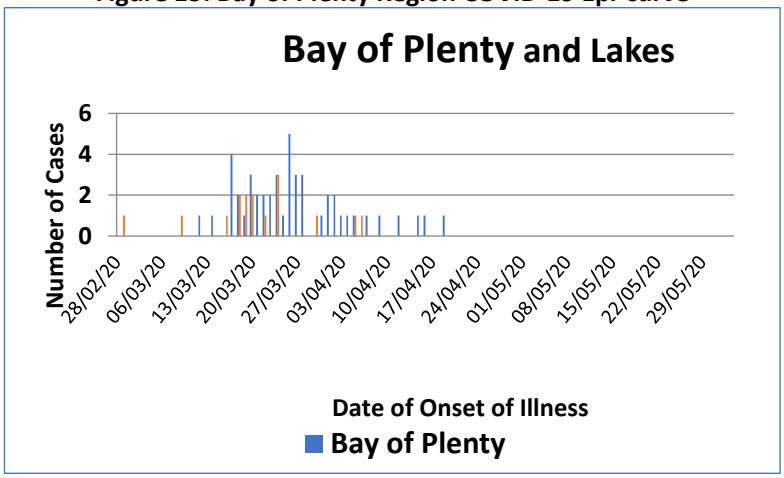
Hospitalisation due to COVID-19

The hospitalisation rate in the Bay of Plenty region is the same as the national rate. In the Bay of Plenty, four of the total 63 cases (6.3%) required hospital level care. Nationally 95 of the total 1504 cases (63%) required hospital level care. The national rate excluded hospitalisations from recent repatriations where the data is not available.

Epicurve of Probable and Confirmed Cases

Figure 13 below provides the Epi-curve based date of onset of illness for cases in the Bay of Plenty Region (Bay of Plenty and Lakes DHBs).

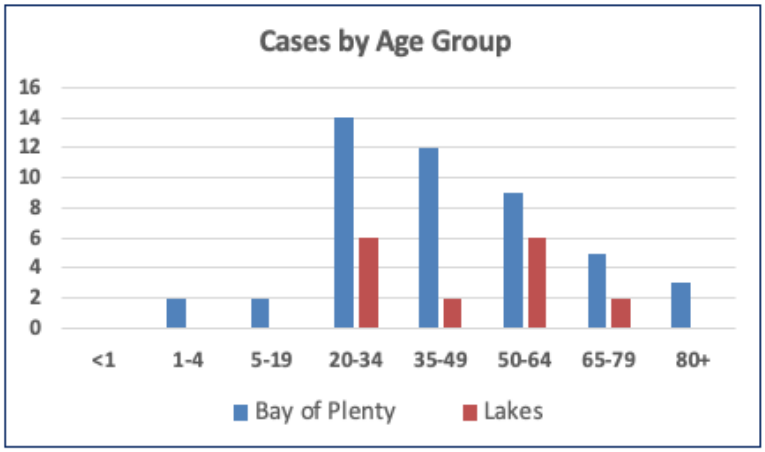
Figure 13: Bay of Plenty Region COVID-19 Epi-curve



Bay of Plenty Region COVID-19 Cases By Age

The highest number of COVID-19 cases were in young adults. Refer to Figure 14.

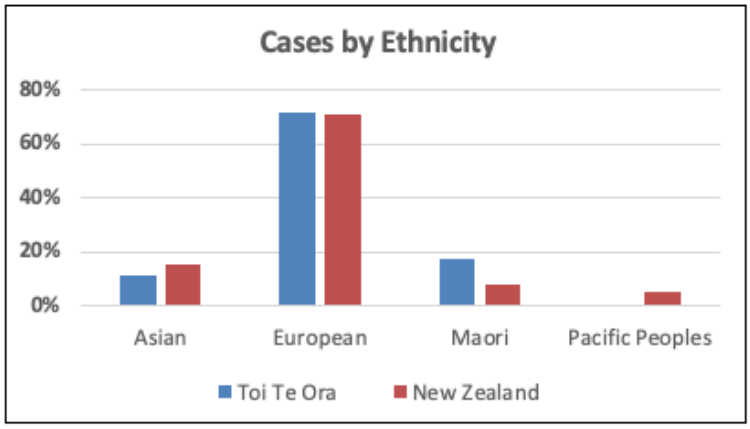
Figure 14: Bay of Plenty Region COVID-19 Cases by Age Groups



Bay of Plenty Region Cases by Ethnicity

Toi Te Ora COVID-19 rates by ethnicity compared with New Zealand are provided in Figure 14 (Note: the numbers are too small for reporting by DHB).

Figure 14: Bay of Plenty Region percentage of COVID-19 Cases by Ethnicity



Bay of Plenty Region Cases by DHB by Gender

The percentage of cases by gender for Bay of Plenty and Lakes DHB compared with the national percentage is provided in Table 4.

Table 4: Percentage of COVID-19 Cases by Gender by DHB

	Females		Males	
	Number	%	Number	%
Bay of Plenty	28	60%	19	40%
Lakes	8	50%	8	50%
New Zealand	866	55%	703	45%

Case Investigations - Source of Infection

The most likely source of COVID-19 infection by DHB is provided below in Table 5. The data for the Bay of Plenty and Lakes is as of the 15th of May and does not include the recent repatriations. The New Zealand data is as of the 11th of August.

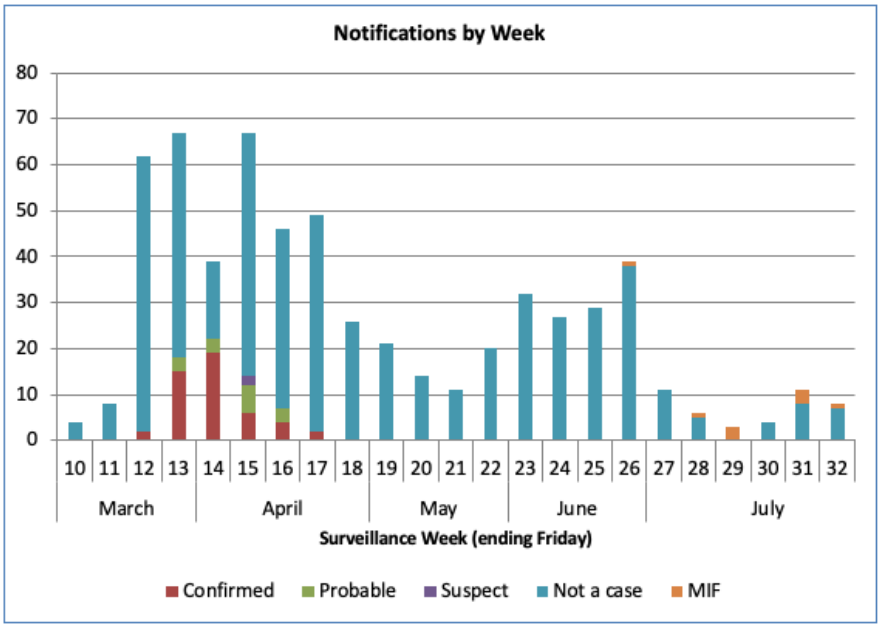
Table 5: Case Investigation Likely Source of Infection

	Bay of Plenty DHB		Lakes DHB		New Zealand
Transmission - likely source of infection	Number of cases	% of total	Number of cases	% of total	% of total
Arrived from overseas in previous 14 days	21	45%	12	75%	41%
Directly linked to a case who recently arrived from overseas	21	45%	2	13%	29%
Linked to another local case	4	8%	0	0	25%
Locally acquired – source unknown	1	2%	2	13%	6%
Total	47		16		

Number of Case Investigations Including "Not a Case"

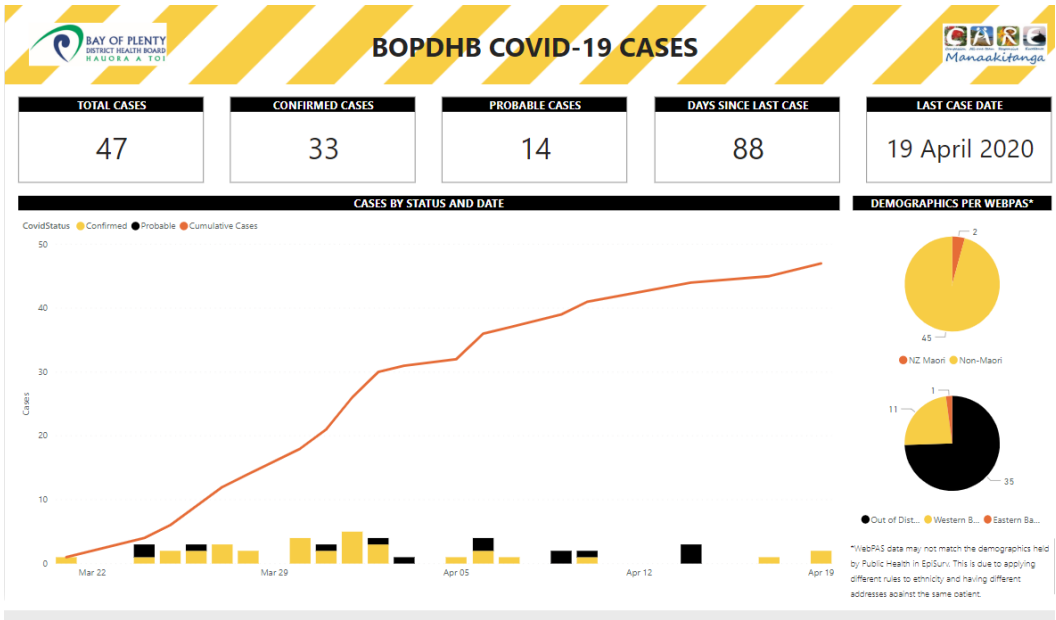
The total number of notifications to the Medical Officer of Health, including the cases that are not laboratory confirmed or did not meet the confirmed or probable case definitions at the time are provided in Figure 15 below. All notifications require assessment with further investigations determined on a case by case basis.

Figure 15: Total number of COVID-19 Cases Notified to the Medical Officer of Health for Investigation



Regular reports are developed By Toi Te Ora summarising the situation as per Figure 16 below. As at 6th August 2020 the total COVID-19 Cases notified were 47 in Bay of Plenty DHB, and 16 in Lakes DHB, none of whom are deceased.[25] Refer Appendix 4 for case numbers.

Figure 16: Toi Te Ora Report – Bay of Plenty DHB COVID-19 Cases

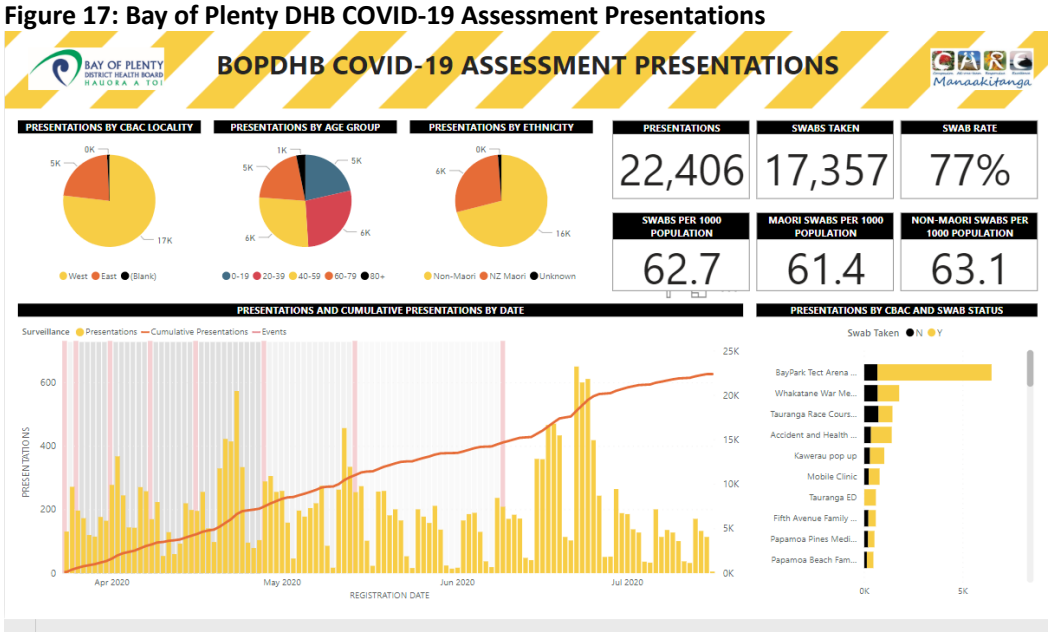


Source: Toi Te Ora

7.4 COVID-19 Assessment and Testing Rates

Toi Te Ora also reports on COVID-19 assessment and testing numbers as per Figure 17 below.

Figure 17: Bay of Plenty DHB COVID-19 Assessment Presentations



[25] https://www.health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/COVID-19-current-situation/COVID-19-current-cases#dhbs

Information on the Ministry of Health Website on testing is also available and updated daily.[26] Refer to Table 5. The overall testing rate per population in the Bay of Plenty (8%) is below the national testing rate (8.4%), and in Lakes DHBs (9%) is above the national rate. The percent of positive tests in Bay of Plenty and Lakes DHBs (0.1%) is below the national rate (0.3%). These results indicate relatively good access to testing compared to the national level. However feedback from key stakeholders indicate the current unmet need for access to CBAC services during the winter cold and flu season to take pressure off primary care medical clinics. The need for CBACs to be available afterhours was also raised.

Table 5: COVID-19 Tests undertaken by DHB and Positivity %

Tests by DHB

COVID-19 tests (people tested, positivity %, and test rate per 1,000 people) by DHB from 22 January to 2 August 2020

DHB	Total people tested	Test rate per 1,000 people	Positive %
Northland	14,338	79	0.2%
Waitematā	51,250	81	0.3%
Auckland	44,759	82	0.4%
Counties Manukau	56,572	99	0.2%
Waikato	38,072	90	0.4%
Lakes	10,018	90	0.1%
Bay of Plenty	19,181	80	0.2%
Tairāwhiti	5,029	102	0.1%
Hawke's Bay	15,090	90	0.2%
Taranaki	8,784	73	0.1%
Mid Central	12,884	71	0.2%
Whanganui	5,176	80	0.1%
Capital and Coast	27,260	85	0.3%
Hutt Valley	11,147	74	0.2%
Wairarapa	3,445	75	0.1%
Nelson Marlborough	10,020	66	0.3%
West Coast	1,744	54	0.2%
Canterbury	37,376	65	0.3%
South Canterbury	4,280	72	0.4%
Southern	24,618	74	0.7%
Unknown	14,610	-	0.4%
Total	**415,653**	**84**	**0.3%**

COVID-19 Testing Rates by Ethnicity

National testing rates by ethnicity were significantly higher in Pacific and Māori populations than the overall test rate indicating relatively high access to testing services. The lower rates of positive tests also reflects relatively high access to testing. Refer Tables 6 – 9 below.

[26] https://www.health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/COVID-19-current-situation/COVID-19-current-cases/COVID-19-testing-rates-ethnicity-and-dhb

Table 6: COVID-19 Tests rates, and Positivity % by Ethnicity

COVID-19 tests (people tested, positivity %, and test rate per 1,000 people) by ethnicity from 22 January to 2 August 2020

Ethnicity	Total people tested	Test rate per 1,000 people	Positive %
Māori	74,778	96	0.1%
Pacific	42,223	132	0.1%
Asian	46,694	61	0.3%
Other	247,724	80	0.4%
Unknown	4,234	-	0.2%
Total	**415,653**	**84**	**0.3%**

Table 7: COVID-19 Tests rates, by DHB, by Ethnicity

COVID-19 tests rates per 1,000 people by DHB and ethnicity from 22 January to 2 August 2020

DHB	Māori	Pacific	Asian	Other
Northland	93	75	51	72
Waitematā	91	118	62	81
Auckland	93	117	53	91
Counties Manukau	115	156	66	83
Waikato	103	104	71	86
Lakes	103	107	64	85
Bay of Plenty	89	151	59	76
Tairāwhiti	116	138	78	85
Hawke's Bay	98	216	61	82
Taranaki	77	95	66	71
Mid Central	73	86	50	71
Whanganui	81	115	65	78
Capital and Coast	94	101	56	87
Hutt Valley	80	78	55	75
Wairarapa	90	121	58	71
Nelson Marlborough	69	163	51	64
West Coast	54	95	96	52
Canterbury	71	86	55	64
South Canterbury	67	201	77	70
Southern	72	101	51	75
Total	**96**	**132**	**61**	**80**

Testing Rates by District Health Board and Ethnicity

The following tables provide a summary from the Ministry of Health website. COVID-19 Test rates by ethnicity in the Bay of Plenty and Lakes DHB compare well with the national rates. The rates are significantly higher in Māori and Pacific compared with Other suggesting relatively good access to assessment and screening services.

Table 8: BAY OF PLENTY Region COVID-19 Tests rates, Positivity %, by DHB, by Ethnicity

	BOP DHB	Lakes DHB	New Zealand
Total tested	19,181	10,018	415,653
Test rate per 1000 people	80	90	84
Positive %	0.2%	0.1%	0.3%

(Data from 22 January to 2 August 2020)

Table 9: Testing by Ethnicity (From 22 January to 2 August 2020)

	Bay of Plenty DHB		Lakes DHB		New Zealand	
	Test Rate per 1000	% of tests returning positive result	Test Rate per 1000	% of tests returning positive result	Test Rate per 1000	% of tests returning positive result
Asian	59	0.2%	64	0.2%	61	0.3%
Maori	89	0.0%	103	0.1%	93	0.1%
Other	76	0.2%	85	0.1%	80	0.4%
Pacific	151	0.0%	107	0.0%	132	0.1%

Contact Tracing and Monitoring

Toi Te Ora Public Health identified 286 close contacts of the 63 probable and confirmed cases in the Bay of Plenty and Lakes. In addition, there were 358 close and casual contacts associated with a local outbreak. This data does not include the contacts who were followed up by the National Close Contact Service (NCCS): for example, close contacts on airline flights, or local residents who were followed up by other public health units.

Surveillance Testing (from 23 April to 29 May)

The priority groups for asymptomatic testing are those with a high risk of exposure (health care workers, police officers, and other health and social care providers) and situations where transmission would have serious consequences (aged residential care facilities (ARC), other residential facilities, shelters, and houses for migrant workers).

Māori and Pacific Peoples should be represented in the data in equal or higher proportion to their population share, and this is why we have specific strategies to reach these groups (collaboration with mobile clinics, testing in papakāinga).

Surveillance data showing the number of tests completed in the Bay of Plenty from 23rd April to 29th of May are in Table 10 below.

Table 10: Asymptomatic testing in the Bay of Plenty

Group	Total	Māori	Pacific	Other
Migrant workers	331	11	249	71
NZ Police	78	12	1	65
St John's Staff	20	1	0	19
CBAC workers	140	30	3	107
ARC workers	143	16	3	124
Homeless and other at risk patients	95	30	0	65
Pathlab workers*	15	0	0	15
Papakāinga	171	146	3	22

* For the Bay of Plenty and Lakes districts, all lab workers considered at high-risk of exposure are based in Tauranga.

Surveillance data showing the number of tests completed in Lakes from 14th of May and 28th May are provided in Table 11 below.

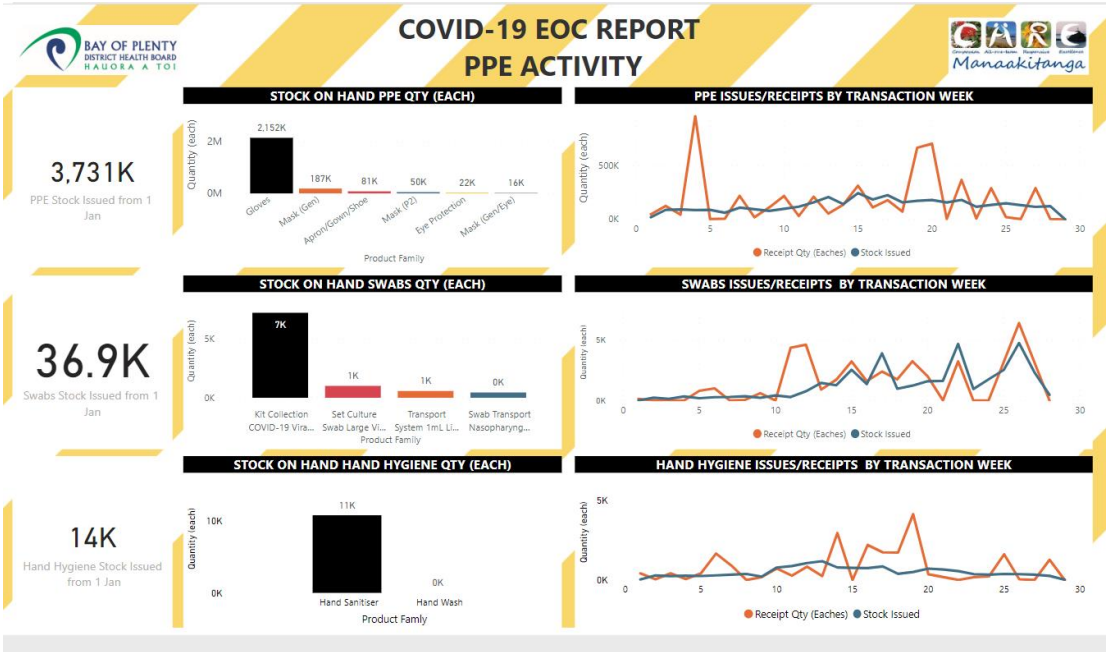
Table 11: Asymptomatic Testing in Lakes

Group	Total	Māori	Pacific	Other
ARC workers	109	10	9	90
NGO health and social care providers	33	16	0	17
Maori Health Providers	45	33	1	11
General asymptomatic population	112	55	2	55

7.5 Personal Protection Equipment and Supplies

National procurement for Personal Protective Equipment (PPE) and COVID-19 test swabs was established early in the emergency response. DHBs were subsequently made responsible for managing supplies of Personal Protective Equipment (PPE) and test swabs for their districts to ensure essential workers have access to the equipment they need. Logistics and reporting systems are now in place. Refer to Figure 18 below.

Figure 18: DOP DHB COVID-19 EOC Report on PPE Activity



7.6 International Situation

Globally the Pandemic is continuing unabated in most countries. China achieved rapid control by using the most advanced technology and mobilizing the grass roots of the Chinese Communist Party, the "neighbourhood committees". It also imposed a complete lockdown before fully opening the community, an approach followed in New Zealand.

As of the 10th of August, there are approximately **20,000,000** confirmed cases and **730,000 deaths** across more than 200 countries and territories. To follow are a number of reports on the situation globally as the pandemic develops.

The map below from the World Health Organisation shows the number of cases reported in the last seven days (WHO Sitrep 134).

Figure 19: WHO Global Sitrep – Number of Cases Reported in the past 7 Days

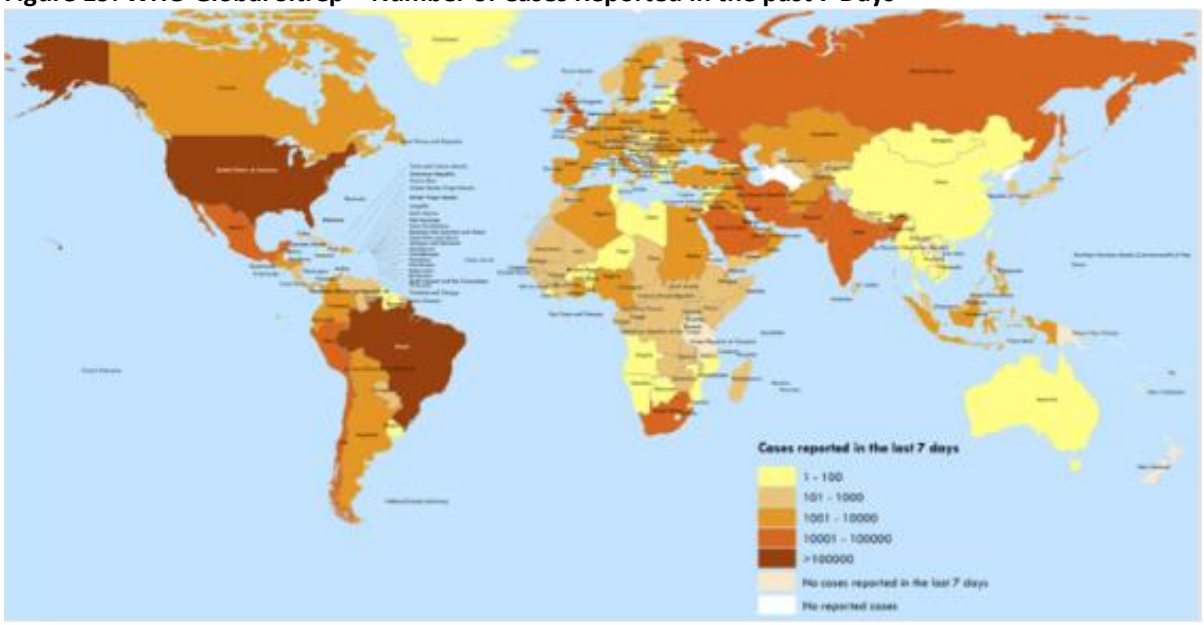
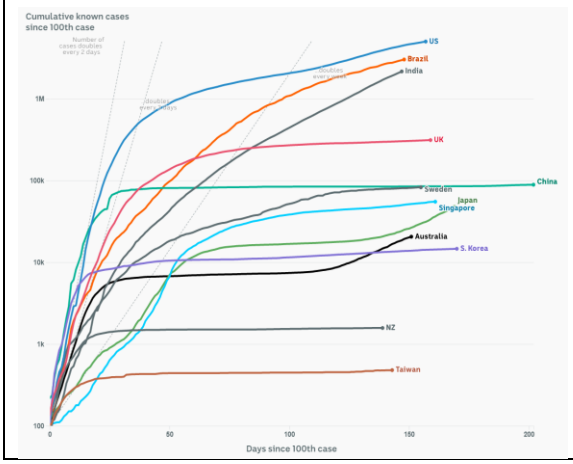
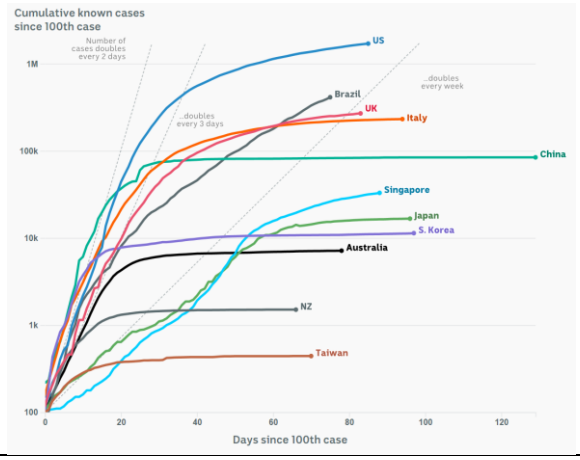


Table 11: New Zealand in Comparison with other Countries of Interest

Country	Cases	Deaths	Cases/ Million pop.	Deaths/ Million pop.	Tests/ Million pop.	Population
New Zealand	1,569	22	301	4	98,855	5,002,100
Ireland	26,714	1,772	5,403	358	133,962	4,933,108
Costa Rica	22,802	228	4,472	45	19,622	5,090,223
Finland	7,584	331	1,369	60	73,679	5,540,033
Norway	9,615	256	1,772	47	88,429	5,417,721
Sweden	82,323	5,763	8,146	570	85,426	10,094,088
Australia	21,084	295	826	12	190,295	25,474,721
Taiwan	480	7	20	0.3	3,489	23,813,331
S Korea	14,598	305	285	6	31,686	51,265,682
Japan	45,439	1,039	359	8	7,799	126,506,424

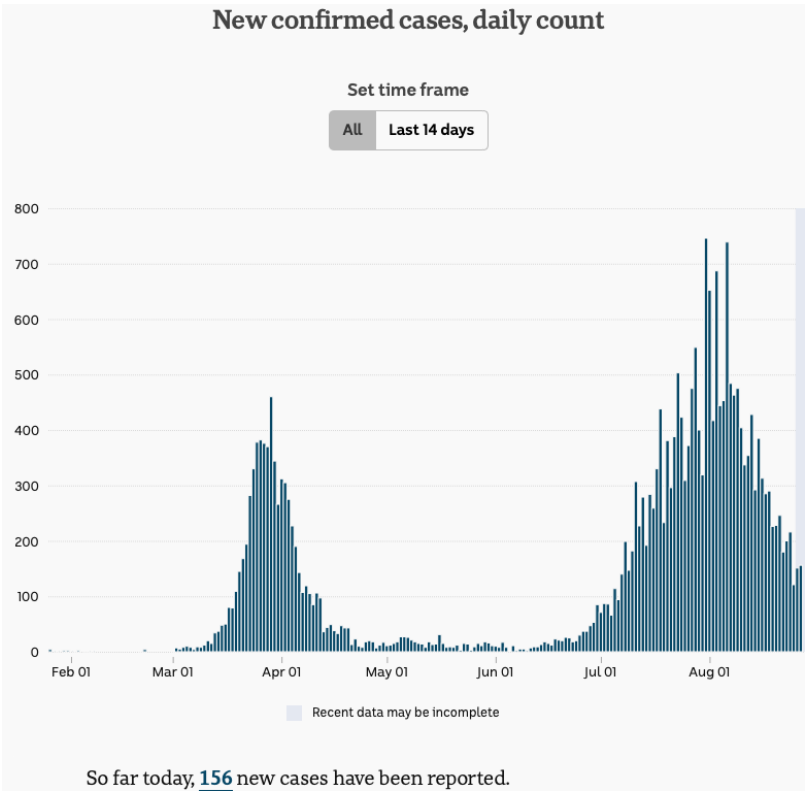
The Corona-19 Worldometer shows case rates over time by country. Figures 20 and 21 below show the resurgence in cases in Australia as at 10th August 2020.

Figure 20: Corona-19 Pandemic Worldometer– extract 10 August 2020

10 August 2020	3 June 2020
	

Source: *https://www.worldometers.info/coronavirus/*

Figure 21: New Confirmed Cases of COVID-19 daily in Australia



Source: https://www.abc.net.au/news/2020-03-17/coronavirus-cases-data-reveals-how-COVID-19-spreads-in-australia/12060704?nw=0#newcases

7.7 Border Control and Managed Isolation

Under Level one, New Zealand residents and citizens (and their children and partners) are permitted to enter New Zealand. This includes the Realm countries (the Cook Islands, Niue, Tokelau), Australian citizens and permanent residents ordinarily resident in New Zealand.

There are three managed Isolation facilities in the Lakes DHB. Any potential or confirmed cases are managed in Auckland.

People entering New Zealand must stay in managed isolation or quarantine for at least 14 days and complete a health assessment and return a negative COVID-19 test before they can go into the community. Testing is undertaken on Days three and 12 of managed isolation. The Department of Prime Minister and Cabinet produce a daily fact sheet on managed Isolation as per figure 22.[27]

The Managed Isolation and Quarantine data group in the table below, shows the number of cases in managed isolation or quarantine facilities. They are not included in the DHB totals. Before 17 June, people in managed isolation or quarantine facilities were included in the total of the relevant DHB.

Figure 22: Managed Isolation and Quarantine: Daily fact sheet

Managed Isolation and Quarantine: Daily Fact Sheet

AS AT: 06/08/2020

MANAGED ISOLATION & QUARANTINE OCCUPANCY

AS AT 2359 05 AUGUST 2020

Region	Number of facilities	Effective Capacity	Occupancy	Vacancy
Auckland	18	4,787	3,355	1,432
Hamilton	3	397	136	261
Rotorua	3	615	478	137
Wellington	2	207	119	88
Christchurch	5	1,124	560	564
TOTAL	31	7,130	4,648	2,482

Total available capacity is 7,667. Effective capacity allows for 24 hour room turn-around between guests to allow for health and cleaning requirements between arrivals and departures. These requirements are much more thorough than a standard hotel room clean, and include the use of PPE equipment, sanitising and deep cleaning.

PROJECTED OCCUPANCY FOR NEXT 14 DAYS

	Next 7 days								
	7-Aug	8-Aug	9-Aug	10-Aug	11-Aug	12-Aug	13-Aug	7 day forecast	14 day forecast
Arrivals	307	656	285	383	827	487	644	3,589	2,366
Departures	156	161	54	540	577	418	515	2,421	2,574
Projected change	+151	+495	+231	-157	+250	+69	+129	+1168	-208
Total	4,799	5,294	5,525	5,368	5,618	5,687	5,816	5,816	5,608
Total planned capacity								**7,197**	**7,428**

The 'total planned capacity increase' includes only those facilities that we have finalised formal arrangements with at the date of this report. MIQ are constantly monitoring the assigning of rooms to groups (for example, family groups) and the impact this has on average room occupancy. By comparing actual room occupancy to forecast room occupancy, we have adjusted our formula for average room occupancy per person. As a result, our forecast for the number of spaces available in managed isolation facilities has increased.

RETURNEES INTO NEW ZEALAND

	LAST 24 HOURS	LAST 3 DAYS
FORECAST	281	968
ACTUAL	269	870

35,369
Total number of people through MI & Q facilities since 26 March 2020

15,953
People through MI & Q facilities since 17 June 2020

INCIDENT REPORTS

This section reports on any incidents in the last 24 hours that present a potential or actual risk to public health

06 August 2020 – No incidents to report.

[27] https://COVID19.govt.nz/assets/resources/miq-data/miq-daily-update-2020-08-06.pdf

There are over 500 government and contracted staff directly supporting managed isolation and quarantine. Each quarantine and managed isolation facility has an All-of-Government support team. Staff on the ground at our managed isolation facilities have stood at the frontline of New Zealand's defence against COVID-19, doing essential work to ensure people can complete their stay safely and comfortably.

Each team works alongside facility management to support the health, wellbeing, security, supplementary logistics and administration of the people staying in the facility. Each team has representatives from:

- Ministry of Health (health and wellbeing)
- Defence (administration and logistics)
- Police and Aviation Security (security)
- Ministry of Social Development (welfare).

The size of each team varies slightly based on facility capacity and the extra support required. For example, there are more health professionals at a quarantine facility than a managed isolation facility.
The multi-agency teams are responsible for managing the facilities and providing health and wellbeing support, security and assistance to guests, hotel staff and other government agency personnel.

There are three approved managed isolation facilities in the Bay of Plenty region approved for managed isolation , all are in Rotorua (Rydges Rotorua, Ibis Rotorua and Sudima Rotorua).

Lakes DHB Psychosocial needs of people in managed isolation
All people arriving into New Zealand now undergo 14 days in managed isolation. For many new arrivals this period of time is very challenging for a variety of reasons. Psychosocial Support Services are provided to support people to cope. The Lakes Managed Isolation Wellbeing and Welfare Support programme, and its resources, were developed by their Wellbeing and Welfare Response Manager based on psychological best practice. The Ministry of Health has recognised the value of this approach and it has adopted much of it to use more widely.

Border control in Lakes DHB has a team of 6 trained staff that provide each visitor with a welcome pack and other resources designed to support families and individuals to cope with the immediate challenges and to link them with the relevant support services to meet their specific needs. Packs are prepared based on information about the age and gender of the guests and placed in their rooms prior to arrival. For example many people are returning to New Zealand to be with family/whānau who are terminally ill so when relevant information on coping with grief and loss is included. The packs also include information on the COVID-19 testing they will undergo that acknowledges what this could mean for them and how to manage their concerns.

The content of the pack provides tips and activities to build resilience that are appropriate for the guest or family group. The trained staff (nick-named "the Flying Angels") greet the guests soon after they arrive and ensure all their immediate needs are met. Regular daily visits are made to ensure all guests can get any help they may need, and feel welcome and cared for.

Information on peoples experiences in managed isolation has not been systematically collected, however anecdotally, the support is greatly appreciated and does help considerably. Staff working directly with people in managed isolation have been told that being warmly welcomed, being

treated with kindness, being offered practical tools and solutions to cope and having concerns taken seriously makes a big difference[28].

[28] Liz Carrington Wellbeing and Welfare Response Manager , COVID-19 Managed Isolation Facilities Lakes DHB.

8.0 Toi Te Ora: Public Health Services

Toi Te Ora took a lead role in the local COVID-19 Emergency Response to stamp out community transmission in the Bay of Plenty and Lakes Region. They took direction from the Ministry of Health who had responsibility for planning and implementing the emergency response. As a result of the new demands on their work programme as essential service providers, the majority of their work programme was put on hold and staff redeployed. This section provides information aligned to the Toi Te Ora current work programme to inform future work plans for services in the recovery phase and for responding to future resurgence of COVID-19.

8.1 Toi Te Ora Service Goals

Toi Te Ora provides public health interventions that aim to protect, promote and improve the health of the population living in and visiting the Bay of Plenty and Lakes districts. An important part of the Toi Te Ora purpose is to achieve health equity, with a particular focus on Māori.

Toi Te Ora also provides support and advice to both DHBs in the Bay of Plenty Region to ensure public health input into their planning, and to assist with the implementation of their respective plans.

During the National COVID-19 Pandemic Response Toi Te Ora played a key role in managing contact tracing. It was responsible for and continues to provide advice to the public and the DHBs on how to limit transmission of the virus and how to manage the psychosocial impact of the restrictive measures in place. Resources within Toi Te Ora were redeployed to deliver on these responsibilities and existing work programmes reprioritised.

The Ministry of Health "COVID-19 Preliminary Psychosocial and Mental Wellbeing Recovery Plan" released in May 2020 provides leadership and new goals that will impact on the Toi Te Ora and DHB workplan. This review now seeks to understand the impact of the emergency response on the health and wellbeing of people in the Bay of Plenty region.

Toi Te Ora Strategic Directions 2019-2029 and Annual Plan for 2020-2021 identify the following priorities ensuring they use an equity lens[29] to all work programmes:

- Preventing Childhood Obesity – All children have good food, adequate sleep and opportunities for healthy activity.
- Healthy Housing – All children have adequate, warm and dry homes.
- Childhood Smokefree – All children are born into and grow up in a smokefree environment.
- Preventing Childhood Infections – All children are immunised and live in environments that prevent diseases of poverty.
- Maternal and Infant Health – All women experience good health before, during and after pregnancy so that children have the best start in life, and that children are supported in their early development.
- Community Resilience – All communities are resilient to challenges in their environment.

Data to inform these strategic priorities has been sourced from a range of government departments and other organisations.

[29] Hayley Bennett Equity in Health Care

8.2 Communicable Diseases

The rates of most notifiable communicable diseases, including influenza, were lower during COVID-19 lockdown when compared to the previous year. The steps to reduce COVID-19 transmission, including hand hygiene, social distancing and home isolation and the enhanced Influenza Vaccination Programme would account for the reduced illness. It is possible that mortality rates over the first and second quarter of 2020 will be reduced.

Notifiable Diseases

Case numbers for notifiable communicable diseases for May 2020 are significantly less than the number notified in May 2019 for all diseases. Refer to Table 11 below from the ESR website.

The lower numbers of notifications are likely to reflect the impact of the COVID-19 response to reduce viral transmission including home isolation, social distancing and hand hygiene. They may also reflect undiagnosed cases in the community that have not accessed medical services.

Rheumatic fever cases for May 2020 may be under reported. Of the 20 notified cases, 7 were notified in the Bay of Plenty region. The risk of children living in over-crowded homes during lockdown home isolation policy may have been at greater risk of contracting a Group A Streptococcus (GAS) throat infection that would usually have been detected at school. Concerns were raised by clinical staff at Lakes DHB about the risk of delays in children receiving antibiotics for GAS positive throat infections during lockdown due to challenges accessing primary care.

Table 11: National Notifiable Disease Surveillance Data, May 2020

	Current Year - 2020[1]			Previous Year – 2019		
Disease	May 2020 Cases	Cumulative total since 1 January	Current 12 Month Rate[2]	May 2019 Cases	Cumulative total since 1 January	Current 12 Month Rate[2]
Campylobacteriosis	172	1594	109.1	336	2467	140.4
COVID-19	23	1511	30.9	0	0	0.0
Cryptosporidiosis	44	157	17.8	74	320	23.7
Dengue fever	2	45	3.7	26	88	3.1
Gastroenteritis[3]	13	113	7.6	52	226	7.1
Giardiasis	85	552	30.4	187	815	32.5
Haemophilus influenzae b	0	3	0.1	0	1	0.0
Hepatitis A	2	18	0.8	2	36	1.4
Hepatitis B[4]	5	15	0.6	4	15	0.7
Hepatitis C[4]	5	13	0.6	4	10	0.5
Invasive pneumococcal disease	11	103	9.5	33	136	11.0
Legionellosis	10	50	3.4	14	44	2.6
Leptospirosis	6	24	1.8	6	31	1.9
Listeriosis	1	15	0.7	2	12	0.6
Malaria	1	9	0.6	3	9	0.6
Measles	0	9	41.8	70	176	3.7
Meningococcal disease	0	8	2.3	8	34	2.4

Mumps	0	144	7.6	10	38	2.9
Paratyphoid fever	1	16	0.5	3	10	0.3
Pertussis	7	139	12.3	107	745	43.3
Q fever	0	1	0.0	0	1	0.0
Rheumatic fever[5]	20	96	3.6	25	92	3.9
Rickettsial disease	2	3	0.1	0	3	0.1
Rubella	0	0	0.0	0	1	0.0
Salmonellosis	38	320	19.7	77	545	23.8
Shigellosis	1	61	3.6	19	100	4.3
Tuberculosis disease	28	120	6.3	23	129	6.9
Typhoid fever	1	23	1.0	6	27	1.1
VTEC/STEC infection	40	355	18.4	86	558	20.9
Yersiniosis	52	389	23.7	77	414	22.3
Other notifiable infectious disease reported in May: Botulism (4) , Hepatitis NOS (1) , Taeniasis (2) , Toxic shellfish poisoning (1)						

[1] These data are provisional and include cases still under investigation, some of which may become 'not a case'.

[2] Rate is based on the cumulative total for the current year (12 months up to and including May 2020) or the previous year (12 months up to and including May 2019), expressed as cases per 100 000. This includes cases still under investigation.

[3] Cases of gastroenteritis from a common source or foodborne intoxication.

[4] Only acute cases of this disease are currently notifiable.

[5] Numbers are based on report date. This may not be a good indicator of newly incident cases as a high proportion of notifications have substantial reporting delays.

Influenza Vaccination

The influenza vaccine programme 2020 aimed to increase coverage earlier in the season to delay and decrease the onset of flu like symptoms to mitigate the risk of overwhelming the health system if community transmission of COVID-19 continued. Additional vaccine was procured, and uptake promoted and delivered with a positive result overall. Vaccine uptake commenced a month earlier and increased by almost 20% . Onset of flu like symptoms in previous years occurs in May and was yet to occur in mid-July this year. The ongoing role of social distancing and hand hygiene will be a contributing factor in this result. Refer to Figure 23 and Figure 24.

Figure 23: Total uptake of Influenza Vaccine: target 65 years and older 2019, 2020

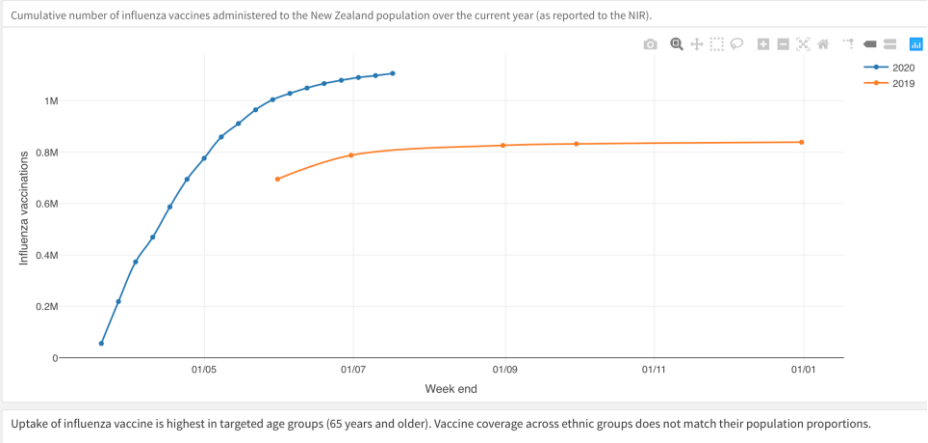
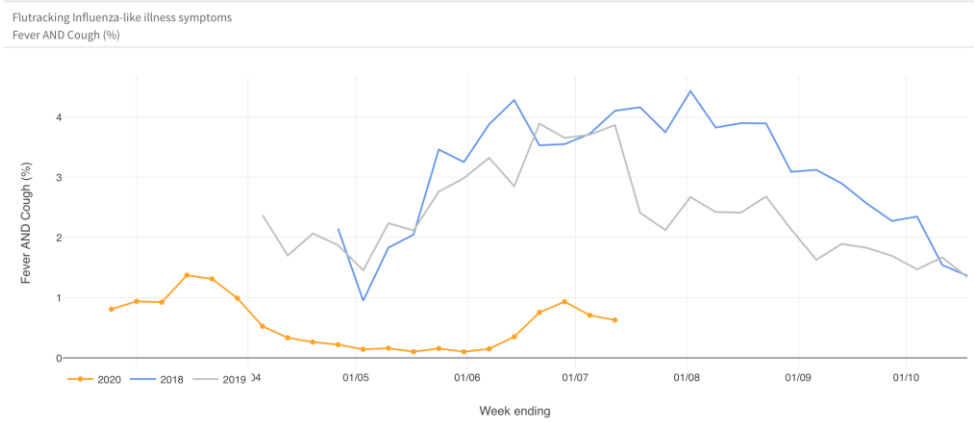


Figure 24: Onset of Influenza Like Symptoms in 2018, 2019 and 2020



Source: NIR Register: Reported on the ESR Website

Nationally, vaccine coverage in Māori was notably less than in non- Māori raising concerns about inequitable access to this service. Concerns were raised by practices in the Bay of Plenty Region about difficulties obtaining sufficient vaccines to meet demand.

Childhood Immunisation

Immunisation coverage rates during the COVID-19 response declined at six months and eight months. Some PHOs show more marked decline in coverage particularly for Māori. In some organisations relatively small numbers will make rates more volatile. Primary Health Organisations are now working to catch up deferred immunizations. Refer to Figures 25-31 below for childhood immunisation coverage rates by PHO in the Lakes Region.

Figure 25: National Coverage

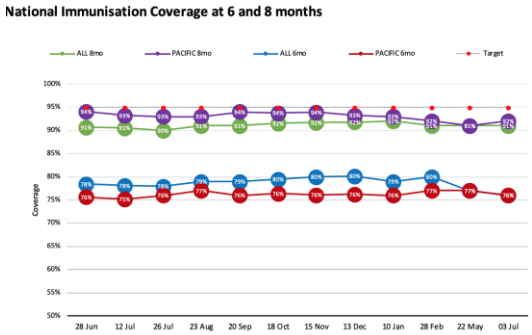


Figure 26: NMO Coverage

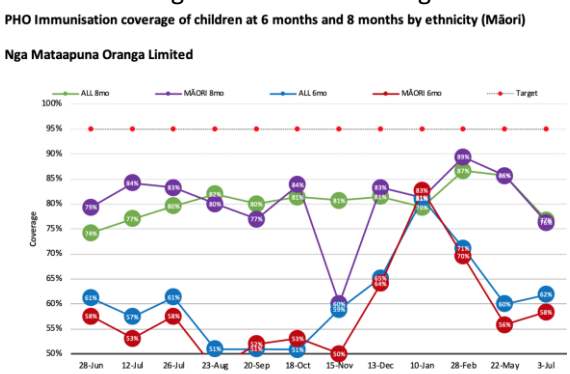


Figure 27: Western Bay of Plenty Coverage

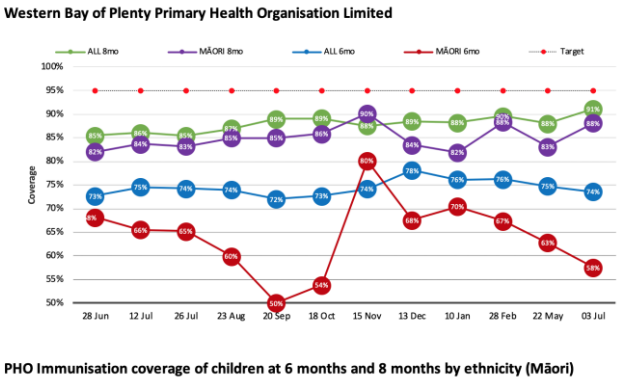


Figure 28: EHT Coverage

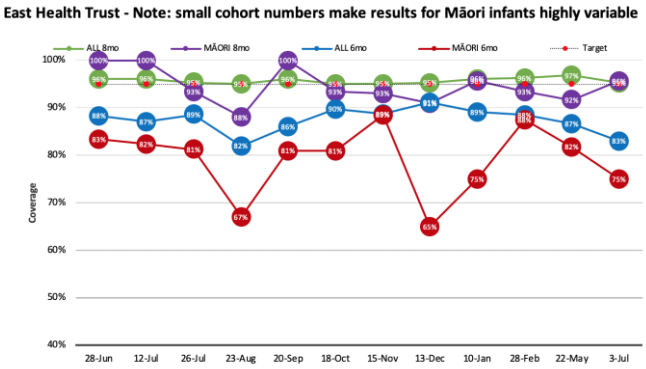


Figure 29: Rotorua PHS Coverage

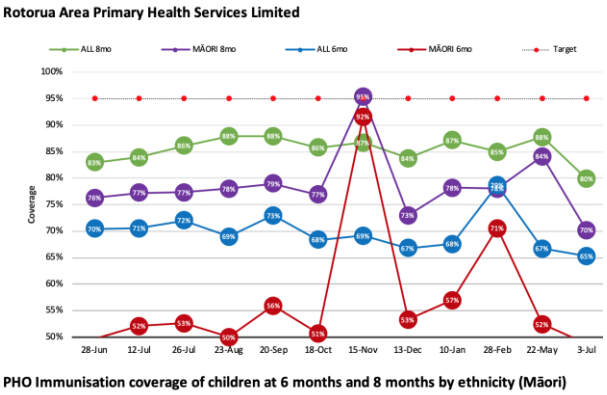
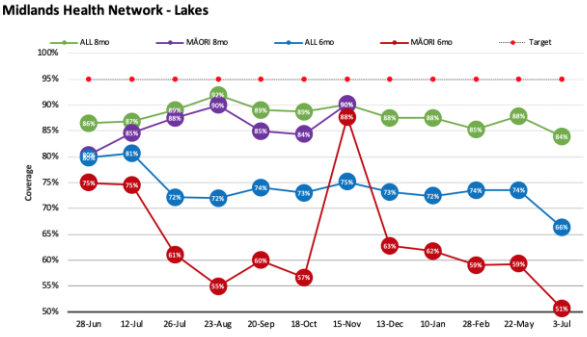


Figure 30: Midlands - Lakes



8.3 Healthy Schools

Toi Te Ora gives priority to enabling health gains in children by supporting healthy school environments. A structured survey of schools seeking their feedback on how COVID-19 has impacted their services identified the following themes.

Early Childhood Education Settings

Early Childhood Education (ECE) centres felt well prepared to respond to COVID-19 Levels 1-3 as a result of the guidance provided by the Ministry of Education (MOE). Plans were developed and implemented to ensure social distancing and appropriate hygiene for children, staff, parents and visitors. Hygiene measures remain in place. During Level 4, some staff contacted their families /whānau to provide support if needed.

Children from some families/whānau have not returned. Those who could be contacted have been reassured that it is safe and important for the children to return. Underlying factors contributing to withdrawing children include job losses, anxiety about children catching COVID-19 and risk to vulnerable family members, emergency grants no longer provided, vulnerable families/whānau with minimal relocating and/or unable to get the support needed for children to attend.

Children returning have needed more emotional support as they are out of routine and anxious when separated from loved ones. Staff have additional paperwork to manage recording compliance with Covi-19 hygiene and social distancing measures.

Decline in children attending has had economic impacts on some ECE. Some are considering making available learning online.

School Settings

Preparedness in schools to manage risks associated with COVID-19 was well supported by the guidelines and advice from MOE. Plans were implemented to manage COVID-19 risks at levels 1-3. The COVID-19 emergency response disrupted school attendance and the teaching curriculum causing anxiety in students, parents and teachers.

Returning to school at Level 2, children understood and complied well with hygiene and social distancing requirements. Parents were most supportive of the measures taken at school to keep everyone safe and are more vigilant about keeping sick children at home.

Teachers have been challenged to work differently to support remote learning. Return to school has required additional student assessments to determine where to restart learning, rebuilding relationships and class culture and applying approaches to reduce anxiety and enhance social wellbeing.

School attendance

Attending school every day for the whole day is very important and has an impact on a child's success at school. The Bay of Plenty Waiariki region has 186 schools and kura, and has experienced

attendance issues for a number of years. The Ministry of Education, along with the schools, have been trying to find sustainable solutions to the many and varied issues[30].

Few children returned to school at level 3. Some schools are now reporting high attendance and signs that recovery plans are working well based on blended learning online and face to face pedagogy, being active and supportive academically, in sport and culture and pastoral care. Other schools report there are still many children who are yet to return to school. There is one attendance officer in the region and one school considers more resource may be required.

> "We have had a few families who we are still working at getting back to school. These are families with long standing attendance issues and they are proving very difficult to re-engage. With saying that one family returned today. These children are the ones that need to be at school the most and have both social and academic needs."

In June this year, all schools in the region were surveyed to determine the attendance rates following COVID-19 lockdown Levels 4 and 3. The survey was completed by 85% of schools and found that approximately 11% of the school aged population was not attending school. The non-attendance figure is higher in the less socially deprived decile 1 – 4 schools which represents about half the total number of schools.

Since that time, all schools have been asked to provide weekly attendance data to the Ministry of Education. The return rate providing the information for this region has not been high. As the returns are from different schools each week it is difficult to interpret the data.

To encourage schools to provide weekly attendance rates going forward, those who return the information will then be eligible for funding grants to support schools with innovations that will assist in re-engaging students.

8.4 Workplace Wellbeing

Toi Te Ora developed WorkWell, a national workplace wellbeing initiative, to be used by any workplace to support 'working better through wellbeing'[31]. It is now being used by organisations in various regions across New Zealand. It is available to organisations free of charge and includes step by step support and mentoring from an assigned WorkWell advisor, easy to use resources, workshops, networking opportunities and recognition through accreditation. WorkWell is supporting organisations to create a happier, healthier and more productive workplace.

Following the emergency COVID-19 response, Workwell surveyed participating organisations to determine the impact of COVID-19 on workplaces enrolled in their programme. The impact on workplaces varies greatly across industries. Some continued essentially as business as usual (BAU), others suffered hundreds of job losses and others were much busier than usual. Companies that were agile and able to adapt to the circumstances mitigated some of the adverse impacts.

To follow are the key themes in the responses:

[30] **Jon Dimock** | Principal Advisor Ministry of Education *Personal communication*
[31] Toi Te Ora Workwell website www.workwell.health.nz

- Some companies were severely negatively impacted by COVID-19, with work ceasing and up to 300 job losses in a single entity. Entities most adversely impacted were those in forestry and tourism.
- Some companies had reduced work or were unable to work during Lockdown and are now finding workloads have increased significantly in the recovery phase. This escalation in workload is causing a different type of stress for staff.
- Some entities were largely unaffected for example the kiwifruit packhouses.
- Some entities redeployed staff to support community welfare. E.g. staff were redeployed to support Whānau Ora with packaging up Hygiene Boxes for the community. They suffered no job losses and are able to return to BAU with no disturbances when lockdown ended.
- A few workplaces indicated they were giving priority to progressing workplace wellbeing and implementing WorkWell. Other entities reported they had decided to defer working with Workwell due to the direct impact of COVID-19 on work pressure and that took priority.
- Some entities providing essential services had increased workloads over the COVID-19 emergency response period.
- Many had staff who were able to transition to work from home.
- Workplaces had a range of supports in place for employee wellbeing including access to Employee Assistance programmes (EAP), parenting webinars/support, an 0800 occupational health support number in place for staff, support for staff to email or chat to keep morale up.

Key success factors and learnings:

- Establishing a Crisis management team early, with involvement from all areas across the organisations involving Health & Safety representatives before, during & after
- Regular communication to staff from the Chief Executive providing clear, consistent and regularly updated information.
- Proactive communication to employees and customers "One source of truth about COVID-19 and how to manage its impact". A key message in one company was: "You and your family come first" (in terms of COVID). This message will now be reflected in their future plans and the company ethos.
- Keeping teams connected (especially when working remotely) via virtual meetings e.g. Microsoft meetings, Zoom and social media platforms e.g. Facebook group etc
- Provision of wellbeing resources – webinars, factsheets, 0800 occupational health line number, financial wellbeing resources
- Undertaking staff surveys –findings included the majority of staff considered working flexibly positive for their health and wellbeing, other staff in essential services were exhausted and needed to take breaks.

8.5 Alcohol Consumption

Changes in drinking habits over lockdown[32]:

- Drinking habits are returning to pre-lockdown levels for most New Zealanders with two thirds (64%) drinking at their pre-lockdown levels. This means those who were drinking more during

[32] Neilsons 2020, Wave 2 Survey completed for the Health Promotion Agency

lockdown have decreased their drinking, but those who were drinking less have now increased their drinking.
- Among those who drank in the last week, fewer are drinking every day (11% post lockdown compared with 19% during lockdown Level 4)
- The proportion of people experiencing harm from their own or another person's drinking has not changed since coming out of lockdown.

8.6 Tobacco Consumption

A national survey undertaken by the Health Promotion Agency investigated changing in addictive behaviours over COVID-19 Lockdown. [33]:

Changes in smoking over lockdown
- Smoking habits have not yet returned to pre-lockdown levels. Almost a quarter of smokers (23%) have continued to smoke more than usual, with a third of Māori smokers (33%) smoking more than usual.
- Non-daily smokers have continued to decrease the amount they are smoking, with 41% smoking less than they did pre-lockdown.

8.7 Gambling

- Gambling levels are reported to be less than pre-lockdown across all gambling types, including on-line since coming out of lockdown[34]

8.8 Women's Health

Cancer screening services for women are important services that protect women's health through timely screening, early detection and access to treatment. Toi Te Ora does not have direct involvement in service delivery it has a role in promoting screening and monitoring the outcome of the screening programmes.

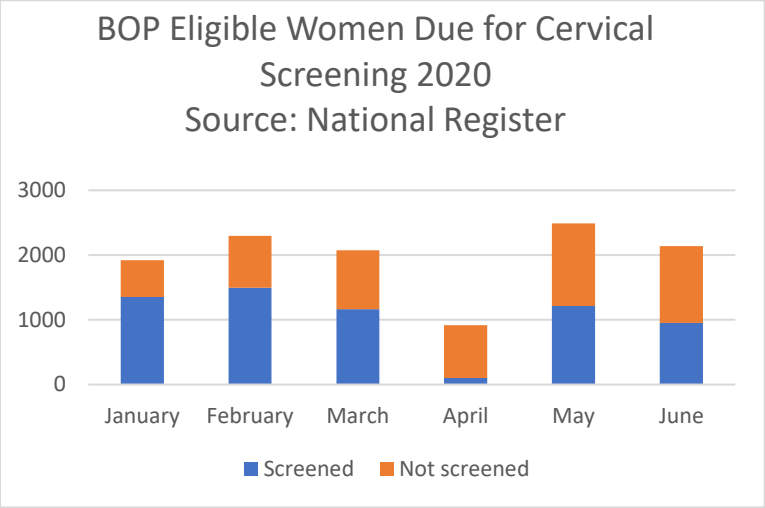
Cervical Screening

In the Bay of Plenty Rates of cervical screening dropped significantly during April. The number of eligible women due for screening, but not screened, peaked at 1278 in May and decreased to 1183 in June. Practices are endeavouring to catch up on the numbers who delayed screening during the COVID-19 response lockdown.

Total numbers of women eligible for screening in April and May 2020 in the Bay of Plenty region were adjusted to account for the COVID-19 response and subsequent recovery plan to catch up those who were due for screening but not screened. Refer to Figure 31.

[33] Neilsons 2020, Wave 2 Survey completed for the Health Promotion Agency
[34] Neilsons 2020, Wave 2 Survey completed for the Health Promotion Agency

Figure 31: Bay of Plenty Women Cervical Screening Performance Indicators



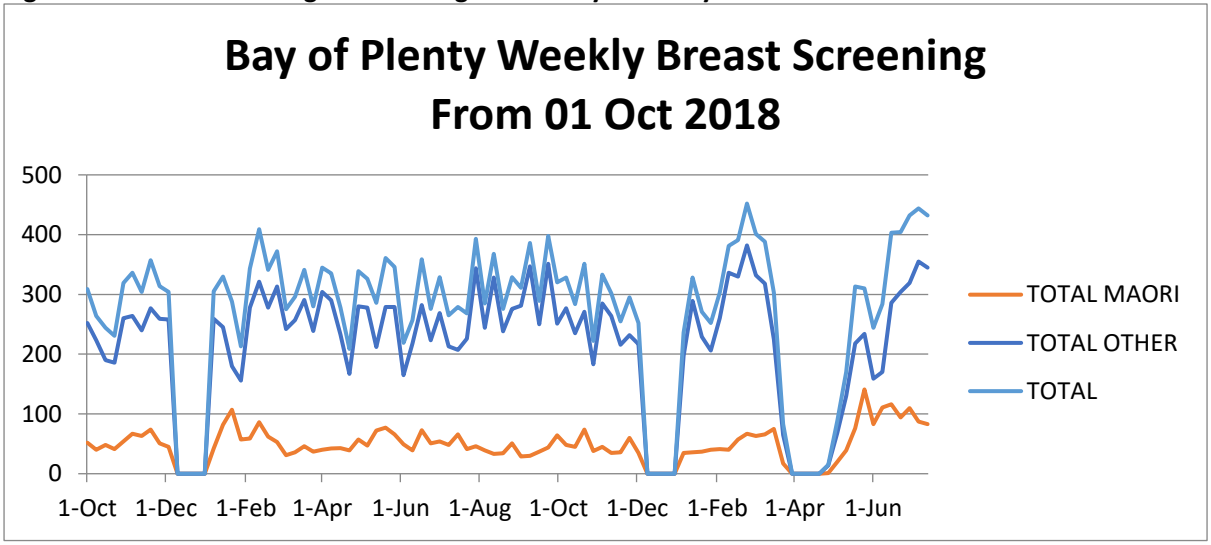
Breast screening

Breast Screen Midlands data are available for women aged 45-69 years who were screened for Breast Cancer in the Bay of Plenty DHP. Data for women in Lakes DHP could not be accessed in time for this report, however similar trends are expected to have occurred.

Breast screening of asymptomatic women was considered a non-essential service and was not available. Women who presented with symptoms were managed as an acute essential service.

As soon as the COVID-19 recovery phase began, new targets for screening were established for the next quarter to screen women whose appointments were deferred. Breast screening rates for Māori women in this phase reflect this policy. Refer Figure 32.

Figure 32: Breast screening – women Age 45-69 Bay of Plenty



Source: Breast Screen Midland

9.0 Iwi led COVID-19 Response and Recovery

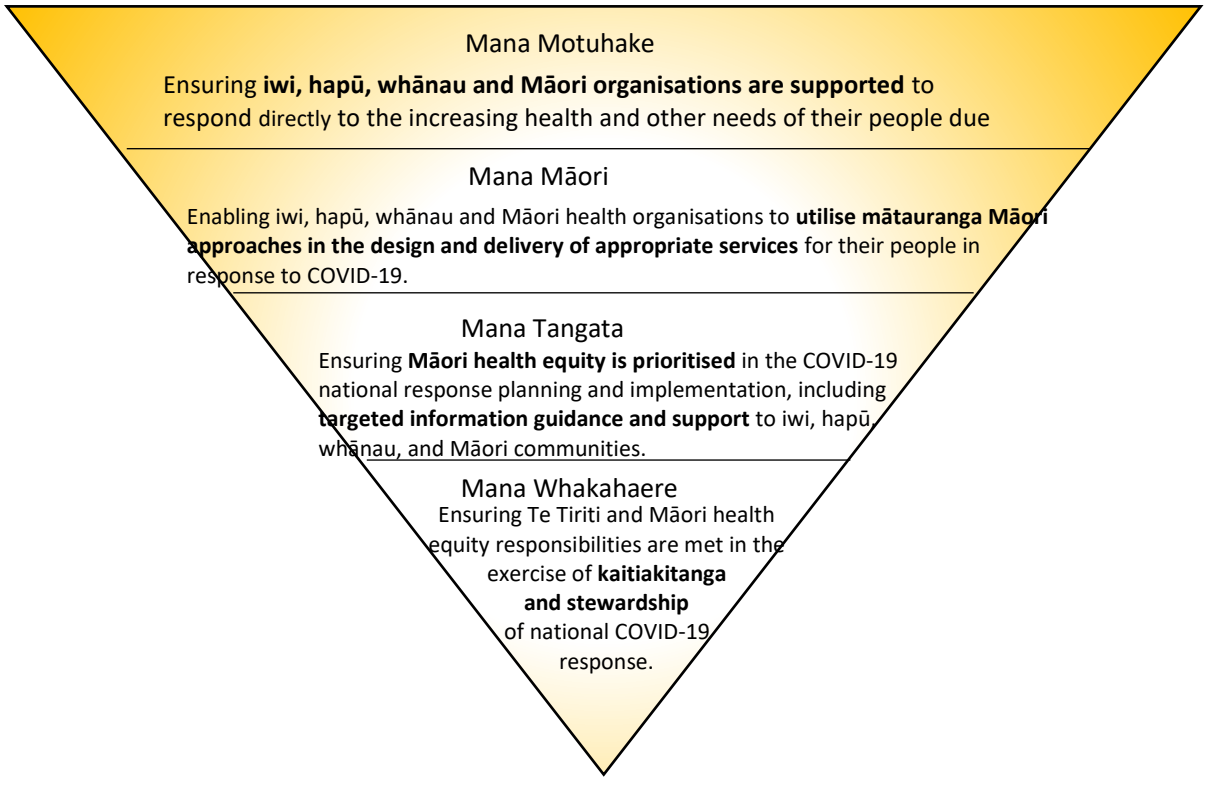
9.1 Key Findings

- Government's priority is to ensure equitable outcomes for Māori
- MOH Initial COVID-19 Māori Response Action Plan is based on a Te Tiriti o Waitangi framework to ensure an appropriate response that involves and protects Māori health and wellbeing
- Te Puni Kokiri raised concerns that MSD support disadvantages Māori already on job seeker benefits
- Iwi based surveys identify high levels of need in areas of pre-COVID-19 social deprivation where there is a high proportion of Māori population
- Unemployment impact is greatest for Māori, and especially Māori youth
- Iwi lead COVID-19 response for Te Arawa worked well
- Iwi leaders are participating at the Governance Level in the Bay of Plenty Regional COVID-19 Recovery Planning.

9.2 COVID-19 Response Plans

Ministry of Health developed the Initial COVID-19 Māori Response Action Plan (16 April 2020)[35]. The overarching goal of this Plan is to support the Crown in meeting its obligation under Te Tiriti o Waitangi in the COVID-19 response, including to protect Māori health wellbeing and the achievement of equity. To achieve this, the Plan outlines **four objectives** based on the articles of Te Tiriti o Waitangi, represented in the Figure 31 below.

Figure 31: COVID-19 Māori Response Action Plan Objectives



[35] https://www.health.govt.nz/publication/initial-COVID-19-maori-response-action-plan

The actions in this plan are organised into two sections:

Section 1: Māori health specific actions – consists of actions designed to expand the reach and coverage of COVID-19 activities to better support whānau, hapū, iwi and Māori communities. This also includes support to Māori providers and organisations. Delivery of these actions is led by the Māori health workstream and primarily coordinated by the Māori Health Directorate within the Ministry of Health.

Section 2: **Contributory actions** – consists of actions designed to specifically target support to whānau, hapū, iwi and Māori communities. Delivery of these actions is primarily coordinated and led by other COVID-19 operational workstreams. The plan will evolve as Māori-specific actions are identified across other workstreams.

9.3 Iwi led COVID-19 responses

Eastern Bay of Plenty Iwi COVID-19 Needs Assessment

A community survey on the impact of COVID-19 on Māori in the Mataatua Rohe in Eastern Bay of Plenty was undertaken[36]. The purpose of the survey was to identify the needs of multiple communities within the rohe, to tailor services accordingly.

A key finding was that a high proportion (42%) do not have the resources they need to meet basic costs of daily living this month. These households require a high level of Psychosocial needs.

- A total of 1134 Māori aged 18+ years participated, and the findings were as follows:
  - 10% Have no access to a vehicle
  - 10.5% Have no access to the internet
  - 4.4% Have no access to food/medicine & essential supplies
  - 42% Cannot meet their financial obligations now and in the next 4 weeks
- The top housing worries are
  - 28.6% Paying bills
  - 26% Heating home
  - 22.% Paying rent or mortgage
- The average household size is 4.7 people, compared to the national average of 2.8
  - 78% Have 3 or more people living in them
  - 28.4% Homes are double the national average household size (6 and greater)
- Māori in the Mataatua have 2.6 children on average
- Total unemployment 27.7%
- Pre-COVID-19 unemployment 14.7%
- Job losses from COVID-19 13%
  - 11.7% Employees received COVID-19 wage subsidy
  - 2.8% Business owners received COVID-19 wage subsidy
- Top health conditions are
  - 21% Asthma compared with 12% nationwide
  - 13.4% Heart disease compared with 4.3% nationwide
- Mortality rates for Māori are more than 2x rates for non-Māori for diabetes

[36] COVID-19 Impact Community Feedback Survey Tirohanga Oranga o Mataatua

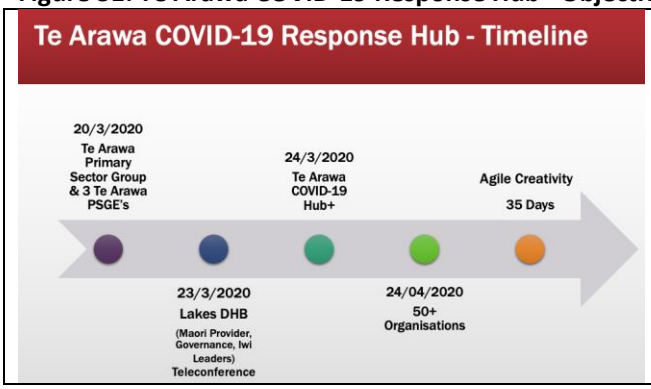
- 7.2% Have no access to a General Practitioner
- 20.6% Have a Bachelor's degree or above compared to 20% nationwide

Te Arawa COVID-19 Response

Early in the COVID-19 emergency, Te Arawa leaders initiated a rapid coordinated response to ensure appropriate support was available to their people who were most vulnerable to COVID-19. A month later, on 24th April, they held a hui to reflect on what had been achieved and to inform their plans for the future. The following graphics are from presentation at the hui.

A collaborative network was formed between the Te Arawa iwi Governance Group, from the Te Arawa Primary Sector Group, and the DHB. They established the Te Arawa COVID-19 Hub. The purpose of the Hub was to stand up a project to identify the support needed by the Te Arawa people most at risk from COVID-19, and to safely deliver it to them.

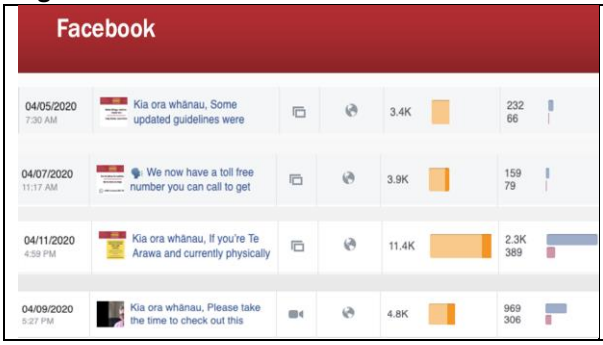
Figure 31: Te Arawa COVID-19 Response Hub - Objectives and Timeline



Project plan goals:
- identify all people potentially at risk from the impact of COVID-19, including all Te Arawa 60+ years,
- to contact each person to identify their needs,
- to secure resources needed to meet these needs, and
- to manage the logistics to safely deliver the support needed.

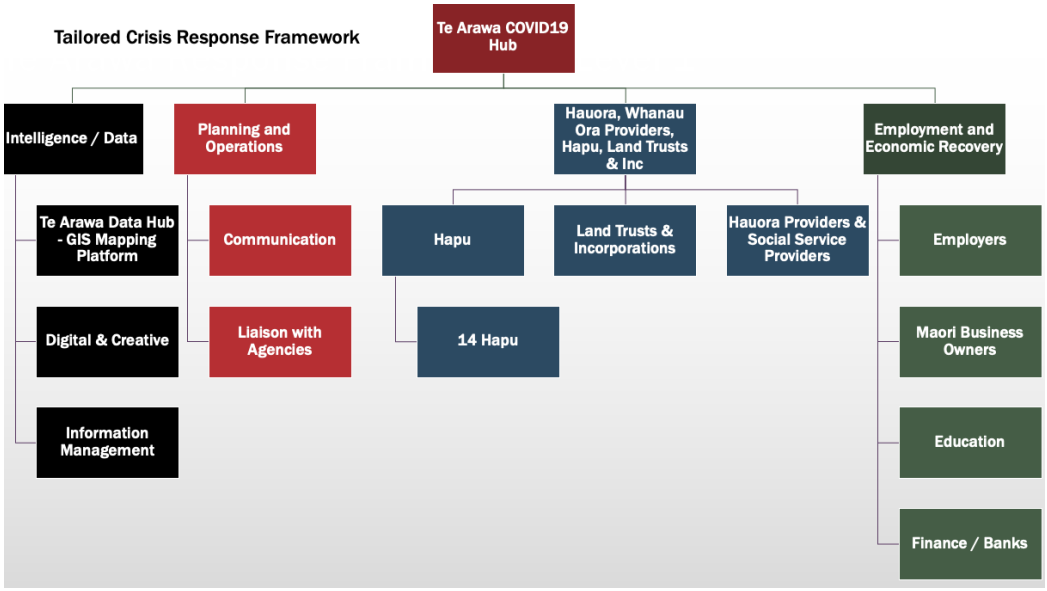
The hub identified the capability and resources required to deliver on their goals at pace. The hub used social media to reach out to the community, to give appropriate advice and keep people informed about supports that were available. They were well organised and collected data on their people to identify and assess people most at risk. Refer Figure 32.

Figure 32: Te Arawa COVID-19 Hub Facebook activity and the population needs profile



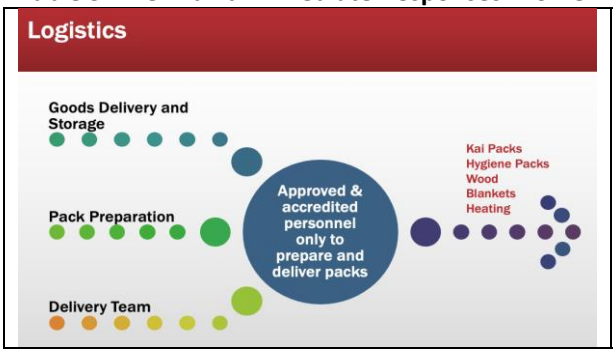
The information collected was used to access the resources required and to drive logistics to provide the range of supports that were needed. It also enabled them to access the expertise and resources of over 50 national, regional and local entities. Refer Figure 33.

Figure 33: Tailored Crisis Response Framework – Te Arawa COVID-19 Hub



The hub appreciated that COVID-19 was not just a health crisis. It also had major economic implications for their people. Both issues required immediate responses using the available networks. Refer figure 34.

Table 34: Te Arawa Immediate Responses: Home Delivery of Care Packs and Employment Support



The hui also went on to consider broader strategic issues highlighted by the impact of the COVID-19 emergency. It provided an opportunity for the network to consider how this coordinated approach could enable new ways of working in the medium and long term to address problems of economic and environmental sustainability. The following Figure 35 provides the strategic themes that were agreed for ongoing action.

Figure 35: Te Arawa COVID-19 Hub Strategic Vision and Focus Areas.

Te Arawa Collaborative Hub identified the following key learning:

- The global health crisis is much more than a health crisis
- The COVID-19 outbreak effects all segments of the population particularly Māori
- Health and economic impacts are disproportionate for Māori
- Focus on Māori equity in pandemic planning and across all Systems whole of Government approach
- Intentional and deliberate strategies to ensure Māori Equity considered
- Working collaboration across all
- Collaborative Te Arawa COVID-19 leadership needs to maintain momentum
- Considerable opportunities across all Government Agencies.

10.0 Primary Health Organisation Primary Care Services

10.1 Key Findings

There are multiple PHOs across the Bay of Plenty and Lakes Regions. All provided essential services during the COVID-19 emergency response. Practice data collection and analysis occurs in all PHOs however reporting is not standardised. Information was provided by the following organisations:

- Eastern Bay of Plenty Primary Health Alliance (EBPHA)
- Western Bay of Plenty PHO (WBPHO)
- Nga Mataapuna Oranga (Western Bay of Plenty)
- Rotorua Area Primary Health Services (RAPHS)
- Pinnacle PHO in Lakes District.

To follow is the PHO data and qualitative feedback that was readily available to share at short notice on the impact of the COVID-19 response. Key findings include the following:

- To provide essential services, Practices rapidly stood up triage systems, virtual consultations and processes to ensure safe face to face consults
- Impact on consultation rates varied from significantly decreased rates during COVID-19 Emergency Response Levels three and four to effectively no changes
- Referrals to primary care programmes reduced significantly at COVID-19 Emergency Response Levels three and four
- Cancer screening services and childhood immunisations essentially ceased
- Referrals to DHB specialist services reduced at COVID-19 Emergency Response Levels three and four.
- Moving into the COVID-19 tradition phase service utilisation and referrals to all services rebounded as patients presented with more acute problems for which they had deferred seeking treatment.

10.2 The Eastern Bay of Plenty Health Alliance

EBPHA GP and Nurse Consultation Rates

During the COVID-19 pandemic lockdown (Levels three and four) practices optimised access to nurse and GP consultations by using phone and virtual consultations as well as essential face-to-face consults with patients as necessary. During this period, across 10 practices consultations reduced by five percent overall. The number of consultations dropped from an average of 13,895 consults per month to 12,725 consults. The impact of the number of consults by practice was variable (minus four percent to -40%) depending on the measures the practice employed.

EBPHA e-Referrals to the 10 most utilised services.

Eastern Bay of Plenty PHOs experienced a 50% decrease in monthly e-referrals for seven of the 10 most frequently used services during March and April 2020. Practices are now working to catch up on delayed presentations for services. Refer to Table 11 .

Table 11: EBPHA COVID-19 Impact on e-Referral Rates to 10 most utilised services

	2019-2020	Mar/Apr	Impact
Impact COVID-19 on EBPHA Practice eReferrals	Average per month	Average per month	% decrease
EBPHA Specialty			
Counselling / Primary Mental Health	93	45	-51%
Minor Skin Surgery	66	41	-38%
Breast Imaging	60	28	-54%
Green Prescription	57	22	-62%
Support to Cervical & Breast Screening	55	19	-66%
Integrated Case Management (ICM)	50	36	-28%
Diabetes Retinal Screening	49	25	-49%
Stop Smoking Service	31	14	-54%
Dietitians (Adult & Child)	22	9	-61%
Asthma/COPD/Spirometry	21	10	-54%

EBPHA Referrals to Mental Health Services

Prior to the COVID-19 pandemic response, all Eastern Bay of Plenty Practice monthly referrals to Secondary, Community and Primary Health Mental and Addictions Services were higher than referrals when compared to the same month in the previous financial Year. During COVID-19 Emergency Response levels 3 and 4, practice e-referrals to Mental Health and Addictions services decreased significantly.

Practice Referrals to EBPHA's Counselling service decreased by 51% initially, then increased to an 8% decrease at the end of May. It is reasonable to assume that service demand will meet; if not exceed that, by the end of June.

Similar changes in referral rates were initially experienced for Eastern Bay of Plenty Practice Referrals to Whakatōhea Iwi Social & Health (WISH) and Secondary (Bay of Plenty DHB) Mental Health Services (e.g. Bay of Plenty Addiction Services (BOPAS), Child and Adolescent Mental Health Service (CAMHS)/Voyagers, Community Mental Health (adult), Maternal Mental Health and Older People's Mental Health Service).

At the end of May, Eastern Bay Of Plenty Practice e-Referrals to Bay of Plenty DHB Mental Health Services were reduced by 39% and to WISH by 25% compared with the same period the previous year.

EBPHA Funded Services- impact on practice claims

The COVID-19 pandemic lockdown had a significant operational and financial impact on General Practice claims for EBPHA's funded services. Claims for funding dropped by 25%; from an average of 1,695 claims per month to 1,266 claims. As a result, funding received by Practices for claims dropped by 20%; from an average of $59,749 to an average $47,770 per month.

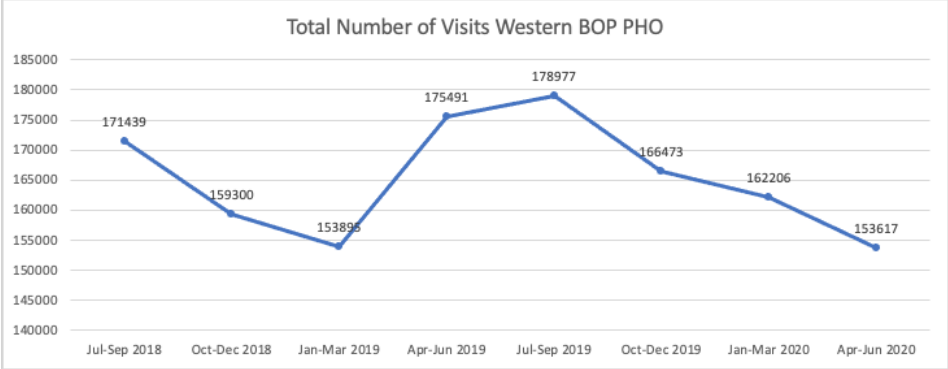
10.3 Western Bay of Plenty Primary Health Organisation

The Western Bay of Plenty PHO provided data on the number of consultations and rates of utilisation per quarter by total registered population, by age, and ethnicity, for the past two years to June 2020. Key findings are as follows:

The total number of consultations Western Bay of Plenty PHO

The total number of consultations in January -March 2020 was 5.5% more than the same quarter in 2019. The April- June quarter was 12.5% less than the same quarter in 2019. Refer to Figure 35.

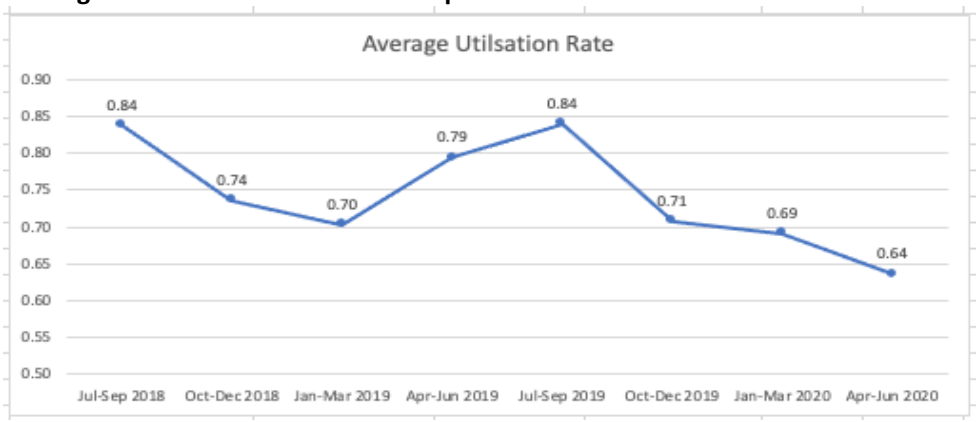
Figure 35: Total Number of Visits Western Bay of Plenty PHO



Average utilisation rates per person Western Bay of Plenty PHO

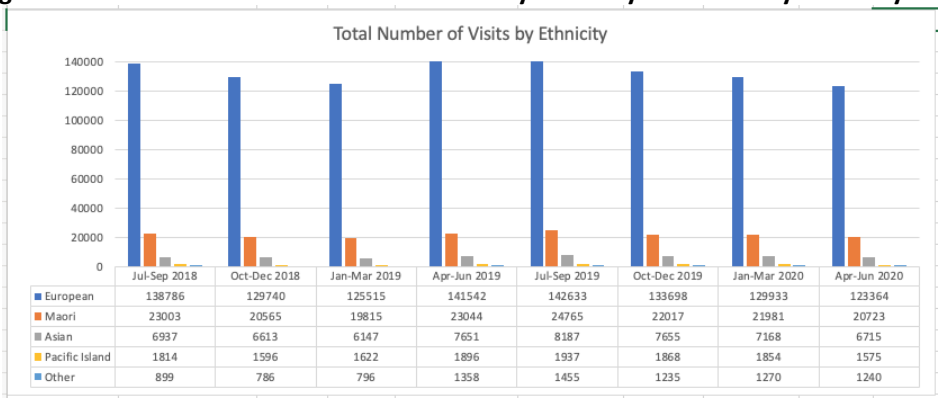
In January-March 2020, average utilisation rates per person remained the same compared with the same quarter in 2019. In March- June 2020, average utilisation rates per person decreased by 19% compared with the same quarter in 2019. Refer Figure 36.

Figure 36: Average PHO Service Utilisation Rate per Person



The total number of Western Bay of Plenty PHO consultations by ethnicity did not vary greatly over the past two years. Refer Figure 37.

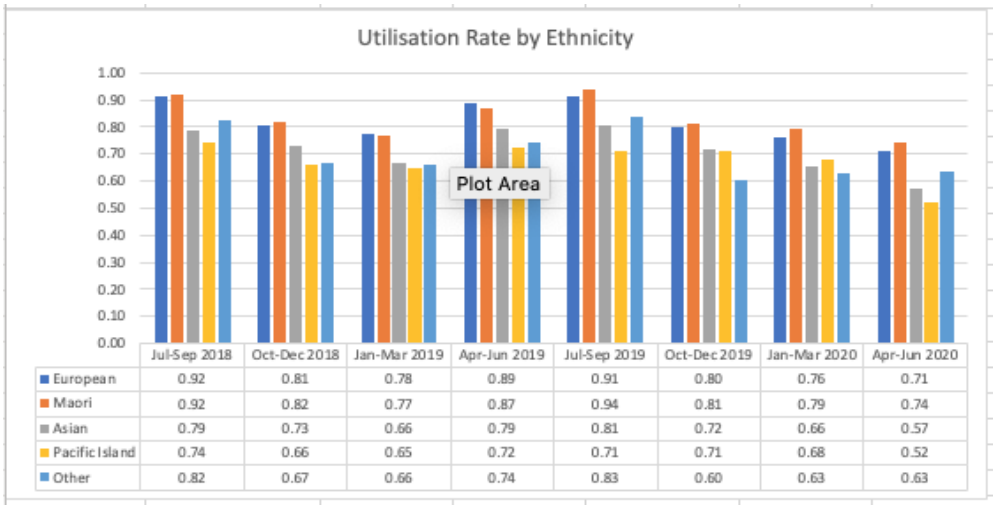
Figure 37: The total number of consultations by ethnicity Western Bay of Plenty PHO



	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020
European	138786	129740	125515	141542	142633	133698	129933	123364
Maori	23003	20565	19815	23044	24765	22017	21981	20723
Asian	6937	6613	6147	7651	8187	7655	7168	6715
Pacific Island	1814	1596	1622	1896	1937	1868	1854	1575
Other	899	786	796	1358	1455	1235	1270	1240

Utilisation rates for the European and Māori populations were very similar over the past two years, and higher than the rates in Asian, Pasifika and other ethnic populations. Refer Figure 38.

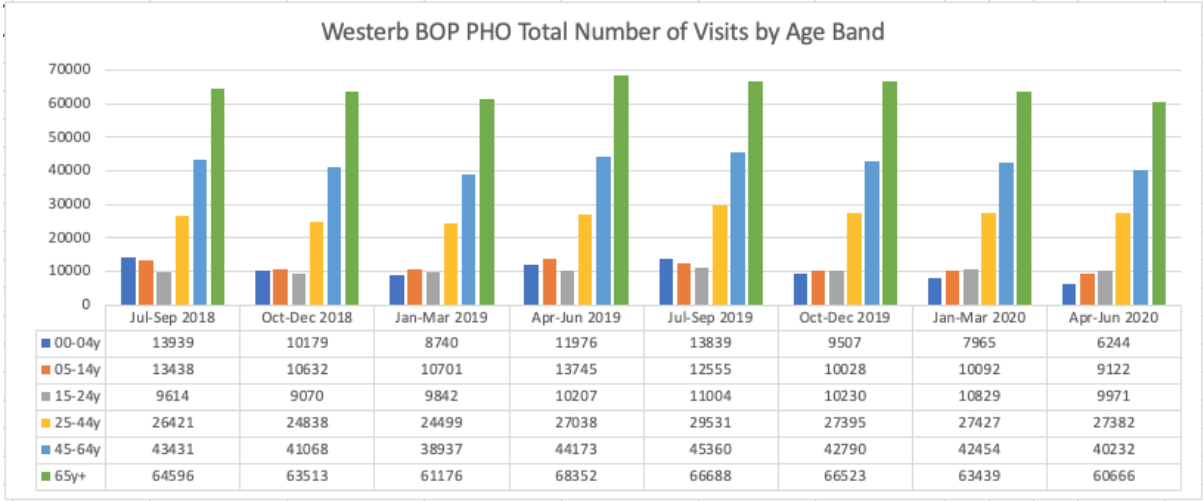
Figure 38: Utilisation Rates by Ethnicity Western Bay of Plenty PHO



	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020
European	0.92	0.81	0.78	0.89	0.91	0.80	0.76	0.71
Maori	0.92	0.82	0.77	0.87	0.94	0.81	0.79	0.74
Asian	0.79	0.73	0.66	0.79	0.81	0.72	0.66	0.57
Pacific Island	0.74	0.66	0.65	0.72	0.71	0.71	0.68	0.52
Other	0.82	0.67	0.66	0.74	0.83	0.60	0.63	0.63

In April June 2020, consultations for people over 65 years decreased by 8.9% compared with the same quarter in 2019. Consultations for under five years fell by 48% and 5-15 years fell by 37%. Refer Figure 39.

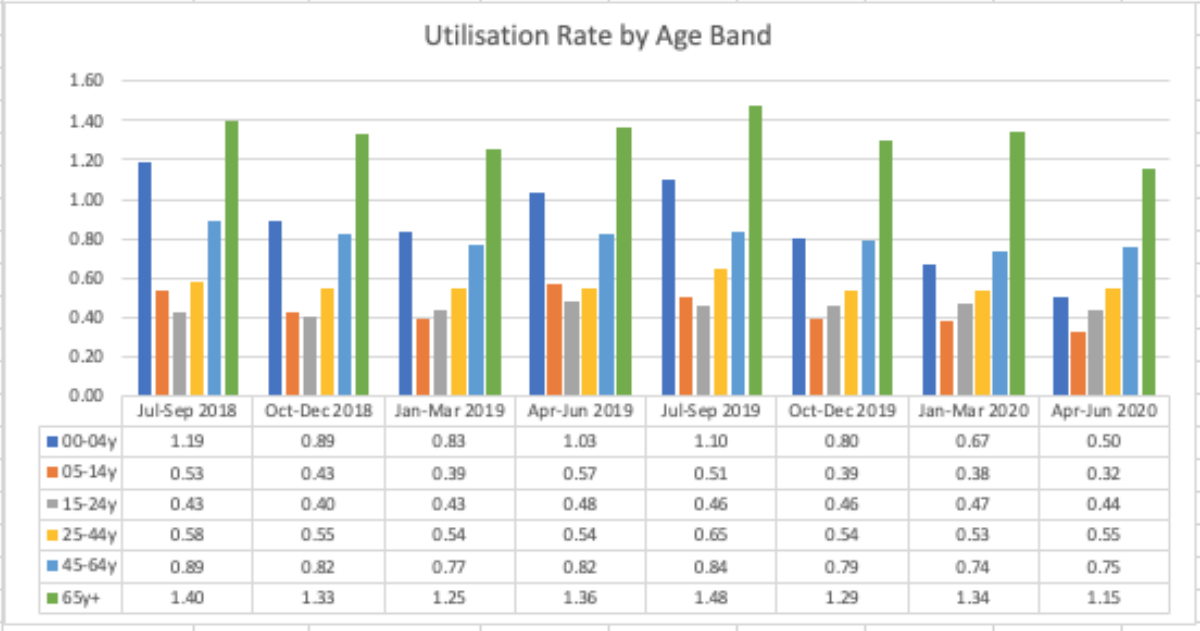
Figure 39: The total number of consultations by age band Western Bay of Plenty PHO



	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020
00-04y	13939	10179	8740	11976	13839	9507	7965	6244
05-14y	13438	10632	10701	13745	12555	10028	10092	9122
15-24y	9614	9070	9842	10207	11004	10230	10829	9971
25-44y	26421	24838	24499	27038	29531	27395	27427	27382
45-64y	43431	41068	38937	44173	45360	42790	42454	40232
65y+	64596	63513	61176	68352	66688	66523	63439	60666

Utilisation rates show seasonal variation especially in children 0-4 years, however rate in April- June did not increase as expected and continued to decrease to 50% of the utilisation rate in 2019. This change may be due to seduced transmission of usual winter viruses due to hand hygiene and social distancing.

Figure 39: Utilisation Rates by Age Western Bay of Plenty PHO



	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019	Jan-Mar 2020	Apr-Jun 2020
00-04y	1.19	0.89	0.83	1.03	1.10	0.80	0.67	0.50
05-14y	0.53	0.43	0.39	0.57	0.51	0.39	0.38	0.32
15-24y	0.43	0.40	0.43	0.48	0.46	0.46	0.47	0.44
25-44y	0.58	0.55	0.54	0.54	0.65	0.54	0.53	0.55
45-64y	0.89	0.82	0.77	0.82	0.84	0.79	0.74	0.75
65y+	1.40	1.33	1.25	1.36	1.48	1.29	1.34	1.15

Western Bay of Plenty PHO e-referrals

Western Bay of Plenty PHO also noted 50% decrease in monthly e-referrals to 7 of the 10 most frequently used services during March and April 2020. Refer Table 12.

Table 12: Western Bay of Plenty PHO e-referrals

Impact COVID-19 on WBOP PHO Practice eReferrals	2019-2020	Mar/Apr	Impact
WBOP PHO Programmes	Average per month	Average per month	% decrease
Breast Imaging	212	155	-27%
WBOPPHO Nursing Service	174	79	-55%
Asthma/COPD/Spirometry	134	60	-55%
Individual Counselling	116	109	-6%
Diabetes Retinal Screening	96	50	-48%
Outreach Imms	47	41	-12%
Chronic Obstructive Pulmonary Disease (COPD)	35	37	5%
Dietitians	33	19	-42%
Diabetes Self Management	25	13	-51%
Community Podiatry	24	12	-49%

Reduced Bay of Plenty Practice Referrals to DHB Services

Bay of Plenty Practice referrals to Bay of Plenty District Health Board services were also reduced; an overall decrease by 37% in March and April. In March, there was a 16% reduction and April, a 59% reduction in Practice referrals to services.

E-Referrals dropped from an average of 7,199 referrals per month to 4,513 referrals over March and April to the 20 most utilised services. Refer Table 13 below.

Table 13: Bay of Plenty PHO Practice Referrals to DHB Services

	2019-2020	Mar/Apr	Impact
Impact COVID-19 on BoPDHB eReferrals	Average per month	Average per month	% decrease
X-ray	1195	590	-51%
Tauranga Hospital	546	431	-21%
Ultrasound	527	353	-33%
Orthopaedic	357	185	-48%
Gynaecology	283	192	-32%
General Surgical	291	143	-51%
Endoscopy (Upper and Lower)/CT colonography/Suspected bowel malignancy	266	141	-47%
District Nursing	244	168	-31%
Cardiology	243	137	-44%
Urology	227	139	-39%
Ear Nose And Throat	210	189	-10%
Paediatrics	210	179	-15%
Gastroenterology	220	126	-43%
Support Net	182	74	-59%
CT	151	106	-30%
Whakatane Hospital	151	103	-32%
Community Mental Health (adult)	131	77	-42%
Physio Therapy	125	64	-49%
Neurology	91	57	-38%
Respiratory	89	57	-37%

10.4 Nga Mataapuna Oranga Western Bay of Plenty

NMO practice total e-Referrals decreased from an average of 98 referrals per month to 50 referrals over March and April in 2020 compared with the same period in 2019.

There was a 49% reduction in the average monthly rate of NMO e-Referrals to the 10 most utilised services during March-April 2020. Referrals to primary mental health and dietician services both reduced by over 80%.

Table 14: ICOVID-19 Impact on NMO Practice e-Referrals

Impact COVID-19 on NMO Practice eReferrals	2019-2020	Mar/Apr	Impact
NMO Programmes	Average per month	Average per month	% decrease
Asthma/COPD/Spirometry	18	16	-11%
Diabetes Retinal Screening	18	10	-43%
Stop Smoking Service for the Bay of Plenty	10	5	-53%
Breast Imaging	9	5	-45%
Outreach Imms	8	11	25%
Community Podiatry	7	3	-54%
Dietitian-Adult Only	6	1	-83%
Primary Mental Health	6	1	-82%
Chronic Obstructive Pulmonary Disease (COPD)	5	2	-58%
Dietitians	5	1	-79%
Diabetes related	43	21	-52%

10.5 Pinnacle – Taupo Region

Pinnacle PHO in the Taupo Region Lakes DHB provided data on the impact of COVID-19 Emergency Response.[37] Trends in changes to PHO consultation and referral were similar to those seen in other PHOs. Changes in e-Referrals March/April 2020 compared with 2019 were as follows:

- Consultation Rates in the 4 practices - 47 % (1677 and 4373)
- e- Referrals to the Extended Care team - 49% (26 and 51)
- Primary options + 174% (107 and 39)
- ED Presentations
  - Triage level 1-3 - 38% (400 and 642)
  - Triage level 4-5 - 33% (311 and 597)
- Ash Rates - 13.2% (92 and 106)
- eReferrals to Lakes DHB March - 68% (260 and 824)

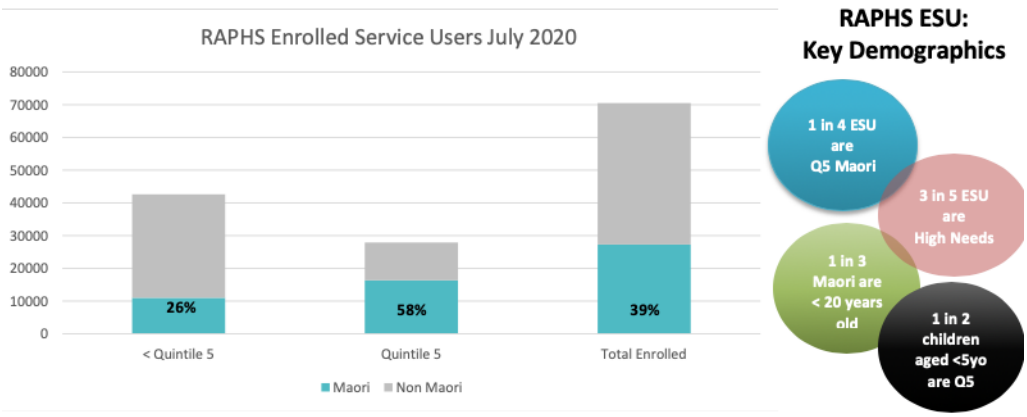
10.6 Rotorua Area Primary Health Services (RAPHS)

Rotorua Area Primary Health Service (RAPHS) is associated with the Pinnacle PHO. Practice consultation and referral rates were not provided. The following information is taken from their report to the Rotorua CHB's Community and Public health Advisory Committee (CPHAC) [38] in which the Chief Executive Officer highlight the following points:

RAPHS Enrolled Service Users (ESU) population has relatively high health needs:

- 39% of their enrolled population are Māori
- 25% of the enrolled population are Māori living in NZDep Quintile five
- 30% of the Māori population are under 20 years
- 50% of children under 5 years live in NZDep Quintile five

Figure 40: Enrolled Service Users Profile



Rotorua Area Primary Health Service (RAPHS) have a joint Lakes DHB and Ministry of Health (MOH) programme of work for 20-21 to improve equity and outcomes for Māori. The initiative focuses on

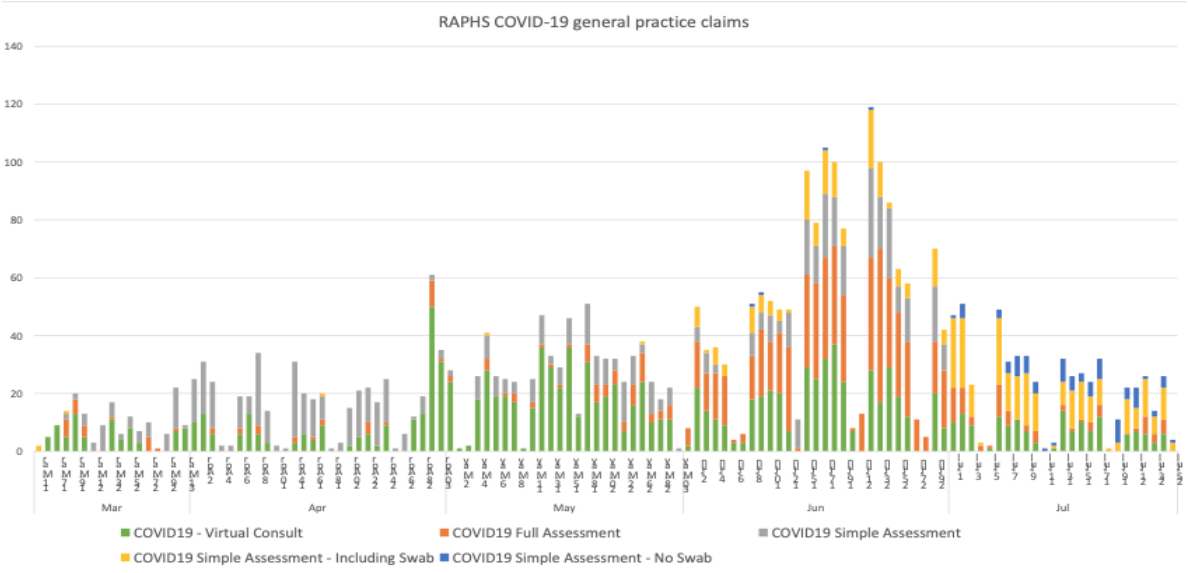
[37] Justin Bucher General Manager Regional Services Pinnacle
[38] Kirstin Stone RAPHs CEO

youth aged 15-25 and will initially undertake an analysis of data from multiple data sets to gain insights on the drivers of higher acute services utilisation in this group.
They are currently exploring more integrated approaches working with the Lakes DHB to develop care plans for high needs individuals and are working with other organisations to provide more integrated support.

Data on assessment and screening for COVID-19 is provided in Figure 41 below. In June COVID-19 Assessments and testing peaked at 120 per day. Practices are under considerable stress trying to meet the demand for COVID-19 assessments and screening especially when the media drives up levels of anxiety.

RAPHS has requested Lakes DHB collaborate with them to plan a more integrated approach to best use the capacity in the system to maintain screening rates at an optimal level while the system is returning to business as usual.

Figure 41 : RAPHS COVID-19 Assessment and Screening Claims



10.7 General Practice Survey Feedback

General Practices completed surveys to understand their experiences over the lockdown periods Level three and four and ongoing and the impact COVID-19 had on their practices.

To follow are concerns raised by practices in “General Practice Future Focus survey” regarding their ability to meet community health needs were as follows:

- Continued access to GP services enabled by innovation to ensure safe consultations
- Wide variation on the impact of consultation rates during COVID-19 lockdown
- Cost and initial shortages of PPE
- Reduced use of referred services and screening programmes
- Reduced referrals to DHB specialist services
- Downwards trend in clinical outcomes measures
- Unable to meet demand for flu vaccinations due to initial supply issues

- Some practices reduced staff due to less demand and financial distress
- Some clinicians reluctant to work in the front line due to risk personally or to family members
- Lack of equity of access to Telehealth solutions
- Following lockdown, the general practice workforce is stretched “catching up” on deferred consultations
- Some practices do not have capacity to manage demand for COVID-19 swabs.

11.0 Community Based Health Support Services

11.1 Key Findings

- Support Net assesses and coordinates services for people with disability needs across the Bay of Plenty Region, other than Age related Disability in the Lakes DHB.
- Flexible support plans were agreed prior to going into COVID-19 Lockdown
- 60 staff continued working from home and were in regular contact with all clients and their providers
- The most common problem for people with intellectual disabilities was the need for respite support
- Services to people in the community with age and health related disabilities were limited to essential personal cares
- Many people coped by creatively using the resources for support available, relying on more support from families and friends and being linked to other sources of support.
- Only absolutely essential admissions to aged care residential facilities were made under level 4. Most people preferred to wait if at all possible
- Following lockdown, the number of new referrals to Support Net for assessment increased to unprecedented levels. Anecdotally people needed to be seen more urgently due to higher than usual levels of need.

11.2 Aged Care Services

Impact on People receiving Home Care Services in the Community

Home Based Support

During COVID-19 Emergency Response Level 4 Home Care Providers were only able to provide essential personal care. They were unable to provide non-essential home help services, (as directed by Ministry of Health). Other services including Day Programmes were not operating.

Support Net Assessors did phone welfare check on all clients. The Home Based Support Services were also doing regular phone checks with their clients. Support Net held daily then weekly zoom meeting with the home based support providers which meant any issues or concerns could be addressed.

Home Care Providers reported a lot of clients had increased family support during COVID-19 Response Level 4. Information was provided about accessing other services (e.g. for shopping) for those without family or friends locally to help them. The Rotorua Lakes Council provided an 0800 number so people, especially the elderly or those needing medications or groceries, could call for help. Calls were triaged and people referred to the correct district welfare agency. Psychosocial support was also available by contacting the Community Care Co-ordination team.

At Level four, Support Net was unable to complete face-to-face assessments. Instead they did shorter phone-call assessments. As a result some clients needed to be re-assessed sooner than usual. By adding additional information to the InterRAI Contact Assessment, clients were able to receive the services required and providers (community and residential) had the information about their clients that they needed.

At Levels two and three, face to face assessments were completed following a COVID screening questionnaire

Aged Residential Care

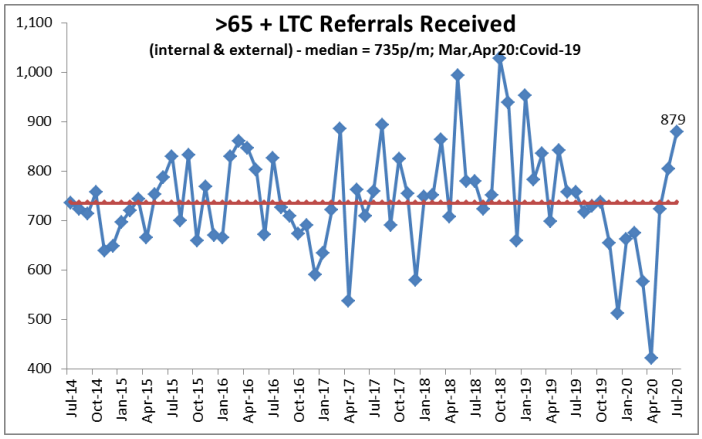
During COVID-19 Emergency Response Level 4, admissions to residential facilities were only arranged if they were absolutely essential. The admissions process was based on strict infection control protocols, including 14 days isolation. This requirement meant people opted to delayed admission if at all possible.

Support Net amended the processes and protocols implemented as they learnt what worked. These changes were documented to ensure they were used. This process is essential to optimise the use of new technology.

Disability Referral and Assessment Trends

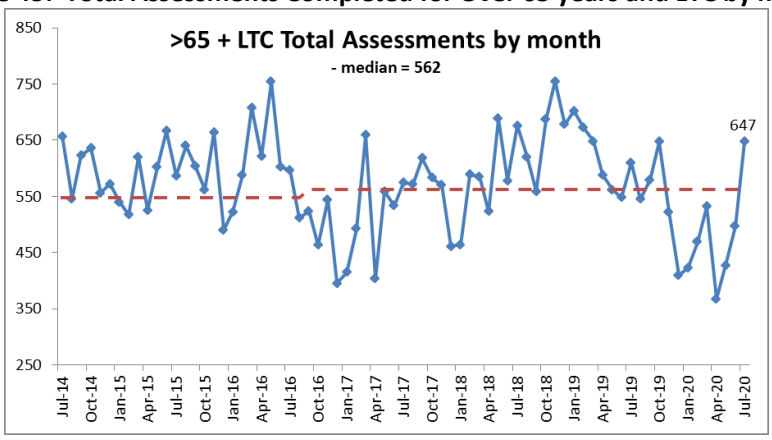
Support Net total Assessments Referrals for people over 65 years and long term chronic conditions (LTC) shows an almost 50% reduction in referrals numbers in April 2020 compared with previous years. The referral numbers increase rapidly in May-June 2020 to the highest numbers in the same months in the previous years. Refer Figure 42.

Figure 42: Support Net data Total Referrals for over 65 years and clients with long-term chronic conditions (LTC)



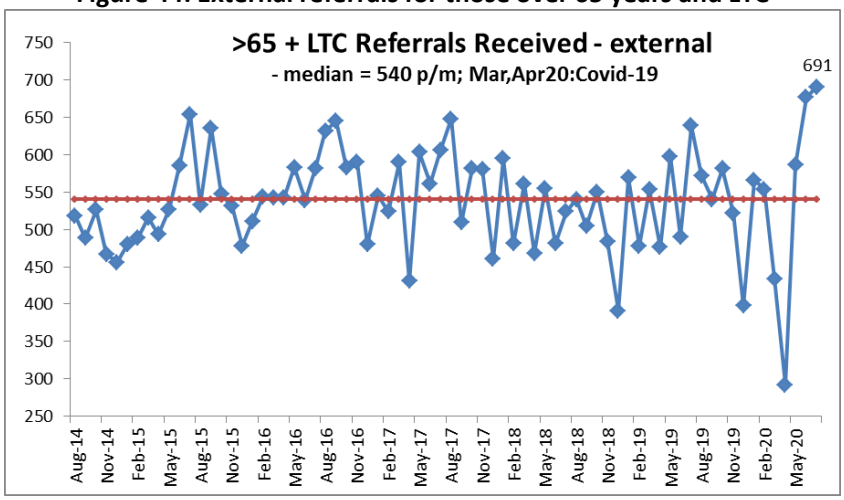
Internal referrals are for those clients already in our Support Net system who have come up for a scheduled re-assessment or review of services. External referrals are referrals received for new clients or existing clients, received from an external source (not internal Support Net generated). Long Term Conditions refers to clients under 65 but with long-term chronic conditions. The figure below reflects the number of assessments completed for those over 65 years and LTC. It includes all types of assessments (phone and face-to-face), including reviews of services. Refer Figure 43.

Figure 43: Total Assessments Completed for Over 65 years and LTC by month



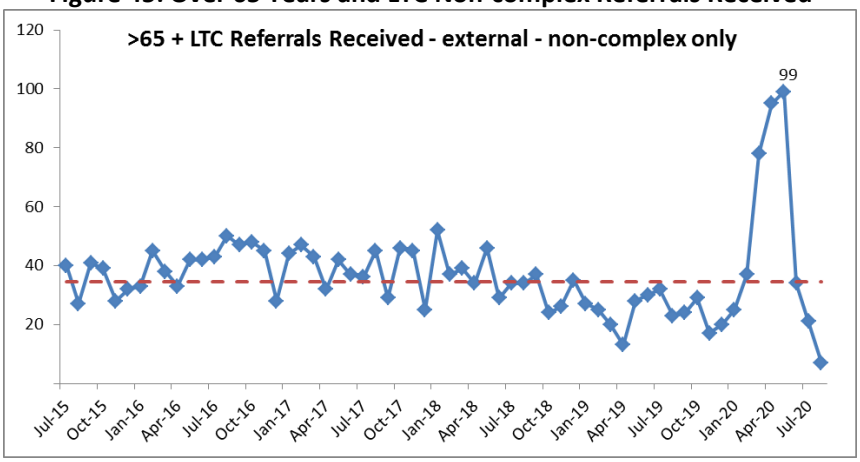
The number of external referrals for those over 65 years and LTC in the June and July 2020 are the highest in any month previously recorded. Refer Figure 44.

Figure 44: External referrals for those over 65 years and LTC



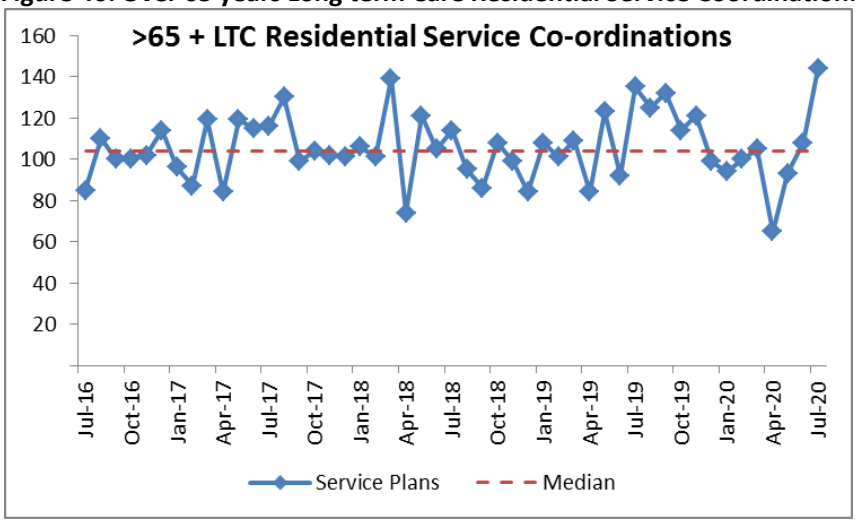
Non-complex referrals are mostly for home help services. These clients are more stable and usually require less services. The number of referrals over the COVID-19 emergency response Levels 3 and 4 more than doubled. They returned to the average number seen per month in June 2020. Refer to Figure 45.

Figure 45: Over 65 Years and LTC Non-complex Referrals Received



Service co-ordinations (plans) are put in place for residential care, based on the start date of the plan. These figures are impacted by the relevant increase in hospital admissions and subsequent referrals for hospital assessments for entry into residential care. The same trends of a marked decrease then increase in numbers for April- July are seen as for other services. Refer Figure 46.

Figure 46: Over 65 years Long term Care Residential Service Coordination.



Support Net staff called all clients they considered to be most vulnerable during the COVID-19 lockdown. Some requested regular calls due to anxiety and loneliness due to the self-isolation. They found clients managed better than they expected and did not go into crisis.

Information for people in Lakes DHB with Aged related disability needs was limited to the Te Arawa Iwi based initiative (refer to section 8.3.2). This initiative identified all vulnerable people including those with age related disability and Long Term Conditions

In Auckland a recent Needs Assessment and Services Coordination Agency (NASC) Survey of the people receiving support found high levels of unmet need in Māori (5x non-) and Pasifika clients (2x) compared with non-Māori non Pasifika clients. Individual plans were immediately put in place to provide essential support packages such as food[39].

10.3 Disability Support

Support Net

Support Net is the regional Needs Assessment Service Coordination (NASC) service provider for people with disabilities under 65 years old across the Bay of Plenty and Lakes District. Support Net also provide NASC services for age related disability for those over 65 years in the Bay of Plenty DHB.

Support net have 60 staff who determine the services required to support over 8000 individuals in the community with long term disabilities. They work with over 80 providers who are responsible for delivering the services.

[39] Personal Communication with Strategic Consultant Undertaking Survey

Feedback from the CEO on the impact of COVID-19 included the following key points:

- All staff continued to work from home offices except for one living in a remote rural area without internet access. Many staff prefer a flexible approach to working at home.
- The number of Disability Support Services (DSS) needs assessment reviews in March increased by 50% compared with the average number for the year, and in April the number increased by 295%. Refer to Table 15 below.
- The increase aimed to ensure that all the most vulnerable clients would have the services they needed in place early to mitigate the risk that COVID-19 might limit staff being able to work, and limit services being delivered.
- Staff contacted all vulnerable clients and if they wanted ongoing regular contact this was put in place. The most common issue was the need for respite.
- Over all clients managed exceptionally well. Plans to support clients in crisis were in place but none were activated. There were no major issues.
- Support Net adopted a new service model aligned to Enabling Good Lives over five years ago. As a result more flexible approaches to co-designing care are in place. Clients, carers and whānau are resilient and accustomed to thinking creatively to solve problems.
- Respite was provided by flexible use of budgets given the usual approaches were unavailable. Examples included renting a porta-com to provide a separate space for an autistic teenager to have time out, purchase of trampolines and play stations.
- There were initial problems with access to appropriate PPE. Over 1000 clients use Individualised Disability Funding (IDF) to directly purchase their carer support and disposable supplies. Access to supplies for his group of clients was initially overlooked and caused some distress for clients, and their whānau and caregivers.

Table 15. Support Net MOH Health DSS Contract Service Summary

SUPPORT NET MINISTRY OF HEALTH DSS CONTRACT SERVICE SUMMARY														
Total Activities(No Refs)									Covid-19 start	Covid-19	Covid-19			
Service	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Total	Average
Action Referrals	65	79	87	70	84	55	73	75	58	30	48	54	778	65
No Action Referrals	41	59	38	43	53	39	50	45	34	18	32	45	497	41
Initial Assessments	35	27	29	40	37	28	34	31	26	15	19	26	347	29
Reassessments	27	30	17	17	18	16	17	19	14	6	1	22	204	17
Early Reassessments	5	9	4	8	7	7	3	8	7	0	7	7	72	6
Reviews	259	253	202	201	236	198	164	254	359	720	19	75	2940	245
Early Reviews	62	63	55	65	67	51	52	68	61	49	45	121	759	63
Co-ordinations	61	69	51	62	64	62	47	56	60	34	29	43	638	53
Total Activities(No Refs)	**449**	**451**	**358**	**393**	**429**	**362**	**317**	**436**	**527**	**824**	**120**	**294**	**4960**	**414**
All Activities	**555**	**589**	**483**	**506**	**566**	**456**	**440**	**556**	**619**	**872**	**200**	**393**	**6235**	**530**

There are over 60 Disability Support Services (DSS) providers in the Bay of Plenty region. Support Net considered they managed well overall during the COVID-19 lockdown.

Idea Services, a national provider, reconfigured services to comply with lockdown requirements to keep their staff and the people they support safe. They provided daily communications to staff, the people they support and their family whānau. Residential Services for those with high needs were reconfigured to limit the size of their bubbles, and to provide home based support over 24 hours, seven days a week as vocational day centres were closed. New home based activities were initiated and shared on-line. Feedback from the people they support indicated that many preferred these new arrangements.

12.0 District Health Board Provider Arm Services

12.1 Key Findings

During level 4 and 3 Emergency Response Service Use Decreased Overall
As a result of the COVID-19 response, significant decreases in service utilisation was reported by Bay of Plenty and Lakes DHBs' in Emergency Departments, acute and elective inpatient services and in Outpatient Services. After moving out of level 3 Lockdown, service volumes steadily increased, but some had not returned to Pre-COVID-19 levels by the end of Quarter 4.

Provider Arm Services Reporting
Bay of Plenty and Lakes DHBs Provider Arm reporting to June 2019-2020 indicates the following impacts on performance due to COVID-19 during the emergency response which are resolving as the recovery period progresses:

Patient Quality:
- Significant increase in waiting times for First Specialist Appointments
- Significant increase in waiting > four months for In-Patient treatment
- Colonoscopy follow-up increased delays

Financial performance
- Significant decrease in case weights and discharge volumes across all categories
- Operating costs remained the same
- Full time equivalents (FTEs) increased to exceed target by 63 (2.5%)

Process efficiency
- Length of Stay outliers reduced
- Nurse hours per patient above target
- Outpatient who did not attend (DNA) reduced
- Acute readmission rate reduced

Organisational health & Monitoring
- Increase in staff with > two years sick leave increased above target

Outpatient Services
- Referrals decreased under level 4 and then gradually returned to Pre-COVID-19 levels or higher
- Virtual consultation were offered and some departments have maintained them
- DNA rates were improved over lockdown

Emergency Departments
- Reduced presentations at Bay of Plenty and Lakes DHBs Emergency Departments
- Trends in reported Triage levels in comparison to 2019 reflected less people presenting with severe trauma and people deferred seeking treatment at more acute Triage levels three to five and were presenting later when more acutely unwell.

12.2 District Health Board Balanced score card Reporting

Bay of Plenty and Lakes DHBs Provider Arm Balanced Score Card Reporting for June 2019-2020 indicates multiple targets are not met. A summary of the reported indicators for Bay of Plenty DHB is provided below. Refer Figure 47. Lakes DHB data is provided in the following sub section.

Performance has been adversely effected in the last quarter due to the following impact of COVID-19 Emergency Response:

Patient Quality:

- Increase in waiting times for First Specialist Appointments
- Increase in waiting more than four months for In-Patient treatment
- Colonoscopy follow-up increased delays

Financial performance

- Decrease in case weights and discharge volumes across all categories
- Operating costs remained the same
- Full time equivalents increased to exceed target by 63 (2.5%)

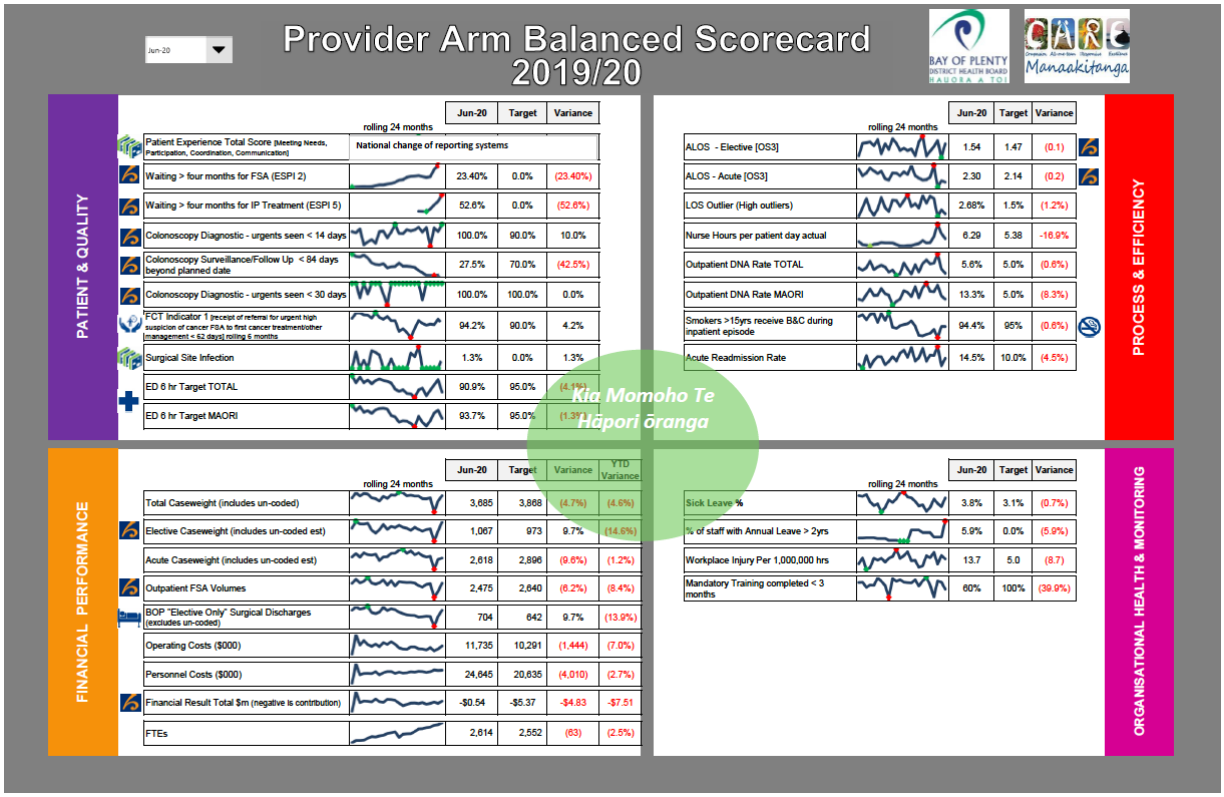
Process efficiency

- Length of Stay outliers reduced
- Nurse hours per patient above target
- Outpatient DNA reduced
- Acute readmission rate reduced

Organisational health & Monitoring

- Increase in staff with more than two years sick leave increased above target.

Figure 47: Bay of Plenty DHB Balance Score Card Report year ending June 2020



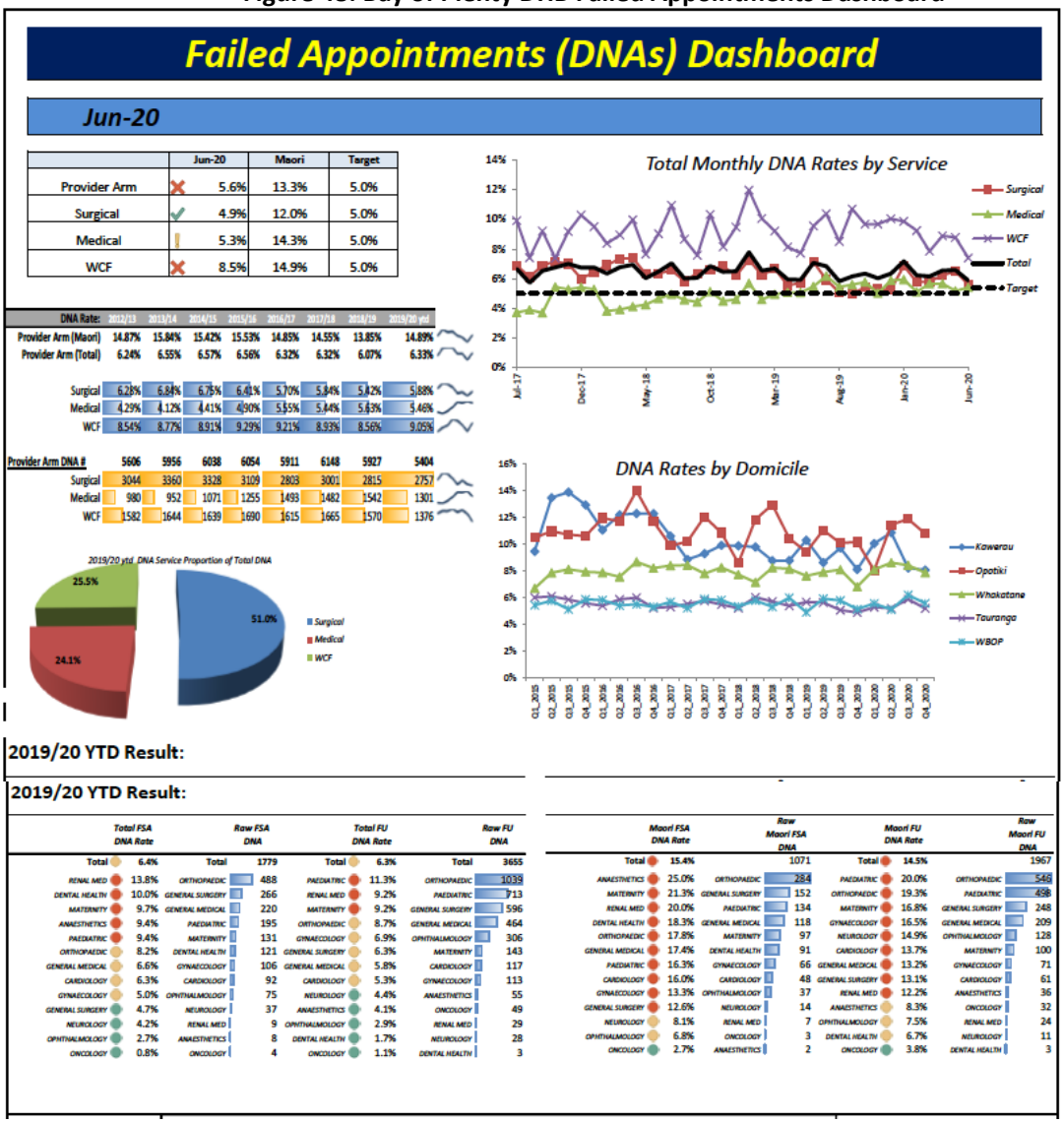
Bay of Plenty Outpatients Department Failed Appointments

Additional information was provided by Bay of Plenty DHB on failed Outpatient Department (OPD) services. Outpatient Department services continued throughout the COVID-19 response and were offered as telephone or virtual consultations, and face to face when considered necessary.

Failed appointments (DNAs) are monitored routinely by the DHB as per the graphic below. Actual numbers and rates of DNAs are reported by Māori and non- Māori for First Specialist Appointment (FSA), and Follow-up Appointments (FU). The Māori rates for both FSA and for FU are more than double the rate for non- Māori. Refer to Figure 48.

It was noted that the percentage of appointments that were DNAs trended down over the COVID-19 response period. Some clinics are continuing to offer virtual appointments which are preferable to some patients and may account for some of the reduction in DNAs. Surgical services achieved the targeted overall DNA rate at 4.9%. Medical services were also close to achieving the target at 5.3%.

Figure 48: Bay of Plenty DHB Failed Appointments Dashboard



12.3 Emergency Department

Bay of Plenty DHB

The following information is on service utilisation and performance reporting by Bay of Plenty DHB Provider Arm Services.

Emergency Department Attendances by site comparing years ending June 2019 and 2020 shows a sudden decrease in service utilisation at level 3 and 4 COVID-19 Emergency Response in the last two quarters with volumes gradually returning to usual numbers (refer figure 49). There are very few attendances 14-15 July 2020 for non-urgent reasons and the number of sixg hour breaches are low for Tauranga ED and nil for Whakatane. The majority of presentations to Tauranga Hospital ED were for resuscitation and urgent reasons. Refer Figure 50.

Figure 49: Bay of Plenty DHB Emergency Department Attendance by Triage Level Comparing 2019-2020

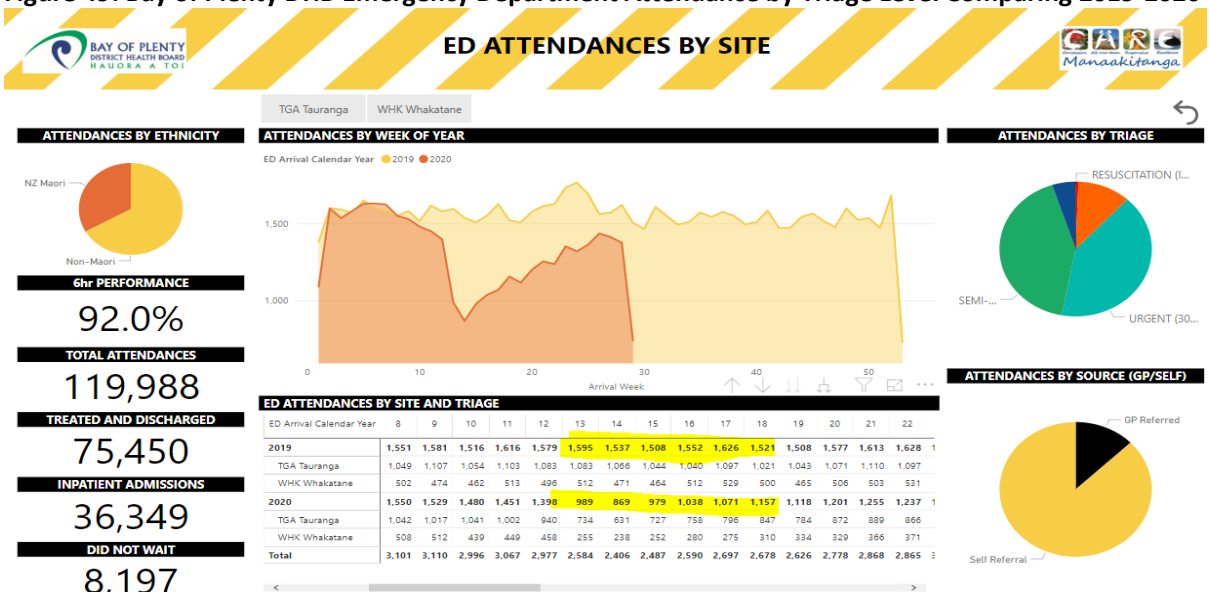
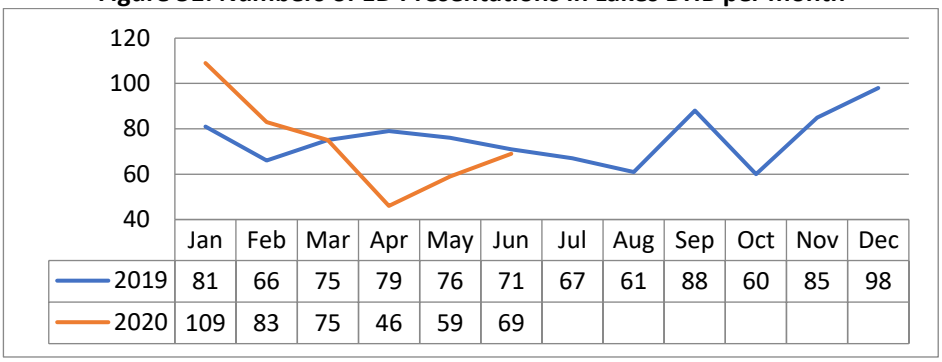


Figure 50: Bay of Plenty DHB Emergency Department Attendance by Site and Triage Comparing 2019-2020

Lakes DHB

Lakes DHB Emergency Department (ED) presentation numbers in April 2020 were the lowest recorded per month over the past 12 months. Reporting in May and June 2020 indicate presentations at ED have returned to usual volumes. Refer Figure 51.

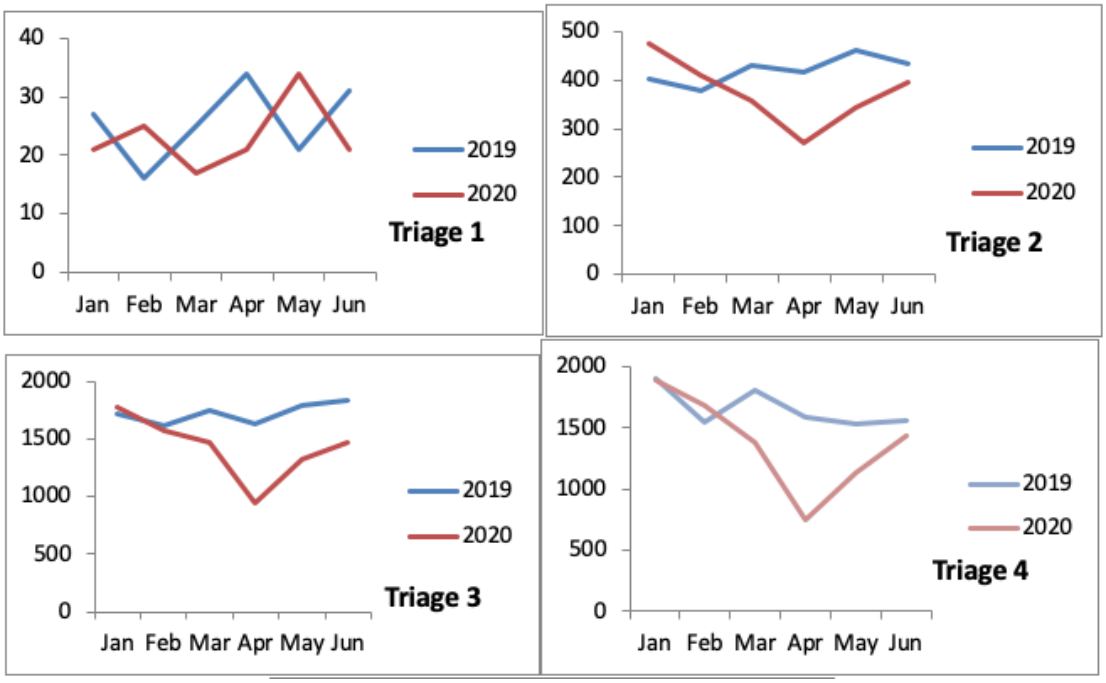
Figure 51: Numbers of ED Presentations in Lakes DHB per month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	81	66	75	79	76	71	67	61	88	60	85	98
2020	109	83	75	46	59	69						

Lakes DHB ED, triage category presentation rates per month for January - June in 2019 and 2020, show month to month variation due to small numbers. However, over April and May 2020 the numbers presenting in Triage category one (the most acute cases) were lower than in 2019 and increased over this time peaking in June 2020. Over the same period in 2020, the number presenting at ED decreases as the level of triage acuity decreases, in comparison with the previous year. These trends are likely to reflect less severe trauma occurring as people self-isolated. They also suggest people may have deferred seeking treatment at COVID-19 level 4 until they were more acutely unwell. Refer to the Figure 52 and Tables 15 and 16 below.

Figure 52: ED triage category presentation at Rotorua and Taupo Hospitals Jan-June 2019/2020



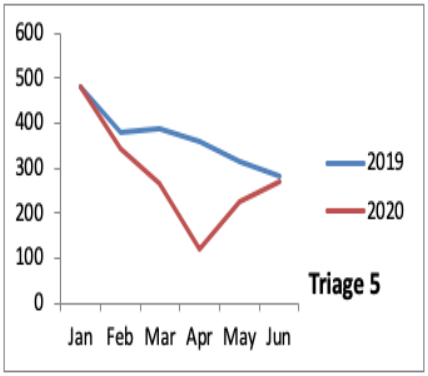


Table 15 : ED Presentations Rotorua and Taupo Hospitals variation/month Volumes by triage category Jan-June 2019/2020

	triage									
	1		2		3		4		5	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Jan	27	21	404	475	1717	1782	1902	1887	480	480
Feb	16	25	379	408	1621	1573	1538	1684	382	342
Mar	25	17	430	358	1753	1477	1807	1379	387	267
Apr	34	21	417	271	1627	946	1579	745	361	120
May	21	34	463	345	1790	1320	1530	1128	314	224
Jun	31	21	433	396	1830	1475	1559	1433	281	269

Table 16 : ED Presentations Rotorua and Taupo Hospitals variation/month Percentages by triage category Jan-June 2019/2020

	triage				
	1	2	3	4	5
	%	%	%	%	%
Jan	-22.2	17.6	3.8	-0.8	0.0
Feb	56.3	7.7	-3.0	9.5	-10.5
Mar	-32.0	-16.7	-15.7	-23.7	-31.0
Apr	-38.2	-35.0	-41.9	-52.8	-66.8
May	61.9	-25.5	-26.3	-26.3	-28.7
Jun	-32.3	-8.5	-19.4	-8.1	-4.3

12.4 Inpatient Services

Bay of Plenty

In late March into April 2020 , acute admissions to Bay of Plenty Hospital per week were approximately 40% less than in the same month in the previous year. Volumes have increased since then but have not yet returned to the Pre-COVID Emergency Response rates. Refer Figure 53. Ward occupancy also reflects these trends. Refer figure 54.

Figure 53: Bay of Plenty DHB Acute Admissions 2019 – 2020 by ethnicity and DRG

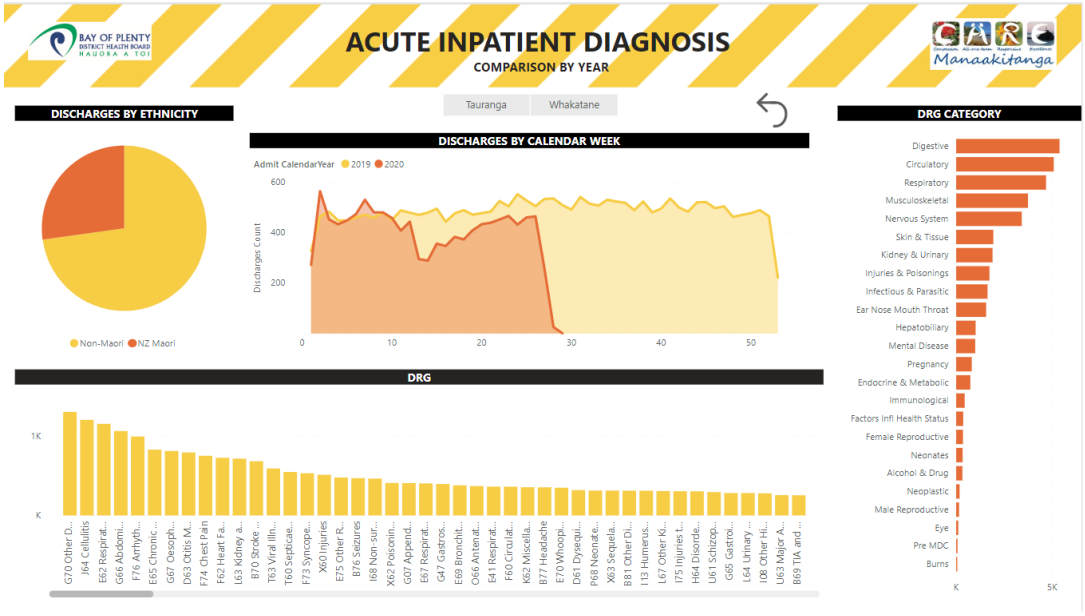
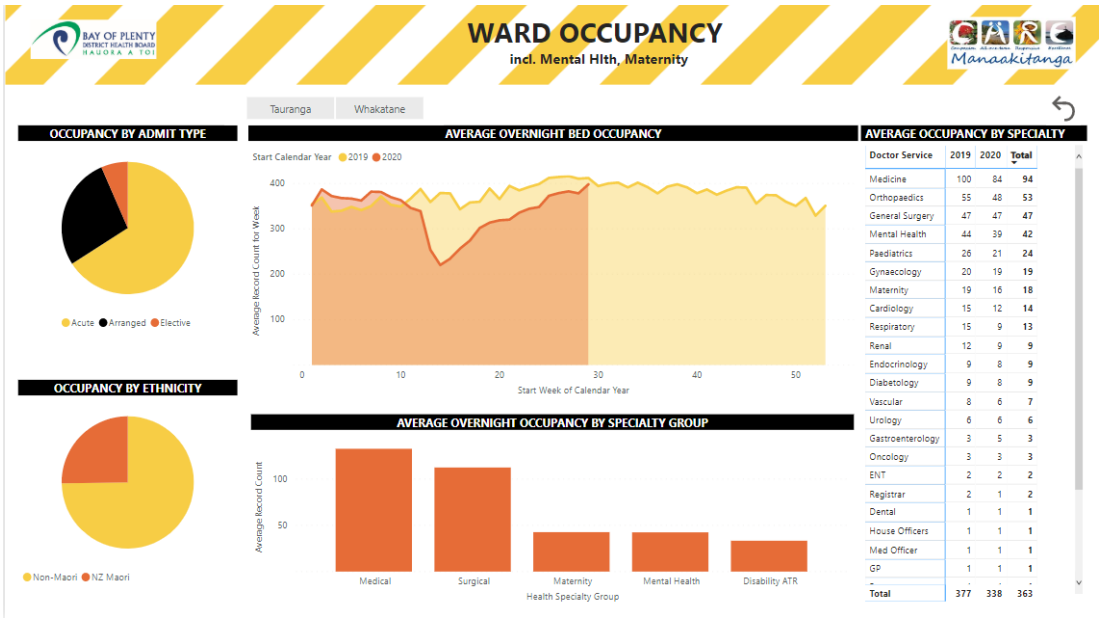
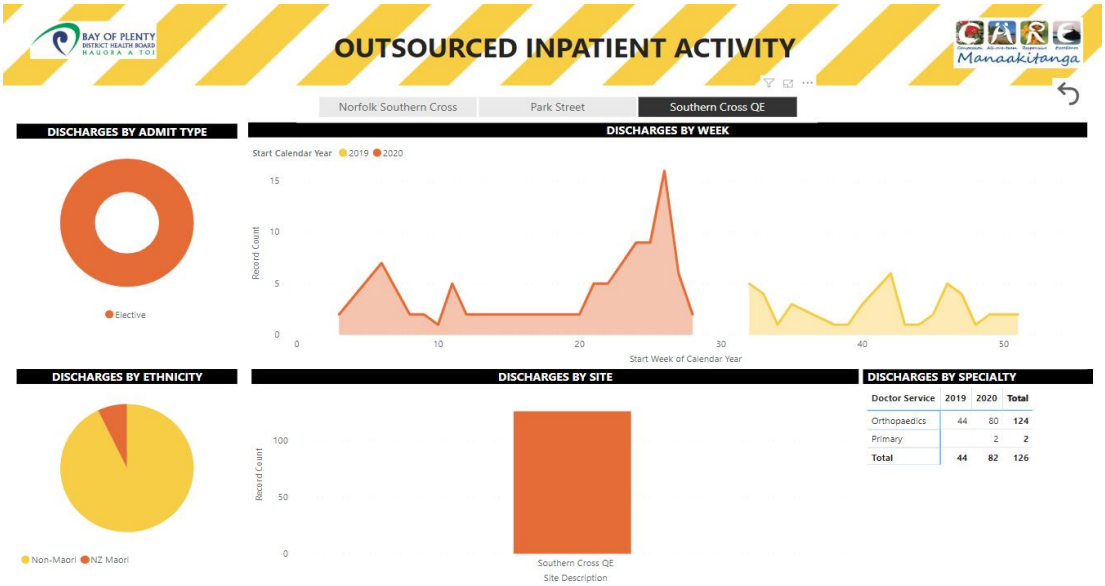


Figure 54: Bay of Plenty DHB Ward Occupancy



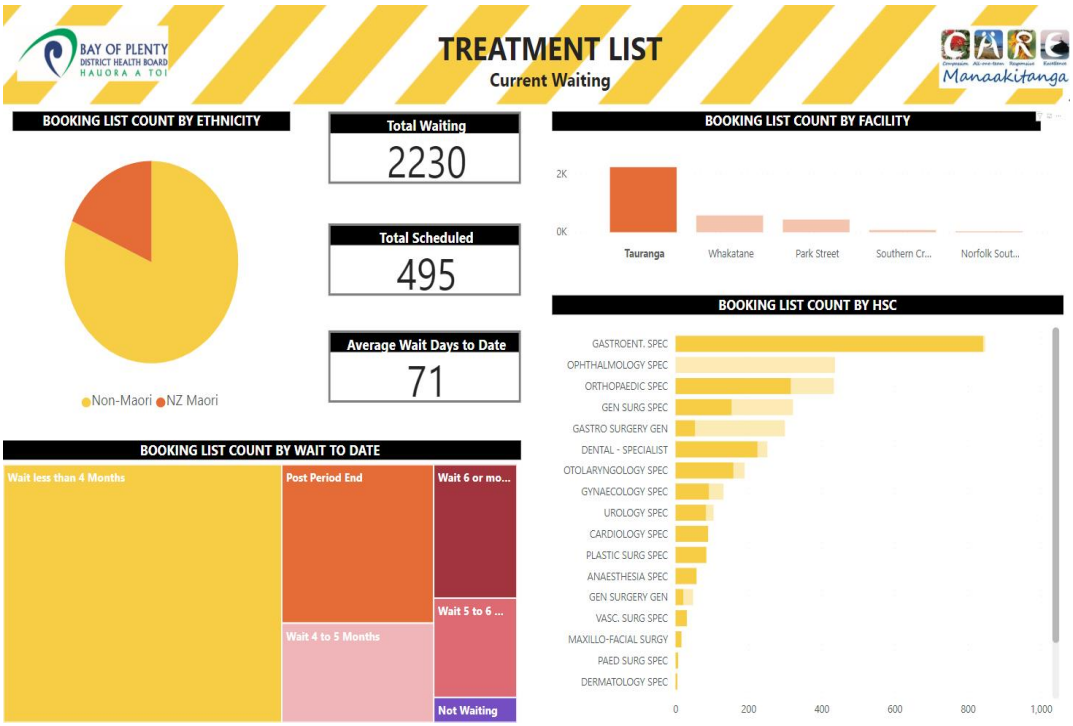
Outsourced Inpatient activity for primarily orthopaedic elective services was very low during COVID-19 Emergency Response Levels three and four. The volumes subsequently rebounded and have now returned to similar levels for the same period in 2019. The percentage of Māori using these services does not reflect equitable access. Refer Figure 55.

Figure 55: Bay of Plenty DHB Outsourced Inpatient Activity



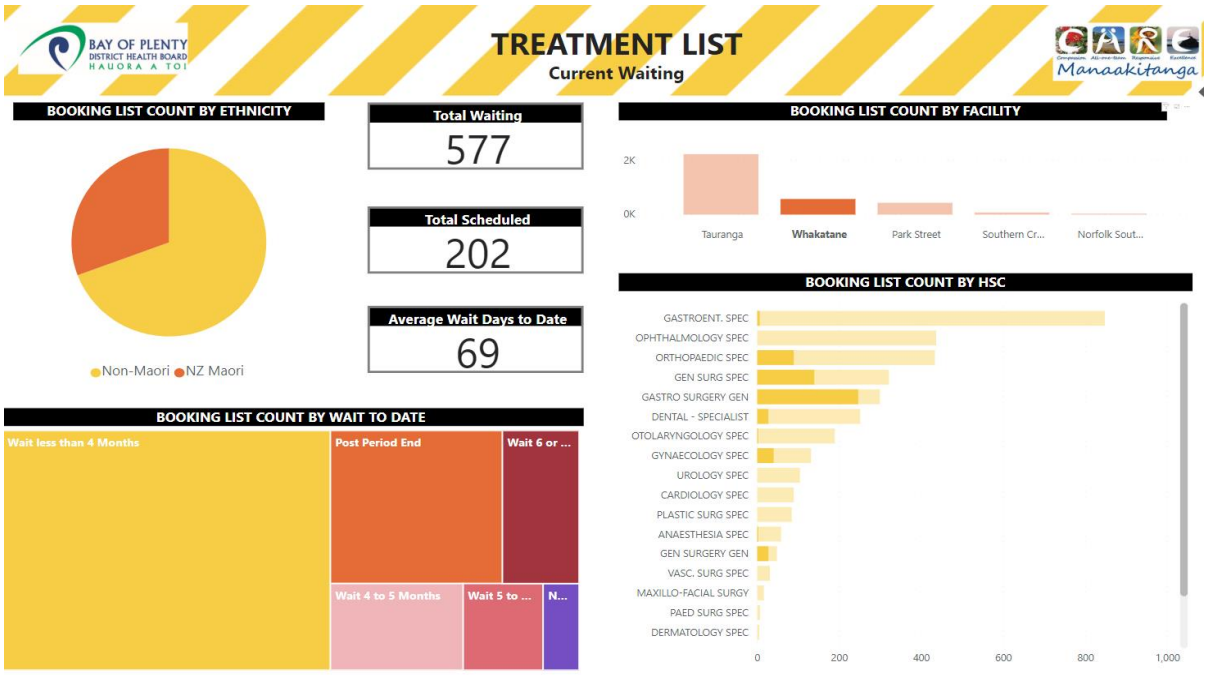
In the Bay of Plenty there are currently 2230 people on the waiting list for treatment of whom approximately 900 are waiting for Gastroenterology treatment. Overall they have been waiting on average 71 days and the majority have been waiting less than 4 months. None have been waiting more than 6 months. Refer Figure 56 and 57.

Figure 56: Bay of Plenty DHB Treatment Lists Waiting Times



No dates are provided with these graphs so the rationale for the differences in figures 56 and 57 are difficult to determine.

Figure 57: Bay of Plenty DHB Treatment Lists Waiting Times



1.4 Lakes District Health Board

Patient referral waiting times

Numbers of patients waiting for longer than target times peaked in May 2020 for First Specialist Appointment (FSA) and for receiving committed treatment. Refer Table 16.

Table 16: Lakes DHB Patient Flow Indicator – Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
DHB: Lakes

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	7 of 16	43.8%	8 of 16	50.0%	7 of 16	43.8%	4 of 16	25.0%	4 of 16	25.0%	5 of 16	31.3%	8 of 16	50.0%	5 of 16	31.3%	3 of 16	18.8%	8 of 16	50.0%	9 of 16	56.3%	7 of 16	43.8%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	79	2.7%	60	2.1%	108	3.5%	105	3.4%	72	2.3%	114	3.5%	117	3.9%	117	4.1%	133	4.6%	175	6.7%	279	13.2%	94	5.1%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	1	0.0%	2	0.0%	2	0.0%	4	0.1%	4	0.1%	2	0.0%	1	0.0%	1	0.0%	1	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	48	4.8%	58	6.1%	65	7.0%	69	7.7%	79	8.5%	84	8.3%	128	11.7%	143	12.7%	204	15.8%	302	23.9%	357	31.0%	350	29.8%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	5	99.0%	4	99.0%	5	98.6%	1	99.7%	2	99.6%	2	99.5%	7	98.0%	0	100.0 %	5	98.8%	0	100.0 %	0	100.0 %	0	100.0 %

Dental Services

Ability to provide committed treatment within target time framed decreased from November 2019, peaking in May 2020. Refer to Table 17.

Table 17: Lakes DHB Patient Flow Indicator – Dental

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Dental

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	1	1.2%	0	0.0%	4	5.6%	1	1.4%	12	14.1%	19	19.0%	31	26.7%	40	40.0%	46	33.3%	59	41.3%	77	53.8%	62	51.7%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	-	0	100.0%	0	100.0%	0	100.0%	0	100.0%

Ear Nose and Throat

Similar issues reported for Ear Nose and Throat (ENT) planned care to above with failure to meet target times developed for FSA and providing treatment within target time frames. Refer to table 18.

Table 18: Lakes DHB Patient Flow Indicator – ENT

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Ear, Nose & Throat

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	1 of 1	100.0%	0 of 1	0.0%	0 of 1	0.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	28	7.2%	18	6.2%	7	3.4%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	1	0.2%	1	0.2%	1	0.2%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	0	0.0%	2	1.4%	4	3.3%	10	10.3%	6	5.1%	6	4.9%	7	6.0%	7	5.7%	13	11.1%	22	21.6%	25	28.7%	18	20.5%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%

General Surgery

Similar issues arise in waiting times for general Surgery for planned care with numbers on the waiting lists beyond the target times increase 200-300% compared with the start of the year. Refer to Table 19.

Table 19: Lakes DHB Patient Flow Indicator – General Surgery

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
General Surgery

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	1 of 1	100.0%	1 of 1	100.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	1 of 1	100.0%	0 of 1	0.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	2	0.5%	0	0.0%	0	0.0%	3	0.7%	11	3.0%	0	0.0%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	1	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	20	6.9%	22	8.5%	30	11.0%	31	11.1%	31	11.7%	26	9.1%	37	12.8%	35	12.1%	48	14.0%	62	20.0%	44	16.7%	49	18.1%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	5	97.2%	4	97.5%	5	96.5%	1	99.4%	2	98.8%	2	98.8%	7	93.5%	0	100.0%	4	97.7%	0	100.0%	0	100.0%	0	100.0%

Orthopaedics

A significant impact is seen with numbers on the waiting lists beyond the target times continuing to increase from one in October 2019 to 185 (50%) in June 2020. Refer to table 20.

Table 20: Lakes DHB Patient Flow Indicator – Orthopaedics Planned Care Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Orthopaedics

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	62	8.1%	6	0.9%	2	0.3%	1	0.2%	2	0.4%	1	0.2%	3	0.6%	3	0.9%	2	0.6%	4	1.1%	2	0.9%	2	1.3%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.4%	2	0.3%	2	0.3%	1	0.2%	1	0.2%	1	0.2%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	8	4.9%	8	4.4%	1	0.5%	1	0.5%	13	6.5%	23	11.0%	46	16.8%	50	15.3%	81	22.8%	117	32.3%	155	43.4%	185	50.1%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%

Elective Orthopaedics Services

Waiting times for both FSA and committed treatment showed increasing numbers of people not meeting the targets peaking in April- May and reducing in June. Refer Table 21.

Table 21: Lakes DHB Patient Flow Indicator – Elective Orthopaedic Waiting Times

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Lakes

Orthopaedics

	2018 Jul			2018 Aug			2018 Sep			2018 Oct			2018 Nov			2018 Dec			2019 Jan			2019 Feb			2019 Mar			2019 Apr			2019 May			2019 Jun		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	0 of 1	0.0%	1	0 of 1	0.0%	1	1 of 1	100.0%	0	1 of 1	100.0%	0	1 of 1	100.0%	0	0 of 1	0.0%	1	1 of 1	100.0%	0	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	86	10.0%	-66	30	3.8%	-30	60	7.2%	-60	97	10.7%	-97	25	2.8%	-25	31	3.7%	-31	122	12.8%	-122	142	13.5%	-142	223	21.6%	-223	192	19.1%	-192	243	24.7%	-243	236	25.2%	-236
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5.Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.7%	-1	3	1.8%	-3	9	5.6%	-9	9	5.6%	-9	12	9.0%	-12	24	15.5%	-24	8	5.3%	-8	2	1.3%	-2
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0	0	0.0%	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	64	100.0%	0	75	100.0%	0	47	100.0%	0	50	100.0%	0	66	100.0%	0	51	100.0%	0	23	100.0%	0	56	100.0%	0	38	100.0%	0	59	100.0%	0	45	100.0%	0	56	100.0%	0

Elective Paediatric Surgery

In March 2020 patients were reported as not meeting the target time frames to treatment and have increased each month through to June (18 patients). Refer Table 22.

Table 22: Lakes DHB Patient Flow Indicator – Paediatric Surgery Waiting Times

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Lakes

Paediatric Surgery

	2018 Jul			2018 Aug			2018 Sep			2018 Oct			2018 Nov			2018 Dec			2019 Jan			2019 Feb			2019 Mar			2019 Apr			2019 May			2019 Jun		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	1 of 1	100.0%	0	1 of 1	100.0%	0	1 of 1	100.0%	0	1 of 1	100.0%	0	0 of 1	0.0%	1	0 of 1	0.0%	1	1 of 1	100.0%	0	1 of 1	100.0%	0	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1	1 of 1	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5.Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	3.3%	-1	11	44.0%	-11	14	42.4%	-14	16	48.5%	-16	18	45.0%	-18
6. Patients in active review who have not received a clinical assessment within the last six months.	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	5	100.0%	0	8	100.0%	0	4	100.0%	0	2	100.0%	0	20	100.0%	0	6	100.0%	0	7	100.0%	0	5	100.0%	0	0	x	0	13	100.0%	0	5	100.0%	0	13	100.0%	0

General Medicine

The number of patients exceeding waiting times target for first specialist appointment (FSA) peaked in March (58) and continues to be elevated in June 2020 (50). Refer Table 23.

Table 23: Lakes DHB Patient Flow Indicator – General Medicine FSA Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

General Medicine

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	0 of 1	0.0%	0 of 1	0.0%	1 of 1	100.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	1 of 1	100.0%	0 of 1	0.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	2	0.4%	13	2.4%	31	5.4%	34	6.2%	12	2.6%	15	2.8%	34	6.8%	39	7.8%	58	10.5%	57	12.0%	58	13.5%	50	12.4%
5. Patients given a commitment to treatment but not treated within four months.	0	0.0%	0	0.0%	0	0.0%	0	-	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	8.3%	2	20.0%	7	50.0%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-

General Medicine Elective Services

Wait times increased for General medicine Elective Services FSA beyond the target from November 2019 peaking in March 2020 (23). They have since improved. Refer to Table 24.

Table 24: Lakes DHB Patient Flow Indicator – General Medicine Elective Services Waiting Times

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Lakes

General Medicine

	2018 Jul			2018 Aug			2018 Sep			2018 Oct			2018 Nov			2018 Dec			2019 Jan			2019 Feb			2019 Mar			2019 Apr			2019 May			2019 Jun		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	0 of 1	0.0%	1	0 of 1	0.0%	1	1 of 1	100.0%	0	1 of 1	100.0%	0	1 of 1	100.0%	0	0 of 1	0.0%	1	1 of 1	100.0%	0	0 of 1	0.0%	1	1 of 1	100.0%	0	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	3	0.7%	-3	10	2.3%	-10	2	0.4%	-2	8	1.6%	-8	17	3.3%	-17	10	2.4%	-10	13	2.6%	-13	20	4.0%	-20	23	4.6%	-23	14	2.7%	-14	5	1.0%	-5	3	0.6%	-3
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0
5.Patients given a commitment to treatment but not treated within the required timeframe.	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
6. Patients in active review who have not received a clinical assessment within the last six months.	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0	0	x	0

Cardiology Planned Care

The number of patients exceeding waiting times target for FSA peaked in December 2019 at 54 and have since been steadily decreasing. Refer to Table 25.

Table 25: Lakes DHB Patient Flow Indicator – Cardiology FSA Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Cardiology

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	1 of 1	100.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	0	0.0%	0	0.0%	26	14.1%	35	20.0%	50	23.9%	54	27.1%	53	29.9%	49	25.4%	37	20.1%	20	13.6%	16	15.1%	7	10.3%

Gynaecology

Similar issues arise with numbers on the waiting lists beyond the target times increase 200-500% compared with the start of the year with more than 32 women exceeding the waiting time target for FSA and 28 exceeding the target for treatment in May 2020. In June 2020 numbers of women exceeding waiting times were reducing for these targets. Refer to table 26.

Table 26: Lakes DHB Patient Flow Indicator – Gynaecology Planned Care Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Gynaecology

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	0	0.0%	4	1.8%	7	2.7%	21	8.5%	1	0.5%	25	11.0%	3	1.6%	4	2.3%	2	0.9%	10	5.0%	32	14.2%	16	8.2%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	4	5.8%	5	7.4%	2	3.7%	4	7.8%	2	3.6%	2	3.3%	2	2.8%	3	3.6%	5	6.3%	15	20.3%	28	34.6%	21	28.8%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%

Gynaecology Elective Services FSA waiting times increased to 32 not meeting the target in January 2020 and in February 2020 waiting time targets were met. Refer to Table 27.

Table 27: Table 16: Lakes DHB Patient Flow Indicator – Waiting Times

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: Lakes

Gynaecology

	2018 Jul			2018 Aug			2018 Sep			2018 Oct			2018 Nov			2018 Dec			2019 Jan			2019 Feb			2019 Mar			2019 Apr			2019 May			2019 Jun		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	0 of 1	0.0%	1	0 of 1	0.0%	1	1 of 1	100.0%	0	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1	1 of 1	100.0%	0	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1	0 of 1	0.0%	1
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	1	0.4%	-1	1	0.4%	-1	14	6.4%	-14	5	2.2%	-5	7	3.0%	-7	29	11.3%	-29	32	12.8%	-32	5	2.0%	-5	1	0.8%	-1	7	3.3%	-7	4	2.0%	-4	1	0.8%	-1
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0
5.Patients given a commitment to treatment but not treated within the required timeframe.	1	1.9%	-1	0	0.0%	0	1	1.9%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	7	8.0%	-7
6. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	38	100.0%	0	48	100.0%	0	37	100.0%	0	30	100.0%	0	18	100.0%	0	18	100.0%	0	19	100.0%	0	49	100.0%	0	24	100.0%	0	32	100.0%	0	48	100.0%	0	40	100.0%	0

Ophthalmology

Similar issues arise with numbers waiting for Ophthalmology services increasing beyond the target times to 20 compared with none the start of the year. Refer to Table 28.

Table 28 : Lakes DHB Patient Flow Indicator – Ophthalmology Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Ophthalmology

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	0	0.0%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.4%	0	0.0%	0	0.0%	106	75.7%	3	1.7%
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
5. Patients given a commitment to treatment but not treated within four months.	1	0.6%	1	0.8%	2	1.4%	1	0.7%	0	0.0%	0	0.0%	2	1.3%	3	2.2%	6	3.7%	18	10.5%	20	17.2%	4	3.1%
8. The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	0	100.0%	1	98.7%	0	100.0%	0	100.0%	0	100.0%

Dermatology

Waiting times for Dermatology FSA exceeded targets in April 2020 but have since improved. Refer to Table 29.

Table 29: Lakes DHB Patient Flow Indicator – Dermatology Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Dermatology

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	2	1.9%	22	16.9%	24	17.3%	0	0.0%	1	0.8%	6	4.6%	2	1.6%	2	1.6%	1	0.9%	23	20.9%	18	16.8%	5	5.4%

Oncology

Oncology services continued to operate as an essential service to ensure patients received assessments and treatment as required. Refer to Table 30.

Table 30: Lakes DHB Patient Flow Indicator – Oncology Waiting Times

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results
Oncology

	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar		Apr		May		Jun	
	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %
1. DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	1 of 1	100.0%	1 of 1	100.0%	1 of 1	100.0%	0 of 1	0.0%	1 of 1	100.0%	1 of 1	100.0%	0 of 1	0.0%	0 of 1	0.0%	0 of 1	0.0%	1 of 1	100.0%	1 of 1	100.0%	0 of 1	0.0%
2. Patients waiting longer than four months for their first specialist assessment (FSA).	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

12.5 Oncology: Lakes District Health Board

To follow are dashboards from Lakes DHB Faster Cancer Treatment Services Programme. Cancer services continued through the COVID-19 National Crisis response as an essential service enabling of access to services at a level that meets most key performance indicators (KPIs). Of note, while numbers are small for many cancers, KPIs for Māori are met more frequently than for non- Māori. Refer to the dashboards below Figures 58 to 60.

Figure 58: Lakes DHB Oncology Waiting Times Days to First Specialist Appointment (KPI 14 Days)

Faster Cancer Treatment - Key Performance Indicators - Summary

Source: Regional FCT database - Report Run Date: 20 July 2020

Lakes DHB | 2019/20 Quarter 4

KPI - 14 calendar days from receipt of referral to FSA

Tumour Stream	Unit of Measure	Target	Previous Quarter - 2019/20 - Q3										Latest Quarter - 2019/20 - Q4										Change from Previous Quarter		Rolling 6 months	
			Māori				Non-Māori				Total		Māori				Non-Māori				Total		Māori	Non-Māori	Total	
			Met	Not met	% Met	Variance	Met	Not met	% Met	Variance	% Met	Variance	Met	Not met	% Met	Variance	Met	Not met	% Met	Variance	% Met	Variance			% Met	Variance
Brain / Central Nervous System	% met	90%	0	0			0	1	0%	✗	0%	✗	0	0			0	0							0%	✗
Breast	% met	90%	3	2	60%	✗	2	5	29%	✗	42%	✗	1	0	100%	✓	1	1	50%	✗	67%	✗	↑	↑	47%	✗
Gynaecological	% met	90%	0	0			1	1	50%	✗	50%	✗	0	1	0%	✗	0	0			0%	✗			33%	✗
Haematological	% met	90%	0	0			1	0	100%	✓	100%	✓	0	0			1	0	100%	✓	100%	✓		→	100%	✓
Head and Neck	% met	90%	0	0			0	0					0	0			1	0	100%	✓	100%	✓			100%	✓
Lower Gastrointestinal	% met	90%	0	0			0	2	0%	✗	0%	✗	0	0			0	0							0%	✗
Lung	% met	90%	0	1	0%	✗	2	1	67%	✗	50%	✗	2	0	100%	✓	4	2	67%	✗	75%	✗	↑	→	67%	✗
Other	% met	90%	0	0			0	0					0	0			0	0								
Sarcoma	% met	90%	0	0			0	0					0	0			0	0								
Skin	% met	90%	0	0			0	0					0	0			1	1	50%	✗	50%	✗			50%	✗
Upper Gastrointestinal	% met	90%	0	0			0	0					0	0			0	0								
Urological	% met	90%	0	0			2	0	100%	✓	100%	✓	0	0			1	1	50%	✗	50%	✗		↓	75%	✗
Total		90%	3	3	50%	✗	8	10	44%	✗	46%	✗	3	1	75%	✗	9	5	64%	✗	67%	✗	↑	↑	55%	✗

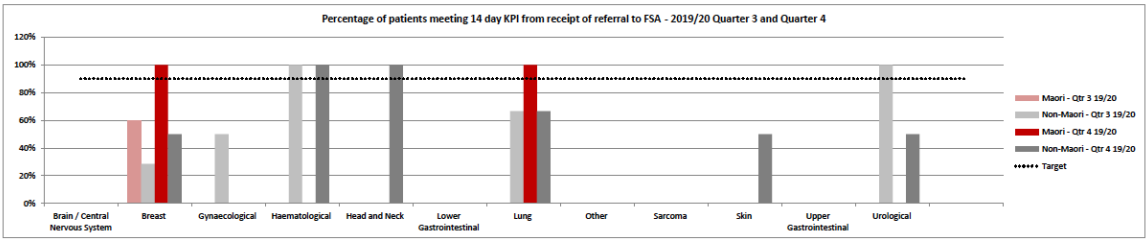


Figure 59: Lakes DHB Referral to Cancer Treatment (KPI 62 Days)

Faster Cancer Treatment - Key Performance Indicators - Summary (Treatment at DHB of Domicile)

Source: Regional FCT database - Report Run Date: 20 July 2020

Lakes DHB | 2019/20 Quarter 4

KPI - 62 calendar days from receipt of HSCAN referral to treatment (Treatment at DHB of domicile)

Tumour Stream	Unit of Measure	Target	Previous Quarter - 2019/20 - Q3										Latest Quarter - 2019/20 - Q4										Change from Previous Quarter		Rolling 6 months	
			Māori				Non-Māori				Total		Māori				Non-Māori				Total		Māori	Non-Māori	Total	
			Met	Not met	% Met	Variance	Met	Not met	% Met	Variance	% Met	Variance	Met	Not met	% Met	Variance	Met	Not met	% Met	Variance	% Met	Variance			% Met	Variance
Brain / Central Nervous System	% met	90%	0	0			0	0					0	0			0	0								
Breast	% met	90%	5	0	100%	✓	7	0	100%	✓	100%	✓	1	0	100%	✓	2	0	100%	✓	100%	✓	→	→	100%	✓
Gynaecological	% met	90%	0	0			2	0	100%	✓	100%	✓	1	0	100%	✓	0	0			100%	✓			100%	✓
Haematological	% met	90%	0	0			1	0	100%	✓	100%	✓	0	0			1	0	100%	✓	100%	✓		→	100%	✓
Head and Neck	% met	90%	0	0			0	0					0	0			0	0								
Lower Gastrointestinal	% met	90%	0	0			0	0					0	0			0	0								
Lung	% met	90%	0	0			1	0	100%	✓	100%	✓	1	0	100%	✓	3	0	100%	✓	100%	✓		→	100%	✓
Other	% met	90%	0	0			0	0					0	0			0	0								
Sarcoma	% met	90%	0	0			0	0					0	0			0	0								
Skin	% met	90%	0	0			0	0					0	0			2	0	100%	✓	100%	✓			100%	✓
Upper Gastrointestinal	% met	90%	0	0			0	0					0	0			0	0								
Urological	% met	90%	0	0			1	0	100%	✓	100%	✓	0	0			0	0							100%	✓
Total		90%	5	0	100%	✓	12	0	100%	✓	100%	✓	3	0	100%	✓	8	0	100%	✓	100%	✓	→	→	100%	✓

Breach Reasons	Unit of Measure	Previous Quarter - 2019/20 - Q3			Latest Quarter - 2019/20 - Q4			Change from Previous Quarter		Rolling 6 months
		Māori	Non-Māori	Total	Māori	Non-Māori	Total	Māori	Non-Māori	Total
Patient reasons	No. of records	0	0	0	1	0	1	✗	↓	1
Clinical considerations	No. of records	0	1	1	0	1	1	↓	↓	2
Capacity	No. of records	0	0	0	0	0	0	↓	↓	0
Not recorded	No. of records	0	0	0	0	0	0	↓	↓	0
Total Breaches		0	1	1	1	1	2	✗	↓	3

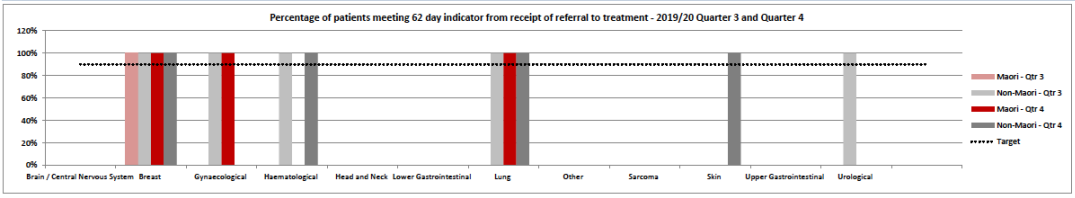


Figure 60: Days to treatment following HSCAN referral (KPS 62 Days)

Faster Cancer Treatment - Key Performance Indicators - Summary (Treatment at DHB of Domicile)

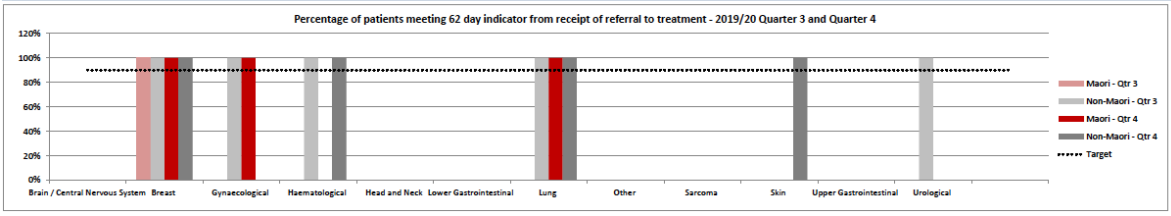
Source: Regional FCT database - Report Run Date: 20 July 2020

Lakes DHB | 2019/20 Quarter 4

KPI - 62 calendar days from receipt of HSCAN referral to treatment (Treatment at DHB of domicile)

Tumour Stream	Unit of Measure	Target	Previous Quarter - 2019/20 - Q3										Latest Quarter - 2019/20 - Q4										Change from Previous Quarter		Rolling 6 months	
			Māori				Non-Māori				Total		Māori				Non-Māori				Total		Māori	Non-Māori	Total	
			Met	Not met	% Met	Variance	Met	Not met	% Met	Variance	% Met	Variance	Met	Not met	% Met	Variance	Met	Not met	% Met	Variance	% Met	Variance			% Met	Variance
Brain / Central Nervous System	% met	90%	0	0			0	0					0	0			0	0								
Breast	% met	90%	5	0	100%	☑	7	0	100%	☑	100%	☑	1	0	100%	☑	2	0	100%	☑	100%	☑	→	→	100%	☑
Gynaecological	% met	90%	0	0			2	0	100%	☑	100%	☑	1	0	100%	☑	0	0			100%	☑			100%	☑
Haematological	% met	90%	0	0			1	0	100%	☑	100%	☑	0	0			1	0	100%	☑	100%	☑		→	100%	☑
Head and Neck	% met	90%	0	0			0	0					0	0			0	0								
Lower Gastrointestinal	% met	90%	0	0			0	0					0	0			0	0								
Lung	% met	90%	0	0			1	0	100%	☑	100%	☑	1	0	100%	☑	3	0	100%	☑	100%	☑		→	100%	☑
Other	% met	90%	0	0			0	0					0	0			0	0								
Sarcoma	% met	90%	0	0			0	0					0	0			0	0								
Skin	% met	90%	0	0			0	0					0	0			2	0	100%	☑	100%	☑			100%	☑
Upper Gastrointestinal	% met	90%	0	0			0	0					0	0			0	0								
Urological	% met	90%	0	0			1	0	100%	☑	100%	☑	0	0			0	0							100%	☑
Total		90%	5	0	100%	☑	12	0	100%	☑	100%	☑	3	0	100%	☑	8	0	100%	☑	100%	☑	→	→	100%	☑

Breach Reasons	Unit of Measure		Previous Quarter - 2019/20 - Q3			Latest Quarter - 2019/20 - Q4			Change from Previous Quarter		Rolling 6 months
			Māori	Non-Māori	Total	Māori	Non-Māori	Total	Māori	Non-Māori	Total
Patient reasons	No. of records		0	0	0	1	0	1	⊗	▯	1
Clinical considerations	No. of records		0	1	1	0	1	1	▯	▯	2
Capacity	No. of records		0	0	0	0	0	0	▯	▯	0
Not recorded	No. of records		0	0	0	0	0	0	▯	▯	0
Total Breaches			0	1	1	1	1	2	⊗	▯	3



13.0 Mental Health and Addiction Services

13.1 Key Findings

New Zealanders are facing new forms of vulnerability, hardship and complex challenges due to the current pandemic. Services to promote and support resilience, interventions for those experiencing distress were available as essential services. Local data was obtained for Bay of Plenty DHB Metal Health Services, but not for the Lakes DHB.

National level

The Health Protection Agency Second Wave Survey [40]findings show

- The proportion of people experiencing moderate to severe symptoms of depression or anxiety has remained the same (16%) since coming out of lockdown, but the severity of symptom has decreased overall.
- Those most likely to be experiencing moderate to severe symptoms of depression and anxiety are young people who have experienced a change in personal income due to COVID-19.
- A higher proportion of Māori report that they are struggling to cope with everyday stresses (17% compared with 9% among non- Māori, non-Pasifika).

Bay of Plenty Region

Patterns of referrals to mental health and addictions support services were overall lower during COVID-19 Emergency response Level three to four, and have increased to unprecedented volumes across all levels of services since returning to COVID-19 Emergency response Level 1-2 in quarter 4 year ending June 2020.

People may have initially been reluctant to consult their GP about mental health and addiction support during COVID-19 lockdown for multiple reasons such as fear of catching COVID-19, not knowing these services were operating as essential services, financial hardship and stigma. There are concerns that resurgence will cause an even higher level of need for mental health and addiction services that appear to be working at capacity to manage unprecedented demand.

The Primary Care Mental Health Support Services data from one PHO indicate that demand for services is the fourth quarter of 2020 is at an unprecedented level. Māori and Pacific Adults are accessing services at a lower rate than expected. The greatest increase in volumes of consultation was seen in Adults. As service limits for youth Primary Care Mental Health Support Services were uncapped, youth referrals increased to higher numbers than previously ever seen, and 30% of referrals were for Māori and Pacific youth.

Similar patterns of referral to specialist mental health services occurred as were seen to Primary Care Mental Health Services. There were low rates of referral while in COVID-19 Emergency Response levels 3-4, then rapidly increasing rates of referrals once the region commenced the COVID-19 recovery phase. Increasing rates of referral to specialist services continue.

[40] Neilsons 2020, Wave 2 Survey completed for the Health Promotion Agency

13.2 National Mental Health Support

The Ministry of Health initiated a public campaign promoting how to stay mentally resilient to enable people cope with the challenges associated with COVID-19 and adapt to the "new normal".

Over recent years an increasing number of effective telephone and e-mental health and addictions services have become available at no cost to the user. Many digital services have moderators that are skilled mental health professionals. The national Mental Health Line is a free calling number that is staffed 24/7 by trained councillors who can listen or text, assess callers, provide them with brief interventions or link them to local acute or emergency services.

LeVa provide access to digital Mental health services specifically designed to support Pasifika. They have recently published information providing advice and where to find help[41].

13.3 Primary Mental Health Services

To follow is reporting information from a Bay of Plenty PHO on Primary Mental Health Services provided for the year ending 30 June 2020. Refer to Figures 61-68.

The report notes it is an unusual year due to COVID-19 and lockdown. It is likely that the issues for PHOs across the region are similar to those identified by this PHO as follows.

Bay of Plenty PHO Report on Primary Mental Health Services, Year to June 2020

To follow is the commentary was provided by a Bay of Plenty PHO on their on the fourth quarter report on their contract to provide Primary Mental Health Services:

- Primary health Organisations (PHOs) contracted service Providers
    - quickly adapted to on-line sessions
    - Some had already been offering this (outside the PHO) however for many this was a new way of working and they first had to set up a secure communication system
- Most Providers were ready to offer sessions either immediately or within a couple of weeks
- New clients were in general reluctant to engage on-line and many opted to wait until face to face
- There was greater engagement with on-line communication by adults
- Some existing clients also opted to hold sessions until face to face contact possible
- Group sessions started in alert level 2, with precautions
- There was an expected drop-off in referrals at the start of level 4 lockdown due to difficulty accessing GP's and the relative unknowns of the situation.
- The PHO made a decision in April to uncap individual counselling referrals due to an expected increase in demand after lockdown and to relieve pressure on GP's by removing barriers to accessing the service and expanding options. This has not been tried before so expected referral volumes not known
- Referrals for individual counselling increased significantly. Group and Social Work referrals decreased significantly
- 20.1% of adults seen in the 3rd quarter were Māori or Pacific Island people
- 12.6% of adults seen in the 4th quarter were Māori or Pacific Island people
- Adult funding proposal for integrated primary care model still in planning stage.

[41] https://www.leva.co.nz/?utm_source=Le%20Va&utm_campaign=3c2d8975f8-e-news-July-2020_COPY_01&utm_medium=email&utm_term=0_972cda89af-3c2d8975f8-40254757

Major Achievements

- Service providers quickly adapting to new ways of working
- Minimal disruption to service for existing clients using telepsychology
- Adjusting to and providing for significant increase in referrals
- Increased access to GP/nurse extended consultations, providing primary practice with the opportunity to provide greater immediate support and interventions for people presenting with mental health issues
- Collaborative effort with Community Care Coordination team to allow direct referral into PHO for mental health support, if required.

Major issues

- An expected 'drop off' in referrals as people were unable to easily access GP appointments during level four lockdown
- Difficulties contacting people, arranging sessions and maintaining engagement during lockdown
- Some people not having access or ability to engage in on-line sessions
- Longer wait times due to client opting to hold sessions until face to face contact available
- Longer wait time to start individual counselling sessions towards end of final month of quarter due to uncapped referrals and increased volume of referrals, exhausting capacity of service
- One group session was held on-line which was unsuccessful and resulted in most people opting out of the group by the fourth session (from six)
- Uncapped referrals resulted in a surge in individual counselling referrals, exhausting service capacity and significant decrease of group and social work referrals, resulting in under- utilisation of these interventions.

Youth Services Narrative Report

- Primary Health Organisations contracted service Providers quickly adapted to on-line sessions
- Some had already been offering this (outside the PHO) however for many this was a new way of working and they first had to set up a secure communication system
- Most Providers were ready to offer sessions either immediately or within a couple of weeks.
- New clients were in general reluctant to engage on-line and many opted to wait until face to face sessions were possible
- Existing clients were also reluctant to engage on-line preferring to hold sessions until face to face contact possible
- Some clients did quite well with on-line sessions preferring telephone sessions or having the camera turned off assisted clients who struggled with the discomfort of face to face engagement
- Group sessions started in alert level 2, with precautions
- There was an expected drop-off in referrals at the start of level 4 lockdown due to difficulty accessing GP's and the relative unknowns of the situation
- The PHO made a decision in April to uncap individual counselling referrals due to expected increased demand after lockdown and to relieve pressure on GP's by removing barriers to accessing the service and expanding options
- Referrals increased significantly
- 29.2% of all people seen in the 3rd quarter were youth and of these, 29.6% were Māori or Pacific Island youth
- 30.7% of all people seen in the 4th quarter were youth and of these, 30.7 were Māori or Pacific Island youth
- Youth funding proposal to increase access still in planning stage.

Figure 61: Bay of Plenty PHO Report - Client Numbers seen by Quarter 2019-2020

Client Information	All clients seen in the quarter				Unique clients seen for the first time			
People seen by service	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Clients aged 10-19								
Number of females seen	189	130	116	105	141	57	99	69
Number of males seen	82	51	55	50	64	28	40	34
Number of clients seen - unspecified gender								
Total number of youth seen	271	181	171	155	205	85	139	103
People re-presenting to service					Number of people who re-present and are seen by PMHI service within 6 months of concluding a course of treatment (note that this period is recorded across reporting years).			
Clients aged 20+								
Number of females seen	259	235	284	351	149	131	220	252
Number of males seen	125	105	133	154	83	62	110	123
Number of clients seen - unspecified gender								
Total number of adults seen	384	340	417	505	232	193	330	375
People re-presenting to service					Number of people who re-present and are seen by PMHI service within 6 months of concluding a course of treatment (note that this period is recorded across reporting years).			
Number of referrals								
Number of referrals (10-19)	217	166	159	249				
Number of referrals (20+)	472	376	492	925				
Ethnic group	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Clients aged 10-19								
NZ European	188	113	118	126	137	46	99	88
Maori	62	57	49	24	55	36	37	12
Pacific Island	7	8	2	3	6	2	1	3
Asian	10	2	2	1	6		2	
Other	4	1	1	1	1	1	1	
	271	181	172	155	205	85	140	103
Clients aged 20+			check total				check total	
NZ European	290	257	325	417	170	150	263	318
Maori	71	66	76	62	49	37	56	38
Pacific Island	8	6	4	2	6	1	3	1
Asian	8	7	10	16	3	4	7	11
Other	7	4	2	8	4	1	1	7
	384	340	417	505	232	193	330	375

Infant and Maternal Mental Health Services

While the numbers referred to these services are relatively small, there were no trends noted during the year. Anecdotal reports of new mothers being unable to access support needed may indicate they continue to have unmet mental health needs. Refer to Figure 62.

Figure 62: Bay of Plenty PHO Report: Women Accessing Primary MHS for Issues Related to Pregnancy, Childbirth and Adjusting to parenting

Women accessing Primary Mental Health Servcies for issues related to pregnancy, childbirth and/or adjustment to parenting

	Q1	Q2	Q3	Q4
Age group				
10-19			7	2
20+	44	39	40	42
	44	39	47	44
Ethnic group				
NZ European	33	32	29	38
Maori	6	4	14	5
Pacific Island	1		1	
Asian	1		2	
Other	3	3	1	1
	44	39	47	44

Referrals to Psychologist or psychotherapist

The numbers of people referred to a psychologies or psychotherapist increased in Quarter four compared to Quarter 2 in 10-19 year olds by 34% and in adults by 114%. Refer to Figure 63.

Figure 63: Bay of Plenty PHO Report: Referrals to Psychologist or psychotherapist

Number of Referrals to	Q1	Q2	Q3	Q4
Clients aged 10-19				
Psychologist/psychotherapist	169	104	122	139
Specialist CAMHS or Adult Mental Health Service	5		4	
Social Worker	1	4	2	4
Other services (please use text box to provide brief detail)				
Clients aged 20+				
Psychologist/psychotherapist	225	189	308	406
Specialist CAMHS or Adult Mental Health Service	2		2	1
Social Worker	12	15	12	12
Other services (please use text box to provide brief detail)				

Group Therapy

Group therapy sessions were not able to be held in person and people were reluctant to engage in group therapy on line. As a consequence the number of sessions and clients participating decreased significantly in the third and fourth quarters of the year ending June 2020. Refer Figure 64.

Figure 64: Bay of Plenty DHB Report - Group Therapy

	Number of group therapy sessions begun and delivered du			
People seen in Group Therapy	**Q1**	**Q2**	**Q3**	**Q4**
Clients aged 10-19				
Number of youth seen	73	35	28	7
Number of group sessions	37	26	11	2
Average number of clients per group session	6	2	4	
Number of wait days	19	356	268	87
Total DNA's	1	1	1	
Average number of group sessions per client	3	1	2	0
Average wait time from referral to first seen	0	10	10	12
DNA Rate	0%	2%	2%	0%
Clients aged 20+				
Number of adults seen	59	63	53	27
Number of group sessions	20	25	23	6
Average number of clients per group session	5	4	4	
Number of wait days	834	2,454	1,734	1,275
Total DNA's	23	24	12	2
Average number of group sessions per client	2	2	2	0
Average wait time from referral to first seen	14	39	33	47
DNA Rate	23%	24%	13%	0%
Total				
Number of clients seen	132	98	81	34
Number of group sessions	57	51	34	8
Average number of clients per group session	6	3	4	0
Number of wait days	853	2,810	2,002	1,362
Total DNA's	24	25	13	2
Average number of group sessions per client	2	2	2	0
Average wait time from referral to first seen	6	29	25	40
DNA Rate	7%	16%	10%	0%

Brief Intervention Counselling

Brief intervention therapy sessions provided by primary mental health clinicians or counsellors decreased in Quarter four compared to Quarter two of 2020 but average days to wait to be seen increase by 100% for youth and 44% for Adults. Number of wait days over the same period increased by 61% for youth and 41% for adults from referral to first being seen, suggesting a capacity issue. Refer to Figure 65.

Figure 65: Bay of Plenty PHO Report - Brief Intervention Counselling

Brief Intervention Counselling (BIC)

Definition: Includes assessments, reviews and problem solving support or counselling provided by primary mental health clinicians or counsellors. Usually 1-2 sessions and can be planned or unplanned.

The number of BIC commenced and delivered to those in reporting quarter.

People seen by service	**Q1**	**Q2**	**Q3**	**Q4**
Clients aged 10-19				
Number of youth seen (10-19)	30	29	28	19
Number of consults	91	89	69	46
Number of wait days	223	529	398	554
Total DNA's	4	5	1	2
Average wait time from referral to first seen	7	18	14	29
DNA Rate	4%	6%	1%	4%
Clients aged 20+				
Number of adults seen (20+)	35	53	66	64
Number of consults	121	180	182	101
Number of wait days	618	838	1,094	1,425
Total DNA's	6	11	14	8
Average wait time from referral to first seen	18	16	17	22
DNA Rate	5%	6%	8%	8%
Total				
Total Clients	65	82	94	83
Number of consults	212	269	251	147
Number of wait days	841	1,367	1,492	1,979
Total DNA's	10	16	15	10
Average wait time from referral to first seen	13	17	16	24
DNA Rate	15%	20%	16%	12%

Date referral received by the provi
the client choice as well as availab
the appointment within 24 hours

Alcohol brief interventions in youth and adults decreased in the fourth quarter compared to previous quarters for the year by 50% for youth and almost 60% for adults. Refer to Figure 66.

Figure 66: Bay of Plenty PHO Report - Alcohol Brief Intervention

Alcohol Brief Intervention (ABI)

Definition: Structured assessment and screening, advice, ABC style brief intervention and/or referral to appropriate counselling or specialist AOD service, this may involve extended consultation. **Note:** ABC is a three step approach. **A**sk about the person's alcohol consumption; **B**rief advice is offered if there are concerns; **C**ounselling referral if needed.

The number of BIC commenced and delivered in reporting quarter to those **12-19 years**.

Number of ABI	**Q1**	**Q2**	**Q3**	**Q4**
Number of youth seen (10-19)	21	11	10	7
Number of consults (10-19)				
Number of adults seen (20+)	122	115	102	47
Number of consults (20+)				

Packages of care

Packages of Care Involves development of a care plan (i.e. an assessment is done to identify needs and a plan is developed, with the client/patient, that includes a timeframe for review and completion of the plan). The Care Plan involves a series of interventions such as Cognitive Behaviour Therapy (CBT), medication reviews, counselling and other psychosocial interventions (those that are not captured in the data above). The number of youth referrals increased by 20% in the fourth quarter and the number of sessions decreased by a third. In clients aged 20+ the number of sessions in Quarter 4 decreased by almost 50% with wait days increasing accordingly. Average wait to first

appointment was maintained at 17 days. Overall the number of sessions per client in the fourth quarter was only one, compared to four to five for the rest of the year. Refer Figure 67.

Figure 67: Bay of Plenty PHO Report – Packages of Care

	Number of POC begun and delivered in period			
Number of POC	**Q1**	**Q2**	**Q3**	**Q4**
Clients aged 10-19				
Number of youth seen	81	73	98	120
Total Sessions	384	342	325	199
Number of wait days	1,419	1,282	1,862	2,135
Total DNA's	26	30	36	23
Average number of sessions per POC	5	5	3	2
Average wait time from referral to first seen	18	18	19	18
DNA Rate	7%	9%	11%	12%
Clients aged 20+				
Number of adults seen	165	160	213	357
Number of sessions Total	792	744	792	455
Number of wait days	3,040	2,642	3,640	5,932
Total DNA's	51	61	73	47
Average number of sessions per POC	5	5	4	1
Average wait time from referral to first seen	18	17	17	17
DNA Rate	6%	8%	9%	10%
Total				
Number of clients seen	246	233	311	477
Number of sessions Total	1,176	1,086	1,117	654
Number of wait days	4,459	3,924	5,502	8,067
Total DNA's	77	91	109	70
Average number of sessions per POC	5	5	4	1
Average wait time from referral to first seen	18	17	18	17
DNA Rate	7%	8%	10%	11%

General Practitioner and Practice Nurse Extended Consultations

The total number of extended consultations decreased in the third quarter, and in the fourth quarter increased by 400% overall. The proportion of extended consultations provided by General Practitioners increased during the year from approximately 53% to 75% of the consultations.

Figure 68: Bay of Plenty PHO Report – Extended Consultations

Extended Consultations

Definition: The usual consultation period is extended to allow additional time for assessment and/or interventions. Delivered by a GP or Practice Nurse.

	The number of consults delivered to those clients during reporting quarter.			
	Q1	**Q2**	**Q3**	**Q4**
Clients aged 10-19	20	21	15	53
Clients aged 20+	120	77	74	331
Total	140	98	89	384
General Practitioner - number of consults	75	71	65	168
Practice Nurse - number of consults	65	27	16	56
Total	140	98	81	224

13.4 Outpatient Mental Health and Addictions Services

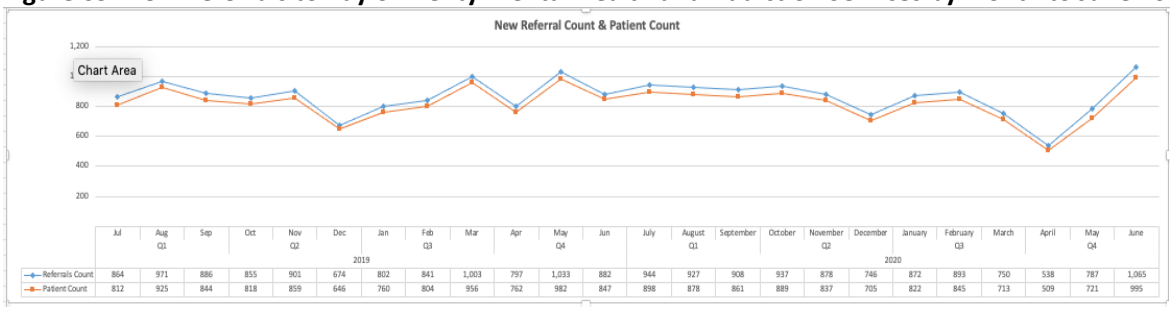
Bay of Plenty Mental Health and Addiction Services New Referrals and numbers of patients
The impact of COVID-19 Emergency Response Levels three to four on referrals to the Bay of Plenty Mental Health and Addiction Services (MHAS) resulted in monthly rates reaching the lowest and the highest rates seen in the past two years.

Monthly new referrals to MHAS over January and February 2020 were similar to the rates seen in the same months in 2019.

In March and April 2020, referral rates decreased each month to 509 new referrals in April, the lowest rate in two years. When compared to the same months in previous years, referral rates in March and April 2020 were lower by 21% and 33% respectively.

In May 2020, referrals increased to 787 (19 % lower than May 2020) and increased again in June to 1,065 (26% higher than June 2019) which was the highest rate of referrals in the past two years. Refer to Figure 69.

Figure 69: New Referrals to Bay of Plenty Mental Health and Addiction Services by month to June 2020

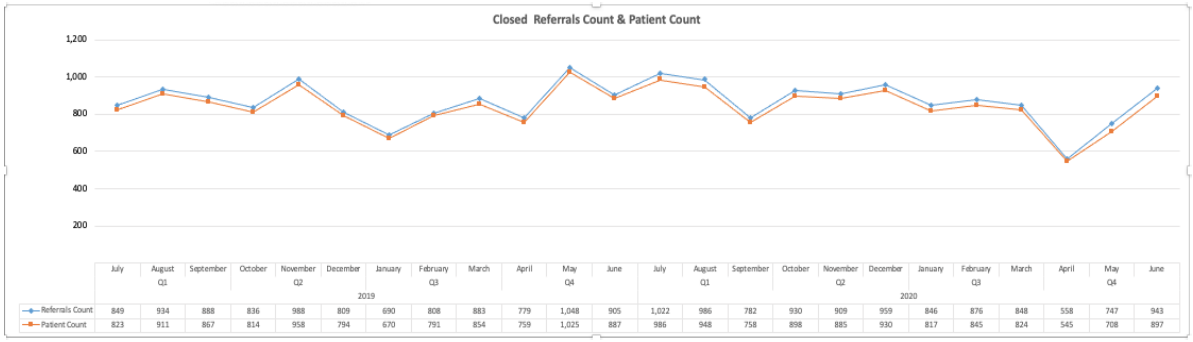


Bay of Plenty MHAS Closed Referrals

The number referrals to MHAS closed over January February and March 2020 were slightly higher than the same months in 2019. The number closed in April 2020 decreased to 545 (the lowest rate in the last two years). When compared to 2019, referrals closed in April 2020 decreased by 26%.

Closed referral rates in May 2020 increased to 747 (29 % lower than May 2020) and increased again in June to 943 (6% higher than June 2019). Refer to Figure 70.

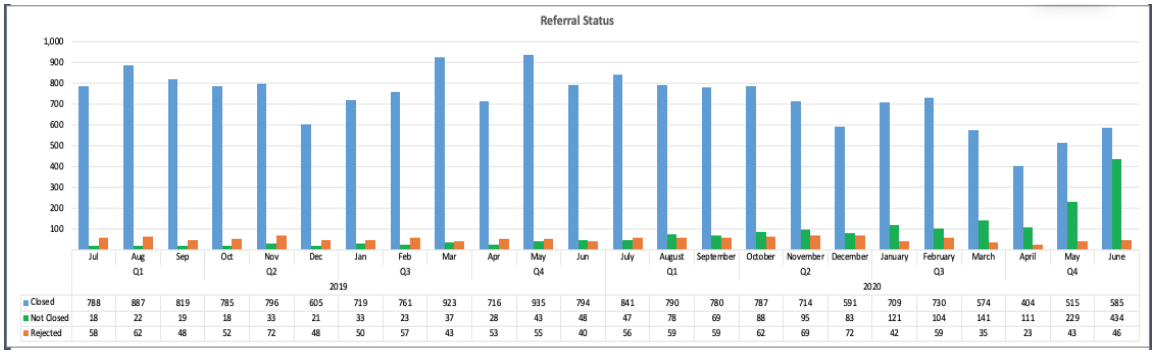
Figure 70: Closed Referrals – Bay of Plenty Mental Health and Addiction Services by month to June 2020



Bay of Plenty MHAS Referral Status

Over the year July 2018- July 19 the number of referrals to MHAS not closed have gradually increased from approximately 20 to 50. In August 2019, the number that were not closed began to increase more rapidly, and especially since April 2020. In May 2020 there were 229 referrals not closed and in June 2020 there were 434. The numbers not closed for April 2020 and June 2020, when compared with the same month in the previous year, have increased by 500% and 900% respectively. Refer to Figure 71.

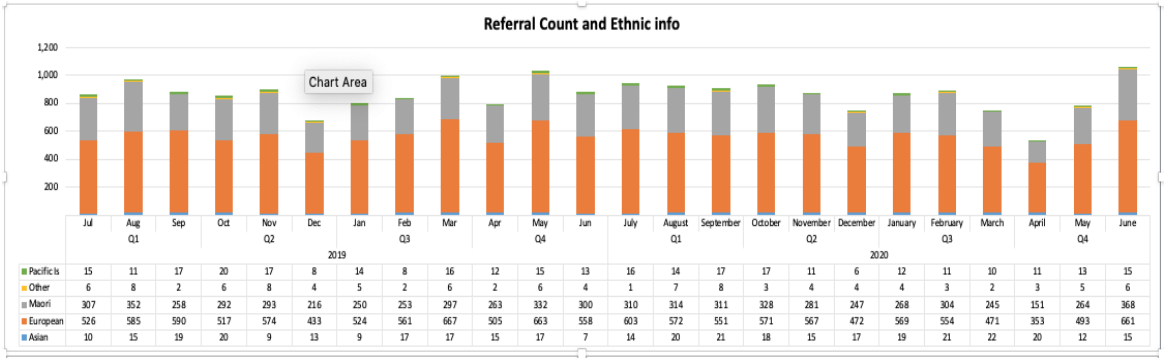
Figure 71: Referral Status – Bay of Plenty Mental Health and Addiction Services 2 Years June 2018-2020



Bay of Plenty Referrals to MHAS by Ethnicity

The proportion of referral to MHAS by ethnicity have remained constant over the past six months for Māori (33%), Pacific (1%), and European 63%. Referral rates for the Asian population in the first quarter of 2020 was 2% and has decreased to 1% in the second quarter. Refer to Figure 72.

Figure 72: Bay of Plenty Referrals to MHAS by Ethnicity for 2 Years June 2018-2020



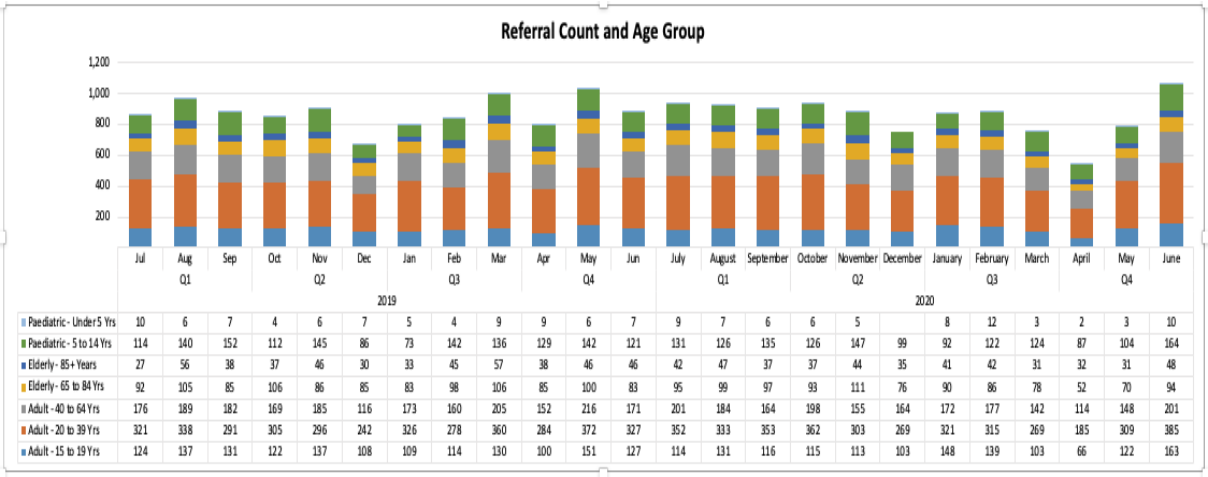
Bay of Plenty Referrals to MHAS by Age group

The overall referrals trends in total numbers of referrals to MHAS over the past six months are reflected in all the age groups under 65 years. They all show a marked decrease in monthly referrals in April 2020, then a marked increase in numbers in May 2020 and in June 2020. The numbers referred in June 2020 exceed all monthly referrals over the past two years by age groups.

Referrals in older age groups 65-84 years and 85+ years, are much lower in April than in previous months. In May and June 2020 referral rates increase but not as quickly as in younger age groups

and they do not exceed the pre-lockdown rates in June 2020. This slower rate of increase in referrals may indicate problems with access to services for people over 65 years. Refer to Figure 73.

Figure 73: Bay of Plenty Referrals to MHAS by Age Group for 2 Years June 2018-2020

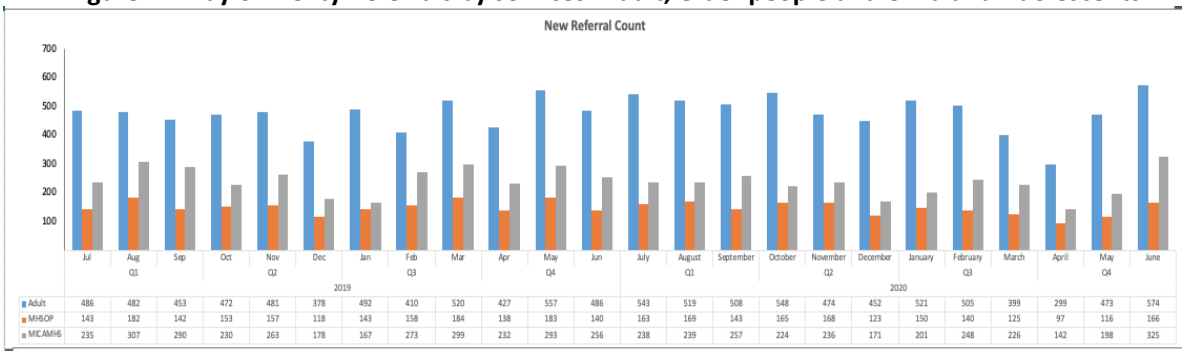


	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	August	September	October	November	December	January	February	March	April	May	June
	Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4		
	2019												2020											
Paediatric - Under 5 Yrs	10	6	7	4	6	7	5	4	9	9	6	7	9	7	6	6	5		8	12	3	2	3	10
Paediatric - 5 to 14 Yrs	114	140	152	112	145	86	73	142	136	129	142	121	131	126	135	126	147	99	92	122	124	87	104	164
Elderly - 85+ Years	27	56	38	37	46	30	33	45	57	38	46	46	42	47	37	37	44	35	41	42	31	32	31	48
Elderly - 65 to 84 Yrs	92	105	85	106	86	85	83	98	106	85	100	83	95	99	97	93	111	76	90	86	78	52	70	94
Adult - 40 to 64 Yrs	176	189	182	169	185	116	173	160	205	152	216	171	201	184	164	198	155	164	172	177	142	114	148	201
Adult - 20 to 39 Yrs	321	338	291	305	296	242	326	278	360	284	372	327	352	333	353	362	303	269	321	315	269	185	309	385
Adult - 15 to 19 Yrs	124	137	131	122	137	108	109	114	130	100	151	127	114	131	116	115	113	103	148	139	103	66	122	163

Bay of Plenty Referrals by services: Adult, Older people and Maternal Child and Adolescents

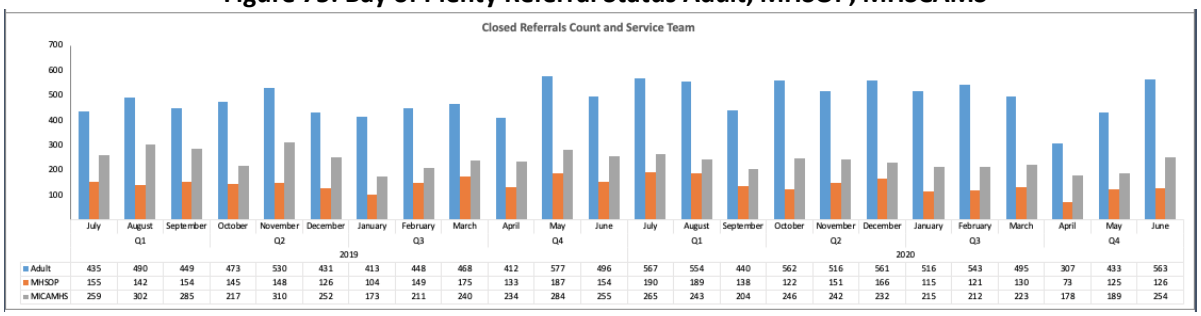
Referrals number each month by each service show similar trends to those seen for the associated age groups. The number of closed referrals by services show the same trends with numbers being the lowest in the past two years in April 2020 and the highest in June 2020. Refer to Figure 74 and figure75

Figure 74: Bay of Plenty Referrals by services: Adult, Older people and Child and Adolescents



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	August	September	October	November	December	January	February	March	April	May	June
	Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4		
	2019												2020											
Adult	486	482	453	472	481	378	492	410	520	427	557	486	543	519	508	548	474	452	521	505	399	299	473	574
MHSOP	143	182	142	153	157	118	143	158	184	138	183	140	163	169	143	165	168	123	150	140	125	97	116	166
MICAMHS	235	307	290	230	263	178	167	273	299	232	293	256	238	239	257	224	236	171	201	248	226	142	198	325

Figure 75: Bay of Plenty Referral Status Adult, MHSOP, MHSCAMS

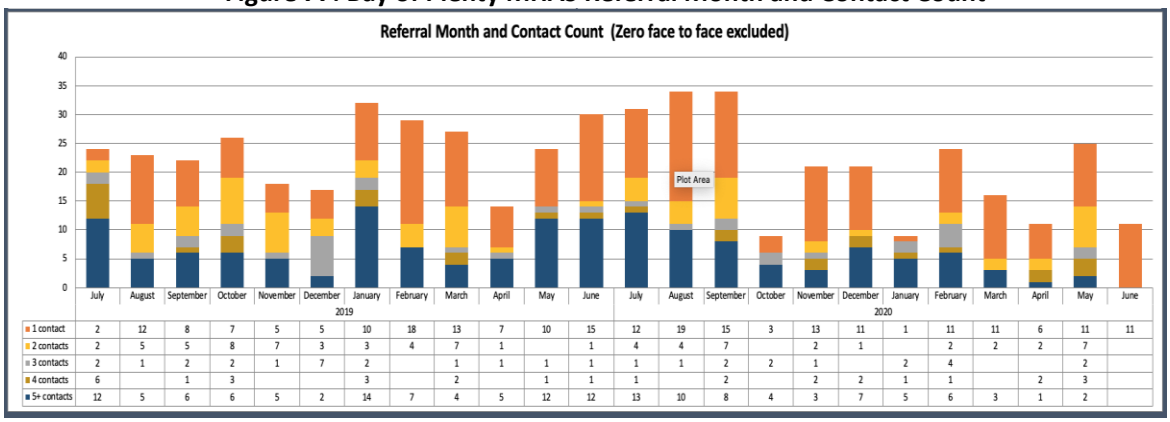


	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
	Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4		
	2019												2020											
Adult	435	490	449	473	530	431	413	448	468	412	577	496	567	554	440	562	516	561	516	543	495	307	433	563
MHSDP	155	142	154	145	148	126	104	149	175	133	187	154	190	189	138	122	151	166	115	121	130	73	125	126
MICAMHS	259	302	285	217	310	252	173	211	240	234	284	255	265	243	204	246	242	232	215	212	223	178	189	254

Bay of Plenty Referral Month and Contact Count

In June 2020 only single contacts were achieved, unlike in all other months one to five contacts were made in the month of referral. The inability to contact people referred more than one in the month referred will be a reflection of the unprecedented increase in numbers of people referred over the past quarter Refer to Figure 76.

Figure 77: Bay of Plenty MHAS Referral Month and Contact Count



	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
1 contact	2	12	8	7	5	5	10	18	13	7	10	15	12	19	15	3	13	11	1	11	11	6	11	11
2 contacts	2	5	5	8	7	3	3	4	7	1		1	4	4	7		2	1		2	2	2	7	
3 contacts	2	1	2	2	1	7	2		1	1	1	1	1	1	2	2	1		2	4			2	
4 contacts	6		1	3			3		2		1	1	1		2		2	2	1	1		2	3	
5+ contacts	12	5	6	6	5	2	14	7	4	5	12	12	13	10	8	4	3	7	5	6	3	1	2	

13.5 Maternal Mental Health Services Bay of Plenty

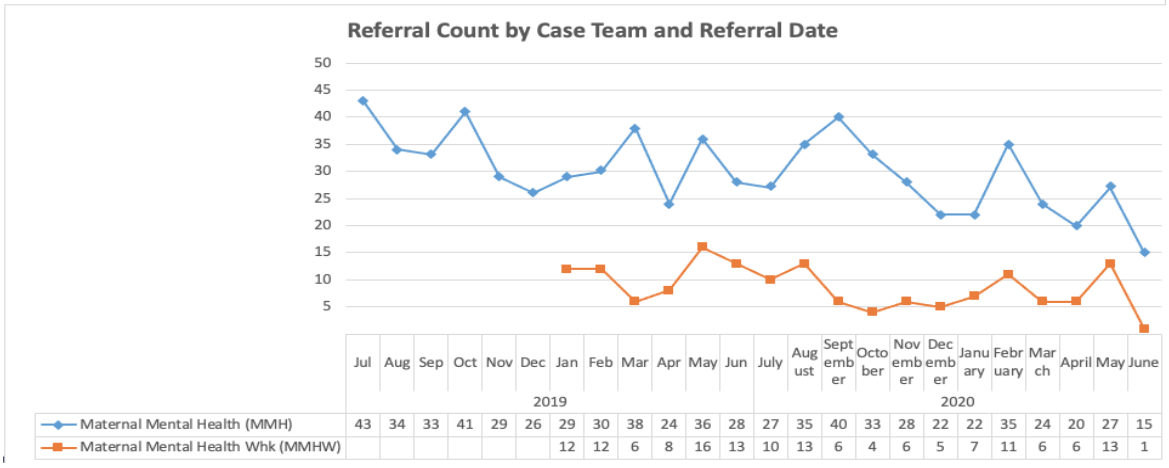
The Bay of Plenty Referral to Maternal Mental Health Services

Referral numbers by month to Tauranga and Whakatane Maternal Mental Health Services (MMHS)are relatively small so there is marked variation month to month. Over the past two years there appears to be an overall trend of reducing referral numbers in Tauranga and Whakatane.

Referral to Maternal Mental Health Services in Tauranga

In the year ending June 2020, referrals to Tauranga Maternal Mental Health Services reduced by 16% in Quarter three and 30% in Quarter four when compared with the same periods in 2019. In Quarters one and two the number of referrals were slightly less than in the previous year. Refer Figure 77.

Figure 77: Bay of Plenty MMHS Referral Count



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	August	September	October	November	December	January	February	March	April	May	June
Maternal Mental Health (MMH)	43	34	33	41	29	26	29	30	38	24	36	28	27	35	40	33	28	22	22	35	24	20	27	15
Maternal Mental Health Whk (MMHW)							12	12	6	8	16	13	10	13	6	4	6	5	7	11	6	6	13	1

Referral to Bay of Plenty Maternal Mental Health Services by Ethnicity

Monthly referrals to the Bay of Plenty MMHS in April and June 2020 were the lowest in the past two years. In June 2020 there were 16 women referred which was the lowest over this time. Of the 82 women referred in the fourth quarter 2020, 33% were Māori women. Refer to Figure 78.

The number of women referred to Tauranga MMH Services in the fourth quarter ending June 2020 was the lowest in the past two years. Refer to figure 79.

Figure 78: Referrals to Bay of Plenty MMH Services by Month and Ethnicity

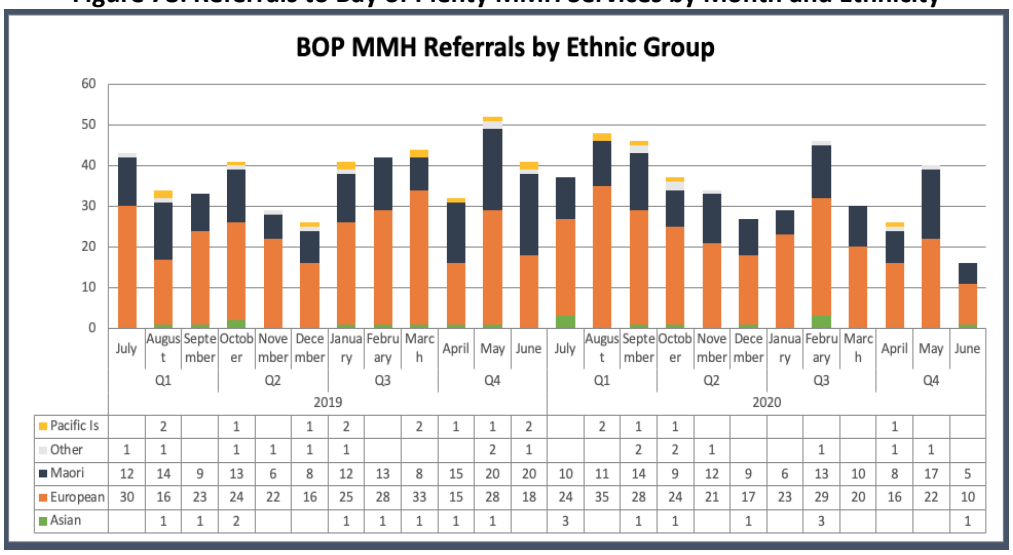
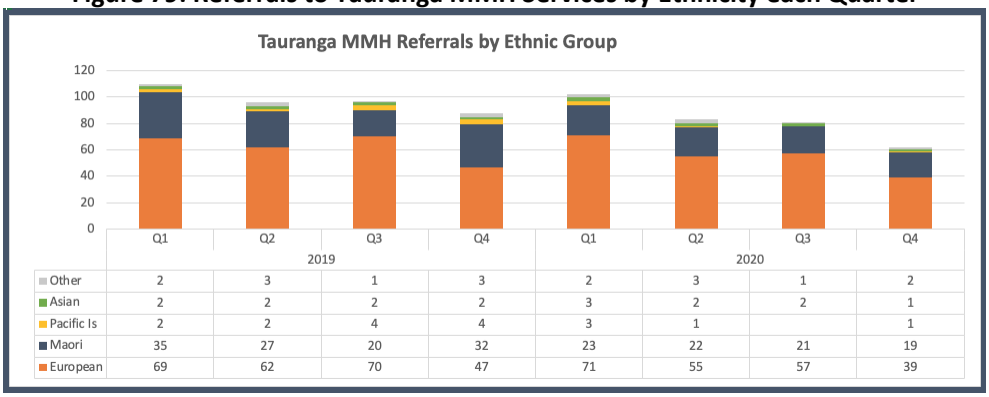


Figure 79: Referrals to Tauranga MMH Services by Ethnicity each Quarter



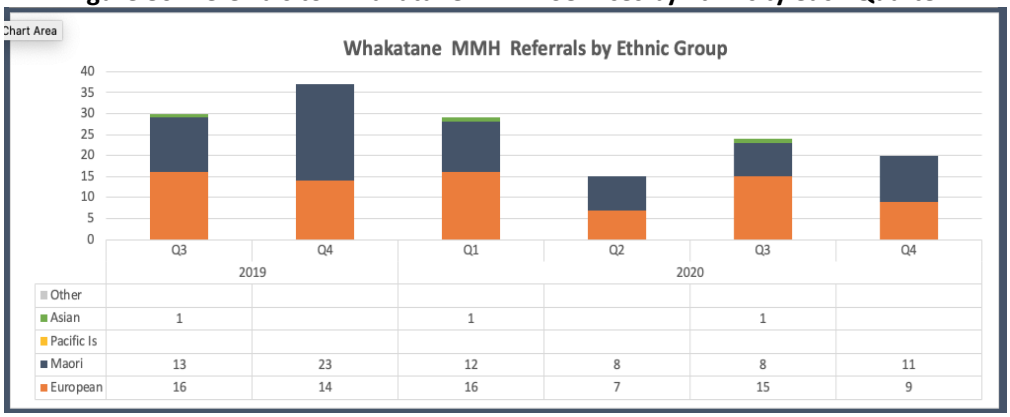
Referral to in Whakatane MMH Services by ethnicity

In the Financial year ending June 2020, referrals to Whakatane Maternal Mental Health Services reduced by 19% in Quarter three and 46% in Quarter four when compared with the same periods in 2019. In Quarter two there were 15 referrals, which was the lowest number over the past 18 months.

Māori women were 48% of the total women referred to Whakatane MMH Service over the past 18 months. However in the first six month of 2019 the proportion of Māori women referrals to MMH Service was 54% and in the first six months of 2020 it reduced to 43%.

While the numbers are small, it may indicate that Māori women have difficulty accessing Whakatane MMH Services due to the impact of COVID-19. Toi Te Ora staff reported there were barriers to new mothers accessing breast feeding support services during the COVID-19 Lockdown. Refer to Figures 80.

Figure 80: Referrals to Whakatane MMH Services by Ethnicity each Quarter



Referrals to Bay of Plenty and Whakatane MMH Services by Age Group

Referrals to Bay of Plenty and Whakatane MMH by Age Group each Quarter do not show any trends. The majority of women referred are 20-39 years of age and the other age groups have small numbers referred. Refer to Figures 81 and 82.

Figure 81: Referrals to Bay of Plenty MMH by Age Group by Quarter

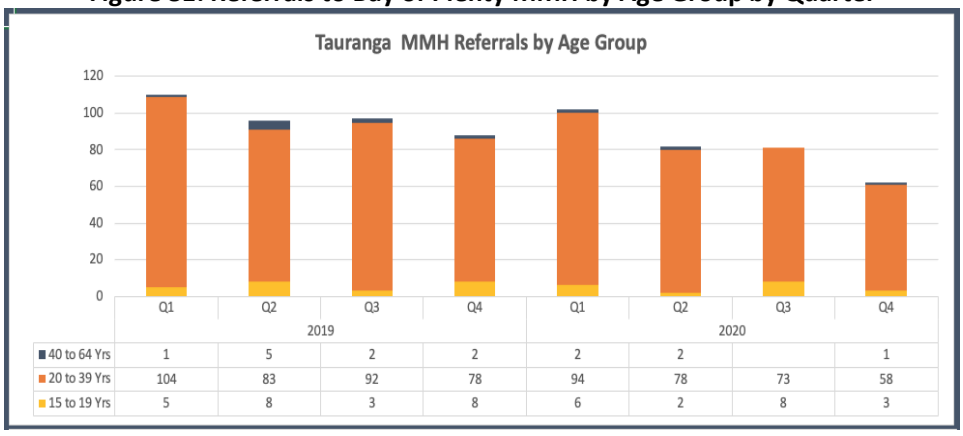
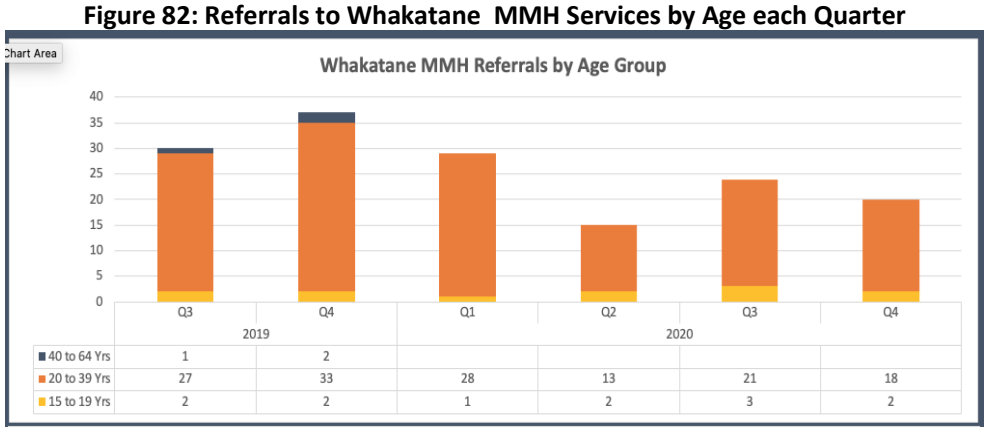


Figure 82: Referrals to Whakatane MMH Services by Age each Quarter



14.0 Psychosocial Factors – Wider determinants of health

1.5 Key findings

Lockdown economic impacts were severe and caused hardship for many people. There was an unequal burden of the lockdown[42]. The groups most impacted include:

- Geographic areas reliant on tourism and forestry
- Households on low incomes
- Women
- Young people
- Māori and Pasifika.

Economic and Employment

- The lowest income households (earning less than $30,000 pa) already had the highest rate of unemployment pre-lockdown (22%) and this rose to 38% during lockdown. In contrast, the highest income earners reported low unemployment rates and smallest increases in unemployment
- Young people are more affected by job losses, 18-24 year olds on Jobseeker Support has increased by 66% in the past year
- Māori and Pasifika workers generally are more impacted by the job losses occurring.
- Nearly three-quarters of younger Māori work in the sectors most impacted by COVID-19, such as entry-level jobs in sectors like accommodation, retail and forestry, as well as occupations at risk from automation
- More than half of Māori and Pasifika households were in financial difficulty during the lockdown period. They were more likely to be in a precarious financial situation before COVID-19, and less likely to have saving as a buffer to get through the crisis.
- Māori and Pasifika where more likely to work in the most-affected sectors, like construction, accommodation and food services.
- The Bay of Plenty has been significantly impacted by COVID-19 but is doing better than the rest of the country
- Some areas, such as Rotorua and Whakatane have been particularly hard hit due to high involvement in tourism and forestry
- COVID-19 hardship has in part been mitigated by COVID-19 support packages
- Moving out of lockdown early and Government investment in infrastructure projects has further improved the outlook

Housing and Food Security

- The long-standing housing shortage in New Zealand is increasing in the Bay of Plenty
- The number of people increased on the register for housing support increased by 10% over COVID-19 lockdown to 18,000 and is projected to continue increasing
- Demand for emergency housing due to domestic violence increased significantly over lockdown and continues to increase

[42] K. Prickett et al. March 2020. Working Paper. Life in Lockdown: The economic and social effect of lockdown during Alert Level 4 in New Zealand. Victoria University Wellington. https://www.wgtn.ac.nz/__data/assets/pdf_file/0010/1865512/WP-20-03-COVID-19-life-in-lockdown.pdf

- Transitional housing is failing to meet demand due to the shortage of rental homes.
- Demand for food parcels peaked at highest ever rates in April. Demand has since decreased about 70% since but have not yet fallen to the Pre-COVID-19 levels.

Personal Safety

- Following the lockdown, there was a significant increase in referrals due to family violence for emergency support.
- Women were reporting that levels of domestic violence that were previously intermittent were occurring daily and the severity of trauma being inflicted was also higher.
- In Tauranga, as many as five families a day were seeking support from Women's Refuge, and the demographic changed to include more pakeha women and those on higher incomes.

14.1 New Zealand Government's COVID-19 Psychosocial Response

The Government's COVID-19 Response led by Department of Prime Minister and Cabinet included a comprehensive range of interventions across multiple Government Departments to support people who are adversely impacted by COVID-19 and the National Emergency Response.

The COVID-19 Emergency response include a suite of financial packages to support people and businesses experiencing a financial hardship, investment to enhance psychological services for people experiencing distress, and a major investment in infrastructure to support the recovery phase and create jobs.

The dedicated COVID-19 website has the following links to help people find the support they need.

- Latest Government COVID-19 information
- Jobs, training and financial support
- Travel and the border
- Mental wellbeing, accessing health care and violence protection
- Information for businesses
- Proactive release of Government Response documents
- Managed Isolation and Quarantine.

Psychosocial Impact of COVID-19 Crisis Response

- Lockdown economic impacts were severe and caused hardship for many people
- The unequal burden of the lockdown is reported in the results of a Victoria University survey during the lockdown[43]. The groups most impacted include:
  - Geographic areas reliant on tourism and forestry
  - Households on low incomes
  - Young people
  - Māori and Pasifika.
- The lowest income households (earning less than $30,000 pa) already had the highest rate of unemployment pre-lockdown (22%) and this rose to 38% during lockdown

[43] K. Prickett et al. March 2020. Working Paper. Life in Lockdown: The economic and social effect of lockdown during Alert Level 4 in New Zealand. Victoria University Wellington. https://www.wgtn.ac.nz/__data/assets/pdf_file/0010/1865512/WP-20-03-COVID-19-life-in-lockdown.pdf

- The highest income earners in contrast reported very low unemployment rates (under 5%) and the smallest increases in unemployment.
- The Wage Subsidy is achieving its goal of helping to keep people in employment, maintain their incomes and to give businesses and organisations a chance to adjust their business models to the new COVID-19 realities
- COVID-19 hardship has in part been mitigated by COVID-19 support packages
- Young people continue to be more affected by job losses over the past two months. Over the past year there has been a large shift in the age profile of those on Jobseeker Support with those aged 18 to 24 years increasing by 66 percent
- Nearly three-quarters of younger Māori work in the sectors most impacted by COVID-19. The Māori Futures Collective describes them as 'the generation disrupted'. They are more likely to be in entry-level jobs in sectors like accommodation, retail and forestry, as well as occupations at risk from automation.
- Māori and Pasifika workers generally are more impacted by the job losses occurring.
- More than half of Māori and Pasifika households were in financial difficulty during the lockdown period, and were already in precarious financial situations before the COVID-19 crisis. They were more reliant on employment from the most-affected sectors, like construction, accommodation and food services. Low incomes and low savings meant not having a buffer to get through the crisis without getting further into difficulty.
- It appears that the 'second wave' of job losses, as the first round of Wage Subsidy ends, has so far not been of the scale that economists were expecting. However, sectors such as retail, accommodation and food are expected to see further job losses over the coming months.

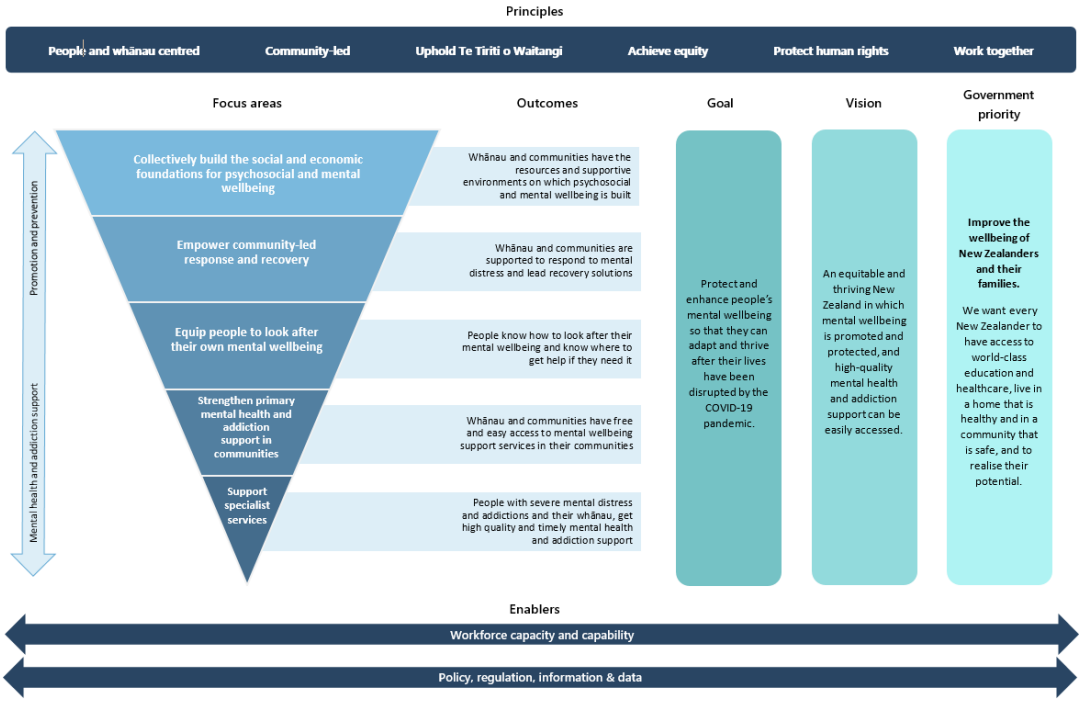
14.2 Mental Resilience

The Ministry of Health published a provisional psychosocial response plan for COVID-19 Alert Level 4. That plan provided guidance to assist agencies involved in planning, coordinating and delivering psychosocial interventions and mental health and addiction services.

Subsequently the Ministry of Health published The Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan that provides a national approach to supporting the mental and social wellbeing of New Zealanders in the COVID-19 recovery period. Refer to Figure 83.

The new plan provides a framework for collective actions to support whānau and communities to adapt and thrive over the next 12 to 18 months. It draws on the directions for mental wellbeing that were laid down in He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction.

Figure 83: Ministry of Health COVID-19 Psychosocial and Mental Wellbeing Recovery Framework



Throughout COVID-19 Response and into the recovery phase, the DPMC and the Ministry of Health websites posted key messages and tips on how to stay resilient and cope with the new challenges facing individuals and families as a result of COVID-19. For those who need more support the website provides links to help lines and local services that can be contacted for assistance or in an emergency. In more socially deprived areas of the Bay of Plenty, such as in the Eastern Bay of Plenty, over 10% of people reported having no access to internet in a community survey.

Coping with Self Isolation, managed isolation and Quarantine

Many people were expected to be anxious and afraid of what might happen, particularly if they are a close contact of a COVID-19 Case or have a family member who is a case or a contact of a case. Guidelines and resources to help people cope in these situations were developed by local experts and some are available on the Ministry of Health Website.
An example includes the resource produced on 19 February 2020 "Caring for yourself and others who have, or may have, COVID-19 at home" This resource provides information for people who have confirmed, probable or suspected COVID-19, who do not need to be hospitalised and people with confirmed COVID-19 who were hospitalised and for whom hospitalisation is medically not required anymore.

Border control in Rotorua has trained staff and developed welcome packs and other resources to support families and individuals cope with the 14 days of strict isolation. They also have information setting out practical advice on how and where to access services while in managed isolation to prepare for when they leave the facility.

Work status, job and economic loss and personal wellbeing during lockdown

A Victoria University (Wellington) Survey[44] found impact of COVID-19 Level 4 lockdown on personal wellbeing was not equally experienced as follows:

- Compared to other workers, essential workers were more likely to report feelings of anger (20% vs. 16%) and stress (47% vs. 38%) during lockdown.
- Experiencing job and income loss was associated with lower wellbeing, in terms of feelings of anger (21% among those who lost their jobs and 19% among those who lost income vs. 14% with no economic loss), depression (30% and 26% vs. 16%), stress (35% and 35% vs. 24%), and loneliness (19% and 13% vs. 9%), compared to those who did not experience economic loss.
- Being in households where another adult experienced job or income loss was also associated with poorer wellbeing.
- The adverse impact of job and income loss on wellbeing was stronger among young people (18-24 years) and those in low-income households (less than $30,000pa).
- Essential workers reported slightly more stress during this time.
- Those who remained employed but could not work—a sizeable proportion who were likely being supported by the government wage subsidy programme—reported better wellbeing than other workers during lockdown and much better wellbeing than those who lost their jobs, demonstrating the positive impact of job security despite being unable to work.

Reasons for requests for psychosocial support

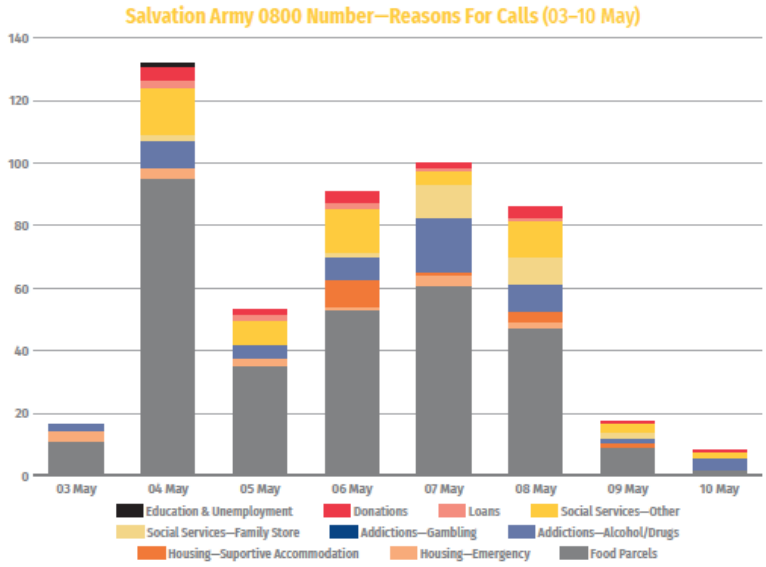
Data from organisations such as the Salvation Army, and benefits granted by MSD provide an indication of the nature and level of need that led people to seek support.
The Salvation Army COVID-19 Dashboard provides regular reports on issues including employment and unemployment issues, food security, financial hardship, housing and addictions. The latest report Number Five (31 July 2020) is available online[45].

In the first week of May 2020, the most common reason for calls to the Salvation Army 0800 number was regarding food parcels. That week 3064 food parcels were distributed which was 50% of the number at the peak of demand in April. Refer to Figure 84.

[44] K. Prickett et al. March 2020. Working Paper. Life in Lockdown: The economic and social effect of lockdown during Alert Level 4 in New Zealand. Victoria University Wellington.
https://www.wgtn.ac.nz/__data/assets/pdf_file/0010/1865512/WP-20-03-COVID-19-life-in-lockdown.pdf

[45] Salvation Army COVID-19 Social Impact report Number 5, 31 July 2020
https://www.salvationarmy.org.nz/article/sppu-COVID-19-social-impact-dashboard-report-5

Figure 84: Salvation Army 0800 Help Line reasons for Calls



Demand for Salvation Army food parcels may have increased in early May 2020 as many people reported being unable to get through on the MSD 0800 Help Line to register for the Emergency Food Benefit and other benefits.

14.3 Economic Outlook

Bay of Plenty Regional Council Economic Reporting June 2020

The Bay of Plenty economy has been significantly impacted by the COVID-19 pandemic, with provisional estimates from Infometrics showing economic activity fell 13% in the June quarter compared with the same quarter in 2019, taking annual activity down 1.6% per annum over the 12 months to June 2020[46]. This fall in economic activity was better than the 2.1% per annum drop-in national activity. Refer to Table 31.

Traffic activity across the Bay of Plenty fell 8.8%pa over the June 2020 year, as freight and traveller movements fell. However, traffic flows were better in the Bay of Plenty compared to the national drop of 9.4%pa – a recurring theme for the region.

National exports held up in some of the Bay of Plenty's key commodities, including dairy (up 13%pa) and fruits (up 11%pa). Forestry exports were lower (down 26%pa), which limited the ability of the primary sector to shield the Bay of Plenty.

Sustained primary sector activity in the region helped resist a larger fall in household spending. MarketView data shows card spending in Bay of Plenty Region fell just over 17% in the June 2020 quarter, pushing year-end spending down 1.4%pa. However again, this spending decline wasn't as steep as the 2.8%pa annual decline felt nationwide.

Construction took a harder hit, with a 29% decrease in annual non-residential consent values. The sector employs just over 10% of the regional workforce, meaning that construction projects remain

[46] https://ecoprofile.infometrics.co.nz/Bay+of+Plenty+Region/QuarterlyEconomicMonitor

important to economic activity. Additional shovel-ready project announcements are likely to pick up some of the slack.

Tourism activity also fell, with visitor spending down just shy of 11%pa. With the tourism employing just under 11% of the regional workforce, the sustained border closures will mean a key focus on domestic travellers moving ahead.

Overall, the Bay of Plenty has seen one of the largest rises in the proportion of the working age population needing support, with an additional 2.3% of the working age population covered by a Jobseeker Support benefit. At the end of June 2020, 7.9% of the region's working age population was being supported by a Jobseeker Support benefit.

Table 31: Bay of Plenty Region Quarterly Economic Monitor – June 2020 Report

Infometrics | BAY OF PLENTY REGION QUARTERLY ECONOMIC MONITOR - JUNE 2020 | Portal

Subscriber login

OVERVIEW

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Indicator	Bay of Plenty Region	New Zealand
Annual average % change		
Gross domestic product	-1.6%	-2.1%
Traffic flow	-8.8%	-9.4%
Health Enrolments	2.5%	2.5%
Consumer spending	-1.4%	-2.8%
Residential consents	-1.4%	8.1%
Non-residential consents	-29.1%	-8.8%
House prices*	7.4%	7.5%
House sales	-5.7%	-6.0%
Tourism expenditure	-10.8%	-12.3%
Car registrations	-12.3%	-19.3%
Commercial vehicle registrations	-22.4%	-24.6%
Jobseeker Support recipients	22.6%	19.0%
Level		
Unemployment rate	4.4%	4.1%

** Annual percentage change (latest quarter compared to a year earlier)*

Bay of Plenty Economic Impact May 2020

In May 2020, a review was completed on the COVID-19 economic impacts for the Regional Bay of Plenty Council[47]. At that time the report made bleak reading stating the COVID-19 pandemic presents the greatest economic shock in living memory, and that the speed with which the economic outlook changed during March far exceeded anything experienced during the Global Financial Crisis (GFC) of 2008/09.

While the primary sector activity was expected to soften, it was expected to hold up better than most other exports. Rotorua, however, was predicted to experience a much more adverse impact on the local economy, due to the higher level of activity focused on the tourism sector.

[47] Infometrics, May 2020. Economic Impacts of the COVID-19 pandemic on the Bay of Plenty Region – Early Estimates **for Bay of Plenty Regional Council.**

The report predicted a decline in the labour participation rate, possibly to its lowest level since 2001, it also includes indicators that demonstrate the impact on the Bay of Plenty economy was initially not as harsh as other regions. Refer to Table 32.

Table 32: Key indicators COVID-19 Economic Impact in the Bay of Plenty

Table 1: Key indicators

Indicator	Bay of Plenty Region	New Zealand
Change in consumer spending (week ending 12 April 2020 compared to same period 2019)	-52.9%	-55.9%
Change in heavy traffic (week ending 9 April 2020 compared to 1 February 2020)	-60.4%	-59.7%
% working at Level 4	50.6%	52.8%
% working at Level 3	74.3%	74.2%
GDP % change, year to March 2021	-7.3%	-8.0%
Job losses, year to March 2021	-14,524	-250,522
Employment % change, year to March 2021	-9.2%	-9.8%
Unemployment rate, March 2021	8.7%	9.0%
Loss in total earnings, year to March 2021 ($m)	-$776	-$14,197
Residential construction % change, year to March 2021	-10.5%	-18.8%
Non-residential construction % change, year to March 2021	-17.2%	-18.3%

The COVID Response and Recovery Fund

In July 2020, a new package of infrastructure investments was announced creating more than 20,000 jobs and unlocking more than $5 billion of projects up and down New Zealand to support. These are intended to support the recovery from the recession caused by the global COVID-19 pandemic.

The COVID Response and Recovery Fund includes a $3 billion infrastructure fund in will be allocated across regions, following extensive engagement with local councils and businesses.

A broad range of infrastructure projects are to be funded across communities that include $210 million for climate resilience and flood protection projects, $155 million for transformative energy projects, about $180 million for large-scale construction projects and $50 million for enhanced regional digital connectivity.

14.4 Employment

Community Survey on COVID-19 Impact on households

To follow are the results of the Survey conducted by Victoria University on the Impact of COVID-19 during lockdown on work and income[48].

- The estimated unemployment rate doubled from 5.3% immediately prior to lockdown to 10.3% by the third week of lockdown.
- Seven percent of people previously employed lost their jobs three weeks into lockdown (generalised to a national level to approximately 180,000 people) and two percent of people gained work.

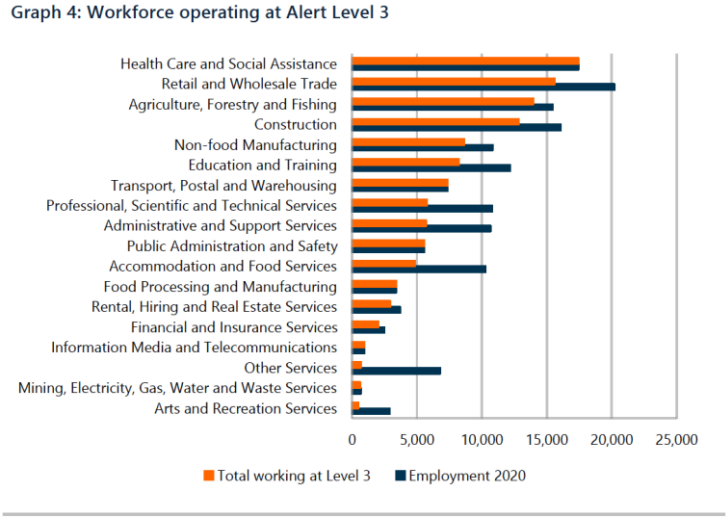
48

- Among those employed prior to lockdown, during lockdown one third were essential workers, one third were able to work from home, and 28% remained employed but unable to work.
- Workers in retail and transportation industries reported higher job losses and higher rates of remaining employed but unable to work.
- Workers from higher income households and with higher education were more likely to be able to work from home.
- New Zealand Europeans were least likely to experience job loss.
- Nearly half (44%) of respondents were living in a household where at least one adult had experienced job or income loss.

Impact of lockdown on ability to work in the Bay of Plenty

The ability to work during lockdown levels 3 and 4 varies considerably by industry with the COVID-19 Crisis Response restrictions. Infometrics estimate in their report to the Bay of Plenty Regional Council that during the Level 4 lockdown, approximately 51% of the total Bay of Plenty Region workforce could operate, either by working from home, or being employed in essential services. In the national economy, around 53% could work. At Level 3, they estimated around 74% of the local workforce to be operational. Refer to Figure 85.

Figure 85: Estimate of Bay of Plenty Workforce Operating at COVID-19 Emergency Response Level 3.



Employment rates during the June Quarter 2020

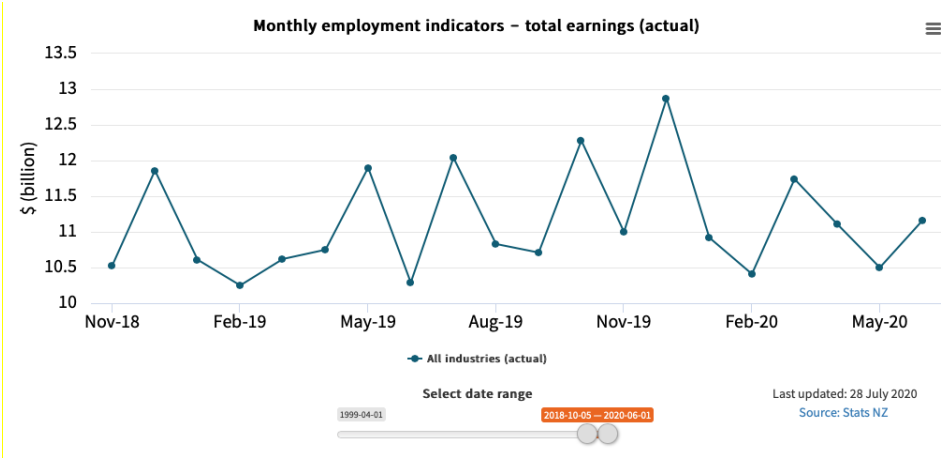
Stats NZ's reported the national and Bay of Plenty Regional employment figures for the quarter to 30 June 2020 as stronger than expected as follows.

- **Numbers of jobs**
  There was an overall increase in the number of jobs nationally. The total seasonally adjusted filled jobs rose in the month of June.
- **Changes by industries** in number of filled jobs for June 2020 (compared with May 2020) were:
  - all industries – up 0.8 percent (17,897 jobs)
  - primary industries – up 1.4 percent (1,481 jobs)
  - goods-producing industries – up 0.5 percent (2,108 jobs)
  - services industries – up 0.8 percent (13,759 jobs).
- **Changes by industry**
  Filled jobs increased in 16 of the 19 industries. The largest changes in the number of actual filled jobs In June 2020 compared with May 2020 were in:

- administrative and support services (for example fruit packing, cleaning services and employment placement services) – down 5,744 jobs (5.1 percent)
- health care and social assistance – up 3,552 jobs (1.5 percent)
- agriculture, forestry and fishing – down 3,068 (3.1 percent)
- the two large falls are expected seasonal changes mainly related to agriculture and fruit packing.

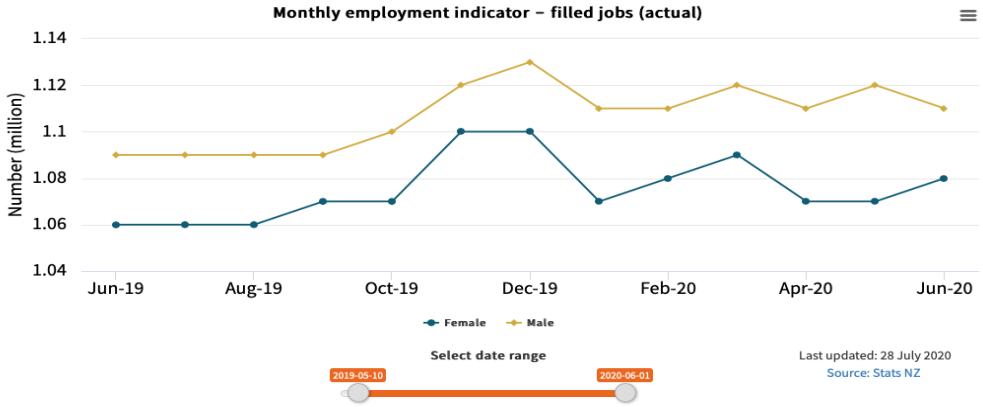
- **Earnings for quarter** ended June 2020
  Actual gross earnings for the quarter ended June 2020 was $32.8 billion, 0.3% lower than the same period in 2019 at $32.9 billion. Seasonally adjusted gross earnings for the June 2020 quarter were down 2.8 percent ($960 million) following a 2.2 percent fall in the March 2020 quarter. This quarter's fall was the largest since the series began in 1999 and the largest fall in percentage terms since a 3.6 percent fall in March 2009. Refer to Figure 86.
- **Gross Earnings** Changes in June 2020
  Actual gross earnings for the June 2020 month ($11.2 billion) increased by 11.2% , compared with the June 2019 month ($10.3 billion). Refer to Figure 86.

Figure 86: Actual Gross earnings by Month to June 2020



- **Job Numbers by age group**
  Number of filled jobs fell for younger age groups and for males
  From May 2020 to June 2020 (not seasonally adjusted) the number of filled jobs fell in the younger age groups (up to 25 to 29 years) but rose for all age groups over 30. The largest fall was in the 15- to 19-year-old age group, down 2.3 percent (2,438 jobs).
- **Changes by gender**
  The national number of filled jobs for females rose 4,619 (0.4 percent) and fell 2,150 jobs (0.2 percent) for males between May and June 2020. The number of jobs filled in June 2020 increased for both males and females by approximately 200,000 compared with June 2019. Refer to Figure 87.

Figure 87: Number of Filled Jobs Nationally by Gender



- **Regional Changes**
  The number of filled jobs (not seasonally adjusted) rose in 10 of the 16 regions between May 2020 and June 2020. The largest changes were in:
  - Auckland – up 3,133 jobs (0.4 percent)
  - **Bay of Plenty – down 1,758 jobs (1.3 percent**) but about 1700 higher than in June 2019. Refer to Figure 87
  - Wellington – up 1,734 jobs (0.7 percent).

Figure 87: Bay of Plenty Number of Filled Jobs to June 2020

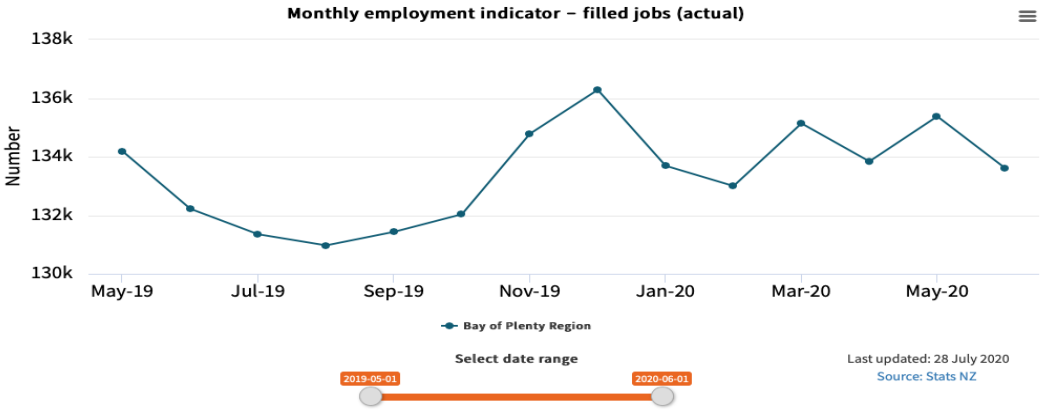
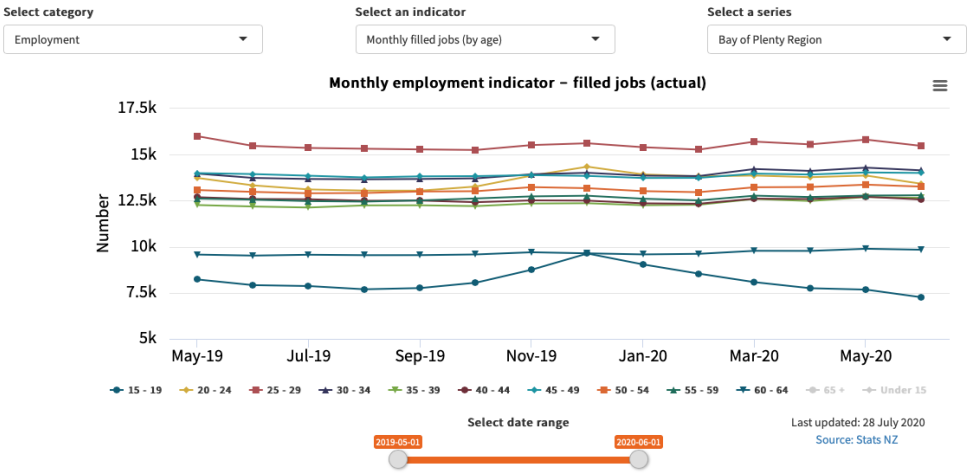
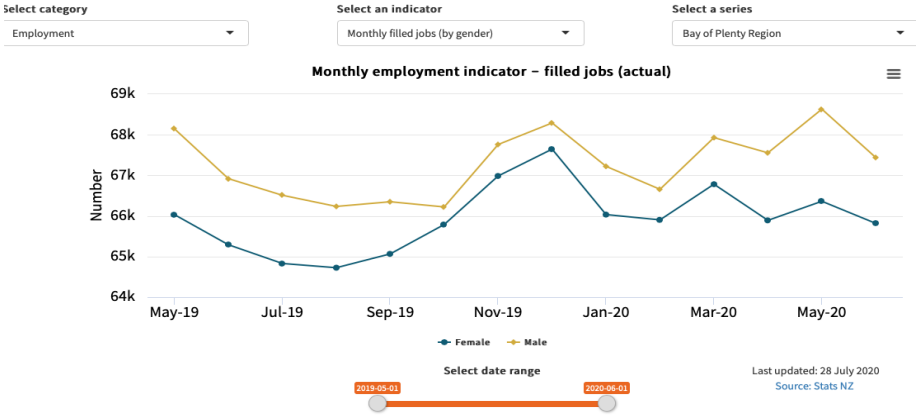


Figure 88: Bay of Plenty Region - Number of Filled Jobs by age groups to June 2020



In the Bay of Plenty Region the number of filled jobs by gender reflect the trends seen nationally. Refer to Figure 89.

Figure 89: Bay of Plenty Region Number of Filled Jobs by Gender



Impact on Māori Employment Rates

In March 2020, Te Puni Kōkiri undertook modelling to determine the potential impact of COVID-19 on Māori employment rates. The report "Economic Impact of COVID-19, July 2020" is now available on the Te Puni Kōkiri website. [49] This information will inform a work programme with other government agencies and NGOs to mitigate the projected negative economic impacts of COVID-19 on Māori. Refer to Figure 90.

In summary:

- Māori historically suffer worse outcomes arising from major economic disruptions, and they subsequently face a number of challenges reengaging in the labour market after those shocks.
- Māori unemployment is projected to peak at 40,000 above pre-COVID levels; this represents a total unemployment rate for Māori of up to 20% (up from 8% in December 2019).
- The first tranche of modelling in April 2020 estimated additional Māori unemployment at 70,000 with unemployment up to 25%. These figures were revised down due to the shorter than expected lockdown period and the impact of the Government's Budget 2020 assistance package.
- The industries with the highest projected increase in unemployment are accommodation and food services, manufacturing, construction, and retail trade. As a result, wāhine Māori and rangatahi will be disproportionally adversely impacted.
- The modelling projects the economic impact by region which may be of particular interest to individual iwi.

The faster than anticipated move to Alert Level One with the border remaining closed to overseas visitors has meant that the residual impact of the COVID-19 shock is stronger in those industries exposed to tourism and international markets (either through demand or supply channels), in particular: **accommodation and food services, retail trade, manufacturing**, and **construction**. Refer to Figures 90 and 91.

[49] https://www.tpk.govt.nz/en/a-matou-mohiotanga/employment-and-income/maori-employment-impact-of-COVID19-july-2020

Figure 90: Economic Impact on Māori of COVID-19, July 2020

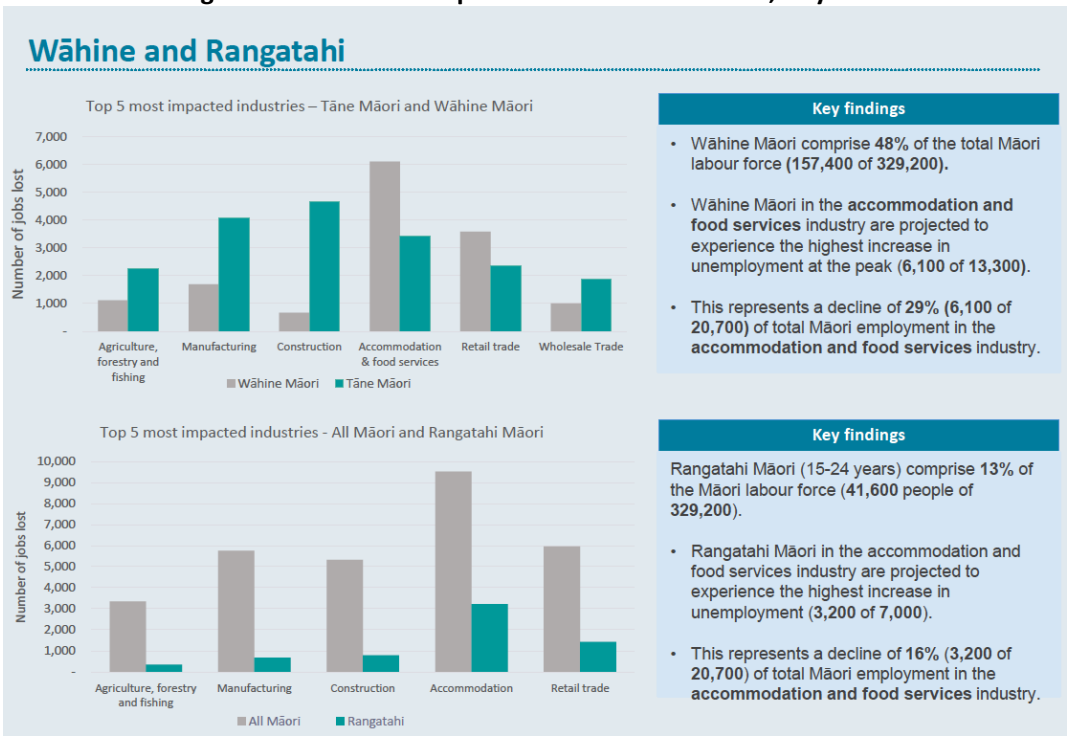


Figure 91: Top Five Industries with the largest Increase in Māori Unemployment – June 2020

Industry	Waikato-Waiariki		
	Total Māori employment	Increase in unemployed Māori	Industry rank
Accommodation & food services	5,200	2,400	1
Retail trade	7,700	1,300	4
Construction	6,700	1,400	3
Manufacturing	9,000	1,400	2
Agriculture, foresting, and fishing	9,200	1,100	5
Wholesale trade			

Source: "Māori Impact Employment from COVID-19 June 2020, Te Puni Kokiri"

14.5 Expenditure on Credit Cards

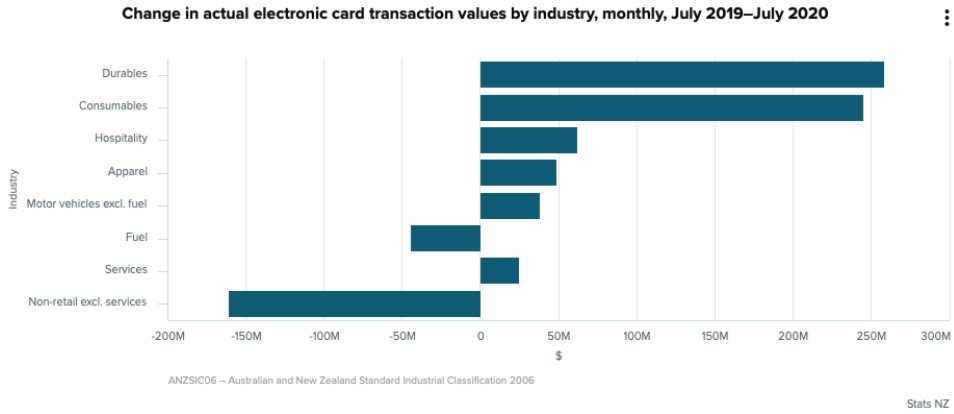
Credit card expenditure for July 2020 compared with expenditure in July 2019 shows an overall increase across most categories. [50] The total value of electronic card spending, including the two non-retail categories (services and other non-retail) was up $474 million (6.3 percent) compared with July 2019. Refer to Figure 92.

[50] https://www.stats.govt.nz/information-releases/electronic-card-transactions-july-2020

The non-retail (excluding services) category was down $161 million (8.6 percent). This category includes medical and other health care services; travel and tour arrangement services; postal and courier delivery services; and other non-retail industries.

The services category was up $25 million (7.8 percent). This category includes repair and maintenance and personal care, funeral, and other personal services.

Figure 92: Credit Card Spending – Changes by Industry Group for July 2019 compared with July 2020



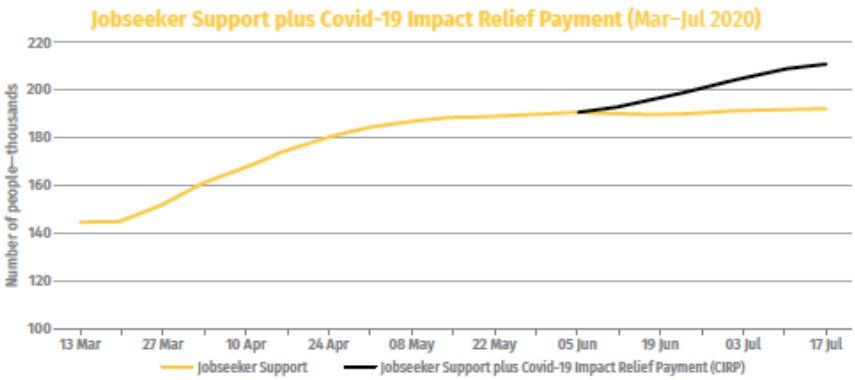
14.6 Financial Hardship

The emergency response to contain COVID-19 created financial hard ship for people in different ways. An unforeseen event that people were unable to cope with.

Many businesses under lockdown level 4 reduced or ceased providing services or products necessitating staff dismissals. People stood down from work due to age or chronic illness to self-isolate at home. Adults and grandchildren returned home to live with their parents and some unable to return to their own homes. The closure of international borders prevented visiting nationals, including those on visitor or student visors and Registered Seasonal Works from returning to their country of origin.

While the data on employment numbers shows signs of recovery, the number of people receiving employment related financial support from the Government is increasing. Refer to Figure 93.

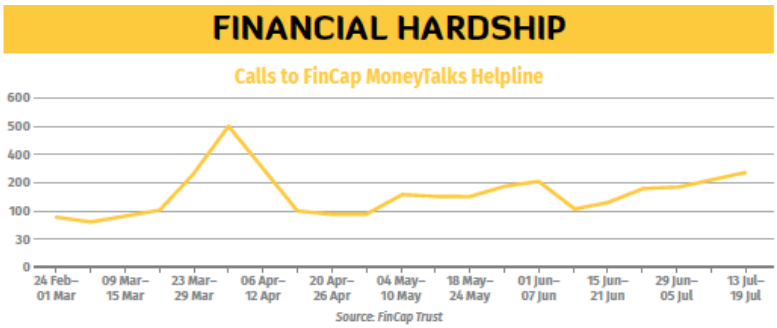
Figure 93: Job Seeker Support plus COVID-19 Job Loss Relief Payment to July 2020



Source: The Salvation Army Update 31 July 2020.

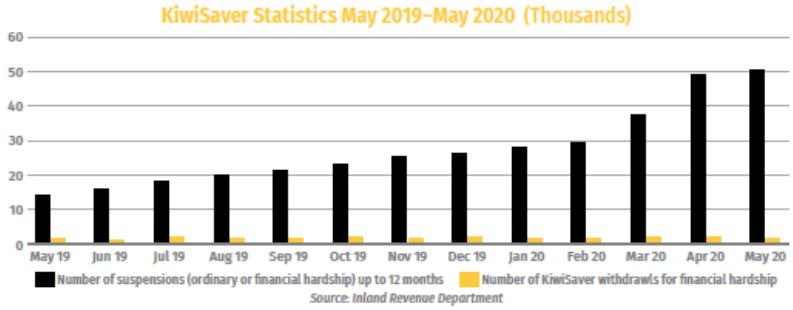
Other measures of personal financial hardship included in the Salvation Army reporting include calls to FinCap Money Talks helpline and KiwiSaver suspensions and withdrawals. Trends in calls to FinCap steadily increase over 100% over the past six months with a brief 500% increase in early April. Refer to Figures 94 and 95.

Figure 94: Number of Calls to FinCap



Kiwi saver trends indicate a steady increase on the number of payment suspensions (ordinary and hardship until February - April 2020 when the rate of increase was 30% over three months.

Figure 95: KiwiSaver Suspensions and Withdrawals



	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
No. of suspensions (ordinary or financial hardship) up to 12 months	13,949	15,885	17,857	19,754	21,380	23,180	25,072	26,318	27,825	29,387	37,551	49,070	50,388
No. of KiwiSaver withdrawals for financial hardship	1622	1283	1712	1558	1543	1771	1632	2000	1538	1456	1958	1897	1694

Source: IRD

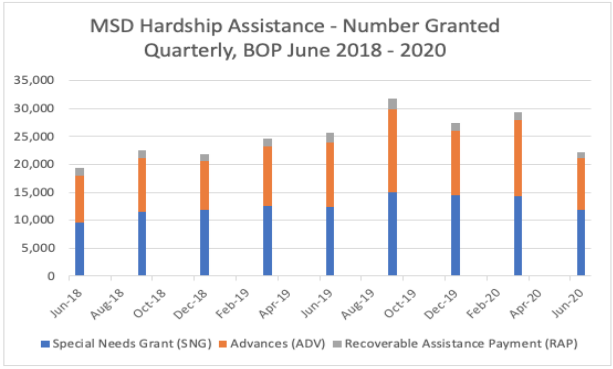
MSD Hardship Grants in the Bay of Plenty Region

To follow is an analysis of the support provided by the Ministry of Social Development (MSD) and other agencies to assist people experiencing financial hardship. The following series of graphs provide information on the number and value of MSD Hardship Assistance Grants made in the Bay of Plenty Region over the past three years to July 2020[51].

[51] Source: MSD Website

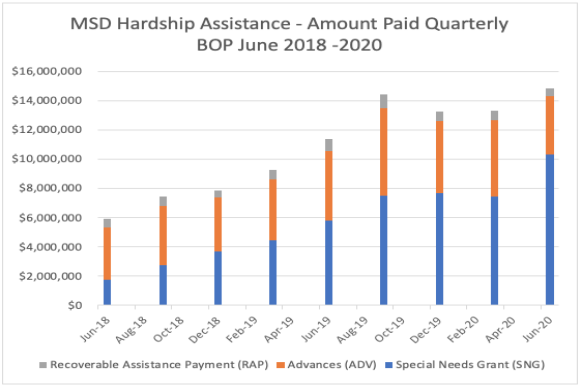
There were 22,156 grants made in the quarter ending June 2020 which was the lowest number of quarterly grants for the past two years. Refer to Figure 96. There is anecdotal reporting of people trying to call the MSD 0800 help line for hardship support and giving up after two days of trying. Furthermore, hardship grants can only be accessed over the internet. In the Eastern Bay of Plenty, the highest Social Deprivation Quintile five area, over 10 % pf people have no access to internet.

Figure 96: Number of Hardship Assistance Grants - Bay of Plenty Region



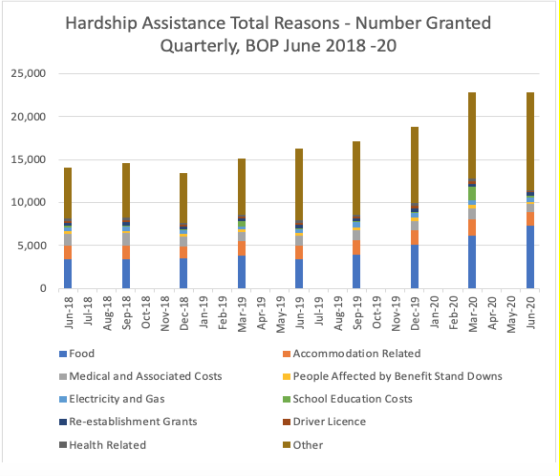
The total amount paid in hardship assistance grants in the Bay of Plenty Region in the quarter ending June 2020 was $14,843,396 which was the highest amount paid since June 18. Refer to Figure 97.

Figure 97: - Hardship Assistance Grants Amount Paid Quarterly - Bay of Plenty Region



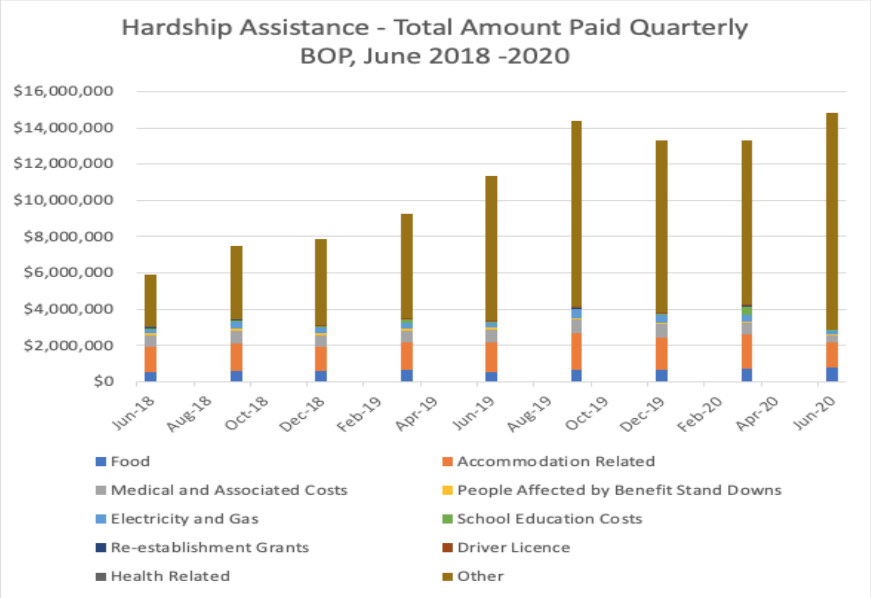
A significant proportion of the reasons for the grant was to meet the basic costs of daily living: food, accommodation, electricity and gas, and medical costs. Refer to Figure 98.

Figure 98: Hardship Grants Reasons, Total Number granted Quarterly – Bay of Plenty Region



The amount paid in hardship benefits was primarily for the "other" category. The amount paid to support the daily cost of living (food, accommodation, gas and electricity etc) was approximately 25% of the total paid and in June it decreased to approximately 7% of the total. Refer to Figure 99.

Figure 99: Hardship Assistance Total Paid Quarterly in the Bay of Plenty June 2019 – 2020 by Reason

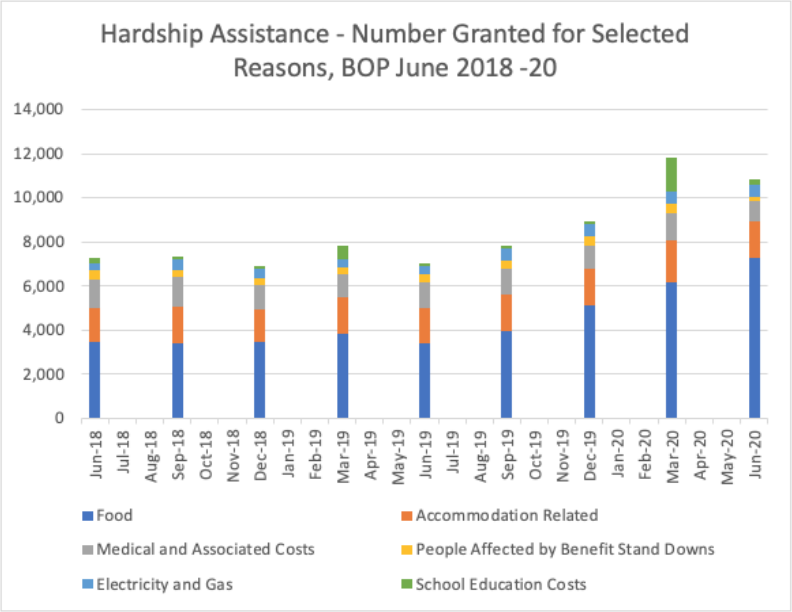


Source: MSD

Food Hardship Grants

Over the past 12 months the number of people in the Bay of Plenty receiving hardship grants for food has more than doubled from 3,380 in the June 2019 quarter to 7,280 in the June 2020 quarter (115% growth). Refer to Figure 100.

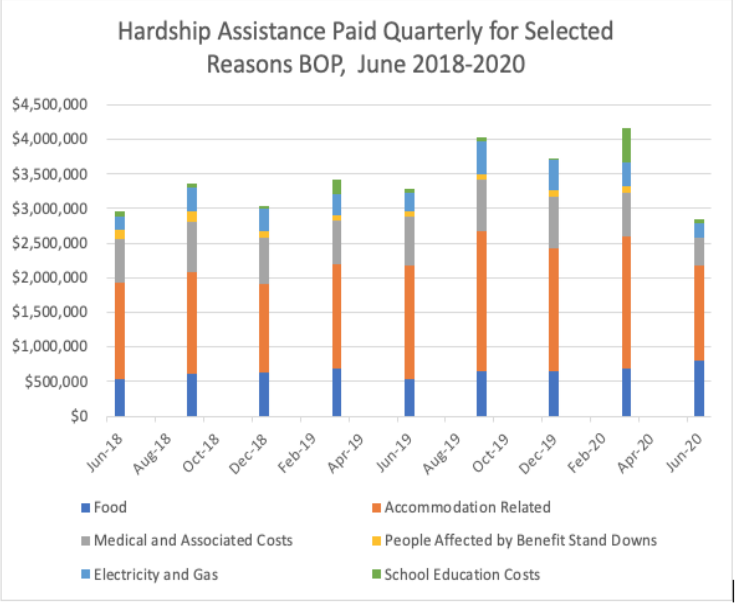
Figure 100: Number of Hardship Grants for Selected Reasons Quarterly in the Bay of Plenty



Source: MSD

Over the past 12 month (to June 2020), expenditure on hardship assistance for food in the Bay of Plenty Region increased from $533,092 to $793,894 (45%) while the number of grants increased by 115%. Refer to Figure 101.

Figure 101: Amount Paid for Hardship Grants for Selected Reasons in the Bay of Plenty



Source: MSD

More information on the trend in demand for support from foodbanks can be found in section 14.8 Food Security.

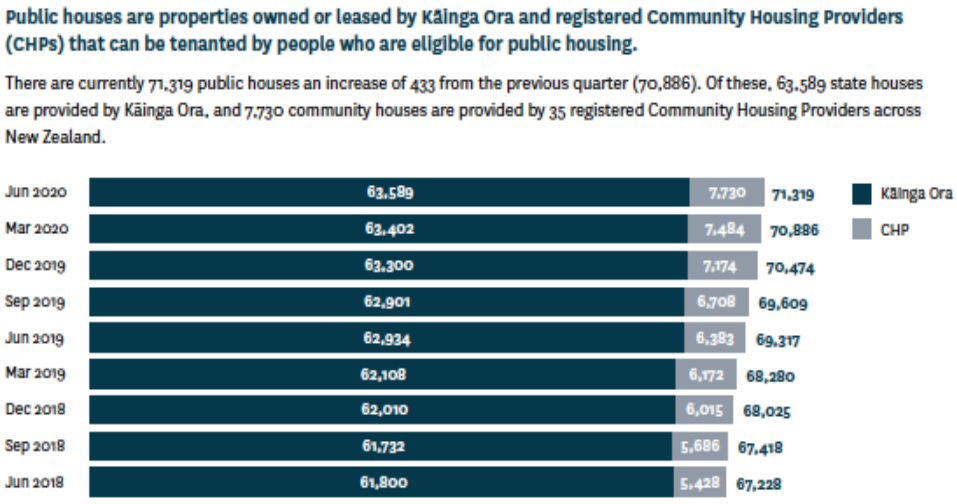
14.7 Housing

National Housing Support Services

The Ministry of Housing and Urban Development (HUD) and MSD monitor indicators of the need for housing and accommodation support[52]. Housing and Urban Development also provide data on the need for support at the regional and district level as follows in this section. There are currently 71,319 Public Houses available to rent by eligible people that are provided by Kainga Ora and Community Housing Providers . Refer to Figure 102.

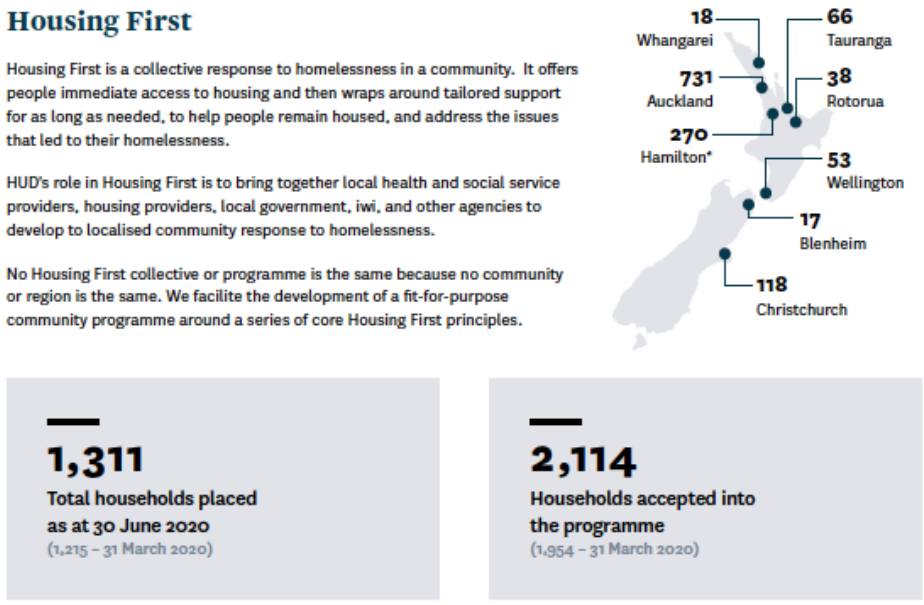
[52] June 2020, Ministry of Housing and Urban Development. Public Housing Quarterly Report.

Figure 102: National Public Housing Supply June 2020



In recent years there has been increasing homelessness due to people having high and complex needs. "The Housing First " initiative aims to support people to transition from homelessness by providing a multi-disciplinary wrap-around service to provide individualised support for as long as needed. Refer to Figure 103.

Figure 103: Housing First – HUD's Response to Homelessness due to High and Complex Needs



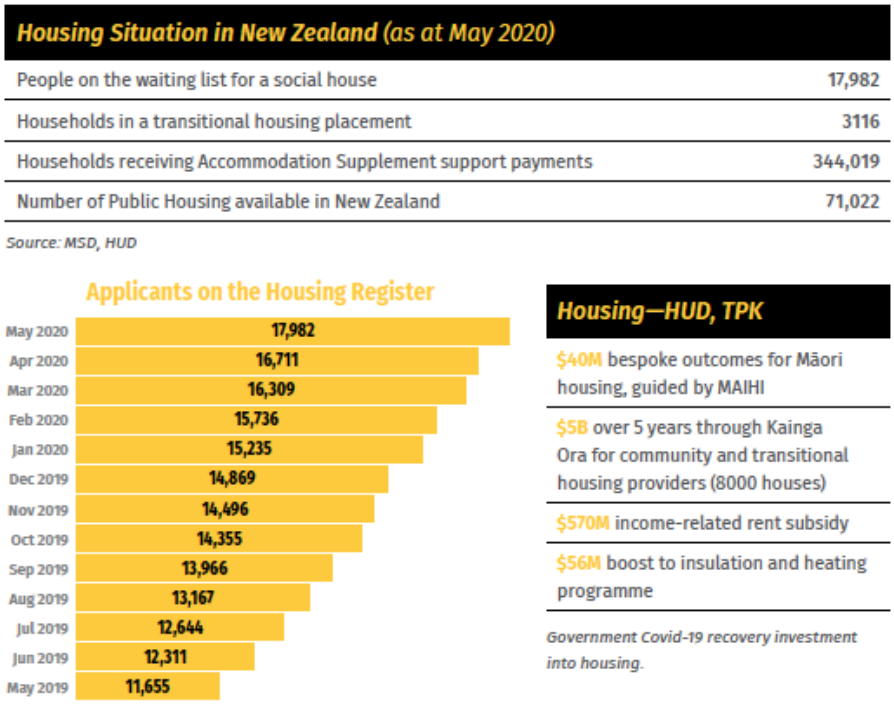
In May over 2021 households nationally participated in the programme, with 823 household currently housed, 698 withdrawn from the programme and 418 not yet housed. Of the Housing First Households, 57% are Māori, 24% are European and 60% are male.

The Salvation Army

The Salvation Army Update Reports provide a summary of the national trends in housing support needs.[53] In May 2020 there were 17,982 applicants on the Housing Register. The number on the register In May 2019 there were 11,655 on the register which represents an increase of 54% over the past 12 months.

From March to May 2020 the number climbed by 10% (1,673) to nearly 18,000. Nearly half those on the register are Māori and Pasifika are disproportionally represented as well. There were 3116 places in transitional housing a small increase on the previous month due to the Hotel strategy used in COVID-19 Levels 3 and 4. Refer to Figure 104.

Figure 104: Housing Situation in New Zealand as at May 2020



Source: Salvation Army Social Impact Report #5 [54]

Bay of Plenty Region – Level of MSD Housing Support Provided

In the quarter ending 31 March 2020, in the Bay of Plenty region there were approximately 1000 applicants on the housing register and 270 Transitional Housing places. There were 4,200 Emergency

[53] Salvation Army Social Impact Report #5 31 July 2020 https://www.salvationarmy.org.nz/sites/default/files/files/%5Bfile_field%3Atype%5D/sppu_COVID-19_update5_1.pdf

[54] Salvation Army Social Impact Report #5 31 July 2020 https://www.salvationarmy.org.nz/sites/default/files/files/%5Bfile_field%3Atype%5D/sppu_COVID-19_update5_1.pdf

Housing Grants paid totalling $8 million. There were also 2,158 Public Housing Tenancies where rental subsidies are paid to meet market rents. For more detail by locality refer to Table 33.

Table 33: Bay of Plenty Region: Housing Support by Category and Locality Quarter ending 31 March 2020

Regional Overview

Kawerau District	Number of applicants on the Housing Register **40** (32)	Number of applicants on the Transfer Register **-** (S)	Public Housing tenancies **38** (38)	Transitional Housing places **-** (-)	Number of EH SNG approved **123** (91) Amount of EH SNG approved **$103,680** ($81,611)
Opotiki District	Number of applicants on the Housing Register **32** (24)	Number of applicants on the Transfer Register **S** (S)	Public Housing tenancies **107** (105)	Transitional Housing places **-** (-)	Number of EH SNG approved **15** (14) Amount of EH SNG approved **$13,045** ($15,626)
Rotorua District	Number of applicants on the Housing Register **464** (479)	Number of applicants on the Transfer Register **29** (27)	Public Housing tenancies **690** (671)	Transitional Housing places **115** (115)	Number of EH SNG approved **2,633** (3,009) Amount of EH SNG approved **$3,850,875** ($4,482,452)
Tauranga City	Number of applicants on the Housing Register **406** (393)	Number of applicants on the Transfer Register **48** (42)	Public Housing tenancies **1,311** (1,310)	Transitional Housing places **127** (125)	Number of EH SNG approved **1,197** (1,213) Amount of EH SNG approved **$1,836,628** ($1,603,574)
Western Bay of Plenty District	Number of applicants on the Housing Register **101** (102)	Number of applicants on the Transfer Register **S** (S)	Public Housing tenancies **110** (111)	Transitional Housing places **-** (-)	Number of EH SNG approved **144** (130) Amount of EH SNG approved **$167,568** ($151,556)
Whakatane District	Number of applicants on the Housing Register **172** (145)	Number of applicants on the Transfer Register **19** (20)	Public Housing tenancies **540** (543)	Transitional Housing places **29** (29)	Number of EH SNG approved **88** (130) Amount of EH SNG approved **$89,377** ($110,934)

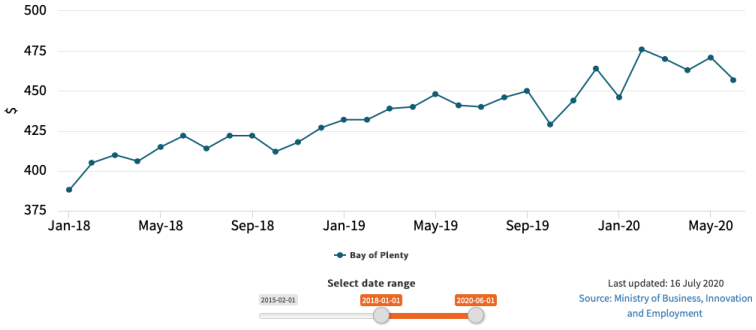
Notes:

- An 'S' denotes data of a small volume. The data is suppressed to ensure the privacy of our clients, and therefore the sum across areas may not equal the total displayed.
- Emergency Housing – Amount of EH SNG is the total value of grants issued in the quarter ending 31 March 2020.
- Public Housing Tenancies includes Kāinga Ora and community housing provider tenanted properties that are either subsidised through Income-Related Rent Subsidy or the tenant is paying market rent, and is at 31 March 2020.

Rent in the Bay of Plenty

The mean weekly rent in the Bay of Plenty region has increased over the past year from $410 to $470 (15%). Rent increases combined with employment and financial stress will be increasing rates of housing unaffordability. Refer to Figure 105.

Figure 105: Bay of Plenty Mean Weekly Rent from January 2019 - July 2020



Shortage of rental houses this winter

Anecdotally there are concerns of increased housing shortages this winter. There are signs that indicate the housing shortage is continuing to increase and exacerbate homelessness.

"There are usually around 400 rentals advertised on TradeMe at this time of year. This winter there are only 230 rentals available."

Ora McSweeny, Eves Rentals

Homeless in Tauranga

Tauranga City Council gives priority to supporting vulnerable populations to access secure and safe housing. In 2016, TCC conducted research on homelessness as a base line to inform planning[55].
To follow are the key findings:

- The risk of becoming homeless in Tauranga has increased
- There are two distinct groups of homeless people requiring different approaches:
- Transitional group – support in housing, outreach services, housing clinics and housing hub, preventative support
- Chronic or episodic group – supported housing, wrap around support services
- Staying with family and friends should be viewed as a temporary, short term option. Research indicates that families with children move between family and friends on numerous occasions. This may result in families, particularly children becoming even more transient and unsettled.
- Women with children are the most invested in hiding their homelessness due to fear of Child Youth and Family involvement
- Those in part-time or unstable employment are more likely to live in overcrowded conditions
- The Men's Shelter has given single men an element of housing security in the short term
- There is a lack of emergency accommodation for women and children
- A lack of affordable and suitable housing is impacting on the delivery of health and social services
- A lack of affordable housing throughout Tauranga City is impacting on the ability of individuals and families on a low income to accessing secure housing.

Transitional Housing for Women in Tauranga

Awhina House supports the most vulnerable women in the community. It provides transitional housing for up to 11 women aged 18 years and over who are assessed as low-medium risk of health and addiction issues. A 12 week multi-disciplinary programme is provided to prepare them to move into their own homes.

The women who are served by Awhina House include Māori and Pacific descent, transgender women, women from both urban and rural communities, women with mental health and addictions struggles. Over 60% of clients are of Māori descent.

The impact of COVID-19 on Awhina House services are as follows:

- An increase in referrals to Awhina House for support . Women with "hidden homelessness" that were couch surfing prior to lockdown were unable to move between households and had no other option but to sleep rough.

[55] https://www.tauranga.govt.nz/Portals/0/data/community/homelessness/hidden_homelessness_report.pdf

- The increasing housing shortage and reluctance of landlords to "take risks" accepting their clients has meant delays in finding suitable homes to transition clients to after completing their programme. Placements have been extended for a further 12 weeks, while waiting for a home, preventing new referrals from being accepted.
- Support is being provided to Women's Refuge to assist manage a surge in requests for assistance since COVID-19 Lockdown restrictions were eased as all their safe houses are full.
- Expect demand for transitional housing for homeless women will continue to grow as a result of COVID-19 and the increased financial pressures on whānau in New Zealand. Job losses, loss of housing and poverty will continue to affect women and girls in New Zealand.
- A community grant has just been made to Awhina House to incentivise tenants and landlords to enter lease arrangements.

14.8 Food Security

The Government Response to Food Insecurity

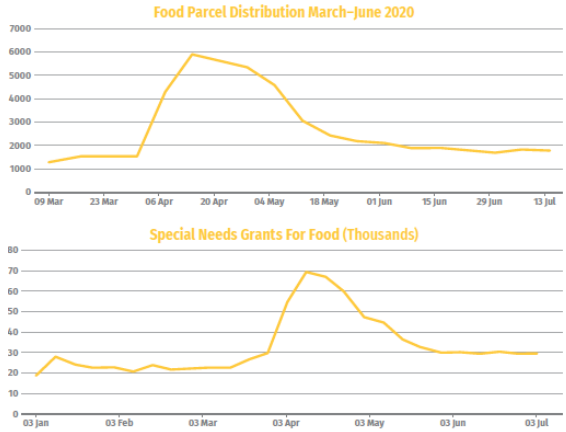
On 16 June 2020, in recognition of the pandemic, the Government announced they would commit $37.6 million to assist the response to widespread food insecurity, including food for foreign nationals impacted by COVID-19. The programme is temporary transitional support as people return home or find other forms of employment. Refer to section 14.6 for more detail on hardship grants. The Government also allocated $220 million to school lunches as the demand for school lunches continues to grow. Tenders for these services have been released in three areas, including the Bay of Plenty.

Demand for Food Parcels

The 31 July 2020 Salvation Army COVID-19 Update reports demand for food parcels peaked at highest ever rates in April and has since decreased. While demand has decreased about 70% since its peak the numbers have not yet fallen to the Pre-COVID-19 levels. It is expected to rise again in September when the COVID-19 wage subsidy ends.

The Special Needs Grant for Food (SNGF) has shown similar patterns to demand for food parcels. While the numbers of SNGF has declined to 278,000 in June from close to 70,000 in April, the number is still well above preCOVID-19 levels. There is still considerable variation in demand in different communities. Some are continuing to receive more than 100% increase in the numbers they received pre-COVID-19. Refer to Figure 106.

Figure 106: Food Parcels Distributed and SNGF Provided to end of June 2020.



14.9 Personal Safety

14.9.1 Domestic Violence

Women's Refuge provides emergency housing services for women and their children experiencing domestic violence. There was concern during the COVID-l19 lockdown that family relationships would become strained, for multiple reasons, and the risk of family violence increase. The emergency housing services were therefore considered an essential service during the period of COVID-19 Lockdown.

The national media campaign to promote the key message that "domestic violence is not OK" has reduced the stigma women experienced associated with seeking help. The Women's Refuge was concerned that the barrier to help seeking would be higher during COVID-19 Lockdown due to the imperative to "keep your family bubble intact". In response, Women's Refuge initiated a social media campaign to promote the concept " if you are not safe, it's OK to pop the bubble and reach out for help" in order to keep you and your children safe.

Once COVID-19 restrictions were reduced to Level three, there was a significant increase in referrals due to family violence for emergency support. Women were reporting that levels of domestic violence that were previously intermittent were occurring daily. The severity of trauma being inflicted was also higher. In Tauranga, as many as five families a day were seeking support from Women's Refuge. The demographic of women seeking help also changed. To include more pakeha women and those on higher incomes. The women who would normally have options to get help privately had nowhere to turn.

To meet the demand for services, the Women's Refuge Tauranga Office was converted into accommodation for family groups. In addition, motel accommodation was secured, and Awhina House made beds available for women without children.

Concerns were raised by Women's Refuge about lack of funds to meet the additional service demand due to COVID-19 restrictions. They are a registered charity and 50% of their costs are traditionally met by public donations. Increased financial support is urgently needed to continue to meet the increased demand for services.

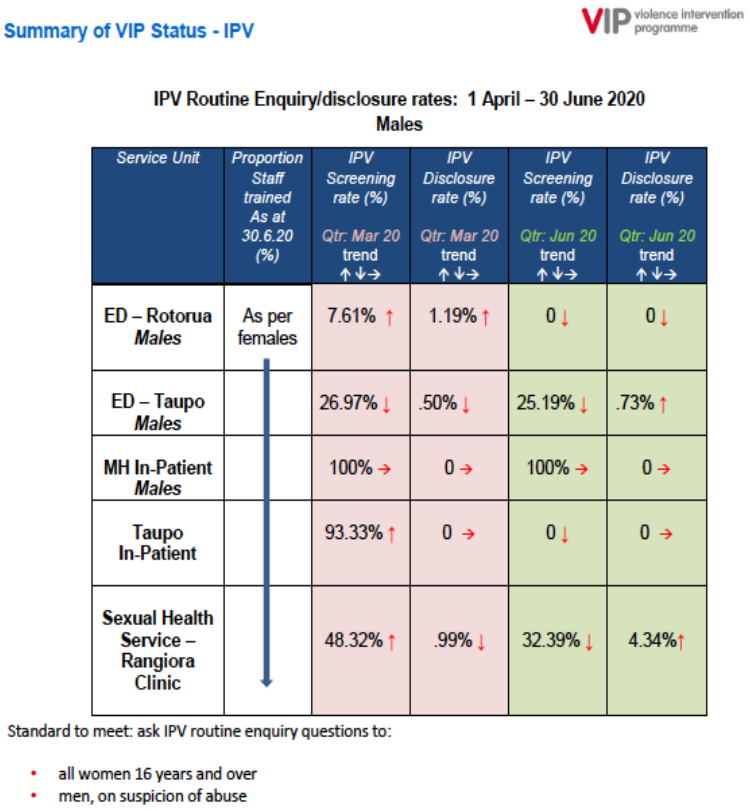
14.9.2 Violence Prevention

Reduction of all forms of violence is a recognised opportunity for health improvement. During the COVID-19 emergency response concerns were expressed regarding increased risk of domestic violence.

Police emergency call out data to respond to incidents of domestic violence was requested for the Bay of Plenty region. It was not however available within the timeframes available.

Lakes DHB Violence Prevention includes screening to enquire about abuse and reporting concern. Screening coverage and disclosure rates for all women over 16 years and all men on suspicion of abuse, over the quarters to May and June 2020, are reported in the tables below. In the Quarter to 30 June 2020 there were 19 reports of concerns made following female screening. Refer to Figures 107 and 108.

Figure 107: Lakes DHB: Intervention for Violence Prevention Males Report Quarter to June 2020



Summary of VIP Status - IPV

VIP violence intervention programme

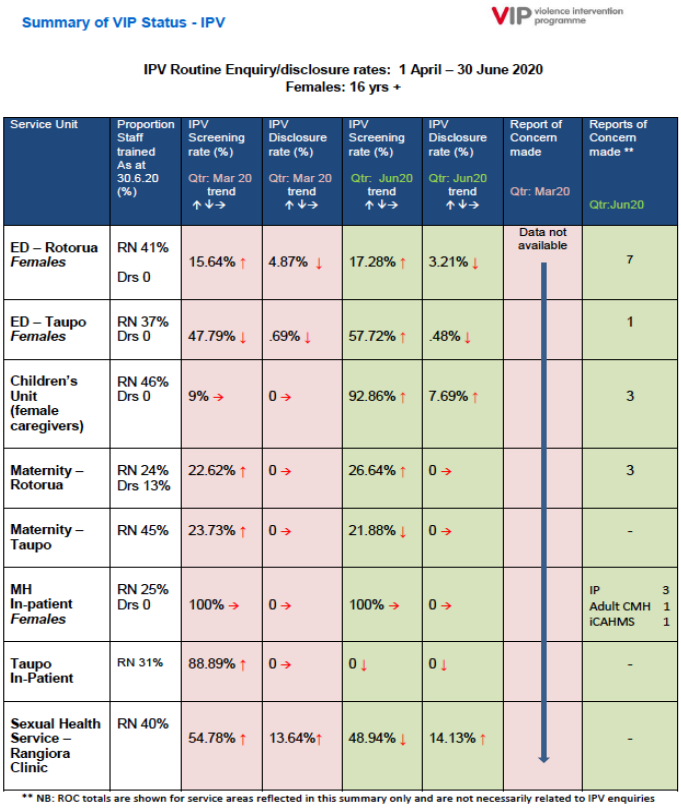
IPV Routine Enquiry/disclosure rates: 1 April – 30 June 2020
Males

Service Unit	Proportion Staff trained As at 30.6.20 (%)	IPV Screening rate (%) Qtr: Mar 20 trend ↑↓→	IPV Disclosure rate (%) Qtr: Mar 20 trend ↑↓→	IPV Screening rate (%) Qtr: Jun 20 trend ↑↓→	IPV Disclosure rate (%) Qtr: Jun 20 trend ↑↓→
ED – Rotorua *Males*	As per females	7.61% ↑	1.19% ↑	0 ↓	0 ↓
ED – Taupo *Males*		26.97% ↓	.50% ↓	25.19% ↓	.73% ↑
MH In-Patient *Males*		100% →	0 →	100% →	0 →
Taupo In-Patient		93.33% ↑	0 →	0 ↓	0 →
Sexual Health Service – Rangiora Clinic		48.32% ↑	.99% ↓	32.39% ↓	4.34%↑

Standard to meet: ask IPV routine enquiry questions to:

- all women 16 years and over
- men, on suspicion of abuse

Figure 107: Lakes DHB: Intervention for Violence Prevention Females Report Quarter to June 2020



Summary of VIP Status - IPV

VIP violence intervention programme

IPV Routine Enquiry/disclosure rates: 1 April – 30 June 2020
Females: 16 yrs +

Service Unit	Proportion Staff trained As at 30.6.20 (%)	IPV Screening rate (%) Qtr: Mar 20 trend ↑↓→	IPV Disclosure rate (%) Qtr: Mar 20 trend ↑↓→	IPV Screening rate (%) Qtr: Jun20 trend ↑↓→	IPV Disclosure rate (%) Qtr: Jun20 trend ↑↓→	Report of Concern made Qtr: Mar20	Reports of Concern made ** Qtr:Jun20
ED – Rotorua *Females*	RN 41% Drs 0	15.64% ↑	4.87% ↓	17.28% ↑	3.21% ↓	Data not available	7
ED – Taupo *Females*	RN 37% Drs 0	47.79% ↓	.69% ↓	57.72% ↑	.48% ↓		1
Children's Unit (female caregivers)	RN 46% Drs 0	9% →	0 →	92.86% ↑	7.69% ↑		3
Maternity – Rotorua	RN 24% Drs 13%	22.62% ↑	0 →	26.64% ↑	0 →		3
Maternity – Taupo	RN 45%	23.73% ↑	0 →	21.88% ↓	0 →		-
MH In-patient *Females*	RN 25% Drs 0	100% →	0 →	100% →	0 →		IP 3 Adult CMH 1 iCAHMS 1
Taupo In-Patient	RN 31%	88.89% ↑	0 →	0 ↓	0 ↓		-
Sexual Health Service – Rangiora Clinic	RN 40%	54.78% ↑	13.64%↑	48.94% ↓	14.13% ↑		-

** NB: ROC totals are shown for service areas reflected in this summary only and are not necessarily related to IPV enquiries

15.0 Visitors and Foreign Nationals Support

The Department of Internal Affairs (DIA) is managing a Foreign Nationals Support Programme for international visitors unable to return home suffering hardship. A dashboard on the services provided can be found on the DIA website.[56]

15.1 National Support Response

In the first 3 weeks of July there were 1725 applications of which 300 applications were in the Bay of Plenty Region. The majority are people on work visas and are requesting food and accommodation. To follow is Foreign national Support Programme information as at 12th August 2020.

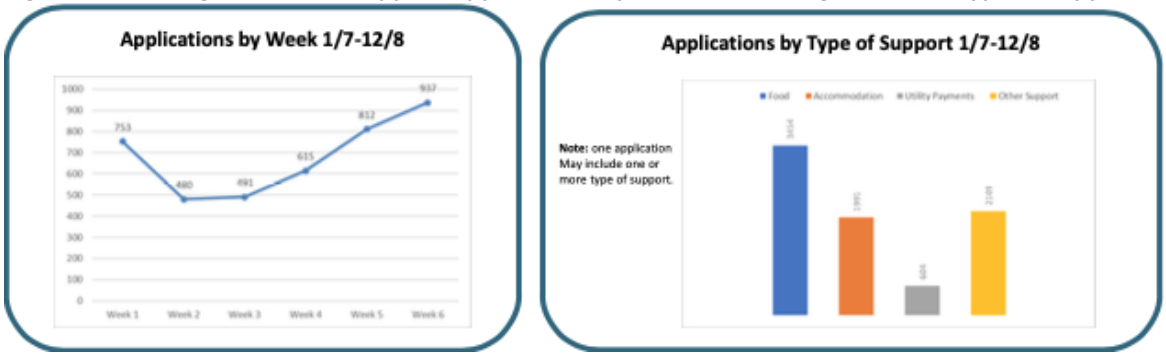
Foreign Nationals Support Programme – Visitor Care Manaaki Manuhiri NON-CLASSIFIED
Dashboard 7, Friday 14 August 2020 ***(information based on data from 1/07/20 – 12/08/20)***
Te Tari Taiwhenua Internal Affairs

Department of Internal Affairs (DIA) – Commentary

- Programme delivery has not as yet been impacted by the alert level changes. We are working with NEMA and other agencies within the Caring for Communities welfare stream to ensure close alignment with the programme and other support being provided for foreign nationals.
- The Programme has just completed Week 6 of delivery with a continuing focus on ensuring people are aware of the support available and can easily access and navigate the online application process.
- As of 12/08/20, we received a total of 4088 applications for in-kind assistance, supporting 4903 people. Applications have been received from RSE employers on behalf of their workers (19%) of the total people supported, family applications (30%) and individuals (51%).
- Approximately a third of the applications received are from the Auckland region (35%), Otago (19%), Bay of Plenty (15%) and Canterbury (13%).
- Almost half of applications are from work visa holders (46%), with another 30% from visitor visa and 21% from student visa holders.
- Between 1/08/20 – 12/08/20, 649 applications were from people of Pacific descent. Of these, 273 were declined because they were individual RSE applications, duplicate applications or were sponsored into New Zealand.
- We continue to receive a steady stream of reapplications from people who have previously applied for support (to date we have received 600). We are encouraging these applicants to reach out to their consulates about repatriation opportunities, engage with travel agents on commercial flight options and continue to explore how they can support themselves. These messages are becoming increasingly important as we approach the conclusion of the programme on 30 September.
- We continue to receive first-time applications (874 applications) – this is likely in part to the increased proactive promotion by NZRC.
- NZRC continue to support people who need significant and immediate medical support through a case management approach. Demand for medical support for anxiety and depression remains high. We continue to ensure people with these needs can access the additional support they require.
- Next week, the programme oversight group (consisting of INZ, DPMC, MFAT, DIA and NZRC) will be planning what needs to happen in the lead up to and when the Programme ends.

As at 12th August there were almost 1000 applications for support. The majority were for food and accommodation. The other category includes requests for clothing and bedding.

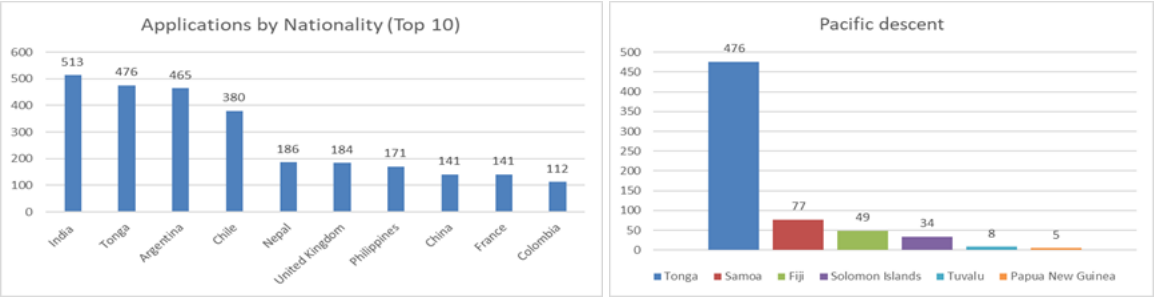
Figure 108: Foreign Nationals Support Applications by week to 12th Augusts 2020, Type of support



[56] https://www.dia.govt.nz/diawebsite.nsf/Files/LG-Response-unit/$file/foreign-nationals-public-dashboard-4-24-july-2020.pdf

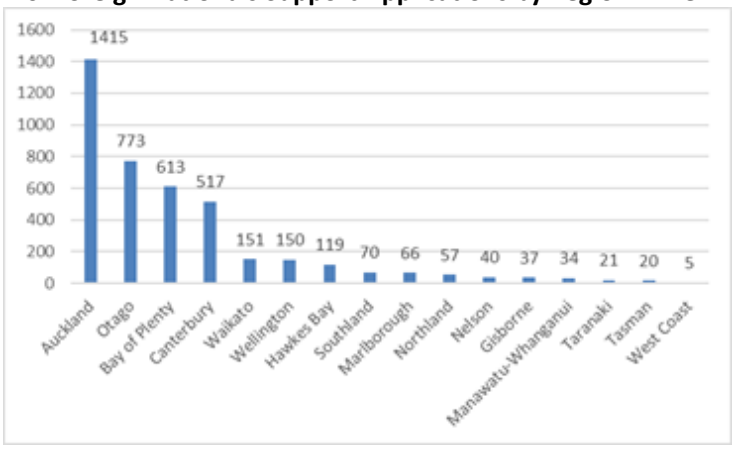
The highest number of Foreign Nationals Support Applications are people from India (513), Tonga (476), Argentina(465), then Chile (380). Almost half the applicants have work visors and almost one third have visitor visors. Refer to Figure109.

Figure 109: Foreign Nationals Support Applications by Nationality



Applications by NZ Region: Bay of Plenty has 613 applicants, the third highest number nationally after Auckland (1415), and Otago (773). Refer to Figure 110.

Figure 110: Foreign Nationals Support Applications by Region in New Zealand



15.2 Bay of Plenty Manaaki Manuhiri Response

Between 1 July 2020 and 12th April, in the Bay of Plenty Region there were 613 applications for Visitor Care support.

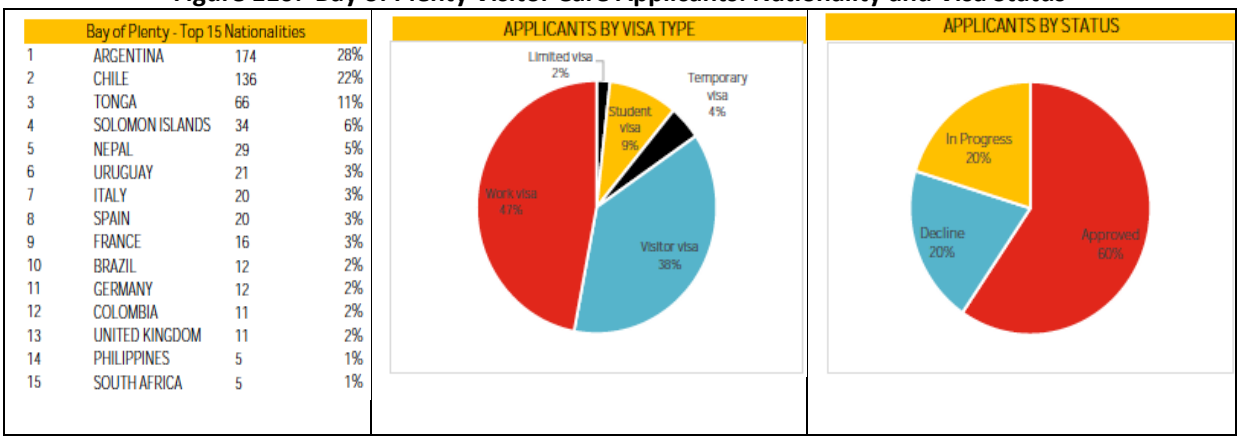
VISITOR CARE Manaaki manuhiri

Bay of Plenty - (1 July-12 August)

Applications by Week	
Week 1	127
Week 2	95
Week 3	84
Week 4	106
Week 5	89
Week 6	112
Total	613

The largest number of applicants are from Argentina (174), Chile (136), Tonga (66) and the Solomon Islands (34). Almost 50% are on work visas, and 60% have been approved with 20 % still in progress. Refer to Figure 110.

Figure 110: Bay of Plenty Visitor Care Applicants: Nationality and Visa Status

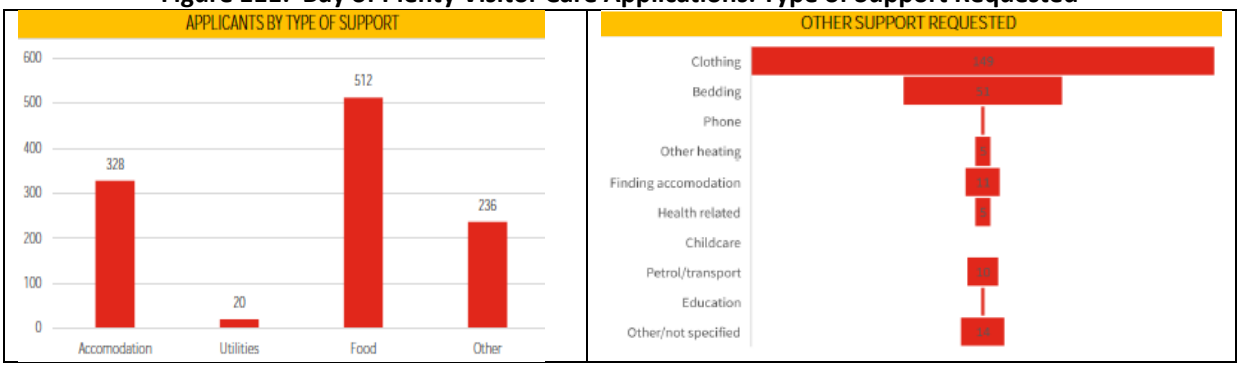


Bay of Plenty - Top 15 Nationalities

1	ARGENTINA	174	28%
2	CHILE	136	22%
3	TONGA	66	11%
4	SOLOMON ISLANDS	34	6%
5	NEPAL	29	5%
6	URUGUAY	21	3%
7	ITALY	20	3%
8	SPAIN	20	3%
9	FRANCE	16	3%
10	BRAZIL	12	2%
11	GERMANY	12	2%
12	COLOMBIA	11	2%
13	UNITED KINGDOM	11	2%
14	PHILIPPINES	5	1%
15	SOUTH AFRICA	5	1%

The majority of care requested in the Bay of Plenty by foreign nationals is for food and accommodation, clothing and bedding. Refer to Figure 111.

Figure 111: Bay of Plenty Visitor Care Applications: Type of Support Requested



16 Appendices

Appendix 1: The Project Team

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Appendix 2: Project Plan

Assessment of Impact of COVID-19 on Community Needs

Date: 7 July 2020
Project Sponsor: Dr Phil Shoemack Project Lead: Dr Lynne Lane

1.0 Project Purpose

To report a "snapshot" of ***community needs*** following the health sector and wider Government response to COVID-19 in the Bay of Plenty and Lakes District Area Health Boards. To be completed in 6 weeks (14 August 2020).

The report is to provide information to inform COVID-19 recovery and response plans. It will also identify and prioritise emerging risks and opportunities for improving health and wellbeing across the region. A key priority is to include information that informs both health and other government sectors' approaches to reduce inequalities while improving health and wellbeing.

2.0 Outline of Process

Key Deliverable	Responsible	By when	Progress
Agree Project Brief	Project Sponsor	Week 1	Confirm Project team - Schedule to meet weekly to review and support project delivery - Confirm key milestones and timeline
Identify key stakeholder groups and agree engagement plan	BOP – team lead ? Lakes – team lead ?	Week 1-2	Identify key organisations and individuals to request - Empirical Data - Subjective information
Agree Data Set/ framework	Project Lead Team to advise	Week 1-2	Review N/A frameworks Confirm existing and possible data Prioritise based on - timeliness - locality specific - Social determinants - Ethnicity etc Confirm framework
Empirical Data Collection and Analysis	Project lead with input and support from the team	Week 2-3	- Review existing information - Request readily available data and its analysis
Subjective Data Collection and analysis	Team to undertake as appropriate	Week 2-4	Key informant interviews - Develop structured interview - Undertake interviews - Complete thematic analysis
Draft Report For review	Project Lead Team to review	Week 3-5	Collate information Prioritise COVID-19 -19 impacts Circulate Drafts for feedback and editing Seek wider input from key stakeholders?
Final report		Week 6	Deliver final report

Appendix 3: Misinterpreting COVID-19 Data

Among the myths outlined and debunked by Dr. Frieden and colleagues are:

Myth: Case counts and trends are enough to monitor COVID-19 spread.
Reality: *Trends in the counts of cases, even those adjusted for population, are insufficient to fully understand the disease situation. It is critical to understand the actual intensity and distribution of viral infection, the level of testing, and the number of susceptible people over time.*

Myth: Case incidence is always a good indicator of community risk.
Reality: *The number of new (incident) cases in a population does not always reflect the risk of transmission in a community. The main reason is that the composition or distribution of these cases may be very different, even if the overall total is the same.*

Myth: COVID-19 deaths are an indicator of the current situation.
Reality: *Because the average lag between symptom onset and death and reporting is about a month, deaths are not a useful early indicator for monitoring whether the disease situation is worsening or improving today.*

Myth: COVID-19 deaths are the only indicator of COVID-19-related mortality.
Reality: *COVID-19 deaths are underestimated for several reasons, including limited testing leading to underdetection of those infected and deaths occurring in the community which may not be attributed to COVID-19.*

Myth: Mobility indicators—data from mobile phones—are a direct indicator of risk.
Reality: *Mobility data reflect trends in frequency and distance of travel but not much about high-risk behaviours, such as being in close contact with someone for an extended period of time indoors.*

Myth: Reproductive number (R) – how many people each case infects – is all you need to know about disease transmission.
Reality: *There is no one standard way to estimate R, estimates typically have a large amount of uncertainty and wide range, and lag by 1-2 weeks or more.*

Myth: Symptom-based screening is adequate to protect every population.
Reality: *The lack of symptoms does not imply a lack of infectiousness.*

Myth: Hospital and ICU bed capacity are the most useful metrics for capturing health care system readiness.
Reality: *Hospital occupancy changes with seasonality, rising during influenza season and falling in other months, and changing with bed availability*

Myth: Test positivity is all you need to know about the state of COVID-19 testing.
Reality: *This metric is useful in understanding whether or not a location is testing enough people to detect cases, regardless of the size of the outbreak. However, the positivity rate is not sufficient to understand testing for many reasons, including because it does not tell you whether high-risk people are getting tested.*

Myth: The most significant health impacts of the pandemic are directly related to COVID-19.
Reality: *As in prior disease outbreaks, in many communities, the largest health impacts of COVID-19 may not be among those directly affected with the disease, but in the secondary disruptions of essential health services and public health programs, especially in lower-income countries. In the COVID-19 pandemic, disruptions have undermined communicable disease control programs, immunization activities, reproductive and maternal and child health activities, and non-communicable disease management.*

Myth: Everyone is an epidemiologist.
Reality: *Anyone should be able to understand well-conducted epidemiological investigations and analyses. But doing epidemiology safely and well – like doing open heart surgery or architecture well – requires specialized skills and years of experience.*
"It's important to know the limitations and implications of data and how to use well-analysed data to produce a more accurate picture of what's happening," said Cyrus Shahpar, a medical epidemiologist and Director of the Resolve to Save Lives Prevent Epidemics initiative, who joined Dr. Frieden at the press briefing.

"COVID-19 deaths are underestimated. Understanding how current death totals—from all causes—compare to historical averages can provide critical insight into the true scope of the pandemic and inform lifesaving policies," said Dr. Philip Setel, the Vice President of Civil Registration and Vital Statistics at Vital Strategies.

In addition to outlining these common data misinterpretations, Dr. Frieden and his team listed some important metrics that matter that governments and communities should using to guide their COVID-19 response.

Appendix 4: COVID-19 19 Case Numbers

Total cases by DHB, as at 9.00 am, 6 August 2020

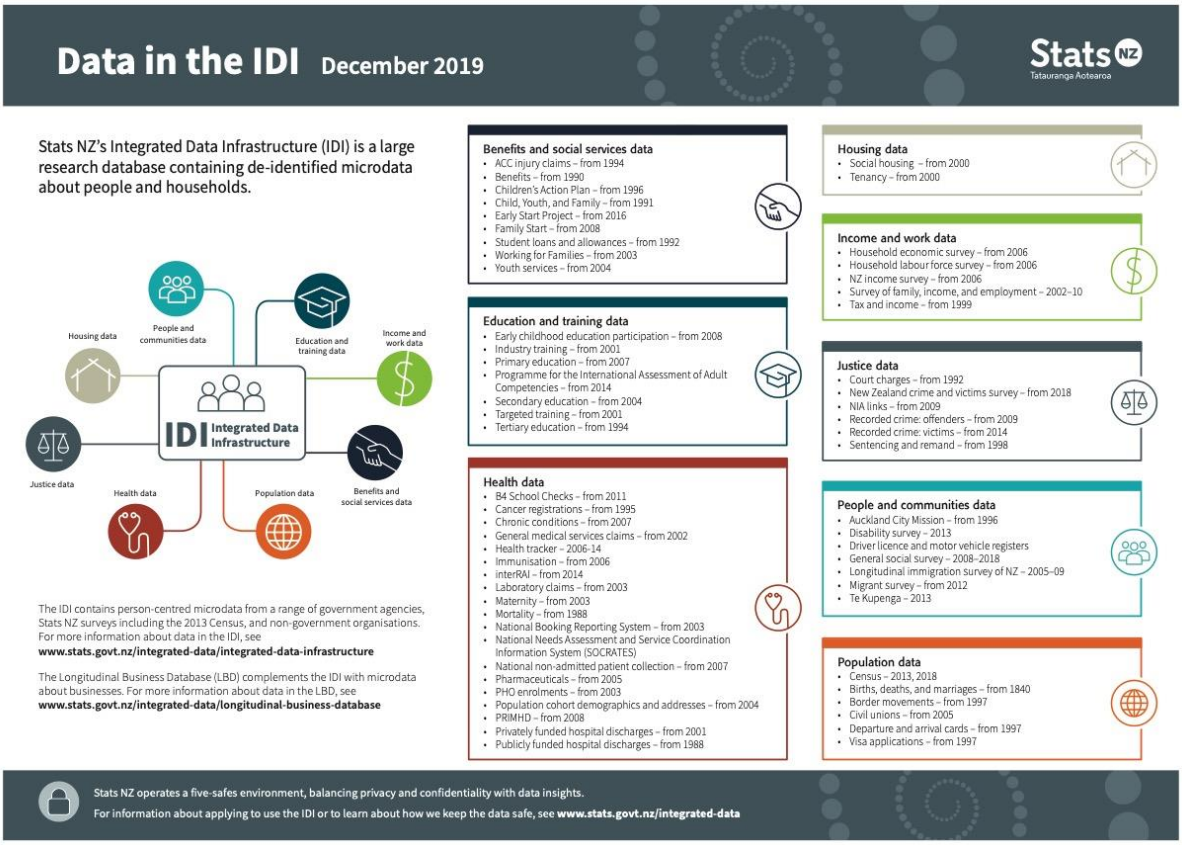
DHB	Active	Recovered	Deceased	Total	Change in last 24 hours
Auckland	0	176	0	176	0
Bay of Plenty	0	47	0	47	0
Canterbury	0	152	12	164	0
Capital and Coast	0	93	2	95	0
Counties Manukau	0	132	0	132	0
Hawke's Bay	0	44	0	44	0
Hutt Valley	0	22	0	22	0
Lakes	0	16	0	16	0
Mid Central	0	32	0	32	0
Nelson Marlborough	0	49	0	49	0
Northland	0	28	0	28	0
South Canterbury	0	17	0	17	0
Southern	0	214	2	216	0
Tairāwhiti	0	4	0	4	0
Taranaki	0	16	0	16	0
Waikato	0	187	1	188	0
Wairarapa	0	8	0	8	0
Waitematā	0	234	4	238	0
West Coast	0	4	1	5	0
Whanganui	0	9	0	9	0
Managed Isolation & Quarantine	23	40	0	63	0
Total	**23**	**1524**	**22**	**1569**	**0**

Appendix 5: Stats NZ – IDI

Available Data and Access to Stats NZ Integrated Data Infrastructure (IDI)

Stats NZ publications are available, as scheduled on their website each week, on relevant data that covers the period to the end of June 2020 that we can use. Requests can be made for these data sets to be further analysed e.g. by locality/age/ethnicity etc completed. This work can be done within 4-10 days and are done for a fee. There may be other data we consider fundamental to the report and request Stats NZ to extract and analyse at a cost. However the earliest it would be available is late September

Stats NZ IDI Database covers the information in the graphic below. Much of the data only covers the period up to 2018 and is based on the last census.



TOI TE ORA
PUBLIC HEALTH
Bay of Plenty + Lakes Districts