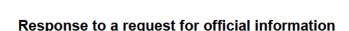


DHB Office Braemar Campus

Private Bag 18 Nelson, New Zealand

14 October 2021



Thank you for your request for official information received 3 September 2021 by Nelson Marlborough Health (NMH), followed by the necessary extension of time 1 October 2021, where you seek the following information:

 Data showing immunisation rates for children at eight months of age, broken down by ethnic group, for each month in the past three years. Please provide this in a CSV or Excel spreadsheet format if possible.

Response:

We collect quarterly *Nelson Marlborough 8 Month Maori-Pacific Immunisation* data as outlined in Table 1 (the same data is provided in Appendix 1 as the requested Excel spreadsheet format).

TABLE 1

	Oct-18	Jan-19	Apr-19	Jul-19	Oct-19	Jan-20	Apr-20	Jul-20	Oct-20	Jan-21	Apr-21	Jul-21
Maori	82.7%	80.4%	83.5%	81.4%	83.5%	91%	80.3%	87.7%	90.4%	85.1%	78.5%	84.5%
Pacific	90.9%	69.2%	87.5%	100%	83.3%	88.9%	86.7%	100%	88.9%	100%	100%	83.3%

Information at a specific point in time is also publicly available on the Ministry of Health websitehttps://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisationcoverage/national-and-dhb-immunisation-data

2. Analysis or advice created in 2021 that examines possible reasons for a decline in vaccination rates among Māori and/or Pacific children.

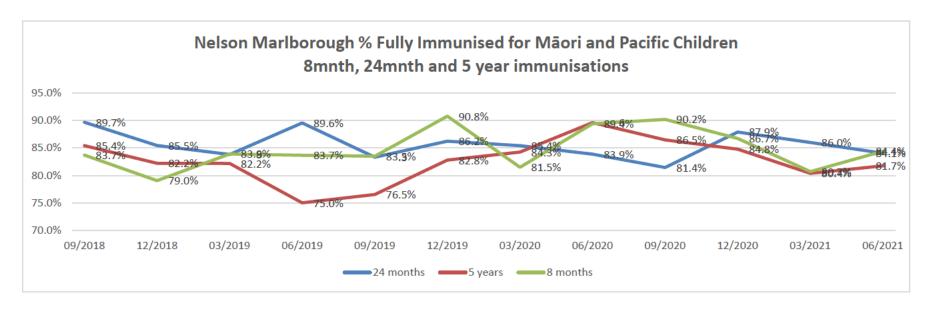
Response:

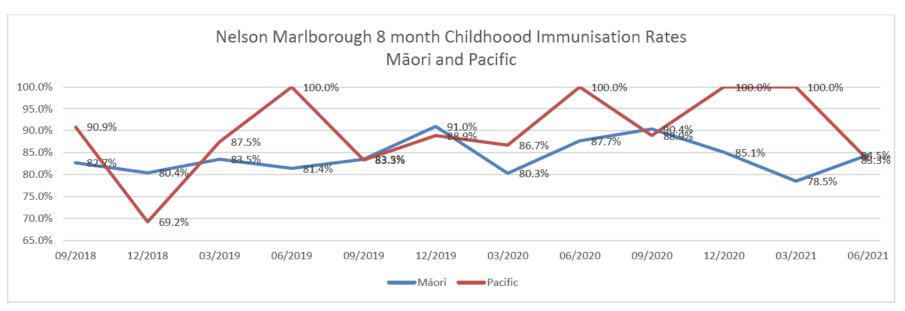
We do not consider there has been a decline in vaccination rates for Maori and Pacific children in the Nelson Marlborough region and, as such, no advice has been created in 2021 relating to reasons for a decrease.

Graphs for quarters from September 2018 to June 2021 on the following page show:

- The average quarterly rate for 8 month data Oct 2018 Jul 2020 for Māori and Pacific combined is 84.4%, the average for the next 4 data points (most recent 12 months) is 85.5%
- For 24 month data it is 85.9% and then 84.9%
- For 5 year data it is 82.3% and then 83.3%.

Although a slight decline on 24 month data, there is increase on 8 month and 5 year measures.





3. Analysis or advice created in 2021 that examines vaccine hesitancy, including in relation to the Covid-19 vaccines.

Response:

Vaccine hesitancy is routinely discussed at the Immunisation Operational Group meetings held by Nelson Marlborough Health immunisation stakeholders each month. No formal analysis or advice has been created in 2021 which looks at the reason for vaccine hesitancy among children.

4. High-level correspondence in 2021 with senior executives from other DHBs in relation to increasing childhood immunisations or addressing the decline in vaccination of Māori and/or Pacific children.

Response:

We do not hold high-level correspondence relating to childhood immunisations and, as such, decline a response under section 18(g) of the Act in that 'the information requested is not held.

5. High-level correspondence in 2021 between the DHB and Ministry of Health relating to increasing childhood immunisations or addressing the decline in vaccination of Māori and/or Pacific children.

Response:

Please see Appendix 2 Nelson Marlborough *Childhood Immunisation Plan* noting details specific to health employees are redacted under section 9(2)(a) of the Act to *'protect the privacy of natural persons, including that of deceased natural persons'*. In the circumstances, the withholding of that information is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

6. Data showing the number of staff involved in childhood vaccinations for each month in 2021.

Response:

NMH has 23 public health nursing staff involved in childhood immunisations.

7. Data showing the number of staff who were moved from childhood vaccinations to the Covid-19 response at any time in 2021.

Response:

There has been no impact on NMH public health staff from the COVID-19 programme.

8. Details of any recovery or action plan created in 2021 to improve the rates of childhood immunisation and reduce decline rates for Māori and/or Pacific children.

Response

Please see Appendix 2 Nelson Marlborough Childhood Immunisation Plan.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz

I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely

Lexie O'Shea
Chief Executive

Appendix 1 Nelson Marlborough 8 Month Maori-Pacific *Imms Qlik* Spreadsheet (Oct21) Appendix 2 Nelson Marlborough *Childhood Immunisation Plan* (Jul21)



Nelson Marlborough Health Action Plan Achieving the Childhood Immunisations Targets

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	2.0	TARGETS AND CURRENT ACHIEVMENT	2
	3.0	THE CURRENT NMH CHILDHOOD IMMUNISATION SYSTEM	3
	4.0	CURENT ISSUES IN ACHIEVING THE TARGET	4
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1.0 BACKGROUND

Childhood immunisation is vital for protecting our tamariki from a range of childhood diseases. Once borders open to more countries there is an increased risk that these diseases could establish a foothold in our communities. Ensuring the Childhood Immunisation Schedule is maintained during New Zealand's COVID-19 response is essential.

Nelson Marlborough Health aims to contribute to healthier populations by establishing innovative solutions to improve and maintain high and equitable immunisation coverage for children.

The Ministry's target for DHBs is for 95% of all children to be fully vaccinated at each milestone. Currently there is a gap between targets for childhood immunisation and achievement across the country, and in Nelson Marlborough. There is also a significant equity gap for populations that could be hardest hit by an outbreak of childhood diseases.

This paper presents the actions Nelson Marlborough Health is taking to achieve the childhood immunisation targets across all groups.

2.0 TARGETS AND CURRENT ACHIEVMENT

Below are the childhood immunisations coverage for Nelson Marlborough at Q4 20-21 with the change from Q3.

		Nelson Marlborough Childhood Immunisation Rates							
	Total			Māori			Pacific		
	% Q4	%	Change	% Q4	%	Change	% Q4	%	Change
	20-21	previous		20-21	previous		20-21	previous	
		quarter			quarter			quarter	
8 months	86.4%	87.1%	-0.7%	83.1%	77.2%	+5.9	83.3	88.9%	-5.6
24 months	85.8%	86.1%	-0.3%	82.3 %	87.1%	-4.8	100%	81.8%	-18.2
5 years	85.1%	86.2%	-1.1%	80.7%	78.5%	+2.2%	87.5%	92.3%	-4.5

As can be seen, there is significant variation from quarter to quarter. For the Māori and Pacific populations this is somewhat driven by small numbers. For example in Q4 there was only one Pacific child missed leading to a 16.7% drop in immunisation rate. In the current quarter there were only 62 eligible Māori children, and 7 Pacific.

Looking further into the data a significant driver of not achieving the target is the number of declines and opt-offs. If this group were vaccinated the DHB would generally be around the target.

	Childhood Immunisation Decline Rates Nelson					
	Marlborough Māori					
% Q4 20-21 % Q4 20-21 % previous						
8 months	8.3%	11.3%	0%			
24 months	8.1%	8.1%	0%			
5 years	8.7%	10.1%	6.3%			

3.0 THE CURRENT NMH CHILDHOOD IMMUNISATION SYSTEM

The following are the key component pieces of the childhood immunisation programme in Nelson Marlborough:

- Governance provided by the Top of the South Health Alliance, with the 4 key partners of Te
 Piki Oranga, Marlborough Primary Health, Nelson Bays Primary Health and Nelson
 Marlborough Health.
- An Immunisation Operations Group (see Appendix One for a list of members), tasked with delivering the immunisation programme on the ground. Key stakeholders across the system sit on this group.
- An Immunisation Technical Advisory Group, supporting decision making by Governance and Operations groups.

On the Ground the key components are:

- 31 General Practices (33 in August) leading the childhood immunisation programme.
- 2 x Outreach Immunisation Services. One in Marlborough run by Te Piki Oranga and one in Nelson/Tasman run by Public Health.
- A Nelson Marlborough Health (NMDHB) Programme Office supporting practices with their recall lists, identifying unenrolled children, linking practices and outreach, supporting outreach to identify and locate children and providing information oversight to the programme. This programme office operates across multiple programmes from immunisation, to WellChild and B4SC, cervical screening and other programmes.
- Two Immunisation Facilitation services, one in Marlborough run by Marlborough Primary Health and one in Nelson/Tasman run by Nelson Bays Primary Health.
- Te Piki Oranga, providing whanau ora services across our Nelson Marlborough population.

This is supported by aligned programmes:

- Hauora Direct a health assessment tool providing a 360° health 'warrant of fitness' check and an opportunity to connect Māori and vulnerable populations to health and support services, including General Practice and immunisation. This programme is a partnership between Nelson Marlborough Health, Te Piki Oranga and other health organisations.
- Wānanga Hapūtanga, a kaupapa Māori pregnancy and parenting programme that covers mainstream practices within a kaupapa Māori context. This programme supports the childhood immunisation programme through education and Hauora Direct assessments.
- A newborn enrolment programme. A way of parents/caregivers being able to enrol across multiple services with one form.
- The WellChild programmes delivered by Public Health Nurses, Plunket, Te Piki Oranga and Golden Bay Community Health.

Key features of this system that are working well include:

A programme office working across multiple priority programmes, allowing for data from
each programme to support the others and mandated to work across all stakeholders. The
wide scope of this office makes running programmes across the system and involving
multiple programmes straightforward.

- A strong functional working relationship across stakeholders. Being a relatively small health system in Te Tauihu allows for close relationships and responsive working.
- Innovative programmes to support immunisation, such as Hauora Directs and Wānanga Hapūtanga.
- A motivated General Practice network that prioritises childhood immunisation.

4.0 CURENT ISSUES IN ACHIEVING THE TARGET

Some of the issues confronting achieving the childhood immunisation target in Nelson Marlborough are well known and longstanding. A significant population of those who decline immunisations and opt-off the register have always existed and this group has been the most significant driver of Nelson Marlborough not achieving the childhood immunisation targets. Further to this there are other drivers that the stakeholders have identified as contributing to lower recorded vaccination rates:

- Misinformation is becoming more widespread and leading to more declines and opt-offs.
- Some General Practices relying on texts for recall, or delaying a referral to outreach services.
- Newborn enrolment process is still not functioning well, with 25-30% of forms not completed.
- There is some fragility in the outreach service capacity if there are staffing issues related to resignations and others issues, which has impacted on the service recently.
- Not every possible opportunity is taken to have the immunisation conversation (such as from the non-regulated workforce and LMCs).
- Engagement with LMCs is still difficult, with workforce capacity issues.
- Ensuring all workforce requiring information from Qlik is trained and can use the resource.
- There is currently a partial gap in education during the antenatal period.

These identified issues, as well as Ministry of Health expectations and the DHB's own priorities have driven the activities to address the gap between achievement and target in the following section.

5.0 ACTIVITIES TO ADDRESS THE GAP BETWEEN ACHIEVEMENT AND TARGET

The following table details the actions Nelson Marlborough Health will undertake with its partners to increase the childhood immunisation achievement to target.

Action(s)	Milestone(s)
Nelson Marlborough Health will improve the effectiveness of the Outreach Immunisation Service (OIS) by Te Piki Oranga by increasing the availability of the team by using existing programme office staff and other trained staff as support people. This is important because currently the outreach service is limited in the ability to reach tamariki Māori by the availability of second CPR-trained support person.	Q1: CPR-trained support workers identified and being utilised by the OIS
Nelson Marlborough Health will maintain immunisation coverage during the COVID-19 immunisation programme by creating a monitoring dashboard to help the Programme Office manage and allocate resources to meet all immunisation priorities.	Q1: Immunisation Coverage Dashboard created.

Nelson Marlborough Health will develop and implement an Immunisation marketing and communications plan for each of the key immunisation campaigns and one of the key action/s to be delivered from this engagement plan in 2020/21 will be to develop a video. This is important because vaccine hesitancy is a driver of lower levels of vaccine coverage. Increasing community confidence in and demand for vaccine is a goal that requires focussed social marketing. (EOA)	Q1: Communication plans developed for each key vaccination programme Q2: Video developed for local use addressing vaccine hesitancy
Nelson Marlborough Health will continue a Māori-led Māori focussed approach to immunisation through offering community immunisation clinics at Franklyn Village, Blenheim Emergency and Transitional Housing Service (BETHS) and other venues to target Māori and vulnerable populations. These clinics have been run before using charitable funding, but will this year be funded by Nelson Marlborough Health. This is important because as many barriers to vaccine as possible need to be removed. Geography is one of these that can be overcome by taking vaccination to where the people are. (EOA)	Q1: 3 x immunisation clinics undertaken
Nelson Marlborough Health will continue a Māori-led Māori focussed approach to immunisation through undertaking two Hauora Direct (Community Health Assessment) events in the community to target Māori and vulnerable populations including Māori tamariki, locating those that are unvaccinated and ensuring immunisation is offered. This will cover both enrolled and unenrolled populations. This is important because reduction of inequity requires unequal care delivered by targeting need, the Hauora Direct assessment is a tool to achieve this goal. (EOA)	Q2: 2 x Hauora Direct events occur in the community
Nelson Marlborough Health will continue a Māori-led Māori focussed approach to immunisation through Implementing a digital tool allowing Hauora Direct to be completed by Te Piki Oranga, Victory Community Centre and the Pasifika Trust in the community. This is important because it will allow for assessment and undertaking of immunisations for the most vulnerable families, including Māori tamariki within the communities that they live, work and play. (EOA)	Q4: Electronic Hauora Direct implemented at NGOs
Implement a lanyard card, information care and education package for kaimahi and non-health professionals working with vulnerable families as part of our engagement plan. This is important because it will support vaccination conversations across the health sector, improving childhood immunisation coverage from infancy to age 5. (EOA)	Q1: package adapted Q2: education undertaken Q3: roll out programme
Work with Early Childhood Education (ECE) providers to encourage immunisation registers as part of our engagement plan, with support around engaging with parents/guardians. This will support the vaccination conversation in early childhood education and, improve childhood immunisation coverage from infancy to age 5.	Q1: letter sent to all ECE providers encouraging registers Q2: follow up with ECE providers at immunisation clinics at ECEs
The first key improvement action that is expected to have the most significant impact on increasing immunisation at 2 years (CW05) within Nelson Marlborough is to implement an additional 0.7FTE within the Programme Office to identify unvaccinated children and follow up with General Practice, outreach immunisation, other providers and	Q1: Position implemented Q2: Active identification and follow up with providers/individuals of all unvaccinated 2 year olds

individuals to offer and provide vaccination.	Q4: Measurable impact on 2 year vaccination rates
The second key improvement action that is expected to have the most significant impact on increasing immunisation at 2 years (CW05) within Nelson Marlborough is to expand the Talk Immunisation programme to encourage all health professionals to promote vaccinations. This is important because it addresses the local significant issue of vaccine hesitancy and offers more opportunities to undertake, or refer for, vaccination.	Q1: Talk Immunisation programme promoted to Te Piki Oranga
Work with the South Island Alliance Programme Office (SIAPO) to develop an electronic tool to replace the current newborn enrolment paper process.	Q4: tool developed
Train the non-regulated health work-force and LMCs to support their conversations about immunisation and look to expand to non-health professionals if successful.	Q1-Q4 Sessions held with the non- regulated workforce and LMCs around vaccination
The NMH Programme Office to support PHO staff around understanding the full potential of Qlik to support immunisation	Q1 Programme Office has supported PHO staff
Work with stakeholders to build the resilience of the Outreach Immunisation programme and ensuring the right pathways for outreach are being used.	Q1: Meeting with key stakeholders Q2: Agreement reached on any changes to Outreach Immunisation
Expand the reach and capacity of Hauora Direct.	Q2: Workforce resilience supported to increase the number of community Hauora Direct assessments Q4: Virtual version of Hauora Direct will be integrated into Te Piko Oranga, Nelson Tasman Pasifika Trust, Victory Community Centre and
	our local PHOs.

Some business as usual activity is occurring that is important for maintaining and improving our vaccination rates:

- Nelson Marlborough Health, Nelson Bays Primary Health Organisation and Marlborough Primary
 Health continue to work with Practices regarding working with the designed timeline, and ensuring
 those children harder to reach are referred to Outreach Immunisation Services (OIS) within a timely
 manner.
- Continued collaboration with the Immunisation Co-ordinators from Nelson Bays Primary Health
 Organisation, Marlborough Primary Health and Outreach Immunisation team both in Nelson &
 Marlborough. This includes continued sharing of data to increase immunisation statistics across the
 region, and assisting with locating the transient families.
- Regular contact with all Practices by the NIR team regarding those children not fully immunised, is
 ensuring more timely referrals to Outreach Immunisation Services and cleaning up of missing
 vaccinations. We have continued to focus on the 8mth target babies each quarter, and moving
 forward we will be extending our focus on our 2yr and 5yr targets, resource permitting.

- General Practices are asked to follow up decliners at each vaccination event, and refer to Immunisation Co-ordinators to follow up parents/caregivers if further discussion / information required.
- Ongoing data cleansing continues to be completed within the NIR. This included the processing of duplications, inconsistencies and missing doses etc.
- Continued use of reports provided by the Ministry of Health for new NHI's issued to enable the NIR
 team to check if they are on the register, and if not, to allow tracking to link them with a GP practice
 to ensure timely vaccinations.
- Continued use of reports provided by the Ministry of Health for new NHI's issued to enable the NIR
 team to check if they are on the register, and if not, to allow tracking to link them with a GP practice
 to ensure timely vaccinations.
- Close liaison between the Immunisation Facilitators and General Practices.

APPENDIX 1. NELSON MARLBOROUGH IMMUNISATION OPERATIONS GROUP MEMBER LIST

Name	Organisation	Email Address	Position
	Nelson Marlborough Health		Sector Relationships & Contract Manager
	Nelson Marlborough Health		Public Health Medicine Specialist
	Marlborough Primary Health		Immunisation Coordinator
	Nelson Marlborough Health		Programme Support Team Leader
	Nelson Marlborough Health		Clinical Nurse Specialist – Infection Control
	Nelson Marlborough Health		Public Health Nurse
	Nelson Bays Primary Health		Acting Director of Nursing
	Nelson Bays Primary Health		Immunisation Coordinator
	Nelson Marlborough Health		Clinical Nurse Specialist – Infection Control
	Marlborough Primary Health		Programme Manager PHO
	Nelson Bays Primary Health		Immunisation Coordinator
	Nelson Marlborough Health		ADON Ambulatory Care
	Nelson Marlborough Health		Pharmaceuticals Manager
	Te Piki Oranga		Kaiwhakahaere Ratonga
	Nelson Marlborough Health		Chief Medical Officer
	Nelson Marlborough Health		Public Health Nurse
	Nelson Marlborough Health		Public Health Nurse
	Nelson Bays Primary Health		Primary Care Manager
	Te Piki Oranga		Outreach Immunisation TPO
	Nelson Marlborough Health		District Nursing
	Nelson Marlborough Health		Public Health Medicine Specialist
	Nelson Marlborough Health		Measles Programme Coordinator
	Nelson Marlborough Health		Community Pharmacy Facilitator